

Dr. Oswal's Research Presentations
At Leading International Conferences
Over the Years
Selected Compilation

www.g-therapy.org

www.autismtreatmentindia.com



IHIF

INDIAN HEAD INJURY FOUNDATION

23 March, 2014

Dear Dr. Gunwant Oswal,

On behalf of the Indian Head Injury Foundation, we would like to thank you for participating as a Faculty and contributing your valuable time at the 1st Annual Meeting of Neuro Rehab Group & 4th Conference on "Developments in Neuro-Rehabilitation: Present and Future" from 21 March to 23 March 2014 at the Indraprastha Apollo Hospitals, New Delhi.

We are certain that the delegates from across India who attended this symposium have benefited tremendously from your presence, participation and contribution. We are also sanguine that the participating delegates will go back to their study and practice as better neuro-rehab professionals.

IHIF will be conducting similar programmes in the future on regular basis. We hope you will continue to support us in this worthy cause.

ORGANIZING CHAIRMAN
Commodore Ranbir Talwar (Retd)
Executive Director, IHIF

PATRON
Dr. Rajendra Prasad, FRCS, FRCS (SN)
Honorary Medical Director, IHIF



Certificate of Appreciation

This certificate is presented to Dr. Gunvant, Oswal in recognition of your great lecture about the homeopathy on 21st March in 2010, Taegu, South Korea.

Doctors and patients who will be helped by G-Therapy in Korea will always be grateful for your effort to develop and improve integrative medicine.

A handwritten signature in black ink, appearing to read 'SeungPil Jung'.

SeungPil Jung M.D. Ph.D
Director of Family Medicine
Department
YEUNGNAM University College
of Medicine.



September, 1996

Gunvant D Oswal, MD
1215, Bhavani Peth
Pune, 411 042
INDIA

Dear Gunvant D Oswal, MD:

Thank you for your presentation at the 50th Anniversary meeting of the American Academy for Cerebral Palsy and Developmental Medicine in Minneapolis. I received many compliments on the quality of the program content this year. Your efforts are definitely appreciated and I thank you for contributing to a successful scientific program.

I encourage you and your co-authors to submit a paper, poster, or instructional course lecture for next year's meeting in Portland, Oregon.

Sincerely,

Chet Tylkowski

Chester M. Tylkowski, MD
Program Chair, 1996

cc: Robert K. Rosenthal, MD
Peter L. Rosenbaum, MD



International Association for the Scientific Study of Intellectual Disability
10th World Congress, July 8-13, 1996
Finlandia Hall, Helsinki, Finland

International Advances in Research and Practice
Global Problems - Local Approaches

Program Committee

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SYDNEY NSW 2109
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National Taiwan Normal University
162 Ho-Ping E. Rd. Sec 1
TAIPEI
Taiwan
Fax: 886-2-341 3051

Dr Gunvant, D. Oswal
Centre for Developmental Disorders Pune
1215 Bhawani Peth,
Palki Chowk, Pune
India 411 042

Dear Colleague,

I wish to advise you of the following details concerning your presentation of "Functional improvements in cerebral palsy and mental retardation with G Therapy-A new research combination from alternative system of medicine" (reference number:116) to the 10th World Congress of IASSID to be held in Helsinki in July, 1996.

Moderator:
Session: 63
Mode: Poster
Date: 9 July 1996
Time: 1600 hours
Room: Terrace

For those presenting a poster an attachment provides you with some guidelines to help you prepare your poster.

I look forward to meeting you in Helsinki where I shall be available if you have any problems concerning your presentation.

As a number of journal editors will be available at the Congress I suggest that you bring a copy of your paper with you to enable you to discuss possible publication in special issues.

I remind you that it is necessary for you to be registered to the Congress before your paper can be included in the Program and Abstracts Book.

With best wishes,

Yours sincerely

TREVOR R. PARMENTER, PhD
Professor
Program Chair
President-Elect

1201 WEST PEACHTREE STREET, N.E., SUITE 2500
ATLANTA, GEORGIA 30309, U.S.A.
404 - 588- 1996

1996 ATLANTA PARALYMPIC GAMES



February 23, 1996

Dr. Guvant D. Oswal
Center for Developmental Disorders
Sanjivani Clinic
1215 Bhawani Peth,
Palkhi Chowk, Pune 42, India

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Third Paralympic Congress, August 12-16, 1996
Atlanta, Georgia

Your Subject: Homeopathic Medication in
Rehabilitation of Cerebral Palsy and Mental
Retardation has been accepted by the reviewing
committee of the Third Paralympic Congress as a
poster presentation. I am enclosing the Call
for Abstracts Brochure and ask that you forward
your Abstract to the Third Paralympic Congress
as soon as possible.

Your Poster will be presented at the Congress
during the following hours:

Tuesday, August 13 - 5:00 - 7:00 pm
Wednesday, August 14 - 5:30 - 6:30 pm

You will be responsible for bringing the poster
to the meeting and putting it up on the design-
ated poster board. Poster placement will occur
on Monday afternoon and Tuesday morning. It is
imperative that all Posters be in place in time
for the Poster Reception on Tuesday, August 13
at 5:00 pm.

Your Poster should be displayed on Poster Board 4'
wide by 8' wide (1.25 X 2.5 meters). A heading
for the top of the poster space should be prepared
indicating the title, author and institutional
affiliation, using letters not less than 1 inch
(3cm) high. Printing on the poster should be a
minimum of 1/2" (2 cm) high.



Mind - Body - Spirit
International Paralympic Committee

Dr. G. Oswal
Page 2
February 23, 1996

Illustrations and printing must be able to be read from distances of at least 6 feet (2 meters). The presentation should state the objective of the presentation, describe the method of study and provide a statement of conclusions or recommendations. Posters may be taken down after 3:45pm on Thursday, August 15, 1996.

As all abstracts will be published in an Abstract Digest and distributed at the Congress, please send an updated Abstract of no more than 250 words, on an IBM compatible diskette (3.5"DOS) using the ASCII Text (ASCII.TXT) format. The diskette should be sent to the Third Paralympic Congress to arrive no later than March 15, 1996. A hard copy of your abstract should also be enclosed.

For your convenience, I am enclosing a Registration Brochure as it is necessary for you to complete and return this form, even though you have been selected to present. All presenters will be responsible for expenses for attending the Congress and for Congress tuition (\$215). Hotel costs range from \$22.00 to \$138.00 per night.

A Poster Acceptance form is also enclosed. Please sign and return this form to the Third Paralympic Congress along with your updated Abstract.

If you have any questions about these details, contact the Third Paralympic Congress at 404-875-9380 or Sheila Knox at 404-252-5342.

Sincerely,

Barbara R. Trader

Barbara R. Trader
Vice President, Youth and Community Programs

cc: Dr. David E. Martin

Conference Program



8th Biennial Event

1996
International
Parent-to-Parent
Conference

Albuquerque, New Mexico

March 29 - 31, April 1, 1996

Albuquerque Convention
Center

Hyatt Regency

Hosted By: **Parents Reaching Out to Help, Inc.**

"Keep alive the dream.
As long as you have a
dream in your heart,
you cannot lose the
significance of living."

Dean Howard Thurman

•Saturday, March 30, 1996•

7:00a - 7:50a Continental Breakfast • Convention Center Kiva Atrium • Entertainment By Classical Guitarist Edward Baca

7:30a - 5:00p Registration • Convention Center

7:00a - 3:00p POSTER SESSIONS See Poster Session listing in Conference Packet • Convention Center Atrium Upper Level

8:00a - 9:15a Convention Center Kiva Auditorium

Welcome Keynote:

Diego Gallegos • New Mexico State Department of Education Special Education Director

Keynote Address:

Judith E. Heumann • Assistant Secretary U.S. Department of Education Office of Special Education and Rehabilitative Services, DC

Large Convention Center



Mom Always Did Like You Best! Dealing With the Differences in Your Family

Aztec/Galisteo (East Complex)

Joyce Ford *TX* • Kevin O'Connor *TX*

This seminar is a lively, high content, skill building session for parents. Wise and skilled parents know that children are dramatically different from one another. The way in which parents respond to those distinctions makes the difference between harmony and unnecessary conflict in family life. This proves to be of even greater importance when parents are busy professionals in today's hectic environment. Learn how to restore peace, respect, communication and understanding to our daily lives.



Functional Improvements in Cerebral Palsy and Mental Retardation with G Therapy - A New Research From Alternative System of Medicine

Brazos (East Complex)

Gunvant D. Oswal • Pooja Oswal *MO*

Cerebral palsy and mental retardation are major causes of disability affecting children. G Therapy is a combination of herbal extracts and biochemic salts. A Study of 700 children with developmental delay that were treated with G Therapy showed improvements in their motor and higher mental functions.



Experimental PTI Projects

Cimarron/Dona Ana (East Complex)

Judith E. Heumann and Panelists

A multi-cultural panel representing Grassroots - A National, Multi-Cultural Consortium of Community Parent Resource Centers will share information about the origins of Grassroots and its mission. As directors of grassroots community-based programs providing a range of supports to traditionally under-served children with disabilities and their families, the panelists will discuss best practices for reaching and serving under-served multi-cultural families in urban and rural communities while facilitating the development of leadership among those who are often under-served/under-represented.

9:30a - 2:15p **Teen Connection 13-18 year olds (Saturday Only)**

Doubletree Salon #3

Melanie Weber • Serena Web *TX*

Teens will gather for a family sculpturing activity. This creates an excellent opportunity for teens to network and meet friends at the conference. Participants must be preregistered. Lunch will be provided. This is not a childcare program.

9:30a - 5:00p **EXHIBIT HALL OPEN • Convention Center**

10:30a - 11:00a **Coffee • Snack Break • Convention Center & Hyatt**

9:30a

10:30a

Groups

Hyatt



Family Voices: The Status of Health Care for Children With Special Health Care Needs From A Grassroots Perspective

Pavilion IV • V

Polly Arango *NY* • Julie Beckatt *TX* • Trish Thomas *NY*

Nora Wells *TX*

Presenters will provide state and national information on current health care changes that affect children with special health care needs. Presenters will provide examples of strategies to use when working and sharing the expertise of families with state and national policy makers, the media, health care professionals, and other families.

9:30a

12p



Parent-to-Parent Programs Taking the Cyberspace Leap: Improving Information and Support Services Via Technology!

