A Review on Analytical Methods for Estimation of Azelnidipine and Chlorthalidone in Bulk and Pharmaceutical Dosage Form

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Abstract-Hypertension, other name for high blood pressure, is a common condition characterized by abnormally high blood vessel pressure. A lot of people suffer with hypertension (HT), particularly as they get older. It is a significant risk factor for cardiovascular mortality and morbidity but is not a disease in and of itself. Azelnidipine and chlorthalidone, a more recent combination on the market, are helpful in reducing hypertension activity. This mixture was created to enhance the treatment for Stage II hypertension. This Review focuses on recent development in analytical method **Azelnidipine** development for Chlorthalidone, and there was no any method reported for this combination. It provides information about different analytical method development like UV spectrophotometry, HPLC, HPTLC, LC-MS methods reported for Azelnidipine and Chlorthalidone for individual and other drug combination.

Keywords: Azelnidipine, chlorthalidone, Analytical Method, UV Spectrophotmetry, HPLC, HPTLC, LC-MS.

INTRODUCTION

Azelnidipine (AZE) is dihydropyridine derivative and 3-[1-(Benzyldrylazetidin-3-yl] chemically isopropyl- 2- amino6methyl-4-(3-nitrophenyl)-1,4dihydropyridine-3,5dicarboxylate. Azelnidipine category is Dihydropyridine calcium channel blocker. Azelnidipine calcium channel blocker. Azelnidipine prevents trans-membrane Ca2+ influx through the smooth muscle channels in vascular walls that are voltage-dependent. It is a vasodilator that lowers blood pressure gradually in hypertension. When calcium channels are blocked, the vascular smooth muscle does not contract, resulting in relaxation of vascular smooth muscle walls and decreased blood pressure. [1,2] It is employed in the treatment of hypertension, which lowers blood pressure by

blocking calcium channels. and oral dose is 8 – 16 mg once daily. It metabolized in hepatic cytochrome P450 (CYP) 3A4 and has no active metabolite product. [3] Chlorthalidone(CHL) is a diuretic drug used to treat hypertension, Compared with other medications of the thiazide class, chlorthalidone has the longest duration of action but a similar diuretic effect at maximal therapeutic doses. Chlorthalidone of(RS)-2-Chloro-5-(1-hydroxy-3-oxo-2,3-dihydro-1H-isoindol-1yl)benzene- 1-sulfonamide, represents the class of Chlorthalidone is a diuretic drug used to treat hypertension Chlorthalidone has the longest duration of action but a similar diuretic effect at maximal therapeutic doses., used as an Antihypertensive agent.[4-5] Chlorthalidone inhibits sodium ion transport across the renal tubular epithelium in the cortical diluting segment of the ascending limb of the loop of Henle. Chlorthalidone indirectly increases potassium excretion by boosting sodium supply to the distal renal tubule through the sodium-potassium exchange

PHYSICAL AND CHEMICAL PROPERTY

Azelnidipine is light yellow to yellow crystalline powder. Its chemically 3-[1- (benzyldrylazetidin-3-yl] 5-isopropyl- 2- amino6methyl-4-(3-nitrophenyl)-1,4-dihydropyridine-3,5dicarboxylate. Molecular formula of azelnidipine is C₃₃H₃₄N₄O₆. Molecular weight is 582.646 g/mol. It is insoluble in water, slightly soluble in methanol, soluble in ethyl acetate, freely soluble in acetone and in acetic acid. [6]

Chlorthalidone is white powder. It is a type of thiazide diuretic used to treat hypertension. Its chemically (RS)- 2-Chloro-5-(1-hydroxy-3-oxo-2,3-dihydro-1H-isoindol1-yl)benzene-1-sulfonamide. Molecular

pathway.

formula of chlorthalidone is $C_{14}H_{11}ClN_2O_4S$. Water, methanol, alcohol, DMSO, and methanol were all solvents for chlorthalidone. Pka was $9.57^{\,[7]}$.

Figure 1.a) chemical structure of azelnidipine

Figure.2 b) chemical structuire of chlorthalidone

ANALYTICAL METHOD DEVELOPMENT

Development and validation of analytical methods play a crucial role in pharmaceutical product assembly as well as medication discovery and advancement. It comprises determining a drug substance's toxicity and purity. Development of analytical methods is the process of choosing an exact assay method to ascertain a formulation's composition. It involves demonstrating that an analytical technique can be used in a lab to determine the concentration of future samples. The procedures and acceptance criteria outlined in the ICH guidelines Q2 must be applied when developing analytical techniques in GMP and GLP environments (R1).

