

To compare practices among government and private primary care providers in Ahmedabad and Gandhinagar with regard to

- 1) Management of fever and
- 2) Management of malarial fever

**Method :** Data were collected through interviews with four groups of practitioners: government MBBS medical practitioners (N=37), private MBBS medical practitioners (N=36), private AYUSH medical practitioners (N=37) and private MD doctors (N=8) in Ahmedabad and Gandhinagar city areas. Aim of this method was to compare government and private medical practitioners. The questionnaire had five sections; general, fever and its management, malaria and its management, prophylactic practices and malaria information section. Each section has an open ended questions and close ended questions except section 4. Data were counted, coded and analysed using Epi-info software.

**Results :** Among 37 government MBBS participants 97% (N=36) were giving treatment in uncomplicated malaria according to NVBDCP guidelines, while most private practitioners did not follow NVBDCP guidelines. Most government doctors received malaria related treatment guidelines in last 3 years and also participated in government training programme related to malaria while most private doctors did not receive malaria related treatment guidelines from government source. But they received treatment information through pharmaceutical company, internet, CME programme or readings. Among 37 government doctors only 8% (n=3) knew of and therefore advised Tab Doxycycline for prophylaxis of falciparum malaria, a recent

change in NVBDCP guidelines. None of the private practitioners knew of this.

**Conclusion :** Government and private medical practitioners had very different practices regarding diagnosis and treatment of fevers in general and malarial fever in particular even though they practiced in the same area. Government practitioners follow NVBDCP guidelines while private practitioners do not.

#### **Abs.PH.01**

### **Estimation of Lethal Doses of Acyclovir, Insulin and Ondansetron on Developing Chick Embryo**

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**Objective :** The insulin & ondansetron are widely used by pregnant women. Similarly intake of acyclovir is also not so uncommon among gravid ladies. There is dearth of published data as far as lethal doses of acyclovir and ondansetron related to developing chick embryo is concerned. So it is thought pertinent to conduct such study to estimate lethal doses for these drugs. Special stress was laid on estimation of median lethal doses for these drugs. Study also aims in estimating other measures of toxicity for chick embryo as Lowest published toxic concentration (TCLo), Lowest published lethal dose (LDLo), No Observable Adverse Effect Level (NOAEL), Lowest Observable Adverse Effect Level (LOAEL).

**Method :** Total of 96 eggs were used with

prior permission from institutional ethics committee. These were divided into 4 major groups (one each for Insulin, Ondansetron, Acyclovir & control). These major groups were further sub divided into minor groups on the basis of doses of drugs are concerned. The different doses of drugs were injected on 3rd day of incubation. The hatched eggs were dissected out on 19th day to check mortality and other gross malformations if any.

*Results* : Cent percent mortality was seen in group injected with 2 mg of ondansetron. The dose 5IU of insulin was estimated as lethal dose for developing chick embryo and the dose was estimated as estimated as lethal dose for developing chick embryo. Similar observations for acyclovir were also done which matches with data already published.

*Conclusion* : The data thus obtained will be of utmost utility because of paucity of references for further researchers. Detailed histological & histochemical study will add more knowledge in discovering intricacies & relevant use of these drugs.

#### **Abs.PH.02**

### **Study of Visual Reaction Time Among Basketball Players**

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*Objective* : To find out the visual reaction time in healthy controls and in basketball players. To compare visual reaction time of healthy controls and basketball players. To find out any difference and if present, its statistical significance and to analyze for observed facts.

*Method* : Sample included 100 participants aged 15-25 years, which were divided into two group. Group-1 has 50 basketball players and group 2 has 50 healthy controls. This study was done under three modules. 1st module contains detail medical history of participants. The medical history was taken to rule out any medical or surgical diseases which would affect reaction time of individual. 2nd included recording of visual reaction time in healthy controls and basketball players with the reaction time instrument which has resolution of 0.001 second. The visual reaction times were measured under two categories. (1) Simple reaction time task (2) Choice reaction time task. 3rd module consisted of the statistical analysis of the reaction time measurements. The reaction time were taken as mean & standard deviation. The level of significance between basketball players and controls were tested by the student's t-test (unpaired). The observation was taken as significant if P-value <0.05.

*Results* : Simple visual reaction time found be less than choice visual reaction time in healthy controls as well as in basketball players. Basketball players were found to have faster reaction time than controls. The quicker reaction time in basketball players as compared to controls is due to improved concentration, alertness, better muscular co-ordination and improved performance in the speed and accuracy task.

*Conclusion* : The study shows that basketball players show faster reaction time than healthy controls. As reaction times gives the information how fast a person gives a response to stimuli, it is a good indicator of performance in reactive sports like basketball.