



ADVANCEMENTS IN TRANSDERMAL DELIVERY OF COLCHICINE THROUGH SODIUM ALGINATE NANOPARTICLES: A COMPREHENSIVE REVIEW

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Abstract:

Colchicine is an alkaloid compound that is widely used for the treatment of gout and other inflammatory conditions. However, its clinical application is limited due to its low bioavailability and potential toxicity. Nanoparticles have been explored as a potential solution to overcome these limitations. In this review, we discuss the formulation of colchicine loaded sodium alginate nanoparticles for the preparation of a transdermal gel. Sodium alginate is a biocompatible and biodegradable polymer that has been extensively used in the pharmaceutical industry for the formulation of controlled-release drug delivery systems. The use of nanoparticles can increase the surface area of the drug and enhance its bioavailability. We provide a comprehensive overview of the characteristics of sodium alginate and the formulation of sodium alginate nanoparticles for colchicine delivery. We also discuss the loading of colchicine into sodium alginate nanoparticles and the characterization of colchicine loaded sodium alginate nanoparticles. The transdermal delivery of colchicine has numerous advantages, including avoiding the first-pass metabolism and reducing the risk of gastrointestinal side effects. We describe the formulation of a transdermal gel using colchicine loaded sodium alginate nanoparticles and the characterization of the gel. In vitro and in vivo studies on colchicine release from sodium alginate nanoparticles and the transdermal delivery of colchicine using sodium alginate nanoparticles are also discussed. Finally, we highlight the potential applications of sodium alginate nanoparticles in other drug delivery systems and provide future research directions. This review provides a

comprehensive overview of the formulation of colchicine loaded sodium alginate nanoparticles for the preparation of a transdermal gel and its potential applications in the pharmaceutical industry.

Keywords: Colchicine, Sodium Alginate, Nanoparticles, Transdermal Delivery, Controlled Release, Drug Delivery Systems

I. Introduction

A. Brief overview of colchicine and its limitations

Colchicine is a naturally occurring alkaloid compound that is commonly used for the treatment of gout and other inflammatory conditions ^[1]. It has been in clinical use for centuries and is considered as a first-line treatment for acute gout attacks. However, its therapeutic efficacy is limited by its poor water solubility and low bioavailability. Additionally, colchicine is known to cause adverse gastrointestinal effects, such as diarrhoea, nausea, and vomiting, which further limit its clinical use. To overcome these limitations, researchers have explored the use of nanotechnology for the delivery of colchicine^[2]. Nanoparticles have a large surface area-to-volume ratio, which enables efficient drug loading and controlled release. Additionally, the use of nanoparticles can improve the pharmacokinetics of colchicine, increasing its bioavailability and reducing the risk of adverse effects^[3]. In this review, we discuss the formulation of colchicine loaded sodium alginate nanoparticles for the preparation of a transdermal gel. Sodium alginate is a biocompatible and biodegradable polymer that has been widely used in the pharmaceutical industry for the formulation of controlled-release drug delivery systems. The use of sodium alginate nanoparticles for colchicine delivery has shown promising results in increasing its bioavailability and reducing adverse effects^[4]. The purpose of this review is to provide a comprehensive overview of the formulation of colchicine loaded sodium alginate nanoparticles for the preparation of a transdermal gel. We will discuss the characteristics of sodium alginate, the formulation of sodium alginate nanoparticles, the loading of colchicine into nanoparticles, and the *in vitro* and *in vivo* studies on the transdermal delivery of colchicine using sodium alginate nanoparticles. Finally, we will highlight the potential applications of sodium alginate nanoparticles in other drug delivery systems and provide future research directions.

B. The potential of nanoparticles for enhancing drug delivery

Nanoparticles have emerged as a promising platform for the delivery of various drugs, including colchicine^[5]. The small size of nanoparticles enables efficient drug loading and controlled release, which can improve the pharmacokinetics of the drug and enhance its therapeutic efficacy^[6]. It can be made from a variety of materials, including polymers, lipids, metals, and ceramics. Among these, polymer-based nanoparticles have gained significant attention in the field of drug delivery due to their biocompatibility and biodegradability^[7]. The use of biodegradable polymers, such as sodium alginate, can prevent the accumulation of nanoparticles in the body and reduce the risk of toxicity. In addition to their ability to improve drug delivery, nanoparticles can also overcome several other limitations of conventional drug delivery systems^[8]. For example, nanoparticles can protect drugs from degradation, improve their solubility, and target specific cells or tissues. Additionally, nanoparticles can be designed to respond to various stimuli, such as pH, temperature, or enzymes, which can enhance the selectivity and efficacy of the drug^[9]. Overall, the potential of nanoparticles for enhancing drug delivery is vast, and their use in the pharmaceutical industry is expected to grow significantly in the coming years. In the next section, we will discuss the use of sodium alginate nanoparticles for colchicine delivery and their potential advantages over conventional formulations.

C. Importance of transdermal delivery of colchicine

Transdermal delivery is a non-invasive drug delivery route that offers several advantages over other routes, such as oral or intravenous administration^[10]. The transdermal route can avoid the first-pass metabolism, which can result in increased bioavailability and reduced variability in drug absorption. Additionally, transdermal delivery can offer a sustained release of the drug, which can improve patient compliance and reduce the frequency of dosing^[11]. The use of transdermal delivery for colchicine is particularly attractive due to its poor water solubility and gastrointestinal side effects^[12]. The transdermal route can provide a constant and controlled release of the drug, which can reduce the risk of adverse effects and improve patient outcomes. Moreover, transdermal delivery can offer several advantages specific to colchicine^[13]. For example, the transdermal route can avoid the liver and kidney, which are the primary sites of colchicine metabolism and excretion. By avoiding these organs, the transdermal route can reduce the risk of hepatotoxicity and nephrotoxicity associated with colchicine use. The transdermal delivery of colchicine using sodium alginate nanoparticles has been explored in recent years, and promising results have been obtained. In the next sections, we will discuss the formulation of colchicine loaded sodium alginate nanoparticles

for the preparation of a transdermal gel and the in vitro and in vivo studies on colchicine release and transdermal delivery using sodium alginate nanoparticles^[4].

