

# melomag

Free Health Guide!

Quarter 3 | 2015

ALL ABOUT  
bouts with  
**GOUT**

Do you need an  
**AMBULANCE  
OR A LIFT?**

The BITTER  
truth about  
**SUGAR**

Busting the Myths  
**BREASTFEEDING**

**SEASONAL DISORDER**  
**WHY WE NEED THE SUN**



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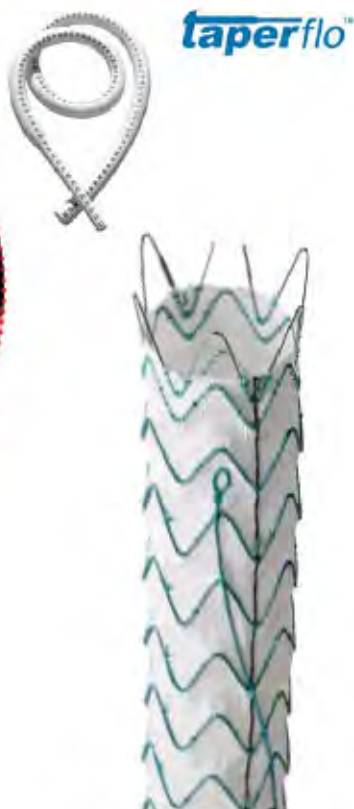
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Follow us on our Facebook page, melocares!

## GIVE-AWAY

Melomag is giving away a **Capsule Coffee Machine** to one lucky reader! See page 3 for details!



Health Bytes

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## CHAIRMAN'S NOTE

A warm spring welcome to all of our readers to this 21st issue of *Melomag*. I truly hope that you have enjoyed reading all the *Melomag* issues. We certainly look forward to our new edition for this spring which will be packed with useful and thought-provoking articles.

We start our spring season with the welcoming of our new staff members that have joined the Melomed Group. As you know, the Melomed Group has expanded greatly over the last few years, which has allowed us to develop and afford much-needed job opportunities to our community, which has supported the Melomed Group through the years.

Melomed is imminently close to realising the completion of its new flagship hospital in Tokai, which is expected to be in full operation by February 2016. Indeed Melomed is heading towards exciting and challenging times.

In the last few months Melomed had some exciting events taking place, such as the celebration of Mandela Day – our staff members took this opportunity to make a change and help the needy and those less fortunate. This day was more than a celebration of Mandela's life and legacy, it was a global movement to honour his life work and act to change the world for the better. We also celebrated Secretaries Day and we are thankful to all the secretaries for their hard work and dedication. We will also be celebrating our annual Cuppa for Cansa high tea which will take place in October of this year. We take this opportunity to thank all our sponsors for their support.

Our Melohike hiking club, which started with a few staff members wanting to live a healthier lifestyle, has now grown into a fully-fledged hiking movement. In this regard we thank our Melohike guide Mr Schuter for all his efforts in ensuring exciting and enjoyable hikes.

Our Melobabes maternity programme is growing and we are pleased to announce that we have a full-time lactation specialist available to assist our moms with breastfeeding. According to the World Health Organization ("WHO") & UNICEF stats, South Africa has the lowest rate of exclusive breastfeeding in the world, at eight per cent. At Melomed we understand that breastfeeding saves lives by protecting babies from diarrhoea and pneumonia, which are the biggest killers of infants and children in South Africa. Breastfeeding is also strongly associated with improved development and educational achievement.

Lastly we'd like to welcome our new specialists, being Dr Sean Moodley (Plastic Surgeon), Dr Jashira Moodley (Nephrologist) and Dr Muggammad Taib Ismail (Paediatrician) all of whom have taken up practice at our Melomed Gatesville facility. We wish them luck and prosperity. We certainly look forward to their valued contribution within the Melomed Family.

Happy reading!

EBRAHIM BHORAT  
CHAIRMAN  
MELOMED GROUP







## Smile!

### Be happy, be healthy!

Could smiling regularly leave you with more than just a warm inner glow? Could it actually make you healthier? American positive-emotions expert Professor Barbara Fredrickson thinks it could. So long as your smile is genuine rather than faked. Research has shown genuine smiles – also known as Duchenne smiles – can only be brought on by genuine positive emotions. So you cannot force a genuine smile and it involves different facial muscles to fake smiles.

If your smile is sincere though, it means you are experiencing positive emotions. There is growing evidence that such emotions – like joy, contentment and gratitude – boost our health and well-being. "Positive emotions are mind and body events. You have an interpretation of your circumstances and that leads to a biochemical cascade [that affects your body's functioning]."

Research has shown increasing our positive emotions not only improves the way we learn and make decisions, but also our immunity, our cardiovascular health, and our emotional connection

**Your selfie-stick can actually improve your health! Smiling does not let you sweat, can be spontaneous and doesn't hurt at all. The perfect exercise indeed... But don't fake it!**

### The good news is you can learn ways to increase the positive emotions you experience.

The more positive emotions you experience, the more likely you are to have healthy heart rhythms that make you more adaptive to different situations – in a psychological and physical sense. So how much do you need to smile? It's hard to say exactly, Fredrickson says. It's more like we need to increase our daily diet of genuine smiles. Research suggests the tipping point is three to one positive to negative emotions. That is, we need three positive emotions to lift us up for every one negative emotion that wears us down.

**So we need three or more smiles to each grimace, think of it that way.**

Source: [fastcompany.com](http://fastcompany.com); [medicaldaily.com](http://medicaldaily.com)

## ROCK-A-BAND!

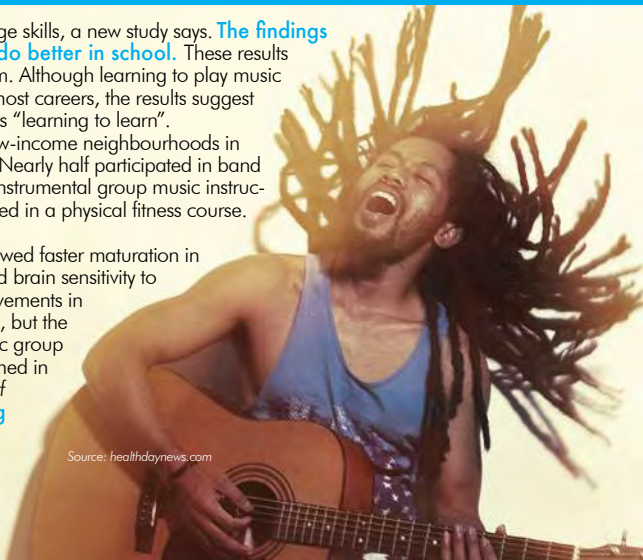
Joining a band may boost teens' brains... Get your earplugs...

Music training improves teens' hearing and language skills, a new study says. **The findings suggest that music instruction can help teens do better in school.** These results highlight music's place in the high school curriculum. Although learning to play music does not teach skills that seem directly relevant to most careers, the results suggest that music may engender what educators refer to as "learning to learn".

The study included 40 teens at high schools in low-income neighbourhoods in Chicago who were followed until their matric year. Nearly half participated in band classes that involved two to three hours a week of instrumental group music instruction at school. The remainder of the students enrolled in a physical fitness course.

Over the study's three years, the music students showed faster maturation in the brain's response to sound, as well as heightened brain sensitivity to sound details. All of the participants showed improvements in language skills linked to sound structure awareness, but the improvement was greater among those in the music group than those in the fitness group. The findings, published in the *journal Proceedings of the National Academy of Sciences*, suggest that **high school music training might boost brain development and improve language skills**, according to the authors.

Source: [healthdaynews.com](http://healthdaynews.com)



# SITTING IS THE NEW CANCER STAND UP FOR YOUR HEALTH

A group of experts have advised that people working in office environments **stand for at least 2 hours a day during working hours**, as part of a number of recommendations to protect those engaged with typically sedentary forms of work.

