# CHEMOMETRIC ASSISTED RP-HPLC METHOD DEVELOPMENT \& VALIDATION OF CYPROHEPTADINE HCL AND TRICHOLINE CITRATE 

Swapna.Goday*, Shaik Rajiya Sulthana ${ }^{1}$, L P Vistaja Singamsetty ${ }^{2}$, Sucharitha Kuppala ${ }^{3}$, Pamidiboyina Sri Pujitha ${ }^{4}$, Pamarthi Anil ${ }^{5}$<br>${ }^{1,2,3,4,5}$ Department of Pharmaceutical Analysis, Nirmala College of Pharmacy, Atmakur, Mangalagiri, Guntur, Andhra Pradesh-52250, India.<br>*Corresponding author: E-mail address: swapna.goday.gs @ gmail.com


#### Abstract

: Special, effective high pressure liquid chromatography method has been developed for the simultaneous quantification of Cyproheptadine and Tricholine Citrate. By using Waters HPLC e-2695 quaternary pump with a PDA detector of 2998 instrument the chromatographic separation of Cyproheptadine and Tricholine Citrate was achieved on the column of Luna $C_{18}(250 x 4.6 \mathrm{~mm}, 5 \mu)$ using an isocratic elution with a buffer containing water and acetonitrile at a rate of $90: 10$ as a mobile phase with a flow rate of $1 \mathrm{ml} / \mathrm{min}$ at ambient temperature. A detector wavelength of 245 nm utilizing the PDA detector was given in the instrumental settings. The linearity was studied between the concentration range of $0.5-3 \mu \mathrm{~g} / \mathrm{ml}$ of Cyproheptadine and $68.75-412.5 \mu \mathrm{~g} / \mathrm{ml}$ of Tricholine Citrate was injected. The plotted calibration curves were linear with a regression coefficient of $\mathrm{R}^{2}>0.999$, indicates that the linearity was within the limit. As a part of method validation the parameters like specificity, linearity, accuracy, ruggedness, and robustness were determined and the results were found to be within the allowable limit. The method developed was found to be applicable to routine analysis and to be used for the measurement of both active pharmaceutical ingredients (i.e., Cyproheptadine and Tricholine Citrate). Validation of the proposed method was carried out according to an International Conference on Harmonization (ICH) guidelines. Since, there is no HPLC method reported in the literature for the estimation of Cyproheptadine and Tricholine Citrate, there is a need to develop quantitative methods under different conditions to achieve improvement in specificity, selectivity etc.


KEYWORDS: Cyproheptadine, Development, RP-HPLC, Tricholine Citrate, Validation

## INTRODUCTION:

Cyproheptadine, sold under the brand name Periactin among others, is a first-generation antihistamine ${ }^{1}$ (Church et al., 2011; Lee HE et al., 2014) with additional anticholinergic ${ }^{2}$ (Nair et al., 2004; Fox et al., 2014), antiserotonergic ${ }^{3}$ (Lindley et al., 2000), and local anesthetic (Krøigaard et al., 2005; Philbin et al., 1990) properties. Cyproheptadine is a very potent antihistamine or inverse agonist ${ }^{5}$ (Nutt et al., 2017; Berg et al., 2018) of the $\mathrm{H}_{1}$ receptor ${ }^{6}$ (de Graaf et al., 2011; Shimamura et al., 2011). At higher concentrations, it has anticholinergic, antiserotonergic, and antidopaminergic activities. Of the serotonin receptors ${ }^{7}$ (Iqbal et al., 2012), it is an especially potent antagonist of the $5-\mathrm{HT}_{2}$ receptors $^{8}$ (Eison et al., 1996), and this underlies its effectiveness in the treatment of serotonin syndrome. Cyproheptadine is known to be an antagonist or inverse agonist of all of the receptors listed in the adjacent table. Cyproheptadine has weak antiandrogenic activity ${ }^{9}$ ( Pucci et al., 1997) Cyproheptadine is a tricyclic benzocycloheptene and is closely related to pizotifen and ketotifen as well as to tricyclic antidepressants. Cyproheptadine is used in cats as an appetite stimulant ${ }^{10}$ ( Agnew et al., 2014) and as an adjunct in the treatment of asthma. Possible adverse effects include excitement and aggressive behavior. The elimination half-life of cyproheptadine in cats is 12 hours. Cyproheptadine is a second line treatment for pituitary pars intermedia dysfunction in horses ${ }^{11}$ (Durham, 2017).
Tricholine Citrate is a bile acid ${ }^{12}$ (Wilcox et al., 2014) binding agent. It removes bile acids from the body. The liver then produce more bile acids using cholesterol, as a result, the levels of cholesterol in the body is lowered. Tricholine Citrate is used in the treatment of high cholesterol ${ }^{13}$ (Al-Allaf et al., 2010) Tricholine citrate can cause acute toxicity, GI upset, nausea ${ }^{14}$ (Kranke et al., 2002) or vomiting ${ }^{15}$ (Koch, 2000) and mild to moderate forms of skin rashes ${ }^{16}$ (Boyd et al., 2007).
MATERIALS AND METHOD:
Chemicals:

Acetonitrile, HPLC-grade formic acid, water, were purchased from Merck India Ltd, Mumbai, India. APIs of Cyproheptadine, Tricholine Citrate standards were procured from Glenmark, Mumbai.

## The Instrumentation:

Waters alliance liquid chromatography (model 2695) monitored with empower 2.0 data handling system and a detector of photo diode array (model 2998) was used for this study.

## Method optimization:

To optimize the chromatographic conditions, different ratios of phosphate buffer and the acetonitrile in the mobile phase with isocratic mode was tested. However the mobile phase composition was modified at each trial to enhance the resolution and also to achieve acceptable retention times. Finally Acetonitrile + water $(10+90)$ with isocractic elution were selected because it results in a greater response of active pharmaceutical ingredient. During the optimization of the method various stationary phases such as $\mathrm{C}_{8}, \mathrm{C}_{18}$ and amino, phenyl columns were tested. From these trials the peak shapes were relatively good with Luna $\mathrm{C}_{18} 250 \mathrm{x} 4.6 \mathrm{~mm}, 5 \mu$ with a PDA detector. The mobile phase flow rate has been done at 245 nm in order to obtain enough sensitivity. By using above conditions we get retention times of Cyproheptadine and Tricholine Citrate were about 2.877 min and 6.465 min with a tailing factor of $1.45 \& 1.21$. The number of theoretical plates for Cyproheptadine and Tricholine Citrate were 2412,8927 which indicate the column's successful output the $\%$ RSD for six replicate injections was around $0.5 \%$ and $0.11 \%$, the proposed approach suggests that it is extremely precise. According to ICH guidelines, the method established was validated.
Till today there are no HPLC methods were reported in the literature, but only few methods are developed in individual analysis of Cyproheptadine and Tricholine Citrate. Hence we developed method for the simultaneous quantification of Cyproheptadine and Tricholine Citrate. The developed HPLC method was utilized for the estimation of the combined drugs by in vitro method.

## Validation procedure:

The analytical parameters such as system suitability, precision, specificity, accuracy, linearity, robustness, LOD, LOQ were validated according to ICH Q2 (R1) guidelines.

## Chromatographic conditions:

The HPLC analysis was performed on reverse phase HPLC system with isocratic elution mode using a mobile phase of Hexane + THF and $0.1 \%$ Formic Acid $(80+20)$ and Chiral Cell ODH $150 \times 4.6 \mathrm{~mm}, 5 \mu$ column with a flow rate of $1 \mathrm{ml} / \mathrm{min}$.

## Preparation of the standard solution

## Preparation of stock solution-A:

Add 70 ml of diluents to 20 mg of Cyproheptadine taken in a 100 ml volumetric flask and sonicate for 10 minutes to fully dissolve the contents and then make up to the mark with diluent. Further dilute 1 ml of the above solution to 10 ml with diluents. This is the Cyproheptadine stock solution.

