

# melomag

Free Health Guide!

Issue 15 | 2014

Health advice:  
Meningitis in  
children

All about  
obesity in  
pregnancy

Probiotics:  
Fad or  
wonder?

Matters of  
the heart ...

Colic and  
your baby:  
light at the  
end of the  
tunnel ...

## 6 Back-to-school health checks



M E L O M E D  
PRIVATE HOSPITALS

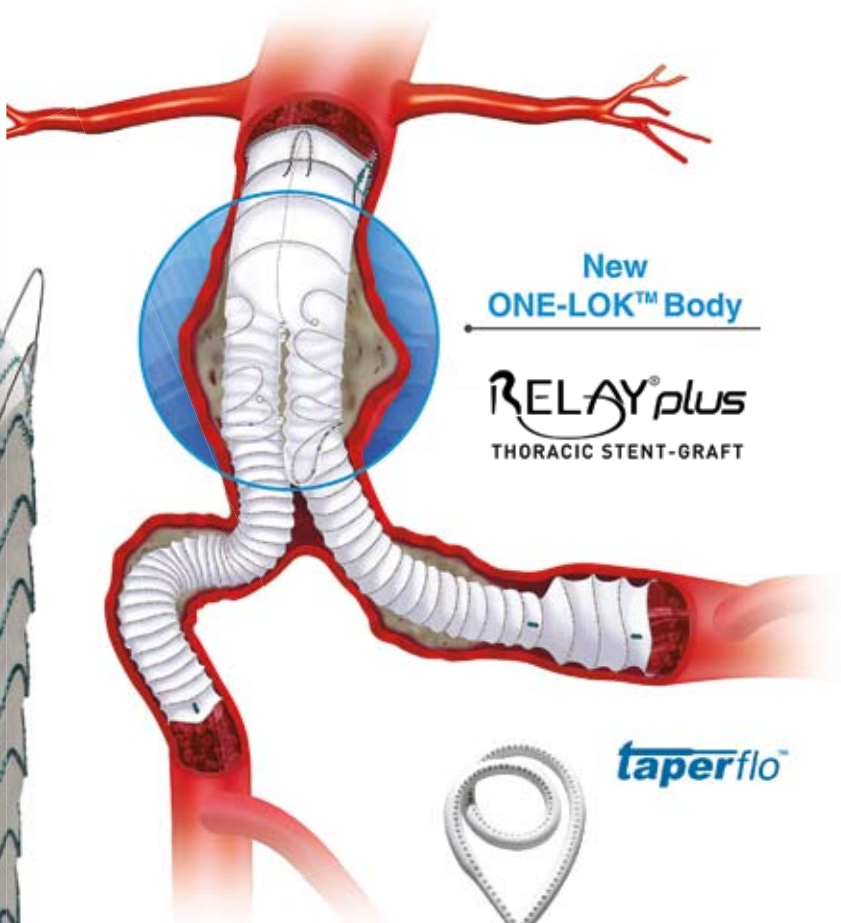
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Taking care of vascular



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**GIVE-AWAY**  
 Melomed is giving away a coffee machine  
 to enjoy to one lucky reader! See page 3  
 for competition details!



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## CHAIRMAN'S NOTE

Welcome to our first 2014 edition of *Melomag*.

With a new year comes new beginnings! As you may have noticed by now, we have continued to improve upon the quality and quantity of the information we bring you, whether it be via Melomag, our new-and-improved Facebook page, or any one of the number of other initiatives we have undertaken. We hope you enjoy reading them and benefit from them as much as we do creating them for you!

Our social media and initiatives aren't the only thing growing, our complement of specialist doctors are as well. We welcome our new specialists, Dr Nabeil Mohamed, who practises as Ophthalmic Surgeon at our Melomed Bellville, and Dr Shafeeqa Fakir, who practises as a Dermatologist at our Melomed Mitchells Plain Hospital.

Last year ended very well with many successful events, the highlight of which was our Cuppa for CANSA high tea, with which we raised a significant amount for the Cancer Association of South Africa. We take this opportunity to thank all those who joined in support.

Our Annual Ethics CME, hosted at the Old Mutual conference facility, was equally successful. Our guest speakers included pioneering Plastic and Reconstructive Surgeon Dr Ridwan Mia, who famously performed the very first cloned skin transplant on little Isabella "Pippie" Kruger.

In addition to our very successful community programmes (Melohearts, Melominds, Kidney Awareness), this year we will be launching a support group dealing with drug addiction, which is headed by Dr Jerome Campbell.

We want to take this opportunity once again to thank you and your families for the trust and faith you have placed in the Melomed Group. We are truly honoured by your confidence and continued willingness to share your positive experiences with your friends, families and co-workers. We remind ourselves every day that all of our success, all of our growth and all our achievements are a direct result of your support.

Enjoy the rest of your summer!

**EBRAHIM  
 BHORAT  
 CHAIRMAN  
 MELOMED  
 GROUP**



## STICKING TO A DIET:

# WILLPOWER

REQUIRED!

Here are four top tips  
for staying strong and  
sticking to a healthy diet.



**1 Sleep well.** Kelly McGonigal of Stanford University published the findings of her research linking willpower and sleep in the book, *The Willpower Instinct* (Penguin Group, 2012). In her study, she looked at people addicted to hard drugs. One group slept for seven hours, and the other group slept a full eight hours. The group who slept

less showed impairment in the section of the brain responsible for distinguishing between short-term

gratification and long-term goals.

**2 Meditate.** It's all about controlling the thoughts in your mind. Can you turn off your thoughts? If you can't, you may not be in full control, which can leave you susceptible to cravings. If meditation is new to you, start with just one minute each day. You can work your way up as you get more experience.

