

APRIL-JUNE 2025



# DPT



## DEVELOPMENTAL PEDIATRICS TODAY

Your monthly booster for developmental and behavioural news!

*The Official Newsletter of the IAP Chapter of Neurodevelopmental Pediatrics*



Dhriti Raj Patgiri, 11 years, Male

Chief Editor : **Dr Samir Dalwai**

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# OFFICE BEARERS 2025



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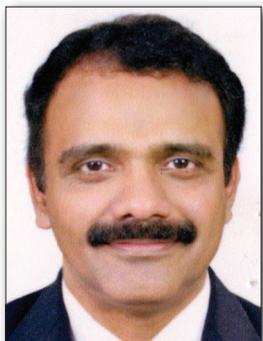
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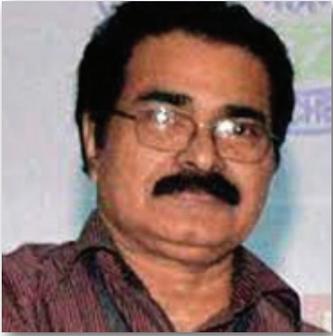


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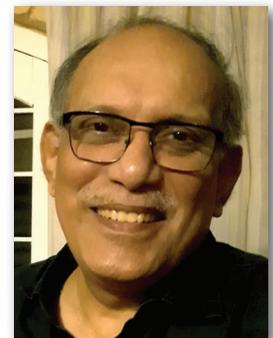
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## INTERACTIONS - THE EDITOR - DR SAMIR H DALWAI

**Generation Beta: What Do We Need to Know?****Dr. Samir H Dalwai, Developmental Behavioural Pediatrician**

Dear Readers, Greetings to all !

Children born between 2025 and 2039 will belong to Generation Beta - that will inherit a world unlike anything before, shaped overwhelmingly by technology. As children of millennial and Gen Z parents, they will be raised amidst profound digital saturation. We already observe early signs of this with Gen Z and Generation Alpha, who are facing shifts in social cognition and behavior due to diminishing human engagement and rising screen exposure.

The root issue lies in the disconnect from reality. Our species evolved over millions of years through direct interactions with people and environments—learning, adapting, surviving. Now, in a matter of decades, we are inundated with a digital deluge our genes haven't evolved to process. The resulting internal world is often misaligned with actual reality.

In that sense, I liken AI to a genetic mutation - a sudden, radical shift for which we are not biologically prepared. What evolution would have gradually introduced over millennia is now being squeezed into a few decades. This mismatch may challenge Generation Beta's ability to interpret reality, navigate emotions, and engage socially.

One major concern is the blurring of boundaries between reality and the virtual world. Generation Beta may grow up in a culture of instant gratification, where emotional regulation and resilience are underdeveloped. The ability to cope with disappointment, wait, adapt, or navigate complex social situations may diminish.

Marketing terms like “digital natives” or “AI natives” only serve to normalise this shift and promote the sale of gadgets. But I believe it's far too early to declare any generation as digitally native. Humans are, by design, socially native. Our evolution is deeply intertwined with social behavior—eye contact, facial expressions, turn-taking, cooperation—all essential for survival and thriving. Digital interactions, which often bypass these essential cues, are not just different; they are disruptive when consumed in excess.

Moreover, this constant bombardment of fragmented, non-contextual information creates cognitive noise—cluttering the brain with content that doesn't connect meaningfully with one's real-life experiences. Over time, this may hinder the development of authentic social behaviors and create distorted perceptions of the world.

**Parenting in a Digitally Dominated World**

So, what can we do?

First, let us stop glorifying digital immersion. Instead of dubbing children “digital natives,” we must anchor them in what they truly need—human connections. Parents must model and teach children the value of bonding, playing, laughing, and simply “being” with others—family, friends, neighbors.

Urbanization, smaller families, and delayed parenthood—particularly among millennials and Generation Alpha—are leading to reduced engagement between parents and children. Many parents, exhausted by long work hours, struggle to offer the child time, energy, or nature exposure. The path of least resistance then becomes screen time.

In such scenarios, schools must become the surrogate social environment—encouraging interpersonal interaction, dialogue, group activities, and play. At the same time, the role of city planning cannot be ignored. Open spaces, parks, and child-friendly infrastructure are not luxuries—they are developmental necessities.

### Structured and Unstructured Play

Much has been said about the value of organized sports. Indeed, they aid physical, psychological, and social development. But I want to stress the indispensable value of free, unstructured play.

Children need the freedom to explore, imagine, take small risks, solve minor conflicts, and create their own games. This builds independence, creativity, problem-solving, and self-regulation. Whether it's climbing a tree or playing hide and seek, unstructured play fosters brain development in ways digital stimulation never can.

### Health Implications: Beyond the Physical

We already worry about childhood obesity, vision issues, and diabetes as offshoots of sedentary, screen-heavy lifestyles. But the deeper crisis is a social and emotional disconnect—children who are uncomfortable with eye contact, who lack empathy, and who struggle to navigate disappointment or boredom without reaching for a device.

As a developmental pediatrician, I fear that Generation Beta may struggle to distinguish perception from reality. This is not a trivial concern. It affects identity, social integration, learning, and mental health.

Yes, digital awareness is increasing, and yes, Generation Beta may have better access to mental health resources. But that's not enough. Mental health apps and AI-driven therapy can assist—but only in a symptomatic way. They cannot substitute human warmth, empathetic listening, or the subtle cues that form the bedrock of emotional healing.

### What We Must Do Now

We must create environments—at home, school, and in communities—that support:

Reduced screen time, particularly in early childhood

Strong family and peer relationships

Free play and real-world exploration

Reduced reliance on digital tools for emotional support

Policies that favor open spaces and social schooling

Let us reintroduce the joy of simple human engagement. Smiles, stories, shared meals, family routines, games, and conversations—these are not old-fashioned. They are vital.

In the years ahead, we may have to rethink not only how we parent and teach, but also how we define intelligence, success, and connection. We cannot afford to be passive. Generation Beta deserves a world where digital tools assist but do not overwhelm. They deserve to grow up in real relationships, with real people, in the real world.

## JOINT ATTENTION

### MESSAGE FROM CHAIRPERSON



Seasons greetings to all the members of the IAP Chapter of Neuro-developmental Pediatrics and your families!

It's been an incredible three months, and as chapter chairperson, I'm genuinely thankful for the excellent work, time, and effort each of you has put in across the country. April began with a nationwide push for autism awareness, featuring both online and offline events in every corner. We then successfully hosted our first East Zone CME in Kolkata. This perinatal-themed event, "Autism: Womb to Cradle," saw fantastic attendance from pediatricians, gynecologists, and allied professionals alike. As April ended, our focus shifted to our national conference, NCDP 2025, initially planned for Srinagar. However, the deeply regrettable Pahalgam incident sparked widespread outrage. After receiving numerous messages and inputs, we made the difficult but necessary decision to change the conference venue from Srinagar to Trivandrum.

