

OCTOBER-DECEMBER 2025



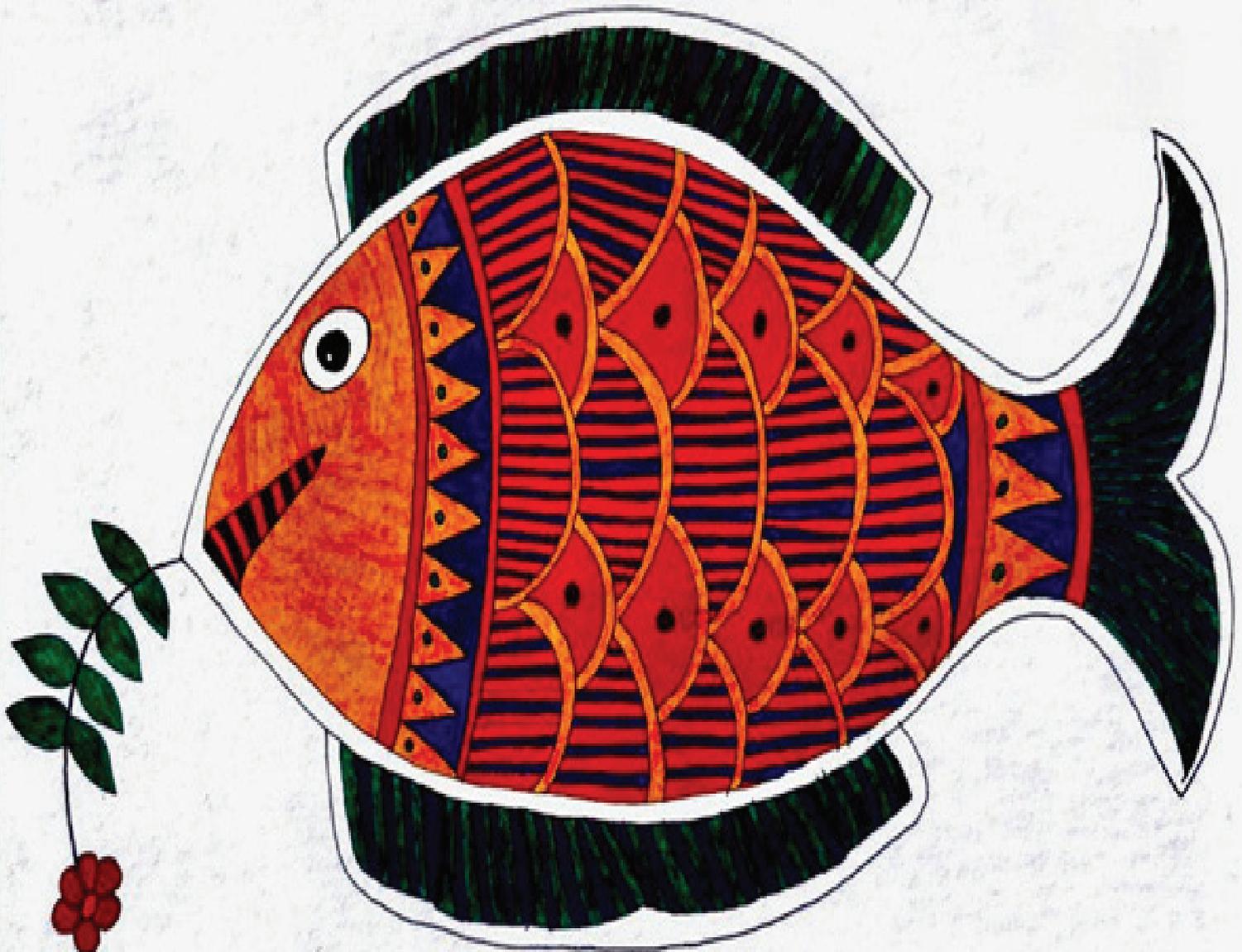
# DPT



## DEVELOPMENTAL PEDIATRICS TODAY

Your monthly booster for developmental and behavioural news!

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



I am Mira, an proud artist with autism.  
I love doing the art I do because it is a wonderful  
feeling and the only way to do awesome art  
is to love what I do.

Chief Editor : **Dr Samir Dalwai**

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## CENTRAL IAP OFFICE BEARERS 2025



