

ISSN- 0975-7058

Vol 14, Issue 4, 2022

**Original Article** 

# DEVELOPMENT AND VALIDATION OF A STABILITY INDICATING RELATED SUBSTANCES OF ATENOLOL AND NITRENDIPINE BY RP-HPLC

# THULASEEDHAR ALUMURI<sup>a</sup>, NAMBURI L. A. AMARABABU<sup>b</sup>, ARAVİND KURNOOL<sup>c</sup>, PHANI RAJA KANUPARTHY<sup>d</sup>, KARUNASREE MERUGU<sup>a\*</sup>

a\*Department of Chemistry, GITAM (Deemed to be University), Bengaluru 560034, Karnataka, India, bNew Generation Materials Lab (NGML), Department of Science and Humanities, Vignan's Foundation for Science Technology and Research University (VFSTR) (Deemed to be University), Vadlamudi, Guntur 522213, Andhra Pradesh, India, Department of Chemistry, Osmania University, Hyderabad 500007, Telangana, India, Department of Chemistry, GITAM (Deemed to be University), Hyderabad 502329, Telangana, India
\*Email: kmerugu@gitam.edu

Received: 26 Feb 2021, Revised and Accepted: 11 Apr 2022

#### ABSTRACT

Objective: A validated stability-indicating RP-HPLC method for Atenolol and Nitrendipine was developed by separating its related impurities.

**Methods:** By using Waters HPLC e-2695 quaternary pump with a PDA detector of 2998 instrument, the chromatographic separation of Atenolol, Nitrendipine and its related impurities was achieved on the column of Agilent eclipse  $C_{18}$  (150x4.6 mm, 3.5 μ) using gradient elution with a buffer containing 0.1 percent formic acid and acetonitrile as a mobile phase with a flow rate of 1 ml/min at ambient temperature. A detector wavelength of 218 nm utilizing the PDA detector was given in the instrumental settings. The linearity was studied between the concentration range of 6.25-37.5 μg/ml of Atenolol, 0.75-4.5 μg/ml each of Atenolol imp-A, imp-B and 5-30 μg/ml of Nitrendipine, 0.5-3 μg/ml each of Nitrendipine imp-1, imp-2 were injected with a run time of 40 min. Validation of the proposed method was carried out according to an International Conference on Harmonization (ICH) guidelines.

**Results:** LOD and LOQ for the Atenolol and its impurities were established with respect to test concentration. The plotted calibration curves were linear with a regression coefficient of  $R^2 > 0.999$ , indicating that the linearity was with in the limit. As a part of method validation the parameters like specificity, linearity, accuracy, ruggedness, robustness were determined and the results were found to be within the allowable limit.

**Conclusion:** The method developed was found to be applicable to routine analysis and to be used for the measurement of active pharmaceutical ingredients (i. e, Atenolol, Nitrendipine and their related impurities). Since there is no HPLC method reported in the literature for the estimation of Atenolol, Nitrendipine and their related impurities, there is a need to develop quantitative methods under different conditions to achieve improvement in specificity selectivity etc.

Keywords: Atenolol, Nitrendipine, Related impurities, HPLC, Validation

© 2022 The Authors. Published by Innovare Academic Sciences Pvt Ltd. This is an open access article under the CC BY license (https://creativecommons.org/licenses/by/4.0/) DOI: https://dx.doi.org/10.22159/ijap.2022v14i4.44531. Journal homepage: https://innovareacademics.in/journals/index.php/ijap

## INTRODUCTION

Atenolol is a beta-blocker [1, 2] medication primarily used to treat high blood pressure [3] and heart-associated chest pain [4]. Atenolol, however, does not seem to improve mortality in those with high blood pressure [5, 6]. Other uses include the prevention of migraines and treatment of certain irregular heartbeats. It is taken by mouth or by injection into a vein. It can also be used with other blood pressure medications. Common side effects include feeling tired, heart failure [7, 8], dizziness [9], depression, and shortness of breath [10, 11]. Other serious side effects include bronchospasm. Use is not recommended during pregnancy and alternative drugs are preferred when breastfeeding. It works by blocking  $\beta 1\text{-adrenergic}$  receptors [12] in the heart, thus decreasing the heart rate and workload. Atenolol is used for a number of conditions, including hyperthyroidism [13], hypertension, angina [14, 15], long QT syndrome [16], acute myocardial infarction [17, 18], supraventricular tachycardia [19], ventricular tachycardia [20], and the symptoms of alcohol withdrawal. Hypertension treated with a β-blocker such as atenolol, alone or in conjunction with a thiazide diuretic, is associated with a higher incidence of new-onset type 2 diabetes [21] mellitus compared to those treated with an ACE inhibitor or angiotensin receptor blocker [22, 23]. β-blockers, of which atenolol is mainly studied, provides weaker protection against stroke and mortality in patients over 60 v old compared to other antihypertensive medications [24, 25]. Diuretics may be associated with better cardiovascular and cerebrovascular outcomes than  $\beta$ -blockers in the elderly [26].

