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Research

Reverse Phase High Performance Liquid Chromatography Method Development and Validation for Estimation of Benazepril and Hydrochlorothiazide HCL in Pure and Pharmaceutical Dosage Form

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	Abstract
Published on: 17 Oct 2025	A novel, accurate, and reproducible reverse phase high-performance liquid chromatography (RP-HPLC) method was developed and validated for the simultaneous estimation of Benazepril and Hydrochlorothiazide HCl in pure form and pharmaceutical dosage formulations. Chromatographic separation was achieved using a Waters HPLC system equipped with an autosampler and PDA detector (996 model), on an Altima C18 column (4.6 × 150 mm, 5 μm) maintained at 35°C. The optimized mobile phase consisted of Water: Methanol: Acetonitrile (25:65:10 v/v/v), delivered at a flow rate of 1 mL/min. Detection was carried out at 265 nm, with an injection volume of 10 μL and a total run time of 14 minutes. The method was validated as per ICH guidelines, showing excellent linearity, accuracy, precision, specificity, and robustness. The results confirmed that the proposed method is suitable for routine quality control analysis of Benazepril and Hydrochlorothiazide HCl in bulk and combined dosage forms.
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2025 All rights reserved.  Creative Commons Attribution 4.0 International License.	Keywords: RP-HPLC, Hydrochlorothiazide HCl, Benazepril, Altima C18 column (4.6 × 150 mm, 5 μm), simultaneous estimation, validation, Waters HPLC system.

1. INTRODUCTION

HPLC is an analytical technique in which solutes are resolved by differential rates of elution as they pass through a chromatographic column. The method of separation by this instrument is governed by distribution between the mobile phase and stationary phase. The instrumentation is made-up of eight basic components, mobile phase reservoir, solvent delivery system, sample introduction device, column, detector, waste reservoir, connective tubing and computer, integrator or recorder. The successful use of HPLC for the possible problem requires the

right combination of variety of operating conditions such as the type of column packing and mobile phase, column length and diameter, mobile phase flow rate, column temperature and sample size [1].

Now a day reversed-phase chromatography is the most commonly used separation technique in HPLC due to its broad application range. It is estimated that over 65% (possibly up to 90%) of all HPLC separations are carried out in the reversed phase mode. The reasons for this include the simplicity, versatility and scope of the reversed-phase method as it is able to handle compounds of a diverse polarity and molecular mass [2-4].

PRINCIPLE

In isocratic HPLC the analyte is forced through a column of the stationary phase (usually a tube packed with small round particles with a certain surface chemistry) by pumping a liquid (mobile phase) at high pressure through the column. The sample to be analyzed is introduced in a small volume to the stream of mobile phase and is retarded by specific chemical or physical interactions with the stationary phase as it traverses the length of the column. The amount of retardation depends on the nature of the analyte, stationary phase and mobile phase composition. The time at which a specific analyte elutes (comes out of the end of the column) is called the retention time and is considered a reasonably unique identifying characteristic of a given analyte. The use of pressure increases the linear velocity (speed) giving the components less time to diffuse within the column, leading to improved resolution in the resulting chromatogram. Common solvents used include any miscible combinations of water or various organic liquids (the most common are methanol and acetonitrile). Water may contain buffers or salts to assist in the separation of the analyte components. A further refinement to HPLC has been to vary the mobile phase composition during the analysis, this is known as gradient elution. A normal gradient for reverse phase chromatography might start at 5% methanol and progress linearly to 50% methanol over 25 minutes, depending on how hydrophobic the analyte is. The gradient separates the analyte mixtures as a function of the affinity of the analyte for the current mobile phase composition relative to the stationary phase. This partitioning process is similar to that which occurs during a liquid-liquid extraction but is continuous, not step-wise. In this example, using a water/methanol gradient, the more hydrophobic components will elute (come off the column) under conditions of relatively high methanol; whereas the more hydrophilic compounds will elute under conditions of relatively low methanol. The choice of solvents, additives and gradient depend on the nature of the stationary phase and the analyte. Often a series of tests are performed on the analyte and a number of generic runs may be processed in order to find the optimum HPLC method for the analyte - the method which gives the best separation of peaks.

APPLICATIONS

Preparative HPLC refers to the process of isolation and purification of compounds. Important is the degree of solute purity and the throughput, which is the amount of compound produced per unit time. This differs from analytical HPLC, where the focus is to obtain information about the sample compound. The information that can be obtained includes identification, quantification, and resolution of a compound. Chemical Separations can be accomplished using HPLC by utilizing the fact that certain compounds have different migration rates given a particular column and mobile phase. Thus, the chromatographer can separate compounds (more on chiral separations) from each other using HPLC; the extent or degree of separation is mostly determined by the choice of stationary phase and mobile phase.

