

NURSERY SCHOOLS
NICU HOSPITALS

COUNSELLORS
PRINCIPALS
TEACHERS PARENTS

PEDIATRICIANS
PHYSICIANS
THERAPISTS

SENSE SOMETHING IS WRONG OR MAY GO WRONG **COMPARED TO PEERS**
IN DEVELOPMENT, BEHAVIOR, PERFORMANCE, COMMUNICATION

BEING A DEVELOPING BRAIN, DELAY UNINTERVENED IS DISABILITY CREATED,
Hidden Problems can be as simple as nutritional deficiency like iron, hormone issue like thyroid or a disabling one like sequelae of birth insult, genetic disease, developmental or seizure disorders or a neurological disease not yet manifested.

Neuro developmental Pediatrician

1. FORMAL HISTORY TAKING AND EXAMINATION IN DETAILS
2. CONFIRMATION AND CLASSIFICATION OF THE PROBLEM
3. SPECIALISED TESTS/INVESTIGATIONS NEEDED IF ANY
4. MULTIDISCIPLINARY REFERRAL PLAN – priority and frequency
5. PHARMACOTHERAPY AND DRUGS
6. CERTIFICATION OF PROBLEMS
7. REASSESSMENT FOR IMPROVEMENTS /WORSENING/ COMPLICATIONS
8. PLAN REVISIONS: MAKE THE CHILD THERAPY-ABLE
9. MEDICOLEGALLY RESPONSIBLE FOR COMPLETE HOLISTIC CARE OF THE CHILD
10. EXPLAINING LAWS, DECLARING CURED; DECIDING DISCHARGE PLAN, COUNSELING CHILD- PARENTS AND PREVENTING /PREDICTING OUTCOMES.

Planning to and fro references, periodic follow up and decision to start stop a therapy is a legal responsibility of neuro-developmental pediatrician.

School-ing skills: Remedial and Special Educators, Tutition teachers, psychologists for **copng skills**

Speech issues:
quality, fluency
paucity, errors
SPPECH
THERAPIST

Functionality Of
Living Schooling
Activities And Senses
OCCUPATIONAL
THERAPISTS

Walking Gait
Locomotion
Devices
PHYSICAL
THERAPIST

Behavioral issues Behavioral Therapist

Other referrals: vision, hearing,
deformities-orthopedic, gut
nutrition, endocrine, etc as per Dr.

Referrals are not a dead end.

WWW.AAKAARCLINIC.COM Dr Kondkear 9869405747 MD DNB FAIMER [DDN FELLOW NEURO]

No satisfactory change with any system/referral/medicines in 1-3 months, needs plan revisions by Neuro developmental pediatrician.

WhatsApp **free advice**
9869405747



shaping the future

aakaar clinic

April 2, Autism awareness day: It's important to diagnose early autism; as untreated autism may remain as disability, handicap or a personality disorder

At Aakaar Clinic. We have a structured program for diagnosis, treatment and therapy.

The following may indicate your child is at risk for an autism spectrum disorder. If your child exhibits any of the following, ask your pediatrician for an evaluation right away:

By 6 months

Few or no big smiles or other warm, joyful and engaging expressions
Limited or no eye contact

By 9 months

Little or no back-and-forth sharing of sounds, smiles or other facial expressions

By 12 months

Little or no babbling
Little or no back-and-forth gestures such as pointing, showing, reaching or waving
Little or no response to name

By 16 months

Very few or no words

By 24 months

Very few or no meaningful, two-word phrases (not including imitating or repeating)

At any age

- Loss of previously acquired speech, babbling or social skills
- Avoidance of eye contact
- Persistent preference for solitude
- Difficulty understanding other people's feelings
- Delayed language development
- Persistent repetition of words or phrases (echolalia)
- Resistance to minor changes in routine or surroundings
- Restricted interests
- Repetitive behaviors (flapping, rocking, spinning, etc.)
- Unusual and intense reactions to sounds, smells, tastes, textures, lights and/or colors

- Performs repetitive movements, such as *rocking, spinning or hand flapping*
- Performs activities that could cause *self-harm, such as biting or head-banging*
- Develops *specific routines* or rituals and becomes disturbed at the slightest change
- Has problems with *coordination or has odd movement patterns, such as clumsiness or walking on toes*, and has odd, stiff or exaggerated body language
- *Is fascinated by details* of an object, such as the spinning wheels of a toy car, but doesn't understand the overall purpose or function of the object
- *Is unusually sensitive to light, sound or touch*, yet may be indifferent to pain or temperature
- *Doesn't engage in imitative* or make-believe play
- Fixates on an object or activity with *abnormal intensity or focus*
- Has specific food preferences, such as eating only a few foods, or *refusing foods with a certain texture*

