

ABSTRACT

Design Intent

This study examines the most prevalent disorder, called Polycystic Ovarian Disorder amongst girls of growing age in India. Polycystic Ovarian Disorder is the most common endocrine disorder affecting one in five women of reproductive age. Thus, PCOS can be considered a syndrome where hormonal underpinnings cause both reproductive and metabolic features.

It's impact on my health due to lack of knowledge at right time from right resources was the intention behind to take this inquiry forward. Auto-ethnography has been used to unpack my narrative from personal context to mapping with trending culture. Through questioning personal discourses, valuable connections were found between PCOD & individual care provided at home. The data of more than 10 years was collected & reflexively analysed.

Analysing and unpacking existing care networks has made me question can home-based care helps an individual to treat this disorder ?

A layered account, a format of autoethnography, demonstrates the different menstrual moments of me—weaving doctors journey, insights, and theory with visual narratives to offer the reader a flowing account. The autoethnographic journey has helped me to think & reflect the process of crafting narratives which will help others.

This document starts with an introduction to PCOD, it's historical aspect and what is currently happening in urban India. This is followed by focusing on 10 years of experience which reflects why I have changed so many doctors. The next part covers how can a data visualization helps girls of growing age to treat this disorder. Last but not the least, My Menses Tracker is a physical interactive booklet to collect different experiences of school- going girls which will give them a better visual experience to their journey & that booklet can also act as a good source of data for clinicians too. The document concludes with a personal reflection and limitations of the project.

During this exploratory phase, I got engaged in understanding layers of this disorder and how can design thinking helps to conceptualise for urban India.

PROBLEM

Understanding

PolyCystic Ovarian Disorder/PolyCystic Ovarian Syndrome (PCOD/PCOS) is the most common endocrine disorder affecting one in five women of reproductive age. Thus, PCOS can be considered a syndrome where hormonal underpinnings cause both reproductive and metabolic features.

It namely consists of three categories; anovulation (lack or absence of release of an egg), androgenism (higher androgen level) and polycystic ovaries. (ovaries develop cysts- small follicles which fail to release an egg). It increases the risk of insulin resistance (IR), type 2 diabetes, obesity, and cardiovascular diseases. It seems to be a familial genetic syndrome caused by a combination of environmental and genetic factors.

The scientific understanding of this disorder reflects that majority of women with PCOS have elevated androgen levels due in large part to the increased number of antral follicles containing thecal cells that hypersecrete androgens. They, therefore, exhibit symptoms of excess androgen (hirsutism, acne, central adiposity) and not only experience infertility (menstrual irregularity, anovulatory infertility, miscarriage) but also have substantially increased risk of becoming obese, insulin resistant and of developing type 2 diabetes, non-alcoholic fatty liver disease, dyslipidaemia and depression (broad class of androgens) & hence increase in testosterone.

According to a study by Harvard, it states that apart from estrogen & progesterone (female hormones) produced by ovaries, there is one more called testosterone (a hormone called androgens) in women's ovaries results in this disorder called PolyCystic Ovarian disorder. Women with PCOS have at least a four-fold increased risk of type 2 diabetes, even without taking into account their additional predisposition to becoming overweight.

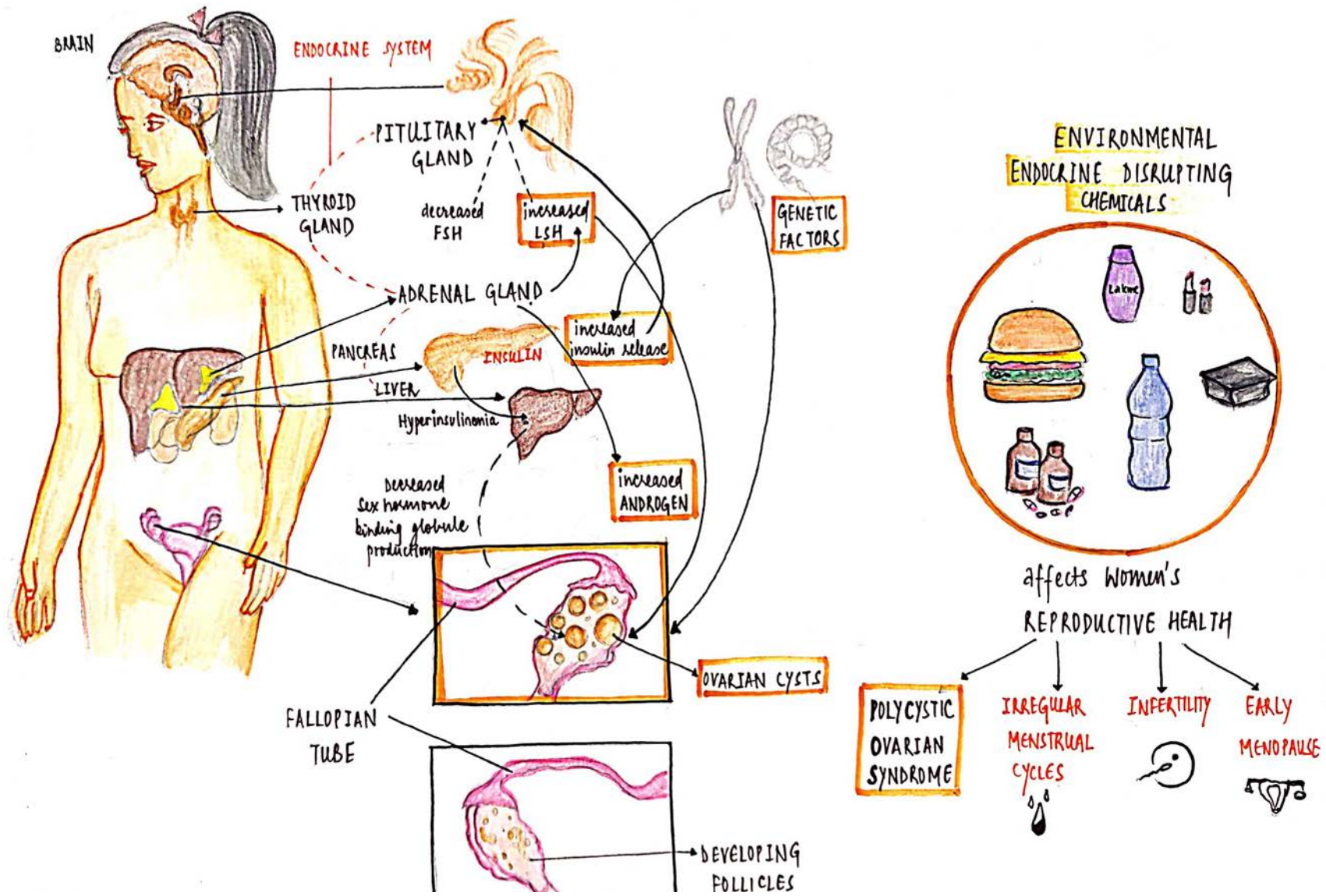
What are PolyCystic Ovaries?