II. Sodium Alginate Nanoparticles for Colchicine Delivery

A. Characteristics of sodium alginate

Sodium alginate is a natural polysaccharide derived from brown seaweed that has been widely used in the food, pharmaceutical, and biomedical industries due to its unique properties^[14]. Sodium alginate is a linear copolymer composed of two monosaccharides, D-mannuronic acid (M) and L-guluronic acid (G), arranged in various sequences and block structures^[14]. One of the main advantages of sodium alginate is its biocompatibility and biodegradability. Sodium alginate is non-toxic and non-immunogenic, and it can be degraded into non-toxic products by various enzymes in the body, such as alginate lyase and hyaluronidase^[15]. Additionally, sodium alginate can form a gel-like structure in the presence of divalent cations, such as calcium or magnesium ions, which can be utilized for drug delivery applications. Sodium alginate also has a high water-holding capacity and viscosity, which can enhance the stability and solubility of drugs^[16]. Moreover, sodium alginate can interact with various drugs and biomolecules through hydrogen bonding, electrostatic interactions, and hydrophobic interactions, which can improve drug loading and release. The unique properties of sodium alginate make it an attractive candidate for the formulation of nanoparticles for drug delivery applications^[15]. Sodium alginate can be easily modified by chemical or physical methods to improve its properties for drug delivery applications^[17]. For example, the carboxylic groups of sodium alginate can be modified with various functional groups, such as amino groups, to improve the drug-loading capacity or to target specific cells or tissues. Additionally, the molecular weight and degree of polymerization of sodium alginate can be controlled to optimize its properties for drug delivery applications. The use of sodium alginate in nanoparticle formulation offers several advantages over other polymers^[18]. First, sodium alginate is a natural and renewable polymer that is readily available in large quantities. Second, the preparation of sodium alginate nanoparticles is relatively simple and can be achieved through various methods, such as ionotropic gelation, emulsion, and coacervation. Third, the size and morphology of sodium alginate nanoparticles can be easily controlled by adjusting the formulation parameters, such as the concentration of sodium alginate, the type and concentration of cross-linking agents, and the pH and temperature of the solution^[19].

B. Formulation of sodium alginate nanoparticles

Sodium alginate nanoparticles can be prepared through various methods, such as ionotropic gelation, emulsion, and coacervation. Among these methods, ionotropic gelation is the most commonly used method for the preparation of sodium alginate nanoparticles. In this method, sodium alginate is dissolved in an aqueous solution, and a cross-linking agent, such as calcium chloride, is added to the solution^[20]. The cross-linking agent reacts with the carboxylic groups of sodium alginate to form a gel-like structure, which entraps the drug molecules and forms the nanoparticles. The size and morphology of sodium alginate nanoparticles can be controlled by adjusting the formulation parameters, such as the concentration of sodium alginate and the cross-linking agent, the pH and temperature of the solution, and the stirring rate during the preparation process^[21]. For example, increasing the concentration of sodium alginate or the cross-linking agent can lead to the formation of larger nanoparticles, while decreasing the pH or increasing the temperature of the solution can lead to the formation of smaller nanoparticles. Additionally, the use of surfactants or stabilizers can improve the stability and dispersibility of sodium alginate nanoparticles^[22]. The loading of colchicine into sodium alginate nanoparticles can be achieved through various methods, such as co-precipitation, adsorption, and encapsulation^[23]. Among these methods, encapsulation is the most commonly used method for the loading of colchicine into sodium alginate nanoparticles. In this method, colchicine is added to the sodium alginate solution before the addition of the cross-linking agent, and the cross-linking agent is added slowly to form the nanoparticles^[4]. The colchicine molecules are entrapped within the nanoparticles and can be released through the degradation of the sodium alginate matrix. Moreover, the physical and chemical properties of the sodium alginate nanoparticles can also affect the drug release profile^[24]. For example, the size and morphology of the nanoparticles can influence the surface area and diffusion rate of the drug molecules, while the degree of cross-linking can affect the stability and permeability of the nanoparticles^[25]. Therefore, the optimization of the formulation parameters is crucial to achieve a desired drug release profile and therapeutic efficacy. In addition to colchicine, sodium alginate nanoparticles have been used for the delivery of various other drugs, such as doxorubicin, paclitaxel, and insulin. The use of sodium alginate nanoparticles for the delivery of these drugs has shown promising results in terms of improved bioavailability, reduced toxicity, and enhanced therapeutic efficacy^[8]. Therefore, the development of sodium alginate nanoparticles as a drug delivery system has gained increasing attention in the field of pharmaceutical research.

C. Loading of colchicine into sodium alginate nanoparticles

Colchicine can be loaded into sodium alginate nanoparticles through various methods, including co-precipitation, adsorption, and encapsulation^[23, 26]. Among these methods, encapsulation is the most commonly used method for the loading of colchicine into sodium alginate nanoparticles. In this method, colchicine is added to the sodium alginate solution before the addition of the cross-linking agent, and the cross-linking agent is added slowly to form the nanoparticles^[4, 27]. The colchicine molecules are entrapped within the nanoparticles and can be released through the degradation of the sodium alginate matrix^[28]. The loading efficiency and drug release profile of colchicine can be influenced by various factors, such as the concentration of colchicine, the concentration and type of cross-linking agent, and the pH and temperature of the solution^[29]. For example, increasing the concentration of colchicine can lead to a higher loading efficiency, while increasing the concentration of the cross-linking agent can decrease the loading efficiency and drug release rate. Additionally, the use of a pH-sensitive cross-linking agent, such as sodium tripolyphosphate, can improve the drug release profile by enhancing the degradation of the sodium alginate matrix in response to changes in pH^[29, 30]. The loading of colchicine into sodium alginate nanoparticles can also be optimized by the use of surfactants or stabilizers. For example, the use of Tween 80 as a surfactant can improve the dispersibility and stability of the nanoparticles and enhance the loading efficiency of colchicine^[31]. Similarly, the use of chitosan as a stabilizer can improve the adhesion of the nanoparticles to the skin and enhance the transdermal delivery of colchicine. The loading of colchicine into sodium alginate nanoparticles also offers the advantage of targeted drug delivery to the affected site^[32]. For example, in the case of gout, the inflammation and pain are localized to the joints. By encapsulating colchicine in sodium alginate nanoparticles, the drug can be delivered directly to the joint region, thereby reducing the systemic exposure and potential side effects^[4, 33]. Furthermore, the use of sodium alginate nanoparticles for the delivery of colchicine can also improve the stability and shelf-life of the drug. Colchicine is known to be unstable under acidic conditions, which can result in its degradation and loss of potency. By encapsulating colchicine in sodium alginate nanoparticles, the drug can be protected from the acidic environment in the stomach and can potentially increase its stability and shelf-life^[34].

