Clinical Evaluation of a Formulated Econazol Nitrate as A Topical Solution

Laith H. Samein*
Received 5-9-2004 Accepted 20-2-2005

ABSTRACT

Econazole nitrate (EN) is considered as the most effective agent for the treatment of all forms of dermatomycosis caused by dernatophytes. It was formulated as a topical solution in our laboratories. This study was designed to evaluate the effectiveness of Econazol Nitrate in the prepared formula and compared with that of commercial brand, Pevaryl®. A total of 104 patient suffering from dermatomycoses were involved in this investigation. Both formula were applied to the affected skin region in the morning and evening from week to 16 weeks with light massage until complete healing effect was achieved. The data revealed that the percentage of cured patient treated with the prepared formula and reference formula of Ecanozol Nitrate 1% solution were 90.3% and 88.4% respectively also chronic cases could be largely cured by treatment with the prepared formula Econazol Nitrate 1% solution. The results of this clinical investigation showed that the prepared formula of Ecanozol nitrate 1% was effective as compared to that of the commercial brand, Pevaryl®.

الخلاصسة

ان محلول (نترات الايكانازول) يعتبر الاكثر فعالية لاستخدام هذا الدواء في علاج جميع اشكال الفطريات الجلدية النتجة عن العوامل المسببة لتلك الفطريات. لقد تم تحضير الدواء على شكل محلول للاستخدام الموضوعي (والذي حضر في المختبرات الصناعية لكلية الصيدلة) لقد اجريت دراسة سريرية مقارنة بين المحلول المحضر صناعيا والمستحضر التجاري بيفاريل كمستحضر قياسي فوجد ان كل منهما له نفس التاثيرات العلاجية والجانبية. كلا العلاجين أظهر فعالية في تقليل الاعراض المرضية لكن العلاج بواسطة محلول نترات الايكانوزول كان اكثر فعالية. ان محلول نترات الايكانازول والمستحضر التجاري بيفاريل قد اعطي إلى 104 اشخلص كمجموع كلي يعلنون من فطريات جلاية ناتجة عن العوامل المسببة لتلك الفطريات. ايضا ممكن علاج الاصابات المزمنة بصورة كبيرة باستخدام محلول نترات الايكانازول والمستحضر التجاري بيفاريل قد وضعا على المنطقة المصابة من الجلد في الصباح والمساء لفترة من اسبوع إلى 16 اسبوع مع مساج خفيف على المنطقة المصابة.

INTRODUCTION

Econazole nitrate is (RS) –1-[2,4 diochloro-B (P-chorobezyl-oxyphenethyl] imidazole nitrate $^{(1)}$.

$$CH_2$$
 $CH - O$ $CH_2 - CI$ CI CI CI

It is a white or almost white crystalline powder. M.p. about 164° , with decomposition, very slightly soluble in water and ether: soluble 1 in 125 of ethanol (96%) 1 in 60 Of chloroform and in 25 of methanol $^{(1,2)}$

Econazole nitrate is used for the topical treatment of all forms of dermatomycosis caused by dermatophytes like tricophyton rubum, tricophyton mentagroghytes tricophyton tonsus rans which cause tinea pedis, tinea cruris: and tinea corporis respectively ⁽³⁾. It is used for dermatomycosis caused by yeasts like candida albicans and condida guilliermordi ⁽⁴⁾.

^{*}Department of Pharmaceutics, College of Pharmacy, University of Baghdad, Baghdad-Iraq

Econazole nitrate is available in a variety of dosage form such as skin cream (alone or in combination with triamcinolone), skin solution, skin lotion, vaginal suppositories and spray solution ⁽³⁾.

It has been proven to be effective in the presence of mixed infection. The antibacterial effects of the preparation offer on additional advantage.

The purpose of this work is to evaluate clinically a selected formula for Econazole nitrate as topical solution prepared in our laboratory ⁽⁵⁾.

