

Development, Optimization & Evaluation Of Solid Lipid Nanoparticles Of Celecoxib

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ABSTRACT

Celecoxib belongs to the category of nonsteroidal anti-inflammatory drug having poor oral bioavailability caused by the first-pass metabolism. Work in present to improve the oral bioavailability of celecoxib by incorporating into SLNs. Several celecoxib loaded formulation of SLNs were formulated using lipid by a method known as solvent emulsification-diffusion method and optimization is done by central composite drug design. The physical compatibility study of drug excipients was done by FTIR. Optimizes celecoxib loaded-SLNs have particle size in range of 314 nm with entrapment efficiency varying in between 79% was developed. The comparison between the data of ex-vivo release and marketed formulation was done. It showed an important difference observed between marketed formulation and optimized formulation. The data of optimized formulation released and was subjected to many release kinetic model, the model known as Higuchi kinetic was found to be best fitted with $R^2=0.955$. The result obtained shows that the SLNs are potential lipid carrier for the improvement of celecoxib by the minimization of the first pass metabolism.

Keywords: SLN, FTIR, Non-steroidal Anti-Inflammatory, Emulsification-Diffusion.

1. INTRODUCTION

1.1 ORAL DRUG DELIVERY

The most simple, convenient and economical route for drug delivery is oral route. The most preferential route of administration and researchers are finding ways to incorporate various technologies in oral formulations (Gupta et al. 2009).

The most preferred route is oral drug delivery as it provides the large active surface area than other delivery system for the various drug administrations (Kushal et al. 2013). The recent development and advancement in technology of oral medication have helped the pharmaceutical industry in the improvement of dosage form (Zaman et al. 2016). Many unique features are presently being efficiently utilized for increasing the most great outcomes with fewer disadvantages. NDDS (Novel drug delivery system) is imperative. This system has remedial efficiency, little predominance of toxicity and better stability profile (Moodley et al. 2012).

1.1.1 Gastrointestinal tract (GIT)

GIT comprises of a void muscular tube beginning from the oral cavity, where food enters into the mouth, and ends with anus where food is discharged, in between comprises of the pharynx, throat, abdomen, and intestines to the rectum (Saunders et al. 2006).

1.1.2 UPPER GIT

Esophagus, Stomach, and duodenum

The esophagus is a tube composed of muscles and approximately 250mm in length and 20mm in diameter. It reaches out from the pharynx to the abdomen after passing through an opening in the stomach (Drake et al. 2005). The esophagus functions as a vehicle medium between compartments (Barron et al. 2010).

A J-shaped expanded bag is called the abdomen which is found simply left of the midline between the small intestine and esophagus.

The internal surface of the abdomen is composed of longitudinal folding called rugae which enables the stomach to enlarge when nourishment enters. The functions of the stomach incorporate capacity of nourishment, mechanical breakdown, absorption and digestion (Cohen et al. 2005).

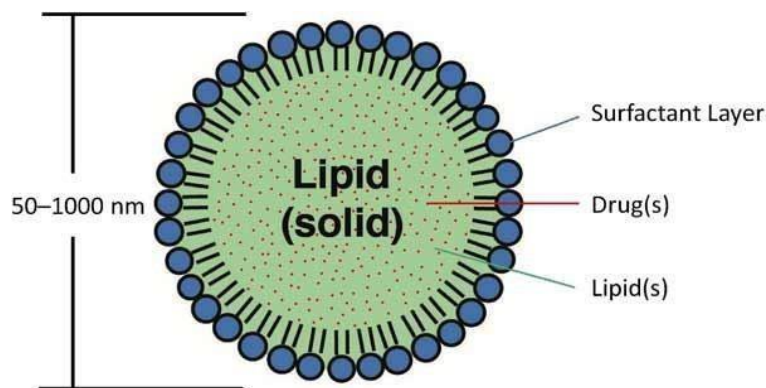
The duodenum lies in the middle of the upper and lower tracts. The duodenum is partitioned into four segments in particular bulb, descending, horizontal, and ascending (Farlex et al. 2011).

1.1.3 LOWER GIT

Small Intestine

The principle capacity of the small digestive system is to assimilate proteins, lipids, and nutrients. It is around 6m long, reaching out from the pyloric sphincter of the abdomen to the ileocaecal valve isolating the ileum from the caecum.

1.2 SOLID LIPID NANOPARTICLES



In the quickly developing field of nanotechnology, SLNs are at the cutting edge with a numerous prospective applications in the medication conveyance, research, clinical medicine just as in other varied sciences. Because of their extraordinary size-dependent properties, nanoparticles recommend the possibility to create new therapeutics (Kishore et al. 2016). The medications can be integrated into

the nanocarriers. This capacity provides another model in medication conveyance and can be utilized for secondary and tertiary levels of targeting drugs. Therefore, great promise for achieving the objective of site-specific and controlled medication conveyance is held by SLNs and hence wide researchers are attracted (Reddy et al. 2014).

1.3 METHOD OF PREPARATION OF SLNs

- 1.1.3 High-pressure homogenization
 - 1.1.3.1 Hot homogenization
 - 1.1.3.2 Cold homogenization
- 1.3.4 Ultrasonication/high-speed homogenization
 - 1.3.2.1 Probe ultrasonication
 - 1.3.2.2 Bath ultrasonication
- 1.3.5 Solvent emulsification-evaporation method
- 1.3.6 Solvent emulsification-diffusion method
- 1.3.7 Supercritical fluid technique
- 1.3.8 Microemulsion-based technique
- 1.3.9 Precipitation technique
- 1.3.10 Film-ultrasound dispersion technique
- 1.3.11 Double emulsion method
- 1.3.12 Solvent Injection Technique
- 1.3.13 Membrane Contact method

2. OBJECTIVE OF PROPOSED RESEARCH WORK

The objective of present research work is Formulation, optimization, and evaluation of solid lipid nanoparticles of Celecoxib.

1. The SLNs of celecoxib is prepared by the Solvent emulsification-diffusion technique.
2. The optimization of the SLN formulation is done by using Central Composite Design.

3. Ex-vivoreleasecharacterizatio

2.1 PLANOFWORK

2.1.1 Literaturesurvey

2.1.2 PROCUREMENTOFDRUGANDEXCIPIENTS

2.1.3 PreformulationStudies

- a) Identificationofdrug
- b) Assay
- c) Solubilityprofile
- d) MeltingPoint
- e) Partitioncoefficient
- f) Drug-Excipientinteraction

2.1.4 PREPARATIONOFTHEFORMULATION

- g) Selectionoflipid andsurfactant(Onbasisofsolubilitystudies)
- h) DeterminationoftheconcentrationrangeofLipid,surfactant,and solvent.
- i) PreparationofformulationsbySolventemulsification-diffusiontechnique
- j) Optimizationbydesignexpertsoftware.

