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INDEX

Sr. No	Title	Author	Subject	Page. No.
1.	Statistical Optimization Of Ferulic Acid Esterase Production In Aspergillus Niger Isolate Using Response Surface Methodology	Balljinder Kaur , Neena Garg	Biotechnology	1-6
2.	Development Of Forest Area In Tropics: The Urgency Of People's Participation In The Indian Context	Dr. M. P. Naik	Commerce	7-8
3.	Opportunity For International Corporations At Bop Segments Of Emerging Markets (Focus : India)	Bhudhar Ranjan Chatterjee , Sukanya Chatterjee.	Commerce	9-11
4.	Retail Trade	Viram. J. Vala , Dr. (Prof.) Vijay Kumar Soni	Commerce	12-15
5.	Determinants Of Market Value Added Some Empirical Evidence From Indian Automobile Industry	Dr. A. Vijayakumar	Commerce	16-20
6.	The Welfare Facilities Available To The Workers In Paper Mills In Madurai	Dr. M. Sumathy , A. Vijayalekshmi	Commerce	21-24
7.	Green Marketing - New Hopes And Challenges	Dr. Prashant M. Joshi	Commerce	25-27
8.	A Study On Employee Welfare Measures In Maharashtra State Transport Corporation With Special Reference To Kolhapur District.	Dr. H. M. Thakar , Prof. Urmila Kisan Dubal	Commerce	28-30
9.	Business Environment In South Korea An International Perspective	Dr. M. Kamalun Nabi , Dr. M. Saeed	Commerce	31-35
10.	Market Timing - Implications Of Market Valuation On Share Issues By Indian Companies	L. Ganesamoorthy , Dr. H. Shankar	Commerce	36-38
11.	The Conceptual Framework Of Corporate Social Accounting	Rechanna , Dr. B. Mahadevappa	Commerce	39-50
12.	Labour Welfare Measures And The Extent Of Satisfaction Of Tirupur Garment Employees	Mr. S. Hariharan , Mr. N. Selvakumar, Dr .H. Balakrishnan	Commerce	51-53
13.	Mahila Savstha Aur Jacha-Bacha Ko Bachane Ko Chunoti	Dr. Anup Chaturvedi	Community Science	54-55
14.	Mapping Of Existing Waste Dumping Sites And Newly Proposed Waste Dumping Sites In And Around Chitradurga Taluk, Karnataka State, Using Remote Sensing And GIS Techniques.	Sunil Kumar R. K Chinnaiiah , Suresh Kumar B.V	Earth Science	56-58
15.	A Role Of Municipal Council And Corporation Of Financial Problems In Nanded District (Maharashtra)	Dr. A. S. Pawar	Economics	59
16.	Impact Of Institutional Credit On Weaker Section In Akola District	Dr. Devyanee K Nemade, Dr. Vanita K Khobarkar	Economics	60-62
17.	Right To Education In India	Dr. Pawar A. S.	Economics	63-65
18.	Gramin Ayam Adivasi Mahilo Ke Arthik Shakti : Sukhma Virti (Adipur Jila Ke Gramin Ayam Adivasi Mahilao Ka Ek Ayaktik Adhiyan Shobha Gupta	Shobha Gupta	Economics	66-67