Nitrendipine is a dihydropyridine calcium channel blocker. It is used in the treatment of primary (essential) hypertension to decrease blood pressure and can reduce the cardiotoxicity of cocaine [27]. Nitrendipine is given to hypertensive individuals in 20 mg oral tablets every day [28]. This amount is effective in reducing blood

pressure by 15–20% within 1–2 h of administration. With long-term treatments, the dosage may rise to as much as 40 mg/day; in elderly individuals, a lower dosage of up to 5 mg/day may be equally effective (this reduction in drug amount is attributed to decreased liver function [29] or "first pass" metabolism). Once digested, nitrendipine is absorbed into the blood and binds to plasma proteins [30]. The majority (98%) is bound to plasma proteins and 70-80% of its inactive polar metabolites are also bound to plasma proteins. Following hepatic metabolism, 80% of the 20 mg dose can be recovered in the first 96 h as inactive polar metabolites [31]. In terms of drug half-life, nitrendipine has a half-life of 12–24 h. The reported side effects include headache, flushing, edema and palpitations [32]. These side effects can all be attributed to the vasodilation effect of this drug. So, we developed a method for the estimation of Atenolol by using RP-HPLC.

Till today there are no HPLC methods reported in the literature, So, it has more interested to develop a novel and reliable HPLC strategy for the establishment of Atenolol, Nitrendipine and their related impurities.

## MATERIALS AND METHODS

# Chemicals

Acetonitrile, HPLC-grade orthophosphoric acid, and water were purchased from Merck India Ltd, Mumbai, India. Candila health care ltd, Ahmedabad, India provided the reference criteria for Atenolol, Nitrendipine, and their related impurities.

## The instrumentation

Waters alliance liquid chromatography (model e-2695) was monitored with empower 2.0 data handling system and a detector of photodiode array (model 2998) [33] was used for this study.

**Preparation of mobile phase-A:** 1 ml of formic acid was dissolved in 1 lt of HPLC grade water and filter through 0.45  $\mu$  filter paper.

## Mobile phase-B: Acetonitrile

## Optimization of mobile phase

Different trails have done, and different buffers and different mobile phases were used to develop the method. In all trails peaks are not separated properly. Finally, for the proposed method all the peaks are separated and the entire suitability conditions are within the limit.

#### Chromatographic conditions

The HPLC analysis was performed on a reverse-phase HPLC system with isocratic elution mode using a mobile phase of acetonitrile and 0.1% formic acid and Agilent eclipse  $C_{18}$  (150x4.6 mm, 3.5  $\mu$ ) column with a flow rate of 1 ml/min.

Fig. 1: Chemical structures of (A) Atenolol (B) Impurity-A (C) Impurity-B (D) Nitrendipine (E) Impurity-1 (F) Impurity-2

## Table 1: Gradient program

Time (min)	Mobile phase-A	Mobile phase-B	
0.00	80	20	
5	80	20	
10	30	70	
15	30	70	
20	80	20	
40	80	20	

## Diluent

Mobile phase was used as a diluent.

## Validation procedure

The analytical parameters [34-38] such as system suitability, precision, specificity, accuracy, linearity, robustness, LOD, LOQ, forced degradation and stability were validated according to ICH Q2 (R1) guidelines.

## Standard stock solution

Weighed accurately 25 mg of Atenolol and 20 mg of Nitrendipine, transferred into a 100 ml volumetric flask, added 70 ml of diluent and sonicated for 10 min to completely dissolved the contents and made up to the mark with diluent.

## Preparation of Impurity stock solution-A

Weighed accurately 5 mg each of Atenolol imp-A, imp-B into a  $10\ ml$  volumetric flask. Added 7 ml of diluent, sonicated until dissolved the contents and made up to the mark with diluent.

## Preparation of Impurity stock solution-B

Weighed accurately 5 mg each of Nitrendipine imp-1, imp-2 into a  $10\ \mathrm{ml}$  volumetric flask. Add 7 ml of diluent, sonicated until dissolved the contents and made up to the mark with diluent.

## Preparation of impurity stock solution

Takeen 6 ml of impurity stock solution-A and 4 ml impurity stock solution-B into another  $100\ ml$  volumetric flask and made up to the mark with diluent.

## Spiked standard solution

Transferred 5 ml of standard stock into a 50 ml volumetric flask, added 40 ml of diluent, and also add 5 ml of impurity standard stock solution and made up to the mark with diluent and filtered through  $0.45\mu$  syringe filter.

## RESULTS AND DISCUSSION

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

## Method validation

The optimized RP-HPLC validated method according to ICH guidelines in terms of system suitability, linearity, accuracy, precision and robustness.