Pavilion VI

Nina Baker *NE* • Dave Burchell *NE* • Ernie Colantonio *NY*

Linda Frederick *CO* • Carolyn Gleason *WA* • Trudy Grable *CA*

Pat Hackett-Waters *FL* • Kathleen Judd *GA*

Dale S. Krams *NC* • Maria Nardella *TX* • Tom Patton *CO*

Linda Rowley *NY* • Denise Rumschlag *NY*

Margaret Smith *CA* • Linda Williams *TX* • Gregg Wright *NE*

Many Parent-to-Parent programs are finding that to perform their services better, the use of various levels of technology is becoming a necessity. Taking the leap from no-tech or low-tech to high-tech can be a scary experience, but it doesn't have to be. This panel presentation comprised of parent-coordinators of technical projects from nine states will discuss the "how to's" and funding strategies of utilizing technology. Materials to be provided: funding proposals/budgets equipment specifications, training agenda, strategic planning outlines, and the "how to's" of purchasing, setting up and using the hardware to a discussion of software (word-processing, desktop publishing, graphics, accounting, databases,) and more!!! Interactive audience participation will be encouraged throughout the session. Sharing of personal experiences, tips, questions and audience responses to questions will be welcomed and encouraged. Follow-up hands-on opportunity available in the afternoon.

"CONFLUENCES"

7th NATIONAL SEMINAR

17-12-93 to 19-12-93

ORGANISED BY:

SPASTIC SOCIETY OF TAMILNADU, MADRAS

AND

NATIONAL INSTITUTE FOR THE MENTALLY HANDICAPPED
SECUNDERABAD

	7. MS. CHETNA DAVE	THE RESEARCH SOCIETY FOR THE CARE TREATMENT AND TRAINING OF CHILDREN IN NEED OF SPECIAL CARE, BOMBAY	PUNE	"ROLE OF CONSANGUINITY IN MENTAL RETARDATION"	
	8. DR. G.D. OSWAL			"NEW DRUG IN MANAGEMENT OF THE MULTIPLY DISABLED"	
3.00-3.30		TEA BREAK			
	9. MRS. D. SHRIVASTAVA	UNICEF, DELHI		"FOCUS ON PREVENTION"	"PREVENTION & EARLY INTERVENTION" ILLRD SCIENTIFIC SESSI
	10. DR. JOHANNES WUENZEL	GERMANY		"NEUROKINESIOLOGICAL EXAMINATION OF NEWBORNS ACCORDING TO PROF. VOLTZ"	OP: MRS. SOPHIE LEVITT CC: MRS. RAJINDER VYAS R: S. KARTIK
3.30-4.30	11. MS. LINA SHETH & MR. KRISHNASWAMY & MRS. MAIRIA FATIMA	SPASTICS SOCIETY OF TAMIL NADU, MADRAS		"NONMEDICAL INTERVENTION FOR HIGH RISK NEWBORNS"	
	12. DR. ANAND PANDIT	K.E.M. HOSPITAL, PUNE		"HOSPITAL-BASED EARLY INTERVENTION SERVICES"	"OPEN SESSION" WITH SCIENTIFIC SESSION
4.30-5.30	13. MR. HOWARD BAILEY	CP-ISRA, UK		"RECREATION FOR THE MULTIPLY DISABLED"	OP: DR. KUMARJAN CC: MRS. GHAZAL HASSAN R: SHEBA THOMAS
	14. DR. TOMY M.K. & HANNAH STEPHEN	REGIONAL REHABILITATION TRAINING CENTRE, MADRAS SPASTICS SOCIETY OF TAMIL NADU, MADRAS		"APPROPRIATE PAPER BASED TECHNOLOGY"	
	15. MRS. RADHA DAS GUPTA BOSE	MANDVIKAS KENDRA, CALCUTTA		"SUSCEPTIBILITY HYPOTHESIS"	
7.30	CULTURAL PROGRAMME - BHARATA NATYAM		AT RANI SEETHAI HALL		
8.30	DINNER		AT RANI SEETHAI HALL		



September, 1996

Gunvant D Oswal, MD
1215, Bhavani Peth
Pune, 411 042
INDIA

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I encourage you and your co-authors to submit a paper, poster, or instructional course lecture for next year's meeting in Portland, Oregon.

