SIMULTANEOUS ESTIMATION OF ARTEMETHER AND LUMEFANTRINE IN COMBINATION DRUG PRODUCTS BY RP-HPLC METHOD

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Abstract: This abstract illustrate an precise, isocratic RP-HPLC strategy have been created by the creator for the concurrent estimation of artemether and lumefantrine in unadulterated and advertised details by utilizing Inertsil C18 column $(250 \times 4.6 \text{ mm}, 5\mu)$ improved mobile phase containing phosphate buffer(pH 4.5) and acetonitrile in the extent of 40:60 %v/v and Discovery wavelength at 218nm. The retention times were 2.207min and 3.733min for artemether and lumefantrine respectively. The linearity range was found to be 10-30µg/ml for artemether and 20-60µg/ml for lumefantrine individually. The developed method was Validated for specificity, system suitability, precision, linearity, accuracy, Limit of Detection, Limit of Quantification, robustness, and Stability and the examine results acquired for all the approval parameters by this proposed strategy were in reasonable concurrence with ICH standards. Thus, the developed RP-HPLC method represents another good alternative for the already existing HPLC methods especially those using certain types of detectors which are not present in most of the laboratories.

Key words: acetonitrile, Artemether, isocratic, Lumefantrine; phosphate buffer; HPLC.

A.INTRODUCTION:

Artemether, (Fig.7.01) is an antimalarial specialist used to treat intense uncomplicated malaria. The system of activity includes collaboration of the peroxide-containing drug with heme, a hemoglobin debasement side-effect, got from proteolysis of hemoglobin.

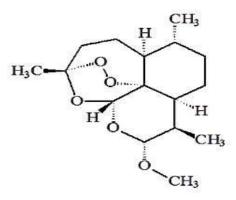


Fig.7.01: Chemical structure of Artemether

Lumefantrine, (**Fig.7.02**) is an antimalarial specialist used to treat intense uncomplicated jungle fever. Accessible information recommended that lumefantrine restrains the improvement of β -hematin by complexing with hemin, hinders nucleic acid and protein combination

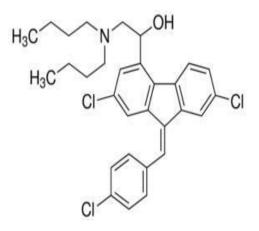


Fig.7.02: Chemical structure of artemether

A combination of these two drugs is accessible in the neighborhood drug store in the brand name of Combither oral Tablets [Artemether 20 mg and lumefantrine 120 mg] showed for the treatment of intense uncomplicated jungle fever brought about by plasmodium falciparum, incorporating intestinal sickness procured in chloroquine-safe areas. Not very many HPLC strategies were accounted for the assurance of artemether and lumefantrine in combination structures ^[68-73]. Basing on this understanding it made fundamental to build up another RP-HPLC technique designed for habitual investigation of the above-said drugs in consolidated details, and during this agreement endeavors were made by the creator to create basic, exact, precise RP-HPLC strategy intended for the concurrent test of the titled drugs.

B.EXPERIMENTAL:

Instrumentation: The current chromatographic division be performed on Shimadzu LC20-AT Liquid chromatography outfitted with SPD-20A noticeable quality UV-unmistakable detector and Spinchrom programming and reversed-phase column [Inertsil ODS 3V C18(250x4.6mm,5 μ] as the stationary phase. Thermo Electron Corporation twofold shaft UV-noticeable spectrophotometer (Vision ace programming), Ultrasonic cleaner, Shimadzu

scientific equalization AY-220 and Vaccum smaller scale filtration unit with 0.45μ layer channel was utilized in the present investigation. Elico pH meter (Hyderabad, India) LI 120 model be intended for pH estimations. All dilutions were performed in standard class-A, volumetric glassare.

Chemicals and Reagents: Pharmaceutically marked unadulterated example of artemether and lumefantrine were gotten from Lincoln pharma, Private Limited, as talented examples and business medication of artemether and lumefantrine in the trade name ARH-L oral Tablets [Artemether 20mg and lumefantrine 120mg] were obtained from the neighborhood drug store. Milli-Q water, Acetonitrile (HPLC Grade), Orthophosphoric acid

(GR Grade), monobasic potassium phosphate (AR Grade) and dibasic potassium phosphate (AR Grade) be acquired from Qualigens Ltd., Mumbai.