Identification of compounds by HPLC is a crucial part of any HPLC assay. In order to identify any compound by HPLC a detector must first be selected. Once the detector is selected and is set to optimal detection settings, a separation assay must be developed. The parameters of this assay should be such that a clean peak of the known sample is observed from the chromatograph. The identifying peak should have a reasonable retention time and should be well separated from extraneous peaks at the detection levels which the assay will be performed. To alter the retention time of a compound, several parameters can be manipulated. The first is the choice of column, another is the choice of mobile phase, and last is the choice in flow rate. All of these topics are reviewed in detail in this document. Identifying a compound by HPLC is accomplished by researching the literature and by trial and error. A sample of a known compound must be utilized in order to assure identification of the unknown compound. Identification of compounds can be assured by combining two or more detection methods.

1.1. Types of HPLC methods

1. Reverse Phase HPLC Reversed phase chromatography has found both analytical and preparative applications in the area of biochemical separation and purification. Molecules that possess some degree of hydrophobic character can be separated by reversed phase chromatography with excellent recovery and resolution [5]. Uses water-organic as mobile phase, columns may be C18 (ODS), C8, phenyl, Trimethyl Silane (TMS), cyano as a stationary phase. It is first choice for most samples especially neutral or non-ionized compounds, that dissolve in water organic mixtures.

2. Normal Phase HPLC In normal-phase chromatography, the stationary phase is polar and the mobile phase is nonpolar. In reversed phase we have just the opposite; the stationary phase is nonpolar and the mobile phase is

polar. Typical stationary phases for normal-phase chromatography are silica or organic moieties with cyano and amino functional groups. In this the mixtures of organic solvents for mobile phase and columns i.e. cyano, diol and amino silica can be used as stationary phase. It is first choice for mixtures of isomers and for preparative scale HPLC and second choice for lipophilic samples that cannot dissolve well in water organic mixtures [6].

Selectivity and Specificity

Selectivity of the analytical method is defined as the degree to which a method can quantify the analyte in the presence of interferents [11]. The other components which may be present include impurities, degradants, matrix, etc. The term specificity and selectivity is often used interchangeably. The term specific generally refers to a method that produces a response for a single analyte only, while the term selective refers to a method that provides responses for a number of chemical entities that may or may not be distinguished from each other. The International Union of Pure and Applied Chemistry (IUPAC) have expressed the view that "Specificity is the ultimate of Selectivity". The IUPAC discourages use of the term specificity and instead encourages the use of the term selectivity. Specificity study of the chromatographic method is performed by the separation of the analyte from the other potential components such as impurities, degradants or excipients etc. In addition, forced degradation studies are carried out to challenge the method. The forced degradation studies are of particular importance when the impurities are not available. During forced degradation studies, the sample is subjected to the stressed conditions of light, heat, humidity, acid/base hydrolysis and oxidation. The scheme which is generally used for forced degradation studies for drug substances and drug products are summarized in table 1 below [12]. The selectivity of chromatographic methods may be assessed by examination of peak homogeneity or peak purity test. Peak purity test shows that there is no co-elution of any sample component. For this, peak purity assessment is done by using PDA or MS detectors. Representative chromatograms with peaks labelled should be included with resolution, plate count and tailing factor reported in the validation report.

Linearity

Linearity of a method is its ability to obtain test results that are directly proportional to the sample concentration over a given range. For HPLC methods, the linear relationship between detector response (peak area and height) and sample concentration is determined. The relationship can be demonstrated directly on drug substance by dilution of standard stock or by separate weighing of the sample components, using the proposed procedures. Linearity should be evaluated by visual inspection of a plot of signals as a function of analyte concentration or content. If there is linear relationship, test results should be evaluated by appropriate statistical methods, for example, by regression analysis. Data from the regression line is helpful to provide mathematical estimates of the degree of linearity. It is generally expressed in terms of variance around the slope of regression line. In some cases, the analytical responses should be described by the appropriate function of the analyte concentration. The widely used linearity ranges and acceptance criteria for various pharmaceutical methods are listed in the table 2 [13].

