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QUANTITATIVE ESTIMATION OF PRAVASTATIN SODIUM AND ASPIRIN BY SIMULTANEOUS EQUATION METHOD

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ABSTRACT

In the present study a simple, rapid, economical, precise and accurate method for simultaneous estimation of aspirin and pravastatin sodium in combined dosage form has been developed. The method developed was simultaneous equation method and the solvent used is 0.1M Sodium hydroxide. The wavelength 297 nm and 238.40 nm were selected for aspirin and provastatin sodium respectively. Beer's range was obeyed in the concentration range of 5-45 μ g/mL for aspirin and 2-18 μ g/mL for pravastatin sodium. Recovery was found in the range of 98.8-101.3% for aspirin and pravastatin sodium in the physical formulation. The results of analysis have been validated statistically and recovery studies confirmed the accuracy and reproducibility of the proposed method as per ICH guidelines.

Keywords: Pravastatin Sodium, Aspirin, Spectroscopic method, Absorption, Simultaneous estimation, Sodium hydroxide

Introduction

Pravastatin (Fig 1) is chemically Sodium(3R,5R)-3,5-dihydroxy-7-[(1S,2S,6S,8S,8R)-6-hydroxy-2methyl-8-[[(2S)-2-methylbutanoyl]oxy]-

1,2,7,8,8aR,hexahydro naphthalen-1-yl]-heptanoic acid, its molecular formula is $C_{23}H_{35}O_7Na$ having molecular weight of 446.51 g/mol. It appears as a white to yellowish crystalline powder, soluble in methanol and water^[1].

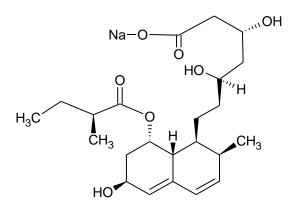


Fig 1: Structure of Pravastatin

Pravastatin act as a lipoprotein lowering drug through two pathways. Pravastatin inhibit the function of hydroxymethylglutaryl-CoA (HMG-CoA) reductase, as a reversible competitive inhibitor, Pravastatin sterically hinder the action of HMG-CoA reductase by occupying the active site of enzyme. Pravastatin also inhibits the synthesis of very-low-density-lipoproteins (VLDL) and lowdensity-lipoproteins (LDL). These reduction increases the cellular LDL receptors, thus LDL uptake increases, removing it from the bloodstream^[2].

Aspirin (Fig 2) is chemically 2-acetyloxybenzoic acid or acetylsalicylic acid, its molecular formula is $C_9H_8O_4$ having molecular weight. It appears as colorless crystals or a white crystalline powder. It is soluble in water but partially soluble in alcohol^[3].

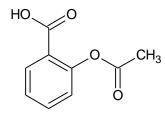


Fig 2: Structure of Aspirin

Aspirin is used as analgesic, anti-inflammatory drug. Aspirin also has an antiplatelet effect by inhibiting the production of thromboxane, which under normal circumstances binds platelet molecule together to create a patch over damaged walls of blood vessels. Because the platelet patch can become too large and also block blood flow, locally and downstream^[4]. Aspirin is also used long-term at low doses, to help preventing heart attacks, strokes, and blood coagulation formation in people^[5, 6]. The more wide spread and appropriate use of both provastatin sodium and aspirin in secondary prevention of cardiovascular diseases will avoid large number of pre mature death. On literature survey it was found that many analytical methods including UV methods are developed for both provastatin sodium [7-10] and aspirin^[11-12] individually. But there is no method for the simultaneous estimation of aspirin and provastatin sodium in combination. The exhaustive literature survey revealed that none of the most recognized pharmacopoeias and any major journals include these drugs in combination for simultaneous estimation of provastatin sodium and aspirin by UVvisible spectroscopy. Hence, there is a need for the development of newer, rapid, accurate and reproducible method for the simultaneous estimation of provastatin sodium and aspirin in pharmaceutical dosage forms. Keeping this in mind in the present study an attempt has been made to simultaneously estimate provastatin sodium and aspirin by simultaneous equation method .