Sincerely,

Chet Tylkowski

Chester M. Tylkowski, MD
Program Chair, 1996

cc: Robert K. Rosenthal, MD
Peter L. Rosenbaum, MD

PRELIMINARY PROGRAM

September 18-21, 1996

Minneapolis, MN

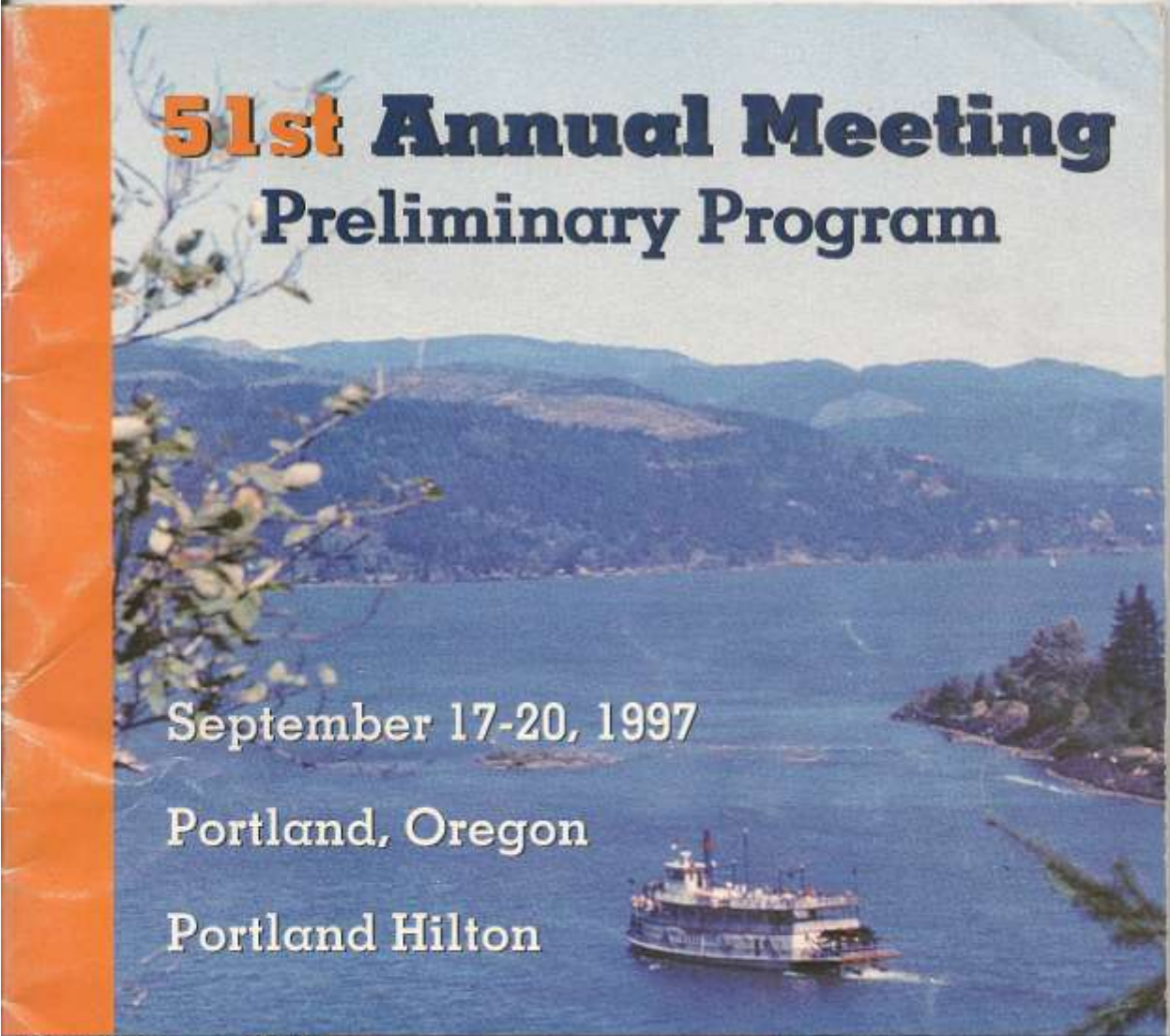
50th
anniversary

AACPDM

american academy for cerebral
palsy and developmental medicine

Minneapolis Hilton and Towers

- 15. Assistive Technology and the Adult with Cerebral Palsy**
Deborah J. Gaebler-Spira, MD; Sung-Lana Kim, MD;
Kelly Mangano, MS Ed
- 16. The Management of the Ankle in the Child with Cerebral Palsy. Current Practice Recommendations Among Pediatric Physiatrists**
Deborah J. Gaebler-Spira, MD; Joan E. Shelton, MD
- 17. Pain Control: From Operative to Intractable**
Patrick F. Rivard, RN,BSN
- 18. Approaches for Teaching Developmental Disabilities in Ambulatory Primary Care Clinics**
Michael E. Mullan, MD; Mary E. Reese, MD; Thomas M. Lock, MD;
Brian T. Rogers, MD; Heather Ripstein; Thomas Polizoto, MD;
Margaret H. McAloon, MD; Theodore I. Putnam, MD
- 19. Into the Community**
Beth E. Atkinson, BS Ed; Mary Cassidy Conway, PT, MS;
Claire McCarthy, PT, MS; Richard W. Murphy, MEd
- 20. Sexuality and Social Development: Resources for Parents of Children with Disabilities and Professionals Working with Them**
Kathleen Higgins Cahill, MS, ARNP; Judith H. Coughlan, BS, RNC;
Martha-Jean Madison
- 21. Skating as Healing**
Claire F. McCarthy, PT, MS; Michael Millis, MD;
James J. Bonelli, CPO
- 22. Clinical Utility of Determining Mechanical Energy During Gait Analyses Studies in Subjects with Cerebral Palsy**
Sheldon R. Simon, MD; Rajeev D. Puri, MD
- 23. Assessment of Higher Visual Processing in Patients with Myelomeningocele Using Steady-State VEPs**
Joelle Mast, PhD, MD; Vance Zeman, PhD;
Barbara Ladenheim, PhD
- 24. Increased Incidence of Neuromotor Asymmetries Among Infants Due to Supine Positioning**
Gary W. Diamond, MD; Dor Inbar, MD; Tzipora Hafner, PT;
Anat Weiner, PT; Yifat Flumin, PT
- 25. Ease of Walking Pre- and Post-Rhizotomy**
Deborah S. Quanbeck, MD; Lyle O. Johnson, MD
- 26. Establishing a Normal Energy Consumption Database for Children**
Renae P. Frelwing, BA; Tyler J. Cudddeford, MS, PT;
Susan Seinke Thomas, MA; Michael D. Aiona, MD
- 27. Bootstrap Simultaneous Prediction Intervals for Gait Data**
Mark W. Lomboff, BS; Thomas J. Santner, PhD; James C. Otis, PhD;
Margaret GE Peterson, PhD; Laurence Daly
- 28. Rehabilitation Needs of Adults with Cerebral Palsy: Results of a Comprehensive Outpatient Survey Study**
Nadya G. Swadlow, MD; Deborah J. Gaebler-Spira, MD;
Glynnis Elliott-Scanlon, PhD
- 29. Cerebral Palsy in Armenia**
Linda J. Michaud, MD; Gayane Zakarian, MD;
Laura Mousiam, MD
- 30. Technique of Fine Wire Electromyography of the Psoas Major and the Iliacus**
Ganesh Gupta, MD; Freeman Miller, MD; Patrick Castagna;
Nancy Lennon; Glenn E. Lipton
- 31. Care Path Development**
Debra C. Nobis, RN; Megan Coogrove, RN; Sally Wulffing, RN;
Patty Kallesig, RN
- 32. Botex Injections: Building Blocks for Success**
Joy A. Wondorski, RN; Shelly Magnuson, CCLS
- 33. Aggressive Early Management of an Infant with Arthrogryposis Multiplex Congenita (AMC)**
Douglas A. Barnes, MD; Becky Ligon, OTR; Janet Dawson, PT
- 34. Functional Improvements in Cerebral Palsy and Mental Retardation with G Therapy—A New Research Combination from Alternative System of Medicine**
Gaurav D. Oswal, MD



51st Annual Meeting **Preliminary Program**

September 17-20, 1997

Portland, Oregon

Portland Hilton



AACPDM

american academy for cerebral
palsy and developmental medicine

12. **Complexity of Medical Needs in Children with Profound Developmental Disability**
Sarah L. Winter, MD; J. Leslie Rubin, MD; Cindy Hyde, MEd; Jean Ward, EdS
13. **Behavioral Intervention—A New Role for Physical and Occupational Therapists**
Donald F Wuori, MD; Suzanne McDermott, PhD; Tammy Leonhardt, PhD; Richard Nagle, PhD
14. **Cerebral Palsy Presenting to a Specialist Pediatric Dysphagia Clinic—A British Experience**
Lucinda J. Carr, MD; Dr. Hilary Goss; Sheena Reilly, PhD; Alison Wisbeach
15. **Low Lumbar Level Myelomeningocele: Long-Term Outcome in Adult Sacral Level Myelomeningocele: Long-Term Outcome in Adults**
Luciano S. Dias, MD; Ana C. Paulista, MD; Paulo Selber, MD
16. **Does Exercise Increase Spasticity in Children with Cerebral Palsy**
Eileen Greenan Fowler, PhD, PT; Teresa Wong, MPT; Lovetta Staudt, MS, PT
17. **Kinematic Analysis of Seated Postural Stability in Children**
Hassan A. Jizzine, MS; Jeffrey Schwab, MD; Gerald Harris, PhD
18. **Effects of Music on Gait Performance in Individuals with Neuromuscular Disorders**
Samia Da Rosa Rubay Makbanna, MSc; Karen E. Pope, MD; Greg Adams; William A. MacKay, PhD
19. **Underwriting the Costs of Comprehensive Care for Children Who Have Chronic Conditions**
Gregory S. Liptak, MD, MPH; Christine M. Burns, MBA; Philip W. Davidson, PhD; Elizabeth R. McNarney, MD
20. **Effect of an Eight Week Hippotherapy Program on Gait, Energy Expenditure and Motor Function in Children with Cerebral Palsy**
Nancy B. McGibbon, MS, PT; Carla-Kristin Anáradé, PhD, PT; Gail Widener, PhD, PT; Holly Lea Cintas, PhD, PT, PCS
21. **Curing Cerebral Palsy Through Traditional Chinese Medical Massage**
Teng Mengqi, MD
22. **Progressive Spinal Deformity After Selective Dorsal Rhizotomy (SDR) in Patients with Cerebral Palsy**
James F. Mooney, III, MD; Michael B. Mills, MD
23. **AACPDM On-Line**
William L. Oppenheim, MD; Michael Kubo, PhD; Eileen Fowler, PhD
24. **Improvements in Quality of Life in People with Cerebral Palsy with G Therapy—A New Research Combination from Alternative System of Medicine**
Gurwani D Oswal, BAm & S
25. **Planning Client-Centered Transition Services for Youth with Physical Disabilities**
Debra Stewart BSc, OT(C); Mary Law, PhD, OT(C); Peter Rosenbaum, MD; Dennis Willms, PhD
26. **Motor Output, Tone, Imitative Organization, Neuro-Softsign-Scale (MOTIONS-S): A Measure to Determine Coordination Delay**
Thomas A. Blondis, MD; Kirk Becker, BA; Jolynne D. Andall, BA; Paula Silander, BS, OTR/L; Amy Zier, MS, OTR/L
27. **Full Body Gait Analysis Using a Universal Walker**
Sami Augsburg, MSME; Donna Oeffinger, MS; Bobbie Edinger; Chester M. Tytkowski, MD
28. **The Antegrade Continence Enema (ACE) Surgical Procedure: Patient Selection, Post-Surgical Outcomes and Adverse Effects, and Outline for Long-Term Patient Follow-up**
Elaine Ekmark, MS, RN, CS; Richard C. Adams, MD
29. **What is the Contribution of the Arms to Postural Control in Infants?**
Catherine McGovern-Zlotek, OTR
30. **"Ideas That Work" for Common Pediatric Seating Problems**
Mary McNeil, BSc,PT; Jane Pollack, BScOT; Margaret Booth
31. **Review of Polysomnograms in Children with Cerebral Palsy Referred to a Sleep Laboratory**
Susan Rüter, MD; Stephen H. Sheldon, DO; Deborah J. Gaebler, MD



INDIAN MEDICAL ASSOCIATION
**COLLEGE OF
GENERAL PRACTITIONERS**

PUNE SUB FACULTY

992, Shukrawar Path, Association House, Tilak Road, Pune 411 002

PHONE - 442662

Office Hours : 1-30 pm to 5-30 pm

Asst. Director
Dr. Sham S. Darnle

Hon. Asst. Sec/Treasurer
Dr. Kishor A. Palande

Ref.No:IMA/Pn/GPCON-91/Progm./90-91/153
Pune-411002, Dated the 3rd September, 1991.

To

Dr.Gunawant Oswal,
PUNE.

Dear Dr. Gunawant Oswal,

We are glad to request you to read your Case in the GPCON-91, on 7th September, 1991.

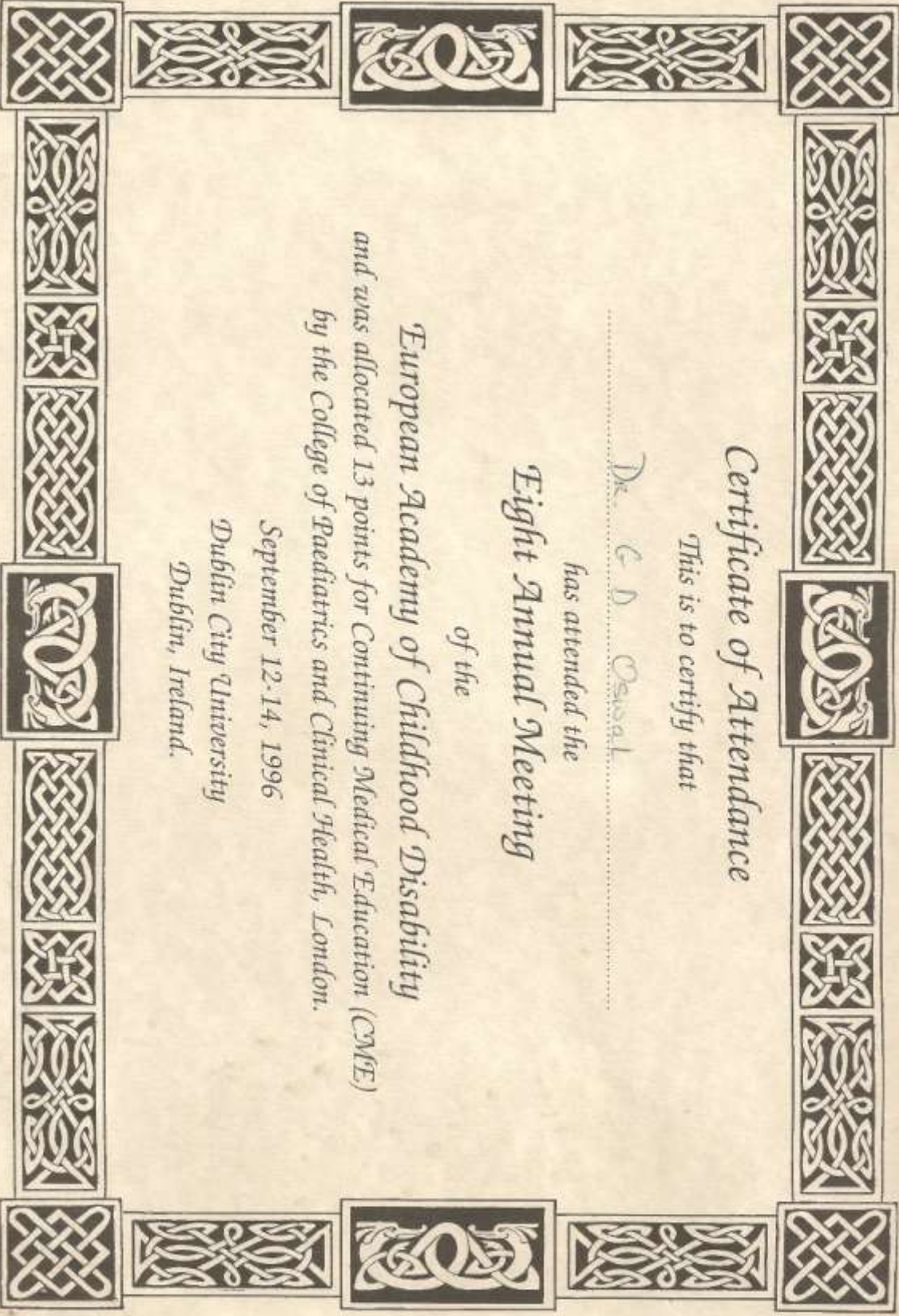
The time allotted to you is 10 minutes i.e. from 4.30 p.m. to 4.40 p.m. However, as per the decision of the Scrutiny Committee, your Case presentation will not be considered for Competition Prize, as already communicated to you.

