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Pancreatic Duct Stones

Chest Disease Consultations

Highlights

Life in Polio Survivors

Plasmodium Falciparum Infection

Discovering Thoughts, Inventing Future

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Successful Endoscopic Treatment of Accessory Pancreatic Duct Stones in an Elderly Patient with Igg-4 Related Disease: A Case Report and Literature Reviews

By Li Yan, Shiping Xu, Enqing Linghu, Meiyan Pan, Xiaolin Cao, Xin Jiang Wang, Zhiqiang Wang & Benyan Wu

Nanlou Clinical Department of General Hospital, China

Abstract - A 93 year old patient who had an acute pancreatitis caused by the obstruction of the pancreatic duct stone is described in this study. He had a history of IgG4-related disease and refused to accept steroid therapy. Abdominal CT and MRCP imagines showed that multiple calculi were located in the pancreatic and the pancreatic duct was stretched. The patient underwent Endoscopic Retrograde Cholangiopan-creatography detection after a multidisciplinary consultation. Yet, the catheter can't be inserted into the major pancreatic duct owning to the hyperemia of duodenal papilla, although endoscopic sphincterotomy was performed. Fortunately, The minor duct was cannulated with a standard sphincterotome, and a sphincterotomy was performed followed by successful extraction of the pancreatic stone(1.0×0.8cm). Since then the patient had no epigastric pain and had a good quality of life. Three years later, he came to our department again for diarrhea.

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Successful Endoscopic Treatment of Accessory Pancreatic Duct Stones in an Elderly Patient with Igg-4 Related Disease: A Case Report and Literature Reviews

Li Yan [α], Shiping Xu [α], Enqing Linghu [σ], Meiyan Pan [ρ], Xiaolin Cao [ω], Xin Jiang Wang [¥], Zhiqiang Wang [α] & Benyan Wu [α]

Abstract - A 93 year old patient who had an acute pancreatitis caused by the obstruction of the pancreatic duct stone is described in this study. He had a history of IgG4-related disease and refused to accept steroid therapy. Abdominal CT and MRCP imagines showed that multiple calculi were located in the pancreatic and the pancreatic duct was stretched. The patient underwent Endoscopic Retrograde Cholangiopancreatography detection after a multidisciplinary consultation. Yet, the catheter can't be inserted into the major pancreatic duct owning to the hyperemia of duodenal papilla, although endoscopic sphincterotomy was performed. Fortunately, The minor duct was cannulated with a standard sphincterotome, and a sphincterotomy was performed followed by successful extraction of the pancreatic stone(1.0×0.8cm). Since then the patient had no epigastric pain and had a good quality of life. Three years later, he came to our department again for diarrhea. Pancreatic enzyme treatment of diarrhea associated with the chronic pancreatitis was very effective for the patients.

I. Introduction

Pancreatic duct stone is defined as stone or calcification in pancreatic duct [1-2]. In 1667, De Graof firstly reported pancreatic stone disease. With the advancement of radiological techniques in diagnosis and in-depth study, the incidence of pancreatic duct stone appears to be rising in recent years, mainly in Europe and the United States. Currently, the definite pathogenesis of pancreatic duct stone disease remains to be unknown. Several factors contribute to the stone formation or calcification in the pancreatic duct, including chronic pancreatitis, pancreatic duct fibrosis, malnutrition, alcohol abuse, spontaneous pancreatic duct stone, hypothyroid, etc [3-7] .

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Pancreatic duct stone is difficult to diagnose in its early stage due to the absence of specific symptoms. However, with the enlargement of the stone, the patient appears abdominal pain or other discomforts. These symptoms need to be diagnosed and treated. Treatments effectively used including surgical, endoscopic techniques, laser lithotripsy, and extracorporeal shock wave lithotripsy (ESWL), balloon stenting, and medications [8]. The success of endoscopic intervention as a less invasive procedure in the treatment of pancreatic stones is partly due to the improvement of endoscopic techniques. However, pancreatic duct stones approximately 5 mm or greater are often not amenable to conventional management with sphincterotomy, stricture dilation, or stone retrieval with basket balloon catheter dilation [9].

This is one of the first reported cases of successful removal of such a big accessory pancreatic duct stone under ERCP in an elderly patient with an acute pancreatitis attack. Another interesting finding is that, the patient meets the diagnostic criteria of IgG-4 related disease, and the diffused pancreatic calculi might be associated with IgG4-related diseases involving pancreas. The patient lived a novel life since the minor invasive operation, although three years later he had diarrhea associated with the chronic pancreatitis.

Case report

a) General information of the patient

A 92 year old male patient was admitted to our department for continuous pain in the left upper abdomen for 27 hours on July 31th, 2009. He took yogurt and cakes for supper on July 29, 2009, and developed a sudden abdominal pain at 22:00 pm on the same day. The pain concentrated in left upper abdominal with an intermittent radiation to the left quarter rib area. His temperature began to rise as high as 38.2 centigrade at 18:50 pm on July 30, 2009. He had no symptoms of nausea, vomiting, cough, expectoration, diarrhea, or urinary frequency, urgency, and urodynia. He also had no history of influenza exposure, tuberculosis or hepatitis. He also denied a history of hypertension, coronary heart disease,

diabetes and hyperlipidemia. He had no habits of drinking and smoking. However, he had a history of appendectomy 10 years age.

b) Blood Examinations

Blood samples were collected from the patients. Blood routine examination showed that: white cell count was 13.03×109/L(normal range:3.5~10×109/L), Neutrophil ratio was 0.885 (normal range: 0.500~0.700); Emergent biochemistry result showed that: C-reaction protein (CRP) was 10.72mg/dl (normal range: 0-0.8mg/dl); serum amylase was 215.5U/L (28-150 U/L), serum lipase was 1138.3U/L (13- 60 U/L). Serum concentration of IgG was 2930mg/dl (normal range: 700-1600mg/dl) and the serum concentration of subtype of IgG was listed in the table.1.

c) Image study of pancreas

When the patient came to our department, abdominal CT showed swelling pancreas with the extended pancreatic duct, and calcification image could be observed in duodenal papilla (Fig1a). After the calculi (dimension:1.0×0.8cm) in the accessory pancreatic duct was removed by sphincterotomy under ERCP, abdominal CT showed there no longer calculi in the duodenal papilla (Fig.1b). Three years later, abdominal CT, MRI, MRCP showed that pancreas atrophy with mild extended pancreatic duct.

Ultrasound images of glands and superficial lymph Nodes

Fig.1a

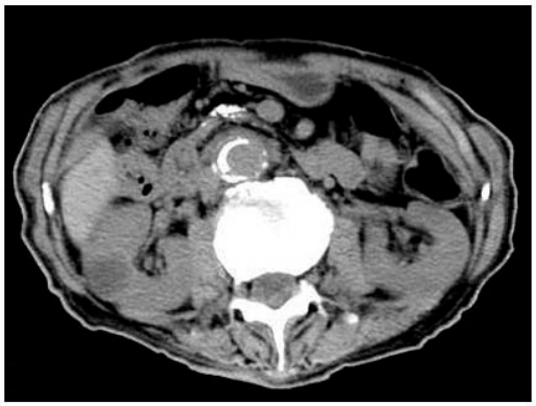

Fig.1b

Ultrasound images showed that thyroid gland, parotid gland, and submandibular gland were enlargement as listed in Fig.2a-2c

