

# **Current Research in Pharmacy and Pharmaceutical Sciences**

**Editor**

Cem YAMALI



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# CONTENTS

|           |                                                                                                                       |     |
|-----------|-----------------------------------------------------------------------------------------------------------------------|-----|
| Chapter 1 | The Role of Community Pharmacists in The Treatment of Mental Health Disorders.....                                    | 1   |
|           | <i>Rumeysa EREN</i>                                                                                                   |     |
|           | <i>Elif ULUTAŞ DENİZ</i>                                                                                              |     |
| Chapter 2 | A Comprehensive Review of Ethnobotanical Studies in Gaziantep Province.....                                           | 13  |
|           | <i>Seher YILDIRIM</i>                                                                                                 |     |
|           | <i>Songül KARAKAYA</i>                                                                                                |     |
| Chapter 3 | Phenolic Chalcone Mannich Bases and Their Cytotoxic Activity.....                                                     | 53  |
|           | <i>Mehtap TUGRAK SAKARYA</i>                                                                                          |     |
|           | <i>Halise İnci GUL</i>                                                                                                |     |
| Chapter 4 | Analysis of Antioxidant Capacity of Commercial <i>Myrtus Communis</i> Essential Oil By Spectrophotometric Method..... | 69  |
|           | <i>Tahsin TOPAL</i>                                                                                                   |     |
|           | <i>Seçil KARAHÜSEYİN</i>                                                                                              |     |
|           | <i>Merve NENNI</i>                                                                                                    |     |
| Chapter 5 | Analysis of Antioxidant Capacity of Commercial <i>Citrus Lemon</i> Essential Oil By Spectrophotometric Method .....   | 85  |
|           | <i>Barış ÖKSÜZ</i>                                                                                                    |     |
|           | <i>Seçil KARAHÜSEYİN</i>                                                                                              |     |
|           | <i>Merve NENNI</i>                                                                                                    |     |
| Chapter 6 | Overview of Micelles For Antifungal Therapy .....                                                                     | 107 |
|           | <i>Yaşar Furkan KILINBOZ</i>                                                                                          |     |
|           | <i>Afife Büşra UĞUR KAPLAN</i>                                                                                        |     |
|           | <i>Meltem ÇETİN</i>                                                                                                   |     |
| Chapter 7 | Degradable Synthetic Biopolymers in Medicine.....                                                                     | 125 |
|           | <i>Timur PAÇACI</i>                                                                                                   |     |

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# Chapter 1

## THE ROLE OF COMMUNITY PHARMACISTS IN THE TREATMENT OF MENTAL HEALTH DISORDERS

Rumeysa EREN<sup>1</sup>  
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### 1. INTRODUCTION

Chronic and enduring psychiatric disorders including psychotic disorders, bipolar disorder, schizophrenia, and major depression; any mental illness that adversely affects an individual's social connections, academic accomplishments, and work performance (1). Individuals living with these conditions have a life expectancy that is up to 25 years shorter than that of the general population. This primarily stems from modifiable lifestyle elements like tobacco use, absence of physical activity, poor eating habits, antipsychotic medication's adverse reactions, and the stress of living with a mental illness (2). In 2003, over 450 million individuals worldwide were reported to grapple with mental disorders; this number is much higher today, and it is emphasized that mental health medicines account for a significant proportion of the medicines prescribed by physicians (3). This group exhibits a notably elevated prevalence of coexisting avoidable chronic ailments, such as type 2 diabetes, and cardiovascular, and respiratory conditions. For this reason, they have been identified as a major burden on the US economy (2).