Preparation of Mobile Phase: The mobile phase utilized in the present measure comprises of blended phosphate buffer (pH: 4.5) and acetonitrile in the proportion of 60:40 %v/v]. The mobile phase was refined through 0.45-µm layer channel and degassed before use.

Buffer Preparation: Weigh precisely about 4.08gms of monobasic potassium phosphate (30mM) and 3.48gms of dibasic potassium phosphate (20mM) and break up in 1000ml of HPLC Grade water at that point modify the pH: 6.8 with Orthophosphoric acid and separated through a 0.45 μ layer channel.

Diluent Preparation: Mobile phase is worned as diluent in the current examine.

Preparation of stock & working standard solutions: Standard stock arrangements of the present considered drugs were set up by weighing precisely 10mg of artemether and 20mg of lumefantrine were moved into a spotless and dry 100ml volumetric flask. To this flask, around 70 ml of diluent was included and sonicated for five minutes. Afterward, the volume of the flask was made unto the imprint with a similar diluent [Concentrations 100µg/ml for artemether and 200µg/ml, for lumefantrine].

From the above-arranged stock arrangement pipette out appropriate aliquots into a perfect and dry 10ml volumetric flask, the diluent be indicated the imprint to obtain a last convergence of $10 - 30\mu$ g/ml for artemether and $10 - 30\mu$ g/ml, for lumefantrine separately.

Arrangement of sample solution: Ten oral tablets of ARH-L [Artemether 20mg and lumefantrine 120mg] obtained from the neighborhood dispensary were powdered to a fine powder. At that point test arrangement was set up by gauging and moving comparably 100mg of the fine powder of definition blend into a 100ml spotless and dry volumetric jar containing

70ml of diluent and sonicated to break down it totally and the volume made sufficient with a similar solvent. From the above-arranged stock arrangement pipette out aliquots of the above arrangement and moved into a spotless and distinctive dry 10ml volumetric carafes, the diluent was indicated the imprint 10ml to acquire a last convergence of $10-30\mu$ g/ml for artemether and lumefantrine, separately.

 20μ L volumes of the standard and test arrangements be infused multiple times and the peak territories be documented. The mean and %RSD was determined from the peak zones.

C.RESULTS AND DILIBRATIONS:

HPLC technique advancement: In the improvement of the technique for the chose drugs, various trial preliminaries were made by changing the columns, mobile phase piece, stream rate, temperature, and recognition wavelength.

At first, ponders were made by choosing a suitable column. For this reason, the creator utilized X-land C18 (250x4.6) mm, 5 μ , Inspire C18 (250x4.6) mm, 5 μ , and Inertsil ODS 3V C18 (250x4.6) mm, 5 μ columns. Out of these the HPLC column, Inertsil ODS 3V C18 (250x4.6) mm, 5 μ was chosen for the present investigation as it gave the peaks with better gaussian shape for the three drugs.

To advance the shape and width of the peaks for the mentoned column a reasonable mobile phase was inspected utilizing mobile phase blends of various extremities. Different combinations of mobile phases were screened and at long last, the mobile phase comprising of Phosphate buffer changed in accordance with pH 4.5 and acetonitrile in the proportion of 40:60 %v/v was favored as it gave symmetric peaks of artemether and lumefantrine separately. The best affectability and selectivity were gotten by online wavelength exchanging at 218nm, which permitted the examination of these two drugs in a solitary run as the isosbestic purpose of artemether and lumefantrine were seen as 218nm.

Further, the stream rates somewhere in the range of 0.5 and 1.5ml/min be considered. A stream pace of 1.0 ml/min gave an ideal sign to clamor proportion with a sensible partition time of artemether and lumefantrine individually.