Precision

Precision of an analytical method expresses the closeness of agreement between a series of measurements obtained from multiple sampling of the same homogeneous sample under the prescribed conditions. Precision may be considered at three levels: repeatability, intermediate precision and reproducibility. Repeatability is the precision under the same operating conditions over a short interval of time. It is also termed as intra-assay precision. It is assessed by making six sample determinations at 100% concentration or by preparing three samples at three concentrations in triplicates covering the specified range for the procedure. It involves repeated determination of same sample. Intermediate precision expresses within laboratories variation: different days, different analyst, different equipments, etc. It is the term synonymous with the term 'ruggedness', defined by USP. The extent to which intermediate precision should be established depends on the circumstances under which the procedure is intended to be used. To study intermediate precision, use of an experimental design is encouraged. The intermediate precision is generally studied by multiple preparations of sample and standard solution. Reproducibility is the precision obtained by analysis between laboratories. It is generally assessed during collaborative studies at the time of technology or method transfer. It is assessed by means of an interlaboratory trial. The precision data is generally expressed in the form of standard deviation, relative standard deviation and confidence intervals. To ensure precision of method for major analytes, RSD should be $\leq 2\%$. For low level impurities, RSD of 5-10 % is usually acceptable [14].

EXPERIMENTAL METHODS

INSTRUMENTS USED

HPLC WATERS, software: Empower 2, Alliance 2695 separation module. 996 PDA detector.

pH meter Lab India

Weighing machine Sartorius

Volumetric flasks Borosil
Pipettes and Burettes Borosil

CHEMICALS USED

Benazepril Provided by Sura Pharma labs
Hydrochlorothiazide Provided by Sura Pharma labs
Water and Methanol for HPLC LICHROSOLV (MERCK)
Acetonitrile for HPLC Merck

HPLC METHOD DEVELOPMENT

TRAILS

Preparation of standard solution

Accurately weigh and transfer 10 mg of Benazepril and Hydrochlorothiazide working standard into a 10ml of clean dry volumetric flasks add about 7ml of Methanol and sonicate to dissolve and removal of air completely and make volume up to the mark with the same Methanol.

Further pipette 0.1 ml of the above Benazepril and Hydrochlorothiazide stock solutions into a 10ml volumetric flask and dilute up to the mark with Methanol.

Procedure

Inject the samples by changing the chromatographic conditions and record the chromatograms, note the conditions of proper peak elution for performing validation parameters as per ICH guidelines.

RESULTS AND DISCUSSION

(Optimized chromatogram)

Column : Altima C18 (4.6×150mm, 5μ)
Temperature : 35°C
Mobile phase : Water: Methanol: ACN (25:65:10v/v/v)
Flow rate : 1ml/min
Wavelength : 265 nm
Injection volume : 10 μl
Run time : 14 min

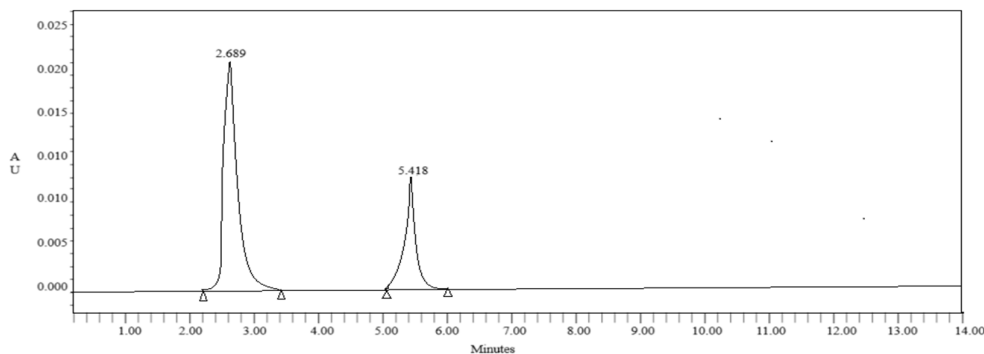


Fig 1: Optimized Chromatogram (Standard)

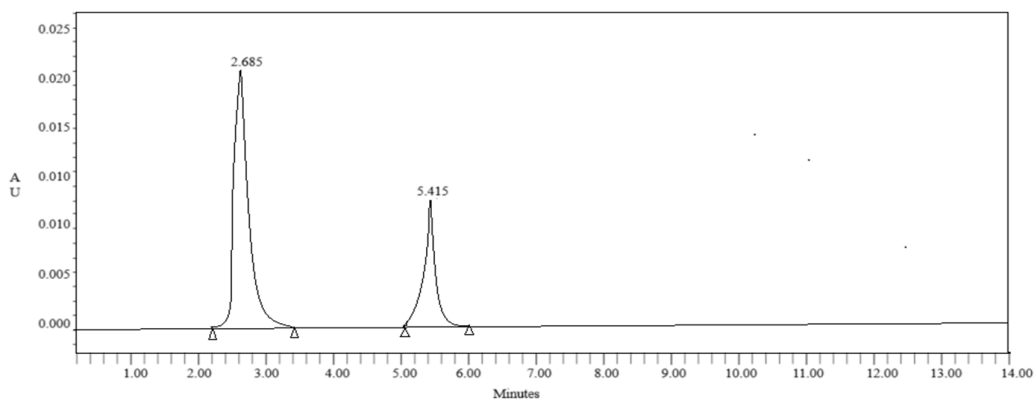
Table 1: Optimized Chromatogram (Standard)

S.No	Name	RT	Area	Height	USP Tailing	USP Plate Count	USP Resolution
1	Benazepril	2.689	2391746	39726	1.2	9028	
2	Hydrochlorothiazid	5.418	194627	8497	1.1	7398	7.4

Observation:

This trial shows improper separation sample peaks, baseline and show very less plate count in the chromatogram. So it's required more trials to obtain good peaks.

