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NADIFLOXACIN AND ADAPALENE: A REVIEW ON REPORTED METHODS FOR PURPOSE OF VALIDATION AND QUALITY MONITORING

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Keywords:

Nadifloxacin, Adapalene, Chromatography, Column, Mobile phase

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ABSTRACT: Acne vulgaris is a common chronic inflammatory skin disease found predominantly in adolescents in both sexes. The best acne treatment inhibits bacterial growth, encourages the shedding to the skin cells to unclog pores. Treatment for acne includes topical agents and systemic agents. Its quality monitoring becomes essential for assuring quality products for human care. So, for that purpose a detailed study of review was done including reported and validated methods, official monograph methods for estimation of Nadifloxacin and Adapalene. It was found from a literature survey that among all reported evaluation methods the most widely and predominantly followed method is HPLC. Other methods reported were UV, HPTLC. A conclusion was made that there is lack of evaluation analytical methods for simultaneous estimation of Nadifloxacin and Adapalene in combined dosage form.

INTRODUCTION: Acne vulgaris is common chronic inflammatory skin disease found predominantly in adolescents in both sexes. The lesion is formed which are more commonly seen on the face, on upper chest and upper back. The appearance of lesions near puberty is due to physiological hormonal variation. Mild acne is defined as presence of clogged skin follicles which is also known as comedones on to the face with inflammatory lesions. People with mild acne don't get large areas of red, inflamed skin or acne scarring.



Moderate acne occurs when a high number of inflammatory papules and pustules occur on the face when compared to mild cases of acne. They are also found on the trunk of the body. Severe acne occurs when nodules (which is also called as painful bumps) are the characteristic facial lesions and the involvement of trunk is more. Sign and symptoms of acne varies depending upon severity of condition: White heads, Black heads, Small red tender bumps, Pimples, painful lumps (nodules).

Androgen stimulates secretion of the sebaceous gland causing them to enlarge and secrete the natural oil, sebum which rises up to top of the hair follicle and flows out on to the skin surface. In adults who develop acne, androgenic stimulation produces a high response in the sebaceous gland so, the formation of acne occurs when accumulated sebum plugs the pilosebaceous ducts.

This accumulated material leads to the formation of effects on keratinocyte proliferation and comedones. Treatment: The best acne treatment differentiation, adaptalene is superior to tretinoin for

as a first-line agent.

Chemical Name: 9-Fluoro – 8 - (4 – hydroxyl - 1-piperidinyl) – 5 – methyl – 1 – oxo - 6, 7-dihydro-1H, 5Hpyrido[3, 2,1-ij] quinoline-2-carboxylic acid

the treatment of comedonal acne and is often used

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Molecular Formula: C₁₉H₂₁FN₂O₄

Molecular weight 360.379 g/mol

Drug Category: Antibacterial

Mechanism of action: Inhibits enzyme DNA gyrase that is involved in bacterial DNA synthesis and replication, thus inhibiting the bacterial multiplication.

Indication: Used in treatment of bacterial skin infection *i.e.* acne vulgaris

Adapalene 5, 6, 7:

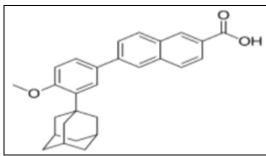


FIG. 2: STRUCTURE OF ADAPALENE

Chemical Name: 6 - [3 - (adamantan - 1 - yl) - 4-methoxyphenyl] naphthalene -2-carboxylic acid.

Molecular Formula: C₂₈H₂₈O₃

Molecular Weight: 412.52 g/mol

Drug Category: Topical retinoid

Mechanism of Action: It acts on retinoid receptor. It is modulator of cell differentiation, keratinization and inflammatory processes which is pathology of acne vulgaris. Indication Used in treatment of acne vulgaris.

Mechanism of Action (in Combination): Nadifloxacin is an antibiotic. It kills bacteria by preventing them from reproducing and repairing themselves.

This accumulated material leads to the formation of comedones. Treatment: The best acne treatment inhibits bacterial growth, encourages the shedding to the skin cells to unclog pores. Treatment for acne includes topical agents and systemic agents. Topical agents used in treatment of acne vulgaris: Treatment of acne vulgaris involves retinoids and antimicrobial and some antibacterial drug use. Topical retinoid acts to normalise the maturation of follicular epithelium and reduces inflammation and enhances the penetration of topical medication.

