



THE STROKE AID SOCIETY
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[www:strokeaid.org](http://www.strokeaid.org)

NEWSLETTER - MAY/JUNE 2007

Hi everyone

The telephone number (as above) for our Office Manager and PRO, Sandra Colombick, is temporary. We are having renovations done to our existing therapy room, wherein Sandra will set up her office. Once up and running we will have permanent telephone and fax numbers.

OBITUARIES: We are very sorry to report the deaths of two of our long-standing former Committee members -

- Our much-loved PAULINE BRAVERMAN, who suffered so much during her illness but never let it interfere with her dealings with everyone around her. She always had a smile and was a most kind, helpful and dedicated lady. We appreciate all the hard work she did for Stroke Aid and her kindness to the members. Rest in peace Pauline, we will all miss you.
- MELVILLE PELS, who was always helpful to the Committee and members. He always knew the best action to take when problems were discussed at meetings. He will be sorely missed.

We extend sincere condolences to the families and friends of these wonderful members.

ANNUAL GENERAL MEETING: The AGM will be held on 21st August, 2007 at 10h00 at the Paterson Park Recreation Centre. Please try to attend. All welcome.

IMPORTANT – FOR VOLUNTEERS: Sandra, our PRO, needs to know when Volunteers are unable to attend on Tuesday morning so that she can make other arrangements for help at the various tables.

DONATIONS: We extend grateful thanks to Mr Roland Pillay for the very generous donation of 2 new Wheelchairs and 3 Walkers. They are much appreciated and will be well used by the members.

**Banking details: First National Bank, President Street West,
Branch Code: 250-705: A/C No. 50420026996**

The following article, which was published in Business Day, is from the website of I-Net Bridge, 17 January 2007: (Sent to us by Tony Webb of Port Elizabeth)

SEEING A BRAIN FROM INSIDE OUT

Most neurologists say the brain has only a short window, just six months, during which it can recover following a stroke. A woman who had a stroke, and who has studied the brain in a way few others have, disagrees

THE brain is an "amazing, resilient organ", much of which still remains a mystery to science. While the mysteries abound, most people have more control over how their brains function than they think, says US academic neuroanatomist Jill Bolte Taylor.

"We have a lot more say about what's going on inside our brains than we were ever taught," she says. "The thoughts we focus on become more prevalent. If there are thoughts you don't want to think about anymore, then you can teach yourself consciously to choose to activate new thought patterns by coming back to the present moment."

Taylor has studied the brain in a way few others have. As she suffered a rare form of stroke 10 years ago, she was conscious as she lost the left half of her brain. She remembers the day clearly, when she eventually curled up into a ball and expected to die.

"I was shocked when I awoke later," says Taylor, who teaches neuroanatomy to medical students at

Indiana University Bloomington campus.

"I couldn't talk. I couldn't understand language. I lost all recollection of my life and lost all perception of my physical presence - I was at one with the universe. By anyone's standard, I was completely disabled. I describe myself as an infant in a woman's body."

Taylor's new self-published book, *My Stroke of Insight: A Brain Scientist's Personal Journey*, offers a message of hope. The book describes in lay terms the anatomy underlying her experience of stroke and her commitment during the next eight years to rebuild the left side of her brain, all from her perspective of a curious scientist who considers her stroke a blessing.

"How many scientists have been able to study the brain from the inside out? I've got as much out of this experience of losing my left mind as I have in my entire academic career," she says. Most neurologists will tell you that the brain only has a short window, just six months, during which it can recover following a stroke.

Taylor disagrees.

"I watched my brain grow, change and recover for eight years before I thought I was fully recovered," she says.

Below are some of Taylor's suggestions and observations for recovering from a stroke.

For the survivor:

Give it time - much more time than the experts say. The brain is

constantly changing because it has a plasticity that lets its cells make new connections.

Honour the healing power of sleep.

With a brain trauma, every moment is filled with millions of bits of information. Sleep, says Taylor, is when the brain organises and files away this information, leaving people refreshed and ready to learn when they awake.

