

ESTIMATION OF DOMPERIDONE AND PANTOPRAZOLE SODIUM BY AREA UNDER CURVE METHOD

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ABSTRACT

Background: A simple, accurate, rapid and precise spectrophotometric method has been developed for simultaneous estimation of Pantoprazole and Domperidone in pharmaceutical dosage form. **Method:** This method was based on UV spectrophotometric determination of two drugs, using Area under Curve method. It involves measurement of area under curve in the range of 268-278 nm (For Pantoprazole) and 276-290 nm (For Domperidone) for the analysis in methanol. **Result:** The linearity was observed in the concentration range of 2-12 µg/ml for Lafutidine and 3-18 µg/ml for Domperidone. The method showed good reproducibility and recovery with % RSD less than 2. Method was found to be rapid, specific, precise and accurate, can be successfully applied for the routine analysis of Lafutidine and Domperidone in bulk, and combined dosage form without any interference by the excipients. The method was validated according to ICH guidelines.

KEYWORDS: Domperidone and Pantoprazole sodium, Ultraviolet spectrophotometry, Area Under Curve method.

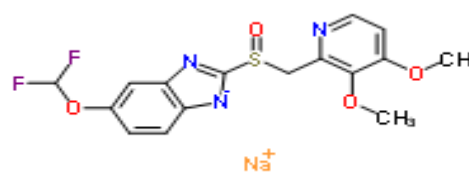
INTRODUCTION

Domperidone acts as a gastrointestinal emptying adjunct and peristaltic stimulant. The gastroprokinetic properties of domperidone are related to its peripheral domperidone receptor blocking properties. Domperidone facilitates gastric emptying and decreases small bowel transit time by increasing esophageal and gastric peristalsis and by lowering esophageal sphincter pressure. The antiemetic properties of domperidone are related to its dopamine receptor blocking activity at both the chemoreceptor trigger zone and at the gastric level. It has strong affinities for both D2 and D3 receptor, which are found in chemoreceptor trigger zone, located just outside the blood brain barrier, which among others- regulates nausea and vomiting. Chemically it is 5-chloro-1-[1-[3-(2-oxo-2,3-dihydro-1H-1,3-benzodiazol-1-yl)propyl]piperidin-4-yl]-2,3-dihydro-1H-1,3-benzodiazol-2-one.

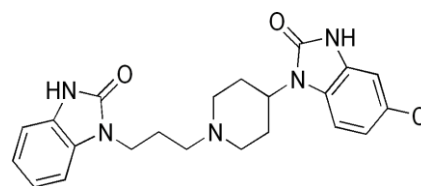
Domperidone (Motilium™) is a drug that has, as a side effect, stimulating or increasing milk production, probably by increasing prolactin production by the pituitary gland. Prolactin is the hormone that stimulates the cells in the mother's breast to produce milk. Domperidone increases prolactin secretion indirectly, by interfering with the action of dopamine whose action is to decrease the secretion of prolactin by the pituitary gland. Domperidone is generally used for disorders of

the gastrointestinal tract (gut) and has not been released in Canada for use as a stimulant for milk production.

Pantoprazole sodium sesquihydrate is widely used as anti-ulcer drugs (proton pump inhibitors) through inhibition of hydrogen-potassium adenosine triphosphatase (H⁺/ K⁺ -ATPase) in gastric parietal cells. Pantoprazole (PNT) reduces the gastric acid secretion regardless of the nature of stimulation. Chemically PNT is Sodium 5-(difluoromethoxy)-2-[(RS)-[3,4,-dimethoxy pyridine-2-yl) methyl]sulphonyl] benzimidazole-idesesquihydrate.



Pantoprazole sodium.



Domperidone HCl.

MATERIALS AND METHODS

Instrument

A Shimadzu UV-1700 UV/VIS Spectrophotometer was used with 1 cm matches quartz cell.

Materials

Gift samples of Pantoprazole sodium and Domperidone were procured from Emcure Pharmaceutical LTD, Pune. Tablets containing both drugs i.e. Pantoprazole sodium and Domperidone were purchased from local pharmacy of commercial brand Domfast DT.

