

Call For Abstracts

1. Last date for submission of abstract is 15/11/2009. **This will not be extended.**
2. Abstract should not exceed **300 words**. It should fit into **15 cms X 11cms** area.
3. Abstract should be submitted by e-mail **ONLY** as attachment in MS word document. Font Size 12 for items mentioned In 4 below and 11 for the body of the abstract. Align both right and left margins. Body of the abstract should contain Background, Methods, Results & Conclusions. See sample abstract blow..
4. Abstract should contain title, names of authors, name of institution and e-mail address; presenting author's name should be underlined. Authors' name should give surname followed by initials (eg. Verma SN).
5. Presenting author of each accepted abstract will receive a cash award of Rs. 500/- or Rs. 1000/- depending on quality of abstract. (originality of work, scientific contents and adherence to the guidelines.) Decision of organizers will be final. Awardees must have attended all the scientific and spiritual sessions of the conference in order to qualify to receive the award.
6. Organizers will decide whether paper is to be presented as poster or oral presentation. Decision will be communicated by 15/12/2009.
7. **Delegates must register before submission of the abstract. Abstract submitted prior to registration will no to be accepted or acknowledged. Such abstract will have to be resubmitted after registration.**
8. Only one abstract per author is permitted.
9. Abstract should be proofread before submission It will be printed as it is in the souveneir and mistakes, if any , will be reproduced !
10. All authors should disclose any financial or personal relationship with people or organizations that could bias their work. A sources of funding should also be declared.

Sample Abstract

Low dose iron in treatment of iron deficiency anemia. Mehta BC, Smt Santokben Chhotalal Mehta Hematology Deptt, Dr J C Patel Medical Research Deptt, BSES MG Hospital, Mumbai. drmehta.bc@gmail.com

Background: There was no significant difference in the Hb rise with 100 mg/day and 200 mg/day of elemental iron in patients with iron deficiency anemia (IDA)(Drugs & Therapeutics1985; 1:30-31). It was felt that a smaller dose may also be as effective. **Aim:** To see if 60 mg/day of elemental iron in the form of dry ferrous sulfate was effective in raising Hb in patients with IDA. **Methods:** Fifty patients of IDA with no obvious blood loss were enrolled for the trial Patients with other associated medical problems and pregnant women were not included. Those with occult blood in stools were excluded. Trial was approved by the institutional review board and ethics committee. Complete blood count (CBC) was done on coulter counter. Serum ferritin (SF) was done by chemiluminescence method. Patients with Hb<11.0g/dl and SF<15.0 ng/ml were taken up for trial. Patients were given ferrous sulfate tablets (200 mg, elemental iron 60mg) and advised to take one tablet at bed time for 3-4 weeks and come back for check up. **Results:** Mean rise in Hb in 21-29 days was 3.4,3.0, 1.9, and 0.9 g/dl in patients with initial Hb level of 5.0 or less, 5.1 - 7.5 , 7.6 - 10.0 and 10.0 or more Hb/dl. respectively. **Conclusions:** Hb increase in response to 60 mg/d of elemental iron in the form of ferrous sulfate was satisfactory and comparable to our earlier results with 100 mg/d and 200mg/d of elemental iron. By reducing the dose of iron, side effects are reduced and compliance improves. It also reduces the cost of treatment.