At this point, I want to extend a heartfelt thank you to Prof (Dr) M.K.C. Nair, D. Sc., our esteemed teacher and mentor, whose guidance was instrumental in facilitating this change. A special thanks also goes to IAP Kerala and IAP Trivandrum for agreeing to host the conference on such short notice. And to IAP Kashmir, who had already dedicated so much effort, your understanding and support in making this transition possible were truly invaluable. The entire NCDP 2025 organizing team has worked tirelessly over the past few weeks. It fills me with immense pride to share that all four pre-conference workshops are now fully booked, and our conference registrations have already surpassed 350 by July 1, 2025!

The chapter office bearers are also working in building alliances with national and international organisations working in the field child development and we look forward to hearing good news soon which we will be haring with you all soon.

Our dedicated newsletter team continues to impress, passionately delivering quarterly issues packed with insightful articles, fellowship activities, and engaging trivia. This past quarter, the chapter proudly celebrated Autism Awareness, KMC Awareness, Women's Health, and Yoga Day, all featured prominently in the social communication section of the latest issue.

Looking ahead, the third quarter brings opportunities to celebrate Fragile X Awareness Day, Breastfeeding Week, Nutrition Week, and Suicide Prevention Day. We urge all members to organize events in your local areas to increase awareness among the wider public. Remember, "Prevention is better than cure." Our focus should always be on enhancing the preventive aspects of patient care and building a more responsible society.

"All our dreams come true if we have the courage to pursue them" -Walt Disney

'TEAM-Together Everyone Achieves More'

Long live IAP,  
Jai Hind,

**Gp Capt (Dr) KS Multani (Retd)**  
Chairperson 2025

## JOINT ATTENTION MESSAGE FROM SECRETARY



Dear Members,

The months from April to June 2025 have been a vibrant period for our chapter, filled with meaningful engagements and impactful initiatives. Our autism awareness programs were conducted with remarkable enthusiasm across the country, taking shape in the form of webinars, CMEs, parent training programs, and workshops. Each of these events reflected our collective commitment to building knowledge, fostering inclusion, and empowering families.

A highlight of this quarter was the CME held in Kolkata in April, focusing on Autism : Womb to Cradle jointly organized by IAP West Bengal and chapter. This program brought together multidisciplinary perspectives and served as an inspiring example of collaborative effort for the cause of neurodevelopmental pediatrics.

Our ongoing Fellowship Program continues to remain active and dynamic, with multiple centers engaged in high-quality training, academic sessions, and evaluations. This program not only strengthens our academic foundation but also ensures that future pediatricians are well-equipped to address the developmental needs of children across the country.

We were also delighted to announce our upcoming National Conference in association with South Asian Neurodevelopment Behavior environmental Pediatrics association SANBEP — which has been shifted from Srinagar to Trivandrum. Thanks to the tireless efforts of our chapter members, the response has been outstanding, with over 400 registrations already in place, setting a promising tone for the event ahead.

Together, we continue to innovate, inspire, and strengthen the cause of developmental pediatrics.

Warm regards,

**Dr Shambhavi Seth**

Secretary,

IAP Chapter of Neurodevelopmental Pediatrics

2024-25

*Dr. Pubali Deka*

## Social Communication (From the States and State Coordinators)

This section presents an overview of the academic activities ,  
training programs and workshops conducted by chapter  
members

April month was observed as World Autism Month with awareness  
activities conducted nationwide



IAP Delhi- Autism Awareness March



IAP Meerut-Autism Awareness Walk



Quiz on Autism , SMIH ,Dehradun



Autism awareness training,  
Bhopal

# Social Communication (From the States and State Coordinators)

Dr. Pubali Deka



IAP Gurgaon



Gujrat



Burdwan ,West Bengal



Haldwani,Uttarakhand



Sealdah Station illuminated in blue on  
World Autism Day

# Social Communication (From the States and State Coordinators)

Dr. Pubali Deka



SK Babylon 's Newton ICAD



North Goa District Hospital, Mapusa



CNBC, MGM Medical College College, Indore



NSCB Medical College, Jabalpur



Bhopal, Madhya Pradesh, In...  
LNCT World School Road, New Chokkay Nagar Park, New Chokkay Nagar, Ham Bagh, Bhopal, Madhya Pradesh 462038, India  
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# Social Communication (From the States and State Coordinators)

*Dr. Pubali Deka*



MNR Medical College , Telangana



Sri Lakshmi Narayana Institute of  
Medical Sciences, Puducherry



Military Hospital, Pathankot



Nagpur



CDGC Bharati Hospital, Pune



Amritsar

# Social Communication (From the States and State Coordinators)

Dr. Pubali Deka



PG Quiz SMS Medical College



Apollo Child Development centre(Morom), Guwahati



Inspire Child Development Centre, Kolhapur



Reborn Therapy Centre, Puducherry



CMC Vellore

# Social Communication (From the States and State Coordinators)

Dr. Pubali Deka



JA Centre for Autism and Child Development, Arunachal Pradesh



Manipal Hospital , Bangalore



KMC Mangalore, Govt Wenlock Hospital



Autism CME, Cochin



Chandigarh



Eastern Railway Hospital, Liluah

# Social Communication (From the States and State Coordinators)

**Dr. Pubali Deka**

Division of Pediatric Neurology, Department of Pediatrics,  
VSMC and Safdarjung Hospital,  
Academy of Pediatrics, South India, and Chapter of  
Neurodevelopmental Pediatrics, IAP

### Role of Teachers in autism



Safdarjung Hospital  
New Delhi : An  
insightful Panel  
discussion on autism  
with teachers/  
educators/  
representatives  
from directorate  
of education /CBSE.



Parent mediated approach in Autism, Gujrat



Bhubaneshwar , Orissa



Workshop on Autism , Erode



Ankura Hospital, Hyderabad



Awareness Program, Gaziabad

# Social Communication (From the States and State Coordinators)

Dr. Pubali Deka



IAP West, Bengaluru



KLE CCH & MRC, Belagavi



Awareness amongst district medical officers



Rangadore Memorial Hospital, Bengaluru



Child Development Centre, Travancore, Medicity



CME on ASD , Dhanbad

# Social Communication (From the States and State Coordinators)

Dr. Pubali Deka



Academy of Paediatrics, Nagpur



Blossom Centre, Bhubaneswar

# Social Communication (From the States and State Coordinators)

Dr. Pubali Deka



Aksh , Dehradun



IAP East Delhi



Training program on Autism ,Jamshedpur

1. Introduction to Autism Spectrum Disorder (ASD) and its diagnosis. 2. Overview of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria. 3. Role of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria in the diagnosis of ASD. 4. Role of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria in the diagnosis of ASD. 5. Role of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria in the diagnosis of ASD. 6. Role of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria in the diagnosis of ASD. 7. Role of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria in the diagnosis of ASD. 8. Role of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria in the diagnosis of ASD. 9. Role of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria in the diagnosis of ASD. 10. Role of the Indian Autism Spectrum Disorder (ASD) diagnostic criteria in the diagnosis of ASD.