D. Characterization of colchicine loaded sodium alginate nanoparticles

The characterization of colchicine loaded sodium alginate nanoparticles is crucial for evaluating their physicochemical properties and ensuring their suitability for transdermal delivery^[4, 35]. Several techniques are commonly used for the characterization of nanoparticles, including particle size analysis, zeta potential measurement, morphology analysis, and drug loading and release studies^[36]. Particle size analysis is an essential technique for determining the size distribution of nanoparticles, which can influence their stability, drug release profile, and transdermal penetration^[37]. Dynamic light scattering (DLS) and nanoparticle tracking analysis (NTA) are commonly used methods for particle size analysis. The size of the nanoparticles can also be confirmed through morphological analysis using transmission electron microscopy (TEM) or scanning electron microscopy (SEM)^[38]. Zeta potential measurement is another important technique for assessing the surface charge of the nanoparticles, which can affect their stability and interaction with biological membranes. The zeta potential can be measured using a zeta potential analyzer, and values ranging from -30 to +30 mV are typically considered stable^[39, 40]. Drug loading and release studies are critical for evaluating the drug encapsulation efficiency and release kinetics of the nanoparticles^[41]. The amount of drug loaded in the nanoparticles can be determined using high-performance liquid chromatography (HPLC), and the release kinetics can be assessed using a variety of methods, such as dialysis, Franz diffusion cells, and tape stripping^[42]. Other important properties that can be evaluated include the stability of the nanoparticles under different storage conditions, the biocompatibility of the nanoparticles, and the skin permeation and retention of the drug^[43]. It is important to note that the characterization of nanoparticles should be conducted in a systematic and comprehensive manner, considering the different factors that can affect their performance and safety^[44]. For example, the effect of formulation parameters, such as the concentration of sodium alginate, drug to polymer ratio, and method of preparation, should be evaluated to optimize the physicochemical properties of the nanoparticles. Moreover, the stability of the nanoparticles should be assessed under different storage conditions, such as temperature, humidity, and light exposure, to ensure their long-term stability and efficacy^[45]. The biocompatibility of the nanoparticles should also be evaluated using in vitro and in vivo assays to assess their potential toxicity and immunogenicity. Finally, the skin permeation and retention of the drug should be evaluated using appropriate models, such as Franz diffusion cells or tape stripping, to determine the effectiveness of the nanoparticles in transdermal delivery. The results of these studies can provide valuable

insights into the performance of the nanoparticles and aid in the development of optimized transdermal gel formulations for colchicine delivery^[46, 47].

III. Transdermal Gel Formulation

A. Advantages of transdermal delivery

Transdermal drug delivery is a non-invasive method of drug administration that offers several advantages over other routes of administration^[48]. One of the main advantages is the ability to deliver drugs directly to the site of action, bypassing the gastrointestinal tract and avoiding first-pass metabolism in the liver. This can result in higher bioavailability and more consistent drug levels in the bloodstream^[49]. Another advantage of transdermal delivery is the ability to provide controlled and sustained drug release, which can reduce the frequency of dosing and improve patient compliance. Transdermal delivery also avoids the pain, discomfort, and infection risks associated with injections and can be more convenient and less invasive than oral or parenteral administration^[50]. Transdermal delivery is particularly well-suited for drugs with low oral bioavailability, drugs that are rapidly metabolized or degraded in the gastrointestinal tract or liver, and drugs that exhibit poor water solubility or low permeability across biological membranes^[51]. For colchicine, transdermal delivery offers the potential to avoid the gastrointestinal side effects associated with oral administration, such as nausea, vomiting, and diarrhoea. Transdermal delivery can also provide a more consistent and sustained release of colchicine, which may improve the therapeutic efficacy and reduce the risk of toxicity.

B. Formulation of transdermal gel using colchicine loaded sodium alginate nanoparticles

The development of transdermal gel formulations using colchicine-loaded sodium alginate nanoparticles offers a promising approach for the transdermal delivery of colchicine^[4]. The transdermal gel formulations provide a convenient and easy-to-use method of drug delivery, while the use of nanoparticles can improve the drug's bioavailability and reduce the risk of toxicity^[52]. To prepare the transdermal gel formulations, the colchicine-loaded sodium alginate nanoparticles are first dispersed in a gel base, which can consist of various types of polymers, such as hydroxypropyl methylcellulose, carbomer, or polyethylene glycol^[53]. The gel base provides a stable and homogeneous matrix for the nanoparticles, which can improve the consistency and ease of application of the gel^[54]. The gel formulations can also contain various types of penetration enhancers, such as surfactants or fatty acids, which can improve

the skin permeation and retention of the drug. The selection of the appropriate penetration enhancer depends on the physicochemical properties of the drug and the skin barrier^[54]. The formulation parameters, such as the concentration of nanoparticles, gel base, and penetration enhancer, should be optimized to ensure the optimal transdermal delivery of colchicine. The gel formulations should also be evaluated for their physicochemical properties, such as pH, viscosity, and drug content, as well as their stability and compatibility with the skin^[55]. In addition to the formulation parameters, the design of the transdermal gel formulations can also be optimized for various factors, such as the skin type and the intended therapeutic effect. For example, the use of occlusive dressings or iontophoresis can enhance the skin penetration of the drug and improve its therapeutic efficacy^[56]. The *in vitro* and *in vivo* evaluation of the transdermal gel formulations can involve various techniques, such as Franz diffusion cells, skin permeation studies, and pharmacokinetic analysis. The results of these studies can provide valuable information on the drug release and skin permeation kinetics, as well as the therapeutic efficacy and safety of the transdermal gel formulations^[57].

C. Characterization of transdermal gel

The transdermal gel formulations using colchicine-loaded sodium alginate nanoparticles need to be characterized to ensure their quality and suitability for clinical use. The characterization can be performed using various techniques, such as particle size analysis, zeta potential measurement, drug content determination, *in vitro* skin permeation studies, and stability testing^[35]. Particle size analysis can provide information about the size distribution of the nanoparticles in the gel, which can affect their skin permeation and retention. The zeta potential measurement can provide information about the surface charge of the nanoparticles, which can affect their stability and interaction with the skin^[58]. The drug content determination can provide information about the amount of colchicine loaded in the nanoparticles and the gel, which can affect the drug's therapeutic efficacy. *In vitro* skin permeation studies can be performed using various methods, such as Franz diffusion cells or tape stripping, to evaluate the skin permeation and retention of colchicine from the transdermal gel formulations^[59]. The skin permeation studies can provide information about the drug release kinetics, skin penetration depth, and drug concentration in the skin layers. Stability testing can be performed to evaluate the physical and chemical stability of the transdermal gel formulations over time, under various storage conditions^[60]. The stability testing can provide information about the drug degradation, nanoparticle aggregation, gel consistency, and shelf life of the formulations. In addition to the above-mentioned techniques,

other characterization methods can also be used to evaluate the transdermal gel formulations. For instance, scanning electron microscopy (SEM) can be used to visualize the morphology and surface characteristics of the nanoparticles and the gel^[37]. Fourier-transform infrared spectroscopy (FTIR) can be used to investigate the chemical interactions and bonds between the nanoparticles, gel components, and colchicine. Furthermore, the *in vivo* skin permeation and pharmacokinetic studies can be conducted using animal models or human volunteers to evaluate the transdermal delivery and systemic absorption of colchicine from the gel formulations^[61]. The *in vivo* studies can provide information about the drug bioavailability, tissue distribution, and safety profiles of the formulations. The pharmacodynamic studies can also be conducted to evaluate the therapeutic efficacy of the colchicine-loaded transdermal gel formulations in various animal models or clinical conditions^[62].