Breaking up long periods of sitting with activity is considered by most experts to be advantageous to the health of workers. Workers whose jobs are predominantly desk-based should eventually progress to **a total of 4 hours standing**, advises the panel.



An increasing number of studies associate sedentary living – including time spent at work – with an **increased risk of several serious illnesses and causes of death**, including cardiovascular disease, diabetes and some forms of cancer.

There is a growing interest in **changing working environments** so that they are no longer wholly sedentary. Many companies now provide office furniture with sit-stand attachments for desks or fully adjustable sit-stand desktops, allowing **office employees to work without having to be seated**.

Sources: [womanshealthmag.com](http://womanshealthmag.com), [medicaily.com](http://medicaily.com), [cancer.org](http://cancer.org)

## OUR GIVE-AWAY TO YOU

You can be the lucky reader to win a **Capsule Coffee Machine!**

To stand a chance to qualify, **email your name, contact number and answer to the following question to: [melomag@melomed.co.za](mailto:melomag@melomed.co.za) with MelomagQ3 in the subject line. Competition closes 13 November 2015. How many beneficial ingredients does breast milk contain? (See our Health Advice article, page 8.)**

### FEATURES:

- Removable 1-litre water tank
- Programmable and automatic control of the volume of coffee
- Removal drip tray
- Automatic capsule ejection system with capsule container
- Compatible with all capsules



**Prize sponsored by Melomag.** 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 winner on details supplied, an alternative winner 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.

ENTER  
TODAY &  
WIN

# COLOURING THE NEW KIND OF MEDITATION

**COLOURING PROVIDES AN OUTLET TO MEDITATE WHILE ALSO PHYSICALLY DOING SOMETHING. IT'S AN AFFORDABLE, DRUG-FREE WAY TO HELP ADULTS RELIEVE STRESS.**

In recent months, there's been a growing interest in adult colouring books with increasing media coverage and sales seeing an upswing in bookstores.

Colouring allows adults to focus on the present rather than ruminating over the past or future. Be sure to unplug while you colour, so you're fully immersed in the activity.

**So what is it about colouring that is luring in so many adults? The answer lies in how you react when you're colouring.**

"One way to look at mental health is to be fully present, mentally absorbed, and engaged in what you're doing in the moment," says Chris Aiken, MD, an instructor in clinical psychiatry at the Wake Forest University School of Medicine and director of the Mood Treatment Center in Winston-Salem, North Carolina. "Any activity that does that is going to improve your mental health." These types of activities – like playing sports or driving – allow you to zone out. You simply focus on what's happening at that moment, pushing other thoughts, fears, and anxieties to the side. **This causes a calming, stress-relieving effect.**

You can reap the meditative benefits of colouring by paying attention to the details of the activity. In colouring, you've got this physical sensation of the tool you're using touching the paper. You also have the feeling in your hands and fingers holding this tool, and moving in different rhythms as you fill in the space. When you move in a rhythmic fashion for an extended period of time, that becomes a meditation. While some people may have trouble with traditional meditation – which mostly focuses on stillness and concentrating on the breath – **colouring provides an outlet to meditate while also physically doing something.**

### TIPS ON COLOURING FOR STRESS RELIEF

- Try it with a friend but do not speak to each other.
- Concentrate on the task at hand.
- Put a timer on so it's uninterrupted.
- Unplug.

**REMEMBER:** It's not about how far you get or how much of the picture you get done. None of that matters at all. It's the process. It's getting you out of your head and into your body and focusing on the colouring.

Source: [huffingtonpost.com](http://huffingtonpost.com)



## Pharmacy Graduation



## Melomed Pharmacy Graduation ceremony

Congratulations to our Basic & Post Basic Pharmacy students



## Melomed Gatesville Staff Recognition



## Melohike - our hiking team





CASUAL DAY AT MELOMED



Comrades  
2015

©Nkoz Photography

CONGRATULATIONS TO SAFOUDIEN BESTER  
"I did my best time of 11h33m. My quote for this picture would be: 'Self-confidence is the best outfit. Rock it and own it!' "

Melomed  
celebrates  
Madiba Day



Sitting, lying, walking,  
twisting, running. The skin  
responds to them all.  
Why not the dressing?

ALLEVYN Life



ALLEVYN Life Heel



ALLEVYN Life Sacrum



SILICONE ADHESIVE



HIGH



CHANGE  
INDICATOR



LOCK ARM CODE



smith&nephew  
**ALLEVYN**<sup>®</sup>  
Life

Designed for people  
who happen to be patients



# ALLEVYN<sup>®</sup> Life Dressings: Designed to provide an optimal patient experience

94% of clinicians would recommend ALLEVYN Life for use in their practice!

For people living with wounds 24/7, wound care means far more to them than physical healing. At Smith & Nephew we want people to feel good whilst healing happens. With our uniquely shaped, secure-fitting, wide-bordered dressings, wound care patients feel less like patients, and more like people.<sup>2-4</sup>

- Quadrilobe shape for a secure fit**  
 Conforms closely to the body, optimising dressing changes and minimising wastage,<sup>1</sup> while allowing patients to shower<sup>2-4</sup>
- Discretion layer for patient confidence**  
 Minimises the visual impact of stinkthrough (in-vitro),<sup>5</sup> giving patients discretion, optimising dressing changes<sup>1</sup> and reducing wastage
- Silicone wound contact layer for gentle removal**  
 Gentle on the skin, providing minimal pain on dressing removal<sup>6</sup>
- Lock-away layer providing patient peace of mind**  
 Excellent fluid locking under pressure (in-vitro),<sup>7</sup> provides reassuring leakage prevention (in-vitro),<sup>7</sup> Common wound odour absorption when tested in-vitro on representative compounds<sup>8</sup>
- Cushioning layer for maximum protection**  
 The dressing's multi-layered design provides cushioning and helps to spread pressure (in-vitro),<sup>9</sup> so patients can feel protected from everyday knocks and bumps.<sup>10</sup>

## ALLEVYN Life -at-work: Case study of Mr A<sup>11</sup>

Treating a rapidly deteriorating pressure ulcer

- Male, early eighties, with limited mobility, incontinence and poor nutrition
- Malodorous, grade III, sacral pressure ulcer, covered in slough with high exudate
- Current dressing changed at least once a day, often much more frequently
- **Clinical aims**
  - Improve nutrition and reduce the wound bed's necrotic burden
  - Find a dressing that stays in place, minimises odour and effectively manages exudate
- **Finding the right treatment solution**
  - ALLEVYN Life was selected as a secondary dressing to manage exudate and odour, and stay in place
  - DJMRAFFIBER ribbon was selected to absorb and retain a large amount of exudate
- **Treatment success (After 6 weeks)**
  - Wound continued to improve with considerable reduction in wound size, malodour completely resolved and exudate effectively managed
  - ALLEVYN Life stayed in place securely and dressing changes reduced to twice a week, assisted by the change indicator
  - Mr A's physical and social quality of life improved significantly



Looking for ALLEVYN Life? Reach for the packaging with the blue band...

