



Indian Dietetic Association Newsletter



Another term of the National Executive Committee of IDA is coming to end. This committee took over from the previous one on January 1, 2015 for a 4-year tenure and worked cohesively from start to finish.

Collective decisions taken by this team has catapulted IDA to new and advanced levels. Contemporary ideas from chapters and national teams have given IDA huge publicity and visibility. Working with many stakeholders has given IDA the much-needed thrust towards opportunities and networking. Meeting chapter members pan India has created a bond between the members at the chapter and national levels. Standardisation, setting guidelines, and advancement in some of the functions

of IDA have helped to streamline the running of the association. Publications have disseminated knowledge to the members as well as to the community. Participation in international conferences has built strong bridges between Indian dietitians and overseas dietitians. IDACON has been successfully conducted in different regions of the country making it possible for local chapters and members to flourish.

My heartfelt gratitude to the outgoing NEC team to whom I'm indebted for believing in me and supporting me at every step. I will cherish the memories of our teamwork.

My sincere good wishes to the incoming NEC team which will hold the reins of IDA from January 1, 2019, for the next 3 years.

Sheela Krishnaswamy
National President
IDA

From the Editor's desk

The last three years have been quite eventful. Right from setting SOPs and guidelines for various IDA activities to winning the bid for hosting the Asian Congress of Dietetics in 2026, from starting a newsletter to publishing the 2nd Clinical Dietetics Manual, the NEC has been working tirelessly over their tenure. We have tried to capture the achievements of the present IDA NEC briefly in this newsletter.

IDA has emerged as an influential body in both the government and private sector. Our members are actively involved in activities both with bodies like FSSAI and various ministries as well as industry and nongovernmental organizations. A promising development has been the introduction of the Allied Health Professionals Bill by the Government, which IDA was actively supporting. With this, we look forward to a more professional and authentic practice of nutrition and dietetics in our country.

The lead article this time by Dr Jagmeet Madan throws light on the rising epidemic of non - communicable diseases and the importance of nutrition in their causation and management. It is very timely considering the rising incidence of these diseases in India.

Well, it's time to bid adieu! The newly elected NEC and the Media and Communication team will be taking over from January 2019. I take this opportunity to thank the IDA fraternity for your support and wish the new team all success.

Dr Seema Puri
Head, Media and Communication Committee
Indian Dietetic Association



IDA is a member of the International Confederation of Dietetic Associations and the Asian Federation of Dietetic Associations.

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Can We Arrest The Damage Early? Nutrition Priorities in Non Communicable Diseases

Dr. Jagmeet Madan,

Vice President Indian Dietetic Association; Professor and Principal, Department of Food and Nutrition, Sir Vithaldas Thackersey College of Home Science (Autonomous) SNDT Women's University, Mumbai, India

The Big 4 of Non Communicable Diseases:

The Big 4 of **Non Communicable Diseases (NCDs)** includes majorly cardiovascular diseases, diabetes, cancer and respiratory diseases. The total number of disability adjusted life years (DALYs) lost due to these diseases is significantly higher compared to other NCDs.

The four major modifiable determinants of NCDs are unhealthy diet, physical inactivity, tobacco use and abuse of alcohol. The driving forces that have led to an increase in determinants of NCDs include rapid globalization, urbanization and the ageing population. These behavioural determinants lead to four main metabolic risk factors i.e. overweight and obesity, raised blood lipids and sugar levels and high blood pressure (2).

What are the Nutrition Priorities in NCD Management?

Create an HFSS SAFE ZONE in all environments:

HFSS (High Fat Sugar and Salt) foods are any food or drink, packaged or non-packaged, which contain low amounts of protein, vitamins, phytochemicals, minerals and dietary fibre but are rich in fat (saturated fatty acids), salt and sugar and high in energy (calories) that are known to have negative impact on health if consumed regularly or in high amounts (1).

Intake Pattern of Fats, Sugar and Salt in India:

Rise in per capita consumption of salt, sugar and fat is consistent with increased overweight and obesity but

is variably associated with hypertension and diabetes. Market research shows that approximately 50–60 per cent of total salt, sugar, and fat in Indian markets are procured by bulk purchasers, generally for manufacturing processed food items (2, 3).

Per capita consumption of sugar has risen from 22 g/day in 2000 to 55.3 g/day in 2010. As per the 66th National Sample Survey (2010), Indians consume approximately 10 spoons sugar per day, accounting for approximately 18kg sugar per year.

Per capita consumption of table salt ranged between 9 and 12 g/capita/day (exclusive of processed foods); this is almost twice the WHO recommendation of 5g/day.

Total fat consumption has increased from 21.2 g/day in 2000 to 54 g/day in 2010. During the same period, partially hydrogenated vegetable oil (PHVO) consumption (including palm oil) increased from 1.67 to 2.8 g/day (2, 3).

Role of HFSS Foods in Non-Communicable Diseases:

The increased consumption of energy- dense foods, particularly fat, sugar, salt has worked as a catalyst not only in the onset of NCDs but also in its poor prognosis (3).

