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Research Article

SIMULTANEOUS ESTIMATION OF ASPIRIN AND OMEPRAZOLE (YOSPRALA) IN BULK BY UV-SPECTROSCOPY

Salomi Patta*, Sultana Afreen, Sharmila Tappa, G Nagarajan, K GnanaPrakash

Dept. of Pharmaceutical Analysis, P.RamiReddy Memorial College of Pharmacy, Utukur, Kadapa, Andhra Pradesh, India

ABSTRACT

In India, there are roughly 30 million heart patients and two Lac surgeries are being performed every year. YOSPRALA-a new emerging drug approved by USFDA in September 2016 to treat Ischemic stroke, prophylaxis and gastric ulcer prophylaxis. The active ingredients present are Aspirin and Omeprazole. Hence an attempt is made to develop a new analytical method for Simultaneous estimation of Aspirin and Omeprazole using methanol as solvent. The Absorption maxima of Aspirin and Omeprazole was at 224nm and 251.8nm respectively. Linearity range for aspirin was 0.5-25µg/ml with regression co-efficient-0.99 and omeprazole was 1-8µg/ml with regression coefficient 0.992. The method was validated for precision and % RSD was less than 1.5% for both aspirin and omeprazole. The proposed method was statistically validated for standard deviation, relative standard deviation, coefficient of variance and the results were within the limits. Hence the above method was simple, cost effective, robust and can be used for routine analysis in pharmaceutical preparations.

Keywords: Yosprala, Aspirin and Omeprazole, UV spectroscopy.

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*Address for Correspondence

Salomi Patta, Associate Professor, Dept. of Pharmaceutical Analysis, P.RamiReddy Memorial College of Pharmacy, Utukur, Kadapa, Andhra Pradesh, India. E-mail Id: rayofhope01@gmail.com

INTRODUCTION

YOSPRALA is designed to support both cardio and gastro protection for at risk patients through proprietary intell-coat system, which is formulated to sequentially deliver immediate release of Omeprazole(40mg) followed by a delayed release enteric coated aspirin core either in (81mg) or 325mg dose strength.¹ Yosprala is approved by USFDA on September 1st 2016 as a cardiovascular and cerebrovascular drug.²

An extensive literature survey reveals that there is no analytical method yet reported for simultaneous estimation of aspirin and omeprazole in combination by any analytical techniques. There are methods been developed for estimation of aspirin individually³, in

combination with other drugs by UV Spectroscopy in tablet dosage form⁴⁻⁶, by RP-HPLC in bulk⁷ and in tablet dosage form⁸, by HPTLC in bulk and synthetic mixture⁹. Whereas methods been developed for estimation of Omeprazole capsules individually¹⁰⁻¹¹, bioanalysis of omeprazole by LC-MS/MS¹² in combination with other drugs by RP-HPLC in bulk and capsule¹³⁻¹⁴, in tablet dosage form¹⁵, by NP-HPLC¹⁶. Hence an attempt was made to develop a simple and cost effective method for simultaneous estimation of aspirin and omeprazole and the proposed methods was validated according to ICH guidelines.

MATERIALS AND METHODS:

The reference standard of standard Aspirin (99%purity) and omeprazole (99%purity) were purchased from

yarrow Chem products (Mumbai, INDIA), DMF (99.0%potency), Acetone (99.0%potency), Ethanol (99%potency), Methanol (99.0% potency) was purchased from Finar Chemicals (Ahmadabad, Gujarat, INDIA).

1) Instrument employed: The instrument employed for the study was as follows.

Table 1: Instrument details

| | |
|---------------------|--|
| Instrument Employed | Double beam UV-VISIBLE spectrophotometer |
| Make | Systronics |
| Model no | 2203 |
| Detector | Photo Diode Array |
| Source of light | Sodium Vapour Lamp |

2) Solubility studies: The solubility studies performed using various solvents are listed below.

Table 2: Solubility studies

| Solvent | Aspirin | Omeprazole |
|-----------------|-------------------|-------------------|
| Distilled water | Sparingly soluble | Freely soluble |
| 0.1NNAOH | Sparingly soluble | Insoluble |
| 0.1NHCL | Sparingly soluble | Freely soluble |
| DMF | Freely soluble | Freely soluble |
| Acetone | Insoluble | Sparingly soluble |
| Ethanol | Freely soluble | Freely soluble |
| Methanol | Freely soluble | Freely soluble |

3) Mobile phase selection: Sharp peaks were obtained for Aspirin and Omeprazole when methanol was used as solvent.

Table 3: Mobile phase selection

| SOLVENT | RESULT |
|-----------------|-----------------------------|
| Distilled water | Peak not Satisfactory |
| Acetone | Peak not Satisfactory |
| Ethanol | Better but not satisfactory |
| Methanol | Peak Satisfactory |

4) Determination of λ_{max} : UV Spectrums of Aspirin and Omeprazole were scanned throughout UV region and the lambda max obtained for aspirin was at 224.7nm and for Omeprazole was at 251.2nm.