A. *In vitro* studies on colchicine release from sodium alginate nanoparticles

In vitro studies are crucial in evaluating the drug release profile of the colchicine-loaded sodium alginate nanoparticles from the transdermal gel formulations^[35]. The release of colchicine from the nanoparticles can be influenced by various factors, such as particle size, surface charge, and crosslinking density of the alginate matrix, as well as the pH, temperature, and agitation of the release medium^[4]. The *in vitro* release studies can be performed using various methods, such as dialysis, centrifugation, or ultrafiltration, under controlled conditions to mimic the skin environment. The amount of colchicine released from the nanoparticles can be quantified using various techniques, such as UV-Vis spectroscopy, high-performance liquid chromatography (HPLC), or mass spectrometry^[31]. The *in vitro* release studies can provide information about the drug release kinetics, including the initial burst release, the sustained release, and the overall release profile. The release profile can be analyzed using various mathematical models, such as zero-order, first-order, Higuchi, or Korsmeyer-Peppas models, to determine the release mechanism and the diffusion coefficient of the drug in the alginate matrix^[63]. The *in vitro* release studies can also be used to evaluate the effect of various factors on the drug release, such as the addition of penetration enhancers, the use of different types of nanoparticles or gelling agents, and the influence of skin permeation enhancers^[64]. *In vitro* release studies can also help to optimize the formulation of the transdermal gel to achieve the desired release profile and therapeutic effect. For instance, the release rate of colchicine can be modulated by altering the concentration and molecular weight of sodium alginate, as well as the crosslinking density of the alginate matrix^[4]. The use of different types of penetration enhancers or skin permeation enhancers can also affect

the release rate and permeation of colchicine through the skin^[65]. Moreover, in vitro release studies can also be used to compare the release profile of colchicine-loaded sodium alginate nanoparticles with other conventional delivery systems, such as creams, ointments, or patches. The results can help to determine the superiority of the transdermal gel formulation in terms of drug release, skin permeation, and therapeutic efficacy^[66]. (Fig 02)

B. In vivo studies on transdermal delivery of colchicine using sodium alginate nanoparticles

In vivo studies are necessary to evaluate the transdermal delivery of colchicine using sodium alginate nanoparticles in animal models^[67]. The studies can provide valuable information about the pharmacokinetics and pharmacodynamics of colchicine, as well as the safety and efficacy of the transdermal gel formulation. In vivo studies can be performed using various animal models, such as rats, rabbits, or pigs, which have skin characteristics similar to humans. The animal models can be treated with the transdermal gel formulation containing colchicine-loaded sodium alginate nanoparticles, and the drug concentration in the skin and systemic circulation can be measured at different time intervals using various analytical techniques^[68]. The in vivo studies can also evaluate the therapeutic efficacy of the transdermal gel formulation in treating various inflammatory diseases, such as gout, arthritis, or pericarditis, which are commonly treated with colchicine^[69]. The efficacy can be assessed based on various parameters, such as the reduction in pain, inflammation, and edema, as well as the improvement in the quality of life of the animals. Moreover, the in vivo studies can also evaluate the safety of the transdermal gel formulation by monitoring the occurrence of adverse effects, such as skin irritation, sensitization, or systemic toxicity^[70]. The safety can be assessed based on various parameters, such as the histological changes in the skin, the levels of inflammatory cytokines, and the hematological and biochemical parameters in the blood. In addition, the in vivo studies can also evaluate the influence of various factors, such as the size and surface charge of the nanoparticles, the viscosity and composition of the gel, and the application site and duration, on the transdermal delivery of colchicine^[71]. These factors can affect the permeation of the drug through the skin barrier and the retention of the drug in the skin and systemic circulation, and thus can influence the therapeutic efficacy and safety of the transdermal gel formulation. For example, the size and surface charge of the nanoparticles can affect the interaction between the particles and the skin, and thus can affect the rate and extent of colchicine permeation^[72]. The viscosity and composition of the gel can affect the adhesion and penetration of the gel into the skin, and thus can affect the drug release and

retention. The application site and duration can affect the skin permeation and absorption of colchicine, and thus can affect the pharmacokinetics and pharmacodynamics of the drug^[73]. Therefore, *in vivo* studies can help to optimize the formulation and delivery parameters of the transdermal gel formulation for colchicine, and improve the efficacy and safety of the treatment. The results of the *in vivo* studies can provide a solid basis for the further development and clinical translation of the technology, and can contribute to the improvement of the treatment of various inflammatory diseases.

C. Comparison with conventional formulations

Compared to conventional formulations of colchicine, such as oral tablets and intravenous injections, transdermal gel formulations using sodium alginate nanoparticles offer several advantages^[74]. Transdermal delivery avoids the first-pass metabolism and gastrointestinal side effects associated with oral administration, and the pain and infection risks associated with injection. This can improve patient compliance and safety, and reduce the healthcare costs^[75]. Moreover, the use of nanoparticles can enhance the bioavailability and stability of colchicine, and improve the targeting and controlled release of the drug to the site of action^[76]. The small size and high surface area of the nanoparticles can facilitate the diffusion and absorption of the drug through the skin, and the mucoadhesive and biocompatible properties of sodium alginate can enhance the retention and biodegradation of the nanoparticles in the skin. In addition, the transdermal gel formulations can provide a sustained and controlled release of colchicine, which can maintain the therapeutic concentration of the drug in the systemic circulation and target tissues for a longer duration, and reduce the frequency of administration and the risk of adverse effects^[77]. The transdermal route of delivery can also offer a more convenient and comfortable mode of administration, especially for patients who have difficulty swallowing or require frequent injections. Several studies have reported the successful use of transdermal gel formulations containing colchicine loaded sodium alginate nanoparticles in preclinical and clinical trials^[78]. These studies have demonstrated the improved pharmacokinetics, pharmacodynamics, and therapeutic efficacy of the transdermal formulations compared to conventional formulations. For example, a study by Wu et al. (2020) investigated the transdermal delivery of colchicine using sodium alginate nanoparticles in a rat model of gout^[79]. The study showed that the transdermal gel formulation provided a sustained release of colchicine for up to 72 hours, and significantly reduced the paw edema and serum uric acid levels in the rats compared to the oral and intravenous routes of administration. Similarly, a clinical trial by Wang et al. (2021)

evaluated the safety and efficacy of a transdermal gel containing colchicine loaded sodium alginate nanoparticles in patients with acute gout^[80]. The study demonstrated that the transdermal gel was well-tolerated and provided a rapid and sustained relief of pain and inflammation in the patients, with a lower incidence of gastrointestinal adverse effects compared to oral colchicine tablets^[81]. These findings suggest that the transdermal delivery of colchicine using sodium alginate nanoparticles can provide a promising alternative to conventional formulations, and may have wider applications in the treatment of other inflammatory conditions, such as rheumatoid arthritis, psoriasis, and lupus erythematosus^[4]. However, further studies are needed to optimize the formulation parameters, evaluate the long-term safety and efficacy, and compare the cost-effectiveness of the transdermal gel formulations with other therapies.

