



# DPT

## DEVELOPMENTAL PEDIATRICS TODAY



April 2018

### Monthly e-Newsletter of IAP Chapter of Neurodevelopmental Pediatrics

#### IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS

- Chairperson : Dr Jeeson Unni
- Hon'Secretary : Dr Leena Srivastava
- Past Chairperson : Dr Samir Dalwai
- Past secretary : Dr Chhaya Prasad
- Joint secretary : Dr Zafar Meenai,  
: Dr Shambhavi Seth
- Treasurer : Dr M. Narayanan

#### ADVISORS

- Dr MKC Nair
- Dr SS Kamath
- Dr Abraham K. Paul
- Dr Pratibha Singhi
- Dr Nandini Mundkur
- Dr Shabina Ahmed

#### National coordinator of the TOT program

Dr Samir Dalwai

#### National coordinator of the Fellowship program

Dr Chhaya Prasad

#### EDITORIAL BOARD

- Chief Editor : Dr Santhosh Rajagopal
- Editorial Board : Dr Jyoti Bhatia  
Dr Anjan Bhattacharya  
Dr Leena Deshpande  
Dr Anju Agarwal  
Dr Arun Prasad  
Dr Sivaprakasam

#### WEBSITE COMMITTEE

Dr Zafar Meenai, Dr Somasundaram, Dr Lata Bhat  
Dr P Sudhakar, Dr Mahesh Mohonto

#### STATE CO-ORDINATORS

- Armed Forces : Wng Cdr Kawaljit Singh Multani
- Andhra Pradesh : Dr Hanumantha Rao
- Assam : Dr Sujit Kumar Chaudhary
- Bihar : Dr Anil Kumar Tiwari
- Dadra Nagar : Dr Sunil Datt P Daru
- Haveli Silvassa
- Delhi /NCR : Dr Lata Bhat
- Goa : Dr Aparna Shirodkar
- Gujarat : Dr Swati Vinchurkar
- Haryana : Dr Harsh Bhayana
- HP : Dr Ashwini Sood
- Karnataka : Dr M Mahadeviah
- Kerala : Dr Jacob Roy
- Madhya Pradesh : Dr Jyotsna Shrivastava
- Maharashtra : Dr Leena Srivastava
- Orissa : Dr Mahesh Mohanta
- Rajasthan : Dr S. Sitaraman
- Tamil Nadu : Dr A. Somasundaram
- Telangana : Dr Namratha Rao
- Uttar Pradesh : Dr Alka Agarwal

## Inside

Editorial.....	2
Charipersons Message.....	3
Snippets from the Secretary .....	4
Applied Behavior Analysis.....	5
Journal Scan.....	7
Autism Awareness Day Press Release .....	9
Media Coverage at a glance .....	10
Autism Awareness Day Activites through States & Branches.....	11-21





## Editorial

### The Days of Autism

Being in the public health field one is often spoilt for choice as to which day to observe. A cursory look at official UN approved days would reveal almost one every week. But the Autism awareness day and month has been truly phenomenal. From lighting up national monuments to conducting awareness classes, those caring for these special children have made a mark.



But sadly enough the creation of enabling environments for these and other differently abled people is still a long way off. Recently chapter members including me had the occasion to meet a top administrator in a progressive southern state on the issue of creating facilities and frameworks for early diagnosis and mitigation of developmental disabilities. The enthusiasm and sincerity of the officials were clear but it remains to be seen as to how much work gets done on the ground.

Till such time that all members of our society become advocates of inclusion and care the kind of observations we saw this month are necessary

From Chroma Note: <https://goo.gl/ScG4Hc>

**Dr. Santhosh Rajagopal**

Chief Editor



## Chairperson's Message



Dear colleagues,

This is an important month for the IAP Neurodevelopment Chapter as it begins with The World Autism Day on April 2nd. This important date in the calendar of developmental pediatrics was designated by the United Nations General Assembly resolution “62/139. World Autism Awareness Day”, passed in council on November 1, 2007, and adopted on December 18, 2007 and 1st celebrated on April 2nd 2008 (This is the 10th year celebration) as one of only four official health-specific UN Days. All autism organizations work together on this day all around the world to aid in things like research, diagnoses, treatment, and overall awareness for those with the disorder. The theme for World Autism Day 2018 is ‘Empowering women and girls with autism’ after UN recognized, in its meeting in Nov 2017, the particular challenges that women and girls with disabilities face in the context of the implementation of the Convention on the Rights of Persons with Disabilities.