Polycystic Ovaries (PCO) contains numerous small follicles with an increased amount of ovarian cortex with elevated collagen content, suggesting more fibrous composition. It was first described in 1928 by Lesnoy and by Stein & Leventhal in 1935. This further results into a question why polycystic ovaries are recognised in early 1900s? Research says that the symptoms in women's body could be due to polycystic ovaries. Now, polycystic ovaries are diagnosed with ultrasonography and this technology wasn't there until 1960s. [4]

However, these ovaries can be identified with laparotomy or autopsy by very subtle observations as they are larger, full of follicles and fibrous.

Walters, Kirsty A., Robert B. Gilchrist, William L. Ledger, Helena J. Teede, David J. Handelsman, and Rebecca E. Campbell. "New perspectives on the pathogenesis of PCOS: neuroendocrine origins." *Trends in Endocrinology & Metabolism* 29, no. 12 (2018): 841-852

Barthelmess, Erin K, and Rajesh K Naz. 2014. "Polycystic Ovary Syndrome: Current Status and Future Perspective." *Frontiers in Bioscience (Elite Edition)* 6: 104–19. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4341818/>.



Scientific understanding of PCOD

With so many opportunities to record polycystic ovaries before their first description in 1900s that it's reasonable to conclude that they were so rare and hence, not documented. Also, the publishers Lesnoy, Stein & Leventhal has given no indication that this ovarian morphology was previously known to be a medical literature. Hence, it was so rare in before 1900s that's why it arose largely in 20th century.

1. Environmental Toxins

It is difficult for anyone to stay away from toxins due to the present lifestyle. If one observes, there is so much pollution everywhere & Everyone is using MakeUp, Deodorant, Perfume, Powder, Cream, Lotion etc.

Household items such as Toothpaste, soap, washing powder, washing liquid, and many other chemicals. Apart from Household needs, intake of junk food, using plastic containers, packed items have accumulated toxins in our body which further disturbs our endocrine system to function.

2. Stress

It is a feeling of emotional or physical tension. Menstrual cycle is occurred for longer period or it may temporarily stop periods for a while caused by moderate psychological stress. [2] The hypothalamic– pituitary–adrenal axis is activated by stressors which disturbed the menstrual cycle; this activation

Despite the high and increasing incidence of PCOS among the population, there are several aspects that remain ambiguous & people are unaware about this disorder biologically & socio-culturally.

Existing market is working on the curative measures to treat this disorder but shouldn't awareness of this disorder starts first in order to prevent it somewhat ?

Management should focus on education, addressing psychological factors and strongly emphasising healthy lifestyle at various public spaces, schools. Monitoring and management of epidemic issues is also important.

According to WHO, Infertility is a global public health issue & Polycystic ovary syndrome is the most common cause of menstrual irregularity that leads to infertility. Out of all couples seeking treatment for infertility, 30% of cases are due to anovulation. It is estimated that 90% of anovulation cases are actually caused by PCOS .

Associated Health Conditions

There are a plethora of health implications that have been associated with the diagnosis of PCOS, many of these constituting lifelong complications. Cardiovascular diseases, Obesity, neurological & psychological functions & cancer.

H. Mani, M.J. Levy, M.J. Davies, et al. Diabetes and cardiovascular events in women with polycystic ovary syndrome: a 20-year retrospective cohort study *Clin Endocrinol (Oxf)*, 78 (2013),pp. 926-934), M. Jacewicz-Swiecka, I. Kowalska Polycystic ovary syndrome and the risk of cardiometabolic complications in longitudinal studies *Diabetes Metab Res Rev*, 34 (2018), Article e3054.

Vidya Bharathi, R., S. Swetha, J. Neerajaa, J. Varsha Madhavica, Dakshina Moorthy Janani, S. N. Rekha, Ramya S., and Usha B. 2017. "An Epidemiological Survey: Effect of Predisposing Factors for PCOS in Indian Urban and Rural Population." *Middle East Fertility Society Journal* 22 (4): 313–16. <https://doi.org/10.1016/j.mefs.2017.05.007>.