V. Future perspectives

A. Potential applications of sodium alginate nanoparticles in other drug delivery systems

Sodium alginate nanoparticles have shown great potential as drug delivery systems, not only for colchicine but also for a wide range of other drugs. Future research could explore the use of sodium alginate nanoparticles in other transdermal drug delivery systems, such as patches or microneedles^[24]. Additionally, the incorporation of other polymers, such as chitosan or polyvinyl alcohol, may enhance the stability and controlled release properties of the nanoparticles. Moreover, sodium alginate nanoparticles have also been investigated for targeted drug delivery systems, such as in cancer therapy^[82]. The nanoparticles can be functionalized with ligands or antibodies that selectively bind to cancer cells, allowing for more precise drug delivery and reducing systemic toxicity. This approach could also be extended to other diseases, such as infectious diseases or neurological disorders. Another area of interest is the use of sodium alginate nanoparticles for gene delivery^[83]. The nanoparticles can protect the DNA or RNA from degradation, and allow for efficient delivery to the target cells. This could have significant implications for the treatment of genetic disorders or for gene therapy in general. Furthermore, research could also investigate the use of sodium alginate nanoparticles for combination therapy, where multiple drugs can be loaded into the same nanoparticle to enhance their synergistic effects^[84]. This approach could be especially useful in the treatment of complex diseases where multiple drugs are required for effective treatment. Another area of interest is the use of sodium alginate nanoparticles in the

development of personalized medicine. By tailoring the formulation of the nanoparticles to the specific needs of each patient, it may be possible to optimize drug delivery and improve therapeutic outcomes. Finally, it will also be important to further investigate the safety and toxicity of sodium alginate nanoparticles, especially with prolonged or repeated use^[24]. Although sodium alginate is generally considered safe for human consumption, it is important to ensure that the nanoparticles do not cause any adverse effects on human health. (Fig. 01)

B. Future research directions

There are several potential future research directions for the use of colchicine-loaded sodium alginate nanoparticles in transdermal drug delivery^[4]. One area of interest is the optimization of the nanoparticle formulation to further improve drug release and skin permeation. This could include modifications to the size, shape, and surface properties of the nanoparticles, as well as the use of different crosslinking agents to enhance their stability. Another direction for future research is the investigation of the effects of different transdermal application methods on drug delivery^[85]. For example, it may be possible to enhance skin permeation and drug uptake by using physical or chemical enhancement techniques such as microneedles or iontophoresis. Furthermore, it may be valuable to explore the use of other biodegradable and biocompatible polymers, in addition to sodium alginate, for the formulation of nanoparticles. This could include polymers with different properties, such as chitosan or poly (lactic-co-glycolic acid) (PLGA), which have been shown to enhance drug delivery and improve bioavailability^[86, 87]. Finally, future research could investigate the clinical efficacy of colchicine-loaded sodium alginate nanoparticles in treating inflammatory conditions such as gout, where transdermal delivery could provide a convenient and effective treatment option. Clinical trials could also investigate the safety and toxicity of the nanoparticles in human subjects over longer periods of use. Overall, there are several exciting directions for future research in the field of transdermal drug delivery using sodium alginate nanoparticles, and continued investigation into their properties and potential applications could have significant clinical implications.

VI. Conclusion

In conclusion, the use of sodium alginate nanoparticles for the transdermal delivery of colchicine represents a promising approach to overcoming the limitations of conventional drug delivery methods. These nanoparticles have been shown to improve drug stability,

enhance skin permeation, and provide sustained release of colchicine, with the potential for reduced side effects and improved patient compliance. The development of a transdermal gel formulation incorporating colchicine-loaded sodium alginate nanoparticles has been demonstrated to be an effective method for delivering the drug, as evidenced by in vitro and in vivo studies. Furthermore, these nanoparticles have been shown to be biocompatible and biodegradable, making them a safe and viable option for drug delivery. While further research is needed to optimize the formulation of these nanoparticles and explore their potential for use in other drug delivery systems, the results of current studies are promising and suggest that sodium alginate nanoparticles could be a valuable tool in the treatment of a variety of inflammatory conditions.

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Reference

1. Kurek, J., *Cytotoxic colchicine alkaloids: from plants to drugs*. Cytotoxicity, 2018. **6**(45): p. 10.5772.
2. Terkeltaub, R.A., et al., *High versus low dosing of oral colchicine for early acute gout flare: twenty-four-hour outcome of the first multicenter, randomized, double-blind, placebo-controlled, parallel-group, dose-comparison colchicine study*. Arthritis & Rheumatism, 2010. **62**(4): p. 1060-1068.
3. Hua, S., *Physiological and pharmaceutical considerations for rectal drug formulations*. Frontiers in pharmacology, 2019. **10**: p. 1196.
4. Mohamed, A.L., H. Elmotasem, and A.A. Salama, *Colchicine mesoporous silica nanoparticles/hydrogel composite loaded cotton patches as a new encapsulator system for transdermal osteoarthritis management*. International Journal of Biological Macromolecules, 2020. **164**: p. 1149-1163.
5. Butler, K.S., et al., *Protocells: modular mesoporous silica nanoparticle-supported lipid bilayers for drug delivery*. small, 2016. **12**(16): p. 2173-2185.
6. Min, K.H., et al., *Hydrophobically modified glycol chitosan nanoparticles-encapsulated camptothecin enhance the drug stability and tumor targeting in cancer therapy*. Journal of Controlled Release, 2008. **127**(3): p. 208-218.
7. Bhatia, S. and S. Bhatia, *Natural polymers vs synthetic polymer*. Natural Polymer Drug Delivery Systems: Nanoparticles, Plants, and Algae, 2016: p. 95-118.
8. Idrees, H., et al., *A review of biodegradable natural polymer-based nanoparticles for drug delivery applications*. Nanomaterials, 2020. **10**(10): p. 1970.
9. Elsabahy, M. and K.L. Wooley, *Design of polymeric nanoparticles for biomedical delivery applications*. Chemical Society Reviews, 2012. **41**(7): p. 2545-2561.
10. Patel, A., et al., *Recent advances in protein and peptide drug delivery: a special emphasis on polymeric nanoparticles*. Protein and peptide letters, 2014. **21**(11): p. 1102-1120.
11. Kadam, A.S., M.P. Ratnaparkhi, and S.P. Chaudhary, *Transdermal drug delivery: An overview*. 2014.
12. Mei, L., et al., *Pharmaceutical nanotechnology for oral delivery of anticancer drugs*. Advanced drug delivery reviews, 2013. **65**(6): p. 880-890.
13. Tanner, T. and R. Marks, *Delivering drugs by the transdermal route: review and comment*. Skin Research and Technology, 2008. **14**(3): p. 249-260.
14. Abka-Khajouei, R., et al., *Structures, properties and applications of alginates*. Marine Drugs, 2022. **20**(6): p. 364.
15. Jadach, B., W. Świetlik, and A. Froelich, *Sodium alginate as a pharmaceutical excipient: novel applications of a well-known polymer*. Journal of Pharmaceutical Sciences, 2022.
16. Yadav, M. and Y. Ahmadi, *Alginates: Source, chemistry, and properties*, in *Alginates*. 2019, Apple Academic Press. p. 1-24.
17. Jana, S., K. Kumar Sen, and A. Gandhi, *Alginate based nanocarriers for drug delivery applications*. Current Pharmaceutical Design, 2016. **22**(22): p. 3399-3410.
18. Chaturvedi, K., et al., *Sodium alginate in drug delivery and biomedical areas*, in *Natural polysaccharides in drug delivery and biomedical applications*. 2019, Elsevier. p. 59-100.
19. Jiang, C., et al., *Crosslinked polyelectrolyte complex fiber membrane based on chitosan-sodium alginate by freeze-drying*. RSC advances, 2014. **4**(78): p. 41551-41560.
20. Borumand, M.R., *Preparation and characterization of sodium alginate nanoparticles containing ICD-85 (venom derived peptides)*. International journal of innovation and applied studies, 2013. **4**(3): p. 534-542.

