



Formulation and Optimisation of Disintegrating Chlorhexidine tablets for Immediate use

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Abstract: Formulation and Optimisation of Disintegrating Chlorhexidine tablets for Immediate Use: In the present study disintegrating tablets containing chlorhexidine as an active ingredient has been prepared to be used as a mouth wash. The chlorhexidine disintegrating tablets when dispersed in water, it disintegrates immediately within seconds and acts as a mouthwash liquid. It is prepared as alternate to liquid mouthwashes as it would dispense drug uniformly and would be convenient to use and carry and it is a stable form as compared to liquid form. The disintegrating tablets were prepared by direct compression method using croscopovidone as super-disintegrant and hydroxypropyl cellulose as a binder. The optimization of formulation parameters such as the concentration of super disintegrant and binder was done by using quality by design approach with of help of Design Expert®. The evaluation parameter for optimization was disintegrating time and wetting time. After optimization with the help of design space, the best formulations were selected which have minimum disintegrating time and wetting time. The disintegration time and wetting time for the optimized formulation on the basis of design space were found to be 24 seconds and 32 seconds respectively.



Biography: I am currently pursuing Master of Pharmacy (Pharmaceutics) from University Institute of Pharmaceutical Sciences, Panjab University, Chandigarh and I have done my graduation from the same institute. I have also presented

Publications:

1. Genetic Variability in Probe Binding Regions Explains False Negative Results of a Molecular Assay for the Detection of Dengue Virus
2. Sero-Prevalence and Cross-Reactivity of Chikungunya Virus Specific Anti-E2EP3 Antibodies in Arbovirus-Infected Patients
3. Mapping genes & genomes: a molecular approach for epidemiological insight and targeted dengue control in Singapore
4. Why results of endometrial receptivity assay testing should not be discounted in recurrent implantation failure?
5. Insight into the diagnosis and management of subclinical genital tuberculosis in women with infertility

[21st International Pharmaceutical Conference and Expo, Perth, Australia, May 10-11, 2020](#)

Abstract Citation: [Simrandeep Kaur Formulation and Optimisation of Disintegrating Chlorhexidine tablets for Immediate use, MEDICINE-PHARMA-2020, 21st International Pharmaceutical Conference and Expo, Perth, Australia, May 10-11, 2020, pp: 0-1](#)