In any case, at long last the Inertsil C18 column $(250 \times 4.6 \text{ mm}, 5\mu)$ with a stream pace of 1.0mL/min of mobile phase and UV discovery at a wavelength of 218nm and encompassing column temperature through mobile phase of phosphate buffer changed in accordance with pH 4.5 and acetonitrile in the proportion of 40:60 %v/v brought about brilliant elution of the two drugs by way of low maintenance and run times. A similar buffer was utilized as a diluent for standard and test arrangements. By means of the developed provisions, the chromatogram (**Fig.7.03**) of the refered to drugs [artemether and lumefantrine] were settled with maintenance times (2.207min and 3.733min for artemether and lumefantrine individually) and hypothetical plates and great goals separately.

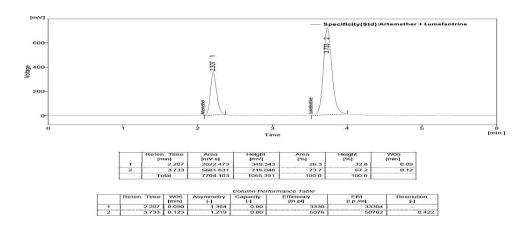


Fig.7.03.Chroamtogram of artemether and lumefantrine

Method Validation: The created RP-HPLC strategy was approved as per ICH guidelines [13] utilizing the accompanying specifications.

1. System Suitability: System appropriateness specifications like the quantity of hypothetical plates, HETP and peak tailing were resolved for both the drugs with the projected technique and the outcomes were organized in Table.7.01.All the framework reasonableness parameters for created strategy for artemether and lumefantrine were inside the acknowledgment criteria.

Parameters	Artemether	Lumefantrine
No. of theoretical plates	3330	5076
Tailing factor	1.36	1.219
Area	2022.473	5681.631
Retention Time	2.207	3.733

2. Specificity:

i. Blank and Placebo Interference: Particularity of the proposed strategy is set up via infusing blank and placebo utilizing the above chromatographic conditions. The chromatograms of blank and placebo arrangement demonstrated no peaks at the maintenance time of the artemether and lumefantrine peak uncovering that the diluent and placebo arrangement utilized in test readiness doesn't meddle in the estimation of artemether and lumefantrine in tablets.

3. Linearity & Detector Response: The linearity be completed by plotting and computing straight relapse investigation for the standard bends of artemether and lumefantrine [Figs.7.04 and 7.05] individually. Two standard bends were acquired in the fixation scope of 10-30µg/ml for artemether and 20-60µg/ml for lumefantrine individually [Table.7.02]. The incline and capture an incentive for the alignment bend was $y = 65.02x + 861.206(r^2 = 0.9952)$ for artemether and y = 176.7x + 2370.2 ($r^2 = 0.9956$) for lumefantrine individually. From the information acquired it is uncovered that a great relationship subsists amid response aspect and centralization of referred drugs inside the focus extend showed as above separately

The LOD esteems for artemether and lumefantrine were seen as 0.0428μ g/mL and 0.0940μ g/mL, separately and the LOQ esteems for artemether and lumefantrine be seen as

0.1429µg/mL and 0.3138µg/mL individually uncovering great affectability of the proposed strategy [Table.7.03]

