

Volume 01 | Issue 03 | June 2024

Unlock Your Wellness Potential!

SHOTS

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11When Wisdom Meets Practice

Ante-natal massages provide a whole host of benefits for mom and baby.

12 Breaking the Silence & the Stigma

Why are couples so hesitant to share they are going for fertility treatments?



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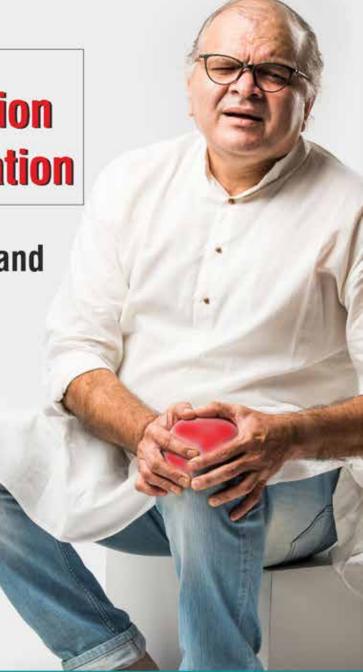
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Editor's Note

Dear Readers,

Recently, a couple came to consult me. They had been trying for five years after marriage but were unable to conceive. They were both in their late 20s, and their anxiety over being unable to conceive naturally was obvious. While I walked them through the steps that would be undertaken to first identify the issue and therefore the appropriate treatment, they listened patiently. After I finished speaking, I asked them if they had any questions. "You will be able to fix us, doctor, right?" the lady said, her voice showing she was clearly on edge.

This is not the first time I have been asked such a question, albeit in different words.

Many couples, even today, feel that there is something 'wrong' with them if they fail to conceive naturally. They become worried and anxious, and this takes a toll on them as individuals and as a couple. Many of them even begin to avoid family functions or gatherings for fear of facing the dreaded question: "So, when will you give us 'good news'?" Over a period of time, the pressure builds up so much that the couple is preoccupied only with conception. Even if they go for fertility treatments, they are hesitant to share the same with their family and friends.

India is seeing a decline in fertility rates by 20% – and over 30 million people are facing issues with fertility. Hence, problems with natural conception are becoming increasingly common. In light of this development, it is important that we address this social stigma head-on and do what we can to eliminate it.

In this issue of 'Health Shots', we take a look at some of the main reasons why couples feel hesitant to talk about fertility issues and treatment. In the following issue, I will touch on how couples can handle the pressure without letting it affect their relationship.



Ultimately, medicine can help resolve the problem, but the real efficacy of the solution lies in our ability to welcome it with a positive mindset. Let us work towards that.

Dr. Kavitha Gautham

Managing Director, BloomLife Hospital Pvt. Ltd.

P.S.: We want to hear from you! Please keep sending your feedback, suggestions and questions to info@bloomhealthcare.in.

Contents

- Paediatrics & Neonatology **Bruxism Explained...**
- Health Insurance **Seamless & Convenient**
- General Health **Prevention: The Better Choice**
- Anaesthesiology **5 Things Your Anaesthesiologist Wants** You to Know
- Legal Speak 10 **Defining 'Informed Consent'**
- Art of Birthing 11 When Wisdom Meets Practice
- Reproductive Medicine & Fertility 12 **Breaking the Silence & the Stigma**
- Your Voice On Whose Time?
- Obstetrics & Gynaecology Skin S.O.S.!

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The first title on the cover of the May 2024 issue of 'Health Shots' had a typo in the words "Everyday" and "they". We apologise for this error

Bruxism Bruxism Bruxism Bruxism Company of the state of t



Dr. D. Balakumaran Head of Paediatrics & Neonatology BloomLife Hospital Pvt. Ltd.

... Or 'Why Children Grind their Teeth', especially when they are sleeping. This is a question that has kept many parents awake at night. We look at the main causes and the ways in which parents can handle this situation.

he medical term for teeth grinding is 'bruxism'. While we cannot put a specific number in terms of number of days in a week or something like that, it can become a matter for concern when the child's tendency to grind their teeth starts to interfere with their sleep, and if it is too frequent, posing an issue in terms of the child's dental development.

So, what are the key reasons as to why a child may start to grind his/her teeth? It could be due to the child having mal-aligned teeth. This could cause them to subconsciously engage in bruxism. Or, they may be experiencing some pain in the ear, or some issues with the TMJ (temporomandibular joint, which acts like a sliding hinge, connecting the jawbone to the skull). It may even be something simple like mild hunger.

