## 27th February, 2025

## Venue: Hotel Taj Ganges, Varanasi

Time	Topic	Speaker
2:00 PM - 4:30 PM	Workshop 2A: Botulinum Neurotoxin in Movement Disorders	Incharge: Pankaj Agarwal (Mumbai)
2.00 PIVI - 4.50 PIVI	Workshop ZA. Botullium Neurotoxiii iii Movement Disorders	Jasloveleen (Mohali)
		Deepika Joshi (Varanasi)
		Hrishikesh Kumar (Kolkata)
		Anil Venkitachalam (Mumbai)
5:00 PM - 7:30 PM	Workshop 1A: Hands-on Genetics for the Movement Disorder Clinician	Incharge: Vikram Holla (Bangalore) Roopa Rajan (New Delhi)
		Gautam Arunachal (Bengaluru)
		Ramprasad VL (Bengaluru)
		Sneha Kamath (Bengaluru)
2:00 PM - 4:30 PM	Workshop 2B: Deep Brain Stimulation for Movement Disorders	Incharge: Rukmini Mridula (Hyderabad) Shejoy Joshua (Kochi)
		Aditya Gupta (Gurugram)
		Rajesh Alugolu (Hyderabad)
		Pettarusp Wadia (Mumbai)
5:00 PM - 7:30 PM	Workshop 1B: Cutting edge Neurophysiology for Movement Disorders	Incharge: Nitish Kamble (Bengaluru) Divya MR (New Delhi)
		Robert Chen (Toronto)
		Shweta Prasad (Bengaluru)
		Ashish Susvirkar (Gujarat)
		Supriyo Chowdhury (Kolkata)

28th February, 2025			
	Day 1 (Hall A)		
Time	Торіс	Speaker / Panelist	
	•	Speaker / Fallenst	
8:00 AM - 8:45 AM 8:45 AM - 9:00 AM	Registration and Breakfast		
8.45 AIVI - 9.00 AIVI	Welcome address by MDSI president		
9:00 AM - 10:30 AM	Session: Plenary 1		
	Chairpersons: Kalyan Bhattacharya (Kolkata), Madhuri Behari (New Delhi), Navneet Kumar (Kanpur)	Man Mohan Mehndi Ratta (Delhi),	
9:00 AM - 9:30 AM	Approach to parkinsonian syndromes	U Meenakshisundaram (Chennai)	
9:30 AM - 10:00 AM	Approach to hyperkinetic movement disorders	Sanjay Pandey (Faridabad)	
10:00 AM - 10:30 AM	An overview about "Trial readiness" – what is required for a successful clinical trial	Susanne Schneider (Germany)	
10:30 AM - 10:45 AM	Tea Break		
10:45 AM - 1:00 PM	Session: Plenary 2		
	Chairpersons: Asha Kishore (Kochi), GM Wali (Karnataka), Pramod Pal (Ben	galuru), Ravi Yadav (Bengaluru)	
10:45 AM - 11:30 AM	MDSI Oration: Plasticity in Movement Disorders	Robert Chen (Toronto)	
	Chairpersons: SK Poddar (Varanasi), PK Maheswari (Agra), Deepak Arjundas (Mumbai), Rajesh Singh (Varanasi)		
11:30 AM - 12:00 PM	Neuromodulation for movement disorders: present and future	Rupam Borgohain (Hyderabad)	
12:00 PM - 12:30 PM	Assistive Technologies in Movement Disorders: What Clinicians Should Know	Roongroj Bhidiyasiri (Thailand)	
12:30 PM - 1:00 PM	Autosomal Dominant Spino Cerebellar Ataxia: what we have learned and future pathway  Hrishikesh Kumar (Kolka		
	Lunch Symposium		
1:00 PM - 2:00 PM	MDSICON Quiz	Panelist: Mitesh Chandranna (Ahmedabad) Udit Saraf (Palghar) Kanchana Pillai (Mumbai) Varun Kumar Singh (Varanasi)	
2:00 PM - 4:00 PM	Parallel Session 1A: Clinical skills - Video based phenomenology		
	Chairpersons: Avinash Chandra Singh (Varanasi), Rajniti Prasad (Varanasi), Abu Zafar Ansari (Varanasi), Paha Ghosh (Kolkata)		
2:00 PM - 2:30 PM	Updates in the evaluation and treatment of chorea Deepika Joshi (Varanasi)		
2:30 PM - 3:00 PM	Unusual and perplexing phenonemenologies in movement disorders (stereotypies, myorrhythmia, hyperekplxia, startle syndromes etc)  Suvorit Bhowmick (Vadodara)		

3:00 PM - 3:30 PM	Facial movement disorders  Susanne Schneider (Germ		
3:30 PM - 4:00 PM	Clinical Use of Red Flags in Parkinsonism: Evidence vs. Experience Roongroj Bhidiyasiri (Thailan		
4:00 PM - 4:30 PM	Tea Break		
4:30 PM - 6:30 PM	Parallel Session 2A: Technology in Movement Disorders		
	<b>Chairpersons:</b> Ashish Varma (Varanasi), Vinay Agarwal (Raebareli), Harde Singh (Varanasi)	ep Malhotra (Lucknow), Chandan	
4:30 PM - 5:00 PM	Rating scales in movement disorders	Vijay Shankar P (Chennai)	
5:00 PM - 5:30 PM	Transcranial magnetic stimluation and tDCS in Movement Disorders	Nitish Kamble (Bengaluru)	
5:30 PM - 6:00 PM	Transcranial ultrasound stimulation: Novel non-invasive neuromodulation for movement disorders	Robert Chen (Toronto)	
6:00 PM - 6:30 PM	Technology for rehabilitation in Movement Disorders	Rajinder Dhamija (New Delhi)	
6:30 Onwards	Inauguration & Fellowship		
	28th February, 2025		
	Day 1 (Hall B)		
Time	Topic Speake		
2:00 PM - 4:00 PM	Parallel Session 1B: Tremor and Dystonia		
	<b>Chairpersons:</b> Ashish Duggal (New Delhi), Manish Bhartiya (Pune), L K Pra Singh (Varanasi)	santh (Bengaluru), Varun Kumar	
2:00 PM - 2:30 PM	Dissecting tremor syndromes: clinical and electrophysioloigcal clues Shweta Prasad (Bengal		
2:30 PM - 3:00 PM	Updates in the treatment of tremor	Divya MR (New Delhi)	
3:00 PM - 3:30 PM	Dystonia: is genetics replacing phenomenology?	Roopa Rajan (New Delhi)	
3:30 PM - 4:00 PM	Current consensus in dystonia management Narendra Barad (Ahemd		
4:00 PM- 4:30 PM	TEA BREAK		
1.00 1 1.1. 4.100 1 1.1.			
4:30 PM - 6:30 PM	Parallel Session 2B: Secondary Movement Disorders		
	Chairpesons: Abhishek Pathak (Varanasi), Ashok Kumar (Patna), Niraj Kur (Varanasi)	mar (Telangana), Anand Kumar	
4:30 PM - 5:00 PM	Movement disorders in systemic diseases Sahil Mehta (Chandiga		
5:00 PM - 5:30 PM	Drug induced movement disorders  Bhaskar Ghosh (Kolkata)		
5:30 PM - 6:00 PM	Peripherally induced movement disorders  Divya K P (Thiruvananthpura		
6:00 PM - 6:30 PM	Stiff person spectrum disorders Netravathi M (Bengaluru)		
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6:30 Onwards	Inauguration & Fellowship in Hall A				
	20th Enhrunn, 2025				
	28th February, 2025 Day 1 (Hall C)				
Time	Topic	Speaker / Panelist			
2:00 PM - 4:00 PM	Parallel Session 1C: Lightning talks - 12 talks 120 minutes (6 talks + 10 minutes) - 2 Themes - Basic Sciences/Clinical				
	<b>Chairpersons:</b> Ashutosh Tiwari (Gorakhpur), Pratibha Prasad (Patna), Sooraj F (Prayagraj), Priyanka Kashyap (Bhopal), Rajesh Sonkar	Patil (Belgavi), Archana Ojha			
2:00 PM - 2:10 PM	Long read sequencing in movement disorders	Debjyoti Dhar (Lucknow)			
2:10 PM - 2:20 PM	Role of cerebellum in dystonia	Sarika Patil (Rajkot)			
2:20 PM - 2:30 PM	Glucocerebrosidase in Parkinson's disease	Ashish Vijayaragahvan (Thiruvanathapuram)			
2:30 PM - 2:40 PM	Glymphatic system in PD	Mansi Shah (Mumbai)			
2:40 PM - 2:50 PM	Alpha-synuclein seed amplification assay	Arindam Ghosh (Kolkata)			
2:50 PM - 3:00 PM	Movalepsy	Anand Kumar (Varanasi)			
3:00 PM - 3:10 PM	Troubleshooting diphasic dyskinesia	Adrish Mukherjee (Kolkata)			
3:10 PM - 3:20 PM	Microvascular decompression in HFS	Sreenivas U M (Chennai)			
3:20 PM - 3:30 PM	GLP-1 agonists in PD	Heli Shah (Ahemdabad)			
3:30 PM - 3:40 PM	CANVAS and SCA27B Shivani Rath (C				
3:40 PM - 3:50 PM	Programming tips for FoG in PD Vaibhav Mathur (J				
3:50 PM - 4:00 PM	Pallidothalamic tract (PTT) lesioning in movement disorders	Anish Mehta (Bengaluru)			
4:00- 4:30 PM	TEA BREAK				
4:30 PM - 6:30 PM	Parallel Session 2C: PD Management Capsule				
	Chairpersons: Rajeev Verma (Varanasi), Rakesh Kumar Mishra (Bhopal), Ajai I Yadav (Bengaluru)	Kumar Singh (Lucknow), Ravi			
4:30 PM - 5:00 PM	Current updates in treatment of early PD	Syam Krishnan (Thiruvananthpuram)			
5:00 PM - 5:30 PM	Infusion therapies for Parkinson's disease (Vishakhapa				
5:30 PM - 6:00 PM	Cognitive and neuropsychiatric symptoms in PD: screening and management Atanu Biswas (Kolka				
6:00 PM - 6:30 PM	Evidence based management of autonomic dysfunction in Parkinsonian disorders  Rukmini Mrid (Hyderabad)				
6:30 Onwards	Inauguration & Fellowship in Hall A				