**3 Avoid alcohol.** Alcohol decreases self-awareness, exactly what you'll need to stay strong and fight those cravings.

**4 Be your own best friend.** If you had a good friend who asked you to help keep her diet on track, what would you say when she was eyeing a cupcake? It's not worth it? Walk away? Say these things to yourself. It may not work 100% of the time, but you'd be surprised at how often it does help.

**Having trouble remembering names of new people?**

Try linking new names to a relevant image or letter of the alphabet.

**Sesame seeds** contain far more calcium than milk.

HEALTH  
TIPS

# TWINKLE TWINKLE LITTLE STAR...

Children who go to bed at irregular hours are more likely to have behavioural problems, according to a new study.

The research, which appeared in the journal *Paediatrics*, found that lifelong problems could result from erratic childhood bedtimes, but that the effects could be reversed with implementation of a schedule.

Inconsistent bedtimes can disrupt natural body rhythms and cause sleep deprivation, impairing brain development and the ability to regulate some behaviours, the research showed.

The British study analysed the bedtime data of more than 10 000 children of ages three, five and seven, taking into account their behavioural problems as reported by teachers and mothers.

Hyperactivity, conduct issues, problems with peers and emotional difficulties were some of the conditions that were worse for children with irregular bedtimes.

Problems, however, only became more severe as children progressed through childhood. And those who adopted a more stable bedtime schedule demonstrated clear improvements in behaviour.



## DOES HOUSEWORK COUNT AS EXERCISE?

If you think doing household chores will save you a trip to the gym, you might want to think again.

A new study from Northern Ireland finds that people who report housework as part of their weekly exercise tend to be heavier than those who get their exercise through more traditional means. In fact, the more time people said they spent performing housework as exercise (which they considered moderate to vigorous physical activity), the heavier they tended to be.

## DID YOU KNOW?



- + Broccoli contains twice the vitamin C of an orange.
- + It has almost as much calcium as whole milk and the calcium is better absorbed.
- + It contains selenium, a mineral that has been found to have anti-cancer and anti-viral properties, is a modest source of vitamin A and alpha-tocopherol vitamin E and also has antioxidant properties.

## GIVE-AWAY

ENTER  
TODAY &  
WIN

We're giving away a coffee machine to one lucky reader!

To stand a chance to qualify, **email** your answer to the following question and your name to: [competitions@health-bytes.co.za](mailto:competitions@health-bytes.co.za) with *Melomag 15* in the subject line. Competition closes 10 March 2014. **Where was Dr Nabeil Mohamed born? (See our Housecall article).**

Prize sponsored by Melomag.



### Features:

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- Compatible with Nespresso system

Give-away terms and conditions: The winner will be the first correct entry drawn after the closing date. In the event of the judges not being able to get hold of winners on details supplied, alternative winners will be selected. The judges' decision is final and no correspondence will be entered into. The winner must be prepared to be photographed for publicity purposes. The prize is not transferable and may not be converted into cash. Prize may differ from picture. Image is for visual purposes only.

## USEFUL FACTS

# OUR AMAZING BODY!

From DNA to the atoms inside us, the human body is a scientific marvel.

## Our stomach



is full of digestive acid, strong enough to dissolve razor blades. Don't worry though, you get a new stomach lining every three to four days. If you didn't, the strong acids your stomach uses to digest food would also digest your stomach.

## LUNGS

consist of over **300 000 million capillaries** which are tiny blood vessels. If they were laid out, they would span **2 400km.**



## Testicles

(an average man's) produce **10 million new sperm cells per day.** That's enough to repopulate the entire planet in only six months.



The largest organ in a human body is skin –

each person will shed nearly 18kg of it in his or her lifetime.



## Human bone

(especially the femur) is about four times stronger than concrete. A 16cm<sup>3</sup> piece of bone can bear a load of **over 8,6 tons.**



**You go to sleep and wake up two different sizes,** being tallest right after getting out of bed but shrinking during the day by being weighed down by forces of gravity.



*On an average day,*

**the focusing muscle of the eyes moves about 100 000 times.**

To put this in perspective, this would be the same as walking 80km every day for your leg muscles.



# The average human body

**GIVES OFF ENOUGH HEAT IN ONLY HALF AN HOUR TO BOIL 2 LITRES OF WATER.**

If all the blood vessels in the human body were placed end to end, they would circle the globe with **a combined length of over 40 000km.**

In your lifetime, you will produce

**enough saliva** to fill two swimming pools.



Humans are the only mammals in the world that cannot **breathe & swallow at the same time.**



new kilometres of



**BLOOD VESSELS** for every half a kilo of fat gained.

## In a woman's ovaries

there are over **500 000 eggs** but only 400 of them will ever get the chance to create life.

## YOUR NOSE

is not as sensitive as a dog's, but it can remember **50 000 different scents.**



**THE AIR FROM A SNEEZE CAN TRAVEL AT UNBELIEVABLE SPEEDS OF 160KM/H OR MORE! ANOTHER GOOD REASON TO COVER YOUR NOSE AND MOUTH WHEN YOU SNEEZE – OR DUCK WHEN YOU HEAR ONE COMING YOUR WAY.**



## Sweaty feet

Your feet have a whopping **500 000 sweat glands** and have the ability to produce up to half a litre of sweat each day.

**When you blush your stomach lining also reddens.**



**The brain generates as much power as a 10-watt light bulb.**



It seems those pictures of people with light bulbs above their heads aren't too far off. The brain doesn't just generate that amount of power when you have a good idea though. It would even continue to light up when you're sleeping!