Another important issue is stress. The cause may have to do with something that happened at school, a difficult test, a fight with a friend, sibling issues, or some other problem that they are unable to express fully to the parents. Stress as a cause is something we should look into, particularly if the child starts to grind his/her teeth all of a sudden, without prior history of such a habit.

Usually, children tend to outgrow the habit of teeth grinding in the long run. In the interim, here are some measures you can look into.

Consult with your paediatrician: A quick check with your paediatrician can help to zero in on the cause - whether it is physical discomfort or stress-related - and thereby decide on a suitable course of action.

Use teeth night guards: Your paediatrician will join you during the meeting with the dentist, and both of them will decide on what type of teeth night guards would best suit your child. This will help to ensure that, even if your child continues to grind their teeth, their teeth do not suffer damage.

Address possible stressors: Spend time talking to your child every day, and keep a mental note of what is going on in their world. Avoiding and/or managing stressors goes a long way in helping them. If they seem concerned about something, hug them, comfort them, maybe give them a favourite toy to hold on to.

Follow healthy eating and sleep habits: Give your child a healthy snack or food about an hour before they go to bed. And switch off all digital gadgets, cell phones and TVs at least one hour before bedtime. The bright lights and sounds may by themselves prove to be mild stressors, so it's best to minimise their impact. •





Seamless & Convenient

Understanding the Nuances of

'Cashless' Insurance

Dr. Rija Prathab

Manager – Billing & Insurance, BloomLife Hospital Pvt. Ltd.

Want to go 'cashless'? Do take note of these important steps to help make the process a smooth and positive one.

cashless insurance policy provides the policy holder with the advantage of immediate access to required healthcare without worrying about the parallel payment of hospital bills and treatment costs. So, how does cashless insurance work? The process is detailed below in a step-wise manner.

Planned Hospitalisation

If you have a surgery or procedure planned – with some time on hand before getting admitted – you (or the hospital, on your behalf), would need to submit a Pre-Authorisation Request form to your insurance Company. This form will include details about the diagnosis, proposed treatment, estimated costs and relevant medical documents.

A set of documents from the policy holder, including his / her Aadhar card, PAN card, and insurance E-card, as well as the patient's Aadhar card and investigation reports will have to be submitted along with the Pre-Authorisation Request form. If these documents are not submitted properly, the cashless claim may be kept on hold as per the norms of the Insurance Regulatory and Development Authority (IRDA). Following the submission of the documents, the insurance company will verify the details and assess whether the treatment is covered under the policy.

Emergency Hospitalisation

In case of unplanned, emergency hospitalisation, the hospital will notify the insurance company immediately after admission and submit the Pre-Authorization Request form.



The insurance company will process the form as quickly as possible. The hospital may start the treatment while waiting for approval, depending on the hospital's terms and policies.

In both cases, the documents may be submitted by the patient / patient's attender to the hospital staff. From there on, the hospital's insurance desk will handle the communication with the insurer.

Discharge Process

At the time of the patient's discharge, the hospital will prepare the final bill and submit it to the insurance company for settlement. The patient will have to wait in the hospital till the final approval is received for the cashless claim from the insurance company. This usually takes anywhere between one and four hours.

If there are any uncovered expenses (depending on the policy's scope), such as certain consumables, non-medical expenses, or costs exceeding the coverage limit or any co-payments, the patient will have to pay for these expenses on their own capacity. After all the formalities are completed and the insurance claim is approved, the hospital will formally complete the discharge process.

Throughout this process, clear communication between the hospital, the insurance company and the patient can help ensure a seamless and positive experience.

We will be covering topics related to insurance choices and aspects a person should know while choosing a health insurance service provider in the upcoming issues of 'Health Shots'. If you have any specific queries related to medical insurance aspects, write to us at info@bloomhealthcare.in.

Prevention

The Better Choice

Are regular Master Health Check-ups (MHCs) actually needed? After all, we are going to go and get tests done when we see warning signs, right? Not really. The importance of regular MHCs are seen more in their role of detecting and preventing risk factors from getting worse and impacting a person's health.



Dr. Aiswarya Nair Consultant - General Medicine BloomLife Hospital Pvt. Ltd.