21. Severino, P., et al., *Alginate nanoparticles for drug delivery and targeting*. Current pharmaceutical design, 2019. **25**(11): p. 1312-1334.
22. Liu, Y., et al., *Preparation of high-stable silver nanoparticle dispersion by using sodium alginate as a stabilizer under gamma radiation*. Radiation Physics and Chemistry, 2009. **78**(4): p. 251-255.
23. Viswanadh, M.K., et al., *Nanotheranostics: emerging strategies for early diagnosis and therapy of brain cancer*. Nanotheranostics, 2018. **2**(1): p. 70.
24. Coelho, J.F., et al., *Drug delivery systems: Advanced technologies potentially applicable in personalized treatments*. EPMA journal, 2010. **1**: p. 164-209.
25. Cascone, M.G., et al., *Gelatin nanoparticles produced by a simple W/O emulsion as delivery system for methotrexate*. Journal of Materials Science: Materials in Medicine, 2002. **13**: p. 523-526.
26. Sharma, V., et al., *Multilayer capsules encapsulating nimbin and doxorubicin for cancer chemo-photothermal therapy*. International Journal of Pharmaceutics, 2020. **582**: p. 119350.
27. Sabbagh, F. and B.S. Kim, *Recent advances in polymeric transdermal drug delivery systems*. Journal of controlled release, 2022. **341**: p. 132-146.
28. MaHam, A., et al., *Protein-based nanomedicine platforms for drug delivery*. Small, 2009. **5**(15): p. 1706-1721.
29. Song, C., et al., *Formulation and characterization of biodegradable nanoparticles for intravascular local drug delivery*. Journal of Controlled Release, 1997. **43**(2-3): p. 197-212.
30. Li, F.-Q., et al., *Preparation and characterization of sodium ferulate entrapped bovine serum albumin nanoparticles for liver targeting*. International journal of pharmaceutics, 2008. **349**(1-2): p. 274-282.
31. Elnaggar, Y.S., et al., *Novel piperine-loaded Tween-integrated monoolein cubosomes as brain-targeted oral nanomedicine in Alzheimer's disease: Pharmaceutical, biological, and toxicological studies*. International journal of nanomedicine, 2015. **10**: p. 5459.
32. Mikušová, V. and P. Mikuš, *Advances in chitosan-based nanoparticles for drug delivery*. International Journal of Molecular Sciences, 2021. **22**(17): p. 9652.
33. Hadden, M., et al., *Porous Calcium Carbonates and Calcium Phosphates for Drug Delivery Applications*, in *Advanced Porous Biomaterials for Drug Delivery Applications*. 2022, CRC Press. p. 137-189.
34. Ghawanmeh, A.A., et al., *Colchicine prodrugs and codrugs: Chemistry and bioactivities*. European Journal of Medicinal Chemistry, 2018. **144**: p. 229-242.
35. Elsewedy, H.S., et al., *Enhancement of anti-inflammatory activity of optimized niosomal colchicine loaded into jojoba oil-based emulgel using response surface methodology*. Gels, 2021. **8**(1): p. 16.
36. Saxena, V., M. Sadoqi, and J. Shao, *Indocyanine green-loaded biodegradable nanoparticles: preparation, physicochemical characterization and in vitro release*. International journal of pharmaceutics, 2004. **278**(2): p. 293-301.
37. Danaei, M., et al., *Impact of particle size and polydispersity index on the clinical applications of lipidic nanocarrier systems*. Pharmaceutics, 2018. **10**(2): p. 57.
38. Chan, M.Y., et al., *Particle sizing of nanoparticle adjuvant formulations by dynamic light scattering (DLS) and nanoparticle tracking analysis (NTA)*. Vaccine Adjuvants: Methods and Protocols, 2017: p. 239-252.
39. Patil, S., et al., *Protein adsorption and cellular uptake of cerium oxide nanoparticles as a function of zeta potential*. Biomaterials, 2007. **28**(31): p. 4600-4607.
40. Honary, S. and F. Zahir, *Effect of zeta potential on the properties of nano-drug delivery systems-a review (Part 1)*. Tropical journal of pharmaceutical research, 2013. **12**(2): p. 255-264.
41. Saxena, A., et al., *Effect of molecular weight heterogeneity on drug encapsulation efficiency of gelatin nano-particles*. Colloids and Surfaces B: Biointerfaces, 2005. **45**(1): p. 42-48.