# Antenatal classes

at Melomed  
Private Hospitals

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[www.melomed.co.za](http://www.melomed.co.za)

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certificates are printed and  
available immediately to parents.*

*\*Only applicable for those  
babies born at any  
Melomed Hospital.*





**By Dr Naseera Allie**, Obstetrician and Gynaecologist new to Melomed Gatesville.  
Specialising in general obstetrics and gynaecology. MBChB (UCT), FCOG (SA), M.Med (O+G).  
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# OBESITY IN PREGNANCY

**Being overweight or obese during pregnancy can cause complications for you and your baby.**

**The more overweight you are, the greater the chances for pregnancy complications.**

By Dr Naseera Allie, Specialist Obstetrician and Gynaecologist

**T**he worldwide increase in obesity has led the World Health Organisation (WHO) to consider obesity as one of the most serious global health problems of the 21st century. Obesity is defined as a body mass index (BMI) over 30kg/m<sup>2</sup>. This is calculated using the formula weight (in kg) divided by the square of the height in metres (kg/m<sup>2</sup>). A BMI between 25 to 29kg/m<sup>2</sup> is categorised as overweight.

Obesity in pregnancy is important because maternal and fetal outcomes are poorer in women who are obese than in those with a BMI in the normal range. These adverse effects reach from preconception through the antenatal period to delivery and beyond. ▶▶

## Women are at a higher risk of hypertension in pregnancy (gestational hypertension) as well as other metabolic complications such as high cholesterol and heart disease.

### OBESITY BEFORE PREGNANCY

Obese women have a higher rate of infertility in both natural conception and those achieved by assisted reproductive techniques (ARTs). They are also at a higher risk of metabolic complications – high cholesterol, hypertension and diabetes. Therefore women should be counselled before conception to adopt a healthy lifestyle and reduce their BMI.

### ANTENATAL PERIOD

Miscarriages are more common in obese women with an

increased rate of fetal anomalies. There is also a significant impairment of adequate ultrasound visualisation of fetal anatomy as BMI increases. The decrease in visualisation is most marked for heart, brain and spinal structures. Interpretation of blood results with regards to fetal anomalies is also problematic.

Gestation diabetes mellitus is a clinical manifestation of glucose intolerance in pregnancy and there is a strong association with BMI and the development of gestational diabetes. These

women are offered screening for diabetes usually between 24–28 weeks gestation. Women are at a higher risk of hypertension in pregnancy (gestational hypertension) as well as other metabolic complications such as high cholesterol and heart disease.

Fetal growth cannot be accurately assessed. This is due to serial measurements of the abdomen, which are unhelpful, as well as ultrasound evaluation, which is limited. Fetal growth restriction is therefore easily missed. Maternal obesity

## WHAT CAN YOU DO?

**To obtain an ideal weight before pregnancy is an ideal goal. This, however, is not always possible, as most pregnancies are not planned. Treatment for obesity is difficult. This includes improved lifestyle by balanced diet and exercise.**

- + Balanced diet in pregnancy – “eat for two” policy has not been proven scientifically.
- + Exercise – daily for 30 minutes (swimming, walking, aerobics).
- + Lifestyle changes – quit smoking and stop other harmful habits.
- + Screening for diabetes and hypertension.
- + Maternal obesity poses a serious risk to maternal and fetal health. Every effort at weight reduction should be made to improve fetal and neonatal outcome.





is also associated with fetal macrosomia (babies >4kg).

Obese women tend to have an increased risk of induction of labour due to prolonged pregnancy as well as other complications that can develop during the pregnancy like, diabetes and hypertension.

### **INTRAPARTUM PERIOD**

Higher incidences of obstetric complications occur in obese women. These include slow labour progress, increased rates of shoulder dystocia (baby's shoulder getting stuck at delivery), difficulty monitoring baby and increased rates of caesarean section as well as instrumental deliveries. Anaesthetic complications are also higher.

### **POSTPARTUM PERIOD**

Obese women have a higher incidence of bleeding after delivery. After caesarean section there is an increased risk of wound infection. Women have a higher rate of thromboembolism (clots in the legs and lungs) and it is therefore recommended that these women get medication to prevent clots from forming.



**Maternal obesity poses a serious risk to maternal and fetal health.**



**Dr Priya Walabh** is a Paediatrician / Paediatric Gastroenterologist: MBChB (UCT) DCH (SA) FCPAED (SA) CERTGIT (SA).

# Meningitis

## in children

**What is meningitis? – It is inflammation of the meninges (the membranes) that covers the brain and spinal cord.** By Paediatrician Dr Priya Walabh, practicing at Melomed Gatesville



**B**acterial meningitis is rare but potentially life-threatening if not treated immediately. Viral meningitis on the other hand is far more common and less serious. Most of the time viral meningitis resembles flu-like symptoms and resolves spontaneously. Meningitis can also be caused by various other things like drug reactions, diseases of the immune system, cancer, certain medications and other infections like fungi and parasites.

Meningitis can happen at all ages. In children the highest incidence is between birth and two years of age. It can also be easily spread among those living in close quarters – teens, college students, and boarding-school students are at higher risk for infection.