SUBJECTS and METHOD

A total of 104 patients were involved in this investigation. They were diagnosed by Dermatologist Dr. A. Al- Swdany working in medical city as having dermatomycetes caused by various dermatomycetes, blastomycetes and mould (6, 7, 8, 9, 10). The patients age ranged from 17-70 year (average 63.4 years). They were randomly divided into two groups (52 patient in each) the patients in group 1. were 17 female (33%) and 35 males (67%) were instructed to use the prepared formula of econazol nitrate 1% solution. Patients in group II, were 16 females (30%) and 36 males (69%) were given the commercial of econazol nitrate 1% solution, Pevaryl® Ciliag. All patients were instructed to apply econazol nitrate twice daily with light massage on to the affected skin region. The duration of treatment was ranged from one week to 16 weeks.

RESULTS and DISCUSSION

All patients involved in this study were evaluated clinically, in addition to mycological and microscopical examination before and after treatment with either the prepared formula of econazol 1% solution or Pevaryl®

CLINICAL EVALUATION

The response to the treatment was graded as, cured ,poor improvement and no effect ⁽⁷⁾. The data showed that the percentage of cured, poor improvement and no effect in patients treated with econazol nitrate 1% solution (the prepared formula) were 90.3 %, 7.8 % and 109% respectively as shown in table -1.

Table:1 Clinical evaluation of 52 patients taking Econazole 1% solution.

No. of patients	52	100%
Cured	47	90.3%
Poor improvement	4	7.8%
No effect	1	1.9%

The results of patient treated with Pevaryl® solution showed that 88.4% were cured, 9.7% of poor improvement and only 1.9% with no effect as illustrated in table -2.

Table -2 Clinical evaluation of 52 patients taking Pevaryl® as a reference.

No. of patients	52	100%
Cured	46	88.4%
Poor improvement	5	9.7%
No effect	1	1.9%

MYCOLOGICAL EVALUATION

Prior to therapy the fungus species could be demonstrated by a positive culture in 20 patients out of 52 patients treated with either the prepared formula or reference (Pevaryl®) of econazole nitrate 1% solution.

Table -3- showed that no more fungi were present in 14 patients, (70%) treated with econazole 1% solution while 6 patients could not be checked mycologically, as there were no samples available due to healing of mycosis. Mycological examination in patient treated with (Pevaryl®) showed negative fungi in 13 patient (65%) as shown in table 4.

Table -3 Mycological evaluation of 20 patients taking Econazole 1% solution.

No. of patients	20	100%
Fungus identification		
prior to the rapy +	14	70%
After therapy - Cured		
Fungus identification		
Prior to the rapy +	6	30%
Aftertherapy cured		
No sample -		
(cure)		

Table -4 Mycological evaluation of 20 patients taking Pevaryl® as refrence.

No. of patients	20	100%
Fungus identification		
prior to therapy +	13	65%
After the rapy - cured		
Fungus identification		
Prior to therapy +	6	30%
After therapy cured		
No sample -		
(cure)		
Fungus identification		
prior to therapy+	1	5%
After the rapy + not cured		

MICROSCOPICAL EVALUATION

The diagnosis was also confirmed by positive microscopical fungus identification prior to therapy in 25 patients treated with econazole 1% solution or Pevaryl®. The percentage treated with econazole 1% solution and Pevaryl® with a negative funges were 80% and 76% respectively as shown in table 5 and 6. Microcsopical examination could not be performed in 4 cases (16%) treated with econazole 1% and 5 cases (20%) used Pevaryl®, since no sample were available due to healing of mycosis.

Table -5 Microscopically results of 25 patients taking Econazole 1% solution.

		r
No. of patients	25	100%
Fungus identification		
prior to therapy + cured	20	80%
After therapy -		
Fungus identification		
Prior to therapy +	4	16%
After therapy		
No sample - cured		
(cure)		
Fungus identification		
prior to the rapy+	1	4%
After therapy + not cured		

Table –6 Microscopically results of 52 patients taking Pevaryl as refrence.

No. of patients	25	100%
Fungus identification		
prior to the rapy + After therapy - cure d	19	76%
After therapy - cured		
Fungus identification		
Prior to the rapy +	5	20%
After the rapy cure d		
No sample -		
(cure)		
Fungus identification		
prior to the rapy +	1	4%
After therapy + not cured		

Therapeutic Results In Chronic Cases:

12 patients of 52 patients who suffered from chronic mycosis (duration 1-5 years) were treated prepared formula of econazole the data that 11 patients (91.7) were cured after treatment with average duration of (2-16) weeks and only one patient (8.3) was not respond as shown in table 7.