Observance of World Autism Day and Autism Awareness Month. All doctors, teachers, students and staff of the institution began the day with a program. Research staff, MBBS students, Audiology and Pathology team participated with the ASD team along with 85 students.



St. John's Hospital



Your paragraph text  
Erode, Tamil Nadu

Autism Spectrum Disorder (ASD) - Overview	
<b>Definition:</b> A neurodevelopmental disorder characterized by persistent deficits in social communication and social interaction across multiple contexts, and restricted, repetitive patterns of behavior, interests, or activities.	<b>Prevalence:</b> The prevalence of ASD is approximately 1 in 100 children worldwide.
<b>Diagnosis:</b> Based on clinical criteria, including social communication deficits and restricted, repetitive patterns of behavior.	<b>Causes:</b> The exact cause of ASD is unknown, but it is believed to be a combination of genetic and environmental factors.
<b>Management:</b> Early intervention and individualized support are crucial for improving outcomes.	<b>Prognosis:</b> The prognosis varies significantly, with some individuals achieving high levels of independence and others requiring ongoing support.
<b>Support:</b> Supportive services, including behavioral therapy, speech therapy, and occupational therapy, are essential.	<b>Research:</b> Ongoing research aims to better understand the underlying mechanisms and develop more effective treatments.

## FROM GENERAL TO JOURNAL

# READING & WRITING – REVIEW OF THE HANDBOOK CHAPTERS

**Dr Anjali Gokarn**

## **ELECTRONIC MEDIA AND GADGETS:**

**Dr Samir Dalwai, Dr Barkha Chawla**

There is a global concern over the impact of screens on Children and Young People's Health

Screen time is time spent viewing TV, video, computer, electronic games, hand held devices or other visual devices

Excessive screen time interferes with a child's Language and Social Development

The Internet, Video games, and Cell Phones constitute the highest form of behaviour addiction

The effects of high levels of screen time are:

Development delay

Sleep disruption

Obesity

Behaviour problems

Poor academic performance

Muscle rigidity and pain

Dry eyes

Risk taking behaviours

Red flags of overuse are:

Excessive use

Anxiety or irritability if cell phone not available

Sexting or bullying

Loss of interest in other activities

Management:

Set limits

Encourage playtime, exercise

Sleep hygiene

Eye care

Counselling for older children about predators and sexting

Avoid alone screen time

The Parents lap is the Best App for infants and Toddlers

It is advisable for caregivers to spend more time talking playing, and hugging children rather

than giving them devices

RESPONSE TO NAME CALL - AN EPONYMOUS STORY

LANDAU KLEFFNER SYNDROME

Dr K S Multani

### BACKGROUND

- \* RARE, SELF-LIMITING FORM of NON-CONVULSIVE STATUS EPILEPTICUS

### CAUSES

- \* SUGGESTED ETIOLOGIES:
  - ~ DISRUPTIONS in ELECTRICAL ACTIVITY & NEURAL NETWORKS during SLOW-WAVE SLEEP
  - ~ STRUCTURAL ABNORMALITIES
  - ~ CONCURRENT GENETIC MUTATIONS
  - ~ IMBALANCE between COUNTERREGULATORY NEUROTRANSMITTERS

### SIGNS & SYMPTOMS

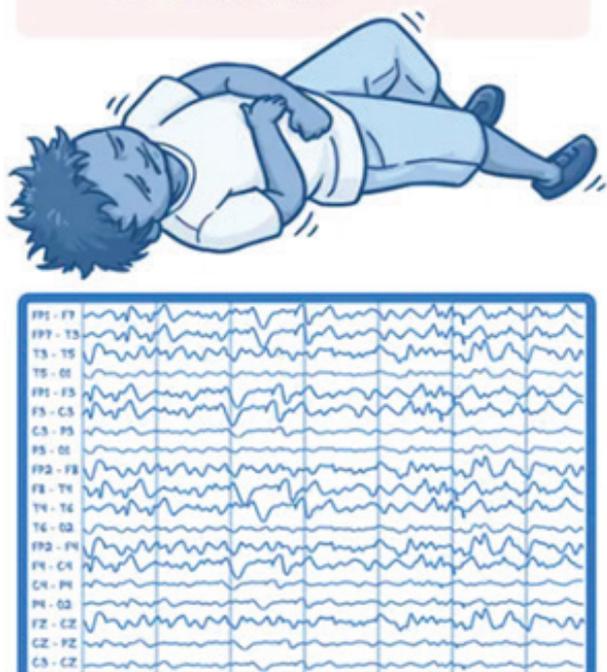
- \* SPECIFIC PATTERN of CONTINUOUS EPILEPTIC DISCHARGES DURING NREM SLEEP
- \* EEG ABNORMALITIES without APPARENT PRECEDING SEIZURE EVENT
- \* THOSE with SEIZURES MAY HAVE DIFFERENT TYPES:
  - ~ TONIC-CLONIC (GRAND MAL)
  - ~ ABSENCE SEIZURES (PETIT MAL)
- \* IRREVERSIBLE NEUROCOGNITIVE IMPAIRMENT & DELAYS AFTER FIRST SEIZURE
  - ~ ↑↑ SEIZURE FREQUENCY during FIRST FEW YEARS
  - ~ GENERALIZED SPIKE-WAVE DISCHARGES MORE LIKELY to EXPERIENCE SEVERE DAMAGE vs. FOCAL DISCHARGES (EEG)
- \* CAN LAST MONTHS to YEARS, & EVENTUALLY RESOLVE PRIOR to ADULTHOOD
  - ~ NEUROCOGNITIVE SEQUELAE may be IRREVERSIBLE

### TREATMENT

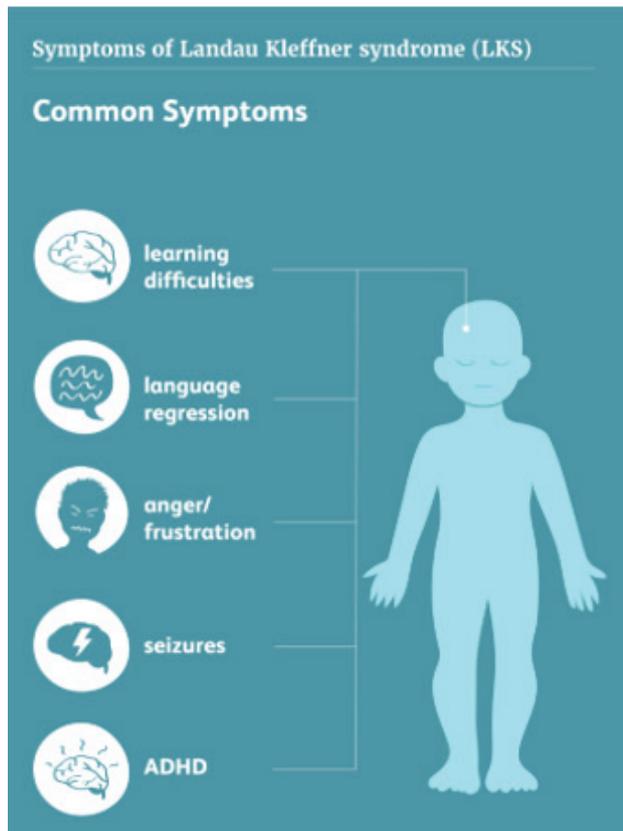
- \* SUPPRESS EEG ABNORMALITIES & IMPROVE SEIZURE CONTROL
  - ~ ANTISEIZURE MEDICATIONS
  - ~ HIGH-DOSE BENZODIAZEPINES
  - ~ CORTICOSTEROIDS

