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Stability Indicating Assay for Simultaneous Estimation of Aspirin and Omeprazole

in Bulk by Validated RP-HPLC Method

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Article info

Abstract

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The aim of the present investigation is to study Stability Indicating Assay for Simultaneous Estimation of Aspirin and Omeprazole in Bulk by Validated RP-HPLC Method. The λ_{max} of the two ingredients i.e. Aspirin and Omeprazole, were found to be 240 nm and 270 nm respectively in mobile phase as solvent system. The isobestic point for the drugs was observed at 288 nm. 10 mg of Aspirin and Omeprazole was weighed accurately and transferred into 100 ml volumetric flask. About 10 ml versatile phases was inserted and sonicated to dissolution. The volume was made up to the mark with same solvent. The different HPLC conditions were employed to conclude out the optimum condition for superior extraction of drugs. Linearity range was observed as 0-60 µg/ml for Aspirin. The correlation coefficient was observed as 0.999, the slope was found to be 11904 and intercept was observed as 12043 for Aspirin. Linearity range was observed as 0-40 µg/ml for Omeprazole. The correlation coefficient was observed as 0.999, the slope was observed as 15639 and intercept was observed as 2119 for Omeprazole.

The mean recoveries were observed as 100.41, 100.66 and 100.963% for Aspirin and 100.75, 100.59 and 100.05% for Omeprazole. As results are within the limit of 98-102%, the approach developed passes the test and hence can be reused. Based on spike purity results, acquired from the investigation of specimens utilizing depict approach, it can be finalized that due to lack of co-eluting spike along with the main spike of Aspirin & Omeprazole showed that the developed method is specific for the synchronal calculation of Aspirin & Omeprazole in the bulk.

Keywords: Stability Indicating Assay, Simultaneous Estimation, Aspirin and Omeprazole, Tablet Formulation, RP-HPLC Method

Introduction

Chromatography is approach use for the detachment of premixes. The mix is countermined in a very liquid known as the transportable stage, which flows through strongly bonded structure known as the still stage. According to their affinity towards still and transportable stage, they separate out at different speed. ^[1] Highperformance liquid natural process (HPLC; once alluded to as high-weight fluid chromatography),

may be a technique in instructive science used to isolated, recognize, and evaluate every part in a blend.

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It depends on drive to pass a pressurized fluid dissoluble containing the instance mix through a section loaded up with a powerful adsorbent. each section within the example connects marginally contrastingly with the adsorbent, inflicting distinctive stream rates for the varied segments and prompting the division of the parts as they stream out of the segment. ^[2] Review of literature for Aspirin and Omeprazole gave information related to its physical and chemical properties, various analytical approaches that were conducted alone. For development of appropriate RP-HPLC method for regular investigation of Aspirin and Omeprazole in formulations, attempts were taken to develop easy, exact and right investigational approach for estimation of Aspirin and Omeprazole and employed it for their ascertain men in formulation. Ouantitative ascertainment of Aspirin and Omeprazole in bulk by the method development and validation of the developed RP-HPLC method. [3-5]

Material and Methods RP-HPLC Method Development and its Validation for Aspirin and Omeprazole in Bulk Selection of wavelength:

The λ_{max} of the two ingredients i.e. Aspirin and Omeprazole, were found to be 240 nm and 270 nm respectively in mobile phase as solvent system. The isobestic point for the drugs was observed at 288 nm.^[6]

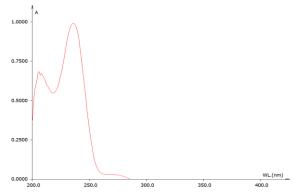


Fig-1: UV Spectrum for Aspirin (240nm) Preparation of standard Solutions of Aspirin and Omeprazole:

10 mg of Aspirin and Omeprazole was weighed accurately and transferred into 100 ml volumetric flask. About 10 ml versatile phases was inserted and sonicated to dissolution. The volume was made up to the mark with same solvent. The final solution contained about 100µg/mland 100 µg/mlof Aspirin and Omeprazole respectively.^[7]

