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KRUPA

Compassion is Our Seva



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Swami Dayananda Krupa Home (A Unit of AIM for Seva) is duly registered under Section 51 (2) of the Rights of Persons with Disabilities Act, 2016 (Central Act 49 of 2016). Its registration is specifically for the operation of an institution committed to providing long-term care for individuals with developmental disabilities. The organization holds license number 8983/Adm.7/2022.

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Dear Readers



Namaste.

I am immensely happy to connect with you through KRUPA, the inaugural magazine of Swami Dayananda Krupa Home. It was our good fortune to have the Honorable Governor of Tamil Nadu, Thiru R.N. Ravi, release this first issue during the special inauguration of our upgraded campus on 06 April 2024. The event was timed to commemorate World Autism Week. The first copy of KRUPA was received by Swami Sakshatkrtananda Saraswati, Trustee of AIM for Seva, Chairman & Managing Trustee of Sri Gangadharesvar Trust, Rishikesh, and Chief Acharya of the Swami Dayananda Ashram, Rishikesh.

The roots of Swami Dayananda Krupa Home go back to 1998. The institution is around 25 years old – an adult in human terms. This is the age by which one is expected to finish their education and get busy with a job or some other life activity.

For parents whose children have developmental delays, adulthood brings on different questions. They become aware of their own advancing age, and the difficulty in continuing to provide nurturing care to their offspring. In due course, the question of ‘Who after me?’ becomes a primary concern.

When Pujya Swami Dayananda Saraswati observed that some of his students and followers were grappling with this question, he was moved. The seed of a thought was sown.

The word ‘Krupa’ means ‘compassion’.

Compassion was the foundation of Pujya Swami Dayananda Saraswati’s vision for this institution. Compassion for individuals with developmental disabilities, for their parents and family members, and for the larger society.

His vision became a guiding principle for our seva. Over the past quarter of a decade, we have worked hard to build Swami Dayananda Krupa Home as a centre of holistic care. We have integrated occupational therapy, medical attention, balanced nutrition, AYUSH wellness programmes, psychiatric intervention and physical activities in the sprawling 10-acre campus. The provision of residential facilities (short and long-term) helps the individuals, and their parents and caregivers, to experience the different aspects of treatment first-hand.

Through all this, each individual receives positive validation, which helps them to live with self-confidence and dignity.

As a step forward in our journey, we have started KRUPA, a monthly magazine. It will serve as a platform for knowledge sharing, dissemination of information and exchange of experiences. Be it for parents of individuals with developmental delays, or individuals who wish to learn more and contribute to helping in this field.

We start with a prayer to our beloved Guru and Founder, Pujya Swami Dayananda Saraswati, for his grace and guidance.

Warmest regards,

A handwritten signature in black ink that reads 'Sheela Balaji'.

SHEELA BALAJI
Chairperson & Managing Trustee



A Vision of Compassion

A seed of a thought that was sown around 25 years ago has now grown into an institution focused on positive change in the lives of individuals with developmental delays and their families. What propelled our seva with vigour? The overarching guiding principle of 'krupa' or compassion.

The seed of Swami Dayananda Krupa Home was sown in 1998 by Pujya Swami Dayananda Saraswati himself, when he observed some of his followers and students, whose children faced developmental delays. In particular, as the children grew older, the thought of "Who after me?" would set in deeply in the parents' mind, rendering them helpless, anxious and even distraught in some cases. In most cases, financial ability was restricted, as was physical and emotional support. The parents' fears of their children facing half-hearted care or even neglect, was based on real-life cases, and could not be dismissed.

To help both the parents and their children, Pujya Swamiji came up with the vision of an institution – a safe space where empathetic care is provided to help individuals with developmental delays to live with happiness and dignity.

When Mrs. Saroj Goenka came forward to donate a 10-acre parcel of land in Maduvankarai (near Sriperumbudur, 40 km from Chennai), the foundation of Krupa Home was laid. Her efforts to help bring Pujya Swamiji's vision come to life in the best way possible was instrumental in creating this world-class facility we are able to work in today.

