High Performance Liquid Chromatography Assay of Anti-Malarial Quinine Sulfate Utilizing Isocratic Solvent Conditions

Ronald Bartzatt¹, Mai Han Cassandra Nguyen², Gunner Brantley², Aysha Hussain², Keerthi Shaik², Purnima Gajmer², Zohal Alizai², Mara Bullock²

¹(Chemistry Department, Durham Science Center, University of Nebraska, 6001 Dodge Street, Omaha,

Nebraska 68182 USA)

²(University of Nebraska, 6001 Dodge Street, Omaha, Nebraska 68182 USA) Corresponding Author: Ronald Bartzatt

Abstract: A method to assay quinine sulfate, which is utilized for the treatment of Plasmodium falciparum, is presented using isocratic high performance liquid chromatography (HPLC). Elution of the analyteis detected with ultraviolet light detector, set at 222 nm. The stock solution of quinine sulfate was prepared in solvent conditions that consisted of 64 % ethanol (v/v) and 36 % water (v/v), at a concentration of 1.3155 x 10^{-2} molar. The test samples of quinine sulfate that were injected into HPLC instrument were mainly in a solvent that consisted of 95% (v/v) water and 5 % ethanol (v/v). The solvent utilized for column of the HPLC instrument was 5 % ethanol, 1 % glacial acetic acid (v/v), and 94 % water (v/v). A limit of detection (LOD) was found to be 2.2628 x 10^{-5} molar and the limit of quantitation (LOQ) was found to be 7.542 x 10^{-5} molar. A standard curve presented showed a coefficient of determination of R² = 0.9972, which indicates that the model describes 99.72% variance in the dependent variable (peak area) that is predictable from the independent variable (molar concentration). The Pearson r correlation coefficient of this standard curve is 0.9986, indicating very high positive correlation. Quinine sulfate is assayed from various matrixes that are utilized in the formulation of this important drug, including5% glucose, 0.9% sodium chloride, water, and cellulose for tablet formulation. The determination of the drug quinine sulfate is consistent and accurate utilizing isocratic conditions with HPLC.

Date of Submission: 27-09-2018

Date of acceptance: 12-10-2018

I. INTRODUCTION

Quinine sulfate is an alkaloid derived from the bark of the cinchona tree. This compound derived from the Cinchona family of South American trees has been shown to have considerable antimalarial activity. The compound quinine has been shown to have anticholinergic activity (a substance that blocks the neurotransmitter acetylcholine in the central and the peripheral nervous system), as well as a very strong activity for suppressing the protozoan parasite *Plasmodium falciparum*¹.*Plasmodium falciparum* (*P. falciparum*) causes the most severe form of human malaria and has been found to be responsible for 85% of all malaria cases¹.Quinine sulfate is a very important antimalarial that has been shown to be effective in geographical regions where resistance to chloroquine has been observed. Fully ninety percent of all diagnosed malaria cases occur in the African continent, in which *P. falciparum* is known to be the most prevalent of the *Plasmodium* species¹.

The unicellular and protozoan parasite *P. falciparum*, is transmitted through the bite of the female *Anopheles* mosquitos². This protozoan infection has been known to be the cause of the most dangerous form of malaria, a form referred to as *falciparum* malaria^{3, 4}. This *P. falciparum* form of malaria ultimately causes approximately one million deaths per year⁵. Clinically, the drug quinine is utilized for the treatment of pregnant females, which as a group are particularly susceptible to malaria infection with side effects of stillbirth and premature delivery⁶. Severe incidents of malaria infection can be treated with a combination of clindamycin, quinine, and artesunate⁷. Quinine is also effective in the treatment of malarial induced vision impairment (retinopathy) when it occurs simultaneously with infection⁸. Quinine and a corticosteroid combinational therapy is effective for treatment of malaria infection accompanied by thrombocytopenia⁹. Quinine administered by intravenous infusion is also known to cause glycemic effects in otherwise healthy individuals¹⁰.

Quinine sulfate dihydrate when prepared in capsules is known as qualaquin, and in this form is an antiprotozoal and antiparasitic pharmaceutical that has the appearance of white crystalline powder that is also light sensitive^{11, 12}. When quinine sulfate is prepared in capsule form, it is then referred to as qualaquin, but still utilized in clinical application for treatment of malaria infection and nocturnal leg cramps¹². Quinine sulfate is a very important antimalarial that shown to be effective in geographical regions where resistance to chloroquine has been observed. The known pharmacological activity of quinine sulfate includes substantial antimalarial activity, potassium channel blocker, and anticholinergic activity¹².