### DIAGNOSIS

- \* EEG
  - ~ CONTINUOUS or NEAR-CONTINUOUS SPIKE-WAVE DISCHARGES DURING NREM SLEEP
  - ~ INTERMITTENT FOCAL and/or MULTIFOCAL EPILEPTIFORM DISCHARGES DURING REM SLEEP



Landau-Kleffner Syndrome (LKS) is an eponym, honouring William M. Landau, M.D., and Frank R. Kleffner, Ph.D. for their pivotal 1957 paper, "Syndrome of Acquired Aphasia With Convulsive Disorder in Children," published in the journal Neurology.



### History

In the past, children who suddenly lost their ability to speak or understand language were often misdiagnosed with conditions like developmental delay, hearing impairment, or even psychiatric disorders. Prior to Landau and Kleffner's paper on the subject, the connection between acquired language regression and epileptic activity in children was not clearly understood.

Dr WM Landau, a prominent neurologist at Washington University School of Medicine in St. Louis, Missouri, observed a pattern in several of his young patients. These children who had previously developed language normally, experienced a sudden or gradual deterioration of their expressive and receptive language skills. Crucially, this language loss was often accompanied by epileptic seizures, though not always overt, and was always by abnormal electrical activity in the brain, particularly evident on an electroencephalogram (EEG) during sleep. Dr FR Kleffner, a speech pathologist at Washington University, played an indispensable role in meticulously assessing and documenting the language deficits of

these children. His expertise in speech and language development allowed for a precise characterization of the aphasia, distinguishing it from other forms of communication impairment. Together, they presented six cases that definitively linked acquired aphasia in children to a convulsive disorder, highlighting the striking EEG abnormalities. They hypothesized that the continuous, subtle electrical discharges, especially during sleep, were functionally "ablating" or interfering with the brain's language areas, leading to the observed language regression. (1)

This publication was a landmark event as it:

- \* Established a distinct syndrome: LKS became recognized as a unique neurological condition, differentiating it from other language disorders and epilepsies.

- \* Emphasized the role of EEG: The syndrome underscored the critical importance of EEG, especially sleep EEG, in diagnosing children with unexplained language regression. The characteristic epileptiform discharges, particularly over the temporal lobes (areas crucial for language), became a diagnostic hallmark.

- \* Prompted further research: Their discovery spurred extensive research into the pathophysiology of LKS, including the relationship between epilepsy and cognitive function, and potential genetic predispositions (e.g., mutations in the GRIN2A gene, though this was discovered much later).

- \* Improved diagnosis and management: By providing clear diagnostic criteria, Landau and Kleffner's work enabled clinicians to identify LKS earlier, leading to more appropriate interventions, including anticonvulsant medications and intensive speech therapy.

### Further reading :

1. LANDAU WM, KLEFFNER FR. Syndrome of acquired aphasia with convulsive disorder in children. *Neurology*. 1957 Aug;7(8):523-30.
2. Ebrahim AK, Makhloq JJ, Busehail MY. Landau-Kleffner Syndrome Can Herald the Diagnosis of GRIN2A Gene Mutation. *Case Rep Pediatr*. 2025 Jul 20;2025:8869587. doi:10.1155/crpe/8869587. PMID:40727434;PMCID:PMC12301084

## INTERESTING CASES

WHEN NARRATIVES MISLEAD:  
THE IMPORTANCE OF PSYCHOSOCIAL HISTORY  
AND CLINICAL EXAMINATION**Dr Shikha Garg**

Developmental Pediatrician

Babylon's Newton Institute of Child and Adolescent Development,  
Jaipur, Rajasthan**Introduction**

Accurate history-taking is the cornerstone of paediatric and developmental assessments. Parents' voice is the primary lens through which the child's world is seen. But what happens when that lens itself is clouded? In developmental paediatrics, such distortions may turn routine evaluations into riddles. This is a case of a young girl referred for unusual behavioural complaints, where maternal psychopathology complicated the assessment.

**Case Description**

A 5-year-old girl was brought by her parents with a curious complaint:

- “Doctor, she is always singing songs. And she keeps talking of marriage.”

Upon digging deeper, the mother reported that her daughter often spoke of “boyfriends,” one dismissed because he disliked “matar paneer”, and another chosen for whom she would demand a “red lehenga choli” at the wedding. She insisted that the child frequently pressed her parents to “fix the marriage” and invite the groom's family for dinner.

At first glance, the narrative suggested a precocious, possibly hyper-imaginative child. Yet, when the child entered the room, the

picture shifted.

On examination, she:

- Did not initiate communication.
- Sang fragments of popular songs—never more than two lines.
- Avoided sustained eye contact, which was fleeting and inconsistent.

Her speech lacked spontaneity. Closer probing into the history revealed that she spent long hours watching YouTube shorts and reels, imitating a particular creator who made reels on women's sagas. What the mother described as “talking about marriage” was a verbatim repetition of scripted content.

Gradually, the puzzle pieces aligned—her output was echolalia, her interaction was non-reciprocal, her interests were restricted. The diagnosis of Autism Spectrum Disorder (ASD) was made, and the family was counselled about structured interventions.

But the story did not end there.

The mother resisted the diagnosis vehemently, insisting that her daughter communicated fluently. The elaborate tales of boyfriends and weddings seemed too vivid, too consistent to be mere embellishment. When

her disbelief persisted, further exploration was undertaken—this time not of the child, but of the historian.

Surprisingly, the mother was found to be an operated case of a brain tumor. Her illness had manifested with hallucinations and impaired judgment, weaving illusions into her daughter's history. What she narrated with conviction was less the child's reality and more her own altered perception.

### Discussion

This case unfolds at two levels:

1. The child's condition - Autism Spectrum Disorder with echolalia and impaired social reciprocity, unmasked only through direct observation.

2. The parent's condition - Brain pathology leading to illusions and distorted history, creating a "false clinical story."

The interplay of these two factors demonstrates the following lessons:

- History is not neutral. It is filtered through the caregiver's mind, beliefs, and—sometimes—pathology.
- Direct observation is indispensable. In developmental disorders, reliance solely on caregiver narratives may lead to misdiagnosis.
- A bio-psycho-social approach ensures that the child, parent, and environment are all considered in diagnostic formulation.