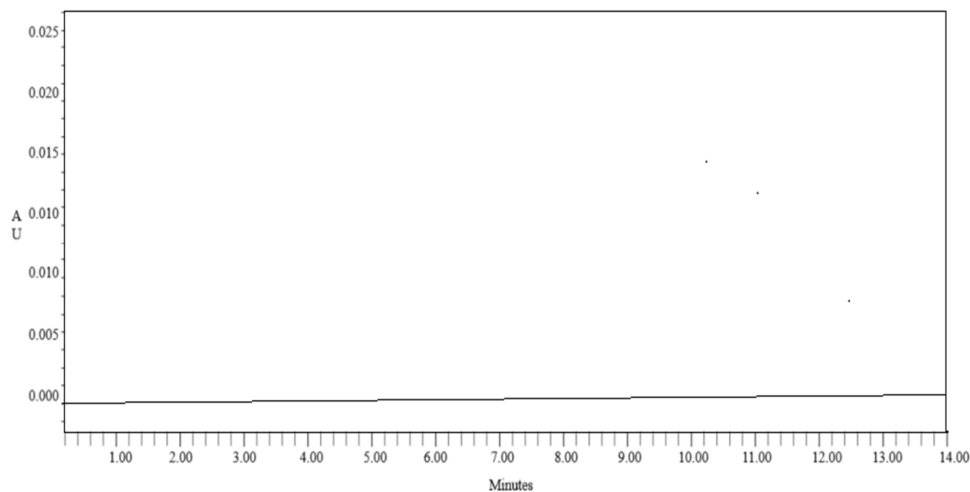
From the above chromatogram it was observed that the Benazepril and Hydrochlorothiazide peaks are well separated and they show proper retention time, resolution, peak tail and plate count. So, it's optimized trial.

Optimized Chromatogram (Sample)**Fig 2: Optimized Chromatogram (Sample)****Table 2: Optimized Chromatogram (Sample)**

S.No	Name	RT	Area	Height	USP Tailing	USP Plate Count	USP Resolution
1	Benazepril	3.213	2381649	391846	1.2	9472	
2	Hydrochlorothiazide	5.478	191057	8104	1.1	8936	7.5

Acceptance criteria:

- Resolution between two drugs must be not less than 2
- Theoretical plates must be not less than 2000
- Tailing factor must be not less than 0.9 and not more than 2.
- It was found from above data that all the system suitability parameters for developed method were within the limit.

VALIDATION**Blank****Fig 3: Chromatogram showing blank (mobile phase preparation)**

System suitability**Table 3: Results of system suitability for Benazepril**

S. No	Peak Name	RT	Area ($\mu\text{V}\cdot\text{sec}$)	Height (μV)	USP Plate Count	USP Tailing
1	Benazepril	2.698	2391746	394171	8952	1.2
2	Benazepril	2.696	2391647	381946	9561	1.2
3	Benazepril	2.690	2381647	391746	6572	1.2
4	Benazepril	2.688	2385631	386562	6452	1.2
5	Benazepril	2.694	2385635	389164	7452	1.2
Mean			2387261			
Std. Dev.			4363.771			
% RSD			0.182794			

Acceptance criteria:

- %RSD of five different sample solutions should not more than 2
- The %RSD obtained is within the limit, hence the method is suitable.

Table 4: Results of system suitability for Hydrochlorothiazide

S. No	Peak Name	RT	Area ($\mu\text{V}\cdot\text{sec}$)	Height (μV)	USP Plate Count	USP Tailing
1	Hydrochlorothiazide	5.425	198362	7917	5272	1.1
2	Hydrochlorothiazide	5.423	197486	7486	6291	1.1
3	Hydrochlorothiazide	5.420	198354	7859	6184	1.1
4	Hydrochlorothiazide	5.419	197352	7926	7145	1.1
5	Hydrochlorothiazide	5.422	198453	7946	6946	1.1
Mean			198001.4			
Std. Dev.			535.1774			
% RSD			0.27029			

Acceptance criteria:

- %RSD of five different sample solutions should not more than 2
- The %RSD obtained is within the limit, hence the method is suitable.