Table 1 The dose response of sugars, salt and total fats in hypertension, overweight/obesity, and diabetes in different risk groups

		Hypertension		Overweight/obesity (BMI > 23)		Diabetes							
		Men (%)	Women (%)	Men (%)	Women (%)	Men (%)	Women (%)						
Sugar and jaggery	<6 g/day	20	7.36, ^a	20.6	5.32, NS	17	41.10,	20.1	80.46,	8.7	8.41,	6.7	0.13, NS
	6–14 g/day	22.4	<i>P</i> < 0.05	20.5		22.5	<i>P</i> < 0.001	27.8	<i>P</i> < 0.001	8.1	<i>P</i> < 0.05	6.6	
	>14 g/day	22.2		22.3		22.1		26.6		6.5		6.5	
Salt	<5 g/day	20.6	4.39,	21.9	5.25,	18	34.48,	23.3	19.41,	7.2	3.07, NS	6.4	0.71, NS
	≥5 g/day	22.3	<i>P</i> < 0.05	20.3	<i>P</i> < 0.05	22.7	<i>P</i> < 0.001	26.6	<i>P</i> < 0.001	8.4		6.8	
Total fat	<19 g/day	22.1	10.96,	22.3	6.00, NS	14.1	175.07,	19.1	189.47,	5.7	21.96,	5.3	15.11,
	19–32 g/day	19.6	<i>P</i> < 0.01	20.6		19	<i>P</i> < 0.001	24.8	<i>P</i> < 0.001	7.8	<i>P</i> < 0.001	6.9	<i>P</i> < 0.001
	>32 g/day	22.7		20.4		26.8		31.8		9.4		7.8	

Note: Table adapted from Ref. 24.
^a χ^2 of trend.

WHO (2011)

What are the action points?

- All foods which fall under the purview of HFSS in all environments be it family, school, work place be eliminated with a limited access. The Eat Right Campaign of FSSAI reiterates AAJ SE THODA KUM especially with regards to reducing the quantity and frequency of the foods high in saturated fats, refined sugars and salt.
- Education and sensitization of all stake holders which includes empowering the consumers to identify and say NO to these foods on one hand and enabling the providers to give better options.
- The commitment of the food industry to support the endeavour by working with nutrition professionals to generate science to innovate the products which are customized to Indian settings and make use of locally available resources- “Made In India”. Additionally exploring the potentials of food fortification especially to target micronutrient deficiencies.
- Efforts towards hygiene and sanitation with good handling and manufacturing practices for decreased infections and morbidity.

Gut Health

Chronic NCD's are associated with underlying low-grade inflammation. While inflammation and the pathways to disease are multifactorial, the altered gut colonization patterns associated with declining microbial diversity is a central theme, and increasingly implicated in the physiological, immunological and metabolic dysregulation seen in many NCDs (6). The three main predominating bacterial phyla in human gut are: (i) Gram-positive Firmicutes (ii) Gram-positive Actinobacteria and (iii) Gram-negative Bacteroidetes. Dietary habits have a major impact on diversity and variability of gut microbiota. A diet high in animal fat results in increased Bacteroidetes enterotype, whereas a diet high in fibre and dense carbohydrates results in increased Firmicutes enterotype. This in turn affects host physiological and metabolic pathways leading to the development of NCDs. It has been noted that a shift from a high fat low fiber diet to a low fat high fiber diet causes

beneficial changes in the gut microbiota within 24 hours. These include:

- Production of beneficial metabolites (SCFA, lactate, niacin)
- Anti-inflammatory effects
- Prevention of pathogen growth and establishment

An energy rich diet favours the intestinal epithelium to become more permeable to endotoxins that results in a pro-inflammatory cascade reaction. The 'Leaky' intestinal mucosa provides a link between diet and the low-grade inflammation and drives peripheral insulin resistance. The resulting endotoxemia triggers adipocyte inflammation and thus obesity (6, 7, 8).