Since Autism is still an ill-understood disorder, plenty of non-evidence based, expensive investigations are ordered and a multitude of unethical and unscientific and often regimental and torturous treatment modalities are imposed on unsuspecting parents and patients who are often running from pillar to post for quick fixes – of which there aren't any. Awareness programs to inform parents of futility of mineral assays, MRIs, CT scans, EEGs and costly gene sequencing studies (unless definite features of a syndrome are detected by experts) and metabolic screening. Therapies like mega vitamins, gluten free diet, stem cell therapy, hyperbaric oxygen, other dietary regimens, chelation therapy etc., have no role to play in the treatment of autism and the IAP Guidelines on Autism emphasizes that there is no evidence for such therapies.

Autism is a social communication disorder wherein the child has inability/difficulty in communicating emotions, thoughts and wants in a conventional age specific manner. Early diagnosis, early intervention and working on strengths are the mainstay of therapy as for all differently abled children. A multi-disciplinary team, coordinated by a developmental pediatrician/pediatrician, which includes a pediatric neurologist or psychiatrist, clinical psychologist, occupational therapist, speech and language therapist, special educator, nutritionist and social worker; should care for the child. Behavioral models (e.g., Applied Behavior Analysis [ABA]), structured teaching (e.g., The Treatment and Education of Autistic and related Communication-handicapped Children [TEACCH]), developmental/ relationship-based models (e.g., Floor time) and integrated programs that use a combination of strategies within the treatment program (e.g., Social Communication, Emotional Regulation and Transactional Support [SCERTS]) are used according to the individualized plan designed after a multi-disciplinary meeting for a given child. Regular follow-up and documentation of progress and setting of goals at regular intervals is a must for every child. Parent-education and home-interventions are important but not a substitute to individual intervention for each child; these are more likely to be effective if it is instituted as part of a multidisciplinary intervention program.

We hope to conduct multiple programs all over India for all stake holders so that the world realizes the beauty and the skills and talents of these children; and the mission that we are involved in for these wonderful children with Autism Spectrum Disorder.

IAP Neurodevelopment Chapter is on this mission to make every citizen of our country stand up proudly in support of our children and adults with autism.

Regards,

**Dr. Jeason C. Unni**

Chairperson

IAP Chapter of Neurodevelopmental Pediatrics



## Snippets from the Secretary

*Autism - Love me, support me, understand me, encourage me,  
teach me, remind me, guide and motivate me. Most of all ACCEPT me.  
...unknown.*



Autism awareness month is in the air and Developmental Pediatrics and their teams, media and the public are full of innovative activities to contribute in their own ways towards creating awareness and supporting the cause.

We have come a long way I believe...we may not have protocolised interventions or even basic intervention in many parts of the country as yet; but the last decade has seen a surge in the awareness and early identification. Early pick up and awareness on early intervention has been the first stride towards the future of better care for these children.

So many aspects are intriguing yet of course and autism spectrum disorder still seems an “enigma”. There remains a lot to be known and learnt and our perspective of the spectrum will keep evolving over the next decade or more I guess. The etiological mechanisms are yet so blurred...

The anatomical differences in the brain in children with autism have been observed. Also the mirror neurons theory that seems promising but has been challenged may yield more information in the times to come. [DOI: 10.1038/scientificamerican1106-62 • Source: PubMed]

Other hypotheses of the complex interaction between the genes and the environment of course seem convincing. [Sven Sandin et al, The familial risk of Autism, JAMA 2014; 311(17):1770-1777]

The role of the exposure to neurotoxic compounds and alterations in neurotransmitter systems needs to be studied further in detail to unravel more of the underlying mechanisms. [Ilona Quaak et al, The Dynamics of Autism Spectrum Disorders: Int J Environ Res Public Health, 2013 Aug; 10 (8):3384-3408.]

Future research in these and multiple other directions to help us understand the etiology and resultant clinical profile of the children in the spectrum of autism disorder will probably help us better our intervention plans and prognostication too. Looking forward to another decade of faster progress and enlightenment on this front...Till then let's continue our efforts in the right direction..

“Whether you colour the world or light it blue...You are making a difference, so keep being you...”

Happy learning friends...