The lush green campus is a verdant haven, with ample space for residents, caretakers and workers. The campus is well-guarded with fortified compound walls, security



THE VISION

When the organisation was formed, the name was centred on the word 'Krupa', which means 'compassion'. In line with Pujya Swamiji's vision, our vision was grounded in four important pillars:

- Compassion for the resident
- Compassion for the aged parents
- Compassion for the extended family
- Compassion towards the community



THE SEVA

Today, Swami Dayananda Krupa Home has 36 male residents, aged between 18 and 65 years of age, with wide-ranging developmental delays (such as autism, cerebral palsy and schizophrenia). The thoughtfully planned facilities and empathetic care provided, help to allay the concerns of the residents' parents and family members.

guard provision, 24x7 surveillance cameras and fire extinguisher.

Well-planned and built cottages with spacious rooms and restrooms are provided for all the residents. Trained caretakers, under the guidance of a qualified psychiatrist are employed to provide support and care for the residents. Apart from the weekly visits by general physicians, psychiatrists and monthly health checkups, we have an in-house Nurse Station with a qualified nurse that helps to provide urgent medical intervention when needed. We also have an arrangement with Jaya Hospital, Sriperumbudur, to treat our residents in case of a health emergency.

The following facilities have been built to provide holistic care and nurturing support for our residents.

ACTIVITY CENTRE

A wide range of activities focusing on Sensory Integration, Stimulation and Leisure Therapy are conducted in this space. Activities that integrate Leisure Therapy, Music Therapy, Art Therapy, Creative Movement Therapy, and Story Telling Sessions are planned and conducted. In addition, the following activities are carried out:

- Practice of exercises that focus on a range of movements
- Conducting training programmes to help residents retain learnt skills





- Conducting activities that focus on making residents function independently within the campus
- Conducting therapeutic activities, such as making paper bags, marbling, weaving therapy and making incense sticks

TREATMENT CENTRE

Staffed by members of The Buddhi Clinic, including a full-time physiotherapist, full-time psychologist, full-time yoga and naturopathy specialist and ayurvedic therapist, the Treatment Centre provides ample space for therapy sessions to be conducted for residents as per individual needs. The residents' parents / caregivers are invited for training sessions.



NURSE STATION

A qualified nurse is always available to provide immediate medical intervention as and when needed. Residents who are unwell are isolated and provided medical care until they feel better.

TRAINING CENTRE

The Training Centre was created with the vision of holding regular talks and training sessions for staff, field experts, parents and even the general public (in due course). Currently, training programmes conducted here include: Caretakers Training Programme, Cross Disability Training Programme, Counselling Skills, Behaviour Management Training and First Aid Training.



KITCHEN AND DINING

A spacious, clean and well-ventilated kitchen, and a spacious dining room with neatly arranged dining tables and chairs form the heart of Swami Dayananda Krupa Home. Nutritious, balanced meals are planned, cooked fresh and served. Residents are helped by caretakers during meal times as needed. Prior to starting the meal, the residents and staff chant a small prayer, after which they enjoy their meal.

OTHER FACILITIES

Four washing machines have been installed in the specially built laundry space. Clothes, sheets and other items are washed on a regular basis to maintain good hygiene and cleanliness. In addition to the above, SDKH houses residents' quarters, caretakers and staff quarters, guest residences, administration centre, security office, and a small temple.

It Takes A Village...

Or so it would seem, when we look at the multidisciplinary team that has been instituted to manage and run SDKH. It is their dedicated support and work that helps us sustain our seva over all these years.

Education and Training

- Special Educator
- Vocational Trainer
- Physical Education Trainer
- Yoga Therapist
- Weaver (for Weaving Therapy)

Healthcare and Therapy

- Psychologist
- Physiotherapist

- Occupational Therapist
- Social Worker
- Nurse

Facility Management and Support

- Caretakers
- Kitchen Manager
- Resident Manager
- Housekeeping Staff
- Security Officer
- Maintenance Technicians
- Administrative Officer
- Accountant
- Office Assistant

If you would like to explore the short / long-term services at Swami Dayananda Krupa Home, or learn more about our work on the ground, please reach out to us at contact@aimforseva.in.

Compassion, Empathy and Dedication

A personal experience with Swami Dayananda Krupa Home

- By Dr. L. Subramanyam



It is my pleasure and privilege to share my personal experience with Swami Dayananda Krupa Home (SDKH), in this inaugural issue of KRUPA magazine.

I have been closely associated with Krupa Home since 2002. My nephew, Sandeep V., an intellectually impaired individual, was under the care of Prof. P. Jayachandran at Vijay Human Service, in Chennai, till he was 20 years old. After Sandeep lost his parents in 2002, Prof. Jayachandran suggested that we explore SDKH as an option for Sandeep, as he was in need of total care. Prof. Jayachandran was a follower of Pujya Swami Dayananda Saraswati, and he was well aware of the compassionate vision of SDKH. Pujya Swamiji himself helped with Sandeep's admission at SDKH.

