



NUTRI - VOICES

e-newsletter Indian Dietetic Association Nagpur Chapter

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SEPTEMBER 2017

Glimpses' from the past



My Journey with IDA(National) commenced as early as in 1981-82..Our P G Diploma course under DTE(Govt of M S), a professional course attracted dedicated candidates who were keen to take up this para medical profession. To support and strengthen the credibility, they needed a strong backing and a boost through a reputed well established National Organization . Yes! That is IDA. What really drew us to IDA , at the first instance...the perspective views of Visionaries . Genuine concern, dedication and guidance of Pioneer and Senior Practicing DIETETIANS who were already in the process of setting up and running Dietetics department in reputed Hospitals of India Who took initiative to extend Intensive Internship training to our students and the transformation of our students with enormous confidence in communication while prescribing diets and many other interlinked salient features.. It is then to take the First ever step regarding formation of a Nagpur Chapter, Dr S L Kothari and I attended the IDA convention at Mumbai -This gave a lot of input in understanding the mandatory requirements, rules, regulations to commence a Chapter..After a lot of discussion and correspondences, it gained a shape...Next followed the Challenge of mobilizing members.. Our Dietetics students alumni and current ones came forward to get enrolled as they realised the pre request of Life membership ,to gain eligibility and necessity to appear in R D Examination ,and for further vertical mobility in their chosen profession ...almost all PG Diploma in Dietetics became Life Members and the PG Department of Home-science Food and Nutrition Nagpur University too supported the cause. & set the legacy ...Thus foundation was ready. At this juncture Myself as president, Mrs. Pansare as Secy, Mr V R Thakur as Treasurer with selected E C members the Nagpur Chapter was launched with the due recognition of H.Q...Chapter office located at WTERI.. Almost after 3 to 4 years when Mrs Pansare founder secretary left, at the same time Mrs K Gopalan joined as. Ho D Dietetics in WTERI and willingly took up the post of Secretary and assisted well with her experience to build up the Chapter. Thus the legacy is set and now gaining momentum towards the goal...

Best Wishes

Prof. A.N.Radha
Founder President
IDA, Nagpur Chapter.

From the Presidents Desk



It gives me immense pleasure to bring out the first issue of Nutri-Voices, the Newsletter by IDA, Nagpur chapter. IDA, Nagpur chapter until now has 600 life members. I hope with the release of Nutri-voices newsletter as an ongoing biannual publication it will serve as a platform to connect with the members, to communicate, share our knowledge, experiences, update and reach to our members. This Newsletter covers the history of IDA Nagpur Chapter, National Nutrition week theme orientation, a peep in micronutrients, burning topic like ketogenic-diet, Quiz, crossword, weaning recipes and upcoming events. In future issues Nutri-Voices will try to bring in new researches published and will keep you updated about recent advances in the field of Dietetics and Nutrition.

About National Nutrition Week

The objective of celebrating National Nutritional week 1st to 7th September every year pan India is to enhance the nutritional practice awareness among people of the community through adoptable training, timely education, seminars, various skits and demonstrations by Dietitian/ Nutritionists so as to work towards building a strong nation. The campaign for NNW first started by central government in 1982 in order to encourage good health and healthy practices; through nutritional education as malnutrition is the major obstacle to Nutritional development. The government, non-governmental organizations and home science colleges to celebrate National Nutrition Week promote Mass nutrition awareness programs on the declared theme every year.

The current theme for NNW 2017 is “ **Optimal Infant and Young Child Feeding Practices: Better Child Health**”. In India around 40% of the infants are exclusively breast fed, approximately 44% children under 5 years of age are underweight, 72% infants have anemia. Nutrition education regarding exclusive breast feeding up to 6 months and initiating appropriate complementary feeding practices will go a long way in achieving optimal nutritional status and reducing malnutrition. Start breastfeeding within one hour of birth should be our aim. Introduce liquid to puréed than to soft foods from 6 month onward to the child. The transition from exclusive breastfeeding to family foods in right proportion, timely feeds which are hygienically prepared and delivered is very crucial for better outcome. Only 21% of infants 6-24 months are fed as per the recommended



