

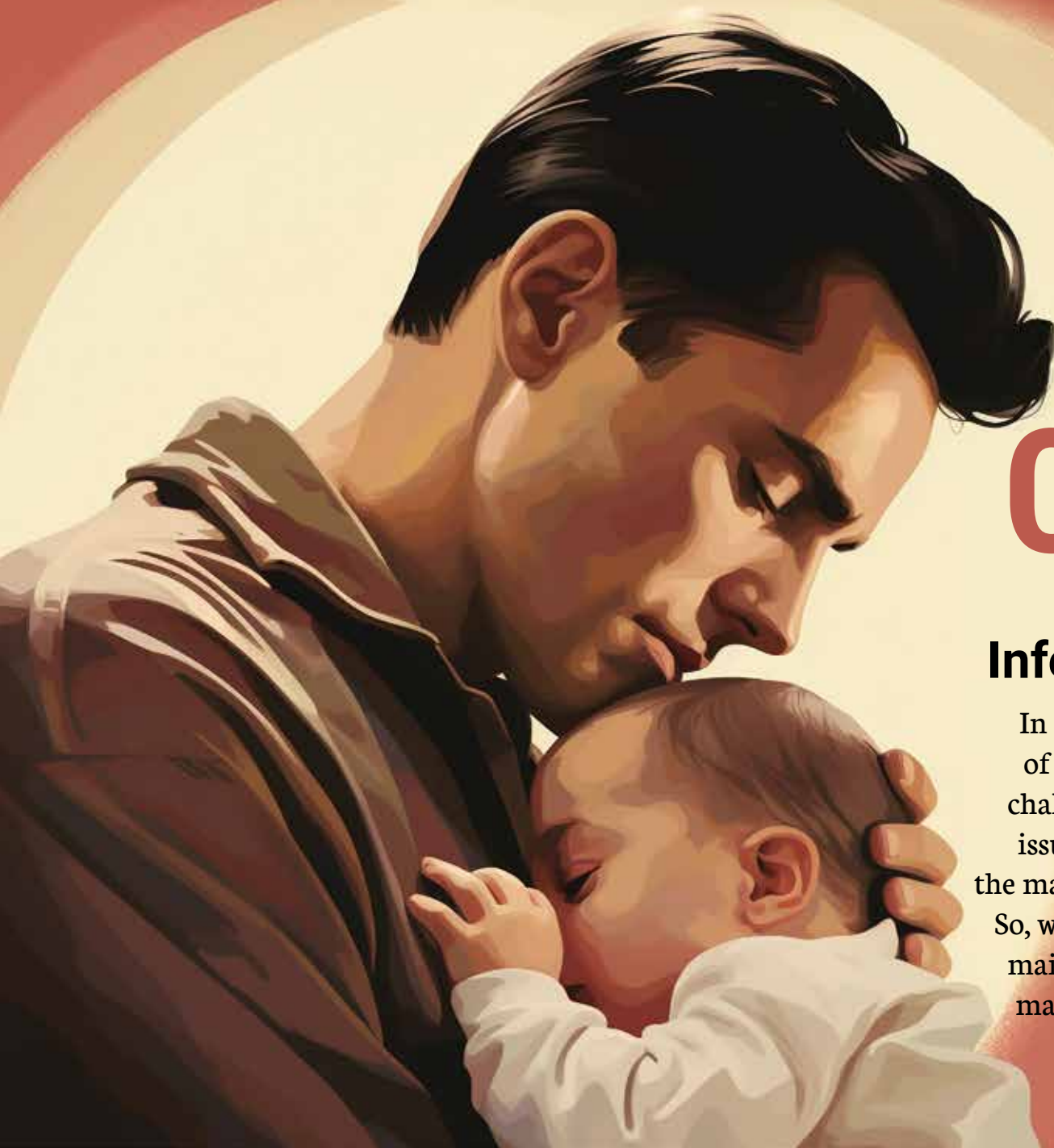
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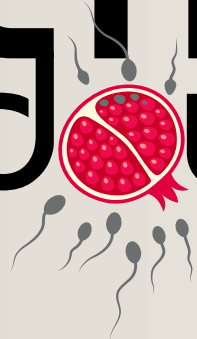
06 Male Infertility

In nearly 50% of all fertility challenges, the issue lies with the male partner. So, what are the main causes of male fertility?

