

INDIAN SPINAL INJURIES CENTRE

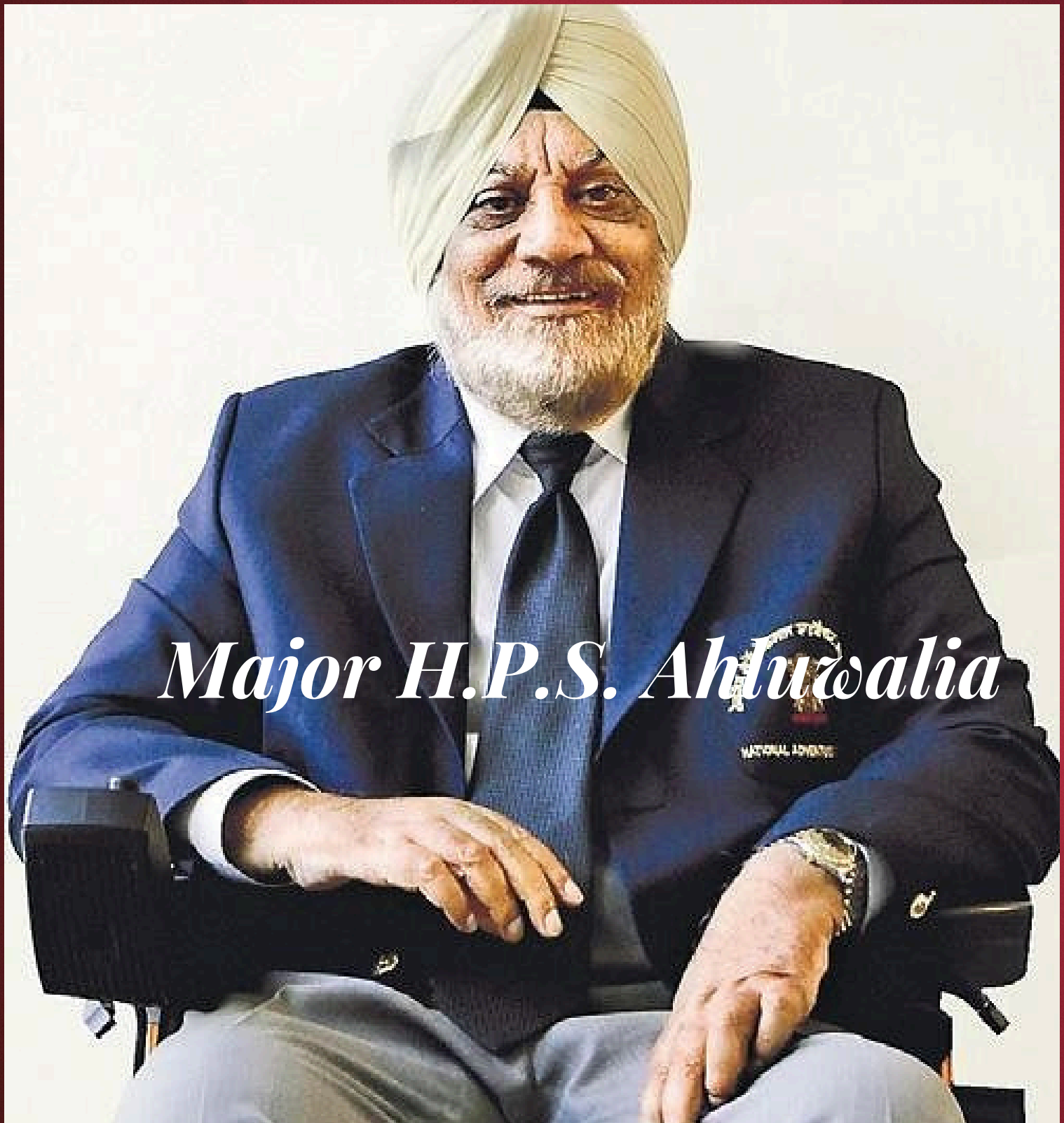
THE POWER OF THE MIND

NEURO-UROLOGY MAGAZINE

SIXTH EDITION

When Awareness Becomes Cure: The Science and Spirit Behind Eradicating Neglected Neurogenic Bladder by 2030

ISIC CAMPAIGN: ERADICATE "NEGLECTED NEUROGENIC BLADDER" BY 2030



Major H.P.S. Ahluwalia

THE POWER OF THE MIND

You can achieve anything in the World with the Power of your Mind



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Indian spinal injuries centre

THE MIND THAT NEVER GIVES UP

IN CONVERSATION WITH MRS. BHOLI AHLUWALIA

Editor: Mrs. Ahluwalia, every time people walk through ISIC they talk about an atmosphere of quiet courage. How do you describe what you see every day?