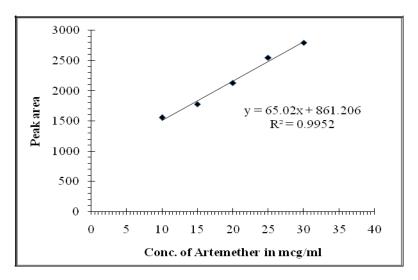


Fig.7.04.Calibration curve of Artemether

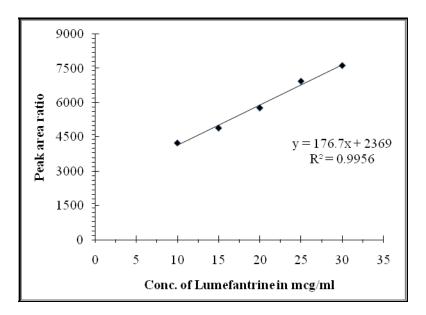


Fig.7.05.Calibration curve of Artemether

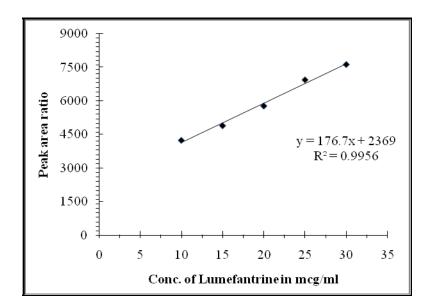


Table.7.02: Results of linearity of artemether and lumefantrine

Aı	Artemether		nefantrine
μg/mL	Peak Area Ratio	μg/mL	Peak Area Ratio
10.0	1554.875	10	4245.29
15.0	1779.9	15	4900.04

20.0	2129.471	20	5782.059
25.0	2547.47	25	6951.37
30.0	2796.682	30	7637.418
Slope, b	65.02	Slope, b	176.7
Intercept, a	861.206	Intercept, a	2370.2
Correlation, r ²	0.9952	Correlation, r ²	0.9956

 Table.7.03: LOD & LOQ values of artemether and lumefantrine

	Artemether	Lumefantrine
LOD(µg/mL)	0.0428	0.142
LOQ(µg/mL)	0.094	0.313

4. *Precision:* The exactness of the created technique was assessed via doing intra-day investigation by infusing six reproduce infusions of 100% test centralization of the cited drugs and the outcomes be communicated considering standard deviation and %RSD.. From the outcomes (**Table.7.04**) [%RSD of 0.377 and 1.77 for artemether and 0.299&1.198 for lumefantrine] it was uncovered that the created technique was seen as exact, individually.

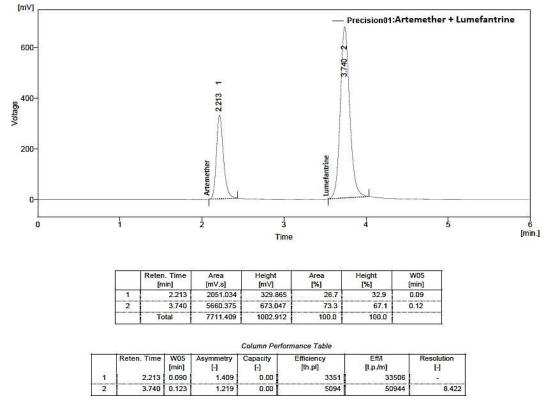
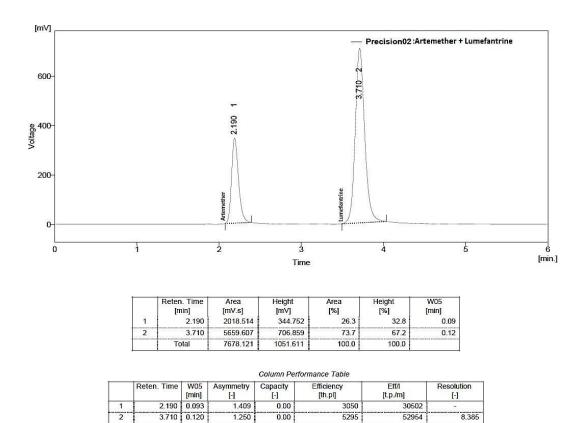


Fig.7.06.a.Precision chroamtogram of artemether and lumefantrine(Infusion-1)

Fig.7.06.b.Precision chroamtogram of artemether and lumefantrine(Infusion-2)



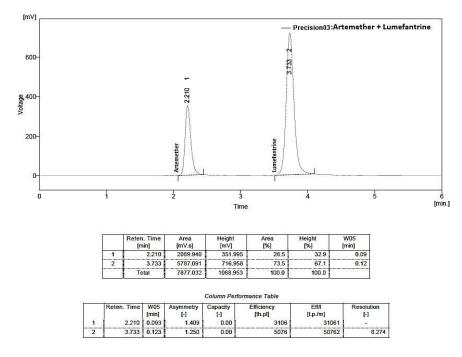
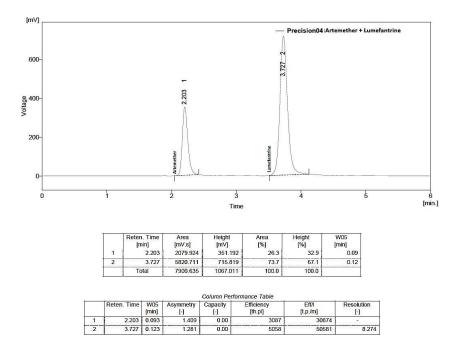
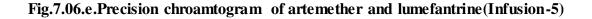


