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PEDIATRIC NEUROLOGY IN THE 21ST CENTURY: ITS OUTLOOK IN PAKISTAN

Pediatric neurology is a recent addition to the subspecialty training in pediatrics in Pakistan. The College of Physicians and Surgeons Pakistan (CPSP) recognized it as a specialty in pediatrics in January 2011 with a prerequisite training format.

HISTORICAL PERSPECTIVE

It was in the early 60's that pediatrics was recognized as a separate entity. Earlier it was considered to be part of adult medicine and no specific training program existed for pediatrics. There were only a handful of pediatricians in the country who worked as part of general medicine team. In 1962 a children's hospital was set up in the compound of the, then Jinnah Hospital, as part of School of Pediatrics. Dr. Hamid Ali Khan, the founding father of pediatrics in the country paved the way for the start of a new era. This was the first step in the recognition of pediatrics as a separate entity. We have come a long way since then. Pediatricians are now considered to be generalists and subspecialists in different areas and are starting to be recognized within the field. Pediatric cardiology and neonatology were one of the first subspecialties to get recognition from the CPSP and there was a gap of almost 10 years before pediatric neurology got its due recognition from the CPSP.

It was only 40 years ago that pediatric neurology was recognized in USA, and a formal training program was started. However, the contributions to the understanding of disorders related to child neurology extend to well over a 100 years. During these early times the contributions were from the neurologists as well as the obstetricians who raised awareness of the association of difficult deliveries, prematurity and difficulties during parturition as important factors leading to asphyxia and subsequently, cerebral palsy.

The history of child neurology is said to be divided in three phases. The early individual contributory phase, the training phase, in which we currently are and the expansion phase. In the early phase individual physicians were contributing to the management side of the field. The contribution was mainly in the area of cerebral palsy and epilepsy which were the two primary areas of interest to the physician.

In Pakistan, at the moment, we are in the start of the training phase. Historically here also children were seen by adult neurologists and their contribution to the field cannot be denied.

NEEDS ASSESSMENT

Pakistan is a country of approximately 160 million and 50% of its population is under 16 years of age. Despite this, subspecialty related training has been under recognized in pediatrics. Pediatric neurological disorders are varied and range from the common birth and delivery related issues of cerebral palsy to epilepsy, stroke, neuromuscular disorders and developmental disorders etc. In a country with a high rate of consanguinity, neurometabolic disorders form a major part of the pediatric neurology clinics. A training program should, therefore, cater not only towards growth and development of the child, but there is a strong need to incorporate training and education towards neurogenetics and neurometabolic disorders.

CHALLENGES

The fundamental challenge in the field of child neurology is the work force and availability of trainers in the field. Like all other areas in pediatrics subspecialty is a relatively new concept. With the start of the formal training program of pediatric neurology at two centers of Pakistan a new era has already begun. The challenges that will continue to

be faced are acceptance and awareness by the general public of this specialty as well as development of research in this area. These challenges are not insurmountable but with dedication and commitment by the people in the field this specialty will go a long way in improving the quality of care given to children with neurological disorders.

FUTURE DIRECTIONS

The field of pediatric neurology will continue to grow as there is a vast breadth of cases, availability of newer neurodiagnostic tools and therapeutic options available for pediatric neurologists. With availability and training of pediatric geneticists and metabolic specialists there will be additional support to the pediatric neurologists and newer avenues opening for the trainee. Work now has to be done in strengthening and improving the quality of the available programs and development of other centers' with training structure. Further scope in training in areas of epilepsy, stroke and neurometabolics will also develop in the future. However there is still a lot of work needed to improve child neurology training programs to keep pace with modern clinical and research needs of this area.

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