

# Recent Research on Analytical Methods of Analysis of Artemether and Lumefantrine: a Review

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## REVIEW ARTICLE

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### ABSTRACT

New antimalarial tranquilize investigates are concentrating on promising focuses so as to grow new medication competitors. Essential digestion and biochemical procedure in the malarial parasite, for example Plasmodium falciparum can assume a vital job in the distinguishing proof of these objectives. In any case, the rise of protection from antimalarial drugs is a heightening far reaching issue with the advancement of antimalarial medicates improvement. The pharmaceutical enterprises are focused on new medication improvement because of the worldwide acknowledgment of this perilous protection from the right now accessible antimalarial treatment. The HPLC, UV and HPTLC techniques are accessible for the examination of Artemether and Lumefantrine the as of late utilized medication for malaria are surveyed in this article.

**Keywords:** Antimalarial Drugs, Artemether, Lumefantrine, analysis.

### 1. Introduction

Intestinal sickness is brought about by disease with a solitary cell parasite, Plasmodium. Four Plasmodium spp. cause jungle fever in people: Plasmodium falciparum, P. vivax, P. ovale, and P. malariae. P. falciparum is the most significant on the grounds that it represents most of contaminations and causes the most serious side effects. Jungle fever stays one of the main sources of horribleness and mortality in the tropics. As per the World Malaria Report (2019), there were in excess of 80 nations and territories with progressing intestinal sickness transmission in 2018. (1)

#### *Antimalarial drugs (2-6)*

Antimalarials are utilized in three unique manners: prophylaxis, treatment of falciparum jungle fever, and treatment of non-falciparum intestinal sickness. Prophylactic antimalarials are utilized only by voyagers from created nations who are visiting malaria endemic nations. Treatment conventions for falciparum jungle fever differ, contingent upon the seriousness of the malady; quick acting, parenteral medications are best for extreme, life threatening sickness. Various classes of

Antimalarial Drugs act at various phases of intestinal sickness, fall into three general classifications as per their concoction structure and method of activity.

The Classes are:

#### *Aryl aminoalcohol compounds (AAA)*

Aryl aminoalcohol compounds (AAA) meddles with heme dimerization, the detoxifying biochemical procedure inside the jungle fever parasite that typically yields intestinal sickness shade (hemozoin). Cross-obstruction between antimalarials is identified with regular parts of their methods of activity just as their opposition systems. Parasites with elevated level chloroquine obstruction, are commonly impervious to amodiaquine too. The medications under this class incorporates quinine, quinidine, chloroquine, amodiaquine, mefloquine, halofantrine, lumefantrine, piperazine, tafenoquine.

#### *Antifolate compounds (AFC)*

An antifolate compounds (AFC) like pyrimethamine, and biguanides, for example, cycloguanil meddle with folic corrosive union, hindering the parasite catalyst known as dihydrofolate reductase-thymidilate synthase

(DHFR). Sulfonamides act at the past advance in the folic corrosive pathway, restraining the parasite protein dihydropteroate synthase (DHPS). Ex. pyrimethamine, proguanil, chlorproguanil, trimethoprim.

### Artemisinin compounds (AMC)

Artemisinin compounds (AMC) the artemisinins are powerful at slaughtering the broadest scope of agamic phases of the parasite, running from medium-sized rings to early schizonts; they likewise produce the most quick restorative reactions by quickening leeway of circling ring-stage parasites. The tranquilizes under this classification incorporates artemisinin, dihydroartemisinin, artemether and artesunate.

### Atovaquone compounds (AVC)

Atovaquone is another mix sedate (comprising of atovaquone and proguanil) utilized for treatment and avoidance of chloroquine-safe *P. falciparum*. Atovaquone meddles with mitochondrial electron transport, and furthermore squares cell breath. Elevated levels of atovaquone obstruction result from single-point transformations in a quality encoding cytochrome b found on a little, extrachromosomal DNA-containing component in the parasite.

Malaria is an ailment brought about by parasite of the class *Plasmodium* and it is transmitted through the chomps of tainted female mosquitoes of *Anopheles* species. In 2018, there are around 223 million instances of jungle fever around the world. Most of cases (90%) are predominant in the African zone, South-East Asia and Eastern Mediterranean zones. this audit was intended to features and gives valuable data on different present and promising expository methodologies for technique improvement and approval, new advances, sought after by some imaginative focuses on that have been investigated till date.<sup>[1]</sup> This survey additionally examines present day and cutting edge different logical ways to deal with antimalarial medicate like artemether and lumefantrine, strategy improvement with UV, HPLC, HPTLC, GC-MS and LC-MS featuring the different strategies.

