

CLASSIFICATION OF GELS

Gels can be categorized according to various criteria, including colloidal phases, the nature of the solvent employed, physical characteristics, and rheological properties, among others.

1) Based on colloidal phases They are classified into:

- a) Inorganic (Two phase system)
- b) Organic (Single phase system)

2) Based on nature of solvent used

a) **Hydro gels (water based)**

b) **Organic Gels (with a non - aqueous solvent)**

3) Based on rheological properties usually gels exhibit non-Newtonian flow. They are classified into:

a) **Plastic gel**

b) **Pseudo plastic gel**

c) **Thixotropic gels**

4) Based on physical nature

a) **Elastic gels**

b) **Rigid gels**

5) Bases or gel forming polymers:- It can be classified as follows:

a) **Natural polymers**

b) **Semi synthetic polymers**

c) **Synthetic polymers**

USES OF GELS

a) Delivery systems designed for the administration of pharmaceuticals via oral routes encompass various mechanisms that ensure optimal therapeutic effectiveness.

b) Topical medications are formulated for direct application to dermal layers, mucous membranes, or ocular surfaces, facilitating localized treatment.

c) Long-acting formulations of medications may be introduced into the body through intramuscular injections or via implantation, ensuring sustained therapeutic intervention.

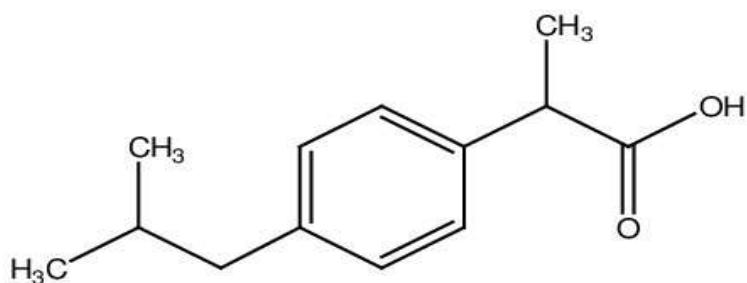
d) The use of binders in tablet granulation, protective colloids in suspension formulations, and thickeners in oral liquids and suppository products is crucial for achieving desired physicochemical properties and enhancing product stability.

DRUG PROFILE

IBUPROFEN ibuprofen is categorized as a nonsteroidal anti-inflammatory drug (NSAID) and is widely used for the treatment of pain, fever, and various related ailments.

It demonstrates efficacy in mitigating mild to moderate pain, decreasing inflammation, and alleviating fever associated with numerous medical conditions. Specifically, its application is indicated for the management of dysmenorrhea, osteoarthritis, rheumatoid arthritis, and juvenile idiopathic arthritis. Furthermore, ibuprofen is recognized on the World Health Organization's List of Essential Medicines, which delineates the most effective and safely utilized medications that are critical to a functional healthcare system.

USES



Ibuprofen

Ibuprofen is primarily employed in the management of a range of pain conditions, including, but not limited to, headaches, back pain, dysmenorrhea, dental pain, generalized body aches, and myalgia.

CHICLE GUM



Figure 3 – Chicle Gum

Chicle gum is a naturally occurring polymer extracted from the endosperm of specific seeds. Historically, guar has primarily been employed as a protein-rich feed source for livestock. Furthermore, it plays a role as a green vegetable within Indian culinary practices.

FORMULATION OF TRANSDERMAL IBUPROFEN GEL METHOD OF PREPARATION

Approximately 1.5grams of ibuprofen were incorporated into 5 milliliters of propylene glycol, and the mixture was heated to 65°C for a duration of 10 minutes to achieve a solution. A gel was formulated by dissolving 2 grams of guar gum in 4 milliliters of glycerin, creating a slurry, followed by the gradual addition of 15 milliliters of distilled water while continuously mixing with a magnetic stirrer until a homogeneous gel was obtained. The ibuprofen solution was subsequently combined with the gel, to which methyl paraben and peppermint oil were added, along with distilled water to reach the desired final weight, all while maintaining vigorous stirring. The ibuprofen-infused gel was stirred continuously using a magnetic stirrer for approximately 10 minutes. Finally, the gel was neutralized and its viscosity was enhanced through the incorporation of triethanolamine.