ALLEVYN Life		
SBN Code	Size (cm)	Carton
66801067	10.3cm x 10.3cm	10
66801068	12.9cm x 12.9cm	10
66801069	15.4cm x 15.4cm	10
66801070	21cm x 21cm	10
66801304	Heel 25cm x 25.2cm	5
66801306	Secrum 17.2cm x 17.5cm	10
66801307	Secrum 21.6cm x 23cm	10



References: 1. Sheehan-Reynolds et al. An appraisal of the clinical performance and economic benefits of a silicone foam in a large UK primary care organisation. *Journal of Community Nursing* 2005.  
 2. Smith & Nephew data on file report DR-DOF 050 An open, prospective, randomised, comparative volunteer trial to compare the performance of silicone adhesive dressings, Mepilex<sup>®</sup> Border.  
 3. Smith & Nephew data on file report DR-DOF 044 An open, prospective, comparative volunteer trial to assess the retention qualities of ALLEVYN Life and Bacti<sup>®</sup> Silicone.  
 4. Smith & Nephew data on file report DR-DOF 011 Results from a multi-centre, non-comparative clinical in-market evaluation of ALLEVYN Gentle Border dressing and from Open, prospective randomised, within volunteer comparison of Dakota and Mepilex Border in terms of showerproof and use on awkward areas. Huzsein D; August 2005.  
 5. Smith & Nephew data on file report DS/02/129/DOF Simulated wound model testing of ALLEVYN Life and Mepilex Border.  
 6. Rosington et al. Clinical performance and positive impact on patient wellbeing of ALLEVYN Life. *Wounds UK*, Vol 9, No 4 2003.  
 7. Smith & Nephew data on file report DS/02/130/DOF Simulated wound model testing of ALLEVYN Life and Mepilex Border.  
 8. Smith & Nephew data on file report DS/02/127/DOF Odour reducing properties of ALLEVYN Life.  
 9. Smith & Nephew data on file report DS/02/135/DOF Impact protection properties of ALLEVYN Life, Mepilex Border and Bacti Silicone.  
 10. Smith & Nephew data on file report DR-DOF 034 - An open, prospective, randomised, volunteer trial to assess ALLEVYN Life dressings in terms of volunteer's perception of protection. II. ALLEVYN Life in the treatment of category 3 pressure ulceration. Debbie Stone.  
 11. ALLEVYN Life in the treatment of category 3 pressure ulceration. Debbie Stone.



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# BREASTFEEDING

## PART ONE: BUSTING THE MYTHS

Breastfeeding myths can change the course of your individual journey, whether you're a new mom or a seasoned pro. Here, our lactation expert, Nicole Leverton debunks the most common breastfeeding tales and reveals their surprising truths.

### **MYTH #1: BREASTFEEDING ISN'T THAT DIFFERENT TO FORMULA MILK**

**FACT:** The two milks are very different. Formula is essentially cows' milk, and may contain around 30 beneficial ingredients, while breast milk has about 300. Breastfeeding is not just the best, but, it is the biological norm. It is the foundation of normal development in all areas of human health. It is the building block of not only today's healthy baby, but also tomorrow's healthy adult.



## **MYTH #2: IT IS MORE CONVENIENT TO FORMULA FEED THAN TO BREASTFEED**

**FACT:** This should not be true, in most cases. However, breastfeeding is made challenging when women do not receive the help they should to get started properly. A poor start can indeed make breastfeeding difficult, but a poor start can also, at times, with the correct intervention, be overcome. Breastfeeding is often difficult in

the beginning; therefore, it is vitally important that mothers should be given the correct information and support before and after birth. Breast milk is always the right temperature, it requires no mixing or preparation, it is ready when baby is, and it is free. It changes in nutrient composition for the age of the child. The supply will adjust according to the needs of the infant.

Breastfeeding is not only a great financial saver, but it

is also an environmentally-friendly practice.

## **MYTH #3: BREASTFEEDING TIES THE MOTHER DOWN**

**FACT:** It depends on how one views it. A baby can be breastfed anywhere and at any time – no need to drag around bottles or formula, no need to worry about sterility or warming up the milk. All of this is very liberating for the mother.

**Newborn babies should be given to the mother to hold immediately after delivery. They should have skin-to-skin contact with the mother and begin breastfeeding as soon as possible after birth.**

## **MYTH #4: NEWBORN BABIES AND MOTHERS SHOULD BE SEPARATED IMMEDIATELY AFTER DELIVERY**

**FACT:** Not true! Newborn babies should be given to the mother to hold immediately after delivery. They should have skin-to-skin contact with the mother and begin breastfeeding as soon as possible after birth. Skin-to-skin contact and breastfeeding soon after birth stimulate production of the mother's breast milk. Breastfeeding also helps the mother's womb to contract, which reduces

the risk of heavy bleeding or infection and helps to expel the placenta after birth. The latest evidence-based research has proven that the earlier breastfeeding begins, the better the chance it has to succeed. Milk supply is significantly better when mom starts breastfeeding or expressing early – ideally within the first six hours after birth. Breastfeeding is like a factory – the breasts work on a 'supply and demand' basis. If the breasts don't get orders to produce milk, they slow down their production rate. In the beginning, babies need regular and frequent breastfeeds to stimulate the 'milk factory' to produce the milk. Early, frequent feeds and emptying of the breasts in the beginning get the milk supply well established

and are essential for a good milk supply later on.

## **MYTH #5: THERE IS NO SUCH THING AS NIPPLE CONFUSION**

**FACT:** The baby is not confused – he knows exactly what he wants! If he is getting slow flow from the breast and then gets rapid flow from a bottle, he will quickly realise there is a difference between the two. A baby who has had only the breast for three or four months is unlikely to take to a bottle easily. Some babies favour the right or left breast in preference to the other.

Bottle-fed babies often prefer one artificial teat over and above another. So, we see that there is such a thing as preferring one nipple to another. ▶▶



The big question is – how swiftly this can occur? The preference can easily take place after he has experienced one or two bottles. The baby, struggling to latch on, may never have had a firm, unnatural nipple, but the introduction of an artificial nipple rarely improves the situation and often makes it much worse.

Those who believe there is no such thing as nipple confusion are often the very ones to advise the mother to start a bottle too early. Bottles definitely do interfere with breastfeeding, especially if they are introduced in the first three to four weeks after birth when the breastfeeding is still in the process of being established. Breast and bottle feeding require different oral-motor skills. As a result, some babies develop sucking confusion by applying inappropriate suckling techniques to the breast when they switch between the breast and the bottle.



**MYTH #6: MANY WOMEN CANNOT PRODUCE ENOUGH MILK**

**FACT:** This is not necessarily true! Most women do produce adequate amounts of milk. In fact, an excess of milk is even common. Babies who gain weight too slowly, or lose weight, often do so because they are not accessing enough of that which the mother has to offer. A poor latch onto the breast is the typical reason that the baby does not get enough of the milk that is available. It is essential that the mother is shown, on the first day, how to latch her baby on properly, by an expert. It is true that women don't produce mature milk for the first few days after giving birth, but they do make a thick, concentrated liquid called colostrum.

In these very early days, provided that baby receives regular, frequent breastfeeds (at least 8 to 12 per every 24 hours), this is often all a newborn needs. Moms often worry that they might not be producing enough right away, but it's very normal for the baby to nurse and not take more than two teaspoons at a time. It is common to doubt the milk supply prematurely, not trusting the body to lactate easily. Confident moms have far greater success than those who do not trust their own ability.

**MYTH #7: THERE IS NO (NOT ENOUGH) MILK DURING THE FIRST THREE OR FOUR DAYS AFTER BIRTH**

**FACT:** It often seems like this because the baby is not latched on properly and therefore is unable to access enough of the milk that is available. When there is not a lot of milk (as there normally isn't in the first few days), the baby must be well latched on to the breast. If not, the baby will not get enough of the mother's "first milk", called colostrum. Newborns have a very small stomach capacity in the first few days; therefore, they require very frequent feeds.

Some babies are sleepy in the beginning and need encouragement to feed frequently, but many like to breastfeed a lot.

**MYTH #8: BREASTFEEDING IS SUPPOSED TO HURT**

**FACT:** Though some tenderness during the first few days is relatively common, this should only be a temporary situation that lasts for a few days and should never be that bad that the mother dreads breastfeeding. Any pain that is more than mild discomfort is abnormal and is almost always due to the baby latching on poorly. With correct latching from day one, it shouldn't be painful (breastfeeding is not supposed to hurt) and incorrect latching gives rise to sore, red and even cracked nipples. Any nipple pain that does





*Confident moms have far greater success than those who do not trust their own ability.*

not improve by day three or four, lasting beyond five or six days, should not be ignored. A new onset of pain when things have been going well for a while may be due to a yeast infection of the nipples.

