



RSSDI News

The Official Bulletin of
Research Society for the Study of Diabetes in India (RSSDI)

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Message from the RSSDI President

Dear Friends,

RSSDI was founded in 1972 by Professor MMS Ahuja with an idea to promote the academic activity, research and holding scientific meetings, and providing training facilities for clinicians and research workers. He was ably supported by giants like Professor BB Tripathy and others.

From a small beginning in 1972, RSSDI has grown to be a truly national organization, and now, RSSDI is the largest organization of Diabetes health care professionals and researchers in Asia. It has over 6000 members from amongst physicians, diabetologists, endocrinologists, as well as paramedical personnel, such as nurses, dieticians, etc.

Our target is to provide a scientific platform for encouraging and assisting research and activities, which may benefit people with diabetes by organizing lectures, continuing medical education programs (CME), seminars, discussions, conferences, update sessions, workshops, training camps, correspondence courses, etc. from time to time at local, regional, national and international levels.

We should also target to start postgraduate studies in diabetes mellitus for medical practitioners in cognizance with the Medical Council of India. We are also supporting program on diabetes awareness and patient education, certificate courses in diabetes, etc. We have started to open our regional branches but not being able to have in every state.

The certificate course in diabetology started in 2009 RSSDI has accredited 10 centers all over the country. We are also trying on a series of events on its own and in collaboration with the State Governments to create awareness about diabetes and ways to prevent it, through a healthy lifestyle. We are also regularly publishing our news letter, our journal—*International Journal of Diabetes in Developing Countries*, and the most prestigious RSSDI textbook 3rd edition is now ready.

With strength of past, we will have to progress further. Our membership is very meager in number in proportion to the number of persons involved in diabetes care. Because number accounts for the strength and the impetus, we shall have to open more branches and enroll more and more members.

Our journal is not yet indexed. We must have patient guide book in different languages. There must be more and more patient awareness program at grassroot level. We must have patient guide book on diabetes in regional languages. We should have one website for direct response to our patients answering their queries from time to time. We should take the help of media to properly educate our patients and protect them from non-scientific mode of treatment. We will have to move with our patients in the great fight against diabetes and finally win the target. Long live RSSDI.



Professor Samar Banerjee
President, RSSDI

Professor Samar Banerjee
President, RSSDI



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Message from the RSSDI Secretary

I am privileged to write to you as Secretary for this esteemed association of physicians and diabetologists—RSSDI. I am humbled by your faith in us by giving us the mandate unanimously to function smoothly and with harmony so I am conscious of the responsibility shouldered on us. I am sure you all had great time and long-lasting memories of RSSDI 2013. We are publishing a few glimpses of RSSDI 2013 in this news letter, which shall refresh the sweet memories for those who attended and regret to them who missed. It is really creditable that more and more state chapters are doing regular CMEs, celebrating World Diabetes Day and indulging actively in patient education activities.



Dr Rajeev Chawla
Honorary Secretary,
RSSDI

I must congratulate the whole membership of RSSDI, as now we have been granted permanent membership of IDF, which has been a long cherished dream and vision of RSSDI. Hence, it is desirable not only to build up our membership to 5 figures from the current 6000 but also to encourage patient education and welfare activities to evolve as an important and major partner of IDF. I hereby request every member, especially EC member to identify every physician in their vicinity who is not an RSSDI life member and pursue them real strength of any professional body lies in its member.

I also request all clinicians and young researchers to be actively involved in research-related activities as main theme, and focus of RSSDI is to encourage the indigenous research, which they can present through papers in RSSDI annual conference for which we shall provide even travel grant to deserving candidates. We shall also encourage research related to theme symposia's, i.e MMS and BB Tripathy Nutritional symposia for RSSDI 2014 topics of which are highlighted here.

I shall invite your positive suggestions to make us work even better and with perfection.