Dietetics is an artistic ancient & vaidic science. Proper knowledge is most essential to prevent us from many chronic malnutritional problems, we need large no. of Nutrition & Dietetic experts to educate the community. Dietetics is a developing science experts need to update time & again, one should know thoroughly that health problems start from the kitchen & the solution is also in the kitchen only! Diet experts should try to improve health at individual cellular level--as cells make tissues--tissues make organs -- organs unite to make system & system makes the Body. Deep knowledge of cellular biochemistry, nutrition & diet should be converted for practical easy application, to suit individual's modern stressful hectic life style very carefully! BEST WISHES.....

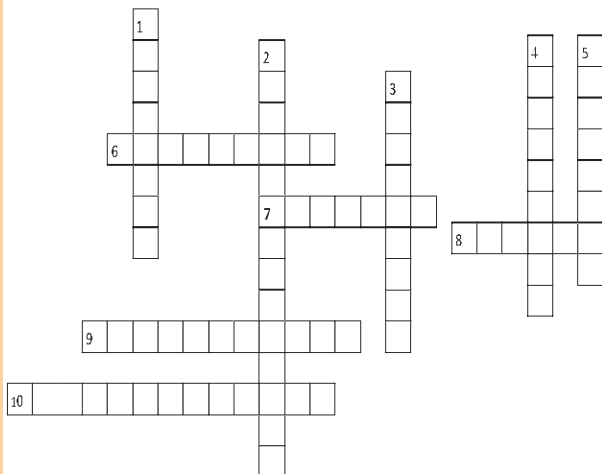
Mrs. Sheela Mahapatra
Ex-Principal, WTERI
Nagpur.

practices according to UNICEF data. The first few years of life serve as a critical window for promoting optimal growth, health and behavioral development. Nutrition is vital in this phrase. Complementary foods in form of fruits and vegetables servings will provide vitamins and minerals, which are very important for brain development, strengthen the bones and provide immunity for better health. Introducing cereal pulse mixes along with fats, sugars will provide adequate energy and proteins for growth. Inadequate diet in infancy may lead to poor growth and development, poor cognitive development and are more prone to infections. Encourage child to eat, introduce variety of foods from different food groups, maintain regular meal timings and do not allow them to skip their meals. Incorporate healthy eating practices right from childhood, include iron sources for better memory, omega 3 sources for brain growth and inculcate habit of drinking adequate water to prevent dehydration and fatigue. A healthy child will lead a long way in building a healthy nation. Invest in infant health today to prevent malnutrition thereby forming a healthy and strong India tomorrow.

Dr. Rita Bhargava
President
IDA Nagpur Chapter



CROSSWORD



DOWN

1. A spice with high tannins that hinders iron absorption
2. A typical symptom of Kashin- Beck Disease
3. This is rich in nutrients and anti infective factors
4. This elements acts as a laxative by promoting better gut muscle contraction
5. Legumes and whole grains contain this compound that interferes with zinc absorption

ACROSS

6. An effective herb used as Galactogogue
7. Foods rich in this content promote the digestibility of low cost weaning foods
8. Sea foods are the richest source of ?
9. Iron binding protein present in human milk
10. Anemia caused due to copper deficiency

Compiled by
Sakina Raghieb
E.C. Member, NC

Ketogenic Diets – Boon or Bane



Obesity is the gravest health problem the world is facing today, posing a challenge to the medical fraternity, nutritionists and the policy makers. Rapidly changing food habits, a transition from traditional healthy foods to fast foods and sedentary lifestyle have taken a toll of the current generation. Several weight reduction clinics, medical centres and health spas have sprung up with appealing promises to weight loss programs to combat this growing problem. More recently surgical intervention has become the accepted mode of shedding extra body fat. These programs have in common one aspect; a severe reduction in carbohydrate intake.

Low carbohydrate diets have been popular for several years. In such diets the glycogen stores are rapidly depleted, an effect that is accelerated when energy is also restricted. Fatty acids are in turn metabolized at a rapid rate to provide energy in the form of ketones for physiological functioning. Ketones are alternative fuel for the body and are used when glucose is in short supply.

