Call for Editorial Board Members

As you are well aware that we are a medical and health sciences publishers; publishing peer-reviewed journals and books since 2004.

We are always looking for dedicated editorial board members for our journals. If you completed your master's degree and must have at least five years experience in teaching and having good publication records in journals and books.

If you are interested to be an editorial board member of the journal; please provide your complete resume and affiliation through e-mail (i.e. info@rfppl.co.in) or visit our website (i.e.www.rfppl.co.in) to register yourself online.

Call for Publication of Conference Papers/Abstracts

We publish pre-conference or post-conference papers and abstracts in our journals, and deliver hard copy and giving online access in a timely fashion to the authors.

For more information, please contact:

For more information, please contact:
A Lal
Publication-in-charge
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi – 110 091 (India).
Phone: 91-11-79695648
E-mail: info@rfppl.co.in

Free Announcements of your Conferences/Workshops/CMEs

This privilege to all Indian and other countries conferences organizing committee members to publish free announcements of your conferences/ workshops. If you are interested, please send your matter in word formats and images or pictures in JPG/JPEG/Tiff formats through e-mail attachments to sales@rfppl.co.in.

Terms & Conditions to publish free announcements:

1. Only conference organizers are eligible up to one full black and white page, but not applicable for the front, inside front, inside back and back cover, however, these pages are paid.
2. Only five pages in every issue are available for free announcements for different conferences.
3. This announcement will come in the next coming issue and no priority will be given.
4. All legal disputes subject to Delhi jurisdiction only.
5. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

For more information, please contact:
A Lal
Publication-in-charge
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi – 110 091 (India).
Phone: 91-11-79695648
E-mail: info@rfppl.co.in

Win Free Institutional Subscription!

Simply fill out this form and return scanned copy through e-mail or by post to us.

Name of the Institution_____

Name of the Principal/Chairman_____

Management (Trust/Society/Govt./Company)_____

Address 1_____

Address 2_____

Address 3_____

City_____

Country_____

Pin Code_____

Mobile_____

Email_____

We are regular subscriber of Red Flower Publication journals.

Year of first subscription_____

List of ordered journals (if you subscriberd more then 5 titles, please attach separate sheet)

Ordered through

Name of the Vendor	Subscription Year	Direct/subs Yr

Name of the journal for which you wish to be free winner

Terms & Conditions to win free institutional subscription

1. Only institutions can participate in this scheme
2. In group institutions only one institution would be winner
3. Only five institutions will be winner for each journal
4. An institution will be winner only for one journal
5. The free subscription will be valid for one year only (i.e. 1 Jan – 31 Dec)
6. This free subscription is not renewable, however, can be renewed with payment
7. Any institution can again participate after five years
8. All legal disputes subject to Delhi jurisdiction only
9. This scheme will be available to participate throughout year, but draw will be held in last week of August every year
10. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

I confirm and certify that the above information is true and correct to the best of my knowledge and belief.

Place: Signature with Seal
Date:

Revised Rates for 2022 (Institutional) **Title of the Journal**	**Frequency**	**India(INR) Print Only**	**India(INR) Online Only**	**Outside India(USD) Print Only**	**Outside India(USD) Online Only**
Community and Public Health Nursing	3	6000	5500	469	430
Indian Journal of Agriculture Business	2	6000	5500	469	430
Indian Journal of Anatomy	4	9000	8500	703	664
Indian Journal of Ancient Medicine and Yoga	4	8500	8000	664	625
Indian Journal of Anesthesia and Analgesia	6	8000	7500	625	586
Indian Journal of Biology	2	6000	5500	469	430
Indian Journal of Cancer Education and Research	2	9500	9000	742	703
Indian Journal of Communicable Diseases	2	9000	8500	703	664
Indian Journal of Dental Education	4	6000	5500	469	430
Indian Journal of Diabetes and Endocrinology	2	8500	8000	664	625
Indian Journal of Emergency Medicine	4	13000	12500	1016	977
Indian Journal of Forensic Medicine and Pathology	4	16500	16000	1289	1250
Indian Journal of Forensic Odontology	2	6000	5500	469	430
Indian Journal of Genetics and Molecular Research	2	7500	7000	586	547
Indian Journal of Law and Human Behavior	3	6500	6000	508	469
Indian Journal of Legal Medicine	2	9000	8500	703	664
Indian Journal of Library and Information Science	3	10000	9500	781	742
Indian Journal of Maternal-Fetal & Neonatal Medicine	2	10000	9500	781	742
Indian Journal of Medical and Health Sciences	2	7500	7000	586	547
Indian Journal of Obstetrics and Gynecology	4	10000	9500	781	742
Indian Journal of Pathology: Research and Practice	6	12500	12000	977	938
Indian Journal of Plant and Soil	2	7000	6500	547	508
Indian Journal of Preventive Medicine	2	7500	7000	586	547
Indian Journal of Research in Anthropology	2	13000	12500	1016	977
Indian Journal of Surgical Nursing	3	6000	5500	469	430
Indian Journal of Trauma and Emergency Pediatrics	4	10000	9500	781	742
Indian Journal of Waste Management	2	10000	9500	781	742
International Journal of Food, Nutrition & Dietetics	3	6000	5500	469	430
International Journal of Forensic Science	2	10500	10000	820	781
International Journal of Neurology and Neurosurgery	4	11000	10500	859	820
International Journal of Pediatric Nursing	3	6000	5500	469	430
International Journal of Political Science	2	6500	6000	508	469
International Journal of Practical Nursing	3	6000	5500	469	430
International Physiology	3	8000	7500	625	586
Journal of Animal Feed Science and Technology	2	8300	7800	648	609
Journal of Cardiovascular Medicine and Surgery	4	10500	10000	820	781
Journal of Emergency and Trauma Nursing	2	6000	5500	469	430
Journal of Forensic Chemistry and Toxicology	2	10000	9500	781	742
Journal of Global Medical Education and Research	2	6400	5900	500	461
Journal of Global Public Health	2	12500	12000	977	938
Journal of Microbiology and Related Research	2	9000	8500	703	664
Journal of Nurse Midwifery and Maternal Health	3	6000	5500	469	430
Journal of Orthopedic Education	3	6000	5500	469	430
Journal of Pharmaceutical and Medicinal Chemistry	2	17000	16500	1328	1289
Journal of Plastic Surgery and Transplantation	2	26900	26400	1954	575
Journal of Psychiatric Nursing	3	6000	5500	469	430
Journal of Social Welfare and Management	4	8000	7500	625	586
New Indian Journal of Surgery	6	8500	7500	664	625
Ophthalmology and Allied Sciences	3	6500	6000	508	469
Pediatric Education and Research	4	8000	7500	625	586
Physiotherapy and Occupational Therapy Journal	4	9500	9000	742	703
RFP Indian Journal of Medical Psychiatry	2	8500	8000	664	625
RFP Journal of Biochemistry and Biophysics	2	7500	7000	586	547
RFP Journal of Dermatology (Formerly Dermatology International)	2	6000	5500	469	430
RFP Journal of ENT and Allied Sciences (Formerly Otolaryngology International)	2	6000	5500	469	430
RFP Journal of Hospital Administration	2	7500	7000	586	547
Urology, Nephrology and Andrology International	2	8000	7500	625	586
Coming Soon					
RFP Gastroenterology International	2	–	–	–	–
Journal of Food Additives and Contaminants	2	–	–	–	–
Journal of Food Technology and Engineering	2	–	–	–	–
Journal of Radiology	2	–	–	–	–
Medical Drugs and Devices	3	–	–	–	–
RFP Indian Journal of Hospital Infection	2	–	–	–	–
RFP Journal of Gerontology and Geriatric Nursing	2	–	–	–	–

Terms of Supply:

1. Agency discount 12.5%. Issues will be sent directly to the end user, otherwise foreign rates will be charged.
2. All back volumes of all journals are available at current rates.
3. All journals are available free online with print order within the subscription period.
4. All legal disputes subject to Delhi jurisdiction.
5. Cancellations are not accepted orders once processed.
6. Demand draft/cheque should be issued in favour of "**Red Flower Publication Pvt. Ltd.**" payable at **Delhi.**
7. Full pre-payment is required. It can be done through online (http://rfppl.co.in/subscribe.php?mid=7).
8. No claims will be entertained if not reported within 6 months of the publishing date.
9. Orders and payments are to be sent to our office address as given below.
10. Postage & Handling is included in the subscription rates.
11. Subscription period is accepted on calendar year basis (i.e. Jan to Dec). However orders may be placed any time throughout the year.

Order from

Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India).
Mobile: 8130750089, Phone: 91-11-79695648, E-mail: info@rfppl.co.in, Website: www.rfppl.co.in

Indian Journal of Diabetes and Endocrinology

Printed at Saujanya Printing Press, B-303, Okhla Industrial Area, Phase-1, New Delhi - 110020.