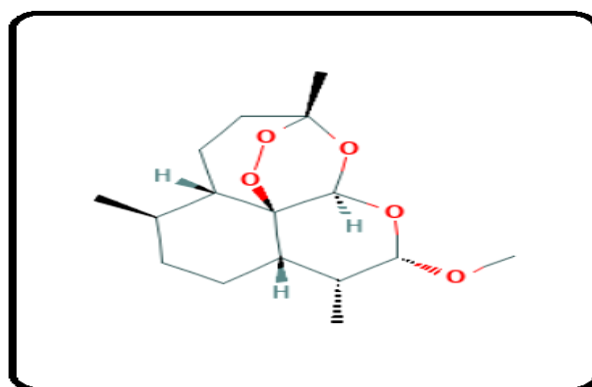
### Artemether (AME) (7,8)

Artemether (AME) is drug neutralizes the erythrocytic phases of *Plasmodium falciparum* by hindering nucleic corrosive and protein union. Artemether is a methyl ether subordinate of artemisinin, which is a peroxide-containing lactone confined from the antimalarial plant *Artemisia annua*. The chemical name of artemether is ((3R, 5aS, 6R, 8aS, 9R, 10S, 12R, 12aR)- decahydro-10-methoxy-3, 6, 9-trimethyl-3, 12-epoxy-12Hpyrano [4,3-j]-1, 2-benzodioxepin). The atomic equation of AME C<sub>16</sub>H<sub>26</sub>O<sub>5</sub> and subatomic load of AME is 298.374 g/mol.

Artemether is pale yellow solid with a dissolvability in natural solvents, for example, ethanol, DMSO (dimethyl sulfoxide) and DMF (dimethyl formamide). The partition coefficient (log p) for AME is 3.53 and PKA is 3.9.

### Lumefantrine (LFR) (9)

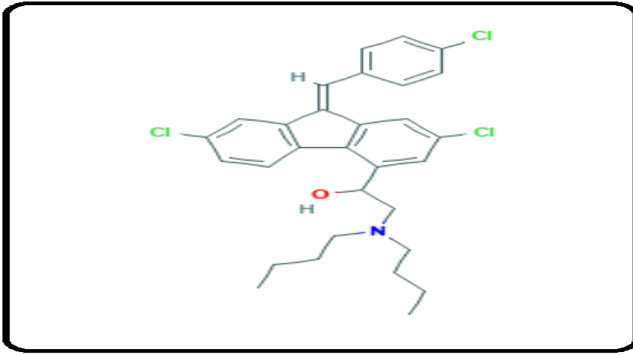
Lumefantrine (LFR) is a medication neutralizes the erythrocytic phases of *P. falciparum* by repressing the development of  $\beta$ -hematin by shaping a complex with hemin and hinders nucleic corrosive and protein blend. Lumefantrine and artemether blend treatment is demonstrated for the treatment of intense simple jungle fever brought about by *Plasmodium falciparum*, incorporating intestinal sickness gained in chloroquine-safe territories.



**Figure 1.** Structural formula of Artemether

The substance name of lumefantrine is (9Z)-2,7-dichloro-9-[(4-chlorophenyl) methylene]-a-[(dibutyl amino) methyl]-9H-fluorene-4-methanol. The empirical formula of LFR C<sub>30</sub>H<sub>32</sub>Cl<sub>3</sub>NO and molecular weight of LFR is 528.9 g/mol.

It has the following structural formula,

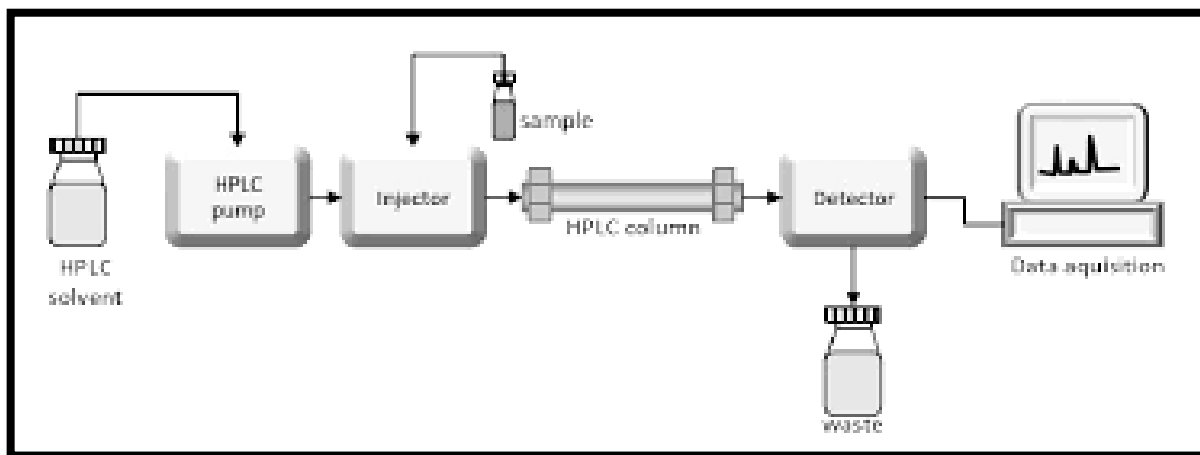


**Figure 2.** Structural formula of Lumefantrine

It is a white powder, dissolvable in DMF, chloroform, ethyl acetic acid derivation and dichloro-methane. The pKa is 8.73 and partition coefficient (log p) for LFR is 3.53.