2.1.5 CharacterizationofdrugloadedSolidlipidnanoparticles

- k) Morphology
- l) Particlesize
- m) Zetapotential
- n) Polydispersityindex
- o) Drugentrapment efficiency
- p) Drugloading

2.1.6 Ex-vivostudies

2.1.7 INvivostudies(PawEdemamethod)

2.1.8 Stabilitystudies

2.1.9 Resultanddiscussion

2.1.10 Summaryandconclusion

3. RESULTANDDISCUSSION

3.1 ORGANOLEPTICPROPERTIES

3.1.1 PhysicalAppearance Colour : White Physical state:Solid

3.1.2 Melting Point

The melting point of Celecoxib was observed in the range of 157-159°C which was similar to the pure reference drug.

3.2 ANALYTICALSTUDIES

3.2.1 UltraVioletAbsorption Maxima

3.2.2 DeterminationofAbsorptionmaxima(λ_{max})ofCelecoxib

The Absorption maxima (λ_{max}) of Celecoxib were observed to be 252 nm.

3.2.3 FTIR Spectroscopy

The FTIR spectra of the celecoxib (Fig 6.1) which is similar to the standard of celecoxib. The spectrum of Celecoxib showed the following functional group at their frequency mentioned in table 6.1.

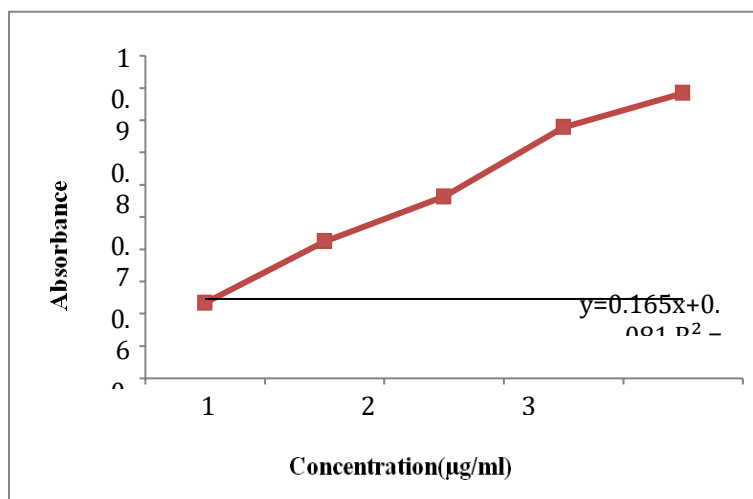


Fig.6.1 IR spectra of Celecoxib

Table 6.1 IR spectrum value of Celecoxib

Observed Peak (cm ⁻¹)	Group Frequency (cm ⁻¹) Reference	Functional group
1022.09, 1361.5	1150-1350	S = O stretching (sulfonamide group)
1550.49	1550-1600	N-H stretching
3316.96, 3390.24, 3513.67	3300-3500	NH ₂ stretching

3.3 PARTITION COEFFICIENT

The partition coefficient of the drug was observed to be 3.5. It conforms to the standard this showed the lipophilic nature of the drug.

3.4 QUANTITATIVE ESTIMATION OF DRUG

3.4.1 UV Spectrophotometry

3.4.1.1 Preparation of calibration curve of Celecoxib in methanol

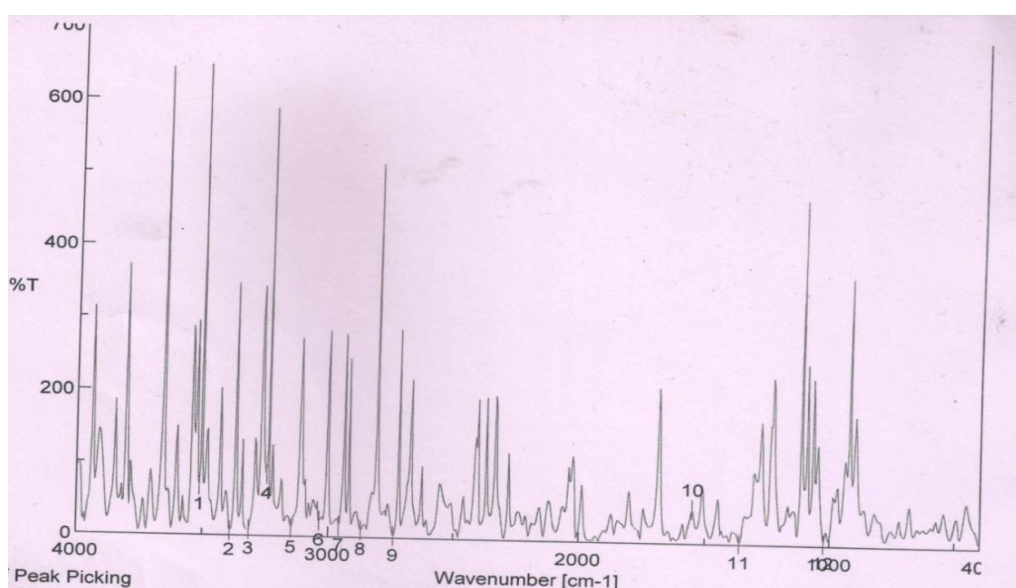


Fig.6.6 Calibration curve of celecoxib in methanol

Table 6.3 Calibration curve of celecoxib in methanol

Concentration($\mu\text{g/ml}$)	Absorbance(nm)	Statistical Parameters
10	0.234	Correlation coefficient: $R^2 = 0.991$ Equation of line: $y = 0.165x + 0.081$
20	0.425	
30	0.564	
40	0.779	
50	0.884	

The calibration curve was prepared in between 10-50($\mu\text{g/ml}$). In this range, it demonstrated the linearity with $r^2 = 0.991$.