In the discovery, development, and production of pharmaceuticals, analytical method development and validation are crucial processes. The following literature review reveals that no single approach has been described for the combination of azelnidipine and chlorthalidone. But for the quantification of CTL and AZE with other analytes in the formulations, **UV**spectrophotometric methods [8-14],spectrofluorometric methods [8, 13], HPLC [14-16], and HPTLC [17] methods were used. For the quantification of CTL and AZE separately, stabilityindicating RP-HPLC methods [18-22] were also published in the literature. Additionally, CTL and AZE concentrations in biological samples were determined using LCMS techniques [23, 24] both alone and in combination with other medicines. For the simultaneous determination of CTL and AZE in bulk and formulation, no analytical technique has been created.

Table 1: Reported methods for assessment of azelnidipine.

| S.NO | TITLE/METHOD | DISCRIPTION | RF.NO |
|------|-----------------------------------|--|-------|
| 1. | UV spectrophotometric method | Model: Shimadzu 1800 UV Visible | |
| | development and validation for | spectrophotometer | |
| | determination of azelnidipine in | Solvent: Methanol | [25] |
| | pharmaceutical dosage form. | Wavelength (nm): 255nm | |
| | | Linearity: 2 - 14 μg/ ml | |
| 2. | Simultaneous determination of | Model: Shimadzu – 1800 UV Visible | |
| | azelnidipine and | Spectrophotometer | |
| | olmesartanmedoxomil by first | Solvent:Methanol | [26] |
| | derivative spectrophotometric | Method: | |
| | method. | 1.First Derivative Spectrophotometric method | |
| | | Wavelength (nm):AZL - 217nm OLM- 239.4 nm | |
| | | Linearity: 4 - 32 μg/ ml | |
| 3. | Spectrophotometric | Model: Shimadzu 1800 UVVisible | |
| | estimation of azelnidipinein | Spectrophotometer | |
| | bulk and pharmaceutical | Solvent:Methanol | |
| | dosage form by second | Method: | [27] |
| | order derivative methods | Second Derivative Spectrophotometric method | |
| | | Wavelength: 233.8 nm | |
| | | Linearity: 1 - 20 μg / ml | |
| 4. | Method development and validation | Column: C ₁₈ column (250 mm x 4.5 mm, 5 μm) | |
| | of azelnidipine by RP-HPLC | Mobile Phase: Methanol: Water (75:25) v/v,0.1% glacial | |
| | | aceticacid. | |