## OFFICE BEARERS 2025



**Dr KS Multani**  
Chapter Chairperson 2025



**Dr. Zafar Meenai**  
Chairperson Elect 2025



**Dr Deepa Bhaskaran**  
Vice Chairperson 2025



**Dr Leena Srivastava**  
Imm. Past Chairperson



**Dr. Shambhavi Seth**  
Chapter Secretary 2024-25



**Dr Lata Bhat**  
Joint Secretary



**Dr Narayanan**  
Treasurer

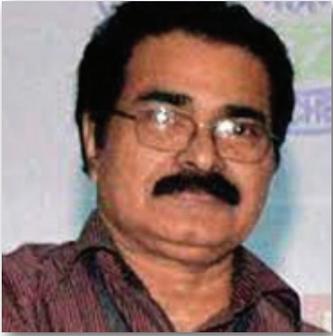


**Dr. Samir Dalwai**  
National Fellowship Coordinator



**Dr Soma Sundaram**  
Joint Secretary

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Dr. Abraham K. Paul



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Dr. Nandini Mundkur



Dr. Jeelson C. Unni



Dr. Shabina Ahmed

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**THE BEARERS OF GOOD NEWS  
(AKA EDITORIAL TEAM)**

**Dr Samir H Dalwai**

**Dr Kawaljit Singh Multani**

**Dr Leena Srivastava**

**Dr Zafar Meenai**

**Dr Shambhavi Seth**

**Dr Anoop Verma**

**Dr Leena Deshpande**

**Dr Anjali Gokarn**

**Dr Pubali Deka**

**Dr Susan Zacharia;**

**Dr Nimmy Joseph**

**Dr Anshuman Verma**

**Dr Indu Surana**

**Dr Sreetama Chowdhury**

## INTERACTIONS - THE EDITOR - DR SAMIR H DALWAI

Dear Friends,

As we bring you another issue of Developmental Pediatrics Today, it's a good time to pause and reflect on the everyday work we do as developmental pediatricians. Much of our practice is not about dramatic moments, but about small, steady steps—listening to parents, observing children carefully, revisiting goals, and supporting families over time.



In our clinics, we continue to see familiar concerns: delays in speech and learning, attention and behaviour issues, social communication difficulties, and increasing emotional challenges. Each child reminds us that development is not linear and never occurs in isolation. Relationships, environment, school expectations, and digital exposure all shape developmental outcomes.

This issue brings together practical ideas and clinical insights that speak directly to routine practice. It reinforces what we already know but often need to revisit—early identification, timely habilitation, and working closely with families and allied professionals.

Regular sharing of experiences like this helps us stay connected as a community and strengthens the care we provide—one child, one family, one conversation at a time.

**Dr. Samir H. Dalwai**

Developmental–Behavioural Pediatrician

## JOINT ATTENTION

### MESSAGE FROM CHAIRPERSON



2026 New year greetings to all the members of the IAP chapter of Neurodevelopmental Pediatrics and their families.

As I end the year 2025 as the chairperson of the chapter, I thank all the chapter seniors, my colleagues in the OB and all the young members for the guidance and support that I received from all for furthering the cause and look forward to all of you for your continuous support to Dr Zafar Meenai, Chapter Chairperson 2026. Under the guidance of our teacher Dr MKC Nair, 02 Dec has been designated as Habilitation day by central IAP

and was celebrated all over India for the first time this year and I am sure this one act will be a big stepping stone in the years to come.

My focus areas for the year was to increase the chapter membership, increasing collaboration with national and international bodies working in the field, mentoring of young developmental paediatricians and conducting zonal CME's. Dr Zafar Meenai (Chairperson Elect 2025 ) and I had formulated a 10 point agenda for the year 2025 & 2026 - The Hyderabad declaration towards these aims and I am so happy to say that have achieved many of these over the last year and I promise Dr Zafar for my continued support for the cause in the coming years and I am sure that chapter will reach greater heights under his able leadership.

The newsletter team has been working passionately to bring out quarterly issues with excellent articles, fellowship activities and other trivia which makes the issue an interesting read. I sincerely thank them for their efforts and wish them more laurels in the coming years.

'I have miles to go before I sleep' - Robert Frost.

Long live IAP,

Jai Hind,

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

Chairperson 2025

## JOINT ATTENTION MESSAGE FROM SECRETARY



Dear Members,

As we bring the final quarter of the year to a close, I pause with a deep sense of gratitude and pride in what our Chapter of Neurodevelopmental Pediatrics has collectively achieved.

The past few months have truly reflected the academic vibrancy of our chapter. From enriching teaching-learning activities to the ever-growing strength of our fellowship program, the energy and commitment of our members have been remarkable. Each year, the fellowship continues to expand—not just in numbers, but in depth and quality—adding passionate, well-trained developmental pediatricians to the country's workforce. This, in itself, is a quiet but powerful testament to the chapter's vision and sustained efforts.

A significant milestone this quarter was the successful conduct of the Fellowship Examination at KEM Hospital, Pune, where close to 24 candidates appeared. The smooth execution of the examination speaks volumes about the meticulous planning, teamwork, and academic rigor upheld by our faculty, examiners, coordinators, and host institution. I extend my sincere thanks to everyone who contributed to making this process seamless and meaningful for our trainees.

At the heart of all these initiatives are our chapter members—your unwavering support, participation, and trust have been the driving force behind every program, discussion, and milestone. The collective ownership you bring to the chapter's work is what keeps it dynamic and forward-moving.

As we step toward a new chapter, January 2026 will see a new team take over the leadership of the chapter under the chairpersonship of Dr. Zafar Meenai. On behalf of the outgoing team, I extend my warmest wishes to the incoming leadership. We are confident that under this stewardship, the chapter will continue to grow, innovate, and strengthen its academic and clinical impact.

Thank you once again to every member, mentor, fellow, and colleague for making this journey fulfilling and purposeful. It has been an honour to serve as your Secretary, and I look forward to continuing this shared mission of advancing developmental pediatrics together.

With gratitude and best wishes,

**Dr Shambhavi Seth**

Secretary,

IAP Chapter of Neurodevelopmental Pediatrics

2024-25

## MESSAGE FROM CHAIRPERSON 2026

Respected Seniors & Dear esteemed members,

Seasons Greetings from Chairperson 2026

Wishing all NDP members a very happy, healthy and prosperous New year.