Apparatus

Jasco model V-530 UV-Visible double beam spectrophotometer with single monochromator with spectra manager software, and Perkin Elmer UV-Visible double beam spectrophotometer with UV Winlab Software were used. Sartorius ADD-BL-02 balance was used. Calibrated glasswares were used for the study. Trans-o-sonic ultrasonicator, 0.45 μ filter papers (PVDF/Nylon filters) also used.

Selection of solvent

Methanol was selected as the solvent for dissolving Pantoprazole sodium and Domperidone.

Preparations of drug stock solutions

Stock solution of Pantoprazole sodium and Domperidone were prepared separately by dissolving 10 mg of Pantoprazole sodium and 10 mg of Domperidone in 50 ml of Methanol. Then the volume was made up to the mark with methanol to give the drug stock solution of concentration 100 μ g/mL.

Preparations of working standard solutions

From the stock solution of Pantoprazole sodium and Domperidone, appropriate volumes were pipetted out and transferred to 10 ml volumetric flasks. The volume was made up to the mark with methanol to give the samples of desired concentrations like 2, 4, 6, 8, 10, 12 μ g/mL.

Determination of λ_{max}

Both the standard solutions were scanned separately between 400 nm to 200nm. The overlain spectrum of both drugs was recorded, Fig. 3; from the overlain spectrum, two wavelengths 290 nm (λ_{max} of Pantoprazole sodium) and 286 nm (λ_{max} of Domperidone) were selected for estimation of drugs.

Selection of analytical wavelength range (Area under the curve) for analysis

Suitable concentrations of solutions were prepared accurately to determine the range of Domperidone for analysis. The standard solutions were scanned in the spectrum mode of the instrument from 400 nm to 200 nm. The absorbance maxima of these solutions were obtained at wavelength 286 nm. The area under the curve between 276 nm to 290 nm was selected (Fig3.) for domperidone and 292 nm -310 nm was selected for Pantoprazole sodium because the linearity was obtained within these areas with good reproducibility of results.

Application of proposed method for estimation of Domperidone and Pantoprazole sodium in tablet dosage forms

20 tablets were weighed and powdered, quantity of sample powder containing equivalent to 10 mg of DOM and 40 mg of PANTO were transferred to 100 ml volumetric flask. Sufficient quantity of Methanol was added, and sonicated for 15 minutes and diluted upto mark with methanol. The solution was filtered through 0.45 μ membrane filter paper. A 1 ml of filtrate was further diluted to 10 ml with Distilled water to get final concentration of about 10 μ g/ml DOM and 10 μ g/ml ESO. The absorbance of resulting solutions was calculated by measuring area under curve in the range of 276.0-290.0 nm (for DOM) and 292.0-310.0 nm (for PANTO). (Table no. 5 & 6).

Method validation

Accuracy

It was done by recovery study. Sample solutions were prepared by spiking at about 80%, 100% and 120% of specification limit to Placebo and analyzed by the proposed method. % Recovery was determined using the formula. Results are shown in Table 1 & 2.

Precision

Precision study was carried out for the repetability of sample measurement and the result was expressed as % RSD. Variability of the method was studied by analyzing aliquots of standard solutions of (20, 40, 60, 80, 100, 120 μ g /ml) each of Domperidone and Pantoprazole sodium, on the same day (intra-day precision) and on different days (inter-day precision), and the results were expressed as % RSD. (Table 3 & 4).

Linearity and Range

The six-point calibration curves that were constructed were linear over the selected concentration range for both DOM and ESOMG ranging between 20-120 μ g/mL. Each concentration was repeated 3 times. The assay was performed according to the experimental conditions previously described.