Kindly prepare for the Case Presentation and co-operate by strictly observing the time schedule.

Thanking you and anticipating same co-operation from you in our future programmes.

Yours sincerely,

(DR.DEEPAK NULKAR),
Session In charge,
Case Presentation Competition,GPCON-91.



Certificate of Attendance

This is to certify that

Dr C D O'Saol

has attended the

Eight Annual Meeting

of the

European Academy of Childhood Disability

*and was allocated 13 points for Continuing Medical Education (CME)
by the College of Paediatrics and Clinical Health, London.*

September 12-14, 1996

Dublin City University

Dublin, Ireland.

INTERNATIONAL COLLEGE OF PEDIATRICS AND CHILD CARE

AFFILIATED SOCIETY OF THE INTERNATIONAL PEDIATRIC ASSOCIATION

To promote closer and more effective professional and educational intercommunication
between pediatricians and all other vocations dedicated to the child and family

OUR TRANSDISCIPLINARY QUARTERLY: WORLD PEDIATRICS AND CHILD CARE

Dr G Oswal
c/o Dr A Shah
21 Ridings Avenue
Winchmore Hill
London N21 2EL

October 1995

Dear Colleague

On behalf of the College I would like to repeat our welcome to you as a Member of our College and I am truly happy to enclose your Certificate of Membership for the year 1995/96.

I am also enclosing the first issue of our revived Journal, "World Pediatrics and Child Care", the next issue of which should be reaching you shortly. I would also like to invite you to submit any papers that you may have for publication in our Journal together with any letters, news and notices, etc.

This is also an opportunity to remind you of the next conference (the 10th) which is planned for Athens in October 1996 on "Adolescent Medicine: Our Responsibility".

A subsequent Congress we are planning should be especially exciting and challenging. This is to be the first Pan-African Child Health Congress entitled "Dedication to the Child and Family throughout Africa" in which we are taking on the whole of Africa from a base in the capital of Mozambique, Muputo. This is planned for approximately one year later, that is July 1997. Your participation would be warmly welcome.

With best wishes.

Yours faithfully



Professor Alexander Russell OBE MD FRCP BHy DPH DCH
President

INTERNATIONAL MEETING

EUROPEAN ACADEMY OF CHILDHOOD
DISABILITY

8th ANNUAL MEETING

DUBLIN 12 - 14 SEPTEMBER, 1996



at
DUBLIN CITY UNIVERSITY

EACD

FUNCTIONAL IMPROVEMENTS IN CEREBRAL PALSY AND MENTAL RETARDATION WITH G THERAPY: A new research combination from alternative system of medicine.

G. D. Oswal,
Centre for Developmental Disorders, Pune, INDIA.

Cerebral Palsy (CP) and Mental Retardation (MR) are major causes of disability, affecting the child functionally. The aim of any treatment or rehabilitation is to improve the child functionally and make him/her more independent. So far no drugs have been used to improve motor and higher cortical functions of the brain. The present study shows use of new homoeo-biochemic G Therapy in the treatment of C. P. and M. R. The individual medicines are in use in Homoeopathy and Ayurveda a long time. 700 cases of C. P. and M. R. between the ages of 1-28 years were studied over a period of 3 years with G Therapy. C. P. and M. R. were due to encephalitis, hypoxic brain injury, kernicterus, hydrocephalus and Down's Syndrome. G Therapy was given for a period of 5 to 12 months. All the children underwent full developmental assessment and video recording of their neurological condition before and after treatment. 70% of children showed improvement in one or more developmental areas. Improvement was manifest in the clarity of speech, in articulation, vocabulary, memory, concentration and facial expression. The child subjects proved less irritable and more interested in the outside world. There was improvement in motor function and a reduction in involuntary movement.

This study suggests that G Therapy does have beneficial effects on the motor and higher mental functions. G Therapy if used together with rehabilitation and related methods in patients with C. P. and M. R. can improve their quality of life and enhance their care and future.



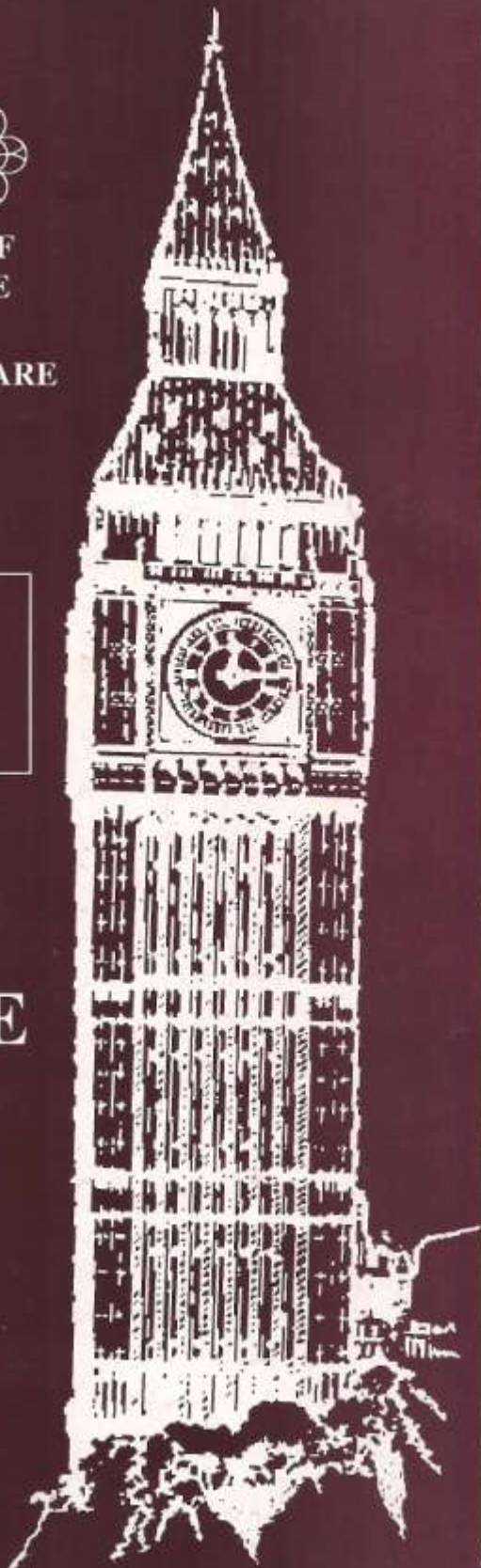
**INTERNATIONAL COLLEGE OF
PEDIATRICS AND CHILD CARE**
and
WORLD PEDIATRICS & CHILD CARE

A Transdisciplinary
Preventive and Ecological Quarterly

**9th WORLD PEDIATRIC
CONGRESS**

LONDON 2nd-7th July 1995

PROGRAMME



HALL B	<p>Growing Aspects of Childhood Arthritis <i>Chairman:</i> Professor Barbara Ansell CBE (<i>Harrow</i>) <i>Co-Ch & Rapporteur:</i> Professor Patricia Woo (<i>Harrow</i>) <i>Forum Leader:</i> Professor Anthony Russell (<i>Edmonton</i>)</p>	<p>"Principles of Care: Referral Centres and their Role" "Classification of Chronic Childhood Arthritis - Why is this necessary?" "Immunogenetic Studies in Chronic Arthritis of Childhood"</p>
HALL C	<p>Short Papers <i>Chairman:</i> Professor Sam Menahem (<i>Melbourne</i>) <i>Co-Ch & Rapporteur:</i> Dr Tony Hulse (<i>Maidstone</i>)</p> <p><i>Paper 1</i> A Twenty-three Year Experience of Paediatric Infective Endocarditis D J Penny, S Menahem and T R Karl (<i>Melbourne, Australia</i>)</p> <p><i>Paper 2</i> Prevalence and Type of Cerebral Palsy in British Ethnic Communities G P Sinha, P Corry, D Subesinghe, J Wild and M Levene (<i>Leeds, UK</i>)</p> <p><i>Paper 3</i> New Homoeopathic Medicine in Rehabilitation of Cerebral Palsy and Mental Retardation G Oswal and A R Shah (<i>Pune, India and London, UK</i>)</p> <p><i>Paper 4</i> Impact of Zinc Supplementation on Subsequent Growth and Morbidity in Bangladeshi Children Presenting with Acute Diarrhoea (AD) and Persistent Diarrhoeic Syndrome (PDS) S M Akramuzzaman, S K Roy, A M Tomkins, R Haider, R H Behrens and D Mahalanabis (<i>Bangladesh and London, UK</i>)</p> <p><i>Paper 5</i> The Conditioning Factors of Asthma G Sur, Augusta Schillo Vasies and N Miu (<i>Cluj-Napoca, Romania</i>)</p>	<p>Introducing his own paper</p>
1.00 pm	LUNCH	
2.00 pm	<p><i>Chairman:</i> Dr Tim Chambers (<i>Bristol</i>) <i>Co-Ch & Rapporteur:</i> Professor Alexander Russell OBE (<i>London</i>)</p>	
2.00 pm	<p>Concepts of Developmental Myopathy Professor Victor Dubowitz (<i>London</i>)</p>	
2.30 pm	<p>Prediction of Neurodevelopmental Outcome Dr Lilly Dubowitz (<i>London</i>)</p>	
3.00 pm	<p>Describing Developmental Disability: the Place of Autism Professor John Corbett (<i>Birmingham</i>)</p>	
3.30 pm	<p>Innovative Directions in Paediatric Surgery Professor Lewis Spitz (<i>London</i>)</p>	
4.00 pm	TEA	
4.30 pm	WORKSHOPS FORUMS: Lectures and Discussion	
HALL A	<p>Child Care and the Family Physician and Dentist <i>Chairman:</i> Dr Stuart Carne CBE (<i>London</i>) <i>Co-Ch & Rapporteur:</i> <i>Forum Leader:</i> Dr Graham Curtis-Jenkins (<i>Staines</i>) <i>Forum Leader:</i> Dr D J Roberts (<i>Reader in Dentistry, London</i>)</p>	<p>"What is Family Medicine without Kids?" "Future of the Family Physician and his Child Caring Role" "Implications for Childhood of Advances in Dentistry"</p>
HALL B	<p>Advances in Intensive Care of the Neonate and Infant <i>Chairman:</i> Professor Max Perlman (<i>Toronto</i>) <i>Co-Ch & Rapporteur:</i> <i>Forum Leader:</i> Professor A D Edwards (<i>London</i>) <i>Forum Leader:</i> Professor Kalman Goitein (<i>Jerusalem</i>)</p>	<p>"Prediction of Outcome of Intensive Care: Crystal Ball Gazing" "Cerebroprotection and Neural Rescue" "New Approaches to Intensive Care of Infant and Child: With Emphasis upon ECMO and the Use of Nitrous Oxide"</p>



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Dr. Milind Patil
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President Elect
Dr. Shrikant Kulkarni
☎ 374936 M.S.