## System suitability

Device suitability was performed by injecting a spiked standard solution containing 25  $\mu g/ml$  of Atenolol, 3  $\mu g/ml$  each of Atenolol imp-A, imp-B and 20  $\mu g/ml$  of Nitrendipine, 2  $\mu g/ml$  each of Nitrendipine imp-1, imp-2 in six replicates. The results show that the machine fitness parameter is within the limit provided by ICH [39]. The results were shown below in table 2 and 3.

# Specificity

In this test method, standard solution was analyzed individually to examine the interference. The below fig. shows that the active ingredients and their related substances were well separated from the blank. Hence the method is specific.

Table 2: Suitability results of atenolol

System suitability parameter	Atenolol	Atenolol Imp-A				
	Mean	Std dev	Mean	Std dev	Mean	Std dev
USP Plate count	5422	4.326	8324	6.257	44401	4.214
USP Tailing	1.08	0.025	1.05	0.016	1.06	0.014
USP Resolution	-	-	3.76	1.06	29.77	2.41
% RSD	0.04	459.069	0.01	49.521	0.15	300.142
Retention Time	3.570	0.376	4.294	0.547	9.955	0.968

mean±SD (n=6)

Table 3: Suitability results of nitrendipine

System suitability parameter	Nitrendipine		Imp-1	Imp-1		
	Mean	Std dev	Mean	Std dev	Mean	Std dev
USP Plate count	60090	4.025	64799	4.518	62559	4.414
USP Tailing	0.95	0.059	0.98	0.011	0.95	0.067
USP Resolution	4.37	0.147	18.74	0.452	5.80	1.037
% RSD	0.03	878.633	0.39	441.433	0.16	445.249
Retention Time	16.273	0.329	13.786	0.329	15.137	0.752

mean±SD (n=6)

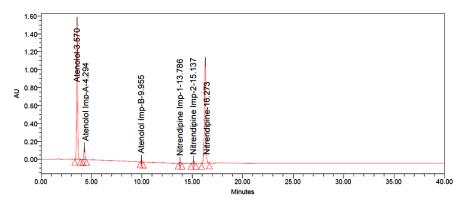
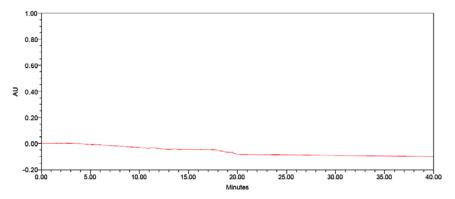


Fig. 2: Chromatogram of standard



 $Fig.\ 3: Chromatogram\ of\ blank$ 

# Linearity

Linearity was calculated by plotting a calibration curve of the peak area against its respective concentration, and linearity was determined. From this calibration curve, it was noticed that the curve was linear between the concentration range of 6.25-37.5  $\mu g/ml$  of Atenolol, 0.75-4.5  $\mu g/ml$  each of Atenolol imp-A, imp-B and 5-30  $\mu g/ml$  of Nitrendipine, 0.5-3  $\mu g/ml$  each of Nitrendipine imp-1, imp-2. Linearity results were shown in table 4.

## Accuracy

The accuracy of the system was achieved by measuring the recovery experiments at three stages (50 percent, 100 percent and 150 percent). APIs with concentrations of 12.5, 25 and 37.5  $\mu$ g/ml of

Atenolol and 10, 20 and 30  $\mu g/ml$  of Nitrendipine were prepared. For each spike stage, the test solution was injected three times and the test was performed according to the test process. The recovery results were similar to 100% and also, the RSD values were less than±2%. The percentage recovery, mean and relative standard deviations were determined. Recovery values shown within the desired range were correct. The results are summarized below. Accuracy findings have been shown in table 5.

## **Intraday precision**

Six replicates of a standard solution containing Atenolol, Nitrendipine and their related substances were analysed on the same day. Peak areas were calculated, which were used to calculate mean, SD and % RSD values.

Table 4: Linearity results of atenolol and its impurities

A

Linearity	Linearity Atenolol		Imp-A		Imp-B	
	Conc. (µg/ml)	Area	Conc. (µg/ml)	Area	Conc. (µg/ml)	Area
Linearity-1	6.25	2706763	0.75	258491	0.75	55024
Linearity-2	12.50	5599555	1.50	471148	1.50	111015
Linearity-3	18.75	7956421	2.25	745210	2.25	152304
Linearity-4	25.00	11231327	3.00	975283	3.00	205612
Linearity-5	31.25	13727814	3.75	1244049	3.75	257621
Linearity-6	37.50	15916933	4.50	1426751	4.50	314182
CC	0.99914		0.99926		0.99947	
Slope	430998.13		321690.67		68682.71	
Intercept	81472.61		7757.71		2000.75	

