

# melomag

Free Health Guide!

Summer 2016 | Issue 24

TIPS ON  
SURVIVING  
ALLERGY  
SEASON

STAYING FIT  
WITH KIDNEY  
DISEASE

YOUR HEALTH  
KIDNEY STONES

ALL ABOUT  
Endometriosis

FABULOUS  
FARMSTYLE  
STAYS

GIVING  
MEDICINE TO  
CHILDREN

  
M E L O M E D  
PRIVATE HOSPITALS

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| UPFRONT |

M E L O M E D  
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**melomag**

**GIVE-AWAY!**

Melomag is giving away a  
SOUNDBOOSTER to one lucky  
reader! See page 3 for details!

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## I'm not your honey...

Honey can give bacteria a beating

A type of honey from New Zealand may be able to beat bacteria, a new study found. **If proven effective, the honey could potentially be used to lower the risk for infections among people using medical devices like catheters.**

Manuka honey has been used for centuries as a natural remedy, and has been shown in the past to have antibacterial and anti-inflammation effects. In the new study, published in the *Journal of Clinical Pathology*, researchers looked at whether the honey could prevent bacteria from building up on surfaces, too.

Medical devices that go inside a person, like a catheter, can develop biofilms – a layer of bacteria that can attach to

surfaces. The problem is that these biofilms can become infection reservoirs, causing health complications. To assess Manuka honey's potential to lower this risk, the researchers tested its effect on two types of bacteria commonly known to cause UTIs from catheter use: *Escherichia coli* (E.coli) and *Proteus mirabilis*.

**The researchers found that the honey inhibited the bacteria's ability to develop into a biofilm, even at the lowest concentration levels.** More research will be needed before it's determined whether honey could work to prevent bacteria buildup on catheters in people. Another bonus for honey, according to the researchers, is that so far, studies suggest bacteria does not develop a resistance to honey.

## SICKNESS BENEFITS

Source: JAMA Internal Medicine, doi.org/bq35



Morning sickness is associated with a lower risk of miscarriage in women who have had previous losses, according to a study that tracked the symptoms of nearly 800 pregnant women. Those who reported nausea or vomiting were 50 to 75% less likely to miscarry than those who didn't feel sick.



## BREAST CANCER

could soon be detected by a simple blood test, according to a team of scientists working to find easier ways to detect the deadly disease.

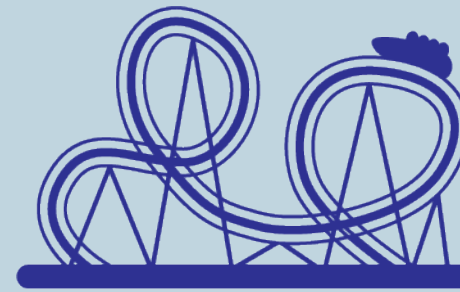
Scientists at the Australian National University (ANU) have been working with researchers in France to find new ways to detect and monitor breast cancer.

The condition is the most common cancer for women, and kills more than 500,000 people worldwide each year. Lead researcher Professor Guillaume Tcherkez said a blood test would be cheaper and less invasive than other tests such as biopsies. But a blood test for breast cancer is several years away from being used in hospitals. The test will be used to complement other

more invasive detection tools, including mammograms.

Co-researcher Dr Illa Tea said the blood test showed "the presence of isotopes carbon-13 and nitrogen-15 in certain proportions in a tissue sample". He said those naturally occurring isotopes could reveal whether the breast tissue was healthy or cancerous.

"It's the goal for all bio-markers to try to save life and to be able to diagnose very early and to monitor efficiently breast cancer," he said.



## TAKE YOUR "LITTLE" KIDNEY STONE ON A RIDE!

When you're trying to pass a kidney stone, a new study suggests trying some "roller coaster therapy". Researchers took a kidney model on the ride of its life – more than 200 times! The roller coaster ride helped jolt some kidney stones out of it. According to research published in the *Journal of the American Osteopathic Association*, the bump and jolt of a roller coaster may actually help bump and jolt small kidney stones right through your system.