Nadifloxacin is a topical antibiotic that treats bacterial skin infections and acne. It's a secondgeneration fluoroquinolone that's effective against aerobic and anaerobic bacteria, including Grambacteria, Gram-positive negative bacteria, Propionibacterium species, Streptococcus species, and Staphylococcus species. Nadifloxacin works by preventing the synthesis of essential proteins and inhibiting the activity of bacterial enzymes. Nadifloxacin is intended for external use only. Some side effects that may occur during treatment include burning and itching, contact dermatitis, dryness, and skin irritation ¹.

Adapalene is a third generation topical retinoid primarily used in the treatment of mild-moderate acne, and is also used off-label to treat keratosis pilaris as well as other skin conditions. Studies have found adapalene is as effective as other retinoids, while causing less irritation. It also has several advantages over other retinoids ². The adapalene molecule is more stable compared to tretinoin and tazarotene, which leads to less concern for photodegradation.

Nadifloxacin ^{3, 4}:

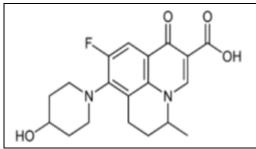


FIG. 1: STRUCTURE OF NADIFLOXACIN

It is also chemically more stable compared to the other two retinoids, allowing it to be used in combination with benzoyl peroxide. Due to its

Adapalene is a form of vitamin A which prevents accumulation of sebum (skin's natural oil), unblocks the pores and allows natural exfoliation of the outer layers of skin. Combination is approved by CDSCO on 17-7-2015. The gel is used in acne vulgaris. The dose is 10 mg of nadifloxacin and 1mg of adapalene.



FIG 3: COMBINATION MARKETED FORMULATION

Method for Analysis: Quality monitoring is essential to certify the quality, safety, and efficacy

of pharmaceutical products. So, Analytical Methods are developed and validated as per ICH guideline to assure quality. The methods reported in the literature for evaluation of Nadifloxacin and Adapalene were UV-Visible spectroscopy, HPLC, HPTLC, UPLC. The summary of reported methods is shown in **Fig. 4** and **Fig. 5**.

Literature review shows that many methods has been developed for Nadifloxacin but with other drugs like Mometasone furoate, Terbinafine hydrochloride, Clobetasol Propionate and Miconazole nitrate and also for adapalene in combination with other drugs like Benzoyl peroxide, Clindamycin Phosphate. But no method has been reported for simultaneous estimation of Nadifloxacin and Adapalene. The summary of reported methods is depicted in below **Table 1** and **Table 2**.

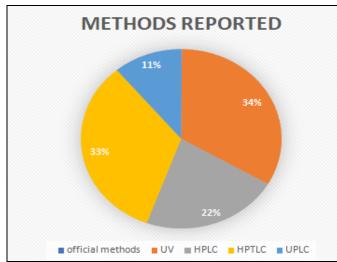


FIG. 4: REPORTED METHODS OF NADIFLOXACIN FROM LITERATURE SURVEY

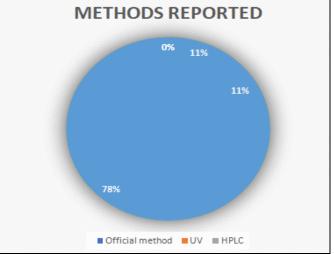


FIG. 5: REPORTED METHODS OF ADAPALENE FROM LITERATURE SURVEY

TABLE 1: REPORTED METHODS FOR NADIFLOXACIN

Sr. no.	Method	Description	Ref.
1	IP 2018	Column: 25 cm x 4.6 mm, packed with octadecylsilane bonded to	7
		porous silica (5 μm).	
		Mobilephase: A mixture of equal volume of a buffer solution	
		prepared by dissolving 1.927 gm of ammonium acetate in 1000	
		ml of water, adjusted to pH 3.6 with orthophosphoric acid and	
		acetonitrile.	
		Wavelength: 235 nm	
		Flow Rate: 1 mL/min	
		Injection volume: 10μL.	
2	Spectrophotometric Estimation of	Solvent: Methanol	8
	Nadifloxacin in Pharmaceutical	Wavelength:	
	Dosage form.	Absorption maxima - 296.5 nm	
		First order derivative	
		spectrophotometry - 278 nm	
		Area under curve (AUC) - 291-301nm	

