Journal of Chemical and Pharmaceutical Research, 2014, 6(7):96-101



Research Article

ISSN: 0975-7384 CODEN(USA): JCPRC5

Simultaneous estimation of gatifloxacin and flurbiprofen sodium in ophthalmic formulation by UV-specrophotometric method

Gopi Patel*, Payal Chauhan and Samir Shah

Department of Quality Assurance, Sardar Patel College of Pharmacy, Bakrol, Anand, Gujarat, India

ABSTRACT

A UV- Spectrophotometric method has been developed for the determination of Gatifloxacin and Flurbiprofen Sodium in their pharmaceutical formulation. The wavelength method involved solving simultaneous equations based on measurement of absorbance at two maximum wavelengths 245 nm and 293 nm for Flurbiprofen Sodium and Gatifloxacin respectively. The method was validated for various parameters according to ICH guideline. The linear regression analysis data for the calibration plots showed good linear relationship in the concentration range of $6 - 18 \mu g/ml$ and $0.6 - 1.8 \mu g/ml$ and correlation coefficient was found to be 0.9984 and 0.9995 for Gatifloxacin and Flurbiprofen Sodium respectively.

Keywords: Gatifloxacin, Flurbiprofen Sodium, Simultaneous Equation Method, Validation, Ophthalmic Formulation.

INTRODUCTION

Gatifloxacin(GFC) is chemically 1-Cyclopropyl-6-fluoro- 8-methoxy-7-(3-methylpiperazin-1-yl)-4-oxo-quinoline-3-carboxylic acid(Figure 1)^[1,2].GFC is a fluoroquinolones family of synthetic broad-spectrum antibiotics, which eradicate bacteria by interfering with DNA replication. However, the fluoroquinolones are relatively ineffective against intracellular pathogens^[3]. Flurbiprofen Sodium (FS) is chemically Sodium(\pm)-2-(2-fluoro-4-biphenylyl) propionate dehydrates (Figure 2)^[4,5]. FS is a propionic acid derivative and Non - Steroidal Anti – Inflammatory Drugs (NSAIDs) with antipyretic and analgesic activity^[6]. Gatifloxacin is combination with Flurbiprofen sodium is used for reduction of post – operative inflammatory condition of eye,when bacterial infection exists.



Figure 1: Chemical Structure of Gatifloxacin

In the literature, methods were described for the individual estimation of Gatifloxacinby Titrimetric^[7], UV - Visible Spectrophotometry ^[8,9], RP- HPLC^[10] and HPTLC^[11] and for Flurbiprofen Sodium by Titrimetric^[12], HPTLC^[13] and RP- HPLC^[14] methods. The methods were also given for simultaneous estimation of Gatifloxacin and Flurbiprofen Sodium combine with other drugs by UV- Visible Spectrophotometry ^[15, 16], RP- HPLC^[17-22] and HPTLC^[23, 24] methods. Literature survey dose not reveal simultaneous determination of these drugs in their combined

pharmaceutical formulation and has not been reported in official pharmacopoeia. Therefore, it was thought of interest to develop and validate the RP- HPLC method for Gatifloxacin and Flurbiprofen Sodium in their ophthalmic formulation.



Figure 2: Chemical Structure of Flurbiprofen Sodium

EXPERIMENTAL SECTION

Instruments: UV–Visible Spectrophotometer (Agilent Technologies 8453), Sonicator–Ultrasonic (PCI Analytics), Sartorous Analytical weighing balance (PA 225 D)

Chemicals: GFC and FS bulk powder were procured as a gift samples from Yash Laboratories, Chikhali,Gujarat. , AR grade Methanol(S. D. Fine Chem Limited, Mumbai), and commercial pharmaceutical preparation FLUBIGAT Eye Drops, Mfg. by, EntodPharma is claimed to contain 0.3 % w/v of Gatifloxacin and 0.03 % w/v of Flurbiprofen Sodium.

Method Development

Overlain Spectra: Stock solution of GFC ($9\mu g/ml$) and FS ($0.9\mu g/ml$) were prepared in methanol for the selection of wavelength. The spectrum scans in range of 200 - 400 nm.

Based upon overlain spectra, the conclusion is that both drugs are shown absorbance on other λ_{max} .



Figure 3 : UV overlain spectra of Gatifloxacin and Flurbiprofen Sodium

Preparation of Standard stock solution from bulk drugs:

An accurately weighed 30 mg of standard GFC powder and 30 mg of standard FS powder transfer in to 100 ml of separate volumetric flask and dissolve with methanol to getconcentration 300 μ g/ml solution for GFC and 300 μ g/ml solution for FS. Take 5ml of that solution diluted with 50 ml of methanol and get final concentration 30 μ g/ml for GFC and 30 μ g/ml for FS. Standard solutions were prepared by dilution of stock solution with methanol to give the final concentration range of 6 – 18 μ g/ml and 0.6 – 1.8 μ g/ml for GFC and FS respectively.