### Conclusion

The tale of the "singing bride" reminds us that not every history is a mirror of the child—it may instead be a shadow of the parent. Only by carefully disentangling voices, cross-checking narratives, and integrating clinical observation can we arrive at the truth.

## Non-Verbal Communication in Neurodevelopmental Context

DR ANOOP VERMA , Raipur Chhattisgarh

*"The most important thing in communication is hearing what isn't said."* – Peter Drucker

### ◆ Introduction

Communication is not merely the exchange of words; it is the transmission of thoughts, emotions, and intent. While spoken language is an essential medium, a significant proportion of communication occurs **non-verbally** — through gestures, facial expressions, tone, body posture, and even silence. In children with neurodevelopmental disorders, non-verbal communication often becomes the **primary window** through which caregivers and clinicians can understand their inner world.

### ◆ Defining Non-Verbal Communication

Non-verbal communication (NVC) includes all forms of communication without words:

- **Facial expressions** – joy, anger, fear, sadness.
- **Gestures** – pointing, nodding, waving.
- **Body language and posture** – openness vs. withdrawal.
- **Eye contact and gaze patterns.**
- **Paralinguistics** – tone, pitch, and pace of voice.
- **Use of space and touch** (proxemics and haptics).
- **Silence** – often a powerful communicator.

### ◆ Neurodevelopmental Perspective

For children with autism spectrum disorder (ASD), intellectual disability, cerebral palsy, and other neurodevelopmental conditions:

- **Delayed or atypical NVC** is often the first red flag for developmental concerns.
- Many children compensate for limited verbal output by developing unique NVC styles — such as eye-pointing, picture exchange, or sign language.
- Clinicians must be attuned to subtle NVC cues when assessing **pain, discomfort, anxiety, or emotional needs**, since these children may lack verbal expression.

### ◆ Clinical Relevance

#### 1. Early Identification

- Lack of pointing, poor eye contact, or absent social smile are early non-verbal signs of autism.
- In cerebral palsy, motor limitations may alter gesture use, requiring alternative augmentative communication (AAC).

## 2. Parent–Child Bonding

- Sensitive caregivers learn to interpret crying patterns, facial cues, or bodily movements, thus reducing frustration and promoting secure attachment.

## 3. Therapeutic Value

- Speech and occupational therapy frequently begin with enhancing **gestural communication** before moving to verbal language.
- AAC devices, picture cards, and sign language extend the child's communicative reach.

### ◆ Quotes in Practice

- *“When words are inadequate, the body speaks.”*
- *“Children with special needs may not use many words, but they always have something to say.”*

### ◆ Challenges and Misinterpretations

- Non-verbal cues are often **culture-specific**; for instance, eye contact can signify confidence in one culture and disrespect in another.
- Misinterpretation of behaviors (e.g., repetitive hand movements in autism) may lead to stigma or misunderstanding.
- Clinicians must adopt a **culturally sensitive and child-centered lens** while interpreting NVC.

### ◆ Fostering Non-Verbal Communication

- Encourage **joint attention** and eye contact through play.
- Use **visual schedules and picture cards** for routine activities.
- Train parents to observe and respond to their child's **unique communicative signals**.
- Incorporate technology (AAC apps, eye-tracking devices) when necessary.

### ◆ Conclusion

Non-verbal communication is not merely a supplement to speech; it is often the **primary language of children with neurodevelopmental conditions**.

Recognizing and nurturing NVC empowers these children, enhances their social participation, and enriches their quality of life.

*“Communication works for those who work at it.” – John Powell*

### ◆ References

1. Goldin-Meadow S. *The role of gesture in communication and thinking*. Trends Cogn Sci. 1999;3(11):419-429.
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3. Wetherby AM, Prizant BM. *Communication and Symbolic Behavior Scales Developmental Profile*. Baltimore: Brookes Publishing; 2002.
4. Light J, McNaughton D. *Communicative competence for individuals who require augmentative and alternative communication: A new definition for a new era of communication?* *Augment Altern Commun*. 2014;30(1):1–18.
5. American Speech-Language-Hearing Association (ASHA). *Augmentative and Alternative Communication (AAC)*. 2020.

## NON VERBAL COMMUNICATION

**SPOTTER**

Dr Anoop Verma



A 2-month-old girl presents with:

- Coarse facial features
- Large tongue (macroglossia)
- Umbilical hernia
- Developmental delay
- Constipation
- Missed newborn screening

1. What is your diagnosis?
2. What is the **role of newborn screening** in this condition?
3. What **investigations** should be done and at what time?
4. What is the **treatment strategy** and how early should it be started?
5. What are the **neurodevelopmental consequences** if diagnosis is delayed?

# SPOTTER

## Answers & Explanations

### 1. Congenital Hypothyroidism

### 2. Role of newborn screening

- Congenital hypothyroidism is the **commonest preventable cause of intellectual disability** worldwide.
- Early detection through **newborn screening** (typically heel-prick TSH ± T<sub>4</sub> within 48–72 hrs of life) prevents neurodevelopmental sequelae.
- In countries with universal screening, CH is often detected before symptoms develop.

### 3. Investigations

- **Initial screening:** Serum **TSH and free T<sub>4</sub>**.
- If newborn screening missed, any suspected case should have **immediate thyroid profile** done.
- **Imaging:** Thyroid scan (99mTc or I-123) to differentiate agenesis, ectopia, or dysmorphogenesis.
- **Timing:** Must be done **as soon as suspicion arises** — ideally within the **first 2 weeks of life** to prevent brain injury.

### 4. Treatment strategy

- **Levothyroxine (L-T<sub>4</sub>)** is the drug of choice.
- **Dose:** 10–15 µg/kg/day, started **immediately** once diagnosis is suspected (do not wait for imaging results).
- Administer crushed tablet (not liquid preparations, which may be less stable).
- Re-evaluate dose as child grows.

### Key Clinical Message

*“Congenital hypothyroidism is a silent thief of intelligence — detect it early through newborn screening, treat within weeks, and protect the child’s future.”*

## Neurodevelopmental Issues in Congenital Hypothyroidism

### 1. Role of Thyroid Hormone in Brain Development

- Thyroid hormones (T<sub>3</sub>/T<sub>4</sub>) regulate **neuronal migration, myelination, synaptogenesis, and dendritic branching** in the developing brain.
- The most critical period: **intrauterine life and first 2–3 years of postnatal life.**
- Deficiency during this window → irreversible structural and functional deficits.

### 2. Cognitive Impairment

- **Untreated CH:** Severe intellectual disability, with IQ often < 70.
- **Late-diagnosed CH** (after 2–3 months): Even if treated, IQ reduction of 10–20 points compared to peers.
- Deficits include **poor attention, reduced memory span, and impaired abstract thinking.**

### 3. Motor Development

- Hypotonia and delayed gross motor milestones (rolling, sitting, walking).
- Impaired coordination and fine motor delay.
- Persistence of primitive reflexes.