### **SYMPTOMS & SIGNS:**

In infants and young children the symptoms and signs are subtle and parents/caregivers should be on high alert for any child with a fever and irritability. **Classic symptoms and signs of meningitis (infants younger than six months):**

# UNTREATED BACTERIAL MENINGITIS CAN RESULT IN SERIOUS NEUROLOGICAL COMPLICATIONS LIKE SEIZURES, STROKES AND EVEN DEATH.



- + Jaundice (yellow discolouration of skin and mucous membranes)
- + Poor feeding/poor sucking
- + High-pitched cry
- + Vomiting
- + Rash
- + Stiff neck
- + Increased irritability
- + Increased lethargy
- + Fever
- + Bulging fontanelle (soft spot on the top of the head)
- + Seizure activity

## Classic symptoms and signs (children older than 1 year)

- + Nausea and vomiting
- + Headache
- + Photophobia (increased sensitivity to light)
- + Fever

- + Altered mental status (seems confused or odd)
- + Lethargy
- + Seizure activity
- + Neck stiffness or neck pain
- + Knees automatically brought up toward the body when the neck is bent forward or pain in the legs when bent (called Brudzinski sign)
- + Inability to straighten the lower legs after the hips have already been flexed 90 degrees (called Kernig sign)
- + Rash

Viral meningitis can cause flu-like symptoms like fever and headache which resolves completely within seven to ten days without complications or requiring treatment.

## INVESTIGATIONS & TREATMENT

It is important to see your doctor straight away as meningitis in children needs prompt diagnosis and treatment. The only way to make a definitive diagnosis is lumbar puncture (a thin needle is inserted into the lower back to drain spinal fluid which is then sent for tests). This need not be a traumatic procedure as analgesia and/or sedation is used.

Bacterial meningitis will need a period of 7–14 days of intravenous antibiotics depending on what bacteria is cultured. If the child is feeding poorly they will need intravenous fluids and analgesia for the headache.

Untreated bacterial meningitis can result in serious neurological complications like seizures, strokes and even death.



## PREVENTION

Specific vaccines are available to protect and reduce the chances of developing both the bacterial and viral types of meningitis. The antibacterial vaccines which are available and on the routine immunisation schedule are haemophilus influenza b (Hib), meningococcal and pneumococcal.

The antiviral vaccines are measles, mumps, varicella, polio and influenza. Once a child or adult is diagnosed with meningococcal meningitis, antibiotic prophylaxis is given to all close personal contacts.

The outcome of meningitis in children depends on many things. The type of

meningitis, how soon diagnosis and treatment is started and whether immunisations are up to date.

Therefore it is very important for all caregivers to have a high index of suspicion.



**Sr A Hanekom** is a Paediatric Nursing Sister for Rho Baby Clinic at Melomed Bellville: Diploma in nursing (general midwifery and community).

## KNOW WHAT TO DO

# Colic and your baby

No other common condition in infants generates as much anxiety, concern, frustration and even

anger for parents as colic. Compiled by Sr A Hanekom Paediatric Nursing Sister

**C**olic is a term used to describe uncontrollable crying in an otherwise healthy baby. If your baby is younger than five months old and cries for more than three hours in a row on three or more days a week for at least three weeks (phew!), chances are he's colicky. Colic isn't a disease and won't cause your baby any long-term harm, but it's a tough thing to go through for both babies and their parents.

First-born children are affected more than later-born children and it occurs equally in boys and girls.

### SIGNS OF COLIC

Colic most often shows up when a baby is around two or three

weeks old (or two or three weeks after the baby's due date, if he's a preemie).

While babies normally cry when they're wet or hungry or frightened or tired, a baby with colic cries inconsolably and excessively, often at the same time of day, frequently in the late afternoon or evening.

If your baby has colic, his belly may look enlarged. You may notice that he alternately extends or pulls up his legs and passes gas as he cries.

### CAUSES

Unfortunately, the exact causes of colic are not yet known, although there are several theories about what may cause

the condition. Possible reasons may be painful gastro-intestinal spasms, flatulence, lactose intolerance and overfeeding.

### HOW LONG WILL THIS LAST?

Thankfully, there's a light at the end of the tunnel. Colic tends to peak around six weeks, then improves significantly between three and four months. By five months, your baby should be over it. Yes, that's a long tunnel. In the meantime, learn how to comfort your baby as best you can and ask for help when you need it. Caring for a colicky baby can be very stressful, and you need to take regular breaks to maintain your own well-being.

## REMEMBER: WHAT WORKS FOR SOME BABIES, MAY NOT WORK FOR OTHERS! HOWEVER, THERE IS A RANGE OF MEASURES YOU COULD TRY TO SOOTHE YOUR CRYING BABY:

### WHAT TO DO?

- + Gently rock the baby in your arms to help him pass wind and hopefully calm him.
- + Avoid overfeeding the baby. Don't feed too quick.
- + Massage the baby. It is a good way to help relax your baby and to help him pass wind.
- + Try laying baby on his stomach across your lap and gently rubbing and patting his or her back to help him pass any wind.
- + Reduce the amount of stimulation in the room, e.g. bright lights, noise and people.
- + Offer baby a dummy to suck on.
- + If your baby is bottle fed, check that the teat is oval-shape to allow his lips to seal the opening and avoid excessive swallowing of air.
- + Keep baby in upright positions for a couple of minutes after each feed.

- + Over-the-counter colic remedies that ease abdominal cramping or reduce intestinal wind may bring some relief.
- + Breastfeeding mothers should go through a trial period of avoiding stimulants such as caffeine and chocolate as it is possible that these are passed on to the baby via breast milk, worsening colic.
- + Mothers also reported that their stress levels affect their babies, making colic worse.
- + Don't try to cope on your own. Get a family member to

help you. It should leave you calmer and more capable to deal with the situation.