Dr Rajeev Chawla
Honorary Secretary, RSSDI

Invitation to the RSSDI, 2014 Conference

Bangalore - the Multifaceted Metro of South India



Bangalore is also known as the Garden city, the silicon valley, fifth largest city of India is the capital of the state of Karnataka. It was founded in the year 1537 AD by Shri Kempe Gowda, a chieftain of the Vijayanagar empire. Bangalore is a cosmopolitan city where people from all over the country feel at home. Kannada being the native language, English, Hindi, Tamil, Telugu and Malayalam are also widely spoken.

Bangalore also boasts of rich flora and fauna in Lalbagh and Cubbon park. On the tourism front, Bangalore is the perfect basecamp from where one can organize a lot of tours ranging from a day to a week. The city has grown tremendously over the past decade and one can witness many shopping malls, IT hubs, twin-towers and the flyovers spread over the city. The Metro train network is the latest addition to the infrastructure. The city has multi-cuisine and international cuisine restaurants, pubs, star hotels, clubs and the so-commonly found "darshinis". Several multiplexes are also spread across the city.

Bangalore is well connected nationally and internationally by road, rail, and air. The Bangalore (Kempe Gowda) International Airport is located in Devanahalli, 30 km from the city centre. Prepaid taxis and volvo buses offer excellent connectivity to different parts of the city. Weather is generally very pleasant in November. Temperatures will range between 22°C and 28°C. Some light woollens might come in handy.

DIABETES Despatch

News from the JOURNALS

Meta-analysis finds sodium glucose cotransport-2 inhibitors efficacious and safety in type 2 diabetes

Sodium glucose cotransport-2 (SGLT-2) inhibitors are not only effective in the treatment of type 2 diabetes, they also provide additional benefits, such as weight loss, blood pressure reduction and improvements in high-density lipoprotein (HDL)-cholesterol levels; a recent meta-analysis has reported. The class of drugs was also found to be well tolerated apart from genital and urinary infections, which were rather frequent but usually mild in nature.

Trials that compared SGLT-2 inhibitor with a non-SGLT-2 inhibitor agent in type 2 diabetics and with a duration of at least 12 weeks were included. The principal outcome of this analysis was the effect of SGLT-2 inhibitors on glycated hemoglobin (HbA1c) at 12, 24, and 52 weeks. Hypoglycemia, genital and urinary infections were combined to calculate Mantel-Haenszel odds ratio (MH-OR). Furthermore, body mass index (BMI), endpoint fasting plasma glucose, systolic and diastolic blood pressure, creatinine, hematocrit, and lipid profile were also compared.

It was found that HbA1c reduction at 12, 24, and 52 weeks was 0.5, 0.6, and 0.6% in placebo-controlled trials. In these studies, 24-week reduction of HbA1c with SGLT-2 inhibitors was greater in trials enrolling patients with a lower mean age and duration of diabetes, and a higher baseline BMI, HbA1c, and fasting glucose. A weight loss during the first 24 weeks was also observed and was maintained up to 52 weeks.

Sodium glucose cotransport-2 inhibitors are a new class of glucose-lowering agents, which work by reducing tubular glucose reabsorption, thereby, producing a reduction of blood glucose without stimulating insulin release from the pancreas.

Source: Monami M, Nardini C, Mannucci E. *Diabetes Obes Metab.* 2013.

Sunlight may help reduce blood pressure

It is well known that blood pressure varies with seasons and is usually higher in winter months than during summers. According to a new study by British researchers, exposure to sunlight could be the factor responsible for this effect. Sunlight alters the nitric oxide (NO) in the skin and, thereby, reduces blood pressure, scientists published in the "*Journal of Investigative Dermatology*".

It has been postulated that exposure to UVA may mobilize NO bioactivity into the circulation to exert beneficial cardiovascular effects; nitric oxide (NO) metabolites are abundant in human skin. The researchers have also observed that these effects are probably independent of the effect of vitamin D.