Indian Journal of Diabetes and Endocrinology (IJDAE) is a print and online Journal which aims to publish Scholarly Articles featuring current research in diabetes and endocrinology. The scope of the journal includes endocrine glands, hormonal production, hormonal secretion and hormones that regulate metabolism, growth and development, tissue function, sexual function, reproduction, sleep and mood among other things. It also includes the study of endocrine disorders. The articles focus on the diabetes symptoms, causes, Risk factor, path physiology, diagnosis, treatment and prevention of diabetes and the study of new techniques. The articles cover insulin-dependent diabetes (IDDM) (Type-1), non-insulin dependent diabetes (NIDDM) (type-2) and Gestational diabetes. It also focuses on the new research and technique in field of endocrine and diabetes.

Subscription Information

Individual: Contact us
Institutional (1 year) **INR 8500 / USD 664**

Payment Methods:

Bank draft / cashier's order / cheque / demand draft / money order should be in the name of **Red Flower Publication Pvt. Ltd.** payable at **Delhi.**

International Bank transfer / bank wire / electronic funds transfer / money remittance / money wire / telegraphic transfer / telex

1. Complete Bank Account No. 604320110000467
2. Beneficiary Name (As per Bank Pass Book): Red Flower Publication Pvt. Ltd.
3. Beneficiary Address: 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi – 110091(India)
4. Bank & Branch Name: Bank of India; Mayur Vihar
5. Bank Address & Phone Number: 13/14, Sri Balaji Shop,Pocket II, Mayur Vihar Phase- I, New Delhi - 110091 (India); Tel: 22750372, 22753401. **E-mail:** mayurvihar.newdelhi@bankofindia.co.in
6. MICR Code: 110013045
7. Branch Code: 6043
8. IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)
9. Swift Code: BKIDINBBDOS
10. Beneficiary Contact No. & E-mail ID: 91-11-79695648, E-mail: sales@rfppl.co.in
11. PAN No.AAECR7434A

Send all orders to: **Red Flower Publication Pvt. Ltd.,** 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi – 110091, India, Phone: 91-11-79695648, Cell: +91-9821671871, Website: www.rfppl.co.in.

Indian Journal of Diabetes and Endocrinology

Volume 4 Number 1
January–June 2022

Contents

Red Flower Publication (P) Ltd.

Presents its Book Publications for sale

1. **Beyond Medicine: A to E for Medical Professionals) (2020)**
   Kalidas Chavan **INR390/USD31**
2. **Biostatistical Methods For Medical Research (2019)**
   Sanjeev Sarmukaddam **INR549/USD44**
3. **Breast Cancer: Biology, Prevention And Treatment (2015)**
   Dr. A. Ramesh Rao **INR 395/USD31**
4. **Chhotanagpur A Hinterland of Tribes (2020)**
   Ambrish Gautam **INR250/ USD20**
5. **Child Intelligence (2004)**
   Dr. Rajesh Shukla, Md, Dch. **INR100/ USD50**
6. **Clinical Applied Physiology and Solutions (2020)**
   Varun Malhotra **INR263/USD21**
7. **Comprehensive Medical Pharmacology (2019)**
   Dr. Ahmad Najmi **INR599/USD47**
8. **Critical Care Nursing in Emergency Toxicology (2019)**
   Vivekanshu Verma **INR460/USD34**
9. **Digital Payment (Blue Print For Shining India) (2020)**
   Dr. Bishnu Prasad Patro **INR329/USD26**
10. **Drugs in Anesthesia (2020)**
    R. Varaprasad **INR449/USD35**
11. **Drugs In Anesthesia and Critical Care (2020)**
    Dr. Bhavna Gupta **INR595/USD46**
12. **MCQs in Medical Physiology (2019)**
    Dr. Bharati Mehta **INR300/ USD29**
13. **MCQs in Microbiology, Biotechnology and Genetics (2020)**
    Biswajit Batabyal **INR285/USD22**
14. **MCQs In Minimal Access & Bariatric Surgery (2019)**
    Anshuman Kaushal **INR450/USD35**
15. **MCQs In Minimal Access and Bariatric Surgery (2nd Edition) (2020)**
    Anshuman Kaushal **INR545/USD42**
16. **Patient Care Management (2019)**
    A.K. Mohiuddin **INR999/USD78**
17. **Pediatrics Companion (2001)**
    Rajesh Shukla **INR 250/USD50**
18. **Pharmaceutics-1 (A Comprehensive Hand Book) (2021)**
    V. Sandhiya **INR525/ USD50**
19. **Poultry Eggs of India (2020)**
    Prafulla K. Mohanty **INR390/USD30**
20. **Practical Emergency Trauma Toxicology Cases Workbook (2019)**
    Dr. Vivekanshu Verma, Dr. Shiv Rattan Kochar, Dr. Devendra Richhariya **INR395/USD31**
21. **Practical Record Book of Forensic Medicine & Toxicology (2019)**
    Dr. Akhilesh K. Pathak **INR299/USD23**
22. **Recent Advances in Neonatology (2020)**
    Dr. T.M. Ananda Kesavan **INR 845/USD66**
23. **Shipping Economics (2018)**
    Dr. D. Amutha **INR347/USD45**
24. **Skeletal and Structural Organizations of Human Body (2019)**
    Dr. D.R. Singh **INR659/USD51**
25. **Statistics In Genetic Data Analysis (2020)**
    S.Venkatasubramanian **INR299/USD23**
26. **Synopsis of Anesthesia (2019)**
    Dr. Lalit Gupta **INR1195/USD75**

Order from

Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091(India)
Mobile: 8130750089, Phone: 91-11-79695648, E-mail: info@rfppl.co.in

Original Article

Indian Journal of Diabetes and Endocrinology
Volume 4 Number 1, January - June 2022

Effectiveness of Metformin Versus Insulin in Gestational Diabetes

Chinnala Satish[1], Archana Muthyam[2]

How to cite this article:
Chinnala Satish, Archana Muthyam/Effectiveness of Metformin Versus Insulin in Gestational Diabetes/Indian Journal of Diabetes and Endocrinology, 2022;4(1):9–12.

Author's Affiliation: [1]Clinical Assistant Professor, [2]Pharm. D, Department of Clinical Pharmacy and Pharm.D, Vaagdevi Pharmacy College, Jawaharlal Nehru Technological University, Hyderabad, Bollikunta, Warangal, 500085 India.

Corresponding Author: Chinnala Satish, Clinical Assistant Professor, Department of Clinical Pharmacy and Pharm. D, Vaagdevi Pharmacy College, Jawaharlal Nehru Technological University, Hyderabad, Bollikunta, Warangal, 500085 India.

E-mail: satishyadav5874@gmail.com

Received on: 10.05.2022

Accepted on: 13.06.2022

Abstract

Objective: Gestational Diabetes is a growing concern worldwide due to pregnancy outcome risks. Along with Lifestyle modifications for the prevention and maintaince of euglycemia standard insulin supplementation and oral hypoglycemic drug Metformin is being used for the pharmacological management. This study aims to compare the efficacy of Metformin and Insulin treatment groups.

Methods: This is an Observational comparative study in maternal hyperglycemia subjects prescribed with insulin and metformin for atleast three months during their gestation period. Clinical parameters compared are Fasting blood glucose, Postprandial blood glucose, HbA1c, which are analysed and the data is represented in average with standard deviation.

Results: The mean difference between Group Itreated with metformin and Group II treated with insulin of Fasting Blood glucose, Post Prandial Blood glucose, HbA1c in are -13.94±18.22 mg/dl, -44.16±8.99mg/dl, -1.4±0.2% respectively.

Conclusion: Metformin is less effective than standard Insulin regimen, but is able to maintain Glycemic control.

Keywords: Gestational Diabetes, Metformin, Insulin, HbA1c, Maternal Outcomes, Metabolic syndrome.

Introduction

Maternal hyperglycemia due to insulin deficiency and sensitivity increases the risk of pregnancy outcomes and is a growing concern in gestation.[1-4] Prenatal outcomes depend on Identification, glycemic control with diet, exercise with or without pharmacological treatment.[5,6]

Diabetes during pregnancy is increasing worldwide. Some of the important etiological factors are Poor physical activity, Obesity, Imbalanced diet and rising maternal age.[7]

Metformin is a FDA class B in pregnancy category which improves insulin sensitivity, reduce hepatic, increases peripheral glucose uptake andutilization. It readily crosses placenta but do not cause neonatal hypoglycemia as it acts as insulin sensitizer. Human and Animal studies have reported no teratogenic effects.[8-13]

Range of adverse outcomes in pregnancy are well documented due to hyperglycemia in both mother and offspring which are both short term and long term. Evidence has accumulated to support

offspring complications including Prediabetes, Higher BMI, Metabolic syndrome, Respiratory distress, Preterm birth, macrosomia, birth injury, shoulder dystocia, neonatal hypoglycemia, neonatal unit admission and maternal complications like Pre-eclampsia, Gestational hypertension, shoulder dystocia, polyhydramnios, Caesarean section.[14]

Diabetes greatly influences the additional risks during the pregnancy. Glycemic control targeting and measurement of fasting, postprandial blood glucose and HbA1c are to be individualised. To attain better glycemic control effective comparative evidence is required on available management therapeutic options.The aim of the study is to compare the efficacy of Metformin and Insulin in Gestational Diabetes.[15]

Materials and Methods

It is a Observational Prospective study carried out in Pregnant women from various OP and IP Depatments for 6 months in 2022. The study subjects were included after obtaining verbal informed consent. All 423 Pregnant women diagnosed with gestational diabetes on either Metformin or Insulin for a minimum of three months were included out of which data of 200 subjects have been collected in to two groups. Group I-Parameters of Patients on Metformin treatment for 3 months, Group II - Parameters of Patients on Insulin treatment for 3 months.Clinical parameters included are Fasting, Postprandial blood glucose, Glycated Hemoglobin. The data was analysed using Unpaired t-test in SPSS version 1.0.0.1406 for significance and expressed in Average with standard deviation. A p-value of <0.001 is considered to be significant.

