

Original Article

Reported Analytical Methods of Metformin: An Extensive Review

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ABSTRACT:

Metformin, a widely prescribed oral antidiabetic drug, plays a crucial role in managing type 2 diabetes by improving glycemic control. Given its extensive use, the accurate and reliable determination of metformin in pharmaceutical formulations, biological fluids, and environmental samples is essential for quality control, therapeutic monitoring, and environmental safety. This review provides a comprehensive overview of the various analytical methods reported for the quantification of metformin. Techniques such as high-performance liquid chromatography (HPLC), liquid chromatography-tandem mass spectrometry (LC-MS/MS), ultraviolet-visible (UV-Vis) spectroscopy, capillary electrophoresis, and voltammetry are discussed in detail. Emphasis is placed on the sensitivity, specificity, accuracy, and precision of these methods, along with their applicability in different matrices. The review also highlights recent advancements in analytical techniques, including the development of green analytical methods, which offer eco-friendly alternatives to traditional approaches. Challenges associated with metformin analysis, such as matrix effects and interferences, are also explored, providing insights into the ongoing efforts to enhance the robustness of metformin quantification. This article aims to serve as a valuable resource for researchers and professionals involved in the analysis of metformin, facilitating the selection of appropriate methods for various analytical needs.

KEYWORDS: Metformin, UV spectroscopy, HPLC method, Mobile Phase

INTRODUCTION:

Type 2 diabetes is treated with the oral antidiabetic metformin, which is a member of the biguanide class. It works by preventing the liver from producing glucose. It lowers LDL and it may even help some people lose weight ^[1]. Metformin by itself and in combination with other medications including glibenclamide, pioglitazone, and rosiglitazone, metformin is available for purchase. It was first synthesised in 1922 through the heating-reaction of 2-cyanoguanine and dimethylamine hydrochloride ^[2]. The main side effect of metformin is lactic acidosis; GI effects are among the others. Heart failure, kidney problems, lung diseases, and liver diseases should not be treated with this medication [3].

Method Of Analysis:

The amount of metformin in pharmaceutical goods and neat solutions can be determined using a variety of techniques. We go over a few of these techniques below.

Spectrometric Methods:

Spectroscopy: A quick and easy approach to analyze pharmaceutical formulations of metformin is to use near-infrared reflectance spectroscopy. The method's results were in good agreement with the metformin UV assay method reported in BP 1998. The first set of spectrum data was recorded between 1000 and 2500 nm in wavelength. A technique that uses an atmospheric pressure chemical ionization source as a detector has been proposed for the simultaneous measurement of metformin and glipizide in human plasma. The method has been found sensitive, rapid, simple and suitable for pharmaceutical preparations. A linear and reproducible method has been developed for the simultaneous determination of metformin and glyburide in human plasma. The linearity was seen in the range of 20-2500 ng/mL [4-8].

UV Spectrophotometry: Two brand-new techniques for metformin analysis have been created. It has been discovered that these procedures are straightforward, precise, accurate, and repeatable. Metformin in the range of 2–12 µg/mL and 1–12 µg/mL at 237.6 and 247.4 nm, respectively, was needed for these procedures. Pharmaceutical goods can be applied with these approaches in a satisfactory manner [9]. In an alkaline media, the amino group of metformin reacts with ninhydrin to produce violet color chromogen. At 570 nm, the chromogen has been identified spectrophotometrically. The technique is straightforward, sensitive, and has demonstrated a recovery percentage of 97-90% in the absence of excipient influence. Both the bulk and pharmaceutical dosage forms can be successfully used with this strategy [10]. For the simultaneous determination of metformin and rosiglitazone in synthetic mixes and coated tablets, a different developed and verified approach has been proposed. Metformin's concentration ranged from 20.0 to 80.0 µg/mL, with an Amax of 236 nm [11].

Chromatographic Methods:

Thin Layer Chromatography: Metformin alone in pure form and with glimepiride in pharmaceutical products was analyzed by a simple and selective salting-out thin layer chromatographic technique. In pharmaceutical formulations, metformin has also been determined simultaneously with sitagliptin. None of the excipients were found to cause interference, and the procedure was discovered to be quick, easy, and accurate. [12] Another strategy that was put forth and confirmed using stability indicating high performance thin layer chromatography (HPTLC) to determine metformin and nateglinide simultaneously in a pharmaceutical dose form. The mobile phase in the investigation consisted of chloroform: acetic acid: ethylenetetraacetic acid (4:6:0.1, v/v/v) and silica gel plates. It was discovered that the metformin method's accuracy was 100.08% [13]. Pharmaceutical formulation comprising of metformin and glyburide was used for the determination of metformin by TLC method.