Quinine has been assayed from human plasma by use of high performance liquid chromatography (HPLC), which utilized reversed-phase C-18 column as well as an isocratic mobile phase of acetonitrile-aqueous phosphate buffer¹³. The drug quinine sulfate can be determined after dissolving in acetic anhydride with malachite green TS, followed by titration with perchloric acid¹⁴. In addition, other HPLC assay method had utilized isocratic solvent conditions with reversed-phase column followed with ultraviolet detection of eluted quinine at 254 nm¹⁵. Additional methods to assay this very important antimalarial drug are necessary for quality control monitoring in manufacturing production and processes, as well as patient compliance. This study describes a sensitive and effective methodology for the determination of quinine hemi-sulfate salt dehydrate that uses isocratic HPLC conditions and ultraviolet detection at 222 nm.

II. MATERIAL AND METHODS

Chemical Reagents Analytical grade solvent reagents were obtained from Sigma-Aldrich (St. Louis MO 63178 USA). The quinine hemi-sulfate salt dihydrate (referred to as qualaquin when in tablet form) drug to be used in the accomplishment of standards and preparation of test samples was obtained from Matheson Coleman & Bell (East Rutherford, New Jersey USA) or from Sigma-Aldrich (St. Louis MO 63178 USA). Distilled water is utilized wherever the use of aqueous solvent is noted.

Instrumentation Description

An Alltech 426 HPLC Pump and Linear UVS 200 detector were utilized to accomplish high performance liquid chromatography analysis (Deerfield, Illinois 60015-1899). Reversed-phase isocratic conditions (unchanging column solvent) are applied for all types of samples. The HPLC Column consists of 5μ packing, having a length of 150 millimeters, and an internal diameter of 4.6 millimeters. Ultraviolet detection is applied for analyte elution and at a wavelength of 222 nm.

HPLC Instrument Settings and Components

For this HPLC analysis, a reversed-phase C-18 octadecylsilyl (C18H37) bonded phase column packing was utilized throughout the duration of the study. Detection of eluted species was accomplished by use of ultraviolet detector set to 222 nm, rise time 0.1, and with range AUFS set to 1.0. The HPLC pump was set to 1300 psig with one milliliter per minute flow rate. The actual volume injected into the column is known to be 20 microliters. The dead time for the elution of non-retained species is 1.5 minutes and is calculated by the relationship, dead time= volume/flow rate = 1.5 mL/1.0 mL/min. The column solvent used throughout the study is as follows: 52.6 mL of 95% ethanol, 10 mL of glacial acetic acid, and 937.4 mL of distilled water.

Preparation of Sample Types

Column solvent that was utilized throughout the project was made as follows: total volume of 1000 mL prepared by adding 52.6 mL of 95% ethanol, 937.4 ml of distilled water, and 10 mL of glacial acetic acid (stock of glacial acetic acid at 17.4 molar). Therefore, the working concentrations will be 5% ethanol, 0.174 molar acetic acid, and 93.7% water (v/v). Sample solvent used for solubilizing quinine hemi-sulfate salt dihydrate for assay by HPLC: 95% distilled water with 5% ethanol. Stock standard of quinine hemi-sulfate salt dihydrate (molecular weight 782.96 grams/mole) was prepared by dissolving 2.2711 grams of the compound into 250 mL volumetric flask of distilled water, making a mixture of 1.1603×10^{-2} molar. If any sample required clarification prior to HPLC analysis, this was accomplished by Whatman 6900-2502 GD/X Sterile Syringe Filter, 25 mm, 0.2 Micron, PVDF Filtration Medium, with a suitable plastic syringe. Samples for HPLC analysis were in sample solvent, which works very well for this purpose. Ampoule type samples, used in clinical application, were quinine sulfate drug prepared in normal saline (0.9%) or 5% glucose or water. Tablet/solid samples were the drug quinine hemi-sulfate salt dihydrate prepared in various known percentage of combinations of excipient cellulose.