Call 9869405747/9967516414/8693863295/7021713678 www.aakaarclinic.com for more information

autismdr.wordpress.com

Aakaar Clinic, first floor Laxmi Building, Opp Byculla Station West Mumbai 400027

Children, Neuro and Therapy; PACE: Pediatric Autism ADHD-LD, Cerebral Palsy and Epliepsy-EEG Etc Clinic

Neurodevelopmental Pediatrician, Autism Dr Mumbai

A ray of hope in children with social communication, speech, learning, activity, understanding and behaviour issues
Dr Kondekar's PLACE: Pediatric Ld Autism-ADHD Cerebral palsy and Epilepsy Care Services click for more details :

Neuro Developmental Pediatrician Mumbai

Every child has Right to Understand Learn Talk Read and write. Donot deprive them by saying God has made them special. Help the child understand and communicate with the environment and the society; saving years of disability by chanelising and reactivating the neuroplasticity of the brain. #TimelsTheKey. #NeedForSpeed #AutismSpeaks

Please feel free to read, share and ask questions at www.autismdr.wordpress.com

Autism in Mumbai: Frequently asked Questions.

Remember Diagnosis label is not important, certification is also not important. What's is important is how to bring a change in the symptom in a given kid in months.

My Child started speaking late, why the doctor calling it Autism?

Most autism Kids speak late or are nonverbal not because their speech apparatus is faulty but because the neurological circuits required for communication are likely to be faulty. In addition to this social and communication delay [noted before age 5 years], if the kid has any other signs of autism like restless, fixed ideas, repetitiveness and sensory issues; your child is more likely to be labelled as autism spectrum disorder.

My therapist feels my child is hyper; why the Dr is calling it as Spectrum disorder?

Restless ness like "On the Go" like a Motor is a feature of autistic kids, Which in non medical language is called hyperactivity. Medical diagnosis of hyperactivity has a specific criteria. You may find details at neuropediatrician.com
 A confusion may make autism kids labelled as hyperactive or mixed diagnosis. There is a difference in hyperactivity of autism kids and hyperactivity ADHD kids.

Can my child with AUTISM go to normal school? is it a permanent handicap? Severity of disability, age of child, extent of communication inability and level of mental sub normality and response to medicine and therapy; help one decide when and how the child may be able to go in a school or a special school. Kids with autism well controlled with medicine and therapy and kids with high functioning autism usually are able to join normal schools. Some Autism kids do suffer from learning disorder which will need care.

Do I really need to spend heavy diagnosing Autism?

Diagnosis of Autism is easy with a Neurodevelopmental pediatrician, who will be able to diagnose using some questionnaire and clinical observation fitting in DSM 5/ ICD 11 criteria. Most standard tests are based on old criterias for which one need not spend heavily. instead, one may reserve money for spending on therapy, medicines and genetic tests/ MRI brain or EEG as suggested by Dr in some cases.

What are the chances that diagnosis of autism of my child as wrong?

He looks just like normal kids. In autism spectrum conditions, its the software and not hardware is often faulty. So most these kids may look normal. Diagnosis of autism is based on questions asked during examination and clinical observation of the child by neuro pediatrician. As diagnosis of autism is by exclusion of other diagnoses, one may investigate for other hidden diagnoses that may present with disorders of speech behaviour and communication.

How many years do I have to give medicines or therapy to my child?

Depending on severity of symptoms and age of starting structured therapy and medicines, the time taken for control of key features of autism will decide how long the therapy or medicines may be continued. So it needs periodic /monthly adjustments in therapy and medicines. most kids when settled may have independent life and some level of education. These kids need tutions [therapy] for activities of daily living; so its likely that they may need OT support till adulthood or beyond in certain cases.

My parents say that I was similar when i was young and i was not on any medicines and therapy. Can i just wait and watch?

As this is a very gross observation, it is likely to be untrue in exact time frame by recall. Also, once the age of developing brain passes away, one may not be able to bring about major improvements in communication and behaviour of the child. As early intervention is key to all neurodevelopmental disorders; it will be foolish to wait and watch even if advised by some Dr. early Therapy or support never goes waste. List the symptoms and go for symptomatic therapy if you donot agree with diagnosis.