Materials and Methods

Materials

All the chemicals and reagents used for the development of proposed method to estimate pravastatin sodium and aspirin are of spectroscopic grade. The instrument UV-visible spectrophotometer (shimadzu-1800) was used for the analytical method development and validation of pravastatin sodium and aspirin. The present work was carried out at department of pharmaceutical chemistry, government college of pharmacy, Bengaluru. A pure sample of pravastatin sodium and aspirin for the current study were procured from reliable sources. Pravastatin sodium was procured from Biocon pvt Ltd., and aspirin was procured from Microlabs as gift sample, sodium hydroxide (AR grade) from Himedia, Hydrochloric acid(AR grade) from Fisher Scientific. Double distilled Milli pore water was used for the analysis and the same was collected from Milli pore Direct Q3.

Selection of Solvent for analysis

The selection of solvents for analysis was carried out by the effect of different solvents on the pure drug and tablet powder. In methanol and isopropyl alcohol the drugs were soluble. While in water the aspirin solubility proportion is less. And long storage of drugs in 1M HCl and 1M NaOH turns dark in colour. At the end of these studies, 0.1M NaOH was chosen for preparation of solutions for analysis.

Selection of analytical wavelengths

Standard stock solutions having concentration 10 μ g/mL of each drug was prepared separately and they were scanned in the wavelength range of 200-400 nm and the maximum (λ_{max}) absorbance of both the drugs were found to be 229 nm and 297 nm for aspirin (Fig 3) and 238.40nm for pravastatin sodium (Fig 4)

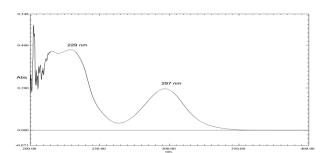
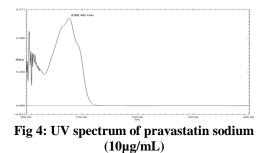


Fig 3: UV spectrum of aspirin (10µg/mL)



Preparation of Standard stock solution of aspirin and pravastatin sodium

Stock solution A was prepared by dissolving 50 mg of accurately weighed aspirin and pravastatin sodium into 100 mL volumetric flask and the final volume was adjusted to 100 ml with 0.1M NaOH to give the stock solution 500 μ g/mL concentration. From the resulting solution 50 mL of aspirin and 10 mL of pravastatin sodium were placed in 100 mL volumetric flask and volume adjusted with 0.1M NaOH to give solution of 250 μ g/mL of aspirin

solution and 50 µg/mL of pravastatin sodium (stock B). From stock solution B 0.5-5.0 mL of aspirin and 1-10 mL of pravastatin sodium were pipetted in to 25 mL volumetric flasks and the volume was made up with 0.1M NaOH to get concentration of 5-50 µg/mL of aspirin and 2-20 µg/mL of pravastatin sodium. The absorbance of resulting solution was measured against 297 nm and 238.40 nm. (Table 1, Fig 5&6)

Table 1: Calibration data of aspirin (5-45 $\mu g/mL)$ and pravastatin sodium

| S. No | | Aspirin | Pravasta | stin sodium |
|----------|----------------------------------|----------------------|----------------------------------|-------------------------|
| | Concen tration in µg/mL | Absorbance 297 nm | Concen tration of µg/mL | Absorbance 238.40 nm |
| 1 | 05 | 0.076 | 02 | 0.084 |
| 2 | 10 | 0.154 | 04 | 0.150 |
| 3 | 15 | 0.230 | 06 | 0.226 |
| 4 | 20 | 0.295 | 08 | 0.304 |
| 5 | 25 | 0.374 | 10 | 0.370 |
| 6 | 30 | 0.435 | 12 | 0.449 |
| 7 | 35 | 0.513 | 14 | 0.522 |
| 8 | 40 | 0.591 | 16 | 0.595 |
| 9 | 45 | 0.669 | 18 | 0.668 |

