

Minternational Dournal of Pharmacy

Journal Homepage: http://www.pharmascholars.com

Research Article

CODEN: IJPNL6

METHOD DEVELOPMENT AND VALIDATION OF RP-HPLC METHOD FOR THE SIMULTANEOUS ESTIMATION OF OMEPRAZOLE AND DICYCLOMINE HYDROCHLORIDE IN COMBINED TABLET DOSAGE FORM

Ch.Nikhila, M. Prasadarao

Department of Pharmaceutical Analysis, M.A.M College of Pharmacy, Kesanupalli, Narsaraopet-522601, Guntur district, Andhra Pradesh, India

*Corresponding author e-mail: nikhilachillakuru@gmail.com

ABSTRACT

The main objective of the work is to develop a new, simple and economical method for the simultaneous estimation of omeprazole and dicyclomine hcl by using RP-HPLC technique In this method mobile phase of composition Phosphate buffer 0.02M,p^H6.5 and acetonitrile in the ratio of 65:35 was pumped with a flow rated of 1ml/min through C18 250mm column which was maintained at 25°C temperature. The wavelength 223nm was optimized as the both drugs have optimum absorbance. Volume of injection was 10µl. The retention time of the omeprazole and dicyclomine hcl was 2.02min and 9.93min respectively with appreciable resolution of 9.15. Using the above method the run was performed and the system suitability parameters were calculated and were within the limits. So the method was set for validation, the method was found to be specific in the determination of drug without any interference. The method was observed to be precisied as the %RSD was 0.59 and 0.63 for omeprazole and dicyclomine hcl respectively. Recovery studies were performed and found to be 99.45% for omeprazole and 100.35% for dicyclomine hcl. Calibration curve was plote and correlation coefficient was 0.999. The method was also found to be robust. The method was valid as all the parameters were passed. This method was precise, accurate and accurate, this method can be used in the regular assay of the formulations.

Key words: Omeprazole, Dicyclomine hcl, ICH guidelines, RP-HPLC.

INTRODUCTION

Omeprazole is used in the treatment of peptic ulcer, dyspepsia and gastro esophageal reflux. The IUPAC 6-methoxy-2-[(4-methoxy-3,5name is dimethylpyridin-2-yl)methanesulfinyl]-1H-1,3benzodiazole. Its molecular formula is C₁₇H₁₉N₃O₃S omeprazole is soluble in water, methanol, and DMSO and its pKa(strongest acidic) value is Strongest basic 6.86. Dicyclomine hcl also known as dicycloverine is used in the treatment of irritable bowel syndrome to decrease the hypermotility of the intestine. IUPAC name of dicyclomine hcl was 2-(diethylamino) ethyl 1-cyclohexylcyclohexane-1-carboxylate. Its molecular formula is $C_{19}H_{35}NO_2$. dicyclomine hcl was soluble in water, ethanol, chloroform and ether and its pKa(strongest basic) value is 8.96. According to literature survey there was one method for the simultaneous estimation of omeprazole and dicyclomine hcl by Chaitany A. Dave et al., (2013). Many other methods were available for estimation of dicyclomine hcl and omeprazole individually and with other drug combinations.

EXPERIMENTAL WORK

Materials and reagents: Renol the formulation of omeprazole and dicyclomine hcl bought from the local retail shop. Bulk drugs omeprazole and dicyclomine hcl are gift samples from spectrum research solutions, all the solvents used in this method were HPLC grade and chemicals like orthophosphoric acid was of analytical grade.

Instruments: HPLC used in this method was of Hitachi lachrome model integrated with quaternary pumps delivery system. Sampling was done by automatic sampler, detector was a photo diode array detector 2990, column maintained at required temperature by oven. Digisun ph meter7007, Labmann ultrasonic cleaner, shimadzu weighing balance.

Preparation of Buffer: Potassium dihydrogen phosphate buffer was prepared by dissolving 2.72grams of KH_2PO_4 in 700ml HPLC grade water, sonicated for 15min and made up to 1000ml with same water. pH was adjusted to 6.5 with dilute sodium hydroxide.

Preparation of standard working solution: About 25 mg of pure samples of Omeprazole and Dicyclomine hcl hydrochloride were accurately weighed and transferred into a 25ml clean dry volumetric flask containing mobile phase. The solution was sonicated to dissolve and the volume was made up to mark with mobile phase. 5 ml of above solution was diluted to 50 ml with mobile phase. From this 3ml of solution was taken into separate 10ml volumetric flask and made up the volume to the mark with mobile phase.