В

Linearity	Nitrendipine	Nitrendipine			Imp-2		
	Conc. (µg/ml)	Area	Conc. (µg/ml)	Area	Conc. (µg/ml)	Area	
Linearity-1	5.00	2803365	0.50	28296	0.50	77707	
Linearity-2	10.00	5714212	1.00	58639	1.00	141916	
Linearity-3	15.00	8463259	1.50	81367	1.50	223056	
Linearity-4	20.00	11624812	2.00	113184	2.00	280081	
Linearity-5	25.00	13683081	2.50	138649	2.50	351568	
Linearity-6	30.00	16948625	3.00	160666	3.00	427459	
CC	0.99934		0.99907		0.99948		
Slope	560827.91		54089.21		140590.29		
Intercept	50060.54		1837.75		3655.57		

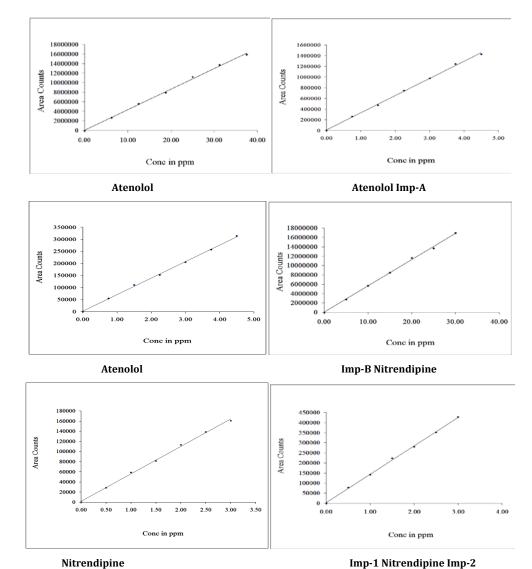


Fig. 4: Calibration plots of atenolol, nitrendipine and their related impurities

Table 5: A and B gives the results of accuracy

A

S. No.	% Level	Atenolol % recovery		Atenolol % recovery Imp-A % recovery		Imp-B % r	ecovery	
		Mean	Std dev	Mean	Std dev	Mean	Std dev	
1	50	100.6	0.557	99.3	0.666	100.5	1.012	
2	100	100.8	0.802	100.1	0.153	99.3	0.586	
3	150	99.9	0.603	100.7	1.193	100.7	1.332	

mean±SD (n=3)

В

S. No.	% Level	Nitrendipine %	Nitrendipine % recovery		Imp-1 % recovery		Imp-2 % recovery	
		Mean	Std dev	Mean	Std dev	Mean	Std dev	
1	50	99.5	1.159	100.7	0.643	100.1	0.611	
2	100	99.4	0.493	99.7	1.002	100.5	0.737	
3	150	100.1	1.429	99.4	0.551	99.0	0.458	

mean±SD (n=3)

Table 6: Intraday precision results of allantoin and permethrin

S. No.	% of related substances			
	Spiked impurities	Total impurities	% Purity (100-Total impurities)	
1	1.12	0.52	99.48	
2	1.14	0.61	99.39	
3	1.11	0.62	99.38	
4	1.25	0.65	99.35	
5	1.23	0.67	99.33	
6	1.25	0.65	99.35	
Average	1.18	0.62	99.38	
Std dev	0.067	0.054	0.054	

mean±SD (n=6)

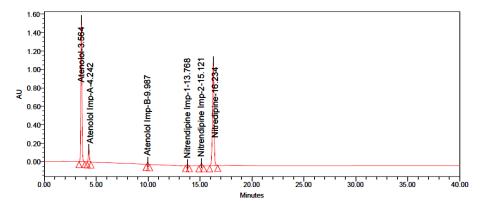


Fig. 5: Chromatogram of sample

# Inter-day precision

Six replicates of a standard solution containing Atenolol, Nitrendipine and their related substances were analysed on a different day. Peak

areas were calculated which were used to calculate mean, SD and %RSD values [40]. The present method was found to be precise as the RSD values were less than 2% and also, the percentage assay values were close to be 100%. The results are given in table 6.

Table 7: Inter-day precision results

Sample No.	% of related substances		
	Spiked impurities	Total impurities	% Purity (100-total impurities)
1	1.20	0.65	99.35
2	1.22	0.62	99.38
3	1.21	0.56	99.44
4	1.19	0.71	99.29
5	1.15	0.57	99.43
6	1.24	0.63	99.37
Average	1.20	0.62	99.38
Std dev	0.031	0.055	0.055

mean±SD (n=6)

## 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 Atenolol, Nitrendipine and their related standards were represented in the following table. This method is validated as per the ICH guidelines [41, 42].

#### Robustness

The conditions of the experiment was designed to measure the robustness of the intentionally changed conditions such as flow rate

and mobile phase in organic percentage in all these varied conditions [43]. Robustness results for Atenolol, Nitrendipine and their impurities were found to be within the limit and results were tabulated in table 8.

