Development and Validation of Spectrophotometry UV-Vis Method for Determination of Primaquine and Chloroquine in Liposome Dosage Form

by Andang Miatmoko

Submission date: 11-Dec-2021 08:25AM (UTC+0800)

Submission ID: 1727106133

File name: rjpt belum turnitin.pdf (292.2K)

Word count: 1931

Character count: 10775

ISSN 0974-3618 (Print) 0974-360X (Online)

www.rjptonline.org



RESEARCH ARTICLE

Development and Validation of Spectrophotometry UV-Vis Method for Determination of Primaquine and Chloroquine in Liposome Dosage Form

Febri Annuryanti, Asri Darmawati, Andang Miatmoko, Kustiawan

Department of Pharmaceutical Chemistry, Faculty of Pharmacy, Universitas Airlangga, Surabaya 60286, Indonesia *Corresponding Author E-mail: febri-a@ff.unair.ac.id

ABSTRACT:

Development and validation of UV-Vis Spectrophotometry method for simultaneous determination of primaquine and chloroquine in liposome dosage form has been carried out. The method was tested for selectivity, linearity, accuracy, and precision. A phosphate buffer solution pH 7.4 was used as a solvent and observations were made at wavelengths of 220 and 260 nm for simultaneous equations method. The selectivity results of primaquine and chloroquine showed no interference from liposome. Linearity result (r value) of the simultaneous equation method was 0.9998 with the value of Vxo less than 0.5% for both primaquine and chloroquine in the concentration range of 2-10 mg/L. Accuracy was done using spiked placebo method and obtained data analyzed using simultaneous equation method. Persentage recovery of primaquine was 89-97% and 79 - 108% for chloroquine. The intra- and interday precision of primaquine were 1.72 and 2.57%, respectively. Whereas the intra- and interday precision of chloroquine were 6.93 and 8.77, respectively. Further observation using chromatography method need to be done to have better accuracy results for both substances.

KEYWORDS: Primaquine, Choloroquine, Liposome, Validation, UV-Vis Spectrophotometry

INTRODUCTION:

Malaria is an infectious disease with a high mortality rate. According to the World Malaria Report, it was reported that malaria had attacked 106 countries, and generally occurred in tropical and sub-tropical regions including Indonesia. 1, 2, 3 To actualize Malaria Free Asia Pacific in 2030, the development of malaria drug formulations is carried out to make it able to deliver the drug to the desired target receptor. 4 Primaquine and chloroquine are combinations of drugs that can improve the effectiveness of malaria treatment therapy. 5, 6 Primaquine is the primary drug used to prevent recurrence of malaria caused by Plasmodium vivax and Plasmodium ovale. The combination of primaquine and chloroquine is very effective in eliminating Plasmodium vivax from the blood so that it can increase the potential of primaquine. 7

Received on 26.07.2019 Modified on 12.09.2019
Accepted on 16.10.2019 © RJPT All right reserved
Research J. Pharm. and Tech 2020; 13(3): 1293-1296.
DOI: 10.5958/0974-360X.2020.00238.3

1293

The primaquine and chloroquine preparations are being developed in the form of liposome preparations. ⁸ This drug combination is expected to increase the effectiveness of the drug through altering the pharmacokinetic profile of drugs that have high toxicity and low bioavailability, such as primaquine. ^{9, 10, 11, 12, 13}

To support the development of a combination formulation of primaquine and chloroquine, a suitable analysis method is needed. This analytical method is needed to ensure that the quality of the drugs in liposome dosage form meet the specifications.

Chloroquine
Figure 1 Chemical structure of Primaquine and Chloroquine

MATERIAL AND METHODS:

Chemicals and reagents:

Primaquine and chloroquine were procured from Indonesian Drug and Food Control Agency. Primaquine and chloroquine in liposom dosage form were made in Pharmaceutics Laboratory (Universitas Airlangga, Indonesia). Sodium phosphate dibasic and monobasic were purchased from Merck. All other chemicals and reagents used were analytical grade unless otherwise indicated.