SPECIFICITY

The ICH documents define specificity as the ability to assess unequivocally the analyte in the presence of components that may be expected to be present, such as impurities, degradation products, and matrix components. Analytical method was tested for specificity to measure accurately quantitate Benazepril and Hydrochlorothiazide in drug product.

Assay (Standard)**Table 5: Peak results for assay standard****Benazepril**

S. No	Name	RT	Area	Height	USP Tailing	USP Plate Count
1	Benazepril	2.698	2397162	397161	1.2	9472
2	Benazepril	2.696	2394721	389173	1.2	9745
3	Benazepril	2.690	2389461	391723	1.2	8917

Hydrochlorothiazide

S.No	Name	RT	Area	Height	USP Tailing	USP Plate Count	Resolution
1	Hydrochlorothiazide	5.425	198462	7811	1.1	8492	7.49
2	Hydrochlorothiazide	5.423	198472	8193	1.1	8916	7.52
3	Hydrochlorothiazide	5.420	198735	7972	1.1	9372	7.44

Assay (Sample)**Table 6: Peak results for Assay sample-****Benazepril**

S. No	Name	RT	Area	Height	USP Tailing	USP Plate Count
1	Benazepril	5.420	2391741	381612	1.2	9472
2	Benazepril	5.419	2389166	391746	1.2	8927
3	Benazepril	5.422	2361731	381634	1.2	9017

Hydrochlorothiazide

S. No	Name	RT	Area	Height	USP Tailing	USP Plate Count	Resolution
1	Hydrochlorothiazide	5.420	198641	8174	1.1	9284	7.18
2	Hydrochlorothiazide	5.419	196547	8942	1.1	8974	7.44
3	Hydrochlorothiazide	5.422	194027	7294	1.1	9017	7.38

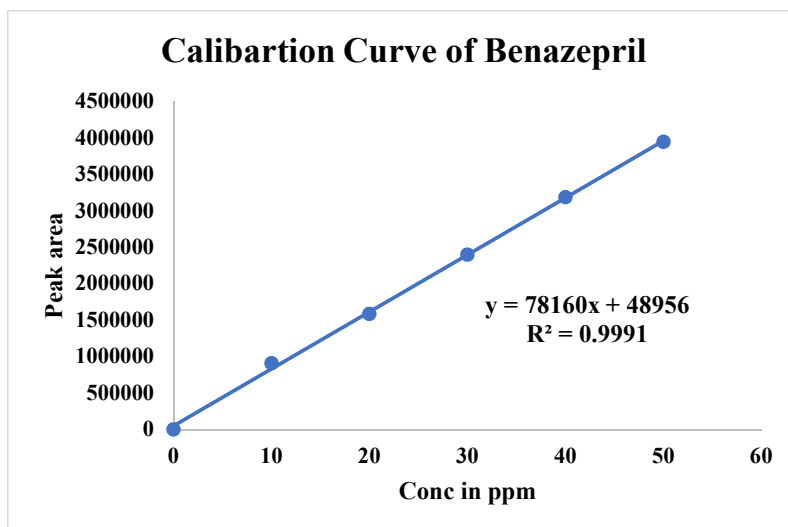
%ASSAY =

$$\frac{\text{Sample area}}{\text{Standard area}} \times \frac{\text{Weight of standard}}{\text{Dilution of standard}} \times \frac{\text{Dilution of sample}}{\text{Weight of sample}} \times \frac{\text{Purity}}{100} \times \frac{\text{Weight of tablet}}{\text{Label claim}} \times 100$$

The % purity of Benazepril and Hydrochlorothiazide in pharmaceutical dosage form was found to be 99.2%.

LINEARITY**CHROMATOGRAPHIC DATA FOR LINEARITY STUDY:****Benazepril**

Concentration µg/ml	Average Peak Area
10	909889
20	1583641
30	2395378
40	3185089
50	3943725

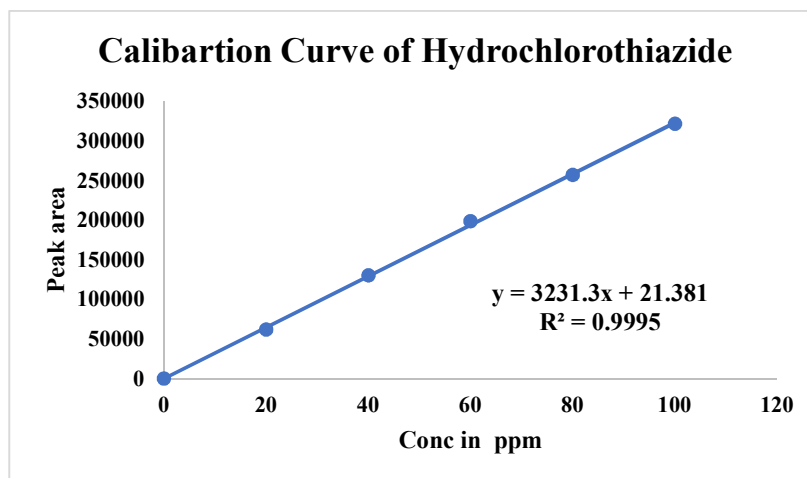


LINEARITY PLOT

Correlation Coefficient (r) is 0.99, and the intercept is 48956. These values meet the validation criteria.

