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## Simultaneous estimation of gliclazide and lacidipine using spectrophotometric methods and its application in nanostructured lipid carrier (NLC) development

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### ABSTRACT

Simple, accurate, and precise methods for simultaneous estimation of Gliclazide ( $G_{ld}$ ) and Lacidipine ( $L_{dpm}$ ) in combined-dosage form have been described. Techniques used employ 1<sup>st</sup> order derivative and simultaneous equation method for the simultaneous estimation of the drugs in combination dosage form. Linearity was observed in the concentration range of 2-20  $\mu\text{g/mL}$  for  $G_{ld}$  and 4-18  $\mu\text{g/mL}$  for  $L_{dpm}$ . The accuracy of methods was assessed by recovery studies and was found to be within a range of 98-102% for both  $G_{ld}$  and  $L_{dpm}$ . The developed methods were validated with respect to linearity, accuracy (recovery), and precision. The results were validated statistically as per ICH Q2 R1 guideline and were found to be satisfactory. The proposed methods were successfully applied for the determination of  $G_{ld}$  and  $L_{dpm}$  in the NLC formulation.

**Keywords:** Gliclazide, Lacidipine, 1<sup>st</sup> order derivative, Simultaneous estimation, UV spectrophotometry.

### INTRODUCTION

Gliclazide ( $G_{ld}$ ) is chemically N-(hexahydrocyclopenta[c]pyrrol-2(1H)-ylcarbamoyl)-4-methylbenzene sulfonamide [Fig. 1 (A)] and is widely used as an oral hypoglycemic drug pertaining to the second generation class of sulphonylureas. Its indication is mainly for patients suffering from diabetes mellitus type 2 [1]. It is frequently ubiquitous of diabetic patients to be at a high peril of polypharmacy and thus complex medication regimens. Much prevalent concurrent diseases such as hypertension leading to cardio-vascular morbidity in diabetes affected patients are treated by radical and comprehensive control of BP using low-dose diuretics, calcium channel antagonists,  $\beta$ -blockers or angiotensin converting enzyme inhibitors, as a first-line treatment [2]. As an outcome of extensive trials conducted to study various drugs pertaining to different categories, to obtain data for lowest mortality rate in about 5,000 hypertensive diabetics, calcium channel blocker (CCB) based therapy was found to give optimum results in the data collected. Members of only the dihydropyridines class of CCB (nifedipine, amlodipin and lacidipine) are used in hypertensive-diabetic patients [3]. Although there have been reports where ARB or ACE-I is to be advised as a first line treatment for hypertensive-diabetic patients, CCB is more favorable in reducing HBPV. Investigative reports have shown decidedly lower coefficient variation of morning systolic BP in CCB treated patients as compared to angiotensin II receptor blockers and/or ACE-I treated groups [4].

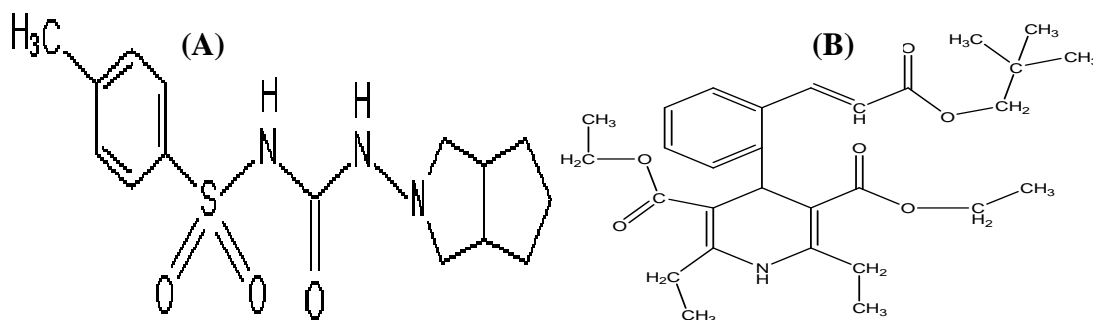


Fig. 1: Structure of  $G_{ld}$ (A) and  $L_{dpm}$ (B)

