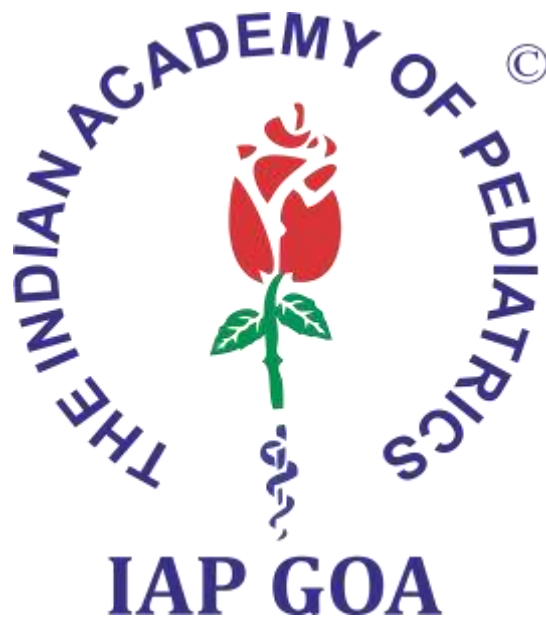


# **IAP GOA STATE CHAPTER**

## **E-Bulletin**



**E- BULLETIN SEPTEMBER  
2025**

Activities from  
April - September 2025

**ISSUE 13**

**IAP GOA STATE CHAPTER**

For Private Circulation



## Table of Contents

Sr. No.	Title	Page No.
1	PRESIDENT'S ADDRESS	03
2	EDITOR'S NOTE	04
3	GROWTH MONITORING OF PRETERM NEONATES	05
4	RIGHTS OF A CHILD	12
5	LIVING WITH ASTHMA OR A WHEEZING CHILD	14
6	NUTRITION	18
7	ACTIVITIES & ACHIEVEMENTS	22



## PRESIDENT'S ADDRESS

Dear IAP Members,

Warm greetings from the IAP Goa State Chapter!

It gives me immense pleasure to reach out to you through this newsletter, which reflects the vibrant academic and social spirit of our small yet dynamic branch. Over the past few months we have continued our journey of growth, learning, and collaboration - all aimed at enriching Paediatric care and strengthening our professional fraternity in Goa.

Our chapter has been actively organising CMEs, workshops, and interactive sessions that blend clinical excellence with practical relevance. We've also strived to diversify our initiatives beyond pure academics - touching upon vital aspects such as doctor wellness, financial literacy, and work-life balance. These programs have been very well received, reaffirming that the holistic development of a Paediatrician extends beyond the clinic.

Special thanks to our dedicated Executive Board members, Past Office bearers, and enthusiastic members who have tirelessly contributed their time and ideas. Your support and participation remain the driving force behind every successful activity of our chapter.

As we look ahead, our focus will remain on innovation and inclusivity — encouraging young Paediatricians to take leadership roles, promoting community outreach, and aligning with IAP's national goals. Let us continue to work together to uphold the IAP's spirit of "*Children First*," ensuring that every child in Goa receives the best possible health.

I invite each one of you to actively participate in our upcoming events and share your thoughts, suggestions, and experiences. Together, let's continue to make IAP Goa a model of academic excellence and camaraderie.

With warm regards,

Dr. Swapnil Usgaonkar

The President,

IAP Goa State Chapter

2025-2026



## EDITOR'S NOTE

Warm greetings to all IAP members and readers!

The IAP Goa State Chapter is buzzing with activities, and we're thrilled to share updates with you. In this edition, we highlight our recent CMEs, workshops, and community outreach programs that showcase our commitment towards Pediatric healthcare. We Pediatricians have been working tirelessly to promote child health and well-being, and we're proud of the impact we're making.

From expert talks on cutting-edge topics to hands-on training sessions, we've left no stone unturned in enhancing Pediatric care. We invite you to join us in our mission to create a healthier future for our young ones.

Share your thoughts, ideas, and experiences with us - let's collaborate to shape the future of Pediatric healthcare in Goa!

Happy reading!!

With warm regards,

Dr. Siddhi Akarker (Kolvekar) & Dr. Kritika Kamat (Wagle)

The Editors  
IAP Goa State Chapter 2025-2026



## GROWTH MONITORING OF PRETERM NEONATES

-Dr. Kavita Sreekumar

Professor-Dept. of Pediatrics, Goa Medical College

### Significance of Growth Monitoring:

In the third trimester, a foetus experiences rapid growth- a process disrupted by preterm birth leading to increased risk for postnatal growth failure. The American Academy of Pediatrics (AAP) recommends achieving postnatal growth and body composition in preterm infants' equivalent to those of normally growing foetuses at the same gestational age. However, achieving this is often challenging due to factors such as impaired gut maturity, nutrient intake restrictions, and associated co-morbidities like Bronchopulmonary dysplasia, Patent Ductus Arteriosus, Necrotising Enterocolitis which contribute to postnatal growth faltering also known as *Extrauterine Growth Restriction* (EUGR).

EUGR increases the risk of mortality and adverse neurodevelopmental outcomes. Conversely excessive postnatal weight gain can pose risks of obesity and cardiovascular morbidity later in life. Therefore, growth monitoring of preterm neonates is a pivotal aspect of Neonatal Intensive Care aiding in early identification of postnatal growth faltering and planning targeted nutritional interventions for optimal growth.

### Understanding Growth Charts:

Growth charts serve as tools to assess and monitor growth displaying both the size of the child at different ages and the growth velocity over time. They provide an assessment of whether and if so, how far an infant deviates from their target growth, which represents the growth goal of that infant. While various growth charts for preterm neonates have been developed, there is no consensus on the most suitable one. Growth charts can be categorized as Reference or Standard.

### Reference Growth Charts:

- Descriptive charts derived by plotting the anthropometry of a specific population at a particular time.
- Do not take into consideration the health status of the population, hence, disregarding the fact that factors that contribute to premature birth can adversely influence the size at birth e.g. Fenton's Charts.

### Standard Growth Charts:

- Prescriptive charts derived from a selected healthy population, depicting optimal growth under ideal conditions.
- Based on the assumption that there are no international differences in fetal growth under optimal conditions e.g. WHO Standard Growth charts, INTERGROWTH-21st charts.

Based on the methodology of data collection, Growth charts can be Intrauterine or Postnatal Growth charts.



### Intrauterine Growth Charts:

- Also known as size-at-birth or fetal charts.
- Utilize size at birth of preterm infants born at different gestational ages as a proxy for fetal growth.
- Used for assessing growth status at birth, monitoring longitudinal growth, and diagnosing EUGR.
- E.g. Olsen's charts, Fenton's charts, INTERGROWTH-21st size-at-birth charts.

### Postnatal Growth Charts:

- Descriptive charts prepared by collecting longitudinal data, illustrating initial weight loss after birth, regain of birth weight, and subsequent growth.
- E.g. Ehrenkranz and Dancis charts
- INTERGROWTH-21st preterm postnatal growth standards were constructed using repeated measures taken prospectively from a cohort of "healthy" preterm infants.
- Notably, the curves of the preterm postnatal standards are lower than the intrauterine growth curves, with the largest differences observed for infants born at lower gestational ages.

A comparison of some charts is depicted in Table 1.

**Table 1: Comparison of Growth charts**

Type of Chart	Ehrenkranz	Fenton and Kim	NICHD (fetal growth charts)	INTERGROWTH-21ST size at birth charts	INTERGROWTH-21ST preterm postnatal growth standards	WHO (Fetal)
Purpose	Descriptive, longitudinal	Descriptive, reference	Descriptive, standard	Prescriptive, standard	Prescriptive, standard	Prescriptive, standard
Year of data collection	1994-1995	1991-2007	2009-2013	2009-2014	2009-2014	2009-2014
Sample size	1660	3,986,456 <32wks-58,484 (meta-analysis)	1,737	20,486 (Newborn cross-sectional study)	<37wks-201 <32wks-12 (Preterm Postnatal Follow-up Study)	1387
Metric tracked	Weight, length, HC, MAC	Weight, length, HC	EFW, fetal biometry	Weight, length, HC	Weight, length, HC	EFW, fetal biometry
GA	24-29 wks.	22-40wks	15-40wks	33-43wks	26-37wks	15-40wks
Countries for population selection	United States	6 countries (Germany, United States, Italy, Australia, Scotland, Canada)	United States	8 countries (Brazil, Italy, Oman, United Kingdom, United States, China, India, and Kenya)		10 countries (Argentina, Brazil, Democratic Republic of the Congo, Denmark, Egypt, France, Germany, India, Norway, and Thailand)
Pros	Longitudinal study, Demonstrates initial loss of	Useful for very preterm babies, Gender	Racial/ethnic-specific fetal growth standards	Global and diverse representation, Infant and maternal factors for growth restriction excluded, Longitudinal data, complements the WHO Child Growth		Reflects global growth pattern, evaluated for



	weight, regain of birth weight and subsequent gain	specific, Statistical smoothing from 36 to 50 weeks' PMA as it links to the WHO standards for term infants		Standards	and showed country differences
<b>Cons</b>	Small sample size, single centre study, only VLBW babies included	Cross-sectional data, developed countries only, underdiagnose SGA babies, less applicable for term babies	Less applicable for populations outside of the United States, used ultrasound-based measurement	Smaller sample size especially extreme preterm, may underdiagnose EUGR,	Used ultrasound-based measurements

HC-head

circumference, MAC-mid-arm circumference, EFW-estimated fetal weight, GA-gestational age, PMA-postmenstrual age, VLBW-very low birth weight, SGA-small for gestational age, EUGR-extrauterine growth restriction

### Utilizing Growth Charts:

Components of growth assessment include determining if an infant's growth is normal or abnormal, the direction of growth alteration (poor or excessive growth), and the degree of abnormality. Traditionally, weight, length, and head circumference are plotted on established growth charts, corrected for gestational age and gender. During the hospital stay, weight is typically monitored daily until NICU discharge, twice weekly until term equivalent age, and then monthly until one year. Length and head circumference are measured at least once weekly until NICU discharge and subsequently at every outpatient (high-risk follow-up) visit.

