Development and Validation of a Stability Indicating HPLC Method for the Simultaneous Analysis of Esomeprazole and Itopride in Bulk and In Capsules

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ABSTRACT
A rapid, simple, selective, precise, and accurate stability indicating HPLC method has been developed and validated for the simultaneous analysis of esomeprazole and itopride in bulk and in capsule form. An isocratic separation was achieved using a Hypersil C4 (250 x 4.6 mm), 5 μm particle size column with a flow rate of 1 mL/min and photodiode array detector at 272 nm. The mobile phase consisted of 0.1M dipotassium hydrogen phosphate: acetonitrile (40:60 v/v). The method was validated for selectivity, specificity, linearity, precision, accuracy and robustness. The selectivity of the method was determined by assessing interference from the placebo, components of mobile phase and common excipients in pharmaceutical formulations. Whereas, specificity was established by stress degradation studies. The method was linear over the concentration range 40-120 μg/mL ($R^2 = 0.9999$) and 150-450 μg/mL ($R^2 = 0.9999$) for esomeprazole and itopride, respectively. Limit of detection is 0.207 and 0.724 μg/mL & Limit of quantitation is 0.691 and 2.415 μg/mL for esomeprazole and itopride, respectively. The precision and accuracy of the method was found to be acceptable. The method was found to be robust and suitable for the simultaneous analysis of esomeprazole and itopride in a capsule formulation. Degradation products resulting from the stress studies did not interfere with the detection and quantification of esomeprazole and itopride. The proposed HPLC method is thus stability-indicating.

INTRODUCTION
Esomeprazole (Evangelos and Einar, 2007; McKeage et al., 2008), chemically known as (S)-5-Methoxy-2-[(4-methoxy-3,5-dimethylpyridin-2-yl)methylsulfinyl]-3H-benzoimidazole (Fig. 1), is a proton pump inhibitor. By inhibiting the H+/K+-ATPase in the parietal cells of the stomach, esomeprazole decreases the production of acid in the stomach. Esomeprazole is approved for the management of reflux oesophagitis, the symptomatic treatment of gastro-oesophageal reflux disease, the prevention and healing of non steroidal anti-inflammatory drugs-associated gastric ulcer disease, the treatment of duodenal ulcer disease caused by *Helicobacter pylori* infection and Zollinger-Ellison syndrome. Literature survey reveals that visible spectrophotometry (Akheel and Ayesha, 2007; Nafisur et al., 2008; Patil et al., 2009; Soujanya et al., 2014), ultra violet spectrophotometry (Putta et al., 2010; Magesh et al., 2010), UPLC (Shetty et al., 2005; Önal and ÖZtunÇ, 2006; Bellah et al., 2012; Khalil et al 2012; Mahaparale and Deshpande, 2015)

Itopride (Sun et al., 2011; Huang et al., 2012), chemically known as N-(4-(2-Dimethyl amino ethoxy) phenyl) methyl)-3,4-dimethoxybenzamide (Fig. 2), is an effective anti-nauseant and promotility drug. Itopride performs action by increasing acetylcholine at nerve junctions by inhibiting acetylcholine esterase. The increased acetylcholine in turn stimulates gastric motility. Itopride is used in the treatment of dyspepsia of a non-ulcer or dysmotility type, delayed gastric emptying, heartburn, anorexia, bloating, nausea and vomiting.

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Several techniques were found in the literature for the assay of itopride in bulk, pharmaceutical dosage forms and biological samples. They include visible spectrophotometry (Hussainy et al., 2006; Felice and Saradhi, 2008; Choudhary et al., 2009a; Choudhary et al., 2009b; Sneha et al., 2015), ultraviolet spectrophotometry (Santosh et al., 2010; Gupta et al., 2010), spectrofluorimetry (Mohamed et al., 2013), atomic emission spectrometry (Khalil, 2013), HPLC (Kaul et al., 2005; Neeraj et al., 2005; Singh et al., 2005; Zhao, 2000; Thiruvengada et al., 2010; Payal et al., 2011), liquid chromatography with fluorometric detection (Singh et al., 2005; Pavel et al., 2009; Ma et al., 2009), HPTLC (Suganthi et al., 2006; Vidya et al., 2006; Dighe, 2007) and liquid chromatography with tandem mass spectrometry (Heon et al., 2007; Payal et al., 2011).