Lacidipine ( $L_{dpm}$ ) is chemically diethyl 2,6-dimethyl-4-(2-((1E)-3-[(2-methyl-2-propanyl)oxy]-3-oxo-1-propen-1-yl)phenyl)-1,4-dihydro-3,5 pyridinedicarboxylate [Fig. 1 (B)], a drug belonging to the dihydropyridine category of CCB. In adjunction to its antihypertensive activity,  $L_{dpm}$  also shows anti-atherosclerotic and antioxidant actions, beneficial to patients suffering from hypertension and related disorders [5].  $L_{dpm}$  when studied in diabetic hypertensive patients was found to reduce mean 24-hour blood pressure, blood pressure variability and simultaneous amelioration of baroreflex sensitivity [6]. Additionally, according to another study performed on patients suffering from type 2 diabetes advocated  $L_{dpm}$  to not possess any negative effects on metabolic parameters such as total cholesterol, triglycerides, high-density lipoproteins and blood glucose [7-8]. In addition to the aforementioned,  $G_{ld}$  level in serum and pharmacokinetic parameters such as like AUC, AUMC,  $T_{1/2}$ , Clearance,  $V_{dss}$ ,  $V_{darea}$ ,  $C_{max}$  and  $T_{max}$  were positively affected when administered with single and multiple dose therapies of  $L_{dpm}$ . Metabolism of both drugs happens extensively by liver enzymes. Both  $L_{dpm}$  and  $G_{ld}$  get extensively metabolized by CYP450 3A4 and P450 CYP2C9 respectively to give pharmacologically inactive metabolites [9]. This results in negligible interaction amongst the drugs at metabolic level. Sulphonylureas target ATP sensitive  $K^+$  channels and act in patients of type 2 diabetes by stimulating pro-insulin secretion owing to closing of  $K^+$ ATP channels in pancreatic cells. Also, both drugs  $L_{dpm}$  and  $G_{ld}$  have comparable mean half-life, i.e.  $L_{dpm}$  ranging between 13.2 to 18.7 h and  $G_{ld}$  ranging between 12 to 20 h which allow the two to be effectively administered using combination treatment. [10-12].

Henceforth, combination of  $G_{ld}$  and  $L_{dpm}$  is a therapeutically viable, safe and competent option for treatment of hypertensive-diabetic patients. Although both show common shortcomings of poor solubility and extensive first pass hepatic metabolism, hampering their oral bioavailability and leading to significant inter-individual variations [13]. A transdermal formulation can be a possible solution for the successful delivery of the combination. There are many reported methods to estimate either  $G_{ld}$  [14] or  $L_{dpm}$  [15] alone, but to the best of our knowledge, simultaneous determination of  $G_{ld}$  and  $L_{dpm}$  has not yet been reported elsewhere.

This paper aims to describe the development and validation of the UV Spectrophotometric method for the simultaneous determination of  $G_{ld}$  and  $L_{dpm}$ .

## MATERIALS AND METHODS

### Material:

$G_{ld}$  and  $L_{dpm}$  was obtained from Manus Aktteva, Gujarat, India. HPLC grade Methanol was procured from Merck (Mumbai, India). Soya phosphatidylcholine was purchased from Sigma Aldrich (St. Louis, USA). Virgin coconut oil was obtained from Harin Biotech International Pvt. Ltd. (Bangalore, India). Freshly collected Milli-Q water filtered through a 0.22mm membrane filter was used in all set of experiments. Double beam UV/Vis spectrophotometer, Shimadzu UV 1800 with 1 cm quartz cells was used.

### Methods:

#### Preparation of NLCs:

$G_{ld}$ (40 mg),  $L_{dpm}$ (2 mg) and 1:3:2% w/w ratio of soya lecithin:stearic acid:virgin coconut oil was dissolved in 50 ml of chloroform. Chloroform was evaporated under vacuum ( $-760$  mmHg) at  $55^\circ\text{C}$ , using rotary evaporator (Heidolph, Schwabach, Germany) to remove chloroform (lipid phase). Aqueous phase (200 mL) containing Tween 20 (2% w/v) was heated on a water bath upto  $80^\circ\text{C}$  and mixed to the lipid phase under homogenization at 8000 rpm (Kinametica, Polytron® PT-MR3100D, New York, USA) for 3 min to obtain a pre-emulsion. Pre-emulsion was finally homogenized at  $80^\circ\text{C}$  through the high pressure homogenizer (GEA Niro Soavi, model PANDA plus, Italy) for 3 cycles at 650 bars. The prepared hot o/w nanoemulsion was then allowed to cool at room temperature [16].