Fig.7.06.c.Precisionchroamtogram of artemether and lume fantrine (Infusion-3)

Fig.7.06.d.Precision chroamtogram of artemether and lumefantrine(Infusion-4)





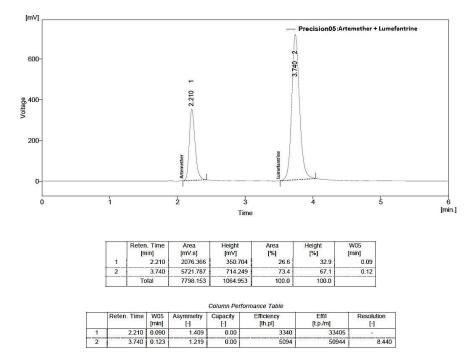
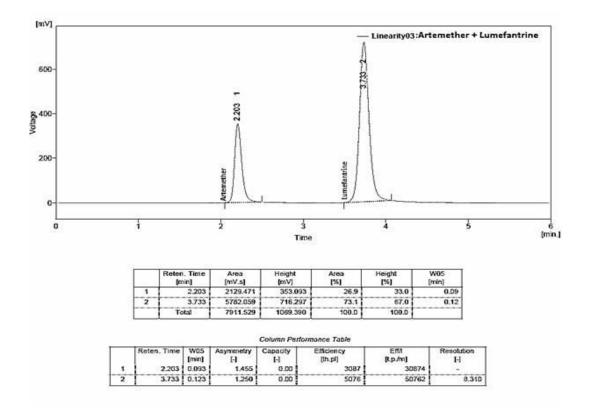


Fig.7.06.f.Precision chroamtogram of artemether and lumefantrine(Infusion-6)



	Artemether		Lumefantrine	
	Rt	Peak Area	Rt	Peak Area
Sample 1	2.213	2051.034	3.740	5660.339
Sample 2	2.190	2018.034	3.710	5659.607
Sample 3	2.210	2069.940	3.733	5787.091
Sample 4	2.203	2079.924	3.727	5820.721
Sample 5	2.210	2076.366	3.740	5721.721
Sample 6	2.203	2129.41	3.733	5782.059
%Mean*	2.204	2070.785	3.730	5738.59
SD*	0.008	36.67	0.0111	68.95
%RSD*	0.377	1.77	0.299	1.198

*Average of six determinations

5.*Accurateness:* The truthfulness of the technique be resolved at three fixation levels (50,100 and 150%) via recuperation tries, were completed in triplicate arrangements on composite mix gathered from 10 tablets of artemether and lumefantrine, dissected according to the proposed strategy. The rate recuperations ran from 99.96-100.02% for artemether and 99.96-99.97% for lumefantrine individually. From the information announced in **Table.7.05**,

uncovered that the created RP-HPLC strategy was seen as exact for artemether and lumefantrine examine.

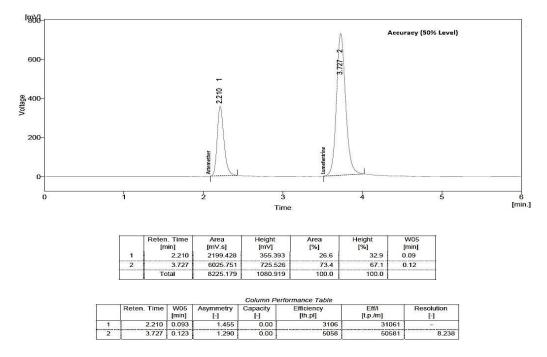


Fig.7.07.a.Accuracy chroamtogram of artemether and lumefantrine(50% Level)