Swami Dayananda Krupa Home, inspired by the vision of Pujya Sri Swami Dayananda Saraswati, has created an exemplary support structure for adult men with neurodevelopmental disorders like autism spectrum disorder (ASD), attention deficit hyperactive disorders (ADHD), learning disability (LD), intellectual disability, Down syndrome and other conditions. Support and care are provided for individuals who are severely restricted and unable to live independently.

The work at SDKH is executed in a well-coordinated manner by a dedicated team that includes caregivers, vocational trainers, housekeeping and administration staffs, psychiatrist and in-house nurse. Residents are getting periodical medical reviews by the team of a physician, psychiatrist and psychologist. Recently, they have implemented alternative therapy or AYUSH (Ayurveda, Yoga, Unani, Siddha, Homeopathy) as well as acupuncture under the supervision of Prof. E. S. Krishnamoorthy, Founder of Buddhi Clinic. The compassionate staff members go above and beyond to ensure that each individual receives ample care and attention.

Sandeep has been living in SDKH for more than two decades now. He has grown in ways that were once thought impossible. The nurturing environment provided by the staff has not only supported his intellectual development but also his emotional wellbeing.

On behalf of our family, I extend our sincere gratitude to all those who sustain the meaningful work done at Swami Dayananda Krupa Home. Their compassion, empathy and dedication help to create a better world for all individuals, every single day.

Hari Om.

Dr. L. Subramanyam is the uncle and guardian of V. Sandeep, a resident of Swami Dayananda Krupa Home.



The Dull Mr. H

A case study that looks into how a multi-pronged approach could help resolve neurobehavioural symptoms.
– By Dr. Ennapadam S. Krishnamoorthy

Thirty-two summers ago, in the delta region of southern Tamil Nadu, H was born, the second of two children in an agricultural business family. With a disabled girl child (later diagnosed as Turner's syndrome) being the first-born, the parents were overjoyed to have what appeared to be a healthy boy, on this occasion. Over time, when the child did not achieve his developmental milestones at the same pace as other children, and made limited progress in school, the parents began to understand his developmental disability. He required special educational support and some rehabilitation care as he grew up, which his family provided as best as they could, based on local availability of services.

A slow learner who could not progress beyond the tenth standard, H was nevertheless affable, had no significant temperamental peculiarities, managed his self-care and largely led an idyllic life, in his semi-rural environs. While friendly, he was largely isolated from his peer group, spent most of his time with his extended family and had a limited sphere of activities with which he was content. He had received and absorbed his religious instruction well, which served to provide him with focus points and some community connect. Indeed, as he approached 30 summers, his parents were considering settling H down, as the family had the affluence and will to support him.



It was at this time that H began to change. He became dull and withdrawn, had trouble with everyday memory and problem solving, started to exhibit aggressive, out of control behaviour, had crying spells, would laugh and talk to himself periodically, was sleeping poorly and suffered from chronic gastritis. As the complaints continued unfettered, his parents brought him to Buddhi Clinic in Chennai, seeking our help, having been strongly recommended to consider the same, by another parent. At Buddhi Clinic, H underwent a multidisciplinary assessment with the treating team.

AYURVEDIC PHYSICIAN **Nadi Pariksha**

Prakrithi:	Vata-Pitta
Mala:	Sandra (dense), Baddha (solid)
Agni:	Tikshna (hot and sharp)
Mutra:	Regular
Allergies:	Nil
Exercise:	Poor

Manasiga Roga Pariksha

Shela (habits):	Daytime sleep (2 hours), independent for personal care
Chesta (psychomotor activity):	Normal motor activity and speech; poor eye contact
Achara (conduct):	Normal personal and social standards
Manah:	Mano Nigraha (mental control): Average
Vichara (thought):	Unpredictable
Buddhi: Vivlda Sabhanukaram (imitation of sounds):	No
Swesha Mabhihanam (beating oneself):	No
Alpamathi (mentally dull):	Yes
Smrithi (memory):	Dorgetfulness
Bhakti (desire) – Ahara (food):	Regular; Veshma (dress): appropriate