Statistical Analysis, Properties Determination, Molecular Modeling

Where indicated the numerical analysis utilizing Paired tests, F and T test, Kruskal-Wallis, and correlation between sets of data is accomplished by PAST version 2.06 (copyright Hammer and Harper 1999-2011). Microsoft EXCEL (copyright 2010 Microsoft Corporation, Microsoft Office Professional Plus 2010) and PAST v. 2.06 also performed summary statistical analysis. Detection of numerical outliers was accomplished by use of the Grubb's test for outliers (or extreme studentized deviate) was performed by Graph Pad InStat version 3.00 (Copyright 1992-1998 Graph Pad Software Inc. (www.graphpad.com) for Windows 95, San Diego California USA). EXCEL and PAST v. 2.06 accomplished linear regression. Molecular properties of quinine hemi-sulfate salt dihydrate were determined utilizing Molinspiration cheminformatics http://www.molinspiration.com/ (Molinspiration Cheminformatics, Nova ulica, SK-900 26 SlovenskyGrob,

Slovak Republic). Passing-Bablok analysis was accomplished by ACOMED statistik: (www.acomed-statistik.de, copyright: Dr. Thomas Keller). The Bland-Altman plot (also referred to as difference plot) was accomplished by use of Method Validator (www.multiqc.com).

III. RESULTS AND DISCUSSION

Quinine hemi-sulfate salt dihydrate (Qualaquin dispensed in capsules), that was utilized for this study, is a very important antimalarial compound that is still an effective treatment for uncomplicated malaria caused by the parasite *Plasmodium falciparum*¹. The molecular scaffolding with constituents of this compound is shown in Figure 1. The molecular structure consists of a quinoline ring in addition to various substituents that are attached to the ring. This drug consists as a white, crystalline powder that is sensitive to light, and will darken upon exposure to light. Quinine hemi-sulfate salt dihydrate is odorless and slightly soluble in water, alcohol, chloroform, and ether. For this study, a combination of ethyl alcohol and water was utilized for solubilization of this drug as well as for the column solvent utilized in this HPLC determination.



Fig. 1 The molecular structure of quinine sulfate (quinine hemi-sulfate salt dihydrate). It has the molecular formula of $(C_{20}H_{24}N_2O_2)_2 \cdot H_2SO_4 \cdot 2H_2O$ and a molecular weight of 782.96 grams/mole.

For this HPLC determination, isocratic solvent conditions were utilized. When utilizing isocratic conditions, the mobile phase (column solvent) has a composition that remains constant. The isocratic conditions for HPLC determination involves having the column equilibrated during the assay run and this accomplished without rapid chemical changes. Isocratic conditions are generally more preferred when test samples contain less than 10 weakly retained components and the gradient baseline would impede trace analysis^{15,16,17}.

For this study, the column solvent for reversed phase HPLC was distilled water combined with the organic modifier ethyl alcohol. Since the water component is most polar, it repels any hydrophobic analytes into the stationary phase more than any other component of the solvent, with the consequence of longer retention times. An organic modifier is added to allow the analyte to spend less time in the stationary phase, with shorter elution times. Other common organic modifiers are simple alcohols; with ethyl alcohol utilized in this study^{18,19}.



Wavelength vs Peak Area (uV.Min)

Fig. 2 Absorbance peak of quinine hemi-sulfate salt dihydrate located at 222 nm is utilized for detection by HPLC after elution from C-18 reversed phase column.

High Performance Liquid Chromatography Assay of Anti-Malarial Quinine Sulfate Utilizing Isocratic

The ultraviolet light HPLC detector was consistently set to 222 nm (see Figure 2), allowing consistent and sensitive detection of quinine sulfate elution. Upon completion of each injection, the chromatogram is shownwithin the software windows of the program, followed by printout. The standard curve established for injected quinine sulfate samples injected, is presented in Figure 3. The plot of peak area (dependent variable) was found to be very highly linear with the molar concentration (independent variable). The equation for the standard curve line (1) is as follows:

y = 234,380,231.9(x)



Fig. 3 Standard curve having coefficient of determination R2 = 0.9972, Pearson r correlation is 0.9986, indicating a very strong positive correlation between concentration (molar) and peak area. Slope of line is 234,380,231.9 Uv.Min/molar.

The coefficient of determination R^2 is 0.9972, indicating the 99.72 % of the proportion of the variance in the dependent variable (peak area) that is predictable from the independent variable (molar concentration)^{20,}²¹. The Pearson r correlation coefficient is 0.9986, which is a very high positive correlation²¹. The slope of the line is 234,380,231 Uv.Min/molar. The span of molar concentration in the standard curve is from 7.5420 x 10⁻⁵ molar to 1.7405 x 10⁻³ molar.