Artemether and Lumefantrine are presently accessible in fixed mix items, which are demonstrated to be exceptionally effectual for treatment of simple *P. falciparum* intestinal sickness. Artemether-lumefantrine (AME-LFR) is the most well-known ACT utilized in jungle fever endemic territories. Artemether has a quick beginning of activity and is quickly

dispensed with from the plasma (half-existence of a few hours. Lumefantrine is cleared all the more gradually and has a more drawn out end half-life (around 4.5 days). The method of reasoning behind this mix is that artemether at first gives fast indicative alleviation by decreasing the quantity of parasites present before lumefantrine dispenses with any remaining parasites. Artemether and lumefantrine likewise decreases gametocyte carriage and along these lines ought to have an impact on intestinal sickness transmission. The expanding utilization of these artemether lumefantrine blend against malarial items and the natural steadiness of these items require controlled capacity conditions. In this way, it is essential to have a quick, yet strong and soundness demonstrating quantitative strategy for the concurrent examine of artemether and lumefantrine in fixed dose combination (FDC) products. (2-6, 10)



**Figure 3.** HPLC Method of Analysis of Antimalarial Drugs

## 2. HPLC Method of Analysis of Antimalarial Drugs

High Performance Liquid Chromatography (HPLC) is a detachment procedure, it isolates blend containing at least two parts under high tension. In HPLC Stationary stage is stuffed in one finish of segment which is appended to a wellspring of pressurized fluid portable stage. HPLC is a quickest developing explanatory procedure for the investigation of the medication. Its effortlessness, high particularity and wide scope of affectability

makes it perfect for the investigation of numerous medications in both measurements structure and natural liquids. A few hplc strategies were accounted for the investigation of antimalarial medicate in the mass, dose structure and natural liquids. (11-13)

A summary of research take a shot at a few expository techniques (HPLC, UV, HPTLC, UPLC and MS) announced for the artemether and lumefantrine alone and in blend is give in Table 1.

**Table 1.** A summary of research work on the analytical methods for the estimation of artemether and lumefantrine alone and in the combination.

| Sr. No. | Drug                                       | Method                                    | Instrument, Mobile Phase, RT, Flow Rate & Results of Validation  |
|---------|--|---|--|
| 1.      | Artemether (14)                            | Simple UV Spectro photometric Method      | <b>M.Phase :-</b> 1N HCl<br><b><math>\lambda_{max}</math> :-</b> 254 nm<br><b>Results :-</b> $R^2$ -0.998,<br>Slope and intercept- 0.0182 and 0.006622<br>Detection Limit ( $\mu\text{g/mL}$ )- 2.30<br>Quatification limit ( $\mu\text{g/mL}$ )- 4.08             |
| 2.      | Artemisinin, Artemether and Arteether (15) | TLC                                       | <b>M.Phase :-</b> Chloroform<br><b><math>\lambda_{max}</math> :-</b> 254 nm<br><b>Results :-</b> $R^2$ -0.995,<br>Slope and intercept- 2.108 and 0.856<br>TLC – 100.7%<br>UV- 97.7%  |
| 3.      | Artemether (16)                            | HPTLC .                                   | <b>M.Phase :-</b> Toluene: methanol: glacial acetic acid (9: 1: 0.5, v/v/v)<br><b><math>\lambda_{max}</math> :-</b> 235 nm,<br><b>Result-</b><br>R.F.Value :- 0.57<br>$R^2$ -0.993,<br>Detection Limit (ng/spot)- 2101.5<br>Quatification limit (ng/spot)- 3697.74 |
| 4.      | Artemether (17)                            | HPTLC .                                   | <b>M.Phase :-</b> Toluene–ethyl acetate–formic acid (8:2:0.3, v/v/v)<br><b><math>\lambda_{max}</math> :-</b> 565 nm,<br><b>Result-</b><br>R.F.Value :- 0.50<br>$R^2$ -0.9904,<br>Detection Limit (ng/spot)- 65.91<br>Quatification limit (ng/spot)- 197.74         |
| 5.      | $\beta$ -Artemether liposomes (18)         | HPLC- UV                                  | <b>M.Phase :-</b> Acetonitrile–water (75:25 v/v) (PH 7.2)<br>Flow Rate :- 1ml/min at 215 nm<br><b>HPLC :-</b><br>R. Time :- 8.5 min<br>$R^2$ -0.9999,<br>LOD :- 2 $\mu\text{g/ml}$ , LOQ:- 5 $\mu\text{g/ml}$  |
| 6.      | Artemether (19)                            | HPLC- UV in plasma and other body fluids. | <b>M.Phase :-</b> Acetonitrile- KH <sub>2</sub> PO <sub>4</sub> buffer (65:35 v/v) (PH 6.5)<br>Flow Rate :- 1ml/min at 210 nm<br><b>HPLC :-</b><br>R. Time :- 0.23 min<br>$R^2$ -0.9996,<br>LOD :- 7.2 $\mu\text{g/ml}$ ,<br>LOQ:- 21.83 $\mu\text{g/ml}$          |