19.	Knowledge On Food Security Education Among Higher Secondary Students	Dr. P. Paul Devanesan , Dr. A. Selvan	Education	68-69
20.	Family Environment As A Determinant of Academic Anxiety And Academic Achievement	Dr. RajKumari Kalra , Ms. Preeti Manani	Education	70-71
21.	Awareness On Man-Made Disaster In Environmental Education Among High School Students	Dr. A. Selvan , Dr. P. Paul Devanesan	Education	72-73
22.	Teaching Strategies For Simplifying Fractions In Mathematics	M. Kavitha , Dr. A R. Saravanakumar	Education	74-76
23.	Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGA): A Boon to Tribal Women	Dr. Sherly Thomas	Education	77-78
24.	Sports as a Tool for Interest Oriented Learning	E. Baby Sumanna	Education	79-80
25.	Balanced Scorecard for Higher Education	Jyoti D Joshi	Education	81-83
26.	A Study Of The Interactive Influence Of CAI Package On Academic Achievement	Kunal D. Jadhav	Education	84-85
27.	Reduction Of Fault Current Using SFCL At The Suitable Location In The Smartgrid	Pudi Sekhar , K .Venkateswara Rao , M. Ebraheem , P. Nageswara Rao	Electronics	86-88
28.	HRD Climate in Private Manufacturing Sector: An Appraisal	Dr. Sukhwinder Singh Jolly	Engineering	89-90
29.	Wireless Speed Measurement And Control Of Universal Motor	G. Prasad , G. Ramya Swathi, Dr. P. V. N. Prasad , A. Muneiah	Engineering	91-94
30.	Design Of Decentralized Load-Frequency Controller For Deregulated Hydro-Thermal Power Systems With Non-Linearities	M. Vinothkumar , Dr. C. Kumar , Dr. S. Velusami	Engineering	95-99
31.	Optimization Of Process Parameters For Gas Tungsten Arc Welding Aluminum Alloy A6061 By Taguchi Method	P. Hema , K. Allama Prabhu , Prof. K. Ravindranath	Engineering	100-103
32.	Numerical Approach To Predict The Thermal Performance Of Parallel And Counter Flow Packed Bed Solar Air Heaters	Satyender Singha , Prashant Dhiman , Ritika Kondal	Engineering	104-108
33.	Institute For Entrepreneurship Development Amongst Farmers- Especially Small And Marginal Land Holders.	Sweta Sanjog Metha	Entrepreneurship Development	109-111
34.	Phytoplankton Diversity From Godavari River Water (Maharashtra)	Satish.S.Patil , Ishwar.B.Ghorade	Environmental Science	11-114
35.	Nutrient Adequacy Among Selected Tribal Adolescent Girls Of Kattunayakan Tribes In Tamil Nadu	Somishon Keishing , Saranya .R	Home Science	115-116
36.	Vaigyanic Sacharata Aur Arthik- Samajik Vikas	Dr. Sudobh Kumar	Humanities	117-118
37.	E-Pharmacy In India For Reducing Inter-State Accessibility Dispersion	Satinder Bhatia	Information Technology	119-121
38.	Impact Of Intermediaries' Service Delivery In Insurance Sector	Dr. P. Anbuoli , R. Meikanda Ganesh Kumar	Insurance Sector	122-124

39.	Fate And Human Endeavour In The Mahabharata	Dr Maneeta Kahlon	Literature	125-127
40.	Facets of Hunger in Bhabani Bhattacharya's So Many Hungers and Kamala Markandaya's Nectar in a Sieve	Dr. Paramleen Kaur Syali , Ruchee Aggarwal	Literature	128-129
41.	Business Financial Strategy In Small And Medium Scale Brick Industries In Kolar District, Karnataka State.	Muninarayanappa , Dr. S. Muralidhar	Management	130-132
42.	A Study On Brand Equity Analysis Foreign Global Brands Vs Domestic Popular Brands Of Adult Consumer's Perspective In Coimbatore City	A.Pughazhendi , S. Susendiran , R. Thirunavukkarasu	Management	133-135
43.	Comparative Analysis of Cellular Phone Usage Outline of Undergraduate Students.	Atul Patel	Management	136-138
44.	A Study On Management Practices Of Entrepreneurs In Informal Sector	Dr. P. Vikkraman , Mr. S. Baskaran	Management	139-142
45.	E-commerce: Emerging Channel for Marketing in India	Dr Mahalaxmi Krishnan	Management	143-144
46.	The Role Of Educational Institutions In Imparting Entrepreneurship Qualities Among Student Community	Dr. N. Ramanjaneyalu	Management	145-147
47.	Impulsive buying and In-store shopping environment	Dr. Surekha Rana , Jyoti Tirthani	Management	148-149
48.	A Study On Management Practices Of Entrepreneurs In Informal Sector	Dr. P. Vikkraman , S. Baskaran	Management	150-153
49.	Risk Management Processes And Techniques For Resolving Customer - Supplier Relationship Issues	Pramod Kumar , Prof (Dr.) S.L.Gupta	Management	154-160
50.	Risk Management Processes & Techniques For The Successful Delivery Of Web Based Software Projects	Pramod Kumar , Prof (Dr.) S. L. Gupta	Management	161-166
51.	Effect Of Brand Equity On Consumer Purchasing Behaviour On Car: Evidence From Car Owners In Madurai District	R. Suganya	Management	167-169
52.	Relationship Management Model For Global It Industry.	Rishi Mohan Bhatnagar , Prof (Dr.) S. L. Gupta	Management	170-173
53.	It's A Myth That Kirana Stores Will Be Wiped Out If FDI Is Allowed In Multi Brand Retail Sector In India	Shweta Patel , M R Brahmachari	Management	174-176
54.	Learning Organization	Sitheswaran K , Dr. K. Balanaga Gurunathan	Management	177-178
55.	Behavior Management: A Ready-made Soup For Indian Managers	Winnie Jasraj Joshi	Management	179-180
56.	Customer Relationship Management In Public Sector Banks	Dr. P. Anbuoli , T. R. Thiruvén Kat Raj	Marketing	181-182
57.	Nifedipine Compared With Isoxuprine In Treatment Of Preterm Labor	Dr. Santosh Khajotia	Medical Science	183-184