The percent recovery accomplished for samples injected into HPLC under isocratic conditions is presented in Table 1. Comparing actual molar concentration of injected samples to measured molar concentrations determined by HPLC and using standard curve Figure 3. The percent recovery is the concentration of the quinine sulfate determined by HPLC, compared to the actual molar concentration (i.e. percent recovery = amount measured/expected amount).

Percent recovery of quinine sulfate ranges from 95.4 % to 105 %, with the median equal to 99.4 %. The average percent recovery is 99.9 % of quinine sulfate, with a standard deviation of 3.3 %. The skewness of the percent recovery values is +0.2443, which indicates that the numerical values are fairly symmetrical^{20, 21}. Percent recovery values analyzed by Grubb's Test for outliers (also referred to as extreme studentized deviate), showed no outliers among the range of values.

Statistical analysis of actual molar concentration to measured molar concentration determined by HPLC shows consistency and reproducibility. The correlation of "actual" to "measured" molar values is a very high positive value of 0.9909. The paired tests for mean (t test) showed that both populations have the same mean (P=.92) and have the same median (Wilcoxon test, P=.69) $^{20, 21}$. This was further confirmed by applying the F and T test, showing the two groups of values have the same mean (P=.99) and the same variance (P=.95) $^{20, 21}$. In addition, the Kruskal-Wallis test comparing "actual" and "measured" molarity indicates the two groups have equal medians (P=.93)²⁰.

To further show the efficiency of the percent recovery of the drug quinine sulfate by HPLC analysis, there is the Passing-Bablok method²². This is a statistical procedure that allows estimation of an analytical method's agreement with actual concentrations and identifies possible systematic bias between them²². Analysis of percent recovery values (Table 1), by comparing actual molar values to measured molar values as a Passing-Bablok plot shows an excellent relationship (see Figure 3).

The Passing-Bablok procedure fits the parameters a and b of the linear equation y = a + b x using nonparametric methods, with a being the y-axis intercept and b the slope of the line²². The results are interpreted as follows: If 0 is in the confidence interval of a, and 1 is in the confidence interval of b, the two methods are comparable within the investigated concentration range. If 0 is not in the confidence interval of a, then there is a systematic difference and if 1 is not in the confidence interval of b then there is a proportional difference between the two methods²².

	Actual Molar	Molar Concentration Measured	
Run	Concentration	By HPLC	Percent Recovery
1	1.1007 x 10 ⁻³	9.6617 x 10 ⁻⁴	96.0
2	1.0704 x 10 ⁻³	1.0767 x 10 ⁻³	101
3	3.1038 x 10 ⁻⁴	3.1202 x 10 ⁻⁴	100
4	2.3496 x 10 ⁻⁴	2.4694 x 10 ⁻⁴	105
5	1.0820 x 10 ⁻³	1.1186 x 10 ⁻³	103
6	1.3430 x 10 ⁻³	1.2960 x 10 ⁻³	96.5
7	1.3140 x 10 ⁻³	1.2864 x 10 ⁻³	97.9
8	1.4301 x 10 ⁻³	1.4966 x 10 ⁻³	104
9	1.6041 x 10 ⁻³	1.6124 x 10 ⁻³	101
10	1.6679 x 10 ⁻³	1.5916 x 10 ⁻³	95.4
11	1.5664 x 10 ⁻³	1.6561 x 10 ⁻³	105
12	1.6244 x 10 ⁻³	1.6110 x 10 ⁻³	99.2
13	1.6534 x 10 ⁻³	1.6373 x 10 ⁻³	100
14	1.5229 x 10 ⁻³	1.4640 x 10 ⁻³	96.1
15	1.5084 x 10 ⁻³	1.5717 x 10 ⁻³	104
16	1.4069 x 10 ⁻³	1.4631 x 10 ⁻³	104
17	1.3198 x 10 ⁻³	1.3117 x 10 ⁻³	99.4
18	1.3634 x 10 ⁻³	1.3264 x 10 ⁻³	97.3
19	1.2763 x 10 ⁻³	1.2190 x 10 ⁻³	95.5
20	1.2473 x 10 ⁻³	1.1940 x 10 ⁻³	95.7
21	1.2183 x 10 ⁻³	1.1754 x 10 ⁻³	96.0
22	1.1603 x 10 ⁻³	1.1638 x 10 ⁻³	100
23	1.0878 x 10 ⁻³	1.0703 x 10 ⁻³	98.4
24	1.0298 x 10 ⁻³	$1.0102 \text{ x } 10^{-3}$	98.1
25	1.0080 x 10 ⁻³	9.8599 x 10 ⁻⁴	97.8
26	8.9923 x 10 ⁻⁴	9.8957 x 10 ⁻⁴	104
27	8.1221 x 10 ⁻⁴	7.9712 x 10 ⁻⁴	98.0
28	1.0878 x 10 ⁻³	1.0686 x 10 ⁻³	98.2
29	9.4274 x 10 ⁻⁴	9.7144 x 10 ⁻⁴	103
30	1.1117 x 10 ⁻³	1.1094 x 10 ⁻³	99.3
31	1.7405 x 10 ⁻³	1.8258 x 10 ⁻³	105
32	8.7023 x 10 ⁻⁴	9.2018 x 10 ⁻⁴	105
33	1.4504 x 10 ⁻³	1.4963 x 10 ⁻³	103
34	1.1603 x 10 ⁻³	1.1099 x 10 ⁻³	95.7