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Editor's Note

Dear Readers,

A few weeks back, a couple came to see me. They had been married for about five years; the husband was in his early 30s, and the wife was in her mid to late 20s. Despite continued efforts to conceive for two years, they were not seeing results—hence, the consultation.

Interestingly, for their very first consultation, they brought along their mothers (from both sides). Being part of a close-knit family, the couple wanted their family members to be part of the process from Day 1. While this is truly appreciable, it also presented some problems. For one, while I asked the couple to share more details about their health history, their sharing was punctuated at regular intervals by either parent, who wanted to add in their own details and inferences. Moreover, the mother and mother-in-law insisted that we first regulate the girl's period cycles (which had been irregular for a long time) before proceeding to look into the fertility aspect—which, in the interest of age and time and other factors, was not the best option.

Half-way through the consultation, the couple themselves began to realise that bringing their parents along was not helpful. They respectfully requested for another appointment—and then showed up by themselves the next time round. We had a deep discussion about their health, sexual history and several other aspects, which helped me guide them towards the best treatment modality. Just yesterday, we found out that they will soon be announcing the good news of being on the way to welcoming their little one!

Families are our biggest source of strength and support, and it is definitely important that we respect them and include them in all our big life moments—be they joyful or challenging. But when it comes to a couple's fertility journey, the couple's voices, comfort levels, and realities must take precedence. Their family members can certainly walk alongside them, but the decisions that shape their future family must ultimately come from the two people at the heart of the journey.

When couples take ownership—speaking honestly, seeking clarity, and engaging directly with their doctor—it paves the way for the right diagnosis, the right treatment, and, very often, the right outcome. ♦

Dr. Kavitha Gautham

Managing Director, BloomLife Hospital Pvt. Ltd.

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

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From Womb to World

How Babies Adapt to Gestational Diabetes

For many mothers with gestational diabetes, the worry doesn't end with delivery—if anything, the moment a newborn arrives, concerns about sugar levels and complications take center stage. Yet, the situation post delivery is often far more reassuring.



Dr. D. Balakumaran

Head of Paediatrics
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For expectant mothers diagnosed with gestational diabetes, one of the first concerns after delivery is almost always the same: “Will my baby have high sugar levels?” The fear is natural—but the reality is more nuanced. A newborn’s health after maternal diabetes depends heavily on how well the mother’s blood sugar was controlled during pregnancy. Understanding what happens in the first few hours and days of life can help parents feel more prepared and less anxious.

When Sugar Levels Are High During Pregnancy

When gestational diabetes is poorly controlled, the baby’s body adapts to the constant high sugar environment inside the womb. This often leads to a newborn who is larger than average (a condition called ‘macrosomia’). Larger babies may face a slightly higher risk of birth-related injuries simply because of their size.

But here’s the important point many parents misunderstand: Babies born to mothers with high blood sugar are not born with high sugar levels themselves.

The Real Risk: Low Blood Sugar After Birth

Throughout pregnancy, if the mother’s blood sugar is high, the baby compensates by producing extra insulin. The moment the umbilical cord is cut, the sugar supply from the mother stops abruptly—but the baby’s high insulin levels remain. This mismatch can cause the baby’s blood sugar to drop quickly, leading to neonatal hypoglycemia (low blood sugar). This is the most common immediate concern.

So, soon after birth, the medical team checks the baby’s blood sugar levels. A capillary blood glucose level above 50 mg/dL is generally considered normal. If the levels remain stable and feeding is well-established, most babies require only 24–48 hours of monitoring.

Feeding and Weight Considerations

All newborns lose some weight after birth, but babies born larger due to gestational diabetes often lose more than average. This makes early and frequent feeding especially important.

Doctors also keep an eye out for signs of electrolyte imbalances, particularly low calcium levels, which may appear as jitteriness or irritability in the baby. These conditions, when they occur, are usually short-lived and treatable.

Short-Term Risks vs. Long-Term Chances

The good news is that most complications related to gestational diabetes are **immediate and temporary**. Once the baby’s blood sugar stabilises and no abnormalities are found in the first week or two, the child can be treated just like any other healthy newborn. Only babies who experience severe hypoglycemia, birth complications, or structural anomalies may need long-term follow-up. For the vast majority, however, normal sugar levels at birth and no symptoms signal a good prognosis.