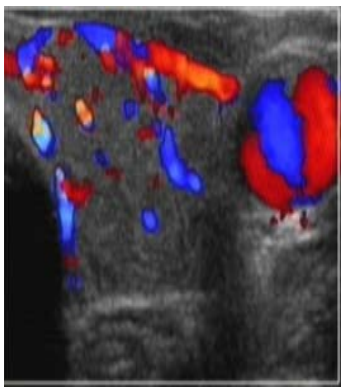

Fig.2a

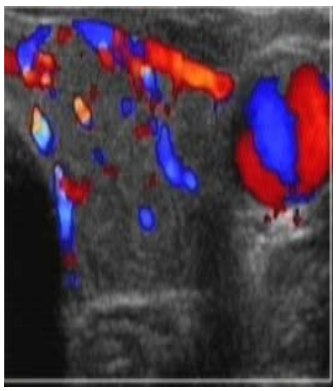

Fig.2b

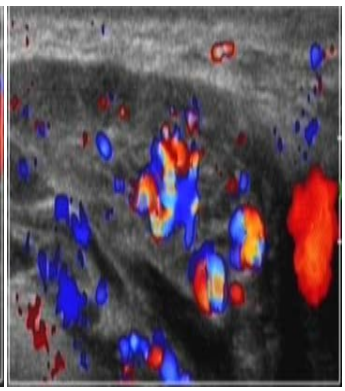

Fig.2c

II. Treatments

a) Conservative Therapy

The clinical symptoms, lab examinations, and images suggested a definite acute pancreatitis. The treatment including fasting and decompression, inhibition of pancreatic secretion, drugs of trypsin inhibitors, nutrition support and antibiotics were administered to him. But the treatments above can't alleviate the symptoms completely.

b) Multidisciplinary Consultation

An expert group including hepatic and pancreatic surgery, endoscopic physician, digestive physician, cardiology physician, respiratory physician, and anesthesiology doctors evaluated the current status

of the patient. All the experts agreed that the diagnosis of this patient was definite, and the symptoms of the acute pancreatitis might not be ameliorated if the obstruction of the pancreatic duct was still on. ERCP should be done immediately.

c) Endoscopic Technique

Since the conservative therapy can't relieve the symptom of abdominal pain, he underwent ERCP after a multidisciplinary consultation. Yet, the catheter can't be inserted into the major pancreatic duct due to the hyperemia of duodenal papilla, although endoscopic sphincterotomy was used. Fortunately, we observed that minor papilla of the duodenal was even more hyperemia which suggested that the presence of the stones. Then the minor duct was cannulated with a standard sphincterotome, and a sphincterotomy was performed which resulted in successful extraction of the pancreatic stone(1.0×0.8cm). (Figure.3)

d) Complication and Outcome

There were no complications during the operation, and his abdominal pain was relieved after the procedure. The patient was followed for 38 months with no evident discomforts.

III. Discussion

To our knowledge, this is the first paper to report the successful removal of a big stone of 1.0×0.8cm in the accessory pancreatic duct removed by sphincterotomy under ERCP in such an elderly patient. Furthermore, no abdominal pain or any symptom of acute pancreatitis has been caused again during the follow up for more than 3 years. Another interesting finding is the patient had an IgG-4 related disease involved in multiple glands, including the pancreas.

The IgG4-related disease represents a systemic disease characterized by extensive IgG4-positive plasma cells and T-lymphocyte infiltration of various organs. Clinical manifestations are apparent in organs such as the pancreas, bile duct, gall bladder, salivary glands, retroperitoneum, kidney, lung, and prostate gland, where tissuefibrosis with obliterative phlebitis is pathologically induced. In some cases, only one or two organs are clinically involved, whereas others show effects on three or four organs [10-13]. This patient had a high level of serum IgG4, and characteristic diffuse swelling in multiple organs and superficial lymph nodes, suggested that he suffered from IgG4-related diseases. From the CT or MRI scanning for the pancreas, we can see the atrophy of the pancreas, extension of the pancreas duct, along with multiple calcifications in the pancreas. So we suspected that the chronic pancreatitis is associated with IgG4-related disease. Later, he had the symptom of the diarrhea, and the effectiveness of the pancreatic enzyme treatment of diarrhea confirmed our assumption.

Based on the chronic pancreatitis, he was hospitalized with acute pancreatitis. According to the result from lab examination and imagining scanning, we suspected that symptom of the acute pancreatitis might be caused by the obstruction of pancreatic duct due to the stone. Considering the factors of his advanced age and other potential risks, ERCP detection was undergone and fortunately, a stone located in the accessory pancreatic duct was found and removed successfully. Since then, the patient continues to live a normal life after the operation.

In conclusion, this paper is first case where a big stone located in the accessory pancreatic duct was removed successfully using sphincterotomy under ERCP in an elderly patient with no complications. Long time of clinical remission indicated that minor invasive operation of sphincterotomy under ERCP was suitable for the elderly patient with pancreatic duct stone.

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Table 1 : Serum concentration of subtype of IgG4

Subtype of IgG	Concentration (mg/dl)	Normal Range (mg/dl)
IgG1	1300	490~1140
IgG2	882	150~640
IgG3	126	11~85
IgG4	2300	3.0~200

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Evaluation of Chest Disease Consultations

By Gulfidan Cakmak & Zuhal Aydan Saglam
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Abstract - Consultation means refering a case to the related specialist in order to have his/her opinion and manage the treatment of the patient accordingly (1,2). Pulmonary consultations are requested commonly from nearly every inpatient clinic. Cases are generally consulted following the determination of a clinical or radiological pathology at pulmonary system in order to have the patients assessed by the pulmonologist's point of view regarding diagnosis, treatment or at the preoperative state. This study retrospectively evaluates the records of the consultations asked from Clinics of Chest Disease.

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Evaluation of Chest Disease Consultations

Gulfidan Cakmak[α] & Zuhal Aydan Saglam[σ]

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I. Summary

Our aim was to evaluate the results of Chest Disease Clinic consultations. Pulmonary consultations in Haseki Training and Research Hospital between years 2008 and 2012 were retrospectively evaluated.The clinic from which the consultation was demanded, the reason for consultation, anamnesis of the patient, findings for physical biochemical and radiological examination and comorbid diseases as well as a preceding pulmonary disease were recorded.

The consultations were mostly required by Clinic of Internal Medicine (27.6%) for patients with radiological and clinical abnormalities in order to have suggestions for diagnosis and treatment (64.6%). The most frequent symptom was dyspnea (41%). 21.6% of the patients had a preceding pulmonary disease which was COPD most commonly. 35.5% of the patients had a comorbid disease and most frequently it was hypertension. We noted that internists requested pulmonary consultations mainly for confirmation of diagnosis and treatment, while the surgents requested it for preoperative evaluation and predicting/avoiding postoperative complications by planning the appropriate management.

II. Materials and Methods

The records of five thousand three hundred and sixty patients consulted by Chest Disease Clinic were retrospectively analysed. The rationales for consultations were classified as requisition for 1) preoperative assesments 2) suggestions for diagnosis and treatment. The basic sociodemographic data of the patients (age, gender), comorbid diseases, history of smoking, detailed anamnesis of pulmonary symptoms, physical findings recorded at admission, chest x-ray, total blood count, erythrocyte sedimentation rate, additional biochemical analysis, and if ordered, pulmonary function testing(PFT), arterial blood gas analysis (ABG) and computed tomography findings were recorded denoting normal or abnormal. Sputum analysis, findings of advanced radiological investigations and invasive interventions such as thoracentesis or bronchoscopy were recorded together with the diagnosis. The consultation findings were categorized and recorded as 1) suggestions for diagnosis and treatment 2) permission for operation 2a) reconsultate following the suggested treatment 2b) get prepared for intensive care unit for patient who doesn't improve and whose operation is urgent and and necessary 3) follow ups needed. The data were analyzed using SPSS software, version 17.