3.5 FORMULATION DEVELOPMENT

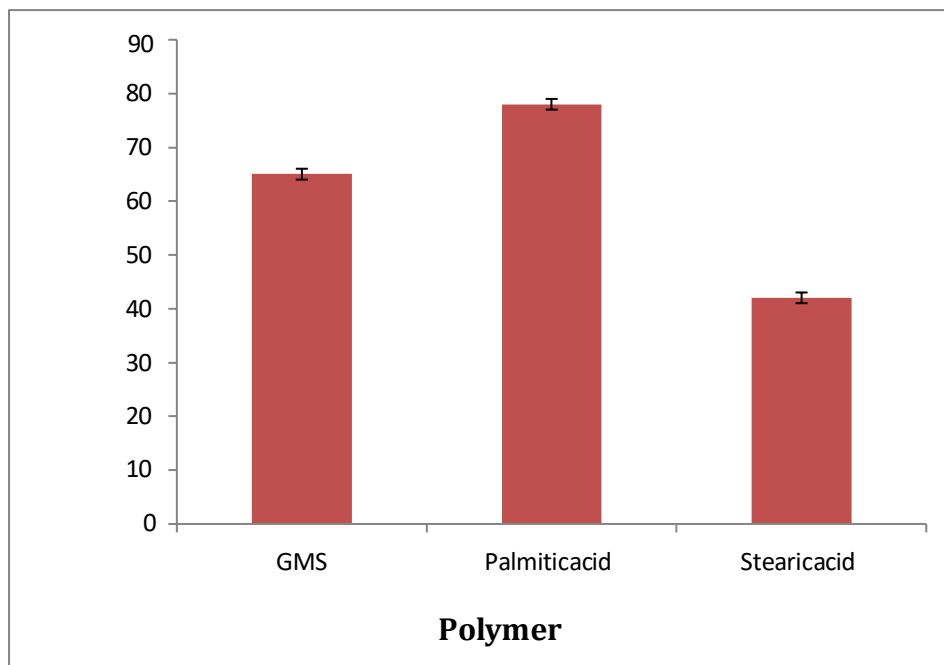
Method of preparation of SLNs

3.5.1 Screening of lipid

The lipid was chosen based on solubility. As a result to fall the polymers, palmitic acid was selected due to the highest solubility.

Table 6.5 The solubility of different polymers with Drug

Serial No.	Polymer	Lipid (mg)	Soluble drug (mg)
1	GMS	200	65
2	Palmitic acid	200	78
3	Stearic acid	200	42

**Fig. 6.8 The solubility of different polymers with Drug**

3.5.2 Selection of surfactant

Different concentration of surfactant was included in the formulation and formulation was optimized based on particle size.

Drug(mg)	Lipid (mg)	Surfactant concentration (%)	Particlessize (nm)
100	100	1.0	409
100	100	1.5	366
100	100	2.0	314
100	100	2.5	340
100	100	3.0	472

Selection of drug lipid ratio

The drug lipid ratio was selected based on entrapment efficiency. A result to fall the formulation 1:1 was selected due to the highest entrapment efficiency.

Table 6.7 Optimization of the drug lipid concentration in the formulation

Drug lipid ratio	Entrapment efficiency (%)
1:1	79
1:2	66
1:3	54

3.5.3 Selection of solvent

The solvent was selected based on solubility. A result to fall the solvents, methanol and chloroform was selected due to the highest solubility.

Table 6.8 Solubility studies of Celecoxib in organic solvents

Solvents(10ml)	Solubility of Celecoxib(mg/ml)
Acetone	5.93
Ethanol	16.89
Chloroform	11.31
Methanol	34.49

Table 6.9 Solubility studies of Lipid in organic solvents

Solvents(10ml)	Solubility of Palmitic acid (mg/ml)
Chloroform	670
Methanol	420
Ethanol	330
Acetone	110

3.6 PREPARATION OF SOLID LIPID NANOPARTICLES

3.6.1 Optimization by central composite design(CCD)

Based on mention trials the following mention concentration of variables like a drug lipid ratio, surfactant was selected to optimize while the concentration of other ingredients like stirring speed, the temperature was kept constant. Central composite experimental design (Design Expert Version 11- trial version) was utilized to evaluate the effect of the above mention variables (independent) on various evaluative parameters (dependent variables).

Table6.11Observed responses for13 runs of SLN according to Central composite design

Formulation code	Drugto lipid ratio	Surfactant (%)	Particlessize(nm)		Entrapmentefficiency (%)	
			Actual value	Predicted value	Actual value	Predicted value
SLN1	0	0	270	285.03	49	47.97
SLN2	0	1	302	288.75	66	59.25
SLN3	-1	0	366	331.08	65	63.92
SLN4	0	0	272	285.03	45	47.97
SLN5	0	0	270	285.03	49	47.97
SLN6	0	-1	405	377.08	40	43.92
SLN7	0	0	280	285.03	47	47.97
SLN8	1	-1	442	448.79	57	55.21
SLN9	1	0	370	363.75	54	52.25
SLN10	-1	-1	409	430.13	55	52.87
SLN11	1	1	375	374.46	53	56.54
SLN12	0	0	292	285.03	47	47.97
SLN13	-1	1	314	327.79	79	82.21

Final Equation in Terms of Coded Factors

$$Y1=+285.03+16.33 A-44.17B+7.00 AB+62.38A^2+47.88B^2$$

The condition as far as coded elements can be utilized to make expectations about the reactionfor given dimensions of each factor. As a matter of course, the high levels of the factors arecoded as +1 and the low level are coded as - 1. The coded equation is helpful for distinguishing the general effect of the elements by looking at the factor coefficients.

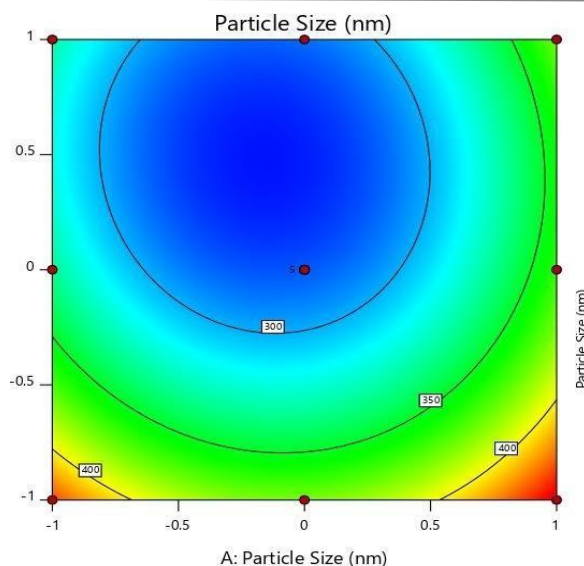


Fig.6.13 Contour plot showing particle size

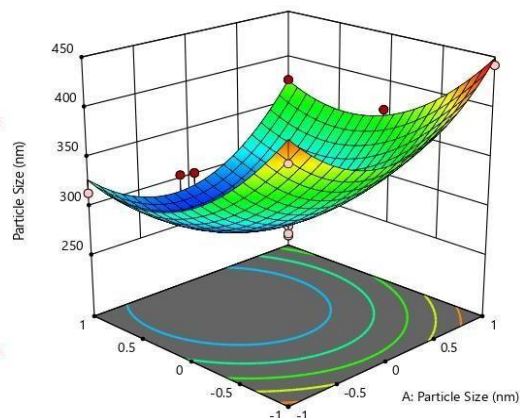


Fig.6.14 3-D surface response plot showing particle size

Table 6.15 Model summary for response Y2

P-values under 0.0500 demonstrate model terms are critical. In this situation A, B, AB, A² are noteworthy model terms. Values greater than 0.1000 show the model terms are not critical. If there are numerous unimportant model terms, model decrease may improve your model.