Restricting feeding time does not prevent soreness. Taking the baby off the breast for the nipples to heal should be a last resort only.

Thus, it is so important to seek the help of a lactation consultant at the hospital, as early as possible, during the confinement and if need be,

also after one is discharged from hospital, should there be any difficulty coming in the way of breastfeeding being a comfortable process.

**MYTH #9: NEVER WAKE A SLEEPING BABY**

**FACT:** While most infants will indicate when they need to eat, babies in the newborn period sometimes do not wake often enough on their own and should be woken if necessary to feed, at least eight to 12 times per 24 hours. Infrequent waking to feed can be caused by labour drugs, maternal medications, jaundice, trauma, pacifiers

and/or shutdown behaviour after delayed response to feeding cues. Babies born before 39 weeks' gestation are commonly very sleepy and need to be woken for feeds.

**MYTH #10: FEEDING ON BABY'S CUE DOES NOT ENHANCE MATERNAL BONDING BEHAVIOUR**

**FACT:** The responsive parenting of cue feeding brings mother and baby into synchronisation, leading to greater bonding. Feeding times should be based on the baby's cue and not go by the clock. ■



melobabe

MATERNITY PROGRAMME

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*Eye Candi*  
BOUTIQUE



## *Milk & Suga Sensory Cube*

Based on research, babies respond best to high contrasts, engaging textures and sounds. They are attracted to black or white patterns in the first three months of their lives. After three months, objects with colour begin to play a larger role in development. With that in mind, **Eye Candi Boutique** created the **Milk & Suga Sensory Cube**.

The vibrant shapes and colours encourage babies to **LOOK, TOUCH** and **LISTEN**. Sensory awareness is created through the use of different textures like slippery satin, ridged towelling and plush corduroy.

The cube can be used as an introduction to

- **naming objects and animals**
- **naming colours**
- **basic shapes**

Gross motor activity, a sense of object permanence and eye-hand coordination also develop through playing with the cube. These cubes are the perfect gift for babies in the **0-24-month** age group. **The Milk & Suga Sensory Cubes** are made in South Africa and the conservation element is also incorporated in the animal designs.

Please contact Anchen for more details: [anchen@eyecandiboutique.co.za](mailto:anchen@eyecandiboutique.co.za) or 072 625 6950. Visit our website on [www.eyecandiboutique.co.za](http://www.eyecandiboutique.co.za)



# SUGAR

## THE BITTER TRUTH



1x  = 1x  = 4g

### OUR MAXIMUM DAILY LIMIT SUGAR RECOMMENDATIONS:



### WE EAT ABOUT 2-3 TIMES THE RECOMMENDED LIMIT!



As a rough guide, your body can only process around 2 teaspoons of sugar at a time. If sugar (glucose) isn't used it gets stored... **AS FAT!**

### BUT WHERE DO ALL THE SUGAR COME FROM?

Most people eat 100% of their daily sugar allowance during breakfast. ANYTHING ABOVE 15G OF SUGAR PER SERVING IS CLOSER TO A DESSERT THAN A MEAL!



### DID YOU KNOW?

100g slab Lindt Excellence 70% Cocoa = 29g sugar per 100g. THAT MEANS: You consume more sugar in a 100g serving of Kellogg's® Coco Pops than eating a whole slab... for breakfast!



1g	Hot Porridge Jungle Oats®
1.8g	Bokomo® Weet-Bix
7.9g	Kellogg's® Corn Flakes
8g	Kellogg's® Rice Krispies®
12.9g	Kellogg's® All-Bran® Flakes
15g	Jungle Energy® Crunch Granola
17.5g	Kellogg's® Special K®
21.9g	Bokomo® Otees Original
22g	Kellogg's® Frosties
24.3g	Bokomo® Nature's Source Muesli
36g	Kellogg's® Coco Pops Original







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# CONGENITAL HEART DISEASE IN CHILDREN: WHAT PARENTS NEED TO KNOW

**Congenital heart disease is an abnormality of the heart that a person is born with. Sadly, children's heart defects are often missed at birth and during their early years and the children then present too late to be helped.**

These abnormalities occur very early in pregnancy when the organs of the foetus are being formed – around **six to ten weeks** of pregnancy. Congenital heart defects are one of the most common developmental problems babies can be born with: about **8 out of 1000 children** can be born with such defects. About 1 in 100 of these children will present with “critical heart disease” which means they will be **sick directly after birth** or early in

life and will need emergency medications, procedures or heart operations to survive.

Other children with less severe defects may initially do well and only present later in life. Sadly, children's heart defects are often missed at birth and during their early years and the children then present too late to be helped.

It is therefore important that every parent or caregiver be able to notice **symptoms or signs** of heart disease in their child:

**1 Babies and children with heart defects usually grow poorly.** This can be picked up by plotting their growth on the growth chart in the Road to Health Booklet that every baby gets after being born.

Babies are weighed by the clinic sister at each of their immunisation visits. However, when they are bigger, infants and children should still be taken to their local clinic or doctor for regular weight checks: usually every three months for the first year and

thereafter every 6-12 months. In this way, the health care practitioners will quickly pick up if the child is not gaining weight and growing as expected.

The child can then be checked for causes of poor growth such as heart defects, other organ defects, malnutrition and persistent infections, and be referred for treatment.

**2 Babies with heart defects can feed poorly.** For a baby, feeding from a bottle or from the breast is their biggest exercise. Therefore if they have an underlying heart problem, they will struggle to feed. They will get tired while feeding, needing frequent little rests to catch their breath. They can **sweat a lot**, especially on the forehead, and have **fast breathing** whilst feeding.

Parents should remember there may be simple answers to the above problems, such as a baby struggling to feed due to a blocked nose, or sweating because of overdressing.

**3 Babies with heart defects may have a blue discolouration of their tongues, hands or feet.**

If a child is blue it means that they are not getting enough oxygen in their blood. These babies need urgent medical attention. An easy, painless test to do at the clinic or in the hospital is pulse oximetry. This machine has a small clip that is put on a baby's foot or hand and measures the amount of oxygen present in the blood. Should this level be lower than normal, the patient must be transferred for further evaluation.



**4 Babies with heart defects may have a genetic abnormality such as Down syndrome.** These babies should all have a screening ultrasound of their hearts, as it is not always possible to pick up their heart defects early in life.

**5 Children with heart defects may always be sick** and have many admissions to hospital for lung infections, which may in fact be due to underlying heart disease.

**6 Older children with heart defects may complain of palpitations** (feel their heart beating very fast), have **swelling** of their face or feet, or have frequent dizziness or **blackouts**. They may also **get tired with minimal activity** and can't play or keep up with their friends.

Again it is important to rule out other causes of tiring such as asthma or lung diseases.

**Should a parent be concerned about their child, it is best to take them immediately to their local clinic or doctor for a checkup.**

The health professional should always listen to a mother's concerns, especially if she presents repeatedly with the same problem. Health professionals should always take note of a family history of heart disease.

A history of heart defects in the family, the mother herself or one of her other children, gives the mother a higher risk of having a child with heart disease and she should have a detailed foetal scan in every further pregnancy to check that baby's heart. Parents who had a baby die unexpectedly in its sleep (cot death), should take their other children for a checkup to rule out a rhythm defect of the heart. If there is any doubt about the health of a child, they can be referred to a specialist who deals with children with heart disease, a **paediatric cardiologist**, who can treat the child appropriately. The good news is that medical science has advanced so much that even complex heart defects can be operated on early in life; and most patients with congenital heart disease can have normal, productive lives. **The challenge is to recognise congenital heart disease early in life** to assure the best management and outcome. The earlier a child with a heart defect is treated, the better their chance of surviving and living a normal life.

