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ABSTRACT	ARTICLE INFO
Computational quantum theory methods especially Hartree-Fock (HF) and	Keywords:
Density functional theory (DFT) plays an important role in physical chemistry and	Diphenhydramine.
theoretical physics. Diphenhydramine is an antihistamine and has medicinal value,	Band gap energy. DFT.
that is why it is important to understand its stability, reactivity and structure	Hartree-Fock Theory.
analysis. In this study, we optimize the energy band gaps using different basis sets	
for both DFT and HF methods. LanL2MB at DFT method was selected for the	Revised: 05-December-2019,
molecule. IR, NMR and UV were also investigated during the research.	Accepted: 12-December-2019 ISSN: 2651-3080

1. Introduction

Diphenhydramine is an antihistamine mainly used to treat allergies. It can also be used for insomnia, symptoms of the common cold, tremor in parkinsonism, and nausea.It is used by mouth, injection into a vein, and injection into a muscle. Maximal effect is typically around two hours after a dose, and effects can last for up to seven hours. It has a general molecular formula of C17H21NO and has a IUPAC nomenclature name of 2-(diphenylmethoxy)-N,Ndimethylethanamine.

Many researchers have focused on the development of a sensitive method to measurement diphenhydramine which is important for certain diseases [12-14]. The resulting of nuclear magnetic resonance (NMR) and DFT was provided information of electrochemical properties of diphenhydramine and understanding its neurotransmitter activity in aqueous solutions. DFT theoretical calculation with the basis set of LanL2MB was analyzed various hydrogen bond of diphenhydramine. In this study, we will explain and find the energy band gaps by using Gaussian program software. The different basis sets (3-21G, 6-31G, 6-31G*, 6-311G, LanL2DZ, LanL2MB) for two methods (DFT and HF) performed on diphenhydramine geometry. LanL2MB was chosen at the DFT method to show the IR and NMR spectra for the geometry structure.

2. COMPUTATIONAL METHODS

The diphenhydrmine structure was drawn by Chem. Bio Draw Ultra 14.0 (Fig. 1). The structure of diphenhydramine was optimized by both density functional theory (DFT) and Hartree-Fock (HF) [9]. Different basis sets have been applied to find the energy band gaps of diphenhydramine. The reason why different basis sets were used is that each basis sets involves different functionalities and characteristics. Table 1 shows the energy band gaps for the two methods of different basis sets. The geometry system of diphenhydramine at the B3LYP (DFT), LanL2MB basis set has been chosen [9, 18]. The frequency and NMR were calculated to this basis set [19] The Gaussian 09 program has been used for all the calculations. Also, the origin program was performed for drawing the IR as in figure 3.







3. RESULT AND DISCUSSION

3.1. Energy bandgap

The first task of the computational work is to detect the optimized molecular structure using Gaussian 09 program. The energy band gaps associated with basis sets (3-21G, 6-31G, 6-31G*, 6-311G, LanL2DZ, LanL2MB) were listed in Table 1. The energy band gaps for the Hartree-Fock (HF) method have higher values compared with the density functional theory (DFT). The optimized structural parameter of diphenhydramine with the LanL2MB was selected by the DFT method [9].

Table 1. The energy bandgap for different basis sets forboth HF and DFT methods.

	HF method	DFT method
Basis sets	Energy gaps	Energy gaps
	(ev)	(ev)
3-21G	10.6155	5.56967
6-31G	10.5257	5.60531
6-31G*	10.5257	5.60558
6-311G	10.4196	5.56450
LanL2DZ	10.2408	5.45565
LanL2MB	13.5503	5.87607

3.2. Molecular Structure:

The molecular structure and numbering of atom in the diphenhydramine molecule was shown in Figure 2. The 117 vibration modes are present in the molecule. The first task of computational work was optimization of the molecule. The Gauss programs viewed the number of atoms scheme. To calculate the geometric structure DFT was used.

Figure 2: Optimized molecular structure of Diphenhydramine

3.3. Vibrational Assignments:

The vibrational frequency was calculated by the DFT method at LanL2MB basis sets, FT-IR Figure 3 was observed with various vibration have been present in Table 2. The fundamental functional group present in the molecule vibrated at different frequencies as discussed below.