Table 1. Percent Recovery of Quinine Sulfate Following HPLC Assay

For Passing-Bablok plot shown in Fig. 3 the 95 % confidence interval of the slope is 0.9532 to 1.051 (slope equal to 1.002). The 95% confidence interval for the y-axis intercept is -6.509 x 10⁻⁵ to 5.815 x 10⁻⁵ (y-axis intercept equal to -3.468 x 10⁻⁶). The confidence interval for the y-axis intercept includes zero and the confidence interval for the slope includes 1. Therefore, there are no constant differences between the actual molarity and the HPLC measured molarity, and that these values can be used interchangeably. Therefore, the actual molar values are representative of the HPLC measured molar values ²².



Fig. 3 Passing-Bablok plot of actual molar concentration values compared to molar concentration values obtained from assay by HPLC with standard curve. Value of 1 is contained within the 95% confidence interval of the slope (0.9532 to 1.051). The value of 0 is contained within the 95% confidence interval of the y-axis intercept (-6.509 x 10⁻⁵ to 5.815 x 10⁻⁵). Pearson r correlation is 0.9909, with R² equal to 0.9819 (98.19 % of variance in peak area that is predictable from molarity of quinine sulfate).

Another means to determine interchangeability of the actual and measure concentrations is by using the Bland-Altman plot (or difference plot). The Bland-Altman plot is a graphical method to compare two measurements techniques²³. In this graphical method the differences between the two techniques are plotted against the averages of the two techniques. Horizontal lines are drawn at the mean difference, and at the limits of agreement, which are defined as the mean difference plus and minus 1.96 times the standard deviation of the differences²³. Presented in Figure 4 is the result of Bland-Altman plot of the actual and measured values of quinine sulfate concentration. Note that the mean difference is essentially zero, with limits of agreement above and below the mean difference. Note that all points are within the limits of agreement and scattered, indicating that the two sets of concentrations values are interchangeable and without bias ²³.

The limit of detection (LOD) for any analytical procedure can be considered to be the point at which analysis is just feasible, whereas, the limit of quantitation (LOQ) is the concentration at which quantitative results can be reported with a high degree of confidence ^{24, 25}. The LOD and LOQ for an analytical method can be determined from the concentration of analyte that occurs at observed signal (S) compared to noise (N) observed in chromatogram results ^{24, 25}. Therefore, the LOD accepted to be at S/N = 3 and LOQ at S/N = 10, respectively²⁴. For this study the LOD at the S/N of 3, is 2.2628 x 10⁻⁵ molar. For this study the LOQ at the S/N of 10, is 2.2628 x 10⁻⁵ molar.



Fig 4. Bland–Altman plot with lines of agreement. The mean of the differences of the two sets is essentially zero. Dotted lines above and below the mean are limits of agreement mean +1.96 SD and mean -1.96 SD. The points are scattered above and below zero, so there is no consistent bias of one approach versus the other (the two methods are considered to agree and may be used interchangeably).

The column dead time is often designated as t₀ and represents the time it takes for an injected species to go through the column in a manner that does not interact with the column ¹⁶. In addition, the dead volume (or hold-up volume), often designated as VM, is the volume of mobile phase inside the column. The dead volume for the column utilized in this study is 1.5 mL, calculated from VM = $0.01(\text{length of column})^{26}$. The dead time for the column utilized in this study is 1.5 minute, calculated from $t_0 = VM \div flow$ rate ²⁶.