CONCEPT

Auto-ethnography

Auto-ethnography is a research methodology which uses personal experience (“auto”) to describe & interpret (“graphy”) cultural contexts, experiences & beliefs (“ethno”)[6] It is basically a qualitative research method in which the author narrates his personal experience to extend & comprehend any societal phenomenon. Auto-ethnographies are highly personalized accounts that reflects upon the experience of an author/researcher to deepen sociological understanding . [7] The dynamics in the community of this medical disorder (PCOD) are very well resonating with my struggles & experience of PCOD for more than 10 years. Hence, I have used this methodology to self-reflect & unpack it through various lenses such as social, political & cultural context.

1 | WHO I AM (THE 'AUTO' PART OF AUTO-ETHNOGRAPHY)

I am a 24-year young girl, born and raised in New Delhi. I belong to a hindu family and I am staying with my parents, granny & younger brother. I have been a non-medical science student & did my bachelors in computer science from New Delhi. Being a science student, I was a book worm and was always inclined towards studies.

| *Can Care at Home helps individual to manage this lifestyle disorder ?*

2 | MENSTRUAL MOMENTS

Raised in a very narrow-minded culture where periods were a taboo & I was afraid to share even if I was menstruating. On my menarche, I didn't know what was blood all about & my granny while washing clothes told me along with my mom that it is a period & it happens every month. Perplexed me why on this earth is happening, what it is all about etc. Surprisingly after menarche, I haven't got my period! I was wondering why it's like that and me being introvert that time haven't informed my mom because I was told secretly and so I decided not to share. It's been almost 1.5 years that I started getting acne & wasn't getting my cycle too. Happy me & was feeling great amongst my school friends that I am devoid of this monthly crap.

3 | THE ILLNESS

And that happiness has soon turned into a disorder called PolyCystic Ovarian Disorder when I got ultrasound done & consulted a gynaec. Poor me, first I don't know why menstruating is important and then I got this disorder which nobody in my family was aware of. Doctor recommended me hormones medicine & my mom knowing the fact that it would be difficult to get pregnant after marriage hence I should consume medicines to have my regular cycle. I took medicines for 7 years with no knowledge and just consuming expensive allopathy meds on daily basis. Frustrated me, stopped consuming because of so much amount & nothing was helping. It was just a temporary treatment.

3 | MY MAGICAL MOM

Then my mom googled about this, researched & read ayurveda books. Actually, my mom is a thyroid patient and she has a very sensitive stomach which gets disturb very quickly so she consulted senior doctor of AIIMS, Fortis and many more but none of the medicine worked. Later, she consulted a senior gastronologist and his medicines were somewhat helping but it was too expensive so she got frustrated and started looking at natural treatments through Ayurvedic books, Youtube channels & observing her own body in a sense like what happens when she is intaking different types of food, drinks etc. This was her transformation phase, where consuming Medicines as Food to religiously intaking proper 'Food as Medicine'. Hence, she realised and started providing the same care to me for PCOD because it's just a chronic disorder and can be treated with lifestyle changes. She is my care provider & helps me to manage through healthy dishes & regular exercise.

4 | TRAVELLING TO BANGALORE

After bachelors, I have been decided to go to bangalore for masters and due to change in weather, learning, chores etc. I have missed my cycle for 6 months.

4 | NAVIGATING LIFESTYLE CHANGES

My mom being an explorer, she tries & tested different home made & healthy changes so that's when I realise how care at home for individuals to help. I completely changed my lifestyle from consuming & sitting at one place to eating proper nutrients food, proper sleep & daily exercise.



My Mom serving me stuffed Idlis with coconut, pudina & freshly homemade mango chutney

I am performing 'Chakrasan'(also called as Bridge pose) which is good for lower abdomen & building strength



PROCESS

Insights from Interviews & group discussion

1. Till date they don't have scientific understanding of menstruation properly.
2. Menstruation is important to happen because we will get 'pregnant'. If they don't menstruate they can't get pregnant
3. Intaking of chocolates during periods. (CRAVINGS)
4. Only 1 of them have heard PCOD/PCOS term.



Out of 16 college goers, *12 are suffering from PCOD due to lifestyle issues* & 4 of them have PCOD due to hereditary.

Out of 16 respondents, *only 7 of them were aware earlier but 9 got to know when diagnosed.*

10 of them have taken medications on first diagnosis (allopathy & homoeopathy) when they consult gynaec & 6 of them got aware from gynaec or research that it can be treated through lifestyle changes.

Most of them haven't understood scientifically it's root cause & they are not aware of traditional home treatments too.

PROCESS

Insights from Doctors

It can be easily treated & controlled through lifestyle changes but can't be cured.

"No doctor is a magician to cure this disorder"

~Dr. Geeta Chadga, Sr. Consultant Gynaecology & Obsterics at Apollo Hospitals, New Delhi

Since 2010, I researched upon PCOD/PCOS & there are no medicines for hormonal balance in alloepathy rather it has side effects on our body. LH-FSH Tests are there but nobody is doing these hormonal tests. Also, If there is hormonal imbalance then you can't lose weight.

"Environmental toxins & Stress are two major reasons for PCOD."

Historically, menopause occurs at the time when one is 30 yrs but now it's 40-50 yrs. We basically focus on balancing their hormones in order to reduce stress and manage weight

~ Dr. Rajesh Soni, Founder, PCOD PCOS Clinic

PROCESS

Existing platforms

Are kindness & attention traded in market ?

