

**Stability of an aspirin in the aspirin+curcumin admixture at different storage conditions**Hyun-Jin Kim<sup>1</sup>, Min-A Kang<sup>2</sup>, Yoo-Sin Park<sup>1</sup>, Shin-Hee Kim<sup>1</sup> and Ju-Seop Kang<sup>1\*</sup>

<sup>1</sup> Department of Pharmacology & Clinical Pharmacology Lab, College of Medicine; Division of Molecular Therapeutics Development, Hanyang Biomedical Research Institute; Department of Bioengineering, College of Engineering, Hanyang University, Seoul, South Korea

<sup>2</sup> Department of Nursing, College of Nursing, Yonsei University, Seoul, South Korea

**ABSTRACT**

**Aims:** The pure stability of aspirin in the aspirin (100 µg/mL) only and aspirin (100 µg/mL) +curcumin(600 µg/mL) admixture without any ingredient under two solvents (distilled water, DW and normal saline, NS), three storage temperature(25°C, 4°C and -20°C) and periods (1, 3 and 7 days) was evaluated.

**Study Design:** The injectable DW- and NS-aspirin containing solutions in the laboratory cap polyethylene bottle were stored and evaluated at controlled temperature (25°C, 4°C and -20°C) during 7 days.

**Methodology:** Effects of admixture compounds, periods of storage and temperature of storage on the concentrations of active compound (aspirin) were analyzed. The concentration of aspirin in the each solution was determined by stability-indicating high-performance liquid chromatography (HPLC)-ultraviolet (UV) detection. A 1.0 mL volume of each sample was withdrawn and reconstituted with 3.0 mL of ethanol and directly inject into HPLC system immediately after filtration at 1, 3 and 7 days for analysis. The stability of the solutions was determined by calculating the percentage of the initial aspirin concentrations remaining at each test condition and periods. Stability was defined as the retention of at least 90% of the initial aspirin concentration.

**Result:** The concentration of aspirin of the aspirin only and aspirin+curcumin admixture solutions remained at least 90% of original without any color change or precipitation in the DW and NS solution at 4°C and -20°C throughout 7 day period and showed instability that decreased gradually below 90% of original concentrations after 1 day at 25°C in the two solutions.

**Conclusion:** Two kinds of solutions of aspirin only and aspirin+curcumin admixture, in DW and NS, showed different stability depend on temperature of storage that means maintained stability at 4°C and -20°C and did not show effect of admixture of curcumin on aspirin stability during 7 days except 25°C.

**Keywords:** Aspirin; Stability; Curcumin admixture; HPLC.

29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60  
61  
62  
63  
64  
65  
66  
67  
68  
69  
70  
71  
72  
73

## 1. INTRODUCTION

The chemical stability of a drug is of great importance since it becomes less effective as it undergoes degradation. Also, drug decomposition may yield toxic by-products that are harmful to the patient. Acetylsalicylic acid (ASA) decomposes rapidly in solutions of ammonium acetate or of the acetates, carbonates, citrates or hydroxides of the alkali metals. ASA is stable in dry air, but gradually hydrolyses in contact with moisture to acetic and salicylic acids. In solution with alkalis, the hydrolysis proceeds rapidly and the clear solutions formed may consist entirely of acetate and salicylate [1]. Daily Aspirin's effect on cancer has been widely studied, particularly its effect on colorectal cancer. Multiple meta-analyses and reviews have concluded that regular use of aspirin reduces the long-term risk of CRC incidence and mortality [2, 3, 4, 5]. In addition, experiments were carried out to measure the synergistic effects of a combination of aspirin with other chemopreventive agents for the anticancer benefit [6, 7, 8, 9,10]. Therefore, it is necessary to evaluate the physical and chemical stabilities of aspirin in order to determine the formulation of optimal dosage form that balances chemopreventive efficacy with safety of aspirin in combination with other agents. The purpose of this study is to provide information about the physical and chemical stability of aspirin in aspirin and curcumin of admixture under two solvents, various storage temperature and periods. Thus, the study was evaluated the stability of aspirin in the aspirin (100 µg/mL) only and aspirin (100 µg/mL) + curcumin (600 µg /mL) admixture without any ingredient under two solvents (distilled water, DW and normal saline, NS), three storage temperature (25°C, 4°C and -20°C) and periods (1, 3 and 7 days)