01st March, 2025 Day 2 (Hall A)				
Time	Торіс	Speaker / Panelist		
7:30 AM - 8:30 AM	PLATFORM SESSION (CLINICAL SCIENCE)			
7:30 AM - 7:40 AM	Efficacy of propranolol in tremors in patients with Spinocerebellar Ataxia 12	Prachi Mohapatra		
7:40 AM - 7:50 AM	Deciphering differences between Functional tic-like movements versus Organic tics	Ajith Cherian		
7:50 AM - 8:00 AM	Insights into Functional Movement Disorders: A Retrospective Review at a Tertiary Care Centre	Kartika Gulati		
8:00 AM - 8:10 AM	Profile of onset of non-motor symptoms in relation to the motor symptoms in patients with Parkinson's disease – A cross sectional single centre experience	Tarunya Nagaraj		
8:10 AM - 8:20 AM	Comparison of Globus Pallidus Internus Deep brain stimulation and Sub Thalamic Nucleus Deep brain stimulation for tremor control in Parkinson's disease	Thejus B		
8:20 AM - 8:30 AM	Deep brain stimulation surgery in Parkinson's disease - Hurdles and maladies! Nikhil Korah Paul			
8:30 AM - 10:30 AM	Session: Plenary 3			
	Chairpersons: Rajesh Verma (Lucknow), Dinesh Khandelwal (Jaipur), Ramakant Yadav (Etawah), SP Gorthi (Pune)			
8:30 AM - 9:00 AM	Defining and revising PD definition in 2024-25	Achal K Srivastava (New Delhi)		
9:00 AM - 9:30 AM	Medications for PD: Evidence and Experience	Charu Sankhla (Mumbai)		
9:30 AM - 10:00 AM	Sleep and Movement Disorders	Ravi Yadav (Bengaluru)		
10:00 AM - 10:30 AM	Autoimmune-Related Movement Disorders: Advancements in Phenomenology and Treatment Yih-Ru Wu (Taiwan)			
10:30 AM - 10:45 AM	TEA BREAK			
10:45 AM - 12:30 PM	Session: Plenary 4			
	Chairpersons: GM Wali (Belgavi), Pramod Pal (Bengaluru), Ravi Yadav (Bengaluru)			
10:45 AM - 11:25 AM	Presidential Oration: Unity in Diversity	Asha Kishore (Kochi)		
	Chairpersons: Hrishikesh Kumar (Kolkata), Bhaskar Ghosh (Kolkata), Shanker Prasad Saha (Kolkata)			
11:25 AM - 12:00 PM	Shyamal Kumar Das Oration: The Copper Story	Mohit Bhatt (Mumbai)		
	Chairpersons: Parimal Das (Varanasi), Sudhir Shah (Ahemdabad)			
12:00 PM - 12:30 PM	Gut and PD Pramod Pal (Bengaluru)			

12:30 PM - 1:30 PM	LUNCH		
	Lunch Symposium - Closed loop DBS (Adaptive DBS) - principles and pluses  Asha Kishore (Kochi)		
1:30 PM - 2:30 PM	ANNUAL GENERAL BODY MEETING		
2:30 PM - 4:00 PM	Parallel Session 3A: Practice Essentials		
	Chairpersons: Samhita Panda (Jodhpur), Mrinal Kanti Ray (Kolkata), Harmohar	n Sahoo (Varanasi)	
2:30 PM - 3:00 PM	Eye examination in movement disorders	Niraj Kumar (Telangana)	
3:00 PM - 3:30 PM	Conundrum of lower body parkinsonism: vascular or not?	Pankaj Agarwal (Mumbai)	
3:30 PM - 4:00 PM	Paediatric movement disorders: a video odyssey	Arushi Saini (Chandigarh)	
4:00 PM - 4:30 PM	TEA BREAK		
4:30 PM - 6:30 PM	Parallel Session 4A: Clinical Skills		
	<b>Chairpersons:</b> Gopeshwar Narayan (Varanasi), Surinder Kumar (Ranchi), Mrity Sharma (Varanasi)	runjay Kumar Singh (Rishikesh), Vivek	
4:30 PM - 5:00 PM	Disability assessment and benefits in movement disorders	Rohan Mahale (Bengaluru)	
5:00 PM - 5:30 PM	Genetic counselling in movement disorders: practical steps	Sheela Nampoothiri (Kochi)	
5:30 PM - 6:00 PM	Strategies for Engaging Patients with Spastic Paraparesis  Yih-Ru Wu (Taiwan)		
		Co-ordinators	
7:00 PM - 9:30 PM	VIDEO AKHADA	Hrishikesh Kumar (Kolkata) Roopa Rajan (New Delhi)	
		+10 Faculty	
	04-4-Manualt 2025		
	01st March, 2025 Day 2 (Hall B)		
Time	Торіс	Speaker / Panelist	
2:30 PM - 4:00 PM	Parallel Session 3B: Functional Movement Disorders		
	Chairpersons: Ajay Kumar Singh (Patna), Mona Srivastava (Varanasi), Ashutos	h Mishra (Raebareli)	
2:30 PM - 3:00 PM	How do I diagnose a functional movement disorder?  Pettarusp Wadia (Mumbai)		
3:00 PM - 3:30 PM	Pathophysiological basis of FMD: is it really real?  Jacky Ganguly (Kolkata)		
3:30 PM - 4:00 PM	Investigations and management of functional movement disorders  Dhruv Batra (Nagpur)		