HPLC Methods: HPLC is the most widely used method for the analysis of metformin in biological fluid and pharmaceutical products.

Drug Profile[14]:

Drug Name: Metformin

IUPAC Name: N,N-dimethylimidodicarbonimidicdiamide

Molecular formula: C₄H₁₁N₅

Molecular mass: 129.164 g/mol

Melting point: 224.5°C

Solubility: Freely soluble in water, soluble in alcohol, insoluble in ether and chloroform

Stability: Light sensitive, decomposes when heated emitting fumes of nitric oxide

pKa: 12.4

pH: 6.68 (1% aqueous solution)

Appearance: White to off-white crystalline powder

Route of administration: Oral

Absorption: Slow, food delays the absorption of conventional tablets

Bioavailability: 50-60% (with dosages of 0.5-1.5 g)

Plasma-protein binding: Negligible

Volume of distribution: 300-1000 l after a single dose

Half-life : 6.2 h

Distribution: Rapid (peripheral body tissues and fluid)

Metabolism: Not metabolized

Excretion: 35-52% in urine, 20-33% in feces as unchanged drug

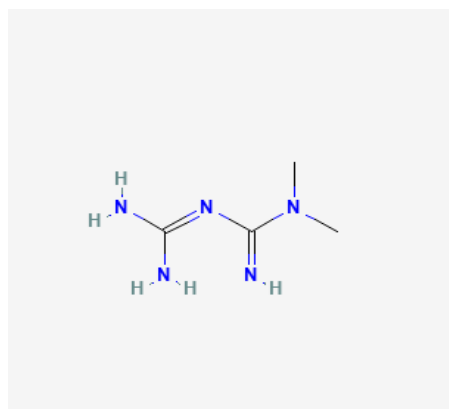


Fig 1: Structure Of Metformin [15]

OFFICIAL I.P. METHODS OF METFORMIN:

SR NO	DRUG	Method	Summary	REFERENCE
1	Metformin hydrochloride	High Performance Liquid Chromatograph	<p>A stainless steel column; 30cm x 4mm packed with octadecylsilane bonded to a porous silica</p> <p>Mobile phase: A solution containing 0.08% w/v of sodium pentanesulphonate & 0.12% w/v of Nacl</p> <p>Flow Rate: 1ml/min</p> <p>Spectrophotometer set at 218nm</p> <p>Injection Volume: 20µm</p>	16

REPORTED ANALYTICAL METHODS OF METFORMIN:

SR NO	DRUG	METHOD	SUMMARY	REFERENCE
1	Metformin and glimepiride	RP-HPLC	<p>Column: Promocil C-18</p> <p>Mobile Phase: Acetonitrile and ammonium acetate buffer 0.05 M pH 3.0</p> <p>Flow Rate: 1mL/min</p> <p>Conc. Range: -</p>	17
2	Metformin in human plasma	HPLC	<p>Column: Silica column</p> <p>Mobile Phase: Acetonitrile (250 mL) in</p>	18

			pH7, 0.03 M diammonium hydrogen phosphate buffer (750 mL) Flow Rate: 1mL/min Conc. Range:-	
3	Metformin and Rosiglitazone	RP-LC	Column: Zorbax XDB C-18 Mobile Phase: 10 mM disodium hydrogen phosphate and 5 Mm sodium dodecyl sulphate (34:66, v/v), ph adjusted to 7.1 with orthophosphoric acid Flow Rate: 1.0mL/min Conc. Range: -	19
4	Metformin HCl	RP-HPLC	Column: C-18 Mobile Phase: Methanol-Water(30:70,v/v) Flow Rate: 0.5mL/min Conc. Range: -	20
5	Metformin and rosiglitazone in plasma	LC	Column: Phenyl column Mobile Phase: Acetonitrile-5mM acetate buffer pH 5.5 (75:25, v/v) Flow Rate: 1.0mL/min Conc. Range: -	21
6	Metformin HCl and pioglitazone HCl	RP-HPLC	Column: - Mobile Phase: Acetonitrile-water-acetic acid (60:40:0.3), pH adjusted to 5.5 by adding triethylamine Flow Rate: 1mL/min Conc. Range: 0.5-4.0 µg/mL	22
7	Metformin HCl, phenformin HCl, acarbose and voglibose	HPLC	Mobile Phase: 30%(0.06% Potassium dihydrogen phosphate & 0.028% disodium hydrogen phosphate) & 70% (acetonitrile) Flow Rate: 1 mL/min Conc. Range: 0.1-3µg/mL Column: Thermo NH2 Analytic column	23
8	Metformin	HPLC-UV	Column: Silica column Mobile Phase: 0.01 M ammonium acetate pH 5.0 and acetonitrile (40:60, v/v) Flow Rate: 1.0mL/min Conc. Range: -	24
9	Metformin	HPLC	Column: C-18	25