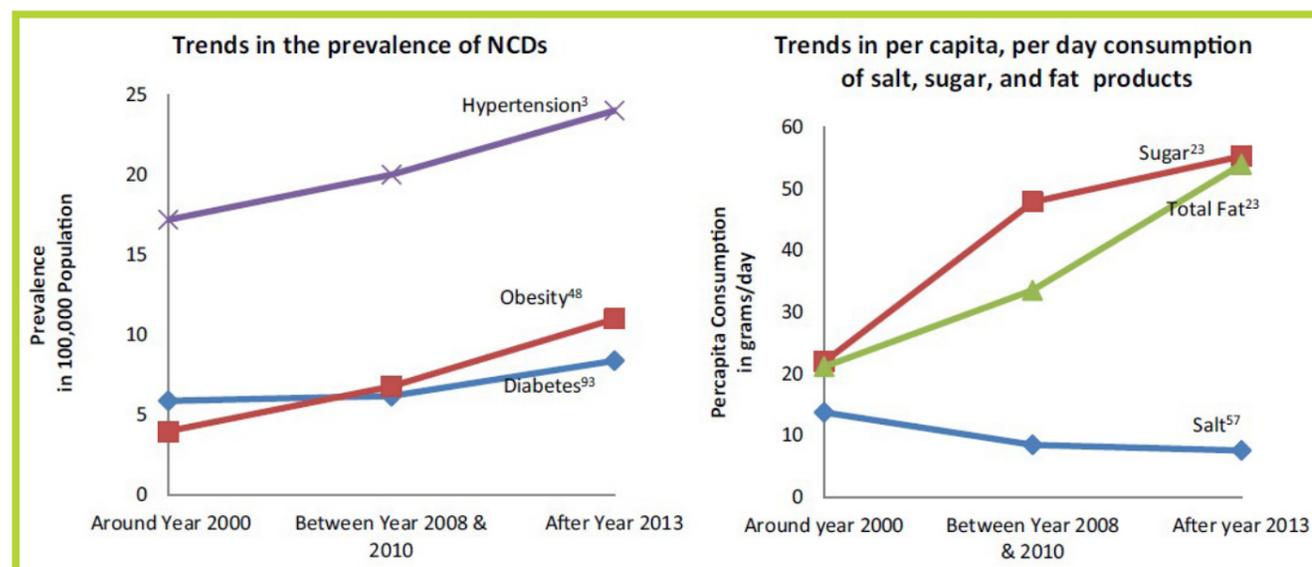
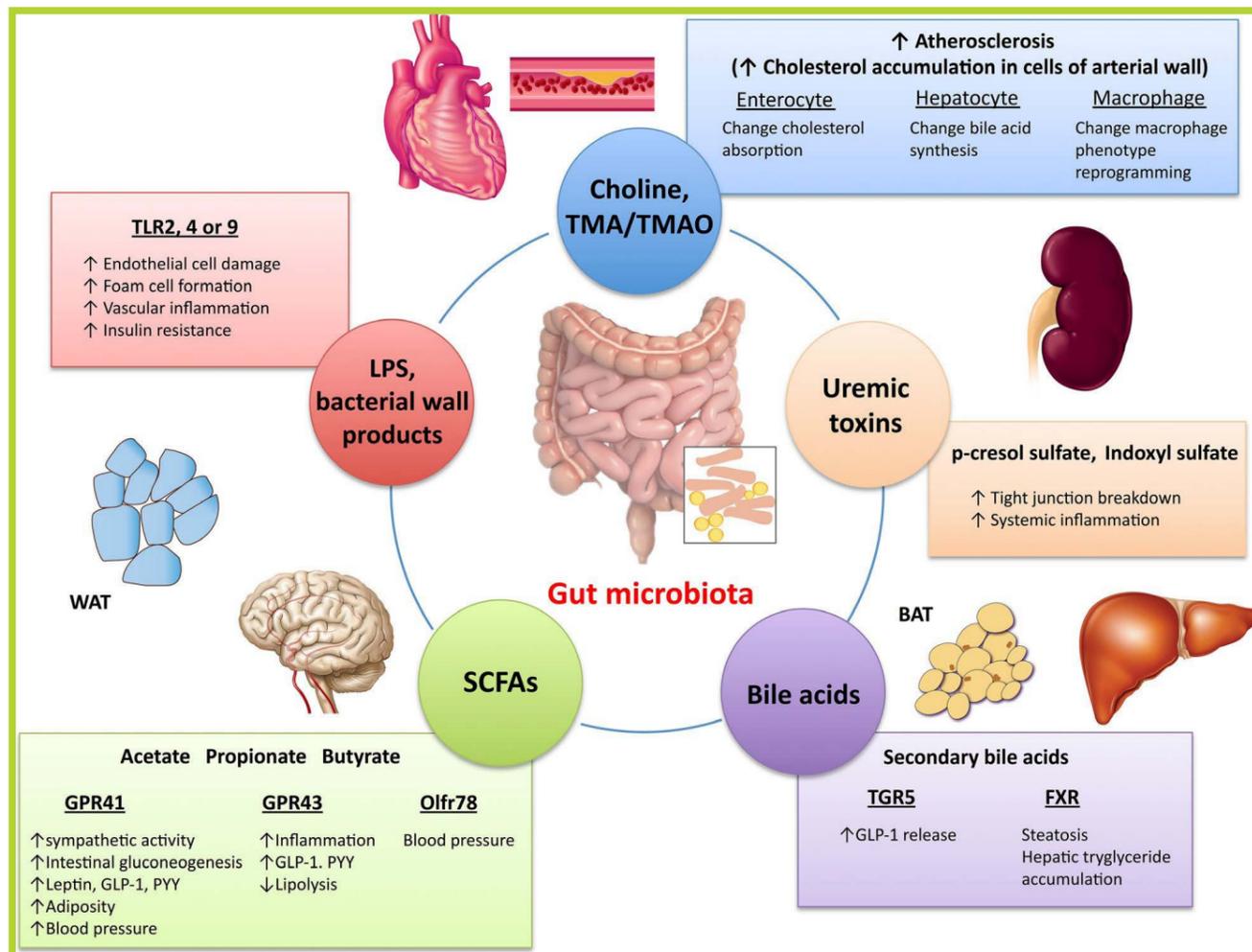


Figure 1 Nationwide rising trend in NCD prevalence Vs per capita consumption of fats, sugars and salt. Reference - Annals of New York Academy of Sciences, 2014, Vol 10, 1331.