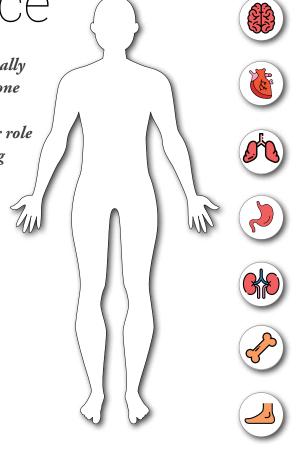
f you nearing or have crossed 40 years of age, your doctor has probably told you to get regular Master Health Check-ups (MHCs) done. 'Regular' could mean annually, or once every two or three years, depending on your overall health and case history.

Contrary to what many people think (and which some of my patients have shared with me as a thought), regular MHCs are not to be seen as an option only when you start to notice some of your health parameters (such sugar, cholesterol or blood pressure) going awry. In fact, I would say that, even if your parameters are well within the appropriate range, getting an MHC on a regular basis can prove to be beneficial.

So, what is the benefit gained when there is nothing per se to treat? MHCs are a tool through which we monitor some critical changes in a person's body – and, that too, from a bird's eye view. Seemingly minor changes in your sugar levels, cholesterol or thyroid may actually hold deeper signals for your doctor, who will be examining the results and mapping it to risk factors arising from family history and past illnesses.

So, what comes after an MHC?

After we get the MHC results, we go over them and see if there are changes that indicate the early stages of health risks – which puts us at an advantage of catching and addressing them early on.



When I talk about 'addressing' health issues, please don't immediately imagine a laundry list of tablets or medicines, along with a set of routines and instructions. If we catch increases in health parameters like sugar, cholesterol or blood pressure – and they are not unusually high – we typically look into lifestyle modifications, such as diet, sleep, exercise and work-life balance. We chart out suitable action items with the patients and then review their results after around 3 to 6 months. Depending on how the patient responds to these changes, we will decide on next steps.

In cases where the markers indicate the need for immediate change, in order to prevent possible health issues, medication may be prescribed. The doses are prescribed keeping in mind the need to ensure that the condition is managed well, with minimum disruption to the person's health and well-being.

Ultimately, we all want to enjoy good health - and MHCs are a tool to help us achieve that. So why not make the best use of them? ◆





Dr. Narendren G.Consultant – Anaesthesiology
BloomLife Hospital Pvt. Ltd.

hen a procedure / surgery is scheduled, the hospital puts its top surgeons and post-op faculties on the job. While their task is to make sure the issue is addressed in the best manner possible, the job of an anaesthesiologist is to keep the patient safe, and help manage the patient's pain and anxiety before, during and after the procedure / surgery. Ultimately, the anaesthesiologist wants the patient to be calm and relaxed, and to have a relatively smooth post-op recovery. While every anaesthesiologist bears their own wisdom and guidance to impart with their patients, some common guidelines can be looked into, to make it an easier, mutually positive experience.

1. ANAESTHESIA IS (USUALLY) NON-NEGOTIABLE

Pain is a truly unpleasant sensation, and no amount of will power or fortitude can help you handle the pain of a procedure / surgery. When pain goes to extreme levels, the person may suffer from distress and shock and even become comatose. Hence, anaesthesiologists mandate the use of anaesthesia in order to ensure a smooth surgery and quick recovery. There are different types of anaesthesia, ranging from general to nerve blockers, and your anaesthesiologist will be able to advise on which one is best, based on multiple factors, including your own health history and the procedure / surgery in question.

2. THERE ARE NO SECRETS HERE

Your anaesthesiologist is your greatest confidante in the surgical space and wants to make sure you are safe and well cared for. It is vital to share all information concerning yourself and your medical history to your anaesthesiologist as they are responsible for ensuring that the right type and amount of pain management is administered to you during any medical intervention. This is because one's gender, sex, ethnicity, lifestyle, environmental factors, health defects and genetic make-up can affect the way a person reacts to the anaesthesia given. As a result, all pain management efforts are customised to the person's health, genetic and cultural background in order to ensure complete efficiency during and after surgery. And don't worry – all your information will be received without any judgement, and kept completely confidential.