Fig. 2: Chemical structure of itopride.

Combination of esomeprazole and itopride is used for the treatment of gastric esophagus reflux disease (Peng and Li, 2009; Wang and Chen, 2012). The detailed survey of literature indicated that only two HPLC methods (Rajesh et al., 2010; Kumar et al., 2014) have been reported for the simultaneous estimation of esomeprazole and itopride in their combined dosage form. Rajesh et al., (2010) have reported an HPLC method using a Phenomenex C18 column with a mobile phase consisting of ammonium acetate buffer (pH-5.5), water and methanol (25:15:60 v/v) at a flow rate of 1.5 mL/min. In the second HPLC method reported by Kumar et al., (2014) the separation and assay of esomeprazole and itopride was carried out on Agilent Zorebax C18 column using a mixture of dipotassium hydrogen phosphate buffer (pH 7.29) and methanol (60:40, v/v) as mobile phase at a flow rate of 1.0 mL/min.

HPLC method reported by Rajesh et al., (2010) for simultaneous estimation of esomeprazole and itopride in pharmaceutical dosage forms were found to have drawbacks such as narrow range of linearity, less accurate and have less correlation coefficient value. Use of more flow rate (1.5 mL/min) and triple solvent system increases the utilization of solvents, which inturn increases the cost of the analysis. Further more the method is not stability indicating. Though the Kumar et al., (2014) method is stability indicating, accurate and precise but is less sensitive. The total run time is more (>6 min) in both the reported methods. Due to lengthy total run time, the time taken for the analysis of a single sample and utilization of solvent increases.

For this reason, in the present study an attempt was made to develop an economic and rapid stability indicating reverse-phase high performance liquid chromatographic method for the assay of esomeprazole and itopride, simultaneously, in capsule dosage form with short run time and low solvent consumption.

The developed method was validated as per guidelines given by International Conference on Harmonization (International Conference on Harmonization, 2005).

MATERIALS AND METHODS

Mobile phase

The solvents and chemicals used in the preparation of mobile phase were of HPLC grade and analytical grade, respectively. The mobile phase used was 0.1M K3HPO4 and acetonitrile (Merck India Ltd., Mumbai) in the ratio of 40:60 v/v. To prepare 0.1M K3HPO4 1.75 g of K3HPO4 (Sd. Fine Chemicals Ltd., Mumbai) was dissolved in 30 ml of double distilled water in a volumetric flask and made up to 100 ml with double distilled water. The pH of the mobile phase was adjusted to 5.4 with dilute orthophosphoric acid. Before use, the mobile phase was filtered through millipore membrane filter and degassed for 15 min by sonication.

Apparatus and chromatographic conditions

In the present study Waters 2695 alliance with binary HPLC pump equipped with Waters 2998 PDA detector and Waters Empower2 software was used. Hypersil C4 (250 x 4.6 mm; 5 µm particle size) analytical column was used for separation and simultaneous analysis of esomeprazole and itopride. The column temperature was maintained at 30 ± 1 °C. The separation was carried out under isocratic elution. The flow rate was maintained as 1.0 mL/min. The injection volume was 10 µL. The eluents were detected at 272 nm.

Standard solutions

Esomeprazole and itopride bulk samples were obtained from Lara drugs pvt Ltd., Hyderabad. The standard stock solution was prepared by dissolving 40 mg of esomeprazole and 150 mg of itopride in 100 mL mobile phase. Working standard solutions equivalent to 40, 60, 80, 100 & 120 µg/mL esomeprazole and 150, 225, 300, 375 & 450 µg/mL itopride was prepared from stock solution by appropriately diluting the stock standard solution with the mobile phase.