Is treatment of PCOD from outside affordable for middle-class women ?

Why can't Food acts as a Medicine?

*Can home provides a holistic care ?
(in terms of diet & exercise)*

Gynoveda
ayurveda for healthy periods



SEPALIKA

veera

PROCESS

Storyboarding

Menarche
April 2010
Age : 13 yrs
Pain, Awkward, Discomfort
Burden, shy,
No scientific understanding

6 months No menstruation
Happy, Relaxed, Stress-free,
felt uneasy when MOM
was asking about
PERIOD every month

No cycle
October 2010
Age : 13 yrs
Ignorance,
Emotion-less

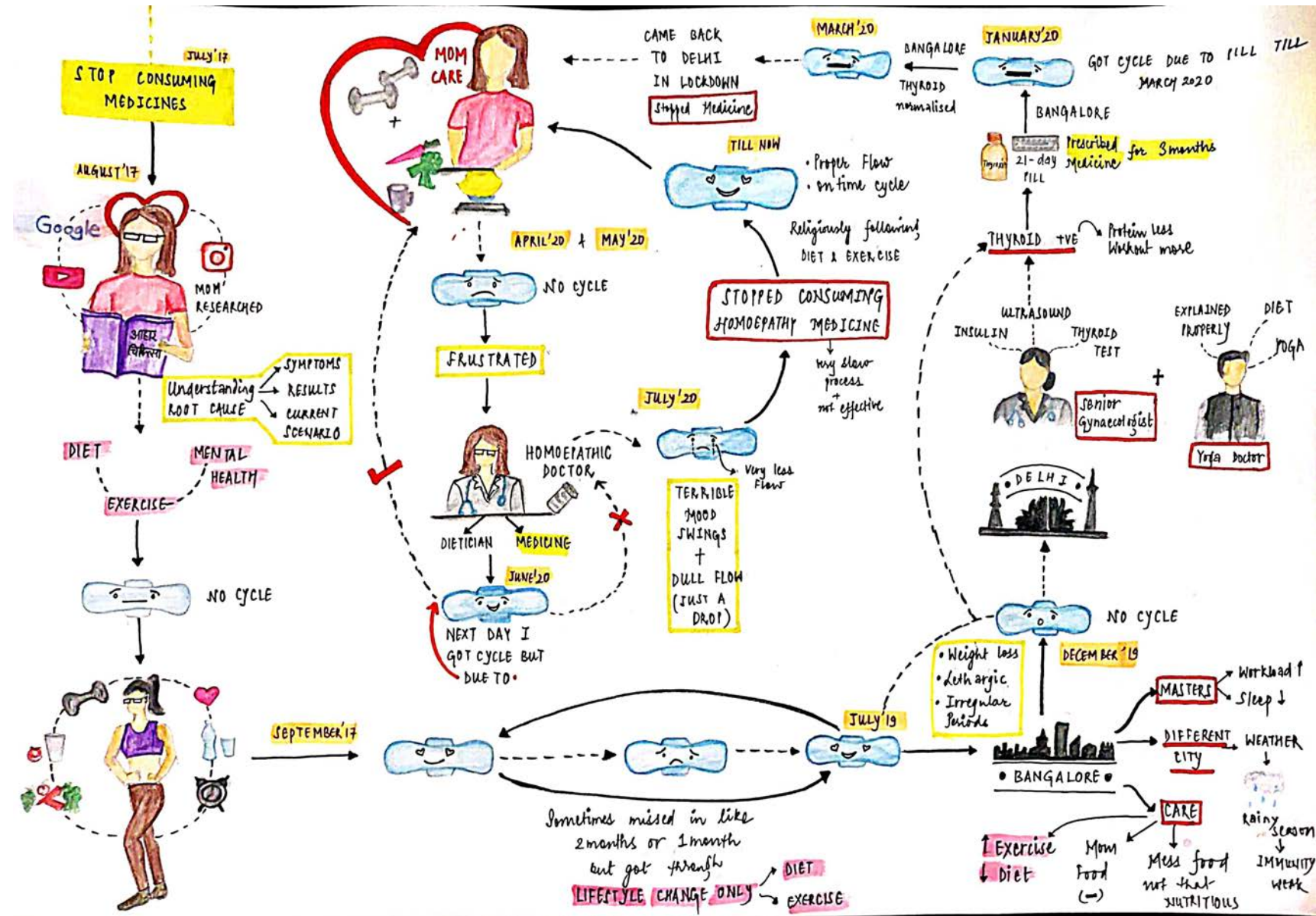
Family Doctor
CHECKUP
October 2010
Prescribed
Lower Abdomen
Ultrasound
Took
Reports
to
Doctor
uneasy
shy
stressful

“Most of the girls are suffering now” IT’S COMMON!
“She has read, It’s okay! My Daughter also had but it went after MARRIAGE.”