III. Findings

All of the patients who had been consulted by Chest Disease Clinic during four years were included in the study. The total number was 5360 (Female:2208/41.2%; Male:3152/58.8%). The mean age was 61.28±14.89 years (Min:14; max:98). Half of the patients were smoking. 1912 (35.6%) patients were consulted for preoperative evaluation, 3448 (64.6%) for diagnosis and treatment. (Table 1).

3664 of consulted patients (68.4%) didn't have a preceding pulmonary disease while 1696 (31.6%) had a pulmonary disease before which were commonly COPD and pulmonary infections (9.1% and 6.9% respectively). Internal Medicine and Surgery were the departments which required consultations most (27.6% and 21.6% resp.). (Table 2).

904 of patients (16.9%) did not have any of the pulmonary system findings as cough, sputum, dyspnea, chest pain or hemoptysis while 4456 (83.1%) had at least one (Table 3). Pulmonary function testing (PFT)was ordered for 1376 (25.7%) of patients with any of these symptoms and 1216 had undergone blood gas analysis (BGA) (22.7%). 3456 of patients (64.5%) did not haveany associating comorbid disease while 1904 had at least one (35.5%). The most frequent comorbid disease was hypertension (8.7%).

112 (2.1%) of patients couldn't have chest x-ray examination for several reasons. 1296 of the rest (24.2%) had normal, while 3952 (73.7%) had abnormal chest x-ray findings. Hereupon, 1984 patients (37%) undergone computered chest x-ray examination and

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1704 (31.8%) had abnormal findings (Table 4). Upon evaluation 1304 patients (24.4%) were permitted for operation, 2360 patients (44%) were offered further examination or medical treatment.

Table 1 : The frequency of gender, smoking history and reasons for consultation

		N	*%*
Gender	Female	2208	41.2
	Male	3152	58.8
Smoking	Yes	2680	50.0
	No	2680	50.0
Consultation rationale	Preop evaluation	1912	35.6
	Diagnosis and treatment	3448	64.4
Total		5360	100

Table 2 : The distribution and frequency of departments requiring consultation

Departments	*N*	*%*
Internal Medicine	1480	27.6
Surgery	1160	21.6
Otorhinolaryngeology	216	4.0
Urology	544	10.1
Microbiology and Infectious Diseases	152	2.8
Neurology	288	5.4
Gynecology and Obstetrics	120	2.2
Dermatology	176	3.3
Ophtalmology	88	1.6
Neurochirurgy	136	2.5
Anesthesiology and Intensive Care	104	1.9
Emergency	360	6.7
Ortopedia and Traumatology	536	10.0
Total	5360	100.0

Table 3 : The complaints of the patients

Complaints	*N*	*%*
None	904	16.9
Cough	1000	18.7
Dyspnea	2200	41.0
Hemoptysis	32	0.6
Chest pain	64	1.2
Cough and chest pain	824	15.4
Other complaints	336	6.2
Total	5360	100.0

Table 4 : The examinations ordered and the results

		N	%
Chest x-ray	None	112	2.1
	Normal	1296	24.2
	Abnormal	3952	73.7
Thorax CT	None	3376	63.0
	Normal	280	5.2
	Abnormal	1704	31.8
PFT	None	3984	74.3
	Done	1376	25.7
BGA	None	4144	77.3
	Done	1216	22.7

IV. Discussion

Nowadays, consultations are more oftenly required because of extreme specialisation in very branch as well as increase in production of medical knowledge, widespread utilisation of interventions requiring special education and technique and increase in juristic and public pressure on doctors(1,2). Therefore it is necessary for the doctors to work together in order to acquire a holistic point of view(1,2,3). In our hospital pulmonary consultations are required mostly for a preoperative evaluation or any pulmonary pathology. For most of our patients (64.4%) consultations were required for suggestions of diagnosis and treatment modality. This result is similar to Öztürk and colleagues' study. The most common symptom was dyspnea and cough (41% and 18.7% resp.) This result is also similar to the results of Zamani, Annakkaya, Ozturk, Gulec et al(4,5,1,6,7)

Pulmonary consultations are required by almost every clinic which were mostly from Departments of Internal Medicine and Surgery(27.6% and 21.6% resp.).Arslan, Annakkaya, Ozturk, Ucar et al. reported in their studies that the most common request was from departments involving surgery(7,5,1,8). Consultation requests from Internal Medicine were mainly for diagnosis and treatment while surgical departments wanted additional preoperative evaluation. This outcome is also parallel to the results of the study of Arslan et al(7).

Preoperative evaluation is critically important in order to foresee possible postoperative complications and avoid them. 35.6% of our patients were consulted for preoperative evaluation. The percentages were 31 and 61 at Karnak's and Annakkkaya's studies respectively (9,5). Post operative pulmonary complications are strongly associated with patient's preoperative condition and intraoperative plus postoperative factors Important preoperative factors

may be listed as age, smoking, general health condition (ASA>class 2), obesity, nutritional status, associating pulmonary infection and COPD(10). Half of our patients were smokers yet most of them did not have established pulmonary disease.

Advanced age, especially over 70 is an important risk factor increasing mortality and morbidity. (4,7,11). Our patients' age ranged between minimum 14 and maximum 98 years. (61.28±14.89). Associating COPD is also an important risk factor for development of postoperative pulmonary complications (1). Furthermore pharmaceuticals used at the management of COPD are reported to be causative risk factors for arrythmias and increasing cardiac complications (9).

The most common ordered tests were PFT and ABG (25.7% and 22.7% resp.). Pulmonary Function Testing (PFT) is a cheap, simple and widely used method for evaluating the pulmonary symptoms and findings, diagnosing obstructive or restrictive pulmonary diseases, identifying the severity of pulmonary impairment and managing which should be certainly performed in patients who will be undergoing pulmonary resection (8). PFT has a critical importance especially at identifying the main pathology in acute and undetermined dyspnea and at managing the treatment (7,8). The frequency of ordering PFT and ABG was 13% and 49% in our study which was 66% and 29% respectively in the study by Arslan et al(7).

The most common pulmonary complications were pneumonia, respiratory insufficiency, bronchospasm, atelectasis, prolonged air leakage, bronchopleural fistula, empyema and exacerbation of pre-existing COPD (9,10,11). We determined 110 cases showing at least one of these postoperative complications above. The most common complications were fever and dyspnea. Mortality wasn't observed according to these complications.

24.4% of consulted patients were permitted to have operation, 44% were offered further examination and/or medical treatment. Ucar et al reported that they offered medical treatment to 37% of the patients they had consulted and for 29% they did not have an objection for operation(8). Arslan et al reported these numbers respectively 34% and 30%(7).

We concluded that pulmonary consultations are mainly requested by departments of internal medicine for diagnosis and management of dyspnea. Departments of surgery needed consultation additively for preoperative evaluation. We think that pulmonary consultation for preoperative evaluation is crucial in diagnosing and managing the diseases.

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Functional Decline and Quality of Life in Polio Survivor

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Abstract - This article explores the protective effects that finding a purpose in life has on the level of physical and mental impairment and overall quality of life. Result were gathered from a sample of 200 people. Although the combined social and physical experience of living with the disabling effects of polio has been associated with accelerated aging due to an increased allosteric load finding a purpose in life may diminish these effects. The finding of this study indicates that purpose in life is associated with less perceived decline in health. Moreover purpose in life is predictive of better quality of life despite levels of physical and mental impairment.