In routine clinical practice, growth velocity (GV) is the most predominant indicator used to monitor growth. For preterm infants, a growth velocity of 10-15gms/kg/day for weight (refer to Table 2), 1cm/week for length, and 0.7cm/week for head circumference is considered within the normal range. Another valuable parameter is the weight gain ratio (WGR), where a WGR close to 1 is regarded as normal (refer to Table 2).

Assigning percentiles and z scores to anthropometric measurements, including weight, length, head circumference, or BMI, helps represent an infant's size for age relative to a reference population. Percentiles indicate the rank position of an individual within a population, categorizing size for age (e.g., <10th percentile for Small for Gestational Age and >90th percentile for Large for Gestational Age). Z scores, derived from the distribution of the reference population, signify the extent and direction of deviation from the central value (mean or median), expressed in units of the population standard deviation (SD). Negative z scores imply values below the central population value (e.g., a z score of -1.28 corresponds to the 10th percentile), while positive z scores indicate values above the central value (e.g., a z score of 1.28 corresponds to the 90th percentile). A z score of zero denotes that the observed value equals the mean of the reference population.

While percentiles are more understandable and practical in clinical settings, assessing longitudinal growth rather than cross-sectional measurement is recommended when monitoring preterm infants. A growth trajectory is illustrated by the z score change (Delta z score), where a positive change indicates an increase in growth status, a negative change indicates a decline, and a change of zero reflects stable or unchanged growth status (refer to Table 2). Importantly, the z score changes exhibit superior predictive ability for long-term outcomes compared to cross-sectional size assessments.



**Table 2: Methods to assess Postnatal growth**

Method	Formula
Growth velocity (g/kg/d)	Current weight – Previous weight / Average weight x 1000
Weight Gain Ratio (WGR)	Current weight – Previous weight / 50% Weight difference
Delta Z-score	Current Z score – Previous Z score
Average weight = Current weight + Previous weight / 2	
50% Weight difference = 50% weight at current weight – 50% weight at previous weight	
Z-Score: From electronic chart or <a href="https://peditools.org/fenton2013/">https://peditools.org/fenton2013/</a> <a href="https://intergrowth21.tghn.org/">https://intergrowth21.tghn.org/</a>	

**Selecting the Best Growth Chart:**

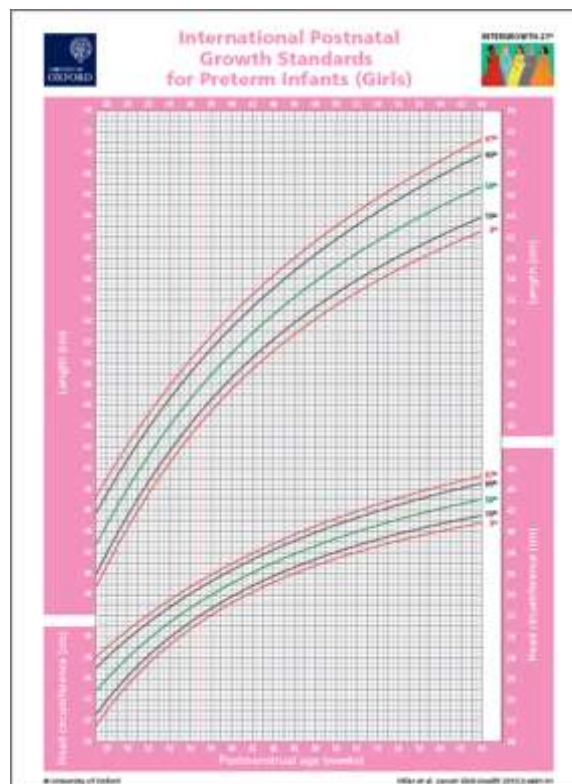
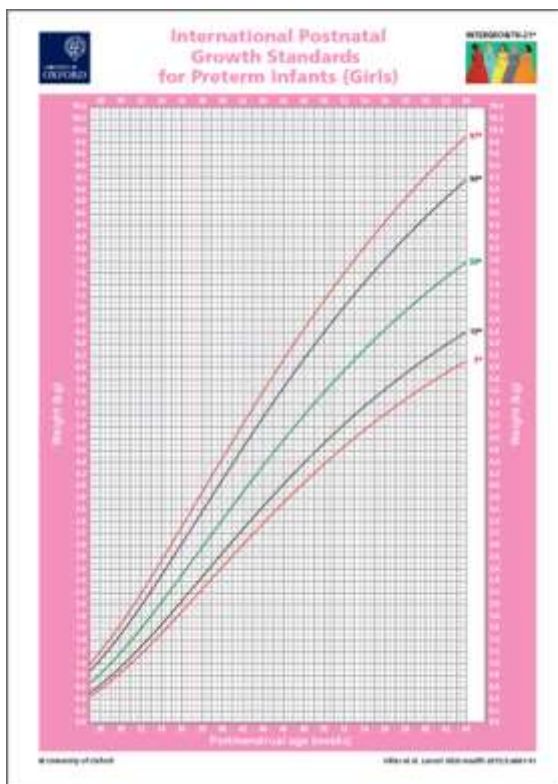
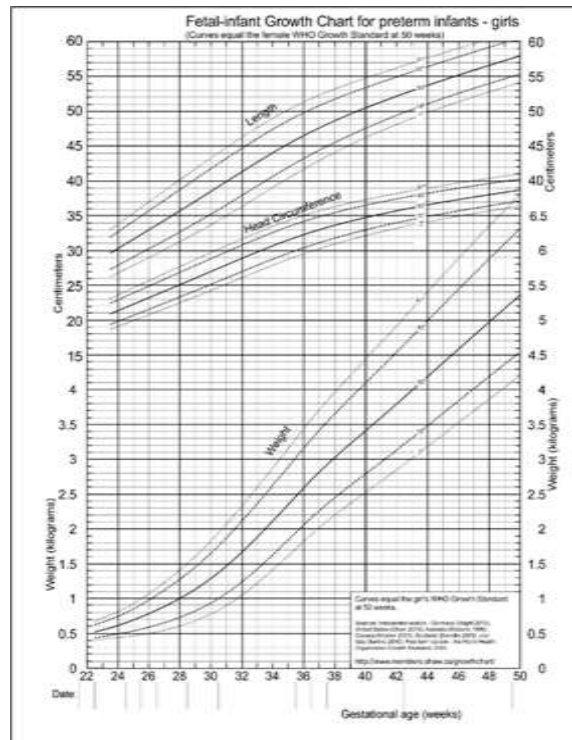
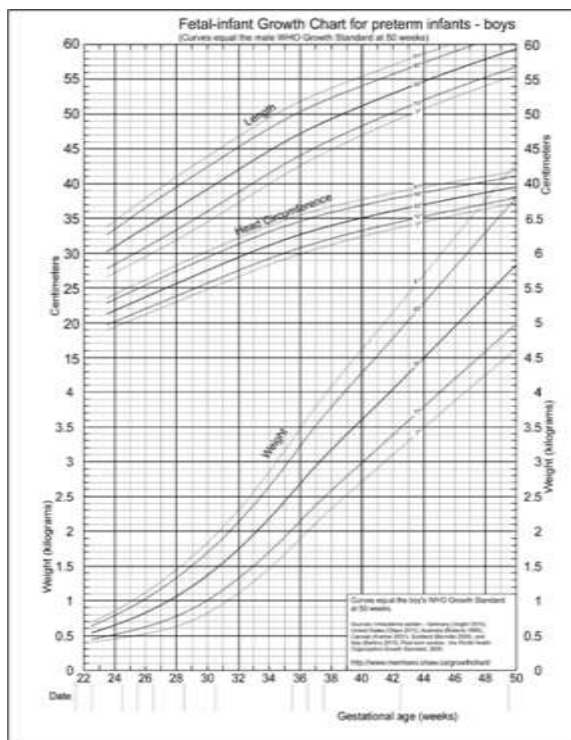
There is no consensus on which is the most suitable growth chart to be used. Commonly used growth charts in NICUs are the Fenton's charts and INTERGROWTH-21<sup>st</sup> chart till 42-50 weeks gestation followed by WHO growth charts till 2 years of age. The WHO curves are considered the standards for monitoring the longitudinal growth of children from birth to 24 months. Selection depends on factors such as the served population, data availability, and research goals.

