Quantification of Drugs and Pharmaceuticals Using Chloramine-T and Rhodamine-B Dye: A Spectrophotometric Study

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Abstract: Simple, sensitive and selective methods are developed for the spectrophotometric determination of drugs, viz., Rosuvastatin Calcium, Alfuzosine hydrochloride, Atorvastatin Calcium, Ibandronate sodium, Imatinib Mesylate based on their reactivity towards Chloramine-T. The method of each drug depends upon oxidation of drugs by Chloramine-T (Excess) and estimating the amount of unreacted Chloramine-T by Rhodamine-B dye at λ max 557nm. These methods have been applied for the determination of drugs in their pure form as well as in tablet formulations. The effect of excipients has also been studied and found to have no effect. These methods have been validated in terms of guidelines of ICH.

Keywords: Spectrophotometry, Drugs, Chloramine-T, Rhodamine-B, Quantification, Validation.

I. Introduction

1.1. Rosuvastatin Calcium:

Rosuvastatin (ROS) is chemically *bis ((E)-7[4-(4-Fluorophenyl)-6*-Isopropyl-2-(Methyl (methyl sulfonyl) aminopyrmidin-5yl) (3R, 5S)-3, 5-dihydroxyhept-6-enoic acid) Calcium salt (Fig.1) it belongs to the class of drugs called statins, which are employed to lower hypercholesterolemia and related conditions and to prevent cardiovascular diseases [1]. It is widely used for the treatment of hyperlipidemia. It inhibits the enzyme 3-hydroxy-3-methylglutaryl coenzyme A (HMG-CoA) reducatase, the rate limiting enzyme that converts HMG CoA to mevalonate a precursor of cholesterol and thereby checks the synthesis of cholesterol [2]. A survey of literature showed few LC–MS/MS with electro spray ionization method [3-5], UV spectrophotometric [6-8], few HPLC[9-11], RP- HPLC [12,13], HPTLC [14] and Voltametry [15] methods are available for the estimation of Rosuvastatin in pharmaceutical preparation and in biological fluids.

1.2. Alfuzosine hydrochloride:

Alfuzosine (ALF) is chemically known as N-[3-[(4-amino-6, 7-dimethoxy-quinazolin-2-yl)-methylamino] propyl] tetrahydrofuran- 2-carboxamide [Fig.2], is an alpha1-Adrenoreceptor blocker. It works by relaxing the muscles in the prostate and bladder neck, making it easier to urinate [16] and a reduction in symptoms of BPH. Several methods have been reported for quantitative determination of ALF in HPLC [17-18], Conductometry [19], Voltametry [20], Colorimetry [21], spectrophotometry [22, 23] and Spectrofluorimetry [24] for bulk drug and Tablets.

1.3. Atorvastatin Calcium:

Atorvastatin calcium(ATV) is chemically named as(3R,5R)-7-(2-[4-Fluorophenyl] - 3-phenyl-4-[phenylcarbamoyl]-5-propan-2-ylpyrrol-1-yl)-3, 5-dihydroxyheptanoic acid (Fig. 3).It is a member of the drug class known as statins, which are used primarily for lowering blood cholesterol and for prevention of events associated with cardiovascular disease. Atorvastatin is a Competitive inhibitor of HMG-CoA reductase. This enzyme catalyzes the reduction of -hydroxy-3-methylgultaryl-coenzyme-A to mevalonate, which is the rate-determining step in hepatic Cholesterol synthesis. Because cholesterol synthesis decreases, Hepatic cells increase the number of LDL receptors on the surface of. The cells, which in turn increase the amount of LDL uptake by the Hepatic cells, and decrease the amount of LDL in the blood [25, 26] Several methods have been reported for quantitative determination of ATV in HPTLC[27, 28], RP-HPLC [29], HPLC [30], Spectrophotometric method [31] and aqueous samples method [32] for bulk drug and Tablets.