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Functional Decline and Quality of Life in Polio Survivors

A. Anashia [α], Amir Razi [σ], M. Danish Javed [α], Ali Usman [α], Umair Ali [α], M. Imran [α] & Fahd Javed [α]

Abstract - This article explores the protective effects that finding a purpose in life has on the level of physical and mental impairment and overall quality of life. Result were gathered from a sample of 200 people. Although the combined social and physical experience of living with the disabling effects of polio has been associated with accelerated aging due to an increased allosteric load finding a purpose in life may diminish these effects. The finding of this study indicates that purpose in life is associated with less perceived decline in health. Moreover purpose in life is predictive of better quality of life despite levels of physical and mental impairment.

I. Introduction

Aging with the effects of a permanent disability has been a challenge for many polio survivors. Approximately 640000 people in the United States have some degree of impairment related to polio (March of Dimes, 2001). Many have worked hard to participate fully in society, which has affected their health (Harrison and Stuifbergen, 2005). Researchers report that secondary conditions and comorbidities are well above the national rate in people living with the effect of polio (Campbell, sheets, and strong, 1990); Harrison and Stuifbergen 2001). The cumulative stress from pushing their bodies as the ache with the disability has been reported as consistent with explanations provided by the combined disablement process and allosteric load models (Harrisons and Stuifbergen 2001). The effects of long term stress however may be reduced by having a positive psychological outlook (Frankal , 1984; Ryll and Singer, 1998; Taylor, 1983). The article explores the protective effects of finding a purpose in life for aging polio survivors finding a purpose in life is associated with physical limitations, symptoms of depression, and quality of life thus a greater purpose in life is associated with less physical decline this study aims to find that purpose in life will predict better quality of life beyond the effects of physical impairment and depression.

II. Pakistan

Polio eradication is a priority program for the country national emergency has been declined by the government of the Pakistan to interrupt polio transmission and achieve the goal of eradication.

A critical view of the augmented NEAP 2012 was initiated in the last quarter of 2012.The prime minister monitoring and coordination cell in collaboration with WHO and UNICEF held a special consulting meeting in November 2012 to appraise the impact of augmented NEP 2012 implementation is special focus on polio reservoirs and outbreak areas. The government of Pakistan provisional government partners international experts on polio independent academic as well as political and religious advocate participated in the consultation key strategies and actions for improving implementation of the NEAP were identified and utilized to develop reservoirs specific work plans part 2013 as of 18dec. Pakistan has reported 56 cases of polio in 2012 compared to 190 during the same period in 2011.All but there wide polio cases were due to wild polio virus type-1 through Karachi and Quetta has not reported any wild polio case this year. There has been 40%decrease in the number of the polio cases reported from FATA compared to the same time period to last period. Khyber agency has reported 11 polio cases there has been an upsurge in the number of polio cases in the Khyber paktukhan since July 2012 the province has reported 25polio cases in 2012.

The major risk for contained transmission in EATA and Khyber paktukhan is primarily because of the insecurity resulting in the compromise excess children gaps in adultery implementing the transits and migrant strategies persistent pockets of refusals and not cracking and reaching the mist children after every SIA. The program expanded environmental severance to 11cites and towns in 2012. This is helping in better understanding the virus transmissions and patterns and tailoring appropriate strategies to interrupt it there hasn't persistent isolation of WPV 1 from the designated environmental sites.

Objectives

1. To vaccinate all children 5year of age with potent oral polio vaccine.
2. To make polio free Pakistan.
3. To develop /Argument immunity in the children against polio virus.
4. To prevent polio disease and subsequent morbidity /mortality in the children.

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5. To listen the economic /social burden in the community country

III. Literature Review

a) Jublet & cashman, 1987 difficulty dressing a new need for personal assistance and a change of cessation in occupation.
b) Friedman & Botth-keley 1987 different physiological responses to stressors may have multiply influences on the body and different subsequent form of secondary conditions. People who loose essence of purpose in life are more likely to rate their health worse. Poorer self rated heath is associated with higher mortality finding a purpose in life had a protective physiological mechanism possibly through 1 or 4 pathways to health-sympathies adrenomedullay, pituitary adrenocortical peptide communication or the immune system or maybe due to interaction all for.
c) Ryff 1989 despite these considerations purpose in life maybe a significant predictor of health and quality of life.
d) Macdonald, Gift &Bell Soccer 1993 a new need for ambulatory and ventilator aids. McEwen & Stellar 1993 these pathways are consistent ant with the neuron humoral suppressor mechanism that may increase allosteric load.
e) Mossey 1995 finding a purpose in life is important to health as people age when an elderly person lose the ability to feel useful they may lose satisfaction with life
f) Weibe & Smith1997 the direction of association between psychological response and health is response and health is difficult to determine.
g) Halstead 1998 polio survivors have aged with continual stressors related to disablity as polio survivors have aged many have reported age related muscular weakness and pain and fatigue infect 28 % -40% of polio survivors have been diagnosed with post polio syndrome
h) Sarvimaki & Stenvock-hult 2000 the ability to find a purpose with occurs throughout life for different life events may provide physical and psychological benefits for example in a study of elderly people meaning in life was defined as a sense of purpose intelligibility and manageability that was associated with continued family contact higher self-esteem and better reported health

IV. Methodology

We make the questionnaire and collect the primery data. We fill out the questionnaire from 200 people. We target the students, businessman and employees. We make 9 questions related to our objectives and try to get the relevent data from the respondents.

V. Demographic Data

A background information sheet was used to collect data on a variety of demographic and disease and characteristics. This information was used to describe the socio demographic characteristics of the sample. Age, educational status, marital status, and employment status

VI. Functional Decline

Functional decline was measured with one item during the past 5 years, how much decrease have you experienced in your ability to carry on your normal activities of daily living--- compared with your physical best?

VII. Physical Limitation

The Incapacity status scale was used to provide information specific to functional limitation and severity of major symptoms present in participants who had polio it is a 0 to 45 or more for this study, items were reduced to after 15 after being reviewed by two expert consultants. All items except one were judged to be valid for the functional limitations experienced by polio survivors and it has been successfully in a pilot of people who had polio functional limitation is defined as the process of not being able to perform common tasks.

Table 1 : Demographic profile of respondent

Variables		Frequency	Percentage %
Gender	Male Female	140 60	70 % 30 %
Age	18-25 26-35 36-45 45 or more	120 75 03 02	60 % 37.5 % 1.5 % 0.5 %
Occupation	Student Business man Employees Other	130 30 30 10	65 % 15 % 15 % 5 %

We take data from 200 respondents in which 70%respondents were male and 30 % respondents were female. In addition to this 60% of respondents are between the age of 18-25, 37.5% answerer were between the age of 26-35 years, 1.5% respondents between the age of 36-45 and 0.5% respondents were above the age of 45 years. Furthermore 65% of respondents were accounted for students, 15% respondents were business, 15% were employees and 5% belong to other occupations.

Table 2 : Is polio still a disease seen in the Pakistan?

Variables		Frequency	Percentage %
Q: Is polio still a disease seen in the Pakistan?	Yes No Do not know	90 50 60	45 % 25 % 30 %

Our first question is shows above in response to this 45% respondents said yes in response to this question. In addition 25% respondents said no and 30% respondent said they don't have any information about it.

Table 3 : Do you agree with statement that "vaccination is necessary for every child whom age is less than five years"

Variable		Frequency	Percentage %
Q: Do you agree with statement that "vaccination is necessary for every child whom age is less than five years".	Strongly Agree Agree disagree Strongly disagree Don't know.	90 55 30 10 15	45 % 27.5 % 15 % 5 % 7.5 %

In response to this question 45% respondents strongly agree with this, 27.5% respondents were agree with it, 15% respondents were disagree with this, 5% respondents were strongly disagree with it and 7.5% said they don't know about it.

Table 4 : Do you think that polio vaccination is not healthy for your children…….?