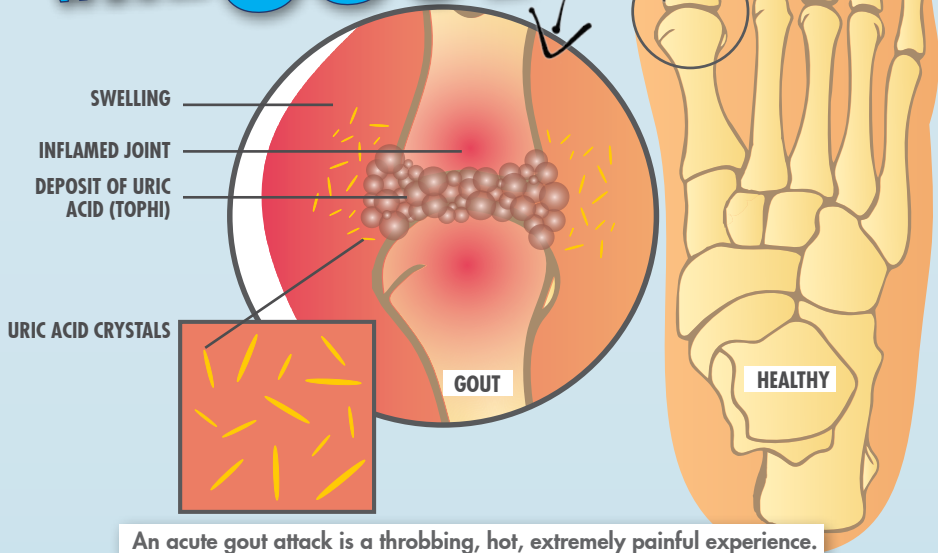
For additional information about congenital heart disease or to find your closest specialist, visit the website of the Paediatric Cardiac society of South Africa at [www.pcssa.org](http://www.pcssa.org). ■





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# ALL ABOUT BOUTS WITH GOUT



An acute gout attack is a throbbing, hot, extremely painful experience.

Gout is a form of arthritis brought on by a build-up of needle-sharp uric-acid crystals.

Nicknamed “the disease of kings”, the condition can be triggered by a diet rich in fat and alcohol. Gout is the most common inflammatory arthritis. It is also the easiest arthritis to treat. However, patients with gout often have poorly controlled disease, usually due to a combination of the following reasons:

## 1. “THE GOUT PACK EFFECT”

Acute gout is a very painful condition usually affecting a single joint. The management of an acute gout attack responds very well to gout packs that are sold over the counter at various pharmacies.

This usually contains a combination of prednisone, a non-steroidal anti-inflammatory (NSAID), like diclofenac and colchicine. All these drugs are excellent in managing the acute attacks of gout but unfortunately do nothing to prevent future attacks.

## 2. CO-MORBID DISEASES

Patients with gout often have other diseases, usually hypertension, diabetes, heart and kidney disease. Often medication used to treat these conditions can increase the risk of having gout attacks. Thiazide diuretics like Ridaq can result in more frequent gout attacks. Heart and kidney disease will limit the treatment options for the acute attacks where anti-inflammatory drugs may be contraindicated.

## 3. LIFESTYLE CHOICES

Dietary choices impact acute attacks of gout and its compli-

cations. A diet high in purines will lead to acute attacks of gout. Purines are found in offal, oily fish, and some vegetables like mushrooms and spinach. Beer is also well known for causing gout attacks.

**WHAT IS GOUT?** Gout is caused by an accumulation of uric acid in the body. Uric acid is a normal byproduct of metabolism and the body can usually control the balance very effectively by getting rid of it in the urine or stool. Most people have a problem with getting rid of uric acid.

## GOUT HAS TWO CLINICAL PRESENTATIONS:

1. The acute attack that usually presents with a swollen joint, usually a peripheral joint, like the toe, ankle, knee or wrist. The pain is at its maximal intensity within the first 24 hours before improving slowly over the next week. This responds very well to anti-inflammatory treatment.
2. The second presentation is when the uric acid deposits into the tissues and causes irregular lumps in the skin around tendons and over joints. These lumps are called tophi. Tophi cause erosions of bones and joints and may rupture and ooze a chalky white substance. These tophi can become secondarily infected, resulting in an abscess forming at the site.

For the most part, both these presentations are preventable. There are rare conditions that make gout very difficult to treat, like patients who have had kidney transplants or if they have hereditary enzyme deficiencies.

## CAN GOUT BE CURED?

No, unfortunately like hypertension and diabetes, gout is a chronic condition that requires life-long treatment. Allopurinol is usually the first drug prescribed to lower uric acid levels! Provided patients are compliant, this drug is usually very effective in bringing down uric acid. However, the dose may need to be adjusted if the uric acid levels don't come down initially. Probenecid is the alternative drug that can be used to lower the uric acid. There is ongoing research in gout and new drugs are in

development at the moment.

Research has shown that there is an association between elevated uric acid levels and hypertension and diabetes. At present thought, there is not enough evidence to treat elevated uric acid levels on its own. Only a third of patients with a raised uric acid level will develop gout.

**BB Nicknamed "the disease of kings", the condition can be triggered by a diet rich in fat and alcohol. DD**

## CONTROVERSIES IN GOUT

### "ALLO-PURINOL WILL MAKE YOUR GOUT WORSE."

This is partly true. Allopurinol can precipitate an acute attack of gout when initially started. This occurs in 25% of patients starting this drug for the first time. To negate this effect, colchicine or an NSAID is usually prescribed as well, when starting treatment. Even if an acute attack does occur, one should not stop using the Allopurinol but rather treat the acute attack in the usual way. The benefits will be seen when the uric acid levels normalise.

### WHEN TO START TREATMENT?

Patients who have two or more attacks per year, those who have tophi or those who have evidence of joint damage should be started on Allopurinol. However, the non-drug improvement should take place with the first attack. This includes avoiding foods rich in purines, maintaining a healthy weight, changing the hypertension treatment (especially diuretics) and avoiding alcohol. ▶▶



# GOT GOUT?

## Pay attention to what you eat.

Your diet plays an important role in both causing gout and reducing the likelihood of suffering further painful attacks of gout. If you already suffer from gout, eating a diet that is rich in purines can result in a five-fold increase in gout attacks.

Some foods are high in purines. Avoiding eating the foods below can help reduce the risk of a gout attack:

- **OFFAL** – liver and kidneys, heart and sweetbreads
- **GAME** – rabbit, pheasant and venison
- **OILY FISH** – anchovies, herring, mackerel, sardines, sprats, whitebait and trout
- **SEAFOOD** – mussels, crab, shrimp and other shellfish, fish roe and caviar
- Foods or supplements that contain **YEAST OR MEAT EXTRACT** – Marmite, Bovril, commercial gravy and beer

### KEEP HYDRATED

It is important to drink plenty of water to avoid dehydration. Aim to drink about 1.2 litres (six to eight glasses) a day, or more if you are exercising or when it is hot. Keeping yourself well hydrated will reduce the risk of crystals forming in your joints.

### LIMIT SUGARY FOODS/ SWEETENED FOODS

Overindulging in these foods can lead to weight gain and obesity. Additionally, sugary foods, drinks and snacks often contain fructose or what might be labelled as high-fructose corn syrup/glucose-fructose syrup. A high intake of fructose can increase uric acid levels in the blood and may increase insulin resistance. These are both

risk factors for developing gout, so aim to limit these foods.

As well as biscuits, cakes, sweets, fruit juices and sugary drinks, high-fructose corn syrup can be found in unexpected foods. These include:

- Bread
- Yoghurts
- Frozen pizzas
- Cereals and cereal bars
- Jarred sauces
- Some condiments such as jams, tomato sauce, mayonnaise or salad dressings

### GOUT-FRIENDLY FOODS (LOW PURINE)

#### WHITE BREAD, PASTA AND NOODLES

Refined carbohydrates are safe to eat for gout sufferers. They have a low purine content but too much consumption can cause a rapid rise in blood sugar and increase one's risk of developing metabolic syndrome and diabetes. Whole-grain breads and wholegrain pasta are healthier than refined carbohydrates, but since they contain moderate amounts of purine, they should be eaten only occasionally.