1.4. Ibandronate sodium:

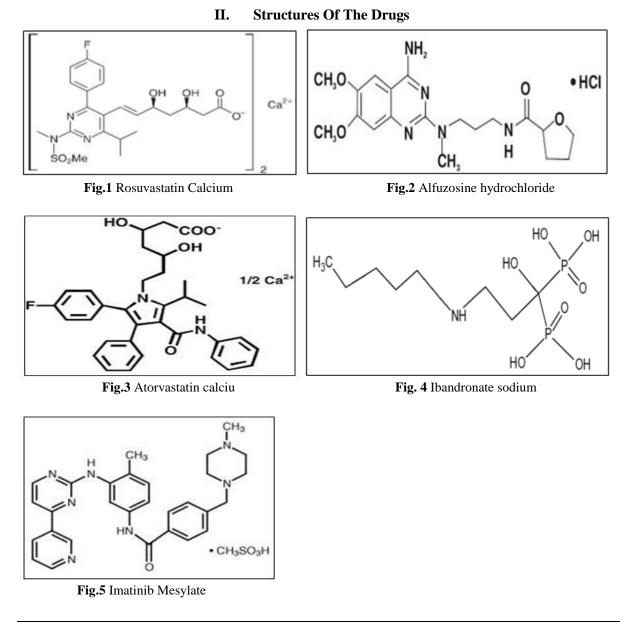
Ibandronate sodium (IBD) is one of the nitrogene carrying Bisphosphonate. According to IUPAC nomenclature it is 3-(N-methyl-N-pentyl) amino-1-hydroxypropane-1, 1-diphosphonic acid, sodium salt, monohydrate (Fig.4). It prevent osteoclast-conciliate boneresorption [33]. It is precious for the cure of hypercalcemia of malignancy [34], Paget's disease, postmenopausal osteoporosi and corticosteroid-induced

osteoporosis metastatic bone disease [35]. Several methods have been reported for quantitative determination of IBD in UV [36], Ion chromatography and ion pair chromatography [37-39], electrophoresis method [40] for bulk drug and Tablets.

1.5. Imatinib Mesylate:

Imatinib mesylate (ITM) is a most frequently prescribed cancer medication drug to treat leukemia and gastrointestinal tumors. The drug is designed to inhibit tyrosine kinases such as Bcr-Abl and is used in the treatment of chronic myeloid leukemia (CML) and gastrointestinal stromal tumor [41]. Imatinib mesylate was approved by the US Food and Drug Administration (FDA) to treat a rare cancer called chronic myeloid leukemia (CML) [42]. Imatinib mesylate is chemically known as 4-4[(4-methyl-1- piperazinyl) methyl]-N-[4-methyl-3-[[4-(3-pyridinyl)-2-pyrimidinyl] amino] phenyl] – benzamide mono methane sulfonate (Fig.5). Literature survey reveals that several analytical methods like UV spectrophotometric [43], HPLC [44], Charge Transfer complex [45], RP-HPLC [46] methods are reported for estimation of Imatinib mesylate in bulk drug, formulations, pure active pharmaceutical ingredient and tablet dosage form.

Thorough survey of literature on the above mentioned drugs revealed that quantification using Chloramine-T as oxidizing reagent has not been reported yet although the reagent is common, known to offer simple, sensitive method of quantification for drugs This prompted the authors to develop quantification methods for the above cited drugs using Chloramine-T as an oxidizing agent and Rhodamine-B as analytical reagent



1.6. Instrument

III. Materials And Methods

All absorbance measurements were recorded on Shimadzu 140 double beam spectrophotometer as well as Elico 210 UV- Visible double beam & Elico 159 UV- Visible single beam spectrophotometers using matched pair of Quartz cells of 10mm path length.

Chloramine-T solution (0.005mol L–1) was prepared by dissolving 0.1408g Chloramine-T (Finar chemicals limited, Ahmadabad, India) in 100mL standard flask with distilled water. This solution was diluted with water appropriately to get 45µg mL–1 Chloramine-T for use in spectrophotometric method.

