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Research Article

SIMULTANEOUS ESTIMATION OF IRBESARTAN AND ATORVASTATIN BY FIRST ORDER DERIVATIVE SPECTROSCOPIC METHOD IN THEIR SYNTHETIC MIXTURE USE IN HYPERTENSION CONDITION

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ABSTRACT

The present manuscript describe simple, sensitive, rapid, accurate, precise and economical first derivative spectrophotometric method for the simultaneous determination of Irbesartan(IRB) and Atorvastatin (ATR) in synthetic mixture. The derivative spectrophotometric method was based on the determination of both the drugs at their respective zero crossing point (ZCP). The first order derivative spectra was obtained in methanol and the determinations were made at 225.20 nm (ZCP of IAtorvastatin) for Irbesartan and 308.15 nm (ZCP of Irbesartan) for Atorvastatin. The linearity was obtained in the concentration range of succinate 5-30 μ g/ml for Irbesartan and 5- 30 μ g/ml for Atorvastatin Succinate. The mean recovery was 99.25 and 99.65% for Irbesartan and Atorvastatin succinate, respectively. The method was found to be simple, sensitive, accurate and precise and was applicable for the simultaneous determination of Irbesartan and Atorvastatin in synthetic mixture. The results of analysis have been validated statistically and by recovery studies. The proposed method is recommended for routine analysis since they are rapid, simple, accurate and also sensitive and specific by no heating and no organic solvent extraction.

Keywords: Irbesartan, atorvastatin, simultaneous estimation, First order derivative, spectroscopy

INTRODUCTION

Irbesartan, an angiotensin II receptor antagonist [1].Is used mainly for the treatment of hypertension. It is an orally active nonpeptide tetrazole derivative and selectively inhibits angiotensin II receptor type 2. Angiotensin II receptor type1 antagonists have been widely used in treatment of diseases like hypertension, heart failure, myocardial infarction and diabetic nephropathy. IUPAN name of Irbesartan is 2-butyl-3-{{4-[2-(2H-1,2,3,4-tetrazol-5y])phenyl]phenyl}methyl)-1,3-diazaspiro[4.4]non-1-en-4-one.[2]



Fig.1 Structure of Irbesartan[3]

Irbesartan is white or almost white, crystalline powder. Solubility is given in practically insoluble in water, sparingly soluble in methanol, slightly soluble in methylene chloride.

Atorvastatin is used as lipid-lowering agents used in hyperlipidaemia condition.Atorvastatin selectively and competitively inhibits the hepatic enzyme HMG-CoA reductase.[4]As HMG-CoA reductase is responsible for converting HMG-CoA to mevalonate in the cholesterol biosynthesis pathway, this results in a subsequent decrease in hepatic cholesterol levels and decreases blood cholesterol level.



Fig. 2: Structureofatorvastatin[5]

Atorvastatin

iswhiteoralmostwhite,crystallinepowder.Solubilityisgiveninpractical ly insoluble in water, soluble in methanol, slightlysolublein methylenechloride.

Hypertension frequently coexists with hyperlipidaemia and both are considered to be major risk factors for developing cardiac disease ultimately resulting in adverse cardiac events. This clustering of risk factors is potentially due to a common mechanism. Further, patient compliance with the management of hypertension is generally better than patient compliance with hyperlipidaemia. It would therefore be advantageous for patients to have a single therapy which treats both of these conditions with help of fixed dose combination of Irbesartan and atorvastatin.[6,7]

The review of literature regarding quantitative analysis of Irbesartan and atorvastatinrevealed that no attempt was made to develop analytical methods for Irbesartan and atorvastatin. Some spectrometric methods and chromatographic methods have been reported for theestimation of the individual drugs. The focus of the present study was to develop and validate a rapid, stable, specific, and economic spectroscopic method for the estimation of Irbesartan and atorvastatinin Synthetic mixture.[8,9]

MATERIALS AND METHODOLOGY

- Atorvastatin and Irbesartan were obtained as gift samples from S Kant pharmaceuticals and CTX life science Surat. Synthetic Mixture contain 20mg of Atorvastatin and 160mg of Irbesartan.
- A double beam UV/Visible spectrophotometer (Shimadzu model 2450, Japan) with spectral width of 2 nm, 1 cm quartz cells was used to measure absorbance of all the solutions.
- Spectra were automatically obtained by UV-Probe system software.
- An analytical balance (Sartorius CD2250, Gottingen, Germany) was used for weighing the samples.
- Sonicator(D120/2H, TRANS-O-SONIC)
- Class 'A' volumetric glassware were used (Borosillicte)

Standard solutionofIrbesartan (IRB)

Preparation of stock solution of IRB

Accurately weighed quantity of Irbesartan 10 mg was transferred to 100 ml volumetric flask, dissolved and diluted up to mark with methanol to give a stock solution having strength of $100\mu g/ml$.