 $(2-18 \,\mu g/mL)$

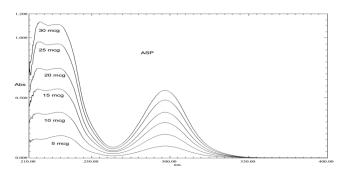


Fig 5: Calibration curves for Aspirin (5-30 $\mu g/mL)$

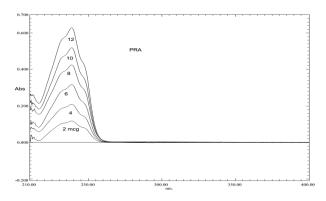


Fig 6: Calibration curves for pravastatin sodium

$(2-12 \ \mu g/mL)$

Formula: The following two sets of simultaneous equations are used to determine the concentrations of aspirin and provastatin sodium

Where.

Cx= concentration of aspirin in mixture,

Cy= Concentration of pravastatin sodium in mixture, ax1 and ax2 are absorptivity of aspirin at its λ_{max} and pravastatin sodium λ_{max}

ay1 and ax2 are absorptivity of pravastatin sodium at λ max of aspirin and λ max of pravastastin sodium.

For mixture 1: A1=0.149, A2= 0.0096 (from Table 4)

A1= Absorbance of mixture at λ 238.40 nm & A2= absorbance of mixture at 297 nm

ax1= 150, ax2= 192.31, ay1=382.50, ay2=0.00 (By Table 2&3)

A1=0.149, A2= 0.0096

 $\begin{array}{l} C_{ASP} = (0.0096 * 382.50 - 0.149 * 0.000) \\ (192.31 * 382.50 - 150 * 0.00) \end{array}$

= 36.72/73558.575

= 0.0004991 mg/ml or C_{ASP} = 4.99 µg/mL

 $\begin{array}{l} C_{PRA} = \left(0.149 * 192.31 \text{-} 0.096 * 150 \right) / \\ \left(\left(192.31 * 382.50 \text{-} 150 * 0.00 \right) \right. \end{array}$

= 28.65419/ 773558.575

µg/mL

 $= 0.0001937 \text{ mg/ml} \text{ or } C_{PRA} = 1.937$

For other mixtures the calculations were done similarly as mentioned above.

| S.N O | Conce ntrati on of aspiri n (µg/m L) | Absorbance | | E ^{1%} 1 | cm |
|----------|--|--------------|-------------|-------------------|-------|
| | | 238.4 0nm | 297nm | 238. 40n m | 297nm |
| 1 | 5 | 0.076 | 0.0970 | 152 | 194 |
| 2 | 10 | 0.154 | 0.1960 | 154 | 196 |
| 3 | 15 | 0.230 | 0.2930 | 153 | 195 |
| 4 | 20 | 0.295 | 0.3790 | 147 | 189 |
| 5 | 25 | 0.374 | 0.4810 | 149 | 192 |
| 6 | 30 | 0.435 | 0.5630 | 145 | 187 |
| 7 | 35 | 0.513 | 0.6562 | 146 | 187 |
| 8 | 40 | 0.591 | 0.7494 | 147 | 187 |
| 9 | 45 | 0.669 | 0.8426 | 148 | 187 |
| | | | Averag e | 150 | 192 |

Table 2: Absorbance of Aspirin at 238.40 nm and297 nm for simultaneous estimation method