Mrs. Ahluwalia: I often say our corridors breathe stories. Every face carries a mix of pain and determination. You can almost feel the heartbeat of hope here—people who arrive unsure if they'll ever stand again, yet slowly rediscover what strength really means.

Editor: The theme of this issue—Reclaiming Strength: The Journey from Pain to Purpose—seems to echo that spirit.

Mrs. Ahluwalia: Absolutely. Rehabilitation isn't just about muscles and movement. It's about awakening something far deeper—the belief that life can still be beautiful and meaningful. At ISIC we've learned that the real battle is fought in the mind long before it's won in the body.

Editor: ISIC has grown from a hospital into what many call a movement. How did that transformation happen?

Mrs. Ahluwalia: It happened because we refused to limit ourselves to treatment alone. Under our team's vision—our doctors, nurses, physiotherapists, psychologists, and peer counsellors—we began to look at healing as a partnership. Over time that partnership turned into a culture. ISIC became a living symbol of compassion and empowerment.

Editor: You've been championing the mission to eradicate neglected neurogenic bladder by 2030. Why is this so close to your heart?

Mrs. Ahluwalia: Because neglect is silent. So many spinal injury patients lose kidney function or even their lives simply because no one told them about bladder care. It's heartbreaking. Through this national campaign we're saying loud and clear: awareness itself is a cure. It's our moral duty to make sure every patient receives the knowledge and guidance they deserve.

Editor: What role have the nurses and peer counsellors played in this?

Mrs. Ahluwalia: They are the torchbearers. A nurse's patience, a peer counsellor's shared experience—these are the bridges between science and soul. They sit with patients, teach self-catheterization, talk about sexuality, listen without judgment. Their empathy heals what medicine alone cannot.

Editor: Technology is also becoming part of ISIC's story—teleconsultation, online education, SciBladder.com. How do you balance technology with compassion?

Mrs. Ahluwalia: For us, technology is just an extended hand of humanity. It allows our care to travel where our staff physically can't. A video call from a nurse, an online counselling session, a training module in a remote village—these make ISIC's promise of lifelong care truly accessible.



Mrs Bholi Ahluwalia, Chairperson, Indian spinal injuries centre

Editor: You often speak about the power of the mind. What does that phrase personally mean to you?

Mrs. Ahluwalia: It means refusing to break. Strength isn't measured by what you can lift; it's measured by what you refuse to let crush your spirit. I've seen patients who can't move their limbs but move everyone around them with their willpower. That, to me, is the essence of healing.

Editor: Finally, what message would you like to leave for readers of Power of the Mind?

Mrs. Ahluwalia: Believe in your own resilience. Every setback carries a hidden seed of transformation. When we nurture courage, empathy, and awareness together, limitations fade and possibilities open. That is the ISIC spirit—and I hope it inspires everyone who reads this issue.

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WHEN AWARENESS BECOMES CURE: THE SCIENCE AND SPIRIT BEHIND ERADICATING NEGLECTED NEUROGENIC BLADDER BY 2030

IN CONVERSATION WITH DR. DINESH SUMAN
DEAN AND SENIOR CONSULTANT NEUROUROLOGIST

Editor: Dr. Suman, when you talk about spinal cord injury rehabilitation, you often emphasize awareness as the real cure. Could you explain what you mean by that?

Dr. Dinesh Suman: Over the years, I've realized that the biggest disease we face in spinal injury care isn't paralysis—it's neglect. Patients and families are usually told about physiotherapy and wheelchair training, but almost no one tells them about the bladder. Yet the bladder is where silent damage begins. Without proper guidance, high pressure builds up, kidneys get damaged, infections recur, and eventually, we lose what could have been saved.

Editor: So the problem isn't lack of treatment options—it's lack of information?

Dr. Suman: Exactly. Thousands of people across India are living with complications simply because no one explained the importance of bladder care after spinal injury. Many are discharged after surgery with a catheter still in place, with no plan for long-term management. By the time they come to us, they've already developed kidney failure. That's not fate—it's failure of communication in the healthcare system.

Editor: And this led to ISIC's national campaign—Eradicate Neglected Neurogenic Bladder by 2030. How did that begin?