|     |  |                                   |  |
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| 7.  | Artemether (20)                        | RP-HPLC- PDA in plasma sample.    | <b>M.Phase</b> :- Acetonitrile - water (70:30 v/v)<br>Flow Rate :- 1.0 $\mu$ L/min at 216 nm<br><b>HPLC</b> :-<br>R. Time :- 13.48 min<br>$R^2$ 0.9998,<br>LOD :- 0.5 $\mu$ g/ml , LOQ:- 1.0 $\mu$ g/ml  |
| 8.  | Artemether and dihydroartemisinin (21) | LC-UV in human plasma sample.     | <b>M.Phase</b> :- acetonitrile – 0.05 M acetic acid (15:85, v/v) ( PH 5.0)<br>Flow Rate :- 1.5 ml/min at 254 nm<br><b>Result</b> :-<br>R. Time :- 10.5 min.,<br>$R^2$ 0.9996 & 0.9998.<br>LOD :- 2.5 and 1.25 ng/ml<br>LOQ :- 2.5 and 1.25 ng/ml                     |
| 9.  | Artemether and dihydroartemisinin (22) | LC-UV in human plasma sample.     | <b>M.Phase</b> :- Acetonitrile – water (50:50 v/v)<br>Flow Rate :- 0.7 ml/min at 254 nm<br><b>Result</b> :-<br>R. Time :- 10.5 min.,<br>$R^2$ 0.992 & 0.991.<br>Intra & inter assay 8.0 and 14.2% for artemether & 8.0 and 14.7% for dihydroartemisinin at 25 ng/ml. |
| 10. | Artemether and dihydroartemisinin (23) | LC-MS in human plasma sample.     | <b>M.Phase</b> :- Methanol:10mM aqueous ammonium acetate (70:30 v/v)<br>Flow Rate :- 500 $\mu$ l/min<br><b>Result</b> :-<br>R. Time :- 1.3 & 2.83 min.,<br>LOD :- 0.36 ng/ml , LOQ:- 1.43 ng/ml  |
| 11. | Artemether and dihydroartemisinin (24) | LC-MS/ MS in human plasma sample. | <b>M.Phase</b> :- MeCN- water (85:15 v/v)<br>Flow Rate :- 10 $\mu$ l/min<br><b>Result</b> :-<br>R. Time :- 4.9 & 2.5 min.,<br>$R^2$ 0.998 & 0.999.<br>LOD :- 5 ng/ml & 2.5 ng/ml<br>LOQ:- 2 ng/ml  |
| 12. | Artemether and dihydroartemisinin (25) | LC-MS/Ms in human plasma sample.  | <b>M.Phase</b> :- Acetonitrile – water (80:20 v/v)<br>Flow Rate :- 500 $\mu$ l/min<br><b>Result</b> :-<br>R. Time :- 3.55 & 2.29 min.,<br>$R^2$ 0.999 & 0.998.<br>LOD :- 0.3 ng/ml & 0.2 ng/ml<br>LOQ:- 0.8 ng/ml & 0.6 ng/ml  |
| 13. | Artemether and dihydroartemisinin (26) | LC-MS/Ms in human plasma sample.  | <b>M.Phase</b> :- Acetonitrile - 25 mM phosphatebuffer (75:25, v/v)<br>Flow Rate :- 1.5 ml/min<br><b>Result</b> :-<br>R. Time :- 0.5 & 1.0 min.,<br>$R^2$ 0.997 & 0.999.<br>LOQ:- 5.5 ng/ml & 11.48 ng/ml  |