Here $ay_1 = 150$, $ay_2 = 192.3$

Table 3: Absorbance of pravastatin sodium at

238.40 nm and 297 nm

| S.N O | Conce ntratio n of Pravas tatin sodium (µg/ml) | Absorban ce | n E ^{1%} 1cm | | 1 |
|----------|--|----------------|-----------------------|--------|-----|
| | | 238.40 nm | 297 | 238.40 | 297 |
| | | | nm | nm | nm |
| 1 | 2 | 0.084 | 0 | 420 | 0 |
| 2 | 4 | 0.150 | 0 | 375 | 0 |
| 3 | 6 | 0.226 | 0 | 376 | 0 |
| 4 | 8 | 0.304 | 0 | 380 | 0 |
| 5 | 10 | 0.370 | 0 | 370 | 0 |
| 6 | 12 | 0.449 | 0 | 374 | 0 |

| 7 | 14 | 0.522 | 0 | 371 | 0 |
|---|----|-------|-------------|------------|------|
| 8 | 16 | 0.595 | 0 | 372 | 0 |
| 9 | 18 | 0.668 | 0 | 371 | 0 |
| | | | Aver age | 382 .50 | 0.00 |

Here $ax_1 = 382.50$, $ax_2 = 0.00$

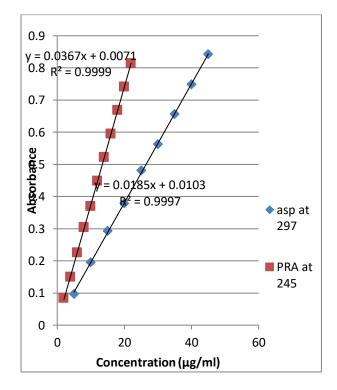


Fig 7: Calibration graph for Aspirin (5-45 μ g/mL) and Pravastatin sodium

$(2-18 \ \mu g/mL)$

Table 4: Absorbance of mix (Aspirin and pravastatin sodium) by simultaneous estimation method

| | rati Pra tin sod aspi (mi in | ncent on of wasta ium irin xture mL) | Absor e | banc | tio obta | entra on ined mL) | % | Error |
|---------------|---|--|------------------|-----------|---------------------------------------|----------------------------|-------------------------------|---------|
| S. N o. | P r a st at in s o di u m | Asp irin | 238. 40 nm | 297 nm | Pro vas tati n sod ium | Asp irin | Prava statin sodiu m | Aspirin |
| 1 | 2 | 5 | 0.14 9 | 0.0 96 | 1.9 37 | 4.9 9 | -3.15 | -0.200 |
| 2 | 4 | 10 | 0.31 5 | 0.2 05 | 4.0 50 | 10. 65 | 1.25 | 6.500 |
| 3 | 6 | 15 | 0.48 4 | 0.3 34 | 5.8 00 | 17. 36 | -3.33 | 15.73 |
| 4 | 8 | 20 | 0.59 5 | 0.3 87 | 7.8 80 | 20. 123 | -4.17 | 0.615 |
| 5 | 1 0 | 25 | 0.74 5 | 0.4 82 | 9.6 40 | 25. 06 | -3.52 | -0.252 |
| 6 | 1 2 | 30 | 0.83 9 | 0.5 74 | 11. 99 | 29. 84 | -0.30 | -0.553 |
| 7 | 1 4 | 35 | 1.02 8 | 0.6 78 | 13. 09 | 35. 15 | -6.50 | 0.428 |

Determination of aspirin and pravastatin sodium in physical mixture

A physical mixture of aspirin and pravastatin sodium was prepared by blending appropriate quantities of each drug, powder equivalent to 10 mg of aspirin and pravastatin sodium was weighed and dissolved in 10 mL of 0.1M NaOH with the aid of ultrasonicator for 10 min. Solution was filtered through whatmann paper (No. 41) into a 100 mL volumetric flask and volume was made up to mark with 0.1M NaOH to give solutions of 100 µg/mL. Then these solutions are further diluted to 100 mL to get 250 µg/mL of aspirin and 50 µg/mL of pravastatin sodium. Various aliquots were prepared and suitably diluted with 0.1M NaOH to give final concentration of 2, 4, 6, 5, 10, 15 µg/mL in different volumetric flasks of 10 mL capacity. The absorbance of prepared aliquots mixture of aspirin and pravastatin sodium was measured against 297 nm and 238.40 nm. By substituting the values of A1 and A_2 the values of C_x and C_y can be calculated by solving the two equations simultaneously(Table 5)