*In conclusion, growth monitoring of preterm neonates is a critical aspect of neonatal care, facilitating early identification of growth issues and guiding targeted nutritional interventions. The choice of a growth chart depends on various factors, and healthcare professionals must consider these factors when selecting the appropriate chart for monitoring preterm infant growth.*

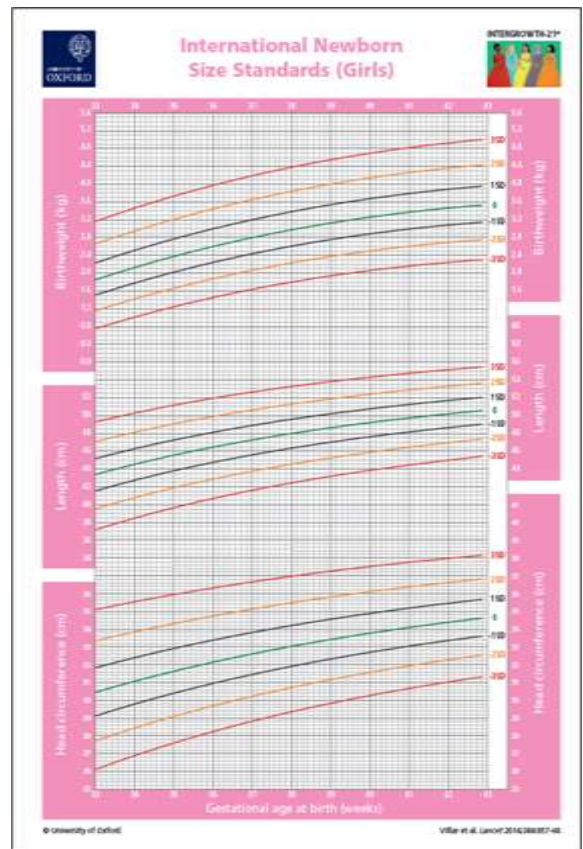
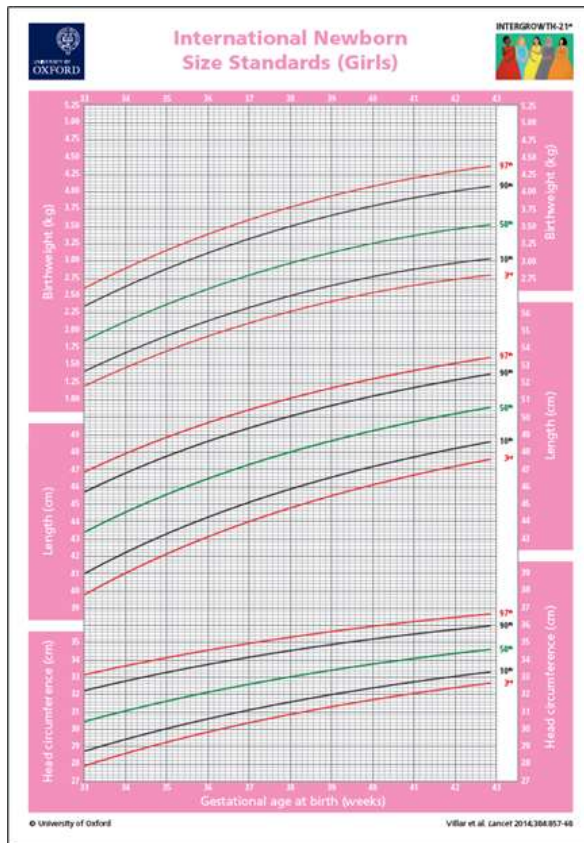
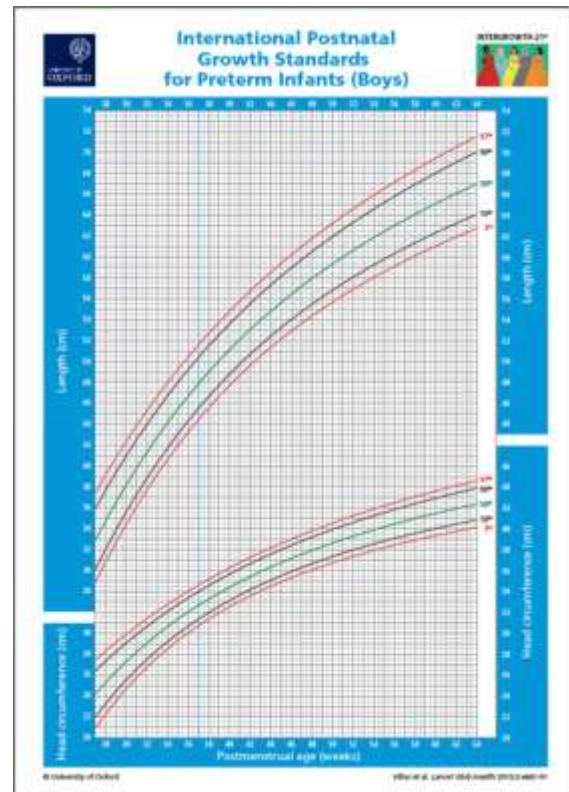
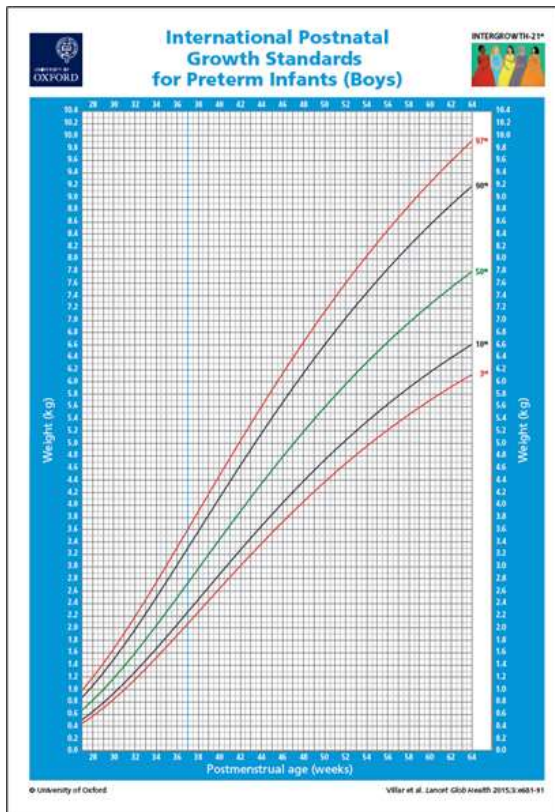
**References:**

1. Cordova EG, Belfort MB. Updates on assessment and monitoring of the postnatal growth of preterm infants. *Neoreviews*. 2020 Feb 1;21(2):e98-108.
2. Sampognaro L, Manzar S. Postnatal Growth Monitoring of Preterm Infants. *Ann Pediatr Child Health* 2022; 10(3): 1273.
3. Ehrenkranz RA, Younes N, Lemons JA, et al. Longitudinal growth of hospitalized very low birth weight infants. *Pediatrics*. 1999;104(2 Pt 1):280-289. doi:10.1542/peds.104.2.280.
4. Fenton, T.R., Kim, J.H. A systematic review and meta-analysis to revise the Fenton growth chart for preterm infants. *BMC Pediatr* 13, 59 (2013). <https://doi.org/10.1186/1471-2431-13-59>.
5. Buck Louis GM, Grewal J, Albert PS, Sciscione A, Wing DA, Grobman WA, et al. Racial/ethnic standards for fetal growth: the NICHD Fetal Growth Studies. *Am J Obstet Gynecol*. 2015;213:449.e1–49.e41.
6. Villar J, Giuliani F, Bhutta ZA, Bertino E, Ohuma EO, Ismail LC, Barros FC, Altman DG, Victora C, Noble JA, Gravett MG. Postnatal growth standards for preterm infants: the Preterm Postnatal Follow-up Study of the INTERGROWTH-21st Project. *The Lancet Global Health*. 2015 Nov 1;3(11):e681-91.
7. Villar J, Cheikh Ismail L, Victora CG, et al. International standards for newborn weight, length, and head circumference by gestational age and sex: the Newborn Cross-Sectional Study of the INTERGROWTH-21st Project. *Lancet*. 2014;384(9946):857-868. doi:10.1016/S0140-6736(14)60932-6
8. Merialdi M, Widmer M, Gülmezoglu AM, Abdel-Aleem H, Bega G, Benachi A, Carroli G, Cecatti JG, Diemert A, Gonzalez R, Hecher K, Jensen LN, Johnsen SL, Kiserud T, Kriplani A, Lumbiganon P, Tabor A, Talegawkar SA, Tshetu A, Wojdyla D, Platt L. WHO multicentre study for the development of growth standards from fetal life to childhood: the fetal component. *BMC Pregnancy Childbirth*. 2014 May 2;14:157. doi: 10.1186/1471-2393-14-157. PMID: 24886101; PMCID: PMC4014086.
9. Grantz KL, Hediger ML, Liu D, Buck Louis GM. Fetal growth standards: the NICHD fetal growth study approach in context with INTERGROWTH-21st and the World Health Organization Multicentre Growth Reference Study. *Am J Obstet Gynecol*. 2018 Feb;218(2S):S641-S655.e28. doi: 10.1016/j.ajog.2017.11.593. Epub 2017 Dec 22. PMID: 29275821; PMCID: PMC5807181.