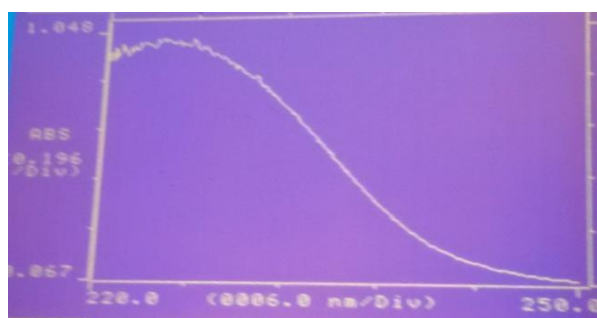


Figure 1: UV-spectrum of Aspirin (224.7nm)

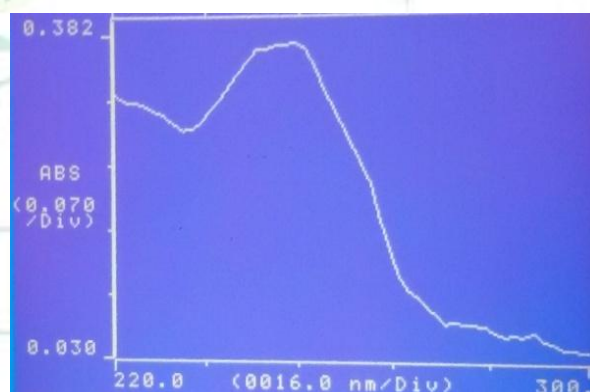


Figure 2: UV-spectrum of Omeprazole (251.2nm)

5) Preparation of Stock solution

5.1. Stock solution of Aspirin

50mg of Aspirin standard was dissolved in 50ml of methanol in 50 ml of volumetric flask which gives 1000 μ g/ml.

10ml of above solution is taken and made up to 100ml with Methanol in 100ml standard flask which gives 100 μ g/ml.

5.2. Stock solution of Omeprazole

50mg of Omeprazole standard was dissolved in 50 ml of methanol in 50ml standard flask which gives 1000 μ g/ml.

10ml of above solution is taken and made up to with Methanol in 100ml standard flask which gives 100 μ g/ml.

6) Sample preparation

6.1. Sample preparation of Aspirin 0.5ml of above Aspirin stock solution is made up to 10ml with methanol in 10ml standard flask which gives 5 μ g/ml.

6.2. Sample preparation of omeprazole

0.1ml of above Omeprazole stock solution is made up to 10ml with methanol in 10ml standard flask which gives 1 μ g/ml.

RESULTS & DISCUSSION:

1) System suitability parameters:

The following parameters are system suitability parameters for the analytical method developed according to ICH guidelines.

Table 4: System suitability parameters of Aspirin and Omeprazole:

| Sr.no | Parameters | Aspirin | Omeprazole |
|-------|----------------------------------|-------------------|------------------|
| 1 | λ_{max} | 224.7nm | 251.2nm |
| 2 | Slope | 0.091 | 0.288 |
| 3 | Regression co-efficient(r^2) | 0.99 | 0.992 |
| 4 | LOD(μ g/ml) | 1.08 μ g/ml | 1.126 μ g/ml |
| 5 | LOQ(μ g/ml) | 3.27 μ g/ml | 3.00 μ g/ml |
| 6 | Linearity range | 0.5-25 μ g/ml | 1-8 μ g/ml |
| 7 | Regression Equation | Y=0.091x+0.194 | Y=0.288x+0.128 |

2) Validation of proposed method:

2.1) Linearity: It is an analytical procedure is its ability (within a given range) to obtain test results which are directly proportional to the concentration (amount) of analyte in the sample.

2.1.1: For Aspirin:

Table 5: Linearity results of Aspirin

| S/NO | Conc. (μ g/ml) | Absorbance (nm) |
|------|---------------------|-----------------|
| 1 | 0 | 0 |
| 2 | 0.5 | 0.276 |
| 3 | 1 | 0.372 |
| 4 | 5 | 0.699 |
| 5 | 10 | 1.169 |
| 6 | 15 | 1.568 |
| 7 | 20 | 1.998 |
| 8 | 25 | 2.448 |

2.1.2: For Omeprazole:

Table 6: Linearity results of Omeprazole

| S/NO | Conc. (μ g/ml) | Absorbance (nm) |
|------|---------------------|-----------------|
| 1 | 0 | 0 |
| 2 | 1 | 0.484 |
| 3 | 2 | 0.749 |
| 4 | 3 | 0.997 |
| 5 | 4 | 1.283 |
| 6 | 5 | 1.626 |
| 7 | 6 | 1.896 |
| 8 | 7 | 2.167 |
| 9 | 8 | 2.329 |

According to ICH guidelines Acceptance criteria- the regression co-efficient should NLT 0.99

2.2) Precision: An analytical procedure expresses the closeness of agreement (degree of scatter) between a series of measurements obtained from multiple sampling of the same homogeneous sample under the prescribed conditions.