Preparation of stock solution of ATR

Accurately weighed quantity of Atorvastatin 10mg was transferred to 100 ml volumetric flask, dissolved and diluted up to mark with methanol to give a stock solution having strength of 100μ g/ml.

Preparation of standard mixture solution

From the stock solution of IRB take 3.2ml and from stock solution of ATR take 0.4ml and transferred in to 10ml volumetric flask and diluted up to mark with methanol to give a solution having strength of IRB was $32 \mu g/ml$ and ATR was $4 \mu g/ml$.

Preparation of test solution

From the stock solution of IRB take 3.2ml and from stock solution of ATR take 0.4ml and transferred in to 10ml volumetric flask and diluted up to mark with methanol to give a solution having strength of IRB was 32 μ g/ml and ATR was 4 μ g/ml.

Calibration curves for Irbesartan

Pipette out 0.5, 1.0, 1.5, 2.0, 2.5 and 3.0 ml of the stock solution of Irbesartan and atorvastatin ($100\mu g/ml$) into a series of 10ml volumetric flasks and the volume was adjusted to mark with methanol and measured absorbance at 225.20nm and 308.15nm. Plotte the graph of absorbance versus respective concentration of Irbesartan and atorvastatin. Linearity

range of IRB and ATR was found with correlation co-efficient.

First Order Derivative Spectrophotometric Method

Development of Method

Different solutions were prepared in the different solvents according to the solubility of the drugs. It was found that methanol showing good overlay and distinct λ_{max} of the both drugs. Therefore, it can be easy to measure the response of the both drugs in the combined mixture. The λ_{max} of the Irbesartan and Atorvastatin was found to be 226.00 nm and 246.00 nm respectively in methanol.

Thesynthetic mixtureoflrbesartan and Atorvastatinispresentin 8:1ratios, respectively. The absorption spectra of puredrug

andtheirmixturewere recorded between 200-400 nm using Distilled Water as solvent and proceed to first derivativespectra.TheIRB wasshowstheZCPat308.15nmandATRshowsthe ZCP at 225.20nm. On thebasis theseIRB can bequantified bymeasuringthe absorbanceat225.20nmandATRcanbequantifiedbymeasuringtheabs orbanceat 308.15nm.



Fig.3: Overlainzero orderspectraofIRB andATR in methanol (1:1)





RESULT AND DISCUSSION Validation Parameters[10] Linearity andRange

 TheFirst-derivativespectra(fig.5)showedlinearabsorbanceat

 225.20nm
 (ZCPofATR)forIRB
 (1-6µg/ml)and

 308.15nm(ZCPofIRB)forATR(25

 150µg/ml)withcorrelationcoefficient(r²)of0.9996and0.9996forIRB

 and ATR, respectively.

Thismethodobeyedbeer's lawintheconcentrationrange1- $6\mu g/mland25\text{-}150\mu g/ml$ for IRB and ATR, respectively. (Table 1)

Correlationcoefficient (r^2) form calibration curve of IRB and ATR was found to be 0.9996 and 0.9996, respectively (figure 6 and 7)

Theregression line equation for IRB and ATR are as following,

y = -0.0008x - 0.0003 for IRB (1)

y = -0.0011x + 0.003 for ATR _____(2)



Fig. 5 Overlainlinearfirstorderspectra of IRB (Pink) and ATR(Blue) in 8:1 ratios

From the combination solution of IRB and ATR the dilution were made in ratio of 8:1 and absorbance were recorded (Table 1) and correlation coefficient (r²) of 0.9938 (figure 6) and 0.9984 (figure 6) for IRB and ATR, respectively.

Table 1:Calibrationdata for IRB and ATRat 225.20nmand 308.15nm, respectively. *(n=6)

Sr. No	Concentration (µg/ml)		Absorbance* (225.20nm)±SD IRB	Absorbance* (308.15nm)±SD ATR
	IRB	ATR		
1	05	05	-0.00265±0.00058	-0.00412±0.00315
2	10	10	-0.00612±0.00063	-0.00936±0.00339
3	15	15	-0.01185±0.00095	-0.01358±0.00316
4	20	20	-0.01735±0.00065	-0.01795±0.00456
5	25	25	-0.02246±0.00086	-0.02156±0.00490
6	30	30	-0.02932±0.00092	-0.02574±0.00413



Fig.6 CalibrationcurveforIRB at 225.20nm

Precision

Intraday precision

 $The data for intraday precision for combined standard solution of IRB \ and \ ATR is presented in Table \ 2$

The%R.S.D was found to be 0.39 - 0.65% for IRB and 0.34 -0.68% for ATR.

