



EFFECT OF BLACK GRAPE JUICE ON TIZANIDINE PHARMACOKINETICS IN RATS

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Abstract: Objective of this work was to study the effect of black grape juice (BGJ) on bioavailability and other pharmacokinetic parameters of tizanidine in rats. A single dose parallel design was used with 36 animals randomly divided in reference group and test group. All the rats received 7 mg tizanidine orally and in test group 10 mL-20 mL freshly prepared BGJ was co-administered with tizanidine. Nine blood samples were collected from each animal over a 24-hour period. Plasma tizanidine concentrations were determined by HPTLC using UV detection, and pharmacokinetic parameters were determined by non-compartmental method. The mean value of the peak plasma concentration (C_{max}) of tizanidine increased significantly (31.51%, P value <0.001 ; 90% CI, 131.35% -131.71%) in animals who had given the drug with BGJ (C_{max} , 45.32 ± 0.12 $\mu\text{g/mL}$) than those who had given the drug with water (C_{max} , 34.46 ± 0.07 $\mu\text{g/mL}$). The area under the plasma concentration time curve from $t=0$ to time of the last measureable concentration (AUC_{0-t}) was also increased significantly (104.65%, P value <0.001 ; 90% CI, 204.47% -204.78%). Similarly, the value of area under the concentration-time curve from $t=0$ to infinity ($AUC_{0-\infty}$) value was increased significantly (78.28%, P value <0.001 ; 90% CI, 177.13% -179.68%); these changes were not within the 90% CI range of 80.000 - 125.000 % which is the acceptable range of bioequivalence. T_{max} , $T_{1/2}$, terminal elimination rate constant (λ_z), CL/F value, V_d/F value, $AUMC_{0-t}$ and $AUMC_{0-\infty}$ values, MRT_{0-t} and $MRT_{0-\infty}$ values and % relative bioavailability (F_r) value for test group were also determined and compared with

reference group. From results the values of C_{max} and $AUC_{0-\infty}$ were not within the bioequivalence acceptable range and from statistical analysis the reference and test samples were found to be bio-in-equivalent, suggesting the improved tizanidine oral bioavailability and therapeutic efficacy due to co-administration of BGJ.

Key words: Black grape juice, Tizanidine, Pharmacokinetics, Bioavailability.

INTRODUCTION

Tizanidine HCl is an orally administered, centrally acting α -2 adrenergic agonist muscle relaxant. It is used to treat the spasms, cramping and tightness of muscles caused by medical problems such as multiple sclerosis, spastic diplegia. It is thought that tizanidine reduces spasticity by increasing presynaptic inhibition of motor neurons [1,2,3]. Tizanidine undergoes extensive first-pass metabolism in liver with less than 3% of unchanged parent drug excreted in urine, and the estimated absolute tizanidine bioavailability of 21% [4]. The main enzyme involved in tizanidine metabolism *in vitro* is cytochrome P450 (CYP) 1A2 [5]. On the basis of *in vivo* or *in vitro* evidence, inhibition of the CYP isoforms responsible for the metabolism of co-administered drugs has been proposed as the mechanism responsible for the pharmacokinetic interactions caused by flavonoids [6,7]. This inhibition may result in reduced first-pass clearance of many xenobiotics by the liver and hence result in greater delivery of drugs to extrahepatic tissues [8]. Flavonoids like quercetin and catechin are known inhibitors of CYP1A-dependent metabolism [9,10]. Crude polyphenolic extracts (seeds, pulp + skin, whole) of Indian grapes and catechin inhibited the microsome catalysed activity of cytochrome P450 isozymes (^{1A1, 1A2, 2B1}) in a dose-dependent manner, by the decreased formation of resorufin. The inhibitory activity of grape polyphenolic extracts appears to correlate significantly with its total polyphenolic contents [11]. Black grapes contain polyphenols like Anthocyanidins, Quercetin, Kaempferol, Procyanidins, Proanthocyanidins, (+)-Catechin, Gallic acid, Caffeic acid, Rutin and Resveratrol [12,13]. Fresh grape skin contains about 50 to 100 micrograms of resveratrol per gram [14]. *In-vitro* Grape polyphenol, Quercetin is an inhibitor of CYP1A2 isoenzyme [15] while resveratrol inhibits the expression and activity of CYP 1A1/1A2 in microsomes and intact HepG2 cells [16]. Naturally occurring analogues of resveratrol were also shown to be inhibitors of CYP1A2 [16]. Moreover, resveratrol was demonstrated to inhibit human CYP1A1 and the other AhR gene battery