**Dr Leena Srivastava**

National Secretary

IAP Chapter of Neurodevelopmental Pediatrics

leena.sri2012@gmail.com

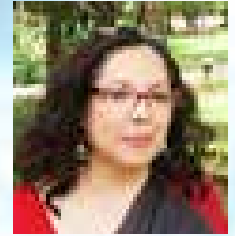


## Applied Behavior Analysis

**Dr. Smita Awasthi, BCBA & Anupama Jagdish**  
**Behavior Momentum India (BMI)**

**Smita.awasthi@behaviormomentum.com**

**Cell: +91-7760011700**



ABA is associated with behavior. And 'Behavior' is everything that "we do" or "say". Layman use of the term "behavior" often refers to challenging behaviors; however the definition of "behavior" as per Behavior Analysis needs to pass the "Dead man's test". Every act of a living human being which includes acquiring various skills such as dressing, speaking, cooking, learning to play a game, singing a song, uttering the first word, raising ones hand in class to answer a question, reading, doing math, interacting with friends, watching TV for hours, throwing tantrums, hand flapping, playing computer games, engaging in stereotypy are all behaviors. Behavior Analysis principles can be applied for modifying any of these to socially relevant behaviors.

B.F. Skinner (The Behavior of Organisms, 1938) discussed two types of learnt behaviors. Those, which were elicited by pairing of antecedent stimuli, such as the dog's salivation on hearing the bell ring, termed Classical or Respondent Conditioning and "behaviors shaped by consequences" termed as Operant Conditioning. Skinner began the experimental branch of behavior analysis based on the three-term contingency (Antecedent-Behavior-Consequence).

Skinner discovered and verified basic principles of Operant behavior, which provided the empirical foundation for behavior analysis. He demolished the reliance on hypothetical constructs and explanatory fiction as presented by psychological theories of Freud, Piaget etc. which relied on assumptions of "inner" states that contributed nothing to the understanding of variables responsible for developing or maintaining behavior. Thoughts and feelings were also covert behavior, which could be shaped.

Based on Skinner's operant conditioning & practiced as an applied science, Behavior Analysis (a micro-specialization of Psychology, Education & Special Ed) is research based, and practiced with stringent ethical guidelines supervised by a behavior analyst, to help people improve lives by changing behaviors. In the application of behavior analysis principles (ABA) preferred items are delivered for short span, after the target behavior, as a consequence. Various schedules of reinforcement are used and gradually reinforcement can be delayed and faded to natural sources of reinforcement. Skills are broken down to smallest of skill as per the individuals level to keep him/her successful and endurance is gradually built. For example, if we want to inculcate the habit of eating healthy food and exercise in someone, we might want to start with once a week of healthy food and 3 minutes daily exercise and gradually make modifications to this plan. Similarly with an ADHD child who has negligible sitting tolerance we would start with a target sitting span of 5 seconds before we apply shaping procedures.

ABA has developed over the years with research. In the case of children with autism: narrative and meta-analytic reviews suggest Early intensive behavioral intervention (EIBI) is well established with large effect sizes for IQ and statistically significant effect sizes for adaptive behavior (Eikeseth, 2009; Eldevik et al., 2009). Intensity of ABA intervention of 40 hours shows a direct correlation with learning outcomes (Granpeesheh et al., 2009). Teaching communication and other skills in Natural environment under motivation has been another modification where ABA is not restricted to table top teaching alone



(Sundberg & Partington, 1999). Fluency Based Instruction is another area incorporated for teaching children with autism who exhibit slow responses and poor coordination (Lindsley, 1992).

Thus while developing an intervention plan for an individual with autism or developmental disabilities, the BCBA observes ecological variables which affect behavior and draws a plan which modifies the behavior (as defined earlier) through specific teaching strategies. These teaching methodologies are highly individualized (for example; choosing between “most to least” prompt or “least to most” prompt). The same principles are applied to habilitate individuals with special needs into mainstream society by teaching self-management or self-regulation.

Internationally, there is one Board, the BACB (Behavior Analyst Certification Board based in USA) which conducts an exam for all those having met the criteria of 180-270 hours of ABA Course work after Masters and 1000-1500 hours of Applied work in a clinical, hospital or organization setting. The fieldwork has to be mentored by an already certified Board Certified Behavior Analyst, to ensure the quality of application of behavior analytic principles as per norms. Along with this the BACB lays stringent criteria of ethical

guidelines just the way medical practitioners have; making certified practitioners answerable to an international board. BACB certified professionals ([www.bacb.com](http://www.bacb.com)) have to engage in approved CEU activities each year along with a 3 hours course in Ethics per re-certification cycle of 2 years.