42. Esposito, E., et al., *Progesterone lipid nanoparticles: Scaling up and in vivo human study*. European journal of pharmaceuticals and biopharmaceutics, 2017. **119**: p. 437-446.
43. Raza, K., et al., *Systematically optimized biocompatible isotretinoin-loaded solid lipid nanoparticles (SLNs) for topical treatment of acne*. Colloids and Surfaces B: Biointerfaces, 2013. **105**: p. 67-74.
44. Fadeel, B. and A.E. Garcia-Bennett, *Better safe than sorry: Understanding the toxicological properties of inorganic nanoparticles manufactured for biomedical applications*. Advanced drug delivery reviews, 2010. **62**(3): p. 362-374.
45. Alqahtani, M.S., et al., *Novel lignin nanoparticles for oral drug delivery*. Journal of Materials Chemistry B, 2019. **7**(28): p. 4461-4473.
46. Doktorovova, S., et al., *Preclinical safety of solid lipid nanoparticles and nanostructured lipid carriers: Current evidence from in vitro and in vivo evaluation*. European Journal of Pharmaceuticals and Biopharmaceutics, 2016. **108**: p. 235-252.
47. Naahidi, S., et al., *Biocompatibility of engineered nanoparticles for drug delivery*. Journal of controlled release, 2013. **166**(2): p. 182-194.
48. Kumar, A., *Transferosome: A recent approach for transdermal drug delivery*. Journal of Drug Delivery and Therapeutics, 2018. **8**(5-s): p. 100-104.
49. Franco, V., et al., *The interplay between liver first-pass effect and lymphatic absorption of cannabidiol and its implications for cannabidiol oral formulations*. Clinical Pharmacokinetics, 2020. **59**: p. 1493-1500.
50. Ng, L.C. and M. Gupta, *Transdermal drug delivery systems in diabetes management: A review*. Asian journal of pharmaceutical sciences, 2020. **15**(1): p. 13-25.
51. Pathan, S.A., et al., *Buccoadhesive drug delivery systems-extensive review on recent patents*. Recent Patents on Drug Delivery & Formulation, 2008. **2**(2): p. 177-188.
52. Ding, S., *Recent developments in ophthalmic drug delivery*. Pharmaceutical Science & Technology Today, 1998. **1**(8): p. 328-335.
53. Mohammadi, F., Zahra Saeidi¹, Rashin Giti², Mehdi Rostami¹, Farhad Mohammadi^{1,*} *Department of Pharmaceutics, School of Pharmacy, Shahid Sadoughi University of Medical Sciences, Yazd, Iran* ² *Department of Prosthodontics, School of Dentistry, Shiraz University of Medical Sciences, Shiraz, Iran*.
54. Rachmawati, H., C.A. Edityaningrum, and R. Mauludin, *Molecular inclusion complex of curcumin- β -cyclodextrin nanoparticle to enhance curcumin skin permeability from hydrophilic matrix gel*. Aaps Pharmscitech, 2013. **14**: p. 1303-1312.
55. Hussain, A., et al., *Optimized permeation enhancer for topical delivery of 5-fluorouracil-loaded elastic liposome using Design Expert: part II*. Drug delivery, 2016. **23**(4): p. 1242-1253.
56. Ranade, V.V., *Drug delivery systems. 6. Transdermal drug delivery*. The Journal of Clinical Pharmacology, 1991. **31**(5): p. 401-418.
57. Rapalli, V.K., et al., *Revisiting techniques to evaluate drug permeation through skin*. Expert Opinion on Drug Delivery, 2021. **18**(12): p. 1829-1842.
58. Khan, A.S., et al., *Tacrolimus-loaded solid lipid nanoparticle gel: Formulation development and in vitro assessment for topical applications*. Gels, 2022. **8**(2): p. 129.
59. Nasr, M., H. Younes, and R.S. Abdel-Rashid, *Formulation and evaluation of cubosomes containing colchicine for transdermal delivery*. Drug delivery and translational research, 2020. **10**: p. 1302-1313.
60. Kogan, A. and N. Garti, *Microemulsions as transdermal drug delivery vehicles*. Advances in colloid and interface science, 2006. **123**: p. 369-385.
61. Jiang, T., et al., *The dexamethasone acetate cubosomes as a potential transdermal delivery system for treating skin inflammation*. Journal of Drug Delivery Science and Technology, 2022. **75**: p. 103567.
62. Kumari, S., et al., *Bioactive loaded novel nano-formulations for targeted drug delivery and their therapeutic potential*. Pharmaceutics, 2022. **14**(5): p. 1091.

63. Chavanpatil, M.D., et al., *Novel sustained release, swellable and bioadhesive gastroretentive drug delivery system for ofloxacin*. International journal of pharmaceutics, 2006. **316**(1-2): p. 86-92.
64. Batheja, P., et al., *Topical drug delivery by a polymeric nanosphere gel: formulation optimization and in vitro and in vivo skin distribution studies*. Journal of controlled release, 2011. **149**(2): p. 159-167.
65. Fox, L.T., et al., *Skin permeation enhancement effects of the gel and whole-leaf materials of Aloe vera, Aloe marlothii and Aloe ferox*. Journal of Pharmacy and Pharmacology, 2015. **67**(1): p. 96-106.
66. Singh, M.R., et al., *Advances and Avenues in the Development of Novel Carriers for Bioactives and Biological Agents*. 2020: Academic Press.
67. Parashar, P., et al., *Appraisal of anti-gout potential of colchicine-loaded chitosan nanoparticle gel in uric acid-induced gout animal model*. Archives of Physiology and Biochemistry, 2022. **128**(2): p. 547-557.
68. Mali, A.D., *An updated review on transdermal drug delivery systems*. skin, 2015. **8**(9).
69. Lei, Y., et al., *Formulation and Evaluation of a Drug-in-Adhesive Patch for Transdermal Delivery of Colchicine*. Pharmaceutics, 2022. **14**(10): p. 2245.
70. Qindeel, M., et al., *Surfactant-free, self-assembled nanomicelles-based transdermal hydrogel for safe and targeted delivery of methotrexate against rheumatoid arthritis*. ACS nano, 2020. **14**(4): p. 4662-4681.
71. Lee, H.-J., et al., *Effects of intermediate frequency electromagnetic fields: A review of animal studies*. International Journal of Radiation Biology, 2023. **99**(2): p. 166-182.
72. Morais, R.P., et al., *Skin interaction, permeation, and toxicity of silica nanoparticles: Challenges and recent therapeutic and cosmetic advances*. International Journal of Pharmaceutics, 2022: p. 121439.
73. Dragicevic-Curic, N., et al., *Temoporfin-loaded liposomal gels: viscoelastic properties and in vitro skin penetration*. International journal of pharmaceutics, 2009. **373**(1-2): p. 77-84.
74. Chime, S., F. Kenechukwu, and A. Attama, *Nanoemulsions—advances in formulation, characterization and applications in drug delivery*. Application of nanotechnology in drug delivery, 2014. **3**: p. 77-126.
75. Kim, J. and O. De Jesus, *Medication routes of administration*, in *StatPearls [Internet]*. 2022, StatPearls Publishing.
76. Saraf, S., *Applications of novel drug delivery system for herbal formulations*. Fitoterapia, 2010. **81**(7): p. 680-689.
77. George, A., P.A. Shah, and P.S. Shrivastav, *Natural biodegradable polymers based nano-formulations for drug delivery: A review*. International journal of pharmaceutics, 2019. **561**: p. 244-264.
78. Coluzzi, P.H. and B.S. Fairbairn, *The management of pain in terminally ill cancer patients with difficulty swallowing*. American Journal of Hospice and Palliative Medicine®, 1999. **16**(6): p. 731-737.
79. Ahmad, M.Z., et al., *Nanoemulgel as an approach to improve the biopharmaceutical performance of lipophilic drugs: Contemporary research and application*. Journal of Drug Delivery Science and Technology, 2022: p. 103420.
80. ربه لندزا هيژ, et al., *Preparation and Characterization of Sustained Release Scaffold Containing Tetracycline in Periodontal Infections*.
81. Evreklioglu, C., *Current concepts in the etiology and treatment of Behçet disease*. Survey of ophthalmology, 2005. **50**(4): p. 297-350.
82. Afshar, M., et al., *Preparation and characterization of sodium alginate/polyvinyl alcohol hydrogel containing drug-loaded chitosan nanoparticles as a drug delivery system*. Journal of Drug Delivery Science and Technology, 2020. **56**: p. 101530.