Treatment Recommendation: Shiroabhyangam

NEURODEVELOPMENTAL & PHYSICAL DISABILITY EVALUATION

- Has an atypical limping gait with shortening of the right lower limb (previously reported to have swelling and Siddha treatment to the knee) with a fixed flexion deformity of the right knee (15-20*)
- SLR 70* with spasm in both hamstrings
- Fair co-ordination, balance, gait and proprioception

Treatment Recommendation: Physical Therapy using Neurodevelopmental techniques

PSYCHOMETRY

- Anxious affect, mood lability
- World Health Organisation Quality of Life Schedule (WHOQoL): Poor scores on physical and social domains; average scores on psychological and environmental domains
- On the Clinical Interview Schedule (Revised): Significant symptom scores in the following domains – fatigue, concentration, sleep problems, worry about physical health and depression
- The scores indicate caseness
- On the Addenbrooke Cognitive Examination (as a measure of multidomain cognitive function: Attention 11/18; Memory 13/26; Fluency 8/14; Language 21/26; Visual-spatial 8/16 Total: 61/100 (indicating multi-domain cognitive impairment)
- On caregiver interview (mother) about client behaviour using the Neuro- psychiatric Inventory (NPI): Significant scores on sleep and night-time behaviour, disinhibition, anxiety and dysphoria (indicating significant caregiver rated behavioural and psychological symptoms)

Treatment Recommendation: Behaviour Therapy

MEDICAL EVALUATION

Assessed to have neurodevelopmental disability with new onset behavioural, sleep and psychosomatic dysfunction. The EEG shows non-specific changes but no clear cut epileptiform of encephalopathic dysfunction (borderline record)

BIO-PSYCHO-SOCIAL CONSTRUCT

Bio: Developmental disability confers risk of neuropsychiatric symptoms

Psycho: Parental dependence, pressure of impending life change



Social: Peer comparisons, concerns about adequacy and ability to assume responsible roles in the future

Treatment Recommendation: Oxcarbazepine (as a thymoleptic agent) and Olanzapine-Fluoxetine combination for agitated mood state with vitamin and mineral supplements

MULTIMODAL CARE AT BUDDHI CLINIC

Mind Lab: Behaviour Therapy, Supportive Counselling & Family Therapy

Mobility Lab: Physical and neurodevelopmental therapy with focus on affected knee and gait

CAM Lab: Shiroabhyangam (for psychosomatic symptoms), mud therapy (for digestive symptoms) & reflexology (for relaxation and sleep).

OUTCOME

In three weeks, H improved significantly with regard to his neurobehavioural symptoms. He became more communicative, emotionally stable and responsive, confident in his conduct and interactions with improved sleep, appetite and biological functions. His activities of daily life and health related quality of life started to improve. The repeater NPI evaluation showed persistent depression and anxiety. His predominant concerns were about his marriage and the future. He was discharged from active therapy and returned to his home town.

SUBSEQUENT PROGRESS

H returned to Buddhi Clinic after two months, for a five-day booster program of therapy and demonstrated continued progress. With reducing doses of medication, he has remained well for six months, until his follow up on video call in end-September 2020. He has started taking part in the chores of the house, assists his mother with cooking and other daily tasks; accompanies his father to his work where he lends a helping hand. His mood is stable, he is confident and interacts well with his family members. The family have started considering helping him "settle down into marriage" once again and have been advised to take an empathetic and transparent approach in their search, which we are confident they will.

LESSONS LEARNT

People with mental disability have a prone-ness to neurobehavioural symptoms and these could reveal themselves at any time in their lives. The biological vulnerability is in the disruption of brain circuits that have led to NDD in the first place. Psychosocial factors include aspirations not being met, concerns about the future and unwitting pressure from caregivers in this regard. Mr. H's story reveals these various elements; fortunately, his disability is limited, his family have adequate resources to assist him and his response to our care paradigm was swift. His story tells us that a comprehensive approach to clinical care, supported by a loving and caring family environment has the potential to help people achieve a good outcome.



Dr. Ennapadam S. Krishnamoorthy, Behavioural Neurologist and Neuropsychiatrist, is the Founder of Buddhi Clinic and Neurokrish Foundation. He is a Board Member of AIM for Seva, and Advisor for Swami Dayananda Krupa Home.



Structure and Stability

Daily routines play a critical role in the lives of our residents with developmental delays. These routines provide them with a structure, sense of stability and predictability, which are essential for promoting independence inside the campus. It enables in facilitating learning and skill development, enhancing emotional well-being, and fostering a sense of belonging.