**Preparation of standard drug solutions:**

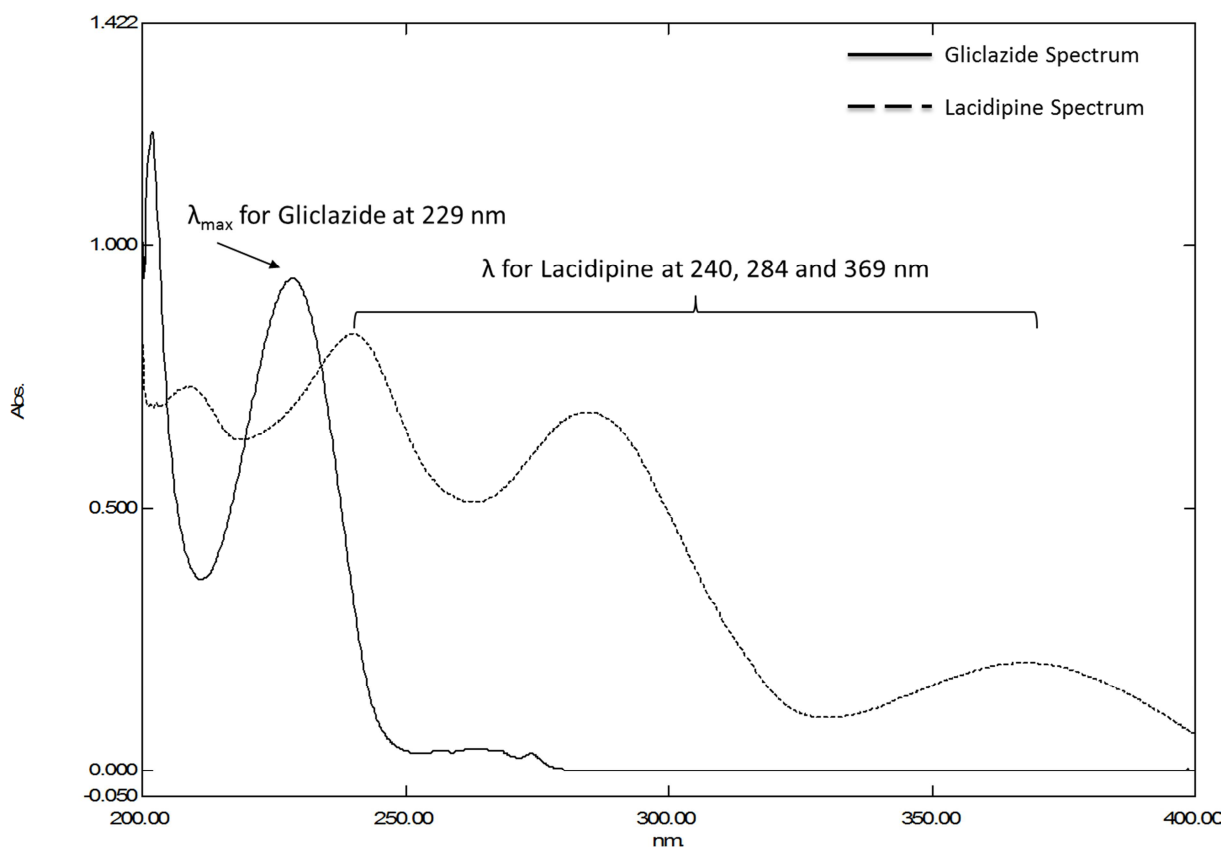
Standard stock solutions containing Gliclazide ( $G_{ld}$ ) and Lacidipine ( $L_{dpm}$ ) were prepared by dissolving an accurately weighed quantity of  $G_{ld}$  (10 mg) and  $L_{dpm}$  (10 mg) separately in 2 ml volumetric flask with methanol, selected as a common solvent. It was then sonicated for 10 min and further diluted upto 10mL with methanol to get a stock solutions of 1000  $\mu\text{g/mL}$  concentration.