Table 1: Clinical parameters in two groups expressed in Average±SD

Parameter	Group-I	Group-II	Mean Difference	P-Value
Average Age	28.65±5.4	29.24±4.6	NA	–
Fasting Blood Sugars	130.75±30.9 mg/dl	116.81±12.68 mg/dl	-13.94±18.22 mg/dl	<0.001
Post Prandial blood sugars	192.35±45.78 mg/dl	148.19±36.79 mg/dl	-44.16±8.99 mg/dl	<0.001
HbA1C	8.8±1.3%	7.4±1.5%	-1.4±0.2%	<0.001

Results

Subjects on Metformin were considered to Group I and on Insulin to Group II. The average age of the subjects in Group I is 28.65±5.4 years, average Fasting Blood glucose is 130.75±30.9mg/dl, average Post-Prandial Blood glucose is 192.35±45.78mg/dl, The average HbA1c is 8.8±1.3%.The average age of the subjects in Group II is 29.24±4.6 years, average Fasting Blood glucose is 116.81±12.68 mg/dl, average Post Prandial Blood glucose is 148.19±36.79 mg/dl, The average HbA1c is 7.4±1.5%.

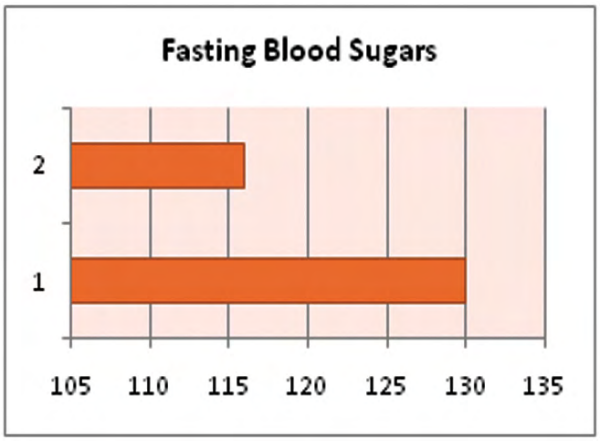

Fig. A: Mean difference of fasting blood glucose in both groups.

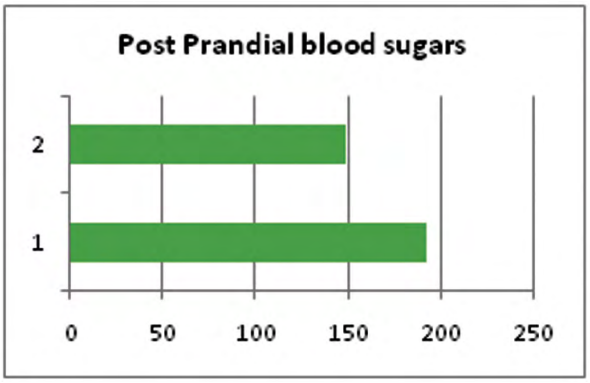

Fig. B: Mean difference of post prandial blood glucose in both groups.

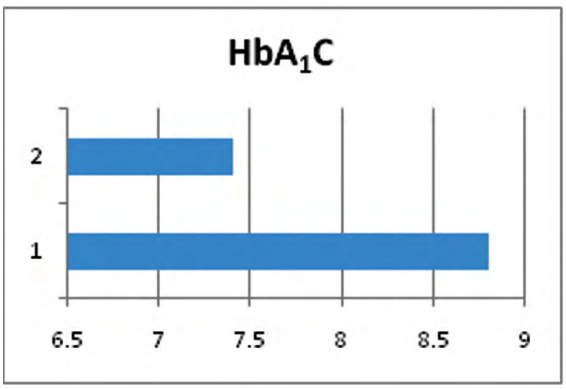

Fig. C: Mean difference of HbA1c in both groups.

The mean difference of Fasting Blood glucose, Post Prandial Blood glucose, HbA1c in Group I and II are -13.94±18.22 mg/dl, -44.16±8.99mg/dl, -1.4±0.2% respectively.

Discussion

Our study results show that Metformin is able to maintain glycemic control but less effective when compared to that of standard insulin therapy.

A study on metformin treated pregnancies compared with insulin treated pregnancies concluded that Metformin is effective when compared to insulin and also reduces neonatal adverse outcome risks.[16]

Pharmacotherapeutic characteristics of a prospective randomized control open study revealed that with or without insulin supplementation metformin is an effective and cheap treatment option for gestational diabetes.[17]

As metformin crosses placenta, there is limited evidence about safety on the fetus. A retrospective study aimed to compare insulin and metformin pregnancy outcomes data show that when compared to standard insulin therapy there are no associated adverse outcomes due to metformin.[18]

According to the results of a systemic review and meta-analysis on randomized controlled trials, glibenclamide was associated with more macrosomia, neonatal hypoglycemia, metformin results were better relative to pregnancy induced hypertension, weight gain, less neonatal hypoglycemia.[19]

Limitations of the study includes exclusion of outcomes, short duration and sample size.

Conclusion

There is a need for well-established clinical data in gestational diabetes patient management which helps to control various maternal and fetal adverse outcomes. When compared to standard insulin therapy metformin therapy is less effective but is able to maintain target blood glucose levels.

Conflict of Interest and Financial resources: Nil

References

1. International Diabetes Federation. IDF Diabetes Atlas. Eighth ed. Brussels, Belgium: International Diabetes Federation; 2017.
2. Crowther CA, Hiller JE, Moss JR, McPhee AJ, Jeffries WS, Robinson JS. Effect of treatment of gestational diabetes mellitus on pregnancy outcomes. N Engl J Med. 2005;352(24):2477□2486.
3. Landon MB, Mele L, Spong CY, et al. The relationship between maternal glycemia and perinatal outcome. Obstet Gynecol. 2011;117(2 Pt 1):218□224.
4. Landon MB, Spong CY, Thom E, et al. A multicenter, randomized trial of treatment for mild gestational diabetes. N Engl J Med. 2009;361 (14):1339□1348.
5. American Diabetes Association. Management of diabetes in pregnancy: standards of medical care in diabetes–2019. Diabetes Care. 2019;42:S165–72.
6. Polasek TM, Doogue MP, Thynne TRJ. Metformin treatment of type 2 diabetes mellitus in pregnancy: update on safety and efficacy. Ther Adv Drug Saf. 2018;9:287–95.
7. MacNeill, S. et al. (2001) Rates and risk factors for recurrence of gestational diabetes. Diabetes Care 24, 659–662
8. Glueck CJ, Philips H, Cameron D. Continuing metformin throughout pregnancy in women with polycystic ovary syndrome appears to safely reduce first trimester spontaneous abortion: a pilot study. Fertil Steril 2001;75:46–52.
9. Jakubowicz DJ, Iuorno MJ, Jakubowicz S. Effects of metformin on early pregnancy loss in the polycystic ovary syndrome. J Clin Endocrinol Metab 2002;87:524–9.
10. Haq F, Rizvi J. continuation of metformin reduces early pregnancy loss in obese Pakistani women with PCOS. Gynecol Obstet Invest 2010;69:184–9.
11. Briggs G, Freman R, Faffe S. Drugs in pregnancy and lactation. seventh ed. Philadelphia: Lippincott; 2005: 1017–20.
12. Coetzee EJ, Jackson WP. Pregnancy in established noninsulin dependent diabetes. A five and a half year study at Groote Schuur Hospital. S Afr Med J 1980;58:795–802.
13. Hughes RCE, Rowan JA. Pregnancy in women with type 2 diabetes: who takes metformin and what is the outcome. Diabetic Med 2006;23:318–22 (Diabetes UK)
14. Johns EC, Denison FC, Norman JE, Reynolds RM. Gestational diabetes mellitus: mechanisms, treatment, and complications. Trends in Endocrinology & Metabolism. 2018 Nov 1;29(11):743-54.
15. Kumar VN, Konyala SR, Bandaru SS, Puchchakayala G. Comparison of efficacy of add-on therapy of teneligliptin versus pioglitazone among type 2 diabetes mellitus patients ineptly controlled on dual therapy of metformin plus sulfonylurea. J Diabetol 2019;10:76-82.
16. Landi SN, Radke S, Boggess K, Engel SM, Stürmer T, Howe AS, Jonsson Funk M. Comparative effectiveness of metformin versus insulin for gestational diabetes in New Zealand.

Pharmacoepidemiology and Drug Safety. 2019 Dec;28(12):1609-19.