I am prescribing Medicines, come after a month when PERIOD will occur
Till July 2017
WENT TO DOCTOR
Frustration, Mood swings ANNOYED (Till July 2017)
STOPPED CONSUMING MEDICINES
RESULTS:
• Medicine intake → Menstruation
• No Medicine → No menstruation
21-day pill
No CRAMPS
“casual Attitude”
ALLBETHA THY
Got CYCLE

YEAR	ULTRASOUND	RESULTS	COST	MEDICINES (over years)	COST (over years)	FEELINGS
Oct 2010	Rt. ovary 20.33 Lt. ovary 16.73	Multiple small follicles Enlarged ovaries	₹600/-	Tab Diana, Krimenas, brosmac, Intimacy, Yaz, MyPill, Caprofin base, Yamini, Absolute woman	₹1500/- x 12 (2010)	☹️
Jul 2012	7.21 7.63	Antrol follicle increased Mildly bulky ovaries	₹800/-	Capa oraflo, Sybran M, B-lang F, M2 tom, Myonext, DUBS, Fertisure F, Myriantief	₹2000/- x 12 (2011)	☹️
Jul 2013	6.30 5.99	AFC > 12 normal size ovaries	₹1000/-	Or abless, Isolate Amycardial, Trazer, Elyson N, Oragrace Plus, Natvic	₹1800/- x 12 (2012)	☹️
Oct 2014	14.05 9.05	Bulky ovaries AFC > 12	₹1500/-	Enderog, Panaspas Arironx, Dronis, Calat x 7	₹1600/- x 12 (2013)	☹️
Jul 2017	13.8 8.6	Bulky ovaries AFC > 12 Multiple follicles	₹2000/- ₹5900/-		₹1900/- x 12 (2014) ₹1500/- x 12 (2015) ₹1800/- x 12 (2017)	☹️
Jan 2020	11.2 mild bulky	normal size very less follicle	₹2500/-		₹0.0/-	😊 HAPPY

Visually representing journey of 7 years



Visually representing journey (July 2017 onwards)

DESIGN OUTPUT

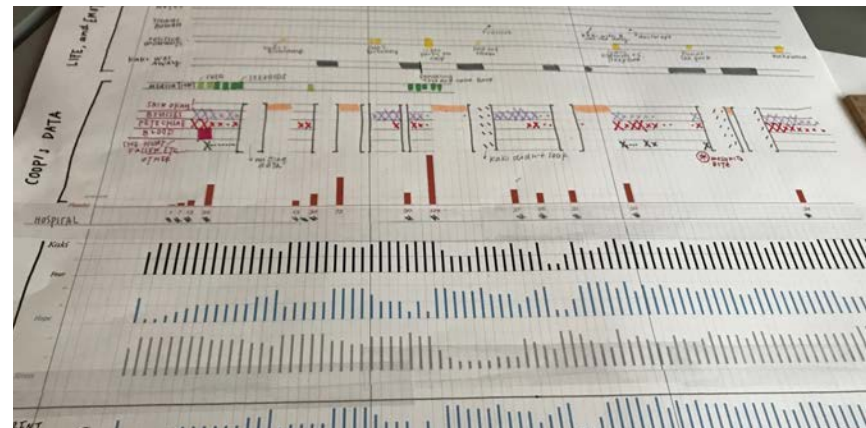
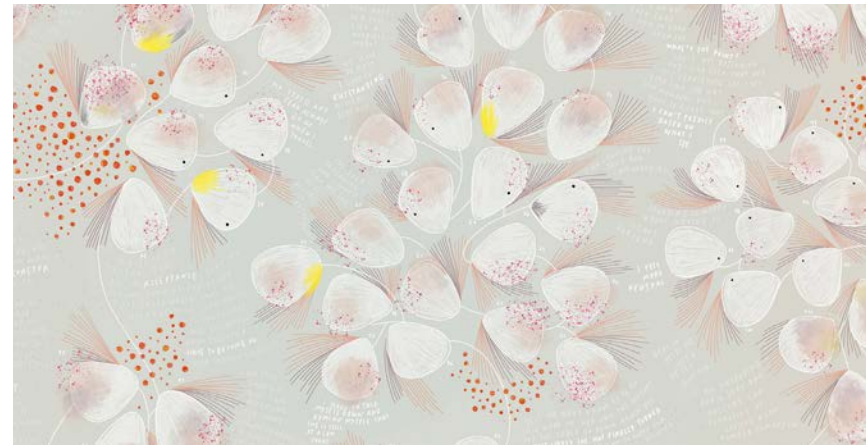
Inspiration

How can we discover & express overlooked DETAILS through DATA? said by Giorgia Lupi, an Information designer based out of Milan. She always approach data to be more humanistic because she defines **data as a cumulation of thoughts, stories, ideas, relations, daily transactions, purchases & much more.**

With her research and practice, she use data as a tool to better understand human nature & data visualization as her expressive medium to narrate what she discovers.

In her collaborative project, 'Bruises', she has captured overwhelming impact of her collaborator, Kaki King's daughter illness by her creative process to make sense of experience. She was suffering from an auto-immune disease called Idiopathic Thrombocytopenic Purpura (ITP). It is an unusually visual disease & Kaki has started noting down the bodily changes her daughter was going through. Tracking data became a meditative action that helped King and her wife process what was happening to their family.

Inspired from her collaboration, I was wondering can my journey with PCOD since 10 years evoke empathy & activate young girls on an emotional level? **Can looking at my data visualization make a person feel part of my story & aware them to be cautious of their own health in their growing age? Can medical practitioners, schools start collecting data to spread awareness through my exploration?**



Images from Giorgia Lupi & Kaki King's work (*Bruises: The Data we don't see*)

DESIGN OUTPUT

Inspiration from Nature



Observing Hibiscus through different views to unpack it's beauty



DESIGN OUTPUT

Process



Sketching & Painting different parts of Hibiscus



When it started closing in evening



When it was fully closed



When it was completely dried & how it's colour was changed from bright red to dusty brown (due to lack of water, sunlight etc.)

DESIGN OUTPUT

Metaphoric representation

Why Hibiscus ?