Sample preparation: (Label claim: 0.3 % w/v Gatifloxacin and 0.03 % w/v Flurbiprofen Sodium). Take 1 ml sample and dilute with mobile phase in to 10 ml volumetric flask ($30\mu g/ml$ of Gatifloxacin and $3\mu g/ml$ of Flurbiprofen Sodium). Take further 4 ml in 10 ml volumetric flask to get concentration12 $\mu g/ml$ for GFC and 1.2 $\mu g/ml$ for FS.

Method Validation^[25]:

1. Linearity :

Five working standard solutions of each analytein the concentration range 6 - 18μ g/ml for GFC and $0.6 - 1.8\mu$ g/ml for FS were prepared and analysed (n=5).Calibration curve was constructed by plotting the absorbance against concentration using linear regression analysis.R² value was found 0.9984 for GFC and 0.9995 for FS. (Table 1)

2. Limit of Detection and Limit of Quantification:

Limit of Detection (LOD) and Limit of Quantification (LOQ) were calculated based on standard deviation of the response and slope of the calibration curve. The LOD and LOQ for GFC and FS were found. (Table 1) LOD and LOQ are calculated by formula:

LOD = 3.3 x σ / s and LOQ = 10 x σ / s

Where, σ = standard deviation of the y- intercepts of the regression line.

s = slope of the calibration curve.

3. Precision :

Method precision: The precision of the method was evaluated by inter-day and intra-day precision. For intra-day precision, three different concentrations of GFC (6, 12 and 18 μ g/ml) and FS (0.6, 1.2 and 1.8 μ g/ml) were prepared in triplicate and analysed during same day. For Inter- day precision the same concentrations were analysed different day. The % RSD values were calculated. (Table 2)

System precision: The Precision of system was evaluated by repeatability. This was analysed by repeated analysed of six sample solution of GFC ($12\mu g/ml$) and FS ($1.2 \mu g/ml$)under same condition. The % RSD was calculated for both analyte. The % RSD values were calculated. (Table 3)

4. Accuracy:

The accuracy of the method was determined by recovery studies. These studies were carried out by addition of known amount of GFC and FS to a sample solution of known concentration. The percentage of recovery was calculated from the amount of drug found in the solution. (Table 4)

5. Assay of the marketed formulation:

The developed method was applied to the simultaneous estimation of GFC and FS in ophthalmic formulation. (Table 5)

RESULTS AND DISCUSSION

SIMULATENOUS EQUATION METHOD:

The developed method was applied for simultaneous estimation of Gatifloxacin and Flurbiprofen Sodium in ophthalmic formulation by SIMULTANEOUS EQUATION METHOD.

Equation:

 $\begin{array}{l} C_x \!\!= A_2 a_{Y1} \!-\! A_1 a_{Y2} \,/\, a_{x2} a_{Y1} \!-\! a_{x1} a_{Y2} \\ C_Y \!\!= A_1 a_{x2} \!-\! A_2 a_{x1} \,/\, a_{x2} a_{Y1} \!-\! a_{x1} a_{Y2} \end{array}$

Where,

 a_{x1} (absorptivity of Gatifloxacin at 293 nm) = 968.89 a_{x2} (absorptivity of Gatifloxacin at 245 nm) = 333.76 a_{Y1} (absorptivity of Flurbiprofen Sodium at 293 nm) = 50.05 a_{Y2} (absorptivity of Flurbiprofen Sodium at 245 nm) = 903.80

Validation:

1. Linearity:

Calibration graphs were constructed by plotting the absorbencies versus their corresponding concentrations. Good linearity was obtained in the range6 - 18μ g/ml for GFC and $0.6 - 1.8\mu$ g/ml for FS. The results are shown in Table 1. LOD and LOQ were calculated from slope and standard deviation y- intercepts of the regression line of the calibration curve shown in figure 7 and 8.

Parameters	GFC (293 nm)	FS (245 nm)
Concentration range	6 – 18µg/ml	0.6 − 1.8 µg/ml
Regression equation	y = 39.383x - 72.803	y = 310.75x - 38.467
R ² Value	0.9988	0.9992
LOD	1.45	0.028
LOQ	4.39	0.286

Table 1: Linearity Data by Regression Analysis (n = 5)



Figure 4: Calibration curve of Gatifloxacin at 293 nm



Figure 5: Calibration curve of Gatifloxacin at 245 nm



Figure 6: Calibration curve of Flurbiprofen Sodium 293 nm

2. Precision:

The precision of method and system were evaluated and % RSD values were calculated. The precision of the method was satisfactory. The results are shown in Table 2 and 3.



Figure 7: Calibration curve for Flurbiprofen Sodium at 245 nm

Table 2.	Intra-day	and I	nter-dav	nrecision	Data	(n-3)
Table 2.	mu a-uay	anu 1	nier-uay	precision	Data	(II-3)

Conc.	Intra – day Precision (% RSD) 293 nm 245 nm		Inter – day Precision		
(µg/)			293 nm	245 nm	
		GFC			
6	0.26	0.51	0.23	0.58	
12	0.16	0.82	0.13	0.40	
18	0.14	0.73	0.09	0.29	
FS					
0.6	0.14	0.98	0.15	1.25	
1.2	0.14	0.43	0.14	0.99	
1.8	0.23	0.32	0.10	1.32	

Table 3: Repeatability Data (n=6)

Conc. (µg/ml)	% RSD		
	293 nm	245 nm	
12	0.12	0.26	
1.2	0.99	0.15	

3. Accuracy :

The accuracy of the method was determined by recovery studied. These studies carried out at 80 %, 100 % and 120 % level. The results are shown in Table 4.