The **Lack of Fit F-value** of 11.58 suggests the Lack of Fit is critical. There is just a 1.93% chance that a Lack of Fit F-value this huge could happen because of noise. Significant lack of fit is bad - we need the model to fit.

Table 6.17 Coefficients in Terms of Coded Factors

Factor	Coefficient Estimate	Df	Standard Error	95% CI Low	95% CI High	VIF
Intercept	47.97	1	1.63	44.10	51.83	
A-Particle Size	-5.83	1	1.61	-9.63	-2.03	1.0000
B-Entrapment Efficiency	7.67	1	1.61	3.87	11.47	1.0000
AB	-7.00	1	1.97	-11.65	-2.35	1.0000
A ²	10.12	1	2.37	4.52	15.72	1.17
B ²	3.62	1	2.37	-1.98	9.22	1.17

Final Equation in Terms of Coded Factors

$$Y2 = +47.97 - 5.83A + 7.67B - 7.00AB + 10.12A^2 + 3.62B^2$$

The condition as far as coded elements can be utilized to make expectations about the reaction for given dimensions of each factor. As a matter of course, the high levels of the factors are coded as +1 and the low level are coded as -1. The coded equation is helpful for distinguishing the general effect of the elements by looking at the factor coefficients.

3.7 CHARACTERIZATION OF SOLID LIPID NANOPARTICLES

3.7.1 Particle size and zeta potential

The particle size of the optimized formulation (SLN13) was found to be 314.7 nm

Fig.6.18Zetapotentialofoptimizedformulation

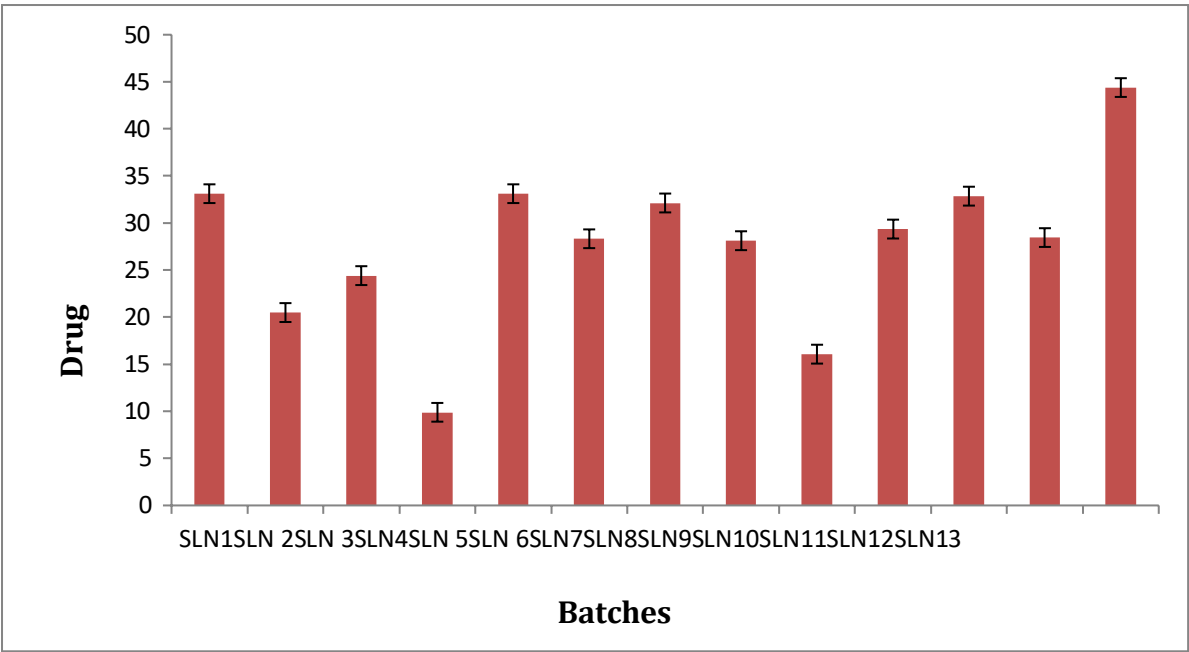
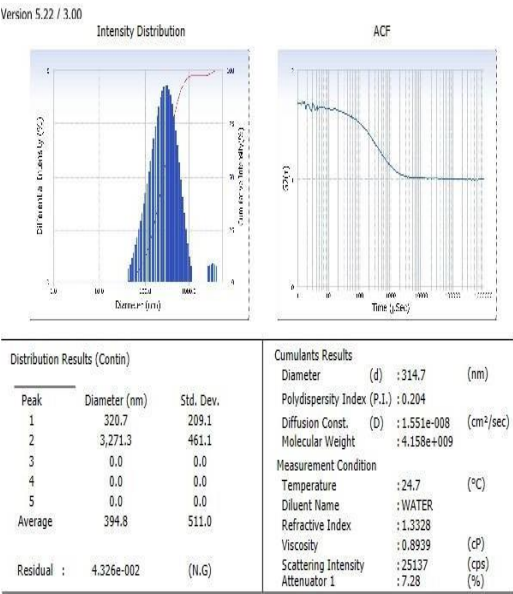
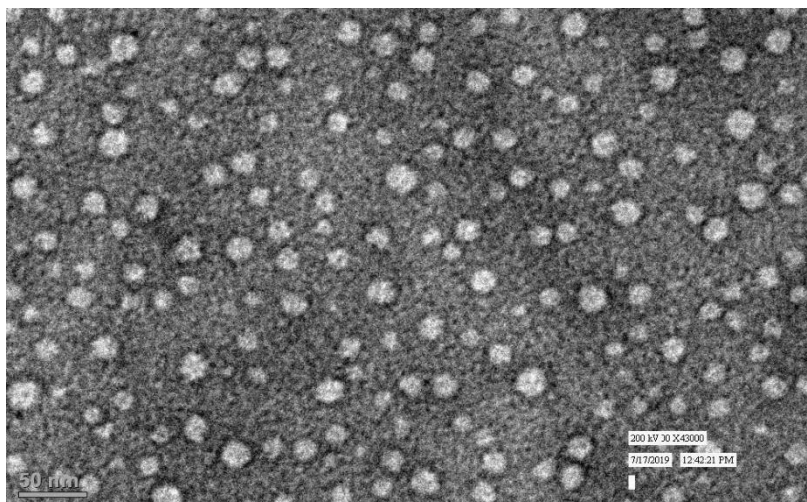


Fig.6.19EntrapmentefficiencyofSLNformulations

3.7.2 Transmission Electron Microscope(TEM)



The characterization of optimized formulation was done by using TEM which indicated well dispersed particles that are more or less spherical. The size of these particles ranges from 50-100 nm which confirms their nanoparticles.