 $These \% RSD value was found to be less than \pm 1.0 indicated that the method is precise.$



Fig.7CalibrationcurveforATR at 308.15nm

Table 2 Intraday precision data for estimation of IRB and ATR*(n=3)

Conc.	(µg/ml)	Abs. (IRB)* Avg. ± SD(225.20nm)	% RSD	Abs. (ATR)* Avg.± SD(308.15nm)	% RSD
IRB	ATR				
5	5	-0.00374	-0.65	-0.00205	-0.68
15	15	-0.01258	-0.43	-0.01073	-0.5
30	30	-0.02505	-0.39	-0.0293	-0.34

Interday precision

 $The data for interday precision for combined standard solution of IRB \ and \ ATR is presented in Table 3$

The% R.S.D was found to be0.41-0.84% for IRB and0.38-0.89% for ATR.

 $These \% RSD value was found to be less than \pm 1.0 indicated that the method is precise.$

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Conc. (µg/ml)		Abs.* (IRB) Avg. ± SD(225.20nm)	% RSD	Abs. (ATR)* Avg.± SD(308.15nm)	% RSD
IRB	ATR				
5 15	5 15	-0.0041 ± 0.00035 -0.0135 + 0.00010	0.84	-0.0023 ± 0.00020 -0.0117 + 0.00051	0.89 0.49
30	30	-0.0248 ± 0.00162	0.41	-0.0302 ± 0.00011	0.38

Accuracy

Accuracyofthemethodwasdeterminedbyrecoverystudyfromsynthetic mixture at threelevels (80%, 100%, and 120%) of standard addition.

The% recoveryvalues are tabulated in Table 4and 5

PercentagerecoveryforIRB

andATRbythismethodwasfoundintherange of 98.95 to 101.56% and 99.16 to 100.5%, respectively,

Thevalueof%RSDwithinthelimitindicatedthatthemethodisaccuratean d percentagerecoveryshows that there is no interference from the excipients.

Conc.	Amount of Std.IRB added (µg/ml)	Total amount of IRB (μg/ml)	Total amount ofIRB found (μg/ml)	% Recovery* (n=3)	% RSD IRB
ofIRB from formulation (µg/ml)			Mean*± SD		
16	12.8	28.8	28.5 ± 0.25	98.95	0.32
16 16	16 19.2	32 35.2	32.5 ± 0.57 35.3 ± 0.42	101.56 100.28	0.46 0.33
		Table 5Recovery d	lata ofATR*(n=3)		
Conc.	Amount of Std.ATR added (μg/ml)	Total amount of ATR (μg/ml)	Total amount ofATR found (ug/ml)	% Recovery* (n=3)	%
ofATR from formulation (μg/ml)			Mean*± SD		RSD ATR
2	1.6	3.6	3.57 ± 0.078	99.16	0.77
2	2	4	4.02 ± 0.018	100.5	0.57
2	2.4	4.4	4.37 ± 0.025	99.31	0.48

Table 4: Recovery data ofIRB *(n=3)

Limit of detection and quantitation

TheLODforIRB

andATRwasconformedtobe3.396µg/mland3.178µg/ml, respectively.

TheLOQforIRB

 $and ATR was conformed to be 10.290 \mu g/m land 9.630 \mu g/m, respectively.$

TheobtainedLODandLOQresults are presented in Table 6

Conc. (µg/ml)		Abs.* (IRB)	% Abs.* (ATR)		% R
IRB ATR		Avg. ± SD(225.20nm)		Avg.±SD(308.15nm)	
5 5		-0.0037 ± 0.00082	-0.0023 ± 0.00101		
LOD (µg/ml)		2.396	1.178		
$LOQ (\mu g/ml)$		5.29	4.63		

Robustness and Ruggedness

 $The obtained \ Ruggedness \ and Robustness \ results \ are presented \ in table 7$

The% R.S.D was found to be $0.22\mathchar`-0.94\%$ for IRB and $0.33\mathchar`-0.86\%$ for ATR. $These \% RSD value was found to be less than \pm 1.0 indicated that the method is precise.$

No significant changes in the spectrums were observed, proving that the developed method is ruggedand robust.