3.3.1. C-C/C=C vibrations:

The vibration carbon-carbon stretching in a ring usually occurs in a region 1400-1600 cm⁻¹ [21-23]. In aromatic benzene ring the vibration carbon-carbon was occurred in the region 1420-1625 cm⁻¹. In the aromatic like benzene has six-member rings, there are two or more vibration are occur in a region due to the vibration of the skeletal, the strong vibration was started at 1500 cm⁻¹. Moreover, where the ring is conjugated by the groups the further vibration observed at 1580 cm⁻¹. In the present work, the carbon-carbon stretching vibration occurred in a region 1768.02-1839.39 cm⁻¹. The strong starching vibration of C=C in a ring occurred in a region 1579.42-1675.25 cm⁻¹. The vibration carbon-carbon single bond occurred in 1417.40-1488.18 cm⁻¹ it is symmetrical vibration, but the stronger vibration for C-C in benzene ring was observed in region 1488.18 cm⁻¹. In 595.44, 649.6, 723.66 and 731.78 cm⁻¹ C-C and C=C in a plane (in a ring) was rocking but in a region 884.88, 896.45 and 964.37 cm⁻¹ was symmetrical Stretching.

3.3.2. C-H vibrations:

Commonly aromatic compounds in a region 3473-3468 cm⁻¹ were observed multiple weak bonds due to the C-H stretching vibration of the aromatic rings [24]. The C-H bending vibration in a plan was observed

in a region 990-1390 cm⁻¹ and the peak was weak intensity [25]. This bond of C-H in a plane was very useful to find the characterization of compounds [26]. When the carbon and hydrogen are in a plane, it vibrates above 1200 cm-1 and usually moves in the opposite direction. [27, 28]. The C-H out of the plane usually occurs in a region 700-1000 cm⁻¹ [29, 30]. In our diphenhydramine molecule the C-H symmetrical stretching vibration out of the plane was observed between the regions 3027.75-3094.4 cm⁻¹, but the C-H in a plane was symmetrically vibrated between the regions 3181.27-3236.82 cm⁻¹. This is an agreement with literature survey. In a region 3236.82- 526.53 cm⁻¹ all C-H

1152.66 cm⁻¹ was scissoring._._

996.46 cm⁻¹ was symmetrical and in a region,

out of the plan was rocking vibrations. Also, al hydrogen was rocking vibration in diphenhydramine molecules in a region between 1181.68- 1256.21cm⁻¹.

3.3.3. C-N vibration

In this study of diphenhydramine structure was shown the vibration of C-N in a region

St. NO	vibration assignments	observed frequency (cm ⁻¹)	St. NO	vibration assignments	observed frequency (cm ⁻¹)
1	(C-H) out	43.77	32	(all H) ro	1181.68
2	(C-H) out	80.72	33	(all H) ro	1200.46
3	(C-H) out	128.26	34	(all H) ro	1227.25
4	(C-H) out	191.71	35	(all H) out,ro	1256.21
5	(C-H) out	249.98	36	(C1-O8)Sy,s	1281.71
6	(O7-H17)ro	273.63	37	(C4-C12)Sy,s	1326.77
7	(N14-H15,16)ro	283.72	38	(C12-C13)Sy,s	1358.67
8	(N14-H15,16)ro (C-O)ro	297.55	39	(C-C)in,Sy	1383.2
9	(C-H)out,ro	312.8	40	(all H)out, ro	1399.39
10	(C-H) out,ro	369.13	41	(C-C)in,Sy	1417.4
11	(C-H) out,ro	428.62	42	(C-C)in,Sy	1427.62
12	(C-H) out,ro	458.24	43	(C-C)in,Sy	1488.18
13	(C-H) out,ro	473.85	44	(C13-H21,22)sc	1527.34
14	(C-H) out,ro	490.4	45	(C12-H19,20)sc	1531.68
15	(C-H) out,ro	526.53	46	(C=C)in,Sy	1579.42
16	(N14-H15,16)ro	569.12	47	(C=C)in,Sy	1666.41
17	(C-C,C=C)in,ro	595.44	48	(C=C)in,Sy	1675.25
18	(C-C,C=C)in,ro	649.6	49	(N14-H15,16)sc	1709.1
19	(C-C,C=C)in,ro	723.66	50	(C12-H19,20)sy	3027.75
20	(C-C,C=C)in,ro	731.78	51	(C13-H21,22)sy	3043.08
21	(C-H) ro	794.48	52	(C12-H19,20)asy	3074.14
22	(C-H) ro	844.21	53	(C13-H21,22)asy	3094.4
23	(C-H) ro	857.95	54	(C5-H9)sy	3181.27
24	(C12-C13)sy	884.88	55	(C3-H10)sy	3199.5
25	(C12-C13)sy	896.45	56	(C2-H11)sy	3236.82
26	(C12-C13)sy	964.37	57	(N14-H15,16)sy	3551.73
27	(C-H)in,sc	976	58	(O8-H18)sy	3626.92
28	(C12-H19,20)ro	1020.82	59	(N14- H15,16)asy	3672.03
29	(C13-N14)sy	1103.82	60	(O7-H17)sy	3705.43
30	(O7-H17)ro	1126.49			
31	(C13-N14)sc				