3.8 Ex-vivo release through rat skin (permeation studies) at pH 7.4 Experiment

3.8.1 Preparation of Rat Skin

Male Wistar rats were relinquished with delayed ether anesthesia and the abdominal skin of each rat was excised. Hairs on the skin of animal were expelled with a hair remover (Veet) and the skin was washed with physiological saline (pH 7.4), subcutaneous tissues were surgically removed and dermis side was cleaned with isopropyl alcohol to expel lingering following fat. The skin was washed with distilled water, enclosed by aluminum foil and put away in a deep freezer at -20°C till further use (Bhaskar et al. 2009).

The full-thickness abdominal skin from rats was utilized for all the penetration tests. The thickness of each skin was comparative. The skins were clamped between the donor and the receptor assembly of vertical Franz diffusion cell with an effective diffusion area of 3.14 cm^2 and a cell volume of 15 ml (Lai et al. 2007, Shakeel et al. 2008).

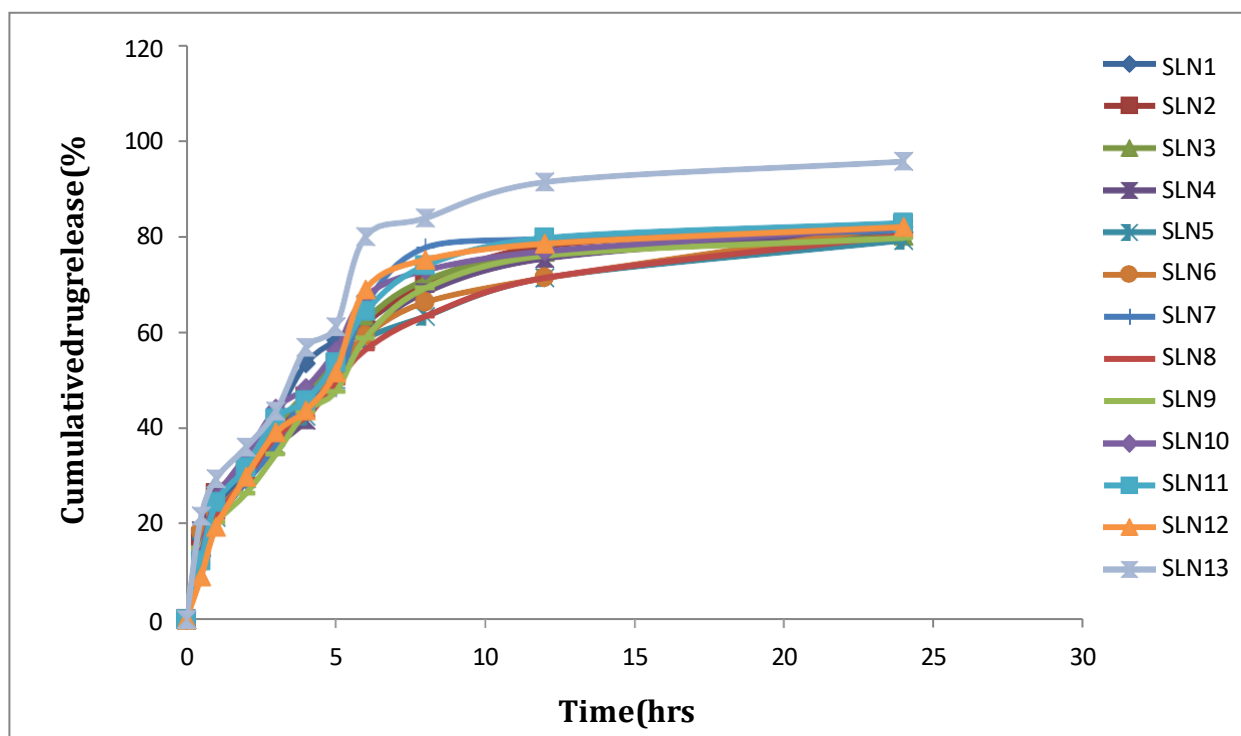


Fig.6.22 Ex-vivo release of various SLN formulations

Table 6.19 Ex-vivo drug release study of optimized formulation

Time (hrs)	Square root of time	Log t	Cum. drug release %	Log Cum. drug release %	Cum. drug remaining %	Log Cum. drug remaining %
0	0	0	0	0	0	0
0.5	0.71	0	19.35	1.286	80.65	1.906
1	1	0	27.31	1.436	72.69	1.861
2	1.41	0.301	35.22	1.546	64.78	1.811
3	1.73	0.47	42.38	1.627	57.62	1.760
4	2	0.602	51.72	1.713	48.28	1.683
5	2.23	0.698	62.25	1.794	37.75	1.576
6	2.45	0.778	71.51	1.854	28.49	1.454
8	2.65	0.903	82.35	1.915	17.65	1.246
12	3.464	1.079	87.45	1.941	12.55	1.098
24	4.89	1.38	92.29	1.965	7.71	0.88

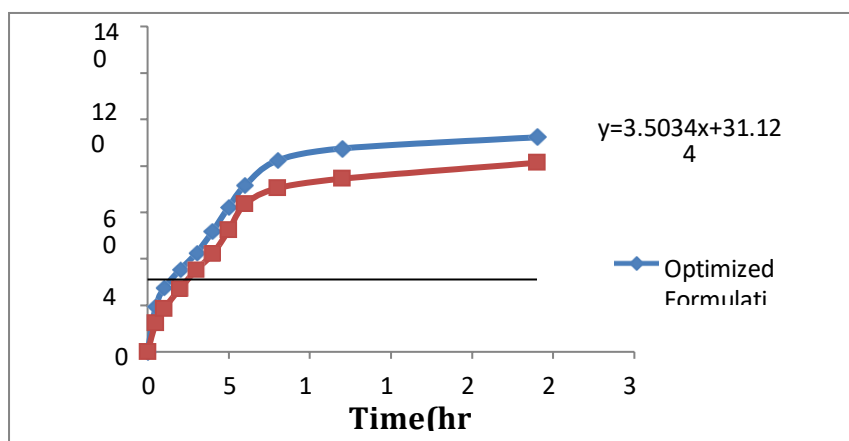
3.8.2 Release kinetics study

It has been appeared on account of lypophilic matrices, swelling and disintegration of polymer happens all the while, and them two add to the general medication discharge rate. It is all around reported that medication discharge from lypophilic matrices demonstrate a normal time- dependent profile (i.e., diminished medication discharge with time because of increased diffusion path length). This inherent limitation prompts first-order release kinetics (**Bourne et al. 2002**).