## Stability

Normal solution was kept at room temperature and 2-8 °C for up to 24 h. These solutions were then pumped into the system and the percent deviation from the initial to 24 h was measured [44]. No major variations were found and verified that the solutions were stable up to 24 h percentage of the assay was not quite 2%. There is no effect in storage conditions for Atenolol, Nitrendipine and their related impurities. Stability results were tabulated in table 9.

Table 8: Results of LOD and LOQ

Name	LOD Conc. (µg/ml)	S/N	LOQ Conc. (µg/ml)	S/N
Atenolol	0.248	8	2.5	27
Imp-A	0.09	5	0.3	23
Imp-B	0.09	4	0.3	22
Nitrendipine	0.6	7	2	25
Imp-1	0.06	4	0.2	22
Imp-2	0.06	4	0.2	22

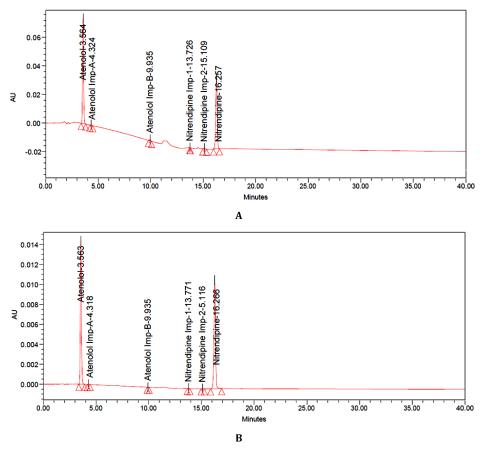


Fig. 6: Chromatogram of (A) LOD and (B) LOQ

Table 9: Robustness results

Parameter name	Atenolol % as	say	Nitrendipine %	∕₀ assay
	Mean	Std dev	Mean	Std dev
Flow rate (0.8 ml/min)	99.4	0.049	99.9	0.042
Flow rate (1.2 ml/min)	99.2	0.043	100.3	0.035
Org Plus (+10%)	99.7	0.015	99.6	0.027
Org Minus (-10%)	99.5	0.026	101.4	0.062

mean±SD (n=3)

Table 10: Stability results at RT

Stability	Atenolol		Nitrendipine	Nitrendipine		
	% Purity	% deviation	% Purity	% deviation		
Initial	99.99	0.01	99.99	0.01		
6 h	99.76	0.24	99.64	0.36		
12 h	98.56	1.14	99.37	0.63		
18 h	98.23	1.47	99.01	0.99		
24 h	98.01	1.79	98.86	1.14		

Table 11: Stability results at 2-8 °C

Stability	Atenolol		Nitrendipine	
	% Purity	% deviation	% Purity	% deviation
Initial	99.99	0.01	99.99	0.01
6 h	99.54	0.45	99.66	0.33
12 h	99.22	0.78	99.14	0.86
18 h	98.91	0.19	98.83	0.17
24 h	98.64	0.36	98.55	0.45

#### **Degradation studies**

Atenolol, Nitrendipine and their related substances were subjected to various conditions of forced degradation [45, 46] in order to induce partial degradation of the compound. Forced degradation experiments have been performed to establish that the process is acceptable for degradation materials [47, 48]. In addition, the studies include information on the condition under which the drug is unstable, such that the steps are also taken during formulation to prevent possible instabilities [49].

# Acid degradation

For 15 min, add 1 ml of 1N HCl to 5 ml of standard solution in a volumetric flask of 50 ml. A solution of 1N NaOH should be added to the solution after 15 min.

## Alkali degradation

 $1\ ml$  of  $1N\ NaOH$  is added to a  $50\ ml$  volumetric flask containing  $5\ ml$  of standard stock solution and left for  $15\ min.$  Adding  $1\ ml$  of  $1N\ HCl$  and diluting it with diluents was done after  $15\ min.$ 

#### Peroxide degradation

Five ml of stock solution were put into a 50 ml volumetric flask, and 0.3 ml of 30 percent hydrogen peroxide was added.

## Reduction degradation

Five ml of the standard stock solution were transferred to a 50 ml volumetric flask, and one ml of a 30 percent sodium bi sulphate solution was added and the diluents level was reached.

#### Thermal degradation

The standard solution was set at  $105^{\circ}$  in the oven for 6 h. The resultant solution was injected into HPLC.

#### Hydrolysis degradation

Five ml of the standard stock solution were transferred to a 50 ml volumetric flask, and one ml of HPLC water was added and the diluents level was reached.