The ketogenic diet were hither to planned and advocated to create and maintain ketosis for the treatment of seizures in children in whom drug therapies have failed. The beneficial effect of this diet is stated to be due to change in the neuronal metabolism; ketones inhibit neurotransmitters, thus producing an anticonvulsant effect in the body. Initially the individual fast in the hospital for 24 to 72 hours until ketonemia develops which is measured by the levels of beta-hydroxybutyrate in the blood.

The ketogenic or low carbohydrate high fat diets primarily rely on fat for energy source instead of the quick burning carbohydrates. These types of diets are centred upon to bring the body into a state of ketosis. The transition from normal and traditional healthy diets to ketogenic diets initiates the state of ketosis in which the body stops utilizing carbohydrate as fuel and metabolizes fat into ketones, the molecules that can supply energy. This physiological imbalance known as ketosis is decidedly unhealthy. Ketosis also results from rigorous weight loss programs, starvation or prolonged fasting.

The initial rapid and substantial weight loss experienced in individuals on ketogenic diets is believed to be due to depletion of water, not fat.

Contrary to claims, the actual fat loss is quite slow in ketogenic diets because fats are not metabolized efficiently in the absence of carbohydrates. Without carbohydrates to regenerate oxaloacetate the energy cycle is disrupted and ketone bodies accumulate. A minimum of 50g (200 calories) of carbohydrate per day is needed in any weight loss diet. Replacement of long chain fats of traditional diets with medium chain triglyceride (MCT) allows ketosis to be readily achieved with a lower percentage of fat.

A ketogenic diet therefore implies a shift from carbohydrate sources to foods high in protein and fat. The diet is designed so as to create and maintain a state of ketosis. A ketogenic diet is typically characterized by 4:1 ratio of dietary fat to protein and carbohydrates. Once ketosis is established the diet is planned to provide at least 80% of the calories from fat. Protein is provided for maintenance and the remaining small percentage of calories is made up from carbohydrates. To maintain this ratio of nutrients may offer several practical difficulties in vegetarian Indian diets. Because of the strange food combinations advocated in low carbohydrate diets, few individuals are able to adhere to these diets for very long. A meticulous planning based on age, gender, lifestyle, food habits and choices available, health problems if any is essentially needed.

The metabolic transition in ketogenic diets have been stated to provide a steady stream of energy as the body uses fat stores directly. Insulin levels become very low and fat burning increases. This helps to lose weight besides less hunger and a steady supply of energy. Ketogenic diets may be helpful in reducing the appetite by altering concentration of hormones that inhibit emptying of stomach and suppress appetite.

Multiple studies have however shown that ketosis can warrant unwanted symptoms which can be taxing on the body. Muscle loss leading to fatigue may result once the body enters into a state of ketosis. Scientific reviews have shown the possibility of symptoms like nausea, fatigue, difficulty in concentration, decreased physical performance and much more. Further, ketogenic diets often promote high fat intake that may lead to several health issues including excessive cholesterol and heart complications. The overproduction of ketone bodies upsets the body's acid base balance, a condition that may precipitate kidney problems in previously normal individuals. Electrolyte loss that occurs in ketosis may cause cardiovascular problems. In addition ketone bodies compete with uric acid for excretion by the kidney, increasing the risk of gout in susceptible individuals.

Promoters of ketogenic diets assert that fat and protein recommended in the diets are burned in the metabolic process and therefore cannot be stored as fat in

the body. The overall quality of ketogenic diets has however been criticized. There is no consistent scientific evidence to indicate that energy provided from any one nutrient is utilized differently from energy from any other source. Long term studies on safety and effectiveness of ketogenic diets for weight loss are lacking.

The bottom line for the dieters is not to succumb to such drastic weight loss regimen. The weight that was gained slowly has to be lost gradually

achieving permanent weight loss. For weight reduction to be lasting balanced food intake patterns, regular eating habits, restricted energy intake with balanced nutrients and physical exercise are the watchwords.