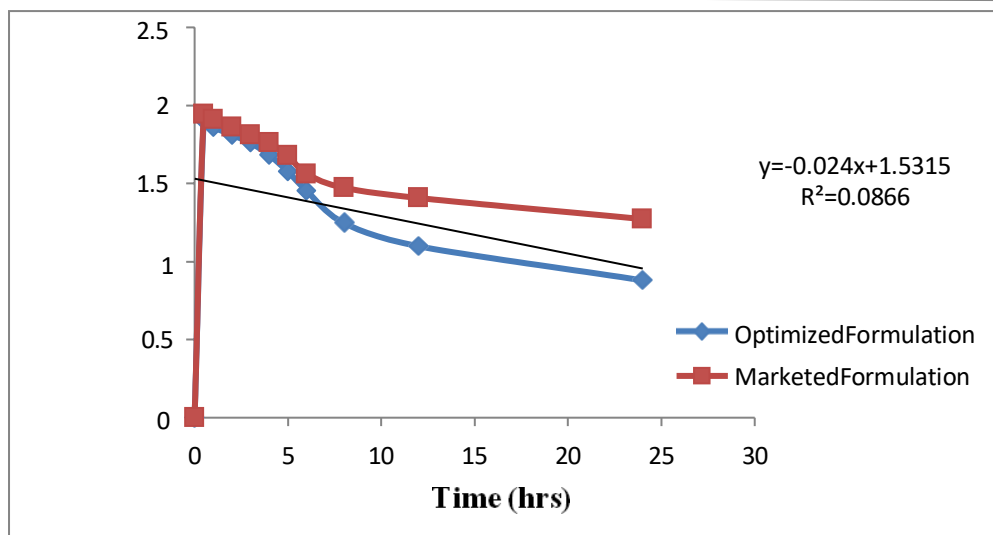
In the present investigation, the formulation (SLN) was designed for the sustained release of Celecoxib, which was evaluated by ex-vivo medication release (**Korsmeyer et al. 1983**). To study the release kinetics of medication, the results of the ex-vivo medication release study were plotted with different kinetic models like zero order (eq. 1) (cumulative drug released v/s time), first order (eq. 2) (log cumulative drug remaining v/s time), Higuchi's kinetics (eq. 3) (cumulative drug release v/s square root of time) and Kosermeier and Peppas equation (eq. 4) (log cumulative release v/s log time).

$$C = K_0 t$$

Where K_0 = zero order rate constant, t = time.



Release kinetics of zero order



Release kinetics of first order

IN-VIVO DRUG RELEASE

Male Wistar rats were utilized for this study. The rats were obtained from the Central animal house facility I.T.S College of Pharmacy Muradnagar, Ghaziabad, U.P. (INDIA).

The wistar rats weighed from 200-250 g toward the beginning of the study and were exclusively housed in stainless steel cages. The temp of the experimental animal room was 20°C (±4°C) and the relative humidity was 50% (±15%). The light conditions were controlled to give 12 hours fake light (8 a.m. - 8 p.m.) every day. For encouraging, conventional laboratory diets were utilized with an unlimited supply of drinking water.

3.8.3 Anti-inflammatory activity

3.8.3.1 Carrageenan induced paw edema method

This technique was utilized to study the in vivo performance of the prepared drug delivery system. Anti-inflammatory activity was controlled by estimating changes in the volume of inflamed paw, created by infusion of carrageenan (0.1 ml of 1% w/v) utilizing plethysmometer (MCORP, India).

Male Wistar rats was chosen for the investigation. Male Wistar rats were weighed and marks were made on the right paw simply behind tibia-tarsal intersection on each animal. Accordingly, every time the paw was dipped in the plethysmograph up to the fixed mark to guarantee steady paw volume. Wistar rats were separated into four groups incorporating one controlled group with each group including 6 animals. The paw volume was notes at 0, 0.5, 1, 2, 4, 8 and 24 h (Bhaskar et al. 2009).

The formulations SLN-13, standard (marketed), and pure API were offered orally to Wistar rats of separate groups, except the animals of controlled group. The controlled group animals were infused with saline (0.9% NaCl) containing no medication. After 0.5 h of orally administered of SLN-13, standard (marketed), and pure API formulations, 0.1 ml of 1% w/v carrageenan (in 0.9% normal saline) was infused in the sub planter region of the right paw of rats. The initial reading of paw just after injection and subsequent paw volumes was estimated up to 24 h. The percent inhibition of edema was calculated using the following formula:

$$\% \text{inhibition of edema} = \frac{V_{\text{control}} - V_{\text{treated}}}{V_{\text{control}}} \times 100$$

Table 6.22 Observation table for carrageenan induced paw volume

	Paw volume after drug administration (mm)
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Group	0.5hr	1hr	2hr	4hr	8hr	24hr
Control	Avg.±SD 6±0.70	Avg.±SD 7±0.56	Avg.±SD 7±0.68	Avg.±SD 6±0.94	Avg.±SD 5±0.82	Avg.±SD 3±0.44
Standard (Marketed)	5±0.59	5±0.65	4±0.89	3±0.29	3±0.55	2±0.42
PureAPI	5±0.75	5±0.69	4±0.87	3±0.65	3±0.55	2±0.62
SLN-13	5±0.51	4±0.78	3±0.66	2±0.78	2±0.42	1±0.32

Table 6.23 Percentage inhibition of paw volume

Formulation	Time(hrs)					
	0.5	1	2	4	8	24
Standard (marketed)	16.66	28.57	42.85	50	40	33.33
PureAPI	16.66	28.57	42.85	50	40	33.33
SLN-13	16.66	42.85	57.4	66.66	60	50