The best course of action as soon as a diagnosis of gestational diabetes is made is for you to work with your doctor and follow the given practices to keep the sugar levels at an acceptable level. However, even if you had high blood sugar during pregnancy, the key issues your baby may face are largely short-term and manageable with proper monitoring. Once early concerns are ruled out and your baby is feeding well, you can be confident that your newborn is on a healthy path. ♦



Male Infertility

The Science, the Risks, and the Solutions



Dr. Kavitha Gautham

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BloomLife Hospital Pvt. Ltd.

When looking at fertility treatments, the typical instinct is to search for answers in the woman's health. But here's the truth—in nearly half of all fertility challenges, the underlying issue lies with the male partner. Behind the scenes, biological vulnerabilities, lifestyle habits, hormonal imbalances, and even molecular-level damage can quietly undermine a man's ability to conceive.



Even today, with growing awareness of fertility and reproductive medicine, I often observe who, when a couple comes in for a fertility consultation, the assumption tends to lean towards the idea that the issue lies with the woman. However, medical evidence tells a different story. In nearly 40–50% of couples seeking fertility treatment, the male partner is either exclusively responsible or contributes significantly to the difficulty in conceiving.

Male infertility is not a single condition—it is a spectrum of problems ranging from sperm abnormalities to hormonal disturbances, lifestyle impacts, and long-term medical illnesses. Understanding these causes is the first step toward effective diagnosis and treatment.

Male infertility generally shows up as one or more abnormalities in semen analysis, such as:

- Low sperm count
- Poor sperm motility (slow or weak movement)
- Morphological defects (abnormal sperm shape)

These parameters directly affect the sperm's ability to reach and fertilise an egg. But what causes these abnormalities?

Causes of Male Infertility

Some of the reasons begin early in life. **Anatomical concerns** like undescended testes, blockages in the reproductive ducts, or conditions such as retrograde ejaculation can impair sperm release or production, resulting in very low counts—or even azoospermia, where sperm are absent altogether. These structural issues, once overlooked, can now be diagnosed and managed with modern andrology care.

Hormones too play a vital role. The delicate balance of FSH, LH, and testosterone drives normal sperm development. When these hormones are disrupted—whether by pituitary disorders, obesity, steroid misuse, chronic stress, or metabolic disease—the quality of sperm can fall sharply. Infections such as mumps orchitis, sexually transmitted diseases, or chronic illnesses like diabetes and hypertension add another layer of complexity. Even long-term medications, especially for epilepsy or cancer treatment, can quietly compromise fertility.

But perhaps the most significant shift in recent years has come from **lifestyle**. Modern habits—smoking, excessive alcohol intake, prolonged sedentary behaviour, chronic sleeplessness, high stress levels, and years of night-shift work—have created a silent crisis in male reproductive health. These factors induce oxidative stress in the testes, damaging sperm at a molecular level.

This leads to one of the most important yet lesser-known culprits in male infertility: **Sperm DNA fragmentation**. When the DNA

inside the sperm breaks due to oxidative stress, the sperm may look normal under a microscope but lack the integrity needed to create a healthy embryo. High DNA fragmentation often results in failed fertility treatments, poor embryo development, and even recurrent miscarriages. Addressing lifestyle factors and treating underlying medical conditions can significantly improve these outcomes—often more than couples expect.

High DNA fragmentation does not just reduce fertility—it also increases the risk of treatment failures, poor embryo development, and recurrent miscarriages. However, there is hope. If we address the DNA fragmentation issue prior to starting treatment, we can improve success rates.

A Path Forward

The good news is that male infertility is no longer a mysterious or irreversible condition. It is treatable in many cases—but only if it is identified early. With early evaluation and tests, we can reveal issues that might otherwise go unnoticed for years. Further, with modern treatment options, many men can improve their fertility substantially.

With growing awareness, better diagnostic tools, and modern therapies, the outcomes for male infertility have never been more hopeful. When both partners are evaluated together, couples often save months or even years of uncertainty, and move more quickly toward the solutions that can help them build the family they dream of. ♦



Birth, Your Way



Dr. Swarna Ganesan

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BloomLife Hospital Pvt. Ltd.