4:00 PM - 4:30 PM	TEA BREAK		
4:30 PM - 6:30 PM	Parallel Session 4B: Treatable Movement Disorders		
	Chairpersons: Jaya Chakravorty (Varanasi), Ruchika Tandon (Lucknow), LP Meena (Varanasi), VN Mishra (Varanasi)		
4:30 PM - 5:00 PM	Treatable ataxias: how not to miss?	Sujit Ovallath (Kannur)	
5:00 PM - 5:30 PM	Movement disorders in intensive care	Soaham Desai (Anand)	
5:30 PM - 6:00 PM	Movement disorders related to acute infections	Jayantee Kalita (Lucknow)	
6:00 PM - 6:30 PM	Movement disorders related to chronic infections	Hardeep Malhotra (Lucknow)	
7:00 PM - 9:30 PM	VIDEO AKHADA IN HALL A	Co-ordinators Hrishikesh Kumar (Kolkata) Roopa Rajan (New Delhi) +10 Faculty	
	01st March, 2025 Day 2 (Hall C)		
Time	Topic	Speaker / Panelist	
7:30 AM - 8:30 PM	PLATFORM SESSION (APPLIED SCIENCE)		
7:30 AM - 7:40 AM	Effects of low intensity focused ultrasound stimulation combined with functional electrical stimulation on upper extremity motor symptoms in Parkinson disease		
7:40 AM - 7:50 AM	Non-invasive transcranial ultrasound stimulation of the pedunculopontine nucleus as a treatment of freezing of gait in Parkinson's disease	Amitabh Bhattacharya	
7:50 AM - 8:00 AM	Functional connectivity patterns in Imagined Writing (IW) as compared to actual Writing task (WT): a functional MRI study.	Deblina Biswas	
8:00 AM - 8:10 AM	Exploring Sleep Spindle Dynamics in Essential Tremor and Essential Tremor Plus: A Comparison with Healthy Controls	Ravi Prakash Singh	
8:10 AM - 8:20 AM	Electrophysiological efficacy of low frequency rTMS in patients with Functional Gait disorders	Sattwika Banerjee	
8:20 AM - 8:30 AM	Differentiating two movement disorder groups from upper limb reaching kinematics: A machine learning approach	Asit Baran Bayen	
2:30 PM - 4:00 PM	Parallel Session 3C: Surgery		
	Chairpersons: Anurag Sahu (Varanasi), Rakesh Singh (Varanasi), Kulwant Sing	h (Varanasi), Monika Porwal (Indore)	
2:30 PM - 3:00 PM	Lesioning surgeries in movement disorders: back to the future?  Manas Panigrahi (Hyderabad		
3:00 PM - 3:30 PM	Deep Brain Stimulation in PD: GPi vs STN  Anandh Balasubramaniam (Fa		
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3:30 PM - 4:00 PM	Deep Brain Stimulation beyond Parkinson's Disease (dystonia, tremor)	Paresh Doshi (Mumbai)	
4:00 PM - 4:30 PM	TEA BREAK		
4:30 PM - 6:30 PM	Parallel Session 4C: Genetics Module		
	Chairpersons: Alok Ojha (Varanasi), Kamlesh Sonkar (Prayagraj), Dhanvantri Shukla (Varanasi), Ravishanker Prasad (Varanasi)		
4:30 PM - 5:00 PM	Clinical spectrum of paroxysmal dyskinesias G M Wali (Belgavi)		
5:00 PM - 5:30 PM	Early onset ataxic disorders- clinico-genetic approach	Vikram V Holla (Bengaluru)	
5:30 PM - 6:00 PM	Evolving spectrum of neurodegeneration with brain iron accumulation	Divyani Garg (New Delhi)	
6:00 PM - 6:30 PM	Current understanding of Hereditary Spastic Paraparesis Dinkar Kulshreshta (Lucknow)		
7:00 PM - 9:30 PM		Co-ordinators Hrishikesh Kumar (Kolkata) Roopa Rajan (New Delhi) +10 Faculty	

02nd March, 2025 Day 3 (Hall A)			
Time	Topic	Speaker / Panelist	
7:30 AM - 8:30 AM	AWARD PAPER PRESENTATION		
7:30 AM - 7:40 AM	Pediatric Onset Hereditary Spastic Paraplegia: Clinico-radio-genetic correlation	Avinash Sanap	
7:40 AM - 7:50 AM	Real time Quaking induced conversion assay from skin and cerebrospinal fluid for diagnosis of Parkinson's disease	Sudharshana Prakash	
7:50 AM - 8:00 AM	Comparison of effect of deep brain stimulation of subthalamic nucleus and globus pallidus internus for freezing of gait in Parkinson's disease	Manu S G	
3:00 AM - 8:10 AM	Cortical Excitability in Patients with selected Spinocerebellar Ataxia Types: A TMS Study	Suchismita Majumdar	
3:10 AM - 8:20 AM	REM Sleep Indices in Progressive Supranuclear Palsy – a potential biomarker?	Sathish Kumar	
8:30 AM - 9:00 AM	THESIS & AOMD AWARD PAPER		
9:00 AM - 9:30 AM			
	Chairpersons: Royana Singh (Varanasi), RN Chaurasia (Varanasi)		
9:00 AM - 9:30 AM Artificial intelligence in Movement Disorders		L K Prasanth (Bengaluru)	
09:30 AM - 10:30 AM	Knowledge Café (10 min per case) 10 min buffer		
	Moderators: Jasloveleen (Mohali) Vysakh K V (Thiruvananthapuram)	Annu Aggarwal (Mumbai) Shweta Pandey (Lucknow) Sreeram Prasad (Kochi) Lulup Sahoo (Bhuvneshwar) C C Sanjeev (Bengaluru)	
10:30 AM - 11:15 AM VALEDICTORY AND LUNCH			
L1:15 AM - 11:30 AM	TEA BREAK		
L1:30 AM - 12:00 PM	GRAND ROUNDS Yih-Ru Wu (Taiwan)		
12:00 PM - 12:30 PM	GRAND ROUNDS	Charu Sankhla (Mumbai)	
12:30 PM - 1:00 PM	DEBATE-1 Genetic testing for PD in the clinic: To do or not to do?  Propose 1 (Yes): Sneha Kar (Bengaluru) Oppose 1 (No): Elavarasi A		

1:00 PM - 1:30 PM	DERATE-2 Donamine agonists are overutlized in PD treatment	Propose 2 (Yes): Kuldeep Shetty (Bengaluru) Oppose 2 (No): Anjali Chouksey (Jabalpur)
1:30 PM - 2:30 PM	LUNCH	

02nd March, 2025 Day 3 (Hall C)			
Time	Торіс	Speaker / Panelist	
7:30 AM - 8:30 AM	PLATFORM PRESENTATIONS (BASIC SCIENCE)		
7:30 AM - 7:40 AM	Investigating the Impact of LRRK2 I1371V Mutation on Calcium Homeostasis and Mitochondrial Dysfunction in Patient-Derived Astrocytes	Roon Banerjee	
7:40 AM - 7:50 AM	Generation and Characterization of 3D Midbrain Organoids from LRRK2- I1371V Parkinson's Disease Patient derived iPSCs: Electrophysiological Analysis Using Multielectrode Array.		
7:50 AM - 8:00 AM	Targeting Hub Genes in Spinocerebellar Ataxia: An Integrative Genomics and Molecular Dynamics Approach to Drug Discovery	Surbhi Singh	
8:00 AM - 8:10 AM	Uncovering novel genomic alterations in dystonia using gene burden analysis	Arti Saini	
8:10 AM - 8:20 AM	Differential Expression of PPP2R2B Transcript Variants in SCA12: Insights from Patient-Derived PBMCs	Jyoti Rungta	
8:20 AM - 8:30 AM  Altered Gene Expression Profiles for Mitochondrial Dysregulation in Peripheral Blood Mononuclear Cells in SCA12 Patients  Sabbir Ansari		Sabbir Ansari	