products, cytochromes 1B1 and 1A2 [17] by inhibiting a receptor on cells called AhR to which polycyclic aromatic hydrocarbons bind [18]. Therefore, our hypothesis is that coadministration of black grape juice with tizanidine could increase the bioavailability of tizanidine by inhibitory action of grape polyphenols on CYP1A2 mediated phase I metabolism of tizanidine.

MATERIALS AND METHODS

Materials:

Tizanidine HCl was obtained as a gift sample from Blue Cross Pvt. Ltd. Nashik. Sonaka Black grapes were obtained from local commercial sources and were stored at 40C until use. Fruit juice was obtained by crushing whole grapes, and the juice was filtered to remove the residues. AR grade toluene, methanol and acetone were obtained from Merck Chemicals, India and ammonia liquor was obtained from Qualigens Fine Chemicals, India.

Subjects:

Wistar rats of either sex weighing between 200-250 g were purchased from Bharat Serums & Vaccines Ltd., Thane. The study protocol was approved by the institutional Animal Ethics Committee of MGV and animals were maintained under standard conditions in an animal house (M.G.V.'s Pharmacy College, Panchavati, Nashik-03.)

Study design:

A total of 36 healthy wistar rats of either sex were selected for studies. For noncompartmental pharmacokinetic analysis single-dose parallel study design was selected. Study involves two groups reference group and test group. Both groups receive 7 mg tizanidine orally and in test group black grape juice (10 mL-20 mL) was co-administered with tizanidine. Animals were fasted from 12 hr before the commencement of study and through the complete study but allowed to drink water. Freshly prepared black grape juice had been used in this study.

Blood sampling:

Animals were anesthetized and blood samples were drawn from retro-orbital plexus of rats using fine bored glass capillary. Blood samples were drawn (1.5 mL) ½ hr before the oral drug

administration and ½, 1, 2, 3, 4, 8, 12, 24 hr after the drug administration. After each withdrawal, animals were replenished with same amount of dextrose normal saline. Blood samples were collected into micro-centrifuge tubes containing EDTA. Blood samples were centrifuged at 5000 rpm for 15 min and plasma was separated within 30 min after blood sampling and stored at -20°C till the time of analysis.

Extraction procedure:

Liquid phase extraction procedure was used for extraction of tizanidine from plasma samples for HPTLC analysis. To a fix quantity of plasma (0.5 mL), 100 µL acetonitrile was added; the mixture was shaken and allowed to stand for 5 min. Free drug was extracted with methanol by vortexing followed by centrifugation at 1000 rpm for 10 min. Organic layer was separated and evaporated carefully on water bath. After cooling residues were reconstituted with 1 mL methanol and these were used as sample solutions for further analysis ^[19].

Determination of plasma drug concentration:

Plasma tizanidine concentrations were quantified by HPTLC system. The samples were spotted in the form of bands of width 6 mm with a Camag microlitre syringe on pre-coated silica gel aluminium plate 60F254 (20 cm×10 cm with 250 µm thickness) using a Camag Linomat IV. A constant application rate was 0.1 µL/s with bandwidth of 5 mm. Optimized mobile phase (12mL) consisted of toluene: acetone: ammonia (6:6:0.4 v/v/v) was used. Linear ascending development was carried out in twin trough glass chamber saturated with the mobile phase for 10 min at room temperature. The length of chromatogram run was 7 cm. Subsequent to the development; TLC plates were dried in a current of air with the help of an air-dryer. Densitometric scanning was performed on Camag TLC scanner 3 with Deuterium lamp and Wincats 1.4.2.81 software in the absorbance mode at 254 nm. The linearity of Tizanidine ($r^2=0.991\pm 0.001$) in plasma is found in range of 300–1100 ng/spot. Standard curve for plasma tizanidine concentrations range from 30–110 µg/ml with a mean correlation coefficient of 0.991 ± 0.001 shows acceptable linearity, precision and accuracy. Intraday and interday precision is less than 15 % RSD while average % recovery is found to be 99.72 with average % RSD 0.4865. The specificity of the HPTLC method for tizanidine was determined by spiking the tizanidine plasma sample with internal

standard. No interferences with the measurement of tizanidine by plasma constituents or internal standard were observed [19].