The researchers who led the study, which involved bringing a silicone model packed with kidney stones and urine on Walt Disney World's Magic Kingdom Big Thunder Mountain Railroad ride, said they have collected enough data that they are comfortable recommending this "roller coaster therapy," in certain situations.

Wartinger, an osteopathic urological surgeon and professor at Michigan State University, said he got the idea from a patient who said he passed three kidney stones while riding the Orlando coaster. **Wartinger says it would especially help people with smaller stones.** "The idea is, you want to pass them when they are little, not when they are big. If you have a stone that's 4mm or smaller, it should be able to pass without needing surgery and without too much discomfort."

Dr John G. Pattaras, director of Emory urology services and chief of urology at Emory Saint Joseph's Hospital, said it makes sense that sudden movements can shift kidney stones to help them pass. "Stones commonly lie in the lower pole of the kidney and have to move up to the middle of the collecting system in order to attempt to pass." There is a precedent. "I have had patients on roller coasters, elevators and hit speed bumps all have acute renal colic (pain) as the stone is moved into a location where it can work its way down the ureter (drainage tube)," Pattaras said. **That doesn't mean roller coasters are going to become part of standard treatment.**

Source: edition.cnn.com/health

## Ice Bucket Challenge

### WHAT'S HAPPENED SINCE?

The Ice Bucket Challenge that went viral in 2014 has funded an important scientific gene discovery in progressive neurodegenerative disease. Social media was awash with videos of people pouring cold water over their heads to raise money for motor neurone disease (MND).

More than 17 million people uploaded videos to Facebook, including many celebrities who rose to the challenge, which were then watched by 440 million people worldwide.

The Ice Bucket Challenge has raised \$115m from people pouring cold water over themselves and posting the video on social media. It was criticised as a stunt, but has funded six research projects. Scientists have identified a new gene contributing to the disease, NEK1. The identification of gene NEK1 means scientists can now develop a gene therapy treating it. Although only 10% of MND patients have the inherited form, researchers believe that genetics contribute to a much larger percentage of cases.

### WHAT IS MOTOR NEURONE DISEASE (MND)?

- fatal, rapidly progressive disease that affects the brain and spinal cord and attacks nerves that control movement so muscles refuse to work (sensory nerves are not usually affected)
- can leave people locked in a failing body, unable to move, talk and eventually, breathe
- affects people from all communities
- scientist Stephen Hawking is the best-known person with the disease
- kills around a third of people within a year of diagnosis and more than half within two years
- there is no cure



## OUR GIVE-AWAY TO YOU

ENTER TODAY & WIN

We are giving away a *Melomed Soundbooster* to one lucky reader!

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 *Melomag24* in the subject line. Competition closes 15 January 2017.

What is the correct answer to Question 3 in our First Aid Quiz (A, B, C or D)? (see page 23)



Prize sponsored by Melomed. 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.



22 OCTOBER



22 OCTOBER CUPPA FOR CANSA High Tea



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# It's ALLERGY Season

With seasonal hayfever, spring (September to November) is often a particularly miserable time for allergy sufferers. Just as winter ends and the tree blossoms appear, asthma, hayfever, allergic conjunctivitis and even eczema begin to flare up. However, for some individuals allergic only to plants flowering in autumn, this may be the problem time for them.

## COMMON SYMPTOMS

ITCHY, RED or WATERY EYES (Conjunctivitis)



STUFFY or RUNNY NOSE (Allergic Rhinitis)



SNEEZING



COUGHING



RAISED, RED, ITCHY SKIN (Hives)