Dr. Suman: It began with a simple conviction—that we can't allow ignorance to keep killing quietly. In 2024, we decided to make it a national mission. The goal is ambitious but necessary: by 2030, every spinal cord injury patient in India should receive early urological evaluation, proper counselling, and lifelong follow-up. It's not just a medical campaign—it's a social awakening.

Editor: What exactly does the campaign involve?

Dr. Suman: It's multi-layered. We're conducting workshops for doctors and nurses, awareness sessions for patients and families, and online training programs for healthcare professionals across India. We're also using digital media to reach the grassroots—short videos, webinars, and platforms like SciBladder.com, which act as 24/7 classrooms for patients.

Editor: You often use the phrase “awareness is cure.” It sounds poetic but powerful.

Dr. Suman: Because it's true. Once a patient understands how the bladder works after injury, half the battle is won. They learn clean intermittent catheterization (CIC), infection prevention, medication timing, and signs of high pressure or autonomic dysreflexia. These are life-saving habits, not just medical instructions.

Editor: How do nurse counsellors and peer educators fit into this framework?

Dr. Suman: They're the foundation. Nurses are trained to teach CIC, recognize red flags, and counsel patients with sensitivity. Peer counsellors—who were once patients themselves—add something irreplaceable: trust. When a newly injured person hears advice from someone who's lived that journey, it carries real weight. That's how education becomes empowerment.

Editor: What role does technology play in all of this?

Dr. Suman: A huge one. Teleconsultations help us follow up with patients who live hundreds of kilometres away. AI-based symptom trackers and mobile reminders are being developed to prompt regular bladder checks. The goal is to make bladder care continuous, not episodic. Every patient, no matter where they live, should feel ISIC is only a click away.

Editor: That's visionary. But on the ground, what kind of change have you seen already?

Dr. Suman: Encouraging ones. Patients who were lost to follow-up years ago are now returning. Families are more engaged in care routines. And the most heartening part—former patients are volunteering to educate others. One young man from Bihar, who once lost his kidneys due to ignorance, now spends his weekends guiding new patients. He often says, “If someone had told me this earlier, I would have saved my kidneys.” That single sentence explains why this mission matters.

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CONTINUED CONVERSATION WITH DR. DINESH SUMAN

Editor: What do you see as the biggest challenge going forward?

Dr. Suman: Changing mindsets—both among medical professionals and the public. We need every spine surgeon, neurologist, and rehabilitation doctor to realize that bladder care is not optional; it's integral. And we need patients to know that taking ownership of their bladder health is as important as walking again.

Editor: And your dream for 2030?

Dr. Suman: A country where no spinal injury patient dies of ignorance. Where every discharge summary includes bladder counselling. Where nurse counsellors and tele-urology platforms make follow-up care accessible in every district. It's not just about saving kidneys—it's about restoring dignity and independence.

Editor: That's a powerful message. If you had to summarize the spirit of this campaign in one line?

Dr. Suman: "When awareness spreads, neglect disappears. When the mind awakens, healing begins." That's the essence of what we're doing—turning knowledge into life.

Healing Beyond Muscles: The Psychology of Rehabilitation in Spinal Cord Injury

In Conversation with Ms. Perna

Editor: Ms. Perna, when someone sustains a spinal cord injury, medicine immediately focuses on the body. But you often say recovery really begins in the mind. What makes you say that?

Ms. Perna: Because I see it every day. The body may be injured in seconds, but the mind takes months—sometimes years—to accept and rebuild. The first real step in rehabilitation isn't standing up from the wheelchair; it's believing that life can still be lived fully. That belief changes everything.

Editor: What are the emotional stages patients typically go through after such an injury?

Ms. Perna: The same ones anyone faces after loss—shock, denial, anger, sadness, and finally acceptance. Many grieve for the person they used to be: the athlete, the breadwinner, the parent who could lift a child. We tell them that grief is not weakness; it's a natural process of re-adjusting. Healing starts when you allow yourself to feel, rather than fight, those emotions.

Editor: You work closely with physiotherapists and doctors. How does psychological therapy blend with physical rehabilitation?

Ms. Perna: They're inseparable. When a patient loses motivation, even the best physiotherapy won't help. So we treat the mind like a muscle—it needs daily training. We use mindfulness, visualization, gratitude journaling, and small-goal setting. For example, we might ask a patient to imagine moving their fingers or picture themselves transferring to a wheelchair. That mental rehearsal activates the same neural circuits that physical movement would.

Editor: That's fascinating—so the imagination itself becomes therapy?