Drugs are most frequently administered in solid dosage formulations to be administered by the oral route²⁷. The drug physicochemical characteristics and excipients added to the formulations all contribute to ensure a desired therapeutic activity. There are advantages in utilizing tablet forms for patient administration, including: 1) ease of handling, 2) variety of manufacturing methods, 3) mass production at low cost, 4) consistent quality, 5) dosing precision, and 6) can be self-administered²⁷. Cellulose is a filler and diluent that has advantages for solid tablet application, which include improvement of tablet disintegration and good flow ability²⁷. Quinine sulfate for antimalarial application is prepared in cellulose for tablet regimen, water, 0.9 % sodium chloride, and 5 % glucose matrixes²⁸

HPLC assay of quinine sulfate samples stored with cellulose were accomplished following solubilization and filtering upon necessity (see Materials and Methods). Table 2 shows that determination of quinine sulfate following processing of solid matrix with cellulose was consistent. Cellulose matrix was separated from the quinine sulfate after dissolution in distilled water, followed by assay using HPLC. The expected molarity was 1.5254×10^{-3} molar, which all sample runs were centered, giving a standard deviation of only 2.5×10^{-5} molar. Grubb's test also indicated that there are no outliers among the determined concentrations of quinine sulfate (P=.05, two-sided). This determination of quinine sulfate was accomplished with various amounts of cellulose present (see column 2 in Table 2), with HPLC assay results of molarity being consistent.

Table 2. As	say of Quinine Suitate from Sa	amples Stored in Tablet Cellulos
Run	Amount of Cellulose	Concentration of Quinine
	(grams)	Sulfate by HPLC
		(molar)
1	0.0020	1.5795 x 10 ⁻³
2	0.0060	1.5188 x 10 ⁻³
3	0.0040	1.5187 x 10 ⁻³
4	0.0210	1.5188 x 10 ⁻³
5	0.0120	1.5176 x 10 ⁻³
6	0.0290	1.5188 x 10 ⁻³
7	0.0220	1.5523×10^{-3}
8	0.0360	1.4935 x 10 ⁻³
9	0.0460	1.5105 x 10 ⁻³

Cable 2. Assay of Quinine Sulfate from Sampl	les Stored in Tablet Cellulose
---	--------------------------------

High Performance Liquid Chromatography Assay of Anti-Malarial Quinine Sulfate Utilizing Isocratic

This malarial drug is often prepared in sterile water as ampoules for injection in cases of severe or complicated conditions of malaria²⁸. Advantages of this dosage form can be administered as intramuscular injection or intravenous infusion²⁸. Table 3 shows that determination of quinine sulfate from water matrix to be consistent. The expected molarity was 1.4946×10^{-4} molar, which all sample runs were centered, giving a standard deviation of only 7.6 x 10^{-6} molar. Grubb's test also indicated that there are no outliers among the determined concentrations of quinine sulfate (*P*=.05, two-sided). This determination of quinine sulfate with HPLC, gives results of molarity that are consistent.

Run	Concentration of Quinine Sulfate by HPLC
	(molar)
1	1.5079 x 10 ⁻⁴
2	1.4640 X 10 ⁻⁴
3	1.4644 x 10 ⁻⁴
4	1.4562 x 10 ⁻⁴
5	1.4031 x 10 ⁻⁴
6	1.6438 x 10 ⁻⁴
7	1.5226 x 10 ⁻⁴

Table 3. Assay of Quinine Sulfate Stored in Water Solvent

This malarial drug is often prepared in 0.9 % saline (NaCl) for intravenous injection in severe cases of falciparum malaria²⁹. Advantages of this dosage form are that the drug can be administered although the patient is severely ill and oral administration is not feasible²⁹. Table 4 shows that determination of quinine sulfate from 0.9 % saline matrix to be consistent. The expected molarity was 1.1236×10^{-4} molar, which all sample runs were centered, giving a standard deviation of only 7.6 x 10^{-6} molar. Grubb's test also indicated that there are no outliers among the determined concentrations of quinine sulfate (*P*=.05, two-sided). Results of quinine sulfate assay are consistent.