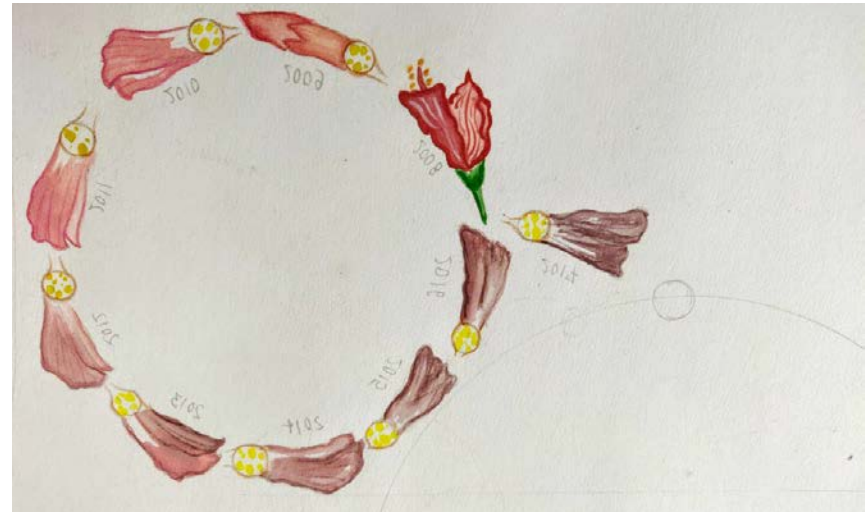
These delicate, beautiful flowers are often viewed as a symbol of young women and their beauty. Hibiscus flowers have long been prized for their medicinal and culinary applications also. They can add color and flavor to a variety of herbal teas and also contain a high level of vitamin C. These are most commonly seen as a symbol of beauty and considered very feminine.

After unpacking & observing it's different elements, changes in Hibiscus I realized that how can it's changes resonates with my PCOD journey. Can a change in colour represents my mood towards irregular cycle, consumption of unwanted pills ? **Can it's bloomed up & closed view reflects how my knowledge widens up when my mom got aware and I was trying to understand importance of regular menstrual cycle in women's body?**

Artwork Explanation

Inspired from different changes in Hibiscus, I have represented my timeline through metaphorically mapping to changes in my body.

- From getting Menarche in 2008 (bright red hibiscus which hasn't started blooming yet) to no cycle till 2010, got acne and consulted gynaec for the same issue.
- Got ultrasound in 2010 & was diagnosed with PCOD. Prescribed couple of medicines and got my cycle after consuming it.