Ms. Perna: Exactly. Visualization gives the nervous system a direction. And gratitude journaling—writing three things you're thankful for each day—gradually shifts focus from loss to possibility. It's simple but powerful.

Editor: How important is peer support in this emotional recovery?

Ms. Perna: It's priceless. When a newly injured person meets someone who's living independently in a wheelchair, it's like seeing the future with hope. We have peer counsellors who share their own stories—their breakdowns, their breakthroughs. That authenticity cuts through fear faster than any lecture.

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Editor: And what about families? They're often the silent sufferers.

Ms. Prerna: You're absolutely right. Families go through burnout, anxiety, even guilt—especially parents or spouses. We include them in counselling sessions early on. We help them set realistic expectations and boundaries, so they can support without collapsing themselves. A supported caregiver is the strongest medicine for the patient.

Editor: India's cultural and spiritual landscape is quite diverse. Do patients draw strength from that?

Ms. Prerna: Definitely. Many find solace in prayer, meditation, or simply in the idea of surrendering to something larger than themselves. We encourage it—not as an escape, but as grounding. Spiritual acceptance often brings calm where logic fails.

Editor: How do you measure psychological progress?

Ms. Prerna: We use scales like the Resilience Index or Quality-of-Life questionnaires, but the truest measure is human. When a patient smiles after weeks of silence, when a mother learns to help her son without tears, when a young man begins sketching again despite limited hand movement—that's success.

Editor: Have you seen patients transform completely through this process?

Ms. Prerna: Oh yes. Some of our strongest peer counsellors were once our most withdrawn patients. They've turned their pain into purpose—mentoring others, giving talks, running online support groups. They're living proof that healing the mind heals everything else.

Editor: If you had to sum up your philosophy in one line?

Ms. Prerna: "Rehabilitation isn't about fixing a body; it's about rediscovering meaning." Once the mind finds meaning, the body follows. At ISIC, we heal bodies with science—but we heal souls with hope.

Technology with a Heart: How Digital Health Is Reimagining SCI Care in India **In Conversation with Dr. Ashish Chandra** **Chief Operating Officer**

Editor: Dr. Chandra, when people think of rehabilitation, they usually imagine therapy gyms and bedside care—not technology. Yet ISIC seems to be changing that picture entirely. How did this journey toward digital rehabilitation begin?

Dr. Ashish Chandra: It started with a very simple realization—rehabilitation doesn't end when the patient leaves the hospital. After discharge, patients are often hundreds of kilometres away, facing daily challenges with bladder care, mobility, or even emotional support. We asked ourselves: How do we stay connected with them? Technology became the natural bridge.

Editor: So it wasn't about digitization for its own sake, but about continuity of care?

Dr. Chandra: Exactly. For us, technology is never about gadgets—it's about human connection. A video call that prevents a hospital admission, an online course that empowers a nurse in a rural area, or a digital reminder that helps a patient maintain a bladder schedule—these are simple but life-changing.

Editor: One of the most talked-about platforms is SciBladder.com, which Dr. Suman founded. Could you tell us how it fits into ISIC's digital vision?

Dr. Chandra: SciBladder.com is revolutionary in its simplicity. It's India's first dedicated online resource for bladder and urological care in spinal cord injury. What makes it special is that it speaks the patient's language—literally. It explains CIC, infection prevention, and sexual health through easy videos, infographics, and Hindi-English content. Patients often tell us, "For the first time, we actually understood what the doctor meant." That's the kind of clarity we want every patient to have.

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Editor: That sounds like a model that could inspire the entire healthcare system.

Dr. Chandra: I believe so. We've already proven that compassion and connectivity can coexist. The next step is integration—where technology, training, and teamwork converge to make lifelong rehabilitation a right, not a privilege.

Editor: If you could summarize ISIC's digital philosophy in one line, what would it be?

Dr. Chandra: "Rehabilitation is not confined to hospital walls—it must reach every home and every heart." That's what drives us every single day.



THE UNSEEN BACKBONE: NURSES AND PEER COUNSELLORS AS CHANGE-MAKERS IN SPINAL CORD INJURY REHABILITATION

IN CONVERSATION WITH THE UNSUNG HEALERS—NURSES AND COUNSELLORS

Editor: When most people think of hospitals, they picture surgeons and specialists. But here at ISIC, the real stories of strength often start with nurses and peer counsellors. How do you all see your role?

