

International Journal of Chemistry and Pharmaceutical Sciences ISSN: 2321-3132 | CODEN (USA): IJCPNH



Available online at:http://www.pharmaresearchlibrary.com/ijcps

Method Development and Validation for Ciprofloxacin and Ornidazole in Its Bulk and Combined Dosage Forms by RP–HPLC

Dumpala Subha Chandrika^{*1}, SK. Salma²

¹PG Research Scholar, Department of Pharmaceutical Analysis, Ratnam Institute of Pharmacy, Nellore, A.P. ²Assistant Professor, Department of Pharmaceutical Chemistry, Ratnam Institute of Pharmacy, Nellore, A.P.

ABSTRACT

The healthcare expenditure is continuously growing at an unprecedented and unsustainable rate. With the shift to valuebased care, healthcare organizations are expected to provide consistent high-quality, safe care while reducing healthcare costs. As reimbursements shrink, healthcare organization leadership and clinical providers must identify opportunities to minimize unnecessary practice variation while providing high-value healthcare. In recent years, the therapeutic landscape has changed with the proliferation of specialty drugs, which are used in the management of an array of medical conditions, including cancers, chronic infections, autoimmune disorders, transplantation, and bleeding disorders. Loosely defined based on their high costs, the need for special handling protocols, and close patient monitoring, specialty drugs are projected to account for 50% of the total medical expenditure by 2019. The biologic agents, which are produced or derived from a living organism, are the most rapidly growing class of specialty drugs, and hold promise to revolutionize the management of a range of chronic medical conditions. The challenge, however, is reconciling the potential therapeutic benefit with the high cost of these agents. Specialty drugs contribute significantly to the inpatient diagnosis-related group payment system, often with unproved benefits over less-expensive treatments.

Keywords: Healthcare expenditure, reimbursements shrink, high cost, protocol, biologic agents, medical conditions.

ARTICLE HISTORY: Received 12 January 2021, Accepted 20 February 2021, Available Online 27 March 2022

©2022Production and hosting by Pharma Research Library Publishers, All rights reserved.

Citation: Dumpala Subha Chandrika, et al. Method Development and Validation for Ciprofloxacin and Ornidazole in Its Bulk and Combined Dosage Forms by RP–HPLC, Int. J. of Chem. and Pharm. Sci., 10(1), 2022: 15-20.

This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

CONTENTS:

1. Introduction	5
2. Materials and Methods	6
3. Results and Discussion	17
2. Conclusion	9
3. References	.9

*Corresponding author	
Dumpala Subha Chandrika	[변종종 프 방관기관:
PG Research Scholar,	
Department of Pharmaceutical Analysis,	「「「「「「「」」」「「「「」」」」「「「「」」」」」「「「」」」」」」
Ratnam Institute of Pharmacy, Nellore, A.P.	JOURNAL QR-CODE

1. Introduction

Ciprofloxacin is a broad-spectrum antimicrobial carboxyfluoroquinoline. The bactericidal action of ciprofloxacin results from inhibition of the enzymes

topoisomerase II (DNA gyrase) and topoisomerase IV, which are required for bacterial DNA replication,

transcription, repair, strand supercoiling repair, and recombination.

IUPAC Name: 1-cyclopropyl-6-fluoro-4-oxo-7-(piperazin-1-

yl)-1,4-dihydroguinoline-3-carboxylic acid

Chemical formula : C₁₇H₁₈FN₃O₃ Molecular weight: 331.3415



Figure 1

Ornidazole has been used in trials studying the prevention of Elective Colorectal Surgery.

IUPAC Name: 1-chloro-3-(2-methyl-5-nitro-1H-imidazol-1-yl) propan-2-ol

Chemical formula: C₇H₁₀ClN₃O₃ Molecular weight: 219.63





2. Methodology

Method development:

Method development for simultaneous estimation of Ciprofloxacin and Ornidazole in Pharmaceutical dosage forms includes the following steps:

- Selection of detection wavelength (λ max)
- Selection of column
- Selection of mobile phase •
- Selection of flow rate •
- Preparations and procedures

Selection of Detection wavelength:

10mg of Ciprofloxacin and Ornidazole was dissolved in mobile phase. The solution was scanned from 200-400 nm the spectrum was obtained. The overlay spectrum was used for selection of wavelength for Ciprofloxacin and Ornidazole. The isobestic point was taken as detection wavelength.