A stock solution of Rhodamine B (500 μ g mL-1) was prepared by dissolving the dye (S. D. Fine Chem. Ltd., Mumbai) in water and filtered using glass wool. The dye solution was diluted to get working concentration of 50 μ g mL⁻¹.

Hydrochloric acid (S.D. Fine Chem., Mumbai, India; sp. gr. 1.18) was diluted appropriately with water to get 2M acid.

The pharmaceutical grade drugs were supplied by Arabindo pharmaceuticals and hetero drugs Pvt. Lmt. Hyderabad. A stock standard solution of drugs was prepared by dissolving accurately weighed 20mg of pure drug in water and diluting to 100mL in a calibrated flask with water. The solution was diluted stepwise to get working concentrations.

1.7. Assay procedure

Aliquots of pure drug solution (1 to 7mL) were transferred into a series of 10mL calibrated flask. To each flask, 1 mL of 2 mol L–1 hydrochloric acid was added, followed by 1 mL of Chloramine-T solution (45 μ g mL1). The contents were mixed and the flasks were set aside for 15min under occasional shaking. Finally, 1mL of 50 μ g mL–1 Rhodamine- B solution was added to each flask, diluted to the mark with water and the absorbance of solution was measured at 557 nm. Calibration curves were constructed for all the drugs by plotting the absorbance versus the concentration of drugs. The absorbance data was collected for six replicate experiments and absorbance to concentration ratio called the relative response was determined. The relative responses from 95% to 105% of average only are considered for

1.8. Construction of the Calibration curves (Fig.6).

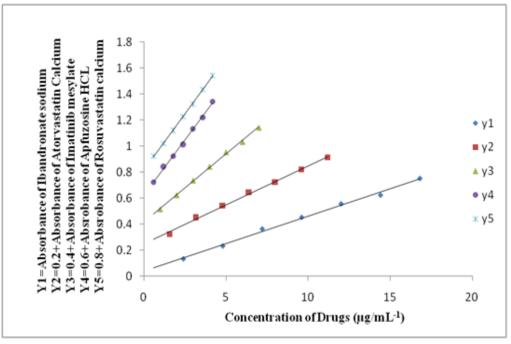


Fig.6 Calibration curves of ROSU, ALF, ATV, IBD, and ITM.

IV. Procedure For Assay Of Pure Drug

Sample solutions of each drug in the beer's law limits were chosen and recovery experiments were performed to check the accuracy and precision. The concentration chosen and recovery are tabulated in table 2. For this purpose standard deviation method has been adapted. Excellent recovery and %RSD being less than 2 speaks about the precision and accuracy of the methods.

V. Procedure For Tablets

1.9. Rosuvastatin Calcium

Four tablets (ROSU, 250mg) were weighed and grounded. The powder equivalent to 20mg Rosuvastatin Calcium was stirred well with methanol, sonicated about 30 minutes. The solution was filtered through Whatmann filter paper in a 100mL volumetric standard flask and the residue was washed well with methanol for complete recovery of the drug and methanol was evaporated. The residue was dissolved in 100mL of distilled water and it was further diluted to get required concentration for the analysis of the drug.

1.10. Alfuzosine

Ten tablets of Alfoo were weighed accurately and powdered. The powder equivalent to 50 mg was transferred into a 100 ml volumetric flask, containing a mixture of distilled water (`10.0 ml) and HCL (2.0 ml). The flask was shaken for 5 minutes and the solution was filtered using Whatmann filter paper no.41 and further diluted with water to obtain working standard solution.

1.11. Atorvastatin Calcium

Three tablets (Atorvastatin calcium 10mg) were weighed accurately and crushed to a fine powder and the powder equivalent to 10mg of Atorvastatin calcium was weighed accurately and transferred to 100 ml volumetric flask, dissolved in sufficient quantity of methanol, sonicated for 10 min and the volume was finally diluted to the mark with methanol. This solution was mixed well and filtered through Whatmann filter paper No. 42. It was used as stock sample solution and was further diluted with the same solvent to get working standard solution.

