



**Pt. B. D. Sharma Post Graduate Institute of Medical Sciences Rohtak
Multidisciplinary Research Unit**

MRU/2026/1752-1800

Dated: 25/9/2026

To

The Principal/ HOD
College/Department of _____
Pt. B. D. Sharma PGIMS/UHS/PGIDS
Rohtak

Subject: Research Masterclasses, 2026 (online) organized by Department of Health Research, GOI on 28.09.2026.

This is to inform you that the Department of Health Research is organizing monthly webinars "Research Master Class" under Research Grand Rounds on last ~~Friday~~ of each month from 3.00 PM to strengthen the research ecosystem in the Medical Colleges and Research Institutes.

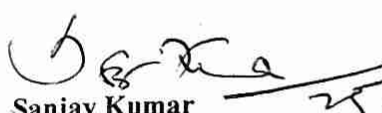
The 15th Research Masterclass is scheduled on for 28.09.2026 (~~Monday~~) from 3:00 PM. The detailed information is enclosed herewith. All the faculty members are requested to attend the same.

Please click the link below to join the event:

<https://teams.microsoft.com/meet/43239169768727?p=OGevjSN4RemnSKyT77>

Meeting ID: 432 391 697 687 27

Passcode: 4rj9s83d


Dr. Sanjay Kumar
Professor Dept. of Pathology &
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Pt. B. D. Sharma PGIMS
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Date 25/9/2026

MRU/2026/1801

A copy is forwarded to the following for information and necessary action:

1. P.A. to Director, Pt. B.D. Sharma, PGIMS, Rohtak


Dr. Sanjay Kumar
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ORIGINAL ARTICLE

Lower-Dose Zinc for Childhood Diarrhea — A Randomized, Multicenter Trial

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ABSTRACT

BACKGROUND

The World Health Organization recommends 20 mg of zinc per day for 10 to 14 days for children with acute diarrhea; in previous trials, this dosage decreased diarrhea but increased vomiting.

METHODS

We randomly assigned 4500 children in India and Tanzania who were 6 to 59 months of age and had acute diarrhea to receive 5 mg, 10 mg, or 20 mg of zinc sulfate for 14 days. The three primary outcomes were a diarrhea duration of more than 5 days and the number of stools (assessed in a noninferiority analysis) and the occurrence of vomiting (assessed in a superiority analysis) within 30 minutes after zinc administration.

RESULTS

The percentage of children with diarrhea for more than 5 days was 6.5% in the 20-mg group, 7.7% in the 10-mg group, and 7.2% in the 5-mg group. The difference between the 20-mg and 10-mg groups was 1.2 percentage points (upper boundary of the 98.75% confidence interval [CI], 3.3), and that between the 20-mg and 5-mg groups was 0.7 percentage points (upper boundary of the 98.75% CI, 2.8), both of which were below the noninferiority margin of 4 percentage points. The mean number of diarrheal stools was 10.7 in the 20-mg group, 10.9 in the 10-mg group, and 10.8 in 5-mg group. The difference between the 20-mg and 10-mg groups was 0.3 stools (upper boundary of the 98.75% CI, 1.0), and that between the 20-mg and 5-mg groups was 0.1 stools (upper boundary of the 98.75% CI, 0.8), both of which were below the noninferiority margin (2 stools). Vomiting within 30 minutes after administration occurred in 19.3%, 15.6%, and 13.7% of the patients in the 20-mg, 10-mg, and 5-mg groups, respectively; the risk was significantly lower in the 10-mg group than in the 20-mg group (relative risk, 0.81; 97.5% CI, 0.67 to 0.96) and in the 5-mg group than in the 20-mg group (relative risk, 0.71; 97.5% CI, 0.59 to 0.86). Lower doses were also associated with less vomiting beyond 30 minutes after administration.

CONCLUSIONS

Lower doses of zinc had noninferior efficacy for the treatment of diarrhea in children and were associated with less vomiting than the standard 20-mg dose. (Funded by the Bill and Melinda Gates Foundation; ZTDT ClinicalTrials.gov number, NCT03078842.)

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Ms. Dhingra and Dr. Kisenge and Drs. Duggan, Sazawal, and Manji contributed equally to this article.

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