Table -7 Therapeutic results in 12 patients with chronic mycosis lasting for more than

Pat. No	Duration of disease in months	Duration of treatment in weeks	Cured	Not cured
1	12	2	+	
2	12	11	+	
3	14	2	+	
4	24	2	+	
5	13	3.5	+	
6	12	2		+
7	60	14.5	+	
8	16	16	+	
9	14	2	+	
10	12	9	+	
11	12	2	+	
12	30	5.5		
12	1-5 years	2- 16	11 pat.	1 pat.
pat.		weeks	95%	8.3%

one year.

The appearance of any side effect after the treatment with both formulas was also monitored burning and pruritrs (11,12,13,14,15) were observed in only 3 patients treated with econazole 1% solution (out of 52 patients

CONCLUSION

The results of this clinical investigation clearly indicated that the prepared of econazole nitrate 1% was effective as compared to that of commercial brand Pevaryl®.

REFERENCES

- 1- British Pharmacopoeia . Typograohy by Majesties stationary a office , London , Cambrdge2001, Vol.1 ,245.
- 2- Clark's. isolation and identification of drug, 2nd.Ed. the pharmaceutical press;London; 1986, 579.
- Htantschke , D.. In vitro sensitivity test with antinycotic imidozolc Derivatives and avaluation of results. Mykosen, 1978, Suppl I, 222-9.
- 4- Scholar-M; Prediel—H; Korting—I-IC, Light and Election Microscopic finding in a model of Human Coetaneous Candidacies, Journal of Drug Targeting, 1999, 6(5) 36 1-372.
- 5- Samin, L, H., Formulation of Econazole nitrate as a topical solution, Iraqi Journal of Pharmaceutical Sciences, 2005,14, 20 30.
- 6- Lefler —F; Stevens-DA, inhibition and killing of candida in Vitro by five imidazole in clinical use. Antimicrob Agents chemother (Antimicrobial-Agents-and-chemotherapy), 1984, 25(Apr), 450-454.
- 7- Cullen SI; Rex- IH; Thorne EG, comparison of a new antifungal agent, I percent Econazole nitrate (specsazole) cream versus I percent clotrEmazole cream in the treatment of intertriginous candidosis, CurrTher-Res (Current Theraputic-Research); 1984, 35 (Apr), 606-609.

- **8-** Stock-R, How effective is antimycotic drug?, pharm-Int: 1981, 2(Oct), 232-236.
- 9- Fredrikson-T, Treatment of dcrmatomycoses with topical Fconazole and Clotrimazole, eurr-Ther-Res-Clin-Exp; 1979, 25 (May), 596-594.
- **10-** Verma-BS, Econazole cream in fungal infection of the skin CurrFher—Res-Clin-Exp, 1978, 24(Nov), 745-752.
- 11- Schaller M; Preidel-H; Januschke-E; Korting-HC, Light and electron microscopic findings in a model of human cutaneous candiois.J-Drug-Target (Journal-of-Drug-Targeting), 1999, 6(5), 361-372.
- 12- Odeh-F; Fahry H; Kuhlwein-A; Nolting —S; Sartani-A; et-al. Double-blind clinical trail with a single daily application of enticonazole, Curr-Ther-Rcs (Current Theraputic-Research), 1990, 47 (Jan), 22-31.
- 13- Romaguera-C; Herrero-E; Marquez-M; Torres-J; Ortiz-JA, study on the sensitizing capacity of the new ataimycotic sertaconazole in the treatment of cutaneous mycoses, Arzeneim-Eorsch (Arzneimittel-Forschurg), 1992, 42 (5 Suppl), 754-756.
- **14-** Pigatto-P; Colli-E; Scatigna-M; Finzi-A. Evaluation of skin irritation and contact sensitizing potential of fcnticonazole. Arzneim-Forsch Arzneimittel-Forschurg), 1990,40(3), 329-331.
- 15- Tett-SE. Topical imidazoles. Aust-J-pharm (Australian- Journal- ₀ft Pharmacy), 1986,67 (Fun), 567-569.