Table 12: Forced degradation results

Degradation condition	Atenolol % deg		Nitrendipine % deg			
	Mean	Std dev	Mean	Std dev		
Acid deg	12.4	0.264	11.9	0.229		
Alkali deg	12.1	0.341	11.4	0.335		
Peroxide deg	14.3	0.259	13.1	0.249		
Reduction deg	9.5	0.163	10.6	0.161		
Thermal deg	1.2	0.047	2.5	0.048		
Hydrolysis deg	0.9	0.059	1.1	0.066		

mean±SD (n=3)

## CONCLUSION

The developed method gave good results between Atenolol, Nitrendipine and their related impurities with run time of 40 min, high efficiency and complies with modified SST specifications of USP. The utilization of Agilent eclipse  $C_{18}$  column within the present work has shown better elution of analytes with good resolution, improved plate count and tailing. Therefore the  $C_{18}$  columns are often wont to achieve high specificity in shorter time of study of Atenolol, Nitrendipine as per ICH Q 3A (R<sub>2</sub>) guidelines. The proposed method was found to be simple, precise, accurate, linear, robust and rapid for simultaneous determination and quantification of Atenolol, Nitrendipine and their impurities. The sample recovery was in good agreement with their respective label claims suggested non-interference within the estimation. Hence, the technique is often easily and conveniently adopted for routine analysis of Atenolol, Nitrendipine in the combined dosage form.

## ACKNOWLEDGEMENT

I thankful to Shree Icon Pharmaceutical Laboratories for providing laboratory facilities to finish this research work.

## **FUNDING**

Nil

# **AUTHORS CONTRIBUTIONS**

All the authors have contributed equally.

## CONFLICTS OF INTERESTS

Author declares that there have been no conflicts of interest.

# REFERENCES

- 1. Larochelle P, Tobe SW, Lacourcière Y.  $\beta$ -blockers in hypertension: studies and meta-analyses over the years. Can J Cardiol. 2014;30(5)Suppl:S16-22. doi: 10.1016/j.cjca.2014.02.012, PMID 24750978.
- Zipursky JS, Macdonald EM, Luo J, Gomes T, Mamdani MM, Paterson JM, Juurlink DN, Canadian Drug Safety and Effectiveness Research Network. Lipophilic β-blockers and suicide in the elderly. J Clin Psychopharmacol. 2017;37(3):381-4. doi: 10.1097/JCP.0000000000000695, PMID 28338548.

- Poulter NR, Prabhakaran D, Caulfield M. Hypertension. Lancet. 2015;386(9995):801-12. doi: 10.1016/S0140-6736(14)61468-9, PMID 25832858.
- Wertli MM, Ruchti KB, Steurer J, Held U. Diagnostic indicators of non-cardiovascular chest pain: a systematic review and meta-analysis. BMC Med. 2013;11:239. doi: 10.1186/1741-7015-11-239, PMID 24207111.
- Tomiyama H, Yamashina A. Beta-blockers in the management of hypertension and/or chronic kidney disease. Int J Hypertens. 2014;2014:1-7. doi: 10.1155/2014/919256, PMID 919256.
- DiNicolantonio JJ, Fares H, Niazi AK, Chatterjee S, D'Ascenzo F, Cerrato E, Biondi-Zoccai G, Lavie CJ, Bell DS, O'Keefe JH. βblockers in hypertension, diabetes, heart failure and acute myocardial infarction: a review of the literature. Open Heart. 2015;2(1):e000230. doi: 10.1136/openhrt-2014-000230, PMID 25821584.
- McMurray JJ, Pfeffer MA. Heart failure. Lancet. 2005;365(9474):1877-89. doi: 10.1016/S0140-6736(05)66621-4, PMID 15924986.
- 8. Pandey A, Garg S, Khunger M, Darden D, Ayers C, Kumbhani DJ, Mayo HG, de Lemos JA, Berry JD. Dose-response relationship between physical activity and risk of heart failure: A meta-analysis. Circulation. 2015;132(19):1786-94. doi: 10.1161/circulationaha.115.015853, PMID 26438781.
- Chu ECP, Chin WL, Bhaumik A. Cervicogenic dizziness. Oxf Med Case Reports. 2019;2019(11):476-8. doi: 10.1093/omcr/omz115, PMID 31844531.
- Shiber JR, Santana J. Dyspnea. Med Clin North Am. 2006;90(3):453-79. doi: 10.1016/j.mcna.2005.11.006, PMID 16473100.
- Torres M, Moayedi S. Evaluation of the acutely dyspneic elderly patient. Clin Geriatr Med. 2007;23(2):307-25. doi: 10.1016/j.cger.2007.01.007, PMID 17462519.
- Hu LA, Chen W, Martin NP, Whalen EJ, Premont RT, Lefkowitz RJ. GIPC interacts with the beta1-adrenergic receptor and regulates beta1-adrenergic receptor-mediated ERK activation. J Biol Chem. 2003;278(28):26295-301. doi: 10.1074/jbc.M212352200, PMID 12724327.
- 13. Devereaux D, Tewelde SZ. Hyperthyroidism and thyrotoxicosis. Emerg Med Clin North Am. 2014;32(2):277-92. doi: 10.1016/j.emc.2013.12.001, PMID 24766932.
- Tobin KJ. Stable angina pectoris: what does the current clinical evidence tell us? J Am Osteopath Assoc. 2010;110(7):364-70. PMID 20693568.
- 15. Titterington JS, Hung OY, Wenger NK. Microvascular angina: an update on diagnosis and treatment. Future Cardiol. 2015;11(2):229-42. doi: 10.2217/fca.14.79, PMID 25760881.
- 16. El-Sherif N, Turitto G, Boutjdir M. Acquired long QT syndrome and electrophysiology of torsade de points. Arrhythm Electrophysiol Rev. 2019;8(2):122-30. doi: 10.15420/aer.2019.8.3, PMID 31114687.
- 17. Mustafic H, Jabre P, Caussin C, Murad MH, Escolano S, Tafflet M, Perier MC, Marijon E, Vernerey D, Empana JP, Jouven X. Main air pollutants and myocardial infarction: a systematic review and meta-analysis. JAMA. 2012;307(7):713-21. doi: 10.1001/jama.2012.126, PMID 22337682.
- Roach RE, Helmerhorst FM, Lijfering WM, Stijnen T, Algra A, Dekkers OM. Combined oral contraceptives: the risk of myocardial infarction and ischemic stroke. Cochrane Database Syst Rev. 2015;(8):CD011054. doi: 10.1002/14651858.CD011054.pub2, PMID 26310586.
- Al-Zaiti SS, Magdic KS. Paroxysmal supraventricular tachycardia: pathophysiology, diagnosis, and management. Crit Care Nurs Clin North Am. 2016;28(3):309-16. doi: 10.1016/j.cnc.2016.04.005, PMID 27484659.
- Baldzizhar A, Manuylova E, Marchenko R, Kryvalap Y, Carey MG. Ventricular tachycardias: characteristics and management. Crit Care Nurs Clin North Am. 2016;28(3):317-29. doi: 10.1016/j.cnc.2016.04.004, PMID 27484660.
- 21. Farrell JB, Deshmukh A, Baghaie AA. Low testosterone and the association with type 2 diabetes. Diabetes