**Working standard stocksolution:**

From previously prepared stock solution (1000  $\mu\text{g/mL}$ ), 1 mL of the solution was pipetted out and diluted with methanol in order to obtain a working standard stock solution of 100  $\mu\text{g/mL}$ .

**Selection of analytical wavelength:**

Stock solutions of Gliclazide ( $G_{ld}$ ) and Lacidipine ( $L_{dpm}$ ) were diluted to obtain final concentration of 2-20  $\mu\text{g/mL}$  for  $G_{ld}$  and 4-18  $\mu\text{g/mL}$  for  $L_{dpm}$ , separately. Each of the working standard solutions was scanned between 400 and 200 nm at a medium scan speed. It showed wavelength maxima at 229 nm for  $G_{ld}$  and 240 nm for  $L_{dpm}$  [Fig. 2].



**Fig.2: Overlay spectra of  $G_{ld}$  and  $L_{dpm}$**

**Method I [17]:**

All the zero order spectra were then transformed to their respective first order derivative spectra using the UVProbev2.35 software and zero crossing points for  $G_{ld}$  and  $L_{dpm}$  were found to be at 220 nm and 300 nm, respectively. Responses of each of the above solutions were measured for  $G_{ld}$  and  $L_{dpm}$  at 220 nm and 300 nm, respectively. The calibration curves were constructed [Fig. 3].