	28th February, 2025 Location: Outside Main Hall				
Time	Poster No	Name	Title		
9:00 AM - 1:30 PM	Session 1 -	Parkinsonism			
	Reviewers:	Dinkar Kulshreshta	(Lucknow), R. N. Chaurasia (Varanasi), Shweta Pandey (Lucknow),		
	Ruchika Tar	ndon (Lucknow)			
	P01	Swati yadav	Neuroleptic malignant syndrome		
	P02	Manali Chandra	A Study on Altered Functional Connectivityin IPD patients with & without Cognitive Impairment With fMRI in resting state		
	P03	Bhavani Madduluri	A New Dawn: Assessing Sleep DBS for Parkinson's Disease and Dystonia in a Tertiary Care Setting		
	P04	Harshdeep Singh	Movements: The Soothsayer of Cognition, How Motor Timings Predict Cognitive Control in Parkinson's Disease		
	P05	Sricharan Vijayakumar	Patient and caregiver profile in long-duration Parkinson's disease (> 10 years)		
	P06	Neetu Chaurasia	REVERSIBLE METABOLIC ENCEPHALOPATHY WITH PARKINSONISM		
	P07	Anand Kumar Rai	A prospective observational study for autonomic dysfunction		
	P08	Navodaya salwe	Pimavanserin improves sleep quality in Parkinson's disease psychosis: Post hoc analysis based on duration of psychosis		
	P09	Arthik Shetty	Efficacy of Pimavanserin in Parkinson's disease psychosis in Indian patients: A post-hoc analysis of phase-3 study based on Clinical Global Impression-Severity (CGI-S) scores		
	P10	Vignesh Sampath Iyer	Characterising the clinical symptomatology of pain as a non- motor symptom in Parkinsons Disease		
	P11	Phalguni Anand Alladi	Evaluation of Fibrinogen and α-Synuclein as biomarkers for Parkinson's disease.		
	P12	Dr. Jivan Morey	Young woman who got slow in daily routine activities		
	P13	Rupam Borgohain	Delayed Normal Pressure Hydrocephalus Following Deep Brain Stimulation: Coincidence or Complication		
	P14	VVSRK Prasad	Idiopathic Parkinson's disease and Normal pressure Hydrocephalus – a tale of two sisters		
	P15	Rashmi rajur	Interesting case of parkinsonian hyperpyrexia syndrome		
	P16	Madhavi Karri	SPG7 mutation – Novel phenotypic presentation mimicking idiopathic Parkinson's disease		
	P17	Pranjali Batra	Behavior disturbances and parkinsonism syndrome is not always Wilsons: A case of PLA2G6 in young female.		
	P18	Jagdeep Singh	Cataract as a clinical clue in the diagnosis of DJ-1 Parkinsonism		
	P19	Athira P M	Neuropsychological insight in a cohort of Atypical Parkinsonism from ATPARK study.		
	P20	Subhajit Roy	Clinical, investigational and genetic profiles of seven patients with PARK-SYNJ1: An experience from a tertiary care center in India		
	P21	Vasavi Biruduraju	Central pontine and extrapontine myelinolysis presenting as subacute atypical parkinsonism in a patient with chronic alcoholism		
	P22	Geethu TV	Caregiver distress in a cohort of patients with Atypical Parkinsonism: Preliminary insights from ATPARK Study.		

1		AN ASSESSMENT OF NON-MOTOR SYMPTOMS IN LEVODOPA
P23	Madhav Bahadur	NAÏVE PATIENTS OF PARKINSON'S DISEASE
	Shatabdi	ELISA-based assessment of NLRP3 Inflammasome-associated
P24	Choudhury	markers in Serum of Parkinson's Disease Patients
	Criodanary	Deciphering the role of iron status as a potential biochemical
P25	Ajay Emani	marker and their association with the clinical characteristics of
1 23	Ajay Lilialii	patients with Parkinson's disease
+		
P26	Dhanya sureddy	Finding the anatomical sweetspot - Beta activity mapping to
		guide precision in DBS
P27	Dhanya sureddy	High Beta, Better outcome - local field potential stimulation in DBS
P28	Dhanya sureddy	Shape lock technology in Deep Brain Stimulation
D20	Chulche Dhet CC	Comparison of pain scores in patients of Parkinson's disease with
P29	Shubha Bhat GS	and without REM sleep behavior disorder.
D20	DV Cth	A Study of Metabolic Profile in patients with Early onset and Late
P30	DK Samartha	onset Parkinson's Disease
		Fatablish was not a must and fau DNA inclution for the manifestation
P31	Sandeep	Establishment a protocol for RNA isolation for transcriptomics
		from human brains using deep brain stimulation microelectrodes
D22		A RARE CASE OF METRONIDAZOLE INDUCED AKINETIC RIGIDIT
P32	Lakhan Parajiya	STATE
1	Mahima	Comparison of neuropsychological profiles in patients with young
P33	Bharadwaj	and late onset Parkinson's disease
P34	Megha Shri N	Altered sleep pattern in patients with Parkinson's Disease
1		EFFECT OF LOW FREQUENCY VERSUS HIGH FREQUENCY
P35	Jayasree Manikinda	STIMULATION ON FREEZING OF GAIT IN PATIENTS WITH
1		PARKINSON'S DISEASE POST DEEP BRAIN STIMULATION
†		Neuronal and microglial numbers in Substantia nigra pars
P36	Anjali	compacta of middle-aged mice differ based on the inherent
30	, anjum	susceptibility of the mice strain to MPTP
†	Niraj Kumar	A Complex Interplay of Parkinsonism Linked with
P37	Srivastava	Neurocysticercosis: Representation of Three Unusual Cases
	Silvastava	A STUDY ON QUALITY OF LIFE, ITS PREDICTORS, AND NON-
		MOTOR SYMPTOMS IN PATIENTS WITH IDIOPATHIC PARKINSON'S
P38	G Manvitha	DISEASE, PROGRESSIVE SUPRANUCLEAR PALSY, AND MULTIPLE
+	Siddhartha Sankar	SYSTEM ATROPHY.  Neuromorphometric Alteration and Blood Neurofilament Light
P39	Siddhartha Sankar	
1	Mondal	Chain in Progressive Supranuclear Palsy: A Pilot Study
P40	Bishmita Biswas	Study of Gene Expression Linked to Mitochondrial Dysregulation
1		in Patients with PLA2G6 Mutation
	,, ,	Understanding progression and natural history of patients with
P41	Ravi Yadav	Atypical Parkinsonism (ATPARK): A longitudinal follow-up study
1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
P42	Pawan Kumar Verma	DEEP BRAIN STIMULATION FOR PARKINSON'S DISEASE
	lavaanaa	A RARE PRESENTATION OF HYPERTROPHIC PACHYMENINGITIS IN
P43	Jayasree	ASSOCIATION WITH LEVODOPA RESPONSIVE PARKINSON'S
	Manikinda	DISEASE
		Automatic Segmentation of the Subthalamic Nucleus and Globus
P44	Tanmoy Maiti	Pallidus Internus: Can it support planning and programming in
[		Deep brain stimulation
		Deep brain stillidation

