

## **Sommario**

<b>Indice Figure.....</b>	<b>2</b>
<b>Indice Tabelle .....</b>	<b>2</b>
<b>Bibliografia .....</b>	<b>3</b>
<b>Abstract.....</b>	<b>4</b>
<b>Introduzione .....</b>	<b>5</b>
<i>1.1 Anatomia .....</i>	<i>5</i>
<i>1.2 Fisiologia.....</i>	<i>5</i>
<b>Materiali, apparecchiature e metodi .....</b>	<b>7</b>
<b>2.1 Materiali .....</b>	<b>7</b>
<i>2.1.1 Principio attivo .....</i>	<i>7</i>
<i>2.1.2 Acido salicilico .....</i>	<i>8</i>
<i>2.1.3 Acidi e basi .....</i>	<i>8</i>
<b>2.2 Apparecchiature .....</b>	<b>8</b>
<i>2.2.1 Dispositivo USP II.....</i>	<i>8</i>
<i>2.2.2 Stomaco in vitro .....</i>	<i>9</i>
<i>2.2.3 Spettrofotometro .....</i>	<i>9</i>
<b>2.3 Metodi.....</b>	<b>10</b>
<i>2.3.1 Metodi analitici.....</i>	<i>10</i>
<i>2.3.2 Dissoluzione convenzionale.....</i>	<i>11</i>
<i>2.3.3 Dissoluzione stomaco artificiale.....</i>	<i>11</i>
<b>Risultati.....</b>	<b>11</b>
<i>3.1 Rilascio dispositivo convenzionale.....</i>	<i>11</i>
<i>3.2 Rilascio nello stomaco artificiale.....</i>	<i>12</i>
<b>Conclusioni .....</b>	<b>13</b>

**Indice Figure**

Figura 1. Stomaco .....	5
Figura 2. Profilo di pH .....	6
Figura 3. Subsacilato di bismuto.....	8
Figura 4. Metabolismo del subsacilato di bismuto .....	8
Figura 5. Acido salicilico .....	8
Figura 6. Apparato USP II .....	9
Figura 7. Stomaco artificiale: vista frontale (A), vista dall'alto(B).....	9
Figura 8. Rette di calibrazione .....	10
Figura 9. k contro pH .....	11
Figura 10. Rilascio in USP II in funzione del tempo .....	12
Figura 11. Concentrazione nello stomaco artificiale in funzione del tempo .....	12
Figura 12. Confronto dati sperimentali USP II e modello Logistic .....	13

**Indice Tabelle**

Tabella 1. Modelli farmacocinetici .....	6
Tabella 2. Valori di k al variare del pH.....	10
Tabella 3. Confronto valori di AIC .....	13

## **Bibliografia**

- D.Kucharavy, R. D. (2011). Application of S-shaped curves. 559-572.
- Douglas. (1990). Bismuth Subsalicylate: History, Chemistry, and Safety .
- H.Stricker. (1973). Die arzneistoffresorption im gastrointestinal trakt. 13-17.
- M. Minekus, P. (1995). A multicompartmental dynamic controlled model simulating the stomach and small intestine. 197-209.
- Mudie, D. (2010). Physiological Parameters for Oral Delivery and in Vitro.
- R.W. Krosmeyer, P. P. (1983). Mechanisms of solute release from porous hydrophilic polymers. 25-35.
- S. Cascone, G. L. (2011). The influence of dissolution conditions on the drug ADME phenomena.
- S. Cascone, G. L. (2017). Mimicking the contractions of a human stomach and their effect on pharmaceuticals.
- S. Cascone, G. L. (2017). Modeling and comparison of release profiles: Effect of the dissolution method.
- S.Cascone, G. L. (2016). In Vitro Simulation of Human Digestion: Chemical and Mechanical Behavior.
- S.Cascone, G. L. (2017). The influence of dissolution conditions on the drug ADME phenomena.
- Vardakou, M. (2011). Achieving Antral Grinding Forces in Biorelevant In Vitro Models: Comparing the USP Dissolution Apparatus II and the Dynamic Gastric Model with Human In Vivo Data.

## **Abstract**

In the pharmaceutical industry is very important to define the release profile of a generical compound. This kind of study can be done using some animals, as rat, but this type of method is tipically very expensive and morally not accepted, so is usefull to develop some new system to simulate the fisiology and the mechanics of human body. The novel dissolution system used nowadays are standardized according to some national agencies called Pharmacopeia, Every country got an its Pharmacopeia, one of the most authoritative is the United State Pharmacopeia (USP).

In this work has been compared the release of a new pharmaceutic formulation used to reduce stomach ache and other pains in the gastric tract (the active ingredient of the test drug is bismuth subsalicylate), produced by the multinational Procter & Gamble, in two different dissolution system: the first one is the USP II, a conventional device similar to a perfect mixed vessel; the second one is an artificial stomach able to simulate the mechanics and the pH profile that really characterized the stomach during the digestion time.

As expected the profile is different between the two dissolution system. The results dimostrate that in the USP II the release grows gradually in the time and the dissolution ended around 40 minut, while in the artificial stomach there is a maximum value of concentration of the active ingredient at 40 minut due to the not perfect mixing. After this time the mixing is able to omogenized the concentration until a terminal value.

At the end we can say that the complete dissolution time in the two device is the same but in the second one there is a burst effect that generate the maximum value. This phenomenon characterezes tipically the couting drug and it can't be neglected when we consider the dissolution profile of a pharmaceutic formulation.