- Educ. 2008;34(5):799-806. doi: 10.1177/0145721708323100, PMID 18832284.
- Lindholm LH, Ibsen H, Borch-Johnsen K, Olsen MH, Wachtell K, Dahlof B, Devereux RB, Beevers G, de Faire U, Fyhrquist F, Julius S, Kjeldsen SE, Kristianson K, Lederballe-Pedersen O, Nieminen MS, Omvik P, Oparil S, Wedel H, Aurup P, Edelman JM, Snapinn S, LIFE study group. Risk of new-onset diabetes in the losartan intervention for endpoint reduction in hypertension study. J Hypertens. 2002;20(9):1879-86. doi: 10.1097/00004872-200209000-00035, PMID 12195132.
- 23. Elliott WJ, Meyer PM. Incident diabetes in clinical trials of antihypertensive drugs: a network meta-analysis. Lancet. 2007;369(9557):201-7. doi: 10.1016/S0140-6736(07)60108-1, PMID 17240286.
- Lindholm LH, Carlberg B, Samuelsson O. Should β blockers remain first choice in the treatment of primary hypertension? A meta-analysis. Lancet. 2005;366(9496):1545-53. doi: 10.1016/S0140-6736(05)67573-3, PMID 16257341.
- Khan N, McAlister FA. Re-examining the efficacy of betablockers for the treatment of hypertension: a metaanalysis. CMAJ. 2006;174(12):1737-42. doi: 10.1503/cmaj.060110, PMID 16754904.
- Messerli FH, Grossman E, Goldbourt U. Are beta-blockers efficacious as first-line therapy for hypertension in the elderly?
   A systematic review. JAMA. 1998;279(23):1903-7. doi: 10.1001/jama.279.23.1903, PMID 9634263.
- 27. Trouve R, Nahas G. Nitrendipine: an antidote to cardiac and lethal toxicity of cocaine. Proc Soc Exp Biol Med. 1986;183(3):392-7. doi: 10.3181/00379727-183-3-rc1, PMID 3797422.
- 28. Siddiqui MA, Plosker GL. Fixed-dose combination enalapril/nitrendipine: a review of its use in mild-to-moderate hypertension. Drugs. 2004;64(10):1135-48. doi: 10.2165/00003495-200464100-00009, PMID 15139792.
- Shivaraj Gowda S, Prakash B Desai PB, Vinayak V Hull VV, Avinash AK Math AAK, Sonal N Vernekar SN, Shruthi S Kulkarni SS. A review on laboratory liver function tests. The Pan African Medical Journal. 2009;3:17. PMID 21532726.
- Geyer PE, Kulak NA, Pichler G, Holdt LM, Teupser D, Mann M. Plasma proteome profiling to assess human health and disease. Cell Syst. 2016;2(3):185-95. doi: 10.1016/j.cels.2016.02.015, PMID 27135364.
- 31. Obach RS. Pharmacologically active drug metabolites: impact on drug discovery and pharmacotherapy. Pharmacol Rev. 2013;65(2):578-640. doi: 10.1124/pr.111.005439, PMID 23406671.
- Indik Julia H, Indik JH. When palpitations worsen. Am J Med. 2010;123(6):517-9. doi: 10.1016/j.amjmed.2010.01.012, PMID 20569756.
- 33. Cijo M Xavier, Kanakapura Basavaiah. RP-UPLC development and validation of metformin hydrochloride in pure drug and pharmaceutical formulations. World Journal Pharmacy and Pharmaceutical Sciences. 2015;4:1649-68.
- 34. Shalini K, Ilango K. Development, evaluation and RP-HPLC method for simultaneous estimation of quercetin, ellagic acid and kaempferol in a poly herbal formulation. Int J Appl Pharm. 2021;13:183-92.
- 35. Sri Girija K, Bikshal Babu K, Venkateswara Rao A, Girija KS, Kasimala BB, Anna VR. A new high-performance liquid chromatography method for the separation and simultaneous quantification of eptifibatide and its impurities in pharmaceutical injection formulation. Int J App Pharm. 2021;13:165-72. doi: 10.22159/ijap.2021v13i2.39895.
- VLN Balaji Gupta VLN T, Venkateswara Rao B, Kishore Bbabu B. RP-HPLC (stability-indicating) based assay method for the simultaneous estimation of Doravirine, tenofovir disoproxil fumarate and lamivudine. Int J Appl Pharm. 2021;13:153-9.
- 37. Murali Krishnam Raju P, Venkata Narayana B, Shyamala P, Srinivasu K, Raju HSN D. A validated RP-HPLC method for impurity profiling of sodium nitroprusside in an injection dosage form. Int J Appl Pharm. 2021;13:160-9.
- 38. Sanathoiba Singha L, Srinivasa Rao T. Development and validation of an RP-HPLC method for the determination of