In the study from the *Journal of Investigative Dermatology*, the researchers exposed 24 subjects to a tanning light for two sessions of 20 minutes each. In one of the two sessions, the UV rays were blocked. Subsequent examinations showed that the effect of warmth alone did not produce any effect on the blood pressure, yet it was reduced by UV exposure. Nitric oxide is abundant in skin and is responsible for this effect. It is known that nitric oxide along with its breakdown products is involved in blood pressure regulation. When exposed to sunlight, small amounts of nitric oxide are transferred from the skin to the circulation, lowering the blood vessel tone.

Significantly, the blood pressure reductions were also associated with a reduced risk of myocardial infarction and strokes. The researcher observed that NO may be an essential factor in cardiovascular disease prevention and total avoidance of exposure to sunlight may be counterproductive.

Source: Liu D, Fernandez BO, Hamilton A, et al. *J Invest Dermatol.* 20 January;2014.

Lower glucose levels in post-breakfast period lead to better HbA1c levels in diabetes

Lower glucose levels in the post-breakfast period can lead to a greatest impact on glycated hemoglobin (HbA1c) levels in type 1 diabetic subjects, findings that have been reported in the journal *Diabetes Technology and Therapeutics*. The study also reported that better nocturnal glucose control was helpful in improving breakfast-meal period glucose.

Data from 196 type 1 diabetic patients randomized to receive sensor-augmented pump therapy in the 1-year STAR 3 (Sensor-Augmented Pump Therapy for HbA1c Reduction-3) trial was included. Continuous glucose monitoring (CGM) and glucose values and HbA1c levels from baseline and after 1 year were evaluated in order to determine the association of improvement in CGM-glucose at different times of the day with long-term improvement in HbA1c values.

It was observed that improvement in HbA1c levels at 1 year was related to a better mean CGM-glucose level in daytime (between 6 am in the morning till midnight), overnight (midnight till 6 am), and each mealtime period. It was also found improvement in glucose levels during the breakfast-meal period led to significant HbA1c improvement after 1 year.

Although one should strive for optimal blood glucose control at all times of the day, improving overnight and post-breakfast glucose levels may be of some importance in improving glucose control in type 1 diabetic subjects.

Exercise enhances the brain's response to low-fat meals

It is known that exercise can curb hunger pangs by altering the hormonal balance in the body, little research has gone into its effects on the regulation of appetite by the brain.

A new study, published in the *American Journal of Clinical Nutrition*, demonstrated that neuron cells in certain regions of the brain that get activated when they sense a 'reward' responded more to low-fat food images after exercise than when volunteers did nothing.

Brain MRI scans taken after subjects jogged for an hour showed that the brain's reward centers became active when they were shown images of low-fat diet foods. Moreover, the same areas had reduced activity when pictures of calorie-dense fatty foods for shown to the subjects.

This should give health cautious subjects more reasons to continue with their exercise regimens as apart from burning fat, even low-calories foods look more appetizing.

Drink coffee to reduce the risk of type 2 diabetes



Regular consumption of coffee, regular or decaffeinated, may help reduce the risk of type 2 diabetes. A meta-analysis in the journal *Diabetes Care* has reported that consuming 6 cups of coffee daily could lead to a 33% reduction in the risk of developing type 2 diabetes, compared with those who did not drink coffee. Coffee consumption was inversely associated with the risk of type 2 diabetes in a dose-response manner. In fact, even a single cup of coffee was reported to provide benefits; diabetes risk was 9% lower in those who drank one cup of regular coffee daily and 6% lower in those who consumed one cup of a decaffeinated variety every day.

In all, 238 prospective studies were included in the analysis, with 1,109,272 participants and 45,335 cases of type 2 diabetes. The follow-up duration ranged from 10 months to 20 years. Compared with no or rare coffee consumption, the relative risk for diabetes was 0.92, 0.85, 0.79, 0.75, 0.71, and 0.67 for 1–6 cups/day, respectively.