Hydrochlorothiazide

Concentration µg/ml	Average Peak Area
20	61953
40	130213
60	198697
80	257002
100	321658



LINEARITY PLOT

Correlation Coefficient (r) is 0.99, and the intercept is 21.381. These values meet the validation criteria.

Precision

The precision of an analytical procedure expresses the closeness of agreement (degree of scatter) between a series of measurements obtained from multiple sampling of the same homogeneous sample under the prescribed conditions.

REPEATABILITY

Obtained Five (5) replicates of 100% accuracy solution as per experimental conditions. Recorded the peak areas and calculated % RSD.

Table 7: Results of repeatability for Benazepril

S. No	Peak name	Retention time	Area($\mu\text{V}\cdot\text{sec}$)	Height (μV)	USP Plate Count	USP Tailing
1	Benazepril	2.688	2397164	381741	8155	1.2
2	Benazepril	2.694	2391741	371742	9174	1.2
3	Benazepril	2.698	2371846	391746	7154	1.2
4	Benazepril	2.696	2361748	391847	9917	1.2
5	Benazepril	2.690	2371649	384622	9247	1.2
Mean			2378830			
Std.dev			14958			
%RSD			0.628797			

Acceptance criteria:

- %RSD for sample should be NMT 2
- The %RSD for the standard solution is below 1, which is within the limits hence method is precise.

Table 8: Results of repeatability for Hydrochlorothiazide

S. No	Peak name	Retention time	Area($\mu\text{V}\cdot\text{sec}$)	Height (μV)	USP Plate Count	USP Tailing
1	Hydrochlorothiazide	5.419	198464	7291	6274	1.1
2	Hydrochlorothiazide	5.422	193643	7219	6592	1.1
3	Hydrochlorothiazide	5.425	196462	7194	6028	1.1
4	Hydrochlorothiazide	5.423	194644	8174	6927	1.1
5	Hydrochlorothiazide	5.420	198464	8653	5920	1.1
Mean			196335.4			
Std.dev			2190.191			
%RSD			1.115536			

Intermediate precision:**Day 1:****Table 9: Results of Intermediate precision for Benazepril**

S.No	Peak Name	RT	Area ($\mu\text{V}\cdot\text{sec}$)	Height (μV)	USP Plate count	USP Tailing
1	Benazepril	2.689	2389572	395275	9375	1.2
2	Benazepril	2.698	2391847	392175	9275	1.2
3	Benazepril	2.696	2319472	312947	8265	1.2
4	Benazepril	2.690	2306842	310585	6254	1.2
5	Benazepril	2.688	2375972	310694	9028	1.2
6	Benazepril	2.694	2396746	358373	8928	1.2
Mean			2363409			
Std. Dev.			39730.83			
% RSD			1.681082			

Acceptance criteria:

- %RSD of six different sample solutions should not more than 2

Table 10: Results of Intermediate precision for Hydrochlorothiazide

S.No	Peak Name	RT	Area (μV*sec)	Height (μV)	USP Plate	USP Tailing
1	Hydrochlorothiazide	5.418	197284	7194	8264	1.2
2	Hydrochlorothiazide	5.425	197849	7294	9174	1.2
3	Hydrochlorothiazide	5.423	196572	7147	9164	1.2
4	Hydrochlorothiazide	5.420	195028	7927	9733	1.2
5	Hydrochlorothiazide	5.419	199474	8238	9194	1.2
6	Hydrochlorothiazide	5.422	197482	7638	8973	1.2
Mean			197281.5			
Std. Dev.			1466.354			
% RSD			0.74328			

Acceptance criteria:

- %RSD of six different sample solutions should not more than 2

Day 2:**Table 11: Results of Accuracy for concentration-50%****Benazepril**

S.No	Name	RT	Area	Height	USP Tailing	USP Plate Count	Injection
1	Benazepril	2.688	1214719	156568	1.1	6353	1
2	Benazepril	2.694	1218462	164774	1.2	8632	2
3	Benazepril	2.698	1218472	159664	1.1	7554	3

Hydrochlorothiazide

S. No	Name	RT	Area	Height	USP Tailing	USP Plate Count	Injection
1	Hydrochlorothiazide	5.419	98627	7462	1.1	7833	1
2	Hydrochlorothiazide	5.422	98634	7642	1.1	8264	2
3	Hydrochlorothiazide	5.425	98535	7814	1.1	7642	3

The accuracy results for Benazepril

%Concentration (at specification Level)	Area	Amount Added (ppm)	Amount Found (ppm)	% Recovery	Mean Recovery
50%	1217218	112.5	112.4	99.6	99.3
100%	2397141	225	225	100	
150%	3514547	337.5	332.5	98.5	

Acceptance Criteria:

- The percentage recovery was found to be within the limit (98-102%).