Instrumentation:

The proposed work was carried out on a Shimadzu UV-Visible spectrophotometer (model UV-CARY 60), with a 1 cm quartz matched cell. Mettler Tolledo Analytical Balance was used for weighing analytes.

Selection of Solvents:

Phosphate Buffer Saline pH 7.4 (PBS) was selected as solvents due to further in vitro purposes.

Preparation of Standard Stock Solutions of Primaquine and Chloroquine: Stock Solution of Primaquine:

Weighed quantitavely 50 mg of primaquine standard then dissolved in 25 mL phosphate buffer saline (PBS) to obtain a standard stock solution of Primaquine (2000 mg/L).

Working Standard Solution of Primaquine:

Stock solution of Primaquine (2000 mg/L) was diluted with PBS to get five concentrations of working standard solution with the range of 2 to 10 mg/L.

Stock Solution of Chloroquine:

Weighed quantitavely 50 mg of chloroquine standard then dissolved in 25 mL phosphate buffer saline (PBS) to obtain a standard stock solution of Chloroquine (2000 mg / L).

Working Standard Solution of Chloroquine:

Working solution of chloroquine was made by diluting chloroquine stock solution to obtained a range concentration of 2 to 10 mg/L

Determination of maximum wavelength (λ_{max}) of primaquine and chloroquine :

The maximum wavelength of UV-Vis spectrophotometry was carried out by scanning the standard solution of primaquine and chloroquine in the wavelength range of 200-500 nm. The selected wavelength was determined based on the highest absorptions of each standard solution which was not disturbed by matrices or impurities.

Validation Method:

Specificity

Specificity tests were carried out by scanning primaquine, chloroquine and matrices on selected wavelengths. Specificity was determined based on the absorbance of primaquine and chloroquine without interferences from matrices and impurities.

Linearity

Linearity was made by scanning the absorbance of working standard solution of primaquine and chloroquine with a concentration between 2-10 mg/L. Linearity was determined by linear regression equation and r value.

Accuracy and Precision

Accuracy tests were carried out using three different concentrations of primaquine and chloroquine standard solutions. Accuracy was done by the spiked-placebo method. For each concentration replication was carried out in triplicates. Accuracy was expressed as percentage recovery.

Precision was obtained by calculating the relative standard deviation (RSD) value from three different concentrations of each component. Precision was done in triplicates and determined as Coeeficient Variation (CV).

RESULTS AND DISCUSSIONS:

Selected maximum wavelengths of primaquine and chloroquine was shown in Figure 2. Overlay of primaquine, chloroquine and matrices (liposome) showed that liposomes did not interfere the absorbance reading of primaquine and chloroquine at selected wavelengths.

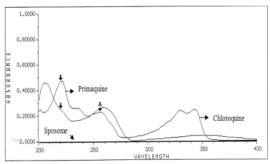


Figure 2. Overlay spectra of Primaquine, Chloroquine, and liposome. Wavelength of 220 nm and 260 nm were selected for further analysis of Primaquine and Chloroquine.

Linearity of Primaquine and Chloroquine:

Absorbance of primaquine and chloroquine was carried out at wavelengths of 220 nm and 260 nm. Absorbance readings were carried out in a concentration range from 2 to 8 mg/L. The linearity of primaquine and chloroquine were calculated using simultaneous equation method and presented in Table 1.

Table 1: Linear regresion of Primaquine and Chloroquine:

Parameters	Primaquine		Chloroquine	
	220 nm	260 nm	220 nm	260 nm
Slope	0.065	0.082	0.088	0.040
Intercept	- 0.016	- 0.003	-0.013	- 0.005
R ² value	0.999	0.999	0.987	0.983

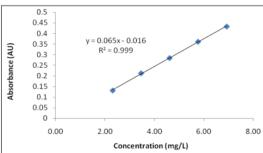


Figure 3. Calibration Curve of Primaquine at wavelength of 220 nm.

