

A REVIEW ON ANALYTICAL METHOD DEVELOPMENT FOR SIMULTANEOUS ESTIMATION AND VALIDATION OF MONTELUKAST SODIUM AND BILASTINE

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Article Received on
06 February 2021,

Revised on 26 Feb. 2021,
Accepted on 16 March 2021

DOI: 10.20959/wjpr20214-20110

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ABSTRACT

Bilastine is a selective histamine H1 receptor antagonist. It binds to and prevents the activation of the H1 receptor, reduces the development of allergic symptoms due to the release of histamine from mast cells. So, it acts as anti-allergenic and acts to reduce allergic symptoms such as nasal congestion and urticaria. Montelukast Sodium is a leukotriene receptor antagonist that binds with CysLT type 1 receptor, which consequently assists in inhibiting any physiological actions of CysLTs like LTC₄, LTD₄, and LTE₄ at the receptor that may facilitate asthma or allergic rhinitis. And hence it's mainly used to control and prevent symptoms caused by asthma (such as wheezing and shortness of breath) and in allergic rhinitis. Both drugs in combination are used in treatment of allergic rhinitis and mild to

moderate asthma. In this review, there is involvement of analytical methods on Bilastine and Montelukast Sodium. However, there are no any methods available for combination of Bilastine and Montelukast Sodium. There are UV, HPLC, HPTLC and UPLC method on Bilastine and Montelukast Sodium either individually or along with other drugs. This review can be used for further analytical method development.

KEYWORDS: Allergic rhinitis, Bilastine, Montelukast sodium, RP-HPLC, HPTLC.

INTRODUCTION

Allergic rhinitis (AR) is a chronic inflammatory disease. AR is an immunoglobulin E-mediated inflammatory reaction in the nasal mucosa caused by inhaled allergens, such as pollen, mold, or animal dander. Allergic Rhinitis is part of a systemic inflammatory process

and is associated with other inflammatory disorders, including asthma, rhinosinusitis, and allergic conjunctivitis.

Asthma is a disease that affects your lungs. It is one of the most common long term diseases of children, but adults can have asthma, too. Asthma causes wheezing, breathlessness, chest tightness, and coughing at night or early in the morning. Allergic rhinitis or asthma can be associated with chronic sinusitis.^[1,2]

When AR patients are exposed to allergens, allergic reactions develop in 2 different patterns according to time sequence. One is the early reaction, in which sneezing and rhinorrhea develops in 30 minutes and disappears. The other is the late reaction, which shows nasal obstruction approximately 6 hours after exposure to allergens and subsides slowly. The early reaction is the response of mast cells to offending allergens (type I hypersensitivity). Stimulated mast cells induce nasal symptoms by secreting chemical mediators such as histamine, prostaglandins and leukotrienes. In contrast to the early reaction, eosinophils chemotaxis is the main mechanism in the late reaction, which is caused by chemical mediators produced in the early reaction. Several inflammatory cells, eosinophils, mast cells and T cells migrate to nasal mucosa, break up and remodel normal nasal tissue, and these processes result in nasal obstruction which is the main symptom of AR patients.

Symptoms Of Allergic Rhinitis: Sneezing, Runny nose, Itchy nose, Coughing, Itchy & Watery eyes, Sore or Scratchy throat, Frequent headaches, Eczema type symptoms- like having extremely dry itchy skin that can blister, Excessive fatigue.^[3,4]

Combined Dosage Form: Drug Combination Bilastine and Montelukast Sodium was approved by CDSCO on 11th of March, 2020. Drug Combination Bilastine and Montelukast Sodium used for the treatment of allergic rhinitis and mild to moderate asthma. Bilastine is an antiallergenic and acts to reduce allergic symptoms such as nasal congestion and urticaria. Montelukast Sodium is used to control and prevent symptoms caused by asthma and in allergic rhinitis.^[5]