Considering the individual, societal, and financial consequences of people with untreated psychotic disorders, the involvement of primary healthcare professionals is essential to guarantee sufficient assistance for this demographic. Healthcare experts have recognized that people affected by mental health conditions as individuals presenting some of the most challenging cases for management (4). Moreover, these patients are 1.5 to 10 times more inclined to visit their pharmacist than their primary care physician (5). The treatment of more serious mental illnesses, such as schizophrenia, has leaned heavily on

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## **Chapter 2**

### **A COMPREHENSIVE REVIEW OF ETHNOBOTANICAL STUDIES IN GAZİANTEP PROVINCE**

**Seher YILDIRIM<sup>1</sup>**  
**Songül KARAKAYA<sup>2</sup>**

#### **INTRODUCTION**

All animals, plants, and humans in nature are the result of a delicate balance. In mythology, plants have been regarded as the most valuable gift given to humans by the gods. All plants serve humanity, and the relationship between humans and plants has existed since the beginning of human existence. Archaeological findings dating back to ancient times indicate that humans primarily relied on plants to obtain food and address health issues. The Neanderthal remains found in the Shanidar Cave in Northern Iraq during excavations carried out between 1957 and 1961, along with the objects discovered in the graves, are considered the earliest evidence of the plant-human relationship's inception. In a burial site believed to belong to a shaman and dating back 60,000 years, various plant species such as yarrow, henbane, purple hyacinth, hollyhock, marigold, and ephedra were identified. It is believed that these plants, which were placed in the grave with the belief that the deceased would use them upon returning to life, may indicate a differentiation between edible plants and medicinal plants. These plant species are still significant today, particularly in the field of herbal medicine (1).

The term “ethnobotany” is derived from the combination of “ethno,” referring to studies related to humans, and “botany,” which represents the science of plants. Ethnobotany carries the meaning of plant-human relationships in culturally diverse human communities from a broader perspective. The term “ethnobotany” was first used by American botanist John Harshberger in 1895. In the late 19th century, ethnobotany began to develop as a scientific discipline, and major pharmaceutical companies, including the World Health Organization (WHO),

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use of plants has also been observed in addressing concerns related to sperm count, infertility, and hormonal issues affecting menstrual regularity. However, it is worth noting that in hormonal problems, alternative techniques are also employed alongside herbal remedies.

Based on the ethnobotanical examination of plants used among the people in Gaziantep, it is evident that a wide variety of plants from different families have been utilized for various purposes. The results provide valuable insights into the traditional uses of 134 plants belonging to 42 families. The study highlights the extensive use of plants in all aspects of life in Gaziantep. The Asteraceae, Lamiaceae, and Rosaceae families are the most commonly utilized in terms of numerical representation. Medical applications stand out as the primary purpose of plant usage, particularly for conditions such as diabetes, liver and kidney diseases, wounds, and gastrointestinal problems. It is noteworthy that some traditional uses of plants align with existing literature, while others showcase unique local practices. Additionally, the findings indicate that certain plants are employed for the management of chronic diseases like heart conditions, blood pressure, and cholesterol, often without medical consultation.

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## **Chapter 3**

### **PHENOLIC CHALCONE MANNICH BASES AND THEIR CYTOTOXIC ACTIVITY**

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#### **1. INTRODUCTION**

Cancer is a disease that can affect everyone, regardless of age, gender, nationality or ethnicity. According to the International Cancer Institute, it is a disease that ranks second among the causes of death with the highest mortality rate in the world. Although costly research and new treatment options are increasing rapidly in this field, the recovery rate of cancer patients can only be achieved by 20-25% (1). While the main aim of treatment should be to cure the cancer completely, this is very unlikely to be achieved. The realistic goal may be to increase the patient's life expectancy and quality. Today, surgery and radiation therapy are frequently used primarily in the treatment of a cancer patient. In addition to these treatments, chemotherapy is also frequently applied. Chemotherapy is a treatment with a large number of drugs to kill cancer cells. Chemotherapy uses drugs that destroy cancer cells. The ideal drug is expected to kill only cancer cells without harming normal cells, but this property is not present in most drugs currently used in clinical practice. Because there is not much difference in terms of quantity between malignant cancer cell and normal human cell. Cancer treatments often damage healthy cells and tissues. Side effects basically depend on the type and extent of the treatment and do not occur in the same way for everyone, and may even vary from one session to the next in the same person. For example, treatment with cytotoxic drugs often causes nausea, vomiting, loss of appetite, weakness, fatigue and anemia, and a decrease in blood cells leading to an increased risk of infection. While most people undergoing chemotherapy lose their hair, other side effects vary according to the type of drug. As a result, no chemical compound has