1.12. Ibandronate sodium (IBD)

Four tablets (IBD, 250mg) were weighed and grounded. The powder equivalent to 20mg Ibandronate sodium (IBD) was stirred well with methanol, sonicated about 30 minutes. The solution was filtered through Whatmann filter paper in a 100mL volumetric standard flask and the residue was washed well with methanol for complete recovery of the drug and methanol was evaporated. The residue was dissolved in 100mL of distilled water and it was further diluted to get required concentration for the analysis of the drug.

1.13. Imatinib Mesylate

For the analysis of pharmaceutical formulations two tablets (veenat -100mg) were weighed accurately and grounded. A quantity equivalent to 10mg of Imatinib mesylate was weighed accurately, transferred into a 100 mL calibrated flask and the volume was finally diluted to the mark with double distilled water, mixed well and filtered using a Whatmann filter paper No. 42 filter paper. It was used as stock sample solution and was further diluted with water to get working standard solution

1.14. Analytical data

VI. Results And Discussion

A linear correlation was found between absorbance at λ max and concentration of all drugs in the ranges given in Table 1. Regression analysis of the Beer's law data using the method of least squares was made to evaluate the slope (b), intercept (a) and correlation coefficient (r) for each system and the values are presented in Table 1. The optical characteristics such as Beer's law limits and Sandell sensitivity values for both methods are also given in Table 1. The limits of detection (LOD) and quantification (LOQ) calculated according to ICH guidelines are also presented in Table 1 and reveal the very high sensitivity of the methods

1.15. Precision and Accuracy

Intra-day precision was assessed from the results of six replicate analyses on pure drug solution. The mean values and relative standard deviation (RSD) values for replicate analyses at three different levels (amounts/concentrations) were calculated. To evaluate the inter-day precision, analysis was performed over a period of five days, preparing all solutions afresh each day. The accuracy of the methods was determined by calculating the percentage deviation observed in the analysis of pure drug solution and expressed as the relative error. Table 2 summarizes the intra-day precision and accuracy data for the assay of pure drugs solution by the proposed methods.

Table 1: Analytical and Regression Parameters of Spectrophotometric Method							
Parameter	ROSU	ALF	ATV	IBD	ITM		
λmax, nm	557	557	557	557	557		
Beer's law limits µg mL ⁻¹	0.6-4.2	0.6-4.2	1.6-11.2	2.4-16.8	1-7		
Molar absorptivity, L mol ⁻¹ cm ⁻¹	2.052x10 ⁵	8.596x10 ⁴	8.838x10 ⁴	1.977x10 ⁴	6.614x10 ⁴		
Sandell sensitivity* µg cm ⁻²	0.006	0.006	0.017	0.024	0.010		
Limit of detection µg mL ⁻¹	0.185	0.280	0.442	0.475	0.243		
Limit of quantification µg mL ⁻¹	0,560	0.848	1.340	1.441	0.735		
Regression equation, Y**	0.500						
Intercept, (a)	0.014	0.024	0.046	0.039	0.015		
Slope, (b)	0.172	0.169	0.060	0.042	0.104		
Correlation coefficient, (r)	0.999	0.998	0.996	0.995	0.998		
Standard deviation of intercept (Sa)	0.010	0.014	0.008	0.006	0.008		
Standard deviation of slope (Sb)	0.002	0.005	0.002	0.001	0.004		

Table 1: Analytical and Regression Parameters of Spectrophotometric Method

*Limit of determination as the weight in μg per mL of solution, which corresponds to an absorbance of A = 0.001 measured in a cuvette of cross-sectional area 1 cm2 and path length of 1 cm. Y**= a+bX, where Y is the absorbance and X concentration of drugs in μg per mL

 Table 2: Determination of Accuracy and Precision on Pure Drug Samples Application to formulations