3. OUR JOB IS TO KEEP YOU SAFE AND PAIN-FREE...

...Right through the entire surgery. Every anaesthesiologist will customise and appropriately administer the correct pain management methods based on the patient and the medical

Procedures and surgeries are often regarded as experiences that one would sooner be done with. The anaesthesiologist helps to make the process safe, smooth and pain-free, thereby relieving the patient of undue anxiety and stress.

intervention to be performed. In particular, when a person is given general anaesthesia, they will not wake up during, or remember a thing from the surgery. In fact, they will be awakened only after they are safely back in their room and the important parameters are all well established. In some cases, when the surgery is being performed on the brain or spine, the doctor may ask the patient to move a limb or perform some other action as a test, but even such actions are performed in a controlled environment and with no discomfort to the patient.

4. IT TAKES MORE THAN ANAESTHESIA TO GET ADDICTED

Addiction is a complex, neuro-physical phenomenon that develops from a mix of environmental and personal factors. However, patients often worry about the risk of becoming addicted to anaesthesia as a by-product of undergoing any medical procedure. This is a myth. It takes a lot more than a procedure / surgery involving anaesthesia to get a patient dependent on pain medication. Truth is, it is actually during the post-op period when patients are prescribed additional opioids to cope with the pain that they become susceptible to addiction. However, this can be prevented and managed by strictly adhering to the prescription, using holistic methods of pain management, and consulting one's doctor in the case of any complications (physical and mental).

5. PATIENTS WITH CO-MORBIDITIES CAN BE GIVEN ANAESTHESIA

The American Society of Anesthesiologists (ASA) categorises patients into six categories, ranging from people who are predominantly healthy and with no major disorders to patients who require emergency support and who are brain dead. This form of categorisation is helpful in that it enables an anaesthesiologist to carefully monitor, investigate, and administer the correct kind of pain management. In other words, even if two different patients are undergoing the same kind of medical procedure, they may be prescribed different pain management solutions. •



Is there a legal obligation on part of the doctors / hospital staff to explain the procedures and risks involved in a language I understand well?

Yes, definitely.

In the previous issue, we touched on how, after 1995, the service offered by the doctor / hospital has been declared as a contract, in that the doctor is giving his service to a patient and the patient reciprocates by paying the fees.

For a contract to be valid, many conditions have to be fulfilled. One of the important conditions is that parties to a contract must understand the terms of the contract in exactly the same way, without differing interpretations. This is validated by Section 13 of The Indian Contract Act 1872, which says, "Two or more persons are said to consent when they agree upon the same thing in the same sense."

The moment both parties differ in their understanding of a particular thing, the communication is incomplete, the contract becomes invalid, and whatever is done thereafter is regarded as breach of contract.

For example, let us say, a doctor tells a female patient that she is going to perform a 'bilateral salpingo-oophorectomy' to save her from cancer. While hearing this, the patient does not understand it fully in terms of all that the procedure will entail.

Let's revisit the example. Suppose the doctor were to explain clearly and in more detail that, as part of the procedure, the woman's ovaries and two fallopian tubes will be removed, and as a result, she cannot have babies in future. However, this is necessary because of cancerous cysts around the reproductive organs, and removing them is the only way to save the woman's life. Then, the doctor draws a diagram to explain all this, including risk factors, advantages involved and the procedure per se (i.e. what exactly they are going to do).

All of this may seem like a good enough effort. However, it is important to establish whether the patient is able to follow the doctor's language and manner of explanation. Therefore, there must be a consent form in the language that is understood by the patient. If the patient is unable to understand the language, a social worker must be called in to clearly explain the contents of the consent form and then affix the patient's signature, testifying that the content was explained and that the patient understood the same clearly.

This is what we refer to in legal terms as 'Informed Consent'.

Furthermore, as per the order of the Hon'ble Supreme Court of India, consent must be obtained solely from the patient in normal circumstances. Only in emergency cases, where saving the life of the patient is the primary criteria for a doctor, can the latter obtain informed consent from other eligible persons. As explained by the court in Samira Kohli vs Dr Prabha Manchenda & Ors (16.01.2008)]. ◆

When Wisdom Meets PRACTICE



Dr. Swarna GanesanConsultant – Holistic Birthing
BloomLife Hospital Pvt. Ltd.

Massages are an integral part of traditional ante-natal preparation. As part of our holistic birthing programme, we have incorporated it within the practices that pregnant women can benefit from, to encourage a healthier and easier natural delivery experience.

assage therapy is a traditional part of the Indian system of medicine, especially naturopathy and ayurveda, and has been used as an integral part of ante-natal preparation for several generations. The therapy is centred on balancing the 'doshas' known as 'vata', 'pitta' and 'kapha', which are instrumental in influencing a person's physiological, mental, and emotional health. During pregnancy, when the mother-to-be is given massages using specific herbal and medicinal oils, she and the baby gain multiple benefits.