Sample Solution

Sompraz IT (Torrent Labs (P) Ltd. Ahmedabad) capsules, labeled to contain esomeprazole 40 mg and itopride 150 mg, were purchased and used in the present study. Ten capsules were emptied and the powder was mixed well to obtain a homogenous mixture. The powder equivalent of 40 mg of esomeprazole and 150 mg of itopride was transferred to a 100 mL volumetric flask containing 20 mL of mobile phase, sonicated for 20 min and made up to mark with the same solvent. The resultant mixture was filtered through 0.45 µm filter. The filtrate was diluted appropriately with the mobile phase to get a final concentration 80 µg/mL and 300 µg/mL of esomeprazole and itopride, respectively.
Placebo solution

The placebo solution was prepared by dissolving 129 mg of placebo in 20 mL of mobile phase in a 100 mL volumetric flask. The contents of the flask was sonicated for 20 min and made up to mark with the same solvent. The resultant mixture was filtered through 0.45 µm filter. Five mL of the above solution was diluted to 25 mL with mobile phase in a 25 mL volumetric flask.

Stress degradation study

Stress degradation study was carried out by subjecting the capsule powder to degradations such as acid, alkaline, oxidative, thermal and photolytic conditions to assess the interference of degradants.

For acidic hydrolysis, powder equivalent of 40 mg of esomeprazole and 150 mg of itopride was mixed with 10 mL of 0.1N HCl in 100 mL volumetric flask. The resultant solution was sonicated for 30 min. After hydrolysis, the solution was neutralized with sufficient volume of 0.1 N NaOH and diluted withmobile phase up to the mark.

For alkaline hydrolysis, powder equivalent of 40 mg of esomeprazole and 150 mg of itopride was mixed with 10 mL of 0.1N NaOH in 100 mL volumetric flask and sonicated for 30 min. After hydrolysis, the solution was neutralized with sufficient volume of 0.1 N HCl and diluted with mobile phase up to the mark.

Oxidative degradation was carried out by mixing powder equivalent of 40 mg of esomeprazole and 150 mg of itopride with 10 mL of H₂O₂ (3% v/v) in a 100 mL volumetric flask and the resultant solution was sonicated for 30 min. After oxidation, the solution was diluted with mobile phase up to the mark.

Photo degradation studies were carried out by the exposure of sample powder containing esomeprazole 40 mg and itopride 150 mg to direct sunlight for 24 hrs. The photo degraded sample was transferred to a 100 mL volumetric flask containing 30 mL of mobile phase and mixed well. The volume of the flask was completed up to mark with mobile phase.

Dry heating was performed by keeping sample powder containing esomeprazole 40 mg and itopride 150 mg in oven at 105 °C for 30 min. The treated sample was dissolved in 30 mL of mobile phase in a 100 mL volumetric flask. The contents of the flask were mixed well and diluted up to the mark with mobile phase. All forced degradation studies were analyzed at 80 µg/mL esomeprazole and 300 µg/mL itopride concentration levels.

Assay of esomeprazole and itopride in bulk

The working standard solutions, in the concentration of 40, 60, 80, 100 & 120 µg/mL esomeprazole and 150, 225, 300, 375 & 450 µg/mL itopride, prepared from stock solution were injected into the column. The eluents were monitored at 272 nm. The peak areas were recorded and the content of esomeprazole and itopride in combined capsule dosage form was determined from the calibration curve or from the regression equation.

RESULTS AND DISCUSSION

Method development

The main objective of the present study was to develop a stability indicating HPLC method for the simultaneous estimation of esomeprazole and itopride simultaneously in bulk and capsule dosage form and to obtain well resolved peaks of esomeprazole, itopride and their stress degradation products.

During method development, chromatographic parameters such as mobile phase composition, flow rate of mobile phase, detection wavelength, analytical column and column temperature were optimized to get improved efficiency of the chromatographic system. Two HPLC analytical columns, Phenomenex C18 (150 mm x 4.6 mm; 5 µm particle size) and Hypersil C4 (250 mm x 4.6 mm; 5 µm particle size) were tested during method development.