## Preparation of stock solution-B:

Add 70 ml of diluents to 275 mg of Tricholine Citrate taken in a 100 ml volumetric flask and sonicate for 10 minutes to fully dissolve the contents and then make up to the mark with diluent.

## Preparation of Standard solution:

5 ml of stock solution-A and 5 ml of the stock solution-B were drawn and transferred into a 50 ml volumetric flask and diluted up to the level.

## Sample Solution Preparation:

Take 5 ml of the sample into a 100 mL clean dry volumetric flask add diluents, sonicate it up to 30 min to dissolve, and centrifuge for 30 min . to dissolve it completely and make volume up to the mark with the same solvent. Then it is filtered through 0.45 micron syringe filter (Stock solution). Further pipette 5 ml of the above stock solutions into a 50 ml volumetric flask and dilute up to the mark with diluent ( 275 ppm of Tricholine Citrate, 20 pm of Cyproheptadine).

## RESULTS:

The main analytical challenge during development of a new method was to separate active Pharma ingredients. In order to provide a good performance the chromatographic conditions were optimized.

## System suitability

Device suitability was performed by injecting standard solution containing $2 \mu \mathrm{~g} / \mathrm{ml}$ of Cyproheptadine and $275 \mu \mathrm{~g} / \mathrm{ml}$ of Tricholine Citrate in six replicates. The results show that the machine fitness parameter is within the limit provided by ICH. In System suitability injecting standard solution and reported USP tailing and plate count values are tabulated in table 1 and the standard chromatogram was shown in figure 1.

## Specificity:

There was no interference from blank at the retention time of Tricholine Citrate and Cyproheptadine. This proves the technique is specific. Figure 2 shows the blank chromatogram.

## Linearity:

The Linearity was calculated by plotting a calibration curve of the peak area against its respective concentration, linearity was determined. From this calibration curve, it was noticed that the curve was linear between the range of $0.5-3 \mu \mathrm{~g} / \mathrm{ml}$ of Cyproheptadine and $68.75-412.5 \mu \mathrm{~g} / \mathrm{ml}$ of Tricholine Citrate. The regression equations for calibration curve was $\mathrm{Y}=14445.43 \mathrm{x}+28228.75 \quad\left(\mathrm{R}^{2}=0.9998\right)$ for Tricholine Citrate and $\mathrm{Y}=$ $661344.1 \mathrm{x}+23228.07\left(\mathrm{R}^{2}=0.9996\right)$ for Cyproheptadine respectively. The results are given in table 3.

## Intraday precision:

The precision of the analytical technique is the degree of proximity of the sequence of measurements obtained from multiple homogeneous mixture samplings. The accuracy of the process of the drugs were calculated by injection of six individual determinations of Cyproheptadine ( $2 \mu \mathrm{~g} / \mathrm{ml}$ ) and Tricholine Citrate ( $275 \mu \mathrm{~g} / \mathrm{ml}$ ). Method precision results were shown in table 4 and sample chromatogram was shown in figure 5 and figure 4 represents method precision chromatogram.

## Inter-day precision:

Six replicates of the sample solution were analyzed by different researchers and different tools were checked on separate days. The peak regions used to assess the average percent of RSD values have been determined. The findings are shown in the table below. The results are given in table 5 .

## LOD and LOQ:

LOD and LOQ were determined separately using the calibration curve technique. The LOD and LOQ of the compound were measured using the developed RP-HPLC method by injecting lower and lower concentrations of the standard solution. The LOD and LOQ concentrations and their s/n values of Cyproheptadine and Tricholine Citrate were represented in the table 6 . Table 6 gives the LOD and LOQ concentrations.

## Robustness:

The conditions of the experiment were designed to measure the robustness of the intentionally changed conditions such as flow rate, organic percentage in mobile phase and results were tabulated in Table 7.