Drug	Taken	Found	Error	Recovery	RSD(%)	Proposed method	
	(µg/ml)	(µg/ml)	$(\mu g/ml)$	(%)	KSD(%)	$Mean \pm SD$	
ROSU	1.5	1.52	1.33	101.33			
	3.0	2.98	0.67	99.33	0.966	100.33± 1.000	
	6.0	6.02	0.33	100.33			
ALF	3.0	2.99	0.33	99.66			
	5.5	5.52	0.36	100.36	0.353	100.04 ± 0.354	
	9.0	9.01	0.11	100.11			
ATV	3.0	2.96	1.33	98.66		99.68 ±0.883	
	6.0	6.01	0.16	100.16	0.885		
	9.0	9.02	0.22	100.22			
IBD	40	40.02	0.05	100.05			
	50	49.97	0.06	99.94	0.0556	100 ± 0.0556	
	60	60.01	0.01	100.01			
ITM	3.0	2.98	0.67	99.33			
	6.0	6.01	0.17	100.17	0.424	99.72±0.423	
	9.0	8.97	0.33	99.66			

The proposed methods are applied to the determination of drugs in tablets. The results in Table 3 showed that the methods are successful for the determination of drugs and that the excipients in the dosage forms do not interfere. The results are compared to the available validated reported methods on each drug and the results agree well with the claim and also are in agreement with the results obtained by the literature method. Statistical analysis of the results using Student's t-test for accuracy and F-test for precision revealed no significant difference between the proposed methods and the literature method with respect to accuracy and precision.

Tablets	Drug in tablet (µg mL ⁻¹)	Drug add ed (µg mL ⁻¹⁾	T otal found mL ⁻¹	Error (%)	Recovery (%)	RSD (%)	Reference method ^[6-10] Mean ± SD	Proposed Method	t-test	F-test
ROSU	0.50 0.50 0.50 2.0 3.0 4.5	1.0 2.0 3.0 0.0 0.0 0.0	1.504 2.48 3.53 2.02 2.98 4.45	0.27 0.8 0.86 1 0.67 1.11	100.27 99.2 100.86 101 99.33 98.88	0.9077	100±1.070	99.92±0.907	0.2849 (2.447)	0.71853 (3.05455)
ALF	3.0 6.0 9.0 12 5.0 4.0	1.0 1.0 1.0 0.5 1.0	3.97 6.98 9.99 13.0 5.52 4.98	0.75 0.29 0.1 0.0 0.363 0.4	99.25 99.71 99.9 100 100.36 99.6	0.3786	100.6±0.6	99.80±0.3779	0.7176 (1.943)	0.397 (3.10751)
ATV	0.50 0.50 0.50 3.0 6.0 9.0	1.0 2.0 3.0 0.0 0.0 0.0	1.50 2.48 3.51 2.97 6.01 9.03	0.00 0.8 0.29 1 0.16 0.33	100.00 99.2 100.28 99 100.16 100.33	0.5800	100.03±0.409	99.82±0.57897 9	0.586 (2.447)	2.004 (3.05455)
IBD	40 50 60 40 50 60	0.0 0.0 5.5 5.5 5.5	40.00 49.98 60.00 45.52 55.51 65.53	0 0.04 0 0.043 0.01 0.046	100 99.96 100 100.04 100.01 100.04	0.0299	100.63±1.52	100.008±0.029 94	2.4009 (2.447)	3.878 (3.05455)
ITM	0.50 0.50 0.50 3.0 6.0 9.0	3.0 6.0 9.0 0.0 0.0 0.0	3.51 6.47 9.52 3.00 5.98 9.01	0.28 0.46 0.21 0 0.33 0.11	100.28 99.53 100.21 100.00 99.66 100.11	0.3046	100.5±0.55	99.965±0.3045	0.9567 (2.447)	0.3065 (3.05455)

Table 3: Results of assay of tablets by the proposed methods and statistical evaluation method

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