41st Annual Conference of Research Society for the Study of Diabetes in India (RSSDI)

November 8–10, 2013, Greater Noida, NCR Delhi

Vildagliptine versus Sulfonylureas during Ramadan in Type 2 Diabetic Patients: VIRTUE Study

The risk of hypoglycemic events (HE) in Muslim patients with type 2 diabetic mellitus who fast during Ramadan was evaluated by the VIRTUE study. This was a prospective, observational study with data pooled from 10 countries (n=1333, including India (n=109). Diabetic patients who intended to fast during Ramadan were enrolled in two groups: vildagliptin or sulfonylureas (SUs), administered either as monotherapy or dual therapy along with metformin. The parameters assessed included number of patients with at least 1 HE during the fasting period, change in glycated haemoglobin (HbA1C), body weight and overall safety.

The results showed significantly ($p < 0.001$) fewer patients experiencing 1 HE with vildagliptin (n=36/669; 5.4%) as compared to SU (n=123/621; 19.8%). At the end of the study, mean change in HbA1c was 0.24% with vildagliptin versus +0.02% for SUs with between treatment difference of 0.26% ($p < 0.001$). Corresponding body weight changes were 0.76 versus 0.13 kg.

In India, the incidence of at least 1 HE was similar in both the groups: vildagliptin (n=14/58; 24.1%) and SU (n=12/50; 24.0%), of which only 8.6% (n=5/58) versus 10% (n=5/50), respectively had blood glucose levels less than 70 mg/dL. Mean HbA1c at the end of the study was -0.28% for vildagliptin and +0.18% for SU, resulting in 0.46% between treatment difference ($p=0.006$) between the two groups. The mean body weight change for vildagliptin was -1.44 kg and -0.35 kg for SUs. Vildagliptin was generally well tolerated.

The study concluded in favor of vildagliptin associated with fewer patients experiencing HE compared to SU. In India, the incidence of HE was similar between the two groups with a significantly improved glycemic control and weight profile with vildagliptin.

BMI: A Cardiometabolic Risk Indicator (CARRS Surveillance Study)

The Centre for cArdiometabolic Risk Reduction in South Asia (CARRS) surveillance study assessed the variation in prevalence of diabetes, hypertension and dyslipidemia across body mass index (BMI) strata among adults in urban India.

The representative data from Delhi and Chennai (n=7689 nonpregnant adults aged >20 years) was taken. The subjects were grouped into three BMI categories (BMI >23 kg/m²; BMI 23–24.9 kg/m²; BMI ≥25 kg/m²).

It was observed that the prevalence of diabetes, hypertension, and dyslipidemia were each consistently higher with higher BMI strata, as was the prevalence of one, two, and three risk factors (Figure 1). More than 50% of the surveyed adults had at least one intermediate cardiometabolic risk factor and nearly 20% had at least two risk factors. Consistent increase in the prevalence of risk factors with higher BMI strata indicates that BMI is a clinically relevant tool to determine whom to screen for cardiometabolic risk.