Table 1: Results of system suitability

| System <br> suitability <br> parameter | Acceptance <br> criteria | Drug name |  |
| :--- | :--- | :--- | :--- |
| USP Plate <br> Count | NLT 2000 | 2412 | 8927 |
| USP <br> Tailing | NMT 2.0 | 1.45 | 1.21 |
| USP <br> Resolution | NLT 2.0 | --- | 13.86 |
| \% RSD | NMT 2.0 | 0.502 | 0.112 |

Table 2: Linearity of Cyproheptadine and Tricholine Citrate

| S.No | Cyproheptadine |  | Tricholine Citrate |  |
| :--- | :--- | :--- | :--- | :--- |
|  | Conc. $(\mu \mathrm{g} / \mathrm{ml})$ | Peak <br> area | Conc. $(\mu \mathrm{g} / \mathrm{ml})$ | Peak <br> area |
| 1 | 0.50 | 380900 | 68.75 | 1015947 |
| 2 | 1.00 | 678518 | 137.50 | 2004579 |
| 3 | 1.50 | 1034872 | 206.25 | 3061723 |
| 4 | 2.00 | 1338064 | 275.00 | 4026983 |
| 5 | 2.50 | 1661996 | 343.75 | 5014944 |
| 6 | 3.00 | 2012360 | 412.50 | 5929021 |
| Regression <br> equation | $\mathrm{y}=$ <br> +23228.07 | 661344.1 x | $\mathrm{y}=14445.43 \mathrm{x}$ <br> 28228.75 |  |
| Slope | 661344.14 |  | 14445.43 |  |
| Intercept | 23228.07 | 28228.75 |  |  |
| $\mathrm{R}^{2}$ | 0.9996 | 0.9998 |  |  |

$\mathrm{R}^{2}$ - Correlation coefficient

Table 3: Results of accuracy

Table 4: Intraday precision and Tricholine Citrate

| S. <br> No | \% <br> Level | Cyproheptadine <br> \% Recovery | Tricholine <br> Citrate \% <br> Recovery |
| :---: | :---: | :---: | :---: |
| 1 | 50 | 101.3 | 99.7 |
| 2 | 100 | 101.5 | 100.5 |
| 3 | 150 | 98.3 | 100.6 |

results of Cyproheptadine


Table 6: LOD and LOQ for Cyproheptadine and Tricholine Citrate

| Name of drug | $\mathrm{LOD}(\mu \mathrm{g} / \mathrm{ml})$ | $\mathrm{LOQ}(\mu \mathrm{g} / \mathrm{ml})$ |
| :---: | :---: | :---: |
| Cyproheptadine | 0.002 | 0.006 |
| Tricholine citrate | 0.275 | 0.825 |

Table 7 : Robustness data Cyproheptadine and Tricholin Citrate


Fig. 1: Chromatogram of standard
Fig.2: Chromatogram of blank


Fig. 3: Calibration plots of (A) Cyproheptadine (B) Tricholine Citrate


Fig. 4: Chromatogram of method precision


Fig. 5: Chromatogram of (A) LOD and (B) LOQ
(A) LOD

## Chemometric Analysis:

In this chemometrics assisted HPLC study ,PCA,PLS calibrations were used to analyse the drugs of Tricholine citrate and collagen type II at 221 nm by using PDA detector. The dataobtained from analysed drugs were stored in computer having required software to perform chemometric analysis.

Acquisition software:In present study we are using following chemometric techniques.

- Principal component analysis(PCA)
- Partial least squares technique(PLS)

We are download the unscrambler (camo software), it facilitates the PCA,PLS analysis morerobust, accessible.

## PLS Approach:

PLS calibration using the orthogonalized PLS algorithm involves, simultaneously, independent and dependent variables on the data compression and decomposition operations. In the HPLC data analysis, HPLC-PLS calibration was obtained by decomposition of both the drugs of concentration, peak area matrix into latent variables. PLS calibration was obtained using the relationship between the decomposed peak area data and concentration set.