Fig. 3: Typical chromatogram of esomeprazole and itopride Method validation

The system suitability parameters like tailing factor, resolution, and plate count were considered. Based on the above said parameters Hypersil C4 column (250 mm x 4.6 mm; 5 µm particle size) was finalized. Different composition of mobile phases containing a mixture (v/v) of 0.1 M dipotassium hydrogen phosphate, 0.1 M potassium dihydrogen phosphate, 0.1% orthophosphoric acid in water and acetonitrile were evaluated so as to obtain appropriate composition of mobile phase. Finally the mixture of 0.1 M dipotassium hydrogen phosphate and acetonitrile in the ratio of 40:60 (v/v) was selected as optimal. At a flow rate of 1 mL/min and with column temperature of 30°C well defined and swell resolved peaks of esomeprazole and itopride are obtained.

At the wavelength 272 nm, best detector response for
esomeprazole and itopride was obtained. Therefore, 272 nm was selected as the analytical wavelength for the detection and simultaneous quantification of esomeprazole and itopride. Under the optimized chromatographic conditions, the retention time for esomeprazole and itopride was found to be 2.919 min and 5.108 min, respectively. The developed method was validated for system suitability, selectivity, linearity, precision, accuracy, limit of detection (LOD), limit of quantification (LOQ), specificity and robustness as per International Conference on Harmonization (ICH) guidelines (International Conference on Harmonization, 2005).

**System Suitability Studies**

Mixed standard solution of esomeprazole (80 μg/mL) and itopride (300 μg/mL) solution was injected in five replicates in the HPLC system to determine system suitability. System suitability parameters established for the developed method include number of relative standard deviation of peak area, theoretical plates, resolution and tailing factor. The values obtained (Table 1) demonstrated the suitability of the system for the analysis of this drug combinations.

**Selectivity**

The selectivity of the developed HPLC method was investigated by non-interference of excipients in capsule dosage form and components of mobile phase. Selectivity of the proposed method was demonstrated by comparing the chromatograms of standard solution of esomeprazole (80 μg/mL) and itopride (300 μg/mL) with the chromatogram of sample solution (containing esomeprazole 80 μg/mL and itopride 300 μg/mL), blank mobile phase and placebo blank. The chromatograms are shown in Fig. 4. There were no difference in the chromatograms of standard solution and sample solution (Fig. 4A & 4B). There are no peaks in the chromatogram of blank mobile phase and placebo blank (Fig. 4C & 4D). The results indicated the selectivity of the proposed method.

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Esomeprazole</th>
<th>Itopride</th>
<th>Recommended limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retention time</td>
<td>2.919(±0.148)</td>
<td>5.108(±0.141)</td>
<td>-</td>
</tr>
<tr>
<td>Peak area</td>
<td>10242324(±0.109)</td>
<td>17047280(±0.226)</td>
<td>RSD ≤2</td>
</tr>
<tr>
<td>USP resolution</td>
<td>10.54(±0.616)</td>
<td>7.121(±0.57)</td>
<td>&gt; 1.5</td>
</tr>
<tr>
<td>USP plate count</td>
<td>5008(±1.75)</td>
<td>7121(±1.57)</td>
<td>&gt; 2000</td>
</tr>
<tr>
<td>USP tailing factor</td>
<td>1.21(±1.012)</td>
<td>1.13(±1.083)</td>
<td>≤ 2</td>
</tr>
</tbody>
</table>

![Fig. 4: Chromatogram of (A) standard drug solution (B) capsule dosage form (C) mobile phase blank (D) Placebo blank.](image-url)
Linearity and range

The linearity for the proposed method was established by least squares regression analysis of the calibration curve. Calibration curves were linear over the concentration range of 40-120 μg/mL for esomeprazole and 150-450 μg/mL for itopride with a regression coefficient ($R^2$) of 0.9999 for both the drugs. The results show a good correlation exists between peak area and concentration of drugs within concentration range indicated above. The results for calibration data are shown in Table 2.