| S.No | Asj (µg/m | pirin | t so | e IOFIII Pravas atin dium g/mL) | Abso | rbance | Er | % ror |
|------|---------------|---------------|-----------------------------------|---|-------------------|--------------------------------|-------------|-----------------------------------|
| | Conc. Tkn. | Conc. Obt. | C o n c. T k n. | Con c. Obt. | 238.40n m (A1) | 297n m (A ₂) | Asp irin | Pra vast atin sodi um |
| 1 | 5 | 4.99 | 2 | 1.97 | 0.149 | 0.04 0 | -2 | -1.5 |
| 2 | 10 | 10.35 | 4 | 4.05 | 0.315 | 0.09 9 | 3.5 | 1.25 |
| 3 | 15 | 15.36 | 6 | 5.96 | 0.484 | 0.13 6 | 2.4 | - 0.66 |
| 4 | 5 | 5.1 | 4 | 4.1 | 0.308 | 0.55 0 | 2 | 2.5 |
| 5 | 5 | 5.2 | 6 | 6.15 | 0.309 | 0.80 0 | 4 | 2.5 |
| 6 | 10 | 10.08 | 2 | 2.07 | 0.570 | 0.29 0 | 0.8 | 3.5 |

| Table 5: Ab | sorbance of | f assay : | mixtures | in | tablet |
|-------------|-------------|-----------|----------|----|--------|
| | dosag | e form | | | |

Where, Tkn= Taken, Obt= Obtain, Conc.=

Concentration

Method validation

The developed method was validated according to their analytical procedures as per ICH guidelines for validation of analytical procedures in order to determine linearity, precision, LOD, LOQ, and accuracy for the analyte.

Linearity

The linearity of an analytical procedure is its ability (within a given range) to obtain test results that are directly proportional to the concentration of analyte in the sample solution.(Table 6 & 7)

| S. | Aspirin | | | | | | |
|----|-------------|------------|---------------------|--|--|--|--|
| No | Conc(µg/mL) | Absorbance | E ^{1%} 1cm | | | | |
| 1 | 5 | 0.097 | 194.0 | | | | |
| 2 | 10 | 0.196 | 196.0 | | | | |
| 3 | 15 | 0.293 | 195.0 | | | | |
| 4 | 20 | 0.379 | 189.5 | | | | |
| 5 | 25 | 0.481 | 192.4 | | | | |
| 6 | 30 | 0.563 | 187.0 | | | | |
| 7 | 35 | 0.645 | 181.7 | | | | |
| 8 | 40 | 0.727 | 207.0 | | | | |

Table 6: Linearity of aspirin in 0.1M NaOH

 Table 7: Linearity of Pravastatin sodium in 0.1M

NaOH

| S. | Pravastatin sodium | | | | | |
|----|--------------------|------------|---------------------|--|--|--|
| No | Conc (µg/mL) | Absorbance | E ^{1%} 1cm | | | |
| 1 | 2 | 0.084 | 420 | | | |
| 2 | 4 | 0.150 | 375 | | | |
| 3 | 6 | 0.226 | 376 | | | |
| 4 | 8 | 0.304 | 380 | | | |
| 5 | 10 | 0.370 | 370 | | | |
| 6 | 12 | 0.449 | 374 | | | |
| 7 | 14 | 0.528 | 379 | | | |
| 8 | 16 | 0.607 | 377.1 | | | |

Precision

Precision studies are carried out to ascertain the reproducibility of the proposed methods. Repeatability was determined by preparing six replicates of same concentration of the sample and the absorbance was measured(Table 8, 9,10 & 11)

| Repli cates | Absor bance | Simultaneous equation method | | | | |
|----------------|----------------|------------------------------|---------------|--|--|--|
| | | Absorbance | Concentration | | | |
| 1 | 1 | 0.574 | 15.00 | | | |
| 2 | 2 | 0.575 | 15.00 | | | |
| 3 | 3 | 0.576 | 15.01 | | | |
| Mear | Mean | | 15.00 | | | |
| Stand | lard Deviation | 0.008 | 0.040 | | | |
| %RS | D | 1.390 | 0.270 | | | |