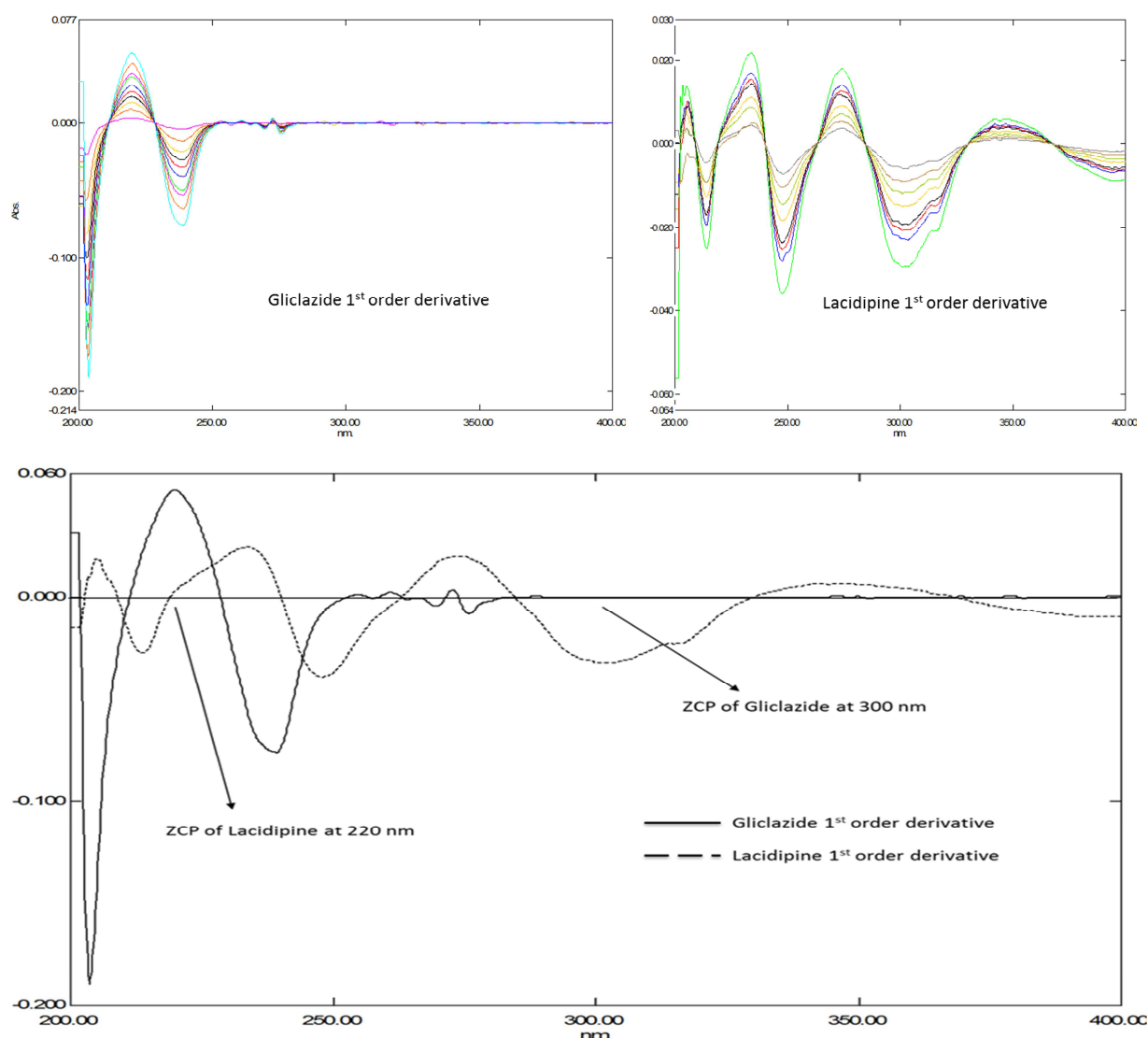


Fig. 3: 1<sup>st</sup> order derivative spectra of  $G_{ld}$  and  $L_{dpm}$

**Method II [17]:**

The absorbance of  $G_{ld}$  and  $L_{dpm}$  solutions was measured at 229 and 240 nm, and the calibration curves were plotted at these wavelengths. The absorptivity coefficients of these two drugs were determined using the calibration curve equations. The concentration of  $G_{ld}$  and  $L_{dpm}$  in the sample solution was determined by solving the respective simultaneous equations generated by using absorptivity coefficients and absorbance values of  $G_{ld}$  and  $L_{dpm}$  at these wavelengths.

Two simultaneous equations as given below were formed using absorptivity values, A(1%, 1cm)

$$\text{At } \lambda^1 \quad A^1 = ax^1Cx + ay^1Cy \tag{1}$$

$$\text{At } \lambda^2 \quad A^2 = ax^2Cx + ay^2Cy \tag{2}$$

Where,

$$ax^1 = A(1\%, 1\text{cm}) \text{ of } G_{ld} \text{ at } 229 \text{ nm (4932.8)}$$

$$ax^2 = A(1\%, 1\text{cm}) \text{ of } G_{ld} \text{ at } 240 \text{ nm (2689.3)}$$

$$ay^1 = A(1\%, 1\text{cm}) \text{ of } L_{dpm} \text{ at } 229 \text{ nm (3398.0)}$$

$$ay^2 = A(1\%, 1\text{cm}) \text{ of } L_{dpm} \text{ at } 240 \text{ nm (4549.9)}$$

$$Cx = (A^2ay^1 - A^1ay^2) / (ax^2ay^1 - ax^1ay^2) \tag{3}$$

$$Cy = (A^1ax^2 - A^2ax^1) / (ax^2ay^1 - ax^1ay^2) \quad (4)$$

**Validation of the Methods [18]:**

Newly developed methods(I and II)were validated for specificity, linearity, accuracy, precision, limits of quantitation, and limits of detection according to the ICH guideline Q2 (R1).

**Linearity and Range:** For the I<sup>st</sup> order derivative method and simultaneous equation method, the linearity response was determined by analyzing independent calibration curves in the range of 2-20 $\mu\text{g}/\text{mL}$  for  $G_{ld}$  and 4-18 $\mu\text{g}/\text{mL}$  for  $L_{dpm}$ . Correlation coefficient and regression line equations for  $G_{ld}$  and  $L_{dpm}$  were calculated for both the methods (Table 1).

**Precision:**

**Repeatability:** The repeatability was checked by scanning and measurement of the responses of solutions of  $G_{ld}$  and  $L_{dpm}$  (10  $\mu\text{g}/\text{mL}$ , each) without changing the parameters of the method I and II. The procedure was repeated six times and % RSD was calculated (Table 1).

**Intermediate Precision:** The intraday and interday precisions of the both the methods were determined by analyzing corresponding responses on the same day and on 3 different days over a period of 1 week for 3 different concentrations of standard solutions of  $G_{ld}$  and  $L_{dpm}$  (6, 10, and 14 $\mu\text{g}/\text{mL}$ ) ((Table 3 and 4).