Most women imagine labor as something that “just happens”. What many don’t realise is that how you position your body during childbirth can influence the comfort, speed, and even the safety of your delivery.



For most women, labour is an instinctive experience. When contractions intensify and the urge to push begins, the body naturally leans into positions that feel supportive—squatting, leaning forward, kneeling, or even lying on the side. These instinct-driven movements are not random; they are a part of the body’s innate intelligence, helping ease discomfort and guiding the baby’s descent. Yet, instinct alone isn’t always enough. A supportive birth partner can help guide the mother into positions that are safer, more effective, and more comfortable, especially when fatigue or fear begins to interfere.

Understanding Your Right to Choose
International guidelines, including those

from the American College of Obstetricians and Gynecologists (ACOG), emphasise that mothers should be informed about their birthing position options. This includes upright positions, hands-and-knees, side-lying, semi-sitting, or even water birth in certain settings. Unfortunately, in many cases, women are not routinely told that these options exist. Many discover the concept of alternative birthing positions only after attending prenatal or childbirth preparation classes.

In India, as in many parts of the world, the “supine” position—lying flat on the back—has become the default in hospital settings. While it allows care providers easier access for monitoring and intervention, it may not always be the most comfortable or efficient position for the mother. Lack of awareness creates a ripple effect: many women assume that this is the only way to give birth, simply because they have never been told otherwise.

Your birthing position can influence the entire course of labor—comfort, speed, and even the need for interventions. Benefits of exploring different positions include:

- Better alignment of the baby’s head with the birth canal
- Reduced pain and pressure on the lower back
- Improved oxygen supply to the baby
- More effective pushing
- Reduced chance of instrumental delivery
- Less likelihood of perineal tears

Upright positions (like squatting, standing, or leaning forward) use gravity to assist the baby’s descent. Hands-and-knees positions can relieve back pain and help rotate babies who are posterior. Side-lying can be extremely helpful for women who feel exhausted, have high blood pressure, or wish to slow the pace of labor safely.

Discussing Your Choices

Knowing your options is only one part of the journey; communicating them is equally important. Some hospitals and practitioners are flexible and supportive of alternative birthing positions, while others may have stricter policies based on staffing, space, or monitoring systems.

During your prenatal visits, initiate a conversation about:

- Which birthing positions are supported in the hospital
- Whether mobility during labor is encouraged
- Use of birthing tools like stools, balls, or bars
- Policies around continuous fetal monitoring
- The care provider’s experience with non-supine births

Empower Yourself Through Knowledge

Birth is one of life’s most transformative events, and every woman deserves the chance to navigate it with confidence and autonomy. Understanding birthing positions—and your right to choose them—can make labor not only more comfortable, but also more empowering. ♦



Magnesium for Everything? Not Quite

Magnesium has come into the spotlight—as the secret to better sleep, calmer nerves and stronger bones. But, is it safe to take it without medical guidance?



Dr. Aiswarya M. Nair

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BloomLife Hospital Pvt. Ltd.

Magnesium seems to have earned a spotlight in the wellness world in recent times. Once considered just another mineral among the many our bodies need, it is now promoted across social media as a cure for sleeplessness, stress, fatigue, and even mood issues.

Between online hype and real medical value lies an important question: Should you be taking magnesium on your own?

To understand the answer, we must first explore why magnesium matters. Much like sodium and potassium, magnesium plays a deeply integral role in keeping the body functioning smoothly. While it is present in common foods—nuts, legumes, milk, paneer—and even with a reasonably balanced diet, mild deficiencies can occur due to stress, lifestyle patterns, or certain medical conditions. This mineral helps regulate normal sleep cycles, supports bone growth, guards nerve health, aids thinking processes, and even contributes to blood sugar control. No wonder, it has recently begun appearing in fortified foods and multivitamin tablets, especially for people dealing with diabetes and lifestyle-related concerns. (It is also a component in some commonly used medicinal formulations, like Gelusil syrup, so the same ingredient can act differently depending on purpose and dosage.)

When do supplements come in?