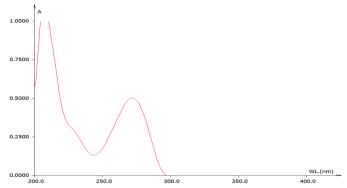
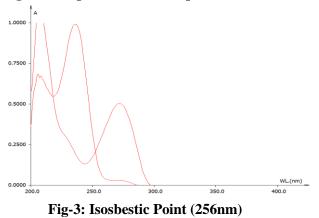


Fig-2: UV Spectrum for Omeprazole (270nm)



Initialization of the instrument

The HPLC instrument was switched on. The column was washed with HPLC water for 45 minutes. The column was then saturated with versatile phase for 45 minute. The versatile phase was run to find the spikes. After 20 minutes the standard drug solution was injected in HPLC. ^[8]

Different chromatographic environments used and their Optimizations

The different HPLC conditions were employed to conclude out the optimum condition for superior extraction of drugs.

Tabl	e-1: Result	s of Trial-1

S. N o.	Drug Name	RT	Peak Area	Taili ng Facto r	Theoreti cal Plates
1	Aspirin	3.25	6854	0.99	2586
		0	78		
2	Omepraz	7.30	3658	1.06	3235
	ole	0	97		

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Table-2: Results of Trial-2					
S. N 0.	Drug Name	RT	Peak Area	Taili ng Facto	Theoreti cal Plates
				r	
1	Aspirin	2.12	4857	0.95	2967
	_	0	87		
2	Omepraz	4.91	8658	0.91	3968
	ole	6	74		

Table-4: Results of Trial-4					
S. N	Drug Name	RT	Peak Area	Taili	Theoreti cal
1N 0.	Ivallie		Alta	ng Facto	Plates
				r	
1	Aspirin	1.24	5368	0.99	2698
		9	57		
2	Omepraz	3.34	3568	0.93	3365
	ole	3	54		

Table-3: Results of Trial-3

S.	Drug	RT	Peak	Taili	Theoreti
Ν	Name		Area	ng	cal
0.				Facto	Plates
				r	
1	Aspirin	3.22	5682	0.98	2867
		3	47		
2	Omepraz	5.85	4698	0.96	3857
	ole	7	57		

Table-5: Results of Trial-5

S.	Drug	RT	Peak	Taili	Theoreti
Ν	Name		Area	ng	cal
0.				Fact	Plates
				or	
1	Aspirin	3.2	51244	1.20	6358
		54	15		
2	Omepraz	5.4	48462	1.12	5687
	ole	24	43		

The best environment acquired from research can be outlined as below:

Table-6: Summary of Optimised Chromatographic Conditions

Tuble of Summary of Optimised On on and Supplie Conditions				
Mobile phase	Methanol :Di-potassium Phosphate buffer (0.1 M) =70:30(pH			
	3).			
Column	Develosil ODS HG-5 RP C ₁₈ , 5µm, 15cmx4.6mm i.d.			
Column Temperature	Ambient			
Detection Wavelength	256 nm			
Flow rate	1.0 ml/ min.			
Run time	07 min.			
Temperature of Auto sampler	Ambient			
Diluent	Mobile Phase			
Injection Volume	10μ1			
Type of Elution	Isocratic			

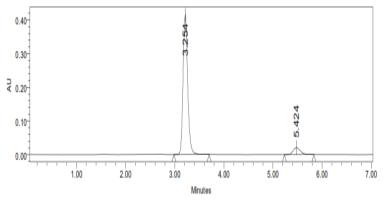
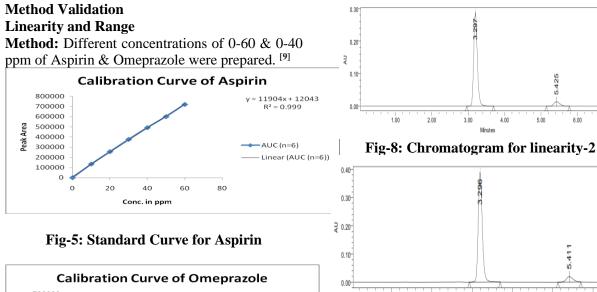