Pharmacokinetic analysis:

The pharmacokinetics of tizanidine was characterized by plasma C_{max} , T_{max} , AUC_{0-t} , $AUC_{0-\infty}$, $T_{1/2(z)}$, λ_z , V_d/F , CL/F , $AUMC_{0-t}$, $AUMC_{0-\infty}$, MRT_{0-t} , $MRT_{0-\infty}$ and F_r values for reference as well as both the test groups. The pharmacokinetic calculations were performed with the “R software using bear version 2.5.3” developed by Hsin-ya Lee & Yung-jin Lee (Kaohsiung Medical University, Taiwan). Noncompartmental analysis (NCA) approach is used to compute AUCs and the terminal elimination rate constants λ_z for drug plasma concentration. The linear trapezoidal method is applied to calculate AUC (time 0 to the last measurable C_p). The extrapolated AUC (from time of the last measurable C_p to time infinity) is equal to the last measurable C_p divided by λ_z . λ_z is calculated using the Adjusted R Square method that excludes data point of T_{max} and C_{max} [20].

Statistical analysis:

Values were expressed as mean \pm SD. Average bioequivalence data was analyzed from NCA using ANOVA for parallel study. The pharmacokinetic variables between the groups like AUCs and C_{max} were compared by the ANOVA followed by Welch Two Sample t-test (% T/R); TOST and Anderson-Hauck Test to analyze statistical significance. The differences were considered statistically significant when $P < 0.05$. In both studies 90% CI were calculated for the mean differences of selected variables of the test and reference products. Bioequivalence acceptance criterion was set within the range of 80.000 - 125.000 % [20].

RESULTS

Effect of Black grape juice on Tizanidine Pharmacokinetics in Rats

The time-course of plasma tizanidine is shown in Figure 1. As per the figure, the bioavailability of tizanidine was remarkably improved when it was co-administered with black grape juice. Effect of black grape juice on the pharmacokinetic parameters of tizanidine is given in Table 1. There was significant increase in peak plasma concentration C_{max} , AUC_{0-t} , and $AUC_{0-\infty}$ by

31.51% ($P < 0.001$), 104.65% ($P < 0.001$) and 78.28% ($P < 0.001$) respectively. When Tizanidine was coadministered orally with black grape juice marked decrease was observed in Tizanidine T_{max} value from 1.5 hr to 1 hr and $T_{1/2(z)}$ value by 68.09% as compared to reference. At the same time terminal elimination rate constant (λ_z) of tizanidine was increased by 217.95% as compared to reference. In black grape juice co-administered group CL/F value and V_d/F value of Tizanidine were decreased as compared to reference by 43.95% and 82.17% respectively. $AUMC_{0-t}$ and $AUMC_{0-\infty}$ values were increased by 113.64% and 37.76% respectively as compared to reference. MRT_{0-t} of tizanidine was increased by 4.47% and $MRT_{0-\infty}$ was decreased by 22.76% as compared to reference. F_r value of tizanidine was found to be 204.65%. Table 2 shows statistical analysis summary of pivotal parameters of bioequivalence Study.