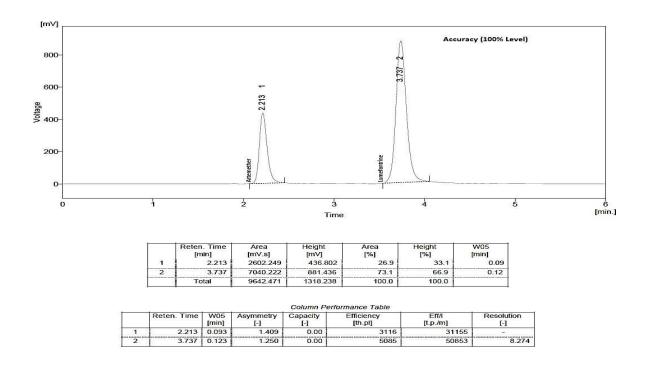


Fig.7.07.B.Accuracy chroamtogram of artemether and lumefantrine(100% Level)

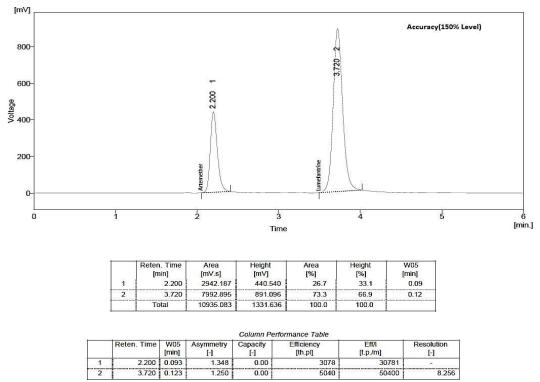


Fig.7.07.C.Accuracy chroamtogram of artemether and lumefantrine(150% Level)

Table.7.05: Outcomes of accuracy of artemether and lumefantrine

Recovery Level		Arte	mether	
	Amount Added		Amount	%Recovery
	Standard	Test	Found	
50%	10	5.0	14.99	99.98
100%	20	5.0	25.03	100.02
150%	30	5.0	34.97	99.96
Mean Recovery*&	99.98% with %RSD-0.0304%			

	Lumefantrine			
Amount	Added	Amount	%Recovery	
Standard	Test	Found		
20	5.0	14.98	99.97	
20	5.0	24.97	99.97	
30	5.0	34.94	99.96	
99	0.96% with	// RSD- 0.005	04%	
	Standard 20 20 30	Amount AddedStandardTest205.0205.0305.0	AmountAddedAmountStandardTestFound205.014.98205.024.97	

*Average of three determinations

6.*Robustness* **Studies:** The vigor investigation of the created measure technique for artemether and lumefantrine were set up in the referenced fluctuation $conditions(\pm 2 units change in stream rate and discovery wavelength)h. Measure estimation of the test planning arrangement was not influenced and it was as per that of real. Framework reasonableness parameters were additionally discovered palatable; subsequently, the scientific strategy would be closed as hearty$ **Table.7.06.**

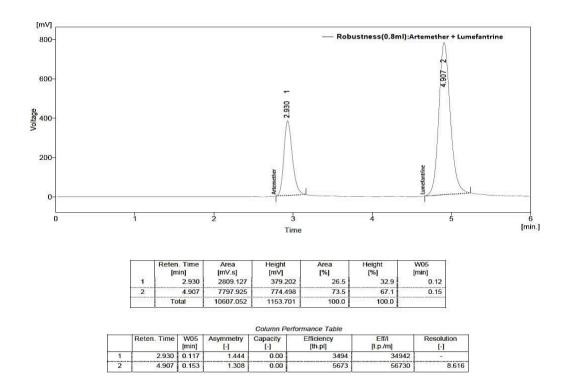
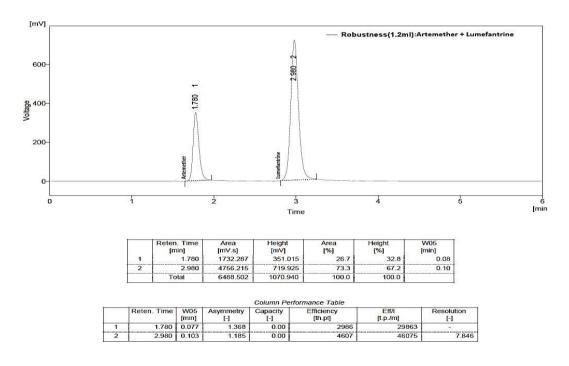