Fig-4: Chromatogram of Aspirin and Omeprazole in Optimized Chromatographic Condition

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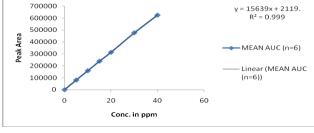


Fig-6: Standard curve for Omeprazole

Results and Discussion

Linearity range was observed as 0-60 μ g/ml for Aspirin. The correlation coefficient was observed as 0.999, the slope was found to be 11904 and intercept was observed as 12043 for Aspirin. Linearity range was observed as 0-40 μ g/ml for Omeprazole. The correlation coefficient was observed as 0.999, the slope was observed as 15639 and intercept was observed as 2119 for Omeprazole. ^[10-12]

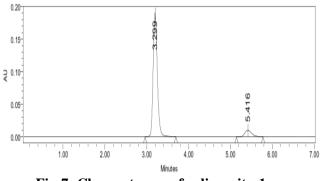


Fig-7: Chromatogram for linearity-1

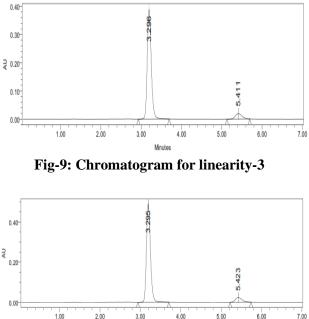


Fig-10: Chromatogram for linearity-4

Minutes

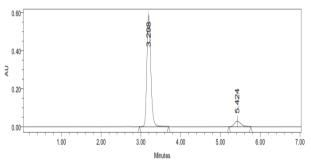


Fig-11: Chromatogram for linearity-5

Table-7: Results of Linearity-6

S. N o.	Drug Name	RT	Peak Area	Theoreti cal Plates	Taili ng Facto r
1	Aspirin	3.21	7210	3896	1.23
	-	2	10		
2	Omepraz	5.48	6238	2352	1.29
	ole	2	52		

Accuracy:

Recovery study: For Aspirin

From that proportion recovery values were computed. The results were shown in Table-8.

Ta	Table-8: Accuracy Readings for Aspirin				
	C	oncentra (µg/m]			
Sam ple ID	Co nc Fo un d	Conc Reco vere d	Peak Area	%Re cover y of Pure drug	Statistical Analysis
S_1 :	40	39.94	4875	99.86	Mean=
80 % S ₂ : 80 %	40	7 40.25 5	74 4912 41	7 100.6 37	100.4113 % S.D. =
S ₃ : 80 %	40	40.29 2	4916 85	100.7 3	0.473694 % R.S.D.= 0.471754
S ₄ : 100 %	50	49.70 5	6037 35	99.41	Mean= 100.6647
S ₅ : 100 %	50	50.43 4	6124 21	100.8 68	% S.D. = 1.166369
S ₆ : 100 %	50	50.85 8	6174 59	101.7 16	% R.S.D.= 1.158668
S ₇ : 120 %	60	59.92 7	7254 21	99.87 8	Mean= 100.4637
S ₈ : 120 %	60	60.41 4	7312 14	100.6 9	% S.D. = 0.511543 % R.S.D.
S ₉ : 120 %	60	60.49 4	7321 65	100.8 23	% R.S.D. = 0.509182

T-11. 0. A . . .