	DAS CL. I. A		Gastrointestinal Dysfunction in Parkinson's Disease: A Prospective			
	P45	Cheshta Arora	Study of 150 Patients			
	246	Syed Tazeem	5HTTLPR (44bp Ins/Del) polymorphism: Serotonergic subtype of			
	P46	Fathima	Parkinson's Disease			
	1		Efficacy and Outcomes of deep brain stimulation in elderly			
	P47	Madhavi Karri	Parkinson's disease: An institutional based study			
2:00 PM - 4:30 PM	Session 2 - Ataxia					
	Judges: V. I (Lucknow)	Judges: V. N. Mishra (Varanasi), Anand Verma, Abhishek Pathak (Varanasi), Hardeep Malhotra				
	A01	Farsana Mustafa	Case Series of Nine cases of Cerebrotendinous Xanthomatosis			
	AUI	raisalla iviustala	A RARE NOVEL CASE OF SPASTIC-ATAXIA DUE TO KIF1C			
	A02	Shalaj Jain	MUTATION: BROADENING SPG 58 PHENOTYPE			
	A03	Sapna Mittal	Double Trouble			
	703	Sapria Wittai	Affection Of Dentato-Rubro-Thalamo-Cortical Tracts Causing			
	A04	Laxmi Patil	Pancerebellar Syndrome in Multiple Sclerosis			
	A05	Aniruddha Kundu	Tale of a Wobbly Child			
	A06	Shreshtha Gupta	Anti Ampiphysin Cerebellar syndrome: An Insight			
	700	Siliesiitiia Gupta	OPSOCLONUS MYOCLONUS ATAXIA SYNDROME (OMAS): Case			
	A07	Neha Pandey	series: Clinical features, cause, treatment & prognosis			
			Spectrum of Primary Ciliopathies in the Central Nervous System:			
A09	Kavya R	Insights from Eleven Pediatric Cases				
			Genetically proven Autosomal Recessive Spastic Ataxia of			
	A09	Apsara P S	Charlevoix-Saguenay			
			A rare presentation of paraneoplastic opsoclonus and cerebellar			
	A10 Dhanush M	Dhanush M	ataxia related to anti-Ma2 antibody: a case report			
	A11	Rojina Choudhury	CONFUSION OF CLUMSY			
	A12	Shreshtha Gupta	Anti Ampiphysin Cerebellar syndrome: An Insight			
	A13	Angshuman Mukherjee	Sensory Ataxic Variant of GBS : A Rare Case			
	444		A rare case of central Diabetes Insipidus with Autosomal			
	A14	Prithwiraj Patra	Recessive Spinocerebellar Ataxia-8			
		MIT ANKUR	Characterizing Digenic TBP/STUB1-Associated Spinocerebellar			
	A15		Ataxia Type 17: Clinical, Neuroimaging, and Genetic Insights from			
		RAVAL	a Case Series			
	A16	SULAKSHNA DAHIYA	Neuroleptospirosis - A rare case of cerebellitis			
	A17	Harishma R S	Exploring Synaptic nuclear envelope (SYNE1) related ataxia in Asian Oceanian Populations: Case Series and Review of literature			
	A18	Amira Patel	Cognitive profile in patients with Spinocerebellar ataxia			
	A19	Ashutosh Gupta	A rare case of Neuronal Ceroid Lipofuscinosis [LCN2]: A novel pathogenic variant in the TPP1 gene			
	A20	Ashutosh Gupta	Hypogonadotropic Hypogonadism in Spinocerebellar Ataxia 21: A novel finding			
	A21	Raghunandan nadig	Dissecting the clues to diagnosis Cerebro tendinous Xanthomatosis			

	Nishka Mishra	Investigating cognitive impairment in patients with
A22		spinocerebellar ataxia type 12 (SCA12) using neuropsychological
		assessments: a cross-sectional study
A23	Swarnava	Abnormal Amyloid Beta Peptides and Proinflammatory Processes
AZS	Sengupta	Detected in Plasma of Patients with SCA12
A24	Esha Basu	Potential Blood-based Biomarkers for Redox Modulation and
A24	ESIId DaSu	Neurodegeneration in Spinocerebellar Ataxia Type 12
A25	Surbhi Singh	Screening Natural Compounds for VCP Modulation: A Promising Strategy for Reducing PolyQ Protein Aggregation in SCAs
A26	Swapnil	SPINOCEREBELLAR ATAXIA 15 MIMICKING BULBAR ONSET
A26	Samadhiya	AMYOTROPIC LATERAL SCLEROSIS
A27	Vilano no los comb	Hereditary Spastic Paraplegia SPG78: A Case Contributing to
AZ7	Vikram Jayant	Limited Documentation

1st March, 2025 Location: Outside Main Hall						
Time	<u> </u>					
Time	Poster No	Name	Title Title			
9:00 AM - 1:30 PM	Session 1 -	Dystonia + MaCho	reaStereotyp			
	Judges: Hai (Lucknow)	Judges: Hardeep Malhotra (Lucknow), Abdul Quavi, Ajai Kumar Singh (Lucknow), Jayanti Kalita				
	D01	Arushi Gahlot	Movement disorder in children with NDUFV1-related			
	D01	Saini	mitochondrial complex 1 deficiency			
			"Severe Blepharospasm with Ptosis in a case of Artery of			
	D02	Sneh Jain	Percheron Infarct: A Therapeutic Challenge and success story of			
			Botulinum Toxin Intervention "			
	D03	Vikas Lakhanpal	MPAN presenting with movement disorder and peripheral motor			
		·	neuropathy			
	D04	Ankur Vivek	Clinical-Genetic Profiling of Dystonia Patients			
	D05	Amlan Kusum Datta	Phenomenology and treatment response of movement disorders in paediatric anti NMDAR encephalitis: A cohort from Eastern India			
	D06	Piyali Bhattacharya	Clinical Spectrum Of Dystonia in Parkinsonism			
	D07	Laxmi Patil	Diagnostic Delays and Phenotypic Diversity in Dopa-Responsive Dystonia Due to GCH1 Mutations			
	D08	Abhisek Guin	Camptocormia as an initial manifestation of IgLON5 antibody associated disease			
	D09	Farsana MK	Clinical, Radiological and Therapeutic Profile of Patients With DYT- TOR1A from a single tertiary care centre from India			
	D10	UJJAWAL ROY	Ultrasound as a key in the Evaluation of Tardive Syndrome: A Case Series			
	D11	Nayana Bhuyan	Unraveling the mystery of a twisted male, a rare case of truncal dystonia			
	D12	Gurdeep Kumar Rajan	A Study of Sleep Architecture in Patients with Cervical Dystonia Using Polysomnography			
	D13 Archita Makharia		A Viral Symphony: "Piano-Playing Dystonia" as a Post Encephalitic Phenomenon in Dengue			

<u> </u>			<u> </u>
	D14	Noopur Navanda	SUCCESS STORY OF DEEP BRAIN STIMULATION IN PEDIATRIC
			PATIENTS WITH PRIMARY DYSTONIA- A CASE SERIES
	D15	Ashish Sharma	Varied Presentations of MPAN (Mitochondrial Membrane Protein-
		7.0	Associated Neurodegeneration): A case series
	D16 Kavy		Genetic Pediatric Dystonias : A 14-Year Analysis of 108 Cases
	D17	Kavya R	Spectrum of Primary Ciliopathies in the Central Nervous System:
	, , , , , , , , , , , , , , , , , , ,	navya n	Insights from Eleven Pediatric Cases
	D18	Archita Makharia	Central Nervous System Tuberculosis and Movement Disorders:
	D10	Archita Wakhana	An Overlooked Nexus
	D19	Farsana MK	Rescue Pallidotomy and Thalamotomy in a patient with PLA2G6
	D19	i ai saila ivik	associated Refractory Dystonic Storm
	D20	PHANINDHER MLN	SPECTRUM OF TREATABLE NON-WILSONIAN GENETIC DYSTONIAS
	D24	Childre Daire	From Spasticity to Dystonic Tremor: A 15-Year Journey of
	D21	Shikha Priya	Hereditary Spastic Paraplegia in a Young Adult
	500	D: 1 D 1	Excessive Laugh! Good or Bad? A rare case of Niemann Pick type
	D22	Dipankar Pal	lc "
			A Case Report of Myoclonus Dystonia: A Rare syndrome with a
	D23	Monika Shailesh	Novel Mutation of the SGCE gene.
	1		Pallidal Deep Brain Stimulation in VPS16-Related Dystonia: A Case
	D24	Vivek Chouhan	Report
	1.	Hemanga Kumar	A case of a broken mandible due to chronic neglected
	D25	Dhing	oromandibular dystonia
		PRATIBHA	·
	D26	PRASAD	idipathic isolated oromandibular dystonia: diagnosis of exclusion
	CH27	Kuljeet Singh Anan	COMPLEX MOTOR STEREOTYPIES SECONDARY TO ACUTE ISCHEMIC STROKE
	CUDO	D 14 1 1/2 1 11	Whispers of the Vanishing Mind: Unravelling the Rapid Dementia
	CH28	Dr. Md. Karimulla	and Chorea in the Wake of Nutritional Deficits
	61104		Paraballism in Non-ketotic Hyperglycemia – Unmasking Primary
	CH31	Swansu Batra	Diabetes Mellitus
			Five-Year Analysis of Sydenham Chorea Cases at a Tertiary Health
	CH29	Farsana MK	Care Centre in South India
			Sleep Architecture Alterations in Neurodegenerative Disorders: A
	CH30	Sathish Kumar	Comparative Study of Huntington's Chorea and Progressive
			Supranuclear Palsy.
	CH32	Talika Sibal	Huntington's Disease Registry, India
	1		
2:00 PM - 4:30 PM	Session 2 -	Tremor + Myocloni	us
		·	Divyani Garg (New Delhi), Pratibha Prasad (Patna)
	T01	Atrikumar Patel	Functional Orthostatic tremor in MOG myelitis
	1.01	ACIKUIII TALEI	Title: Task-Specific Modulation of Postural Tremor: Changes in
	T02	Dipanwita Santra	Peak Frequency, Amplitude, and Stability Index under Cognitive
	102	pipaniwita Salitid	
	<del>                                     </del>	NA 11 1	and Motor Load  Development and Validation of Integrated Yoga Module for the
i contract of the contract of			
	T03	Mrityunjay	
	T03	Patidar	patients with Essential Tremor
	T03	1	patients with Essential Tremor From Wings to the Trunk : Rediscovering ' Beating Tremors ' in
		Patidar	patients with Essential Tremor

