4 JULY
2024

ISSUE EMPOWERING HEALTH
N.007 WITH HAMSA REHAB

WELLNESS WINDOW

WELCOME TO HAMSA REHAB E-NEWSLETTER

Transforming lives is the story of HAMSA rehabilitation. We celebrated 5 years of service on 22 June with music and awards to the people who made this journey possible. We draw our strength from the beginning, and the with wishers who have contributed to its growth in various ways. It was a month of thanksgiving and celebration from impossible to I M possible, the journey of transforming lives continues with with hope, resilience and the will power to get out of the challenges after spinal cord injury,brain injury, stroke, cerebral palsy and disabilities. We believe that every individual deserves a chance to live a life free of limitations.

Welcoming July, we salute all the doctors out there,the pillars of strength and hope. We pray to God a fitting people get out of the curse of labs.!! Working long hours, omitting their own health, balancing moments of their family and friends, they strive hard to bring a smile into someone's life by curing or managing their health issues. Nothing or no one can compensate for what you do. We, the patients, salute the doctors. Thank you for all your efforts and contribution.

Geetha & Kanna
CEO(HR)

EVENTS HIGHLIGHTS

JUNE 5 PSYCHOLOGY STUDENTS VISIT CHENNAI

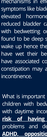
Psychology students from institutions like Stella Maris College, Ethiraj College,Women's Christian College visited Hamsa Rehab. The visit aimed to enhance their clinical and academic skills by providing insights into rehabilitation practices.

JUNE 8 RECREATIONAL ACTIVITIES ROYAPETTAH

Patients washed move clips and photographs in theirrehabilitation, brainstorming sessions, and games. The session conducted with patients shares feedback about each other and enjoying singing their favourite songs.

JUNE 15 CAREGIVERS SUPPORT GROUP ROYAPETTAH

Caregivers attended an interactive seminar on healthcare facility recommendations and standard precautions and an interactive kidtreaker games to foster better social engagement among the participants.



JUNE 17 NATIONAL EAT FOUR VEGETABLES DAY ROYAPETTAH

Patients engaged in salad-making activities. They peeled, chopped, grated, and mixed vegetables to prepare healthy snacks, promoting productive activities and independence.

JUNE 17 CAMPUS INTERVIEWS CHENNAI

Hamsa conducted a campus interview at Sr Ramachandra University, Porur, providing opportunities for freshers and talented individuals

JUNE 21 INTERNATIONAL YOGA DAY CHENNAI

Yoga therapy session was conducted for children at a cricket academy. Event was highly successful, with 40 enthusiastic children participating.

JUNE 22 "HAMSA 5 YEARS" CELEBRATION CHENNAI

5 years of success was celebrated with the event "Hamsa I M Possible" with awards and music. Doctors, paramedics, and caring contributors were honoured with awards for their unwavering support and dedication to the field of rehabilitation.

JUNE 28 HEALTH TALK CHENNAI

Ms. Preethi, our physiotherapist, delivered a health talk to diabetic patients. She discussed simple knee exercises for osteoarthritis patients and provided do's and dorts to prevent further complications.

BLOG

BEDWETTING - CAUSES AND MANAGEMENT

As a parent have you ever experienced a wetness in your child's bedsheet every morning after making their bed? Or in their underwear while taking out the laundry? Or have they complained that they are unable to completely empty their bladder while urinating? If yes then your child may be experiencing something called as "Nocturnal enuresis". Otherwise called as Bedwetting or "daytime incontinence" meaning daytime leak in urine. In clear readers,parents, I am Dr.Abirami Meenakshi, developmental and behavioural paediatrician and I specialize in dealing with children with behavioural issues and developmental delays as well as children with Nocturnal enuresis and daytime incontinence. Thank you for taking out time and reading this blog.

So what is daytime incontinence and nocturnal enuresis? Incontinence is defined as INVOLUNTARY LEAK OF URINE occurring at least once every month for 3 consecutive months in children older than 5 years of age. Nocturnal enuresis is incontinence during sleep. During SLEEP PERIODS and daytime incontinence is incontinence occurring during AWAKE PERIODS. There is a combination of genetic, psychological and environmental factors contributing to incontinence. It is understood that almost 75% children with a first degree relative (i.e.parents/siblings) with history of bedwetting will have bedwetting issues too. There are other "neurobiological" mechanisms in effect that can cause these symptoms like bladder muscle dysfunction or elevated hormones like vasopressin or reduced bladder capacity etc. Also children with bedwetting or nocturnal enuresis are found to be deep sleepers, they are hard to wake up hence they do not know that they have wet their bed. Affected children can have associated constipation or sometimes constipation may also be the cause of the incontinence.