We had a very successful NCDP conference and chapter activities in 2025.

We have been blessed by high quality articles from our members for our Journal, IJDBP continuously for the last 3 years and is going for DOAJ indexing this quarter and expect the members to continue the unwavering support for the journal.

Our Team solicits your help in implementing the Kolkotta declaration for 2026-27 (Dr. Zafar, Dr. Kawljit, Dr. Shambhavi) Chairman's action plan - a unified and continuous effort of training, academics, fun, community activities, and self upgradation. The main components of the declaration are:

SAKSHAM community outreach program

- \* Advocacy for Government of India recognition of Developmental Pediatrics
- \* Digital Media Committee for social media presence & professional storytelling
- \* Academic Committee to streamline academic activities
- \* Caregiver Training Programs – module development and online rollout
- \* Strengthened zonal activities nationwide
- \* AI-enabled office toolkit for developmental pediatric practice. SAKSHAM program will provide every chapter member a platform to showcase their leadership role and at be the centre stage at the local level. We will soon start the training at district level through you. The program aims at training pediatricians, general practitioners, therapists, anganwadi workers at district level on high risk infant followup, autism, ADHD, learning disabilities incoordination with local administration, police and media house, all aimed at disability limitation. Hope we have a fruitful year ahead.

## MESSAGE FROM CHAIRPERSON 2026

**Introducing the new Office bearers of 2026-27.**

Vice chairperson 2026	: <b>Dr Lata Bhat</b>
Hon. Secretary General 2026-27	: <b>Dr Lal D.V. Nair</b>
Joint secretaries	: <b>Dr Deepak Dwiwedi</b> <b>Dr Shyamal Verma</b>
Treasurer	: <b>Dr Nimmi Jospeh</b>
National Coordinator-Academics committee	: <b>Dr Samir Dalwai</b>
National Co-Coordiators Academic	: <b>Dr M Narayanan</b> <b>Dr Leena Srivastava</b> <b>Dr Khurshid Wani</b> <b>Dr Deepa Bhaskaran</b> <b>Dr Sheffali Gulati</b>
National Coordinator- Fellowship <i>(Dr Leena Deshpande to coordinate fellowship related meetings with ICP)</i>	: <b>Dr Leena Deshpande</b>
Zonal Coordinator - North	: <b>Dr Mammeet</b>
Zonal Coordinator - South	: <b>Dr Sanjay K</b>
Zonal Coordinator - West	: <b>Dr Nirali Lohia</b>
Zonal Coordinator - East	: <b>Dr Pubali Deka</b>
Zonal Coordinator - Central	: <b>Dr Hema Nalini</b>

Yours sincerely,

**Dr Zafar Meenai**

Chairperson NDP - 2026

## THE KOLKATA DECLARATION (2026–27)

### Chairperson Action Plan – Developmental Pediatrics

#### Preamble

The Kolkata Declaration presents the strategic roadmap for 2026–27, building upon achievements of 2024–25. It focuses on community engagement, academic consolidation, caregiver empowerment, digital visibility, zonal strengthening, and future-ready developmental pediatric practice.

#### Key Accomplishments (2024–25)

- High-Risk Newborn Follow-up Guidelines published under IAP
- MoU signed with NIEPID
- State-wise WhatsApp groups established
- SANBEPA activities integrated with Fellowship programs
- 2nd SANBEPA Congress successfully held at Trivandrum

#### Strategic Priorities (2026–27)

- SAKSHAM community outreach program
- Advocacy for Government of India recognition of Developmental Pediatrics
- Digital Media Committee for social media presence & professional storytelling
- Academic Committee to streamline academic activities
- Caregiver Training Programs – module development and online rollout
- Strengthened zonal activities nationwide
- AI-enabled office toolkit for developmental pediatric practice

#### Annexure: National Directory of Developmental Pediatricians (Framework)

A standardized national directory to facilitate referrals, networking, academic collaboration, and advocacy. To be periodically updated by the Chapter.

Zone	State	City	Name	Affiliation / Practice	Contact (Optional)

## IAP- Chapter of NeuroDevelopmental Pediatrics

**"SAKSHAM"**

Empowering stake holders; Reducing disability barriers

**Program:****Stake holders & Roles:**

- Developmental pediatrician: Clinical training- early identification and management of developmentally supportive care
- IAS/district collector/MP/MLA: Administrative guidances on disability related schemes, entitlements
- IPS- Police commissioners- training on cyber security, child protection
- Media- Content creation, awareness camps, dissemination of information
- Educational strategies, inclusive class rooms, learning support
- Family members: Knowledge of rights, caregiving strategies, community supportss.
- Government.:state/central, NGO's NIEPD

**Training scheduling:**

- National Level TOT- online- 3 hours
- District level workshops- Pan India- 3hrs -Off-line  
(9.30am-1pm or 2-5.30pm)
- Training through SAKSHAM module: for Pediatrician, administrators, security, media.
- Groups for training: Pediatricians, GPs, Anganwadi workers, Therapists,
- Pre/post test, Feedback- google forms

**Contents:**

1. High risk Infant Developmentally supportive care- 30 min
2. Autism -early diagnosis & Habilitation- 30 min
3. Scholastic concerns- 30 min
4. Cyber security & safety-By IPS officer- 30 min
5. Disability benefits/ administrative issues- IAS officer- 30 min
6. Positive role of Media- awareness campaigns- media- 30 min