CNS Ms JOTHY: We call ourselves “the steady hands of healing.” The doctor’s prescription is the beginning; we carry it through every day. From teaching patients how to do clean intermittent catheterization (CIC) to checking for infections, we’re with them in every small victory and setback.

Peer Counsellor Rajiv: And for us peers, it’s about showing what’s possible. I was a patient here ten years ago. When someone says, “You don’t know how this feels,” I can smile and say, “Actually, I do.” That changes the whole conversation.

Editor: That’s powerful. Jitender, do you remember your first experience teaching a patient CIC?

Urology Nurse Mr Jitender: Oh, very clearly. The patient was terrified—he couldn’t imagine inserting a catheter himself. I told him gently, “This isn’t a medical device; it’s your key to independence.” He looked at me like I’d said something impossible. A week later, he was doing it confidently. That’s the magic of trust.

Editor: Rajesh, what did it feel like to move from patient to counsellor?

Peer Counsellor Rajiv: Emotional, honestly. When I was admitted, I felt my life was over. But a peer counsellor came to talk to me—he showed me how he drove, worked, even travelled. That moment planted a seed: if he can, maybe I can too. Now, when I meet a new patient, I see my old self in their eyes. I try to pass that same light forward.

Editor: There’s a beautiful rhythm in how nurses and peers work together. How does that teamwork play out?

CNS Ms JOTHY: It’s almost like a duet. I explain the medical “why,” Rajesh explains the lived “how.” I might demonstrate a bladder routine; he’ll say, “Here’s how I manage it at home.” Together, we cover both science and life.

Peer Counsellor Rajiv: Patients listen to both sides—the clinical and the practical. It makes learning complete.

Editor: Many patients struggle with sexuality and self-image after injury. How do you handle those sensitive conversations?

CNS Ms JOTHY: With honesty and compassion. We reassure them that intimacy and fertility are still possible—just different. We talk about emotional connection first, then about safe methods and adaptations. Silence breeds fear; conversation brings healing.

Editor: And Rajiv, what’s your approach when the discussion turns personal or emotional?

Peer Counsellor Rajiv: I just tell my story. I talk about how I faced rejection, how I rebuilt my confidence, how I found love again. When you speak from truth, people stop feeling embarrassed. They start feeling hopeful.

Editor: ISIC has even formalized your roles with certified training programs, right?

CNS Ms JOTHY: Yes. The Certified Nurse Counsellor and Peer Counsellor Training Programs have changed everything. We study modules on bladder, bowel, sexuality, fertility, counselling, communication—everything needed for holistic care. We graduate not just as staff but as ambassadors of awareness.



Editor: You both sound like educators as much as caregivers.

Peer Counsellor Rajiv: Absolutely. We conduct workshops in schools, rehab centers, and even online. Many of us run local SCI support groups now. The goal is to make awareness ripple outward.

Editor: What keeps you both going on tough days?

CNS Ms JOTHY: When a patient who once cried out of fear now smiles and says, “Sister, I did it myself.” That’s fuel for the soul.

Peer Counsellor Rajiv: For me, it’s seeing a new patient roll into the ward defeated and leave with purpose. You can’t measure that in salary or hours—it’s pure satisfaction.

Editor: Dr. Suman once said, “Doctors prescribe, but nurses and peers make it sustainable.” Do you agree?

Both (laughing): Completely!

CNS Ms JOTHY: Without the follow-through, even the best treatment remains theory.

Peer Counsellor Rajiv: We make sure that theory becomes someone’s new normal.

Editor: What message would you give to others who want to join this field?

CNS Ms JOTHY: Don’t underestimate the power of gentle consistency. Healing is built on a thousand small acts of care.

Peer Counsellor Rajiv: And remember—you don’t need perfect legs to stand tall. You just need purpose.

Editor: Beautifully said. You both truly are the unseen backbone of ISIC—turning medicine into humanity every single day.

In Conversation with the ISIC Warriors Finding Meaning After the Fall: Real Stories of Resilience from the ISIC Family

Varun: From Tears to Triumph

Editor: Varun, when you first came to ISIC, you were just seventeen. What do you remember from those early days?

Varun: Honestly? Just darkness. I didn’t want to talk to anyone. I had fallen from a terrace, lost movement in my legs, and couldn’t imagine any future. My mother cried all day, and I cried all night.

Editor: That sounds heartbreaking. What turned things around for you?

Varun: One day a peer counsellor visited my room — a man in a wheelchair. He laughed, cracked jokes, and showed me pictures of himself travelling. I was stunned. He wasn’t broken; he was alive. That moment changed me. The next morning I joined therapy. Slowly I learned self-catheterization, started doing wheelchair transfers, and took up an online design course.