Table 8: PLS Accuracy numerical data of Tricholine citrate and Cyroheptadine

| S.NO | Y <br> REFERE <br> NCE | Y <br>  |  |
| :--- | :--- | :--- | :--- |
|  |  | PR <br> ED <br> IC <br> TE <br> D | PR |



Figure 6: PLS of accuracy spectral data of Tricholine citrate


Figure 7: PLS of accuracy spectral data of Cyroheptadine
Table 9: PLS Linearity numerical data of Tricholine citrate and Cyroheptadine

| S.NO | Y <br> RE <br> FE <br> RE <br> NC <br> E | Y <br> PR <br> EDI <br> CT <br> ED | Y <br> PR <br> EDI <br> CT <br> ED |
| :---: | :---: | :---: | :---: |
|  |  | $\begin{aligned} & \text { TC } \\ & \text { C } \end{aligned}$ | CH |
|  | 1 | 2 | 2 |
| 1 | 0.000 | -0.0649180412 | -0.16383934 |
| 2 | 1.2500 | 1.2415266 | 1.39277053 |
| 3 | 2.5000 | 2.48528671 | 2.47310305 |
| 4 | 3.7500 | 3.82946229 | 3.83651876 |
| 5 | 5.000 | 5.03985786 | 4.96297503 |
| 6 | 6.2500 | 6.28625965 | 6.17124653 |
| 7 | 7.5000 | 7.36492062 | 7.53159428 |



Figure 8: PLS of Linearity spectral data of Tricholine citrate (AFLAPIN)


Figure 9: PLS of Linearity spectral data of Cyroheptadine

## PCA approach:

In PCA technique it gives relevant information from data set, and it can be used express the data on the basis of their similarity and differences. It is used to develop correlation structure between variables, and examine the changes. In PCA data transferred to describe the amount of same variability. In these HPLC data analysis the data of both drugs of Tricholine citrate and Cyroheptadine peak area we get the Bio-plot.

Table 10: PCA Accuracy Numerical Data of Tricholine citrate and Cyroheptadine

| PC-1 | PC- <br> 2 |
| :--- | :---: |
| -2159108.75 | 5529.875 |
| -2166353.75 | 699.25 |
| -2145101.75 | 11054.1875 |
| 16970.8398 | -16242.3809 |
| -34857.4102 | -16801.8047 |
| -24382.8184 | -1265.46387 |
| 2158614.5 | 25973.875 |
| 2202457.25 | 229.75 |
| 2151761.25 | -9177.5625 |
| -2159108.75 | 5529.875 |



Figure 10: PCA Accuracy Spectral Data of Tricholine citrate and Cyroheptadine Table 11: PCA Linearity Numerical Data of Tricholine citrate and Cyroheptadine

| PC-1 |  |
| ---: | :--- | :--- |
| -3174303.5 | 13249.8125 |
| -2090055.38 | -27239.8125 |
| -1058030.25 | 2660.65625 |
| 57552.3164 | -1526.69922 |
| 1069162.75 | 15702.5625 |
| 2108863 | 20424.3125 |


| 3086811.25 | -23270.5625 |
| :--- | :--- |



Figure 11: PCA Linearity Spectral Data of Tricholine citrate and Cyroheptadine
PCA analysis produces several types of outputs which must be taken into account when drawing conclusions. It gives some guidance on interpretation but it is not intended to be an exhaustive list (please note some of the outputs mentioned will not be available in all software packages and the terminology also varies slightly across packages).

## CONCLUSION:

This method described the quantification of Cyproheptadine and Tricholine Citrate in bulk and pharmaceutical formulation as per ICH guidelines. The evolved technique was found to be accurate, precise, linear and reliable. The advantage lies in the simplicity of sample preparation and reproducibility data are satisfactory. The evolved chromatographic method can be effectively applied for regular investigation in drug research.