Tang et al, 2017

Figure 2. Molecular pathways that link gut microbiota to cardiometabolic diseases

A strong body of evidence suggests that improvements in microbiome diversity have a positive impact on markers of metabolic syndrome. The food based approach to increase resistant starch content of the diet showed a beneficial effect on gut microflora and anthropometric parameters in healthy adults.

A recent study was done on Indian subjects to examine the influence of increased resistant starch (RS) content of the diet on selected anthropometric measurements, fecal microflora and biochemical parameters. Ten healthy adults in the age group 25-45 years participated in the study. Habitual energy, macronutrients and RS intake was calculated using 7 day food diary. Subjects were then provided with an experimental diet for an intervention period of 14 days. Experimental diet was designed using Indian preparations with foods relatively rich in RS. Recording of anthropometric measurements, collection of fecal and blood samples was done pre and post intervention. Bacterial count as log colony forming units (cfu) was measured in fecal samples. Serum lipid profile and fasting blood glucose was estimated. The experimental diet provided approximately 1g RS/100kcal which was

approximately three times higher than the amount consumed habitually. Significant decrease was observed in weight, body mass index, waist circumference and hip circumference post intervention. Fecal samples showed a significant increase in Bifidobacteria, Lactobacilli, E Coli count and a significant decrease in Salmonella count post intervention. Fasting blood glucose decreased significantly post intervention (10).

Another study on 93 centrally obese volunteers who were supplemented with whole grains, traditional Chinese medicinal foods and probiotics for 9-weeks, followed by a 14-week maintenance phase observed that modulation of the gut microbiota via dietary intervention enhanced the intestinal barrier integrity, reduce circulating antigen load, and ultimately ameliorate the inflammation and metabolic phenotypes. (9). Specific strains of probiotics and prebiotics have also been known to have positive improvements in markers of metabolic syndrome, hypercholesterolemia, blood sugar control and obesity (8, 9).

Thus, gut therapy has a strong potential to be used as a

complementary mode of treatment in prevention of NCD. There are huge opportunities to develop the favourable gut microbiota starting from birth to adulthood using dietary approaches.

Carbohydrates: Focus on Resistant Starch and Dietary Fiber

Resistant starch (RS) is a part of dietary fiber and refers to the portion of starch and starch products that enters the large bowel in humans, resisting the process of digestion through the gastrointestinal tract. (11). In the large intestine, it undergoes fermentation and results in the production of short-chain fatty acids. Different types of RS ranging from RS1 to RS 5 have been discussed in literature. RS acts as a prebiotic thereby promoting the growth of beneficial microorganisms such as Bifidobacteria, thus exerting beneficial effects on human body. Regular consumption of both RS and dietary fiber has many potential health benefits such as improvements in bowel health, decreasing postprandial glycaemic and insulinemic responses, lowering plasma cholesterol and

triglyceride concentrations, increasing satiety through a range of processes including a delayed emptying rate, a prolonged release of hormonal signals, a slowing of nutrient absorption or altered fermentation in the large intestine and decreasing fat storage. In the EPIC-InterAct Study, a 10.8 years follow-up study dietary fibre intake was associated with a lower risk of diabetes after adjustment for lifestyle and dietary factors. RS4 is able to reduce cholesterols, fasting glucose, glycosylated haemoglobin, and proinflammatory markers in the blood as well as waist circumference and percentage of body fat. These properties of RS make it a novel dietary factor in the management and prevention of many non-communicable diseases (12, 13, 14, 15).

Table 2. Resistant Starch content of certain commonly consumed Indian foods

Food Sample	RS (g/100g)
Basmati Rice	20.22
Kolam Rice	27.67
Whole Wheat Flour	0.50
Refined Wheat Flour	0.65
Whole Moong	4.52
Kabuli Chana	1.93
Chana Flour	1.98
Freshly Cooked/ Processed Food Sample	RS (g/100g)
Pressure Cooked Basmati Rice	0.47
Pressure Cooked Kolam Rice	0.46
Pulao	0.55
Khichadi	0.78
Chapatti	0.49
Paratha	0.61
Puri	0.47
Bhatura	0.54
Germinated (sprouted) moong	0.79
Germinated (sprouted) moong usal	0.87
Soaked Kabuli Channa	0.73
Chhole	2.38
Pithale	0.09

Source: Nigudkar (2014)

Quality and Quantity of Fat

A summary of recent researches emphasizing the role of quantity and quality of fat on development of NCDs is summarized in the following table:

Author/Year	Effect	Subjects	Results and Conclusion
Kiage et al (2013)	All-cause Mortality	1853	In the 7-yr old follow up study, higher trans fat intake was associated with increased risk of all-cause mortality. Number of deaths in the lowest quintile of trans fat were 238 and in highest quintile were 442
Noushin et al (2013)	Serum Lipids	265	Use of un-hydrogenated oil and soft margarine resulted in reduction of LDL. Apo-B was reduced with the use of un-hydrogenated oil. Total cholesterol and TG reduced in all groups besides hydrogenated oil group.
Gozde G et al (2013)	Membrane Lipids	52 post-menopausal women	Intake of 15.5g/d of TFA for 12 weeks elevated lipid profile. Up-regulation of LDL levels and unsaturation. These specific changes in membrane lipid species may be related to the mechanisms of TFA-induced disease
De Oliveira Otto et al (2012)	CVD	5209	Higher intake of SFA associated with greater risk of CVD Replacing 2% energy from meat SF to dairy SF reduces the risk of CVD by 25%
Jeanne (2014)	T2DM-Glycemic control and CVD risk	93 obese subjects with T2DM	Low carbohydrate group achieved greater reductions in TG, Glycaemic variability HbA1 C, medication requirements and increases in HDL in 24 weeks. A low CHO diet with low SFA is an effective approach for dietary management in T2DM
Jan et al (2012)	Mortality	2222	High n6:n3 ratios were positively associated with deaths due to NCD. Increased n6:n3 ratio, western type foods and decline in prudent foods increases the risk of death due to NCD
Marcia et al (2013)	Incidence of CVD	2837	DHA and EPA were inversely associated with incident CVD. No significant associations with CVD were observed for circulating n-3 alpha-linolenic acid or n-6 PUFA (linoleic acid, arachidonic acid). Both dietary and circulating eicosapentaenoic acid and docosahexaenoic acid were inversely associated with CVD incidence.
Skulas-ray et al (2011)	Triglycerides	26	3.4g/d of EPA+DHA lowered triglycerides by 27% over 8 weeks in adults with moderate hyper-triglyceridemia. Whereas, a lower dose (0.85g/d) had no effect on lipids.
James (2011)	High Blood Pressure	265	An inverse association between DHA and Diastolic BP was seen in adults not on antihypertensive. Increased DHA consumption through diet modification may be a strategy for hypertension prevention
B.Oelrich (2011)	Triglycerides and LDL-C	42	Supplementation of 4g/d n-3 PUFA for 12 weeks significantly lowered TG with modest increases in LDL-C in hypertriglyceridemic adults

Recommendations on Quantity and Quality of Fat

For optimal health across the life course the following recommendations, along with food-based guidelines, are suggested:

1. Fats should provide not more than 30% of total energy/ day and SFAs should provide no more than 10% of total energy/day. For individuals having low-density lipoprotein cholesterol of 100 mg/dL, SFAs should be <7% of total energy/day.
2. Essential PUFAs (LA) should provide 5–8% of total energy/day.
3. ALA should be 1–2% of total energy/day.
4. The optimal ratio of LA/ALA should be 5–10.

5. Long-chain n-3 PUFAs should be obtained from fish, walnuts, flaxseeds, canola oil, etc.
6. Cis MUFAs should provide 10–15% of total energy/ day.
7. TFAs should be <1% of total energy/day.
8. Cholesterol intake should be limited to 200–300 mg/day. (19)

Protein in NCDs

High protein diet improves lipid profile, blood pressure, hepatic triacylglycerol (TAG) accumulation. In a 12-week open-label, parallel-arm randomised controlled trial, 122

overweight/obese Asian Indian men and women were administered either a high protein meal replacer or a control diet after 2 weeks of diet and exercise run-in. Significant weight loss and improvement in obesity measures, metabolic, lipid and inflammatory parameters, and hepatic transaminases were observed in the intervention group. Partial substitution of carbohydrate with protein can lower blood pressure in pre-hypertensive and hypertensive subjects, and reduce estimated cardiovascular (CVD) risk. Whey proteins contain certain compounds that act as natural angiotensin converting-enzyme inhibitors, which could possibly lead to lowering the blood pressure.

Abdominal obesity (high waist: hip ratio) increases the odds of developing myocardial infarction by 2.44 (2.05–2.91) times in South Asians. A 1 cm increase in waist circumference (WC) or a 0.01 unit increase in the waist: hip ratio measurement is associated with a 5 per cent increase in the risk for CVD. A high protein diet reduces WC (abdominal obesity) (20).

Conclusion: The evidence-based data clearly reflects the significant role of dietary modulation on the body environment which is defined by the biochemical regulators, inflammatory markers and gut microbiota. The scientific data clearly reiterates that FOOD CAN BE USED AS MEDICINE PROVIDED WE USE IT LIKE A MEDICINE - by being specific on the nutrient and non-nutrient components of food, using a food-based approach, quantifying the foods for their physiological action and defining the frequency of intake per day. The nutrition and dietetics fraternity has a lot to contribute to achieve this goal and make a difference in the lives of people at large who are getting impacted by Non Communicable Diseases at a very early age.

Let us use the dietary and life style way to arrest the damage of NCDs early.