### 4. Speech and Language Development

- Delayed babbling, speech initiation, and language acquisition.
- Dysarthric speech due to **macroglossia and hypotonia.**
- Poor vocabulary development if untreated.

### 5. Behavioral and Emotional Issues

- Irritability, lethargy, and social withdrawal in infancy.
- Later: **attention-deficit, hyperactivity, poor concentration, and learning difficulties.**

### 6. Neurological Sequelae

- Spasticity, ataxia, sensorineural hearing loss (especially in severe untreated CH).
- Visual disturbances due to delayed visual maturation.
- Epileptic seizures may rarely occur in untreated severe hypothyroidism.

### 7. Effect of Delayed Treatment

- If **treatment begins before 2 weeks** → normal or near-normal development.
- If **treatment delayed until 3–6 months** → mild to moderate intellectual disability, poor school performance.
- If **treatment delayed beyond 1 year** → severe irreversible mental retardation and motor handicap (historically termed *cretinism*).

### 8. Long-term Outcomes in Treated Children

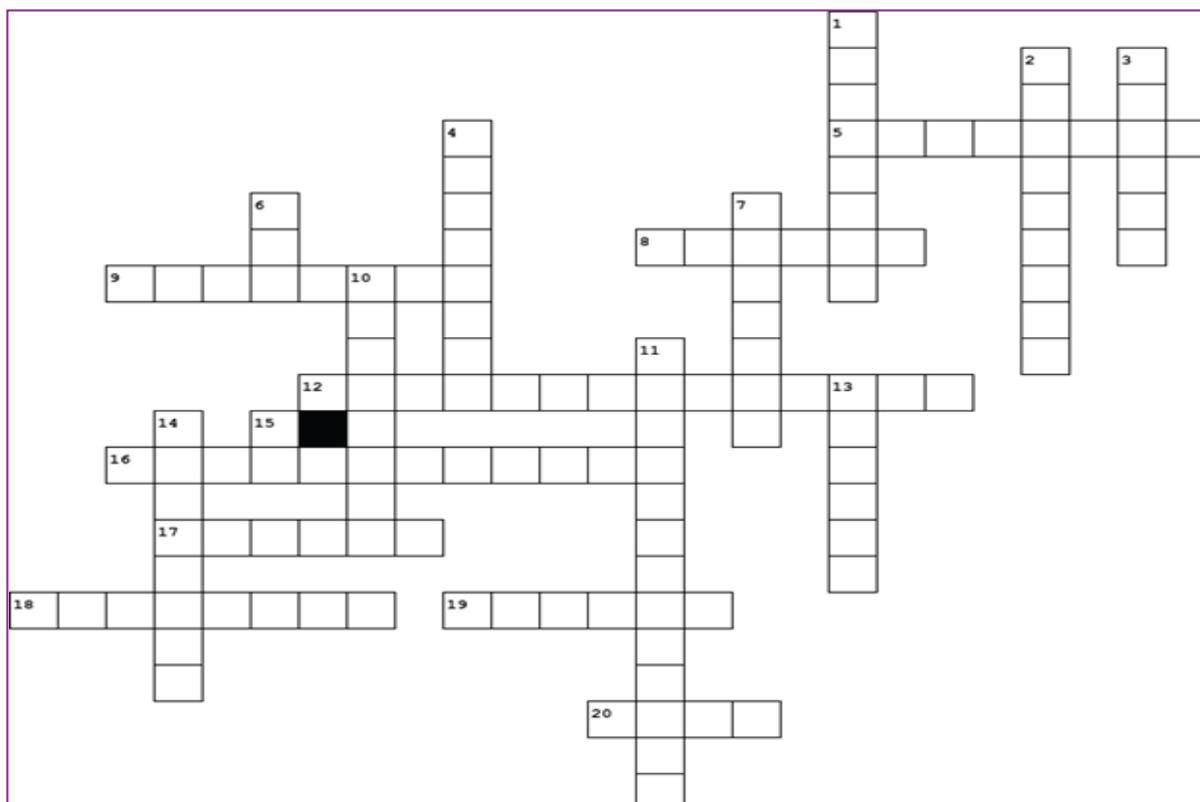
- Even with early treatment, subtle deficits may persist:
- Slightly lower IQ compared to controls.
- Deficits in attention span, working memory, and visuospatial skills.
- However, these are **far less severe** than the profound d

#### Teaching Adage

*“Thyroid hormone is the architect of the developing brain – delay in its supply leaves the foundation forever weak.”*