Variable		Frequency	Percentage %
Q: Do you think that polio vaccination is not healthy for your children…….?	Strongly Agree Agree disagree Strongly disagree Don't know.	85 82 18 05 10	42.5 % 41 % 9 % 2.5 % 5 %

In response to this question 42.5% respondents strongly agree with this, 41% respondents were agree with it, 9% respondents were disagree with this, 2.5% respondents were strongly disagree with it and 5% said they don't know about it.

Table 5 : Do you think that people need more information regarding polio vaccination?

Variable		Frequency	Percentage %
Q: Do you think that people need more information regarding polio vaccination?	Strongly Agree Agree disagree Strongly disagree Don't know.	38 97 23 26 16	19 % 48.5 % 11.5 % 13 % 8 %

In response to this question 19% respondents strongly agree with this, 48.5% respondents were agree with it, 11.5% respondents were disagree with this, 13% respondents were strongly disagree with it and 8% said they don't know about it.

Table 6 : Do you think that media is playing positive role in polio awareness?

Variable		Frequency	Percentage %
Q: Do you think that media is playing positive role in polio awareness?	Strongly Agree	95	47.5 %
	Agree	35	17.5 %
	disagree	36	18 %
	Strongly disagree	19	9.5 %
	Don't know.	15	7.5 %

In response to this question 47.5% respondents strongly agree with this, 17.5% respondents were agree with it, 18% respondents were disagree with this, 9.5% respondents were strongly disagree with it and 7.5% said they don't know about it.

Table 7 : Do you want to make a polio free Pakistan?

Variable		Frequency	Percentage %
Q: Do you want to make a polio free Pakistan?	Strongly Agree	82	41 %
	Agree	75	37.5 %
	disagree	15	7.5 %
	Strongly disagree	16	8 %
	Don't know.	12	6 %

In response to this question 41% respondents strongly agree with this, 37.5% respondents were agree with it, 7.5% respondents were disagree with this, 8% respondents were strongly disagree with it and 6% said they don't know about it.

Table 8 : Do you believe that is there any risks associated with the Polio Vaccine?

Variable		Frequency	Percentage %
Q: Do you believe that is there any risks associated with the Polio Vaccine?	Yes	21	10.5 %
	No	119	59.5 %
	Do not know	60	30 %

Our question is shows above in response to this 10.5% respondents said yes in response to this question. In addition 59.5% respondents said no and 30% respondent said they don't have any information about it.

Table 9 : Do you have any family member effected with polio virus?

Variable		Frequency	Percentage %
Q: Do you have any family member effected with polio virus?	Yes	15	7.5 %
	No	110	55 %
	Do not know	75	37.5 %

Our question is shows above in response to this 7.5% respondents said yes in response to this question. In addition 55% respondents said no and 37.5% respondent said they don't have any information about it.

Table 10 : Do you agree with this statement?
"Organizing, counseling and emotional support for people with polio affected is crucial"?

Variable		Frequency	Percentage %
Q: Do you agree with this statement? "Organizing, counseling and emotional support for people with polio affected is crucial"?	Strongly Agree Agree disagree Strongly disagree don't know	35 70 55 30 10	17.5 % 35 % 27.5 % 15 % 5 %

In response to this question 17.5% respondents strongly agree with this, 35% respondents were agree with it, 27.5% respondents were disagree with this, 15% respondents were strongly disagree with it and 5% said they don't know about it.

VIII. Conclusion

The observations from the study were consistent across all the stakeholders interviewed, all regions (rural, urban, tribal) and, all medical colleges supervised by the various Clinical Epidemiology Units. Characteristically utilizers also confirmed the opinion voiced by the providers. This strongly suggested that the qualitative techniques employed for this project evaluation were quite appropriate and the data thus collected were valid. These include setting a national agenda for polio eradication, creating demand for OPV, increasing booth attendance during National Immunization Days, pushing for universal coverage through mobilization of local partnerships and networks, and overcoming pockets of resistance to vaccination among caregivers in unreached and underserved areas. This review documents the value and crucial contribution of carefully planned and closely monitored communication in building widespread support and understanding, as well as accessing unreached populations and overcoming resistance. There is no vaccine against resistance or refusals that are rooted in social-cultural, religious and political contexts.

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4. MANUSCRIPT'S CATEGORY

Based on potential and nature, the manuscript can be categorized under the following heads:

Original research paper: Such papers are reports of high-level significant original research work.

Review papers: These are concise, significant but helpful and decisive topics for young researchers.

Research articles: These are handled with small investigation and applications

Research letters: The letters are small and concise comments on previously published matters.

5. STRUCTURE AND FORMAT OF MANUSCRIPT

The recommended size of original research paper is less than seven thousand words, review papers fewer than seven thousands words also.Preparation of research paper or how to write research paper, are major hurdle, while writing manuscript. The research articles and research letters should be fewer than three thousand words, the structure original research paper; sometime review paper should be as follows:

Papers: These are reports of significant research (typically less than 7000 words equivalent, including tables, figures, references), and comprise:

(a)Title should be relevant and commensurate with the theme of the paper.

(b) A brief Summary, "Abstract" (less than 150 words) containing the major results and conclusions.

(c) Up to ten keywords, that precisely identifies the paper's subject, purpose, and focus.

(d) An Introduction, giving necessary background excluding subheadings; objectives must be clearly declared.

(e) Resources and techniques with sufficient complete experimental details (wherever possible by reference) to permit repetition; sources of information must be given and numerical methods must be specified by reference, unless non-standard.

(f) Results should be presented concisely, by well-designed tables and/or figures; the same data may not be used in both; suitable statistical data should be given. All data must be obtained with attention to numerical detail in the planning stage. As reproduced design has been recognized to be important to experiments for a considerable time, the Editor has decided that any paper that appears not to have adequate numerical treatments of the data will be returned un-refereed;

(g) Discussion should cover the implications and consequences, not just recapitulating the results; conclusions should be summarizing.

(h) Brief Acknowledgements.

(i) References in the proper form.

Authors should very cautiously consider the preparation of papers to ensure that they communicate efficiently. Papers are much more likely to be accepted, if they are cautiously designed and laid out, contain few or no errors, are summarizing, and be conventional to the approach and instructions. They will in addition, be published with much less delays than those that require much technical and editorial correction.

The Editorial Board reserves the right to make literary corrections and to make suggestions to improve briefness.

It is vital, that authors take care in submitting a manuscript that is written in simple language and adheres to published guidelines.

Format

Language: The language of publication is UK English. Authors, for whom English is a second language, must have their manuscript efficiently edited by an English-speaking person before submission to make sure that, the English is of high excellence. It is preferable, that manuscripts should be professionally edited.

Standard Usage, Abbreviations, and Units: Spelling and hyphenation should be conventional to The Concise Oxford English Dictionary. Statistics and measurements should at all times be given in figures, e.g. 16 min, except for when the number begins a sentence. When the number does not refer to a unit of measurement it should be spelt in full unless, it is 160 or greater.

Abbreviations supposed to be used carefully. The abbreviated name or expression is supposed to be cited in full at first usage, followed by the conventional abbreviation in parentheses.

Metric SI units are supposed to generally be used excluding where they conflict with current practice or are confusing. For illustration, 1.4 l rather than 1.4 × 10-3 m3, or 4 mm somewhat than 4 × 10-3 m. Chemical formula and solutions must identify the form used, e.g. anhydrous or hydrated, and the concentration must be in clearly defined units. Common species names should be followed by underlines at the first mention. For following use the generic name should be constricted to a single letter, if it is clear.