References

1. W.-Y. LOW et al. Non-communicable diseases in the asia-pacific region: prevalence, risk factors and community-based prevention. International Journal of Occupational Medicine and Environmental Health 2015;28(1):20–26
2. World Health Organization 2013. Action plan for the prevention and control of Non communicable Diseases in South-East Asia, 2013–2020.
3. World Health Organization Regional Office of South East Asia. Non communicable Diseases in the South-East Asia Region. 2011. Situation and Response
4. Misra et al. Obesity, the Metabolic Syndrome, and Type 2 Diabetes in Developing Countries: Role of Dietary Fats and Oils. Journal of the American College of Nutrition, Vol. 29, No. 3, 289S–301S (2010)
5. Naicker et al. Dietary quality and patterns and non-communicable disease risk of an Indian community in KwaZulu-Natal, South Africa Journal of Health,

Population and Nutrition (2015) 33:12

6. West et al. The gut microbiota and inflammatory non communicable diseases: Associations and potentials for gut microbiota therapies. Journal of Allergy and Clinical Immunology • January 2015
7. Manco et al. LPS and Cardiovascular Risk. Endocrine Reviews. December 2010, 31(6): 817-844
8. Clemente et al, Cell; 2012
9. Tang et al. Gut Microbiota in Cardiovascular Health and Disease. Circ Res. 2017;120:1183-1196. DOI:10.1161/CIRCRESAHA.117.309715.
10. Madhuri Nigudkar, Jagmeet Madan, Effect of diet rich in resistant starch on fecal microflora, anthropometric and biochemical parameters in healthy adults. International Journal of Applied Home Science Volume 5 (2), February (2018) : 289-300
11. Nigudkar. Estimation of Resistant Starch Content of Selected Routinely Consumed Indian Food Preparations. Current Research in Nutrition and Food Science Vol. 2(2), 73-83 (2014)
12. Nigudkar and Madan. Resistant Starch Content of Traditional Indian Legume Preparations. Current Research in Nutrition and Food Science. Vol. 5, No. (3) 2017, Pg. 238-246
13. Yang et al.: Resistant Starch Regulates Gut Microbiota to Control Nutritional Events. Cell Physiol Biochem 2017;42:306-318
14. The Inter Act Consortium. Dietary fibre and incidence of type 2 diabetes in eight European countries: the EPIC-InterAct Study and a meta-analysis of prospective studies. Diabetologia (2015) 58:1394–1408
15. Report of Working Group on Addressing Consumption of Foods High in Fat, Salt and Sugar (HFSS) and Promotion of Healthy Snacks in Schools of India. Prepared by Working Group Constituted by Ministry of Women and Child Development Government of India. 2015
16. Dasgupta et al. Sugar, Salt, Fat, and Chronic Disease Epidemic in India: Is There Need for Policy Interventions? Indian Journal of Community Medicine. 2015. Apr-Jun; 40(2): 71–74.
17. Arora et al. Whole-of-society monitoring framework for sugar, salt, and fat consumption and non-communicable diseases in India. Annals of the New York Academy of Sciences, 2014, Vol 10, 1331.
18. Misra et al. Consensus Dietary Guidelines for Healthy Living and Prevention of Obesity, the Metabolic Syndrome, Diabetes, and Related Disorders in Asian Indians. Diabetes Technology and Therapeutics. Volume 13, Number 6, 2011
19. S. Gulati et al. Effect of high-protein meal replacement on weight and cardio metabolic profile in overweight/ obese Asian Indians in North India 2017 British Journal of Nutrition.

From the desk of organizing secretary Preeti Shukla.....

It was a pleasure organizing the esteemed IDACON 2018 at Brilliant Convention Centre Indore. The preparation began 8 months prior to the date; the undying efforts from the chapter members got the due appreciation. This could not have been possible without constant and uninhibited support from fellow chapters Mumbai, Bangalore, Kolkata and Pune. The pre conference workshops were chosen on topics which were very fresh and new which demanded updated knowledge. These topics are of prime importance in today's world and do demand the industry's unwavering attention. The pre conference workshops were on Nutrition in Oncology, Transplant, Bariatric, fitness sports, entrepreneurship and Research. The enthusiastic participation from the delegates and students reinforced our belief that these topics should be given the said importance. For the conference we received overwhelming response from the fraternity and the total number of registrations crossed our expectations.



The program started with the most auspicious Founders Oration which was delivered by Dr S K Shukla ex-president ASI and an eminent oncologist of Indore. The most prestigious Amiya Kumar Bose Memorial award was presented to Ms. Mitali Palodhi for her outstanding work as a community nutritionist and on the IDA platforms. The keynote address was given by Dr CS Chamaniya he introduced the theme "Nutrition from evolution to revolution, Preparing for the future together".