# THE MEANINGFUL WORD - CROSSWORD

Dr Anshuman Verma



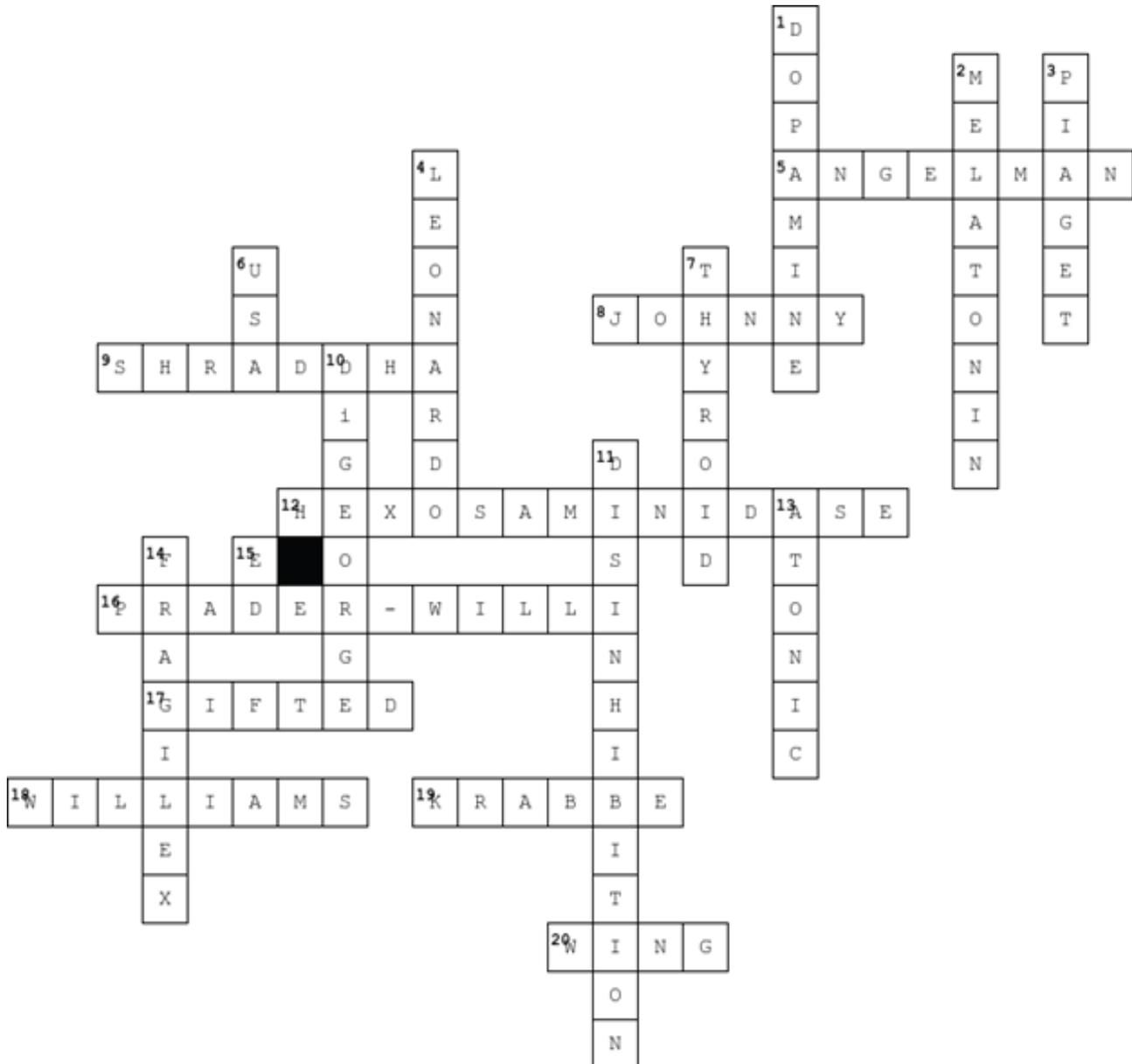
**Across**

- 5. Syndrome caused by deletion on maternal chromosome 15q11-q13
- 8. Dyslexic Hollywood actor from Pirates of the Caribbean
- 9. Indian actress who has spoken publicly about having ADHD
- 12. Enzyme deficiency causing Tay-Sachs disease
- 16. Syndrome with obesity, hypogonadism, and developmental delay
- 17. The term for an IQ above 130
- 18. Syndrome characterized by “elfin facies”
- 19. Neuroregressive disorder involving demyelination & accumulation of globoid cells
- 20. Triad of impairments seen in Autism Spectrum Disorder

**Down**

- 1. Neurotransmitter most implicated in ADHD
- 2. Sleep hormone sometimes supplemented in children with ASD
- 3. Proposed Cognitive Development Theory in children
- 4. Painter of the Renaissance believed to have had ADHD
- 6. Country which developed the TEACCH program for autism
- 7. Hormone tested first in the approach to global developmental delay
- 10. Syndrome with developmental delay, cardiac defects, immunodeficiency & hypocalcemia
- 11. Disorder characterised by lack of social inhibition & attention deficits after frontal lobe injury
- 13. Seizure classically seen in Lennox-Gastaut syndrome
- 14. Most common inherited cause of intellectual disability
- 15. Singer of song ‘Perfect’ with ASD

ANSWERS TO THE MEANINGFUL WORD - CROSSWORD



## BABBLING AND COOING : DR INDU SURANA

### Babbling and Cooring – Fellowship Program Update

Just like a baby’s first babble or gentle coo marks the beginning of a beautiful journey into communication, our 2024–25 fellowship batch has taken its first steps into the world of Developmental Pediatrics with energy and enthusiasm.

This year, 24 fellowship students are training across 18 fellowship centers as part of the one-year program that began in January 2025 and will conclude in August 2025. Each month, our online presentation sessions have been a delightful mix of learning, curiosity, and confidence—much like watching those early sounds turn into meaningful speech.

Our fellowship students have impressed us with well-prepared, thoughtful presentations that showcase not just their academic growth, but also their commitment to the children and families they will serve. The fellowship coordinators from each center, like nurturing caregivers responding to a baby’s first words, have been actively engaging, guiding, and appreciating the students’ progress.

From babbling ideas to cooing with confidence, this journey is already shaping into a harmonious chorus of learning and collaboration.

The image shows a Zoom meeting interface. The main content is a slide titled "RELEVANCE TO INDIAN CONTEXT" with a bullet point: "High prevalence of sleep problems in Indian children with autism." Below the slide is a logo for the Indian Academy of Pediatrics, Chapter of Neurodevelopmental Pediatrics. Underneath is a "Fellowship Academic Program" schedule for August.

August			
Date	Topic	Presenter	Moderator
8.08.25	Journal club: Sleep interventions in Autism	Dr. Sheetal Kamdar University CDC	Dr. P. Shrivastava Sri Sankaranagar CDC
12.08.25	Journal club	Dr. Anshu B. CDC Translational	Dr. Pragnan Surana SCOP/Chhat

THE MEETING WILL BE HELD ON TUESDAY 9:30 PM ON ZOOM

INTERNAL FELLOWSHIP COORDINATOR: DR. SHEETAL KAMDAR  
EXTERNAL FELLOWSHIP COORDINATOR: DR. P. SHRIVASTAVA  
PROGRAM MANAGER: DR. ANSHU B.  
PROGRAM MANAGER: DR. PRAGNAN SURANA  
FELLOWSHIP COORDINATOR: DR. SHEETAL KAMDAR

# SUDDEN BURSTS OF LAUGHTER

*Dr Priya Jain*

## All In The Line of Duty

Some time back, the concept of 'boutique birthing centres' came up and the hospital management was all for it. Despite the doctors apprehensions, many new concepts were adopted; one among them was allowing spouses to come into the Operating Theatre to be present during Caesarean- so they can witness the joyous moment when their baby takes her/ his first breath.

As expected, many brave and strong men would collapse like a rag doll when the first incision was made. When it became clear that despite warnings, the partners could not handle the sight of their spouses' blood, we decided to find a middle ground. We started having a sterile sheet hooked onto stands on either side of the operating table, which acted as a screen, and the partner would sit at the head end (we strictly did not allow them to stand), hold their wife's hand and be oblivious to the ongoings on the other side of the screen.

On one really busy day with all OT's working, we were underway on another Caesarean. I was standing by the radiant warmer ready to receive the baby. There seemed to be some anaesthetic complication just when the partner came in wearing scrubs. He very hesitantly said 'Maam' to the anaesthetist. She gave a vague smile, totally

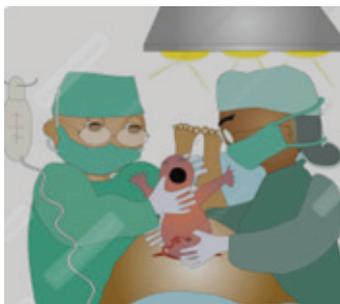
engrossed in her work and said, 'Please sit'. He again said, 'Maam' to which she turned to him and said, 'Sir, please sit and give me 5 minutes'.

She again returned to her task, giving orders to the technicians one after the other. The man sat down, tried to stand again and say something. I gestured him to keep quiet and looked a little sternly at him. He finally sat down with a look of dejection. The patient stabilised and our anaesthetist gave the go ahead to the Obs to start the C- section.

Finally relaxing she gave him her sweetest smile and told him that his wife is fine and asked him what he wanted to know. He got up and equally sweetly replied, 'Maam, I'm the new anaesthetic resident. I've joined today and I was told to come and assist you in the OT'. My friend turned crimson, I burst out laughing and the Obs team wanted in on the joke.