Table 2. Various vibration of atoms calculated by DFT (LanL2MB)

Abbreviation: out: out of the plane, ro: rocking, sy: symmetrical, asy: anti-symmetrical, in: in the plan, sc: Scissoring.



Figure 3. FT-IR Spectrum of Diphenhydramine.

4. NMR analysis

The ¹³C NMR chemical shifts used to identify chemical compounds [35]. GIAO (Gauge Including Atomic Orbital) is the faster procedure to calculation upon the basis set used. A GIAO method was preferable for many aspects state of the subject [36]. NMR was used to calculation chemical shift for the title compound best on TMS HF/6-31 G(d) GIAO, TMS B3LYP/6-311+G(2d, P)GIAO, and CH4 HF/LanL2MB(d) GIAO for carbon atoms. Hydrogen and nitrogen best on TMS HF/6-31 G(d) GIAO, TMS B3LYP/LanLMB(2d, P)GIAO and oxygen best on the H2O B3LYP/LanL2MB(2d, P) GIAO, H2O HF/LanL2MB(d) GIAO. Table 3 showed the 13C NMR for all references. According to TMS HF/LanL2MB(d) reference, the carbon was ordered from C3>C1>C4>C6>C5>C2>C12>C13 that means carbon number C3 was higher ppm lower filed but C13 was lower ppm higher filed. However, for TMS b3LYP/LanL2MB(2d,P) reference to carbon atoms was order from C6>C1>C3>C4 >C2>C5>C13>12 in this reference C6 was observed at higher ppm lower filed but C12 was lower ppm higher filed. For the reference, CH4 HF/6-31 G(d), C1>C6>C4>C3>C2>C5>C13>C12, carbon number one (C1) was found in higher ppm and carbon number twelve found in lower ppm higher filed.

For H-NMR Table 4 used two references TMS HF/LanL2MB G(d)GIAO and TMS B3LYP/LanL2MB+G(2d, P) GIAO. According to the reference TMS HF/LanLMB (d) GIAO the observation hydrogen peak started from higher filed (H15) to the end of lower filed (H11).H11>H10>H9>H18>H22>H17>H21>H19>H20>H 16>H15. **Besides** for reference TMS B3LYP/LanL2MBG(2d,P) GIAO the order of hydrogen peak is the same as the previse reference with a little be

different in a lower ppm for all hydrogen atoms. The NMR

for nitrogen shown in Table 5, the peak was observed at 19.98 ppm for TMS HF/6-31 G(d)GIAO, but for TMS B3LYP/6-311+G(2d, P) GIAO was observed at 17.5ppm. .

 Table 3. The observed C NMR chemical shifts in ppm for

 Dopamine

Dopannic				
C. NO	NONE ppm	TMS HF/LanL2 MB(d) GIAO Ppm	TMS B3LYP/LanL2 MB+G(2d,P) GIAO ppm	CH4 HF/LanL2M B(d) GIAO ppm
C1	54	146	151.9	145
C2	80.9	120.7	102	118.3
C3	75	155	132.7	124.1
C4	55.7	145.8	123	133.9
C5	84	124	98.3	115
C6	56	144	153.9	143.1
C12	151	71	31.9	48.1
C13	149	69	33.8	50.1

 Table 4. The observed H NMR chemical shifts in ppm for

 Diphenhvdramine

H. NO	NONE ppm	TMS HF/6-31 G(d) GIAO ppm	TMS B3LYP/6- 311+G(2d,P) GIAO ppm	
H9	26.79	5.81	5.1	
H10	26.1	6.5	5.78	
H11	25.83	6.7	6.0	
H15	33.2	- 0.6	- 1.31	
H16	32.41	0.9	- 0.58	
H17	29.85	2.75	2.05	
H18	27.6	5.0	4.28	
H19	30.25	2.31	1.61	
H20	30.8	1.8	1.1	
H21	30.05	2.55	1.58	
H22	29.78	2.82	2.13	

5. CONCLUSION

In this work, all basis sets with both HF and DTF methods investigated to calculation bandgap energy for

diphenhydramine molecule. Proposed the better basis set is LanL2MB according to the literature previous. The IR shows the vibration for all atoms that is good agreement with the kinds of literature. NMR has determined the identity of the molecular structure. The peaks of atoms in NMR were the relation with the types of references which was used on it. For example, C1 has different shifted in a ppm for all three references. For nitrogen and hydrogen used only TMS HF/6-31 G(d)GIAO, TMS B3LYP/6-311+G(2d, P) also the chemical shift was different. The reference H2O HF/6-31 G(d)GIAO and H2O B3LYP/6-311+G(2d, P)GIAO show the oxygen's ppm and it is closed to each other.

