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

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
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 (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).

Per capita consumption of sugar has risen from 22 g/day in 2000 to 53.3 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 in the physiological, immunological 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:

1. Production of beneficial metabolites (SCFA, lactate, niacin)
2. Anti-inflammatory effects
3. 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 endotoxin 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.

<p>| Table 1 The dose response of sugars, salt and total fats in hypertension, overweight/obesity, and diabetes in different risk groups |</p>
<table>
<thead>
<tr>
<th>Hypertension</th>
<th>Overweight/obesity (BMI &gt; 23)</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men (%)</strong></td>
<td><strong>Women (%)</strong></td>
<td><strong>Men (%)</strong></td>
</tr>
<tr>
<td>Sugar and jaggery</td>
<td>6-14 g/day</td>
<td>20</td>
</tr>
<tr>
<td><strong>&gt;14 g/day</strong></td>
<td>22.4 P &lt; 0.05</td>
<td>20.3</td>
</tr>
<tr>
<td>Salt</td>
<td>5 g/day</td>
<td>20.6</td>
</tr>
<tr>
<td><strong>&gt;5 g/day</strong></td>
<td>22.3 P &lt; 0.05</td>
<td>20.3</td>
</tr>
<tr>
<td>Total fat</td>
<td>19-32 g/day</td>
<td>19.6</td>
</tr>
<tr>
<td><strong>&gt;32 g/day</strong></td>
<td>22.7</td>
<td>20.4</td>
</tr>
</tbody>
</table>

WHO (2011)

What are the action points?

1. 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 reiterated AAI SE THODA KUM especially with regards to reducing the quantity and frequency of the foods high in saturated fats, refined sugars and salt.

2. 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.

3. 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.

4. 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
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 insulimic 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 cholesterol, 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

<table>
<thead>
<tr>
<th>Food Sample</th>
<th>RS (g/100g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basmati Rice</td>
<td>20.22</td>
</tr>
<tr>
<td>Kolam Rice</td>
<td>27.67</td>
</tr>
<tr>
<td>Whole Wheat Flour</td>
<td>0.50</td>
</tr>
<tr>
<td>Refined Wheat Flour</td>
<td>0.65</td>
</tr>
<tr>
<td>Whole Moong</td>
<td>4.52</td>
</tr>
<tr>
<td>Kabuli Chana</td>
<td>1.93</td>
</tr>
<tr>
<td>Chana Flour</td>
<td>1.98</td>
</tr>
<tr>
<td>Pressure Cooked Basmati Rice</td>
<td>0.47</td>
</tr>
<tr>
<td>Pressure Cooked Kolam Rice</td>
<td>0.46</td>
</tr>
<tr>
<td>Pudina</td>
<td>0.55</td>
</tr>
<tr>
<td>Khichadi</td>
<td>0.78</td>
</tr>
<tr>
<td>Chapatti</td>
<td>0.49</td>
</tr>
<tr>
<td>Paratha</td>
<td>0.61</td>
</tr>
<tr>
<td>Puri</td>
<td>0.47</td>
</tr>
<tr>
<td>Bhatura</td>
<td>0.54</td>
</tr>
<tr>
<td>Germinated (sprouted) moong</td>
<td>0.79</td>
</tr>
<tr>
<td>Germinated (sprouted) moong</td>
<td>0.87</td>
</tr>
<tr>
<td>Soaked Kabuli Chana</td>
<td>0.73</td>
</tr>
<tr>
<td>Chhole</td>
<td>2.38</td>
</tr>
<tr>
<td>Pithale</td>
<td>0.09</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Author/Year</th>
<th>Effect</th>
<th>Subjects</th>
<th>Results and Conclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiage et al (2013)</td>
<td>All-cause Mortality</td>
<td>1853</td>
<td>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 highest quintile were 442.</td>
</tr>
<tr>
<td>Noushin et al (2013)</td>
<td>Serum Lipids</td>
<td>265</td>
<td>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.</td>
</tr>
<tr>
<td>Goude G et al (2013)</td>
<td>Membrane Lipids</td>
<td>52 post-menopausal women</td>
<td>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.</td>
</tr>
</tbody>
</table>
| De Oliveira Otto et al (2012) | CVD | 514 | Higher intake of SFA associated with greater risk of CVD. Replacing 2% energy from meat SE to dairy SE reduces the risk of CVD by 25%.

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 whose getting impacted by Non Communicable Diseases at a very early age.

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 no 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. TFA 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 triglyceride (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 components 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 whose getting impacted by Non Communicable Diseases at a very early age.

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

References
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 2015
8. Clemente et al; Cell; 2012

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.
Achievements IDA NEC - 2015 - 2018

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

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
• Submitted IDA dossier on standards of education and practice to the government of India
• Conducted orientation session for training the trainers for skill based courses

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 You Tube Channel
•Submitted definition and scope of dietitians to the government of India
• Supported Crohn’s and Colitis 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...
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

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 Mukt Bharat

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

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

NEC Team – Jan 2019 to Dec 2021

<table>
<thead>
<tr>
<th>National President</th>
<th>Jagmeet Madan</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Vice Presidents</td>
<td>Shilpa Joshi</td>
</tr>
<tr>
<td>National Vice President – HQ</td>
<td>Anuja Agarwala</td>
</tr>
<tr>
<td>National Secretary</td>
<td>Sumona Mondal</td>
</tr>
<tr>
<td>National Joint Secretary</td>
<td>Ila Roy</td>
</tr>
<tr>
<td>National Treasurer</td>
<td>Ipsita Chakravarti</td>
</tr>
<tr>
<td>Publication Secretary</td>
<td>Nina Singh</td>
</tr>
<tr>
<td>Immediate Past National President</td>
<td>Sheela Krishnaswamy</td>
</tr>
</tbody>
</table>
IDA National Executive Committee

Sheela Krishnaswamy  President
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
Bihar  Dr. Pramila Prasad
Chandigarh  Ms. Madhu Sharma
Chattisgarh  Ms. V Champa Mazumdar
Chennai  Ms. Meenakshi Bajaj
Coimbatore  Dr. S. Uma Mageshwari
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Gujarat  Ms. Rima Rao
Jaipur  Dr. Kanika Varma
J & K  Dr. Tahira Shafi
Jharkhand  Dr. Manisha Ghai
Kerala  Ms. Asha Chacko
Kilakarai  Dr. S Sumayaa
Lucknow  Prof. Uday Mohan
Ludhiana  Ms. Ritu Sudhakar
MP  Dr. Preeti Shukla
Mumbai  Ms. Naaznin Husein
Mysore  Dr. Asna Urooj
Nagpur  Dr. Rita Bhargava
Odisha  Mr. Ajaya Kumar Dhal
Puducherry  Haripriya Sureshkumar
Pune  Ms. Anuja Kinikar
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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Designed by: Ankit Sharma