### COMMON SIDE EFFECTS

- + Excessive crying and appearance of being in pain
- + Clenched fists
- + Draws legs up towards tummy
- + Arches body
- + Cheeks might turn red
- + Stomach may be swollen and feel hard
- + Baby might hold his or her breath for a short period of time
- + Passes a lot of gas

Colic tends to peak around six weeks, then improves significantly between three & four months.



Source: [www.babycenter.com](http://www.babycenter.com)

NEXT GENERATION

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## WHAT IS AN

## ARRHYTHMIA?

**An arrhythmia is a problem with the rate or rhythm of the heartbeat. During an arrhythmia, the heart can beat too fast, too slow, or with an irregular rhythm.** Compiled by Amayeza and reviewed by Cardiologist Dr N Hendricks

A heartbeat that is too fast is called tachycardia. A heartbeat that is too slow is called bradycardia. Most arrhythmias are harmless, but some can be serious or even life-threatening. During an arrhythmia, the heart may not be able to pump enough blood to the body. Lack of blood flow can damage the brain, heart, and other organs.

### UNDERSTANDING THE HEART'S ELECTRICAL SYSTEM

To understand arrhythmias, it helps to understand the heart's internal electrical system. The heart's electrical system controls the rate and rhythm of the heartbeat.

Each electrical signal begins in a group of cells called the sinus node or sino-atrial (SA) node. The SA node is located in the heart's upper right chamber, the right atrium. In a healthy adult heart at rest, the SA node fires off an electrical signal to begin a new heartbeat 60 to 100 times a minute.

The electrical signal then moves down to a group of cells called the atrio-ventricular (AV) node, located between the atria and the ventricles. Here, the signal slows down just a little, ▶▶

Strong emotional stress or anger can make the heart work harder, raise blood pressure, and release stress hormones.

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Amayeza Abantu Biomedical (Pty) Ltd was established in 1998. Amayeza Abantu means "medicine for the people" in Zulu, one of South Africa's indigenous languages.

allowing the ventricles time to finish filling with blood.

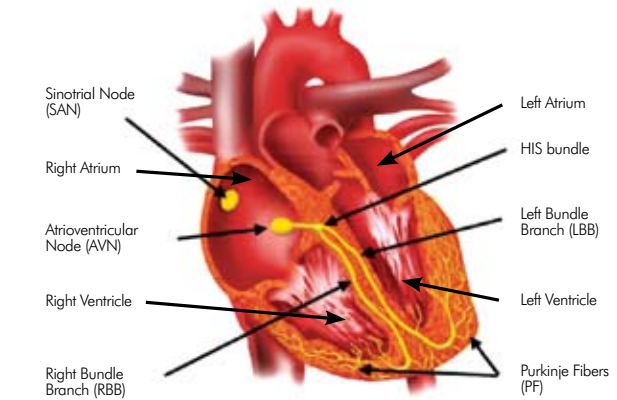
The electrical signal then leaves the AV node and travels along a pathway called the bundle of His. This pathway divides into a right bundle branch and a left bundle branch. The signal goes down these branches to the ventricles, causing them to contract and pump blood to the lungs and the rest of the body.

The ventricles then relax, and the heartbeat process starts all over again in the SA node.

A problem with any part of this process can cause an arrhythmia. For example, in atrial fibrillation, a common type of arrhythmia, electrical signals travel through the atria in a fast and disorganised way. This causes the atria to quiver instead of contract.

There are many types of arrhythmia. Most arrhythmias are harmless, but some are not. The outlook for a person who has an arrhythmia depends on the type and severity of the arrhythmia.

Even serious arrhythmias of-



ten can be successfully treated. Most people who have arrhythmias are able to live normal, healthy lives.

**A heart attack or other condition that damages the heart's electrical system can also cause arrhythmias.**

### WHAT CAUSES AN ARRHYTHMIA?

An arrhythmia can occur if the electrical signals that control the heartbeat are delayed or blocked.

This can happen if the special nerve cells that produce electrical signals don't work properly. It also can happen if the electrical signals don't travel normally through the heart.

An arrhythmia also can occur if another part of the heart starts to produce electrical signals. This adds to the signals from the

special nerve cells and disrupts the normal heartbeat.

**Smoking, heavy alcohol use, use of some drugs (such as cocaine or amphetamines), use of some prescription or over-the-counter medicines, or too much caffeine or nicotine can lead to arrhythmias in some people.**

Strong emotional stress or anger can make the heart work harder, raise blood pressure, and release stress hormones. Sometimes these reactions can lead to arrhythmias.

A heart attack or other condition that damages the heart's electrical system can also cause arrhythmias. Examples of such conditions include high blood pressure, coronary heart disease, heart failure, an overactive or underactive thyroid gland (too



This article is proudly sponsored by a supplier of Melomed, Amayeza Abantu.

In 2001, the company successfully concluded negotiations to take on the St. Jude Medical distributorship for the marketing and sale of its cardiac diagnosis and cardiac rhythm management product range in South Africa. Over the years the company has developed substantially, becoming a leading provider of Cardiology solutions in Africa.



## + PACEMAKERS

Some arrhythmias are treated with pacemakers. A pacemaker is a small device that's placed under the skin of your chest or abdomen to help control abnormal heart rhythms. Pacemakers have sensors that detect the heart's electrical activity. When the device senses an abnormal heart rhythm, it sends electrical pulses to prompt the heart to beat at a normal rate.

## + ELECTRICAL CARDOVERSION

Some arrhythmias are treated with a jolt of electricity to the heart. This type of treatment is called cardioversion or defibrillation, depending on which type of arrhythmia is being treated.