**Table 1: Various parameter obtained from Method I and II**

Validation parameters	Method I		Method II			
	$G_{ld}$	$L_{dpm}$	$G_{ld}$	$L_{dpm}$	$G_{ld}$	$L_{dpm}$
Linearity and range ( $\mu\text{g}/\text{mL}$ )	2-20	4-18	2-20	4-18		
Wavelength (nm)	220	300	229	240	229	240
Correlation coefficient ( $r^2$ )	0.9913	0.9928	0.9997	0.9997	0.998	0.9935
Slope	0.0025	-0.0016	0.0407	0.0214	0.0344	0.0531
Intercept	-0.0006	0.0005	0.0593	0.0384	-0.0043	-0.0676
Molar absorptivity ( $\text{L}\cdot\text{mol}^{-1}\cdot\text{cm}^{-1}$ )	-	-	159526.75	86971.96	154792.49	207266.14
Sandell's Sensitivity ( $\mu\text{g}/\text{cm}^2/0.001$ )	-	-	0.0206	0.0380	0.0294	0.0221

**Table 2: Repeatability study data for mixture of  $G_{ld}$  and  $L_{dpm}$  (n=6)**

Drug	Concentration ( $\mu\text{g}/\text{mL}$ )	Method I		Method II	
		% Calculated	% RSD	% Calculated	% RSD
$G_{ld}$	10	99.68 $\pm$ 0.42	0.42	98.76 $\pm$ 0.89	0.89
$L_{dpm}$	10	99.08 $\pm$ 0.28	0.28	97.89 $\pm$ 0.74	0.74

**Table 3: Intraday precision data for mixture of  $G_{ld}$  and  $L_{dpm}$  (n=6)**

Drug	Concentration ( $\mu\text{g}/\text{mL}$ )	Method I		Method II	
		% Calculated	% RSD	% Calculated	% RSD
$G_{ld}$	6	99.98 $\pm$ 1.12	1.12	97.86 $\pm$ 1.89	0.89
	10	100.24 $\pm$ 0.82	0.82	99.63 $\pm$ 0.45	0.45
	14	101.43 $\pm$ 1.52	1.52	97.80 $\pm$ 1.24	1.24
$L_{dpm}$	6	99.08 $\pm$ 0.28	0.28	100.85 $\pm$ 1.84	1.84
	10	100.34 $\pm$ 0.78	0.78	101.29 $\pm$ 1.04	1.04
	14	100.44 $\pm$ 0.18	0.18	99.09 $\pm$ 0.42	0.42

**Table 4: Interday precision data for mixture of  $G_{ld}$  and  $L_{dpm}$  (n=6)**

Drug	Concentration ( $\mu\text{g}/\text{mL}$ )	Method I		Method II	
		% Calculated	% RSD	% Calculated	% RSD
$G_{ld}$	6	100.09 $\pm$ 0.32	0.32	99.83 $\pm$ 1.09	1.09
	10	100.44 $\pm$ 0.60	0.60	100.78 $\pm$ 1.05	1.05
	14	100.73 $\pm$ 0.56	0.56	100.98 $\pm$ 0.24	0.24
$L_{dpm}$	6	100.88 $\pm$ 0.48	0.48	100.20 $\pm$ 0.24	0.24
	10	99.84 $\pm$ 0.27	0.27	100.54 $\pm$ 0.14	0.14
	14	100.67 $\pm$ 0.91	0.67	101.79 $\pm$ 0.32	0.32

**Accuracy:** It was carried out to determine the suitability and reliability of the proposed methods. Accuracy was determined by calculating the % recovery of  $G_{ld}$  and  $L_{dpm}$  from the synthetic mixture by the standard addition method in which known amounts of standards samples of  $G_{ld}$  and  $L_{dpm}$  were added to the preanalysed samples. The procedure was repeated 5 more times and the recovered amounts of  $G_{ld}$  and  $L_{dpm}$  were calculated at each level and % recovery was reported as % recovery =  $((C_{total} - C_{assay})/C_{added}) \times 100$ , where  $C_{total}$  is the total drug concentration found after standard addition,  $C_{assay}$  is the drug concentration in the formulation mixture, and  $C_{added}$  is the concentration of standard added (Table 5).