Yet, despite its importance, magnesium is not the miracle fix that many online trends make it out to be. Sleep issues, for example, are seldom caused by magnesium deficiency alone. A person struggling with poor sleep might actually be dealing with depression, thyroid imbalance, diabetes, hypertension, or chronic stress—conditions that cannot be resolved with a single supplement. Magnesium may assist in improving sleep quality when used correctly, but it is not meant to replace medical evaluation or treat underlying disease.

In clinical practice, doctors usually consider magnesium supplementation only after eliminating more common causes of

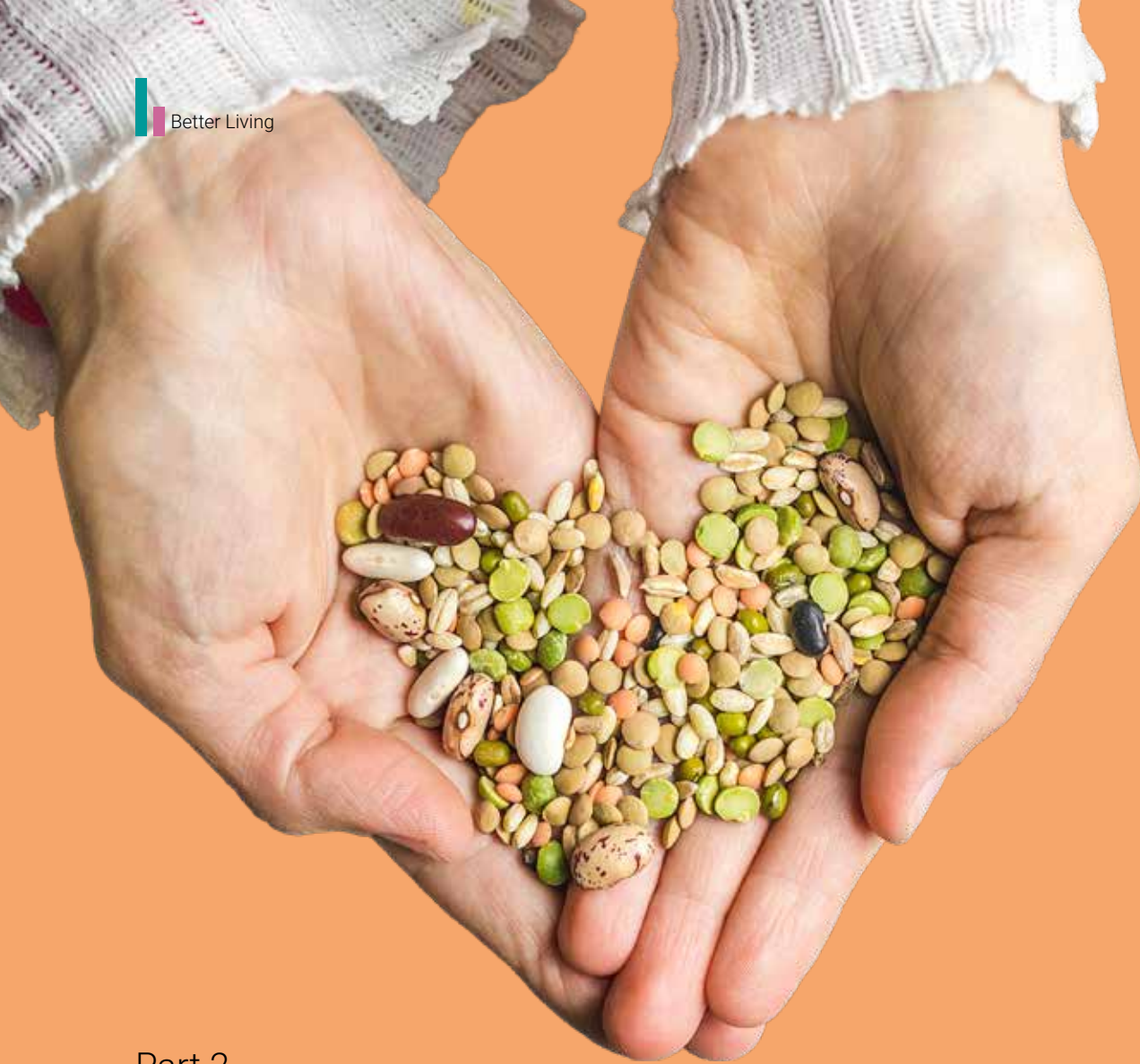
symptoms like muscle cramps, fatigue, or general tiredness. They check for anemia, thyroid issues, diabetes, hypertension, and Vitamin B12 deficiency before arriving at magnesium as a possible supporting treatment. Even then, it is prescribed carefully and in appropriate doses.