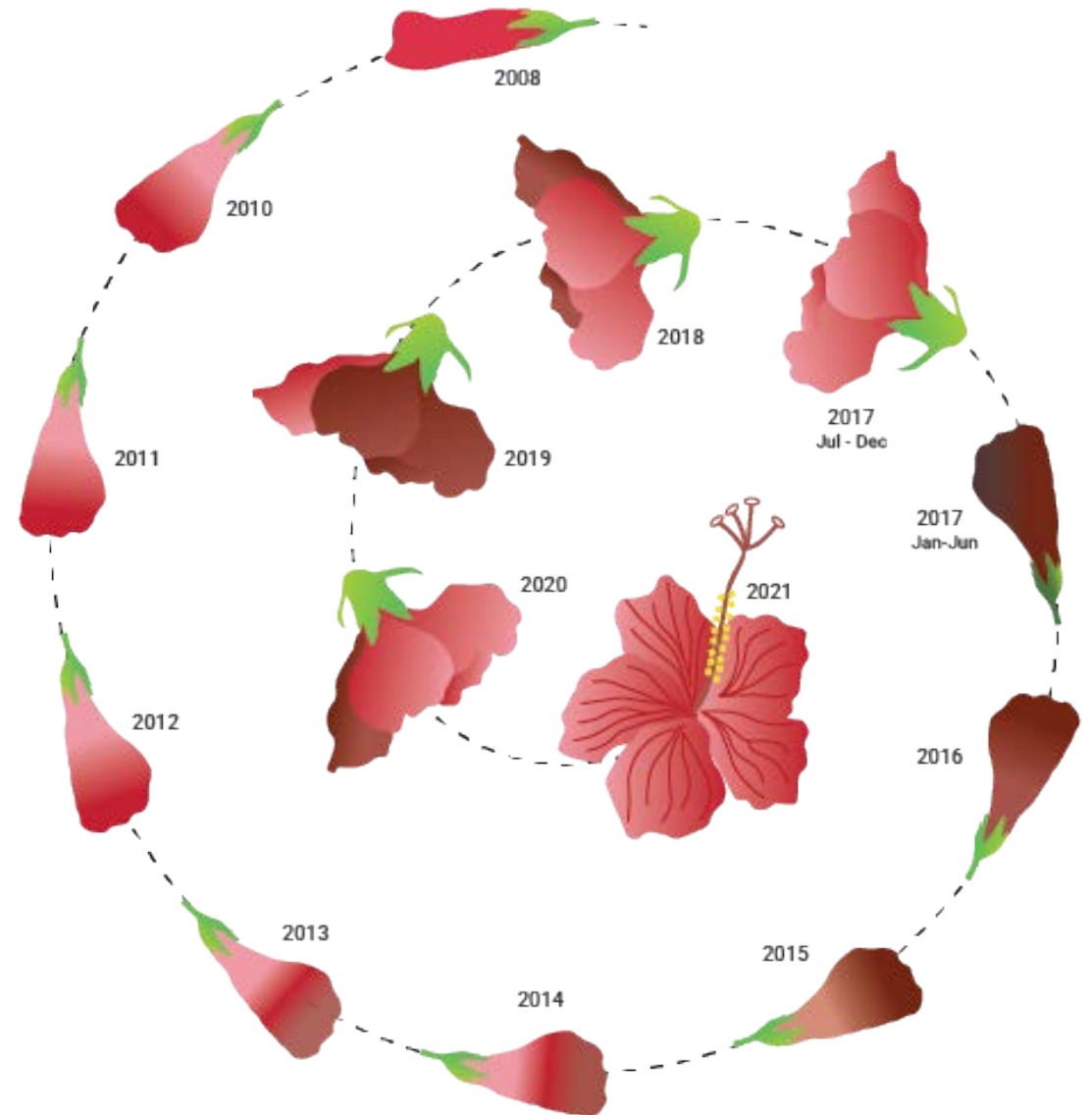


It starting blooming a bit but from 2010-2013, I observed a pattern that I am getting cycle if I am consuming 21-day pill. (same petals showing same colour because my cycle lasts only for a day or two with hardly any cramps)

- From 2014-2017, I was getting frustrated due to monthly expenses of medicine, artificial cycle & I still wasn't aware what & why all this is happening (from bright red partially open petal to dull brown completely dried petal due to lack of sunlight, water & similarly how much important it is for a women's body especially when a girl is menstruating to consume proper food in right amount.)

DESIGN OUTPUT

My journey



*Representing journey of more than 10 years
through Data Visualization*

DESIGN OUTPUT

Timeline



MENARCHE

After menarche, haven't got my cycle till 2010 & got acne



GROWING UP

As I was growing, I was frustrated because of not knowing periods importance and eating medicines deliberately



MOM CARE

After Jun'17, my mom googled and read ayurvedic books to start home treatment. I got my cycle after 2 months through diet & exercise.



MOM CARE

From Jun'17 - Jun'19, I got my cycle every month mostly, sometimes it got skipped but mostly I started getting and was feeling better.



CONSULTED GYNAEC

Diagnosed with PCOD(me & my mom were not aware of this)

Started with medicines: 21-day pill, iron & potassium tablets



LOOSING OUT

I was 16 years old when I started realising that how much costly these medicines are & I don't want to spend 2k-3k per month



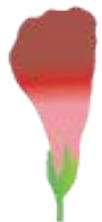
MASTERS FROM BANGALORE

From Jul'19- Dec'19, I haven't got my cycle due to; disturbed sleep due to work pressure, skipped meals & less nutritious mess food



LIFESTYLE CHANGES

From Jan'20, I again consulted senior gynaec, consumed similar medicines & same situation. I stopped and again changed my lifestyle with home food & got my cycle.



SIMILAR TEST RESULTS

Consuming medicines, getting similar results in ultrasound since 4 years.



STOPPED MEDICINES

Annoyed me & my mom decided to stop medicine because I realised that I am getting my cycle only if I am eating 21-day pill



BACK TO HOMETOWN

Currently, I am getting my cycle regularly with a delay of 2-3 days only. I have only followed lifestyle changes (proper nutrients diet, regular exercise & taking proper sleep)

DESIGN OUTPUT

Interactive journal

After representing my journey, I was wondering how can I aware girls of different age group through this data visualization ? After lot of ideations & discarded concepts, I thought of creating an interactive physical booklet for girls of age group 14-19 years old.

What is My Menses Tracker ?

My Menses Tracker is a **physical interactive journal** for girls to track their menstrual cycle on daily basis. In this journal I have reflected my journey for readers and different users to have a clear understanding about my PCOD journey. This will open-up their eyes and hence, might result in taking this disorder seriously. This book has been designed for an year & hence has pages for every month because a gynaecologist has mentioned that we usually ask for monthly pattern, yearly pattern to observe their cycle & also symptoms if there are any.

This journal is unique in a sense that it goes beyond visualising data; it helps you to keep a track on your monthly healthy lifestyle habits and if it's impacting your cycle then change lifestyle or consult a gynaec. It also gives an enjoyable and engaging experience through observing different shades of hibiscus emerging every month. Nonetheless, it's a daily tactile ritual before night.

"Let's make sure to track our menses and experience different blooms each month"



12-month workbook for school goers

“A workbook to experience different patterns emerging”

Why Journal ?

Connection to yourself : Gain a better understanding of your daily eating habits by tracking them. It's a better reminder than just another tab in browser. It won't take more than 5 mins to fill before sleeping.

Share with others: Menstruation is a natural phenomenon & this is a novel way to tell about their cycle by sharing their flowers instead verbally explaining.

Help Clinicians: Data generated and further collected across school going girls of different age group will help them to understand different patterns around PCOD emerging

How to use this journal ?

The following template with an empty hibiscus has 5 petals & each petal is divided in certain number of days. The 28-day circle outside hibiscus is showing our 28-day menstrual cycle.

Elements of Hibiscus which are to be filled:

1. For Diet

Each petal has certain divisions which are to be filled with diet which every girl is consuming each day. Three different colours are showing only home food, fast food, home food & fast food.

2. For Symptoms

The stigma (small circles) above centre line are there to label symptoms such as Hirsutism, Acne, Hairfall, Darkening of Skin,

Polycystic ovaries, thinning of scalp hair, Weight gain, skin tags, heavy bleeding or any other.