Dr Mrs Sabiha Vali

*Ex. Professor in food & Nutrition & Head
P.G. Department of Home Science
R.T.M. Nagpur University*

Case Study



A 55 year old lady recently diagnosed with Sjogren's syndrome admitted at a hospital in Nagpur. Sjogren's syndrome is an autoimmune disease affecting mostly women and individuals over 40. Disease mostly targets tear- and saliva-producing glands, this

disorder can cause intense fatigue and affect muscles, joints, skin, and internal organs. Medications that target inflammation improves patient's quality of life, yet a Sjogren's syndrome diet plays a significant role in the management of the disease.

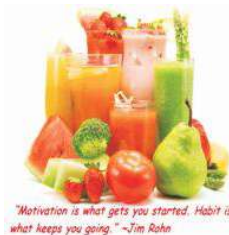
Symptoms-Initial Patients symptoms included weight loss, loss of appetite, low grade fever continuously and gastro intestinal discomforts. Symptoms were similar to cancer and hence patient had to undergo massive test for diagnosing cancer. Biopsy revealed **Low grade follicular non-hodgkins lymphoma** likely, followed by normal bone marrow reports. Since the non-Hodgkin's lymphoma was not progressed patient was put on symptomatic treatment. Within weeks time patient again developed severe breathlessness followed by infection of lungs and was readmitted at ICU at a City Hospital. Opinion was taken from Bombay hospital and final diagnosis confirmed Sjogren's syndrome. Patient also developed peripheral neuropathy.

Drug Therapy-Patient was put on azathioprine immuno suppressant drug along with combination of steroids alternate days. To relieve the pain also started with NSAID- Non steroidal anti inflammatory drugs. Medical Nutrition challenge was to increase the weight of the patient, as during all the procedure patient lost around 15kgs of weight. Also control dryness of mouth, improves the immunity as they are on immuno suppressant drugs, and GERD is often present with NSAID.

MNT-Patient was put on **high protein, moderate fat diet**. Initially soft diet was recommended which included lentil soup, khichadi, Idli, Upma and dalia to name few recipes. Supplementation of **Peptamine** was started as semi elemental enteral feeds are better absorbed. Addition of **Glutamine** sachets to improve the gastro flora along with probiotic supplements was started. Due to Steroids and immuno suppressants, patient was advised to reduce salt, sugar increases the pain and inflammation and hence sugar was completely avoided. All the time moist diet was recommended, more liquids in form soups were added. Flax seeds oil was added for omega 3. Outside food was completely avoided. Addition of all veggies and fruits was done in the diet. Patient was consuming soft to partially full diet resulted in increase in weight by 3 kg showing improvement. Medical nutrition therapy is continued with rest medications.

Dr. Renuka Mainde

E.C. Member, NC



"Motivation is what gets you started. Habit is what keeps you going." -Jim Rohn

Micronutrients at a glance

Iodine



Iodine is one of the “big ten” elements known to be absolutely essential to good health, if not to life itself. A non metallic element, used especially in medicine; occurs naturally only in combination in small quantities (asinseawaterorrocks)

Biological role

It activates and stabilizes the endocrine glands, and is responsible for normal nerve impulses, mental activity, intellectuality, proper metabolism of calcium, phosphorus, and starches. It increases immunity and is required for the synthesis of the growth-regulating thyroid hormones.

Deficiency

A deficiency of iodine leads to decreased production of T3, T4 giving rise to hypothyroidism. Symptoms of hypothyroidism are extreme fatigue, Goitre, depression, weight gain, low basal body temperatures and is the leading cause of preventable intellectual disability.

Prevention: Since our body doesn't naturally make iodine, diet plays an essential role in prevention with RDA.

RDA: Adult men and women - 150mcg/day .Pregnant women - 250mcg/ day.

Sources: The WHO recommends iodine rich seafood, dairy product, eggs and meat to meet the RDA. For areas away from the ocean or have iodine-deficient soils and vegetarians iodized salt can help prevent its deficiency.