## 2. MATERIALS AND METHODS

### 2.1 Chemicals and reagents

Aspirin was purchased from Sigma-Aldrich Co. (St. Louis, MO, USA) and Curcumin was purchased from Now Foods (Bloomington, USA), respectively. Acetonitrile, formic acid and ethanol were all HPLC-grade and purchased from Sigma Co. (St. Louis, MO, USA) while other reagents and solvents used were analytical grade. All aqueous solutions including the buffer for the HPLC mobile phase was prepared with water that purified by Milli-Q water purification system (Millipore, Milford, MA, USA).

### 2.2 Sample preparation

Solutions of the designated samples (aspirin 2.5 mg, aspirin 2.5 mg and curcumin 15 mg) and diluents (to final volume of 25 mL with normal saline and distilled water) were prepared (Table 1). At the time of preparation of each test solutions, 1 mL of samples were collected at specified time intervals; 0, 1, 3 and 7 day, and added in 15 mL falcon tubes and stored in RT(25±2°C), CT(4±2°C), and FT (-20±2°C) at until analyzed. A 1.0 mL volume of each sample was withdrawn and reconstituted with 3.0 mL of ethanol and directly inject into HPLC system immediately after filtration at 1, 3 and 7 days for analysis.

**Table 1. Study protocol**

Compound (µg/mL)	Period(day)	Temperature(°C)	Diluent <sup>a</sup>
Aspirin (100) only	1, 3, 7	-20, 4, 25	DW, NS
Aspirin (100)+Curcumin (600) admixture	1, 3, 7	-20, 4, 25	DW, NS

<sup>a</sup> DW = distill water, NS = 0.9% sodium chloride solution.

74  
75  
76  
77  
78  
79  
80  
81  
82  
83  
84  
85  
86  
87  
88  
89  
90  
91  
92  
93  
94  
95  
96  
97  
98  
99  
100  
101  
102  
103  
104  
105  
106  
107  
108  
109  
110  
111  
112  
113  
114  
115  
116  
117  
118  
119  
120  
121  
122  
123  
124  
125

**2.3 HPLC method**

The concentration of aspirin in the each sample solution was determined using a stability-indicating HPLC assay method based on several references [11, 12, 13, 14, 15, 16]. The chromatographic system used in the analysis consisted of an isocratic solvent delivery pump (Model 515 pump, Waters Scientific Co., USA), an autosampler (Model Nanospace SI-2 Autosampler, Shiseido Co., Japan) and analytical column Cadenza CD-C18 (250 x 4.6 mm, 3 μm) and guard column Unison US-C18, (5 x 2 mm, 5 μm) (Imtakt Corporation, Kyoto, Japan). A variable wavelength ultraviolet detector (Model 486 Tunable Absorbance Detector, Waters Scientific Co., USA) set at 220 nm and the integration of the chromatograms (Model dsCHROM® Data module, Do-Nam instrumental Co., Seoul, Korea) were used. The mobile phase consisted of 0.1% formic acid in distill water and acetonitrile (v/v, 55/45, pH 3.3). The flow rate of mobile phase was 0.8ml/min. The method was validated for linearity, precision (inter-day and intra-day), accuracy and selectivity [17]. The experiment was repeated five times on the same day and five consecutive days to determine inter- and intra-day precisions [18]. Linearity, accuracy and precision were evaluated by determining five concentrations of aspirin in range of 6.25~100 μg/mL. Linear regression analysis of peak area and concentration yielded a good correlation coefficient ≥0.999. Inter-and intra-day precision were expressed as the percent relative standard deviation (% RSD). The accuracy was expressed as the percent ratio between the experimental and nominal concentrations for each sample.