<table>
<thead>
<tr>
<th>Concentration (μg/mL)</th>
<th>Peak area</th>
<th>Concentration (μg/mL)</th>
<th>Peak area</th>
</tr>
</thead>
<tbody>
<tr>
<td>40</td>
<td>5175501</td>
<td>150</td>
<td>8576751</td>
</tr>
<tr>
<td>60</td>
<td>7697342</td>
<td>225</td>
<td>12873107</td>
</tr>
<tr>
<td>80</td>
<td>10305838</td>
<td>300</td>
<td>17184024</td>
</tr>
<tr>
<td>100</td>
<td>12943487</td>
<td>375</td>
<td>21591549</td>
</tr>
<tr>
<td>120</td>
<td>15484880</td>
<td>450</td>
<td>25907883</td>
</tr>
</tbody>
</table>

Regression equation: $y = 129149x - 8768.4$  
$R^2 = 0.9999$

Regression equation: $y = 57602x - 44864$  
$R^2 = 0.9999$

Limit of detection (LOD), limit of quantification (LOQ)

The Limit of quantification and detection determines the sensitivity of the method. The LOD and LOQ were calculated using the following formulas (1) and (2).

1. $\text{LOQ} = 10 \text{ sd} / S$
2. $\text{LOD} = 3.3 \text{ sd} / S$

Where, sd = standard deviation of response, 
$S$ = slope of the calibration curve.

The LOD of esomeprazole and itopride was found to be 0.207 and 0.724 μg/mL and the LOQ of esomeprazole and itopride was 0.691 and 2.415 μg/mL, respectively. The chromatograms of esomeprazole and itopride at LOD and LOQ levels are shown in Fig. 5. The results indicate that the developed method possesses adequate sensitivity for the simultaneous determination of esomeprazole and itopride.

Precision

The precision of the proposed method was established by analyzing five standard solutions (esomeprazole-80 μg/mL; itopride-300 μg/mL). The peak area of esomeprazole and itopride and their percentage RSD were calculated. The results are presented in Table 3. The results were within the acceptable limit and indicated that the method is precise.
Accuracy

Recovery experiments were performed to determine the accuracy of the method. The accuracy of the proposed method was established by preparing samples spiked with 50%, 100%, and 150% of the test concentration of esomeprazole and itopride. Each concentration level was analyzed.

Mean percent recovery was calculated for each concentration. Percent recovery was well within the acceptable limit. Results are presented in Table 4. From the data, added recoveries of standard drugs were found to be accurate. The chromatograms of three different levels are shown in Fig. 6.

Robustness

The robustness test was carried out by making deliberate changes in optimized chromatographic conditions. Retention time, tailing factor, resolution and plate count were measured to demonstrate the robustness of the method. The results are shown in Table 5. In all the deliberate varied chromatographic conditions, the parameters like tailing factor, peak area and theoretical plates were not much affected, which shows that the method is robust.
Stress degradation study

The stress degradation study was done to make sure that the proposed method was able to separate esomeprazole and itopride from the degradation products generated during the stress degradation study. The results of degradation study are summarized in Table 6. The chromatograms of degraded samples are shown in Fig. 7. The degradation products produced due to stress did not interfere with the detection of esomeprazole and itopride, and the proposed method can thus be regarded as stability-indicating.

For all stress degradation samples, the purity angle was less than the threshold angle and there was no purity flag for esomeprazole and itopride. The confirmation of peak purity indicates that there is no interference from stress degradants, facilitating quantification of esomeprazole and itopride without error.