Fig.7.08.a.Robustness chroamtogram of artemether and lumefantrine(Flow rate minus) Fig.7.08.b.Robustness chroamtogram of artemether and lumefantrine(Flow rate plus)



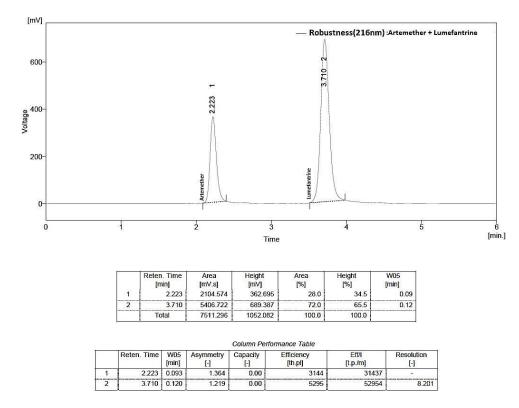
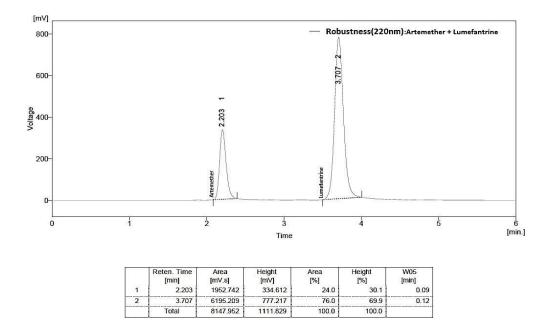


Fig.7.08.c.Robustness chroamtogram of artemether and lumefantrine(Wavelength minus)

Fig.7.08.d.Robustness chroamtogram of artemether and lumefantrine(Wavelength plus)



Chromatographic	Changed	Retention time		Tailing factor	
parameters	value				
Parameter 2		ATM	LFT	ATM	LFT
Flow	0.8mL/Min	2.930	4.907	1.444	1.308
Rate(±0.2ml/min)	1.2mL/Min	1.780	2.980	1.368	1.185
Wavelength(±2.0nm)	216nm	2.223	3.710	1.36	1.219
	220nm	2.203	3.207	1.409	1.219

Table.7.06.Outcomes of robustness reviews of artemether and lumefantrine

7.Solution stability study: The solidness learns at 100% test convergence of the revealed drugs in mobile phase be completed for 24hrs at 35°C. From the above examinations, the analytes were consistent in the versatile stage for 24hrs, indicating the steadfastness of assessment in the projected approach, **Table.7.07**.

Table.7.07.Stability	testimonials	of artemether	and lumefantrine
Table . 7 . 07 . Stability	<i>u</i> s uno mais	of all the life i	

Medicines	% Appraisal at 0 hr	% Appraisal at 24 hr	% Deviation	
Artemether	99.40	99.94	0.99	
Lumefantrine	99.91	99.98	0.99	

*Average of six determinations

8. *Examination of marketed formulation:* Analysis of promoted tablets {Combither oral tablets [Artemether 20 mg and lumefantrine 120mg] was done utilizing the above thought improved HPLC stipulations. % RSD acquired by means of the projected strategy intended for artemether and lumefantrine be seen as 99.94 and 99.98%, individually, **Table.7.08**.