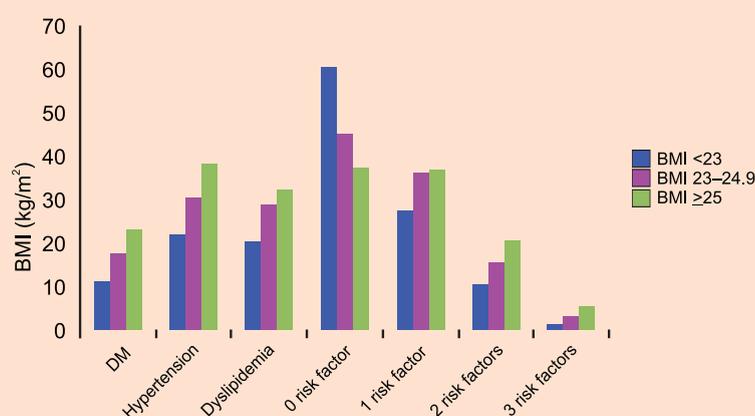


Figure 1. Intermediate cardiac risk factors by BMI categories

Innovations

Salivary glucose detector offers novel noninvasive diabetes management

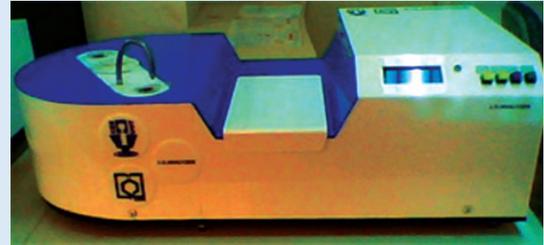
Glycemic control is a pillar stone of diabetes management. However, it becomes a double-edged sword when aggressive control precipitates an episode of hypoglycemia. This could be due to a variety of factors which include inappropriate use of drugs, a missed meal, or excessive exercise.

Sulfonylureas are an important drug class in the arsenal of clinicians caring for their diabetic subjects. Sulfonylureas however do have a propensity to cause hypoglycemia and this more common when associated with other factors. Many visits to the emergency department arise, because of sulfonylureas in diabetics.

Researchers at the Endocrinology and Metabolism Research Institute of Tehran University of Medical Sciences and Scientists Center of Excellence in Electrochemistry have invented an instrument capable of detecting sulfonylurea in urine.

The device takes about 20 minutes to analyze a sample and works automatically without the need of an expert operator. This device will be useful in the emergency wards of hospitals and is expected that it will play an important role in differential diagnosis of a comatose diabetic patients in whom sulfonylurea overdose is suspected.

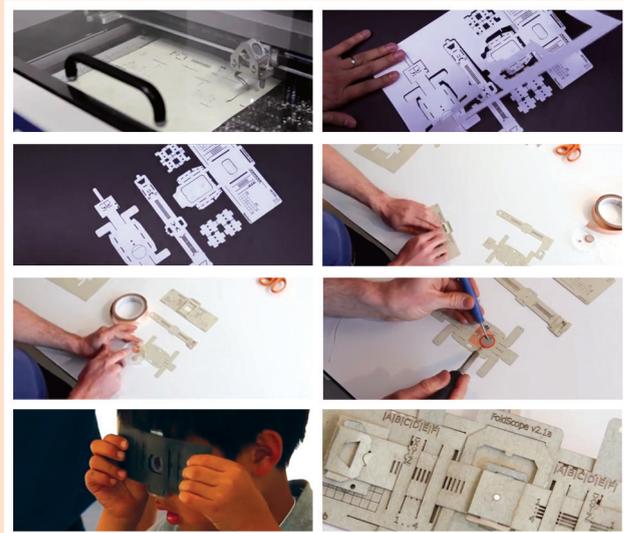
The researchers have developed three different versions of the device over the last two years and have also successfully tested the device. Although several validation tests and clinical trials have been carried out and confirmed the efficacy of the device it is yet to pass the test in actual practice.



Origami-based paper microscope: Foldscope

While this may not relate directly to diabetes, but it is fascinating and appears to be straight out of a sci-fi comic book. This is an ultra-low-cost origami-based approach for manufacturing a microscope, with different modes. Manu Prakash from the Stanford University who is one of the designers described the foldscope in his TED talk. The device has been designed by merging principles of optical design with origami enables high-volume fabrication of microscopes from 2D media. Flexure mechanisms created via folding enable a flat compact design.

Yes, it might be difficult to believe but this is an actual microscope that costs around \$0.50 to produce (\$1 for higher magnification) and can be assembled in 10 minutes. It provides over 2,000X magnification with submicron resolution, weighs a measly 8.8 grams, fits in a pocket, is battery-powered for up to



50 hours on a single button cell, and is rugged enough to withstand being dropped from three stories or being stomped on.

Once assembled, the device is operated by inserting a standard microscope glass slide, turning on the LED, and viewing while panning and focusing with one's thumbs. The microscope components are versatile and each can be designed to perform a single microscopy technique, such as brightfield, darkfield, fluoroscopy, or lens-array.