| 5 | | Flow rate: 1 mL/min | [28] |
|------------|--|---|-------|
| 5 | | Wavelength: 254nm | |
| 5 | | Linearity: 10 - 50 µg/ml | |
| 5 | DD HDL G M 1 1 1 1 1 | Retention Time: 6.13min | |
| | RP-HPLC Method development and | Column: C ₁₈ column (250 mm x 4.5 mm, 5 μm) | |
| | validation of azelnidipine | Mobile Phase: Methanol: Water (80:20) v/v,Orthophosphoric | |
| | | acid (pH-3) | |
| | | Flow rate:1 mL/min. | [29] |
| | | Wavelength:257 nm | |
| | | Linearity:20-100μg/ml | |
| | | Retention Time: 6.5 min. | |
| 6. | Simultaneous determination of | Column: Intersil ODS-3 C ₁₈ (2.1 mm × 150 mm,5μm) | |
| | Azelnidipine and two metabolites in | Mobile Phase: Methanol: Water: Acetic Acid (800:200:0.2)v/v | |
| | Human Plasma using Liquid | Flow rate: 0.2ml/min. | |
| | chromatography-tandem mass | Wavelength: 256nm | |
| | spectrometry. | Linearity: 0.5-40 mg/ml | [30] |
| | 1 | Retention Time: AZL–3.6min. | [[] |
| | | M-1(Aeromatizedform)-10.2min. | |
| | | M-2(Hydroxylated Form)-6.8min. | |
| 7. | Simultaneous determination of | Column: ODS (250mm x 4.6mm, 5μm) Mobile Phase: | |
| <i>'</i> . | azelnidipine and | Methanol: Water (85:15) v/v | |
| | | | |
| | olmesartanmedoxomil in | Flow Rate: 1.5ml/min. | [21] |
| | pharmaceutical dosage forms by | Wavelength: 255nm | [31] |
| | UFLC method. | Linearity: 2-16 mg/ml | |
| | | Retention Time: AZL - 6.80 min. OLM -1.72 min. | |
| 8. | Stability indicating analytical method | UV Spectrophotometric method: Solvent : Methanol: Water | |
| | development and validation for | (80:20) v/v Methods: | |
| | estimation of azelnidipine. | Method 1- Zero order Spectrophotometric method Method 2 - | |
| | | First order Derivative Spectrophotometric method Wavelength: | |
| | | Method 1 -257 nm | |
| | | Method 2- 242.6 nm | |
| | | Linearity: 2-10 μg/ml | |
| | | Method 3 – RP HPLC Method | [32] |
| | | Column: ODS C ₁₈ (250mm×4.6mm.,5μm) Mobile phase: | |
| | | Sodium diabasic Phosphate Buffer: Acetonitrile: Methanol | |
| | | (10:50:40 | |
| | |)v/v/v, orthophosphoric acid (pH - 4.5) | |
| | | Flow rate: 1mL/min Wavelength: Method 3 -256nm | |
| | | Linearity: 2-12 μg/ml | |
| | | Retention Time: 6.1 min. | |
| 9. | Validated stability-indicating RP- | Column: Hypersil GOLD C ₁₈ (150 mm × 4.6mm, 5 μm) | |
| | HPLC method for the simultaneous | Mobile Phase: Methanol :Acetonitrile | |
| | determination of azelnidipineand | :Water(40:40:20)v/v/v | |
| | olmesartanin their combined dosage | Flow rate :0.5mL/min | [33] |
| | form. | Wavelength :260 nm | [22] |
| | IOIII. | Wavelength: 200 mm Linearity: AZL – 2 - 48 μg/ml OLM- 2.5 - 60 μg/ml | |
| | | | |
| | Welidation and faced at 122 | Retention Time: AZL -8.56min. OLM - 3.04 min | |
| 10 | Validation and forced stability- | Stationary Phase: Silica gel 60 F ₂₅₄ (20cm | |
| 10. | indicating HPTLC method for | × 10cm , 0.2mm) | |
| 10. | determination of azelnidipine. | Mobile Phase: Chloroform: Ethyl acetate: methanol 6.5:3.5: 0.1 | l |
| 10. | * | | FO 47 |
| 10. | | (v/v/v) | [34] |
| 10. | • | Wavelength: 255nm | [34] |
| 10. | • | Wavelength: 255nm Linearity:300-800ng/band | [34] |
| | | Wavelength: 255nm Linearity:300-800ng/band Rf Value:0.59,0.60 | [34] |
| 10. | Sensitive analysis of azelnidipine and | Wavelength: 255nm Linearity:300-800ng/band | [34] |
| | | Wavelength: 255nm Linearity:300-800ng/band Rf Value:0.59,0.60 | [34] |
| | Sensitive analysis of azelnidipine and related derivative in human plasma by | Wavelength: 255nm Linearity:300-800ng/band Rf Value: $0.59,0.60$ Column: C_{18} (50 mm \times 2.1 mm.,1.7 μ m) Mobile Phase: | [34] |
| | Sensitive analysis of azelnidipine and related derivative in human plasma by Ultra-Performance Liquid | Wavelength: 255nm Linearity:300-800ng/band Rf Value:0.59,0.60 Column: C ₁₈ (50 mm × 2.1 mm.,1.7 µm) Mobile Phase: A (20 mM Ammonium acetate aqueous solution) | |
| | Sensitive analysis of azelnidipine and related derivative in human plasma by Ultra-Performance Liquid Chromatography-tandam mass | Wavelength: 255nm Linearity:300-800ng/band Rf Value:0.59,0.60 Column: C ₁₈ (50 mm × 2.1 mm.,1.7 μm) Mobile Phase: A (20 mM Ammonium acetate aqueous solution) B (0.1 % formic acid in Acetonitrile) | [34] |
| | Sensitive analysis of azelnidipine and related derivative in human plasma by Ultra-Performance Liquid | Wavelength: 255nm Linearity:300-800ng/band Rf Value:0.59,0.60 Column: C ₁₈ (50 mm × 2.1 mm.,1.7 µm) Mobile Phase: A (20 mM Ammonium acetate aqueous solution) | |