17. Ainuddin J, Karim N, Hasan AA, Naqvi SA. Metformin versus insulin treatment in gestational diabetes in pregnancy in a developing country. A randomized control trial. Diabetes research and clinical practice. 2015 Feb 1;107(2):290-9.
18. Lin SF, Chang SH, Kuo CF, Lin WT, Chiou MJ, Huang YT. Association of pregnancy outcomes in women with type 2 diabetes treated with metformin versus insulin when becoming pregnant. BMC pregnancy and childbirth. 2020 Dec;20(1):1-8.
19. Balsells M, García-Patterson A, Solà I, Roqué M, Gich I, Corcoy R. Glibenclamide, metformin, and insulin for the treatment of gestational diabetes: a systematic review and meta-analysis. Bmj. 2015 Jan 21;350.

Red Flower Publication (P) Ltd.

Presents its Book Publications for sale

1. **Statistics in Genetic Data Analysis (2020)**
   By Dr. S. Venkatasubramanian, J. Kezia Angeline **INR 299/USD23**
2. **Chhotanagpur A Hinterland of Tribes (2020)**
   by Ambrish Gautam, Ph.D **INR 250/USD20**
3. **Patient Care Management (2019)**
   By A.K. Mohiuddin **INR 999/USD78**
4. **Drugs in Anesthesia and Critical Care (2019)**
   By Bhavna Gupta, Lalit Gupta **INR 595/USD46**
5. **Critical Care Nursing in Emergency Toxicology (2019)**
   By Vivekanshu Verma, Sandhya Shankar Pandey, Atul Bansal **INR 460/USD34**
6. **Practical Record Book of Forensic Medicine and Toxicology (2019)**
   By Akhilesh K. Pathak **INR 299/USD23**
7. **Skeletal and Structural Organizations of Human Body (2019)**
   By D. R. Singh **INR 659/USD51**
8. **Comprehensive Medical Pharmacology (2019)**
   By Ahmad Najmi **INR 599/USD47**
9. **Practical Emergency Trauma Toxicology Cases Workbook in Simulation Training (2019)**
   by Vivekanshu Verma, Shiv Rattan Kochar & Devendra Richhariya **INR395/USD31**
10. **MCQs in Minimal Access & Bariatric Surgery (2019)**
    by Anshuman Kaushal & Dhruv Kundra **INR450/USD35**
11. **Biostatistics Methods for Medical Research (2019)**
    by Sanjeev Sarmukaddam **INR549/USD44**
12. **MCQs in Medical Physiology (2019)** *by Bharati Mehta & Bharti Bhandari Rathore* **INR300/USD29**
13. **Synopsis of Anesthesia (2019)** *by Lalit Gupta & Bhavna Gupta* **INR1195/USD95**
14. **Shipping Economics (2018)** *by D. Amutha, Ph.D.* **INR345/USD27**
15. **Breast Cancer: Biology, Prevention and Treatment (2015)**
    by Rana P. Singh, Ph.D. & A. Ramesh Rao, Ph.D. **INR395/USD100**
16. **Child Intelligence (2005)** *by Rajesh Shukla, MD.* **INR150/USD50**
17. **Pediatric Companion (2001)** *by Rajesh Shukla, MD.* **INR250/USD50**

Order from

Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India)
Phone: 91-11-79695648, Cell: +91-9821671871
E-mail: sales@rfppl.co.in

STATEMENT ABOUT OWNERSHIP AND OTHER PARTICULARS

"Indian Journal of Diabetes and Endocrinology" (See Rule 8)

1.	Place of Publication	:	Delhi
2.	Periodicity of Publication	:	Quarterly
3.	Printer's Name	:	**Dinesh Kumar Kashyap**
	Nationality	:	Indian
	Address	:	3/259, Trilokpuri, Delhi-91
4.	Publisher's Name	:	**Dinesh Kumar Kashyap**
	Nationality	:	Indian
	Address	:	3/259, Trilokpuri, Delhi-91
5	Editor's Name	:	**Dinesh Kumar Kashyap**
	Nationality	:	Indian
	Address	:	3/259, Trilokpuri, Delhi-91
6.	Name & Address of Individuals	:	**Red Flower Publication Pvt. Ltd.**
	who own the newspaper and particulars of	:	41/48, DSIDC, Pocket-II
	shareholders holding more than one per cent of the total capital		Mayur Vihar Phase-1, Delhi-91

I, **Dinesh Kumar Kashyap**, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-

(Dinesh Kumar Kashyap)

Original Article

Indian Journal of Diabetes and Endocrinology
Volume 4 Number 1, January - June 2022

Modified Loub Job: Our Experience

Jacob Antony Chakiath[1], Ravi Kumar Chittoria[2]

How to cite this article:
Jacob Antony Chakiath, Ravi Kumar Chittoria/Modified Loub Job- Our Experience/Indian Journal of Diabetes and Endocrinology, 2022;4(1):15–21.

Author's Affiliation: [1]Senior Resident, Department of Plastic Surgery, [2]Professor, Department of Plastic Surgery & TeleMedicine, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry 605006, India.

Corresponding Author: Ravi Kumar Chittoria, Professor, Department of Plastic Surgery & Telemedicine, Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry 605006, India.

E-mail: drchittoria@yahoo.com

Received on: 01.06.2022

Accepted on: 13.06.2022

Abstract

'Modified Loub Job' procedure is a liposuction assisted removal of the fat to reduce the bulk of the foot. It's a reconstructive procedure for congenital condition. The term 'Modified Loub Job' is introduced for the first time in literature. In our study, modified loub job was performed in a subject with left big toe macrodactyly.

Keywords: Loub Job, Foot Macrodactyly, Liposuction.

Introduction

Loub Job is a procedure which injects hyaluronic acid or fat at the level of plantar pads in order to thicken the panicle of the support areas of the foot and thus reduce pain when wearing high heels. It's a purely cosmetic procedure for acquired condition. In this article, we are introducing a 'Modified Loub Job' procedure in which we are performing a liposuction assisted removal of the fat to reduce the bulk of the foot. It's a reconstructive procedure for congenital condition. In our study, modified loub job was performed in a subject with left big toe macrodactyly. Macrodactyly of the foot is a rare congenital abnormality that causes pain, calluses[1], ulcers, difficulties wearing shoes, impairment in ambulatory capacity and gait development, aesthetic issues, and psychological issues[2]

Materials and Methods

This study was conducted in the Department of Plastic Surgery at a tertiary care centre after getting the departmental ethical committee approval. Informed written consent was taken from the patient for evaluation as well as the clinical photography. The subject was a 12 yr old female presented with increased size the left big toe since the last 11 yrs. Patient mother noticed an increase in the size of the left big toe at 1 yr of age. The size increased progressively as she grows and attained the present size. There is no associated pain. There is no difficulty in walking. There is no trauma history. No similar increase in size elsewhere in the body. No decreased use of the affected limb. No history of any congenital disorders in the family. No history of any vertebral anomalies, anal disorders, heart

disease, organomegaly. Child appears short for age and she has not attained menarche.

Mother had normal course during the child birth which was a full term normal delivery. Mother was 18yr at the time of child birth. Her antenatal period was uneventful. No history of any intake of medications or radiation in the antenatal period.

On local examination of the left leg and foot showed a swelling of the left big toe which was non pulsatile, non compressible. Skin over the swelling shows no sign of inflammation. (figure 1) Skin over the swelling was pinchable. (figure 2) The range of movements of knee, ankle, toe movements at MTP, PIP, DIP joints were normal. The distal sensation, peripheral pulsations, capillary refill time were normal. The opposite side lower limb was normal. The upper limbs were normal. The gait was normal. The other systemic examinations were within normal limit.