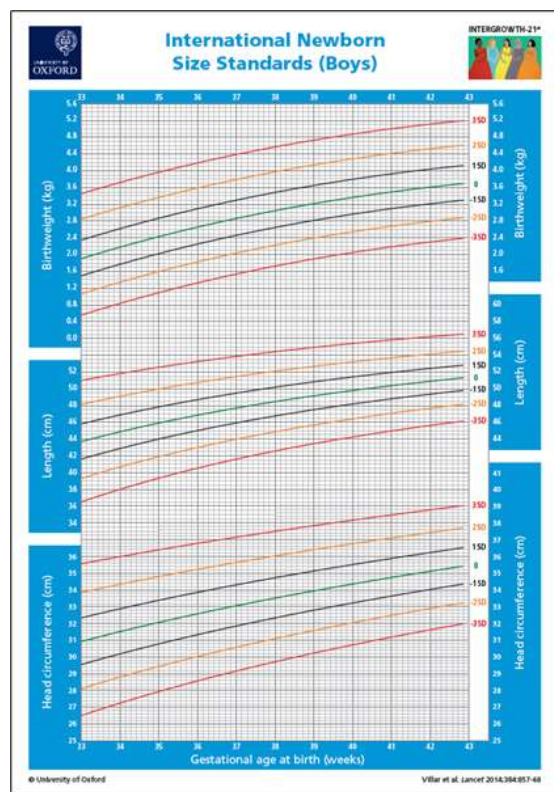
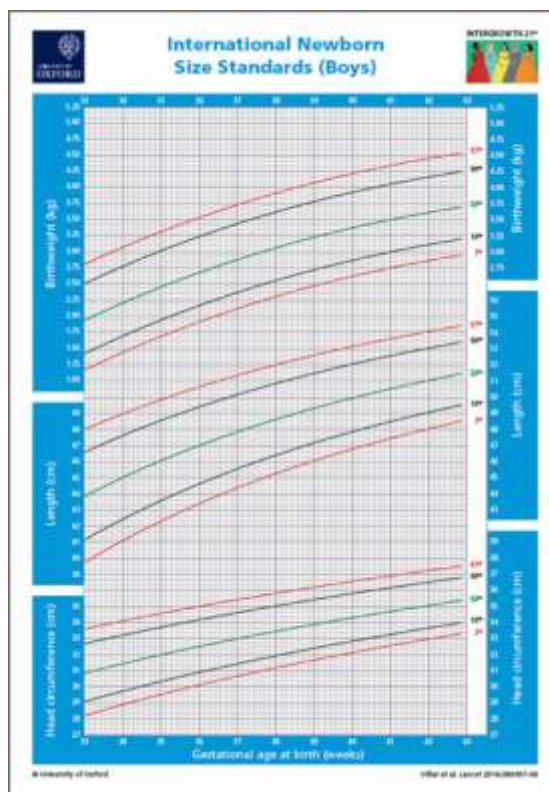














## RIGHTS OF A CHILD

As the world celebrates various days dedicated to children welfare it is essential to reflect on the fundamental rights that every child deserves. The basic human rights that children are entitled to as per UNCRC (United Nations Convention on the Rights of the Child) are:

- 1) **Right to survival:** a proper nutrition, access to health care and safe & secure living conditions and protection from abuse and neglect.
- 2) **Right to development:** includes education, personal growth, opportunity to play and recreation and access to information.
- 3) **Right to protection:** includes safeguarding from abuse and exploitation; protection from violence and conflict and support them, in vulnerable situations.
- 4) **Right to participation** –includes freedom of expression and opinion, involve in decision making and access to information

Children are minors and are vulnerable and dependent on parents or caregivers for care and protection. Their rights are important & essential for overall development and wellbeing.

### How can we help???

Parent, Government and caregiver as well as stakeholders in child rights are important to protect and promote children's right. Government should allocate proper resources for children's welfare proper awareness and pressing for children's rights to ensure a brighter future. Street children are often vulnerable and marginalized and face numerous challenges in accessing their basic rights. They are entitled to protection from abuse and exploitation trafficking and physical and emotional abuse. They deserve equal opportunities for education, skill development and personal growth. Good nutrition, sanitation, safe and secure living conditions are necessary and they should not face discrimination.

The **INTERNATIONAL CHILD RIGHTS DAY** also known as '**WORLD CHILDRENS DAY**' is on November 20<sup>TH</sup>. This is to ensure that all children have these universal rights and to achieve commitment from government, families and communities. To ensure that every child can survive, thrive and reach their full potential. One has to foster a child centric environment which means a collective responsibility of government making policies and communities creating supportive environments and adult taking children's perspectives seriously. In the year 1992, a signatory to UNCRC, India, has steadily evolved its laws and policies to give protection and empowerment to children.



### **How child rights are violated in India:**

- 1) Harmful traditions like child marriages
- 2) Trafficking of children for sexual exploitation
- 3) Violence against children especially sexual violence which is largely unreported

*The Indian constitution protects child rights through fundamental rights that guarantee equality (article 14), freedom from discrimination (article 15), right to life and personal liberty (article 21), protection from exploitation and ban on child labour in hazardous jobs (article 23 & 24). Article 21 A mandates free and compulsory education for children ages 6 to 14.*

Child labour is very high in India and approximately 2-3 million children are in child labour (UNICEF / ILO data 2019-2024). Rural area prevalence 14% vis a vis urban area which is around 5%. The child labour in India causes detrimental consequences such as the deprivation of education, perpetration of poverty across generations, physical and mental health hazards children miseducation and skills needed for higher paying jobs trapping them & their families in a cycle of poverty. Thus, child rights are crucial. They recognize & uphold the inherent dignity and fundamental human rights of children as individuals, providing them with the specific protection and support necessary to develop their full potential and become a healthy member of society.

### **Dr.SushmaP.Kirtani**

Child, Newborn & Adolescent Pediatrician  
National EB Member CIAP 2024/2025



## LIVING WITH ASTHMA OR A WHEEZING CHILD

**Dr. Dhanesh Volvoikar**

**Senior Consultant Pediatrics in Allergy & Asthma**

The 1st Tuesday of every year (6th May in 2025) is celebrated as WORLD ASTHMA DAY to create awareness about the prevention and control of this chronic condition, whose incidence is exponentially increasing, especially in children in recent times. This year's theme is **"MAKE INHALED TREATMENT ACCESSIBLE TO ALL"**. Inhalers are the mainstay of treatment in Asthma or in wheezing cases, which are without any side effects in normal doses and can be taken as long as the child needs them while working on all other modalities to decrease episodes or fully control them or till the condition goes into natural remission (stops by itself).

**What is Asthma?** Asthma is a chronic respiratory condition in which a person's airway becomes inflamed, narrowed, and swollen, producing mucus that gives rise to repeated episodes of coughing, wheezing, or difficulty in breathing.

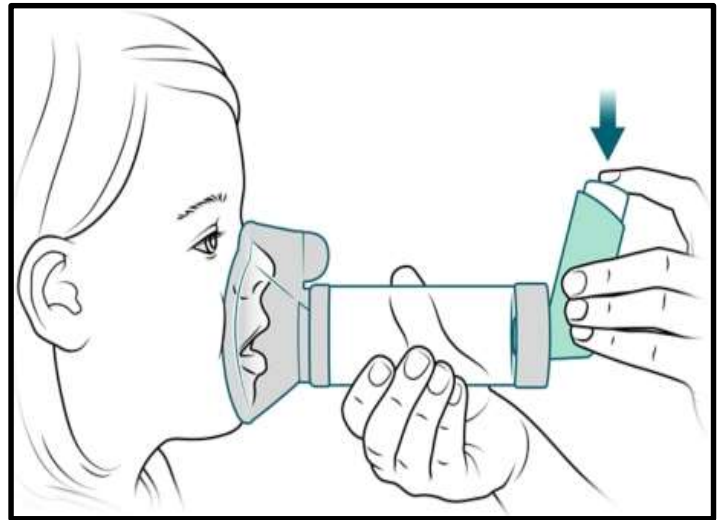
**Is everything that wheezes in children is asthma?** No. Especially in < 5 years, there are many other causes like viruses and atypical bacterial infections which can cause wheezing episodes.

**How can you identify that your child is going into asthma?**

If your child is repeatedly wheezing on the backdrop of a strong family history of asthma or any other allergic diseases, like sinus or nose allergy need proper evaluation. Although classical history and clinical examination by an expert doctor are enough, the condition can be confirmed by a lung function test (spirometry or lung oscillometry). Lung Oscilometry is new lung function test which children can perform very easily.

**What are the causes and triggers for asthma or repeated wheezing?**

Asthma is multifactorial. Gene-environmental interaction is primarily responsible for the increase in asthma/allergy in recent times. The old style of living in a joint family in a non-polluted environment and having repeated infections in the early age group had a protective mechanism for the prevention of asthma and allergy. Children who grow up in such an atmosphere usually overcome simple medical problems without medication use to have good immunity. Children born with normal vaginal deliveries with exclusive breast feeding along weaning with homemade food also have less chance of developing asthma. Allergen can trigger as well as cause inflammation in the lungs and repeated wheezing.





*House Dust Mite is the single most common allergen responsible for repeated wheezing and triggering.*

Asthma in up to 80% of cases in humid coastal regions like those in Goa. These tiny microscopic creatures that feed on human skin that is shed every day, drink water from humid air, are embedded in cotton fabrics which cannot be washed or dried like a mattress, pillows, blankets, sofa sets, carpet and soft toys.

Other allergens are moulds (fungi) which grow easily in a damp atmosphere like that in a bathroom, pollen (not all flowers are allergenic), pet dander, and insects like cockroaches and very rarely food. Certain citrus fruits like oranges, lemons, and grapes are usually not allergenic. Still, they can trigger wheezing because they are high in an enzyme called Histamine, which can trigger asthma and can be avoided temporarily for a year or two if a strong cause-and-effect relationship exists. Cold items like ice creams and drinks, incense sticks, perfume, smoke and external dust can act as a trigger. Obesity, stress and a polluted environment contribute significantly as major triggers.