**2.4 Standard solutions**

A 1 mg/mL of stock solution of aspirin was prepared by dissolving in 75% ethanol. Standard samples of aspirin were prepared by diluting the stock solution with 75% Ethanol to concentrations of 6.25, 12.5, 25, 50 and 100 μg/mL. The standard samples were assayed to repeat five times on the same day as an external standard method.

**2.5 Sample analysis**

Each aspirin sample solution was prepared as described. A 5 μL of sample were injected into the HPLC system, and each sample was assayed in three times a day. Effects of admixture compounds, periods of storage and temperature of storage on the concentrations of active compound (aspirin) were analyzed. The samples were visually inspected for color change and precipitate formation was evaluated on each day of analysis.

**2.6 Data analysis**

The stability of aspirin in the aspirin only and aspirin+curcumin admixture solutions was determined by calculating the percentage of the initial aspirin concentrations remaining at each test condition and hours. Stability was defined as the retention of at least 90% of the initial aspirin concentration.

**3. RESULTS AND DISCUSSION**

The linearity could be established for aspirin in the concentration range of 6.25~100 μg/mL ( $r^2=0.9998$ , Fig.1A). Table 2 lists the percent relative standard deviation (% RSD) data obtained on analysis of the samples (n=5) on the same day and on consecutive days (n=5). As evident, the %RSD values were <3.42% and <1.43% for inter-day and intra-day results, respectively. Accuracies were 96.6~102.2% and 98.6~100.9% for inter-day and intra-day, respectively, meaning that the method was sufficiently precise and accuracies.

**Table 2. Validation data and retention time (RT) under conditions of HPLC Assays**

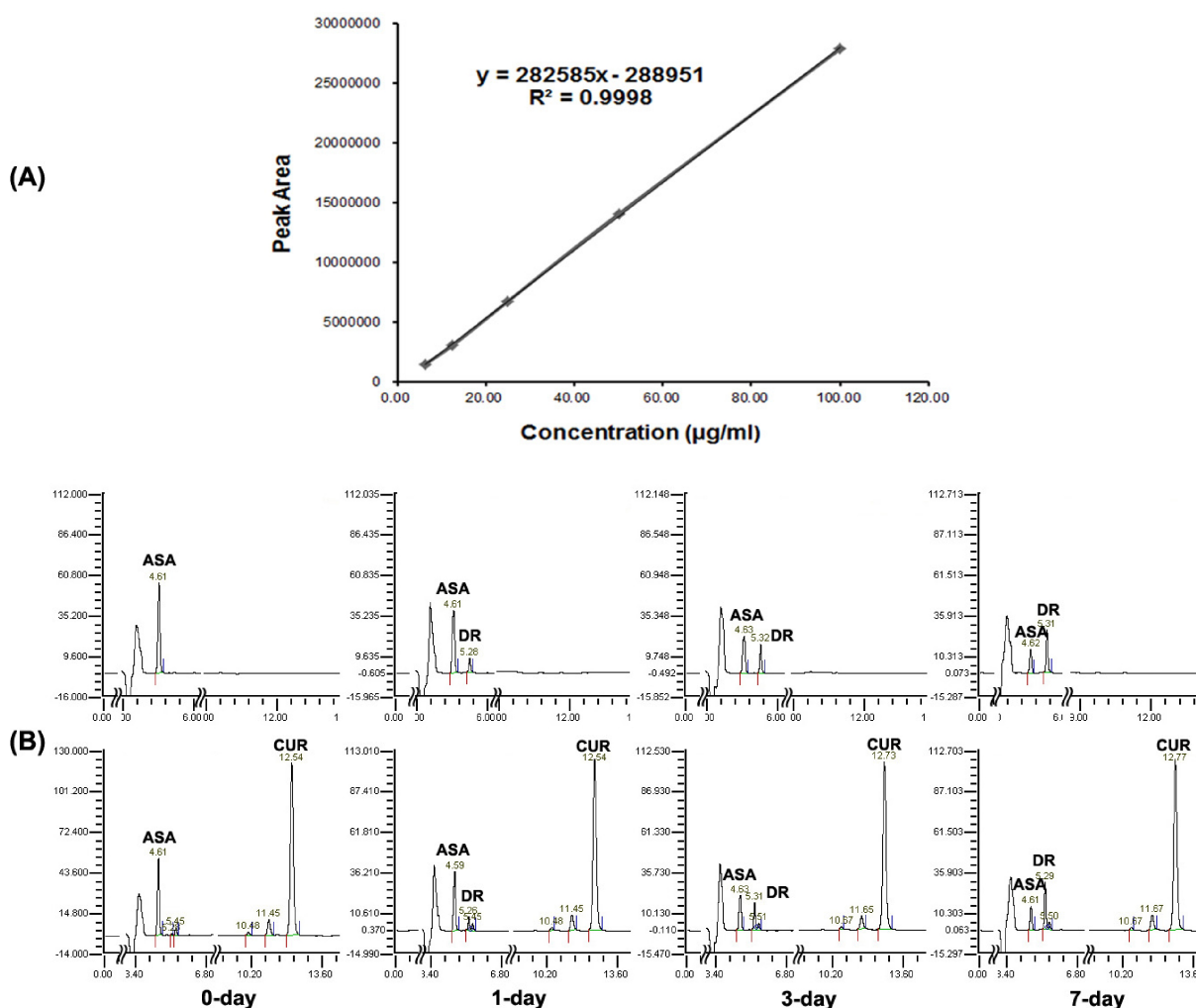
Range (μg/mL)	Validation (n=5)	RT (min)
---------------	------------------	----------