		Linearity: $5-25 \mu g/ml$	
3	Development And Validation Of	Solvent: Methanol	9
	Multiwavelength Method For	Wavelength:	
	Simultaneous Estimation Of	NAD- 280nm	
	Nadifloxacin And Ibuprofen In	IBU-222nm	
	Formulated Hydrogel.	Linearity: 2-20µg/ml	
	i ormanated rijarogen	Zmeurvy v z zopej na	
4	Analytical method development and	Column: C18 (150 mm x 4.6 mm, 5 μm)	10
	validation of Nadifloxacin by HPLC	Mobile Phase: 0.05% Trifluoroaceitic	
	variation of readmonatin by the De	acid: Acetonitrile (65:35 v/v)	
		Wavelength: 237 nm	
		Retention time: 12.3 min	
		Flow rate: 1.2 ml/min	
_	4.1.1	Linearity: 0.03 – 5 μg/ml	
5	A development and validation of RP-	Column: C18 (250mm X 4.5mm 5μm)	11
	HPLC method for simultaneous	Mobile Phase: Acetonitrile: Water (50:50 v/v)	
	estimation of Nadifloxacin and	Wavelength: 242 nm	
	Clobetasol Propionate in its dosage	Retention time: NAD- 2.64min	
	form	COP- 6.19 min	
		Flow rate: 1 ml/min	
		Linearity: NAD: 20-240µg/ml	
		COP: 1-12μg/ml	
6	Simultaneous estimation of	Stationary phase: Silica gel 60 F254	12
Ü	Nadifloxacin and Mometasone	Mobile phase: dichloroethane: diethylether: ammonia: methanol:	
	furoate in topical cream by HPTLC	ethylacetate (6:3:0.2:1.75:3.5 v/v/v/v)	
	Method.	Wavelength: 254nm	
	Method.		
		Rf value: NAD- 0.12 MOM- 0.85	
		Linearity: NAD- 1000-3000 ng/band	
_		MOM- 100-300 ng/band	
7	Validated HPTLC method for	Stationary phase: Silica gel 60 F254	13
	simultaneous determination of	Mobile Phase: Methanol: Ethyl acetate:Toluene:Acetonitrile:3M	
	Nadifloxacin, Mometasone furoate	Ammonium formate in water (1:2.5:6.0:0.3:0.2 v/v/v/vv)	
	and Miconazole nitrate cream using	Wavelength: 224nm	
	fractional factorial design.	Rf value: NAD -0.23 MOM -0.70 MIN- 0.59 Linearity: NAD-	
		400-2400 ng/band	
		MOM-100-600 ng/band	
		MIN- 400-2400 ng/band	
8	Validated stability indicating Thin	Stationary Phase: silica gel 60 F254	14
	layer chromatographic (TLC)	Mobile Phase: Chloroform : Methanol:	
	Determination of Nadifloxacin in	Formic acid (7.5 : 2.0 : 0.5 v/v/v)	
	Microemulsion and bulk drug	Wavelength: 288nm	
	formulation.	Rf value: 0.39	
	iormulation.		
0	A stability in disasting LIDTL Constbad	Linearity: 50-600µg/ml	1.5
9	A stability indicating HPTLC method	Stationary phase: silica gel F-650	15
	for estimation of Nadifloxacin in	Mobile phase: Chloroform: Methanol:	
	topical cream.	Ammonia (4.3:4.3:1.4 v/v/v)	
		Wavelength: 296nm	
		Rf value: 0.62	
		Linearity: 50-300ng/band	
10	Stability indicating UPLC method for	Column: C18 (50mm X 2.1mm ,1.7μm)	16
	the estimation of Nadifloxacin,	Mobile phase: A) Buffer (pH 3.5): Acetonitrile mixture (95:5	
	Terbinafine hydrochloride,	v/v)	
	Mometasone furoate, Methyl paraben	B) Buffer (pH 3.5): Acetonitrile mixture (25:75 v/v)	
	and	Wavelength: 255nm	
	Propyl paraben.	Retention time: NAD-2.6min	
	Topyt paraoon.	TER- 6.0 min	
		MOM- 6.9min	
		MOM- 0.911111 MP-1.5 min	
		PP-3.4min	
		Flow rate: 0.4ml/min	