The results obtained for recovery at 50%, 100%, 150% are within the limits. Hence method is accurate.

The accuracy results for Hydrochlorothiazide

%Concentration (at specification Level)	Area	Amount Added (ppm)	Amount Found (ppm)	% Recovery	Mean Recovery
50%	98598.67	22.5	22.4	99.9	99.6
100%	198359.7	45	45	100	
150%	291512.3	67.5	66.8	99	

Acceptance Criteria:

- The percentage recovery was found to be within the limit (98-102%).

The results obtained for recovery at 50%, 100%, 150% are within the limits. Hence method is accurate.

LIMIT OF DETECTION

The detection limit of an individual analytical procedure is the lowest amount of analyte in a sample which can be detected but not necessarily quantitated as an exact value.

$$\text{LOD} = 3.3 \times \sigma / s$$

Where

σ = Standard deviation of the response

S = Slope of the calibration curve

Benazepril:

Result:

=12.5 µg/ml

Hydrochlorothiazide:

Result:

=3.7 µg/ml

Quantitation limit

The quantitation limit of an individual analytical procedure is the lowest amount of analyte in a sample which can be quantitatively determined.

$$\text{LOQ} = 10 \times \sigma / S$$

Where

σ = Standard deviation of the response

S = Slope of the calibration curve

Benazepril:

Result:

=38.1 µg/ml

Hydrochlorothiazide:

Result:

=11.4 µg/ml

ROBUSTNESS**Benazepril**

Parameter used for sample analysis	Peak Area	Retention Time	Theoretical plates	Tailing factor
Actual Flow rate of 1.0mL/min	2391746	3.202	9028	1.2
Less Flow rate of 0.9mL/min	2371831	3.639	7381	1.2
More Flow rate of 1.1mL/min	2218319	2.859	9311	1.1
Less organic phase (about 5 % decrease in organic phase)	2294821	3.460	7462	1.2
More organic phase (about 5 % Increase in organic phase)	2394811	3.022	6817	1.1

Acceptance criteria:

The tailing factor should be less than 2.0 and the number of theoretical plates (N) should be more than 2000.

Table 12: Results for Robustness

Hydrochlorothiazide

Parameter used for sample analysis	Peak Area	Retention Time	Theoretical plates	Tailing factor
Actual Flow rate of 1.1mL/min	194627	5.463	7398	1.1
Less Flow rate of 0.9mL/min	183738	6.250	6883	1.1
More Flow rate of 0.8mL/min	198373	4.863	9917	1.2
Less organic phase (about 5 % decrease in organic phase)	178471	6.196	8372	1.1
More organic phase (about 5 % Increase in organic phase)	189462	5.010	7716	1.2

Acceptance criteria:

The tailing factor should be less than 2.0 and the number of theoretical plates (N) should be more than 2000.

SUMMARY AND CONCLUSION

Summary

A reverse-phase high-performance liquid chromatography (RP-HPLC) method was successfully developed and validated for the simultaneous estimation of Benazepril and Hydrochlorothiazide HCl in pure form and pharmaceutical dosage formulations. The method was optimized for precise, accurate, and reproducible results.

The separation was achieved using a Waters HPLC system equipped with an autosampler and PDA detector (996 model). Chromatographic separation was carried out on an Altima C18 column (4.6×150 mm, 5 µm) maintained at 35°C. The optimized mobile phase composition of Water: Methanol: Acetonitrile (25:65:10 v/v/v) delivered at a flow rate of 1 mL/min provided good resolution and peak symmetry for both analytes. Detection was performed at a wavelength of 265 nm, with an injection volume of 10 µL and a total run time of 14 minutes.

The developed RP-HPLC method is simple, rapid, and reliable for the simultaneous determination of Benazepril and Hydrochlorothiazide HCl in bulk and pharmaceutical dosage forms. The method demonstrated excellent system suitability, specificity, and reproducibility, making it suitable for routine quality control analysis of these compounds in both research and pharmaceutical industries.