Editor: And now?

Varun: Now I visit ISIC as a volunteer counsellor. I tell new patients, “You may not walk again, but you can still move the world.” The day I first rolled my wheelchair out on my own, I felt free.

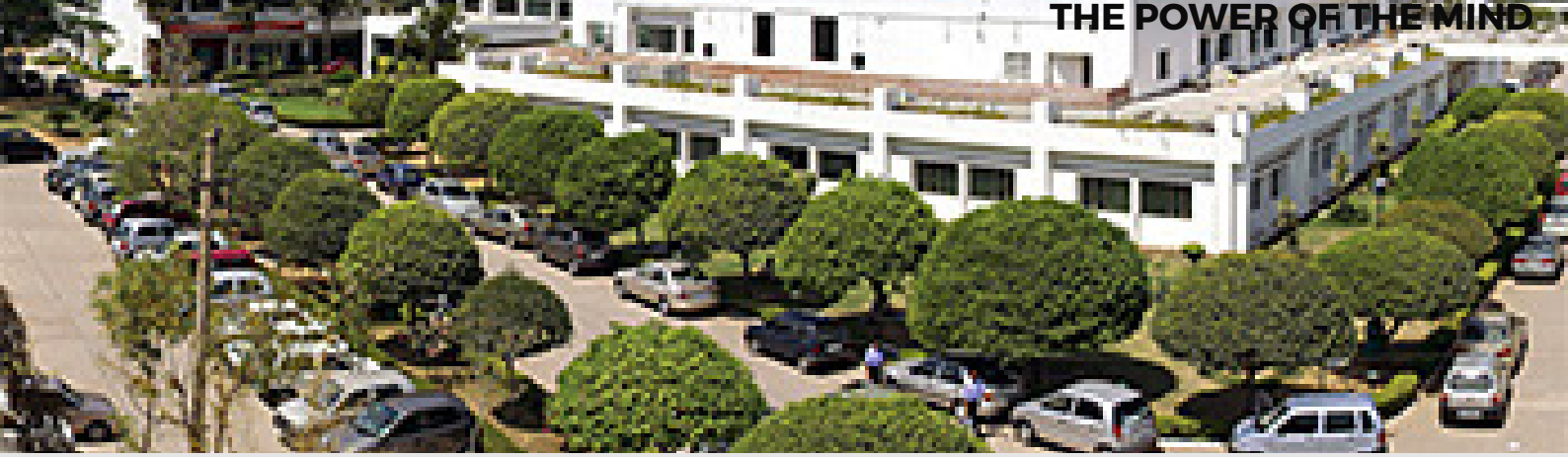
Meera: Love That Never Quit

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Rakesh: Exactly. The psychologist noticed and encouraged me to teach English and math to patients and staff children. Today, I teach dozens of students online from home. I may not stand in a classroom anymore, but I still stand for what I love — education.

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Zubair: (laughs) Yes! My favourite track “Rise Again” plays every morning. It reminds everyone — including me — that rhythm doesn’t need fingers; it needs heart.



Moving Forward: stories of Inspiration

Editor's Reflection: The Common Thread

Every one of these voices — Varun, Meera, Ankit, Kavita, Rakesh, and Zubair — carries the same echo: the power of the mind.

They didn't just recover; they reinvented what recovery means. At ISIC, they found not just doctors and therapists, but guides who taught them that rehabilitation isn't a department — it's a philosophy.

Each of them left us with a life worth remembering:

Varun: "Freedom began the day I rolled my wheelchair by myself."

Meera: "I stopped crying when I realized I could make others smile."

Ankit: "Love gave me reason; science gave me means; ISIC gave me courage."

Rakesh: "Purpose is the best therapy."

Zubair: "When I stopped chasing perfection, the music found me again."

Editor: These are not just stories of recovery — they're stories of rebirth. What unites them is the refusal to be defined by what's lost.

At ISIC, falling may be destiny, but rising again — that's always a choice.

ISIC, with all humility in service of humanity, has been Home to several thousands of our SCI friends, who have been successfully rehabilitated and amalgamated in their productive and healthy stream of life, after comprehensive SCI rehabilitation program. Many of our SCI friends are working as Doctors, lawyers, teachers, scholars, bankers, artists and painters etc and they have successfully established themselves in every conceivable walk of life and work. we are Proud of their achievements and more than that THE POWER OF THE MIND.