



Publications Template

#	Research Title	Field	Abstract	Year of Publication Publishing	Publishing Link "URL"
1	Effect of Nigella Sativa oil versus metformin on glycemic control and biochemical parameters of newly diagnosed type 2 diabetes mellitus patients	Clinical pharmacy	<p>Purpose: Nature is a phenomenal treasure of remedies. Numerous previous studies reported that Nigella sativa NS improved glycemic control, reduced insulin resistance, and improved lipid profile. NS was never investigated before as a monotherapy for newly diagnosed type 2 diabetes mellitus T2DM patients. Our aim was to investigate the potential metabolic benefits of NS monotherapy in newly diagnosed T2DM patients.</p> <p>Method: Prospective, open-label randomized clinical trial at outpatient endocrinology clinic at Ain-Shams University hospital. Eligible patients were randomly assigned to either metformin tablets or NS oil capsules. Both groups received treatment for 3 months. Glycemic index (FBG, 2 h pp, A1C, insulin sensitivity %S, secretory function %B, insulin resistance IR), lipid profile (TC, LDL, HDL, TG), liver and kidney functions (AST, ALT, Sr cr), total antioxidant capacity TAC, weight, waist</p>	2019	https://pubmed.ncbi.nlm.nih.gov/31152309/



			<p>circumference WC and body mass index BMI were assessed at baseline and at the end of treatment period.</p> <p>Results: A concentration of 1350 mg/day NS in newly diagnosed T2DM patients was inferior to metformin in terms of lowering FBG, 2 h pp, and A1C or increasing %B. However, NS was comparable to metformin in lowering weight, WC, and BMI significantly. NS was comparable to metformin in regards of their effects on fasting insulin, %S, IR, ALT, TC, LDL, HDL, TG, and TAC. Metformin showed significant increase in AST and creatinine which was reserved in NS group.</p> <p>Conclusion: NS administration in newly diagnosed T2DM was tolerable with no side effects as compared to metformin; however, it was inferior to metformin in terms of diabetes management.</p> <p>Keywords: Metformin; Newly diagnosed type 2 diabetes mellitus; Nigella sativa.</p>		
2	Safety profile inside the respiratory	Pharmacy practice	<p>Background: The basic tenets of medication safety include safety-conscious health care providers and a work environment that is focused on safety.</p>	2011	<p>https://www.researchgate.net/publication/312021112_Safety_profile_inside_the_respiratory_intensive_care_Physician_role</p>



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إدارة التسويق

	intensive care: Physician role		<p>Setting: This study was conducted at the respiratory intensive care unit RICU, Ain-Shams university hospital. The participating institution was a teaching facility.</p> <p>Aim of the work: Sensitizing health-care personnel to the importance of medication errors and evaluating the role of the physician in improving medication safety for the respiratory ICU unit patients.</p> <p>Design: One set of questionnaire was developed by the researcher. The set was given to the physicians.</p> <p>Results: Considering the culture of reporting errors it is not quite applied. The workload of physicians is high and there is no adequate cooperation between hospital departments.</p> <p>Physicians think that the unit is not perfectly safe.</p> <p>Conclusions: We should create a culture that encourages learning from our mistakes in order to obtain a safe environment inside the intensive care unit.</p> <p>Recommendations: Errors reporting culture together with system approach are advisable. The introduction of a unit based full time clinical pharmacist is also highly recommended.</p> <p>Key words: safety, respiratory intensive care unit</p>		
3	Effect of counseling on the patient inhalation technique from Metered Dose Inhaler	Clinical pharmacy	<p>Most common Lung Diseases are asthma and chronic obstructive pulmonary disease (COPD). Several types of inhalers are used in the treatment of Asthma and COPD diseases. Inhalers are effective in delivering medication directly to the lungs with fewer side effects than oral or injection medication. The most common type of inhaler used by those patients is Metered dose inhalers (MDIs). Many Metered dose inhalers (MDIs) prescribed patients do not use</p>	2012	<p>https://www.researchgate.net/publication/336106913_Effect_of_counseling_on_the_patient_inhalation_technique_from_Metered_Dose_Inhaler</p>



their MDIs properly, hence, the medication does not sufficiently reach their airways. The aim of the present work was to provide a proper counseling to the patients to use their MDIs correctly and efficiently, to avoid the drug deposition in mouth, back of throat. Also taking into account the likely compliance and identifying the main crucial errors made by the patients. Patients were recruited who have different respiratory diseases and use MDIs. Eligible patients who was enrolled in this study were observed through the following check list: 1. Remove the protective cap from mouthpiece of MDI 2. Shake the MDI 3. Breath out as far as comfortable 4. Place the MDI mouthpiece between the teeth and seal with lips 5. Ensure your tongue does not obstruct the mouthpiece 6. Depress the inhaler to release the dose at the start of inhalation 7. Maintain a slow inhalation rate until the lungs are full 8. Remove the MDI from the mouth and breathe hold for 5-10 seconds 9. If more than one dose each time wait about 30 seconds before the next dose 10. Rinse mouth and if possible brush teeth after dosing 11. Replace cap on MDI The study was divided into three visits with one week between each two consecutive visits. First visit: Observing the patient's inhalation technique according to the above check list, errors were recorded and teaching them the correct inhalation technique. Second visit: Observing and correcting the patient's inhalation technique and errors were recorded. Third visit: Observing the patient's inhalation technique and errors were recorded.



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إدارة التسويق

Medication Errors Affecting the Respiratory Intensive Care Patients: Incidence, Identification, and Practical Solutions Faculty of pharmacy Clinical pharmacy department	2017			https://www.researchgate.net/publication/336107130_Medication_Errors_Affecting_the_Respiratory_Intensive_Care_Patients_Incidence_Identification_and_Practical_Solutions_Faculty_of_pharmacy_Clinical_pharmacy_department
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