	REPORTED METHODS FOR ADAPALENE		
Sr. no.	Method	Description State of the Control of	Ref.
1	UV spectrophotometric method for	Solvent: Methanol	17
	determination of Adapalene in bulk and	Wavelength: 237nm	
	pharmaceutical formulation.	Linearity: 1-25μg/ml	
2	Determination of Adapalene in gel	Solvent: pH 7.0 borate buffer	18
	formulation by conventional and derivative	Wavelength: First approach- 389nm	
	synchronous fluorometric approaches.	Second approach-	
	Application to stability studies and invitro	1.SDSF -346 nm	
	diffusion test.	2.FDSF- 312.45 nm	
		Linearity: 2-14µg/ml	
		%Diffusion: 65%	
3	A new HPLC method for	Column: C18 (100mm X 4.6mm,3.5μm)	19
	development for cleaning validation of	Mobile phase: Acetronitrile:0.5%	
	Adapalene active pharma ingredient.	Orthophosphoric acid (35:65 v/v)	
		Wavelength: 230nm	
		Retention time: 4.4min	
		Linearity: 2.5-20µg/ml	
4	HPLC method development and	Column: C18 (250 X 4.6 mm, 5 μm)	20
	validation for the estimation of	Mobile phase: Tetrahydrofuran:	
	Adapalene in pharmaceutical	Acetonitrile: 0.1% Acetic acid in	
	Formulation.	water (20:40:40 v/v/v/v)	
		Wavelength: 270nm	
		Retention time: 10.44min	
		Flowrate: 1.2ml/min	
		Linearity: 10-30µg/ml	
5	Development of analytical method for	Column: C8 (250mm X 4.6mm, 5μm)	21
	simultaneous	Mobile phase: Acetonitrile: Methanol (90:10 v/v)	
	estimation of Adapalene and Benzoyl	Wavelength: 245nm	
	peroxide in gel	Retention time: ADA- 3.7 min	
	formulation by RP-HPLC.	BPO- 5.8min	
	formation by far in Ee.	Flow rate: 1ml/min	
		Linearity: ADA- 1.9-4.4μg/ml	
		BPO- 48-112µg/ml	
6	Optimization and validation of	Column: C18 (250 X 4.6mm, 5μm)	22
O	HPLC for simultaneous	Mobile phase: Acetonitrile: Tetrahydrofuran:	22
	determination of Adapalene and Benzoyl	Trifluoroaceitic acid:	
	peroxide by surface	Water (21: 16: 0.01: 13 v/v/v/v)	
	response methodology.	Wavelength: 270nm	
	response methodology.	Retention time: ADA-13.4 min	
		BPO- 3.82min	
		Flow rate:1ml/min	
7	A new RP-HPLC method for	Column: C18 (250 X 4.6mm, 5μm)	23
/		•	23
	estimation of Clindamycin and Adapalene in	Mobile phase: Acetonitrile: Phosphate buffer Ph	
	gel formulation: development and validation	3.0(60:40 v/v)	
	consideration.	Wavelength: 210nm	
		Retention time: CP-3.03 min	
		ADA-4.92 min	
		Flow rate: 1ml/min	
		Linearity:	
		CP -100-500μg/ml	
		ADA- 10-50μg/ml	
8	A Simple HPLC-DAD	Column: C18 (150 X 4.6mm, 5μm)	24