What happens to these kids after 10 years?

As mainstreaming-inclusion and not isolation is the law for these kids. Most kids with good communication being established may be able to go to normal or special schools depending on IQ test and level of learning disorder;

depending on the improvement noted. Neglected children [without therapy/ medicines] are unlikely to improve significantly.

Who will be my Primary Dr treating;

Psychologist, Therapist, Pediatrician or Psychiatrist? A Neuro Developmental Pediatrician will be able to plan the whole & holistic management for childhood autism. So it's prudent to visit and get a plan for referral follow up and modification of plans as suggested by the specialist paediatrician. Adult neurologists and adult psychiatrists have a less role to play and plan management in these kids.

What is the pathology in autism?

As the exact pathology is not known, the theory of sensory chaos explains the concept of autism well in current context. it is a onetime damage or insult that had happened in developing brain; by which the information gathered by various senses from periphery are not gathered/processed or communicated correctly within the brain. As different brain structures have reduced communication within brain; the child has issues with communication and behaviour.

This **"theory of sensory chaos"**, is based on "theory of sense and action". Whole nervous system works on the theory of sense and action. in simple words an output is always based on input. when input is vague and uncomposed, the out put too will be vague and meaningless.

In autism, there is probability of minor damage in critical areas of brain that are responsible for sense of understanding and communication. if there were major damage, the kid will manifest with major manifestations like handicap.

The parts of the brain that may probably have suffered some minor damage in autism kids are probably cerebellum, hippocampus, thalamus, sensory cortex, temporal lobe and cingulate gyrus. Actually these parts are not damaged but dissociated from each other so as to give a concrete action or response of this dissociated sense.

Dr Kondekar proposes that the reticular formation network of the brain, also called reticular activating system [RAS] of central nervous system that is supposed to connect all these areas is deficient or ill formed due to its highly complex network often formed based on the inputs received. When RAS is deficient, sensory chaos occurs. RAS is internal communication. When brain fails to communicate internally, child fails to communicate externally. Dr Kondekar's **"neuronal nutrition hypothesis"** primarily works helping form the RAS internally by bridging all unformed connections, creating more and more networks of bridging neurons eventually reducing the chaos of traffic due to poor communication and regulation. This is **bridging hypothesis** that works by synaptic pruning. When we build bridges, long and big bridges to tackle the chaos of sensory traffic; we need heavy doses of raw material and a good engineer [doctor too, who has sense of this engineering] one who will plan the networks. This heavy raw material requirement for neuronal extensions and bridges is actually the heart of neuronal nutrition hypothesis.

How does the treatment work?

Treatment works by stabilizing the child's activity for facilitating learning and therapy. There are no proven medicines for curing autism in children. but medicines are often required for controlling accessory features in autism. they are also required to treat added neurological and psychiatric problems like anxiety, psychosis, epilepsy. neuro nutrients does have a role but it is not defined. There is a need for a medicine that cures sensory chaos by building synaptic bridges across the brain making the brain communicate within.

How does therapy work?

Therapy works by principles of regulation, structured disciplined training , motor / sensory activity /exercises and stimulating release of adrenaline serotonin dopamine etc. if a child is not learnable or not able to sit at one place, therapy may go unfruitful. Sensory integration and speech therapy are often key therapies in managing autism kids. when you donot get a significant response with any therapy in 2 months, it is important to visit a neuro developmental pediatrician to change plan.

Read further : sense action hypothesis in understanding autism and cerebral palsy.

Brain : Human and Humanoid PC Analogy

Sense and action:

Brain structure is made of multiple neurons that go from brain to various tissues including senses like skin, eyes, hearing, balance, smell, touch, feel and also to muscles of action. Also the millions of neurons do travel from tissues of sense and action to the brain. So there are many neurons that give input and there are many neurons that give output.

There are many neurons that connect in between for coordination and there is also a sensory processing unit. All this can be considered something parallel to a computer where keyboard and mouse are sensory part and monitor - display- speaker assembly is a motor / action part and CPU of PC is a sensory processing centre.

Human brain is much more complex than this. Despite this, this is the best way to understand how brain works.

So the whole neurology is primarily between sense and action; and sensory processing unit making sense of it.

The software and hardware of brain decides how slow fast or age appropriate brain may function.

Its an electrical chemistry that keeps various parts of brain continuously functioning.