|     |  |                                      |   |
|-----|--|--------------------------------------|---|
| 14. | Artemether and dihydroartemisinin (27) | LC-MS/Ms in human plasma sample.     | <b>M.Phase</b> :- Acetonitrile– glacial acetic acid 0.1% (66:34)<br>Flow Rate :- 1.0 ml/min<br><b>Result:-</b><br>R. Time :- 10.47 & 3.56 min.,<br>R <sup>2</sup> -0.9965 & 0.9966.<br>LOQ:- 5.0 ng/ml.   |
| 15. | Artemether and dihydroartemisinin (28) | LC-MS/Ms in human plasma sample.     | <b>M.Phase</b> :- Acetonitrile– formic acid 0.1% (80:20)<br>Flow Rate :- 1.0 ml/min<br><b>Result:-</b><br>R. Time :- 4.20 & 2.45 min.,<br>R <sup>2</sup> - 0.995 & 0.9926<br>LOD:- 0.5 ng/ml & LOQ:- 5.0 ng/ml  |
| 16. | Artemether and dihydroartemisinin (29) | LC-MS/Ms in human plasma sample.     | <b>M.Phase</b> :- Methanol–ammonium acetate (10mmolL <sup>-1</sup> , pH 5.0, 80:20, v/v)<br>Flow Rate :- 1.0 ml/min<br><b>Result:-</b><br>R. Time :- 2 & 3.78 min.,<br>R <sup>2</sup> - 0.9931 & 0.9925<br>LOQ:- 5.0 ng/ml & 6.0 ng/ml.   |
| 17. | Artemether and dihydroartemisinin (30) | GC-MS-SIM in human plasma sample.    | <b>M.Phase</b> :- Purified helium ( 99.999%)<br>Flow Rate :- 0.9 ml/min<br><b>Result:-</b><br>R. Time :- 10.3 & 9.78 min.,<br>R <sup>2</sup> - >0.988<br>LOD:- 100 pg/ ml.<br>LOQ:- 5.0 ng/ml.  |
| 18. | Lumefantrine (31)                      | Simple UV Spectro photometric Method | <b>M.Phase</b> :- 0.01 N NaOH solutions<br>λ <sub>max</sub> :- 252nm, 268nm and 296nm<br><b>Results</b> :- R <sup>2</sup> -0.9994,0.9989,0.9990.<br>Recovery:- 99.97%, 98.65% & 98.91%<br>LOD & LOQ:<br>method I :- 0. 782, 1.465 μg/ml,<br>method II :- 0.436, 1.214 μg/ml,<br>method III :- 0.241, 0.362 μg/ml. |
| 19. | Lumefantrine (32)                      | Simple UV Spectro photometric Method | <b>M.Phase</b> :- Methanol<br>λ <sub>max</sub> :- 234nm<br><b>Results</b> :-<br>R <sup>2</sup> -0.9975,<br>Detection Limit - 4.3×10 <sup>-2</sup><br>Quantification limit - 13.2 ×10 <sup>-2</sup>  |
| 20. | Lumefantrine (33)                      | UV-Vis Method & HPLC                 | <b>M.Phase</b> :- Methanol<br>λ <sub>max</sub> :- 335 nm<br>R <sup>2</sup> -0.999,<br>Detection Limit (μg/mL)- 0.1<br>Quatification limit (μg/mL)- 0.3<br><b>HPLC</b><br><b>M.Phase</b> :- Methanol - 0.05% trifluoroacetic acid<br>(80:20), flow rate ; - 1 ml/min.  |