In some children, exercise can trigger. They should be managed properly in such a way that no child with Asthma should be deprived of any sporting activity. Many big-name celebrities have excelled in different sports, and some have even won multiple Olympic Gold medals in swimming and running races.

### **Is repeated Nebulization being safe and good option in these cases?**

No. It is useful only in an emergency. But repeated daily use has a lot of side effects, including drug deposition in the eyes. And improper management can damage the lung airways permanently, which can lead to persistent asthma.

### **Then what is the treatment of a wheezing child?**

Inhalation treatment with a device called a spacer, with without a mask, is an ideal and effective treatment. Reliever type of inhaler is for acute symptoms and the child will need a controller Inhaler over a long period to reduce inflammation. Usually revived every 3 months, sometimes earlier. And one needs to work on decreasing triggers by first identifying them and then avoiding or managing them with effective environmental control, which otherwise causes chronic inflammation. In certain triggers, like House dust mite immunotherapy, can be considered.

### **Then, how long can these inhalers be taken? Aren't they harmful if they contain steroids?**

Controller inhalers are to be taken as long as the child needs them, with intermittent assessment by their Pediatrician. It does contain steroids in micrograms (200 times less than oral), which are required for controlling ongoing inflammation and are tested to be safe in normal dosage. Here, the drug is given in minute quantities in the lungs, where it is required. Long-term safety is very well understood through different studies, and it is an established therapy given all over the world. Any other oral medication that is given orally over a long time to control lung inflammation is harmful. Usually, after absorption, such medications go unnecessarily to all other organs through the blood and can cause serious harm. Hence, all such medication needs to be taken with caution when effective inhalation therapy is easily available.



### **What about addiction?**

Inhaled medication does not cross blood blood-brain barrier (it does not enter the brain like alcohol or caffeine in coffee, etc) and hence is not addictive. They are required for long-term if ongoing inflammatory activity is not stopped by all other means.

### **What other option is available if I do not want Inhalers?**

Scientists have already discovered Newer Biological injections, which work at the molecular level. They are indicated as of now in older children and adults for uncontrolled patients. They are very costly, do not contain steroids, most are safe, but not yet freely available, may be an option once the price comes down in future.

### **Then, when will my child stop wheezing?**

This condition usually goes into remission. In most cases, it lasts only for a few months. Some require medication for a few years, and they need to undergo evaluation for triggers and other factors, and by these measures, better control can be achieved. Most will outgrow by 6/7 years. Risk of other allergies like those of the nose, eyes, skin or re-emergence of asthma in later adult age group remains in all those who have a strong family history of asthma, allergic rhinitis, dry skin (eczema), etc. Hence, proper environmental control and lifestyle modifications are required. The habit of regular diaphragm breathing exercise to increase lung capacity will always help.

### **How to overcome the stigma associated with Asthma and Inhalers?**

Asthma is a simple disease like Diabetes and hypertension, and can be controlled with safe, harmless Inhalers. But has a stigma in India. Hence, Education and awareness are required. And the press has a big role in this. All misconceptions of diseases and inhaler treatment should be debunked. All preventive measures like simple lifestyle, exclusive breast-feeding practices, along with eating healthy home-made food, should be stressed.

### **What is the relationship between Asthma and environmental pollution?**

Polluted environment can both trigger and worsen existing asthma. Particulate matter which can penetrate deep into lungs can trigger asthma symptoms. Other gases that worsen lung condition. are NO<sub>2</sub>, SO<sub>2</sub> from vehicle, industrial emission, wildfires, nearby construction activity etc.

### **Can an Air purifier help?**

It will not control outdoor pollution. A mask can protect here up to a certain extent. Indoor dust, and some light molecular weight allergens like those of pollen, fungus. Pets can be trapped in a filter. But not dust mite which is the most common allergen.



## How to control Dust mites?

First need to identify that the dust mite is the major culprit. The only effective way to control it is by washing in hot water all linen, including soft toys, pillows and bed covers. Some items which cannot be washed need a dust mite-proof bed and pillow cover. The sofa should be covered with rexine. Unnecessary cushions, carpet need to be removed. A dehumidifier can help, but it cannot be removed completely with a vacuum. Although the exact incidence is not available for Goa. One third of all patients in paediatric OPDS are full of wheezing patients, and this number has increased in recent times.

## FACTS & FIGURES ABOUT INDIA

30% of Preschool children experience wheezing, and about half of them have recurrent episodes. The incidence of confirmed asthma in Indian Children is 8 to 10 % for Asthma and they are among those who require long-term inhalation therapy. This figure is exponentially increasing. There is a lot of rural-urban divide. 90% of Asthma in children has an allergic background and the trigger needs to be identified and managed. 40% of Allergic Rhinitis or Nose allergy can develop into asthma after many years

Most children will outgrow wheezing episodes. But many develop Nose/Eyes/skin allergies in the adolescent age group, which subsequently leads to asthma in older age. Proper management of wheezing episodes in childhood can help prevent the future development of difficult-to-treat asthma in older age. (as per the Global Asthma Report of WHO 2022) only <30% of Asthmatics are diagnosed by a doctor. Only < 10% use a daily controller Inhaler. Many use only oral medications. >25% of patients are hospitalised every year due to inadequate treatment. Most patients take treatment when symptoms are intolerable.

*DESPITE THESE BARRIERS ACCEPTIBILITY OF INHALERS IS GRADUALLY INCREASING  
(this is the silver lining)*



## NUTRITION

Dr. Siddhi Nevrekar,  
Consultant Pediatrician & Neonatologist

Nutrition is the king; Exercising is the queen. Put them together and you have a healthy kingdom. From birth till old age quality and quantity of nutrition varies to a great extent, leave aside the special condition like illness, physiological and pathological condition demanding a completely different diet.

Good nutrition of a child starts from the womb. And it has to be a balanced diet. A balanced diet is the one that provides the right amount and types of food to meet your body's nutrition needs. Includes right amount of carbohydrates, proteins, minerals, vitamins and other nutrients.

Maternal nutrition is very essential as it forms the base of child development and growth. Pregnancy and lactation are the crucial period wherein mother's balanced diet requirement is to be increased by approx. 10 % (300 kcal + 15 g protein. Hydration is very important.

At birth the baby must be exclusively breast feed and the adequacy of feed is assessed by the number of urines passed, stool passage, weight gain. For this mother needs adequate hydration, nutritious diet consisting of methi, dink, palak, jaggery, dry fruits, milk. Mother should take extra 400 kcal: 25 g proteins. Sometimes in rare cases babies might need supportive feeding, wherein formula milk is advised. But no bottle feed to be given strictly to.

As the child enters the next phase, complementary feeding is started. Homemade food is preferred. Avoid nipple confusion. Child is started on mono cereals followed by multicereals, then combo of cereals- pulses. Jaggery and honey are preferred over sugar. Premixes prepared at home or available with Anganwadi workers are healthier and safer and provide the quality and quantity of food. Milk intake should be 800 ml in any form. Sometimes homemade food can be mixed with instant food to have a right balance of nutrient especially micronutrients and to develop healthy food habits. Very important to see that the baby weight and height is as per the norms. One must avoid use of gadgets or roaming around and feeding the child. A child by age of 1yr should be sitting with the rest of family members and having all the food items prepared at home less spicy and less quantity.

A concept of family pot feeding is to be established where in child is allowed to gradually accept the usual family food of variant constituency; spices, no sugar and salt; with ghee, vegetables, fruits, milk intake below 1000 to 700 milk powder. At home can start Akshay Patra which ensures that the child receives 300 kcal/ day – it's a container with small pieces of food are added to make the child receive right proportion of carb, protein, vitamins, and



minerals. Remember GYOR- Green, Yellow, Orange and Red veg and fruits for minerals and antioxidants. Brown whole grains, root, purple protein-based food, white dairy products. It's essential to monitor the weight and height of the baby to ensure on the right path as a child enters the toddler phase and there on growth rate, increases and stabilize so does the appetite. Continuous growth in terms of weight and height to be monitored.

Challenging phase is 2-5 years, wherein the child growth demand should be matching the nutrients provided and for that the child should accept the diet provided. Rule of 5 is applied for toddler 5 times, 5 colors, 5 food groups in rotation is ideal for them. They should be made feel important and should have their own utensil with some amount of food in it like finger food and simultaneously the caretaker should feed the main chunk of food. Again, no gadget allowed.

A preschooler is expected to eat  $\frac{1}{2}$  the quantity that his/her father eats. They need 100-110 Kcal / ty/d; protein > 75 gm / ty. Fat dense with essential fatty acids; iron, calcium, zinc, vit D, vit A play a role. These years form the base for future diet maintaining. A child should be encouraged to willing try new items repeatedly exposure even if the child dislikes it. At least 5-15 exposures to be done then you can change the food items, change the texture, appearance, taste, modifying disliked food. Attempt mimicry, you eat the food item and pretend it taste and is lovely. All meals preferably should be with the family together, attempts sharing food items from your plate to theirs.

Encourage finishing the food in >30 min while observing that the child chews the food well. Drinking of water intermittently and at end. Post meal let the child take a stroll. Milk intake should be around 1500- 2000ml over the day in liquid / product.

As the child grows and cross the age of 5 to 6 yrs; they have already fixed concepts about food. Some fortunate mothers don't complaint but some rules apply for child between 6-10yrs. Avoid distraction; eat balanced diet with energy giving food, body building food, protective food, fattening food in right proportion at right time.