Later in the doctors' room, our brand new resident commented 'When I joined a mother-child speciality hospital, I didn't know I would get one free on my first day itself'.

All in the line of duty.



## ROLLING OVER – THE OTHER SIDE - NEWS THAT IS PATH BREAKING

### AVA AI FOR THE HEARING IMPAIRED

**Dr Sreetama Chowdhury**

Artificial intelligence is the modality of tomorrow- and it is here to stay. For our friends with hearing impairment, AVA AI is an app, available on both Playstore and Appstore, which can be a game changer as far as social accessibility is concerned.

Ava AI uses a simple technology to transcribe people's voices, using the device microphone, into readable text. The general distance for reception is around 1 meter, with a great degree of accuracy, which can be further improved by the help of an integrated professional scribe.

For group conversations, each user can download the app on their devices, and speak

into their microphones. The entire transcribed conversation can be made accessible to everyone in real time. For professional level lectures and conferences, the app can even be paired via Bluetooth to the speaker's mic, and the student can get access to the transcribed speech. This ensures that even higher centres of learning remain accessible to those with hearing impairment.

AVA is also available in a multitude of languages and accents, including Hindi. It is available free for occasional users and as a paid subscription for people who need it more frequently.

**Membership Form**



Indian Academy of Pediatrics



Chapter of Neuro Developmental Pediatrics

**Membership Application Form**

(Please fill in capital letters; All Information Mandatory; Pl do not leave any blank spaces)

1. Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Central IAP Membership Number ( For Pediatricians Only) : \_\_\_\_\_
4. Permanent address: .....
- .....
- .....
5. Office Address.....
- .....
- .....
6. Email:..... Landline Telephone:.....
7. Mobile Phone Number (1).....(2).....
8. Present Work Status: Private \_\_\_ Govt. \_\_\_ Medical College \_\_\_ Voluntary Agency \_\_\_
- 9.

Qualifications	Name of University	Year of Passing
MBBS		
MD Pediatrics		
DCH		
DNB Pediatrics		
Others		

10. Areas of Interest of Work \_\_\_\_\_

P.T.O

**Membership Form**

11. Membership Subscription:

- a) Life Membership for Central IAP Members – Rs 1500
- b) Life Associate Membership for Doctors other than Pediatricians – Rs 1500
- c) Life Affiliate Membership for All Other Professionals – Rs 1500

12. On online transfer please e-mail the scanned form with transfer details to [cdgiap@gmail.com](mailto:cdgiap@gmail.com) with cc to [kawaljit000@gmail.com](mailto:kawaljit000@gmail.com)

**NAME OF ACCOUNT – IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS  
 PAYABLE AT ERNAKULAM  
 FEDERAL BANK LTD  
 ERNAKULAM / KATHRUKADAVU  
 ACCOUNT NUMBER 16860100040046  
 IFSC CODE – FDRL0001686**

**Signature of the Applicant with date:**

**For Office Use Only Membership No.....**

..... **Particulars of the receipt: Cheque / D.D**

**No.....Bank.....**

**Amount.....Date.....**

## ZONAL AND STATE COORDINATORS 2025-26

**North Zone : Dr Khurshid Ahmed Wani**

**East Zone : Dr Atanu Bhadra**

**West Zone : Dr Leena Deshpande**

**Central Zone : Dr Deepak Dwivedi**

**South Zone : Dr Lal D V**

STATE	STATE COORDINATORS
J&K	Dr Sheikh Mushtaq Ahmed
PUNJAB	Dr Manmeet Sodhi
HARYANA	Dr Himani Khanna
DELHI	Dr Praveen Suman
RAJASTHAN	Dr Megha Maheshwari
UTTARAKHAND	Dr Shruti Kumar
BIHAR	Dr Rahul Thakur
WEST BENGAL	Dr Indu Surana
ASSAM & NORTH EAST	Dr Pubali Deka, Dr Nilanjan ( Tripura)
ORISSA	Dr Subrat Majhi
MADHYA PRADESH	Dr Pradeep Dubey
TELANGANA	Dr Hema Nalini
ANDHRA	Dr Asritha
TAMIL NADU	Dr Sivaprakasam, Dr Sivaraman
KERALA	Dr Manju George, Dr Nimmy Joseph
KARNATKA	Dr Chitra Shankar
GOA	Dr Vibha Parsekar, Dr Elyska
MAHARASTHRA	Dr Dipti Shinde, Dr Nirali Lohiya
GUJRAT	Dr Swati Vinchurkar, Dr Deepika Jain
JHARKHAND	Dr Shyamal Verma

## PAST OFFICE BEARERS OF THE CHAPTER

YEAR	CHAIRPERSON	SECRETARY
	Dr Pratibha Singhi	Dr Nandini Mundkur
2002-2004	Dr Nandini Mundkur	Dr Abraham K Paul
2004-2006	Dr Hanumantha Rao	Dr Jacob Roy
2006-2010	Dr Abraham K Paul	Dr SS Kamath
2010-2013	Dr SS Kamath	Dr Samir H Dalwai
2013-2015	Dr Samir H Dalwai	Dr Prameela Joji
2015-2017	Dr Samir H Dalwai	Dr Chhaya S Prasad
2017-2019	Dr Jeeson C Unni	Dr Leena Srivastava
2019-2023	Dr Shabina Ahmed	Dr KS Multani
2024	Dr Leena Srivastava	Dr Shambhavi Seth

## NATIONAL CONFERENCES OF THE CHAPTER

SI No	Year	Place	Organizing Chairpersons
1	2004	Bhubaneswar	Dr J Sarangi, Dr Arabindo Mohanty
2	2005	Hyderabad	Dr Hanumantha Rao
3	2006	Cochin	Dr Abraham K Paul, Dr S S Kamath
4	2007	Bangalore	Dr Nandini Mundkur
5	2008	Meerut	Dr Priyanka Jain
6	2009	Mumbai	Dr Tanmay Amladi, Dr. Samir Dalwai
7	2010	Delhi	Dr Monica Juneja
8	2011	Chandigarh	Dr Chhaya Prasad
9	2012	Nagpur	Dr Deepti Jain
10	2013	Cochin	Dr Abraham K Paul, Dr SS Kamath
11	2014	Bhopal	Dr Zafar Meenai
12	2015	Madurai	Dr Santhosh Rajagopal
13	2016	Mumbai	Dr Samir Dalwai
14	2017	New Delhi	Dr H Pemde, Dr Shambhavi Seth
15	2018	Hyderabad	Dr Himabindu Singh
16	2019	Pune	Dr Leena Srivastava
17	2020	eNCDP	Dr KS Multani
18	2021	eNCDP 2.0	Dr KS Multani
19	2022	Kolkata	Dr Atanu Bhadra
20	2023	Guwahati	Dr Shabina Ahmed
21	2024	Bangalore	Dr Adarsh E