Physical and Chemical Properties

1. Montelukast Sodium

Montelukast sodium is white to pale yellow powder. It's chemical name is Monosodium salt of 1-[[[(1R)-1-[3-[(1E)-2-(7-chloro-2-quinolinyl)ethenyl]phenyl]-3-[2-(1-hydroxy-1-methy

lethyl) phenyl] propyl]thio]methyl]cyclopropane acetic acid. Its molecular formula $C_{35}H_{35}ClNaO_3S$. Its molecular weight is 608.2 g/mol. Freely soluble in ethanol, methanol, and water and practically insoluble in acetonitrile. Its melting point is 110-115 °C. The LogP (Partition coefficient) 8.49. It is official in Indian Pharmacopoeia 2018, Japan Pharmacopoeia 2016.^[6]

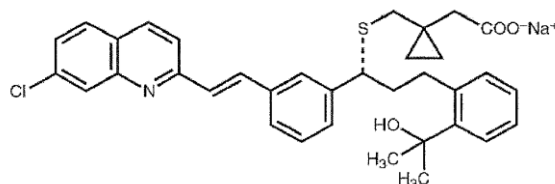


Fig. 1: Chemical Structure of Montelukast Sodium.

2. Bilastine

It is white crystalline powder. Its chemical name 2-[4-[2-[4-[1-(2-ethoxyethyl)benzimidazol-2-yl]piperidin-1-yl]ethyl]phenyl]-2-methylpropanoic acid. The molecular formula $C_{28}H_{37}N_3O_3$. The molecular weight is 463.6 g/mol. Soluble in DMSO (Dimethyl Sulfoxide), ethanol and water. Its melting point is 197.5-199.8 °C. LogP (Partition coefficient) value is 5.06. It is not official in any Pharmacopoeia.^[7]

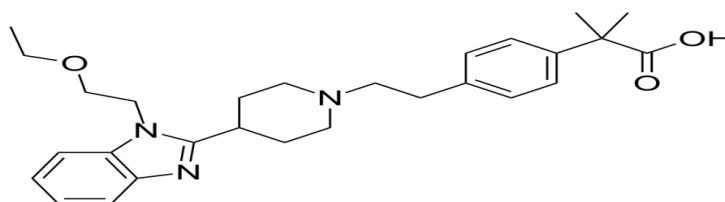


Fig. 2: Chemical Structure of Bilastine.

Analytical Methods

Analytical chemistry is defined as the science and art for determining the composition of material with concerned to elements and compounds present in it. It is divided into two branches namely quantitative and qualitative. We can find both qualitative as well as quantitative results. A qualitative method yields information of the chemical identity of the species in the sample. A quantitative method provides numerical information regarding the relative amounts of one or more of the analytes in the sample. Method development is a process of proving that an analytical method is acceptable for use to measure the concentration of an API in a specific compounded dosage form. The analytical method development and validation is essential for analytical method development and tested

extensively. Validation of an analytical method which is used during drug development and drug manufacturing is required to demonstrate that the methods are fit for their intended purpose. The validation parameters which are tested include specificity, linearity, accuracy, precision, range, detection limit, quantization limit, and robustness. There is introduction of number of drugs in market every year. These drugs may be either new entities or structural modification of the existing drug. Under these conditions, analytical procedures and standard methods for these drugs may not be available in the pharmacopoeias. So it is necessary to develop newer analytical methods for such drugs.^[8,9]

The methods like UV, HPLC have been reported for Bilastine individually and along with other drugs. For estimation of Montelukast Sodium, methods like UV, HPLC, HPTLC were reported either individually or in combination with other drugs. However, there is no any method on combination of Bilastine and Montelukast sodium till date has been reported.

Literature Review of Bilastine

➤ Official method for estimation for Bilastine

There is no official method for Bilastine in any Pharmacopoeia.

Table 1: Reported methods for estimation of Bilastine.

