Macro—and Microdetermination of Ascorbic Acid Using Potassium Permanganate as an Oxidant in Fluoride Medium

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An accurate and precise method is given for the determination of ascorbic acid by direct visual, potentiometric and amperometric titrations with permanganate as an oxidant in fluoride medium. Amounts of ascorbic acid down to 7.08 μ g could be determined accurately under the optimum conditions.

A MONG the titrimetric methods that have been reported for the determination of ascorbic acid¹⁻¹⁰, potassium permanganate is the favourite reagent. However, the reaction between ascorbic acid and permanganate in acid medium is sluggish and the error obtained in the determination exceeded 2%¹¹. Scanity of literature reveals no study on the reaction with permanganate in acid medium containing fluoride ions using visual and potentiometric titrations. Also, an amperometric end point has not been utilized for the microdetermination of ascorbic acid using the rotating Pt-electrode vs S.C.E. as reference at zero e.m.f. The present paper is aimed at finding the optimum conditions for such methods.

Experimental

Preparation of solutions: Potassium permanganate solutions were prepared¹² and standardized¹⁸ as recommended. Ascorbic acid solutions were prepared by dissolving the AnalaR product in doubly distilled water and standardized as recommended³. Other solutions including 0.48M sodium fluoride, 5 M sulphuric acid and 0.25M cupric sulphate were prepared from the AnalaR chemicals in doubly distilled water.

Electrical equipments and titration procedures: The potentiometric¹⁴ and the amperometric¹⁵ titration assemblies and the titration procedures were the same as previously described.

Results and Discussion

Titration of ascorbic acid solutions was carried out under a variety of conditions including different acidity, fluoride ion concentration, cupric ion concentration, temperature and concentration of ascorbic acid, in order to find out the optimum conditions for a successful determination and for the following reaction to take place quantitatively according to the equation

$$MnO_{4}^{-}+2C_{6}H_{8}O_{6}+2HF_{2}^{-}+2H^{+} \approx 2C_{6}H_{6}O_{6} + MnF_{4}^{-}+4H_{9}O_{6}$$

(a) Determination of ascorbic acid at the milligram level (visual and potentiometric titrations) :

It is clear from the results in Table 1, that good end points corresponding to oxidation of ascorbic acid to the dehydroascorbic acid whereby permanganate is reduced to manganic are obtained at acidities varying from 0.1 to 0.22M sulphuric acid and sodium fluoride content of 0.24 to 0.38M, both in the visual and potentiometric procedures. Under these conditions, the reaction takes place quantitatively between 25 and 40°. However in the visual titrations, cupric ions should be added in ratio of 1:1 to 1:5 (cupric ions : ascorbic acid), in order to conceal the pink colour of manganic fluoride which vitiates the end point and hence renders the latter distinct. However, a blank experiment was done and the volume of KMnO₄ consumed by Cu^{+s} ions was subtracted from the titrant.

In the potentiometric titration, the end point is not affected by the addition of Cu^{+2} ions and the end point is the same as in the absence of Cu^{+2} ions.

The role played by F^- ions is to stabilize the trivalent manganese through the formation of the stable MnF_{4}^{-} complex; the reduction of permanganate will then be at the manganic step and not at the manganous as the MnF_{4}^{-} complex is more stable compared to the fluorocomplex of $Mn^{+2.16}$

At lower acidities (< 0.06M, sulphuric), the solution gets turbid due to formation of insoluble oxides of manganese. On the other hand, at acidities higher than 0.25M sulphuric acid, primature end points are obtained due to partial formation of bivalent manganese.

Таві	E 1-POTENTI	OMETRIC AND 0.1 M	VISUAL TITRA' H ₂ SO ₄ and 0.24	TION OF ASCO M NaF (total	RBIC ACID WITH volume 100 ml)	H KMnO₄	IN PRESENCE OF
Ascorbic Acid			KMnO ₄ consumed		Theoretical	Error	Inflection at end point
Volume (ml)	Molarity (M)	Amounts	Volume (ml)	Molarity	end point	%	(mV/0.1 ml of titrant)