### Table 5: Robustness of the method.

<table>
<thead>
<tr>
<th>Parameter varied</th>
<th>Retention time</th>
<th>Peak area</th>
<th>USP plate count</th>
<th>USP Tailing</th>
<th>USP resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esomeprazole</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column temperature - 29 °C</td>
<td>2.942</td>
<td>10302901</td>
<td>4998</td>
<td>1.18</td>
<td>-</td>
</tr>
<tr>
<td>Column temperature - 31 °C</td>
<td>2.944</td>
<td>10389068</td>
<td>5008</td>
<td>1.17</td>
<td>-</td>
</tr>
<tr>
<td>Flow rate – 0.9 mL/min</td>
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<td>10352026</td>
<td>4954</td>
<td>1.19</td>
<td>-</td>
</tr>
<tr>
<td>Flow rate – 1.1 mL/min</td>
<td>2.943</td>
<td>10318635</td>
<td>5035</td>
<td>1.18</td>
<td>-</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Parameter varied</th>
<th>Retention time</th>
<th>Peak area</th>
<th>USP plate count</th>
<th>USP Tailing</th>
<th>USP resolution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itopride</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Column temperature - 29 °C</td>
<td>5.183</td>
<td>17111327</td>
<td>7360</td>
<td>1.10</td>
<td>10.75</td>
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<tr>
<td>Column temperature - 31 °C</td>
<td>5.175</td>
<td>16952513</td>
<td>7420</td>
<td>1.14</td>
<td>10.75</td>
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<tr>
<td>Flow rate – 0.9 mL/min</td>
<td>5.177</td>
<td>17008673</td>
<td>7206</td>
<td>1.11</td>
<td>10.69</td>
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<tr>
<td>Flow rate – 1.1 mL/min</td>
<td>5.179</td>
<td>17005273</td>
<td>7262</td>
<td>1.13</td>
<td>10.71</td>
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</table>

### Table 6: Stress degradation studies and spectral homogeneity data.

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<tr>
<th>Type of stress</th>
<th>Peak area</th>
<th>% Assay</th>
<th>% Degradation</th>
<th>Purity Angle</th>
<th>Purity Threshold</th>
<th>Purity flag</th>
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<tbody>
<tr>
<td>Esomeprazole</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Undegraded</td>
<td>10251788</td>
<td>100</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Acid</td>
<td>9819341</td>
<td>95</td>
<td>5</td>
<td>0.627</td>
<td>0.887</td>
<td>No</td>
</tr>
<tr>
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<td>9885535</td>
<td>96</td>
<td>4</td>
<td>0.655</td>
<td>0.872</td>
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<tr>
<td>Peroxide</td>
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<td>5</td>
<td>0.643</td>
<td>0.941</td>
<td>No</td>
</tr>
<tr>
<td>Heat</td>
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<td>5</td>
<td>0.699</td>
<td>0.909</td>
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<tr>
<td>Sunlight</td>
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<td>96</td>
<td>4</td>
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<td>0.861</td>
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</table>

<table>
<thead>
<tr>
<th>Itopride</th>
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<th></th>
<th></th>
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<tbody>
<tr>
<td>Undegraded</td>
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<td>-</td>
<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Acid</td>
<td>16027206</td>
<td>94</td>
<td>6</td>
<td>6.507</td>
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<tr>
<td>Base</td>
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<td>5</td>
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<td>6.497</td>
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<tr>
<td>Sunlight</td>
<td>16349716</td>
<td>96</td>
<td>4</td>
<td>6.959</td>
<td>33.546</td>
<td>No</td>
</tr>
</tbody>
</table>

**Fig. 7:** Chromatograms of esomeprazole and itopride after stress degradation (A) Acid (B) Base (C) Hydrogen peroxide (D) Dry heat (E) Photolytic.
CONCLUSION

The proposed stability indicating HPLC method was found to be rapid, simple, precise, accurate, selective and sensitive for the simultaneous estimation of esomeprazole and itopride in capsules. Therefore, this method can easily and conveniently take up for routine quality control analysis of esomeprazole and itopride in bulk and in capsules.

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REFERENCES


International Conference on Harmonization, Validation of Analytical Procedure, Text and Methodology Q2 (R1), IFMA, Geneva, Switzerland, 2005


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