#### NUTS AND SEEDS

A gout-friendly diet should include two tablespoons of nuts and seeds every day. Good sources of low-purine nuts and seeds include walnuts, almonds, flaxseeds and cashew nuts.

#### DAIRY PRODUCTS (MILK, CHEESE, YOGURT)

Low-fat milk and low-fat yogurt are excellent foods for gout sufferers because of their low purine content and ability to lower gout risk.

#### EGGS

Eggs are low in purines.

#### COLD-WATER FISH

Essential fatty acids found in cold-water fish such as tuna can reduce gout inflammation. However, to prevent a gout flare-up, limit the intake of fish to one serving per day as it still contains purines.

#### VEGETABLES

Eat plenty of vegetables such as cabbage, squash, red bell pepper and beetroot, but limit the intake of vegetables with moderate purine content such as asparagus, spinach, cauliflower and mushrooms.

#### FRUITS

Eat fruits high in vitamin C such as oranges, naartjies, papaya and cherries. Apples, pears, pineapples, avocados are low-purine fruits and therefore can be eaten in moderation.

#### COFFEE AND TEA

Coffee and tea are safe for gout sufferers.

### SUMMARY

Reducing the amount of uric acid levels in the blood can help to prevent gout attacks. This can be done by:

- Achieving a healthy weight
- Limiting alcohol
- Avoiding/reducing foods high in purines
- Drinking plenty of fluid
- Limiting foods sweetened with fructose
- Eating plenty of fruit and vegetables
- Consuming low-fat dairy products ■



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# SEASONAL AFFECTIVE DISORDER

## A MOOD CHANGER!

- ✓ DO YOU HATE THE LONG WINTER EVENINGS?
- ✓ DO YOU WANT TO HIBERNATE AND OVEREAT?
- ✓ DO YOU FEEL EXHAUSTED, ANXIOUS AND DEPRESSED?
- ✓ DO YOU CRAVE SUNLIGHT?

The “winter blues” is real and you are not alone...

Take steps to keep your mood and motivation steady throughout the year.

**W**hat is SAD? Seasonal affective disorder (SAD) is a type of depression that's related to seasonal changes – especially the shortened daylight hours and lack of sunlight. SAD begins and ends at about the same times every year. If you're like most people with SAD, your symptoms start in the fall and continue into the winter months, sapping your energy and making you feel moody. Less often, SAD causes depression in the spring or early summer.

You suffer from “winter blues” if the mildly debilitating symptoms of SAD cause discomfort but not serious suffering.

For about 2% of our population, SAD is a seriously disabling illness which prevents normal function without appropriate treatment.

**SYMPTOMS** How do you know if your low mood is to do with winter? How do I know if I'm not just miserable anyway? In most cases, seasonal affective disorder symptoms appear during late autumn or early winter and

go away during the sunnier days of spring and summer. However, some people with the opposite pattern have symptoms that begin in spring or summer. Symptoms may start out mild and become more severe as the season progresses. Diagnosis can usually be made after three or more consecutive “miserable” winters. Long periods of sunless skies at other times may also trigger episodes for some people. Light passes through the eye to the hypothalamus, a part of the brain which controls a wide range of functions.

## SYMPTOMS MAY INCLUDE THE FOLLOWING:

### DEPRESSION

- Feeling sad and depressed most of the time, negative thoughts and feelings
- Guilt and loss of self-esteem
- Feeling hopeless or worthless
- Losing interest in activities you once enjoyed

### LETHARGY

- Fatigue
- Having low energy
- Feeling sluggish

### POOR COGNITIVE FUNCTION

- Difficulty concentrating
- Struggling more than usual with work and studies

### ANXIETY

- Feelings of tension
- Inability to deal with stress

### WINTER ILLNESSES

- Lowered immune system in winter
- More vulnerability to infections

### SLEEP PROBLEMS

- The need to sleep more
- Oversleeping or difficulty staying awake during the day
- Disturbed sleep patterns and/or early morning awakening
- Insomnia

### OVEREATING

- Increased desire for carbohydrates and sweets to boost mood
- Weight gain

### SOCIAL PROBLEMS

- Increased irritability – grumpy and unsociable
- Finding it harder to get along with other people
- Hypersensitivity to rejection

### LOSS OF LIBIDO

- Reduced interest in sex
- Reduced interest in physical contact

### ALTERED MOOD IN SPRING (MAY VARY)

- Sudden lift in mood
- Agitation/restlessness
- Short periods of hypomania (over-activity)
- Gradual loss of winter symptoms

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In **WINTER BLUES**, lethargy, sleep and eating problems occur, but depression and anxiety are absent or mild. SAD can begin at any age and may be triggered by other factors such as illness, childbirth or change of environment. It occurs throughout the northern and southern hemispheres but is very rare within 30 degrees of the equator. **Some individuals may experience Summer (or Reverse) SAD and are affected by heat rather than light.** The symptoms of this are anxiety, poor sleep (insomnia), weight loss and agitation – and it is a much rarer condition.

**If you feel very depressed or are having thoughts about harming yourself seek help immediately.**

### WHEN TO SEE A DOCTOR

It's normal to have some days when you feel down. But if you feel down for days at a time and you can't get motivated to do activities you normally enjoy, see your doctor. This is especially important if your sleep patterns and appetite have changed or if you feel hopeless, think about suicide, or turn to alcohol or any other substance abuse for comfort or relaxation.

### QUESTIONS TO ASK YOUR DOCTOR, IN ORDER OF PRIORITY

For seasonal affective disorder, some basic questions to ask include:

- Are my symptoms likely caused by SAD or could they be due to something else?
- What else could be causing or worsening my symptoms of depression?
- What are the best treatment options?
- Are there any restrictions that I need to follow or steps I should take to help improve my mood?
- Should I see a psychiatrist, psychologist or other mental health provider?
- Are medications likely to improve my symptoms?
- Is there a generic alternative to the medication you're prescribing me?

Don't hesitate to ask questions anytime during your appointment. ▶▶



## TREATMENT

### LIGHT THERAPY

Light therapy has been shown to be effective in up to 85 per cent of diagnosed cases. Treatment using 10,000 lux light boxes can take as little as 30–60 minutes a day.

Normal domestic or office lighting (200–500 lux) is much too low to treat SAD. Most light boxes allow you to receive 10,000 lux and treatment will usually take at least 30 minutes to 1 hour a day at the appropriate distance.

Light treatment should be used daily in winter (and dull periods in summer). Start early autumn, preferably before the first symptoms appear.

It is fine to carry out normal activity such as reading, working, eating etc. while sitting in front of the box.

There is no need to stare directly at it as long as light enters the eye. Treatment is usually effective within three or four days and the effect continues provided it is used every day. Do not wear tinted lenses, or any device that blocks the light to the retina of the eye.



### ANTI-DEPRESSANTS

The established non-sedative anti-depressant drugs are all effective. They alleviate the depressive symptoms of SAD and combine well with light therapy.