Run	Concentration of Quinine Sulfate by HPLC
	(molar)
1	1.0781 x 10 ⁻⁴
2	1.0509 x 10 ⁻⁴
3	$1.0254 \ge 10^{-4}$
4	1.2181 x 10 ⁻⁴
5	1.0992 x 10 ⁻⁴
6	1.2048 x 10 ⁻⁴
7	1.2047 x 10 ⁻⁴
8	1.1077 x 10 ⁻⁴

Table 4. Assay of Quinine Sulfate Stored in 0.9% Saline Solvent

This malarial drug is often prepared in 5 % glucose, for slow infusion as an intravenous injection in cases of severe malaria¹⁸. Advantages of this dosage form are that the drug can be administered although the patient is severely ill and oral administration is not feasible ²⁹. Table 5 shows that determination of quinine sulfate from 05 % glucose matrix to be consistent. The expected molarity was 1.4475×10^{-4} molar, which all sample runs were centered, giving a standard deviation of only 6.1×10^{-6} molar. Grubb's test also indicated that there are no outliers among the determined concentrations of quinine sulfate (*P*=.05, two-sided). This determination of quinine sulfate with HPLC, gives results of molarity that are consistent.

Table 5. Assay Quinine Sulfate Stored in 5% Glucose Solven	t
--	---

Run	Concentration of Quinine Sulfate by HPLC
	(molar)
1	1.4697 x 10 ⁻⁴
2	1.3557 x 10 ⁻⁴
3	1.4660 x 10 ⁻⁴
4	$1.4034 \ge 10^{-4}$
5	$1.3604 \ge 10^{-4}$
6	1.5196 x 10 ⁻⁴
7	1.4648 x 10 ⁻⁴
8	1.5234×10^{-4}

	9	1.4647 x 10 ⁻⁴	
--	---	---------------------------	--

Therefore, quinine hemi-sulfate salt dihydratecan be assayed by HPLC from different matrixes including cellulose, water, 0.9 % saline, and 5 % glucose. The method presented in this study for determination of this drug will be useful in quality control within commercial drug manufacturing and verification of content for prepared pharmaceuticals. Using isocratic conditions in HPLC is advantageous for pharmaceutical assay

IV. CONCLUSION

Isocratic conditions with HPLC are shown to be effective for the assay of quinine sulfate from matrixes that include water, 5% glucose solution, 0.9% NaCl solution, mixtures of water with ethyl alcohol, and dissolved solid formulation having cellulose. The limit of detection (LOD) is 2.2628×10^{-5} molar and the limit of quantitation (LOQ) is 7.542×10^{-5} molar. With ultraviolet detection, monitor set at 222 nm, a visible peak for quinine sulfate is observed. This drug was consistently assayed from matrixes of cellulose (for tablet formulation), water (for intramuscular and intravenous), 0.9% saline (intravenous), and 5% glucose (intravenous). This method for determination of this drug can be used for quality control in manufacturing and toxicology determinations where appropriate.