Table 8: Intraday Precision data for Aspirin

Table 9: Intraday Precision data for Pravastatin

| Repli cates | Absor bance | Simultaneous equation method | | | | |
|----------------|----------------|---------------------------------|-------------------|--|--|--|
| | | Absorbance | Concentrat ion | | | |
| 1 | 1 | 0.3160 | 6.00 | | | |
| 2 | 2 | 0.3170 | 6.10 | | | |
| 3 | 3 | 0.3164 | 6.03 | | | |
| | Mean | 0.3170 | 6.043 | | | |
| Stan | dard Deviation | 0.0005 | 0.051 | | | |
| | %RSD | 0.1600 | 0.850 | | | |

sodium

| Repli cates | Day interval | Simultaneous equation method | | |
|----------------|-----------------|---------------------------------|--------------|--|
| | | Absorbance | Concentratio | |
| | | Absorbance | n | |
| 1 | Day 1 | 0.574 | 15.00 | |
| 2 | Day 2 | 0.580 | 15.05 | |
| 3 | Day 3 | 0.590 | 15.08 | |
| Mea | n | 0.581 | 15.00 | |
| Stan | dard Deviation | 0.008 | 0.040 | |
| %R\$ | SD | 1.390 | 0.270 | |

Table 10: Interday Precision data for Aspirin

| Replicates | Day interval | Simultaneous equation method | | |
|-----------------------|-----------------|---------------------------------|-------------------|--|
| | | Absorbance | Concentra tion | |
| 1 | Day 1 | 0.3160 | 6.00 | |
| 2 | Day 2 | 0.3180 | 6.03 | |
| 3 | Day 3 | 0.3190 | 6.1 | |
| Ν | /Iean | 0.3170 | 6.043 | |
| Standard Deviation | | 0.0015 | 0.005 | |
| % | RSD | 1.4800 | 1.850 | |

Table 11: Interday precision data for pravastatin sodium

Table 13: Ruggedness data for Aspirin

| | Concer | ntration | Α | bsorbance | |
|-----|-------------|-----------------------------------|---------------------------------|------------------------|--|
| | 3 μ) | g/mL) | Simultaneous equation method | | |
| 01 | Aspirin | Aspirin Pravast atin sodium | | Pravasta tin sodium | |
| Ē | 15 | 6 | 0.574 | 0.316 | |
| ΥS | 15 | 6 | 0.573 | 0.317 | |
| AL. | 15 | 6 | 0.573 | 0.315 | |
| N | 15 | 6 | 0.574 | 0.316 | |
| 4 | 15 | 6 | 0.575 | 0.318 | |
| | | Mean | 0.5736 | 0.316 | |
| | | SD | 0.0008 | 0.0008 | |
| | | % RSD | 0.15 | 0.15 | |

Accuracy (% Recovery)

The accuracy of an analytical procedure expresses the closeness of agreement between the value that is accepted either as a conventional true value or as an accepted reference value and the value found. Accuracy of proposed method was determined using recovery studies. The recovery studies were carried out by adding different amount (80%,100% and 120%) of pure drug to the preanalysed formulation.(Table 12).

Ruggedness

Intermediate precision express the variation with in laboratories like Different Days, different analyst, different equipment etc. the intermediate precision was performed for aspirin and pravastatin sodium by different analyst on different day. The mixtures of samples are subjected for the UV analysis by different analysts and the obtained absorbance was recorded and the % RSD of replicates was calculated. The results obtained were presented in Table 13 & 14.