RESULT AND DISCUSSION

Table no. 1: Standard addition technique for determination of Domperidone and Pantoprazole sodium using Area under curve method

| Tablet Sample | Level of Recovery (%) | Amount Present (mg/tab) | Amount of Std. added (mg) | Total amount recovered (mg) | %Recovery |
|---------------|-----------------------|-------------------------|---------------------------|-----------------------------|-----------|
| PAN-D | 80 | 10 | 8 | 17.94 | 99.75 |
| | | 10 | 8 | 17.98 | 99.91 |
| | | 10 | 8 | 17.97 | 99.87 |
| | 100 | 10 | 10 | 19.99 | 99.95 |
| | | 10 | 10 | 19.84 | 99.21 |
| | | 10 | 10 | 19.89 | 99.45 |
| | 120 | 10 | 12 | 21.82 | 99.22 |
| | | 10 | 12 | 22.00 | 100 |
| | | 10 | 12 | 21.94 | 99.75 |

Table no. 2: Statistical data for recovery studies (Domperidone).

| Sr.No. | Tablet Sample | Type of Recovery (%) | %Mean* | S.D. | C.O.V. | S.E. |
|--------|---------------|----------------------|--------|--------|--------|---------|
| 1 | PAN-D | 80 | 99.76 | 0.135 | 0.136 | 0.07839 |
| 2 | | 100 | 99.67 | 0.315 | 0.316 | 0.1819 |
| 3 | | 120 | 99.65 | 0.3983 | 0.399 | 0.2300 |

Table no. 3: Statistical data for recovery studies (Pantoprazole Sodium).

| Sr.No. | Tablet Sample | Type of Recovery (%) | %Mean | S.D. | C.O.V. | S.E. |
|--------|---------------|----------------------|-------|-------|--------|-------|
| 1 | PAN-D | 80 | 99.84 | 0.083 | 0.083 | 0.048 |
| 2 | | 100 | 99.45 | 0.377 | 0.379 | 0.218 |
| 3 | | 120 | 99.65 | 0.398 | 0.399 | 0.230 |

Precision

The results of repeatability and intermediate precision are shown. The developed method was found to be

precise for repeatability and intermediate precision studies.

Table no. 4: Precision studies of Domperidone and Pantoprazole Sodium by Area under curve method.

| Drug | Conc $\mu\text{g/ml}$ | Intraday found Conc. \pm SD | RSD% | Interday found Conc. \pm SD | RSD% |
|---------------------|-----------------------|-------------------------------|---------|-------------------------------|---------|
| Domperidone | 40 | 39.83 \pm 0.08083 | 0.20293 | 39.82 \pm 0.01000 | 0.02511 |
| | 60 | 59.81 \pm 0.06028 | 0.10078 | 59.83 \pm 0.05568 | 0.0930 |
| | 80 | 79.80 \pm 0.05132 | 0.06431 | 79.86 \pm 0.07767 | 0.09725 |
| Pantoprazole Sodium | 40 | 39.82 \pm 0.01000 | 0.02511 | 39.83 \pm 0.08083 | 0.20293 |
| | 60 | 59.83 \pm 0.05568 | 0.09306 | 59.81 \pm 0.06028 | 0.10078 |
| | 80 | 79.86 \pm 0.07767 | 0.09725 | 79.81 \pm 0.05132 | 0.06430 |

Table no. 5: Statistical data for precision studies (Domperidone).

| Sr.No. | Component | Mean* | S.D.* | C.O.V.* | S.E. |
|--------|-----------|-------|---------|---------|---------|
| 1 | Intra-Day | 99.83 | 0.02683 | 0.02687 | 0.01095 |
| 2 | Inter-Day | 99.45 | 0.00894 | 0.00898 | 0.00365 |

Where *n=6.

Table no. 6: Statistical data for precision studies (Pantoprazole Sodium).

| Sr.No. | Component | Mean* | S.D.* | C.O.V.* | S.E. |
|--------|-----------|-------|---------|---------|---------|
| 1 | Intra-Day | 99.75 | 0.02675 | 0.02587 | 0.01069 |
| 2 | Inter-Day | 99.55 | 0.00894 | 0.00897 | 0.00324 |

Where *n=6.