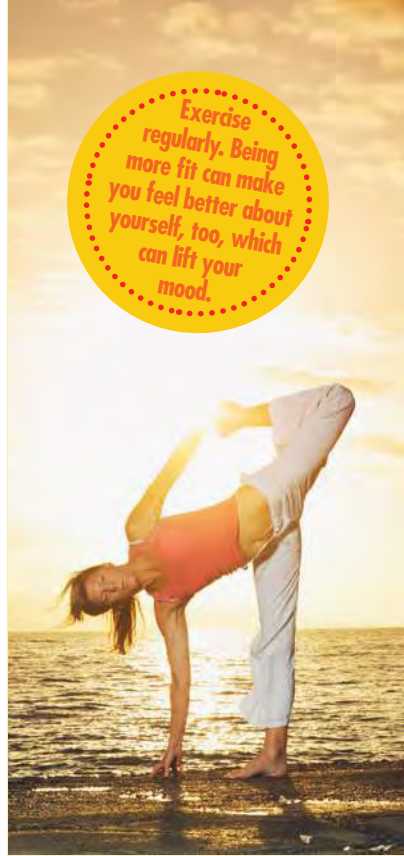
### COMPLEMENTARY THERAPIES

Psychotherapy, cognitive behavioural therapy (CBT) and counselling may help the sufferer to manage SAD. Complementary therapies and meditation that help relaxation and acceptance of the illness are also useful.

### WHAT ELSE CAN I DO TO LIFT MY MOOD?

In addition to your treatment plan for seasonal affective disorder, try the following lifestyle remedies:

- Make your environment sunnier and brighter. Open blinds, trim tree branches that block sunlight or add skylights to your home. Sit closer to bright windows while at home or in the office.
- Get outside. Take a long walk, eat lunch at a nearby park, or simply sit on a bench and soak up the sun. Even on cold or cloudy days, outdoor light can help – especially if you spend some time outside within two hours of getting up in the morning.



- Exercise regularly. Exercise and other types of physical activity help relieve stress and anxiety, both of which can increase SAD symptoms. Being more fit can make you feel better about yourself, too, which can lift your mood.
- Watch what you eat. Eat a good, balanced diet, not junk food.
- Stay regular. Try to keep a regular sleep pattern at least during the week.
- Read a book. Don't watch screens too late at night as the bright light may affect your sleep. ■

Sources: [www.mayoclinic.org](http://www.mayoclinic.org), [www.sada.org.uk](http://www.sada.org.uk).

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# DO YOU NEED AN AMBULANCE OR A LIFT?

**I**N A MEDICAL EMERGENCY, calling for an ambulance could mean the difference between life and death. However, people sometimes hesitate to call because they are not sure if the situation qualifies as an emergency. **If in doubt, ALWAYS call an ambulance.** The people who take your call are trained to help you and will direct you to the appropriate resources.

It is strongly recommended that you take a first-aid course so that you can recognise a medical emergency and administer first aid until the ambulance paramedics arrive to take over. Your quick and effective action could mean the difference between life and death for the injured person.

You don't need an ambulance if you stubbed your toe. If you have toothache, what you need is a dentist. Ambulances are there to deal quickly and efficiently with cardiac arrests, strokes, serious blood loss, chest pain or states of unconsciousness. If control rooms and ambulance crews are dealing with relatively minor conditions, they may not be

able to get to the patients with genuine life-threatening illness or injury as quickly as we would want, which ultimately could put lives at risk. The following information aims to help you with this extremely difficult and critical decision:

**Does the person need an ambulance, need to be driven to an emergency unit or need to visit a GP?**

If you are dealing with an emergency with an elderly person, baby or very young child and you are seriously concerned – always call an ambulance. Children can mask serious symptoms and quickly deteriorate.

## RECOGNISING A MEDICAL EMERGENCY

The decision will vary from case to case, but we would strongly advise you to immediately administer First Aid and call an ambulance for:

- + An **unconscious** person who doesn't wake or respond when shaken
- + A **heart attack** (suspected) – pain in the chest, especially if it is crushing or like indigestion and lasts more than five minutes. The pain may spread to the arms and jaw.
- + **Breathing difficulty** –

especially if the person is unable to speak more than a few words or has blue lips or mouth.

- + **Abdominal pain** – if it is severe and undiagnosed
- + **Bleeding** – any major uncontrolled bleeding or any bleeding that does not stop after at least ten minutes of continuous pressure
- + **Back pain** (severe) – after a fall or after sudden onset of back pain if the person is over 50 years of age
- + **Burns** – which are bigger than the size of a hand or cause severe pain that is not relieved with simple pain-relieving medications, or if the person has difficulty breathing
- + **Choking** – especially if the person is unable to talk, cry or breathe
- + **Convulsions or fitting** – or if the person has no history of convulsions (such as epilepsy or brain injury)
- + **Drowning**, near-drowning, diving or scuba accident
- + **Stroke** (possible) – especially if the person experiences numbness, loss of function of hand, arm or leg, slurred speech, facial droop or severe headache



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- + **Headache** (severe) – not the usual kind, with or without loss of function of arm or leg
- + A **motor vehicle accident** – if you think someone has been injured
- + An **industrial accident** – where a person is injured or trapped
- + **Vaginal bleeding** (severe) – with possible or confirmed pregnancy
- + A **suicide attempt**
- + **Pain** (severe) after a fall or injury – when the person is unable to sit up, stand or walk
  - + A **drug overdose** or **poisoning** – whether you know for sure or just suspect an overdose
- + **Diabetes** – if the person is not fully awake or not behaving normally
- + An **allergic reaction** – especially with difficulty breathing or loss of consciousness
- + **Electrical shock** – of any kind
- + **Trauma** (injury) – if it is severe, especially to the head, neck, chest or abdomen – for example, if the person was stabbed, shot or impaled, or hit by or ran into an object
- + **Meningococcal** disease – if symptoms indicate possible

infection

- + **Hypothermia or heat stress** – particularly if the person is collapsed or has an altered conscious state of conscious.

If none of these apply, think about whether you really need an ambulance. **Needing an ambulance is not the same as needing medical treatment.**

- ❓ Can the patient get to the hospital without an ambulance?
- ❓ Do they need to go right now? (If not, a GP can organise a non-emergency ambulance for them).

#### **TAKE SOMEONE STRAIGHT TO THE NEAREST HOSPITAL'S EMERGENCY UNIT IF THEY HAVE:**

- + A fever and are floppy and lethargic
- + Severe abdominal pain
- + A cut that is gaping or losing a lot of blood, if they have amputated a finger or if there is something embedded in the wound
- + A leg or arm injury and can't use the limb

#### **WHAT ELSE CAN YOU DO AND WHERE ELSE CAN YOU GO?**

- + Self-care – Stock-up with over-the-counter medicines to treat minor illnesses and

- injuries.
- + See your local pharmacist – they can advise on, and provide, treatments and medications. Some pharmacies are open 24 hours a day.
- + Making your own way to your local hospital's emergency unit (arriving in an ambulance does not mean you will be seen any quicker)
- + Visit or contact your general practitioner. Ambulance paramedics cannot prescribe medication. Your local doctor is the best person to treat non-urgent medical conditions.

**Always trust your instinct.** If you think someone's condition is life-threatening, don't hold back from calling an ambulance because you are worried you might be wasting someone's time. Just don't use the ambulance service as a taxi service or an alternative to your GP. Remember that while that ambulance is ferrying you and your toothache to the hospital, it's not available to send out to someone who's having a heart attack or lying on the floor with a broken hip. That person could be your granny.... ■



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# MATTERS OF THE HEART

## WHAT IS RHEUMATIC HEART DISEASE?

**H**ear awareness is one of the key steps in the detection, diagnosis and management of heart disease. September is 'Heart Awareness Month' and we put the spotlight on rheumatic fever and rheumatic heart disease.

### WHAT IS RHEUMATIC FEVER AND RHEUMATIC HEART DISEASE?

Rheumatic heart disease (RHD) is a chronic heart condition caused by rheumatic fever. Rheumatic fever is an autoimmune reaction to an untreated streptococcal infection, known as **"strep throat"**. The body will sometimes attack its own tissues (immunological attack) after it's been

infected with the strep throat bacteria (*Streptococcus*). This reaction will cause widespread inflammation through the body, causing the symptoms of rheumatic fever: tiredness, joint pain, fever and a rash. The risk of developing rheumatic fever is also related to genetic susceptibility and to those who had prior infections. This, coupled with environmental susceptibility creates the milieu for the disease process to take effect.