½ tsp of iodized salt contains as much as 200mcg of iodine which can help fulfill entire day's iodine requirement.

Important to note: There is constantly accumulating evidence that the inorganic form is not the correct method of administering iodine. It is of doubtful efficiency. Organic iodine present in milk, vegetables and fish is more easily assimilated. There are one or more elements in this organic combination that not only determine the rate of assimilation but its availability as well.”

Good Organic Sources of Iodine

Top food options:

Sea vegetables, Seafood (shrimp, oysters, salmon, sardines), Iodized sea salt

Secondary food options:

Eggs, Dairy products, Asparagus, Lima beans, Mushrooms, Spinach, Sesame seeds, Garlic, Onions, Radish, Watercress

Conclusion :Iodine must be considered a food element of tremendous importance. Its lack in the diet must be supplied if the animal mechanism is to function normally. Inorganic forms, while they may be of great value as stabilizers of disturbed thyroid function, are too uncertain to be relied upon. Strictly organic Iodine as it occurs in food is the only proper source of the element.

Dr. Tanushrere Bhattacharya
Vice President, IDA NC

Copper



Copper is an essential element for all vertebrates. It is present in combination with a plasma protein, ceruloplasmin, which is the transportable form of copper. The deficiency of copper results in anaemia due to improper mobilization of iron from iron storage sites. Copper occurs in body

in two oxidation states Cuprous or Cupric. The body of healthy adult contains a little over 0.1 g of copper with concentration being high in liver, brain, bone, hair and nails. About 25% of body copper is present in muscle and 42% in the skeleton.

Functions-It serves as a co-factor as well as allosteric component of enzymes, and also plays role in mitochondrial energy production and protects against oxidants and free radicals.

Deficiency and Toxicity- In adults it is neutropenia and microcytic anaemia. Menkes disease is a sex linked recessive defect that results in copper malabsorption, increased urinary copper loss, the affected infants have retarded growth, defective keratinization, pigmentation of hair, hypothermia etc. Liver cirrhosis develops from toxic intakes and abnormalities in red blood formation also occur. Wilson's disease results from excessive accumulation of copper in body tissues, eyes as a result of a genetic deficiency in the liver synthesis of ceruloplasmin.

The Recommended Dietary Allowances for Adults-1.5-3.0 ug (Krause and Mahan)

Food Sources-Copper content mg/100g

Egg whole (0.07), milk whole (0.003), liver, beef (6.09), chicken (0.07), Rice white cooked (0.08), whole wheat (0.25), peanut (0.68) potato chips (0.35), carrot (0.05), spinach (0.05) peas (0.10), tomato (0.06) apple (0.03)

Kavita Bakshi
Hon. Secretary
IDA Nagpur Chapter

Selenium



Besides, the known metabolic role as a component of glutathione peroxidase which along with vitamin E and superoxide dismutase forms a part of the anti-oxidant defence system, however, with more selenoproteins being discovered are involved in protection from oxidative damage,

maintaining adequate thyroid hormone status and protection from injury by a heavy metal like Mercury.

Deficiency linked to regional diseases Keshan disease (cardiomyopathy) and Kashin Beck disease (osteoarthritis). Suboptimal selenium status may be widespread in humans, early preclinical stages of HIV infection are accompanied by a very marked decline in plasma selenium, it assumes significance during development of AIDS. Suboptimal selenium status may

also increase risk of cancer and cardiovascular disease. Selenium supplementation is shown to mark immuno-stimulant effects including increased proliferation of activated T-cells. Inflammatory conditions such as rheumatoid arthritis, ulcerative colitis, pancreatitis may also benefit from selenium supplementation.

There is a narrow margin between beneficial and harmful intakes, the RDA for selenium is 55mcg for adult male and female population, but threshold for toxicity appears to be 850-900 micrograms per day.

Sources of selenium - Some of the good sources of selenium content in micrograms (Mcg) are:

30 grams of Brazil nuts (544) and cashew nuts (03),

While 90 grams of Tuna fish (92), shrimp (40), chicken (22), cottage cheese (20), brown rice (19), puff wheat (15), baked beans (13), oats (13), spinach (11), Green peas (02), banana (02) Whereas 1 slice of whole wheat bread (13), and 1 boiled egg (15) micrograms of selenium.