What is important to remember here is that children with bedwetting issues and those with daytime incontinence are at **higher risk of having** associated behavioural problems and developmental issues like **ADHD, oppositional defiant disorder, Autism, anxiety, depression.**

They tend to have a very poor self image and they tend to socialise less. They have poor peer relationships and do not attend any social events like parties or sleepovers for fear of accidents at that place. They tend to be poor in their academics. As these children grow into adulthood if they continue to have incontinence they are more likely to end up depressed, introverted and severe end up behaving irrationally or against the parents and society.

So how do we diagnose or identify a child with bedwetting or daytime incontinence?

They experience symptoms such as hesitancy, urgency, prolonged holding of urine, increased frequency, straining while passing urine, leak after passing urine, pain while and after passing urine etc. they also experience constipation symptoms.To manage children with incontinence or bedwetting it is generally recommended to restrict fluid intake two hours before sleeping at night. During the day it is recommended to restrict or avoid intake of bladder irritating foods such as the following:

- **Citrus fruits and citrus fruit drinks like oranges, lemons etc**
- **Caffeinated and carbonated drinks such as sodas, tea, coffee**
- **Colored cost drinks**
- **Milk and dairy products especially ice cream to be avoided after lunchtime**

Maintaining a record of the accidents occurrence in a diary meant only for this purpose called as a "bladder diary" is extremely important. This diary must be maintained by the Parent or caregiver AND the child if the child is capable of maintaining a diary. Every day the number of accidents and the time at which the accident occurs (for those incontinent) must be recorded and every day the previous day's record must be reviewed by both parents and child. On days where the number of accidents are lesser than usual or have not occurred the child must be showered with specific appreciations like "You have not wet your bed yesterday that is awesome!! Yay!!" You get the gist right? Whenever appreciating a child for any good behaviour being specific as to what you are appreciating or rewarding them for is of immense importance. Children can also follow the token system or star charts where you give the child a token or stick a star on the chart on accident free days and by the end of the week if the child gets a particular number of stars or tokens he/she gets a great reward etc. Most children are able to resolve their condition by this way.

For those who continue to have bedwetting problems there is a very effective method to help them out which is called as "alarm therapy" where the child wears a moisture sensitive mirror in their underwear which detects the wetness when the child begins to urinate at night and sounds an alarm thereby waking up the child and the caregiver and the child will then go to the toilet to complete the urination. So what happens overtime is that these children begin to develop a conditioned behavioural conditioning where they begin to feel a full bladder in their sleep and are able to wake up even before the alarm goes off.

For children with daytime incontinence the above mentioned diary system and avoidance of bladder irritating foods will work wonders. But along with that we must train the children to have a timed urinating schedule where every 2 to 3 hours once the child wants urinate in the toilet regardless of whether they feel like using the toilet or not. They may be taught hygiene urinating practices like wiping from urine area to anus (front to back wiping) which helps prevent urine infections and also effective urinating techniques which are commonly called as Cobra. Children can also be taught "double voiding" where after passing urine in the toilet they must rinse the toilet within one to two minutes to ensure complete bladder emptying.

There are children who still do not attain a cure or undergo recurrence of symptoms even trying all the above mentioned methods. For them certain medications can be tried. For children with persistent bedwetting a medicine called desmopressin can be used which is the first line medicine for treatment resistant cases. Desmopressin can be associated with side effects such as abdomen pain, headache, emotional symptoms of bedwetting or daytime urine leaks. Once again thank you for reading through my article and I hope that my article helps you and your child.

Dr. Abirami Meenakshi
MD Pediatrics Trained
in developmental
behavioural pediatrics.

JUNE Birthday BASH

Wishing Happy Birthdays to Our Fantastic June Folks!

Thulasigam
Ward assistant

Gulustanram
Physiotherapist

Meena
Patient care assistant

Yamuna
Junior executive

Vethavalli
Physiotherapist

Pauline basulah
Ward assistant female

Josphine rishi
Staff nurse

Meenakshi
Physiotherapist

Syed mujtaba
Coordinator - HV

Shagar
Physiotherapist

Sudha
Staff nurse

Alisha
Speech therapist

Sudha
Ward assistant female

Vasanth
Physiotherapist

Creativity - Mr.sundar, Designer
Content - Mrs.Sunitha, Psychologist
Blog - Dr. Abirami Meenakshi,
MD Pediatrics, Trained in developmental
behavioural pediatrics
Mrs.Sunitha, Psychologist

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