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|-----|---|--|--|
|     |   |  | <b>Results :-</b> $R^2$ 0.9999,<br>R. Time :- 5<br>Detection Limit ( $\mu\text{g/mL}$ )- 0.02<br>Quatification limit ( $\mu\text{g/mL}$ )- 0.05  |
| 21. | Lumefantrine (34)                           | HPLC- UV in plasma                                     | <b>M.Phase :-</b> Acetonitrile–phosphate buffer 0.1 M (58:42 v/v) (PH 2.0)<br>Flow Rate :- 1.2 ml/min at 335 nm<br><b>HPLC :-</b><br>R. Time :- 10.4 min<br>Recovery:- 85%,<br>LOD :- 10 ng/ml , LOQ:- 25 ng/ml  |
| 22. | Lumefantrine (35)                           | HPLC- UV in capillary blood on sampling paper          | <b>M.Phase :-</b> Acetonitrile–phosphate buffer 0.1 M (55:44 v/v) (PH 2.0)<br>Flow Rate :- 0.4 ml/min at 335 nm<br><b>HPLC :-</b><br>R. Time :- 12 min<br>$R^2$ 0.999,<br>Recovery:- 60-65%,<br>LOD :- 0.1 $\mu\text{M}$ , LOQ:- 0.25 $\mu\text{M}$      |
| 23. | lumefantrine and desbutyl lumefantrine (36) | HPLC- UV in human plasma                               | <b>M.Phase :-</b> Acetonitrile - 0.05% trifluoroacetic acid (70:30 v/v) (PH 2.0)<br>Flow Rate :- 1.0 ml/min at 335 nm<br><b>HPLC :-</b><br>R. Time :- 6 & 3.7 min<br>$R^2$ 0.9998 & 0.9997<br>LOD :- 10 & 7.5 ng/ml<br>LOQ:- 18 & 15 ng/ml               |
| 24. | lumefantrine and desbutyl lumefantrine (37) | HPLC- UV in human plasma                               | <b>M.Phase :-</b> Acetonitrile - phosphate buffer 0.1 M (55:45 v/v) (PH 2.0)<br>Flow Rate :- 1.2 ml/min at 335 nm<br><b>HPLC :-</b><br>R. Time :- 18.5 & 11 min<br>$R^2$ > 0.99<br>LOD :- 0.010 $\mu\text{g/mL}$<br>LOQ:- 0.024 & 0.021 $\mu\text{g/mL}$ |
| 25. | lumefantrine and desbutyl lumefantrine (38) | HPLC- UV in whole blood spotted on filter paper        | <b>M.Phase :-</b> Acetonitrile–ammonium acetate buffer 0.1M (10:90 v/v) (PH 6.5)<br>Flow Rate :- 1.0 ml/min at 335 nm<br><b>HPLC :-</b><br>R. Time :- 4.32 & 6.03 min<br>$R^2$ 0.9989 & 0.9985<br>LOQ:- 300 nM   |
| 26. | lumefantrine enantiomer (39)                | Chiral chromatographic HPLC- UV in tablet formulations | <b>M.Phase :-</b> Hexane - isopropanol (97:3)<br>Flow Rate :- 1.0 ml/min at 335 nm<br><b>HPLC :-</b><br>R. Time :- 6.54 & 6.67 min<br>$R^2$ 0.9950 & 0.9948<br>LOD :- 3.9 & 4.3 $\mu\text{g/ml}$   |

|     |   |  |   |
|-----|---|--|---|
|     |   |  | LOQ:- 11.5 & 13.2 µg/ml   |
| 27. | lumefantrine (40)                                 | HPTLC  | <p><b>M.Phase</b> :- Methano l- water (9.5 + 0.5 v/v)<br/> <math>\lambda_{\max}</math> :- 266 nm<br/> <b>HPLC</b> :-<br/> Rf Value :- 0.59<br/> <math>R^2</math>- 0.999<br/> LOD :- 0.416 µg/ml<br/> LOQ:- 1.250 µg/ml</p>  |
| 28. | Lumefantrine (41)                                 | HPLC-<br>DAD/UV-<br>ESI/MS in<br>human plasma<br>sample. | <p><b>M.Phase</b> :- Acetonitrile - ammonium acetate<br/> buffer 0.1 M (90:10, v/v) (PH 4.9)<br/> Flow Rate :- 2 ml/min at 266 nm<br/> <b>Result:-</b><br/> R. Time :- 22.22 min.,<br/> <math>R^2</math>0.9998.<br/> LOD:- 0.004 mg/ml<br/> LOQ:- 0.026 mg/ml</p>             |
| 29. | Lumefantrine (42)                                 | LC-MS/Ms in rat<br>plasma.                               | <p><b>M.Phase</b> :- :- Acetonitrile - ammonium acetate<br/> buffer 0.01 M (90:10, v/v) (PH 4.5)<br/> Flow Rate :- 0.5 ml/min<br/> <b>Result:-</b><br/> R. Time :- 2.65 min.,<br/> <math>R^2</math>0.996.<br/> LOQ:- 2.0 ng/ml</p>  |
| 30. | Lumefantrine (43)                                 | LC-MS/Ms in<br>human plasma<br>sample.                   | <p><b>M.Phase</b> :- Solvent A was aqueous ammonium<br/> formate 10 mM at pH 4.0. Solvent B was MeCN<br/> with FA 0.1%<br/> Flow Rate :- 0.4 ml/min<br/> <b>Result:-</b><br/> R. Time :- 3.56 min.,<br/> <math>R^2</math>0.9996.<br/> LOQ:- 50 ng/ml</p>                      |
| 31. | Lumefantrine (44)                                 | LC-MS/Ms in<br>mouse whole<br>blood and<br>plasma        | <p><b>M.Phase</b> :- :- Acetonitrile - 0.1% formic acid<br/> (03:07, v/v)<br/> Flow Rate :- 0.5 ml/min<br/> <b>Result:-</b><br/> R. Time :- 1.37 min for WB samples &amp; 1.12 min<br/> for plasma samples<br/> <math>R^2</math>0.996.<br/> LOQ:- 23.7 WB and 29.5 plasma</p> |
| 32. | lumefantrine and<br>desbutyl<br>lumefantrine (45) | LC-MS/Ms in<br>human plasma.                             | <p><b>M.Phase</b> :- 0.1% formic acid in water (solvent<br/> A) and acetonitrile (solvent B)<br/> Flow Rate :- 0.5 ml/min<br/> <b>Result:-</b><br/> R. Time :- 8.28 &amp; 7.02 min.,<br/> <math>R^2</math> <math>\geq</math> 0.996.<br/> LOQ:- 2.0 ng/ml</p>                  |