One of the critical benefits is **relaxation** and **relieving** of **muscle tension**. The massages help to drain lymph stagnation and release collected tension in different parts of the body, thus providing the mother-to-be with greater physical comfort and mobility.

When muscle tension is high, the perception of pain during labour is higher. Hence, relieving muscle tension is key to helping the mother have **reduced pain during labour**. Furthermore, draining the lymph stagnation helps the mother to **go into labour spontaneously**. In addition, the pelvic floor becomes relaxed, which **allows the baby to descend more easily**.

During pregnancy, some women may face issues with circulation, thereby leading to issues such as edema. Massage therapy **helps improve circulation** by stimulating blood flow throughout the body, and thereby reduces swelling. Massages on the abdomen also help to **relieve constipation and bloating**. Moreover, **stretch marks are prevented** and a good tone is maintained.

Another key aspect is stress relief. Pregnancy brings with it a whole host of physical and hormonal changes, which impact the mother's mood – often resulting in increased stress and worry. Massages help to alleviate the feeling of stress, and make the mother feel calm and positive. This is immensely beneficial for the baby, too, as the growing offspring absorbs the positive feelings from the mother.

Also, the **father-to-be is taught to do the massage** for the mother-to-be at home. This process, which takes about 10 to 15 minutes in a day, is a time when both parents bond with each other, and with the baby in a deep and meaningful manner. This practice also helps to create improved communication and stronger bonds as the family grows and evolves together.

Towards the end of the term, during the 35th or 36th week, foot reflexology is carried out. This includes acupressure, which helps to stimulate the nerves connected to the uterus. The benefit is that the mother-to-be **may go into labour naturally** and without need for stimulation.

All of this helps the mother to get into a happy and positive frame of mind - which is one of the most important elements that can help her have a safe and healthy delivery experience. •



Reproductive Medicine & Fertility

BREAKING the Silence & the Stigma





Dr. Kavitha Gautham
Senior Consultant - Reproductive Medicine
& High Risk Obstetrics
BloomLife Hospital Pvt. Ltd.

Medical advancements have helped us take reproductive medicine to new heights, bringing new hope to couples who are unable to conceive naturally. However, fertility treatments are still seen as a process that must be kept a secret. Why is this so?

n the last couple of decades, we have seen great advancements in the field of reproductive medicine. Today, for couples who are unable to conceive naturally, there is a much higher probability of having children through fertility treatments. However, while many couples are open enough to approach a doctor and share their struggles with family planning, they are not as open when it comes to sharing with family and friends that they are undergoing fertility treatments, due to several reasons.

SOCIAL / **CULTURAL NORMS**: Popular cultural perceptions that connect natural conception with a person's masculinity and femininity are still prevalent. Couples grappling with infertility may fear that 'they are not good enough' or that they are 'flawed'. So, they tend to keep their fertility treatments a secret from family and friends. Men, in particular, worry about social backlash if they are seen as being 'less virile'.

FEAR OF FAILURE: In many cases, a couple may have to go through more than one or two fertility treatments or IVF cycles before they conceive. The wait is likened to a rollercoaster ride, fuelled by alternating feelings of hope, uncertainty, excitement, disappointment, frustration and helplessness. Having to share such deeply emotional issues – especially frustration when a cycle does not result in pregnancy – may be difficult for many couples, particularly due to fear of unnecessary advice or social ridicule.

NOT YOUR OWN CHILD: Despite the widespread use of social media and communication tools, some myths and misconceptions remain rooted in people's minds. One such is that a child conceived through IVF is 'not really one's own' since it was 'not naturally conceived'. Such statements are deeply hurtful, and parents may fear for their own and their children's social acceptance.

It is important for us to remember that, ultimately, it is a couple's decision on how they want to plan for their family. A couple should be able to make the choice based on what is right of them, rather than who should be privy to the information.

The rest of us - family, friends, acquaintances and society at large - have to respect this fully. By extending understanding and empathy, we will help create stronger, more loving families in the long run.

The physical and emotional stress associated with fertility treatments is seen as being on par with major life-altering events like a major illness or death. How can couples handle these pressures, such that it does not affect their own relationship? We will address this in the July 2024 issue of 'Health Shots'.