**Budget/expenditure**

Total Expenditure / workshop- Rs 35,000-40,000/-

High tea- Rs 30/head

Momentos &amp; stationary- Rs5000/-

Faculty- 10,000/-

# Social Communication (From the States and State Coordinators)

Dr Pubali Deka

This section presents an overview of the academic activities, conducted by chapter members

**Habilitation Day Webinar by IAP Chapter of Neurodevelopmental Pediatrics**

Mission Disability Reduction and Inclusion: Habilitation by family & community centric care in NDD

**Chief Guest: Dr. MKC Nair**

**Guests of Honor**

Dr. Navin Phadnis, Dr. Anandha Meena, Dr. U.S. Bhatnagar, Dr. Ranganatha, Dr. Sangeetha Pillay, Dr. Anurag Shetty, Dr. Anand Kulkarni, Dr. Datta Meena, Dr. Saurabh Kumar

**PANELISTS / EXPERTS**

*Enhancing communication: Building connect*  
Dr. Shwetha Seth

*Activities of Daily Living (ADL): Building Independence*  
Dr. Lal D.V.

*Behaviour Support: Building regulation*  
Dr. Shweta Kumar

**2nd December, 2025**  
3:00 PM - 5:00 PM | TUESDAY

**IAP Chapter of Neurodevelopmental Pediatrics in association with South Asian Neurodevelopment Behavioral Environmental Pediatrics Association (SANBEPA)**

**INTERNATIONAL ACADEMIC ACTIVITY**

25 NOV 2025 | 2-3 PM IST, TUESDAY on ZOOM

PROF. MKC NAIR SIR | CHIEF GUEST  
DR. ZAFAR MEENA | PROGRAM COORDINATOR

1. Dr Ripudaman Minhas (Canada) - GUEST LECTURE (20 MIN)  
"Leveraging Social Media to Combat Health Misinformation"

CHAIRPERSONS - DR. BUCHIRA GUPTA (INDIA) - NATIONAL JOINT SECRETARY IAP 2024-25  
NATIONAL IAP HSG (ELECT) 2025-27  
DR. SAMIR DALWAI - VICE PRESIDENT SANBEPA

2. PANEL DISCUSSION - MIXED BAG (40 MIN)

MODERATOR - DR. SHAMBHAVI SETH (INDIA)

PANELIST	TOPICS
Dr Lal DV (India)	Child Abuse & Prevention
Prof (Dr) Hem Sagar Rimal (Nepal)	Child Rights & Prevention Initiatives in Nepal
Dr Shymal Verma (India)	Govt Policies for Children With Special Needs
Prof (Dr) Deepak Deivedi (India)	Child Rights in Indian Context

VOT: NATIONAL CHAIRPERSON IAP NDD, 2025 GP CAPT RETD DR KS MULTANI



Habilitation Day, Puducherry



Habilitation Day, Arunachal Pradesh



## HABILITATION DAY WEBINAR – REPORT

### Dr Shyamal Verma

To commemorate Habilitation Day, the IAP Chapter of Neurodevelopmental Pediatrics successfully organized a national-level webinar on 2nd December 2025, conducted via Zoom platform, from 2:00 PM to 3:00 PM. The theme of the webinar was “Mission Disability Reduction and Inclusion: Habilitation by Family and Community-Centric Care in Neurodevelopmental Disorders (NDD)”, reflecting the evolving paradigm of inclusive, participatory, and family-empowered habilitation.

The webinar was graced by Chief Guest Dr. MKC Nair, a pioneer in child development and community-based disability care, whose presence added immense academic and inspirational value to the event. The programme was further enriched by the distinguished Guests of Honour, including Dr. Vasant Khalatkar, Dr. Neelam Mohan, Dr. G V Basavaraja, Dr. Singaravelu, Dr. Yogesh Parikh, and Dr. Ruchira Gupta, all of whom emphasized the need for structured, evidence-based habilitation practices integrated within family and community frameworks.

The academic deliberations were chaired by Dr. Kawaljit S Multani and Dr. Zafar Meenai, with Dr. Samir Dalwai serving as the Moderator, ensuring seamless flow and meaningful engagement throughout the session.

The expert panel discussions focused on key functional domains essential for holistic habilitation:

- **Enhancing Communication: Building Connect** – delivered by Dr. Shambhavi Seth, highlighting strategies to promote meaningful communication and social participation.
- **Activities of Daily Living (ADL): Building Independence** – presented by Dr. Lal D V, emphasizing skill acquisition and functional autonomy.
- **Behaviour Support: Building Regulation** – addressed by Dr. Shyamal Kumar, focusing on positive behaviour support, emotional regulation, and family-centred intervention approaches.

The discussions were firmly grounded in the IAP Habilitation Guidelines 2024, underscoring the importance of early identification, parent empowerment, interdisciplinary collaboration, and community participation in reducing disability and enhancing quality of life for children with neurodevelopmental disorders.

The session concluded with a Vote of Thanks by Dr. Lata Bhat, who acknowledged the contributions of all speakers, chairpersons, organizers, and participants for making the webinar a meaningful academic and advocacy initiative.