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publications on Mannich bases' antiproliferative effects have been published. This tendency has been expanded by the examination of aminomethylated derivatives of phenolic chalcone analogues, which was established by seminal research into the anticancer activity of Mannich bases produced from  $\alpha,\beta$ -unsaturated ketones. With the inclusion of previously unknown examples of Mannich bases with potent activity, the production of cytotoxic compounds via aminomethylation of natural flavonoids and structurally related substrates continues to rise significantly. The information summarized in this update confirms the Mannich reaction's relevance in the design and synthesis of antiproliferative compounds, and hopefully provides the interested reader with structure information as well as the analytical tools needed for further advances in this ever-growing line of research.

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## Chapter 4

### ANALYSIS OF ANTIOXIDANT CAPACITY OF COMMERCIAL *Myrtus communis* ESSENTIAL OIL BY SPECTROPHOTOMETRIC METHOD

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Merve NENİ<sup>3</sup>

#### INTRODUCTION

*Myrtus communis* L. belongs to the Myrtaceae family. The Myrtaceae family includes 145 genera and 5500 species (1). It is a plant species belonging to West Asia, Southern Europe, and North Africa (2, 3). It is common in the Mediterranean region. Myrtle is an endemic plant known as murt or hambelis (4). *M. communis* is one of the prominent medicinal and aromatic species in the Myrtaceae family (5). *M. communis* can reach an average height of 2-4 meters. Its leaves are hairless, glossy, dark green, perennial herbs. Its fruits are hairless, pea-sized, hard, and oval in appearance. The flowering period of the *M. communis* plant is in the summer months. Ripe fruits taste sweeter than unripe fruits. It is drought resistant because it needs very little water (3, 6-10). Its flowers are star-shaped, white or pink in appearance, and fragrant (11). The leaves, fruits, and underground roots of *M. communis* are the parts traditionally recommended for use in folk medicine (12). Traditional medicinal uses of *M. communis* leaves in Algeria include the treatment of sinusitis, otitis, respiratory disorders, bronchitis, hemorrhoid, and diarrhea (13). *M. communis* leaves are generally preferred in the cosmetics industry in Turkey, and its fruits are also preferred in villages as an antiseptic (14). Some studies reveal the sedative effect of *M. communis* due to its anxiolytic and muscle relaxant properties without anticonvulsant effects (15, 16). The aroma of the essential oil (EO), which is present in the plant's abundant

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extract showed higher antioxidant activity than the essential oil included in this study (88). This difference may be due to the methods used while obtaining the essential oil, or to the use of leaves only.

#### 4. CONCLUSION

Myrtle EO has been utilized for centuries as a disinfectant, antiseptic, and in the treatment of various diseases. After it was revealed that myrtle EO has antioxidant properties, it has taken its place in the food industry. In this study, the antioxidant properties of commercially available *M. communis* EO were investigated. In this study, which we conducted using the DPPH method, the IC<sub>50</sub> value was examined and EC<sub>50</sub>, ARP, and AEAC values were calculated according to this result. When the results were examined, it was seen that *M. communis* EO was a natural antioxidant source.

Instead of commercially procuring *M. communis* EO, the EO can be obtained and studied by using distillation, extraction, or mechanical methods. However, for this, the periods when the EO content in the leaves of the plant is at the highest level should be preferred. Evaluation of the antioxidant capacity of EO using different methods will contribute to the literature.

Note: This study was prepared in 2023 under the guidance of his advisor, assistant professor Merve Nenni, as a part of Tahsin Topal 's graduation project course report.