Structure

All manuscripts submitted to Global Journals Inc. (US), ought to include:

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Abstract, used in Original Papers and Reviews:

Optimizing Abstract for Search Engines

Many researchers searching for information online will use search engines such as Google, Yahoo or similar. By optimizing your paper for search engines, you will amplify the chance of someone finding it. This in turn will make it more likely to be viewed and/or cited in a further work. Global Journals Inc. (US) have compiled these guidelines to facilitate you to maximize the web-friendliness of the most public part of your paper.

Key Words

A major linchpin in research work for the writing research paper is the keyword search, which one will employ to find both library and Internet resources.

One must be persistent and creative in using keywords. An effective keyword search requires a strategy and planning a list of possible keywords and phrases to try.

Search engines for most searches, use Boolean searching, which is somewhat different from Internet searches. The Boolean search uses "operators," words (and, or, not, and near) that enable you to expand or narrow your affords. Tips for research paper while preparing research paper are very helpful guideline of research paper.

Choice of key words is first tool of tips to write research paper. Research paper writing is an art.A few tips for deciding as strategically as possible about keyword search:

- One should start brainstorming lists of possible keywords before even begin searching. Think about the most important concepts related to research work. Ask, "What words would a source have to include to be truly valuable in research paper?" Then consider synonyms for the important words.
- It may take the discovery of only one relevant paper to let steer in the right keyword direction because in most databases, the keywords under which a research paper is abstracted are listed with the paper.
- One should avoid outdated words.

Keywords are the key that opens a door to research work sources. Keyword searching is an art in which researcher's skills are bound to improve with experience and time.

Numerical Methods: Numerical methods used should be clear and, where appropriate, supported by references.

Acknowledgements: Please make these as concise as possible.

References

References follow the Harvard scheme of referencing. References in the text should cite the authors' names followed by the time of their publication, unless there are three or more authors when simply the first author's name is quoted followed by et al. unpublished work has to only be cited where necessary, and only in the text. Copies of references in press in other journals have to be supplied with submitted typescripts. It is necessary that all citations and references be carefully checked before submission, as mistakes or omissions will cause delays.

References to information on the World Wide Web can be given, but only if the information is available without charge to readers on an official site. Wikipedia and Similar websites are not allowed where anyone can change the information. Authors will be asked to make available electronic copies of the cited information for inclusion on the Global Journals Inc. (US) homepage at the judgment of the Editorial Board.

The Editorial Board and Global Journals Inc. (US) recommend that, citation of online-published papers and other material should be done via a DOI (digital object identifier). If an author cites anything, which does not have a DOI, they run the risk of the cited material not being noticeable.

The Editorial Board and Global Journals Inc. (US) recommend the use of a tool such as Reference Manager for reference management and formatting.

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Tables: Tables should be few in number, cautiously designed, uncrowned, and include only essential data. Each must have an Arabic number, e.g. Table 4, a self-explanatory caption and be on a separate sheet. Vertical lines should not be used.

Figures: Figures are supposed to be submitted as separate files. Always take in a citation in the text for each figure using Arabic numbers, e.g. Fig. 4. Artwork must be submitted online in electronic form by e-mailing them.

Preparation of Electronic Figures for Publication

Even though low quality images are sufficient for review purposes, print publication requires high quality images to prevent the final product being blurred or fuzzy. Submit (or e-mail) EPS (line art) or TIFF (halftone/photographs) files only. MS PowerPoint and Word Graphics are unsuitable for printed pictures. Do not use pixel-oriented software. Scans (TIFF only) should have a resolution of at least 350 dpi (halftone) or 700 to 1100 dpi (line drawings) in relation to the imitation size. Please give the data for figures in black and white or submit a Color Work Agreement Form. EPS files must be saved with fonts embedded (and with a TIFF preview, if possible).

For scanned images, the scanning resolution (at final image size) ought to be as follows to ensure good reproduction: line art: >650 dpi; halftones (including gel photographs) : >350 dpi; figures containing both halftone and line images: >650 dpi.

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Upon approval of a paper for publication, the manuscript will be forwarded to the dean, who is responsible for the publication of the Global Journals Inc. (US).

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(Free of charge) from the following website:

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Before start writing a good quality Computer Science Research Paper, let us first understand what is Computer Science Research Paper? So, Computer Science Research Paper is the paper which is written by professionals or scientists who are associated to Computer Science and Information Technology, or doing research study in these areas. If you are novel to this field then you can consult about this field from your supervisor or guide.

TECHNIQUES FOR WRITING A GOOD QUALITY RESEARCH PAPER:

1. Choosing the topic: In most cases, the topic is searched by the interest of author but it can be also suggested by the guides. You can have several topics and then you can judge that in which topic or subject you are finding yourself most comfortable. This can be done by asking several questions to yourself, like Will I be able to carry our search in this area? Will I find all necessary recourses to accomplish the search? Will I be able to find all information in this field area? If the answer of these types of questions will be "Yes" then you can choose that topic. In most of the cases, you may have to conduct the surveys and have to visit several places because this field is related to Computer Science and Information Technology. Also, you may have to do a lot of work to find all rise and falls regarding the various data of that subject. Sometimes, detailed information plays a vital role, instead of short information.

2. Evaluators are human: First thing to remember that evaluators are also human being. They are not only meant for rejecting a paper. They are here to evaluate your paper. So, present your Best.

3. Think Like Evaluators: If you are in a confusion or getting demotivated that your paper will be accepted by evaluators or not, then think and try to evaluate your paper like an Evaluator. Try to understand that what an evaluator wants in your research paper and automatically you will have your answer.

4. Make blueprints of paper: The outline is the plan or framework that will help you to arrange your thoughts. It will make your paper logical. But remember that all points of your outline must be related to the topic you have chosen.

5. Ask your Guides: If you are having any difficulty in your research, then do not hesitate to share your difficulty to your guide (if you have any). They will surely help you out and resolve your doubts. If you can't clarify what exactly you require for your work then ask the supervisor to help you with the alternative. He might also provide you the list of essential readings.

6. Use of computer is recommended: As you are doing research in the field of Computer Science, then this point is quite obvious.

7. Use right software: Always use good quality software packages. If you are not capable to judge good software then you can lose quality of your paper unknowingly. There are various software programs available to help you, which you can get through Internet.

8. Use the Internet for help: An excellent start for your paper can be by using the Google. It is an excellent search engine, where you can have your doubts resolved. You may also read some answers for the frequent question how to write my research paper or find model research paper. From the internet library you can download books. If you have all required books make important reading selecting and analyzing the specified information. Then put together research paper sketch out.

9. Use and get big pictures: Always use encyclopedias, Wikipedia to get pictures so that you can go into the depth.

10. Bookmarks are useful: When you read any book or magazine, you generally use bookmarks, right! It is a good habit, which helps to not to lose your continuity. You should always use bookmarks while searching on Internet also, which will make your search easier.

11. Revise what you wrote: When you write anything, always read it, summarize it and then finalize it.

12. Make all efforts: Make all efforts to mention what you are going to write in your paper. That means always have a good start. Try to mention everything in introduction, that what is the need of a particular research paper. Polish your work by good skill of writing and always give an evaluator, what he wants.

13. Have backups: When you are going to do any important thing like making research paper, you should always have backup copies of it either in your computer or in paper. This will help you to not to lose any of your important.

14. Produce good diagrams of your own: Always try to include good charts or diagrams in your paper to improve quality. Using several and unnecessary diagrams will degrade the quality of your paper by creating "hotchpotch." So always, try to make and include those diagrams, which are made by your own to improve readability and understandability of your paper.

15. Use of direct quotes: When you do research relevant to literature, history or current affairs then use of quotes become essential but if study is relevant to science then use of quotes is not preferable.