The Habilitation Day Webinar 2025 successfully reinforced the vision of inclusive, family-centric, and community-based habilitation, inspiring pediatricians and allied professionals to translate evidence-based principles into everyday clinical and community practice.

## PINCER GRASP- JOURNAL SCAN

Dr Kawaljit S Multani

**Safety and Efficacy of High-Dose Folinic Acid in Children with Autism: The Impact of Folate Metabolism Gene Polymorphisms***Caiyun Zhang, Yanlin Chen, Fang Hou, Yanzhi Li, et al. Nutrients 2025, 17, 1602.***Abstract:**

Background/Objectives: Research on the safety and efficacy of high-dose folinic acid in Chinese children with autism spectrum disorder (ASD) is limited, and the impact of folate metabolism gene polymorphisms on its efficacy remains unclear. This trial aimed to evaluate the safety and efficacy of high-dose folinic acid intervention in Chinese children with ASD and explore the association between folate metabolism gene polymorphisms and efficacy.

**Methods:**

A 12-week randomized clinical trial was conducted, including 80 eligible children with ASD, randomly assigned to an intervention group (n = 50) or a control group (n = 30). The intervention group was administered folinic acid (2 mg/kg/day, max 50 mg/day) in two divided doses. Efficacy was measured using the Psycho-Educational Profile, Third Edition (PEP-3) at baseline and 12 weeks by two trained professionals blind to the group assignments. Methylenetetrahydrofolate reductase (MTHFR C677T, MTHFR A1298C), methionine synthase (MTR A2756G), and methionine synthase reductase (MTRR A66G) were genotyped by the gold standard methods in the intervention group.

**Results:**

49 participants in the intervention group and 27 in the control group completed this trial. Both groups showed improvements from baseline to 12 weeks across most outcome measures. The intervention group demonstrated significantly greater improvements in social reciprocity compared to the control group. Children with MTHFR A1298C or MTRR A66G mutations demonstrated greater improvements in various developmental domains than wild type. Folinic acid may be more effective in certain genotype combinations, such as MTHFR C677T and A1298C. No significant adverse effects were observed during the intervention. Conclusions: High-dose folinic acid may be a promising intervention for children with ASD, and its efficacy is associated with folate metabolism gene polymorphisms. High-dose folinic acid intervention may promote better neurodevelopmental outcomes by alleviating folate metabolism.

**Reviewers comments**

This article summarizes the findings of the 2025 study titled "Safety and Efficacy of High-Dose Folinic Acid in Children with Autism: The Impact of Folate Metabolism Gene Polymorphisms." The study investigated whether high-dose folinic acid (Leucovorin) improves developmental outcomes in Chinese children with Autism Spectrum Disorder (ASD). It specifically looked at how a child's genetic makeup—specifically variations in the folate metabolism pathway—determines how well they respond to the treatment.

The researchers focused on three primary enzymes that act as “engines” for the folate cycle. When these genes have mutations, the “engine” runs slowly, leading to folate deficiencies in the brain.

### 1. MTHFR (The Gatekeeper)

- A1298C Mutation: Children with this mutation showed the most dramatic improvements in visual-motor imitation, social reciprocity, and communication.
- C677T Mutation: When combined with A1298C, these “compound” mutations led to better responses in verbal behavior and reducing maladaptive traits.

### 2. MTRR (The Recycler)

- A66G Mutation: Children with this variant saw significant improvements in expressive language and cognitive verbal skills.

### Mechanism of Action

The study suggests that high-dose folinic acid (@2mg/kg/day) works through two main pathways:

1. Bypassing Bottlenecks: It provides a “reduced” form of folate that doesn’t need to wait for the slow, mutated MTHFR enzyme to process it.

2. Enzyme Stabilization: High levels of folate can physically stabilize the “shaky” 3D structure of mutated enzymes, allowing them to function better.

The study found the following :

**Significant Social Improvement:** Children receiving folinic acid showed marked gains in social reciprocity compared to the control group ( $p = 0.010$ ).

- **High Safety Profile:** The intervention was well-tolerated. No significant adverse effects (such as the common concerns of insomnia or hyperactivity) were observed at the high-dose level.
- **Genetic “High Responders”:** The treatment was not equally effective for everyone; its success was highly dependent on specific gene mutations (polymorphisms).

The researchers concluded that high-dose folinic acid is a promising, low-cost intervention for ASD. Most importantly, the study advocates for a Precision Medicine approach: using genetic testing to identify which children are most likely to benefit from folate therapy.

## FROM GENERAL TO JOURNAL

READING & WRITING – REVIEW OF THE  
HANDBOOK CHAPTERS

Dr Anjali Gokarn

## SELECTIVE MUTISM

BY

DR SAMIR DALWAI

Selective Mutism is one of the seven Anxiety disorders in children

The onset is usually before 5 years of age and has a genetic basis

The inability to speak is present only in certain social situations like school or day care, unlike Autism, where it is present in all situations

These children speak normally in familiar settings like home and with family

This affects the child's daily functioning

The prevalence is less than 1% in the general population and is twice as common in girls than boys

The diagnosis is by a good clinical history

The disorder should be present for at least a month (excluding the first month of school entry)

**Diagnosis by the DSM-5**

Differential diagnosis could be Oppositional and defiant child or a strong willed child as well as dysarthria and fluency disorders

Tests needed are an Audiogram, evaluation for speech and language and anxiety disorders