Selection of column:

Column is selected based on solubility, polarity and chemical differences among Analytes [Column: Inertsil C18 (4.6 x 250mm, 5µm, Make: Waters)]

Selection of mobile phase:

Phosphate buffer (0.05M) pH 4.6: ACN (30:70%v/v) has been selected as mobile phase. Buffer pH should be between 2 to 8. If the buffer pH is below 2 siloxane linkages are cleaved. If the buffer pH is above 8 dissolution of silica takes place. pH controls the elution properties by controlling the ionization characteristics. It also decreases the retention and improves separation. Good Response, Area, Tailing factor, Resolution will be achieved.

4. Selection of flow rate:

Flow rate selected was 1ml/min

Flow rate is selected based on

- 1. Retention time
- 2. Column back pressure
- 3. Peak symmetry
- 4. Separation of impurities
- 5. Preparations and procedures:

Preparation of Phosphate buffer :(PH: 4.6):

Weighed 6.8 grams of KH2PO4 was taken into a 1000ml beaker, dissolved and diluted to 1000ml with HPLC water, adjusted the pH to 4.6 with ortho phosphoric acid.

Preparation of mobile phase:

A mixture of pH 4.6 Phosphate buffer 300 mL (30%), 700 mL of ACN (70%) are taken and degassed in ultrasonic water bath for 5 minutes. Then this solution is filtered through 0.45 μ filter under vacuum filtration.

Diluant Preparation:

Mobile phase is used as Diluant.

Preparation of the individual Ciprofloxacin standard preparation:

10mg of Ciprofloxacin working standard was accurately weighed and transferred into a 10ml clean dry volumetric flask and about 2ml of DMF is added. Then it is sonicated to dissolve it completely and made volume upto the mark with the diluant (Stock solution). Further 10.0 ml from the above stock solution is pipette into a 100 ml volumetric flask and was diluted upto the mark with diluant.

Preparation of the individual Ornidazole standard preparation:

10mg of Ornidazole working standard was accurately weighed and transferred into a 10ml clean dry volumetric flask and about 2ml of DMF is added. Then it is sonicated to dissolve it completely and made volume upto the mark with the diluant. (Stock solution). Further 10.0 ml from the above stock solution is pipette into a 100 ml volumetric flask and was diluted upto the mark with diluant.

Preparation of Sample Solution :(Tablet)

Accurately 10 tablets are weighed and crushed in mortar and pestle and weight equivalent to 10 mg of Ornidazole and Ciprofloxacin (marketed formulation) sample into a 10mL clean dry volumetric flask and about 7mL of Diluents is added and sonicated to dissolve it completely and made volume upto the mark with the same solvent. (Stock solution) Further 3 ml of above stock solution was pipetted into a10ml volumetric flask and diluted upto the mark with diluant.

Procedure:

20µL of the standard, sample are injected into the chromatographic system and the areas for Ornidazole and Ciprofloxacin peaks are measured and the %Assay are calculated by using the formulae.

Dumpala Subha Chandrika, et al. Int. J. of Chem. and Pharm. Sci., 10(1), 2022: 15-20

System Suitability:

- Tailing factor for the peaks due to Ornidazole and Ciprofloxacin in Standard solution should not be more than 2.0.
- Theoretical plates for the Ornidazole and Ciprofloxacin peaks in Standard solution should not be less than 2000

System suitability:

5 mg of Ciprofloxacin and 500mg of Ornidazole working standard was accurately weighed and transferred into a 100ml clean dry volumetric flask and add about 20ml of diluant and sonicated to dissolve it completely and make volume up to the mark with the same solvent (Stock solution). Further 10 ml of Ciprofloxacin and Ornidazole was pipetted out from the above stock solution into a 100ml volumetric flask and was diluted up to the mark with diluant.