Sr. No.	Method	Description	Ref. No.
1.	UV Spectrophotometric method for quantitative determination of Bilastine using experimental design for robustness.	Model: Lambda 35 Solvent: 0.1 mol L ⁻¹ HCl. Wavelength: 210nm Linearity: 3- 20µg/ml	[10]
2.	Method Development And Validation Of New RP-HPLC Method For The Estimation Of Bilastine In Pharmaceutical Dosage Form	Column: Inertsil ODS C18 (250mmx4.6mm, 5µm) Wavelength: 254nm Mobile phase: Methanol : Acetonitrile 60:40(v/v) Flow rate: 1.2ml/min Retention time: 2.8min Linearity: 10-250µg/ml	[11]
3.	Degradation kinetics of Bilastine determined by RP-HPLC method and identification of its degradation product in oxidative condition	Column: Water symmetry C18 column (250 mm×4.6 mm , 5µm) Mobile phase: Acetonitrile : Phosphate buffer 30:70(v/v) Wavelength: 275nm Flow rate: 1ml/min Retention time: 8.5min Linearity: 10–240µg/ml	[12]

4.	Stability Indicating Method Development And Validation For The Determination Of Bilastine And Its Impurities By UPLC	Column: Water RP-UPLC Acquity (2.1 mm × 150 mm, 1.7µm) Wavelength: 275nm Mobile phase: 0.05% TFA in water and 0.05% TFA in Acetonitrile Flow rate: 0.1ml/min Retention time: 7.54min Stability results <table border="1" data-bbox="815 488 1294 898"> <thead> <tr> <th>Stress Conditions</th> <th>%Drug remained</th> </tr> </thead> <tbody> <tr> <td>Acidic (1N HCl 60°C, 2 hr)</td> <td>99.5</td> </tr> <tr> <td>Basic (1 N NaOH 60°C, 2 hr)</td> <td>95.0</td> </tr> <tr> <td>Peroxide (3% H₂O₂, 6hr)</td> <td>99.4</td> </tr> <tr> <td>Thermal (105 °C , 48 hr)</td> <td>99.7</td> </tr> <tr> <td>Photolytic stability</td> <td>99.9</td> </tr> </tbody> </table>	Stress Conditions	%Drug remained	Acidic (1N HCl 60°C, 2 hr)	99.5	Basic (1 N NaOH 60°C, 2 hr)	95.0	Peroxide (3% H ₂ O ₂ , 6hr)	99.4	Thermal (105 °C , 48 hr)	99.7	Photolytic stability	99.9	[13]
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5.	Analytical Method Development And Validation For The Estimation Of Bilastine In Bulk And Pharmaceutical Dosage Form By UPLC	Column: Phenomenex C8 column (50 mm × 2.1 mm, 1.7µm) Mobile phase: pH 3.5 Sodium Phosphate 10mM Buffer : Methanol : Acetonitrile 60 : 30 : 10 (v/v/v) Wavelength: 248nm Flow rate: 0.5 ml/min Retention time: 1.190 min Linearity: 50-50µg/ml	[14]												

LITERATURE REVIEW OF MONTELUKAST SODIUM

Table 2: Official methods for Montelukast Sodium.

Sr. No.	Official In	Method	Description	Ref. No.
1.	IP 2018	Chromatographic methods	Column: Hypersil ODS Octadecylsilane (15cm×4.6 mm, 5µm) Mobile phase: Dissolve 3.85g of ammonium acetate in 1000ml of water, add 1ml of triethylamine, adjusted to pH 5.5 with glacial acetic acid, Methanol Wavelength: 240nm Flowrate: 1ml/min Injection volume: 20µl	15]

Table 3: Reported methods for Montelukast Sodium.