The Chief Guest for the inaugural function was retired Chief Justice Mr V S Kokje (Ex governor of Himachal Pradesh). His talk flagged of the IDACON to a thrilling and thought provoking start. Pertaining to the theme the conference extensively dealt with all the stages of the human life cycle and it was our interest that the content should be of practical use to one and all attending, and the jam packed halls proved our decision right. To showcase the talent of MP Chapter dietitians, in the field of music and dance a Gala dinner night was organised which then turned into a talent show and the homely atmosphere encouraged the delegates to showcase their talent. What a musical night!!!!

The second day also witnessed the same dedication and enthusiasm as day one, which reassured us that IDACON 2018 was a great scientific feast for all. To make the event memorable the valedictory session chief guest was Dr S. Rajesh (Director Health of Niti Ayog, GOI). His knowledge and stature through the panel discussion helped close the gap between dietitians and the policy makers. He also presented the award to the winners of award papers under different categories.

Alas! All good things come to an end. IDACON 2018 was well appreciated and the delegates were short of words to describe what an experience it was!!!



IDA On The Move

2015 -

- Prepared Code of Ethics for IDA Members
- Planned activities to take IDA forward
- Shared responsibilities for various tasks

2016 -

- Attended the 1st Asian Dietetics Forum in Kuala Lumpur, Malaysia
- Bid for ICD 2024 to be held in India
- Represented IDA at the ICD 2016 in Granada, Spain
- Launched biannual national newsletter
- Commenced work on Clinical Dietetics Manual
- Formed Advocacy Committee
- Revived JIDA (Journal of Indian Dietetic Association)
- Conducted IDA Members' Survey pan India
- Started official visit of National President and RD Board Chair to Chapters - 2 chapters visited

2018 -

- Launched IDA National Facebook page
- Created Guidelines document for Clinical and Food Service Dietitians
- Completed and Released the 2nd edition of Clinical Dietetics Manual
- Prepared guidelines for IDA logo usage
- Prepared guidelines for IDA collaboration and partnership with other organisations
- Represented IDA at the ACD 2018 in Hong Kong
- Launched IDA National YouTube Channel
- Submitted definition and scope of dietitians to the government of India
- Supported Colitis Crohn's Foundation (CCF) meeting, OSSICON (Chennai), 6th National IBD Meet, IUFOST 2018
- Gave approval to support International Symposium on Wheat-related Disorders to be held in January 2019
- Worked towards and achieved recruitment of qualified dietitians in government hospitals in Tamil Nadu, and revision of salary structure
- Supported SNF projects of FSSAI
- Contributed to SNF books of FSSAI
- Supported EAT Right Movement of FSSAI; participated in the national campaign; signed the pledge along with 4 other national associations
- Registered on AHP database
- Prepared and uploaded 7 nutrition-related handouts on the website
- Attended meetings and gave suggestions for booklet & design on development of modern kitchen for district hospitals
- Signed MoU to be a knowledge partner with

2017 -

- Prepared SOP for IDA conferences
- Standardised IDA life membership certificates
- Revised and updated the bye laws in IDA constitution
- Supported IEM workshops and OSSICON (Goa)
- Received greater visibility through mainstream and social media
- Formed Puducherry chapter
- Reached out to the offices of the Prime Minister and Ministry of Health for regulation of our profession
- Attended FSSAI meetings and conducted activities
- Registered on AHP database
- Prepared and updated 7 nutrition-related handouts on the website
- Attended meetings and gave suggestions for booklet & design on development of modern kitchen for district hospitals
- Signed MoU to be a knowledge partner with

अपना शहर
कुपोषण, स्तनपान पर अभी और काम बाकी : डॉ. राजेश



इंदौर। शिल्पकला केंद्र के अंतर्गत डाइटिशियन कॉलेज में शामिल हुई देशभर की एक्सपर्ट्स।

नेशनल डाइटिशियन कॉन्फ्रेंस में विशेषज्ञों ने किया सेहतमंद भोजन के प्रति जागरूक

कॉर्पोरेट सेक्टर में सेहतमंद भोजन की कमी से बढ़ रही एनीमिया की समस्या

डॉ. राजेश का कहना है कि कॉर्पोरेट सेक्टर में सेहतमंद भोजन की कमी से बढ़ रही एनीमिया की समस्या।

डाइट विशेषज्ञों की नेशनल कॉन्फ्रेंस का समापन



डॉ. राजेश का कहना है कि कॉर्पोरेट सेक्टर में सेहतमंद भोजन की कमी से बढ़ रही एनीमिया की समस्या।

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प्रेमंसी में सही डाइट की जानकारी दी



डॉ. राजेश का कहना है कि कॉर्पोरेट सेक्टर में सेहतमंद भोजन की कमी से बढ़ रही एनीमिया की समस्या।

डॉ. राजेश का कहना है कि कॉर्पोरेट सेक्टर में सेहतमंद भोजन की कमी से बढ़ रही एनीमिया की समस्या।

डाइट विशेषज्ञों की 51 वीं नेशनल कॉन्फ्रेंस का शुभारम्भ



डॉ. राजेश का कहना है कि कॉर्पोरेट सेक्टर में सेहतमंद भोजन की कमी से बढ़ रही एनीमिया की समस्या।

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'Indian diet best after bariatric surgery'



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रेस्टॉरेंट नहीं, हर व्यक्ति को सप्ताह में छह दिन तक घर का सेहतमंद खाना जरूर खाना चाहिए

सेहतमंद भोजन के महत्व को न करें नजर अंदाज



डॉ. राजेश का कहना है कि कॉर्पोरेट सेक्टर में सेहतमंद भोजन की कमी से बढ़ रही एनीमिया की समस्या।

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रात के खाने में अनाज कम, प्रोटीन ज्यादा ले



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थाली में रोटी कम, सब्जी ज्यादा...