Table 14: Ruggedness data for Pravastatin sodium

| | Con | centration | A | bsorbance | |
|-----|---------|------------------------|---------------------------------|---------------------------|--|
| | () | ug/mL) | Simultaneous equation method | | |
| -02 | Aspirin | Pravastat in sodium | Aspi rin | Prava statin sodium | |
| Ē | 15 | 6 | 0.574 | 0.313 | |
| ΧS | 15 | 6 | 0.573 | 0.318 | |
| ÅL, | 15 | 6 | 0.573 | 0.315 | |
| Ň | 15 | 6 | 0.575 | 0.316 | |
| A | 15 | 6 | 0.575 | 0.318 | |
| | | Mean | 0.574 | 0.316 | |
| | | SD | 0.001 | 0.0021 | |
| | | % RSD | 0.17 | 0.67 | |

| Landa | Aspiri | n (µg/mL) | | vastatin n (µg/mL) | | conc. µg/mL) | Abso | rbance | | concentration tained | Amt. of recovered | | % Re | ecovery |
|--------|--------------|--------------------|--------------|-----------------------|-----|-----------------|--------|--------|-------|-------------------------|----------------------|-------|-------|---------|
| Levels | Std. soln | Sample mix soln | Std. soln | Sample mix soln | ASP | PRA | ASP | PRA | ASP | PRA | ASP | PRA | ASP | PRA |
| 80% | 10 | 08 | 8 | 6.4 | 18 | 14.4 | 0.2580 | 0.5396 | 17.82 | 14.28 | 7.820 | 6.28 | 97.75 | 98.12 |
| 80% | 10 | 08 | 8 | 6.4 | 18 | 14.4 | 0.2580 | 0.5434 | 17.81 | 14.30 | 7.810 | 6.30 | 97.60 | 98.43 |
| 80% | 10 | 08 | 8 | 6.4 | 18 | 14.4 | 02580 | 0.5426 | 17.81 | 14.28 | 7.830 | 4.28 | 97.87 | 98.12 |
| 100% | 10 | 10 | 8 | 8.0 | 20 | 16.0 | 0.2878 | 0.6042 | 19.81 | 15.90 | 9.810 | 7.90 | 98.10 | 98.75 |
| 100% | 10 | 10 | 8 | 8.0 | 20 | 16.0 | 0.2882 | 0.5772 | 19.93 | 15.52 | 9.930 | 7.92 | 99.30 | 99.00 |
| 100% | 10 | 10 | 8 | 8.0 | 20 | 16.0 | 0.2827 | 0.6064 | 19.8 | 15.96 | 9.960 | 7.966 | 98.00 | 99.57 |
| 120% | 10 | 12 | 8 | 9.2 | 22 | 17.2 | 0.3175 | 0.644 | 21.90 | 16.90 | 11.90 | 8.90 | 99.16 | 96.73 |
| 120% | 10 | 12 | 8 | 9.2 | 22 | 17.2 | 0.3161 | 0.6498 | 21.80 | 17.10 | 11.80 | 9.10 | 98.33 | 98.91 |
| 120% | 10 | 12 | 8 | 9.2 | 22 | 17.2 | 0.3163 | 0.6598 | 21.82 | 17.36 | 11.82 | 9.36 | 98.50 | 101.70 |

Table 12: % Recovery study data for aspirin and pravastatin sodium by simultaneous estimation method

Where ASP = Aspirin, PRA= Pravastatin sodium

Robustness

The robustness of an analytical procedure is a measure of its capacity to remain unaffected by small, but deliberate variations in method parameters and provide an indication of its reliability during normal usage. The evaluation of robustness should be considered during the development phase and depends on the type of procedure under study. It should show the reliability of an analysis with respect to deliberate variations in method parameters like temperature (Table 15 & 16)