Preparation of sample working solution: 20 tablets were taken and average weight of tablet was found. Tablet powder weight equivalent to 25 mg of Omeprazole and Dicyclomine hcl hydrochloride were accurately weighed and transferred into a 25ml clean dry volumetric flask containing mobile phase .The solution was sonicated to dissolve and the volume was made up to mark with mobile phase. 5 ml of above solution was diluted to 50 ml with mobile phase . From this 3ml of solution was taken into separate 10ml volumetric flask and made up the volume to the mark with mobile phase which is 30ppm.

Chromatographic conditions: Twenty micro liters of the sample was injected and the chromatogram was developed using buffer: acetonitrile (65:35) as a mobile phase. The flow rate was maintained at 1ml/min and column temperature was maintained at 25°C. Total run time was fixed as 15 minutes. Detector wavelength was fixed at 223 nm.

Method Validation: Validation was performed for the developed method to confirm the standard of the method and whether performed method suites to estimate the omeprazole and dicyclomine hcl combination tablets in the regular assay.

Specificity: This study was to check whether the drug was estimated by the method without any interference. Blank, placebo and standard solutions

were injected such that the retention time in the blank and placebo were interfering the retention time of the drugs.

Linearity: Six different concentrations were taken as beers range 10μ g/ml, 20μ g/ml, 30μ g/ml, 40μ g/ml, 50μ g/ml, of omeprazole and dicyclomine hcl. calibration curve was obtained from the concentration versus response by the injection of particular concentrations.

Precision:

Repeatability: It was also called as intraday precision multiple injection of multiple sampling solutions with in the same day by the same person on the same instrument should give the agreements closer to each other. Working sample solution was prepared and 10μ l of the sample was injected in the replicate of six. %RSD should be within the range.

Intermediate: It was also called as inter day precision multiple injection of multiple sampling solutions were injected in the replicate of six. The results obtained between the instruments, between the analyst or days, should have their results close to each other. %RSD should be within the range.

Accuracy: Accuracy represents the closeness of the agreement to the conventional true value. The pure drug was spiked to the placebo in three levels 80%, 100% and 120%. The resulted solutions were injected to the HPLC in a triplicate, manner. The % recovery should be calculated.

LOD: LOD was calculated by standard deviation method. The concentration at which the ratio of signal to the noise was 3:1 is called Limit of detection otherwise the minimum concentration that can be detected by the detector in this particular method.

LOQ: LOD was calculated by standard deviation method. The concentration at which the ratio of signal to the noise was 10:1 is called Limit of detection otherwise the minimum concentration that can be quantified by the detector with and accuracy and precision in this particular method.

Robustness: Small changes in the optimized method was done such as change in flow rate of 10% (\pm) , change in temperature 5°C (\pm) . Maintaining these conditions samples were injected and %RSD was reported.

System suitability: System suitability for that method was tested by six replicate injections of

standard preparation. Plate count, tailing factor, resolution and %RSD were calculated and reported.

Assay: Percentage labeled amount was found by performing assay for Renol tablet formulation. Sample and standard solutions of same concentrations were prepared and injected to HPLC the obtained sample peak area was compared to the standard peak area.

RESULTS AND DISCUSSION

Method was developed by changing column, mobile phase ratio, flow rate, different buffers and their pH. But the results were optimum when 10µl of standard working solution was injected in to the mobile phase flow of composition buffer and acetonitrile in the ratio of 65:35 was pumped with a flow rated of 1ml/min through C18 250mm column which was maintained at 25°C temperature. The wavelength 223nm was optimized as the both drugs have optimum absorbance. Volume of injection was 10µl. The retention time of the omeprazole and dicyclomine hcl was 2.02min and 9.93min

respectively with appreciable resolution of 9.15. Using the above method the run was performed and the system suitability parameters were calculated and were within the limits. So the method was set for validation as per ICH guidelines. The method was found to be very specific without any placebo interference. The method was observed to be precisied as the %RSD was 0.59 and 0.63 for omeprazole and dicyclomine hcl respectively. Recovery studies were performed and found to be 99.45% for omeprazole and 100.35% for dicyclomine hcl. Calibration curve was plote and correlation coefficient was 0.999 and 0.999 for omeprazole and dicyclomine hcl respectively. Linearity equation obtained was y = 409.0x + 621.1 for omeprazole and y = 1526.x + 2028 for dicyclomine hcl. The method was robust and %RSD was found to be 1.49 and 1.13 for omeprazole and dicyclomine hcl respectively.

CONCLUSION

This method was precise, accurate and accurate, this method can be used in the regular assay of the formulations.