This functioning of brain is needed for learning, developing skills, building intelligence and structured processing and performance more like algorithms of artificial intelligence for socialisation of humanoid robots.

Learning-skills –intelligence are never ending depending upon the attention paid to inputs for the same. Each person is a similar looking hardware and grossly unique edition of new software.

Before we know what is autism, I feel one should know and understand a cerebral palsy. Cerebral palsy is a case usually due to some one time irreversible insult /damage or accident to a developing brain.

By insult it's meant that something not so normal has happened to a developing brain. It can be as simple as child not crying immediately after birth or at times trauma of a forceps or vacuum delivery or premature labour pains or conditions affecting blood circulation, oxygen, sugar, electrolytes etc reaching the developing brain causing a minor or at times major defect in structure or function of brain.

So for all technical reasons, when we say a child has cerebral palsy, we mean a one time damage to developing brain affecting the motor or action group. Often at least two domains of development are affected in cerebral palsy.

What we mean by domains of development is the various areas of child development as below:

1. Gross motor / large joint actions, 2. fine motor- small joint actions, 3. language-speech and communication
4. socialisation

So in cerebral palsy, it is must that the child or person will have signs related to muscle actions, the form of hypotonia or hypertonia interfering some way with day to day life. How severely it affects day to day life will be decided by the extent of insult or damage as manifested. Considering the computer analogy we may see this as monitor damaged/deformed, display damaged/deformed, screen is having errors of visualisation, flickering, bite loss, black line, dancing screen, blurred screen etc

All these amount to cerebral palsy.

This means a child with cerebral palsy may have deformed limb or its part; deficit in movement of one or many muscle groups or senses- vision / hearing etc or nerves; or a defective or altered performance or appearance which doesn't worsen but is not good for a good quality of life.

There always need not be a visible damage or defect. Performance not optimum for the age and stage of life is also likely to be cerebral palsy; more so when no other easily explainable reason is found.

Dr kondekar

Diagnosis of autism is very simple. So is severity. What is difficult is ruling out other autism like diseases which may have different line of treatment. Tell Dr what your child is not doing. Make a list to give goals to Dr.

Severity of autism is best classified as independent partially dependent and complete dependent with verbal/ nonverbal and with or without neuropsychiatric issues. Younger the age of diagnosis it's worthwhile to make the child near normal in three months with early meds. www.facebook.com/cdcmumbai Insist for DSM 5 BASED diagnostic TOOLS, diagnosis of autism by ISAA CARS ADOS based on DSM 4 is no longer correct.

What is standard management or care of autism?

1. Define the problem, Donot delay visiting a neuro ped doctor. Agree the age inappropriateness in your kid. confirm on free whatsapp chat with dr **Kondekar** 91-9869405747. Donot rely on the diagnosis by therapists / psychologist or counselors alone, as they can only manage the components that are seen and wont be able to diagnose or treat the neurological basis or associated symptoms which may have a neurological / developmental or metabolic issue. They may not be aware of diagnoses beyond their speciality.

2. Therapy can be continued pending diagnosis, but delaying diagnosis and evaluation by ped neuro Dr is not advised.

3. Rule out other causes: often this is missed by many doctors that causes similar symptoms. Child may be mistaken as minor delay in communication or speech; or just as minor behaviour issue.

4. Divide the issues in priority and short term easy to achieve goals .

5. Work on these with the help of neuro Ped Dr who may suggest some medicines as per international standards or as per experience which help the child be receptive for therapy, by helping sit quiet give eye contact understand socialise,

integrate senses and learn from brain to muscles from sense to action.

Therapy works like a train attaching trolleys next to each other so that they can be of help in building milestones and base of learning. Medicines work like train engine making the child respond a lot faster to therapy. Medicines and therapy do require titration.

6. There are different therapists possible for every abnormality u notice but practically in many places its not possible to have every type of therapist. So continue with whatever therapist u can afford. Therapy is important to habilitate the child. However, Many kids may improve without therapy too – takes years and we lose time, but waiting and watching beyond 100 days is not recommended.

7. Whatever route u chose, your specialist should show a definite change in 100 days; if not rethink, revise the diagnosis and management plan with your ped neuro DR.

8. Dont accept a handicap easily and give up hopes of improvement. any time clueless, Whatsapp Dr Kondekar for free chat 91-9869405747 for a solid goal directed plan for 100 days.