## + IMPLANTABLE CARDOVERTER DEFIBRILLATOR

Some people who are at risk for ventricular

fibrillation (VF) are treated with a device called an implantable cardioverter defibrillator (ICD). Like a pacemaker, an ICD is a small device that's placed under the skin in the chest. This device uses electrical pulses or shocks to help control life-threatening arrhythmias.

An ICD continuously monitors the heartbeat. If it senses a dangerous ventricular arrhythmia, it sends an electric shock to the heart to restore a normal heartbeat.

## + ELECTROPHYSIOLOGY STUDY AND CATHETER ABLATION

Cardiac electrophysiology study (EPS) is a test to look at the heart's electrical function. It allows doctors to check for abnormal heartbeats or heart rhythms.

The procedure is done in a hospital laboratory by trained staff including a cardiologist,

technicians, and nurses.

The laboratory nurse will clean your groin area and apply a numbing medicine (anaesthetic). The cardiologist will then place several short tubes (called sheaths) into the groin area. Once these sheaths are in place, wires or catheters electrodes can be passed through the sheaths into your body.

A procedure called catheter ablation is used to treat some arrhythmias if medicines don't work. During this procedure, a thin, flexible tube is put into a blood vessel in your groin. The tube is then guided to your heart.

A special machine sends energy through the tube to your heart. The energy finds and destroys small areas of heart tissue where abnormal heart rhythms may start. Catheter ablation usually is done in a hospital as part of an electrophysiology study.

much or too little thyroid hormone produced), and rheumatic heart disease.

## TREATMENT OPTIONS

Common modern arrhythmia treatments include medicines and cardiac electrophysiology studies with ablation therapy. Your doctor may recommend treatment if your arrhythmia causes serious symptoms, such as dizziness, chest pain, or fainting.

Your doctor also may recommend treatment if the arrhythmia increases your risk for problems such as heart failure, stroke, or sudden cardiac arrest.

## MEDICINES

Medicines can slow down a heart that's beating too fast or they can change an abnormal heart rhythm to normal. Medicines that do this are called antiarrhythmics.

Some of the medicines used to slow a fast heart rate are beta blockers, calcium channel blockers, and digoxin (digitalis). These medicines often are used to treat atrial fibrillation (AF).

Some of the medicines used to restore a normal heart rhythm are amiodarone, sotalol and flecainide. These medicines often have side effects. Some side effects can make an arrhythmia worse or even

cause a different kind of arrhythmia.

Currently, no medicine can reliably speed up a slow heart rate. Abnormally slow heart rates are treated with pacemakers.

People who have atrial fibrillation (AF) and some other arrhythmias may be treated with blood-thinning medicines. These medicines reduce the risk of blood clots forming. Warfarin, dabigatran and aspirin are examples of blood-thinning medicines.

Medicines also can control an underlying medical condition that might be causing an arrhythmia, such as heart disease or a thyroid condition.

This article is proudly sponsored by a supplier of Melomed, Amayeza Abantu.

Today, Amayeza Abantu is renowned for its ability to deliver **specialist, quality, state-of-the-art medical technology and skills transfer**. We are also exceptionally proud of the relationships we have developed and continue to maintain with key health care professionals and hospitals in our region.





# Everyday first aid

Check out these fast first aid tips to learn some basic first aid skills. Compiled by Health Bytes

## FIRST AID FOR SOMEONE WHO'S UNCONSCIOUS AND NOT BREATHING

**Key skill:** The delivery of chest compressions

- + Check breathing by tilting their head backwards and looking and feeling for breaths.
- + Call an ambulance as soon as possible, or get someone else to do it.
- + Push firmly downwards in the middle of the chest and then release.
- + Push at a regular rate until help arrives.

## FIRST AID FOR CHOKING

**Key skill:** The delivery of back blows

- + Hit them firmly on their back between the shoulder blades to dislodge the object.
- + If necessary, call an ambulance or get someone else to do it.

## FIRST AID FOR SOMEONE WHO'S UNCONSCIOUS AND BREATHING

**Key skill:** Place the person on their side and tilt their head back

- + Check breathing by tilting their

head backwards and looking and feeling for breaths.

- + Move them onto their side and tilt their head back.
- + As soon as possible, call an ambulance or get someone else to do it.

## FIRST AID FOR SOMEONE WHO'S BLEEDING HEAVILY

**Key skill:** Put pressure on the wound

- + Put pressure on the wound with whatever is available to stop or slow down the flow of blood.
- + As soon as possible, call an ambulance or get someone else to do it.
- + Keep pressure on the wound until help arrives.

## FIRST AID FOR A BROKEN BONE

**Key skill:** Immobilise the affected part

- + Encourage the person to support the injury with their hand, or use a cushion or items of clothing to prevent unnecessary movement.
- + As soon as possible, call an ambulance or get someone

else to do it.

- + Continue supporting the injury until help arrives.

## FIRST AID FOR A HEART ATTACK

**Key skill:** Ensure they are sitting and call an ambulance immediately

- + The person may have persistent, vice-like chest pain, which may spread to their arms, neck, jaw, back or stomach.
- + Call an ambulance immediately or get someone else to do it.
- + Make sure they are in a position that is comfortable for them (e.g. sit them on the floor, leaning against a wall or chair).
- + Give them constant reassurance while waiting for the ambulance.

## FIRST AID FOR A STROKE

**Key skill:** Carry out the FAST test

- + Think FAST. Face: is there weakness on one side of the face? Arms: can they raise both arms? Speech: is their



## FIRST AID FOR BURNS: KEY SKILL: COOL THE AFFECTED AREA

- + Cool the burn under cold running water for at least ten minutes.
- + Loosely cover the burn with cling film or a clean plastic bag.
- + If necessary, call an ambulance or get someone else to do it.



speech easily understood?