Major benefits include versatility, ruggedness, low-costs all of which allow use even in remotest of health centers. Manu Prakash in his TED talk used the example of malaria to describe the impact this could have. There are a million of deaths a year, and more than a billion people that need to be tested because they are at risk for different species of malaria infections. The foldscope could be a boon in such a scenario. The team has shown foldscope-magnified images of *Giardia lamblia*, *Leishmania donovani*, *Trypanosoma cruzi* (Chagas' parasite), *Escherichia coli*, *Bacillus cereus*, *Schistosoma haematobium*, and *Dirofilaria immitis* in their article published. They are now collecting data for malaria and Chagas' disease, and are rolling out thousands of foldscopes for field testing.

As we mentioned in the beginning, the technology could have tremendous possibilities. Tomorrow, it could be the turn of a glucometer to attain nirvana and blood glucose testing would be as easy as breathing and with almost no costs. While it might not mean mitigation of diabetes, it would be a leap forward in the direction. Looking forward to that day!

Invitation to the RSSDI, 2014 Conference

Glimpses from RSSDI 2013

RSSDI Delhi Chapter has been very active during last few months. The mother of all activities was the 41st Annual Conference of RSSDI hosted by Delhi Chapter at India Expo Centre at Greater Noida, NCR of Delhi on November 8–10, 2013. This annual conference set the records with registrations touching 5000 and a huge participation from all parts of the country. The conference was also decorated with the presence of Sir Michael Hirst, President-IDF the Chief Guest and Dr Shaukat Sadikot, President Elect-IDF, Professor V Mohan RSSDI President, Professor Shashank Joshi, Immediate Past President and Patrons of RSSDI. The scientific program was appreciated by one and all. Who's who of diabetes in the country participated in the conference to make it a great success. The scientific exhibition also witnessed a tremendous participation from the pharmaceutical industry. During the conference, another major event held was diabetes awareness walk, which again was a record with participation of more than seven thousand people from different walks of life, and a number of them were school children. The walk was flagged off by Sir Michael Hirst, who also addressed the gathering after the culmination of walk. The feedback from all including foreign faculty, national faculty, delegates and industry participants was very positive.

In the governing council meeting held on December 15, 2013 the members unanimously decided to continue with the same team of office bearers under the Chairmanship of Dr BM Makkar for the year 2014.

RSSDI Delhi Chapter has been regularly conducting its bimonthly meetings, and so far, two meetings have been held—one on December 15, 2013 and other on February 9, 2014. Both the meetings were well attended and the scientific program was appreciated by all.



Truly International Class Venue



Inauguration—True Reflection of Teamwork



Presidential Oration—Words of Wisdom



Genuine Indulgence in Scientific Feast



3500 Seated inside Hall A—Traffic Jam Inside “Testifying Quality Scientific Prog”



A Marathon—“RSSDI Diabetes Walk”—7500 Participated



RSSDI Walk Flagged off by Sir Michel Hurst, IDF President

Call for Applications

- Applications are invited for the three RSSDI orations to be given at the 42nd annual scientific meeting of Research society for the Study of Diabetes in India to be held from November 21–23, 2014:
 - ◇ Dr M Vishwanathan oration
 - ◇ Dr MMS Ahuja oration
 - ◇ Dr SAM GP MOSES oration
- Dr BN Srivastava and Late Mrs Srivastava Award to be given at the 42nd annual scientific meeting of Research Society for the Study of Diabetes in India to be held from November 21–23, 2014 at Bangalore. All researchers who have contributed to the knowledge in the field of complications of diabetes may apply to the address given below on or before April 15, 2014
- Nadgouda Lecture in Cardiometabolism to be delivered at the 42nd annual scientific meeting of Research Society for the Study of Diabetes in India to be held from November 21–23, 2014 at Bangalore. All researchers who have contributed to the knowledge in the field of Cardiometabolism may apply to the address given below on or before April 15, 2014
- RSSDI Novartis Young Investigator Award. All young Indian researchers involved in Diabetes research who are below 40 years of age as on January 1, 2014 are eligible to apply. The subject of the research can be on any aspect related to Clinical Diabetology, Epidemiology, or Basic Science aspects of diabetes.