The misconception that magnesium is harmless often leads people to self-prescribe it. While over-the-counter supplements generally contain moderate amounts that are unlikely to cause immediate harm, they may also offer little benefit if the real issue lies elsewhere. More importantly, frequent or unnecessary use can cause side effects such as diarrhoea, low blood pressure, or interactions with regular medications. Worse still, self-prescription may delay diagnosis of conditions that require timely and targeted medical care.

The safest, simplest takeaway?

Magnesium is useful—but not universally, and certainly not without guidance. Self-prescribing supplements based on online recommendations may feel empowering, but it often leads to more confusion, delayed diagnosis, and avoidable complications. Before reaching for a supplement, reach out to a doctor who can assess your symptoms, understand your lifestyle, and recommend what your body actually needs. Your health deserves expertise, not experiments. ♦





Part 2

Seed Cycling

The Feminine Nutrition Ritual

Once we understand the rhythm of the menstrual cycle, seed cycling becomes beautifully intuitive, with each half of the cycle calling for a different kind of nourishment. In Part 2, of this series we look at exactly how to practice seed cycling, how to recognize the two phases of your cycle, and how to incorporate the blends into everyday meals in a way that feels natural and enjoyable.

Shweta R.
Clinical Dietitian
BloomLife Hospital Pvt. Ltd.

When followed consistently, seed cycling can help the body ease into a more natural hormonal flow. Many women notice reduced PMS, more predictable cycles, softer moods, clearer skin, better sleep, fewer cravings, and a general feeling of being more at home in their bodies. Over time, it may also support those managing PCOS, thyroid imbalances, or irregular cycles—not by forcing change, but by nourishing the systems that create it.

Importantly, seed cycling is not a quick fix. It's a conversation—patient, gentle, rhythmic—and incredibly powerful.

The Science Behind the Seeds

INGREDIENT	KEY NUTRIENTS	WHAT IT SUPPORTS
Flax & Sesame	Lignans	Balance estrogen; aids detoxing
Pumpkin & Sesame	Zinc	Supports ovulation & hormone formation
Sunflower	Vitamin E + Selenium	Stabilizes progesterone and reduces PMS
Hemp	Omega-3 Fatty Acids	Reduces inflammation and anxiety
Moringa	Iron + Antioxidants	Energy & blood nourishment
Shatavari	Phytoestrogens	Fertility, hormonal rise & rebuilding
Chamomile	Apigenin	Lowers cortisol, eases stress & improves sleep

Together, these ingredients help the body return to hormonal harmony.

How to Practice Seed Cycling

To begin, simply track your cycle. **Day 1** is the first day of your period.

From **Day 1 to Day 14**—the **Follicular Phase**—the body is rising in energy, creativity, and estrogen. During this phase, the **Phase 1 Blend** (Pumpkin, Flax, Hemp, Moringa, and Shatavari) supports the body in nourishing and balancing estrogen while building clarity and vitality. You can add this blend to smoothies, sprinkle it over oats, or even stir it into warm breakfast bowls.

From **Day 15 to Day 28**—the **Luteal Phase**—the body enters a softer state, where progesterone guides calm, release, and groundedness. The **Phase 2 Blend** (Sesame, Sunflower, Hemp, Moringa, and Chamomile) encourages emotional steadiness, less bloating, deeper rest, and a smoother premenstrual week. Stir it into curd bowls, blend into smoothies, or roll into simple energy bites for easy daily use.

If committing to the full blends feels overwhelming at first, you can simply begin with the core cycle of flax and pumpkin seeds in the first half, and sesame and sunflower in the second. Your body responds to consistency, not complexity.

This practice is not about being perfect—it is about being in rhythm.

Let Food Be Your Hormone Whisperer

Your hormones are not unpredictable forces to be controlled—they are delicate messengers asking for nourishment, rest, rhythm, and understanding.