Table 4: Recovery Studies Data

Drugs	Amount taken (µg/ml)	% Added	Mean % Recovery ± SD (n=3)
		80	101.26 ± 0.13
GFC	6	100	101.52 ± 0.04
		120	100.12 ± 0.04
	0.6	80	99.99 ± 0.19
FS		100	99.55 ± 0.12
		120	99.75 ± 0.43

Table 5:	Analysis	Data of	Marketed	formulation	(n=5)
----------	----------	---------	----------	-------------	-------

Label claim		Amount taken (µg/ml)		Mean Amount found (µg/ml)		Mean % Assay	
GFC	FS	GFC	FS	GFS	FS	GFC	FS
0.3 % w/v	0.03 % w/v	12	1.2	12.04	1.20	100.31	100.16

CONCLUSION:

The developed Spectrophotometric method was suitable for the simultaneous estimation of Gatifloxacin and Flurbiprofen Sodium as bulk and marketed formulation without any interfering from the excipients. The developed method was validated for the various parameters as per ICH guideline.

Acknowledgement

The authors are thankful to Yash Laboratories, Chikhali. For providing gift samples of Gatifloxacin and Flurbiprofen Sodium and also thankful to ATUL LTD., Valsad, to give permission for carry out research work. I am also thankful to Payal Chauhan and Dr. Samir Shah sir to give guidance and constant encouragement through my research work.

REFERENCES

[1]Maryadele. J. O' Neil. The Merck Index: An Encyclopedia of Chemicals, Drugs and Biological, 14th ed., Published by Merck Research Laboratories, Division of Merck & Co., Inc., New Jersey, Whitehouse station, **2006**; Page No. 719,753.

[2]Government of India. Ministry of health and family welfare.Indian Pharmacopoeia Vol. II. The Controller of Publication, New Delhi; **2010**: 1402.

[3] FSK Barar. Essentials of Pharmacotherapeutics.3rded., Published by S.Chand&Company Ltd., New Delhi,**2003**; Page No. 405.

[4] British Pharmacopoeia. Stationary Office, Medicines and Healthcare Products Regulatory Agency, London: 2011: 2338.

[5] The United States Pharmacopoeia. USP 32-NF 2, United States Pharmacopeia Convention Inc., Rockville MD USA; **2009**:243.

[6] KDTripathi. Essentials of Medical Pharmacology. 6th ed.,Jaypee Brothers Medical Publishers (P) Ltd., New Delhi,**2008**; Page No.184,688.

[7] RKMarona. Lat. American Journal of Pharma., 2003, 22, 339 - 42.

[8] P Valentina; KS Lakshmi. Indian Journal of Pharmaceutical Sciences., 2006, 68, 273-275.

[9] AV Mali; RP Dhavale. Indian Journal of Pharma Science., 2006, 68, 386-387.

[10] AL Rao; BN Kumar. Journal of Pharmaceutical Research and Health Care., 2004, 3, 72-76.

[11] SA Shah; ISRathod; BNSuhagia. Indian JournalPharma Science., 2003; 66, 306-308.

[12] K Aarelly K; SAllabotharam. International Journal of Pharmacy., 2012, 2, 764-767.

[13] V Jagathi; G Devalarao. Research Journal of Pharmaceutical, Biological and Chemical Sciences 2011, 2, 108-110.

[14] SA Muhammad; MK Gul. Journal of Advance Pharmaceutical Technology and Research., 2011, 2, 151-155.

[15] HB Patel; SK Patel. American Journal of Pharmatech Research., 2013, 3, 478-486.

[16] SL Prabu; S Thiagarajan; M Srinivasan. International Journal of Pharmaceutical Science Review and Research., 2010, 3, 123-126.

[17] KR Sireesha. *African Journal of Pharmacy and Pharmacology.*, **2011**, 5, 1990-1995.

[18] V Saxena; A Sing. International Journal of Science and Research., 2013, 2, 252-255.

[19] AB Patel; NJ Shah; NB Patel. International Journal of ChemTech Research., 2009, 1, 587-589.

[20] MS Mahmoud; AE Abdullah. Asian PharmaPress., 2011, 1, 119-125.

[21] S Gul; SA Muhammad SA, American Journal of Analytical Chemistry., 2012, 3, 328-337.

[22] N Sultana; SA Muhammad; R Siddiqui; S Naveed. American Journal of Analytical Chemistry., 2012, 3, 147-152.

[23] V Patil; S Phalke; S Kale; R Patil. Journal of Chemical and Pharmaceutical Research., 2013, 5, 135-141.

[24] P Prathap; G Nagarajan; C Roosewelt. Scholars Research Library.,2010,2, 163-167.

[25] ICH guidelines Q2 (R1), Text on Validation of Analytical Procedures, Methodology International Conference on Harmonization, Geneva: **2005**; 8-17.