- ulipristal acetate in the pharmaceutical dosage form. Asian J Pharm Clin Res. 2021;14:83-9.
- Eluru A, Surendra Babu K. A study of method development, validation and forced degradation for simultaneous quantification of povidone-iodine and ornidazole in bulk and pharmaceutical dosage form by using RP-HPLC. IJPSR. 2021;12:1217-22.
- 40. Malathi S, Devakumar D. Development and validation of RP-HPLC method for the estimation of escitalopram oxalate and flupentixol dihydrochloride in combined dosage form and plasma. Int J Pharm Pharm Sci. 2021;13:61-6.
- International Conference on Harmonization (ICH). Harmonized tripartite guideline validation of analytical procedures: text and methodology Q2. Vol. R1. Geneva: IFPMA. Switzerland; 2005.
- 42. Ravichandran V, Shalini S, Sundaram KM, Rajak H. Validation of analytical methods-strategies and importance. Int J Pharm Pharm Sci. 2010;2:18-22.
- Gunturu Raviteja, Kantipudi Rambabu. A study of development and validation of a method for simultaneous estimation of cidofovir and famciclovir using RP-HPLC. IJRPS 2020;11(4):7878-84. doi: 10.26452/ijrps.v11i4.4673.

- 44. Vijayakumari M, Reddy Ch B. Stability indicating validated hplc method for the determination of zanubrutinib in bulk and pharmaceutical dosage form. Asian J Pharm Clin Res. 2020:13:159-62.
- 45. Mohinish Sahai M, Devanna N. Validated stability-indicating HPLC approach for quantifying tricholine citrate and cyproheptadine simultaneously in syrup forms. Int J App Pharm. 2021;13:207-13. doi: 10.22159/ijap.2021v13i3.40871.
- 46. Raziq A, Syed Umer Jan. Relative comparison of stability and degradation of methylcobalamine tablets of different brands at different storage settings. Int J Appl Pharm. 2021;13:171-5.
- 47. Rajakumari R, Sreenivasa Rao S. Stress degradation studies and development of a validated RP-HPLC method for determination of tiagabine in the presence of its degradation products. Int J Pharm Pharm Sci. 2016;8:230-6.
- 48. Charu Pandya P, Sadhana Rajput J. Development and validation of stability indicating method RP-HPLC method of acotiamide. Int J Pharm Pharm Sci. 2018;10:1-8.
- 49. Athavia BA, Dedania ZR, Dedania RR, Swamy SMV, Prajapati CB. Stability indicating hplc method for determination of vilazodone hydrochloride. Int J Curr Pharm Sci 2017;9(4). doi: 10.22159/ijcpr.2017v9i4.20975.