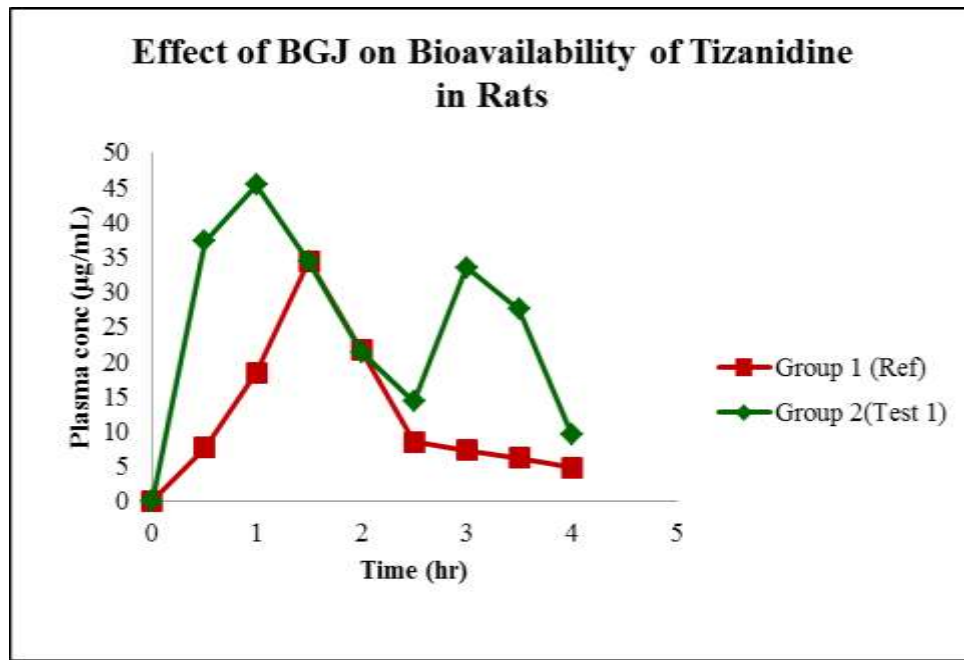


Figure 1: Effect of BGJ on Bioavailability of Tizanidine in Rats

Pharmacokinetic parameters	Treatment groups	
	Reference (Control) ⁿ	Test 1(BGJ co-administrated) ⁿ
C_{max} (µg/mL)	34.46 ± 0.07	45.32 ± 0.12
T_{max} (hr)	1.5	1
AUC_{0-t} (µg.hr/mL)	53.33 ± 0.07	109.14 ± 0.13

AUC _{0-∞} (μg.hr/mL)	65.56 ± 1.12	116.88 ± 0.30
T _{1/2(z)} (hr)	1.63 ± 0.18	0.52 ± 0.03
λ _z	0.39 ± 0.03	1.24 ± 0.02
V _d /F (mL/kg)	269.85 ± 17.79	48.10 ± 0.67
CL/F (mL/min)	106.86 ± 1.9	59.89 ± 0.15
AUMC _{0-t} (μg.hr ² /mL)	95.87 ± 0.20	204.82 ± 0.33
AUMC _{0-∞} (μg.hr ² /mL)	175.66 ± 9.90	242.00 ± 1.49
MRT _{0-t} (hr)	1.79 ± 0.002	1.87 ± 0.002
MRT _{0-∞} (hr)	2.68 ± 0.10	2.07 ± 0.007
Fr (%)		204.65

Table 1: Effect of BGJ co-administration on pharmacokinetic parameters of Tizanidine in rats

Values are mean ± SD; n= 18; C_{max}: Maximum plasma concentration ; T_{max}: Time to reach the peak concentration; AUC_{0-t}: Area under the plasma concentration time curve (Time= 0 to time of the last measurable plasma concentration); AUC_{0-∞}: Area under the plasma concentration time curve (time = 0 to infinity); T_{1/2(z)}: Terminal elimination half life; λ_z: Terminal elimination rate constant; V_d/F: Volume of distribution; CL/F: Total plasma clearance; AUMC_{0-t}: Area under the first moment curve (Time= 0 to time of the last measurable plasma concentration); AUMC_{0-∞} : Area under the first moment curve (time = 0 to infinity); MRT_{0-t}: Mean residence time (Time= 0 to time of the last measurable plasma concentration); MRT_{0-∞}: Mean residence time (time = 0 to infinity); Fr: Relative bioavailability determined by comparing AUC_{0-t} of test group I and AUC_{0-t} of reference group.

Property	Classical 90% CIs	T/R (%)	TOST	Anderson-Hauck Test
lnC _{max}	131.53 (131.35-131.71)	107.74	Upper P<0.001 Lower P<0.001	P= 1.0000
lnAUC _{0-t}	204.62	118.00	Upper P<0.001	P= 1.0000

	(204.47-204.78)		Lower P<0.001	
lnAUC _{0-∞}	178.40 (177.13-179.68)	113.84	Upper P<0.001 Lower P<0.001	P= 1.0000

Table 2: Statistical analysis and 90% Confidence Intervals (CI) for Different Pharmacokinetic Parameters from Log-Transformed Data for Assessment of Bioequivalence.