In India Behavior Momentum India is currently the only BACB Verified Course Sequence, which conducts ABA classes. Check [www.bmi-abacertification.com](http://www.bmi-abacertification.com). These classes are taught by approved and certified national and international faculty of Behavior Analysts (BCBA's) to ensure the quality of education is not watered down. Internationally Psychologists, Speech Language Pathologists and Occupational Therapists directly involved with behavior change are finding it very useful to do such courses. Of the few ABA professionals from India listed by BACB there are already a few SLPs and OTs who are board certified. International Association of Behavior Analysis [www.abainternational.org](http://www.abainternational.org) conducts Annual conferences on ABA, Autism, Substance Use and Addiction and Education.

After 70 years of ABA research Roddy Roediger (2004), mentions the reason for “enthusiasm” about behavior analysis is that it works.



**Block the dates  
for NCDP 2018  
29th & 30th Sept. 2018  
at Hyderabad**





## Journal Scan

Dr Shambhavi Seth  
Developmental pediatrician  
shambhaviseth@gmail.com

1. **Randomized controlled trial of vitamin D supplementation in children with autism spectrum disorder.** Khaled Saad, Ahmed A. Abdel-Rahman, Yasser M. Elserogy et al., *Journal of Child Psychology and Psychiatry* 59:1 (2018), pp 20- 29

It has been previously reported that there is vitamin D deficiency in autistic children; however, there is a lack of randomized controlled trials of vitamin D supplementation in ASD children. This study is a double-blinded, randomized clinical trial (RCT) that was conducted on 109 children with ASD (85 boys and 24 girls; aged 3–10 years). ASD patients were randomized to receive vitamin D3 or placebo for 4 months. The autism severity and social maturity of the children were assessed by the Childhood Autism Rating Scale (CARS), Aberrant Behavior Checklist (ABC), Social Responsiveness Scale (SRS), and the Autism Treatment Evaluation Checklist (ATEC).

**Results:** The daily doses used in the therapy group were 300 IU vitamin D3/kg/day, not to exceed 5,000 IU/day. The autism symptoms of the children improved significantly, following 4-month vitamin D3 supplementation, but not in the placebo group.

**Table 4** Classification of autism and outcome of psychiatric parameters of the two studied groups

	Group I (55 patients), vitamin D group	Group II (54 patients), placebo group	95% CI	p-value between groups
<b>total CARS scores</b>				
Before therapy (vitamin D or placebo)	36.8 ± 5.9	37.1 ± 4.7	0.03 to 0.42	.02*
After therapy (vitamin D or placebo)	30.3 ± 6.1	36.4 ± 6.0		
<b>Classification of autism</b>				
Severe (CARS ≥ 37) (%)	21 (38.2)	19 (35.2)	-0.31 to 0.32	NS
Mild/moderate (CARS ≤ 36.5) (%)	34 (61.8)	35 (64.8)		
<b>Autism Treatment Evaluation Checklist (ATEC) scores</b>				
Before therapy (vitamin D or placebo)	71.9 ± 16.1	72.2 ± 18	35.2 to 50.9	<.01*
After therapy (vitamin D or placebo)	47.3 ± 6.5	73.1 ± 15.3		
<b>total Social Responsiveness Scale (SRS) scores</b>				
Before therapy (vitamin D or placebo)	74.8 ± 3.3	75.6 ± 2.8	32.9 to 48.1	<.01*
After therapy (vitamin D or placebo)	71.1 ± 4.5	75 ± 2.7		

Data are expressed as mean ± SD, unless otherwise stated. Significance between groups was tested with linear regression analysis. Significant values, NS = nonsignificant.

**Discussion:** At this stage, this study is a single RCT with a small number of patients and a great deal of additional wide-scale studies is needed to critically validate the efficacy of vitamin D in ASD. Further studies are recommended to investigate the correlations between the clinical response of vitamin D and the biochemical changes in ASD patients



### **2. Reduced GABA and altered somatosensory function in children with autism spectrum disorder. Nicolaas A.J. Puts et al; Autism research, Volume 10, Issue 4, pages 608-619, April 2017**

Abnormal responses to tactile stimuli are a common feature of autism spectrum disorder (ASD). Several lines of evidence suggest that GABAergic function, which has a crucial role in tactile processing, is altered in ASD.

In this study, it is determined whether in vivo GABA levels are altered in children with ASD, and whether alterations in GABA levels are associated with abnormal tactile function in these children. GABA-edited magnetic resonance spectroscopy was acquired in 37 children with Autism and 35 typically developing children (TDC) from voxels over primary sensorimotor and occipital cortices. Sensorimotor GABA levels were significantly reduced in children with autism compared to healthy controls. Occipital GABA levels were normal. Sensorimotor GABA levels correlated with dynamic detection threshold as well as with the effect of sub-threshold stimulation. Sensorimotor GABA levels also correlated with amplitude discrimination after adaptation (an effect absent in autism) and frequency discrimination in controls, but not in children with autism. GABA levels correlate with behavioral measures of inhibition. Children with autism have reduced GABA, associated with abnormalities in tactile performance.