Sr. No.	Method	Description	Ref. No.
1.	UV Spectrophotometric Method Development And Validation For Simultaneous Determination Of Fexofenadine Hydrochloride And Montelukast Sodium In Tablets	Model: Shimadzu 1800 Solvent: 0.1N NaOH Simultaneous Equation Method: Wavelength: FEX- 259nm MKT- 344.5nm Linearity: FEX: 50 - 180µg/ml MKT: 1 - 35µg/ml	[16]
2.	Spectrophotometric Method Development and Validation for Montelukast Sodium and Simvastatin in Bulk and Tablet Dosage Form Using Absorption Ratio Method	Model: Labindia UV 3000+ Solvent: 0.1 M NaOH Absorption Ratio Method: Iso-absorptive point- 244nm λ_{\max} of MKT- 295nm Linearity: Both drugs: 2 - 10µg/ml	[17]
3.	Simultaneous UV Spectrophotometric Method For Estimation Of Ebastine And Montelukast Sodium In Tablet Dosage Form By Q-Ratio Method	Model: Labindia UV 3000+ Solvent: 0.1 M NaOH Q-Ratio Method: Iso-absorptive point- 261.34nm λ_{\max} of EBS- 253nm Linearity: Both drugs: 5 - 45µg/ml	[18]
4.	Validated Uv Spectroscopic Method For Estimation Of Montelukast Sodium From Bulk And Tablet Formulations	Model: Systronics 2203 Solvent: 7.4 pH Phosphate buffer+ 0.5% Sodium Lauryl Sulphate Wavelength: 287.3nm Linearity: 2 - 100µg/ml	[19]
5.	Simultaneous Determination Of Montelukast Sodium And Bambuterol Hydrochloride In Tablet Dosage Form By Ultraviolet Spectrophotometry	Model: Systronics 2202 Solvent: Water Simultaneous Equation Method: Wavelength: MKT- 322nm BAM- 266nm Linearity: MKT: 1 - 10µg/ml BAM: 5 - 40µg/ml	[20]
6.	Simultaneous Determination of Montelukast Sodium and Levocetirizine Dihydrochloride in Pharmaceutical Preparations by Ratio Derivative Spectroscopy	Model: Varian Cary 100 Solvent: Methanol Ratio Derivative Spectroscopy: Wavelength: MKT- 250.4nm LEV- 238.4nm Linearity: MKT: 4 - 12µg/ml LEV: 2 - 6µg/ml	[21]

7.	Newly Developed and Validated Method of Montelukast Sodium Estimation in Tablet Dosage Form by Ultraviolet Spectroscopy and Reverse Phase-High Performance Liquid Chromatography	UV Spectroscopy: Model: Beckman CoulterDU800 Solvent: Water : Methanol 1:1 (v/v) Wavelength: 280nm Linearity: 1- 10µg/ml RP-HPLC: Column: C18 column (250 mm×4.6 mm, 5µm) Mobile phase: Ammonium acetate : Acetonitrile 25:75 (v/v) Retention time: 3.7min Linearity: 150 - 500ng/ml	[22]
8.	Method Development and Validation for Simultaneous Estimation of Montelukast Sodium and Desloratadine by RP-HPLC	Column: Hypersil BDS C18 column (250 mm × 4.6 mm, 5µm) Mobile phase: Orthophosphoric acid : Water 20:80 (v/v) Wavelength: Both drugs: 280nm Flow rate: 1ml/min Retention time: MKT: 2.929min DES: 4.439min Linearity: MKT: 10 - 30µg/ml DES: 5 - 15µg/ml	[23]
9.	RP-HPLC Method Development And Validation Of Montelukast Sodium In Bulk Drug And Dosage Form	Column: Zobrax Eclipse XDB-C18 column (4.6mm×150mm, 5µm) Mobile phase: Methanol:Acetonitrile:Water 60:30:10 (v/v/v) Wavelength: 344nm Flow rate: 1ml/min Retention time: 3.582min Linearity: 5 - 30µg/ml	[24]
10.	Determination of Montelukast Sodium in Raw Material and Solid Dosage Form Using Reverse Phase HPLC	Column: Octylsilyl C8 (250 mm × 4.6 mm, 5µm) Mobile phase: Acetonitrile : Sodium acetate buffer 80:20 (v/v) Wavelength: 350nm Flow rate: 1ml/min Retention time: 8.214min Linearity: 0.00008 - 0.2mg/mL	[25]
11.	Simultaneous Estimation Of Levocetirizine Dihydrochloride And Montelukast Sodium By RP-HPLC Method	Column: SupelcosilTM LC-8 column (15cm x 4.6mm, 5µm) Mobile phase: 0.02M Potassium dihydrogen phosphate buffer solution: Methanol 40:60 (v/v) Wavelength: 218nm Flow rate: 1ml/min Retention time: LEV: 4.46min MKT: 7.34min	[26]