(ml)	(M)	Amounts (mg)	(ml)	(M)	(ml)	70	
			Potention	etric titration			
2	0.0005	0.1761	2.51	0.0002	2.50	0.40	160
5	0.0005	0.4403	6.24	0 0002	6.25	0.16	172
5	0.0042	3.6988	5.26	0.0020	5.25	0.19	198
5	0.0480	42.2714	6.01	0.0200	6.00	0.17	218
5*	0.0480	42.2714	5.96	0.0200	6.00	0.67	202
5**	0.0480	42,2714	6. 0 3	0.0200	6.00	0.50	226
		Vi	sual titration in	n presence of 5 a	ml 0.25M CuSO	•	
8	0.0042	5.9180	8.42	0.0020	8.40	0.24	
5	0.0480	42.2714	6.02	0.0200	6. 0 0	0.33	
5***	0.0480	42.2714	6.05	0.0200	6.00	0.83	





 $\begin{array}{l} \begin{array}{l} 1.1 \\ M & 1.0 \\ M & 1.0$

Under the optimum conditions, amounts of ascorbic acid in the range 0.18-42.27 mg can be

determined accurately with error less than 1%. The titration curves (Fig. 1), are smooth possessing one reasonable inflection at the equivalence point.

(b) Determination of ascorbic acid at the microgram level (amperometric titration) :

The results obtained on applying the amperometric method to determine ascorbic acid below the mg level under the optimum conditions of acidity and fluoride ion concentration, are listed in Table 2 and are represented graphically in Fig. 2. It is

	Ascorbic A	Acid (mg)	Error	Standard**	Total Vol.
No.*	Taken	Found	(%)	deviation	of solution
				(mg)	(m 1)
1.	0.0070	0.0071	0.28	0.0010	10
2.	0.0176	0.0175	0.28	0.0023	10
3.	0.0705	0.0710	0.67	0,0012	25
4.	0.4403	0.4387	0.36	0.0034	10
5.	0.8806	0.8810	0.04	0.0013	10
6,	0.8806	0.8792	0.16	0.0016	25
7.	1.7612	1.7619	0.04	0.0064	25
8.	4.4033	4.4226	0.43	0.0044	25
9.	17.613	17.6193	0.03	0.0134	25
10.	35.226	35.1315	0.26	0.0221	25

acid, 0.0101M KMnO₄ determined in presence of 0.1M H₂SO₄ and 0.24M NaF.

**10 single titrations for each concentration.

shown that amounts of ascorbic acid as low as 7.08 μ g can be determined accurately and under the same optimum conditions for the potentiometric procedure.

The amperometric method is simple, rapid and advantageous than the potentiometric one especially



Fig. 2. Amperometric titration of ascorbic acid with KMnO. (total volume 25 ml)

 $-0.2 \text{ ml} 2.01 \times 10^{-4} M$ ascorbic acid; $1.01 \times 10^{-4} M$

- $K = 0.2 \text{ m}^2$ S.01 × 10⁻²M ascorbic solu; 1.01×10⁻²M KMnO₄; 0.1M H₃SO₄; 0.24M NaF. B-2 ml 2.01×10⁻⁴M ascorbic acid; 1.01×10⁻⁴M KMnO₄; 0.1M H₃SO₄ = 0.24M NaF. C-1 ml 5×10⁻²M ascorbic acid; 1.01×10⁻⁸M KMnO₄;
- $0.2M H_{9}SO_{4}$; 0.24M NaF. D-1 ml $5 \times 10^{-9}M$ ascorbic acid; $1.01 \times 10^{-9}M$
- $K = 4 \text{ min } 0.5 \times 10^{-4} \text{ ascorbic } \text{scid}; 1.01 \times 10^{-6} M$ K = 4 min 0.0500 M ascorbic scid; 0.0101 M KMnO₄; $0.1M = 8O_4; 0.24 M = 80$.

on dealing with lower concentrations of reductant since the minimum amount of ascorbic acid, determined by the potentiometric procedure is | only 0.18 mg.

The equivalence point was reproducible. For quantitative determination of ascorbic acid. 10 samples between $5 \times 10^{-2} M$ and $2 \times 10^{-6} M$ concentrations of reductant were selected, and for every sample, the titration was repeated six times. The average error in the determination was well below \pm 1%. The amperometric method can therefore be considered as a good analytical tool for determining microamounts of ascorbic acid.

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