This study that altered in vivo GABA levels might predict abnormal tactile information processing in ASD and that the GABA system may be a future target for therapies.

### **3. Functional neuroimaging of high-risk 6-month-old infants predicts a diagnosis of autism at 24 months of age. Robert W. Emerson et al; Sci Transl Med 2017 Jun 7; 9(393)**

To develop effective early interventions that can potentially ameliorate the defining deficits of ASD and improve long-term outcomes, early detection is essential. This study uses prospective neuroimaging of 59, 6-month-old infants with a high familial risk for ASD, it shows that functional connectivity magnetic resonance imaging correctly identified which individual children would receive a research clinical best-estimate diagnosis of ASD at 24 months of age. A fully cross-validated machine learning algorithm applied at age 6 months had a positive predictive value of 100% [95% confidence interval (CI), 62.9 to 100], correctly predicting 9 of 11 infants who received a diagnosis of ASD at 24 months (sensitivity, 81.8%; 95% CI, 47.8 to 96.8). All 48 6-month-old infants who were not diagnosed with ASD were correctly classified [specificity, 100% (95% CI, 90.8 to 100); negative predictive value, 96.0% (95% CI, 85.1 to 99.3)].

Discussion: Although the results are strong within this sample of high-risk infants, these findings need to be replicated and extended to an independent high-risk sample of infants. In addition, there is uncertainty associated with a 24-month diagnosis of ASD. An effective classifier in the general population would likely require a much larger sample to demonstrate its ability to capture the full breadth of the heterogeneity in ASD. Finally, MRI is likely too expensive to be feasible as a general screening tool. Even with the limited sample size of the present study, the ability of the classifier to predict an individual infant's later diagnosis is substantial.





## Autism Awareness Day Activities

### PRESS RELEASE

Indian Academy of Pediatrics (IAP)  
IAP Chapter of NeuroDevelopmental Pediatrics  
New Horizons Health and Research Foundation, Mumbai

April is observed as autism awareness month and April 2nd is observed as World autism awareness day. Though awareness as a whole has increased, there is often lack of clarity related to autism. On this occasion, we present some common myths and facts regarding Autism.

**1. Myth - Autism is a speech disorder: Fact** - Autism is a social communication disorder, wherein the individual with autism may not be able to communicate emotions or thoughts in a typical or conventional way. Children with autism show limited understanding of social interaction which prevents them from developing social communication and leads to ASD. Even if the child "speaks", it is usually repetitive speech which is not being used meaningfully.

**2. Myth** - Autism starts after two years of birth! **Fact** - The American psychiatrist Leo Kanner who was the first to describe autism in 1943, wrote "Autism exists from the very beginning of life". Thus, deficiencies associated with autism like lack of interaction, hereafter poor nonverbal, and thereafter poor verbal communication are present right from the beginning.

**3. Myth** - Intervention should be started after 3 years of age. **Fact** - On the contrary, research has shown that children with autism can make enough improvement after intensive early intervention to lead functional and productive lives. Which is why it is so important to address autism and seek intervention when the first signs appear in the first years of life!

**4. Myth** - Children with autism benefit with any kind of 'therapy'. **Fact** - Children with autism need a interdisciplinary intervention coordinated by a trained Developmental Pediatrician, child

neurologist or psychiatrist since many of them have co morbidities (associated or secondary problems). Since there are multiple concerns, the line of treatment also needs to be interdisciplinary! Interdisciplinary means a team working jointly on a regular, dynamic, coordinated basis and not merely in name.

**5. Myth** - You don't need detailed reports or evaluations but just some therapy. **Fact** - Unless carefully evaluated, many children are wrongly labelled as autistic and equally, many children with autism are missed. Moreover, many associated conditions may be missed. There are many details that need to be assessed and worked on; without detailed reports these can be missed. Therapy without documentation is like driving blindfolded on a highway. You would never know if the child could have done better. Without programs, therapy is an endless frustrating process with helpless parents not knowing anything about the process.

**6. Myth** - Vaccination causes autism. **Fact** - Vaccines are as necessary as they are safe and effective. Evidence and data from the world over shows that vaccines do enormous good and very little harm. Reiterating the fact that autism is present from birth, we would say that research has clearly proven that vaccines do not cause autism.