Table 2: Reported methods for assessment of chlorthalidone.

| | Reported methods for assessment of | | DENO |
|------|--|--|---------|
| S.NO | TITLE/METHOD | DISCRIPTION | RF.NO |
| 1. | Method development and validation for the simultaneous estimation of | Column: ODS (250mm: 4.6mm, 5µ) | |
| | azilsartan and chlorthalidone by RP- | Mobile phase: 0.1% Ortho phosphoric acid buffer and acetonitrile in the ratio of (30:70) v/v | |
| | HPLC in pharmaceutical dosage form | Flow rate: 1 ml/min | |
| | TH Le in pharmaceutical dosage form | Wavelength: 230nm | [36] |
| | | Linearity: $y = 20261x + 2072$ and $y = 13573x + 1593$ | [50] |
| | | Retention time :Chlorthalidone and Azilsartan were eluted at | |
| | | 2.266min and 4.568min | |
| | Method development | Column :C18 column (250 x 4.6mm, 5νm) | |
| 2. | and validation of | Mobile phase : Buffer, Acetonitrile and TEA in a proportion of | |
| | irbesartanchlorthalidone | 80:20:0.1 %v/v/v | |
| | and cilnidipine in their | Flow rate: 1.0 ml/min | |
| | combined tablet dosage | Wavelength: 222 nm | [37] |
| | form by high | Linearity: 30-90 Î ¹ / ₄ g/ml, 1.25-3.75 Î ¹ / ₄ g/ml and 1-3 Î ¹ / ₄ g/ml for | |
| | performance liquid | IrbesartanChlorthalidone and cilnidipine | |
| | chromatography | Retention time: IrbesartanChlorthalidone and cilnidipine were | |
| | | 3.807 min, 4.667 min, and 6.887 min | |
| | Rp-hplc method for simultataneous | Column :Hypersil BDS (Length 250 mm × Diameter 4.6 mm | |
| 3. | determination of irbesartan, losartan, | Particle size 5 μm) | |
| | hydrochlorothiazide and | Mobile phase :0.05 M sodium dihydrogen phosphate buffer and | |
| | chlorthalidone-application to | acetonitrile (Gradient ratio) | [38] |
| | commercially available drug products | Flow rate : 1.0 mL min-1 | |
| | | Wavelength: 220 nm. | |
| | | Linearity: 10 –150 μg mL-1 for all Hydrochlorothiazide, | |
| | | Chlorthalidone, Irbesartan and Losartan | |
| 4. | Development and validation of an UV | LOD: 0.4174 μg/mL and 0.068 μg/ml | |
| | spectrophotometric method for | LOQ: 1.264 μg/ml and 0.206 μg/ml | |
| | simultaneous determination of | Wavelength selection: Cilnidipine are 271.83 nm and 278.34 | |
| | cilnidipine and chlorthalidone | nm and Chlorthalidone are 233.83 nm and 250.0 nm | [39] |
| | | Linearity: f 2-10mg/mL (r2=0.9990) for Cilnidipine and 2.5 - | |
| | | 12.5 mg/mL (r2 = 0.9986) for Chlorthalidone | |
| 5. | Made at design and solidation | Solvent : methanol Column: CAPCELL C18 (250mm x 4.6mm id ,5 μm) | |
| 3. | Method development and validation for simultaneous estimation of | Mobile phase : potassium di hydrogen ortho phosphate buffer: | |
| | telmisartan and chlorthalidone by RP- | acetonitrile: methanol (35: 45: 20) % v/v/v | |
| | HPLC in pharmaceutical dosage form | Flowh rate: 0.8ml/min | |
| | The Ec in pharmaceutear dosage form | Linearity: 20-100 µg/ml and 6.25-31.25 µg/ml for telmisartan | [40] |
| | | and chlorthalidone | [40] |
| | | Retention time: 3.640min and 4.937min for chlorthalidone and | |
| | | telmisartan | |
| 6. | Stability-indicating RP-HPLC method | Column: BDS C18 column (100 x 4.6 mm, 5µ, Hypersil) | |
| | for the simultaneous estimation of | Mobile phase: Phosphate Buffer and Acetonitrile (90:10)% v/v | |
| | azilsartanmedoxomil and | Flowh rate: 0.9 ml/min | |
| | chlorthalidone in solid dosage forms | Wavelength: 260nm | |
| | | Lineariry:AzilsartanMedoxomil and Chlorthalidone was in the | [41] |
| | | range of 10.0 to 60.0μg/ml and 6.25 to 37.5μg/ml | |
| | | Retention time :AzilsartanMedoxomil and Chlorthalidone was | |
| | | 2.36±0.1 mins and 5.54±0.5 mins | |
| 7. | RP-HPLC method development and | Column:Hypersil-keystone C18(4.6 x 250mm, 5μm) | |
| | validation for simultaneous estimation | Mobile phase: methanol and triple distilled water (80/20, | |
| | of cilnidipine, atenolol and | v/v) having pH 7 | |
| | chlorthalidone | Flowh rate: 1.0 mL/min | F 4 0 3 |
| | | Wavelength: 225 nm | [42] |
| | | Linearity: 10-50 μg/ml for CDP, 10-50 μg/ml, for ATL and 6- | |
| | | 36 μg/ml for CTD | |
| | | Retention time: CDP (Rt: 3.25 min), ATL (Rt: 5.366 min) | |
| | | and CTD (Rt: 9.025 min) | |