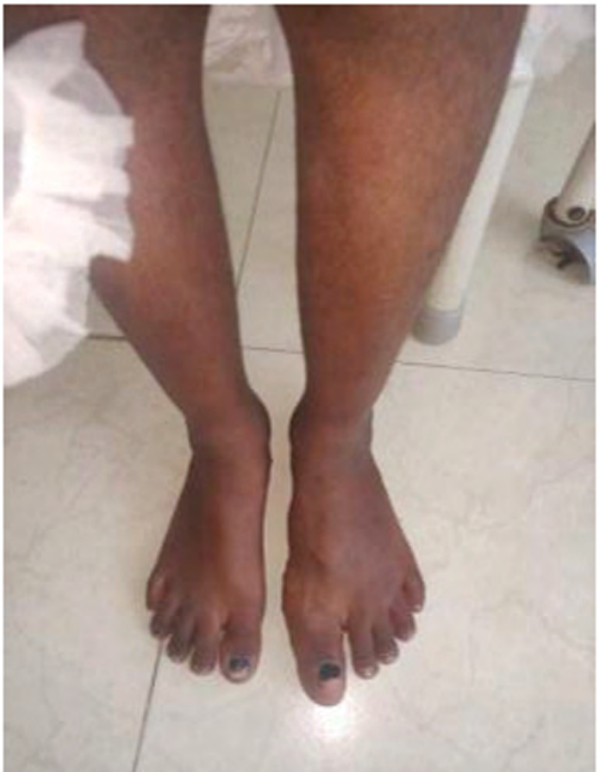

Fig. 1: At the time of presentation - dosal view

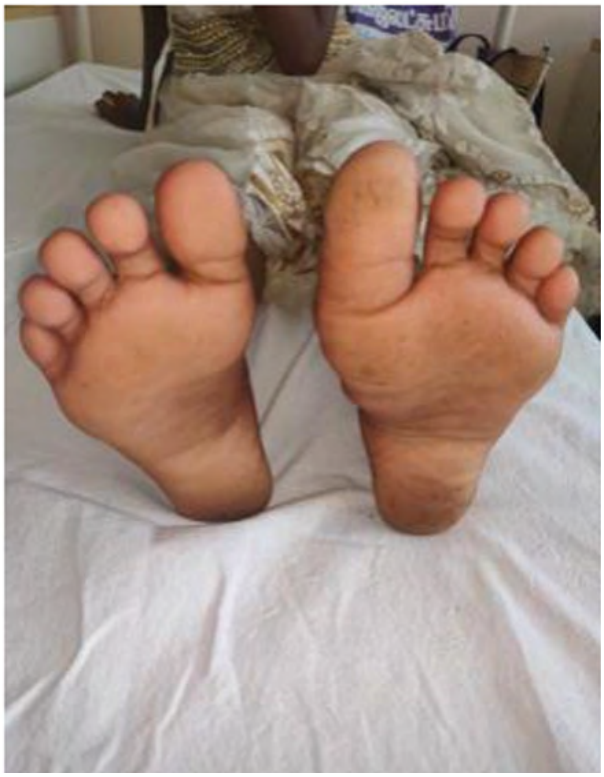

Fig. 2: At the time of presentation - plantar view

Clinical Measurement- preoperative

Measurements	Left	Right
Girth of big toe (at the level of proximal phalanx)	8 cm	6.5cm
Forefoot (at the level of shaft of metatarsal	19 cm	18 cm
Length of great toe(from MCPJ till tip)	5.5 cm	4cm

Bucket Handle Test- difference in volume 20cm2.

Gait test- Normal

Foot Impression of both foot were compared. (figure 3)

Angle of deviation of toe- 15 degree

Inter-metatarsal width ratio- 1.10

Forefoot area ratio- 1.5

Angle of deviation of toe 15 degree

Inter-metatarsal width ratio- 1.001 (figure 6)

Forefoot area ratio- 1.073 (figure 7)

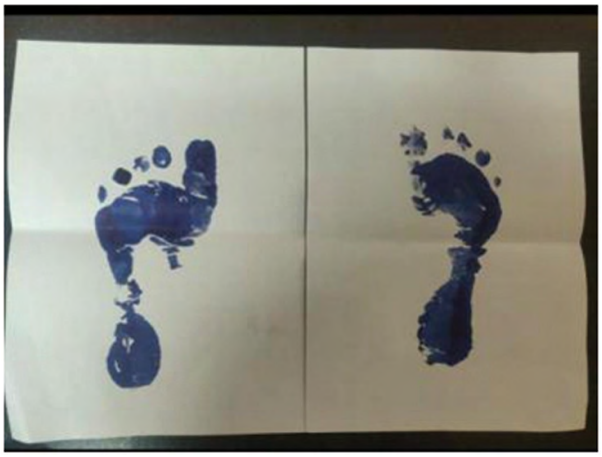

Fig. 3: Foot Impression comparison.

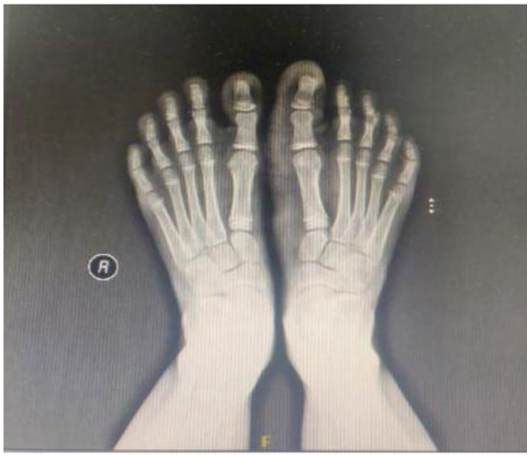

Fig. 4: X ray foot- standing Anteroposterior view

Radiological Measurement – preoperative

X ray Standing Antero-posterior view of both foot. (figure 4)

Measurements (figure 5)	Left	Right
Distal Phalanx	1.64cm	1.52cm
Proximal Phalanx	2.21cm	1.93cm
Metatarsal	4.26cm	4.09cm
Soft tissue thickness	1.21cm	1.08cm
Bone thickness	0.7cm	0.7cm
Inter-metatarsal width	6.59cm	6.58cm
Forefoot area	770865	717984