|     |   |                                      |   |
|-----|---|--------------------------------------|---|
| 33. | lumefantrine and desbutyl lumefantrine (46) | LC-MS/Ms in human plasma.            | <p><b>M.Phase</b> :- :- 0.5% formic acid in water (mobile phase A) and 0.5% formic acid in methanol (mobile phase B)<br/>Flow Rate :- 0.5 ml/min</p> <p><b>Result:-</b><br/>R. Time :- 1.78 &amp; 1.48 min.,<br/><math>R^2</math>-0.996.<br/>LOD:- 5.3 &amp; 0.47 ng/mL<br/>LOQ:- 19400 &amp; 133 ng/mL</p>             |
| 34. | Artemether and Lumefantrine (47)            | Simple UV Spectro photometric Method | <p><b>M.Phase</b> :- Ethanol<br/><math>\lambda_{max}</math> :- 212 nm &amp; 232nm</p> <p><b>Results :-</b><br/><math>R^2</math>-0.999 &amp; 0.998,<br/>Recovery :- 100.31 for artemether &amp; 99.78% for lumefantrine</p>  |
| 35. | Artemether and Azithromycin (48)            | HPLC- UV                             | <p><b>M.Phase</b> :- Methanol - phosphate buffer 15mM (80:20 v/v) (PH 9.0)<br/>Flow Rate :- 1.0 ml/min at 210 nm</p> <p><b>HPLC :-</b><br/>R. Time :- 5.6 &amp; 7.5 min<br/><math>R^2</math>- 0.999<br/>LOD :- 0.02 &amp; 0.015 g/L<br/>LOQ:- 0.3 &amp; 0.4 g/L</p>   |
| 36. | Artemether and Curcumin (49)                | HPLC- UV                             | <p><b>M.Phase</b> :- Acetonitrile- 0.1 % formic acid (60:40 v/v)<br/>Flow Rate :- 0.7 ml/min at 216 nm</p> <p><b>HPLC :-</b><br/>R. Time :- 10.69 &amp; 3.32 min<br/><math>R^2</math> &gt; 0.99<br/>LOD :- 357.2 &amp; 3.21 <math>\mu</math>g/mL<br/>LOQ:- 1068.8 &amp; 9.75 <math>\mu</math>g/mL</p>                   |
| 37. | Artemether and Lumefantrine (50)            | HPLC- DAD/UV                         | <p><b>M.Phase</b> :- Acetonitrile<br/>Flow Rate :- 0.7 ml/min at 210 nm</p> <p><b>HPLC :-</b><br/>R. Time :- 3.5 &amp; 4.2 min<br/><math>R^2</math> &gt; 0.99<br/>LOQ:- 0.25 &amp; 10 <math>\mu</math>g/mL<br/>Extraction recovery :- 96.2 % for artemether &amp; 92.6 % for lumefantrine</p>                           |
| 38. | Artemether and Lumefantrine(51)             | HPLC- UV                             | <p><b>M.Phase</b> :- Acetonitrile- 0.05% trifluoroacetic acid (60:40 v/v) (PH-2.35)<br/>Flow Rate :- 1.0 ml/min at 210 nm</p> <p><b>HPLC :-</b><br/>R. Time :- 2.9 &amp; 3.89 min<br/><math>R^2</math>- 0.9984 &amp; 0.9998<br/>LOD :- 5 &amp; 0.1 <math>\mu</math>g/mL<br/>LOQ:- 15 &amp; 0.5 <math>\mu</math>g/mL</p> |