While the symptoms of rheumatic fever may disappear on their own, untreated rheumatic fever can cause rheumatic heart disease, where there is

scarring of the heart valves causing severe heart valve damage. Heart valve damage may result in stroke, congestive heart failure and death.

### COMPLICATIONS OF RHEUMATIC HEART DISEASE:

**CARDITIS:** Carditis means involvement of the heart muscle, valves and lining (the endocardial surface). The valves may be seen as an extension of the endocardial surface of the heart. One of the most common valves involved with rheumatic heart disease is called the **mitral valve**. The mitral valve forms the "doorway" between the left upper chamber, named the left atrium, and the

left ventricle, the main pumping chamber of the heart. The left ventricle pumps blood into the main blood vessel (aorta) and to the rest of the body. Another important valve often affected is the aortic valve, connecting the left pumping chamber (left ventricle) to the aorta and the rest of the body.

**AFFECTED VALVES**, may become severely inflamed and eventually scarred in a fairly characteristic manner, recognisable on cardiac ultrasound (echocardiography). In summary, roles may become tight or narrowed (valvular stenosis). Valves may also become incompetent, resulting in valve leakage (valvular regurgitation).

When valves are not working properly, blood may not travel in the correct direction, resulting in congestion and cardiac chamber dilation. The heart may become enlarged, associated with symptoms of heart failure. Valvular heart disease, on the basis of rheumatic heart disease, typically becomes symptomatic, if significant in the late 20s and 30s (even sooner) and may require surgical correction.

If heart damage from rheumatic fever is identified in childhood or young adulthood, antibiotics may

be required to help prevent recurrence of rheumatic fever and avoid the development of infective bacterial endocarditis.

## **Rheumatic heart disease (RHD) is permanent damage to the heart following rheumatic fever.**

Antibiotics (oral penicillin or erythromycin) can prevent streptococcal infection from developing into rheumatic fever as recurrent bouts of rheumatic fever may result in worsening carditis and worsening valvular heart disease.

A further complication of rheumatic fever and rheumatic heart disease is that of bacterial endocarditis. Endocarditis is a **bacterial infection** involving the heart lining and valves. It is a serious condition, requiring hospitalisation and intravenous antibiotics. The best form of management of endocarditis is that of prevention. Patients with severe rheumatic valvular disease, previous valve replacement and prior endocarditis are recommended to have prophylaxis prior to dental or certain surgical procedures.

Prevention is better than cure! Prompt treatment of bacterial pharyngitis (strep throat) is advocated. Improving socio-economic conditions is also an important cornerstone of primary prevention.

A preventative strategy known as secondary prevention, is directed at the administration of penicillin.

With the onset of active carditis, a high dose of aspirin and possibly steroids is used. Steroids may be used in severe heart failure acutely. Heart failure therapy may entail the use of diuretics.

In severe valvular disease associated with heart failure and severe symptoms, **surgical valve replacement** is the only option. Open surgical procedures involving mitral or aortic valve replacement is fairly common in general cardiology practice in Cape Town. Mechanical heart valves may be subdivided into metallic valves and tissue valves. When metallic valves are used, warfarin therapy is compulsory.

Although it is a reaction to a common infectious disease, RHD is a chronic condition that kills or debilitates young people in their most productive years, particularly in sub-Saharan Africa. Treatment of this disease is expensive and complicated. Community awareness is an important step in the treatment and prevention of rheumatic fever and RHD. Controlling a strep throat is effective and inexpensive and can prevent the development of rheumatic fever. In the spirit of heart month, let's overcome rheumatic heart disease. ■

**Rheumatic heart disease can lead to heart failure and sometimes the need for cardiac surgery. A case of rheumatic fever can cause the heart to inflame and leave permanent damage to the heart, specifically the heart valves.**







## DIAGNOSTIC RADIOLOGISTS



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A dynamic team of physiotherapists that treat a wide variety of conditions (namely musculoskeletal, orthopaedic, neurological, chests and paediatrics) in both the in-hospital and out-patient setting.

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## Nicole Leverton LACTATION SPECIALIST

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# HOUSE CALL



MEET ONE OF  
OUR DEDICATED  
SPECIALISTS:

**Dr Moegammad Shukri Raban,**  
Paediatrician and Neonatologist at Melomed Gatesville.



I was born in...

Port Elizabeth (born and bred).

I share my house with...

my wife Majedah and three children  
Maahir (6), Mujaahid (5) and  
Thanaa (2)

People would be surprised to know  
that...

I love being on my road bike enjoy-  
ing the sights of the Peninsula.

If I weren't doing what I do, I would  
be...

a Mexican.

I can't go a day without...

my family.

Perfect happiness is...

satisfaction for what God has  
provided you with.

Success to me means...

the happiness of my family.

Everything in moderation BUT...  
chocolate.

I'd like to be remembered as...

an excellent cook. NOT!



**Efficiency**  
**Promptness**  
**Humility**



**Laziness**  
**Procrastination**  
**Coming late for  
appointments**



**Truffles**  
**Mezbaan**  
**La Rocca**



**MY LIFE MOTTO:**  
**Strive to be the best  
you can be!**

# ONE-POT MEAL

FOR YOUR WHOLE FAMILY:

# LENTIL BOBOTIE

DIABETIC- AND  
HEART-FRIENDLY



A typical South African dish, prepared as a vegetarian version. The sweet potato bulks up the recipe to make a filling meal, without the need for additional rice — especially when you need to control your carb portions.

**SERVES:** 4

**READY IN:** 1 HOUR 30 MINS

## WHAT YOU WILL NEED

- 2 tsp olive or canola oil
- 2 onions, chopped
- 15 ml finely grated fresh ginger
- 1 clove of garlic, crushed
- 1 medium sweet potato in the skin, coarsely grated
- 4 tsp each curry powder and ground cumin
- 2 tsp ground coriander
- 1 tsp ground turmeric
- 1 cup uncooked brown lentils
- 2 cups strong Rooibos tea
- 1/3 cup raisins
- 8 tsp vinegar
- 1/2 tsp salt
- Lemon juice and black pepper to taste
- 2 eggs, beaten
- 1 cup buttermilk
- 4 small bay leaves
- 1/4 cup flaked almonds



pharma dynamics  
EFFECTIVE AFFORDABLE HEALTHCARE

## Method of preparation

1. Heat oil in a large saucepan and fry onions, ginger and garlic until soft. Add sweet potato and spices and fry until aromatic. Reduce the heat.
2. Add lentils and tea and cover with a lid. Simmer for 30-40 minutes or until lentils are cooked. Preheat the oven to 180 °C.
3. Add raisins, vinegar and salt. Season with lemon juice and pepper. Spoon into an oven dish.
4. Mix eggs and buttermilk and season with pepper. Pour on top of the lentil mixture. Place bay leaves in the egg mixture and sprinkle with almonds.
5. Bake for 30 minutes or until golden brown and cooked.
6. Serve with green veggies, like broccoli or spinach, or a salad. Bobotie is delicious with a chunky salsa of cucumber, tomato and fresh herbs.

**HINT:** Substitute sweet potato with butternut, if preferred.

Recipe from recipe book *Cooking From The Heart 3* ([www.cookingfromtheheart.co.za](http://www.cookingfromtheheart.co.za))





## MENTAL HEALTH

is important to us all. It affects not only the individual but also their family and friends.

It is estimated that, at any one time, one in four people has a mental health problem – so you're not alone and there is no need to feel embarrassed about asking for help.



# MELOMED CLAREMONT PRIVATE CLINIC



We're proud of the role we play in guiding people to pro-actively address mental health illness through our wide range of services:

- Treatment Programme
- Occupational Therapy Programme
- Accommodation
- Relaxation



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"Pathology that Adds Value"

# September is Cervical Cancer Awareness month

When was the last time **YOU** had a **pap-smear?**

It can save **your** life.