Table no. 7: Analysis of Marketed formulation (Domperidone).

| Sr.No. | Tablet Sample | Label claim (mg/tab) | Label claim found (mg/tab) | % drug found |
|--------|---------------|----------------------|----------------------------|--------------|
| 1 | PAN-D | 30 | 29.99 | 99.6 |
| 2 | | 30 | 29.91 | 99.5 |
| 3 | | 30 | 29.98 | 99.7 |
| 4 | | 30 | 29.88 | 99.6 |
| 5 | | 30 | 29.85 | 99.4 |
| 6 | | 30 | 29.96 | 99.8 |

Table no. 8: Analysis of Marketed formulation (Pantoprazole Sodium).

| Sr.No. | Tablet Sample | Label claim (mg/tab) | Label claim found (mg/tab) | % drug found |
|--------|---------------|----------------------|----------------------------|--------------|
| 1 | PAN-D | 40 | 39.99 | 99.9 |
| 2 | | 40 | 39.91 | 99.7 |
| 3 | | 40 | 39.98 | 99.9 |
| 4 | | 40 | 39.88 | 99.6 |
| 5 | | 40 | 39.85 | 99.5 |
| 6 | | 40 | 39.96 | 99.8 |

Table no. 9: Statistical data for analysis of marketed formulation (Domperidone).

| Sr.No. | Tablet | %mean* | S.D.* | C.O.V.* | S.E.* |
|--------|--------|--------|--------|---------|---------|
| 1 | PAN-D | 99.64 | 0.0200 | 0.200 | 0.01155 |

Table no. 10: Statistical data for analysis of marketed formulation (Pantoprazole Sodium).

| Sr.No. | Tablet | %mean* | S.D.* | C.O.V.* | S.E.* |
|--------|--------|--------|--------|---------|--------|
| 1 | PAN-D | 99.73 | 0.1633 | 0.1636 | 0.0667 |

CONCLUSION

Area under curve method was developed and validated as per ICH guidelines for estimation of Domperidone and Pantoprazole sodium. This method was applied for estimation of these compounds in the marketed formulation. the method has been evaluated for the linearity, accuracy, precision and robustness in order to ascertain the suitability of the method. It has been proved that the developed method was linear in the concentration range of 20-120µg/ml.

REFERENCES

- Shindler JS, Finnerty GT, Towlson K, Dolan AL, Davies CL, Parkes JD: Domperidone and levodopa in parkinson's disease. *Br J Clin Pharmacol*, 1984; 18(6): 959-962.
- Silvers D, Kipnes M, Broadstone V: Domperidone in the management of symptoms of diabetic gastroparesis: efficacy, tolerability, and quality-of-life outcomes in a multicenter controlled trial. *Clin Ther*, 1998; 20(3): 438-53.
- El-Shahawi MS, Bahaffi Soei, Mogy T: Analysis of domperidone in pharmaceutical formulations and wastewater by differential pulse voltammetry at a glassy-carbon electrode. *Anal Bioanal Chem*, 2007; 387(2): 719-725.
- Wahdan T, Abd EI-Ghany N: Determination of domperidone in tablet dosage form by anodic differential pulse voltammetry. *IL Farmaco*, 2005; 60(10): 830-833.
- Girish Kumar K, Augustine p, John S: Novel potentiometric sensors for the selective determination of domperidone. *J Appl Electrochem*, 2010; 40(1): 65-71.
- Okram zenita, Kanakpura Basavaiah, Seema AG, Atul AS, Yogini SJ, Sanjay JS: Quantitative planar chromatographic analysis of pantoprazole sodium sesquihydrate and domperidone in tablets. *J Planar Chromatogr-Mod TLC*, 2006; 19(110): 302-306.
- Sivakumar T, Manavalan R, Valliappan K: Development and validation of a reversed-phase HPLC method for simultaneous determination of domperidone and pantoprazole in pharmaceutical dosage forms. *Acta Chromatogr*, 2007; 18: 130-142.
- Veronique M, Chantal S, Jacques T: An improved HPLC assay with fluorescence detection for the determination of domperidone and three major metabolites for application to in vitro drug metabolism studies. *J Chromatogr B*, 2007; 852(1-2): 611-616.
- Kalirajan R, Anandarajagopal K, Mary Mathew S, Gowamma B, Jubie S, Suresh B: Simultaneous determination of rabeprazole and domperidone in dosage forms by RP-HPLC. *Rasayan J Chem*, 2008; 1(2): 232-235.
- Patel BH, Suhagia BN, Patel MM, Patel MM, Patel JR: Determination of Pantoprazole, Rabeprazole, Esmoprazole, Domperidone and Itopride in Pharmaceutical Products by Reversed Phase Liquid Chromatography Using Single Mobile Phase. *Chromatographia*, 2007; 65(11-12): 743-748.