- By R.V. Giridhar



In this article, we share our experience of the significance of daily routines in supporting the needs of individuals with developmental delays, as well as the positive impact they have on their overall quality of life and independence at Swami Dayananda Krupa Home (SDKH).

Through consistent incorporation of daily routines, one of the primary benefits we have come to observe in our residents is the predictability and stability it offers. Our residents thrive in environments where they know what to expect, as uncertainty and change can often lead to anxiety and distress. A consistent daily routine provides a framework within which residents navigate their day-to-day activities with confidence and ease. Knowing the sequence of events, such as meal times, therapy sessions, recreational activities, and bedtime, helps them to feel secure and in control of their environment.

KEY BENEFIT AREAS

Promoting Independence: The daily routine at SDKH plays a crucial role in promoting independence among residents and staff. By following a structured routine, residents practice essential life skills, such as personal hygiene, meal preparation, chores and time management. Consistently following a set routine allows them to



take ownership of their daily activities, make choices, and develop the confidence to carry out tasks independently. For example, a daily routine that includes regular opportunities for self-care and household chores empowers them to take responsibility for their personal well-being and contribute to the functioning of the home.

Acquiring New Skills and Behaviours: In addition to promoting independence, routines support learning and skill development. Repetition and practice, when consistently done, aid in acquiring new skills and behaviours. Whether it is

practicing communication skills during meal times, learning social interactions through structured activities, or developing fine motor skills through tasks at the home, the structure offered by therapists and caretakers create a framework for skill-building and growth. Visual schedules and prompts are also incorporated into daily routines to help residents to understand the sequence of activities, manage their time effectively, and transition between tasks more smoothly.

Improved Emotional Well-being: Emotional well-being is another area where daily routines play a significant



role for our residents. Consistent routines have a calming effect, helping our residents to regulate their emotions and reduce feelings of anxiety or agitation. Knowing what to expect and having a sense of control over their environment eliminates stress and promotes a sense of security and stability. Daily routines also provide opportunities for residents at SDKH to engage in activities that bring them joy and fulfillment, whether it is spending time with loved ones, pursuing hobbies and interests, or participating in recreational activities. By incorporating enjoyable and meaningful activities in their daily routines, our residents experience a greater sense of happiness and satisfaction, even while they are away from their parents.

Promoting Healthy Habits: The routine at SDKH ensures that individuals have regular access to nutritious meals, adequate sleep, physical activity, and self-care practices. This is particularly important for our residents, as they have specific healthcare needs or require assistance with daily living activities. By establishing and maintaining a consistent daily routine, caregivers ensure that individuals receive the support and care they need to maintain their physical health and well-being.

Minimising Stressors and Triggers:

Daily routines at SDKH play a crucial role in reducing challenging behaviours and promoting positive interactions among residents and staff. Predictable routines help to minimise stressors and triggers that lead to frustration or agitation, and helps residents to remain calm and focused throughout the day. Consistent routines on all days provide opportunities for residents to practice social skills, develop relationships, and build connections with others. Whether it is engaging in structured group activities, sharing meals with staff members, or participating in birthday parties, bhajans, listening to slokas, or participating in sports, routines create opportunities for meaningful social interactions and promote a sense of belonging and inclusion inside the campus.

To recap in a nutshell, daily routines at SDKH provide structure, stability, and predictability, which are essential for promoting independence, facilitating learning and skill development, enhancing emotional well-being, and fostering positive social interactions. By establishing and maintaining consistent daily routines, our caregivers support the unique needs of our residents and enhance their overall quality of life.

R.V. Giridhar is the CEO of Swami Dayananda Krupa Home. He holds a Master of Science in Developmental Psychology, and multiple certificates in areas of Clinical Psychology, Applied Behavior Analysis, Behavior Modification, Sensory Integration, Feuerstein Remedial Methodology and Special Education. He is a registered rehabilitation professional from Rehab Council of India.



*“Our task must be to free ourselves...By widening our circle of compassion to embrace all living creatures and the whole of nature and it’s beauty.”
- Albert Einstein*





An act of
COMPASSION
can change a life
FOREVER

Scan to
KNOW MORE



Support our seva: Help us provide individuals with developmental delays a safe space where they can live with dignity, self-confidence and happiness.



@swamidayanandakrupahome



SwamiDayanandaKrupaHome

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