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गर्भावस्था के पहले और बाद में डाइट को लेकर रहें सतर्क, डबल न करें डाइट

डाइट (आहार)। गर्भवती महिलाओं को सही डाइट लेना चाहिए।



डॉ. राजेश का कहना है कि कॉर्पोरेट सेक्टर में सेहतमंद भोजन की कमी से बढ़ रही एनीमिया की समस्या।

- PIP India
- Signed MoU to be a knowledge partner with KIHT (Kalam Institute of Health Technology); offered suggestions to improve the health of people by distributing healthier grains through the PDS (ration shops) in Andhra Pradesh.
- Completed chapter visits by going to the remaining 11 chapters
- Launched Subject Interest Groups within IDA
- Won the bid to host ACD 2026
- Held elections to bring a new team from Jan 2019 to Dec 2021
- Developed eligibility criteria for IDA NEC and IDA LEC posts, and election rules
- Changed nomenclature for Chapter heads from 'Chapter President' to "Chapter Convenor"
- Received the fantastic news regarding the Cabinet approval of the Allied Health Professions Bill
- Represented IDA at the NITI Aayog meeting for the first time
- Conducting an IDA webinar for the first time in Dec 2018
- Position Paper on Dietary Fibre to be completed in Dec 2018



IDA won the bid to host the Asian Congress of Dietetics in 2026

International Congress of Dietetics (ICD) - 2020

The Association for Dietetics in South Africa (ADSA) is proud to host the International Congress of Dietetics (ICD) September 15-18, 2020 in Cape Town, South Africa. This is the first ICDA (International Confederation of Dietetic Associations) congress to be held on the African continent and ADSA promises to offer an unforgettable experience.

Theme for Dietetics Day 2019

Anemia Mukh Bharat

NEC Team – Jan 2019 to Dec 2021

National President	Jagmeet Madan
National Vice Presidents	Shilpa Joshi Anuja Agarwala
National Vice President – HQ	Mitali Palodhi
National Secretary	Sumona Mondal
National Joint Secretary	Ila Roy
National Treasurer	Ipsita Chakravarti
Publication Secretary	Nina Singh
Immediate Past National President	Sheela Krishnaswamy

National Executive Committee Members

1. Geeta Dharmatti
2. Naaznin Husein
3. Rima Rao
4. Madhu Sharma
5. Neelanjana Singh
6. Preeti Shukla
7. Meenakshi Bajaj
8. Anooja Thomas
9. Geetha Santhosh
10. Sangeetha Narayana Swamy

IDA National Executive Committee

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Rekha Sharma	Imm Past President
Mitali Palodhi	Vice President (HQ)
Jagmeet Madan	Vice President
Seema Puri	Vice President
Ipsita Chakravarti	General Secretary
Aparajita Saha	Joint Secretary (HQ)
Sangeetha Narayana Swamy	Joint Secretary (Prez)
Tapan Kumar Adhikari	Treasurer
Nina Singh	Publication Secretary
Vijaya Agrawal	Member (HQ)
Piyali Biswas	Member (HQ)
Sudeshna Maitra Nag	Member (HQ)
Geeta Dharmatti	Member
Priyanka Rohatgi	Member
Shilpa Joshi	Member
Anuja Agarwala	Member
Nirmala Jesudason	Member
Janaki Srinath P	Member
Shiny Chandran	Co-opted Member
Sheela Krishnaswamy	ICDA Director + Rep
Seema Puri	AFDA Rep
Jagmeet Madan	AFDA Rep
Mitali Palodhi	AFDA Rep

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Bengal	Sri Ahin Mahapatra	Kilakarai	Dr. S Sumayaa
Bihar	Dr. Pramila Prasad	Lucknow	Prof. Uday Mohan
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Chattisgarh	Ms. V Champa Mazumdar	MP	Dr. Preeti Shukla
Chennai	Ms. Meenakshi Bajaj	Mumbai	Ms. Naaznin Husein
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Gujarat	Ms. Rima Rao	Odisha	Mr. Ajaya Kumar Dhal
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J & K	Dr. Tahira Shafi	Pune	Ms. Anuja Kinikar
Jharkhand	Dr. Manisha Ghai	Telengana	Mr. Ventakateswar Rao

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Dharini Krishnan	Imm Past RD Board Chair
Namrata Singh	Delhi
Swarupa Kakani	Bangalore
Mini Sheth	Gujarat
Veenu Seth	Delhi
Gurdeep Kaur	Delhi

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