4. CONCLUSION

The Celecoxib sample was identified and characterized. The purity of celecoxib was found to be 99.71% and the melting point of the celecoxib was observed to be 157-159°C by capillary rise method. Identification confirmed by UV-Visible spectroscopy. The lambda max was observed to be 252 nm which was concordant with the given value. The solubility of the celecoxib was resolved in aqueous and non aqueous solvent and it founds that the drug is freely soluble in methanol and partially soluble in ethanol. The partition coefficient of the drug was observed to be 3.5, which indicates the lipophilic nature of the drug; it favours better entrapment and decreased drug leakage from the formulation. In present research the SLNs have been effectively developed (Solvent emulsification-diffusion technique) and evaluated and optimized by CCD. The particle size, PDI, zeta potential and entrapment efficiency of optimized formulation was observed to be 312 nm, 0.204, -18.73 and 79% respectively. The % drug release after 24 h was observed to be 92.29%. The data of ex-vivo release was compared with marketed formulation (CapsulZycel), is difference observed between optimized formulation and marketed formulation (81.29%). The release data of optimized formulation was subjected to various release kinetics model, the Higuchi kinetic model was observed to be best fitted with $R^2=0.955$. Pharmacokinetic study was performed on albino wistar rats. The pharmacokinetic parameters demonstrated huge distinction between optimized formulation and marketed formulation.

REFERENCES

- [1] Adibkia K., Shadbad M.R.S. Piroxicam nanoparticles for ocular delivery: Physicochemical characterization and implementation in endotoxin-induced uveitis. Journal of Drug Targeting, 2007, 15(6), 407-416.

- [2] Alessandro B., Roberto C., Otto C., Gasco M.R. Aglimpse on solid lipid nanoparticles as drug delivery systems. *Pharmacy Research Journal of Global Trends in Pharmaceutical Sciences*, 1998, 15(5), 745-750.
- [3] Alspach J. American Association of Critical Care Nurses (AACN) 6th edition. The gastrointestinal system. In (Ed.), *Core Curriculum for Critical Care Nurses*. Philadelphia: W.B. Saunders, 2006.
- [4] Annette Z.M., Schwarz C., Mehnart W. Solid lipid nanoparticles (SLN) for controlled drug delivery-Drug release and release mechanism. *Eur. J. Pharm. Biopharm.*, 1998, 45(2), 149-155.
- [5] Ansari M.J., Anwer M.K., Jamil S., Al-Shdefat R., Ali B.E., Ahmad M.M., Ansari M.N. Enhanced oral bioavailability of insulin-loaded solid lipid nanoparticles: pharmacokinetic bioavailability of insulin-loaded solid lipid nanoparticles in diabetic rats. *Oral, pulmonary and intestinal drug delivery*, 2016, 23(6), 1972-1979.
- [6] Antonio A.J., Souto E. Solid lipid nanoparticles as a drug delivery system for peptides and proteins. *Adv. Drug Delivery Rev.*, 2007, 59(6), 478-490.
- [7] Arora R., Katiyar S.S., Kushwa V. Solid lipid nanoparticles and nanostructured lipid carrier-based nanotherapeutics in treatment of psoriasis: a comparative study. *Expert Opin Drug Deliv.*, 2016, 14(2), 165-177.
- [8] Bally M., Dendukuri N., Rich B., Nadeau L., Helin-Salmivaara A., Garbe E., Brophy J.M. Risk of acute myocardial infarction with NSAIDs in real world use: bayesian meta-analysis of individual patient data. *BMJ (Clinical Research Ed.)*, 357, 2017.
- [9] Barron J. Small Intestine Functions. *Digest Health Newsletter, Physiology of the Small Intestine*, 2010.
- [10] Basu B., Garala K., Bhalodia R., Joshi B., Mehta K. Solid lipid nanoparticles: A promising tool for drug delivery system. *J. Pharm. Res.*, 2008, 3(1), 84-92.
- [11] Bhaskar K., Anbul J., Ravichandiran V., Venkateswarlu V., Madhusudan R. V. Lipid nanoparticles for transdermal delivery of flurbiprofen: formulation, in vitro, ex vivo and in vivo studies. *Bio med centra.*, 2009, 1-15.
- [12] Bourne D.W., Pharmacokinetics, In: Banker G.S., Rhodes C.T., 2002, eds. *Modern pharmaceuticals*. 4th edition, New York, NY: Marcel Dekker Inc; 67-92.
- [13] Buer J.K. Origins and impact of the term NSAID. *Inflammopharmacology*, 2014, 22(5), 263-267.
- [14] Charcosset C., El-Harati A., Fessi H. Preparation of solid lipid nanoparticles using a membrane contactor. *Journal of Controlled Release*, 2005, 108(1), 112-120.
- [15] Chattopadhyaya P., Shekunova B.Y., Yim D., Cipolla D., Boyd B., Farr S. Production of solid lipid nanoparticle suspensions using supercritical fluid extraction of emulsions (SFEE) for pulmonary delivery using the AERx system. *Advanced Drug Delivery Reviews*, 2007, 59(6), 444-453.
- [16] Cotran R.S., Kumar V., Collins T. *Robbins Pathologic Basis of Disease*. 6th Edition, W. Saunders Coy, Philadelphia, 1999.
- [17] Cohen F., Taylor J. *Memmler's Structure and Function of The Human Body*. 8th Edition. PA: Lippincott, Williams & Wilkins, 2005.
- [18] Das S., Chaudhury A. Recent Advances in Lipid Nanoparticle Formulations with Solid Matrix for Oral Drug Delivery. *AAPS PharmSciTech.*, 2011, 12(1), 62-76.
- [19] Degobert G., Abdelwahed W., Stainmesse S., Fessi H. Freeze-drying of nanoparticles: formulation, process and storage considerations. *Adv Drug Deliv Rev.*, 2006, 58(15), 1688-1713.
- [20] Dolatabadi J.E.N., Valizadeh H., Hamishehkar H. Solid Lipid Nanoparticles as Efficient Drug and Gene Delivery Systems: Recent Breakthroughs. *Adv Pharm Bull.*, 2015, 5(2), 151-159.
- [21] Drake R.L., Wayne V., Adam T., Mitchell W.M. *Gray's anatomy for students*. illustrations by Richard M. Tibbitts and Paul Richardson. Philadelphia: Elsevier/Churchill Livingstone. 2005, 192-194.
- [22] Ekambaram P., Sathali A.H., Priyanka K. Solid lipid nanoparticles: a review. *Sci. Revs. Chem. Commun.*, 2012, 2(1), 80-102.
- [23] Farlex. The Free Medical Dictionary, from: <http://medical-dictionary.thefreedictionary.com>, 57, 2011.
- [24] Fouad E.A., Yassin A.E.B., Alajami H.N. Characterization of Celecoxib-Loaded Solid Lipid Nanoparticles Formulated with Tristearin and Softisan 100. *Tropical Journal of Pharmaceutical Research*, 2015, 14(2), 205-210.
- [25] Gaddam N., Aukunuru J. systemic delivery of diclofenac sodium after topical application of gels incorporated with drug-loaded solid lipid nanoparticles. *Jprhc*, 2010, 2(2), 177-187.

