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Aurum Journal of Health Sciences (AJHS – A. J. Health Sci.) is an international open access platform for basic, applied, theoretical and clinical studies in health sciences. AJHS publishes double blind peer-reviewed research articles, short reports, case reports, invited reviews and letters to the editor. AJHS is published triannually both in printed and electronic version. AJHS is a multidisciplinary journal on health sciences and accepts manuscripts on dental, medical, health services and pharmaceutical studies. The manuscripts linking different disciplines of health sciences will be given a priority in the journal.

#### **AURUM**

Journal of Health Sciences (A. J. Health Sci.) Volume 3 No 1

ISSN: 2651-2815

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Onur SERTEL, Altınbaş University, TR

### **Contact Information**

a.jhealthsci@altinbas.edu.tr http://aurum.altinbas.edu.tr/tr/journal\_of\_health\_sciences

## **Publication Frequency**

Tri-annually

### **Publication House**

Sena Ofset

## **Date of Publication**

31 January 2021

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Instruction for Authors.....

Contents	
Editorial	l>
Gaye Hafez	
Letter to Editor	1
Eriona Heta	
Research Article	
Evaluation of Antidepressant Medication Use and Determination of Risk Factors for Depression	
among University Students in Istanbul	3-18
Ecem Yıldız, Nilay Aksoy, Rashida Umar	
The Burden of Care and Coping Strategies of Caregivers of Elderly Patients	.19-32
Şerife Köleoğlu, Sevgin Samancioglu Baglama	
Review	
A New Approach in Epilepsy Treatment: Nano-Carrier Systems	.33-44
Burçak Yavuz, Özlem Yıldırım, Ahsen Gülizar Yılmaz	
Industry 4.0 Elements for Pharmaceutical Development and Manufacture	.45-50
Buket Aksu, Gizem Yeğen	



# Volume 3 No 1 | January 2021, IX

### **Editorial**

### Post-Covid Era

When we look back at this more-than-one-year period, we see that we have passed through a dust cloud. Although that cloud has not disappeared yet, we are now more hopeful with the help of ongoing vaccination all over the world. In this era where everything is changing so fast, it is also necessary to think about what awaits us with the end of the pandemic. How will the post-Covid era be shaped? There is a wide range of topics waiting to be discussed: the future of online education, management of health services, virtual and hybrid congresses, digitalization in every area, the necessity of managing financial resources to science and protecting nature. Emphasizing the vital importance of science is one of the areas that fundamentally interests us as scientists. The pandemic has reminded us once again that science is the only way out of such catastrophic events. The importance of investing in basic sciences was once again emphasized. Thinking about these multi-dimensional issues is as important as doing science, for this we should write articles and share ideas about the development and importance of scientific thinking in our journal.

As Aurum Journal of Health Sciences, we are pleased to announce our new issue. We would like to thank all writers and reviewers for their valuable contributions.

Gaye Hafez, PhD D Editor-in-Chief https://orcid.org/0000-0002-0837-634X

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# Volume 3 No 1 | January 2021, 1-2

#### **Letter to Editor**

#### 22.12.2020

## Dear Editor,

On October 7<sup>th</sup>, we got the news on Nobel Prize in Chemistry, awarded for CRISPR-Cas9 genetic scissors, the so-called game changer technology, which was first described in 2012. The prize was given to Emmanuelle Charpentier, director of the Max Planck Unit for the Science of Pathogens, in Berlin, Germany and Jennifer A. Doudna, professor at UC Berkeley and faculty scientist at Howard Hughes Medical Institute. The "First-all Female Scientists Team" promoted a huge development in science and opened doors to new discoveries in basic science, agriculture and medicine.

CRISPR-Cas9 gene editing tool has been adapted to a genome editing system that occurs naturally in bacteria. The bacteria create the so called CRISPR arrays, by capturing fragments of DNA from invading viruses. Via these arrays, the bacteria remember the virus and/or similar fragments of the virus. CRISPR-Cas9 technique has been worldwide used by researchers to develop new crops that withstand drought and pests, clinical trials for curing cancer, and there are hopes to help cure inherited diseases.

The recent achievements clearly show that humankind is benefiting from this technology. In clinical trials, some preliminary results showed that the altered genome of immune cells of three cancer patients has been well-tolerated and this could provide evidence of safety and feasibility in using CRISPS-Cas9 in treating human diseases. However, announcements like the birth of twin girls from genome edited embryos in November 2018 in China, raise up ethical, social, safety and efficacy concerns. Despite the main aim of the genome editing experimental trials being to fix genes with defects or make other edits in the genome of the embryo, it has been shown that unwanted changes of the genes can be generated. As a consequence, these changes lead to different outcomes in the cells of the same embryo. Such examples lead the scientific societies to conclusions, that the genome editing technology is not ready to be used in human embryos.

The countless applications are benefiting all of us in our research centres and we will most probably continue to benefit from this technology in the future. The number of CRISPR gene editing studies entering clinical trials is rapidly evolving for the treatment of various diseases. The first clinical trials in cancer patients involve the use of CRISPR-engineered T cells for cancer immunotherapy treatment with results supporting the effectiveness and general safety. Recent publications show early success of using genome editing tools to treat sickle-cell anaemia and \(\beta\)-thalassaemia. The \(BCL11A\) erythroid-specific enhancer was successfully targeted by CRISPR-Cas9.

There are still questions that need to be answered: what will happen with the human genome editing in the long run? When will genome editing be proven to be safe and efficient to be used in editing human embryos? How many more experiments are necessary to be done on embryos to get an answer? Are there going to be rules and authorization in using gene-therapy kits in human genome editing, to

prevent misuse of the technology? When will CRISPR-based gene editing be routinely used in clinic? We still need more time to get an answer to these questions and learn more about this technology. Let's see together what surprising outcomes genome editing science CRISPR-Cas9 will bring us.

Eriona Heta, PhD Dhttps://orcid.org/0000-0001-7156-7133
Research and Development Specialist and Project Manager Myriamed, Germany

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