TIGHT CHEST, SHORTNESS OF BREATH



We can't sneeze and keep our eyes open

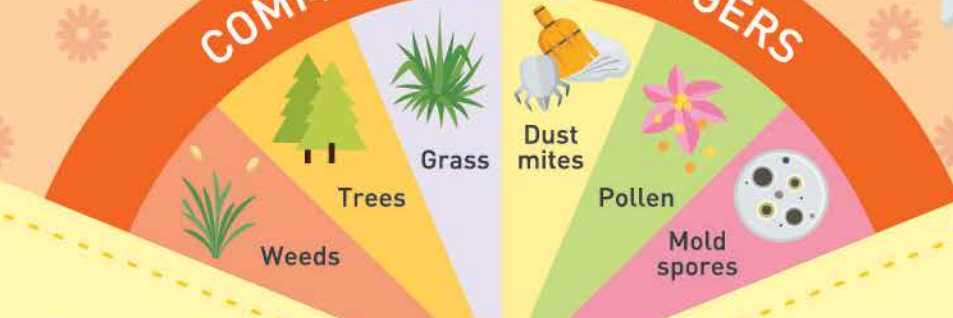


One in three people sneeze when exposed to bright lights



A person's sneeze can travel up to 161 km/h

## COMMON ALLERGY TRIGGERS



Start medication **2 weeks** before the spring season. This will help prevent the symptoms before they start.



### ALL ABOUT ALLERGIES

**95%** of hayfever sufferers are allergic to grass pollen



## GET SOME RELIEF

### TIPS ON ALLERGY PREVENTION



Wear wraparound sunglasses for more protection



Petroleum jelly just inside your nostrils will trap some of the pollen



Avoid allergens such as pet fur, insect sprays and tobacco smoke



Keep windows shut at night and first thing in the morning



Wash your hands and face regularly





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# ENDO...WHAT?

Every year, millions of women are told that they have IBS, ovarian cysts, or dismissively, hypochondria. But they don't... They suffer from endometriosis.

# HELP!

You may have heard the word, but do you really know what it is? Many women don't until they find out they have it... which would make sense if it weren't so common. Endometriosis affects an estimated 176 million women worldwide, or 10% of women of reproductive age. It is the second most common gynaecological disorder.

## WHAT IS ENDOMETRIOSIS?

Endometriosis is a chronic condition that affects a woman's reproductive organs. It happens when the lining cells (the endometrium) of the uterus grow outside of it. Often it is found on, and around, the pelvic and abdominal organs, including the ovaries where it causes ectopic lesion growth, local inflammation and debilitating pain.

## WHAT HAPPENS?

The endometrial tissue cells may:

- stick to organs in the pelvis
- start to grow and may form patches, or nodules on internal organs or on the peritoneum (inside lining of the abdomen and pelvis)
- have the same cyclical/ menstrual changes inside and outside the uterus
- bleed at the same time as

- your menstrual period but the misplaced blood has no place to go.
- The tissue becomes swollen and inflamed, often resulting in cramps which become more intense during the latter days of a menstrual period.
- When menstruation ends, the abnormal bleeding also stops, but scar tissue forms as the endometrial clumps heal.

## WHAT ARE THE SIGNS AND SYMPTOMS?

Some women have no symptoms whilst others may suffer debilitating pain even with mild disease. The following symptoms are associated with endometriosis and each one of these can have a profound negative effect on a woman's quality of life.

- Period pain (lower abdominal cramps and lower back pain)
- Painful cramps (that can occur even when a woman isn't menstruating)

- Painful sexual intercourse
- Chronic pelvic pain
- Ovulation (mid-cycle) pain
- Infertility
- Chronic fatigue
- Painful urination
- Painful bowel movement

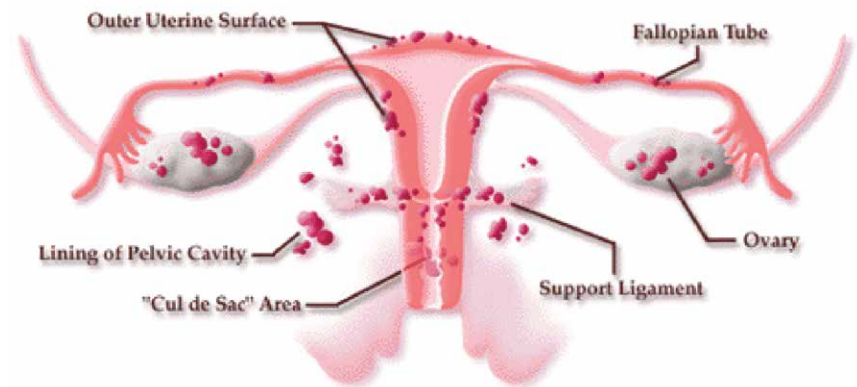
Most women don't realise they have endometriosis until they try to conceive a child, and approximately 30-40% of women who have endometriosis experience issues with their fertility.