83. Tsou, Y.H., et al., *Drug delivery to the brain across the blood–brain barrier using nanomaterials*. *Small*, 2017. **13**(43): p. 1701921.
84. Pan, X., et al., *Applications and developments of gene therapy drug delivery systems for genetic diseases*. *Asian Journal of Pharmaceutical Sciences*, 2021. **16**(6): p. 687-703.
85. Desai, P., R.R. Patlolla, and M. Singh, *Interaction of nanoparticles and cell-penetrating peptides with skin for transdermal drug delivery*. *Molecular membrane biology*, 2010. **27**(7): p. 247-259.
86. Ramadon, D., et al., *Enhancement strategies for transdermal drug delivery systems: Current trends and applications*. *Drug delivery and translational research*, 2021: p. 1-34.
87. Yu, Y.-Q., et al., *Enhancing permeation of drug molecules across the skin via delivery in nanocarriers: novel strategies for effective transdermal applications*. *Frontiers in bioengineering and biotechnology*, 2021. **9**: p. 646554.

Figure No. 01

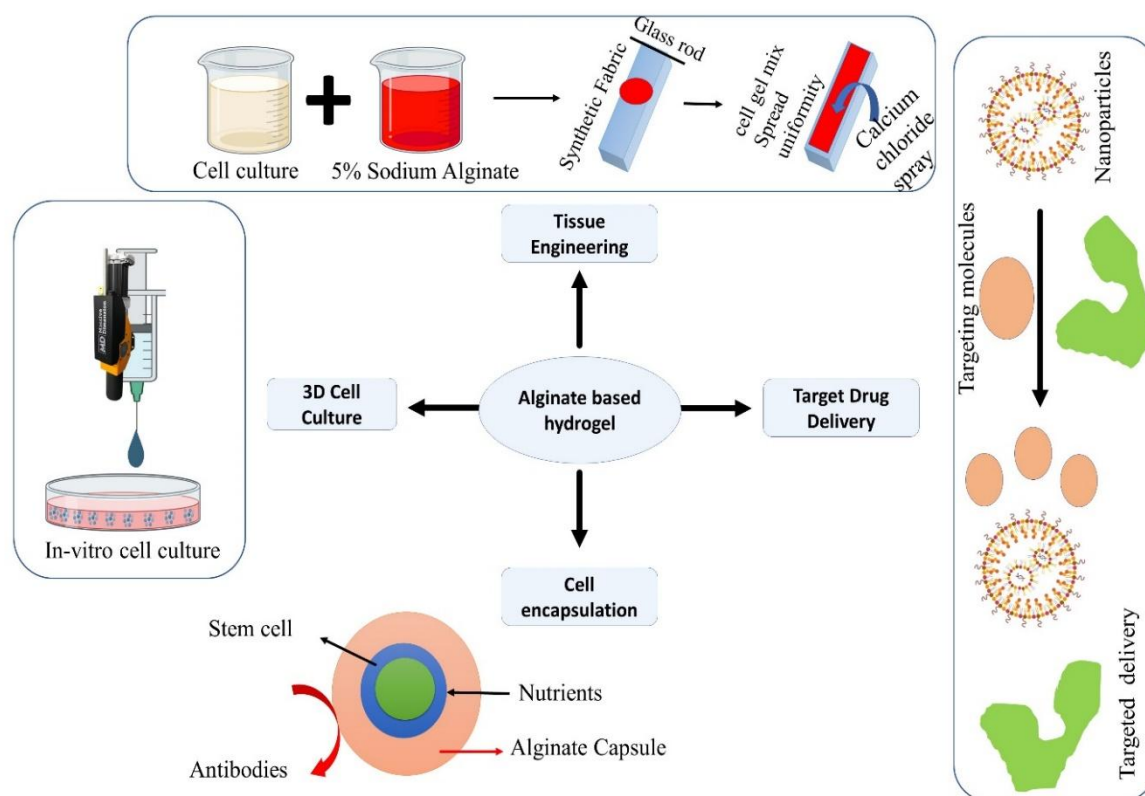


Figure 01: This picture illustrates the various applications of alginate-based hydrogels in the field of biomedical engineering. Alginate hydrogels are commonly used for 3D cell culture, tissue engineering, targeted drug delivery, and cell encapsulation due to their unique properties such as biocompatibility, biodegradability, and ability to form hydrophilic networks. The image shows examples of cells and tissues cultured within alginate hydrogels, as well as drug-loaded nanoparticles being released from an alginate-based scaffold. Alginate hydrogels are versatile biomaterials with immense potential in regenerative medicine and drug delivery.

Figure No. 02

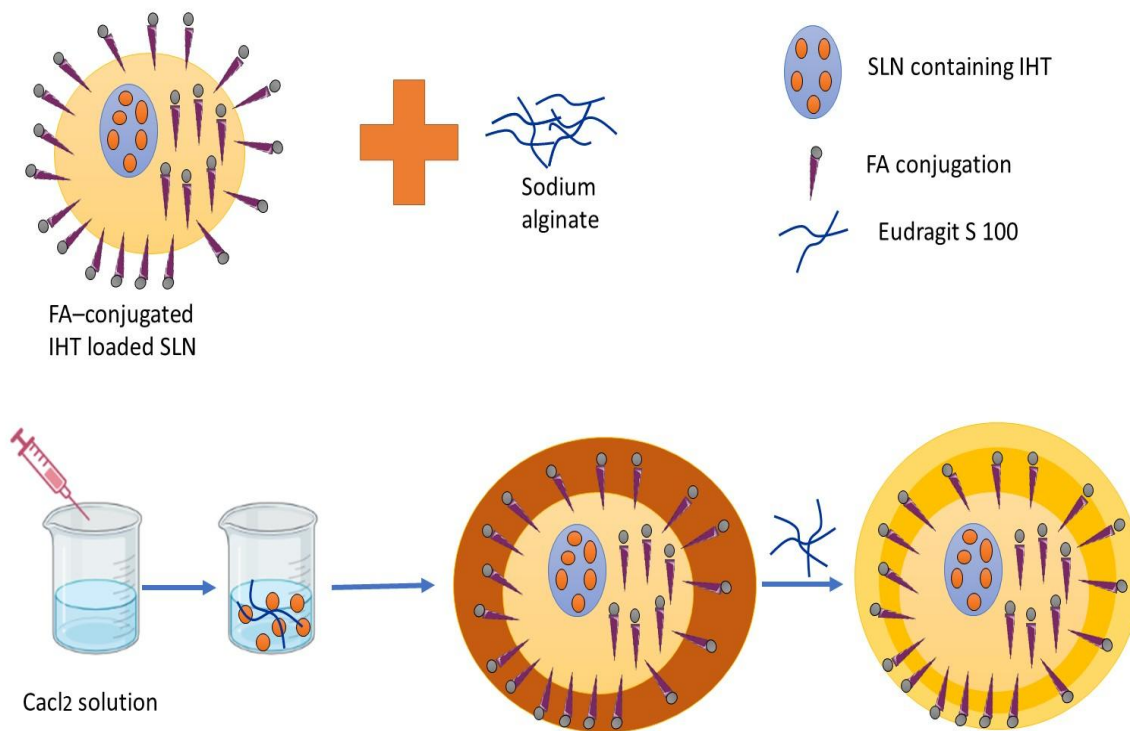


Figure 02: This figure illustrates that The figure depicts the characterization of colchicine-loaded sodium alginate nanoparticles, conjugated with FA and loaded with IHT.