	Tabl	7RobustnessandRuggedness dataof IRB andATR*(n=3)
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Conc.	Irbesartan (Mean Abs.* ±% RSD)					
(PPM)	Instrument 1	Instrument 2	Stock – 1	Stock – 2		
2	-0.0041 ± 0.84	-0.0042 ± 0.94	-0.0042 ± 0.72	-0.0042 ± 0.75		
3	-0.0136 ± 0.73	-0.0145 ± 0.68	-0.0133 ± 0.75	-0.0136 ± 0.73		
4	-0.0255 ± 0.49	-0.0261 ± 0.22	-0.0253 ± 0.60	-0.0257 ± 0.22		
	Atorvastatin (Mean Ab	os.* ±% RSD)				
50	-0.0023 ± 0.65	-0.0024 ± 0.61	-0.0023 ± 0.65	-0.0023 ± 0.42		
75	-0.0115 ± 0.49	-0.0119 ± 0.84	-0.0115 ± 0.51	-0.0115 ± 0.86		
100	-0.0296 ± 0.51	-0.0302 ± 0.33	-0.0292 ± 0.34	-0.0294 ± 0.51		

APPLICATION OFTHEPROPOSED METHOD FOR ANALYSISOF IRB AND ATRIN SYNTHETIC MIXTURE

The concentration of IRB and ATR in mixture was determined using the corresponding calibration graph.

Theresultsfrom the analysis of synthetic mixture containing Irbesartan (32mg) and Atorvastatin (4mg) in combination are presented in Table8.

Thepercentassayshowsthatthereisnointerferencefromexcipientsandt he proposedmethodcansuccessfully appliedtoanalysisofcommercial formulationcontainingIRB andATR.The%assayvaluesare tabulatedin Table 8

Table 8 Analysisdata of commercial formulation*(n=3)

Sr. No.	Forn (synthet	ulation tic mixture)	Absorbance* (225.20nm) IRB	%Assay IRB±SD	Absorbance* (308.15nm) ATR	%Assay ATR±SD
	IRB	ATR				
1 2	32	4	-0.0265 -0.0264	99.25 ± 0.71	-0.00213 -0.00212	99.21 ± 0.21
3			-0.0265		-0.00215	

Table 9:Summary ofvalidation parameters

	First-derivativeUV Spectrometry			
PARAMETERS	Irbesartan	Atorvastatin		
Concentration range(µg/ml)	5 - 30	5 - 30		
Regression equation Correlation Coefficient(r ²)	y = -0.0008x - 0.0003 0.9984	y = -0.0011x + 0.0033 0.9938		
Accuracy(%Recovery) (n=3) Intra-dayPrecision (%RSD) (n=3)	100.26 0.39-0.65	99.65 0.34-0.68		
$LOD(\mu g/ml)$ LOQ($\mu g/ml$)	0.41-0.84 3.396 10.290	0.38-0.89 3.178 9.630		
Ruggedness and Robustness %Assay	0.22-0.94 99.25	0.33-0.86 99.21		

REFERANCE

- 1. Asif H, Sabir AM and Parminder SB. A review of pharmacological and pharmaceutical profile of Irbesartan. Pharmacophore. 2(6);2011:276-86.
- 2. Irbesartan drug info in drugbank. (database available on internet): http://www.drugbank.ca/drugs/db01029
- 3. Irbesartan drug info. (database available on internet): http://en.wikipedia.org/wiki/irbesartan
- Dileep N, Siva P, Santhi K and Sajeeth C. A review on atorvastatin co administration with ezetimibe for the treatment of hypercholesterolemia. Int J Pharm Chemica Sci. 1(2); 2012:756-60.
- 5. Atorvastatin drug info in drugbank. (database available on internet): http://www.drugbank.ca/drugs/db01076
- 6. Virani P, Sojitra R, Raj H and Jain V. A review on Irbesartan co administered with Atorvastatin for the treatment of cardiac risk. J Crit Rev. 1(1); 2014: 25-28.

- 7. Antonio C, Roberta A, Roberto D. et al. Effect of atorvastatin and Irbesartan, alone and in combination, on postprandial endothelial dysfunction, oxidative stress, and inflammation in type 2 diabetic patients. Circulation-American Heart Association. 111; 2013:2517-24.
- 8. Virani P, Sojitra R, Raj H and Jain V. Irbesartan: A review on analytical method and its determination in pharmaceuticals and biological matrix.Inventi Rapid: Pharm Analysis & Quality Assurance.4; 2014: 1-6.
- 9. Virani P, Sojitra R, Raj H and Jain V. Atorvastatin: A review on analytical method and its determination in pharmaceuticals and biological matrix.Inventi Rapid: Pharm Analysis & Quality Assurance. 4; 2014: 1-6.
- Virani P, Raj H, Jain V and Jain P. Updated review: validation and method validation parameters. Pharmatutor. 2(10); 2014: 27-37.