AKNOLOGMENT

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REFERENCES

- Hubbard, John R.; Martin, Peter R. (2001). Substance Abuse in the Mentally and Physically Disabled. CRC Press. p. 26. ISBN 9780824744977.
- [2] "Showing Diphenhydramine (DB01075)". DrugBank. Archived from the original on 31 August 2009. Retrieved 5 September 2009.
- [3] Paton DM, Webster DR (1985). "Clinical pharmacokinetics of H1-receptor antagonists (the antihistamines)". Clinical Pharmacokinetics. 10 (6): 477–97. doi:10.2165/00003088-198510060-00002. PMID 2866055.
- [4] AHFS Drug Information. Published by authority of the Board of Directors of the American Society of Hospital Pharmacists. 1990.
- [5] Simons KJ, Watson WT, Martin TJ, Chen XY, Simons FE (July 1990). "Diphenhydramine: pharmacokinetics and pharmacodynamics in elderly adults, young adults, and children". Journal of Clinical Pharmacology. 30 (7): 665–71. doi:10.1002/j.1552-4604.1990.tb01871.x. PMID 2391399.
- [6] Garnett WR (February 1986). "Diphenhydramine". American Pharmacy. NS26 (2): 35–40. PMID 3962845.
- [7] "Diphenhydramine Hydrochloride". Drugs.com. American Society of Health-System Pharmacists. 6

September 2016. Archived from the original on 15 September 2016. Retrieved 28 September 2016.

- [8] Schroeck JL, Ford J, Conway EL, Kurtzhalts KE, Gee ME, Vollmer KA, Mergenhagen KA (November 2016). "Review of Safety and Efficacy of Sleep Medicines in Older Adults". Clinical Therapeutics. 38 (11): 2340–2372. doi:10.1016/j.clinthera.2016.09.010. PMID 27751669.
- [9] "Diphenhydramine Pregnancy and Breastfeeding Warnings". Drugs.com. Archived from the original on 2 October 2016. Retrieved 28 September 2016.
- [10] Ayd, Frank J. (2000). Lexicon of Psychiatry, Neurology, and the Neurosciences. Lippincott Williams & Wilkins. p. 332. ISBN 978-0-7817-2468-5. Archived from the original on 8 September 2017.
- [11] Dörwald, Florencio Zaragoza (2013). Lead Optimization for Medicinal Chemists: Pharmacokinetic Properties of Functional Groups and Organic Compounds. John Wiley & Sons. p. 225. ISBN 978-3-527-64565-7. Archived from the original on 2 October 2016.
- [12] "Benadryl". Ohio History Central. Archived from the original on 17 October 2016. Retrieved 28 September 2016.
- [13] "Diphenhydramine". International Drug Price Indicator Guide. Retrieved 28 September 2016.
- [14] Hamilton, Richart (2015). Tarascon Pocket Pharmacopoeia 2015 Deluxe Lab-Coat Edition. Jones & Bartlett Learning. p. 240. ISBN 978-1-284-05756-0.
- [15] "The Top 300 of 2019". clincalc.com. Retrieved 22 December 2018.
- [16] "Diphenhydramine Hydrochloride Monograph". Drugs.com. The American Society of Health-System Pharmacists. Archived from the original on 15 June 2011.
- [17] Brown HE, Stoklosa J, Freudenreich O (December 2012). "How to stabilize an acutely psychotic patient" (PDF). Current Psychiatary. 11 (12): 10–16. Archived from the original (PDF) on 14 May 2013.
- [18] Smith DW, Peterson MR, DeBerard SC (August 1999).
 "Local anesthesia. Topical application, local infiltration, and field block". Postgraduate Medicine. 106 (2): 57–60, 64–6. doi:10.3810/pgm.1999.08.650. PMID 10456039.
- [19] American Society of Health-System Pharmacists. "Diphenhydramine Hydrochloride". Drugs.com.