	T06 Jayasree Manikinda		Magnetic Resonance guided Focused Ultrasound Thalamotomy for patients with Essential tremor and Tremor dominant
	T07	DK Samartha	Parkinson's disease – Case series  A Study of Metabolic Profile in patients with Early onset and Late
			onset Parkinson's Disease
	Т08	Sandeep	Establishment a protocol for RNA isolation for transcriptomics from human brains using deep brain stimulation microelectrodes
			A RARE CASE OF METRONIDAZOLE INDUCED AKINETIC RIGIDIT
	T09	Lakhan Parajiya	STATE
	T10	Mahima	Comparison of neuropsychological profiles in patients with young
	T11	Bharadwaj	and late onset Parkinson's disease
	111	Megha Shri N	Altered sleep pattern in patients with Parkinson's Disease EFFECT OF LOW FREQUENCY VERSUS HIGH FREQUENCY
	T12	Jayasree Manikinda	STIMULATION ON FREEZING OF GAIT IN PATIENTS WITH PARKINSON'S DISEASE POST DEEP BRAIN STIMULATION
			Neuronal and microglial numbers in Substantia nigra pars
	T13	Anjali	compacta of middle-aged mice differ based on the inherent
			susceptibility of the mice strain to MPTP
		Niraj Kumar	A Complex Interplay of Parkinsonism Linked with
	T14	Srivastava	Neurocysticercosis: Representation of Three Unusual Cases
			A STUDY ON QUALITY OF LIFE, ITS PREDICTORS, AND NON-
	T45	C.M. III	MOTOR SYMPTOMS IN PATIENTS WITH IDIOPATHIC PARKINSON'S
	T15	G Manvitha	DISEASE, PROGRESSIVE SUPRANUCLEAR PALSY, AND MULTIPLE
			SYSTEM ATROPHY.
	T16	Siddhartha Sankar	Neuromorphometric Alteration and Blood Neurofilament Light
	110	Mondal	Chain in Progressive Supranuclear Palsy: A Pilot Study
	T17	Bishmita Biswas	Study of Gene Expression Linked to Mitochondrial Dysregulation in Patients with PLA2G6 Mutation
	T18	Ravi Yadav	Understanding progression and natural history of patients with Atypical Parkinsonism (ATPARK): A longitudinal follow-up study
	T19	Pawan Kumar Verma	DEEP BRAIN STIMULATION FOR PARKINSON'S DISEASE
	T20	Jayasree Manikinda	A RARE PRESENTATION OF HYPERTROPHIC PACHYMENINGITIS IN ASSOCIATION WITH LEVODOPA RESPONSIVE PARKINSON'S DISEASE
	T21	Tanmoy Maiti	Automatic Segmentation of the Subthalamic Nucleus and Globus Pallidus Internus: Can it support planning and programming in Deep brain stimulation
	T22	Cheshta Arora	Gastrointestinal Dysfunction in Parkinson's Disease: A Prospective Study of 150 Patients
	T23	Syed Tazeem Fathima	5HTTLPR (44bp Ins/Del) polymorphism: Serotonergic subtype of Parkinson's Disease
	T24	Madhavi Karri	Efficacy and Outcomes of deep brain stimulation in elderly Parkinson's disease: An institutional based study
	MY25	Shweta Pandey	Tumefactive Lesion in Fulminant Subacute Sclerosing Panencephalitis Presenting with Unilateral Myoclonus
	MY26	Shubham Kaudinya	RISING SURGE OF SUBACUTE PANENCEPHALITIS IN PANDEMIC ERA
	. 0.6=	·	UNRAVELING THE DANCE OF DEGENERATION: THE PATTERN OF
	MY27	Surabhi P	MOVEMENT DISORDERS IN CREUTZFELDT-JAKOB DISEASE
-	•		

MY2	28 SI	HARAN	AN UNUSUAL CAUSE OF REFRACTORY MYOCLONUS
MY2	20 0	rishti Desai	TYPHUS ON THE MOVE : UNRAVELLING MOVEMENT
IVITZ	29	ilisiiti Desai	ABNORMALITIES DUE TO SCRUB TYPHUS
MY3	30 D	r Sachin Giri	Opsoclonus Myoclonus Ataxia Syndrome (OMAS)
MYS	31 K	ousik Karmakar	A Case Series of Parainfectious Opsoclonus Myoclonus Syndrome
MY3	32 Δ	rnab Adhya	Interferon in Subacute Sclerosing Pan Encephalitis: An
IVIIS	72 7	arriab Adriya	underestimated option?
MY3	33 4	nand Vardhan	Neurocysticercosis masquerading as myoclonus with rapidly
IVITS	75	anana varanan	progressive Dementia
МҮЗ	34 SI	hivani Singh	AN UNUSUAL CASE OF SUBACUTE SCLEROSING PANENCEPHALITIS PRESENTING AS MYOCLONUS AND CERVICAL DYSTONIA

2nd March, 2025						
	Location: Outside Main Hall					
Time	Poster No	Poster No Name Title				
9:00 AM - 1:30 PM	Session 1 -	Session 1 - Miscellaneous				
	_	•	anasi), Avinash Chandra Singh (Varanasi), Ashutosh Mishra			
	(Raebareli),	Varun Kumar Singl	h (Varanasi)			
			Relapse of AE was defined as new onset or worsening of			
			symptoms after an initial improvement or stabilization of at least			
	M1	Pratibha Prasad	2 months .[1] . Very few cases are reported regarding the relapse			
			of NMDAR encephalitis studies are reported in Indian literature			
			so relapse and outcome are poorly understood.			
			Gait dysfunction is a common abnormality in patients with basal			
	M2	Drivanka Samal	ganglia dysfunction. Many patients with parkinsonism use			
	IVIZ	Priyanka Samal	internal or external cues to aid walking. We present a case with a			
			peculiar gait with unique maneuver to aid walking.			
			4H Leukodystrophy is a hypomyelinating disorder caused by			
			mutations in the POLR3A gene, typically presenting in childhood.			
	M3	Dr Shikha Priya	Adult-onset cases are exceedingly rare and often more severe.			
			We report a case of a young adult female presenting with this			
			progressive neurodegenerative condition.			
	M4	Prabhakara	Next Generation Sequencing for diagnosis of Paroxysmal			
	1014	Sommana	Movement Disorders.			
	M5	Day and his Common and his	Whole Exome Sequencing is a new Diagnostic approach for			
	כועו	Revathi Sampath	Paroxysmal Kinesigenic Dyskinesia.			
	M6	Nishanth Gowda	Delineating the Movement Disorder Spectrum in Fahr's			
	IVIO	Nisilalitii Gowda	Disease/Syndrome			
		Neetu Rnai	Unravelling the Genetic Influence of TPH2 on Physiotherapy			
	M7	Dhiman	Outcomes in Persistent Postural-Perceptual Dizziness: A study			
			protocol			
	M8 Vedang Desa		The prevalence of Movement disorders with Epilepsy in Immune			
	IVIO	Vedang Desai	Mediated Epilepsy Syndromes			
			Quantification and clinical correlation of posterior cranial fossa			
	M9	ROHAN MAHALE	cerebrospinal fluid volume in primary hemifacial spasm using			
			magnetic resonance imaging			