Seed cycling isn't a diet, a cleanse, or a challenge.

It's a gentle reminder that your body is cyclical—not mechanical.

When you feed your body in alignment with its natural rhythm, balance no longer feels like something to chase. It becomes the way you live. ♦



Menopause

Symptoms Decoded



Dr. Nalini T.

Senior Consultant –
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BloomLife Hospital Pvt. Ltd.

Menopause marks the end of one chapter but not the beginning of decline. With proper guidance and a personalised approach, women can navigate this transition with confidence, comfort, and clarity.

Menopause is a natural transition, but for many women, it arrives with a surprising range of physical and emotional changes. While the experience differs from one woman to another, the underlying cause is the same: A gradual decline in ovarian function. As the ovaries slow down, the body produces less estrogen—a hormone essential not just for reproductive health but for the smooth functioning of multiple systems throughout the body. At the same time, the brain responds by secreting higher levels of follicle-stimulating hormone (FSH), a signal that the ovaries are no longer responding the way they used to.

This hormonal shift—low estrogen combined with high FSH—creates the foundation for most menopausal symptoms. And because estrogen receptors exist throughout the body, its deficiency can touch nearly every organ system. Yet, not all women experience symptoms in the same way. Some glide through menopause almost effortlessly; others find the transition physically uncomfortable or emotionally taxing.

When Estrogen Drops, the Whole Body Feels It

One of the hallmark features of menopause is the occurrence of **hot flashes and night sweats**. Many women describe a sudden wave of heat rising through the chest, neck, and face—often accompanied by sweating or a flushed feeling. Some compare it to “being inside a boiler.” These episodes can happen during the day or at night, disrupting sleep and contributing to fatigue.

The drop in estrogen also affects the brain’s sleep-regulation pathways, which explains why sleep disturbances are common. Women often report difficulty falling asleep, waking up multiple times, or experiencing a sense of restlessness at night. Poor sleep can then lead to irritability, mood swings, or even anger outbursts, reinforcing the emotional rollercoaster associated with menopause.

While it is easy to dismiss menopausal mood changes as irritability or “hormonal behavior,” the reality is more complex. Estrogen influences neurotransmitters like serotonin and dopamine—chemicals that regulate mood, stress response, and emotional balance. When estrogen levels fall, women may experience heightened anxiety, low mood, or increased sensitivity to stress.

Changes in the Reproductive and Urinary Systems

Estrogen also plays a crucial role in maintaining the health and elasticity of vaginal and urinary tissues. With its decline, many women experience **vaginal dryness, itching, and discomfort**—especially during intercourse. Others may notice **urethral symptoms**, such as burning, increased urinary frequency, or a sensation of incomplete emptying. These issues arise because the tissues become thinner, less lubricated, and more prone to irritation. While these symptoms can be uncomfortable, they are treatable.

How to Approach to Menopausal Care

One of the most important aspects of managing menopause is recognising that no two women experience it the same way. **Treatment should always be guided by the individual’s specific set of symptoms rather than a one-size-fits-all plan.** Before starting treatment, it is important for healthcare providers to rule out underlying cardiac, thyroid, or metabolic issue contributing to the symptoms.

Once these possibilities are ruled out, the focus shifts to **symptom-specific management**—whether through lifestyle changes, hormone therapy, non-hormonal medications, or supportive treatments. ♦



The Hidden Risks of “Reel” Medicine



Dr. Kumudhini Subramaniam

Consultant – Dermatology & Aesthetics
BloomLife Hospital Pvt. Ltd.

With so many influencers sharing tips and solutions to skin and hair issues, why should one bother seeing a dermatologist? Reality hits a little differently – science-backed diagnosis and treatment go a much longer way when it comes to better health in every way.

In today's world of viral beauty hacks and 30-second skincare reels, it's easy to believe that glowing, healthy skin is just one trend away. Social media often presents skincare as quick, easy, and universally applicable—as if one routine could work for every skin type, climate, age, and medical background.

However, behind the filters and sponsored posts lies a growing, concerning reality: Dermatologists are seeing an alarming rise in patients who have attempted to “treat” themselves after watching online videos, only to land in clinics with chemical burns, pigment changes, severe acne flare-ups, or irreversible scarring.