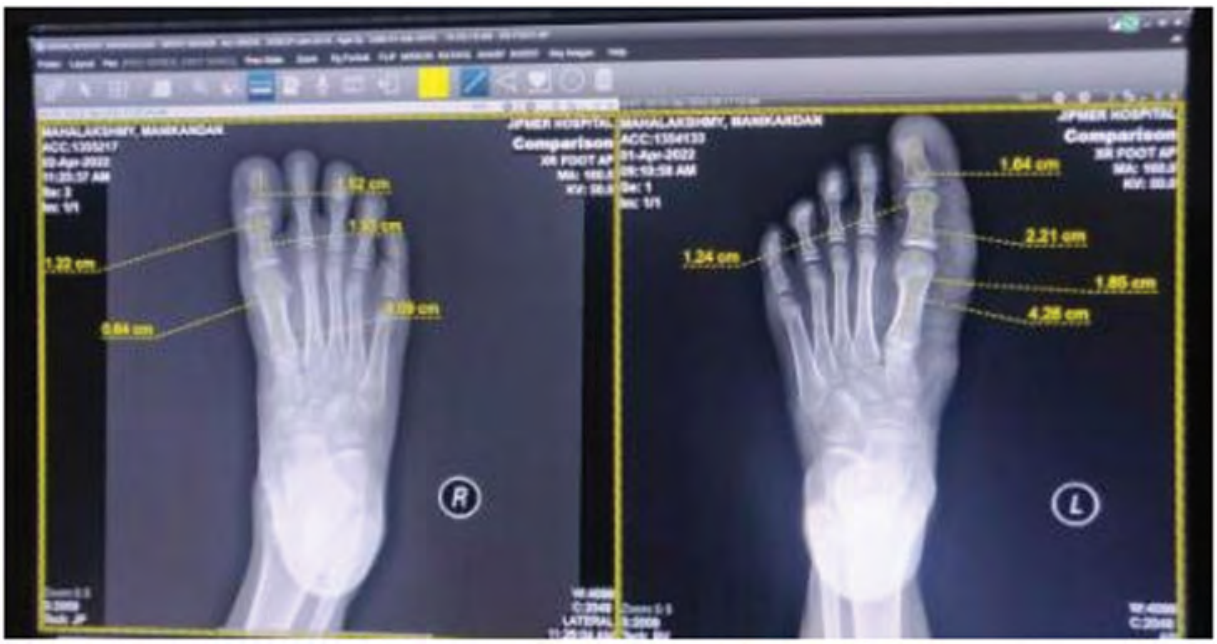

Fig. 5: X ray measurement of phalanx and metatarsal

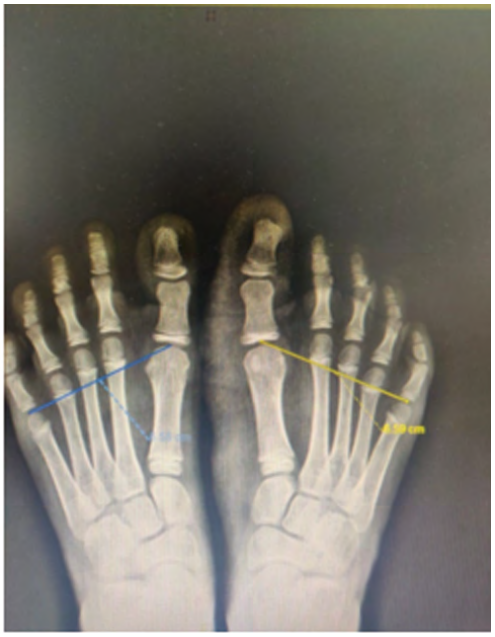

Fig. 6: Inter-metatarsal Width Ratio - 1.001

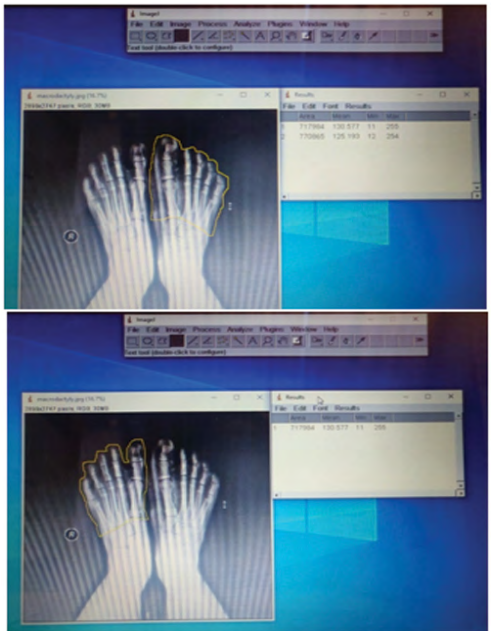

Fig. 7: Forefoot Area Ratio - 1.073

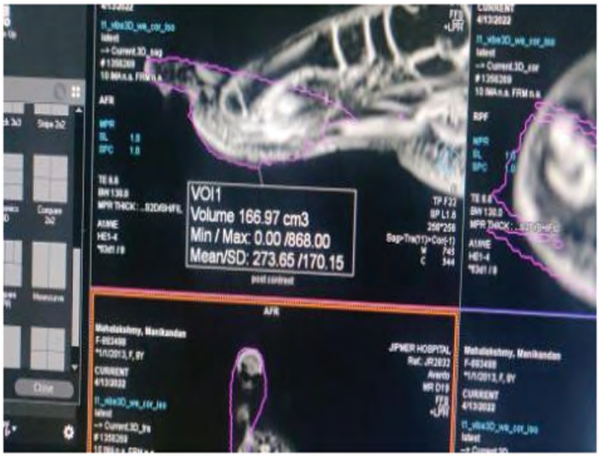

Fig. 8: Left Forefoot volume measurement by MRI

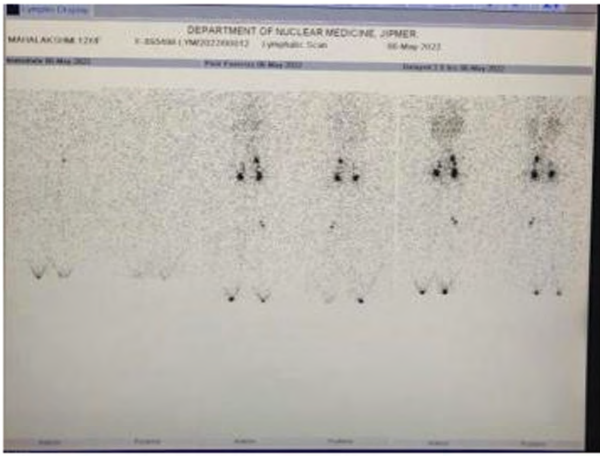

Fig. 9: Lymposcintigraphy of both lower limb

Reports

MRI and MR angiography- Diffuse enlargement of soft tissue of left big toe with lateral deviation of the toe. Diffuse Hypertrophy of subcutaneous fat around the great toe possibility of Macrodystrophialipomatosis. No bony or vascular involvement. The volume of the left forefoot was 166.97cm3. (figure 8)

USG abdomen- Normal Study

Nerve Conduction Study- Digital Nerves couldn't be evaluated.

Electromyography- Small muscles couldn't be evaluated.

Lymphoscintigraphy- Normal Study.(figure 9)

With this extensive and systematicevaluation, we could come to a definitive diagnosis of foot macrodactyly without vascular involvement and rule out any association of foot macrodactyly with other congenital anomalies and plan management of foot macrodactyly.

Our treatment plan was to perform staged invasive procedures. As the first stage, we performed liposuction assisted debulking of the soft tissue of the left great toe. Vascular line and creases marked.(figure 10) Tumescent was given and tourniquet applied to reduce the bleeding during procedure. Vertical incision made at the root of the big toe both dorsally and ventrally. 2mm uniplanar liposuction cannula was used for suction assisted liposuction.(figure 11) 2ml of the fat was aspirated. The girth of the left great toe was

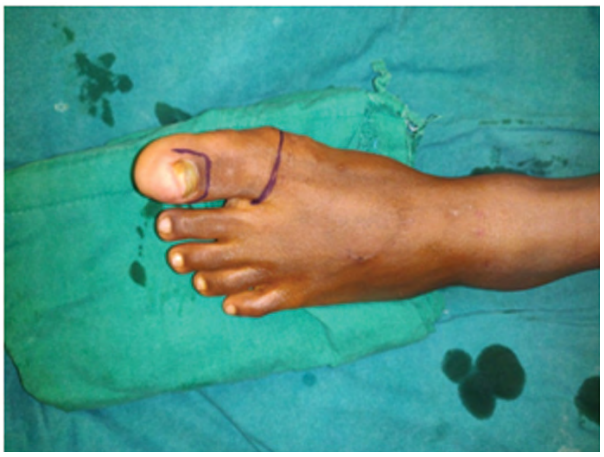

Fig. 10: Preoperative marking of crease line

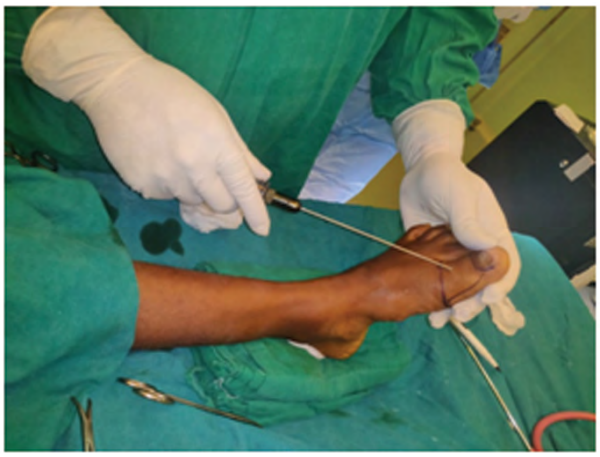

Fig. 11: Liposuction assisted debulking

measured immediately after the procedure and noted, which 7 cm. The compression dressing with negative pressure wound therapy given. (figure 12) The wound site assessment was done on the 4th post operative day.

Results

After performing the liposuction assisted debulking of the left great toe, the girth of the left great toe decreased by 1cm. The assessment of the wound on the 6th post operative day showed healthy site with no signs of skin necrosis.(figure 13)

Discussion

The foot is less commonly affected by macrodactyly than the hand. The cause of macrodactyly has yet to be discovered. It's a type of overgrowth caused by a gain of function mutation in the PIK3CA pathway. Static and progressive clinical manifestations are the two types of clinical manifestations. Klippel–Trenaunay syndrome, Proteus syndrome, CLOVES syndrome, Ollier's disease, Maffucci syndrome, Milroy's disease, neurofibromatosis, and vascula anomalies needs to be excluded, as were patients with diagnoses of other known overgrowth syndromes or otherwise uncharacterized syndromic presentations of lower extremity enlargement. In 10% of individuals[3], macrodactyly is linked with syndactyly, and in a smaller number, polydactyly and cryptorchidism. Macrodactyly may be associated with hernia.

The Loub Job is a new cosmetic treatment which has become a popular and effective way to ease the discomfort of wearing high heels. Named after famous shoe designer, Christian Louboutin, dermal fillers are injected in the balls of the feet which creates an immediate gel-like cushion that soothes the usual ache you feel after too many

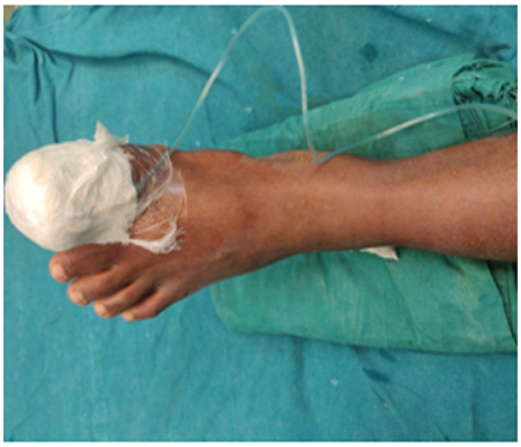

Fig. 12: Compression therapy with negative pressure wound therapy

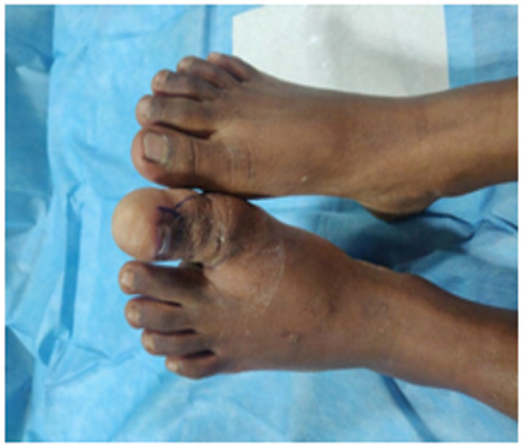

Fig. 13: Wound on 6th post operative day with no skin necrosis

hours teetering in heels. Loub Joe is a pure cosmetic procedure which helps to reduce pain while wearing high and pointed heels.

The goal of surgery in foot macrodactyly is to reduce the size of the foot so that it may be used in regular shoes and the appearance can be enhanced. Young people should have soft tissue reductions, epiphysiodesis, epiphysectomies, osteotomies, and other treatments. Adults[4-8] are more prone to undergo shortening operations and arthrodesis. Surgical indications for ray amputation, as previously stated by Bulut et al., were metatarsal involvement, joint immobility, or involvement of several digits.[9]

Liposuction has been used in attempts to "debulk" the fatty adipose tissue in a very few previous studies. But none of the previous studies showed positive results.