*Minal Gujarathi
Treasurer, IDA NC*

ZINC



Zinc (Zn) is a metal present in all the cells, a cofactor for above 300 enzymes and essential for various biological functions. About 2gms of zinc is present in human body, bones (30%), muscles (60%), hair, skin and plasma. Zinc is absorbed from the small intestines, mostly the duodenum and jejunum. On intake

of about 10mg/day by healthy adult humans, 90% lost in faeces, 0.5mg in urine and 0.5mg is retained in body.

Inhibiting factors- high intake of phytates, iron, high calcium intakes and decreased secretion of gastric acid interfere with absorption. **Promoting factors**- amino acids-histidine, cysteine and organic acids.

Functions of Zinc

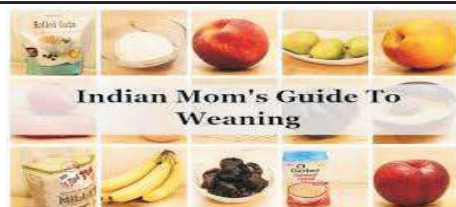
Zinc has a catalytic, structural and regulatory role, a component of hormones like insulin, growth hormone and sex hormones, acts as a Cofactor of enzymes,

involved in synthesis of RNA, DNA It helps in regulation of blood pH, important for growth, reverses stunting, improves cognitive ability, activity level & taste acuity. Hormone Thymulin (Zn-dependent) activates T-lymphocytes, beneficial in HIV and Tuberculosis patients. Increases immunity, protects against oxidative stress and lipid peroxidation and protein oxidation.

RDA for Zinc :- Adult men 12 mg and women 10mg

Sources :- Animal foods - herrings, shellfish, oysters, red meat, sea foods (crab and lobster), dairy products and protein rich food are the rich sources and better absorbed. **Plant sources**-(Zinc content-mg/100g) sesame seeds (12.2), bengal gram whole (6.1), Cashewnuts (5.99), sunflower seeds (5.2), cowpea (4.6), rajmah (4.5), almonds (3.57), bajra (3.1), lentil dal (3.1), wheat flour (2.7), whole grains, beans, watermelon & pumpkin seeds, chick pea. Fruits and vegetables are poor sources. Soaking and sprouting beans, grains, and seeds, that reduce phytate. Refining and germination improves the bioavailability.

*Mrs Kavita Gupta
Jt. Secretary
IDA Nagpur Chapter*



Magnesium-The Power Mineral



An adult human body contains about 25 gms. Of Mg. It contributes to energy production within each cell and works alongside Calcium to promote healthy bone development and strength. Balanced levels of Magnesium keep heart rate steady, aids muscle relaxation, normalizes blood pressure, helps absorption of Calcium and Vitamin C, reduces symptoms of arrhythmia, anaemia and ADHD in children.

RDA-Dietary intake of Mg to maintain balance is around 350-400mg/day in adults, 150-200mg/day in older children and 100-150 mg /day in infants and

preschool children.

Food Sources-Green leafy vegetables, nuts, dried fruits, bananas, whole grains are excellent sources of Mg. A 100 gm mixture of almonds, cashew nuts and walnuts will provide around 350 mg Magnesium which meets the whole day requirement of an adult.

A balanced diet based on cereals, pulses, nuts and vegetables can provide Magnesium in a sufficient quantity to meet requirement.

Deficiency- Symptoms- First stage-Insomnia, Fatigue, confusion, memory loss. Second stage may include rapid heart beat and third stage of severe deficiency may lead to numbness, hallucination and tingling.