16. Use proper verb tense: Use proper verb tenses in your paper. Use past tense, to present those events that happened. Use present tense to indicate events that are going on. Use future tense to indicate future happening events. Use of improper and wrong tenses will confuse the evaluator. Avoid the sentences that are incomplete.

17. Never use online paper: If you are getting any paper on Internet, then never use it as your research paper because it might be possible that evaluator has already seen it or maybe it is outdated version.

18. Pick a good study spot: To do your research studies always try to pick a spot, which is quiet. Every spot is not for studies. Spot that suits you choose it and proceed further.

19. Know what you know: Always try to know, what you know by making objectives. Else, you will be confused and cannot achieve your target.

20. Use good quality grammar: Always use a good quality grammar and use words that will throw positive impact on evaluator. Use of good quality grammar does not mean to use tough words, that for each word the evaluator has to go through dictionary. Do not start sentence with a conjunction. Do not fragment sentences. Eliminate one-word sentences. Ignore passive voice. Do not ever use a big word when a diminutive one would suffice. Verbs have to be in agreement with their subjects. Prepositions are not expressions to finish sentences with. It is incorrect to ever divide an infinitive. Avoid clichés like the disease. Also, always shun irritating alliteration. Use language that is simple and straight forward. put together a neat summary.

21. Arrangement of information: Each section of the main body should start with an opening sentence and there should be a changeover at the end of the section. Give only valid and powerful arguments to your topic. You may also maintain your arguments with records.

22. Never start in last minute: Always start at right time and give enough time to research work. Leaving everything to the last minute will degrade your paper and spoil your work.

23. Multitasking in research is not good: Doing several things at the same time proves bad habit in case of research activity. Research is an area, where everything has a particular time slot. Divide your research work in parts and do particular part in particular time slot.

24. Never copy others' work: Never copy others' work and give it your name because if evaluator has seen it anywhere you will be in trouble.

25. Take proper rest and food: No matter how many hours you spend for your research activity, if you are not taking care of your health then all your efforts will be in vain. For a quality research, study is must, and this can be done by taking proper rest and food.

26. Go for seminars: Attend seminars if the topic is relevant to your research area. Utilize all your resources.

27. Refresh your mind after intervals: Try to give rest to your mind by listening to soft music or by sleeping in intervals. This will also improve your memory.

28. Make colleagues: Always try to make colleagues. No matter how sharper or intelligent you are, if you make colleagues you can have several ideas, which will be helpful for your research.

29. Think technically: Always think technically. If anything happens, then search its reasons, its benefits, and demerits.

30. Think and then print: When you will go to print your paper, notice that tables are not be split, headings are not detached from their descriptions, and page sequence is maintained.

31. Adding unnecessary information: Do not add unnecessary information, like, I have used MS Excel to draw graph. Do not add irrelevant and inappropriate material. These all will create superfluous. Foreign terminology and phrases are not apropos. One should NEVER take a broad view. Analogy in script is like feathers on a snake. Not at all use a large word when a very small one would be sufficient. Use words properly, regardless of how others use them. Remove quotations. Puns are for kids, not grunt readers. Amplification is a billion times of inferior quality than sarcasm.

32. Never oversimplify everything: To add material in your research paper, never go for oversimplification. This will definitely irritate the evaluator. Be more or less specific. Also too, by no means, ever use rhythmic redundancies. Contractions aren't essential and shouldn't be there used. Comparisons are as terrible as clichés. Give up ampersands and abbreviations, and so on. Remove commas, that are, not necessary. Parenthetical words however should be together with this in commas. Understatement is all the time the complete best way to put onward earth-shaking thoughts. Give a detailed literary review.

33. Report concluded results: Use concluded results. From raw data, filter the results and then conclude your studies based on measurements and observations taken. Significant figures and appropriate number of decimal places should be used. Parenthetical remarks are prohibitive. Proofread carefully at final stage. In the end give outline to your arguments. Spot out perspectives of further study of this subject. Justify your conclusion by at the bottom of them with sufficient justifications and examples.

34. After conclusion: Once you have concluded your research, the next most important step is to present your findings. Presentation is extremely important as it is the definite medium though which your research is going to be in print to the rest of the crowd. Care should be taken to categorize your thoughts well and present them in a logical and neat manner. A good quality research paper format is essential because it serves to highlight your research paper and bring to light all necessary aspects in your research.

Informal Guidelines of Research Paper Writing

Key points to remember:

- Submit all work in its final form.
- Write your paper in the form, which is presented in the guidelines using the template.
- Please note the criterion for grading the final paper by peer-reviewers.

Final Points:

A purpose of organizing a research paper is to let people to interpret your effort selectively. The journal requires the following sections, submitted in the order listed, each section to start on a new page.

The introduction will be compiled from reference matter and will reflect the design processes or outline of basis that direct you to make study. As you will carry out the process of study, the method and process section will be constructed as like that. The result segment will show related statistics in nearly sequential order and will direct the reviewers next to the similar intellectual paths throughout the data that you took to carry out your study. The discussion section will provide understanding of the data and projections as to the implication of the results. The use of good quality references all through the paper will give the effort trustworthiness by representing an alertness of prior workings.

Writing a research paper is not an easy job no matter how trouble-free the actual research or concept. Practice, excellent preparation, and controlled record keeping are the only means to make straightforward the progression.

General style:

Specific editorial column necessities for compliance of a manuscript will always take over from directions in these general guidelines.

To make a paper clear

· Adhere to recommended page limits

Mistakes to evade

- Insertion a title at the foot of a page with the subsequent text on the next page
- Separating a table/chart or figure - impound each figure/table to a single page
- Submitting a manuscript with pages out of sequence

In every sections of your document

· Use standard writing style including articles ("a", "the," etc.)

· Keep on paying attention on the research topic of the paper

· Use paragraphs to split each significant point (excluding for the abstract)

· Align the primary line of each section

· Present your points in sound order

· Use present tense to report well accepted

· Use past tense to describe specific results

· Shun familiar wording, don't address the reviewer directly, and don't use slang, slang language, or superlatives

· Shun use of extra pictures - include only those figures essential to presenting results

Title Page:

Choose a revealing title. It should be short. It should not have non-standard acronyms or abbreviations. It should not exceed two printed lines. It should include the name(s) and address (es) of all authors.

Abstract:

The summary should be two hundred words or less. It should briefly and clearly explain the key findings reported in the manuscript--must have precise statistics. It should not have abnormal acronyms or abbreviations. It should be logical in itself. Shun citing references at this point.

An abstract is a brief distinct paragraph summary of finished work or work in development. In a minute or less a reviewer can be taught the foundation behind the study, common approach to the problem, relevant results, and significant conclusions or new questions.

Write your summary when your paper is completed because how can you write the summary of anything which is not yet written? Wealth of terminology is very essential in abstract. Yet, use comprehensive sentences and do not let go readability for briefness. You can maintain it succinct by phrasing sentences so that they provide more than lone rationale. The author can at this moment go straight to shortening the outcome. Sum up the study, with the subsequent elements in any summary. Try to maintain the initial two items to no more than one ruling each.