The applications should be accompanied by:

- Summary of the academic achievements along with the details of original research carried out
- Brief CV with list of research publications and 3 copies of their best papers in the subject.

One hard/soft copy of the application should be mailed to:

Dr BK Sahay

6-3-852/A Ameerpet, Hyderabad 500 016 (India)
sahaybk@rediffmail.com

Or

Dr Rajeev Chawla

Honorary Secretary
RSSDI Secretariat
North Delhi Diabetes Centre
180 Jai Apartments, Sector -9, Rohini, New Delhi 110 085 (India)
rssdihq@gmail.com

Last date for receipt of applications is April 15, 2014.

Theme Symposia RSSDI-2014

- Professor MMS Ahuja Symposium– Sexual Health in Diabetes
- Professor BB Tripathy Nutrition Symposium–Strategies for ensuring dietary compliance, including behavioral modification.

Chapter News

State chapters of RSSDI have conducted several activities in this year so far, both academic as well as those related to functioning of the society. The details are given below:

Punjab and Chandigarh Chapters of RSSDI

Department of Endocrinology, Punjab and Chandigarh chapters of RSSDI and ADITI (Association of Diabetes (young) in Tricity) jointly organized a Marathon on the occasion of World Diabetes Day; On November 14, 2013. This program was organized at Sukhna Lake in which around 2000 people participated. The event was inaugurated by Mr Rajpal Singh Ex-Indian Captain of Hockey, and painting competition was also organized for T1DM children. HbA1c of all the participants was monitored, and children with best 3 HbA1c levels were given 1 year free insulin, whereas best 3 painters were rewarded with glucometer. Event was concluded with National Anthem.



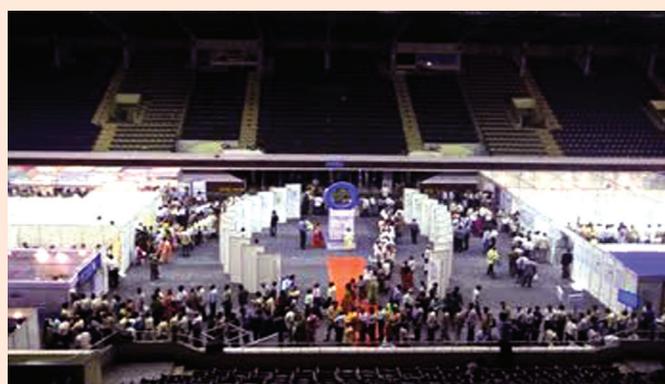
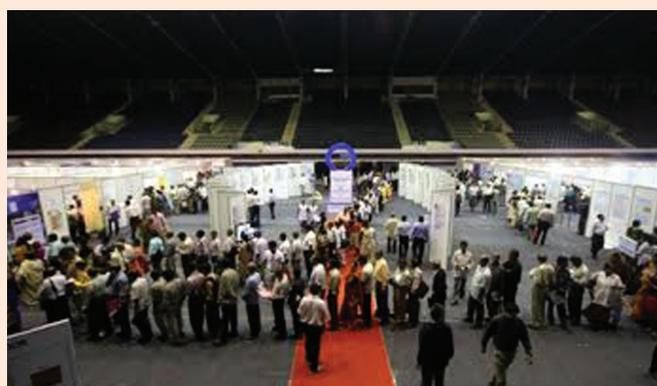
RSSDI West Bengal Chapter

RSSDI West Bengal Chapter observed World Diabetes Day 2013 at Kolkata in a befitting manner. The following were the highlights of the week-long celebrations:

- World Diabetes Day Walkathon: It was held on November 14, 2013. It was flagged off from in front of the North Gate of Victoria Memorial Hall, Kolkata by Dr Shaukat Sadikot, President Elect, IDF. Doctors, other healthcare professionals, patients, school children, members of various NGO like Pranam and MOVE participated in the rally. The walk terminated at Netaji Indoor stadium
- A three-day long DIABETES FAIR (MADHUMEHA MELA) was organized at Netaji Indoor Stadium from November 13–15 from 11 AM–8 PM. It was inaugurated on November 13 by Smt Chandrima Bhattacharya, Honb'le Minister of State, Health and Family Welfare and Judicial Affairs, Government of West Bengal. Nearly 10,000 persons, most of whom were patients with diabetes, attended the fair and availed of the myriad of free health check-ups and investigations
- A three-day scientific program was arranged from 11 AM–5 PM catering to the members of the organization and other doctors. Dr Shaukat Sadikot delivered the WDD Oration on Nov. 14 that apart many stalwarts in the field of diabetes which included the incoming president of RSSDI, Professor Samar Banerjee and the current Chairperson of RSSDI, West Bengal Chapter, Professor Partha Sarathi Chattopadhyay participated in the lively deliberations as honored faculty
- As a part of the global WDD Blue monument challenge, MP Birla Planetarium was lit up in blue on the evening/nights of November 13–15 Shri Madan Mitra, Honb'le MIC, Transport and Sports inaugurated the event.



Chapter News



Kerala State Chapter

Kerala state Chapter Dr PK Jabbar Hony Secy organized 3rd quarterly Conference at Pala on October 27, 2013, that was attended by good number of delegates. It was presided over by Sri Jose K Mani, Hony MP of Kottayam. Professor RV Jaykumar and Professor KP George were amongst faculty.



RSSDI Odisha Chapter

RSSDI Odisha celebrated WDA on November 14, 2013 where diabetes detection, counseling and complementary advice with drug, and insulin distribution were done for more than one thousand patients. A public awareness program on healthy life with Diabetes was arranged that was attended by renowned people of the society.

Chapter News

RSSDI Assam Chapter

RSSDI Assam Chapter Organized a CME on January 25, 2014 that was attended by 75 delegates.



Karnataka RSSDI Chapter

A Mammoth Walkathon, Cyclothon, on the occasion of World Diabetes Day was organized where more than 1000 people participated. It was a great show.

9th Annual Conclave was organized on October 26–27, 2013 at Sathya Sai Samskruta Sadanam, Bangalore that was attended by more than 500 delegates.

KRSSDI 2013 Conclave



Blue Chariot with Cyclothon



Walkathon

Chapter News

RSSDI Rajasthan Chapter

Diabetes awareness camp was held at C V Garden Nayapura Kota on November 17, 2013. Nearly 600 patients attended the camp. Dr Girish Verma, Dr KK Pareek the Secretary and Chairman of RSSDI chapter Rajasthan, respectively gave their consultation and advice along with Dr Rakesh Upadhyay, Dr Abdul Waheed, and Dr Saurabh Chittora to the diabetic patients.



CME by RSSDI Rajasthan chapter was held on January 26, 2014 at Kota. An executive meeting of RSSDI Rajasthan chapter was also held. Dr Arvind Gupta, Dr Prakash Keswani and Dr Girish Verma covered various aspects of diabetes mellitus, including Insulin therapy, microvascular complications and OHA therapy rationale in diabetic patients.



Conference Calender

ICDF 2014-International Conference on Diabetic Foot

April 11–12, 2014
Florence, Italy

74th Scientific Sessions of the American Diabetes Association (ADA)

June 13–17, 2014
San Francisco, California, USA

50th National Diabetes Congress

April 23–27, 2014
Antalya, Turkey

Amrita Endocrinology and Diabetic Foot Conference 2014 (AEDFC–2014)

June 20–21, 2014
Kochi, Kerala, India

Please note that the International Journal of Diabetes in Developing Countries (IJDDC) now has a new weblink.
<http://www.springer.com>

RSSDI Secretariat

North Delhi Diabetes Centre

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Email: rssdihq@gmail.com Website: www.rssdi.in