DISCUSSION

Black grape juice co-administration improves oral bioavailability of tizanidine to a greater extent. This was probably by inhibiting the CYP1A2-mediated presystemic metabolism of tizanidine in liver as reported by Granfors ^[5]. The C_{max} and AUC values of tizanidine were increased significantly, suggesting improved exposure of drug as explained by Chen et al. for improved exposure of raloxifene co administered with apigenin ^[21]. Revel et al. reported that resveratrol present in grapes inhibits a receptor AhR to which polycyclic aromatic hydrocarbons bind ^[18]. So the increase in plasma concentration of tizanidine might be due to inhibition of this AhR by black grape polyphenolic constituents. The CL/F was found to be decreased due to black grape polyphenols. The reason behind this may be the inhibition of CYP1A2 mediated metabolism of drug in liver as suggested by Yamsani et al. ^[22]. V_d/F value was also found to be decreased but the reason behind this was not clear. Systemic absorption of tizanidine was found to be erratic when animals were co-administrated with black grape juice. The cause behind such irregular absorption and distribution was not exactly known. T_{max} and T_{1/2} of tizanidine were decreased due to black grape juice co-administration. This suggested the faster onset of action as reported by Ching et al. for theophylline co-administered with curcumin ^[23]. The AUMC and MRT values were found to be increased indicating that tizanidine resides in its active form for longer time in body showing its therapeutic action for longer duration. In contrast to other pharmacokinetic determination the terminal elimination rate constant λ_z was found to be increased. The increase in elimination rate constant was may be due to increased rate of drug metabolism ^[24]. The percent relative bioavailability of tizanidine was found to be 204.65%

indicating greater improvement in Tizanidine oral bioavailability due to co-administration of black grape juice. This is a 2-treatment parallel single-dosed study. Log-transformed bioavailability measures were analyzed. The pivotal parameters of parallel bioequivalence studies were established using linear model (ANOVA) - statistical analysis. Here the bioequivalence acceptance criterion was set within the range of 80.000 - 125.000 % as per FDA guidelines [20]. These parameters include log transformed C_{max}, AUC_{0-t} and AUC_{0-∞} values of tizanidine. The classical (shortest) 90% CIs for log transformed C_{max} (lnC_{max}), log transformed AUC_{0-t} (lnAUC_{0-t}) and log transformed AUC_{0-∞} (lnAUC_{0-∞}) were estimated. T/R % values for each of the above parameters were calculated. Then the statistical significance of differences in pharmacokinetic parameters was determined by analyzing the data of log transformed values by TOST and Anderson-Hauck Test. The null hypothesis was rejected at an upper significance level of 0.05 if the two one-sided tests for testing the ratio was less than 80% and greater than 125%, respectively, both were rejected at the significance level 0.05 (two one-sided test situation). It could be shown that this was equivalent to a CI for the true ratio; with confidence level 90% was entirely within the interval 80% to 125% [20]. Here classical 90% CI for lnC_{max}, lnAUC_{0-t} and lnAUC_{0-∞} were 131.53% (131.35% - 131.71%), 204.62% (204.47%-204.78%) and 178.40% (177.13%-179.68%) respectively, which were not found to be within the interval 80% to 125%. In both of these tests at least the P values were greater than 0.05, thus we could not reject the null hypothesis. Rejection of null hypothesis concludes bioequivalence. Therefore from statistical analysis the test (Tizanidine + black grape juice) and reference (Tizanidine) were found to be bio-in-equivalent, suggesting the improved bioavailability of drug.

CONCLUSION

Concomitant oral administration of black grape juice resulted in a significant increase in systemic tizanidine exposure after oral administration. The increased oral bioavailability of tizanidine may probably attribute to the inhibition of CYP1A2 mediated pre-systemic metabolism by oral black grape juice. These results indicated that some flavonoids present in black grape juice could enhance the absorption of co-administered drugs with low bioavailabilities, and thus enhance their therapeutic efficacy. No serious adverse events were observed during the study period and tizanidine was well tolerated in all animals. But the plasma

concentration of tizanidine if increasing drastically, it would lead to hazardous pharmacodynamic adverse effects, so we should aware the potential interaction of a drug with a narrow therapeutic index and the dose monitoring of both the drug and co-administered substance is necessary.

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