### **Few important points.**

1. Veg should be cleaned prior to cutting
2. Avoid overcooking
3. Avoid food with preservatives, artificial colors, artificial essence
4. Storing food in plastic container/ warming food in plastic container should be avoided.
5. Reusing oil +over use of oil to be avoided
6. Allergic items to be given with caution
7. Beverages like tea, coffee not allowed
8. Overeating with less exercise to be encouraged
9. Maintain a fixed gap between two meals / snacks



10. Hydration
11. Breakfast is a must.
12. Tiffin should contain homemade snacks.
13. Boiled water
14. Outside food to be consumed occasionally
15. Cover the food

### **Milk Intake**

1. Newborn to 6 months – Bf + supplement
2. 6moths to 1yr – 800 to 1000ml
3. 1yr to 5yr > 2 cups
4. 5 yr to 10 yr > 2 ½ cups
5. > 10 yrs – adolescence 3 cups

*Each cup is 250ml*

Now we come to the crucial and important phase of child > 10 yrs wherein the child goes through a lot of physical, mental, emotional changes. Their demand of nutrition changes but at the same time the child is body conscious, is independent and considered to be now responsible enough to consume healthy food.

### **Energy required (Kcal / day)**

Age	Boys	Girls
11-14 years	2500	2200
15-18 years	3000	2200
19-24 years	2900	2200

This age group children spend majority of time in school and are hence a bit apprehensive about their body stative and behavior with the opposite gender. Girls mature earlier than boys hence stabilize faster. Nutrition wise girls during special condition need more calorie intake with hydration.

The calorie requirement varies in this age group according to the physical activity they do like playing football, cricket, Dancing, cycling and whether they how much time this activity is done in comparison to their style of working art of sitting; writing doing house hold chaos.

The permutation and combination of these should be done to meet the daily balanced diet. Food items prepared should contain each element in right proportion for growth in height and weight of the child. The child can calculate his/ her own calories and prepare a diet chart but should discuss with the parents for proper guidance.



### **Special points for adolescent child's diet habits**

1. Consume less of fatty food
  2. Menu should be variable
  3. Don't skip breakfast
  4. In case of an adamant / fussy adolescent at least a cup of milk with some nutrients should be given. Some snacks in small quantity at frequent interval at home.
  5. Discourage junk food
  6. No consumption of soft drinks / sugary drinks
  7. Screening for nutritional anemia. Ensure iron rich food, supplements.
  8. Regular deworming
  9. When participating in sports, diet should be rich in calcium, Vit D, Vit A, carbs, proteins. Hydration maintained with proper electrolytes
  10. School authorities should keep ORS sachets available for use.
- Good nutritional status reflected through good stamina; resistance to illness with regular bowel habits, good sleep – indication of good health.

*Hence having a balanced diet by a pregnant mother which passed on to fetus then to newborn then infant, toddler, children, adolescent, elder, geriatric age is the key to less morbidity and a fulfilling life.*



# RATIONAL ANTIBIOTIC DAY

## 26 SEPTEMBER





**RIGHT DRUG, RIGHT DOSE. RIGHT DURATION.**

### WHY IT MATTERS





-  Misuse → Antibiotic resistance
-  Infections harder to treat → Longer hospital
-  Higher cost of treatment
-  Threat to future generations



### WRONG PRACTICES

-  Over-the-counter use
-  Incomplete course
-  Using for viral flu/colds
-  Self-medication & pressure prescribing

### RISK FACTORS

-  Overprescription
-  Patient demand
-  Poor infection control
-  Lack of awareness

### WHEN ANTIBIOTICS ARE TRULY NEEDED

-  Confirmed bacterial infections
-  Severe sepsis
-  Post-surgery infection prevention

As per culture & sensitivity

### GOOD PRACTICES

-  Complete full course
-  Follow doctors advice
- Prefer narrow-spectrum

### BAD PRACTICES

-  Don't demand for colds/flu
-  Don't stop midway
-  Don't share antibiotics

**ANTIBIOTIC MISUSE TODAY  
= NO CURE TOMORROW!**



## **RATIONAL USE OF ANTIBIOTICS SLOGAN COMPETITION**

*Accuracy in Prescription Today, Assurance of Reliable Cures Tomorrow.*

By Dr. Shilpa Gude

“एंटीबायोटिक है सुपरस्टार – पर misuse से हो जाएगा बेकार।”

By Dr. Punam

"औषधांचा वापर करा शहाणपणाने,  
आरोग्य टिकेल आयुष्यभर साथाने."

(Use medicines wisely, health will stay lifelong with you.)

"जंतूवर करा विजय योग्य उपचाराने,  
गैरवापर टाळा शहाण्या विचाराने."

(Defeat germs with the right treatment, avoid misuse with wise thought.)

By Dr. Siddhi Nevrekar

<https://www.instagram.com/reel/DPAb-liiOgC/?igsh=MWxmenJmM2YyYWxsNw==>

<https://www.instagram.com/reel/DPA9EbrkiVc/?igsh=MWVzdWtpbTBqYz>



# Autism Awareness Week -2025



## LIVING WITH AUTISM

Autism spectrum disorder (ASD) is a neurodevelopmental condition that affects signalling in the brain resulting in developmental issues in the child. In the communication and socialisation domain, as the name represents, it is a spectrum where every person or child with autism is unique and may have a varied variety of symptoms and challenges.

**Early signs of autism vary for each child. Here are some red flags:**

- No babbling by 12 months
- No simple gestures by 18 months (like waving)
- No words by 24 months
- No two-word phrases by 30 months
- Loss of language or social skills
- Doesn't make eye contact
- Doesn't show interest in other children
- Doesn't engage in imaginative play such as pretending to feed dolls
- Doesn't try to share an experience with you (e.g. looking back and forth between you and a toy)

**Autism is for every spectrum.** About one sixth of children, it is said that the prevalence of this condition is 1 in 100.

**Does For Parents**

- Be positive and provide a lot of descriptive praise to your child for successful behaviours
- Be consistent and calm while dealing with difficult behaviours
- Plan a schedule to avoid last-minute changes
- Be a part of parent support groups, which are a good source of information
- Early intervention is key
- Take care of your physical and mental health

**Myths**

- Often gets misdiagnosed as a case of speech delay
- It is a result of poor upbringing or neglect of the parents
- Just get an exclusively 'mild' child
- Will get better with time

**Facts**

- It is present since birth and is not a condition that develops later in life
- The earliest signs and symptoms can be picked up at around 8 months to 3 years of age
- Autistic kids may 'mask' like just like their neurotypical peers. There are no physical abnormalities in most cases
- Not all autistic kids are hyperactive. Some may be hypoactive and withdrawn
- Autistic kids have feelings too, just difficulty in expressing them
- Some autistic individuals may be highly independent and preferring to do things themselves
- An autistic person will remain autistic for life. Sometimes, symptoms may change over time, making it difficult to identify who can be called autistic going forward
- Autistic kids can be gifted too. Autistic savants, photographic memory, hyperlexia (reading beyond age), hypercalculation (doing mental maths), eidetic recall are some gifts

## Smart to com

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# Rangoli Competition



# Cooking Competition





## Poster Competition



## Fashion Show Competition





## Sensory Activities



## Thumb Painting





# Plant a Sapling





## **‘Fill Your Cup First’- a Parent Wellbeing Session.**





# 'Anantha'- A Path to Infinite Possibilities





# Autism Day 2025 Celebrations at PNRC, GMC





## Advanced NRP Program -KIMS Hubali





# Arogya Sampada

➞ Forwarded



**Arogya Sampada | Interview with Dr. Rajdatta Timble by Neha Agni**

Producer: Savio de Noronha, Vijay Dhage

youtu.be

<https://youtu.be/VfVwvlwQAD8?si=-dKSAhHBcn38SWQv>

00:52



# **CME ON LIVER DISEASE -IAP Goa State Chapter & Nanavati Max Super Specialty Hospital**





# NATIONAL VACCINATION DAY




[https://www.youtube.com/watch?v=6ljIQdO\\_K-8](https://www.youtube.com/watch?v=6ljIQdO_K-8)

**THE NAVHIND TIMES**

**TALK TO THE HEART**

**Children's health**  
with  
Paediatrician  
**Dr. Harshad Kamat**



On Sunday, April 6 at 11.30 a.m...