3. For Physical Fitness

If a user is performing any exercise, aerobics, yoga or playing something for 30 mins & more, will be considered as a physical fitness routine according to gynaecologist. So, if a user hasn't done any exercise then just put a black dotted line over each division.

4. For Work

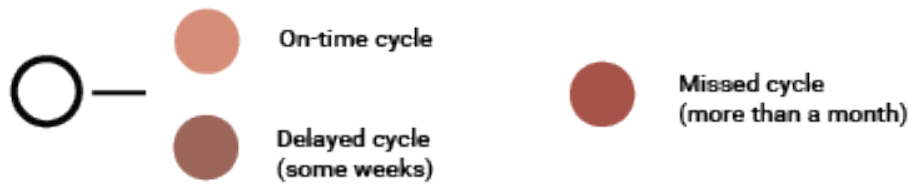
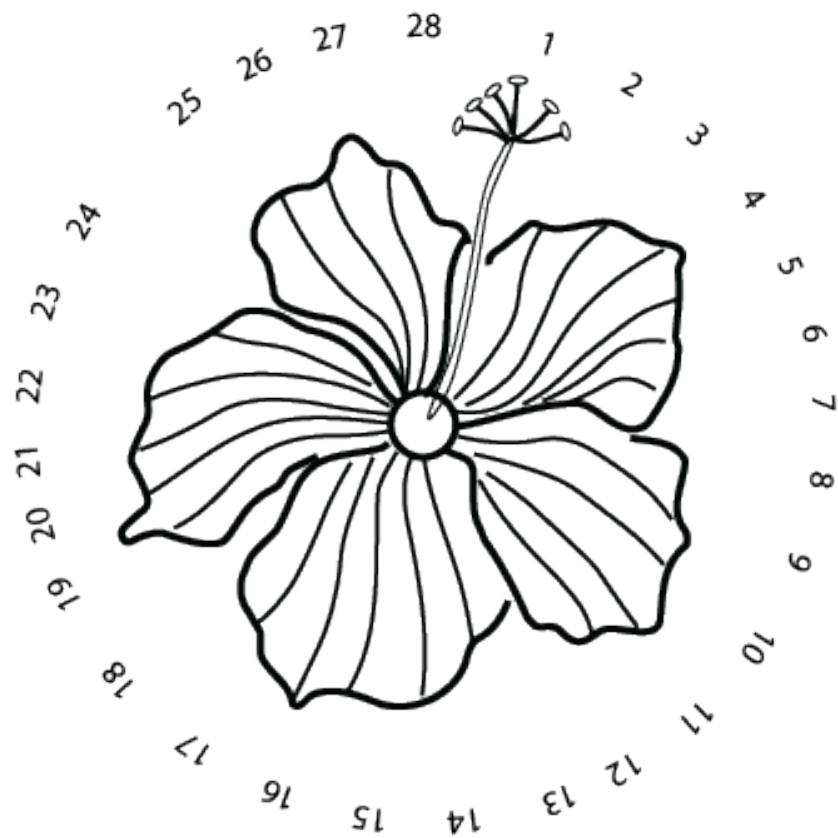
Number of hours a user is working and it's there to check if mental health is impacted by some reason. Different range of hours are denoted by circle, dotted circle & solid circle.

5. For PCOD

Centre line (called as style), if it's filled will denote that a user is a sufferer & if it's not, it means she is not. Anthers (small circles adjoining style) reflects how much a user is aware & if she has consulted a gynaec.

6. For Monthly Cycle

Centre circle of hibiscus is to be filled with different shades of brown to know if cycle has been delayed, missed or was on time.



Diet

- Fast food
- Home food & Fast food
- Home food



Symptoms

Not aware Some knowledge Fully aware

Are you aware of it?

Have you consulted gynaec?

Yes No

Do you have PCOD?

Yes No

- Hirsutism (abnormal hair growth on face & body)
- Acne
- Hairfall
- Darkening of skin
- Polycystic ovaries
- Thinning of scalp hair
- Weight gain
- Skin tags
- Heavy bleeding
- Other? Please write

Physical Fitness

..... Not performed any physical activity (dance/aerobics, sports, yoga, workout)

Work

- 4 - 6 hours
- 6 - 8 hours
- 8 - 10 hours

CONCLUSION

Reflection

The 'experimentation' has been full of experiences & learnings. Exploring different healthcare areas with no idea initially turned out to be something really interesting to work upon. This one year of explorations was really long and getting lost in the process was inevitable. From finding problems around healthcare to finally deciding to auto-ethnograph my PCOD journey has never exhausted me to think & backtrack. I, being a health & fitness enthusiast always wonder to influence user behaviour's towards healthcare. Hence, I decided to share my journey primarily with teens so that they are aware of this disorder.

But, while research & experiments I realised that women's reproductive health is a complex domain because what is happening in one-body might not work with someone else, similar to what design principle says that 'one-size can't fit all'. Hence, I realised that individual care I received from my mom might not be available to someone else but making girls aware about how I managed and still managing will open up their eyes. From the book, Logic of care, it's well stated by Annemarie Mol that care is not a transaction in which something is exchanged(a product against a price) but an interaction in which something goes back & forth (in an ongoing process).

Initially, I was jumping onto executing that how can awareness be spread & how can my exploration create an IMPACT but before jumping, my mentor advised me to look problem through different lenses so that the output should be a conclusion of critical design rather than affirmative approach towards design.

Henceforth, the idea was to share my narrative in an interesting manner which will create awareness about this disorder which is currently very less amongst adolescents.



Thank you !