9. Every child has potential and right to improve.

Trainings child to learn action language [as is done for deaf children] will take the child away from verbal communication, as we are stimulating motor/action cortex of brain to take over speech cortex. #drSK#Pedneuro#CDC ITS A RULE OF NEUROPLASTICITY. When a part of brain functions sub-optimally, adjacent brain part may grow over there and try to learn and take over action. At times its important to break this take over of action cortex over speech cortex; because if not tackled in time, child will never be able to talk if he is totally into action language.

10. Parent is never at fault. Parents are the key to recovery. Don't sacrifice your spouse, job, family or relationship. All can be managed together.

Habilitation or re habilitation? :

Habilitation is a process aimed at helping disabled people attain, keep or improve skills and functioning for daily living; its services include physical, occupational, and speech-language therapy, various treatments related to pain-spasticity management, and audiology and other services that are offered in both hospital and outpatient locations. Habilitation requires neurological connection to develop mature and improve, from scratch. Neuromodulators are group of drugs that help achieve it faster though never close to normal. Normal habilitation of children below five years in affected in kids with developmental disorders.

Rehab is rehabilitation to gain or develop or improve lost skills

How much shall we expect from our autism kid? www.facebook.com/cdcmumbai

Expectations, let's rename as having newer capabilities is never wrong. We should plan some steps to reach that goal. Suppose we make ten steps to achieve that expectation, we can start working from first.

Younger the child, immature is the brain, easy to train and shape. Elder children have their own maturity so need a different strategy to tackle the expectations.

At times we do have some medicines that may make the brain little immature and receptive and then we can train the child to achieve appropriate goals. It depends on the age of child and what expectation u r having. No expectations should lead to stress spoiling peace of mind.— Dr Kondekar

Violent traits in autism?

Violent personality rage phenomena obsessions and behavioral issues are often mixed with autism in a good number or cases. The personality may run in families. There is no point in blaming each other or kid. The frequency and severity of these episodes will help us decide medicines which improve the quality of life with negligible side effects. It's worth while to save a family from stress which lasts for years than getting wary about side effects that are meagre.

Free WhatsApp advice and discussion at 91-9869405747

No Child is hopeless; when you dont see a change; its our duty to introspect and change the strategy .

Giving up gains nothing; persistence pays.

Expect a new positive change every month; note it down. Nutrition of brain and child; diet and quality of life of parents both are equally important for positive outcomes.”

Special children' is often a term used for children with issues of neuro development, social communication and neurobehavioral adjustments.

Often these kids may look normal and settled in day to day living;but a great majority of these kids need emotional, social and therapy support to cope up with stress, milestones, education, social survival and neuro- medical issues including neuro disabilities.

Prima facie these issues appear like disability or a handicap like situation adding a lots of stress to the child , parent

and family, affecting quality of living. book appointment

These children range from personality traits of mild autism to non verbal severe autism; terrible toddler tantrums, to attention deficit or hyperactivity issues. Soft Neurological problems affecting gait, grips, concentration and defective sensory processing of stimuli/ events are commonly associated. These issues ,may be noted in a child in varying proportions, alone or mixed. Often these issues cause or are associated with learning disability and or social disturbances of adjustments.

Some of these kids do have documentable brain damage , power deficit , tone issues , deformities or seizures. Many need not have these issues. Some do have genetic basis, many wont.

These all cannot be easily understood unless a detailed neuro pediatric evaluation is done for these kids before we plan a random referral advice or suggestion.

With appropriate diagnosis and zeroing down the key areas of improvement in a given child,in a time scaled fashion can help the therapist and neuropediatrician plan together a collective approach for tackling the various issues mentioned above.

A variety of specialists apart from above may be frequently consulted for advice, therapy, counselling and training with continued occupational therapy and pediatrician assessment. Speech therapists, physiotherapists,educators, remedial educationists, counsellors, psychologists do have a role when indicated.

With regular directed therapies like, NDT Neurodevelopmental therapy,SI Sensory integration, ABA i.e. applied behavioral analysis and adjustments with time discipline, conditioning of events ,show results when individualised. Some medications do help in a good number of children. An IQ test , BERA and EEG, MRI brain and genetic studies may be needed in some cases.

In our experience we see major changes in speech behavior power tone and social adjustments in 100 days of goal directed therapy.