- Reason of the study - theory, overall issue, purpose
- Fundamental goal
- To the point depiction of the research
- Consequences, including definite statistics - if the consequences are quantitative in nature, account quantitative data; results of any numerical analysis should be reported
- Significant conclusions or questions that track from the research(es)

Approach:

- Single section, and succinct
- As a outline of job done, it is always written in past tense
- A conceptual should situate on its own, and not submit to any other part of the paper such as a form or table
- Center on shortening results - bound background information to a verdict or two, if completely necessary
- What you account in an conceptual must be regular with what you reported in the manuscript
- Exact spelling, clearness of sentences and phrases, and appropriate reporting of quantities (proper units, important statistics) are just as significant in an abstract as they are anywhere else

Introduction:

The **Introduction** should "introduce" the manuscript. The reviewer should be presented with sufficient background information to be capable to comprehend and calculate the purpose of your study without having to submit to other works. The basis for the study should be offered. Give most important references but shun difficult to make a comprehensive appraisal of the topic. In the introduction, describe the problem visibly. If the problem is not acknowledged in a logical, reasonable way, the reviewer will have no attention in your result. Speak in common terms about techniques used to explain the problem, if needed, but do not present any particulars about the protocols here. Following approach can create a valuable beginning:

- Explain the value (significance) of the study
- Shield the model - why did you employ this particular system or method? What is its compensation? You strength remark on its appropriateness from a abstract point of vision as well as point out sensible reasons for using it.
- Present a justification. Status your particular theory (es) or aim(s), and describe the logic that led you to choose them.
- Very for a short time explain the tentative propose and how it skilled the declared objectives.

Approach:

- Use past tense except for when referring to recognized facts. After all, the manuscript will be submitted after the entire job is done.
- Sort out your thoughts; manufacture one key point with every section. If you make the four points listed above, you will need a least of four paragraphs.

- Present surroundings information only as desirable in order hold up a situation. The reviewer does not desire to read the whole thing you know about a topic.
- Shape the theory/purpose specifically - do not take a broad view.
- As always, give awareness to spelling, simplicity and correctness of sentences and phrases.

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This part is supposed to be the easiest to carve if you have good skills. A sound written Procedures segment allows a capable scientist to replacement your results. Present precise information about your supplies. The suppliers and clarity of reagents can be helpful bits of information. Present methods in sequential order but linked methodologies can be grouped as a segment. Be concise when relating the protocols. Attempt for the least amount of information that would permit another capable scientist to spare your outcome but be cautious that vital information is integrated. The use of subheadings is suggested and ought to be synchronized with the results section. When a technique is used that has been well described in another object, mention the specific item describing a way but draw the basic principle while stating the situation. The purpose is to text all particular resources and broad procedures, so that another person may use some or all of the methods in one more study or referee the scientific value of your work. It is not to be a step by step report of the whole thing you did, nor is a methods section a set of orders.

Materials:

- Explain materials individually only if the study is so complex that it saves liberty this way.
- Embrace particular materials, and any tools or provisions that are not frequently found in laboratories.
- Do not take in frequently found.
- If use of a definite type of tools.
- Materials may be reported in a part section or else they may be recognized along with your measures.

Methods:

- Report the method (not particulars of each process that engaged the same methodology)
- Describe the method entirely
- To be succinct, present methods under headings dedicated to specific dealings or groups of measures
- Simplify - details how procedures were completed not how they were exclusively performed on a particular day.
- If well known procedures were used, account the procedure by name, possibly with reference, and that's all.

Approach:

- It is embarrassed or not possible to use vigorous voice when documenting methods with no using first person, which would focus the reviewer's interest on the researcher rather than the job. As a result when script up the methods most authors use third person passive voice.
- Use standard style in this and in every other part of the paper - avoid familiar lists, and use full sentences.

What to keep away from

- Resources and methods are not a set of information.
- Skip all descriptive information and surroundings - save it for the argument.
- Leave out information that is immaterial to a third party.

Results:

The principle of a results segment is to present and demonstrate your conclusion. Create this part a entirely objective details of the outcome, and save all understanding for the discussion.

The page length of this segment is set by the sum and types of data to be reported. Carry on to be to the point, by means of statistics and tables, if suitable, to present consequences most efficiently.You must obviously differentiate material that would usually be incorporated in a study editorial from any unprocessed data or additional appendix matter that would not be available. In fact, such matter should not be submitted at all except requested by the instructor.

Content

- Sum up your conclusion in text and demonstrate them, if suitable, with figures and tables.
- In manuscript, explain each of your consequences, point the reader to remarks that are most appropriate.
- Present a background, such as by describing the question that was addressed by creation an exacting study.
- Explain results of control experiments and comprise remarks that are not accessible in a prescribed figure or table, if appropriate.
- Examine your data, then prepare the analyzed (transformed) data in the form of a figure (graph), table, or in manuscript form.

What to stay away from

- Do not discuss or infer your outcome, report surroundings information, or try to explain anything.
- Not at all, take in raw data or intermediate calculations in a research manuscript.
- Do not present the similar data more than once.
- Manuscript should complement any figures or tables, not duplicate the identical information.
- Never confuse figures with tables - there is a difference.

Approach

- As forever, use past tense when you submit to your results, and put the whole thing in a reasonable order.
- Put figures and tables, appropriately numbered, in order at the end of the report
- If you desire, you may place your figures and tables properly within the text of your results part.

Figures and tables

- If you put figures and tables at the end of the details, make certain that they are visibly distinguished from any attach appendix materials, such as raw facts
- Despite of position, each figure must be numbered one after the other and complete with subtitle
- In spite of position, each table must be titled, numbered one after the other and complete with heading
- All figure and table must be adequately complete that it could situate on its own, divide from text

Discussion:

The Discussion is expected the trickiest segment to write and describe. A lot of papers submitted for journal are discarded based on problems with the Discussion. There is no head of state for how long a argument should be. Position your understanding of the outcome visibly to lead the reviewer through your conclusions, and then finish the paper with a summing up of the implication of the study. The purpose here is to offer an understanding of your results and hold up for all of your conclusions, using facts from your research and generally accepted information, if suitable. The implication of result should be visibly described. Infer your data in the conversation in suitable depth. This means that when you clarify an observable fact you must explain mechanisms that may account for the observation. If your results vary from your prospect, make clear why that may have happened. If your results agree, then explain the theory that the proof supported. It is never suitable to just state that the data approved with prospect, and let it drop at that.

- Make a decision if each premise is supported, discarded, or if you cannot make a conclusion with assurance. Do not just dismiss a study or part of a study as "uncertain."
- Research papers are not acknowledged if the work is imperfect. Draw what conclusions you can based upon the results that you have, and take care of the study as a finished work
- You may propose future guidelines, such as how the experiment might be personalized to accomplish a new idea.
- Give details all of your remarks as much as possible, focus on mechanisms.
- Make a decision if the tentative design sufficiently addressed the theory, and whether or not it was correctly restricted.
- Try to present substitute explanations if sensible alternatives be present.
- One research will not counter an overall question, so maintain the large picture in mind, where do you go next? The best studies unlock new avenues of study. What questions remain?
- Recommendations for detailed papers will offer supplementary suggestions.

Approach:

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- Submit to work done by specific persons (including you) in past tense.
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	A-B	**C-D**	**E-F**
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Introduction	Containing all background details with clear goal and appropriate details, flow specification, no grammar and spelling mistake, well organized sentence and paragraph, reference cited	Unclear and confusing data, appropriate format, grammar and spelling errors with unorganized matter	Out of place depth and content, hazy format
Methods and Procedures	Clear and to the point with well arranged paragraph, precision and accuracy of facts and figures, well organized subheads	Difficult to comprehend with embarrassed text, too much explanation but completed	Incorrect and unorganized structure with hazy meaning
Result	Well organized, Clear and specific, Correct units with precision, correct data, well structuring of paragraph, no grammar and spelling mistake	Complete and embarrassed text, difficult to comprehend	Irregular format with wrong facts and figures
Discussion	Well organized, meaningful specification, sound conclusion, logical and concise explanation, highly structured paragraph reference cited	Wordy, unclear conclusion, spurious	Conclusion is not cited, unorganized, difficult to comprehend
References	Complete and correct format, well organized	Beside the point, Incomplete	Wrong format and structuring

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