			Mobile Phase: Acetonitrile-KH ₂ PO ₄ Flow Rate: 0.7mL/min Conc. Range: 10-5000 µg/mL	
10	Metformin HCl and glyburide	RP-HPLC	Column: C-18 Mobile Phase: Acetonitrile-Water(60:40,v/v) Flow Rate: 0.9mL/min Conc. Range: 0.06-0.24 µg/mL	26
11	Metformin, cimetidine, famotidine and ranitidine in human serum and dosage formulation	HPLC	Column: Purospher Star RP 18 Mobile Phase: Methanol-water triethylamine (20:80:0.05), pH adjusted to 3 with phosphoric acid 85% Flow Rate: 1mL/min Conc. Range: 5-25 µg/mL	27
12	Metformin, diltiazem, piolitazone and rosiglitazone in pharmaceuticals and human serum	RP-HPLC	Column: Hiber, 250-4.6 RP C-18 Mobile Phase: Acetonitrile-methanol-water (30:20:50, v/v, pH 2.59 ± 0.02) Flow Rate: 1mL/min Conc. Range:-	28
13	Metformin, nateglinide and gliclazide in pharmaceutical preparations	LC	Column: Nucleosil C-18 Mobile Phase: 0.12 M sodium dodecyl sulphate, 10% (v/v) n-propanol, 0.3% triethylamine, adjusted to pH 5.6 Flow Rate: 1.0mL/min Conc. Range: -	29
14	Metformin, glimepiride, gliquidone and rosuvasatin in pharmaceutical formulations	RP-LC	Column: Purospher Star C-18 Mobile Phase: Methanol-water (90:10, v/v), pH adjusted to 3 with o-phosphoric acid Flow Rate: 1.0mL/min Conc. Range: 0.25-25 µg/mL	30
15	Metformin and linagliptin	RP-HPLC	Column: Waters C-18 Mobile Phase: Potassium dihydrogen phosphate buffer (pH 4.6)–methanol (30:70 v/v) Flow Rate: 1mL/min Conc. Range: 20-800 µg/mL	31
16	Metformin HCl and vidagliptin in tablets	RP-HPLC	Column: Grace Cyano Column	32

			Mobile Phase: 25 mM ammonium bicarbonate buffer and acetonitrile (65:35, v/v) Flow Rate: 1mL/min Conc. Range: 25-125 µg/mL	
17	Metformin and linagliptin in pharmaceutical dosage form	RP-HPLC	Column: C-18 Mobile Phase: Methanol and 0.05 M potassium dihydrogen orthophosphate, 70:30 (v/v), pH adjusted to 4.6 Flow Rate: 0.6mL/min Conc. Range: 400-2400 µg/mL	33

CONCLUSION:

In summary, various analytical methods for metformin quantification and characterization are available, each with its strengths and applications: Chromatographic techniques (HPLC, UHPLC) are the gold standard for their sensitivity and precision, especially when coupled with mass spectrometry. Spectroscopic methods (UV-Visible, FTIR) are cost-effective and suitable for routine quality control but may lack the sensitivity needed for complex samples. Electrochemical methods offer rapid and portable detection, ideal for on-site analysis and point-of-care testing. Capillary electrophoresis (CE), though less common, is gaining traction for its high resolution and speed, particularly in bioanalysis. Emerging techniques like SERS and biosensors promise increased sensitivity and real-time monitoring.

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