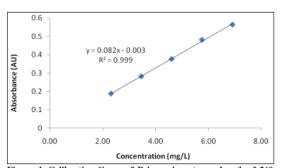


Figure 4. Calibration Curve of Primaquine at wavelength of 260

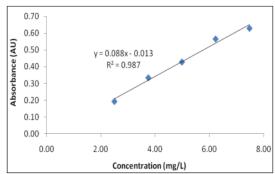


Figure 5. Calibration Curve of Primaquine at wavelength of 220 nm.

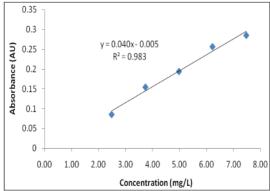


Figure 6. Calibration Curve of Chloroquine at wavelength of 260 nm.

Accuracy Test:

Accuracy test was done by using spiked-placebo method. Standard of primaquine and chloroquine were added to the matrices to make concentration of 80%, 90% and 100% of label claimed. Accuracy test was carried out in triplicates and the calculation of accuracy was done using simultaneous equation method. Accuracy results of primaquine and chloroquine are presented Table 2 and Table 3.

Table 2: Accuracy result of Primaquine calculated using simultaneous equation method

simultaneous equation method			
Concentration	Primaquine	Primaquine	% Recovery
of label claimed	Added	Obtained	
	(mg/L)	(mg/L)	
80%	3.46	3.08	91.02
		3.15	89.00
		3.15	91.05
90%	5.76	5.42	94.10
		5.38	93.40
		5.32	92.36
100%	6.92	6.72	97.18
		6.49	93.83
		6.53	94.40

smutaneous equation methou.			
Concentration	Chloroquine	Chloroquine	%
of label	Added	Obtained	Recovery
claimed	(mg/L)	(mg/L)	
80%	3.74	2.96	79.24
		3.08	81.41
		3.04	82.38
90%	6.22	6.09	97.91
		5.77	92.77
		5.78	92.93
100 %	7.47	8.05	107.70
		7.92	106.09
		7.96	106.56

The accuracy test results of primaguine and chloroquine 7. calculated using the simultaneous equation method showed a percent recovery value of 89 to 97%, while for chloroquine the percent recovery was 79 to 108%. According to AOAC, the accuracy test for active 9. compounds with a level of 0.001%, the percentage of recovery allowed is 90-107%. Since the accuracy results of primaquine and chloroquine did not meet the requirements, it is necessary to do an experiment by conducting a chromatographic method. One of reason that might cause the accuracy did not fulfill the requirement was the large differences in absorptivity at different wavelengths.

Precision:

Precision was determined as intra-day and inter-day. For intra-day, primaquine and chloroquine were analyzed three times at the same day. Whereas for inter-day, Primachloroquine and Chloroquine was analyzed at different days. The CV of intra-day precision were 1.72 6.93% for Primaquine and Chloroquine, respectively. While the inter-day precision for Primaquine and Chloroquine were 2.57% and 8.77%, respectively.

CONCLUSION:

Spectrophotometry UV-Vis method can be used for simultaneous analysis of primaquine and chloroquine in lipid dosage form. Further development of chromatographic method need to be developed to get better results than spectrophotometric method.

ACKNOWLEDGEMENT:

The authors would like to thank Airlangga University for funding the research.

CONFLICT OF INTEREST:

The authors declare no conflict of interest.

REFERENCES:

World Health Organization. Guidelines for the Treatment of Malaria.WHO Press, Switzerland, 2015.