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## Chapter 5

### ANALYSIS OF ANTIOXIDANT CAPACITY OF COMMERCIAL *Citrus lemon* ESSENTIAL OIL BY SPECTROPHOTOMETRIC METHOD

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#### INTRODUCTION

Citrus lemon (lemon) is a valuable therapeutic and aromatic plant from the Rutaceae family. It has yellow and elliptical edible fruit and is evergreen. The term lemon actually comes from the old French word for “lemon” and is expressed in different terms in different languages. While it is expressed with the terms “lamun” in Arabic and “lmun” in Persian; it goes by the names “lemon” in English, “zitrone” in German, and “le citron” in French. (1, 2). Soils that tend to be acidic, have a wide pH range, are successful in terms of drainage, and can retain moisture provide the most suitable conditions for the growth of *C. lemon* (3). Although it is unclear what *C. lemon*’s precise native environment was, it has spread from Southeast Asia to Northeast India and then to China and has been cultivated since ancient times (4).

The main component of *C. lemon* is vitamin C, and it also contains terpenes, hydrocarbons, flavonoids, minerals, and essential oils. Scurvy is treated with vitamin C. Lemon juice was employed in the treatment of scurvy disease even before vitamin C was discovered (5). In addition, in traditional medicine, lemon juice, which is rich in vitamin C content, is used to relieve hypertension, colds, sore throat, fever and chest pain; The essential oil (EO) of *C. lemon* has been used for cough since ancient times (6). In ancient Rome, the essential oil of *C. lemon*

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#### **4. CONCLUSION**

According to the needs of consumers, the demand for natural substances is increasing in the food, cosmetics, and pharmaceutical sectors. Consequently, research on essential oils is vital in addition to determining the components of essential oils as well as linking those components with the bioactive qualities of essential oils. The protective impact that essential oils have against oxidative damage is something that has to be investigated in great detail. With regards to the present investigation, the antioxidant capacity of C. lemon essential oil and ascorbic acid prepared in methanol using the DPPH method were compared. According to the data obtained and other studies in the sources, the radical scavenging effect of C. lemon essential oil was found to be lower than that of ascorbic acid. This is thought to be due to the fact that ascorbic acid is a potent antioxidant and the differences in the amount of phenolic component that provides antioxidant properties in C. lemon content. Our study suggests that C. lemon essential oil can be used as an auxiliary supplement as a result of the experiments and literature reviews.

Differences in phenolic content are likely to vary depending on the growing location, rainfall, temperature, humidity, the mineral content of the soil, time of harvest, method of obtaining the essential oil, and from which part of the plant it is obtained. This will cause differences in the results of antioxidant activity. In new studies on essential oils, compounds that affect antioxidant capacity can be determined by performing phenolic content analyses.

In this study, the evaluation of C. lemon essential oil by dissolving in solvents of different polarities (ethyl acetate, ethanol), examining its antioxidant capacity using different methods, studying the essential oils and extracts obtained from fruits and leaves grown at different maturity, climatic conditions, and soil yield, Determining their flavonoid contents and examining their antioxidant activities will also contribute to the literature.

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## **Chapter 6**

### **OVERVIEW OF MICELLES FOR ANTIFUNGAL THERAPY**

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#### **1. INTRODUCTION**

Over the past two decades, the incidence of fungal infections has increased significantly. Worldwide, more than 1.6 million people die each year from fungal infections, and more than 300 million people currently suffer from serious fungal infections. In addition, the widespread use of antifungal drugs has had serious consequences for antifungal therapy. Resistant strains have emerged, leading to treatment failures. The current antifungal options are limited by the existence of toxicities and drug-resistant strains. There are many approaches to develop antifungal therapy, including the synthesis of new compounds, the use of biological extracts, the modification of the delivery methods or forms of antifungal drugs, and the combination of known antifungals with other drugs/agents. Nanotechnology is a promising strategy for reasons such as providing a high spectrum, overcoming the issues in toxicity, and providing better diffusion and effectiveness. Micelles are spherical amphiphilic colloidal structures with a hydrophobic core and a hydrophilic shell and their particle diameters range from 5 to 100 nm. Recently, micelles have attracted attention in the pharmaceutical field due to their unique properties, size, shape and biocompatibility, which enhance drug loading and modified release. This review focuses on providing an overview of the role and importance of micelles in antifungal therapy.