On **GOA 360** TV Channel  
& also on Facebook page  
[www.facebook.com/goa365tv](http://www.facebook.com/goa365tv)



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& Neonatologist  
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listen on



THE TIMES OF INDIA, PANAJI | GOA | MONDAY, MARCH 20, 2018

**UNATTENDED GARBAGE TURNS COLVA BEACH STRETCH INTO 'WASTE' LAND. TOURISTS ADD TO MENACE | 4**

**WATER MIRACLE STILL PROVING PIETY CAN END**

## BREATHE FREELY: MAINTAINING RESPIRATORY WELLNESS IN KIDS

The monsoon brings with it cool breezes, lush greenery, and much needed relief from summer. But the rain also increases the risk of respiratory infections in children

**Why are children at increased risk of infections during monsoon?**

- **Raised humidity level, stagnant water and rapid shifts of temperature** create perfect breeding conditions for various viruses and bacteria
- **Children are more prone to infections** with their immune system still not fully developed
- **Playing in rain, sudden weather changes, increased contact with insects** like mosquitoes and dry, damp surroundings trigger respiratory problems

**PREVENTIVE MEASURES**

- **Keep children dry and warm**
- **Change wet clothes immediately**, to avoid their exposure to cold air
- **Maintain hygiene** by frequent hand wash, before meals and after playing
- **Boost immunity** by a balanced diet rich in fruits, vegetables, warm fluids and vitamin C enriched foods like citrus and amla
- **Include superfoods** like turmeric, ginger, fenugreek, and flax
- **Keep children dry and warm**
- **Avoid crowded places** during outbreaks
- **If a child shows any signs of flu, don't send them to school**, or other classes, to avoid cross infection
- **Ensure good indoor ventilation**, to prevent growth of mounds and use of humidifiers
- **Children above six months of age** should be vaccinated annually for flu

**RED FLAGS**

- **High grade fever** for more than three days
- **Rapid breathing or difficulty in breathing**
- **Abnormal sounds like wheezing or stridor**
- **Lethargy, poor feeding and decreased urination**

**Common respiratory problems**

- Acute rhinosinusitis:** A common monsoon related respiratory illness, often called as common cold. **Symptoms:** Runny nose to sneezing, sore throat, itching, low grade fever, headache. Conditions are likely to improve in three to four days.
- Viral pneumonia:** Infection in lungs that can present as fever with chills, rapid breathing difficulty and productive cough.
- Allergic rhinitis:** Allergens like pollen, mold and dusts are prevalent in the air during monsoon. Causes irritation in nasal passages. **Symptoms:** Irritated sneezing episodes, itchy nose and throat.
- Asthma exacerbation:** Most common in the monsoon. **Symptoms:** Shortness of breath, cough, wheezing and tightness of chest.
- Acute bronchitis:** Infection like Respiratory Syncytial Virus (RSV) cause inflammation of bronchial tubes. **Symptoms:** Cough, mucus production, and difficulty in breathing is common during this condition. Babies, mostly preterm babies, are at higher risk of developing this condition.

## Digital tracking waste, agency

**Panel:** For the scientific disposal of the waste generated in Goa, state govt has decided to implement a digitally monitored waste collection system, and a strict anti-littering law to be implemented to ensure the disposal of waste. The aim is to prevent environmental pollution, reduce the use of plastic, and ensure proper disposal of waste.

The Goa State Pollution Control Board (GSPCB) is developing a digital platform to monitor waste collection and disposal. The state govt has decided to implement a strict anti-littering law to be implemented to ensure the disposal of waste. The aim is to prevent environmental pollution, reduce the use of plastic, and ensure proper disposal of waste.

The GSPCB is developing a digital platform to monitor waste collection and disposal. The state govt has decided to implement a strict anti-littering law to be implemented to ensure the disposal of waste. The aim is to prevent environmental pollution, reduce the use of plastic, and ensure proper disposal of waste.

## Anmod Ghat challenge, mo

**Panel:** The Anmod Ghat in Goa is a major source of pollution. The state govt has decided to implement a strict anti-littering law to be implemented to ensure the disposal of waste. The aim is to prevent environmental pollution, reduce the use of plastic, and ensure proper disposal of waste.

The GSPCB is developing a digital platform to monitor waste collection and disposal. The state govt has decided to implement a strict anti-littering law to be implemented to ensure the disposal of waste. The aim is to prevent environmental pollution, reduce the use of plastic, and ensure proper disposal of waste.

THE TIMES OF INDIA, PANAJI | GOA | MONDAY, MARCH 20, 2018

**DRISHTI MARINE TIES UP WITH MISSION BABIES TO EQUIP LIFESAVERS TO TACKLE STRAY DOGS | 3**

**CENTRAL ZOO AUTHORITY APPROVES T BONDLA ENCLOSURES PROPOSED BY GO**

## Doctors' warning: Diseases hotting up, avoid street food to cool down

forecasts weather next week

**Dr. Anil Kumar**

The India Meteorological Department (IMD) has issued a forecast predicting weather across both South Goa districts next week. The temperature is expected to remain between 24 to 30 degrees Celsius, with a slight increase in rainfall.

According to the IMD, the weather will be dry and hot, with a slight increase in rainfall. The temperature is expected to remain between 24 to 30 degrees Celsius, with a slight increase in rainfall.

The IMD has issued a forecast predicting weather across both South Goa districts next week. The temperature is expected to remain between 24 to 30 degrees Celsius, with a slight increase in rainfall.

### SUMMER 101

**COMMON CONTAMINATED WATER AND FOOD DISEASES**

**Cholera:** It is caused by the *Vibrio cholerae* bacterium. Infected person experiences severe diarrhea, dehydration.

**Typhoid fever:** It is spread through food or water that is contaminated with *Salmonella typhi*. Causes high fever, headache, and abdominal pain.

**Hepatitis A:** A viral infection that affects the liver. Leaves a person fatigued with nausea, and jaundice.

**Hepatitis E:** Transmitted through the fecal-oral route. Causes an acute illness and can be severe in pregnant women and individuals with weak immune systems.

**Bacterial diseases:** Caused by *Escherichia coli* or *Shigella* infected person experiences frequent, watery stools, dehydration.

**Prevention:**

- **Safe water practices:**
  - Drink only safe, purified, or boiled water. Water must be brought to a rolling boil and filtered before it is consumed.
  - Avoid drinking untreated water from natural sources.
  - Use water filters in remote expeditions.
  - Ensure filters at home are serviced periodically.
- **Food safety practices:**
  - Wash hands thoroughly with soap and water before handling food.
  - Cook food to safe internal temperatures.
  - Refrigerate perishable foods.
  - Avoid consuming raw or undercooked foods, especially seafood.
  - Wash fruits and vegetables thoroughly.
  - Be cautious of street food, especially in areas with poor sanitation.
- **Hygiene:**
  - Practice good personal hygiene, especially handwashing.
  - Maintain clean surroundings.
  - Proper sanitation is very important.

### FORECASTS

**Dr. Anil Kumar**

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**Cordially invites you for a CME**

**Debate: Role of probiotics in Neonates...  
beneficial v/s not beneficial**

followed by

**TOPIC: Probiotics for  
Prevention of Necrotizing Enterocolitis -  
Where are we now?**

**Speaker :**  
**Dr. Sarvesh Kossambe**  
MD Pediatric DM Neonatology



**Indian Academy of Pediatrics, Goa State**

 **Dr. Suresh Ugaonkar**  
President  
 **Dr. Vinodha Ganeskar**  
Vice President  
 **Dr. Sushma Narvekar**  
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 **Dr. Akash Ganeskar**  
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 **Dr. Sushma Kirtani**  
CME Executive Member

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**Venue : Hotel Grand Delmon, Panjim**  
**Date : 22<sup>nd</sup> June, 2025 | Time : 9 AM onwards**





# ADVANCED NRP PROGRAMME

## At Bapuji Institute Of Child Health JJM Medical College, Davangere



Life style illness - by Dr. Sushma Kirtani

<https://www.facebook.com/share/v/1EwH8gc4uT/?mibextid=wwXIfr>

Basics of Income Tax for Medical Professionals & GST on Medical Services

[https://us06web.zoom.us/rec/share/r5\\_0n2zl950NwpmhwNmRUsSVFdgWmMn8PHKwEalpNmQB1uVmNAtguR473K6o0-O.H2GLg1mKlsSCP7SZ](https://us06web.zoom.us/rec/share/r5_0n2zl950NwpmhwNmRUsSVFdgWmMn8PHKwEalpNmQB1uVmNAtguR473K6o0-O.H2GLg1mKlsSCP7SZ)



# मुलांमध्ये लठ्ठपणा वाढतोय!

सावधान... : पालकांचे दुर्लक्ष, अतिलाडपणा ठरतोय घातक

पणजी, २६ (प्रतिनिधी) : राज्य सरकारच्या वतीने मुलांमध्ये लठ्ठपणाचे प्रमाण नियंत्रीत ठेवण्यासाठी काही महिन्यांपासून तज्ञांच्या मदतीने अभ्यास सुरू करण्यात आला आहे. या अभ्यासात पणजीतील मुलांमध्ये लठ्ठपणाचे प्रमाण सर्वाधिक आढळून आले आहे. याचा अर्थ असा की, पणजीतील मुलांमध्ये लठ्ठपणाचे प्रमाण इतर भागांपेक्षा जास्त आहे. याचा मुख्य कारण म्हणजे पालकांचे दुर्लक्ष आणि अतिलाडपणाचे वास्तविक चित्र आहे. मुलांमध्ये लठ्ठपणाचे प्रमाण वाढण्याचे कारण म्हणजे पालकांचे अंधाऱ्ये आहे. ते मुलांना अतिशय खालसा खाण्यास लावतात. यामुळे मुलांचे वजन वाढते आणि ते लठ्ठ होऊ लागतात. याचा परिणाम मुलांच्या आरोग्यावर होतो. लठ्ठपणाचे प्रमाण वाढल्याने मुलांमध्ये अनेक आजार होऊ लागतात. याचा निवारण करण्यासाठी सरकारने काही उपाययोजना केल्या आहेत. पणजीतील पालकांना याबारे जागरूक करणे गरजेचे आहे.

**चॉकलेट, जंकफूड नको**

- लठ्ठपणा वाढण्यास प्रमुख कारणांमध्ये चॉकलेट, जंकफूड, मीठाचे खाद्यपदार्थ यांचा समावेश होतो.
- मुलांमध्ये लठ्ठपणाचे प्रमाण वाढण्याचे कारण म्हणजे पालकांचे अंधाऱ्ये आहे. ते मुलांना अतिशय खालसा खाण्यास लावतात.
- मुलांमध्ये लठ्ठपणाचे प्रमाण वाढल्याने मुलांच्या आरोग्यावर होतो.
- लठ्ठपणाचे प्रमाण वाढल्याने मुलांमध्ये अनेक आजार होऊ लागतात.