Table 7: Precision results of Apirin and Omeprazole

| S/NO | Aspirin Conc. (µg/ml) | Absorbance's | | Absorptivity | | Omeprazole Conc. (µg/ml) | Absorbance's | | Absorptivity | |
|------|-----------------------------|---------------------------|---------------------------|---|---|--------------------------------|-------------------------------|-------------------------------|---|--|
| | | 224.7λ ₁ Nm | 251.2λ ₂ Nm | 224.7 λ ₁ nm(ax ₁) | 251.2 λ ₂ nm(ax ₂) | | 224.7 λ ₁ nm | 251.2 λ ₂ nm | 224.7 λ ₁ nm(ay ₁) | 251.2 λ ₂ nm(ay ₂) |
| 1 | 5 | 0.724 | 0.150 | 72.4 | 1.5 | 1 | 0.021 | 0.603 | 2.1 | 60.3 |
| 2 | 5 | 0.724 | 0.151 | 72.4 | 1.51 | 1 | 0.019 | 0.603 | 1.9 | 60.3 |
| 3 | 5 | 0.715 | 0.149 | 71.5 | 1.49 | 1 | 0.020 | 0.601 | 2.0 | 60.1 |
| 4 | 5 | 0.721 | 0.150 | 72.1 | 1.50 | 1 | 0.021 | 0.599 | 2.1 | 59.9 |
| 5 | 5 | 0.723 | 0.151 | 72.3 | 1.51 | 1 | 0.023 | 0.600 | 2.3 | 60.0 |
| | | | Mean | 72.14 | 15.02 | | | Mean | 2.08 | 60.12 |
| | | | SD | 0.228 | 0.126 | | | SD | 0.0632 | 0.1897 |
| | | | %RSD | 0.31% | 0.83% | | | %RSD | 0.03% | 0.31% |

According to ICH guidelines acceptance criteria for precision the %RSD should NMT 2%

2.3) Statistical validation: The proposed method was statistically validated for the following parameters and was within the Acceptance criteria as per ICH guidelines.

Table 8: Statistical data of method

| S/NO | 1 | | 2 | |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| Drug | Aspirin | | Omeprazole | |
| Conc.(µg/ml) | 5 | | 1 | |
| E=A/g per 100ml | ax ₁ | ax ₂ | ay ₁ | ay ₂ |
| Absorptivity | 72.14 | 15.02 | 2.08 | 60.3 |
| SD | 0.228 | 0.126 | 0.0632 | 0.1897 |
| SE | 0.0268 | 0.0325 | 0.0438 | 0.0244 |
| RSD | 0.0031 | 0.0083 | 0.0303 | 0.0031 |
| %RSD | 0.31% | 0.83% | 0.03% | 0.31% |
| C.V. | 0.316% | 0.838% | 0.038% | 0.315% |

2.4) Ruggedness and Robustness: An analytical procedure is a measure of its capacity to remain unaffected by small, deliberate variations in method parameters and provides an indication of its reliability during normal usage.

2.4.1: Ruggedness:

Table 9: Ruggedness result

| S/No | Drug (n=3) | Conc. (µg/ml) | Instrument Employed | | | |
|------|------------|---------------|---------------------|-----------------|-----------------|-----------------|
| | | | Systronics | | Shimadzu | |
| | | | ax ₁ | ax ₂ | ax ₁ | ax ₂ |
| 1 | Aspirin | 2.5 | 36.56 | 0.746 | 36.53 | 0.75 |
| | | SD | 0.081 | 0.047 | 0.080 | 0.054 |
| | | | ay ₁ | ay ₂ | ay ₁ | ay ₂ |
| 2 | Omeprazole | 1 | 2 | 60.23 | 2.01 | 60.21 |
| | | SD | 0.230 | 0.077 | 0.054 | 0.189 |

2.4.2: Robustness:

Table 10: Robustness result

| S/NO | Drug (n=3) | Conc. (µg/ml) | Temperature | | | |
|------|------------|---------------|------------------|-----------------|-------------------|-----------------|
| | | | 0 ^o c | | 24 ^o c | |
| | | | ax ₁ | ax ₂ | ay ₁ | ay ₂ |
| 1 | Aspirin | 2.5 | 36.56 | 0.746 | 36.57 | 0.745 |
| | | SD | 0.081 | 0.047 | 0.083 | 0.048 |
| | | | ay ₁ | ay ₂ | ay ₁ | ay ₂ |
| 2 | Omeprazole | 1 | 2 | 60.23 | 2.1 | 60.25 |
| | | SD | 0.230 | 0.077 | 0.231 | 0.079 |

CONCLUSION:

An attempt was made to develop an analytical method for simultaneous estimation of Aspirin and Omeprazole by UV Spectroscopy. The developed method was validated for linearity, precision, ruggedness, robustness and results were within the limits according to ICH guidelines. The proposed method was cost effective, simple, Precise and robust. This is the first report on the simultaneous estimation of aspirin and omeprazole in bulk by UV-spectrophotometric method. The above method can be used for routine analysis of Aspirin and Omeprazole in bulk and Tablet Dosage Form.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest regarding the manuscript and experimentation done.

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