**7. Myth** - Stem Cell Therapy can cure autism. **Fact** - There is no evidence that Stem Cell Therapy cures autism. Autism is not a disease. No treatment can completely "cure" autism. Stem Cell Therapy is still in an experimental stage and cannot be charged for by misleading patients to believe that it cures autism.



### Recommendations and Demands :

1. Increased awareness that autism is :
  - a. NOT a speech problem and
  - b. It starts early after birth
2. Intervention should start as early as possible
3. Vaccines do not cause autism; Stem Cell Therapy, Ozone therapy, hyperbaric oxygen therapy do not cure autism.
3. Government should set up a Regulatory Authority to prevent quackery and misinformation and carry out licensing of appropriate interdisciplinary services mandating regular data collection, documentation and fee structure. Unauthorised arbitrary "interventions" should not be allowed to advertise or spread false information and should attract provisions of the Consumer Protection Act.

**Note :** the Indian Academy of Pediatrics has released the National Consensus Guidelines on evaluation and management of Autism Spectrum Disorder, in May 2017! This is freely available online as free access in the Journal - Indian Pediatrics. Clinicians working with children with ASD should refer to these evidence based guidelines.

**Dr Samir Hasan Dalwai**  
(7738146666,9820026503)  
**Dr Jeeson Unni** (98472 45207)  
Indian Academy of Pediatrics.

**Dr Sandhya Kulkarni** (98207 45456)  
**Ms Deepti Kanade** (9820698287)  
New Horizons Health and Research Foundation

## Media Coverage at a glance

**9 सकाळ** कोल्हापूर, मंगळवार, ३ एप्रिल

**स्वमग्नतेवर जागृती करू या !**

डॉ. निंबाळकर : अमन फाउंडेशनतर्फे लवकरच शाळा

कोल्हापूर, ता. २ : स्वमग्नतेभाक्त सामान्य लोक दूरच, बालरोगतज्ज्ञांनाही पुरेती माहिती नाही. या चार्चपुस्तिका आता जागृती करून कृती कार्यक्रमांची आवश्यकता असल्याचे मता त्रिदिश काल मेडिकलर तज्ज्ञ डॉ. संतोष निंबाळकर यांनी केले. अमन फाउंडेशन आयोजित स्वमग्नता जनाजगृती सभा कार्यक्रमाला ते बोलता होते. शाहू स्मारक ध्वनल हालेल्या कार्यक्रमाच्या अध्यक्षस्थानी सामाजिक कार्यकर्ते सुरेश शिर्पुरकर होते. दरम्यान, फाउंडेशनतर्फे शैक्षणिक वर्षासमून स्वमग्न मुलांसाठी शाळा सुरू केली जाणार असून इच्छुकाना संपर्कवि आवाहन केले आहे.

डॉ. निंबाळकर म्हणाले, "भेरी दोन वर्षे देशभर फिरून स्वमग्नता शिक्षणासाठी विविध शाळांतील केमिस्ट महत्वाचे असतात. बिल्डिंगात अशा केमिस्टची संख्या केवळ दोन ते तीन इतकीच आहे. अलीकडच्या काळात रूढच ते अजय बसेलटातील अशा मुलांचे प्रमाण दोन टक्के इतके झाले आहे."

प्रचार्य पवन खेडुकर म्हणाले, "जन्माच्या दोन वर्षांनंतर मुलांतील अशा अक्षमता लक्षात घ्यायस सज्जतात. त्यामुळे मुलांतील बदल जाणवले की तत्काळ वैद्यकीय सल्ला घेऊन पुढील कार्यवाही उपेक्षित ठरते. स्वमग्न मुल त्यांच्या घनाच्या कलाप्रमाणे वागत असतात. त्यामुळे त्यांच्या पदतंत्रिच त्यांच्याकडील वागाचे लागते. या सध्या फारसंभूमीकर आता अशा मुलांची शाळा एक आस्थासक पाठळ ठरणार आहे."

**EARLY INTERVENTION HELPS 'RAHUL' TO OVERCOME AUTISM**

BY ANUBEDITA SEN

Parents Rahul (name changed) was a 'moochy' boy who only communicated through physical gestures. He would cry rebelliously if his parents failed to understand him.

Sensing something amiss, Rahul's parents decided to seek medical help for which they approached the child behavioural expert in Sethi Dr. Aparna Wadkar.

After two years down the line, Dr. Aparna has found a remarkable improvement in the condition of Rahul over the years.