Fig.2: Dicyclomine hcl



Fig.3: Chromatogram of Standard working solution



Fig.5: Calibration curve of Omeprazole



Fig.6: Calibration curve of Dicyclomine hcl

Table.1: Validation parameters			
Parameters	Omeprazole	Dicyclomine hcl	
Recovery	99.45%	100.35%	
Intraday precision	0.59	0.63	
Inter day precision	0.85	0.65	
LOD	0.02µg/ml	0.06µg/ml	
LOQ	0.04µg/ml	0.18µg/ml	
Specificity	Specific	Specific	
Robustness	1.32	1.16	

Table.2: Calibration Data

Parameters	Omeprazole	Dicyclomine hcl
Optimized Wavelength	223nm	223nm
Linearity range	10ppm-50ppm	10ppm-50ppm
Intercept	621.1	2028
Slope	409.0	1526
Correlation Coefficient	0.999	0.999
Linearity Equation	y = 409.0x + 621.1	y = 1526.x + 2028

Table.3: Robustness Data

Parameters	Omeprazole	Dicyclomine hcl
Flow minus	1.43	0.46
Flow Plus	0.75	1.67
Temperature minus	1.74	0.46
Temperature Plus	0.36	0.92

Table.4: Recovery Data

Parameters		Omeprazo	le		Dicyclo	mine hc	1	
Level of Recovery	80%	100%	120%	80%	100	%	180%	
%Recovery	99.68	99.19	99.49	99.92			100.72	100.40
STDEV	0.223	0.060	0.219	0.469	1.570)	1.398	
%RSD	0.22	0.06	0.22	0.46	1.55		1.39	
Table.5: Assay table								
	Lable cla	im	Amount recov	vered	% As	ssay		
Formulation	AZIL CH	LO	AZIL CH	ILO	AZIL	CHLO		
Edarbyclor	10mg 10m	ng	10.09mg 9.	94mg	100.9	99.4		

Parameters	Omeprazole	Dicyclomine hcl	
Retention time	2.02±0.3min	9.93±0.3min	
Plate count	3658	4258	
Tailing Factor	0.12	0.5	
Resolution		9.15	
%RSD	0.59	0.63	

Table.6: System suitability table

REFERENCES

- 1. Chaitany a. Dave, s. K. Tiwari, k. D. Brahmbhatt, p. M. Patel, s. B. Shah; development and validation of rp-hplc method for estimation of omeprazole and dicyclomine hcl hydrochloride in pharmaceutical dosage form. 2013; 4(3, 1): 247-256.
- 2. Nanaware1, v. K. Bhusari, s. R. Dhaneshwar; application of high performance thin layer chromatographic method for the simultaneous determination of omeprazole and dicyclomine hcl hydrochloride in bulk drug and tablet formulation. *Ijpt 2012; 4(2): 4392-4403*.
- 3. Kalakonda sri nataraj, mohammad badrud duza, kalyani pragallapati, dussa kiran kumar; development and validation of rp-hplc method for the estimation of omeprazole in bulk and capsule dosage forms. International current pharmaceutical journal 2012, 1(11): 366-369.
- 4. Kirti s topagi, rajesh m jeswani, purushotam k sinha, mrinalini c damle; a validated normal phase hplc method for simultaneous determination of drotaverine hydrochloride and omeprazole in pharmaceutical formulation. Asian journal of pharmaceutical and clinical research, 2010; 3(1): 20-24.
- 5. Lakshmi sivasubramanian and Anilkumar; simultaneous hplc estimation of omeprazole and domperidone from tablets. Indian j. Pharm. Sci., 2007; 69 (5): 674-676.
- 6. Manish hiranand bachani, dhaval suresh acharya, krunal vasantkumar shah; Development and validation of hplc method for simultaneous estimation of dicyclomine hcl hydrochloride, acetaminophen and clidinium bromide in solid dosage form. *Int j pharm pharm sci, 2013; vol 5(2): 462-466.*
- Neelima1, Y.rajendra prasad; analytical method development and validation for simultaneous estimation of dextropropoxyphene hcl, dicyclomine hcl and Paracetamol in bulk and capsule formulation by rp-hplc. Iajpr. 2013; 3(12): 1225-1232.
- 8. Rajender s, santosh kumar s, sandhya m, uma maheshwar rao v; analytical method development and validation for simultaneous estimation of omeprazole and cinitapride in combined dosage form by rp-hplc. *International journal of biological & pharmaceutical research.* 2013; 4(12): 987-992.
- 9. Vijjigiri chaitanya, daravath bhaskar, kamarapu sk; Method development and validation of rp-hplc method for simultaneous estimation of dicyclomine hcl hydrochloride and diclofenac potassium in tablet dosage forms. *Ijpbs*, 2013; 3(4): 255-264.
- 10. Zarna Dedania, Ronak Dedania, Vaishali Karkhanis, G Vidya Sagar, Meeta Baldania and NR Sheth; RP-HPLC Method for simultaneous Estimation of Omeprazole and Ondansetron in Combined Dosage Forms. *Asian J. Research Chem. 2009; 2(2):* 108-111.