

Dr. Salwa Ahmed Elgebaly of Nour Heart Inc. to be Featured on CUTV News Radio

VIENNA, VIRGINIA, UNITED STATES, January 27, 2020 /EINPresswire.com/ -- There are 250,000 people with end-stage heart failure who could qualify for a heart transplant, but only 2,500-3,000 transplants are performed each year.

There have been few innovations that could actively expand the donor pool, but a new drug could change the scope of heart transplantation for years to come.

Dr. Salwa A. Elgebaly, PhD is the Founder and CEO of Nour Heart, Inc., dedicated to the development of the new cardioprotective drug, Cyclocreatine Phosphate for patients with Ischemic Heart Diseases.

"I wanted to bring this to life for the people whose stories touched me," says Dr. Elgebaly. "I believe in Cyclocreatine phosphate."



Seven of every 10 organ donor hearts go unutilized. This is due in part to a lack of effective strategies to protect the heart from ischemic injury in the period between harvesting and transplantation.

"Until now, we put the heart in a buffer solution, but that's not enough. It's not protecting the heart," says Dr. Elgebaly. "By the time the heart is transplanted, there are so many areas that have either been injured or died. The heart doesn't function well, it doesn't recover well. The surgeons can only hope the heart starts shortly after transplantation."

Cyclocreatine phosphate could be used in end-stage heart failure patients scheduled for heart transplantation procedure and, thus, can increase donor utilization and patients' outcomes. For the new heart transplantation procedures using "donation after circulatory death (DCD)" hearts, Cyclocreatine phosphate would be very effective in protecting donor hearts during the warm ischemic time, reducing heart dysfunction after the transplant.

CCrP can also be administered to heart attack patients in the pre-hospital phase, as well as during, or some hours after, the angioplasty procedure to potentially achieve protection of a greater amount of heart tissue, reduce scar size, and limit the progression of the heart attack to heart failure.

Most pharmaceutical companies are focusing on anti-inflammatory interventions to be administered after a heart attack, but none of these clinical trials showed any benefits because they are not addressing the key issue: how to preserve the “energy source” in the ischemic areas after a heart attack.

“It started 30 years ago by looking into what are the inflammatory mediators that are released from the tissue in response to injury,” recalls Dr. Elgebaly. “Initially we started with the eye, but the eye was not practical, so we decided to study the heart. We discovered, like the eye, the heart also releases an inflammatory mediator in a very high quantity, which we called, Nourin. We then used Nourin to develop a new diagnostic test for patients with angina and heart attack, and a cardioprotective anti-inflammatory drug.”

Adenosine triphosphate (ATP) is a complex organic chemical that provides energy to drive many processes in living cells (ATP is often referred to as the "molecular unit of currency" of intracellular energy transfer). In the event of ischemia (reduction of blood flow), ATP is no longer synthesized, causing a cascade of events, including the release of Nourin.

Creatine phosphate is a naturally occurring compound that makes ATP in the cell. Cyclocreatine phosphate is an analog, a derivative of creatine, which allows the continues production of ATP during ischemia, when Creatine phosphate stops working.

“If you look at our heart model, we are using Cyclocreatine phosphate during heart removal from the donors and transportation. The recipient will not receive the drug. It's a good possibility of improving the donor pool.”

The FDA has awarded Cyclocreatine phosphate with its Orphan Drug Designation for its use as a Cardioprotective drug for end-stage heart failure patients scheduled for heart transplantation procedure. Interestingly, Cyclocreatine phosphate received the unique designation of: “Prevention of Ischemic Injury to Enhance Cardiac Graft Recovery and Survival in Heart Transplantation”.

CUTV News Radio will feature Dr. Salwa A. Elgebaly in an interview with Jim Masters on January 28th at 12:00 pm EST

Listen to the show on [BlogTalkRadio](#)

If you have any questions for our guest, please call (347) 996-3389

For more information, visit www.nourheart.com

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