Chanchal Sahani

E.C. Member, NC

Diet Quiz



- 1) Recommended dietary allowances for infant 6-12 months calcium
 - a. 200 mg/day
 - b. 400 mg/day
 - c. 500 mg/day
 - d. 600 mg/day
- 2) The optimum weight gain for a woman during pregnancy in the first trimester.
 - a. 1.5 kg
 - b. 2 kg
 - c. 2.5 kg
 - d. 3 kg
- 3) In our body calcium constitutes of the total body weight.
 - a. 4%
 - b. 2%
 - c. 3%
 - d. 5%
- 4) 1 gram hemoglobin =
 - a. 3.1 mg
 - b. 2.2 mg
 - c. 3.4 mg
 - d. 2.4 mg
- 5) In woman during child-bearing period iron daily requirement is increases upto
 - a. 10-20 mg/day
 - b. 15-20 mg/day
 - c. 20-25 mg/day
 - d. 25-30 mg/day
- 6) Breastfeeding should be continued minimum
 - a. 4 months
 - b. 6 months
 - c. 12 months
 - d. 24 months
- 7) Which hormone triggers the milk-ejection reflex
 - a. Progesterone
 - b. Oxytocin
 - c. Estrogen
 - d. thyroxin
- 8) No Mixed Feeding is to be done during the.
 - a. First 2 month.
 - b. First 3 months
 - c. First 6 months
 - d. First 8 months
- 9) Initiate breastfeeding as early as possible after birth, preferably within
 - a. 1 hour
 - b. 4 hour
 - c. 2 hour
 - d. 3 hour.
- 10) Fat in infant formula is provided by.
 - a) Animal Fat
 - b) B. Fat found in cow milk.
 - c) C. Synthetic fat.
 - d) D. Vegetable oil.

Compiled by Vinita Mehta

E.C. Member, NC

Weaning Recipes



Malted Food Mix

Ingredients –

- Wheat - 60gms
- Whole Moong - 15 gms
- Jaggery/Sugar- 15gms

Nutrients -

Calories - 317 Kcal

Proteins - 10.8 gms

Procedure –

1. Soak wheat for 24 hours.
2. Tie soaked wheat in cotton cloth for 30-32 hrs to get healthy sprout.
3. Soak whole Moong for 8 hrs.
4. Tie soaked Moong in cotton cloth for 6-8 hrs for sprouting.
5. See that both sprouts gets ready at the same time.
6. Dry sprouted wheat and Moong separately and roast separately to golden brown.
7. Mix and powder it. Keep the powder in tight leaded container.
8. While preparing weaning feed take powder in Katori with dry spoon, add Jaggery/Sugar as per taste.
9. Add milk (if available)/ water (boiled and cooled) to make the feed to semi solid consistency.
10. Feed the baby in happy and healthy environment.

Importance-

Malted food is beneficial for malnourished infants whose digestive system is weak or impaired due to malnourishment

Nutri-Mix

Ingredients-

- Wheat - 30gms
- Jowar - 20gms
- Moong Dal - 20gms
- Jaggery/Sugar- 20gms

Nutrients -

Calories - 300Kcal

Proteins - 10.0gms

Procedure –

1. Roast wheat, Jowar and Moong dal separately to golden brown.
2. Mix above ingredients after cooling.
3. Powder the mixture and keep the powder in tight leaded container.
4. While preparing weaning feed take powder in clean and dry Katori with dry spoon.
5. Add Jaggery/Sugar as per taste.
6. Add milk (if available)/ water (boiled and cooled) to make the feed to semi solid consistency.
7. Feed the baby in happy and healthy environment.

Importance-

Wheat and Jowar can be replaced by locally available staple cereal eg. Ragi, Bajra, Maize etc.

For increasing protein, roasted groundnut powder can be added.



IDA Activities Of The Year 2017



Dietetics Day celebration-IDA, Nagpur chapter organized a wellness with Diabetes on 8th Jan'2017, in association with Juvenile Diabetes Parents Association at annual Juvenile Diabetic camp Wadgaon. A talk on diabetes management by Dr.Rita Bhargava, skit by dietitians, interns and students, quiz and interactive session by members KavitaBakshi, MinalGujarathi and Kavita Gupta was held and diet expo was displayed. 32 juvenile diabetics and their parents attended JDPA camp.