17.03.1999

Dear Dr. Gunwant Oswal,

On behalf of I. M. A., Sangli Branch, we wish to invite you, to deliver a lecture on :

**"NEW THERAPY FOR CEREBRAL
PALSY AND MENTAL RETARDATION"**

at our monthly Clinical Meeting on 21st March, 1999 at 11.00 A.M.

Our President Dr. Hingmire, will be talking to you. Kindly let know about the mode of transport you will prefer from Pune to Sangli and Back.

With Regards,

Yours sincerely,

(Dr. Sanjay Kulkarni)
M.S.
Clinical Secretary

Address for correspondence : Dr. Mahesh Shah M.D. (Med.)

Mehta Hospital, 66, Timber Area, Sangli. ☎ : (0233) H. 375105 R. 322332



*Indian Medical Association,
Pune Branch.*

CERTIFICATE OF PARTICIPATION

Dr. Gunvant Oswal

*is awarded this Certificate
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on 12th January 1991*

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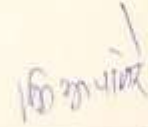
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INDIAN MEDICAL ASSOCIATION

PUNE BRANCH

992, Shukrawar Peth, Association House, Tilak Road, Pune 411 002. Phone : 442662
Registered under the Bombay Public Trust Act 1950 Schedule 1 Trust No. F/166, Poona



Ref.No:IMA/Pn/Refr.Course Progm./90-91/BV
Pune-411002, Dated the 27th December, 1990.

To

Dr. Gunvant Oswal,
PUNE.

Dear Sir,

We are happy to inform you that your paper is accepted by the Scrutiny Committee of the Refresher Course. You are requested to read your paper on Saturday - 12th January, 1991 at 2.15 P.M. at Tilak Smarak Mandir. Please note that time allotted for the paper is 10 minutes # only.

You are also requested to send your biodata at earliest to I.M.A. office. Be prepared with your slides or transparencies & *hand over* by 12 noon *some day*.
Wish you best luck for free paper competition.

With Warm Regards,

Thanking you,

Yours sincerely,

Dr. Navarange
(DR. J. R. NAVARANGE) (DR. DILEEP DEODHAR) (DR. A. K. PANSE)
President, I.M.A. Honorary Secretaries, I.M.A. Pune Br.
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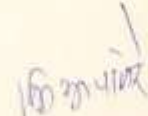
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Dr. M. A. Paranjape

Office Hours :
1-30 pm. to 5-30 pm.



1996
International Parent-to-Parent
Conference

Dear GUNVANT D. OSWAL

We have received your faxed response indicating your confirmation to present at the 1996 International Parent-to-Parent Conference in Albuquerque, New Mexico on March 29-31, April 1, 1996. We are in the final phases of planning for the conference and we are excited to be including you on the agenda. Because of the growth in Parent-to-Parent we are utilizing two facilities to accomodate this event: The Albuquerque Convention Center and the Hyatt Regency which are just across the street from one another.

Your presentation is currently scheduled at the following location and room on the following date and time.

FUNCTIONAL IMPROVEMENTS IN CEREBRAL PALSY AND MENTAL RETARDATION WITH G THERAPY - A NEW RESEARCH FROM ALTERNATIVE SYSTEM OF MEDICINE.

Convention Center

Saturday, March 30, 1996

Ballroom C

9:30a-10:30a

As the contact person for your presentation, you are the only one from your group of presenters to whom this information is being sent. It is up to you to copy and distribute this information to all other presenters involved in your presentation.

Please note the deadlines of:

January 5, 1996 Audiovisual Request Form

February 1, 1996 Taping Consent Form (ONE FOR EACH PRESENTER IN YOUR GROUP)

February 1, 1996 Presenter Registration Form (ONE FOR EACH PRESENTER IN YOUR GROUP).

If we are missing any of these from your file you will be notified shortly after the due date.

The conference registration brochure will be mailed in mid-January.

Happy Holidays,
Dianne Griego
Conference Coordinator

Please note there was an error in the letter sent out regarding the Poster Session which indicated there was a \$200.00 fee. THERE IS NO FEE. We want to include everyone who is interested.

PARENTS REACHING OUT

P.O. Box 2640

Los Lunas, New Mexico 87031

505-865-4667 • 1-800-564-4772

FAX 505-865-3737

**IX ANNUAL CONFERENCE
Association of Neuroscientists
Of Eastern India**

19th & 20th OCTOBER 1995

PROGRAMME

**ASSAM MEDICAL COLLEGE
DIBRUGARH**

19.10.95

- 8 A. M. TO 8-45 AM REGISTRATION
- 8-45 TO 9-45 AM INAUGURAL FUNCTION
- 9-45 TO 10-00 AM TEA
- 10-00 TO 10-45 AM GUEST LECTURE - I BY DR. JASON BROWN.
(U. S. A)
- 10-45 TO 11-30 AM PRESIDENTIAL ORATION BY
PROF. SANATAN RATH. (CUTTACK)
- 11-30 TO 12-30 PM GUEST LECTURE - II BY DR. K. GANAPATHY,
APOLLO HOSPITAL, MADRAS.
TOPIC :- NEUROLOGICAL APPLICATIONS
OF STEREOTACTIC
RADIOSURGERY.
- 12-30 TO 12-45 PM TALK BY DR. GUNVANT D. OSWAL (PUNE).
- 12-45 TO 1-00 PM VIDEO DEMONSTRATION BY
DR. K. GANAPATHY.
TOPIC :- TRANSORBITAL ENDOSCOPIC
OPTIC NERVE DECOMPRESSION.
- 1-00 TO 2-00 PM LUNCH.
- 2-00 TO 3-00 PM FREE PAPERS (10 minutes for each paper)
CHAIRPERSON : DR. K. K. SINHA.
CO-CHAIRPERSON : DR. N UPADHYAYA.

TITLE.

1. Lumber disc disease in young Adults. Dr. M. L. A. Rahman.
2. Epidemiology of risk factors of stroke. Dr. N. C. Borah, Dr. K. Barman, Dr. R. R. Das, Dr. M. Ghose, Institute of Neurological Sciences (Guwahati).
3. Epidemiology of headache and migraine in the North Eastern India. A population based house to house survey. Dr. N. C. Borah, Dr. R. Hazarika, Dr. B. Basbha, Dr. K. K. Saini, Dr. S. Borah, Dr. M. Ghose, Dr. K. Barman, Dr. N. Borkataky, Institute of Neurological Sciences, Dispur.
4. Spinal Tumours - A report of 100 Surgical cases. Dr. B. Rongpi, Dr. B. C. Kakati, Dr. H. Islam, Dr. Zakir Hussain.

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National Congress on Cerebral Palsy

A Team Approach

October 1-3, 2004

Chennai

Organised by



**Akash
Centre for
Cerebral Palsy**

Department of Orthopaedics & Rehabilitation

RAJAGOPALAN FOUNDATION
IN PANDRANGUDI, CHENNAI, INDIA



**The Spastics Society
of Tamil Nadu
(SPASTN - Taramani)**





**SUNDARAM MEDICAL FOUNDATION
Dr. Rangarajan Memorial Hospital**

Shanithi Colony, 4th Avenue, Anna Nagar,
Chennai - 600 040. INDIA

Phone : 91-44-26268844, 26265709

Fax : 26284257

Website : www.smfhospital.org

To,

Dr. Gunwant Oswal.

Dear Sir,

At the outset we thank you for accepting to be a guest speaker at Congress on Cerebral Palsy – A Team approach. It is to be held on Sunday, 3rd October 2004 at Hotel Radha Park Inn. *Tel 24767788*

Congress on Cerebral palsy is an academic event of Sundaram Medical Foundation, Department of Orthopaedics & Rehabilitation. The target audience will be doctors, Therapists, Special Educators, Parents & Carers working in the field of Cerebral Palsy. The objective of the conference is to provide information to the participants that can be translated into care of the children with cerebral palsy.

Please ensure that the content of your lecture is appropriate for the delegates. May we also request you to kindly restrict the lecture to the time allotted.

Please could you also enclose your brief resume.