In our study, we are introducing a 'Modified Loub Job' procedure. It's a liposuction assisted debulking of the foot. In our case, liposuction assisted debulking was done in the left great toe. It's a reconstructive procedure for congenital disorders. After performing the liposuction assisted debulking of the left great toe, the girth of the left great toe decreased by 1 cm. The assessment of the wound on the 4th post operative day showed healthy site with no signs of skin necrosis.

Conclusion

The Modified Lob Job was found to be a viable procedure for the initial staged treatment for foot macrodactyly. The term 'Modified Loub Job' was first introduced in this article.

Conflicts of interest: None

Authors' contributions: All authors made contributions to the article

Financial support and sponsorship: None

Consent for publication: Taken

References

1. Barsky AJ. Macrodactyly. J Bone Joint Surg Am. 1967;49:1255–66.
2. Natarajan M, Dhua S, Garg C. Macrodactyly of lower limbs-an update. J Evol Med Dent Sci. 2016;5:3806–10.
3. Ozturk A, Baktiroglu L, Ozturk E, Yazgan P (2004) Macrodystrophialipomatosa: A case report. ActaOrthopTraumatolTurc 38: 220-223.
4. Tsuge K (1967) Treatment of macrodactyly. PlastReconstrSurg 39: 590-599.
5. Kelikian H (1974) Congenitaldeformitie of the hand and forearm. Philadelphia: WB Saunders.
6. Kostakoglu N, Kayikcioglu A, Safak T, Ozcan G, Kecik A, et al. (1996) Macrodactyly: report of eight cases of a rare anomaly. Turk J Pediatr 38: 73-79.
7. Bertilli JA, Pigozzi L, Pereima M (2001) Hemidigital resection with collateral ligament transplantation in the treatment of macrodactyly: a case report. J Hand Surg 26: 623-627.
8. Tsuge K (1985) Treatment of macrodactyly. J Hand Surg 10: 968-969. Chen SH, Huang SC, Wang JH, Wu CT (1997) Macrodactyly of the feet and hands. J Formos Med Assoc 96: 901-907.
9. Bulut M, Karakurt L, Belhan O, Serbest S. Ray amputation for the treatment of macrodactyly in the foot: report of three cases. ActaOrthopTraumatolTurc 2011;45:458–462.

Instructions to Authors

Submission to the journal must comply with the Guidelines for Authors.
Non-compliant submission will be returned to the author for correction.

To access the online submission system and for the most up-to-date version of the Guide for Authors please visit:

http://www.rfppl.co.in

Technical problems or general questions on publishing with **IJDAE** are supported by Red Flower Publication Pvt. Ltd.'s Author Support team (http://rfppl.co.in/article_submission_system.php?mid=5#)

Alternatively, please contact the Journal's Editorial Office for further assistance.

Editorial Manager
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India).
Mobile: 9821671871, Phone: 91-11-79695648
E-mail: author@rfppl.co.in

SUBSCRIPTION FORM

I want to renew/subscribe international class journal "**Indian Journal of Diabetes and Endocrinology"** of Red Flower Publication Pvt. Ltd.

Subscription Rates:
• Institutional: **INR 8500 / USD 664**

Name and complete address (in capitals):_____
_____

Payment detail:
Online payment link: http://rfppl.co.in/payment.php?mid=15

Cheque/DD: Please send the US dollar check from outside India and INR check from India made payable to 'Red Flower Publication Private Limited'. Drawn on Delhi branch.

Wire transfer/NEFT/RTGS:
Complete Bank Account No. 604320110000467
Beneficiary Name: Red Flower Publication Pvt. Ltd.
Bank & Branch Name: Bank of India; Mayur Vihar
MICR Code: 110013045
Branch Code: 6043
IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)
Swift Code: BKIDINBBDOS

Term and condition for supply of journals
1. Advance payment required by Demand Draft payable to **Red Flower Publication Pvt. Ltd**. payable at **Delhi.**
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 12.5% discount.
4. Claim must be made within six months from issue date.

Mail all orders to
Subscription and Marketing Manager
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India)
Phone: 91-11-79695648, Cell: +91-9821671871
E-mail: sales@rfppl.co.in

Review Article

Indian Journal of Diabetes and Endocrinology
Volume 4 Number 1, January - June 2022

Overview on Thalassemia

Gajraj Singh[1], Pranjali Mishra[2], Jugnu Preveen[3], S P Subashini[4]

How to cite this article:
Gajraj Singh, Pranjali Mishra, Jugnu Preveen *et. al.*/Overview on Thalassemia/Indian Journal of Diabetes and Endocrinology, 2022;4(1):23–24.

Author's Affiliation: [1,3]Bsc. Nursing Student, [2]Nursing Tutor, [4]Dean, School of Nursing, Galgotias University, Greater Noida, Uttar Pradesh 201310, India.

Corresponding Author: Pranjali Mishra, Nursing Tutor, School of Nursing, Galgotias University, Greater Noida, Uttar Pradesh 201310, India.

E-mail: mishrapranjali88@gmail.com

Received on: 30.04.2022

Accepted on: 02.05.2022

Abstract

Thalassemia is an inherited autosomal recessive blood disorder. Which results in excessive destruction of Red blood cells and further leads to anemia. Thalassemia'sare prevalent World wide with 16,800 death and 4,39,000 severe cases in 2015. According to 2017 data 80 million are carriers of beta thalassemia, Beta thalassemia is more common in children. Thalassemia is caused by variant or missing genes that affects how the body make hemoglobin. Which people having thalassemia Make less hemoglobin and fewer Circulating red blood cells than normal results in mild or severe anemia.

Keywords: Thalassemia, Hemoglobin, Cooley Anemia, Amniocentesis and Bone marrow transplant.

Introduction

The name thalassemia derived from a combination of two Greek words: Thalassa means the sea (Cooley) and anemia (weak blood) another term found in literature although in frequently is cooley's anemia of the name of Prof. Cooley Thomas, a pediatrician in USA who first described the clinical characteristics of this disorder in patients of Italian Origin. Thalassemia are blood disorder that are inherited from parents to offspring, which patients carry the genes of thalassemia it may be show symptoms in early age or later age that can results in the abnormal formation of hemoglobin and red blood cells being destroyed, which leads to anemia. It is caused by variant or missing genes that affects how the stem cells produced Hemoglobin, In this disorder the shape or size of Red blood cells is changed or abnormal. Mutation in the DNA of the cells that produce Hemoglobin this hemoglobin involving the HB1 and HB2. This is most commonly inherited in a mendelian recessive fashion, asian, Chinese, African and American ethnicity.

Types

1. Alpha thalassemia
- Alpha thalassemia minor
- Alpha thalassemia major
2. Beta Thalassemia
- Beta thalassemia minor
- Beta thalassemia major

Clinical Manifestations

Thalassemia clinical features depends upon the types of the thalassemia. In Alpha thalassemia

may have mild anemia and typical asymptomatic (Most severe form of alpha thalassemia major cause birth. Beta thalassemia children born with beta thalassemia major they are normal at birth, but develop sever anemia in first year of age. Beta – Thalassemia is also known as (Cooley Anemia) Fatigue and weakness, Pale skin or jaundice, Poor appetite, Dark urine and lethargy these all are the some common sign and symptoms. Protruding abdomen with enlarge spleen and liver, Abnormal facial bones and poor growth and Bone marrow hyperplasia these are the sever sign and symptoms seen in thalassemia major condition.

Diagnostic Evaluation

History collection, Physical examination (can reveal spleenomegaly), Blood test including the findings: RBC's will appear small and abnormal in shape when looking under microscope, CBC reveal anemia. Hb electrophoresis test show the presence abnormal form of Hb and with the help of Mutational analysis detect alpha thalassemia .Amniocentesis (fetal diagnosis for a specific type of thalassemia) and Molecular diagnostics test.

Management

Medical treatment: Thalassemia minor usually not required treatment but Thalassemia major required treatment according to patients condition or it's symptoms – Blood transfusion, Iron chelation therapy, Genetic testing and counseling. Surgical treatment: Bone marrow transplantation (especially in children), Spleenectomy may be done to decrease the transfusion requirements (because RBC's may be sequestered in spleen if iron supplement is used during blood transfusion.

Conclusion

Thalassemia are inherited disorder; beta Thalassemia has high severity, presented by Mild to severe anemia. Diagnosis by the Complete blood count (CBC), Blood Smear, Iron studies, Hemoglobinopathy, DNA analysis (Genetic testing), and Prenatal testing (Genetic testing of amniotic fluid). Alpha thalassemia major causes stillbirth. Treatment of thalassemia depends upon the severity and regular blood transfusion, iron chelation therapy, bone marrow transplantation etc. Prevention of this by premarital screening carrier detection, genetic counseling before family planning and prenatal testing. Prognosis of beta thalassemia major is very poor but we can increase the rate of survival by the some therapy like iron chelation therapy, blood transfusion and bone marrow transplantation.

References

1. Cooley TB, Lee P. A series of cases of Splenomegaly in children with anemia And peculiar bone changes. Trans Am PediatricSoc 1925; 37:29-30.
2. Cooley TB, Witwer ER, Lee P (1927) Anemia in children with splenomegaly And peculiar change inbones: report of Case Am J Dis Child 34: 347-363.
3. Chintamani Lewis. et al. A Textbook of Medical Surgical Nursing Assessment and Management of Procedures, New Delhi, Elsevier 2011, Page no-695.
4. Joyce MB et al. A Textbook of Medical Surgical Nursing Management for the Positive outcome, 8th edition, 2nd Volume, Philadelphia Sounders Elsevier 2009.