3. Results and Discussion



Figure 3: Overlay spectrum of Ciprofloxacin and Ornidazole

Trial-1: Chromatographic conditions

Column : Agilent C18 (4.6*150mm) 5μm Mobile phase ratio: Water: Methanol (40:60%v/v) Detection wavelength: 255nm Flow rate: 1ml/min Injection volume: 10μl Column temperature: Ambient Auto sampler temperature: Ambient



Figure 4: Chromatogram of Trial-1

Trial-2: Chromatographic conditions:

Column: Thermosil C18 (4.6*150mm) 5µm Mobile phase ratio: Water: Methanol (40:60%v/v) Detection Wavelength: 255nm Flow rate: 1ml/min Injection volume: 10µl Column temperature: 40° Auto sampler temperature: Ambient



Figure 5: Chromatogram of Trial-2

Method Optimization

Chromatographic conditions: Column: Inertsil C18 5µm (4.6*250mm) Mobile phase ratio: Phosphate buffer (0.05M) pH 4.6: ACN (30:70%v/v) Detection wavelength: 255nm Flow rate: 1ml/min Injection volume: 20µl Column temperature: Ambient



Figure 6: Optimized chromatogram

Observation:

The chromatogram is perfect with clear separation of components. The peak symmetry and system suitability parameters are within the limits. Hence this method is chosen as optimized one.



Figure 7: Chromatogram showing sample injection-1



Figure 8: Chromatogram showing sample injection-2



Figure 9: Chromatogram showing standard injection-3

Assay calculations

 $Assay \% = \frac{sample area}{Standard area} \times \frac{dilution sample}{dilution of standard} \times \frac{P}{100} \times \frac{Avg.wt}{Lc} \times 100$ $\frac{776673.9 \times 10 \times 0.5 \times 100 \times 10 \times 99.8 \times 0.668 \times 100}{771716.1 \times 10 \times 10 \times 458 \times 0.33 \times 100 \times 500}$ Ornidazole:

Wt of 10 tablets: 668 g Avgas wt: 0.668 g Assay % = 101.4 **Ciprofloxacin:**

Wt of 10 tablets 458 g. Avgas wt: 0.458 g. Assay% =100.7%



Figure 10: Accuracy chromatogram 50% injection-1



Figure 11: Accuracy chromatogram 100%injection-1





Table 1: Repeatability results of Ciprofloxacin &

UTITUAZUIE		
Injection	Area	
Injection-1	1501417	
Injection-2	1486940	
Injection-3	1490656	
Injection-4	1487329	
Injection-5	1490384	
Average	1491345	
Standard Deviation	5881.4	
%RSD	0.39	

Injection	Area
Injection-1	2235319
Injection-2	2240678
Injection-3	2249490
Injection-4	2245822
Injection-5	2251694
Average	2244601
Standard Deviation	6656.8
%RSD	0.32

Acceptance Criteria:

The % RSD for the area of five standard injections results should not be more than 2%. The Method precision study was performed for the %RSD of Ciprofloxacin and Ornidazole was found to be 0.3 and 0.3 (NMT 2).

Table 7.9 Ruggedness results of Ornidazole and Ciprofloxacin

Area		
2194758		
2195700		
2196191		
2195326		
2200951		
2196585		
2496.0		
0.11		

Injection	Area
Injection-1	1456296
Injection-2	1457422
Injection-3	1456513
Injection-4	1454579
Injection-5	1451483
Average	1455259
Standard Deviation	2347.6
%RSD	0.16

Acceptance Criteria: The % RSD for the area of five standard injections results should not be more than 2%. The intermediate precision was performed for %RSD of Ciprofloxacin and Ornidazole was found to be 0.1 and 0.1 respectively (NMT 2).



Figure 13: Calibration curve of Ornidazole



Figure 14: Calibration curve of Ciprofloxacin



Figure 15: Results of LOD



Figure 16: Results of LOQ

Ornidazole

Calculation of S/N Ratio:

Average Baseline Noise obtained from Blank: $41 \ \mu V$ Signal Obtained from LOQ solution: $412 \ \mu V$ S/N = 412/41 = 10.0Acceptance Criteria: S/N Ratio value shall be 10 for LOQ solution. **Ciprofloxacin**

Calculation of S/N Ratio:

Average Baseline Noise obtained from Blank: 41 μ V Signal Obtained from LOQ solution: 405 μ V S/N = 405/41 = 9.87

4. Conclusion

The analytical method was validated according to ICH guidelines (ICH,Q2(R1)). The linearity study for Ciprofloxacin and Ornidazole was found in concentration range of 1µg-5µg and 100µg-500µg and correlation coefficient (r2) was found to be 0.999 and 0.999, % mean recovery was found to be 100% and 100.5%, %RSD for repeatability was 0.2 and 0.4, % RSD for intermediate precision was 0.5 and 0.1 respectively. The precision study was precise, robust, and repeatable. LOD value was 2.95 and 3.04, and LOQ value was 9.87 and 10 respectively. Hence the suggested RP-HPLC method can be used for routine analysis of Ciprofloxacin and Ornidazole in API and Pharmaceutical dosage form.