Please do not hesitate to consult for detailed advise, understanding, treatment and therapy.

pedneuro whatsapp for doubts 7021713681

<https://goo.gl/maps/4U3PHAReiqT2>

When parents ask me “what book one should read for autism cure in their kid”:

dont go for reading books, ask me for free whatsapp tips: 91-9869405747

Starting to learn autism to treat Ur own kid, is like digging the well when u are thirsty. Remember “time is key for developing brain, don’t waste it.”

Ask experts, Ask for help, save time. You may be carrying a wrong diagnosis label given by PHD doctors. Remember medical diagnosis (& treatment too) is best and holistically done by medical Doctors...

What an expert has gone through decades of experience, no single book / page or line can give it. Ask an expert for an individualized action plan. Every kid is different.

Read books once your kid’s needs have met, read books mainly to help others. Read books so That u write books which doctors can read during their medical curriculum, but save time by asking for expert help.. Save Time Save Brain, Think Brain! Please pass on message to needy parents. When thirsty – and u go digging a well, you may end up in a grave than accidental chest. #DrSK

Prime aim of this post is to make parents understand that **Time with The Child is Key**. Don’t lose the time running after books when you may learn one tip after reading hundred pages. It’s better to get tips from experts who seen hundreds of cases, getting hundreds of queries solved in single consultation, that looking for chance clue in some book whose story may b different from your kid.

Enemies of RECOVERY:

Milk-Casein-dry fruits - indigestion-Constipation – frequent respiratory complaints – all have a definite and reliable solution and should not be reason to stop medicines and therapy.

Mobile – TV – Screen

When we want child to talk from mouth listening from Ear, a screen in front makes the child appear deaf and delays speech initiation and development.

Mobile -Screen – Read – copy- write... will delay talking / Speech, introduce mobile only after fluent speech established.

What are sensory issues in Autism?

visit www.facebook.com/cdcmumbai www.neuropediatrian.com

SENSORY CHECK LIST FOR SENSITIVE KIDS: Sensory assessment: CHART AS 3,2,1,0, AVOIDS/SEEKS/MIXED/NEUTRAL

Vestibular 1: Being moved passively by another person

vestibular 2: riding equipment that moves through space like swing, escalator

Vestibular 3: spinning activities, carousels, spinning around in circles

Vestibular 4: activities that need change in headposition, bending over sink, somersault etc

Vestibular 5: chalanges to balance like skating, bicycle,skiing, balance beams,

Vestibular 6: Climbing descending stairs, slides, ladders

Vestibular 7: being up high; top of slide or mountain

Vestibular 8: less stable ground surfaces deep pile, grass,sand, snow

Vestibular 9: riding in a car or other transportation

Auditory Listening:1. hearing loud sounds car, horns,sirens, loud music, TV

Auditory Listening:2. being in noisy settings like crowded restaurants, party or busy

Auditory Listening:3. watching TV or listening to music at very high or low volumes

Auditory Listening:4. Speaking or being spoke amidst other sounds, voices

Auditory Listening:5. background noise while concentrating on a task responses

Auditory Listening:6. Games with rapid verbal instructions

Auditory Listening:7. back and forth interactive conversations

Auditory Listening:8. unfamiliar sounds, silly voices, familiar language

Auditory Listening:9. singing alone or with others

vision :1. learning to read or reading for more than few minutes

vision :2. looking at shiny spinning or moving objects

vision :3. activities requiring hand eye cordination, ball catch, stringing beads, writing, tracing

vision :4. activities that require descrimination between colours shapes sizes

vision :6 visually busy places like store or playground

vision :7. finding objects such as socks in drawer, book on a shelf

vision :8. very bright light or sunshine or being photographed with flash

vision :9. dim lighting shade or dark

vision :10. action packe colour TV movies video games

vision :11. new visual expeiences such as looking through a glass or kaleido scope

Taste and smell:1. smelling unfamiliar scents

Taste and smell:2. Strong odors such perfume, gasolene, ether etc

Taste and smell:3. smelling objects, non edibles , plastic items, garbage

Taste and smell:4 eating new food

Taste and smell:5. eating familiar food

Taste and smell:6. eating strongly flavoured food like v spicy, salty, bitter,sweet

Touch 1: being touched on some body parts hugs cuddles

Touch 2: certain clothing, fabric, tags, waistband, cut offs

Touch 3: clothing, shoes, accessories v tight or loose

Touch: 4. getting hands face body parts messy with ;paint glue sand food or lotion

Touch: 5. grooming activities such as face or hair wash, brushing, cutting, nail trimming