Why are visiting hours limited to only a couple of hours in a day at hospitals?

The time we spend in a place or with someone always comes with an end time, particularly in a space that is not ours. There is a cap on the amount of time we're allowed to spend in every space that is not our own. And oftentimes, we're more than willing to follow these rules of time. Be it a visit to an amusement park, a relative's house, or a place of prayer – we know that leaving these situations, while sticking to the time given to us, only ensures that the purpose of the visit is served. Time is restricted with the sole purpose of our overall safety and enjoyment.

However, hospital visits don't often experience the same level of respect and conformity. We often hear visitors say, "I just want to show the patient how much I care, so let me stay longer". We all know that the purpose of patient visits is to show them our love, care and concern. When I've visited my own family members in the hospital, I've had the same thoughts. But what we sometimes tend to oversee is that visiting a patient is not so much about ourselves, but more so about the person recovering.

In every hospital set-up, visiting hours are carefully structured to serve two things: the recovery of the patient and the assurance of their friends and family, with the prior being of utmost importance. After every major medical event - be it a surgery or the birth of a baby - a patient's health is left vulnerable and compromised. We know that when we make hospital visits, our intentions are to never crowd the patient. But we also have to ask ourselves: To who's convenience are these visits made?

Hospitals in India keep visitation hours after lunch and in the evening. The reason being that these are the times patients often have the energy to stay awake and interact with people. The rest of the hours are dedicated to maintaining a strict medication cycle and resting under the care of medical professionals. On top of this, hospital wards hold many other patients who are also in need of rest and privacy. To add to the mix are the team of doctors, nurses, and healthcare workers who are always on their toes to keep their patients healthy and safe.

If we begin to alter the purpose of our hospital visits to be in line with the rules placed by the hospital, we undoubtedly help ensure the patient's wellbeing and create an ecosystem of people becoming healthier faster. Respecting the time and space of the patient and of the hospital can help make every visit a very happy one.

If you are facing a non-clinical, hospital-related issue that you want help or guidance with, write to us at ceo@bloomhealthcare.in – and we will answer it in this column.



Skin S.O.S.!

A Teenager's Guide to Handling Acne Breakouts



Dr. Jeeshia P.Consultant — Obstetrics & Gynaecology BloomLife Hospital Pvt. Ltd.

id you know that facial acne can be categorised into two types?

Acne breakouts on the lower part of the face are typically due to hormonal changes in our body, particularly before a menstrual cycle, while acne in the oiliest part of the face (like the T-zone) is usually stress-related.

If you are a pre-teen or teenager who has attained puberty, chances are you have already encountered the first kind of acne. Acne breakouts happen when tiny hair follicles on our face become clogged with oil and dead skin cells. During puberty, hormonal changes cause the sebaceous (oil-producing) glands to produce more oil, which

Around 60% to 80% of teenagers in India face this issue, so be reassured that it is very common – and there are easy ways to manage it.

leads to clogged pores and acne breakouts.

Don't panic: Really, this is the first step. Anything you do to improve your skin's health will require a calm mind and positive approach. Getting upset and trying something radical to get rid of a pimple may make the whole thing worse.

Maintain personal hygiene: Wash your face, body and hair regularly with a gentle cleanser,

Talk about puberty and the tell-tale breakout of facial acne tops the list of things that worry teenagers. What are some ways in which young girls can manage this issue?

particularly after coming home from school or sports, because there will be a build-up of sweat and dirt on your skin. If you have dandruff, seek a dermatologist's help in treating it. Don't wash your face more than twice a day, as it might cause the skin to get too dry and force the sebaceous glands to over-produce oil.

Hands off: Nothing is worse than picking at or popping a pimple. This can worsen the swelling, spread bacteria to other parts of the face, and even result in scarring.

Diet matters: Around two weeks before your period is due, try and minimise your intake of oily foods and sugary drinks, as well as highly processed foods, as this could trigger breakouts. Drink plenty of water, and increase your intake of fruits, vegetables and protein.

Manage stress: Stress can make acne breakouts worse by triggering hormonal fluctuations. Take up yoga, deep breathing or some hobbies that help you feel happy and centred. Also, be sure to get sufficient sleep every night to keep stress at bay.

If all this doesn't help.:. And your acne seems to very severe, consult a doctor for guidance on how to manage it. One way or another, we will tackle it together!



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