11. Patel B, Dedania Z, Dedania R, Ramolia C, Vidya Sagar G, Mehta RS: Simultaneous Estimation of Lansoprazole and Domperidone in Combined Dosage Form by RP-HPLC. *Asian J Research Chem*, 2009; 2(2): 210-212.
12. Sivasubramanian L, Anilkumar V: Simultaneous HPLC estimation of omeprazole and domperidone from tablets. *Indian J Pharm Sci*, 2007; 69(5): 674-676.
13. Patel BH, Patel MM, Patel JR, Suhagia BN: HPLC analysis for simultaneous determination of rabeprazole and domperidone in pharmaceutical in pharmaceutical formulation. *J Liq Chromatogr Rel Technol*, 2007; 30(3): 439-445.
14. Karthik A, Subramanian G, Ranjith Kumar A, Udupa N: Simultaneous estimation of paracetamol and domperidone in tablets by reverse phase HPLC method. *Indian J Pharm Sci*, 2007; 69(1): 142-144.
15. Argekar AP, Shah SJ: Simultaneous determination of cinnarizine and domperidone maleate from tablet dosage form by reverse phase ion pair high performance liquid chromatography. *J Pharm Biomed Anal*, 1999; 19(6): 813-817.
16. Sabnis SS, Dhavale ND, Jadhav VJ, Gandhi SV: Column reversed-phase high performance liquid chromatographic method for simultaneous determination of rabeprazole sodium and domperidone in combined tablet dosage form. *Int J AOAC*, 2008; 91(2): 344-348.
17. Thanikachalam S, Rajappan M, Kannappan V: Stability-indicating HPLC method for simultaneous determination of pantoprazole and domperidone from their combination drug product. *Chromatographia*, 2008; 67(1-2): 41-47.
18. Patel BH, Suhagia BN, Patel MM, Patel JR: Simultaneous estimation of pantoprazole and domperidone in pure powder and a pharmaceutical formulation by high-performance liquid chromatography and high-performance thin-layer chromatography methods. *Int J AOAC*, 2007; 90(1): 142-146.
19. Patel BH, Suhagia BN, Patel MM, Patel JR: Hptlc determination of rabeprazole and domperidone in capsules and it's validation. *J Chromatogr Sci*, 2008; 46(4): 304-307.
20. Patel BH, Patel MM, Patel JR, Suhagia BN: Simultaneous determination of omeprazole and domperidone in capsules by RP-HPLC and densitometric HPTLC. *J Liq Chromatogr Rel Technol.*, 2007; 30(9-12): 1749-1762.
21. Yadav A, Raman Singh M, Satish Mathur C, Pawan Saini K, Gyanendra Singh N: A simple and sensitive HPTLC method for simultaneous analysis of domperidone and paracetamol in tablet dosage forms. *J Planar Chromatogr Mod TLC*, 2009; 22(6): 421-424.
22. Susheel JV, Lekha M, Ravi TK: High performance thin layer chromatographic estimation of lansoprazole and domperidone in tablets. *Indian J Pharm Sci*, 2007; 69(5): 684-686.
23. Wu MS, Gao L, Cai XH, Wang GJ: Determination of domperidone in human plasma by LC-MS and it's pharmacokinetics in healthy Chinese volunteers. *Acta Pharmacol Sin*, 2002; 23(3): 285-288.