**डॉ. सुषमा कीर्तनी**  
आरोग्य विभागाचे सहायक संचालक

## GOA NEWS EXPRESS 24 LIVE

### BREAKING

**गुजरात परिषदेत गोव्यातील डॉक्टरांची टीम**

सुरेंद्रनगर गुजरात येथे आयोजित 'वेस्ट झोन पेडीकोन' परिषदे सहभागी गोव्यातील डॉक्टरांचे पथक. डॉ वसंत खालटकर, डॉ योगेश पारीख, डॉ निलम मोहन, व डॉ सुषमा कीर्तनी आणि इतर.

## In Goa, 15% of kids aged 10-19 have high cholesterol, highest in India: Govt data

Usha Montrose  
@timesofindia.com

Panaji: Goa has the highest proportion of adolescents with high LDL (bad cholesterol) compared to other states, according to the latest all India report 'Children in India, 2025'. The report states that in Goa, 15.3% of those in the age group 10-19 have high LDL, followed by Kerala with 14.9%, Sikkim with 13.2%, and Bengal with 12.3%.

Senior paediatrician and Indian Academy of Paediatrics national executive board member Dr Sushma Kirtani said this is very worrying and a change in lifestyle is the need of the hour. Out of 10 children and adolescents she sees at her OPD, at least 2-3 are overweight and obese. She said this is due to economic prosperity, rapid urbanisation and sedentary lifestyles.

"Home-cooked meals are not the staple anymore. Children are choosing fast food and ultra-processed foods which are cheaper and come in good packaging. These are high in sugar, salt, and saturated fats and nutritionally inappropriate. Children are also going on fast food without thinking about the consequences. That's why we are seeing an early onset of chronic conditions—hypertension, type 2 diabetes, and cardiovascular disease in a younger population," she said.

**Parents have to be very careful about what their children eat and focus on a balanced diet which is preferably made at home rather than depend on food outlets and processed foods**

Dr Sushma Kirtani  
Senior Paediatrician

**"Parents have to, P 6**

## Doc: Parents have to be careful about what their children eat

From P 1

High LDL is bad for children as it could lead to a gradual build-up of plaque on the artery walls, causing atherosclerosis and narrowing of arteries, which could lead to heart disease and stroke later in life. If early interventions are not initiated, this could develop into serious health complications. "Parents have to be very careful about what their children eat and focus on a balanced diet which is preferably made at home rather than depend on food outlets and processed foods," she said.

The report also states that 6.4% of adolescents in Goa are classified as hypertensive. Directorate of health services non-communicable disease cell nodal officer Dr Kedar Rajkar said state govt, realising the problem, has been educating children in schools as well as teachers about lifestyle diseases like diabetes and hypertension and the importance of a healthy diet. Several activities are also being conducted across the state to encourage children to adopt healthy food habits, he said.

"Nutritional officers of the directorate of health services are visiting schools and creating awareness among school children with regards to the ill effects of junk food and the importance of maintaining a balanced diet," he told TOI, adding that the focus is also on getting the students to understand the need to exercise.

Dr Kirtani said one hour of exercise five days a week along with good sleep hygiene is essential. "Instead, we find adolescents eating dinner at 10pm, then watching Netflix till 1am, then ordering fast food on their phones. Fast food joints selling pizzas, etc, are also entering the interiors of Goa, luring teenagers. We find some parents indifferent or not interested when we tell them that their child's BMI is high. The child is not an earning member of the family. They are ordering food through their parents' accounts, who don't realise the long-term complications of high cholesterol. Parental attitude needs to change. They need to realise that young people are dying of heart attacks across India," she said.

Govt has been able to control infectious diseases through vaccination, and these are on the decline, but non-communicable diseases like obesity, cancer, diabetes, high cholesterol, and non-alcoholic fatty liver disease (NAFLD) are on the rise, she said.

**'No justification'**







## WEST –ZONE PEDICON-GUJARAT





## STOP DIARRHOEA CAMPAIGN



































<https://www.instagram.com/reel/DMqEQhtlZBD/?igsh=Y3RheXFbnN6MG83>

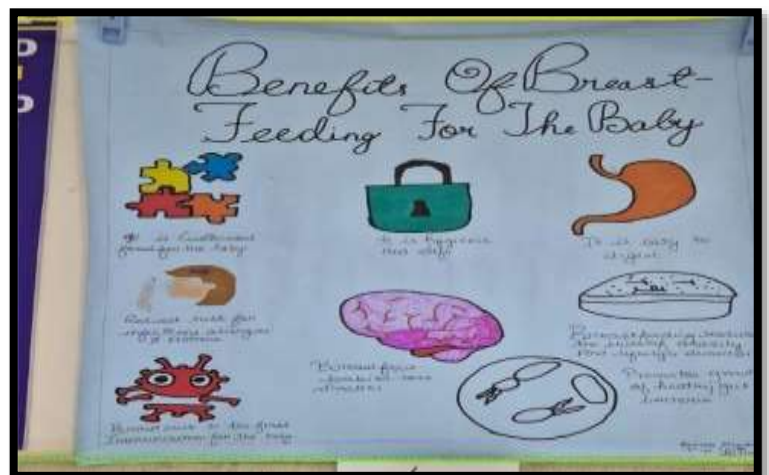
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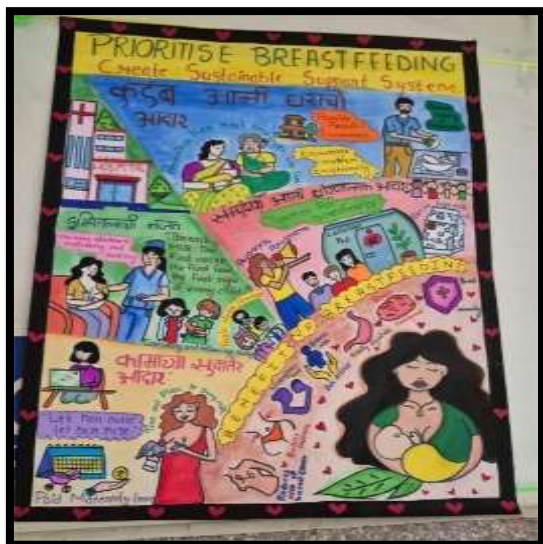
# BREASTFEEDING WEEK

## THEME: PRORITIZE BREASTFEEDING CREATE SUSTAINABLE SUPPORT SYSTEMS

### 1ST AUGUST -7 AUGUST 2025



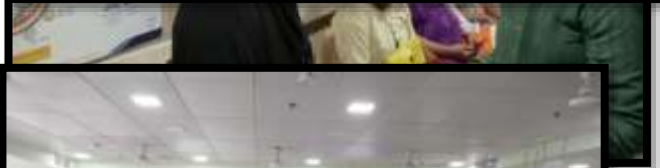














































## HEALTH CAMPS









## HEALTH TALKS

<https://www.instagram.com/reel/DJlaR1sNt2b/?igsh=aGtwejB4eWEzb3dn>



[https://youtu.be/S5cTXLm3sBQ?si=hciXQk\\_S6a-oVARP](https://youtu.be/S5cTXLm3sBQ?si=hciXQk_S6a-oVARP)

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<https://youtu.be/baKTlwP4VD4?si=ew0UhLijUR0BpCCD>

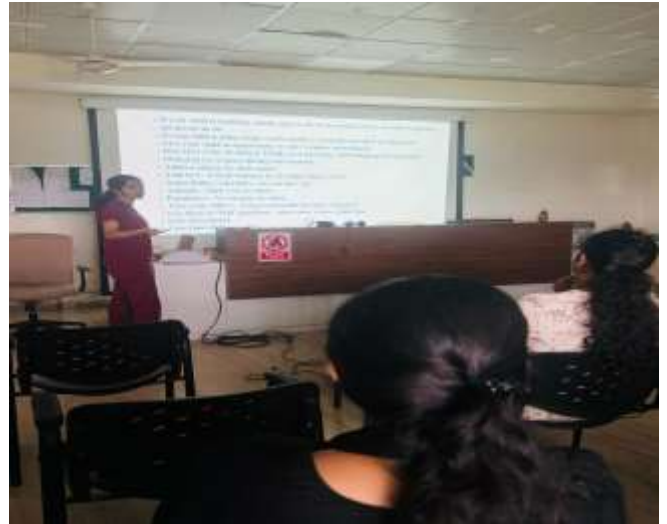
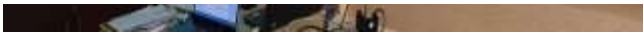


















# **“WEST ZONE YUVA PEDICON 2025 – GOA**

## **Bridging Knowledge, Building Bonds**

Hosted by IAP Goa State Chapter on 13 -14 September 2025 at V. M Salgaocar International Institute of Hospitality Education Goa.























Name	Dr Bhupesh Bond
Designation	Consultant Paediatrician & Neonatologist
Institute / Hospital	Chairman Panjat Hospital Radha Nagar Amravati
Brief Bio Sketch	President IAP Amravati 2021 Executive member Maharashtra state IAP 2022-23 Organizing Chairman of 1 <sup>st</sup> ever IAP MAHASPORT 2021 Jt. Secretary Mahapedicon 2019

Neonatology

