Recovery study: Omeprazole

From that rate recuperation esteems were figured. The outcomes were appeared in Table-9.
 Table-9: Accuracy Results for Omeprazole

	C	oncentra (µg/ml		0/ D a	
Sam ple ID	Co nc Fo un d	Conc Reco vere d	Peak Area	%Re cover y of Pure drug	Statistical Analysis
$S_1: 80 \%$	32	32.19 5	5056 24	100.6 09	Mean= 100.7527
S ₂ : 80 %	32	31.91 5	5012 43	99.73 4	% S.D. =
S ₃ : 80 %	32	32.61 3	5121 64	101.9 15	1.097575 % R.S.D.= 1.089375
S ₄ : 100 %	40	40.66 8	6381 37	101.6 7	Mean= 100.5967
S ₅ : 100 %	40	39.73 8	6235 84	99.34 5	% S.D. = 1.172714
S ₆ : 100 %	40	40.31 0	6325 41	100.7 75	% R.S.D.= 1.165758
S ₇ : 120 %	48	48.18 1	7556 35	100.3 77	Mean= 100.0547
S ₈ : 120 %	48	48.08 5	7541 24	100.1 77	% S.D. = 0.397865 % P.S.D
S ₉ : 120 %	48	47.81 3	7498 78	99.61 0	% R.S.D. = 0.397647

The mean recoveries were observed as 100.41, 100.66 and 100.963% for Aspirin and 100.75, 100.59 and 100.05% for Omeprazole. As results are within the limit of 98-102%, the approach developed passes the test and hence can be reused. [13]

Repeatability

The percent relative standard deviations were calculated for Aspirin & Omeprazole are presented in the Table-10.

for Aspirin & Omeprazole							
HPLC	AUC for	AUC for					
Injection	Aspirin	Omeprazole					
Replicates							
Replicate – 1	613568	645214					
Replicate – 2	613241	635241					
Replicate – 3	625408	635424					
Replicate – 4	617412	635987					
Replicate – 5	612541	635216					
Average	616434	637416.4					
Standard							
Deviation	5363.157	4370.055					
% RSD	0.870029	0.685589					

Table-10: Data showing repeatability analysis for Aspirin & Omeprazole

The repeatability study which was conducted on the solution having the concentration of about 50μ g/ml for Aspirin and 40μ g/ml for Omeprazole (n =5) showed a RSD of 0.870029% for Aspirin and 0.685589% for Omeprazole. It was concluded that the analytical technique showed good repeatability.^[14]

Intermediate precision

Information was subjected to factual treatment for the assessment of SD and RSD. The information is appeared in Table 11 and 12.

Table-11: Data for Aspirin Analysis							
Conc.	Observed Conc. Of Aspirin (µg/ml) by the designed method						
OfAspirin							
(API)	Intra	-Day	Inter-Day				
(µg/ml)	Mean	%	Mean	%			
	(n=3)	RSD	(n=3)	RSD			
40	40.05	0.85	40.02	0.87			
50	49.84	0.32	50.06	0.34			
60	59.98	0.13	59.96	0.17			

Table-11: Data for Aspirin Analysis

Table-12:Data for Omeprazole Analysis

Conc. Of Omeprazole	Observed Conc. of Omeprazole (µg/ml) by the designed method				
(API)	Intra-Day		Inter-Day		
(µg/ml)	Mean	%	Mean	%	
	(n=3)	RSD	(n=3)	RSD	
32	31.95	1.11	32.01	0.32	
40	40.07	0.55	40.052	0.48	
48	48.89	0.72	47.97	0.15	

Intraday and interday ponders demonstrate that the mean RSD (%) was observed to be inside acknowledgment restrict ($\leq 2\%$), so it was presumed that there was no critical distinction for the test, which was tried inside day and between days. Thus, strategy at chose wavelength was observed to be exact.