|     |                                  |                          |  |
|-----|----------------------------------|--------------------------|--|
| 39. | Artemether and Lumefantrine (52) | HPLC- UV                 | <p><b>M.Phase</b> :- Methanol - phosphate buffer (50:50 v/v) (PH-6.8)<br/>Flow Rate :- 1.0 ml/min at 273 nm</p> <p><b>HPLC</b> :-<br/>R. Time :- 2.24 &amp; 4.51 min<br/>R<sup>2</sup>- 0.9999<br/>LOD :- 0.55 &amp; 0.09 µg/mL<br/>LOQ:- 1.35 &amp; 0.32 µg/mL</p>  |
| 40. | Artemether and Lumefantrine (53) | HPLC- UV in human plasma | <p><b>M.Phase</b> :- Acetonitrile- methanol - 10 mM dipotassium orthophosphate (42:38:20v/v/v) (PH-3.0)<br/>Flow Rate :- 1.0 ml/min at 220 nm</p> <p><b>HPLC</b> :-<br/>R. Time :- 6 &amp; 8.8 min<br/>R<sup>2</sup>- 0.9997 &amp; 0.9994<br/>LOD :- 1 &amp; 0.04 µg/mL<br/>LOQ:- 0.3 &amp; 0.03 µg/mL</p> |
| 41. | Artemether and Lumefantrine (54) | HPLC- PDA                | <p><b>M.Phase</b> :- Methanol - 0.05% trifluoroacetic acid (80:20 v/v) (PH-2.8)<br/>Flow Rate :- 1.5 ml/min at 210 nm</p> <p><b>HPLC</b> :-<br/>R. Time :- 6.15 &amp; 11.31 min<br/>R<sup>2</sup>- 0.9999<br/>LOD :- 0.0019 &amp; 0.00047 µg/mL<br/>LOQ:- 0.0060 &amp; 0.0014 µg/mL</p>                    |
| 42. | Artemether and Lumefantrine (55) | HPLC-UV                  | <p><b>M.Phase</b> :- Acetonitrile - 0.01M tetra butyl ammonium hydrogen sulphate (80:20 v/v)<br/>Flow Rate :- 1.0 ml/min at 222 nm</p> <p><b>HPLC</b> :-<br/>R. Time :- 4.19 &amp; 5.22 min<br/>R<sup>2</sup>- 0.9999<br/>LOD :- 0.201 &amp; 2.99 µg/mL<br/>LOQ:- 0.609 &amp; 9.086 µg/mL</p>              |
| 43. | Artemether and Lumefantrine (56) | HPLC-UV                  | <p><b>M.Phase</b> :- Acetonitrile - 1mM phosphate buffer (52:48 v/v) (PH-3.0)<br/>Flow Rate :- 1.5 ml/min at 210 &amp; 335 nm</p> <p><b>HPLC</b> :-<br/>R. Time :- 3.07 &amp; 1.70 min<br/>R<sup>2</sup>- 0.9997<br/>LOD :- 3.4 &amp; 0.1 µg/mL<br/>LOQ:- 10 &amp; 0.4 µg/mL</p>                           |
| 44. | Artemether and Lumefantrine (57) | UPLC-UV                  | <p><b>M.Phase</b> :- Acetonitrile - 0.01N KH<sub>2</sub>PO<sub>4</sub> (55:45 v/v) (PH-3.5)<br/>Flow Rate :- 0.3 ml/min at 215 nm</p> <p><b>HPLC</b> :-<br/>R. Time :- 0.787 &amp; 1.572 min<br/>R<sup>2</sup>- 0.9992 &amp; 0.9991<br/>LOD :- 0.03 &amp; 0.08 µg/mL<br/>LOQ:- 0.03 &amp; 0.08 µg/mL</p>   |

|     |                                  |                 |   |
|-----|----------------------------------|-----------------|---|
| 45. | Artemether and Lumefantrine (58) | HPTLC           | <b>M.Phase</b> :- N hexane–ethyl acetate (8:2 v/v)<br>$\lambda_{\max}$ :- 357 nm<br><b>HPLC</b> :-<br>Rf Value :- 8.28 & 7.20<br>$R^2$ 0.999<br>LOD :- 0.5 ng/ml<br>LOQ:- 2 ng/ml   |
| 46. | Artemether and Lumefantrine (59) | HPTLC           | <b>M.Phase</b> :- Toluene:ethyl acetate:acetic acid (2:7.5:0.5, v/v/v)<br>$\lambda_{\max}$ :- 269 nm & 519 nm<br><b>HPLC</b> :-<br>Rf Value :- 0.55 & 0.70<br>$R^2$ 0.9989 & 0.9999<br>LOD :- 2.43 & 7.32 ng per band<br>LOQ:- 6.12 & 26.15 ng per band |
| 47. | Artemether and Lumefantrine (60) | HPLC- ESI-MS/MS | <b>M.Phase</b> :- Methanol - 10mMaqueous ammonium acetate containing 0.2% (v/v) acetic acid and 0.1% (v/v) formic acid.<br>Flow Rate :- 1.0 ml/min<br><b>HPLC</b> :-<br>R. Time :- 4.2 & 6.7 min<br>$R^2$ 0.998 & 0.997<br>LOQ:- 10 ng/mL               |

### 3. Conclusion

Despite the fact that few diagnostic techniques (HPLC, UV, HPTLC, UPLC and MS) are accounted for there is a proceeded with requirement for growing progressively productive, sensitive, accurate and precise strategies for the examination of the artemether and lumefantrine alone and in mix in the dose structures and in the organic liquids. The blend of these medications is anything but difficult to manage and may improve adherence in the treatment of simple jungle fever brought about by plasmodium falciparum.

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### Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

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