| | Concentr | ation | Absorbance | | | |
|---------|----------|----------------------|------------|-------------------------|--|--|
| | (µg/m) | L) | Simultan | eous equation method | | |
| | Aspirin | ravastatin sodium | Aspirin | Pravastatin sodium | | |
| | 15 | 6 | 0.574 | 0.316 | | |
| | 15 | 6 | 0.563 | 0.317 | | |
| C_{0} | 15 | 6 | 0.573 | 0.312 | | |
| At 18 | 15 | 6 | 0.554 | 0.32 | | |
| ł | 15 | 6 | 0.575 | 0.32 | | |
| | | Mean | 0.5678 | 0.317 | | |
| | | SD | 0.0090 | 0.003 | | |
| | | %RSD | 1.60 | 1.05 | | |

| Table 15: Robustness data | for | Aspirin |
|---------------------------|-----|---------|
|---------------------------|-----|---------|

Table 16: Robustness data for Pravastatin sodium

| | Concentr | ation | Abs | orbance | |
|---------------------|----------|----------------------|---------------------------------|-----------------------|--|
| | (µg/ml | L) | Simultaneous equation method | | |
| | Aspirin | ravastatin sodium | pirin | Pravastatin sodium | |
| | 15 | 6 | 0.574 | 0.313 | |
| re | 15 | 6 |).573 | 0.318 | |
| eratui | 15 | 6 |).563 | 0.315 | |
| lempo | 15 | 6 |).575 | 0.316 | |
| At Room Temperature | 15 | 6 |).575 | 0.318 | |
| At Re | | Mean |).574 | 0.316 | |
| | | SD | 0.001 | 0.0021 | |
| | | %RSD | 0.89 | 0.67 | |

Limit of detection and limit of quantification

Limit of detection (LOD) and limit of quantification (LOQ) were determined based on the standard deviation of response and the slope and were calculated by using the equation

LOD=3×s/S and LOQ= 10×s/S Where s is standard deviation of intercept and S is the slope of the line

Results

Aspirin and Pravastatin sodium were individually analysed by UV spectrophotometric method using the solvent 0.1M NaOH. Optical characteristics such as λ_{max} , $E^{1\%}_{1cm}$, slope intercept, correlation coefficient, linearity and range, LOD and LOQ were observed as in Table 17 & 18.

Table 17: Calibration Data graph for Aspirin

| Parameter | Simultaneous equation method |
|----------------------------|------------------------------|
| λmax (nm) | 297 |
| E ^{1%} 1cm | 192 |
| Slope* | 0.0367 |
| Intercept* | 0.0071 |
| Correlation coefficient | 0.999 |
| nearity and range | 5-45 |
| LOD (µg/ml) | 0.79 |
| LOQ (µg/ml) | 1.17 |

Table 18: Calibration Data graph for Pravastatin sodium

| Parameter | Simultaneous equation method |
|-------------------------|------------------------------|
| λ_{max} (nm) | 238.40 |
| E ^{1%} 1cm | 382.20 |
| Slope* | 0.0185 |
| Intercept* | 0.0103 |
| Correlation coefficient | 0.9997 |
| Linearity and range | 2-18 |
| LOD (µg/ml) | 0.55 |
| LOQ (µg/ml) | 1.695 |

The mixture of aspirin and pravastatin sodium was analysed by UV spectroscopic method using simultaneous equation method. The method developed was validated according to the ICH guidelines. The observed results of the developed and validated method in the present study suggests that the method can be adopted for routine analysis of these drugs simultaneously.

Conclusion

A physical mixture was prepared in the laboratories of Government College of Pharmacy as no combined dosage forms of aspirin and pravastatin sodium are available in the market. As spectroscopic methods are highly powerful and convenient methods of analysis, in the present study simultaneous equation method was developed and validated for routine analysis of aspirin and pravastatin sodium in their bulk and physical mixtures. In simultaneous equation method different wavelengths are selected to calculate their concentrations in both bulk and in combination. This developed method is economical, accurate and precise. From the observations of the method developed and validated it can be concluded that, it may be used for routine analysis of aspirin and pravastatin sodium simultaneously at industrial level in their dosage forms.

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