Dietetics Day 10th Jan.' a CNE on Therapeutic role of Fiber in Practice by a panel of speakers - Dr.RitaBhargava,KavitaBakshi,Dr.RenukaMainde,MinalGujarathi,KavitaGupta.was organized at Sunny International. Around 40 working dietitians attended the CNE and senior Dietitians JayshreePendharkar, SushmaChaterjee and Nilima Joshi chaired the session.



CNE on Bariatric Nutrition and Weight loss was conducted on 20th May 2017 at Chitnaviscentre. A talk on Bariatric Nutrition by Dr. Rita Bhargava, case presentations by DishaJasani, MeghanaKumare, Dr. SonalKolte, ChitrnanjanYadav.Session was chaired by ShceclaMahapatra, JayshreePendharkar and SecmaChalkhore.

National Nutrition Week Activities :

1st September- 1) Inauguration of NNW at Anganwadi, gaddigudam. Beneficiaries present were 35 aanganwadi supervisors. SushmaChatterjee briefed about the young infant feeding practices. Welcome address and declaration of theme 'Optimal Young Infant feeding practices: Better child Health' by President Dr. Rita Bhargava, interaction by IDA members Vinita Mehta, MinalGujarathi and vote of thanks by secretary KavitaBakshi. 2) JayshreePendharkar conducted at MatruSevaSangh on the theme for nursing staff and at PG Department of Biochemistry, Hislop college on Nutrition as preventive measure for degenerative diseases.



2nd September – 1) CNE on Pediatric Nutrition – session on CKD in Pediatrics and Nutrition by Dr. S.Achanta ,pediatric Nephrologist at Care Hospital and Dr. Y.Waikar pediatric Gastroenterologist spoke on Celiac Diseases in children. Around 40 dietitians attended the program. 2) Staff demonstration of healthy snacks and importance of breakfast at CIIMS Hospital,Nagpur by JayshreePendharkar.



4th September – 1) program was conducted for kids at Balwadi, seminary hills. Skit on healthy eating habits by dietitian Prachi and team of Care interns and students of WTERI. Banana were distributed to all children and interaction with kids was held. Members present were Rita, Kavita, Minal, Sakina, Prachi, Suvama. 2) Orientation regarding theme to AWW and Asha workers at Vivekanand Hospital Koradi by SushmaChatterjee.



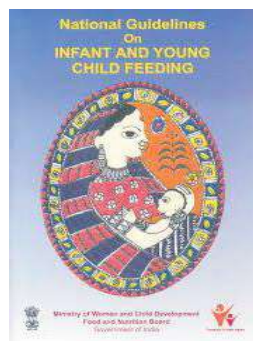


5th September- Orientation program on the theme and demonstration of weaning foods for nurses, nursing students and dietetic interns was held at Care Hospital by Rita and Sushma.



6th September – A session on theme orientation was conducted at Vivkanand Mission Hospital, Khapri for ANM and LHW along with quiz, poster and recipe contest. Team of IDA members present were Sushma, Rita, Minal, Vinita, Sakina, Prachi, Trupti.

7th September- Valedictory program of NNW at WTERI, Poster on the theme and Recipe competition on weaning foods for dietitians and dietetics' students to be held. Release of Nutri-Voices , e-newsletter of IDA, Nagpur chapter at the hands of Dr. SabihaVali.



Announcements and Upcoming calendar

1. Talk on Healthy Nutrition practices at Antarbhartiya Shala Khamla , for mothers and children
2. Children hospital Diet Counselling camp
3. World food day program on good nutrition, Hygiene and Sanitation practices.
4. Nutrigenomics workshop
5. IDACON golden jubilee at Kolkatta 18-20 Dec2017
6. Nutrition week Recipe, Poster competition and Nutri Voices Quiz, Crossword Prize winners will be published in the next issue of the Newsletter. Quiz and Crossword entries to be mailed at idangp15@gmail.com by 10 th September by 6 pm.
7. Write-ups invited on Recent Advances in the field of Dietetics and Nutrition for the next issue at idangp15@gmail.com

Commitee

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Sakina Raghob



Compiled and Edited by

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