58.	Single Intraoperative Dose of Tranexamic Acid In Orthopedic Surgery (A Study of Bipolar Modular Prosthesis and Dynamic Hip Screw fixation)	Dr. B. L. Khajotia , Dr. S. K. Agarwal, Dr. Prasant Gadwal	Medical Science	185-187
59.	MVA - A Simple & Safe Surgical Procedure For First Trimester Abortion / Medical Termination Of Pregnancy (MTP)	Dr. Priyamvada Shah , Dr. Sameer Darawade	Medical Science	188-190
60.	Pneumococcal Septic Arthritis in an Infant A Case Report	Dr. Vrishali A Muley , Dr. Dnyaneshwari P Ghadage, . Dr. Arvind V Bhore	Medical Science	191-192
61.	A Clear CSF may not be a Normal CSF A Case Report	Dr. Dnyaneshwari P Ghadage , Dr. Vrishali A. Muley , Dr. Arvind V. Bhore	Medical Science	193-194
62.	Neurectomy For Tic How Much Reliable?	Dr. Monali H. Ghodke , Dr. Seemit V. Shah , Dr. Smita A. Kamtane	Medical Science	195-198
63.	To Assess Acceptability Of Female Condom As A Method Of Temporary Contraception Among Indian Women	Dr Priyanka Shekhawat , Dr. Col (Retd) Gulab Singh, Dr Vidula Kulkarni Joshi	Medical Science	199-200
64.	A Study To Evaluate The Efficacy Of Teaching Intervention On Reduction Of Pediatric Immunization Pain Among Nursing Students	Dr. Ramachandra , Dr. S. Valliammal, Mr. Raja Sudhakar	Nursing	201-202
65.	Screening Of Antenatal Patients For Thalassemia	Dr Mukta Rayate , Dr Durga Karne , Dr Shilpa Bhat, Dr Hemant Damle , Dr Sameer Darawade, Varsha Gogavale	Obstetrics & Gynaecology	203-204
66.	Reservoir Rock Quality of the Lakadong Member in the Eastern Part of Upper Assam Basin, India	Dr. Pradip Borgohain	Petroleum Geology	205-207
67.	Study Of Refractive Index And Excess Parameters For Different Liquid Mixtures At Different Temperatures	Sheeraz Akbar , Mahendra Kumar	Physics	208-210
68.	Refractometric And Excess Parameter Study For Liquid Mixtures Containing High Order Alkanes (C17) And 1-alkanols At Different Temperatures	Sheeraz Akbar , Mahendra Kumar	Physics	211-213
69.	Assessment Of Knowledge About Health Services Available At Subcentre Level Among Village Inhabitants	Balpreet Singh , Jayanti Dutta	Public Health	214-215
70.	Effect Of Yogic, Aerobic And Laughter Exercises On Body Composition (An experimental study)	Dr. Manjappa. P. , Dr. Shivarama Reddy. M	Sports	216-220
71.	Age At Menarche In Physically Active And Non Active Urban Girls Of Patiala District	Jyoti Sharma , Dr. Ajita	Sports Science	221-222
72.	Use Of Ranks For Analysis Of Groups Of Experiments	Dr. Vanita K Khobarkar , Dr. S. W. Jahagirdar, Dr. N. A. Chaube	Statistics	223-225



Screening Of Antenatal Patients For Thalassemia

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ABSTRACT

Objective: To screen antenatal patients for thalassemia using NESTROFT (Naked Eye Single Tube Red Cell Osmotic Fragility Test). **Material & methods** Total 500 number of antenatal cases were screened from July 2010 to November 2010 using NESTROFT on OPD basis. Daily 10 ANC patients were selected randomly. NESTROFT positive patients were advised Hb electrophoresis to confirm diagnosis. **Results** Out of 500 cases, 109 were NESTROFT positive which was 21%. Hb% is done in 69 patients. 36.5% of NESTROFT positive patients had Hb < 10 gm%. Only 17 NESTROFT positive patients had done electrophoresis of which only one turned out to be thalassemia trait positive. She was advised to do husband screening. In others we could not do Hb electrophoresis due to lack of funds. **Conclusion** NESTROFT is simple, cheap & rapid test for screening for thalassemia.