**Table 5: Recovery study data for  $G_{ld}$  and  $L_{dpm}$  by Method I and Method II (n=6)**

Drug	Pre-analyzed conc.	Drug added ( $\mu\text{g/mL}$ )	Method I		Method II	
			% Recovery	% RSD	% Recovery	% RSD
$G_{ld}$	4 $\mu\text{g/mL}$	-	-	0.88	-	0.46
		2	100.39 $\pm$ 0.42	0.42	101.43 $\pm$ 1.04	1.04
		4	101.67 $\pm$ 0.22	0.22	100.18 $\pm$ 1.56	1.56
		6	101.54 $\pm$ 0.47	0.47	99.98 $\pm$ 0.46	0.46
		-	-	0.69	-	0.33
$L_{dpm}$	4 $\mu\text{g/mL}$	4	101.74 $\pm$ 0.67	0.67	101.89 $\pm$ 1.54	1.54
		8	100.23 $\pm$ 0.42	0.42	100.91 $\pm$ 0.19	0.19
		12	100.54 $\pm$ 1.08	1.08	101.65 $\pm$ 0.46	0.46
		-	-	-	-	-

**Analysis of NLC formulation:**

The EE % of prepared NLCs was determined through ultrafiltration technique. For this purpose 5 mL of NLC dispersion was centrifuged (Mikro-220R, Hettich Zentrifugen, Tuttlingen, Germany) at 12,000 rpm for 20min at 5°C using centrifugal filter tubes (Centrisart, Sartorius AG, Goettingen, Germany) having a filter membrane of 20 kDa molecular weight cutoff. The amount of  $G_{ld}$  and  $L_{dpm}$  in the filtered aqueous phase was measured using first order derivative (Method I) and Vierordt's (Method II). Results of analysis are shown in Table 6.

**Table 6: Entrapment Efficiency (%) of  $G_{ld}$  and  $L_{dpm}$  by Method I and II (n=6) in NLCs**

Drug	Entrapment Efficiency (%)	
	Method I	Method II
$G_{ld}$	68.32 $\pm$ 2.94	70.46 $\pm$ 8.21
$L_{dpm}$	79.09 $\pm$ 3.43	75.33 $\pm$ 6.34

**RESULTS AND DISCUSSION**

The methods discussed in the present work provides a useful, precise and accurate way for simultaneous analysis of  $G_{ld}$  and  $L_{dpm}$  with help of Vierordt's and 1<sup>st</sup> order derivative method. Absorbance maxima of  $G_{ld}$  at 229 nm and  $L_{dpm}$  at 240 nm were selected for the analysis. Regression analysis showed a linearity over the concentration range of 2-20  $\mu\text{g/mL}$  for  $G_{ld}$  and 4-18  $\mu\text{g/mL}$  for  $L_{dpm}$  with respective correlation coefficients of 0.9913 and 0.9928, respectively in case of 1<sup>st</sup> order derivative method. % RSD for repeatability (n=6), interday and intraday (n=6) precision was found to be less than 2% signifying the precision of method. Accuracy of proposed methods was established with recovery studies. The percentage recovery for  $G_{ld}$  and  $L_{dpm}$  was found well within the range of 98% and 102%. Values of standard deviation and coefficient of variation was satisfactorily low indicating the accuracy of both the methods. The % RSD value for both the drug was found to be less than 2%. The percent recovery value (Table 2), higher than 100%, indicates the accuracy of the method. The estimation of  $G_{ld}$  and  $L_{dpm}$  in NLC formulation was found to be 68.32  $\pm$  2.94 and 79.09  $\pm$  3.43 with method I and 70.46  $\pm$  8.21 and 75.33  $\pm$  6.34 with method II for  $G_{ld}$  and  $L_{dpm}$ , respectively.

In this study the simultaneous estimation of  $G_{ld}$  and  $L_{dpm}$  was carried out by derivative and simultaneous equation methods satisfactorily.

**CONCLUSION**

Based on these results, it is concluded that the UV-spectrophotometric technique developed is accurate, sensitive, precise, reproducible and economical. It can become an effective analytical tool for routine quality control of  $G_{ld}$  and  $L_{dpm}$  in combination. Also, the method developed is specific while estimating NLC formulations and showed no interference of the excipients used.

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