Table No. 1 : - Gel Formulation

S. NO.	INGREDIENTS	QUANTITY (30G)
1	Ibuprofen	1.50g
2	Guar gum	2.0g
3	Propylene glycol	5.0ml
4	Glycerine	4.0ml
5	Methyl paraben	400mg
6	Tri - ethanol amine	0.1ml
7	Peppermint oil	0.3ml
8	Distilled Water	Up to 30ml

2. RESULT & DISCUSSION

STANDARD CALIBRATION CURVE OF IBUPROFEN

The calibration curve for Ibuprofen was constructed using a phosphate buffer at pH 7.4. The analysis of the standard solution indicated a maximum absorption peak at a wavelength of 267 nm. It was observed that Beer-Lambert's law was upheld within the concentration range of 2.0 μ g/ml to 50.0 μ g/ml in the phosphate buffer at pH 7.4, as depicted in Fig.

Standard Curve of Ibuprofen

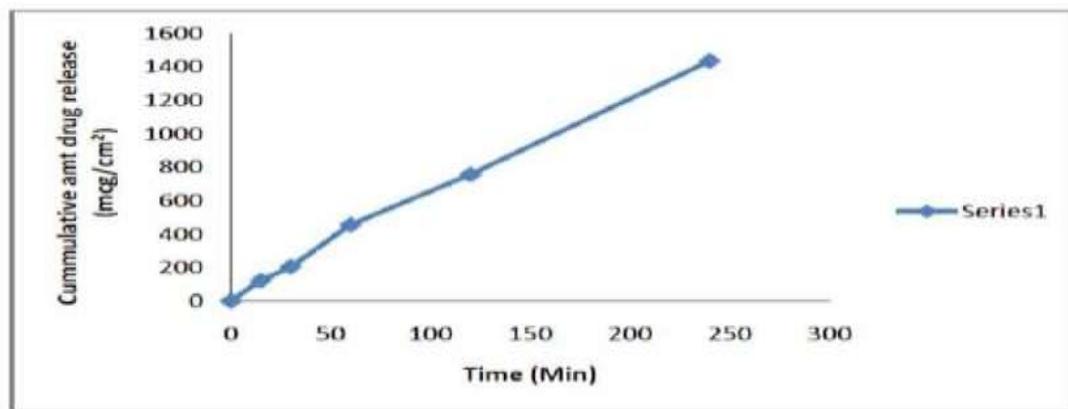


Figure 4 – Standard Curve of Ibuprofen

pH OF IBUPROFEN GEL

The pH of the gel formulations was determined to be 6.3, and a comparative analysis was conducted with a standard gel Table No. 2 : - pH of formulation

Formulation	pH
Formulated Gel	6.3
Marketed Gel (Nurofen)	7.4

The pH of the developed gel is measured at 6.3, which is lower than that of the commercially available gel, recorded at 7.4. Nevertheless, this lower pH is deemed acceptable, as both ibuprofen and guar gum exhibit stability within this pH range. Furthermore, the pH of the formulated gels is more aligned with the natural pH of the skin, approximately 5.5, thereby minimizing the risk of skin irritation.

GEL SPREADABILITY STUDY

The spreadability of the gel formulations was evaluated after 1 minute and subsequently compared to a standard gel, as detailed in Table

Table No. 2 : - Spread ability of Gel Formulation

Formulation	Spread ability
Formulated Gel	19.79
Marketed Gel (Nurofen)	21

VISCOSITY

The viscosity of the gel formulations was found between 19100 cps. Viscosity of Gel Formulation (20 rpm)

DRUG CONTENT

The drug content of the gel formulations was determined to be 87.56%, indicating effective drug loading capabilities. The Ibuprofen gel exhibited homogeneity and satisfactory drug incorporation. Additionally, the pH of the gel formulations was measured to fall within the neutral range, rendering it compatible with skin application. The viscosity of the formulation was also found to be suitable for topical drug delivery. Overall, the drug content of 87.56% further underscores the formulation's efficient loading properties.

3. CONCLUSION

This study presents a comprehensive examination of the development of ibuprofen in a prolonged-release gel formulation designed for dermatological applications, with natural guar gum incorporated as a pivotal component. The resultant gels demonstrated notable homogeneity and an enhanced texture. The superior efficacy of these formulated gels, in comparison to existing commercial products, suggests their potential as viable alternatives for the management of both localized and systemic inflammatory conditions.

4. REFERENCE

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