Keywords : NESTROFT, thalassemia, electrophoresis

Introduction

Almost 25 million people in India are carriers of beta thalassemia with a mean prevalence of 3-4% & 6000 to 8000 children are born every year with thalassemia major. The only cure available today is bone marrow transplantation. The birth of a thalassemic child thus places considerable physical & economic strain on the affected child, family, community, nation. The most effective approach to reduce disease incidence is screening for thalassemia, prenatal diagnosis & selective termination of affected fetuses. Our aim was to screen antenatal patients for thalassemia using a rapid, simple, cheap test i.e. NESTROFT & to confirm NESTROFT positive patients with Hb electrophoresis.

Material & methods

Total 500 number of antenatal cases were screened from July 2010 to November 2010.

Information regarding thalassemia, its effects on pregnancy & fetus, importance of NESTROFT, its need as screening test for thalassemia were explained to patients.

Daily 10 ANC patients were selected randomly. About 0.5ml blood was collected from antecubital vein of which only two drops of blood used for the test. We had started doing test at gynaecology OPD.

It is a simple, rapid, cheap test. It is performed using 0.36% buffered saline solution. Two ml of solution is taken in test tube & two drops of blood added to it.

After half an hour test tube is held against white paper with a black line on it. If the line is clearly visible, it indicates a negative test & if it is not visible it indicates

a positive test. Positive test indicates lowered osmotic fragility of red cells. All patients were waited till half an hour to get the result of test.

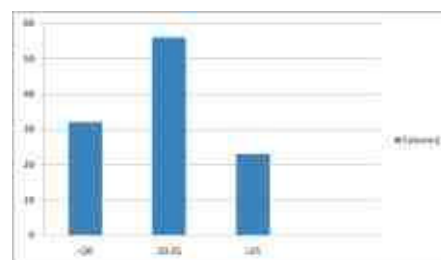
NESTROFT positive patients were advised Hb electrophoresis. Most of the patients were from low socioeconomic status, nonaffording, nonpaying & could not do it. Initially it was decided to do the electrophoresis in pathology department. But due to lack of manpower it was not done. 16 patients were lucky to have electrophoresis done at pathology department. For rest of patients we advised to get electrophoresis done at some private laboratory. Only one patient got her report from outside lab. She turned out to be thalassemia minor. Her mother was also thalassemia trait.

Results

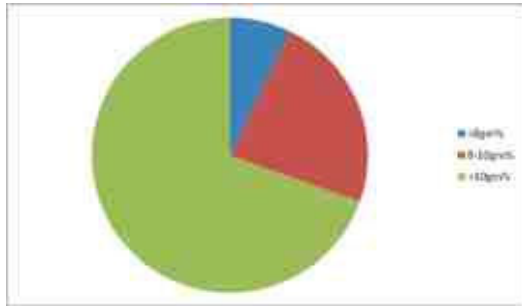
Of 500 cases, 109 were NESTROFT positive. Among them, 43 were primi, 50 were second gravid & 16 were multigravida

Table No 1

Age in years	No of patients
< 20	32
21-24	56
>25	23



Hb% is done in 69 patients. It is not done in 40 patients due to lack of follow up of patients. 36.5% of NESTROFT positive patients had Hb < 10 gm%



All patients in whom nestroft was positive have advised Hb electrophoresis. Only 17 patients have done electrophoresis of which only one turned out to be thalassemia trait positive. She was advised to do husband screening.

Discussion

Beta thalassemia is the most common single gene disorder in our country. The incidence of thalassemia is very high, with over 30 million people carrying the defective gene. There are 25% chances of thalassemia major in offspring if both parents are thalassemia minor. Screening for thalassemia is easy by cheap test like NESTROFT. Various tests are available for screening like red cell indices and haemoglobin electrophoresis. But these tests are costly, time consuming for population screening. They also

increase workload on the hospital. Although we decided to study 1000 patients, we could not due to nonaffordability of patients for Hb electrophoresis. We could do NESTROFT but not the Hb electrophoresis due to lack of funds. Our hospital provides medical services to all patients free of cost. Majority of patients are from low socioeconomic status. NESTROFT costs less than one rupee. It is easy to perform, does not require specialised instruments or expertise. It can be done on capillary blood also. Sensitivity of NESTROFT is 95% & specificity is 86% as shown from other studies. It is useful in under resourced laboratories though it can not replace Hb electrophoresis. In conclusion, NESTROFT is simple, cheap & rapid test for screening for thalassemia.

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Evaluation of naked eye single tube osmotic fragility test (NESTROFT) as a screening test in detection of beta thalassemia trait Indian Journal of Haematology & Blood Transfusion.2001 Mar;19(1):6-7 | Rogers M, Phelan L, Bain B. Screening criteria for beta thalassemia trait in pregnant woman. J Clin Path 1995;48:1054-1056



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