"I had the opportunity of attending the annual concert of a preschool in Porvurim. What caught my attention was a beautiful dance by Rahul who continued his steps along with his peers to a new Bollywood number. Such a joy, I recalled it was the same 7-year-old who was hospitalised for autism."

by his parents with the success of speech delay," Dr. Aparna said.

"He was around two-and-a-half-year old and while most of his peers, were speaking in mono-syllables, Rahul was not using any meaningful words like 'mama or papa' even though he could say alphabets from A to Z and numbers from 1 to 20," said Dr. Aparna.

**WORLD AUTISM DAY**

"Rahul preferred to play alone and was fascinated with plastic bottles, spinning them continuously for hours. He loved lining up his toys in neat rows and would get upset if these were moved," she said.

During the assessment, "Rahul preferred to play alone and was fascinated with plastic bottles, spinning them continuously for hours. He loved lining up his toys in neat rows and would get upset if these were moved," she said.

data which he lined up in neat rows and would get upset if these were moved," she said.

**World Autism Awareness Day**

Inclusive education is what gave Rahul the chance to be on stage together with his peers."

— DR APARNA WADKAR, Child behavioural expert in Sethi

explained to these parents that the exact cause of Autism is still investigated by scientists.

**मंदूच्या विकासाकडे दुर्लक्ष नको**

मंदूच्या विकासाकडे दुर्लक्ष नको. मंदूच्या विकासाकडे दुर्लक्ष नको. मंदूच्या विकासाकडे दुर्लक्ष नको.

**A glimpse into the enigmatic world of autism**

HOW CAN PARENTS HELP THEIR CHILD WITH ASD?



## Autism Awareness Day Activities



Assam Autism Foundation (AAF) lights NEDFi Convention Center at Guwahati blue for the 11th time since 2008. Under the initiative of Dr Shabina Ahmed, founder Director of AAF, has been a pioneer in Autism Awareness in the north east India.



Dr Swati Vinchurkar from Gujarat shared the autism carnival along with a line web talk on the occasion.



A workshop on the use of INDT-ASD tool and ISAA tool for Pediatricians, Psychiatrists and Psychologists was organised in Goa by National trust through Disha Charitable trust .Dr Aparna Wadkar, Dr Elyska Desa and Dr Pooja Vajaratkar who are also master trainers of the tools conducted it.



## Autism Awareness Day Activities



Autism awareness class conducted by Dr B Narayana Naik, Consultant Paediatrician, GH Kasaragod on 6/4/2018. Palliative Nurses, Nursing students of Malikkinar Nursing College, Dr Shameema, MO Incharge of Palliative Care, participated in the programme. There was very good interactive session by the audience. Dr Shameema moderated the session



Autism Awareness Day celebration by IAP Wayanad @ DEIC, Kalpetta, Wayanad. Supritendant GH Kalpetta presided over the function. Classes to public given by peditricians Dr Faisal& Dr Afsal.



With the help of IAP Navi Mumbai, IAP Raigad and Jupiter Hospital in Thane, posters have been made and delivered to all pediatricians in the area with early red flags in Marathi and English to remain on the clinic walls for a long time as a reminder for doctors and parents to look out for symptoms. Presentations about Autism will run on clinics/hospitals TV consoles for a few days. - Shared by Dr. Leena Deshpande.



## Autism Awareness Day Activities



On the occasion of world Autism Awareness Day Dr Zafar Meenai was invited by Chairman Child Rights Commission (M.P.), Dr Raghavendra Sharmaji and Secretary Shri N.P. Daheria (IAS) for technical units for ensuing rights of children with autism and their empowerment.



Dr Sitaraman and his team at JK Lon Hospital Jaipur.



Dr. Suchit Tamboli from Ahmednagar



Dr Namrata Rao state coordinator shared the activities at Sweekar rehabilitation centre Hyderabad.



## Autism Awareness Day Activities

### Live online Program on World Autism Awareness Day in various places



Webcast at Regional Advanced Ped Care Centre Mangalore\_Webcast



Webcast in Nazareth Hospital



Dr. Santosh Soans' video



Dr. Samir Dalwai



Ms. Sohini, Dr. Samir Dalwai, Ms. Nita Mehta



Online Web Programme



## Autism Awareness Day Activities

### Sangrur



On 3rd April 2018, Dr. V.K.Ahuja (EB Member CIAP 2014) participated in the CYCLE RALLY organized by Autism Educational Welfare Society, Sangrur and Akal College of Education at historic Gurudwara Mastuana Sahib jee to observe the WORLD AUTISM AWARENESS DAY.