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M10	DR SANGAM SINGH	Acute onset movement disorders in children are well-recognized neurological conditions commonly encountered in clinical practice. The etiology is often diverse, with an even broader spectrum of presentations. Genetic disease like Wilsons disease can have such acute presentation with encephalitis. (1)		
M11	Dr. Anand Kumar	Genetic Determinants of Antipsychotic-Induced Tardive Dyskinesia: A Systemic Review and Meta-Analysis		
M12	Shubham Kaudinya	Stiff person syndrome (SPS) is an extremely rare autoimmune entity resulting due to absence of check mechanism over excitatory neurotransmitters in central nervous system (CNS) causing abnormal muscle contraction such as spasm, contractures and rarely myoclonic jerk.		
M13	Suman Kushwaha	Study of genetic analysis of Wilsons diseases in North Indian Cohort		
M14 Dr Chaithra		Antibodies against Leucine-rich glioma-inactivated protein 1 and contactin-associated protein-like 2 known as Morvan syndrome present with peripheral nerve hyperexcitability, insomnia, autonomic dysfunction, encephalopathy and sometimes movement disorders.		
M15	Dr Anand Kumar Rai	Neuro-rehabilitation in Movement Disorders – A Prospective Study from Tertiary Care Health Centre AlIMS, Patna		
M16	Shrikrishna Kamthankar	Autoimmune movement disorders encapsulate large & diverse group of neurologic disorders occurring either in isolation or accompanying more diffuse autoimmune encephalitic illnesses with diverse presentations.1 We present the mystery of dancing eyes & shaking limbs with Positive anti GAD65 antibody.		
M17	Sanchali Chakraborty	Etiological and clinical spectrum of movement disorders in a tertiary care hospital		
M18	Amarnath Chavan	Spastic paraplegia 11 (SPG11) is defined as progressive spasticity and weakness of the lower limbs and associated with mild intellectual disability with learning difficulties in childhood.		
M19	Avinash Ganapule	Anti-IgLON5 disease is an evolving entity which lies at the confluence of autoimmunity and neurodegeneration. Apart from the five classical presentations described, a wider spectrum is being increasingly recognised, across which this disorder has to be evaluated for.		
M20	Manali Chandra	Limb shaking transient ischaemic attack (TIA) is a rare phenomenon described in severe steno occlusive disease of the carotid artery. Limb shaking TIA frequently masquerades movement disorders like tremor, focal myoclonus, chorea or focal motor seizure.		
M21	Avinash Sanap	The adaptor protein-4 (AP-4) complex, encoded by AP4B1, AP4M1, AP4E1, and AP4S1, governs protein trafficking from the trans-Golgi to endosomes. Mutations cause SPG47, SPG50, SPG51, and SPG52, leading to developmental delays, spasticity, microcephaly, foot deformities, and epilepsy.		
M22	Divya K P	Comparison between Functional movement disorders in children and adults		

	Arunmozhimaran	Clinicoradiological profile, response to lumbar tap test and
M23	Elavarasi	outcomes of patients with Normal Pressure Hydrocephalus
		Primary Familial Brain Calcification (PFBC), or Fahr's disease, is a
	Chandrasekhar	rare neurodegenerative disorder marked by progressive bilateral
M24	Enuguri	calcifications in brain regions like the basal ganglia, thalamus, and
	Liiuguii	cerebellum
		TBC1D24 gene mutations are known to cause a spectrum of
		disorders, including epileptic encephalopathies. However, their
M25	Swati Parida	association with paroxysmal movement disorders, such as
IVIZS	Swati i ailua	paroxysmal kinesigenic dyskinesia (PKD), remains largely
		unexplored. In this presentation, 7 cases are highlighted with a common
		clinical syndrome of the presence of movement disorder with
M26	Kirthika Kannan	·
IVIZO	KII LIIIKA KAIIIIAII	cognitive disturbances and infection occurring in Adolescence
		and old age. Hence we have brought together jacob-creuzfeldt
		disease and subacute sclerosing panencephalitis.
		ATP1A3 is associated with a spectrum of neurologic disorders,
		which continues to expand beyond the initially defined
M27	Shivani Rath	phenotypes of alternating hemiplegia of childhood, ROPD, and
		CAPOS and includes childhood-onset schizophrenia, epileptic
		encephalopathy, cerebellar ataxia, optic atrophy and SNHL.
		A cross-sectional study of the spectrum of movement disorders in
M28	Siddharth Khanna	children with neurometabolic and neurodegenerative disorders
		5
		Metachromatic leukodystrophy (MLD) is an autosomal recessive
	S Swathy	demyelination of central and peripheral nervous system
M29		secondary to arylsulfatase-A enzyme defect. The rare adult-onset
	,	phenotype is a diagnostic-challenge as the presenting symptoms
		can overlap with other conditions commoner in adults.
M30	Vineeta Singh	The Interplay Between Cognition and Gait: A Systematic Review
		of Shared Mechanisms and Clinical Implications
		Free-living amoeba are unicellular,
	31 Debayan Dutta	aerobic,mitochondriate,eukaryotic protists also called amphizoic
M31		amoebae for their ability to exist as both a parasite and free-
		living organism.They have a mortality of over 90%.Parkinsonism
		and myoclonus are very rare presenting feature.
		and myocionus are very rare presenting reature.
		Tardive syndromes are a group of hyperkinetic and hypokinetic
		movement disorders that occur after some delay following
1422	Ditable 14	
M32	Ritesh Kumar	exposure to dopamine receptor blocking agents such as
		antipsychotic and anti-emetic drugs. The severity of these
		disorders ranges from mild to disabling or even life-threatening.
		Clinicoradiologic-genetic Profile of 20 patients with NBIA
M33	Manali Chaudhari	(Neurodegeneration with brain iron accumulation) from Western
		India
		Painful legs and moving toes syndrome (PLMT) is a rare syndrome
M34	Naresh Chinthala	characterized by neuropathic pain in the lower extremities and
		involuntary movements of single or multiple toes.
<u> </u>	l .	