		Linearity: LEV: 5 - 20µg/ml MKT: 10 - 40µg/ml																			
12.	Novel LC Method Development and Validation for Simultaneous Determination of Montelukast and Doxofylline in Bulk and Pharmaceutical Dosage Forms	Column: C18 (150mm × 4.6mm, 5µm) Mobile phase: Methanol and Phosphate buffer at pH 4.5 Wavelength: 280nm Flow rate: 1ml/min Retention time: MKT: 4.7min DOX: 1.9min Linearity: MKT: 0.005 – 0.015mg/ml DOX: 0.2 – 0.6mg/ml	[27]																		
13.	HPLC method for the simultaneous determination of Levocetirizine, Ambroxol and Montelukast in human Plasma employing response Surface Methodology	Column: Phenomenex® C18 analytical column (150mm×4.6mm, 5µm) Mobile phase: MeOH-MeCNDipotassium hydrogen phosphate buffer (pH 7.0), adjusted with 10% phosphoric acid Wavelength: 230nm Flow rate: 0.8-1.2 ml/min.	[28]																		
14.	Stability Indicating Assay Method for Montelukast Sodium in Pharmaceutical Formulations by RP-HPLC	Column: Zorbax SB Phenyl (50mm×4.6 mm, 1.8µm) Mobile phase: A) 0.15% trifluoro acetic acid in milli-Q grade water B) 0.15% trifluoro acetic acid in acetonitrile Wavelength: 238nm Flow rate: 1.2ml/min Retention time: 8.9min Linearity: 5 - 15µg/ml Stability results: <table border="1"> <thead> <tr> <th>Stress conditions</th> <th>%drug degraded</th> </tr> </thead> <tbody> <tr> <td>Acidic (1N HCL, 2hrs)</td> <td>2.2</td> </tr> <tr> <td>Basic (1N NaOH 60°C, 2hrs)</td> <td>15.2</td> </tr> <tr> <td>Peroxide (1% H2O2, 1hr)</td> <td>13.8</td> </tr> <tr> <td>Water (60°C, 5hrs)</td> <td>8.2</td> </tr> <tr> <td>UV (200 W/m2/hrs)</td> <td>1.2</td> </tr> <tr> <td>Photolight (200 million Lux hrs)</td> <td>5.5</td> </tr> <tr> <td>Thermal (105°C, 7days)</td> <td>5.2</td> </tr> <tr> <td>Humidity (90% 25°C, 7days)</td> <td>3.8</td> </tr> </tbody> </table>	Stress conditions	%drug degraded	Acidic (1N HCL, 2hrs)	2.2	Basic (1N NaOH 60°C, 2hrs)	15.2	Peroxide (1% H2O2, 1hr)	13.8	Water (60°C, 5hrs)	8.2	UV (200 W/m2/hrs)	1.2	Photolight (200 million Lux hrs)	5.5	Thermal (105°C, 7days)	5.2	Humidity (90% 25°C, 7days)	3.8	[29]
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15.	High performance liquid chromatographic method development for simultaneous analysis of Doxofylline and Montelukast sodium in a	Column: Inertsil C8 column (4.6mm×250mm, 5µm) Mobile phase: Methanol : Sodium Phosphate buffer 75:25 (v/v) Wavelength: 230nm	[30]																		