		Inter-day	Intra-day	Aspirin	Degradation Products	
Aspirin	6.25-100 <sup>a</sup>	Precision (% RSD)	0.06~3.42	0.04~1.43	4.6	5.3
		Accuracy (%)	96.6~102.2	98.9~100.9		

<sup>a</sup> Samples were diluted with 75% ethanol

126  
127  
128  
129  
130

The retention time of the intact aspirin and the degradation product were about 4.6 and 5.3 minutes (Fig.1B).The aspirin undergoes hydrolysis in solutions at room temperature with the resultant degradation products being salicylic acid and acetic acid [13].



131  
132  
133  
134  
135  
136  
137  
138  
139  
140  
141  
142

**Fig. 1. (A) Calibration curve for the determination of aspirin concentrations (6.25~100 µg/mL). (B) Chromatogram of aspirin(25 µg/mL in DW) and aspirin+curcumin admixture (25µg/mL+150µg/mL in DW) after 0, 1, 3 and 7 days of storage at 25 °C. ASA=aspirin, DR= degradation product and CUR= curcumin.**

The initial concentration and the percentage of the remaining concentration which were observed at analytic time of each day during 7 days for each the designated samples (aspirin only and aspirin+curcumin admixture), solution (DW and NS) and storage conditions are listed in Table 3. The concentration of Aspirin decreased by a minimum of 22% of the initial concentration under RT (25 ± 2 °C), 90% of the initial concentration under CT(4 °C ± 2 °C) and 94% of the initial concentration under FT (-20 °C ± 2 °C).