	Method for Determination of	Mobile phase: Acetonitrile: Water	
		-	
	Adapalene in Topical Gel Formulation.	(67:33 v/v) (pH adjusted to 2.5	
	Formulation.	with OPA)	
		Wavelength: 321nm	
		Retention time: 6.8min	
		Flow rate: 1.4ml/min	
		Linearity: 8-16µg/ml	
9	Estimation of Adapalene	Column: C18 (100 X 4.6mm, 5μm)	25
	through isocratic HPLC method in	Mobile phase: Acetonitrile:	
	pharmaceutical gel formulation	Tetrahydrofuran: Phosphate buffer (pH 2.5 0.01M) (30:40:30 v/v/v)	
		Wavelength: 272nm	
		Retention time: 2.4 min	
		Flow rate: 1.5 ml/min	
		Linearity: 14-26 μg/ml	
10	Method development of	Column: C18 (4.6mm×250mm ,5μm)	26
	accelerated stability study of	Mobile phase: Acetonitrile:	
	Adapalene gel by HPLC in	Tetrahydrofuran: Trifluoracetic acid:	
	Pharmaceutical Formulations.	Water (430:360:210:0.2 v/v/v/v)	
		Wavelength: 235nm	
		Retention time: 7.910min	
		Flow rate: 1ml/min	
11	Novel Stability Indicating RP-HPLC	Column: C18 (150mm X 4.6mm)	27
	Method for the Simultaneous Estimation of	Mobile phase: Phosphate buffer	
	Clindamycin and	(pH3.0): Acetonitrile (55:45 v/v)	
	Adapalene in Pharmaceutical Dosage Forms.	Wavelength: 230nm	
	raupurene in rinarmaceureur Bosage rorms.	Retention time: CP- 2.84 min	
		ADA- 3.99 min	
		Flow rate: 1ml/min	
		Linearity:	
		CP- 25-150µg/ml	
		ADA- 2.5-15μg/ml	
12	Novel Stability-Indicating RP- HPLC	Column: C18(50mm X 4.6mm,3.5μm)	28
12	Method for the Simultaneous Estimation of	Mobile phase: Ammonium hydrogen	20
	Clindamycin Phosphate and Adapalene	-	
	• • • • • • • • • • • • • • • • • • • •	Phosphate buffer(pH- 2.50):	
	along with Preservatives in Topical Gel Formulations.	Acetonitrile (84:16 v/v)	
	Formulations.	Wavelength: 321nm	
		Flow rate: 1ml/min	
		Linearity: CP- 20-1500μg/ml	
10	X7 12 1 2 1 2 1 2 2 2 1 2 1	ADA- 0.5-150 μg/ml	20
13	Validated stability indicating analytical	Column: C18(250 X4.6mm, 5µm)	29
	method for the determination of clindamycin	Mobile phase: Acetonitrile: Tetrahydrofuran (65:35	
	phosphate and adapalene in topical	v/v)	
	formulation.	Wavelength: 210nm	
		Retention time: CP- 4.9min	
		ADA-18.9min	
		Flow rate: 1ml/min	
		Linearity: CP- 100-300 μg/ml	
		ADA- 10-30 μg/ml	
14	Development and	Column: C18 (250mm X 4.6mm , 5μm)	30
	validation of RP-HPLC	Mobile phase: Water: Acetonitrile:	
	method for simultaneous	Tetrahydrofuran: Trifluoracetic acid	

	1	(20.22.20.0.2.	
	determination of	(29:33:38:0.2 v/v/v/v)	
	Adapalene and Benzoyl	Wavelength: 270nm	
	peroxide combination	Retention time: ADA- 4.346 min	
	Gel.	BPO- 10.066 min	
		Flowrate: 1ml/min	
15	A novel method development	Column: C18 (150 X 4.6mm, 5μm)	31
	and validation for related	Mobile phase: Methanol: orthophosphoric	
	substances of Adapalene in bulk drug	acid: tetrahydrofuran (55:30:15 v/v/v)	
	product by HPLC.	Wavelength: 260nm	
		Flowrate: 1ml/min	
		Linearity: 20%-200%	
16	Qualitative and quantitative estimation by	Column: C18 (250mm X 4.6mm, 5µm)	32
	HPLC method in	Mobile Phase: Acetonitrile: Tetrahydrofuran:	
	Transdermal formulations:	phosphate buffer (30:40:30 v/v/v)	
		Wavelength: 272nm	
		Retention time: 2.4 min	
		Flow rate: 1ml/min	
		Linearity: 14-26µg/ml	

conclusion: This review shows detailed study on the reported Spectroscopic and Chromatographic methods developed and validated for the estimation of Nadifloxacin and Adapalene. Literature review suggest that there are various spectroscopic and chromatographic methods available for the estimation of Nadifloxacin and Adapalene alone and in combination with other drugs. HPLC and HPTLC methods were found to be very common.

There is only one HPLC reported method for Nadifloxacin and Adapalene in their combined dosage form. So, there will be a great scope for the method development and validation of same with good precision, accuracy and robust methods for available marketed combined dosage form of Nadifloxacin and Adapalene.

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