Limit of detection and limit of quantification

The detection limit (LOD) and quantization limit (LOQ) may be expressed as:

L.O.D. = 3.3(SD/S). L.O.Q. = 10(SD/S)

Where, SD = Standard deviation of the response S = Slope of the calibration curve

The LOD was observed as 0.35μ g/ml and 1.47μ g/ml and LOQ was observed as 0.98μ g/ml and 2.39μ g/ml for Aspirin & Omeprazole respectively which represents that sensitiveness of the method is high. ^[14]

Conclusion

A sensitive & selective RP-HPLC approach has been established & validated for the investigation of Aspirin & Omeprazole in bulk. Based on spike purity results, acquired from the investigation of specimens utilizing depict approach, it can be finalized that due to lack of co-eluting spike along with the main spike of Aspirin & Omeprazole showed that the developed method is specific for the synchronal calculation of Aspirin & Omeprazole in the bulk.

Reference

- Lindsay, S.; Kealey, D. (1987). High performance liquid chromatography. Wiley. from review Hung, L. B.; Parcher, J. F.; Shores, J. C.; Ward, E. H. (1988). "Theoretical and experimental foundation for surface-coverage programming in gas-solid chromatography with an adsorbable carrier gas". J. Am. Chem. Soc. 110 (11): 1090– 1096.
- 2. Displacement Chromatography. Sacheminc.com. Retrieved 2011-06-07. Archived September 15, 2008, at the Wayback Machine.
- Majors, Ronald E.. (2010-09-07) Fast and Ultrafast HPLC on sub-2 μm Porous Particles

 Where Do We Go From Here? – LC-GC Europe. Lcgceurope.com. Retrieved 2011-06-07.
- Xiang, Y.; Liu Y.; Lee M.L. (2006). "Ultrahigh pressure liquid chromatography using elevated temperature". Journal of Chromatography A. 1104 (1–2): 198–202.

International Journal of Pharmacy & Life Sciences

- Horváth, Cs.; Preiss B.A.; Lipsky S.R. (1967). "Fast liquid chromatography. Investigation of operating parameters and the separation of nucleotides on pellicular ion exchangers". Analytical Chemistry. 39 (12): 1422–1428.
- 6. Overington JP, Al-Lazikani B, Hopkins AL: How many drug targets are there? Nat Rev Drug Discov. 2006 Dec;5(12):993-6.
- Imming P, Sinning C, Meyer A: Drugs, their targets and the nature and number of drug targets. Nat Rev Drug Discov. 2006 Oct;5(10):821-34.
- 8. Stephens LC, Katz SG: Phentermine and anaesthesia. Anaesth Intensive Care. 2005 Aug;33(4):525-7.
- 9. Samanin R, Garattini S: Neurochemical mechanism of action of anorectic drugs. PharmacolToxicol. 1993 Aug;73(2):63-8.
- Proietto J, Fam BC, Ainslie DA, Thorburn AW: Novel anti-obesity drugs. Expert OpinInvestig Drugs. 2000 Jun;9(6):1317-26.
- 11. John CE, Jones SR: Voltammetric characterization of the effect of monoamine uptake inhibitors and releasers on dopamine and serotonin uptake in mouse caudate-putamen and substantianigra slices.

Neuropharmacology. 2007 Jun;52(8):1596-605. Epub 2007 Mar 16.

- 12. Johnson GJ, Leis LA, Dunlop PC, Weir EK: The effect of the anorectic agent, dfenfluramine, and its primary metabolite, dnorfenfluramine, on intact human platelet serotonin uptake and efflux. J ThrombHaemost. 2003 Dec;1(12):2663-8.
- Mekontso-Dessap A, Brouri F, Pascal O, Lechat P, Hanoun N, Lanfumey L, Seif I, Benhaiem-Sigaux N, Kirsch M, Hamon M, Adnot S, Eddahibi S: Deficiency of the 5hydroxytryptamine transporter gene leads to cardiac fibrosis and valvulopathy in mice. Circulation. 2006 Jan 3;113(1):81-9. Epub 2005 Dec 27.
- 14. Rothman RB, Ayestas MA, Dersch CM, Baumann MH: Aminorex, fenfluramine, and chlorphentermine are serotonin transporter substrates. Implications for primary pulmonary hypertension. Circulation. 1999 Aug 24;100(8):869-75.

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