Time: to call an ambulance.

- + Immediately call an ambulance or get someone else to do it.

### FIRST AID FOR SEIZURES (EPILEPSY)

**Key skill:** Make them safe and prevent injury

- + Do not restrain them but use a blanket or clothing to protect their head from injury.
- + After the seizure, help the person rest on their side with their head tilted back.

### FIRST AID FOR AN ASTHMA ATTACK

**Key skill:** Help them take their medication

- + Help the person sit in a comfortable position and take their

medication.

- + Reassure the person. If the attack becomes severe, call an ambulance or get someone else to do it.

### FIRST AID FOR POISONING AND HARMFUL SUBSTANCE

**Key skill:** Establish what? When? And how much?

- + Establish what they have taken. When? And how much?
- + As soon as possible, call an ambulance or get someone else to do it.
- + Do not make the person sick.

### FIRST AID FOR A HEAD INJURY

**Key skill:** Apply something cold

- + Ask them to rest and apply

a cold compress to the injury (e.g. frozen vegetables wrapped in a tea towel).

- + If they become drowsy or vomit, call an ambulance or get someone else to do it.



#### Emergency NUMBERS

**Melomed 24 Ambulance:**  
0800 786 000

**Melomed Gatesville Trauma Unit**  
021 637 8100

**Melomed Bellville Trauma Unit**  
021 948 8131

**Melomed Mitchells Plain Trauma Unit**  
021 392 3126



## GUT FEELING

# Probiotics fad or wonder

**Not all bacteria are bad. One of the current wellness fads, probiotics, harnesses healthy bacteria.** Compiled by Health Bytes

For most people, the mention of probiotics conjures up images of yoghurt. But don't dismiss the microbes as a marketing gimmick or food fad, just yet. The latest probiotic research suggests that live-active cultures of these friendly bacteria can help to prevent and treat a wide variety of ailments.

Stress, bad food, and the rat race can throw the digestive system out of gear, triggering bloating, diarrhoea and constipation, flaring up of IBS symptoms, Crohn's disease, and a host of other gastrointestinal problems. When the intestinal flora – an assembly of 100 trillion bacteria – is disturbed and the balance upset, diseases strike.

### WHAT EXACTLY ARE PROBIOTICS, AND WHY DO WE CARE?

Probiotics means "for life". Probiotics are live microorganisms such as bacteria and yeast that can help boost the "good" bacteria in your gut. Prebiotics are non-living items, like fibre, that we can consume to assist in the growth and preservation of probiotics.

Probiotics are found in foods such as yoghurt, while prebiotics are found in whole grains, bananas, onions, garlic, honey and artichokes. In addition, probiotics and prebiotics are added to some foods and available as dietary supplements.

We have a symbiotic relationship with microbes; they help us, and we help them.

### CAN YOU PROVE BACTERIA ARE BENEFICIAL?

Allowing the growth of certain good bacteria in the gut remains the most well-known function of probiotics.

There is data that live probiotic supplements may help with irritable bowel syndrome, high cholesterol, allergies, even colds in studies comparing workers who took probiotics to those who didn't.

The studies looked at time of work or absenteeism in relation to cold and flu and (the probiotics) did show an effect.

Functional foods like probiotics have opened up a new area of research because of the regulatory requirement of backing up the health claims with scientific

studies. Almost every month, new findings are reported, cementing probiotics' position among the wellness factors.

Although more research is needed, there's encouraging evidence that probiotics may help to:

- + Treat diarrhoea, especially following treatment with certain antibiotics
- + Prevent and treat vaginal yeast infections and urinary tract infections
- + Treat irritable bowel syndrome
- + Reduce bladder cancer recurrence
- + Speed treatment of certain intestinal infections
- + Prevent and treat eczema in children
- + Prevent or reduce the severity of colds and flu

Side effects are rare, and most healthy adults can safely add foods that contain prebiotics and probiotics to their diet.

Before buying, read the labels and lean toward reputable companies that provide easy access to research supporting the claims they are making. If you're considering taking supplements, check with your doctor to be sure that they're right for you

## HOW CAN WE NOURISH THE "GOOD" GUT BACTERIA?

Most people know that eating

fibre is good because they cannot digest it – it has a cleansing property. However, many people may not know that certain "good" bacteria love to eat fibre, and they produce a waste product of short fatty acids, like vinegar. These short fatty acids are signals that enhance the immune system.

When the intestinal flora – an assembly of 100 trillion bacteria – is disturbed and the balance upset, diseases strike.



## Further facts

### What does the future hold for probiotics?

+ Research shows changes in microflora are associated with obesity, depression, sinusitis, periodontal disease, allergies, ulcers, fibromyalgia, chronic fatigue syndrome, sleep disturbances, breast cancer and even certain symptoms of old age. Probiotics are also helping HIV patients. Scientists have discovered that without bacteria, body temperature, cardiac output and organ weights

decline, while serum cholesterol and susceptibility to infection increase.

- + Inflammation is one of the first stages toward cancer. If we keep inflammation down, there is less chance for cancer. Bacteria are good at keeping inflammation lower; they signal the immune system through short-chain fatty acids.
- + More evidence still needs to be done on just how much of the live probiotics are needed to reap the benefits.

## Quick facts about probiotics



- + There are 10 times more probiotics than cells in our body.
- + There are well over 400 probiotic strains resident in our bodies.
- + Probiotics are safe to use.
- + The bacteria reach the intestine alive and grow in our bowels.
- + Probiotic products have been consumed since 1935.