	combined form	Flow rate: 1ml/min Retention time: DOX: 3.4min MKT: 5.5min Linearity: DOX: 1.6 – 4.87mg/ml MKT: 0.51 – 1.55mg/ml	
16.	Development and validation of a HPLC method for the determination of montelukast and its degradation products in pharmaceutical formulation using an experimental design	Column: Inertsil C18 Column (250mm×4.6mm, 5µm) Mobile phase: Acetonitrile : 0.01M Potassium dihydrogen phosphate buffer 7:3 (v/v) Wavelength: 355nm Flow rate: 1ml/min Linearity: 50 – 300mg/ml	[31]
17.	Analytical Method Development and Validation of Montelukast Sodium and Bambuterol Hydrochloride in Combined Dosage Form by RP-HPLC	Column: Phenomenex C18 (250mm x 4.6mm, 5µm) Mobile phase: Methanol :Acetonitrile : 1% Trichloroacetic 80:10:10 (v/v/v) Wavelength: 220nm Flow rate: 1ml/min Retention time: MKT: 3.17min BAM: 2.35min Linearity: Both drugs: 0.5 - 10µg/ml	[32]
18.	Development of Validated HPLC and HPTLC Methods for Simultaneous Determination of Levocetirizine Dihydrochloride and Montelukast Sodium in Bulk Drug and Pharmaceutical Dosage Form	HPTLC: Stationary phase: Precoated aluminum plate 60 F254 (20×10 cm, 250µm) thickness Mobile Phase: Toluene : Ethyl acetate: Methanol : Ammonia 2.5:7:2.5:1 (v/v/v/v) Linearity: LEV: 500 - 2500ngspot-1 MKT: 1000 - 5000ngspot-1 HPLC: Column: BDS Hypersil C18 analytical column Mobile phase: Sodium dihydrogen phosphate buffer (0.02 M) : Methanol 25:75 (v/v) pH 7 Wavelength: 231nm Flow rate: 1ml/min Retention time: LEV: 3.55min MKT: 7.45min Linearity: LEV: 1 – 10µg/ml MKT: 2 – 20µg/ml	[33]
19.	Method Development and Validation for the Simultaneous Determination of Fexofenadine Hydrochloride and Montelukast Sodium in Drug	Stationary phase: aluminum plate 60 F254 (20 ×10 cm, 250 µm) Mobile phase: Toluene : Ethyl acetate: Methanol : Ammonia (30%) 0.5:7:2:0.5 (v/v/v/v) Wavelength: 220nm	[34]

	Formulation Using Normal Phase High-Performance Thin-Layer Chromatography	Flow rate: 1ml/min Rf values: FEX: 0.21 MKT: 0.59 Linearity: FEX: 2400 – 10800ngspot-1 MKT: 200 – 900ngspot-1																								
20.	RP-UPLC method development and validation for the simultaneous estimation of Montelukast and Ebastine in bulk and pharmaceutical dosage form	Column: Waters C18 (150mmx 3mm, 2 μ m) Mobile phase: 0.1% Ortho phosphoric acid : Acetonitrile 60:40 (v/v) Wavelength: 244nm Flow rate: 0.3ml/min Retention time: MKT: 1.298min EBA: 1.636min Degradation data: <table border="1"> <thead> <tr> <th rowspan="2">Condition</th> <th colspan="2">%drug degraded</th> </tr> <tr> <th>MKT</th> <th>BAM</th> </tr> </thead> <tbody> <tr> <td>Acidic</td> <td>4.29</td> <td>5.66</td> </tr> <tr> <td>Alkali</td> <td>5.43</td> <td>5.56</td> </tr> <tr> <td>Oxidation</td> <td>2.37</td> <td>4.21</td> </tr> <tr> <td>Thermal</td> <td>1.15</td> <td>4.40</td> </tr> <tr> <td>UV</td> <td>2.46</td> <td>2.50</td> </tr> <tr> <td>Water</td> <td>0.31</td> <td>0.56</td> </tr> </tbody> </table>	Condition	%drug degraded		MKT	BAM	Acidic	4.29	5.66	Alkali	5.43	5.56	Oxidation	2.37	4.21	Thermal	1.15	4.40	UV	2.46	2.50	Water	0.31	0.56	[35]
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CONCLUSION

From this literature review, it can be concluded that there is no any method on combination of Bilastine and Montelukast Sodium till date has been reported. However there are methods like, UV, HPLC, UPLC and HPTLC have been reported for Bilastine individually and along with other drugs. For estimation of Montelukast Sodium, methods like UV, HPLC, HPTLC were reported either individually or in combination with other drugs. This paper deals with all methods available on Bilastine and Montelukast Sodium currently. It will be helpful for further research on both of this drug and their combination for future analytical studies. This can be used as reference for further method development and validation in future.

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