## NO ONE KNOWS WHAT CAUSES ENDOMETRIOSIS

So many aspects of endometriosis are misunderstood, and require further research so that we can better understand endometriosis and, most importantly, how to treat and help the women who suffer from it. So, sadly, there is no known cause for endometriosis. What's important to know is the following:

- There may be a genetic component to endometriosis, although it has yet to be isolated. However, women with a close female relative that has endometriosis have a 10-fold risk of having one themselves. The risk is even greater in identical twins.
- It's believed that the immune system and the body's inflammatory response system may contribute to endometriosis, although more research is needed to confirm this suspicion.
- Reverse menstruation and endometrial spill – that's when the menstrual flow goes backwards into the fallopian tubes instead of leaving the body. This can carry endometrial cells from the uterus and into the pelvis. The cells somehow survive, undergo cyclical changes and begin to grow outside the uterus.
- Some research suggests >

## COMMON LOCATIONS FOR ENDOMETRIOSIS IMPLANTS



that cells in any location may transform into endometrial cells that bleed cyclically.

- Another theory suggests that endometrial tissue may travel via blood or lymphatic channels and implant on a distant location.

### WHAT CAN YOU DO?

If you think you have endometriosis, see your doctor who can refer you to a gynaecologist. Don't delay as early diagnosis and treatment may reduce the severity of the disease. Many women do not get a correct diagnosis for up to 7–10 years, often because the symptoms can be different between women and can change over time.

Endometriosis can be difficult to diagnose, especially in the approximately 25% of cases in which there are no symptoms. When a doctor suspects endometriosis, he or she may perform a pelvic examination during and shortly after the woman's menstrual period. Endometriotic implants are felt on the surface of affected organs as nodules (cobbles).

Diagnosis is confirmed by laparoscopy, a minimally invasive surgical procedure that uses a thin tube, lenses and a light source to examine the pelvis. A biopsy of suspicious tissue which is then examined microscopically can also confirm the diagnosis. Other tests include a pelvic ultrasound, CT scan or MRI.

## MANAGING AND TREATING ENDOMETRIOSIS


There is no known cure for endometriosis and most available medical treatments have certain limitations. Treatment options include:

### 1. NOT TREATING OR "WATCHFUL WAITING"

If symptoms are mild and fertility is not an issue for you then you may not want any treatment. In about 3 in 10 cases, endometriosis clears and symptoms go without any treatment. You can always change your mind and opt for treatment if symptoms do not go, or become worse.

### 2. PAIN KILLERS

and non-steroidal anti-inflammatory drugs to alleviate the symptoms.



**Endometriosis affects an estimated 1 out of 10 women of reproductive age. It is the second most common gynaecological disorder.**

### 3. HORMONAL THERAPY

can slow growth by temporarily changing the normal patterns of female hormones. One tactic is to mimic the hormone levels of pregnancy by giving high-oestrogen oral contraceptives. Endometriosis disappears when a woman is not ovulating, such as during pregnancy.

Sources: [endometriosisfoundation.org](http://endometriosisfoundation.org); [endometriosis-league.eu/en/](http://endometriosis-league.eu/en/); [www.hopkinsmedicine.org/healthlibrary/patientinfo/health/endometriosis-leaflet](http://www.hopkinsmedicine.org/healthlibrary/patientinfo/health/endometriosis-leaflet)

Another tactic is to produce an artificial menopause by giving medications that halt ovulation temporarily. Without the monthly hormonal stimulation of a menstrual cycle, endometriosis tissue shrinks and eventually disappears.

### 4. SURGERY

may be performed to remove endometrial tissue growing in abnormal locations. Options include:

- Laparoscopy, a thin tube with a lens and a light inserted into a small incision in the abdominal wall to see into the pelvic area and remove endometrial growth
- Laparotomy, a more extensive surgery to remove as much of the endometriosis as possible without damaging healthy tissue
- In severe cases, a hysterectomy (a surgery to remove the uterus and/or the ovaries) may be recommended to alleviate the symptoms. However, this course is reserved for women with incapacitating menstrual pain who do not plan a future pregnancy.