		A quantitative assessment of galanin and neuropeptide-Y in the
M35	Ahana	human locus coeruleus: significance in aging and
دداما	Bhattacharya	neurodegeneration
+		Intermittent theta burst stimulation (iTBS) has been used to
		induce neuronal and synaptic plasticity by applying a magnetic
M36	SUMAN JAIN	field stimulation to the brain. However, the effect of iTBS in
		·
+		complete SCI patients on motor cortex plasticity is still elusive.
		Dentatorubral—pallidoluysian atrophy (DRPLA) is a hereditary
M37	Koustubh	disease caused due to trinucleotide repeat expansions in the ATN
IVI37	Bavdhankar	1 gene with an autosomal dominant mode of Inheritance. It is
		rarely reported in the non-Japanese population. Here we present
+		clinic-radiological features of 9 DRPLA cases.
N420	Dooksha Datal	Rewiring Mobility: Intermittent Theta Burst Stimulation
M38	Deeksha Patel	Modulating Cortical Excitatory-Inhibitory Imbalance in Complete
+		Spinal Cord Injury A STUDY ON RESTLESS LEGS SYNDROME IN PATIENTS WITH
M39	SUBHAJIT DAS	
+		CHRONIC KIDNEY DISEASE  Mayomont disorders like dyskinesias are rare but critical in
		Movement disorders like dyskinesias are rare but critical in
M40	lucti Chausasia	immunosuppressed patients, such as those with HIV or CKD. They
IVI40	Jyoti Chaurasia	stem from metabolic issues, neurotoxicity, or CNS involvement.
		Effective management requires multidisciplinary care, especially
		with co-infections.
I		
	Canabit	Parry-Romberg syndrome (PRS) is a rare craniofacial disorder
N441	Sanchit	Parry-Romberg syndrome (PRS) is a rare craniofacial disorder characterized by progressive hemifacial atrophy with systematic
M41	Shailendra	· · · · · · · · · · · · ·
M41		characterized by progressive hemifacial atrophy with systematic
M41	Shailendra	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.
M41	Shailendra	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually
	Shailendra Chouksey	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor
M41 M42	Shailendra	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs
	Shailendra Chouksey	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an
	Shailendra Chouksey	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.
M42	Shailendra Chouksey Arpan Mitra	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose
	Shailendra Chouksey	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose defects are known to cause mitochondrial deletion syndromes
M42	Shailendra Chouksey Arpan Mitra	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose defects are known to cause mitochondrial deletion syndromes with progressive external ophthalmoplegia.
M42	Shailendra Chouksey Arpan Mitra	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose defects are known to cause mitochondrial deletion syndromes with progressive external ophthalmoplegia.  Hemifacial spasm is characterized by persistent and rhythmic
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M42 M43	Shailendra Chouksey Arpan Mitra Akansha	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose defects are known to cause mitochondrial deletion syndromes with progressive external ophthalmoplegia.  Hemifacial spasm is characterized by persistent and rhythmic spasms of the facial muscles. It can be primary or secondary. Here we describe a case of hemifacial spasm secondary to a CP
M42 M43	Shailendra Chouksey Arpan Mitra Akansha	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose defects are known to cause mitochondrial deletion syndromes with progressive external ophthalmoplegia.  Hemifacial spasm is characterized by persistent and rhythmic spasms of the facial muscles. It can be primary or secondary. Here we describe a case of hemifacial spasm secondary to a CP angle cyst.
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M42 M43 M44	Shailendra Chouksey  Arpan Mitra  Akansha  Ibrahim Hussain	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose defects are known to cause mitochondrial deletion syndromes with progressive external ophthalmoplegia.  Hemifacial spasm is characterized by persistent and rhythmic spasms of the facial muscles. It can be primary or secondary. Here we describe a case of hemifacial spasm secondary to a CP angle cyst.  Isolated lingual hyperkinetic disorder (ILHD) is a hyperkinetic movement disorder involving the tongue in isolation with varied
M42 M43	Shailendra Chouksey Arpan Mitra Akansha	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose defects are known to cause mitochondrial deletion syndromes with progressive external ophthalmoplegia.  Hemifacial spasm is characterized by persistent and rhythmic spasms of the facial muscles. It can be primary or secondary. Here we describe a case of hemifacial spasm secondary to a CP angle cyst.  Isolated lingual hyperkinetic disorder (ILHD) is a hyperkinetic movement disorder involving the tongue in isolation with varied presentation and etiology.[1] The objective was to analyze the
M42 M43 M44	Shailendra Chouksey  Arpan Mitra  Akansha  Ibrahim Hussain	characterized by progressive hemifacial atrophy with systematic manifestations. The combination with hemimasticatory spasm (HMS) is rare, with only 9 patients reported before.  Creutzfeldt jakob disease (CJD) is a rare prion disease. It usually presents as rapidly progressive dementia as well as motor abnormalities. It is relentlessly progressive, and death occurs within 9 months of onset. Paraneoplastic encephalitis is an important differential diagnosis of CJD.  Twinkle (TWNK gene), a mitochondrial 5`-3` DNA helicase, whose defects are known to cause mitochondrial deletion syndromes with progressive external ophthalmoplegia.  Hemifacial spasm is characterized by persistent and rhythmic spasms of the facial muscles. It can be primary or secondary. Here we describe a case of hemifacial spasm secondary to a CP angle cyst.  Isolated lingual hyperkinetic disorder (ILHD) is a hyperkinetic movement disorder involving the tongue in isolation with varied

## 28th February, 2025 Video E-Poster

Video E-Poster Location: Outside Main Hall						
Time	Screen No	Poster No	Name	Title		
9:00 AM - 1:30 PM	Session 1					
	Screen 1	SP01	Sreenivas UM	Immune check point inhibitor		
	Screen 1	SP02	Anil Dash	Dystonia +LMN		
	Screen 1	SP03	Bhavani Madduluri	HFS		
	Screen 2	SP04	Sayoni Roy Chowdhury	Child with ataxia, sz, myoclonus, dystonia ?PMD responsive to phenytoin		
	Screen 2	SP05	Manthan Dave	Adult with myogenic tremor		
	Screen 2	SP06	Vaibhav Mathur	PMA, cherry red spot		
	Screen 3	VP10	Farsana Mustafa	GSSD Phenotype with E200K Mutation		
	Screen 3	VP11	Farsana Mustafa	Steroid responseive encephalopathy assosicated with autoimmmune thyroditis		
	Screen 3	VP12	Farsana Mustafa	GABA B Receptor Encephalilis		
	Screen 3	VP13	Farsana Mustafa	Type 1 Sialidosis		
	Screen 4	VP20	Madhvi Karri	CLNS mutation late onset focal dystonia		
	Screen 4	VP21	Madhvi Karri	PRRT2 mutation		
	Screen 4	VP30	Shivam Mirg	VPS16 Dystonia 30		
	Screen 4	VP31	Shivam Mirg	KCNC1- progressive myoclonic epilepsy		
	Screen 5	VP38	Vaibhav Mathur	PD-FOG		
	Screen 5	VP39	Vaibhav Mathur	Silandiosis 1		
	Screen 5	VP40	Vaibhav Mathur	Fahn Syndrome		
	Screen 5	VP41	Vedang Desai	NPC2		
	Screen 6	VP42	Vibhor Upadhyay	PLA2G6		
	Screen 6	VP43	Vijayan K	FXTAS/MRGFUS		
	Screen 6	VP44	Vijayan K	PD/MRGFUS		
	Screen 6	VP45	Vijayan K	CoQ8A		

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	Screen 7	VP02	Ananya Karle	Auto immune encephalitis LGI-1 Antibody Positive		
	Screen 7	VP04	Arnab Adhya	Holme's tremor, Psot Stroke		
	Screen 7	VP46	Vyshaka K V	Paroxysmal Kinesogenic Dyskinesia		
	Screen 8	VP05	Farsana MK (Aysha)	Perrault syndrome		
	Screen 8	VP06	Bhavani Madduluri	PORRETTI BOLTSHAEUR		
	Screen 8	VP07	Chaitra Rajanna	Early onset isolated generalized dystonia		
2:00 PM - 4:30 PM	Session 2					
	Screen 1	VP01	Aakansha Jain	Zech Boesch Syndrome		
	Screen 1	VP03	Ankur Vivek	Pseudobulbar Affect		
	Screen 1	VP15	Janki Makni	Progressive myocolnus ataxia		
	Screen 1	VP16	Janki Makni	Cognitive decline and spascity		
	Screen 2	VP08	Deepak Chadha	Adrenomyeloneurpathy		
	Screen 2	VP09	Dhanya/Vijayashankar	Autoimmune chorea dystonia		
	Screen 2	VP14	Hema Krishna	Paroxysmal Dyskinesia/ Hypocalcemia		
	Screen 3	VP17	Joydeep Mukherjee	YOPD		
	Screen 3	VP18	Kartika Gulati	SCA 2		
	Screen 3	VP19	Laxmi	Jumping Stump		
	Screen 4	VP22	Manthan Dave	Myogenic tremor		
	Screen 4	VP24	Nayana Bhuyan	PNS		
	Screen 4	VP25	Nayana Bhuyan	Sporadic CJD		
	Screen 5	VP26	Noopur Navandar	Lesch nyhan variant - HPRT1		
	Screen 5	VP27	Pranjali Batra	CJD		
	Screen 5	VP28	Sangeethameena S	Multiplce Sclerosis		
	Screen 6	VP29	Sayoni Roy Chowdhury 1	TBC1D24 mutation		
	Screen 6	VP32	Shivani Rath	SCA7		
	Screen 6	VP33	Shweta Pandey	Hemiatrophy- hemidystonia/hemiparkinsonism syndrome		

Screen 7	VP34	Siddhart	Neuronal ceroid Lipotuscinosis 7
Screen 7	VP35	Suresh Chandran	RUL shaking TIA, LICA Occulsion, HT/CKD
Screen 7	VP36	Swathy S	Diffused glioma-likely neoplastic
Screen 8	VP23	Mridula	DYT 1
Screen 8	VP37	Swati Parida	NDUFA mutation