What begins as an innocent attempt to “fix” a skin concern quickly becomes a cycle of trial, error, and damage. Misdiagnosing yourself based on a reel doesn't just delay proper treatment—it allows underlying conditions to worsen silently.

The truth is simple yet often ignored: There is no universal skincare routine. What works wonders for one person may be irritating, damaging, or completely ineffective for another.

Many of these complications could be avoided if patients sought

professional advice early on. When people rely on non-professional online advice, they not only risk aggravating existing problems, but also potentially masking serious conditions requiring urgent attention. Something as common as “dry skin” could in fact be eczema, psoriasis, or a fungal infection—all of which need medical management, not home remedies or random product layering.

Why Dermatologists Matter

Unlike viral influencers, dermatologists base their decisions on science, clinical training, experience and evidence—not trends, sponsorships, or affiliate links. Popular online skincare routines often promote products for visibility, not effectiveness.

Dermatologists, on the other hand, offer a wide range of clinical treatments:

- Prescription medicines
- Chemical peels
- Laser therapies
- Microneedling and injectables
- Advanced diagnostics for chronic conditions

These procedures require precise judgment, the right indications, and safe administration. A consultation is far more than a quick glance; it includes a detailed assessment of your skin type, lifestyle, medical history, and the root cause of the problem.

The safest, most effective skincare routine is one built for you, not for the internet. Your skin is a living, delicate organ, not a platform for experimentation. Resist the temptation to replicate trending routines or try unverified hacks. Instead, invest in qualified, personalised medical guidance so your treatment is effective, long-lasting, and truly safe. ♦



Above 40?

Why Age Matters In Health Insurance

As we enter our 40s, the importance of health insurance increases, but premiums climb, waiting periods lengthen, and health risks grow. Understanding how it all works—and what steps you must take—can make help make it easier.

Dr. Riya Prathab

Manager – Billing & Insurance BloomLife Hospital Pvt. Ltd.

With age, health risks naturally increase, and so do the complexities surrounding insurance coverage. Most insurance companies adjust their premiums according to age brackets, and the jump after 40 can be steep. As the likelihood of health issues increases with age, insurers factor this into their risk assessment, resulting in higher premiums and longer waiting periods for coverage of illnesses and procedures.

This is why experts strongly advise securing health insurance early—ideally in your 20s or 30s—when premiums are low and waiting periods are shorter. Once you cross 60, waiting periods for many conditions can go up to four years (medical emergencies excluded). By then, securing a new policy becomes significantly more challenging.

40+: Start With a Full Health Check

If you are applying for health insurance for the first time after 40, begin with a complete medical check-up at an accredited lab or hospital. Submitting these results with your application helps establish a baseline of your health.

Why is a Health Check-up Important?

Because when a new health condition appears later, there is clear documentation that it is not a pre-existing illness. This greatly reduces the chances of claim rejections, disputes, or delays.

Insurance companies often deny claims if they believe a condition existed prior to the policy being issued. Transparent records help prevent this.

Plan for Annual Health Updates

Once insured, it is crucial to undergo a health check every year and update your insurer about any new health issues or comorbidities that may arise. Many policyholders hesitate to disclose new diagnoses fearing higher premiums—but withholding information can cause bigger problems later.

Keeping insurers informed shows that you are transparent and responsible. In the event of a claim, these updates become proof that you have not hidden any pre-existing conditions. It also ensures smoother processing and fewer queries during an emergency.

Compare Before You Commit

Each insurance company has its own rules regarding premiums, waiting periods, pre-existing disease coverage, and inclusions/exclusions. Before applying or renewing a policy:

- Compare multiple insurers
- Read the fine print on waiting periods and coverage restrictions
- Check what preventive health checkups are included
- Understand hospital network coverage

Choosing the right policy can make a tremendous difference in the quality of care you receive when you need it most. ♦

If you have any specific queries related to medical insurance aspects, write to us at info@bloomhealthcare.in



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- ◆ **Pulmonology**
- ◆ **AYUSH Wellness**
- ◆ **Dentistry**
- ◆ **Dermatology**
- ◆ **Endocrinology**
- ◆ **Radiology**
- ◆ **Physiotherapy**



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