Touch 6: taking a bath, shower, swimming

Touch 7: getting towelled dry

Touch 8: trying new foods

Touch 9: feeling particular food textures and temperature inside the mouth mushy smooth

Touch 10. standing close to other people

Touch 11: walking barefoot

Proprioception 1: activities such as rough housing, jumping, banging, pushing, bouncing

Proprioception 2: high risk play jumps from extreme heights, climbs high trees,rides cycle over gravel

Proprioception 3: fine motor tasks writing drawing closing buttons and snaps, attaching pop beads, and snap together building toys

Proprioception 4: activities requiring physical strength and force

Proprioception 5: eating crunchy foods, dry cereals, or chewy foods like meat caramel

Proprioception 6: smooth creamy foods yogurts cream cheeze pudding

Proprioception 7: having eyes closed or covered.

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Diagnostic Criteria for 299.00 Autism Spectrum A1 A2 A3 PLUS TWO OF B WILL MAKE DIAGNOSIS

- A. Persistent deficits in social communication and social interaction across multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive; see text):
1. Deficits in **social-emotional reciprocity**
 2. Deficits in nonverbal communicative behaviors
 3. Deficits in **developing, maintaining, and understand relationships.**

- B. **Restricted, repetitive patterns of behavior, interests, activities, ANY 2**
1. **Stereotyped or repetitive motor movements, use of objects, or speech**
 2. Insistence on **sameness, inflexible** adherence to routines, or ritualized patterns of verbal or nonverbal behavior
 3. Highly **restricted, fixated interests** that are abnormal in intensity or focus
 4. **Hyper- or hyporeactivity to sensory input** or unusual sensory

Specify current severity: BASED ON DEPENDENT / PARTLY DEPENDENT / INDEPENDENT

C. Symptoms **must be present in the early developmental PERIOD**

D. Symptoms cause **clinically significant impairment in social, occupational, or other important**

E. These disturbances are **not better explained by intellectual disability (intellectual developmental disorder) or GDD**

[www. autismdr.wordpress.com](http://www.autismdr.wordpress.com)

WORLD AUTISM DAY APRIL 2: MAKE EVERY CHILD LOOK LISTEN FEEL..... SCHOOLABLE IN TIME!

WHEN A CHILD DOESN'T DO THAT, SCHOOLS ASK FOR CERTIFICATE OR REPORT; SO THAT ONCE THEY KNOW CHILD IS CERTIFIED WITH LOW IQ, THEY CAN SHOW A WAY TO SPECIAL SCHOOL.

DON'T ASK FOR CERTIFICATE. ASK FOR A CHANGE. ASK HOW CHILD CAN BE SCHOOLED IN NORMAL

**THREE COMMON IN 3 YR
OLD AUTISM KID***

3 YR AGE TO NOTE FIRST
AGE INAPPROPRIATENESS
PARENTS DON'T AGREE*

AUTISMDR.WORDPRESS.COM

FREE WHATSAPP HELP

9869405747 INDIA

NEURODEVELOPMENTAL
PEDIATRICIAN

**THREE NUTRIENTS FOR
THREE MONTHS FOR:**

NEURONAL
CONNECTIONS

MYELINATION
Maturation

**THREE TOOLS FOR
DIAGNOSIS**

DSM 5

INCLIN

CARS

THREE TESTS LIKELY

GENETIC TESTING
CES

MRI BRAIN

EEG

**THREE THERAPIES
NEEDED**

OT - SI BA

ST- SPEECH

PHARMACOTHERAPY

www.aakaarclinic.com

**THREE MAIN ISSUES IN
AUTISM**

UNDERSTANDING

COMMUNICATION

SPEECH

**THREE ENEMIES FOR
RECOVERY**

HYPER/ STEREO ACTIVITY

OBJECT MADDNESS

SENSORY ISSUES

THREE MEDICAL ISSUES

RESPIRATORY-
IMMUNITY

GUT- DIGESTION

PSYCHIATRIC - HITTING
ETC

Dr Kondekar's Triology

**THREE GOALS FOR FIRST
THREE MONTHS**

EYE CONTACT

OBEY COMMANDS

RECEPTIVE LANGUAGE

**THREE GOALS FOR 3
YEARS**

SPEECH

READING

WRITING

THREE DIET STOPS

DOODH

DRY FRUITS, SEEDS

DAALS-HARD ONES

For Autism in children