## REFERENCES:

1. Agnew W, Korman R, Pharmacological appetite stimulation: rational choices in the inappetent cat, Journal of Feline Medicine and Surgery, 2014; 16(9): 749-56.
2. Al-Allaf FA, Coutelle C, Waddington SN, LDLR-Gene therapy for familial hypercholesterolaemia: problems, progress, and perspectives, Int Arch Med, 2010; 3: 36.
3. Berg Kelly A, Clarke, William P, et al., Making Sense of Pharmacology: Inverse Agonism and Functional Selectivity, International Journal of Neuropsychopharmacology, 2018; 21(10): 962-977.
4. Boyd MA, Menon P, Graves S, Gordon DL, A febrile illness with generalized popular rash involving the palms and soles, Clinical Infectious Diseases, 2007; 44(5): 704, 755-6.
5. Church, Diana S, Church, Martin K, Pharmacology of Antihistamines, The World Allergy Organization Journal, 2011; 4: S22-S27.
6. de Graaf C, Kooistra AJ, Vischer HF, et al., Crystal structure-based virtual screening for fragment-like ligands of the human histamine $\mathrm{H}(1)$ receptor, Journal of Medicinal Chemistry, 2011; 54 (23): 8195-206.
7. Durham AE, Therapeutics for Equine Endocrine Disorders, The Veterinary Clinics of North America, Equine Practice, 2017; 33 (1): 127-139.
8. Eison AS, Mullins UL, Regulation of central 5-HT2A receptors: a review of in vivo studies, Behavioural Brain Research, 1996; 73 (1-2): 177-81.
9. Fox C, Smith T, Maidment I, et al., Effect of medications with anti-cholinergic properties on cognitive function, delirium, physical function and mortality: a systematic review, Age and Ageing, 2014; 43 (5): 604-15.
10. Iqbal MM, Basil MJ, Kaplan J, Iqbal MT, Overview of serotonin syndrome, Ann Clin Psychiatry, 2012; 24 (4): 310-8.
11. Koch K L, Unexplained nausea and vomiting, Current Treatment Options in Gastroenterology, 2000; 3 (4): 303-313.
12. Kranke P, Morin AM, Roewer N, Eberhart LH, Dimenhydrinate for prophylaxis of postoperative nausea and vomiting: a meta-analysis of randomized controlled trials, Acta Anaesthesiologica Scandinavica, 2002; 46 (3): 238-44.
13. Krøigaard M, Garvey LH, Menné T, Husum B, Allergic reactions in anaesthesia: are suspected causes confirmed on subsequent testing?, Br J Anaesth, 2005; 95(4): 468-71.
14. Lee HE, Chang IK, Lee Y, Kim CD, Effect of antihistamine as an adjuvant treatment of isotretinoin in acne: a randomized, controlled comparative study, J Eur Acad Dermatol Venereol, 2014; 28 (12): 1654-60.
15. Lindley C, Blower P, Oral serotonin type 3-receptor antagonists for prevention of chemotherapy-induced emesis, American Journal of Health-System Pharmacy, 2000; 57 (18): 1685-1697.
16. Nair V. Priya, Hunter, Jennifer M, Anticholinesterases and anticholinergic drugs, Continuing Education in Anaesthesia Critical Care \& Pain, 2004; 4 (5): 164-168.
17. Nutt D, Stahl S, Blier P, et al., Inverse agonists - What do they mean for psychiatry?, European Neuropsychopharmacology, 2017; 27 (1): 87-90.
18. Philbin DM, Rosow CE, Schneider RC, et al., Fentanyl and sufentanil anesthesia revisited: how much is enough?, Anesthesiology, 1990; 73 (1): 5-11.
19. Pucci E, Petraglia F, Treatment of androgen excess in females: yesterday, today and tomorrow, Gynecol Endocrinol, 1997; 11 (6): 411-33.
20. Shimamura T, Shiroishi M, Weyand S, et al., Structure of the human histamine H1 receptor complex with doxepin, Nature, 2011; 475 (7354): 65-70.
21. Wilcox C, Turner J, Green J, Systematic review: the management of chronic diarrhoea due to bile acid malabsorption, Aliment Pharmacol Ther, 2014; 39 (9): 923-39.