Treatment is support and encouragement, reducing pressure to speak, relaxation and breathing techniques

Occasionally SSRI drug treatment may be necessary

## INTERESTING CASES

# STRUCTURED NEURO-REGULATION AND COMMUNICATION PROTOCOL IN AN OLDER NON-VERBAL CHILD WITH AUTISM SPECTRUM DISORDER AND ADHD

**Dr. Purva Shah**

Neurodevelopmental Pediatrician  
Founder, Samvedan Child Development Centre

Children with Autism Spectrum Disorder (ASD) who remain non-verbal beyond early childhood and have comorbid Attention Deficit Hyperactivity Disorder (ADHD) often present significant therapeutic and prognostic challenges. Conventional therapy alone may not always yield functional gains unless supported by medical management, structured parent training, and individualized non-conventional interventions. This case highlights the impact of a holistic, multimodal approach over one year in an 8-year-old child with non-verbal ASD and ADHD.

### Case Description

An 8-year-old male child was brought to our center with concerns of absence of functional speech, severe hyperactivity, poor attention span, frequent sensory dysregulation, and minimal compliance to structured tasks.

The child had been diagnosed with Autism Spectrum Disorder (DSM-5 criteria) at an earlier age.

Despite multiple therapy exposures, he remained non-verbal, communicating primarily through gestures, pulling caregivers, and occasional vocalizations. Hyperactivity and impulsivity significantly interfered with therapy participation and daily routines.

There was no significant perinatal history. Hearing and vision assessments were normal. Prior interventions were inconsistent due to poor carryover at home and caregiver fatigue.

At intake, the child was assessed using Samvedan's internal functional domains.

### Clinical Challenges

Key challenges identified at presentation included:

Non-verbal status at 8 years of age.

Severe inattention and hyperactivity limiting learning readiness.

Sensory seeking behaviors with frequent emotional dysregulation.

High parental stress and inconsistent home implementation.

Limited functional communication leading to behavioral outbursts.

Intervention Strategy A customized, layered intervention plan was implemented over one year, focusing on regulation first, followed by communication and functional independence.

### Medical Management

Given the significant ADHD symptoms interfering with therapy, appropriate pharmacological intervention was initiated and titrated carefully. The primary goal was not sedation but improving attention span, impulse control, and therapy engagement.

### Structured Therapies

Communication training focusing on pre-linguistic skills, joint attention, imitation, and augmentative communication strategies.

Occupational Therapy with Sensory Integration, targeting proprioceptive and vestibular modulation.

Behavioral strategies incorporated within therapy sessions to improve compliance and task tolerance.

**Parent Training** : A Core Samvedan Intervention Parents were enrolled in regular counseling and hands-on training sessions, focusing on:

### Understanding sensory needs and regulation strategies

Reducing unintentional reinforcement of maladaptive behaviors- EXTREMELY IMPORTANT

In addition to conventional therapies, selected non-conventional methods were integrated based on the child's profile, including:

Alternative communication exposure.

Play-based and movement-oriented learning strategies.

These methods helped bridge engagement gaps and improve emotional regulation.

After one year of consistent intervention:

The child demonstrated improved attention span and ability to sit for structured activities.

Frequency and intensity of hyperactive behaviors reduced.

Emergence of intentional communication, including better eye contact, purposeful gestures, and improved receptive understanding, with gain of functional speech and communication. Improved therapy participation and learning readiness.

Parents reported reduced stress, improved confidence, and better carryover at home.

### Discussion

This case emphasizes that in older non-verbal children with ASD, especially with comorbid

ADHD, regulation and attention are foundational prerequisites for communication development.

Medication, when judiciously used, can significantly enhance therapy effectiveness rather than replace it.

Additionally, parent training and individualized non-conventional strategies play a crucial role in sustaining gains beyond the therapy room. Progress in such cases should be measured not only by spoken words but by functional communication, regulation, and participation.

Non-verbal status at 8 years does not preclude meaningful functional improvement.

ADHD comorbidity must be actively addressed to optimize therapy outcomes.

Parent training is not optional—it is a core intervention.

Non-conventional methods, when evidence-informed and individualized, can enhance engagement.

Success should be defined by quality of life and functional gains, not speech alone.



# SPOTTER-136A1

Dr Anoop Verma  
Case vignette



Dr Anoop Verma

1. What is the most likely diagnosis?

**A1. Most likely diagnosis**  
Early Childhood Caries (ECC) with a localized dental (periapical) abscess / dentoalveolar abscess.

**Explanation:** In toddlers, progressive breakdown of anterior primary teeth with focal gingival swelling near the root region is most consistent with ECC complicated by localized periapical infection.

2. Which feeding practice most strongly predisposes to this condition?

**A2. Predisposing feeding practice**

**Night-time bottle feeding / prolonged bottle use with milk or sweetened liquids**, especially when the child sleeps without oral cleaning.

**Explanation:** Frequent exposure of teeth to fermentable carbohydrates—particularly during sleep when salivary flow and clearance are reduced—creates prolonged acid challenges and accelerates decay. Sugar exposure is a key modifiable driver of dental caries risk.

You are receiving these spotters by broadcast. You can request for deleting your name or adding your name to the broadcast list, kindly request to my whatsapp number 9826142411. Thank you.