Archived from the original on 15 September 2016. Retrieved 2 August 2016.

- [20] Banerji A, Long AA, Camargo CA (2007).
 "Diphenhydramine versus nonsedating antihistamines for acute allergic reactions: a literature review". Allergy and Asthma Proceedings. 28 (4): 418–26. doi:10.2500/aap.2007.28.3015. PMID 17883909.
- [21] Young WF (2011). "Chapter 11: Shock". In Humphries RL, Stone CK (eds.). CURRENT Diagnosis and Treatment Emergency Medicine, LANGE CURRENT Series (Seventh ed.). McGraw–Hill Professional. ISBN 978-0-07-170107-5.
- [22] Sheikh A, ten Broek VM, Brown SG, Simons FE (January 2007). "H1-antihistamines for the treatment of anaphylaxis with and without shock". The Cochrane Database of Systematic Reviews (1): CD006160. doi:10.1002/14651858.CD006160.pub2. PMC 6517288. PMID 17253584.
- [23] MedlinePlus Encyclopedia Diphenhydramine Topical
- [24] Aminoff MJ (2012). "Chapter 28. Pharmacologic Management of Parkinsonism & Other Movement Disorders". In Katzung B, Masters S, Trevor A (eds.). Basic & Clinical Pharmacology (12th ed.). The McGraw-Hill Companies, Inc. pp. 483–500. ISBN 978-0-07-176401-8.
- [25] Monson K, Schoenstadt A (8 September 2013)."Benadryl Addiction". eMedTV. Archived from the original on 4 January 2014.
- [26] Dinndorf PA, McCabe MA, Friedrich S (August 1998).
 "Risk of abuse of diphenhydramine in children and adolescents with chronic illnesses". The Journal of Pediatrics. 133 (2): 293–5. doi:10.1016/S0022-3476(98)70240-9. PMID 9709726.
- [27] Flake ZA, Scalley RD, Bailey AG (March 2004). "Practical selection of antiemetics". American Family Physician. 69 (5): 1169–74. PMID 15023018. Archived from the original on 24 March 2016. Retrieved 10 March 2016.
- [28] Medical Economics (2000). Physicians' Desk Reference for Nonprescription Drugs and Dietary Supplements, 2000 (21st ed.). Montvale, NJ: Medical Economics Company. ISBN 978-1-56363-341-6.
- [29] Brunton L, Chabner B, Knollmann B (2011). "Chapter 32. Histamine, Bradykinin, and Their Antagonists". In Brunton L (ed.). Goodman & Gilman's The Pharmacological Basis of Therapeutics (12e ed.). McGraw Hill. pp. 242–245. ISBN 978-0-07-162442-8.

- [30] "High risk medications as specified by NCQA's HEDIS Measure: Use of High Risk Medications in the Elderly" (PDF). National Committee for Quality Assurance (NCQA). Archived from the original (pdf) on 1 February 2010.
- [31] "2012 AGS Beers List" (PDF). The American Geriatrics Society. Archived from the original (PDF) on 12 August 2012. Retrieved 27 November 2015.
- [32] Black RA, Hill DA (June 2003). "Over-the-counter medications in pregnancy". American Family Physician. 67 (12): 2517–24. PMID 12825840.
- [33] Spencer JP, Gonzalez LS, Barnhart DJ (July 2001)."Medications in the breast-feeding mother". American Family Physician. 64 (1): 119–26. PMID 11456429.
- [34] de Leon J, Nikoloff DM (February 2008). "Paradoxical excitation on diphenhydramine may be associated with being a CYP2D6 ultrarapid metabolizer: three case reports". CNS Spectrums. 13 (2): 133–5. doi:10.1017/s109285290001628x. PMID 18227744.
- [35] American Academy of Hospice and Palliative Medicine, "Five Things Physicians and Patients Should Question", Choosing Wisely: an initiative of the ABIM Foundation, American Academy of Hospice and Palliative Medicine, archived from the original on 1 September 2013, retrieved 1 August 2013, which cites
- [36] Smith TJ, Ritter JK, Poklis JL, Fletcher D, Coyne PJ, Dodson P, Parker G (May 2012). "ABH gel is not absorbed from the skin of normal volunteers". Journal of Pain and Symptom Management. 43 (5): 961–6. doi:10.1016/j.jpainsymman.2011.05.017. PMID 22560361.
- [37] Weschules DJ (December 2005). "Tolerability of the compound ABHR in hospice patients". Journal of Palliative Medicine. 8 (6): 1135–43.