We confirm the following:

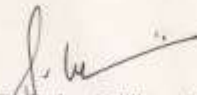
Topic : Alternate therapy

Date : October 3rd 2004

Duration : 20 minutes

Venue : Hotel Radha Park Inn

Presentation : Powerpoint presentation (Floppy / CD)


Dr Sudhakar Williams D.orth., DNB orth., M.Ch orth (L'Pool)
Organising Secretary

- 12.40 - 12.43 Introduction of Prof. Benjamin Joseph
Dr. Sudhakar Williams
- 12.45 - 01.15 Guest of Honour Lecture
"Faith, Hope and Love". the lesson I learnt
from Cerebral Palsy
Prof. Benjamin Joseph,
Paediatric Orthopaedic Surgeon
- 01.15 - 2.00 Lunch
- PANEL IV**
- 02.00 - 2.15 Treatment of Sensory Integration
Mr. Sanjay Kumar, Occupational Therapist,
Singapore
- 02.15 - 02.30 Neuro Developmental Therapy
Dr. Asha Chitnis, Paediatric Physiotherapist
- 02.30 - 02.45 Role of Assistive/Adaptive Devices
Dr. Sunder, Psychiatrist
- 02.45 - 0.3.00 Treatment of Cerebral Palsy By G - Therapy
Dr. Gunwant Oswal, Pune
- 03.00 - 03.15 Psychological perspective
Dr. S. Thr. amozhi, psychologist
- 03.15 - 03.30 Activities of Daily Living and carry over
Mr. Saravanan, Physiotherapist
- 03.30 - 03.45 Sports and recreation in Cerebral Palsy
- 03.45 - 04.00 Parent's Perspective
Mrs. Sivagami, SPASTN
- 04.00 - 04.15 Children's Perspective
Master. Arjun
- 04.15 - 04.45 Case based discussion
Mr. J. Jayachandarn,
Paediatric Neuro Physiotherapist
- 04.45 Valedictory Function

NATIONAL CONGRESS ON CEREBRAL PALSY

1-3, October, 2004

HOTEL RADHA PARK INN

CHENNAI

PROGRAMME

 Akash
Centre for
Cerebral Palsy
Department of Orthopaedics & Rehabilitation
Sundaram Medical Foundation
Dr. Bangarajar Memorial Hospital

 SPASTN
Taramani





NATIONAL INTEGRATED MEDICAL ASSOCIATION
STATE COUNCIL PUNJAB

All India Organization of the Graduates of Integrated Medicine
(Registered Under Societies Registration Act of 1860 Regd. No. BOM/282/71-GBBS.D.)
(Public Trust Regd. No. F/2469 Bombay)

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Sr. Vice President NIMA (CC)
Convener LAC (CC)
Dogra Hospital
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Main Bazar
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52 New Gopal Nagar Colony
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Dated 14.11.94.....

Dear Dr. Oswal,

As you must be aware that
one conference is going to be held
on 4th Dec 94. You had given us
your video cassette on Cerebral palsy
during Jhansi Conference. It was
highly appreciated by all of our collegues.
We have arranged a few patients for
you. If you feel in convenient to
come in the conference then we can
meet your-travelling/stay expenses.

Kindly confirm your arrival so that
we ~~can~~ ~~will~~ adjust your lecture
in our seats for programme.

With regards

Yours Sincerely

Dr. V.K. Sharma

Organising Secretary

NIMA CON - 94.

THE NURSING JOURNAL OF INDIA

NOVEMBER 1996

Dengue Fever

Role of
Nursing
Personnel

Socio- Economic Status of Nursing Students

A Study of
Marathwada

Woes of Nursing Students in Bihar

Evaluation of Clinical Performance

Branch Affairs
•
Students' Forum

G-Therapy A Homoeopathic Medication in Rehabilitation of Palsy

THE NURSING JOURNAL OF INDIA

ORGAN OF
THE TRAINED NURSES' ASSOCIATION
OF INDIA



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The views expressed in the various articles are the views of the authors and do not necessarily represent the policy or views of the Trained Nurses' Association of India.

FROM THE EDITOR

Woes of Nursing Students in Bihar

About 4000 General Nursing Midwifery (GNM) and Auxiliary Nurse Midwifery (ANM) students enrolled in Bihar in 1990 and earlier await their examinations till the time of writing these lines. If timely examinations were held the GNM (3½ years) and ANM (2 years) students would have completed their training in 1994 and 1992 respectively. But the Bihar Nurses' Registration Council has been postponing these examinations again and again. This year the date for examinations was announced as April 15 which got postponed to June 14, then September 9 and 25 and then again to October 25. Students have been coming on all scheduled dates being put to great inconvenience financially and otherwise.

Even the orders of the High Court of Judicature at Patna (C.W.J.C. No. 3185 of 1996) had been violated. The court had directed the Health Commissioner-cum-Director-in-Chief, Health Services, Bihar (who also happens to be the President of Bihar Nurses' Registration Council) to pass appropriate orders for holding the examinations by July 31. This had not been done all these months.

The Indian Nursing Council is the controlling body of Nursing education. The INC is willing to extend its help in conducting the examinations, but the BNRC has not cared to take any action as for three years its functioning has come to a standstill because of the dispute for the post of Registrar and the role of some vested interests.

The Trained Nurses' Association of India has repeatedly appealed to the concerned authorities without any result so far. Appeals especially have also been made to the Hon'ble Chief Minister and Hon'ble Governor of the State to intervene in this important matter. The Association has also requested the allied Associations and other Non-Governmental Organisations to exert their influence and help the suffering students of the state. Let us see what effect these appeals have on the concerned authorities.

* * *

Another disturbing development is the reported virginity tests conducted on the members of the Nursing vocation who were applicants at King George Hospital, Vishakhapatnam, Andhra Pradesh. Such humiliating measures for any group of women have to be condemned. There must be something wrong with the procedure of entrance to such institutions. Otherwise no functionary would dare to take such steps that violate the dignity and integrity of womanhood. There have been some rumblings in the State following the reports of virginity tests. But effective steps have to be taken by all concerned especially the Indian Nursing Council and State Nurses Registration Councils so that such humiliating practices are not repeated anywhere.

Jaiwanti P. Dhaulta

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New Homoeopathic Medication in Rehabilitation of Cerebral Palsy and Mental Retardation

DR. GUNVANT D. OSWAL

INTRODUCTION

Cerebral Palsy still remains the severe physical and mental disability affecting children, and the most crippling challenge still to all of us who care for them.

Its recognition takes us back as much as one and half centuries to its first presentation in 1843 by William John Little as a 'Spasmodic affection' of newborn, "born in a state of asphyxia".

Concept of Cerebral Palsy and Mental Retardation in Ayurveda.

Ayurveda is an ancient Indian System of Medicine. About 2500 years back in ancient Ayurveda of India, the great Physician Charaka and Surgeon Sushruta have described entities similar to Cerebral Palsy, multiple disabilities and mental subnormality.

1) Charak has described the role of genetic transmission as

यस्य यस्य अवयवस्य बीजे बीजभागः उपजायते भवति. तस्य तस्य अवयवस्य विकृतिः उपजायते चरक शा. स्था अध्याय 3, सूत्र 23

i.e. during conception the abnormal genes of either sperm or ovum create deformities in the corresponding organs or elements of the foetus.

2) Sushruta describes the effects of traumatic injury to brain dur-

ing labour.

अकाल प्रवाहणात् रविरे मूकं कुब्जं व्यस्तहनुं मूर्धाभिधातिने कामन्वासरसोपोपदुतं विकटं वा जनयति

सुश्रुत शा. स्था अध्याय 40 सूत्र 6
i.e. due to untimely bearing down (due to compression) during labour, or due to traumatic injury to the brain the foetus becomes deaf or not responding to the stimulus, dumb, or with hump backed deformity, with deformed chin or may be with facial palsy or with cough, dyspnoea, with retarded growth & horrible look.

3) Sushruta describes Intra-Uterine Growth Retardation as गर्भघातप्रकोपेन दीह्रदेवा अवगन्तीते। भवेत कुब्जः कुण्ठीः पंगु मूको विन्मिन् एव वा। सुश्रुत शा. स्था अध्याय 2, सूत्र 49

During intrauterine life due to *Prakopit Vata* or due to disregarding the longings (दीह्रद) of the pregnant mother the foetus becomes hump backed or with malformed arms, paraplegic, dumb or with nasal speech.

4) In Sushruta Uttartantra, chapter 27, he has mentioned entities as *Skandgrab* and *Skandapasmargrab* which closely resemble, Infantile Hemiplegia & Spastic Cerebral Palsy with convulsions.

Since then scientists, paediatricians and neurologists worldwide are trying their best to find out a remedy to help children

with cerebral palsy, and mental subnormality.

Cerebral refers to the brain and palsy to a disorder of movements, or posture. It is neither progressive nor communicable, nor is it curable in the accepted sense. It is not a disease and is characterised by an inability to fully control motor functions. Depending on which part of the brain has been damaged and the degree of involvement in the C.N.S., one or more of the following may occur, spasms, involuntary movements, disturbance in gait and mobility, seizures, abnormal sensation and perception, impairment of sight, hearing or speech and in about 20% of people with Cerebral Palsy there may be some degree of Mental Retardation, i.e. subnormal state of intelligence.

The comparison of a normally developing child and the child with disabilities gives us some hints for the management of disabled children. In the first year of life when we mature from babyhood to childhood, we learn to move, to co-ordinate our movements, to get up from the floor, to balance and walk. At the same time we explore our surroundings, using all our sense and movements, we copy our seniors, we play and learn the simple movements of daily living. Learning all the time, we are guided

and helped but not actually taught. Watch the young baby in his cradle playing with his toes and toys. He will reach out, feel them, put it in his mouth and totally familiarise himself with his toy and feet. His grandma will play with him, sing him rhymes, count his toes, and teach him the world toy. During this interplay between maturation, exploration and contact with seniors, a learning process takes place which is unconscious and automatic. We now do not remember how we learnt the word toy, or about dressing. On the other hand many of us will recall the actual time and place when granny taught us how to tie a bow. This was a conscious learning process and we perfected the skill through practice.

In cerebral palsy the maturation process does not take place in the same manner as in the normal child. This child is continually out of step with normal development and when he acquires a movement neither does he practice for hours as does the normal child, nor does he automatically use his movements in normal functional activities. By function is meant the ability to perform the ordinary tasks of daily living such as eating, drinking, dressing, washing, speaking and bathing as well as moving from one point to another.

The aim of treatment should therefore be to form a bridge between movement and function, to achieve a meaningful whole and so lead towards the end goal - independence.

Today's management of such patients mainly depends upon assistive technology, speech therapy, O. T., counselling, symptomatic drug therapy for convulsions, involuntary movements, etc., and surgery for corrective

measures. So far there is no drug therapy available to improve motor functions and higher cortical functions of the brain. If a formulation can be brought about to stimulate motor and higher cortical functions of the brain, it will prove not only to be a very effective but also an inexpensive medium in rehabilitation. And it will also bring about, along with conventional methods, a far reaching change in the scenario of management and rehabilitation.