418



## SPOTTER-136A2

Dr Anoop Verma



Dr Anoop Verma

**3. Why are maxillary incisors commonly affected while mandibular incisors are relatively spared?**

**A:** Maxillary incisors are involved due to pooling of liquids around maxillary incisors + reduced cleansing; The mandibular incisors are relatively protected by tongue and saliva from submandibular/sublingual glands.

**Explanation:** During bottle feeding (especially supine/night-time), liquids tend to bathe the upper incisors, while

the lower incisors get relatively more mechanical protection (tongue) and salivary buffering.

**4. What complications can occur if this condition is untreated?**

**Complications if untreated**

- Pain → poor feeding/sleep disturbance
- Spread to facial cellulitis / deep space infection
- Premature tooth loss → speech/articulation and occ

# Parent-Mediated Interventions in a Changing Generational Landscape: Reflections from Clinical Practice

**Dr Jyoti Bhatia**

Senior Consultant Developmental and Behavioral Pediatrics

Apollo Hospital, Noida

Blossom Child Development Centre

Noida & Greater Noida

Email: [drjyotibhatia@gmail.com](mailto:drjyotibhatia@gmail.com)

As developmental pediatricians, much of our work unfolds not only in clinics but within relationships—particularly with parents. Parent-mediated interventions form the backbone of early and ongoing developmental support. Yet, in recent years, many clinicians may find themselves sensing an unexpected friction: strategies that once resonated now require more explanation, more negotiation, or sometimes meet quiet resistance.

This has led me to reflect on a fundamental shift—not in parenting commitment, but in parenting generations.

I belong to Generation X, shaped by a time when authority was largely vertical. As parents, many of us adopted approaches we learned through observation, guidance from elders, and professional advice that was seldom questioned. Generation Y introduced greater questioning and personalization of parenting. Today, however, we increasingly work with Generation Z parents, and this transition calls for deeper examination.

Gen Z parents approach parenting — and professional guidance—differently. Their relationship with expertise is more

collaborative than hierarchical. While they value knowledge, they also place equal weight on lived experience, peer narratives, and personal values. Advice that feels directive may be perceived as dismissive of their insight, even when evidence-based.

Learning styles have also evolved. These parents are accustomed to rapid access to information, visual learning, and adaptive problem-solving. Long explanations and delayed outcomes can feel mismatched with their expectations of flexibility and responsiveness. Traditional intervention models that rely on sustained consistency over long periods may need to be broken down into smaller, visible, achievable steps.

Equally important is the emotional context in which Gen Z parents are raising children. Many are deeply conscious of emotional well-being and are motivated by a strong desire to avoid causing psychological harm. Concepts such as limit-setting, managing avoidance, or tolerating distress—central to many developmental and behavioral interventions—may inadvertently trigger parental anxiety around attachment, trauma, or emotional invalidation.

This does not reflect a lack of resilience or commitment; rather, it highlights a generation that is emotionally attuned but often emotionally burdened.

Another defining feature of Gen Z parenting is its identity-driven nature. Parenting choices are closely tied to personal values—gentleness, respect, neuroaffirmation, and autonomy. When interventions are presented merely as techniques, they may feel misaligned with parental identity. However, when framed as tools that support these values rather than contradict them, engagement often improves dramatically.

These reflections invite us, as professionals, to pause and adapt. The core principles of

developmental pediatrics remain unchanged. What must evolve is how we communicate, collaborate, and contextualize our guidance.

Perhaps the shift is from:

- Teaching → Co-creating
- Compliance → Shared understanding
- Fidelity to technique → Fidelity to values and outcomes

Working with Gen Z parents challenges us to refine not only our interventions but our relational stance. In doing so, we may find that our work becomes not harder—but richer, more reflective, and ultimately more aligned with the families we serve.

## SUDDEN BURSTS OF LAUGHTER

Dr Leena Deshpande

### Pervasiveness of social media!



We are all aware of how much social media has become a part of our lives and yet how pervasive it has become is an eye-opener for many. Today, I was in the hospital to see a boy who was admitted. After examining him and talking and counselling, I came to the desk to write in the notes. While writing, I asked the nurse what his BP was. Every child with a kidney problem obviously needs the blood pressure checked regularly. He (a male nurse) looked at me quizzically and raised his eyebrows. The

admitted boy was 16 years old. I looked up and asked again what the BP was. The nurse looked non-plussed and then suddenly as if he was enlightened told me it was 110/70. He then explained that he thought I was asking about the DP!!!

Hey bhagwan!! He wondered whose DP he should have been looking at?!!!

Suraj na badla, Chand na badla.... kitna badal gaya insaan....social media ke chakkar mein!