- Table 3: Accuracy result of Chloroquine calculated using 2. Ministry of Health of the Republic of Indonesia. Malaria. Indonesian Ministry of Health Data and Information Center, Jakarta, 2016.
 - Mahalakshmi Thillainayagam and Sudha Ramaiah. Mosquito, Malaria and Medicines - A Review. Research J. Pharm. and Tech 2016; 9(8):1268-1276.
 - National Center for Biotechnology Information. PubChem Compound Database; CID=4908, Available from : URL: https://pubchem.ncbi.nlm.nih.gov/compound/4908.
 - Asia Pasific Malaria Elimination Network (APMEN). The Asia Pacific Elimination Network is Dedicated To Supporting Malaria Elimination in Asia and The Pacific by 2030. APMEN, 2017.
 - American Hospital Formulary Service. Primaquine. In AHFS Drug Information, Edited by McEvoy, G.K.. American Society of Health-System Pharmacists, Bethesda, MD. Wisconsin, USA. 2006. p. 869
 - Rhea J. Longley et al. Insight into Naturally Acquired Immune Response to Plasmodium Vivax Malaria. Parasitology 2016; 143 (2): 154-170.
 - Cevc, G and Richardsen, H. Lipid vesicles and membrane fusion. Advanced Drug Delivery Reviews 1993; 38 (3): 207–232. Chu, C.S. and White, N.J. Management of Replacing Plasmodium
 - Vivax Malaria, Expert review of anti-infective therapy 2016; 14(10): 85-900.
 - 10. Barani, H and Montazer, M. A review on applications of liposomes in textile processing. Journal of liposome research 2008; 18 (3): 249-62.
 - 11. Barenholz, Y and G, Cevc. Structure and properties of membranes. In Physical chemistry of biological surfaces. Marcel Dekker, New York, 2000: 171-241.
 - 12. Bertrand, Nicolas et al. Transmembrane pH-Gradient Liposomes to Treat Cardiovascular Drug Intoxication. ACS Nano 2010: 4 (12): 7552-8
 - 13. Yenny Meliana. Obat Baru Malaria Diteliti. Kompas, Jakarta, 30 November 2016.

Development and Validation of Spectrophotometry UV-Vis Method for Determination of Primaquine and Chloroquine in Liposome Dosage Form

Liposoffie D	Usage FUITI		
ORIGINALITY REPORT			
6% SIMILARITY INDEX	5% INTERNET SOURCES	5% PUBLICATIONS	0% STUDENT PAPERS
PRIMARY SOURCES			
1 pbkon Internet So	•		1 %
2 WWW.i	rpns.com urce		1 %
3 WWW.S	copemed.org		1 %
Alghar therap	Hafiz, Mahmood ndi, Arif Mohamn y and multidrug (te", Elsevier BV, 2	ned. "Combina resistance in r	ation I %
5 journa Internet So	ls.plos.org		1 %
6 patent	s.google.com		1 %
	e Paravidino, Pao no. "A Novel Met	•	\ 0/ ₆

Chromium Evaporation from Solid Oxide Fuel

Cells Interconnects: A Feasibility Study", Materials Science Forum, 2021

Publication

Xue Zhang, Juan Du, Dongping Wu, Xiaoyi Long, Dan Wang, Jianhua Xiong, Wanming Xiong, Xiaoning Liao. " Anchoring Metallic MoS Quantum Dots over MWCNTs for Highly Sensitive Detection of Postharvest Fungicide in Traditional Chinese Medicines ", ACS Omega, 2021

<1%

Publication

9 www.e-journal.unair.ac.id

<1%

James D. Nairn, Christopher P. Chanway.
"Temporary loss of antibiotic resistance by
marked bacteria in the rhizosphere of spruce
seedlings", FEMS Microbiology Ecology, 2002

<1%

11

malariajournal.biomedcentral.com

<1%

Exclude quotes Off

Exclude matches

Off

Exclude bibliography Or

Development and Validation of Spectrophotometry UV-Vis Method for Determination of Primaquine and Chloroquine in Liposome Dosage Form

GRADEMARK REPORT	
FINAL GRADE	GENERAL COMMENTS
/0	Instructor
, •	
PAGE 1	
PAGE 2	
PAGE 3	
PAGE 4	