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Due to the advantages of nanotechnology and micelles in antifungal therapy, various investigations are being undertaken on these topics. In the study by Suwan et al.(47), silver nanoparticles with *Psidium guajava* aqueous extract were developed using green synthesis. Although these nanoparticles show a particle size of  $96\pm 4$  nm, aggregation is observed over time. For this reason, micelles produced by direct mixture of Poloxamer 407 (F127) polymer were used to stabilize these nanoparticles. The particle size of micelle-coating nanoparticles was found in the range of  $70.4\pm 0.8$  nm to  $258.6\pm 11.4$  nm, and zeta potential values were observed below -22 mV. In the in vitro inhibition study against *Candida albicans*, micelle-coating nanoparticles showed a 2-fold higher inhibition area at the end of 90 days than those not coated with micelles.

## 5. CONCLUSION

Micellar systems stands out in antifungal treatment because of their unique properties, size, shape and biocompatibility, which enhanced drug loading and modified release. The studies have shown that micelles loaded with antifungal agents could increase efficacy and reduce dosage and side effects. Even so, further studies are needed to evaluate how they behave biologically and to assess safety.

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## **Chapter 7**

### **DEGRADABLE SYNTHETIC BIOPOLYMERS IN MEDICINE**

**Timur PAÇACI<sup>1</sup>**

#### **1.INTRODUCTION**

Biopolymers can be examined in three parts as natural, semi-natural and synthetic. Rather than natural and semi-natural polymers, in this section, synthetic degradable biopolymers in medicine and their properties are tried to be explained.

Biopolymers was founded in 1963 and gain importance in the medicine industry with their low toxicity, different physical and chemical properties. Biopolymers are divided into two as degradable and non-degradable polymers in nature. Degradable and non-degradable polymers are preferred depending on the usage life and place in metabolism. Their common point is that they are compatible with living metabolism. Biocompatibility, growth ability, production in large quantities and specific areas of use have given importance to synthetic biopolymers in the health sector. In this section, the properties of degradable synthetic biopolymers and their use in the field of medicine are emphasized.

#### **2.DEGRADABLE SYNTHETIC BIOPOLYMERS IN MEDICINE**

Today, studies are carried out on 10 different biodegradable synthetic polymers: polylactic acid, polyglycolic acid, polycaprolactone, polyhydroxybutyrate, polybutylene succinate, polyvinyl alcohol, polyethylene adipate, polyether sulfone, polyurethane and polyvinylpyrrolidone. Biodegradable polymers derived from these polymers are frequently emphasized by scientists due to their tensile and impact strength, low toxicity, ease of production on a large scale allowing the production of polymers with different physical properties with mixtures and their derivatives can be handled.

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### **3.CONCLUSION**

Biodegradable polymers, which have been produced for use in the medical field since the 1960s, are gaining more and more importance. This is evident in the number of publications. However, the fact that they do not have the desired level of physical and chemical resistance has made the development of biopolymers necessary. Biopolymers with biodegradable properties, on the other hand, are finding more and more medical uses with their easy dissolution in nature, high number of derivatives, biocompatibility, sufficient physical and chemical resistance. In this context, it is an inevitable fact that the newly developed biodegradable polymers will create more economic and wider usage areas thanks to their advanced physical and chemical properties. Oxygen concentration in polymers significantly affects their degradability and changes in chain length are important in the physical strength of polymers. The most striking disadvantage of degradable biopolymers is that they do not have sufficient physical strength depending on the place of use. The reasons for this are based on insufficient chain length or unsuitable crystal/amorphous region ratios (elasticity) in polymers.

In this section, the general properties of synthetic biodegradable polymers, which are frequently studied, and their usage areas in the medical sector are tried to be explained. Apart from these polymers, synthetic nondegradable biopolymers and natural biopolymers are also used in different ways in the medical field. It is promising for the future to make nondegradable polymers degradable by adding side groups or to develop semi-synthetic polymers with sufficient physical strength by changing the chain structures of natural polymers.

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