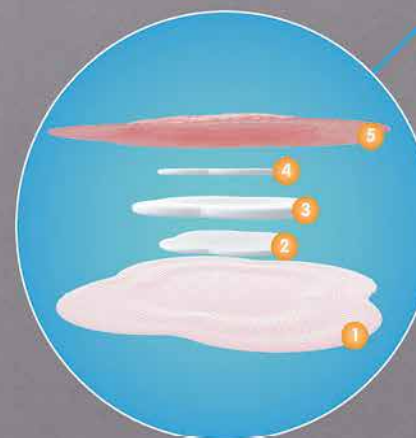
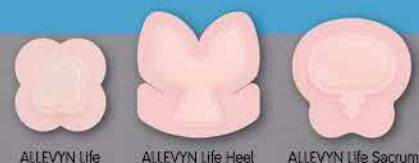
Endometriosis can greatly impact a woman's social, professional and personal life, and women with endometriosis often experience a higher incidence of depression and emotional distress due to the uncertainty of diagnosis and unpredictability of symptoms and living a normal life. ■

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[www.allevyn.com](http://www.allevyn.com)

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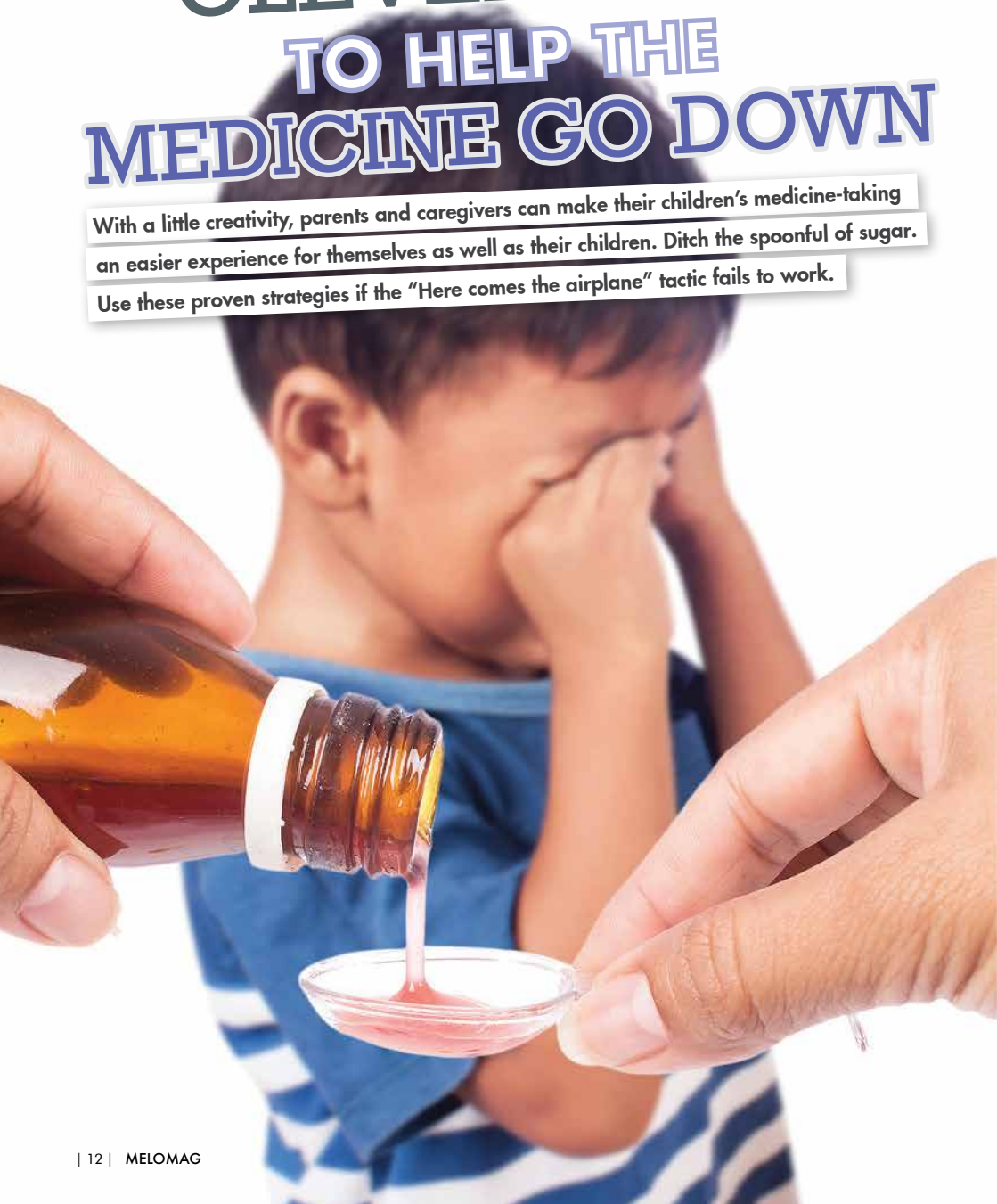
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# CLEVER WAYS TO HELP THE MEDICINE GO DOWN