- [26] Gande S., Manjunath K., Venkateswarlu V., Satyanarayana V. Preparation, characterization, and invitroandin vivo evaluation of lovastatin solid lipid nanoparticles. *AAPS Pharm. Sci. Tech.*, 2007, 8(1), 162-170.
- [27] Ganesana P., Narayanasamy D. Lipid nanoparticles: Different preparation techniques, characterization, hurdles, and strategies for the production of solid lipid nanoparticles and nanostructured lipid carriers for oral drug delivery. *Sustainable Chemistry and Pharmacy*, 2017, 6, 37–56.
- [28] Ganta S., Sharma P., Denny W.A., Garg S. Formulation and pharmacokinetics of lipid nanoparticles of a chemically sensitive nitrogen mustard derivative: chlorambucil. *Int. J. Pharm.*, 2009, 367, 187-194.
- [29] Garud A., Singh D., Garud N. Solid Lipid Nanoparticles (SLN): Method, Characterization and Applications. *International Current Pharmaceutical Journal*, 2012, 1(11), 384-393.
- [30] Ghada A., Fahmy R.H. Diazepam-Loaded Solid Lipid Nanoparticles: Design and Characterization. *AAPS Pharm. Sci. Tech.*, 2009, 10(1), 1-8.
- [31] Gokce E.H., Korkmaz E., Deller E. Resveratrol-loaded solid lipid nanoparticles versus nanostructured lipid carriers: evaluation of antioxidant potential for dermal applications, *Int J Nanomedicine*, 2012, 7, 1841–1850.
- [32] Gu J.H., Ge J.B., Li M., Xu H.D., Wu F., Qin Z.H. Poloxamer 188 protects neurons against ischemia/reperfusion injury through preserving integrity of cell membranes and blood brain barrier. *PLoS One*, 2013, 8(4), 1-8.
- [33] Gupta H., Bhandari D., Sharma A., Recent Trends in Oral Drug Delivery: A Review. *Recent Patents on Drug Delivery & Formulation*, 2009, 3, 162-173.
- [34] Gupta P.K., Pandit J.K., Kumar A., Swaroop P., Gupta S. Pharmaceutical nanotechnology novel nanoemulsion high energy emulsification preparation, evaluation and application. *The Pharma Research*, 2010, 3, 117-138.
- [35] Gupta S., Minemi S., Kesarla R. Preparation and characterization of ibuprofen solid lipid nanoparticles with enhanced solubility. *Journal of Microencapsulation*, 2011, 28(1), 74- 81.
- [36] Gupta S., Kesarla R., Chotai N. Systematic Approach for the Formulation and Optimization of Solid Lipid Nanoparticles of Efavirenz by High Pressure Homogenization Using Design of Experiments for Brain Targeting and Enhanced Bioavailability. *Biomed Res Int.*, 2017, 1-9.
- [37] Hoa L.T.M., Chi N.T., Triet N.M., Nhan L.N.T., Chien D.M. Preparation of drug nanoparticles by emulsion evaporation method. *Journal of Physics: Conference Series.*, 2009, 187, 1-4.
- [38] <https://pubchem.ncbi.nlm.nih.gov/compound/celecoxib>
- [39] <https://www.drugbank.ca/drugs/DB00482>
- [40] Jain N.K. Controlled and Novel Drug Delivery, 1st Edition, CBS Publishers and Distributors, 1997, 3-28.
- [41] Jawahar N., Meyyanathan S.N., Reddy G., Sood S. Solid lipid Nanoparticles for Oral delivery of Poorly Soluble Drugs. *J. Pharm. Sci. & Res.*, 2012, 4(7), 1848 – 1855.
- [42] Jiali H., Han Y., Xu G., Yin L., Neubi M.N., Zhou J., Ding Y. Preparation and evaluation of celecoxib nanosuspensions for bioavailability enhancement. 2017, 22, 1-8.
- [43] Joshi M., Patravale V. Nanostructured lipid carrier (NLC) based gel of Celecoxib. *International Journal of Pharmaceutics*, 2008, 346, 124-132.
- [44] Kaur I.P., Bhandari R., Bhandari S., Kakkur. Potential of solid lipid nanoparticles in brain targeting. *Journal of controlled release*, 2008, 127, 97-109.
- [45] Kesharwani R., Sachan A., Singh S., Patel D. Formulation and Evaluation of Solid Lipid Nanoparticle (SLN) Based Topical Gel of Etoricoxib. *Journal of Applied Pharmaceutical Science*, 2016, 6(10), 124-131.
- [46] Khalid M.E., Khaled M.H. Optimization of carvedilol solid lipid nanoparticles: An approach to control the release and enhance the oral bioavailability on rabbits. *PLoS One*, 2018, 13(8), 1-10.
- [47] Khan A., Mudassir J., Mohtar N., Darwis Y. Advanced drug delivery to the lymphatic system: lipid-based nanoformulations. *Int J Nanomedicine*, 2013, 8, 2733-2744.
- [48] Kim J.H., Baek J.S., Park J.K., Lee B.J., Kim M.S., Hwang S.J., Lee J.Y., Cho C.W.
- [49] Development of Houttuynia cordata Extract-Loaded Solid Lipid Nanoparticles for Oral Delivery: High Drug Loading Efficiency and Controlled Release. *Molecules*, 2017, 22(12), 2212-2215.
- [50] Kim S.K. Small intestine transit time in the normal small bowel study. *American Journal of Roentgenology*, 1968, 104(3), 522-524.
- [51] Kishore N., Raja M.D., Kumar C.S., Dhanalekshmi U., Srinivasan R. Lipid carriers for delivery of celecoxib: In vitro, in vivo assessment of nanomedicine in rheumatoid arthritis. *Eur. J. Lipid Sci. Technol.*, 2016, 118(6), 949–958.

- [52] Korsmeyer D.W., Gurny R., Doelker E., Buri P., Pappas N.A. Mechanism of solute release from porous hydrophilic polymers. *International Journal of Pharmaceutics*, 1983, 15, 25-35.
 - [53] Kumar P.P., Gayatri P., Sunil R., Jaganmohan S., Rao Y.M. Atorvastatin Loaded Solid lipid Nanoparticles: Formulation, Optimization, and in-vitro Characterization. *IOSR Journal of Pharmacy*, 2012, 2(5), 23-32.
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