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# Let's Talk

about **mental health!**

AN INITIATIVE BY  
*pharma*  *dynamics*



"Let's Talk" is a social network campaign in South Africa that explores what it's like to have mental health issues or to care for someone who suffers from mental illness.

**Let's Break the Silence...**  
*to understand mental illness better.*

Many people don't want to discuss mental health issues because they are ashamed, embarrassed, don't believe it "really exists" or don't know where to start.

*The "Let's Talk" message is one of hope – that mental illness is common, real and treatable, and that many can lead fulfilling and productive lives.*



For more information about the project and the FILM student competition, visit our website

**[www.letstalkmental.co.za](http://www.letstalkmental.co.za)**

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# HOUSE CALL

Meet one of our Specialists,  
**Dr Nabil Mohamed**, who is an  
Ophthalmologist at Melomed Bellville.



## VITAL STATISTICS & QUESTIONS

**QA** **I am ...** a young, dynamic, hardworking individual who is passionate about ophthalmology. I find it an exciting and challenging discipline as well as being spiritually enriching.

**Where were you born?** Cape Town.

**Who do you share your house with?** My wife, Zeenat, and a full-of-life three-year-old son, Tahir.

**What would people be surprised to know about you?** Despite coming across as a quiet person I am someone who enjoys being out and around family and friends.

**If you weren't doing what you do, you would be doing?** I actually have no idea. I love doing what I do.

**I can't go a day without ...**  
seeing my son (and tea).

**My friends and I ...** live for FIFA (and enjoying the sun and discovering new places).

**What music are you listening to?**  
It varies from pop to rock.

**Perfect happiness is ...**  
spending time with family and friends.

**Success to me means ...**  
being content and happy right now.

**Everything in moderation BUT ...**  
soccer and chocolate.

**I'd like to be remembered as ...**  
a respectable guy who made a difference.

“ **One of my life mottos is:** Always treat people the way you would like to be treated. ”

## Likes

Soccer, travelling, and summer.

**Best places:** Urban, Seattle Coffee, Incredible Connection

## Dislikes

Man Utd, conflict and dishonesty.



# 6

## back-to-school health checks for children

Preparing your child for another school year requires more than buying school supplies and new clothes.

No matter what grade your child is entering, routine physical examinations, including hearing and vision tests, help ensure that your child is truly ready for school.

### 1 HAVE YOUR CHILD'S HEARING CHECKED

Clues to hearing loss include listening to the television or music at a very high volume or favouring one ear over the other. If indicated, your paediatrician can recommend an audiologist for an in-depth evaluation.

### 2 HAVE YOUR CHILD'S VISION SCREENED

An annual screening is vital to ensure that children can see well enough for schoolwork. A vision problem can likely be corrected, preventing children from falling behind in school. Be sure that

glasses or contact lenses are in good condition and that your child's prescription is current.

### 3 KEEP SHOTS CURRENT

Immunisations are necessary to prevent infectious diseases. Your child will not be allowed to attend school without the required immunisations. Vaccines or booster doses for older children that were not required when parents were younger may be needed. To be sure, ask your doctor.

### 4 ASSESS LEARNING PROBLEMS

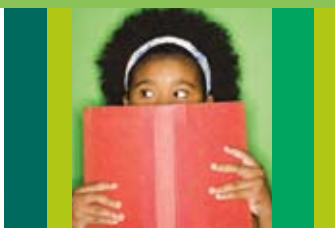
If you suspect that your child is developmentally delayed, including not processing information correctly, speak to a teacher or contact a learning centre for advice. A diagnosis usually requires one to two days of professional testing. The sooner you discover a disability, the sooner your child can be taught how to compensate.

### 5 INVENTORY YOUR CHILD'S MENTAL HEALTH

What is your child's behaviour like? Are his reactions appropriate in most situations? Is he anxious or apprehensive about school? Children typically need about a month to adjust to change, but factors such as a new school, class bully or new transportation routine may cause ongoing anxiety. Talk to your paediatrician or a counselor who can help you identify the source of the behaviour.

### 6 PLAN AHEAD ON MEDICATIONS

If your child takes medication for asthma, diabetes or any other chronic problem, make sure you have plenty on hand for home and school. Inform teachers of your child's needs, especially if a school employee will administer medicine. Speak with staff members before school begins and work out a course of action for emergencies.





# MELOMED RENAL CARE

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For further information, please contact Susan Smith at 072 482 5031 or [Susan.Smith@nrc.co.za](mailto:Susan.Smith@nrc.co.za).

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Recipe supplied by **Jaco van den Heever**, Melomed Group Catering Manager

**Surprise the family with this easy-to-prepare, delicious meal. They will be coming back for seconds we assure you.**



# Steamed haddock & avocado salad

## What you will need

**600g** Haddock, cubed  
Fish sprinkle  
Half packet fancy lettuce  
Cucumber, halved and sliced  
**100g** Cocktail tomatoes, cut  
**200ml** Milk

.....  
**20g** Garlic, crushed  
A pinch of salt  
A pinch of pepper  
**100ml** of 1 000 island sauce  
Avocado  
Parsley to garnish



## Method of preparation

1. Poach haddock, garlic and fish sprinkle in milk for +5 min.
2. Drain, cool down and break into bite-sized pieces.
3. Mix salad ingredients, salt and pepper. Place on separate plates.
4. Place haddock pieces on top. Drizzle with 1 000 island sauce.
5. Place slices of avocado on top. Garnish with parsley.



Haddock is a healthy food option as it contains omega-3 fatty acids. Consume them in place of meat that is high in saturated fat. It is a good source of a number of vitamins and minerals.



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