The present study shows significant improvements in cases of Cerebral Palsy and Mental Retardation with Dr. Oswal's new Homoeo-Biochemic Formulation G Therapy which has shown beneficial effects on motor and higher cortical functions of the brain.

MATERIALS AND METHODS

This study involves 707 patients out of which 479 patients are above the age of 6 years. The improvements seen in the age group of 0-5 years may be because of natural recovery and so are excluded from this study.

G THERAPY

G Therapy is a unique combination of Herbal Extracts, potentised in Homoeopathic form and Biochemic Salts.

It is in the form of sweet pills, has sublingual absorption, is safe and is compatible with other conventional therapies like Occupational Therapy, Speech Therapy, Anti Convulsants, etc.

PARAMETERS

Various parameters which are

used to assess the efficacy of G Therapy are speech, understanding, expressions, emotions, irritability, sleep, hyperactivity, memory and concentration, toilet control, spasticity, gross and fine motor movements.

ETIOLOGY OF CP & MR 707 CASES

Of the various conditions treated with G Therapy in this study, Ischaemic Hypoxic Encephalopathy, Kernicterus, Post Encephalitis, Spastic Cerebral Palsy, Autism, Down's Syndrome, constitute major bulk of patients.

Mental Retardation & Cerebral Palsy due to

(N = 707/above 6 Year = 479)

• Post-Hypoxic	98/68
• Traumatic Forceps	13/11
• Kernicterus	39/33
• Hydrocephalus	13/8
• Post Meningitis	17/14
• Post Encephalitis	23/21
• Microcephaly	32/12
• I U G R	4/0
• Teratogenic	5/3
• Septicaemia	7/6
• Spastic C.P.	54/39
• Hyperactive	49/38
• Cortical Atrophy	21/8
• Infantile Hemiplegia	10/4
• Epilepsy	29/19
• Consanguinity	11/3
• Down's syndrome	29/20
• Autistic Behaviour	44/28
• Various Syndromes	11/7
• Heredo-Familial & Metabolic	18/14
• Mental Retardation	118/91
• Premature	19/11
• Hypotonic	21/6
• Others	22/15

OBSERVATIONS

RECOVERY STARTS IN
8 TO 16 WEEKS



FUNCTIONAL IMPROVEMENTS

This is a progress evaluation of 707 patients of Cerebral Palsy, Mental Retardation and Behavioural Disorders of various causes. These cases were diagnosed at various neurological clinics in India.

Before starting this treatment they were treated at various centres, for a variable period with Conventional drugs, Occupational therapy, Speech therapy, Psychological counselling and Play therapy, but no significant recovery was noticed.

Comments made by teachers, neighbours, relatives and therapists etc., who were not aware that the child was taking G. Therapy are recorded. They are important because such comments are unbiased.

Video - recording of motor activities, speech and behaviour is taken before starting G. Therapy and during follow ups for most of the patients. This gives an idea of improvements.

Response

- Reduced hyperactivity, distractibility

TEMPORAL PROFILE OF IMPROVEMENT



- Reduced irritability, temper tantrums, yelling, feet stamping.
- Reduced lethargy, impulsivity & restlessness.
- Reduced abnormal behaviour and self stimulatory behaviour.
- Reduced squint, spasticity & scissoring.
- Reduced stress & strain.
- Reduced involuntary movements.
- **REDUCED BURDEN ON PARENTS.**

CLINICAL RESPONSE

- Improved speech
 - Mute children start babbling
 - from two word level full sentences.
- Improved articulation.
- Improved vocal intensity and clarity.
- Improved vocabulary.
- Improved memory I.Q.
- Improved concentration & efficiency.
- Improved facial expressions & skin colour.
- Improved ability for understanding what is said to him/her.
- Improved interest in commu-

nication.

- Improved willingness to interact with others and with the outside world.
- Improved alertness & sleep.
- Improved co-operation & manageability of patient.
- Improved obeying simple commands.
- Improved increase in appropriate social behaviour, social smile.
- Improved independent living skills & confidence.
- Improved motor control, fine motor - gross motor activities.
- Improved motor co-ordination & transfer of objects.
- Improved milestones gaining, neck holding, crawling, walking without support, etc.
- Improved hypotonia, posture & gait.
- Improved visual perception, eye contact.
- Improved toilet control.
- Improved approach, acceptance & adapting to particular needs.
- Improved response to other therapies.
- Improved bowel functions.
- **IMPROVED QUALITY OF LIFE**

IMPROVEMENTS IN SPEECH

In patients who were refractory to Speech therapy, this treatment has definitely given a sudden stimulation.

Mute children started babbling. Those with two word level speech, started making full sentences and progressively they became aware of time and tense while speaking.

Improvement was also seen in clarity of speech, volume and

(Continued on p. 261)

G-THERAPY

(Continued from p. 244)

articulation. Many children showed increase in vocabulary, memory and concentration.

With improvement in speech, children can now communicate better with the outside world about their needs, emotions and reactions; improved co-ordination of tongue and facial muscles improves the facial expression and the child becomes more vocally expressive and social.

MOTOR IMPROVEMENTS

Children with severe motor involvement who were refractory to Occupational therapy have shown miraculous response to this treatment. Scissoring is reduced to a great extent in some cases in just 12 weeks.

Vegetative children have started moving their limbs, started holding neck, some can even sit and crawl.

Few children of age group 5 to 10 years, who were unable to walk without support, are now enjoying the freedom of walking. With just 8 months of the treatment they can walk without support.

In some children of age group of 10 to 20 years, toilet control was achieved after G. Therapy.

Some can now tie shoe laces, dress independently and can button on their own, thus showing fine motor improvements and improved co-ordination.

This medicine helps in severe Dystonia, Extra Pyramidal Manifestations and Spasticity following Encephalopathy. A boy suffered from severe Neonatal Jaundice on

the 2nd day of life, and developed Bilirubin Encephalopathy. Till the age of 22 yrs. he was fed in horizontal position only, could move only in sleeping position, and could sit only momentarily with support. Now after 8 months of treatment he can sit for almost 2 hours at a stretch in a chair. He can now enjoy his food in sitting position and can experience the outside world on his wheelchair. Words fail to describe his and his parents' joy. For some children who had to gulp mashed food only, mastication is now possible after this treatment.

With improved posture and reduced involuntary choreo-athetoid movements, a pair of twins are back into the game of life, with just 10 months of treatment. They suffered from Bilirubin Encephalopathy on the 3rd day of their life and were suffering for almost 9 years.

Involuntary movements are reduced in cases of Kernicterus. In cases of Encephalitis, Cortical Atrophy and Degenerative Leucodystrophies, this drug has shown marked improvement at the sensory, motor and intelligence levels.

Children with poor visual perceptions, eye contact or squint have responded to the stimulus and a definite improvement in their visual status has been recorded.

With a stimulated understanding and growing awareness of the world around them, children respond and interact positively and purposefully on various social levels. They gain not only increasing motor control, but approach, accept and adopt to their particular needs for Occupational and Physiotherapy.

This change in their physical and mental status can bring enormous relief to the parents and caretakers, and this feature facilitates and influences their normal mental and social development, as well as enhancing the quality of life, socially and emotionally.

They now have a positive and realistic attitude towards their specific needs and life in general. They experience this change as an undisputed everyday fact, not merely hopeful words or wishful thinking.

Whereas the disadvantaged rely very heavily on assistive technology, G. Therapy puts them back on their own two feet.

IMPROVEMENTS IN UNDERSTANDING, EXPRESSION & EMOTIONS :

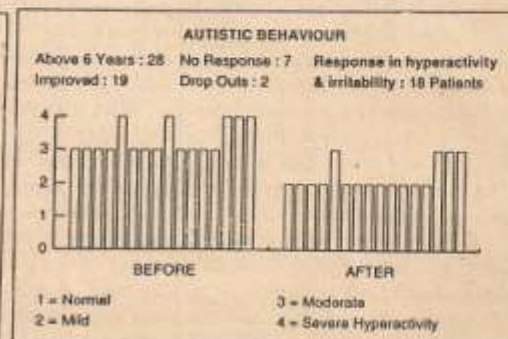
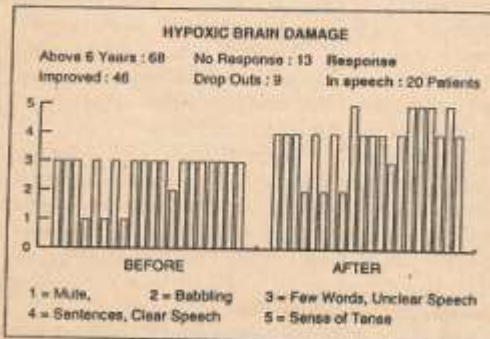
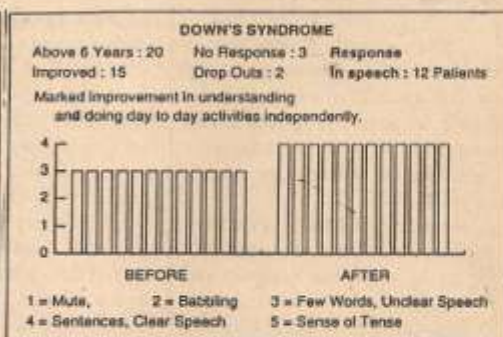
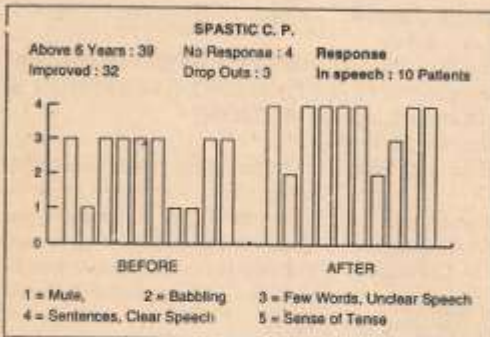
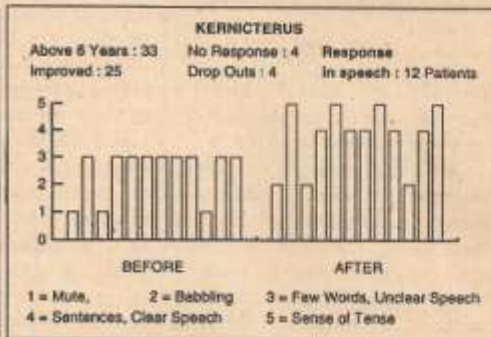
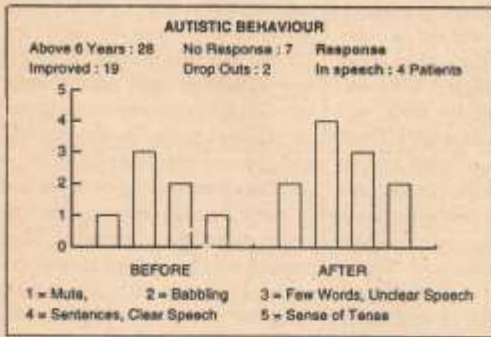
Definite improvements are seen in the above mentioned faculties with a treatment of 12-16 weeks. Those children who were vacant and non-responsive while watching T.V., started showing joy, anxiety etc.