For caregivers:

Break every action down into little steps, otherwise the person recovering from the stroke could become discouraged by constant failure. Taylor uses the action of sitting up as an example. Instead of expecting someone who recovered from a stroke to sit up right away, begin with rocking - and celebrate the rocking. When the survivor can rock with enthusiasm, begin working on a roll - and celebrate it - until the person can progress to sitting up. Constantly remind the survivor how far they have come. "Keep it in my face that I've made progress. You

can't cheer enough." Taylor was not aware of her past during much of her recovery so she often was not aware of what she could and couldn't do - achievements were news to her.

For everyone:

Remember that the survivor is wounded, not stupid, and treat her or him with respect.

When talking with a survivor, come close to them and speak slowly and clearly. There is no need to speak loudly.

Be as patient with the survivor on the 20th time you teach him something as you were the first time. - Newswise
For more information about My Stroke of Insight: A Brain Scientist's Personal Journey, visit

www.drjilltaylor.com. To read a more about Taylor's experience, visit <http://newsinfo.iu.edu/web/page/normal/4481.html>. For more info, visit the SA Heart and Stroke Foundation at www.heartfoundation.co.za.

Business Day - @ Johnnic Communications

DEFINITION OF INCONTINENCE:

Incontinence is defined as “a condition in which involuntary loss of faeces is a social or a hygienic problem and becomes inconvenient”.

There many things that can be done to assist incontinence. The problem is accepting the situation and looking for help.

URINARY INCONTINENCE:

All age groups can be affected by urinary incontinence, but as you get older the likelihood increases. It is not a disease, but a symptom. Because of this, it can easily be diagnosed and treated by a dynamic health care team including nurses, doctors and physiotherapists. If incontinence stays untreated, the patient can suffer from severe urinary tract infections, skin irritations, pressure sores or social isolation. “Continence is a learned skill that forms part of the socialisation of all human beings. Control over the bladder is a norm in all societies. Involuntary urination may occur in adults as a result of unconsciousness due to an accident, injury to spinal nerves controlling the bladder,

certain health disorders, or a diseased bladder or a weak pelvic floor muscle. Where the individual is conscious of his or her incontinent state, embarrassment might lead to withdrawal from social interaction, isolation and depression.

WHAT CAUSES BLADDER WEAKNESS:

There are many physical and emotional conditions that cause incontinence. These include

- ❑ Bladder and urinary tract infections
- ❑ Vaginal infections or irritations
- ❑ Nerve damage caused by the trauma of childbirth
- ❑ Pregnancy
- ❑ Menopause
- ❑ Hormone imbalance
- ❑ Neurological disorders
- ❑ Alcohol and caffeine
- ❑ Medication
- ❑ Old Age
- ❑ Prostate related disorders and obstruction of the bladder neck
- ❑ Diabetes
- ❑ Sphincter that are damaged during surgery
- ❑ Spinal cord injury
- ❑ Obesity – it stretches and weakens the pelvic floor muscle.

KEGEL EXERCISE:

Most bladder problems occur when muscles are weak or too active. The Kegel exercises can help strengthen weak muscles by tightening the ring muscle (PCG muscle) around the rectum. The PCG (Pelvic) muscle can be identified by starting and stopping the flow of urine. This exercise should only be performed in order to identify the correct muscle group. The Kegel exercise must be done on an empty bladder.

Quick Kegels:

- ❑ Tighten and relax the Pelvic muscle as quickly as possible.

Slow Kegels:

- ❑ Tighten the PCG muscle, hold for a count of five, and relax
- ❑ Four sets of ten repetitions should be done each day
- ❑ Each week the number of repetitions should be increased by five.
- ❑ It may take up to 3 months to achieve results. *Rolling Inspiration Education Initiative*

Cheerio for now



Yvonne Thomé
SECRETARY

A volunteer is unpaid not because he/she is worthless: She/he is unpaid because she/he is priceless.

Te Rama Guides N2