## Autism Awareness Day Activities

### Mumbai



Under the aegis of Indian Academy of Pediatrics and IAP chapter of Neuro Developmental Pediatrics – live online program on Early signs and management of Autism spectrum disorder by Dr Samir Dalwai and team was webcast. Many Pediatricians from all over the country joined in this great interaction on this online platform. A novel idea and a dream came true with use of technology in learning and awareness reaching out to the remotest areas of India.

### Bangalore

CCDD and Totsguide under Dr Nandini Nundkurs guidance celebrated the world Autism awareness day on 31st March. Release of an android mobile app for tracking milestones in children from 4 months to 5 years.

The app is also available in Kannada, Tamil and in Hindi besides English. This helps parents to understand better and easier for any one other than doctors also to use it.

The app can be downloaded in Google play.

Type track and act by totsguide.com

This was followed by a workshop for parents on the following topics which around 65 parents attended.

Behavior management , Peer play ,Emotional development, sensory issues how they affect learning and play therapy .





## Autism Awareness Day Activities

### Delhi



Dr Shambhavi Seth was speaker at seminar on Autism Spectrum disorder which was organised by IAP South Delhi Group (W) at Hotel Jaypee Vasant, New Delhi. The key points covered were clinical approach to ASD and screening tools to be used in office practice .



Dr Lata Bhat and her team celebrated world Autism awareness day at Palak child development centre on 2 April 2018. Decorated the centre with blue lights and balloons and we all wore blue clothes and tied blue ribbons on our hands. Talks on myths and facts of ASD for parents, group activities for ASD kids, colouring and finger painting, story telling and food sharing.



### Pune



Parents workshop was conducted by Dr Leena Srivastava and her team at Bharati Vidyapeeth Pune to equip parents of children of young children with autism with knowledge and teaching strategies and handling challenging behaviours.





## Autism Awareness Day Activities

### Aster Medcity, Cochin



AsterKIND celebrates

WORLD AUTISM AWARENESS DAY

**Autism Awareness:** Dr. Jeemon C. Unni, Head, Dept. of Paediatrics, Dr. Akbar Mohamed Chettai, Paediatric Neurologist, Dr. Susan Mary Zachariah, Developmental Paediatrician, AsterKIND

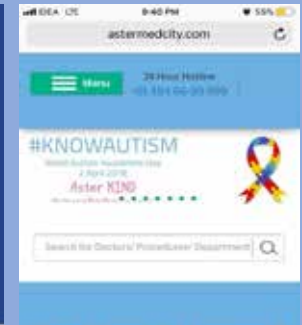
**Parental Meet:** Experience sharing by Venki, Arcy Jeyash & Annu... open for parents & professionals

**Stage performances by kids**

**Autistic Talent Gala:** Literary works, art, floral arrangements, computer graphics, other talents exhibition.

**Guest of Honor:** Mr. Joby Mathew, World Armwrestling Champion, Won 24 medals

Venue: Knowledge Hub, Aster Medcity, 2nd April, 2018, 3.30 - 5.30 pm



**AUTISTIC TALENT GALA 2018**  
**ASTERMEDCITY**





## Autism Awareness Day Activities

### Sunrise Hospital, Cochin

**WORLD AUTISM AWARENESS PROGRAMME CONDUCTED BY SUNRISE HOSPITAL ON 4<sup>TH</sup> - 5<sup>TH</sup> APRIL 2018**

**SUNRISE HOSPITAL**  
experience • expertise • care

**WORLD AUTISM AWARENESS PROGRAMME 2018**

### IAP Kottayam



Community level Autism awareness talks by Dr Anush at PHC Nattagom ; Kottayam IAP



Dr Balachandar, Jt Sec IAP KERALA, giving awareness class to teachers and parents at BRC East, KTM as part of World Autism day on Apr 4th. Welcomed by Ms Gracy and Vote of thanks by Ms Shaida.



## Autism Awareness Day Activities

### IAP Cochin



Autistic children demonstrated their multifaceted talents during the competition. There were around 20 children from various special schools in Kochi. Children participated in various events like fancy dress, coloring, group song, group dance, solo song etc. it was really a heart warming experience to see These extraordinary talents.



## Autism Awareness Day Activities

### IAP Wayanad, Kerala



Autism Awareness Day celebration by IAP Wayanad @ DEIC, Kalpetta, Wayanad.

Suprendimt GH Kalpetta presided the function. Classes to public given by pediarricians Dr Faisal & Dr Afsal.