Sample No.	Peak Area	
Combither	Artemether	Lumefantrine
	20mg	120mg
1	99.98	99.99
2	99.95	99.98
3	99.89	99.97
AVG*	99.94	99.98
SD*	0.04	0.01
%RSD*	0.04	0.01

 Table.7.08. Results for analysis in formulations

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D.CONCLUSIONS:

In outline, another basic, exact, precise, isocratic RP-HPLC strategy have been created by the creator for the concurrent estimation of artemether and lumefantrine in unadulterated and advertised details by utilizing improved mobile phase containing phosphate buffer(pH 4.5) and acetonitrile in the extent of 40:60 %v/v and discovery wavelength at 218nm. In the present measure the versatile stage arrangement was simple and the solvents utilized were of minimal effort making the technique increasingly affordable. The examine results acquired for all the approval parameters by this proposed strategy were in reasonable concurrence with ICH standards and consequently, it is presumed this created RP-HPLC technique can be advantageously utilized in eventual fate of these medications and it additionally can be embraced as elective strategy in future for pharmacokinetic contemplates and bioanalytical tests of these two medications in joined measurement plans.

REFERENCES:

[1] Makanga M, Krudsood S: The clinical efficacy of artemether/lumefantrine (Coartem). Malar J 2009.

[2] Mutabingwa TK, Adam I.Use of artemether-lumefantrine to treat malaria during pregnancy: Expert Rev Anti Infect Ther, 2013.

[3] César IC, Andrade Nogueira FH, Antônio Pianetti G. Simultaneous determination of artemether and lumefantrine in fixed dose combination tablets by HPLC with UV detection, J Pharm Biomed Anal, 2008, 48: 951-954.

[4] Huang L, Lizak PS, Jayewardene AL, Marzan F, Lee M-NT, Aweeka FT. A modified method for determination of lumefantrine in human plasma by HPLC-UV and combination of protein precipitation and solid-phase extraction: application to a pharmacokinetic study. Anal Chem Insights, 2010; 5: 15-23.

[5] Kalyankar TM, Kakde RB. Reversed-phase liquid chromatographic method for simultaneous determination of artemether and lumefantrine in pharmaceutical preparation. Int J ChemTech Res, 2011; 3: 1722-1727.

[6] Suleman S, Vandercruyssen K, Wynendaele E, D'Hondt M, Bracke N, Duchateau L,

Burvenich C, Peremans K, Spiegeleer BD. A rapid stability-indicating, fused-core HPLC method for simultaneous determination of beta-artemether and lumefantrine in anti-malarial fixed dose combination products. Malar J, 2013; 12: 145-10.

[7] Gupta N.K, Babu AM,Pramila Gupta. Simultaneous estimation of artemether and lumefantrine by RP-HPLC method development in pharmaceutical tablet dosage form, International Journal of Pharmaceutical Erudition, 2013; 3:10-17.

[8] Sanjana Gaikwad, Madhukar Tajne, Naresh Gaikwad1, Anwar Daud ,Dinesh Lonare,Manish Lonare. HPLC method development and validation for simultaneous estimation of antimalarial drugs artemether and lumefantrine., International Journal of Pharmaceutical Science and Health Care 2016; 6: 24-31.

[9] Martindale: The Complete Drug Reference http://online.lexi.com,2017.

[10] Pubchem.ncbi.nlm.nih.gov, 2017.

[11] Scifinder.cas.org, 2017.

[12] P.Mohanvikas and T.Satyanarayana, World Journal of Pharmacy and Pharmaceutical Sciences, 2016; 5(5), 775.

[13] V.Ravikumar, C.V.S.Subramanyam and G.Veerabhadram, International Journal of Pharmacy, 2016; 6(2):121.

[14] B. Zaman, F. Siddique and W. Hassan, Chromatographia, 2016;79: 1605.

[15] B. Rajkumar, and K.V. Subramanyam, Indo American Journal of Pharmaceutical Research, 2016; 6(2):4508.

[16] V. Ashokchakravarthy, BBV. Sailaja, A. P. Kumar, Asian Journal of Pharmaceutical and ClinicalResearch, 2016; 9(3):61.

[17] S. Madhavi, A. Prameela Rani, International Journal of Pharmacy and Pharmaceutical Sciences, 2017; 9(3).

[18] Martindale: The Complete Drug Reference, 36th Edn. Pharmaceutical Press Lambeth High Street, London, 2009; 598-599.