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BIBLIOGRAPHY

1. Khan MC, Reddy NK, Ravindra G, Reddy KVSRL, Dubey PK. Development and validation of a stability indicating HPLC method for simultaneous determination of four novel fluoroquinolone dimers as potential antibacterial agents. *J Pharmaceut Biomed Anal*, 59, 2012, 162–166.
2. Blanchet B, Sabourea C, Benichou AS, Billemont B, Taieb SR, Alain D. Development and validation of an HPLC-UVvisible method for sunitinibquantification in human plasma. *ClinChimActa*, 404, 2009, 134–139.
3. FDA Guidance for Industry. Analytical Procedures and Method Validation, Chemistry, Manufacturing, and Controls Documentation, Center for Drug Evaluation and Research (CDER) and Center for Biologics Evaluation and Research (CBER), 2000.
4. Korany MA, Mahgoub H, Ossama TF, Hadir MM. Application of artificial neural networks for response surface modeling in HPLC method development. *J Adv Res*, 3, 2012, 53–63.
5. Ferrarini A, Huidobro AL, Pellati F, Barbas C. Development and validation of a HPLC method for the determination of sertraline and three non-chiral related impurities. *J Pharmaceut Biomed Anal*, 53, 2010, 122–129.
6. Collier JW, Shah RB, Bryant AR, Habib MJ, Khan MA, Faustino PJ. Development and application of a validated HPLC method for the analysis of dissolution samples of levothyroxine sodium drug products. *J Pharmaceut Biomed Anal*, 54, 2011, 433–438.
7. Singh S, Bakshi M. Guidance on conduct of stress tests to determine inherent stability of drugs. *Pharma Tech*, 24, 2000, 1- 14. 280 Santhosh G.et al. / Vol 4 / Issue 4 / 2014 / 274-280.
8. Swartz ME, Jone MD, Fowler P, Andrew MA. Automated HPLC method development and transfer. *LcGc N. Am*, 75, 2002, 49-50.
9. Synder LR, Kirkland JJ, Glajach JLX. In *Practical HPLC Methods Development*. John Wiley, New York, 295, 1997, 643- 712.
10. Swartz M, Murphy MB. *New Frontiers in Chromatography*. Am Lab, 37, 2005, 22-27.
11. Debebe Z, Nekhai S, Ashenaf M, David BL, Kalinowski DS, RG Victor, Byrnes WM, Richardson DR, Karla PK. Development of a sensitive HPLC method to measure invitro permeability of E- and Z-isomeric forms of thiosemicarbazones in Caco-2 monolayers. *J Chromatogram B*, 906, 2012, 25–32.
12. www.agilent.com/chem/store (Accessed on 18/5/2013)
13. Dolan JW. Peak tailing and resolution. *LcGc N. Am*, 20, 2002, 430-436.
14. Qiang Fu, Shou M, Chien D, Markovich R, Rustum AM. Development and validation of a stability-indicating RP-HPLC method for assay of betamethasone and estimation of its related compounds. *J Pharmaceut Biomed Anal*, 51, 2010, 617– 625.
15. Nguyen AT, Aerts T, Dam DW, Deyn PPD. Biogenic amines and their metabolites in mouse brain tissue: Development, optimization and validation of an analytical HPLC method. *J Chromatogra B*, 878, 2010, 3003–3014.

16. KS Nataraj, GN Raju, AS Rao, SVS Kumar, S Divya. "European Journal of Pharmaceutical and Medical Research." *European Journal of Pharmaceutical and Medical Research*, vol. 4, no. 5, 2017, pp. 28-36.
17. Sultana, A., Singh, M., Kumar, A., Kumar, R., Saha, P., Kumar, R. S., & Kumar, D. (2022). To Identify Drug-Drug Interaction in Cardiac Patients in Tertiary Care Hospitals. *Journal for Research in Applied Sciences and Biotechnology*, 1(3), 146-152.
18. RC Prabhu, A Maruthapillai, GC Senadi. "Wise AQbD and an Orthogonality Approach to Develop a Short- Runtime Method for the Simultaneous Quantification of Bosentan and Impurities using UPLC Equipped." *Analytical Chemistry*, vol. 93, no. 6, 2021, pp. 3041-3049. doi: 10.1021/acs.analchem.0c05159.
19. S Sharmin, MH Sohrab, F Moni, F Afroz, et al. "Simple RP-HPLC method for Aceclofenac quantitative analysis in pharmaceutical tablets." *Pharmacia*, vol. 67, no. 2, 2020, pp. 79-85. doi: 10.3897/pharmacia.67.e51691.
20. SA Jadhav, SB Landge, SL Jadhav, et al. "Stability-indicating gradient RP-LC method for the determination of process and degradation impurities in bosentan monohydrate: An endothelin receptor antagonist." *Chromatography Research International*, vol. 2011.