ROLLING OVER – THE OTHER SIDE -  
NEWS THAT IS PATH BREAKINGWALKING INTO THE FUTURE: ROBOTIC  
EXOSKELETONS AND CEREBRAL PALSY CARE

Dr Sreetama Chowdhury



For decades, rehabilitation in cerebral palsy (CP) has revolved around the skilled hands of therapists, perseverance of families, and the quiet resilience of children learning to move in bodies that don't always cooperate. Today, a new partner is stepping into the therapy room—robotic exoskeletons. Once the stuff of science fiction, these wearable robotic devices are now reshaping how we think about mobility, neuroplasticity, and participation for individuals with CP. In simple terms, a robotic exoskeleton is a wearable, motor-powered frame that supports and guides limb movement. In cerebral palsy, most exoskeletons are designed for the lower limbs, assisting hip, knee, and sometimes ankle movements during standing and walking. Sensors detect the user's intention to move, while motors provide precisely timed assistance to create a more efficient and symmetrical gait pattern. Importantly, these devices do not “walk for” the child. Instead, they aim to support active participation,

reinforcing correct movement patterns through repetition. Robotic exoskeletons bring three powerful advantages: • High-intensity, task-specific training • Consistency and precision • Motivation and engagement Research on robotic exoskeletons in CP is still evolving, but early results are encouraging. Studies in children with spastic diplegia and hemiplegia have shown improvements in gait speed, endurance, step length symmetry, GMFM scores, and selective motor control. Robotic exoskeletons are adjuncts, not replacements, for conventional therapy. They work best when integrated into a comprehensive rehabilitation plan including physiotherapy, orthoses, spasticity management, and family-centered goal setting. Despite the promise, barriers remain—cost, accessibility, training needs, and suitability for all children.

The future of exoskeletons in CP care lies in personalization, AI integration, and improved accessibility. These technologies are shifting the narrative from limitations to possibilities.

**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
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ORISSA	Dr Subrat Majhi
MADHYA PRADESH	Dr Pradeep Dubey
TELANGANA	Dr Hema Nalini
ANDHRA	Dr Asritha
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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
2025	Dr KS Multani	Dr Shambhavi Seth

## NATIONAL CONFERENCES OF THE CHAPTER

SI No	Year	Place	Organizing Chairperson(s)
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
22	2025	Trivandrum	Dr Deepa Bhaskaran

## 23RD NATIONAL CONFERENCE OF IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS 2026



**Venue: Rainbow Resorts**  
Bandhavgarh national park  
Tala, Jamunara,  
Madhya Pradesh



### For Registration

**Contact:**  
Dr Naresh Bajaj (9399372171)  
Dr. Karan Joshi (9425184975)  
Dr. Zafar Meenai (9300276765)  
Dr. Deepak Dwivedi (7869918636)  
Email- [ncdp2026@gmail.com](mailto:ncdp2026@gmail.com)



23rd National Conference of IAP Chapter of Neuro Developmental PEDIATRICS , 2026



**THEME :Sustenance and Preservation of  
Pediatric Environment for Development**



## TARGET AUDIENCE

- **Paediatricians**
- **Paediatricians with special interest in Developmental Paediatrics**
- **Developmental Paediatricians**
- **Physicians**
- **Neonatologists**
- **Child Psychiatrists**
- **Paediatric Neurologists**
- **Medical students including Undergraduate & PG students.**

## 23RD NATIONAL CONFERENCE OF IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS 2026



### CONFERENCE REGISTRATION DETAILS

Registration Category	Early Bird (Till 31st May)	1st June – 31st July	1st Aug – 31st Oct	Spot Registration
IAP Members	₹ 6000/-	₹ 7500/-	₹ 8500/-	₹ 10000/-
Non-IAP Members	₹ 7000/-	₹ 8500/-	₹ 9500/-	₹ 11000/-
PG Students	₹ 5000/-	₹ 6500/-	₹ 7500/-	₹ 9000/-
Paramedical Staff	₹ 6000/-	₹ 7500/-	₹ 8500/-	₹ 10000/-
Senior Delegates (>70 years age)	Free	Free	Free	Free
Workshops	₹ 1000/-	₹ 1000/-	₹ 1000/-	—



Account Name: ASSOCIATION OF PEDIATRICIANS IN REWA  
 Account No. : 6239000100058390  
 Bank Name: Punjab National Bank  
 Branch: Shyam Shah Medical College, Rewa  
 IFSC CODE: PUNB0623900

**₹ Payment-Related Queries**  
 Dr Naresh Bajaj (9399372171)  
 Dr Karan Joshi ( 9425184975)  
 Dr Ravikant Mishra (7947436196)  
 Dr Deepak Dwivedi(7869918636)

- To register, please fill the google form : <https://docs.google.com/forms/d/e/1FAIpQLScXsImAvVG2-x2wCla3v0Jr-ZLpeDyJfN9C6iDGuvKLXdf-8A/viewform?pli=1>



**\*\*Transportation from Katni ,Rewa Railway Station,Jabalpur and Rewa Airport will be**

## 23RD NATIONAL CONFERENCE OF IAP CHAPTER OF NEURO DEVELOPMENTAL PEDIATRICS 2026

### Proposed Accommodation Sites

Name of Resort	Accommodation capacity (rooms)	Prices /night (Approximate )
Tiger's Den	32	6000₹
Nature 's Heritage	30	6000₹
Aranyak Resort	32	6000₹
Mowgli	41	6000₹
Bandhav Vilas	18	8500₹
Lemon Tree	28	6000₹
Bundela	23	6000₹
Bamboo Grove	10	9000₹

Blue Lotus	06	4000₹
Maati Jungle Resort	--	4000₹
Olive Resort	10	4000₹
MPT	28	6000₹
Ashoka	22	3500₹
Whispring grass	06	3000₹
Dharohar Kothi	--	3500₹
Sun Resort	--	3500₹
Jungle Kothi	16	3500₹
Maharaja Kothi	24	4000₹