After this treatment they became more eager to go out in parks and gardens, they became more playful. Now they wanted to listen to music. They started recognising parents and strangers.

This has reduced the irritability of the child, improved sleep and has given a great relief to parents and caretakers.

With growing understanding after treatment, children started asking various questions about their surroundings to their parents, which was not done previously. They are now firm about their views.

Hyperactive children were



calmed down considerably without sedation. Naturally they became more alert, co-operative and started obeying simple commands. This has changed the panicky situations in their families.

Some children of age group of 10-16 started cleaning themselves on their own after toilet.

Children who were dependent on their parents for bath and feedings, after this treatment, have started these activities on their own and now they enjoy life as never before.

Few female patients of 10 to 15 age group, who were unaware of closing the toilet door while using, after this treatment they became conscious and started doing the same. This was a great relief to their parents.

Children became more cautious while walking on the road, in reference to potholes and other obstacles.

Autistic children have shown remarkable improvements. They are now more social with improved speech and eye contact. Autoplay is reduced. They now play with other siblings and are attached emotionally to them.

The general reaction of most of the parents after starting G. Therapy for their children is that there is definitely some change in the first two months, but they are unable to pinpoint it. The child looks better.

The apparent change first noticed is that facial expressions become more normal. The skin colour and texture becomes healthy indicating definite improvement in circulation. These are the signs of rejuvenation.

Most of these children are prone to recurrent respiratory infections. After starting G. Therapy, the in-

cidence and severity of such infections is minimised. This in turn keeps the children away from febrile convulsions. Possibly G. Therapy boosts the immune system of the body.

DRUG ACTION.

G. Therapy possibly helps at

- Neurotransmission
- Myelination
- Removes Blockage at Synaptic Levels

The medicine acts at a molecular level. No side effects are seen. Possibly the biochemic salts of G. Therapy reactivate the chemical changes necessary for Neurotransmission while the potentised herbal extracts act as catalyst, to speed up the improvement.

RESISTANT CASES:

Cases of Microcephali have shown more resistance to G. Therapy.

DISCUSSION

Since basic facilities to carry out Neurophysiological tests were not available, it was difficult to pin-

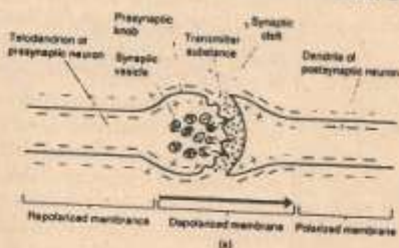
point as to how the G. Therapy is working. Further research with modern facilities will throw more light on this basic question.

This study is based on the observations of 707 patients. The clinical improvements are not claims, but actual observations in a substantially large number of 707 patients of Cerebral Palsy and Mental Retardation. All patients are videomonitored. Opinions about improvements by teachers, therapists, and parents are recorded. Since they are always in contact with the patient, their opinions give us correct picture.

It is seen that a wide range of pathologies and physical and cognitive disorders are helped by G. Therapy. Possibly in all these conditions neuronal activity or the Neurotransmitters are affected and possibly G. Therapy works on the Neurotransmitters and so has shown a wide spectrum of action in all these disorders.

In all these patients before starting G. Therapy, conventional treatment like Occupational Therapy, Speech Therapy, and Symptomatic drug treatment was tried. The response seen after G. Therapy was much greater than with the previous conventional treatment indicating the efficacy of G. Therapy.

IMPULSE CONDUCTION AT SYNAPSES



Impulse conduction at synapses
(a) Impulse conduction from a presynaptic knob across a synapse to a postsynaptic dendrite. (b) Details of impulse conduction in which synaptic vesicles fuse with the presynaptic membrane and discharge transmitter substance into the synaptic cleft.

HYPOXIC BRAIN DAMAGE = 98

Above 6 Years	68
Improved	46
No Response	13
Drop Outs	9
Improved Toilet Control	4
Reduced hyperactivity & Violence	14
Improved Understanding & Concentration	19
Improved Motor Movements & Improvements in Walking	23

The study involves, a group of 479 patients who are above the age of 6 years. In this group natural recovery is difficult but still this group has shown improvements in various parameters. Few boys of 10 to 20 years age group have gained toilet control after G. Therapy. Few children of 10-15 years age group have started walking independently after G. Therapy. Cases of irreversible brain damage have also shown positive response with G. Therapy in just a few months. All this indicates that there definitely exists some neurophysiological improvement with G. Therapy.

The aim of any treatment is to help the sufferer and in these conditions to bring functional im-

provements. Occupational Therapy, Speech Therapy, Surgical Procedures do the same work, as also G. Therapy. G. Therapy has shown persistent results in more than 900 patients. And so it is upto the developed countries with modern amenities and electrophysiological studies available, to think, to test & to verify the efficiency of G. Therapy, so that it can be made available to all the needy individuals. And I think Parent Organisations, Professionals and Researchers can do a lot in this context.

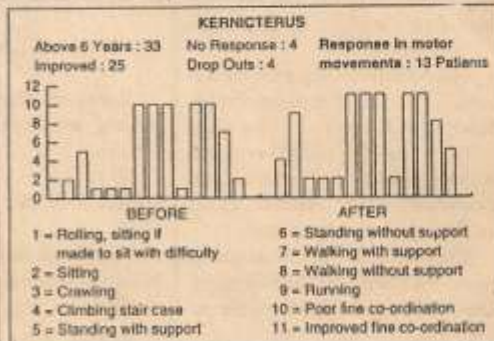
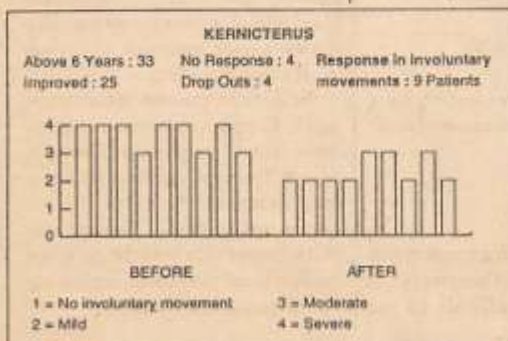
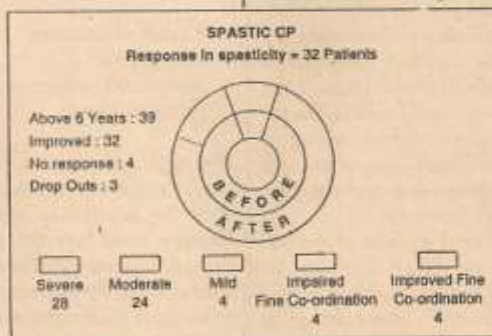
'G' THERAPY CONCLUSION

This study suggests that 'G' Therapy does have beneficial effects on the Motor & Higher Mental Functions.

I feel that 'G' Therapy if used along with C.P. and M.R. can improve their quality of life & give enormous relief to the parents and caretakers.

Dr. Gunvant D. Oswal belongs to Centre for Developmental Disorders, Sanjivani Clinic, Pune.

This work was presented at the 9th World Congress of Paediatrics, International College of Paediatrics and Child Care, London, in July 1995. It was also presented at the Indian Medical Association, Pune Branch, National Institute of Mental Health (Refresher Course), Pune and 7th National Seminar, 'Confluences', of Spastic Society of Tamil Nadu, sponsored by UNICEF and Rajiv Gandhi Foundation at Madras. It has been selected for presentation at many other national and international conferences.



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T.N.A.I. Membership Rates have been revised from April 1996.

You are requested to submit fees as per rates given below. This applies to TNAI Publications and TNAI & SNA Badges also. We are still receiving subscriptions as per earlier rates causing undue inconvenience in establishing Life Memberships.

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Grams: "SANKALP".



Phones: 091 (40) 87 67 33
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XI WORLD CONGRESS ON MENTAL RETARDATION - ILSMH

"A Community for All - Families on the March"

20 - 27 November, 1994, Vigyan Bhawan - New Delhi.

Sponsored by: NATIONAL FORUM FOR WELFARE OF THE MENTALLY HANDICAPPED, National Member of ILSMH
In collaboration with: THAKUR HARI PRASAD INSTITUTE OF RESEARCH AND REHABILITATION FOR THE MENTALLY HANDICAPPED

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Lr.No.NFVMH/WC/ 2548 /94

Dt:13-11-1994

To
Gunwant Oswal,
Centre for Dev.Ptal Disorder,
1215, Bhavanipeth, Palkhi Chowk,
Pune-411042.

Dear Sir/Madam,

Sub:Poster-session for XI World Congress
on Mental Retardation, New Delhi 1994

This is in regards to your poster-session,
we would like to inform you that the date of your
presentation is on 24 Nov.94 between 1 and 5 PM
The poster size will be 4ft/3ft
which can be displayed on a panel with cellotape
or thumb pins.

You can also use slide projector/television.

Thanking you,

Yours faithfully,

(THAKUR SANJAY PRASAD)

Thakur Hari Prasad Institute Campus, Vivekanandanagar, Dilksuknagar, Hyderabad - 500 860, A.P. - INDIA.
President: Phones: Off. 091 (40) 87 21 43, Res. 091 (40) 31 04 26, 31 03 36 • Fax: Off. 091 (40) 87 52 92, Res. 091 (40) 31 01 47

Camp Office: From 7th November 94, Dr. Thakur V. Hari Prasad, Room No. 43, Indian International Centre,
40, Max Muller Marg, New Delhi-110003. Phone: 091 (11) 4619431, Fax: 091 (11) 4627791.