143  
144

**Table 3. Stability of aspirin in the aspirin only and aspirin+curcumin admixture solutions at 25, 4 and -20 °C**

Nominal concentration (µg/mL), Diluent <sup>a</sup>	Temperature (°C)	Actual concentration(µg/mL) <sup>b</sup>	Time (days)	% Concentration Remaining <sup>b</sup>
Aspirin, (25), DW	25	26.44±0.53	1	81.58±3.51
			3	56.49±1.66
			7	27.61±0.89
	4	26.84±0.97	1	90.77±3.17
			3	91.04±5.14
			7	93.94±0.19
	-20	31.01±1.45 <sup>c</sup>	1	99.71±2.70 <sup>c</sup>
			3	104.95±11.27 <sup>c</sup>
			7	98.29±3.70 <sup>c</sup>
Aspirin, (25), NS	25	21.11±0.76	1	88.71±10.04
			3	50.59±1.26
			7	22.84±0.84
	4	20.85±0.55	1	97.14±4.65
			3	93.79±2.61
			7	90.74±1.48
	-20	29.57±1.29 <sup>c</sup>	1	94.68±0.60 <sup>c</sup>
			3	94.64±3.08 <sup>c</sup>
			7	94.97±1.15 <sup>c</sup>
Aspirin + Curcumin, (25+150),DW	25	26.66±2.32	1	77.95±7.07
			3	56.54±7.03
			7	29.81±0.90
	4	23.41±1.21	1	100.83±10.38
			3	96.42±2.84
			7	96.09±6.45
	-20	30.80±4.07 <sup>c</sup>	1	99.58±13.14 <sup>c</sup>
			3	98.01±11.63 <sup>c</sup>
			7	102.22±9.59 <sup>c</sup>
Aspirin + Curcumin, (25+150),NS	25	23.19±5.16	1	87.01±11.58
			3	55.51±8.93
			7	26.46±3.33
	4	19.64±1.89	1	97.19±16.23
			3	93.68±11.60
			7	95.29±15.34
	-20	29.54±2.13 <sup>c</sup>	1	107.62±9.34 <sup>c</sup>
			3	96.07±8.91 <sup>c</sup>
			7	98.98±6.50 <sup>c</sup>

<sup>a</sup>DW = distill water, NS = 0.9% sodium chloride injection.

<sup>b</sup>Mean ± S.D.(n=7)

<sup>c</sup>Mean ± S.D.(n=8)

145  
146  
147  
148

The results of this study indicate the chemical stability of aspirin solution. Therefore, the concentration of aspirin of the aspirin only and aspirin+curcumin admixture solutions remained at least 90% of

149 original without any color change or precipitation in the DW and NS solution at 4°C and -20°C  
150 throughout 7 day period and showed instability that decreased gradually below 90% of original  
151 concentrations after 1 day at 25°C in the two solutions.

152

### 153 **COMPETING INTERESTS**

154 Authors have declared that no competing interests exist.

155

### 156 **AUTHOR'S CONTRIBUTIONS**

157

158 This work was carried out in collaboration between all authors. Authors JSK and HJK designed the  
159 study and wrote the protocol. Author JSK, HJK and MAK carried out the Aspirin stability testing,  
160 performed the statistical analysis and wrote the first draft of the manuscript. Authors YSP and SHK  
161 managed the literature searches and overall revision and submission. Authors read and approved the  
162 final manuscript.