Special Note!

Please note that our all Customers, Advertisers, Authors, Editorial Board Members and Editor-in-chief are advised to pay any type of charges against Article Processing, Editorial Board Membership Fees, Postage & Handling Charges of author copy, Purchase of Subscription, Single issue Purchase and Advertisement in any Journal directly to Red Flower Publication Pvt. Ltd.

Nobody is authorized to collect the payment on behalf of Red Flower Publication Pvt. Ltd. and company is not responsible of respective services ordered for.

Guidelines for Authors

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by international committee of medical Journal Editors

Types of Manuscripts and Limits

Original articles: Up to 3000 words excluding references and abstract and up to 10 references.

Review articles: Up to 2500 words excluding references and abstract and up to 10 references.

Case reports: Up to 1000 words excluding references and abstract and up to 10 references.

Online Submission of the Manuscripts

Articles can also be submitted online from http://rfppl.co.in/customer_index.php.

I) First Page File: Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. use text/rtf/doc/PDF files. Do not zip the files.

2) Article file: The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your name in page headers, etc.) in this file. Use text/rtf/doc/PDF files. Do not zip the files. Limit the file size to 400 Kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

3) Images: Submit good quality color images. Each image should be less than 100 Kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches). All image formats (jpeg, tiff, gif, bmp, png, eps etc.) are acceptable; jpeg is most suitable.

Legends: Legends for the figures/images should be included at the end of the article file.

If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. Hard copies of the images (3 sets), for articles submitted online, should be sent to the journal office at the time of submission of a revised manuscript. Editorial office: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi – 110 091, India, Phone: 91-11-79695648, Cell: +91-9821671871. E-mail: author@rfppl.co.in. Submission page: http://rfppl.co.in/article_submission_system.php?mid=5.

Preparation of the Manuscript

The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, Figures, Figure legends, and Acknowledgment. Do not make subheadings in these sections.

Title Page

The title page should carry

1) Type of manuscript (e.g. Original article, Review article, Case Report)

2) The title of the article, should be concise and informative;

3) Running title or short title not more than 50 characters;

4) The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;

5) The name of the department(s) and institution(s) to which the work should be attributed;

6) The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript; should be mentoined.

7) The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);

8) Source(s) of support in the form of grants, equipment, drugs, or all of these;

9) Acknowledgement, if any; and

l0) If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be structured and state the Context (Background), Aims, Settings and Design, Methods and Materials, Statistical analysis used, Results and Conclusions. Below the abstract should provide 3 to 10 keywords.

Introduction

State the background of the study and purpose of the study and summarize the rationale for the study or observation.

Methods

The methods section should include only information that was available at the time the plan or protocol for the study was written such as study approach, design, type of sample, sample size, sampling technique, setting of the study, description of data collection tools and methods; all information obtained during the conduct of the study belongs in the Results section.

Reports of randomized clinical trials should be based on the CONSORT Statement (http:// www. consort-statement. org). When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma. net/e/policy/l 7-c_e.html).

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section.

References

List references in alphabetical order. Each listed reference should be cited in text (not in alphabetic order), and each text citation should be listed in the References section. Identify references in text, tables, and legends by Arabic numerals in square bracket (e.g. [10]). Please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_ requirements.html) for more examples.

Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. J Oral Pathol Med 2006; 35: 540-7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. Acta Odontol Scand 2003; 61: 347-55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone iodine antisepsis. State of the art. Dermatology 1997; 195 Suppl 2: 3-9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. J Periodontol 2000; 71: 1792-801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. Dent Mater 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovuo J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. p. 7-27.

No author given

[8] World Health Organization. Oral health surveys - basic methods, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online—Trends in suicide by method in England and Wales, 1979-2001. www.statistics.gov.uk/downloads/theme_health/HSQ 20.pdf (accessed Jan 24, 2005): 7-18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

More information about other reference types is available at www.nlm.nih.gov/bsd/uniform_ requirements.html, but observes some minor deviations (no full stop after journal title, no issue or date after volume, etc).

Tables

Tables should be self-explanatory and should not duplicate textual material.

Tables with more than 10 columns and 25 rows are not acceptable.

Table numbers should be in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.

Explain in footnotes all non-standard abbreviations that are used in each table.

For footnotes use the following symbols, in this sequence: *, ¶, †, ‡‡,

Illustrations (Figures)

Graphics files are welcome if supplied as Tiff, EPS, or PowerPoint files of minimum 1200x1600 pixel size. The minimum line weight for line art is 0.5 point for optimal printing.

When possible, please place symbol legends below the figure instead of to the side.

Original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay.

Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations.

Sending a revised manuscript

While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point to point clarification to each comment. The manuscript number should be written on each of these documents. If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks of submission. Hard copies of images should be sent to the office of the journal. There is no need to send printed manuscript for articles submitted online.

Reprints

Journal provides no free printed reprints, however a author copy is sent to the main author and additional copies are available on payment (ask to the journal office).

Copyrights

The whole of the literary matter in the journal is copyright and cannot be reproduced without the written permission.

Declaration

A declaration should be submitted stating that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere and the authorship of this article will not be contested by any one whose name (s) is/are not listed here, and that the order of authorship as placed in the manuscript is final and accepted by the co-authors. Declarations should be signed by all the authors in the order in which they are mentioned in the original manuscript. Matters appearing in the Journal are covered by copyright but no objection will be made to their reproduction provided permission is obtained from the Editor prior to publication and due acknowledgment of the source is made.

Approval of Ethics Committee

We need the Ethics committee approval letter from an Institutional ethical committee (IEC) or an institutional review board (IRB) to publish your Research article or author should submit a statement that the study does not require ethics approval along with evidence. The evidence could either be consent from patients is available and there are no ethics issues in the paper or a letter from an IRB stating that the study in question does not require ethics approval.

Abbreviations

Standard abbreviations should be used and be spelt out when first used in the text. Abbreviations should not be used in the title or abstract.

Checklist

- Manuscript Title
- Covering letter: Signed by all contributors
- Previous publication/ presentations mentioned, Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle name initials provided.
- Author for correspondence, with e-mail address provided.
- Number of contributors restricted as per the instructions.
- Identity not revealed in paper except title page (e.g.name of the institute in Methods, citing previous study as 'our study')

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information. Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided: Structured abstract provided for an original article.
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS). References cited in square brackets
- References according to the journal's instructions

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time. Numerals from 1 to l0 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and figures

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- Figures necessary and of good quality (color)
- Table and figure numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained, (if not permission taken)
- Credit note for borrowed figures/tables provided
- Manuscript provided on a CDROM (with double spacing)

Submitting the Manuscript

- Is the journal editor's contact information current?
- Is the cover letter included with the manuscript? Does the letter:

1. Include the author's postal address, e-mail address, telephone number, and fax number for future correspondence?
2. State that the manuscript is original, not previously published, and not under concurrent consideration elsewhere?
3. Inform the journal editor of the existence of any similar published manuscripts written by the author?
4. Mention any supplemental material you are submitting for the online version of your article. Contributors' Form (to be modified as applicable and one signed copy attached with the manuscript)

SUBSCRIPTION FORM

I want to renew/subscribe international class journal "**Indian Journal of Diabetes and Endocrinology**" of Red Flower Publication Pvt. Ltd.

Subscription Rates:
• Institutional: **INR 8500 / USD 664**

Name and complete address (in capitals):_____
_____

Payment detail:
Online payment link: http://rfppl.co.in/payment.php?mid=15

Cheque/DD: Please send the US dollar check from outside India and INR check from India made payable to 'Red Flower Publication Private Limited'. Drawn on Delhi branch.

Wire transfer/NEFT/RTGS:
Complete Bank Account No. 604320110000467
Beneficiary Name: Red Flower Publication Pvt. Ltd.
Bank & Branch Name: Bank of India; Mayur Vihar
MICR Code: 110013045
Branch Code: 6043
IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)
Swift Code: BKIDINBBDOS

Term and condition for supply of journals
1. Advance payment required by Demand Draft payable to **Red Flower Publication Pvt. Ltd**. payable at **Delhi.**
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 12.5% discount.
4. Claim must be made within six months from issue date.

Mail all orders to
Subscription and Marketing Manager
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India)
Phone: 91-11-79695648, Cell: +91-9821671871
E-mail: sales@rfppl.co.in

Instructions to Authors

Submission to the journal must comply with the Guidelines for Authors.
Non-compliant submission will be returned to the author for correction.

To access the online submission system and for the most up-to-date version of the Guide for Authors please visit:

http://www.rfppl.co.in

Technical problems or general questions on publishing with **IJDAE** are supported by Red Flower Publication Pvt. Ltd.'s Author Support team (http://rfppl.co.in/article_submission_system.php?mid=5#)

Alternatively, please contact the Journal's Editorial Office for further assistance.

Editorial Manager
Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India).
Mobile: 9821671871, Phone: 91-11-79695648
E-mail: author@rfppl.co.in