REFERENCES

- [1]. Merrick C. Plasmodium falciparum. Emerging Topics in Life Sciences, 2017; (6): 517-23.
- [2]. Rich S, Leendertz F, Xu G, Lebreton M, Djoko C, Aminake M, Takang K, Diffo J, Pike G, Rosenthal B, Formenty P, Boesch C, Ayala F, Wolfe N. The origin of malignant malaria. Proceedings of the National Academy of Sciences, 2009; 106(35): 14902-7.
- [3]. Perkins D, Were T, Davenport G, Kempaiah P, Hittner J, Ong'Echa J. Severe malarial anemia: innate immunity and pathogenesis. International Journal of Biological Sciences, 2011; 7(9): 1427-42.
- [4]. Perlmann P, Troye-Blomberg M. Malaria blood stage infection and its control by the immune system. Folia Biologica, 2000; 46(6): 210-8.
- [5]. Vaughan A, Aly SI, Kappe S. Malaria parasite pre-erythrocytic stage infection: gliding and hiding. Cell Host & Microbe, 2008; 4(3): 209-18.[6]. Rogerson SJ. Management of malaria in pregnancy. Indian J Med Res, 2017; 146(3): 328-333.
- [6]. Rodríguez-Valero N, Camprubí D, García-Guijarro E, Llenas-García J, Alejo-Cancho I, Cisteró P, Mayor A, Muñoz J, Gupta H. Suspected quinine resistant P. falciparum severe malaria possibly acquired in Ivory Coast. ParasitolInt, 2018; 67(6): 684-87.
- [7]. Nanfack CN, Bilong Y, Kagmeni G, Nathan NN, Bella LA. Suspected quinine resistant P. falciparum severe malaria possibly acquired in Ivory Coast. Pan Afr Med J, 2017; 27: 224-7.
- [8]. Miloudi M, Sbaai M, Fatihi J. Immune thrombocytopenia associated with malaria: a case report. Ann BiolClin (Paris), 2017; 75(5): 569-71.
- [9]. Njomatchaua AC, Tankeu AT, Sobngwi E, Mbanya JC. Glycemic effects of quinine infusion in healthy volunteers. BMC Res Notes, 2017; 10(1): 423-28.
- [10]. Sendi S. Quinine sulfate dehydrate. Chemical Book, http://www.chemicalbook.com/ ProductChemicalPropertiesCB32605.htm/.
- [11]. Bruce-Chwatt L. Chemotherapy of malaria. 2nd ed., Geneva; World Health Organization: 1981.
- [12]. Zoest A, Wanwimolruk S, Hung C. Simple high-performance liquid chromatographic method for the analysis of quinine in human plasma without extraction. Journal of Liquid Chromatography, 1990; 13(17): 3481-3491.
- [13]. Joint Expert Committee on Food Additives Communication. JECFA 41st Report. New York; JECFA: 1993.
- [14]. Bartzatt R. Direct determination of quinine from human excretory product by background reduction and single wavelength detection with reversed-phase H.P.L.C.. Analytical Chemistry: An Indian Journal, 2009; 8(4): 406-10.
- [15]. Schellinger AP, Carr PW. Isocratic and gradient elution chromatography: A comparison in terms of speed, retention reproducibility and quantitation. J Chromatogr A, 2006; 1109(2): 253-66.
- [16]. Skoog D, Holler F, Crouch S. Principles of instrumental analysis. 6th ed., Australia; Brooks Cole: 2007.
- [17]. Swadesh JK. HPLC: practical and industrial applications. New York; CRC Press: 2000.
- [18]. Shrivastava A, Gupta VB. HPLC: isocratic or gradient elution and assessment of linearity in analytical methods. J AdvScient Res, 2012; 3(2): 12-20.
- [19]. Davis J. Statistics and data analysis in geology. New York; John Wiley & Sons: 1986.
- [20]. Armitage P, Berry G, Matthews J. Statistical methods in medical research. New York; Wiley-Blackwell: 2001.

- [21]. Passing H, Bablok W. A new biometrical procedure for testing the equality of measurements from two different analytical methods. Application of linear regression procedures for method comparison studies in Clinical Chemistry Part I. J. ClinChemClinBiochem, 1983; 21: 709-720.
- [22]. Bland JM, Altman DG. Statistical methods for assessing agreement between two methods of clinical measurement. Lancet, 1986; 8(1): 307-10.
- [23]. Shrivastava H, Gupta V. Methods for the determination of limit of detection and limit of quantitation of the analytical methods. Chronicles of Young Scientists, 2011; 2(1): 21-25.
- [24]. Kazakevich Y, LoBrutto R. HPLC for Pharmaceutical Scientists. New York; John Wiley & Sons: 2007.
- [25]. Dolan J. Column dead time as a diagnostic tool. LCGC North America, 2014; 32(1): 24-9.
- [26]. Gad S. Pharmaceutical Manufacturing Handbook Production and Processes. Hoboken; John Wiley & Sons: 2008.
- [27]. Allen L. Ansel's pharmaceutical dosage forms and drug delivery systems. New York; Lippincott Williams & Wilkins: 2014.
- [28]. Krudsood S, Wilairatana P, Vannaphan S, Treeprasertsuk S, Silachamroon U, Phomrattanaprapin W, Gourdeuk V, Brittenham G, Looareesuwan S. Clinical experience with intravenous quinine, intramuscular artemether and intravenous artesunate for the treatment of severe malaria in Thailand. Southeast Asian Journal Tropical Medicine and Public Health, 2003; 34(1): 54-61.

Ronald Bartzatt." High Performance Liquid Chromatography Assay of Anti-Malarial Quinine Sulfate Utilizing Isocratic Solvent Conditions" IOSR Journal of Pharmacy (IOSRPHR), vol. 8, no. 09, 2018, pp. 29-38