| 8. | Novel NP and RP-HPTLC in praxis | Stationary phase: silica gel F254 TLC plate | |
|-----|--|--|------|
| | for simultaneous estimation of | Mobile phase: NP-HPTLC -toluene: ethyl acetate: methanol | |
| | chlorthalidone and cilnidipine in bulk | 3.2:1.3:0.5 (v/v/v), RP-HPTLC - methanol: water 3.2:1.8 (v/v) | |
| | and pharmaceutical formulation | Wavelength :275 nm | [43] |
| | | Linearity: 250-1500 ng/band for CHL and 200-1200 ng/band | |
| | | for CIL both methods | |
| | | Retention factor :CHL and CIL at retention factor (Rf) of 0.34 | |
| | | ± 0.02 and 0.79 ± 0.02 for NP-HPTLC and 0.24 ± 0.02 and 0.81 | |
| | | ± 0.02 RP-HPTLC | |
| 9. | HPTLC-densitometric method for | Stationary phase : silica gel 60 F254 | |
| | simultaneous estimation of | Mobile phase: Toluene: Ethyl acetate: Methanol: Glacial acetic | |
| | olmesartanmedoxomil and | acid (5:4.7:0.3:0.1 % v/v/v/v) | |
| | chlorthalidone in tablet dosage form | Wavelength: 238 nm | [44] |
| | | Linearity: 100-1200 ng/band for Olmesartanmedoxomil and | |
| | | 62.5-750 ng/band for Chlorthalidone | |
| 10. | Estimation of telmisartan, amlodipine | Stationary phase: silica gel 60 F254 of size (20 cm × 10 cm) | |
| | and chlorthalidone in bulk and fixed | Mobile phase : Chloroform: Toluene: Methanol: Glacial Acetic | |
| | dose combination using stability | Acid (6:2:2:0.1 % V/V/V/V) | |
| | indicating high performance thin layer | Wavelength: 254 nm | |
| | chromatography | Linearity: 400-4800 ng/band for TEL, 50-600 ng/band for | |
| | | AML and 125-1500 ng/band for CHL | [45] |
| | | Retention factor : 0.64 ± 0.008 , 0.25 ± 0.008 and 0.48 ± 0.01 | |
| | | for TEL, AML and CHL | |

CONCLUSION

This article gives an idea about improved activity of azelnidipine and chlorthalidone from other drugs. The presented review provides information about the various methods available in the literature for the determination of azelndipine and chlorthalidone. The different analytical methods are reported for the individual and other combination like UV Spectrophotometry, HPLC, LC-MS, HPTLC. This article also present with Pharmacological action, chemical structure, solubility of azelnidipine and chlorthalidone. The given literature review focus that there is not a single method reported for azelnidipine and chlorthlidone combination. This article also suggest that reported methods for azelnidipine and chlorthalidone for individual and other combinations. This review will help in future to develop the analytical method for this new combination and also gives the knowledge about its characteristics of both drugs.

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