5. References

- G.R. Chatwal, S.K.Anand, Text book of Instrumental Methods of Chemicaln Analysis, Himalaya Publishing House,5th Ed, 2002, p.2.566-2.570.
- [2] G.W.Ewing, Text book of Instrumental Methods of Chemical Analysis, Mc Graw-Hill Book Company, 5th Ed, p.375-385.
- [3] B.K. Sharma, Text book of Instrumental Methods of Chemical Analysis, GOEL publishing house, Meerut, 23rd Ed, p.288-289.
- [4] G.Vidyasagar, Textbook of Instrumental Methods of Drug Analysis, Pharmamed Press, 2009, p.106-120.
- [5] H. H Willard, L. L Merritt, J. A Dean, and F. A Settle, Textbook of Instrumental Methods of Analysis, CBS publishers and distributors, New Delhi, 7th Ed,1986, p.592-596.
- [6] H.H.Tackett, J.A.Cripe, G.Dyson, Positive displacement reciprocating pump fundamentalspower and direct acting types, Proceedings of the twenty-fourth international pump user's symposium,2008, p.45-58.
- [7] Deepali A.Nanaware, Vidhya K. Bhusari , Sunil R. Dhaneshwar, Validated Hplc Method For Simultaneous Quantitation Of Levocetrizine Dihydrochloride And Phenylephrine Hydrochloride In Bulk Drug And Formulation. Jajpr. 2013; 3(5): 3484-3495.
- [8] Arindam Basu, Krishnendu Basak, Mithun Chakraborty, Inder Singh Rawat, Simultaneous RP-HPLC Estimation of Ciprofloxacin Hydrochloride and Montelukast Sodium in Tablet Dosage Form. International Journal of PharmTech Research, Vol.3, No.1, pp 405-410, Jan-Mar 2011.
- Kumar A, Sharma R, Nair A, Saini G. Development [9] and validation of RP-HPLC method for estimation of nimesulide, simultaneous phenylephrine hydrochloride, chlorpheniramine and maleate caffeine anhydrous in

Dumpala Subha Chandrika, et al. Int. J. of Chem. and Pharm. Sci., 10(1), 2022: 15-20 pharmaceutical dosage form. Acta Pol Pharm. 2012 Nov-Dec; 69(6): 1017-22.

- [10] Deepali Gharge, Pandurang Dhabale, Simultaneous Estimation of Nimesulide and Paracetamol in Solid Dosage Form by RP-HPLC Method, International Journal of PharmTech Research, Vol.2, No.2, pp 1330-1333, April-June 2010.
- [11] Rajeev Kumar R. Singh, Manapragada V. Rathnam, Sangeeta J. Singh, andRaju V. K. Vegesna, Stability Indicating Method for Simultaneous RP HPLC Determination of Camylofin Dihydrochloride and Nimesulide in Pharmaceutical Preparations. ISRN Analytical Chemistry, Volume 2012 (2012).
- [12] LR.Snyder, JJ Kirkland, LG.Joseph, Practical HPLC Method Development, Wiley Inter Science, New York, 2nd Ed, 1997, p. 1-56.
- [13] Ranjith singh, HPLC Method Development and Validation- an Overview, J Pharm. Educ. Res.4 (2013) 26-33.
- [14] ICH: Q2B, Analytical Validation Methodology (1996)
- [15] Brij Bhushan, Uttam Singh Baghel, Ramandeep Singh, RP-HPLC method development for the estimation of Ciprofloxacin and Phenylephrine hydrochloride in combined dosage form. International Journal of Pharmaceutical and Medicinal Research, 2013;1(2):85-90