163

### 164 **CONSENT**

165

166 Not applicable.

167

### 168 **ETHICAL APPROVAL**

169

170 Not applicable.

171

172

### 173 **REFERENCE**

- 174 [1] Reynolds EF, editors. Aspirin and similar analgesic and anti-inflammatory agents. Martindale:  
175 The Extra Pharmacopoeia. 28th ed. 1982; 234–282.
- 176 [2] Algra AM, Rothwell PM. Effects of regular aspirin on long-term cancer incidence and metastasis:  
177 a systematic comparison of evidence from observational studies versus randomised trials. The  
178 lancet oncology. 2012;13(5):518–527.
- 179 [3] Manzano A, Pérez-Segura P. Colorectal cancer chemoprevention: is this the future of colorectal  
180 cancer prevention?. The Scientific World Journal. 2012;2012:1-8.
- 181 [4] Chan AT, Arber N, Burn J, Chia WK, Elwood P, Hull MA et al. Aspirin in the chemoprevention of  
182 colorectal neoplasia: an overview. Cancer prevention research. 2012;5(2):164–178.
- 183 [5] Thun MJ, Jacobs EJ, Patrono C. The role of aspirin in cancer prevention. Nature reviews. Clinical  
184 oncology. 2012;9(5):259–267.
- 185 [6] Sutaria D, Grandhi BK, Thakkar A, Wang J, Prabhu S. Chemoprevention of pancreatic cancer  
186 using solid-lipid nanoparticulate delivery of a novel aspirin, curcumin and sulforaphane drug  
187 combination regimen. Int J Oncol. 2012;41(6):2260-2268.
- 188 [7] al-Gohary OM, al-Kassas RS. Stability studies of aspirin-magaldrate double layer tablets. Pharm  
189 Acta Helv. 2000;74(4):351-360.
- 190 [8] Perkins S, Clarke AR, Steward W, Gescher A. Age-related difference in susceptibility of  
191 Apc(Min/+) mice towards the chemopreventive efficacy of dietary aspirin and curcumin. Br J  
192 Cancer. 2003;88(9):1480-1483.
- 193 [9] Montgomery ER, Taylor S, Segretario J, Engler E, Sebastian D. Development and validation of a  
194 reversed-phase liquid chromatographic method for analysis of aspirin and warfarin in a  
195 combination tablet formulation. J Pharm Biomed Anal. 1996;15(1):73-82.
- 196 [10] Rajput AP, Sonanis MC. Development and validation of a rapid RP-UPLC method for the  
197 determination of aspirin and dipyridamole in combined capsule formulation. Int J Pharm Pharm  
198 Sci. 2011;3(2):156-160.

- 199 [11] Sultana N, Arayne MS, Ali KA, Nawaz M. Simultaneous determination of clopidogrel and aspirin  
200 by RP-HPLC from bulk material and dosage formulations using multivariate calibration technique.  
201 J Chromatogr Sci. 2011;49(2):165-169.
- 202 [12] Franeta JT, Agbaba D, Eric S, Pavkov S, Aleksic M, Vladimirov S. HPLC assay of acetyl salicylic  
203 acid, paracetamol, caffeine and phenobarbital in tablets. Farmaco. 2002;57(9):709-713.
- 204 [13] Sawyer M, Kumar V. A rapid high-performance liquid chromatographic method for the  
205 simultaneous quantitation of aspirin, salicylic acid, and caffeine in effervescent tablets. J  
206 Chromatogr Sci. 2003;41(8):393-397.
- 207 [14] Chaudhary A, Wang J, Prabhu S. Development and validation of a high-performance liquid  
208 chromatography method for the simultaneous determination of aspirin and folic acid from nano-  
209 particulate systems. Biomed Chromatogr. 2010;24(9):919-925.
- 210 [15] Yamamoto E, Takakuwa S, Kato T, Asakawa N. Sensitive determination of aspirin and its  
211 metabolites in plasma by LC-UV using on-line solid-phase extraction with methylcellulose-  
212 immobilized anion-exchange restricted access media. J Chromatogr B Analyt Technol Biomed Life  
213 Sci. 2007;846(1-2):132-138.
- 214 [16] Bae SK, Seo KA, Jung EJ, Kim HS, Yeo CW, Shon JH et al. Determination of acetylsalicylic acid  
215 and its major metabolite, salicylic acid, in human plasma using liquid chromatography-tandem  
216 mass spectrometry: application to pharmacokinetic study of Astrix in Korean healthy volunteers.  
217 Biomed Chromatogr. 2008;22(6):590-595.
- 218 [17] International Conference on Harmonization (ICH). Guidance to industry: Q2B Validation of  
219 analytical procedure: Methodology. Center for Drug Evaluation and Research (CDER). Rockville,  
220 MD. November. 1996;1-10.
- 221 [18] Guidance for industry: Bioanalytical Method Validation. US Department of Health and Human  
222 Services, Food and Drug Administration. Center for Drug Evaluation and Research (CDER) &  
223 Center for Veterinary Medicine (CVM). Rockville, MD. 2001.
- 224

225

226

227

228

229

230

231

232

233

234

235

236

237