With a little creativity, parents and caregivers can make their children's medicine-taking an easier experience for themselves as well as their children. Ditch the spoonful of sugar. Use these proven strategies if the "Here comes the airplane" tactic fails to work.



## DON'T WORRY, BE HAPPY

Taking prescription medicine is like any other thing you want your child to do. Act positive about it. This may be difficult at 3am, but if you can be smiling and joking about the medicine, and not tense and worried if she'll take it, your child will be a lot more receptive. Kids can pick up on negative tone and body language.

## MIND THE TONGUE

Kids tend to spit out bitter-tasting meds. To avoid this, some parents continue to use syringes and droppers even when their children are old enough to drink out of a cup to bypass the taste buds.

## CONTROL ISSUES

Sometimes, kids just want to be in control. Let them hold the spoon or cup or whatever. Give them options to choose from. A dropper or a cup? Before or after bathtime? Having a choice can give them a sense of empowerment.

## EVERYBODY LOVES "FROZEN"

Sometimes, just popping the medicine in the fridge for a little while before giving it to your kid can make all the difference. Ice can shut off the taste buds somewhat, so a lick of ice before and after taking the meds can help a kid cope with the bitter edge. Ice chips or ice popsicles work well.

## PLAY DOCTOR-DOCTOR

What if pony (or puppy, or dolly) took the medicine first? Have your kid pretend to give a stuffed animal medicine before she takes hers.

“**Sometimes, kids just want to be in control. Let them hold the spoon or cup. Give them options to choose from. Having a choice can give them a sense of empowerment.**”

## HONESTY IS STILL THE BEST POLICY

Children should be taught that we take medicine when we are sick in order to get well. Once your kids get to the age of reason – usually 3 and older – you can explain that the medicine is going to make them feel better. Don't lie to your children and tell them their medicine is going to taste yummy if it's not. Also, never refer to medicine as candy. You don't want them to seek it out and risk overdosing.

## HELP ME, DOC

If your child has an easier time taking chewables than liquids, ask your doctor if that's an option. Some medications taste better than others, and some can be given twice a day instead of four times a day. Your doctor may be able to choose medicines that taste better or are more concentrated and need to be taken less often. If you are having trouble, ask for help.

## START YOUNG

Teach kids to swallow pills. Kids as young as 4 can be taught to swallow pills. Start by teaching them to swallow tiny pieces of candy. Some tips for swallowing include dipping capsules in cold water to make them slippery, breaking pills up into smaller pieces, and putting a pill in a lump of jelly.

## HOW TO CHOOSE THE PROPER DOSING TOOL

Liquid medications usually come with their own cup, spoon, or syringe to ensure you give your child the correct amount. Always use the dosing device that comes with the medication. Be sure you always follow the directions on the medicine or the directions that your doctor or pharmacist told you.

## DOSAGE CUPS

For kids old enough to drink from a cup without spilling, these cups have numbers on the side to help you pour the right amount. Measure by placing the cup at eye level on a flat surface. Give the medicine slowly and allow your child to swallow between sips.

## DOSING SPOONS

They're like test tubes with spoons at the end and work best for kids who can drink out of a cup, but they're more likely to spill. Measure at eye level, then have your child sip from the spoon. >



*Are you pregnant?  
Congratulations!*

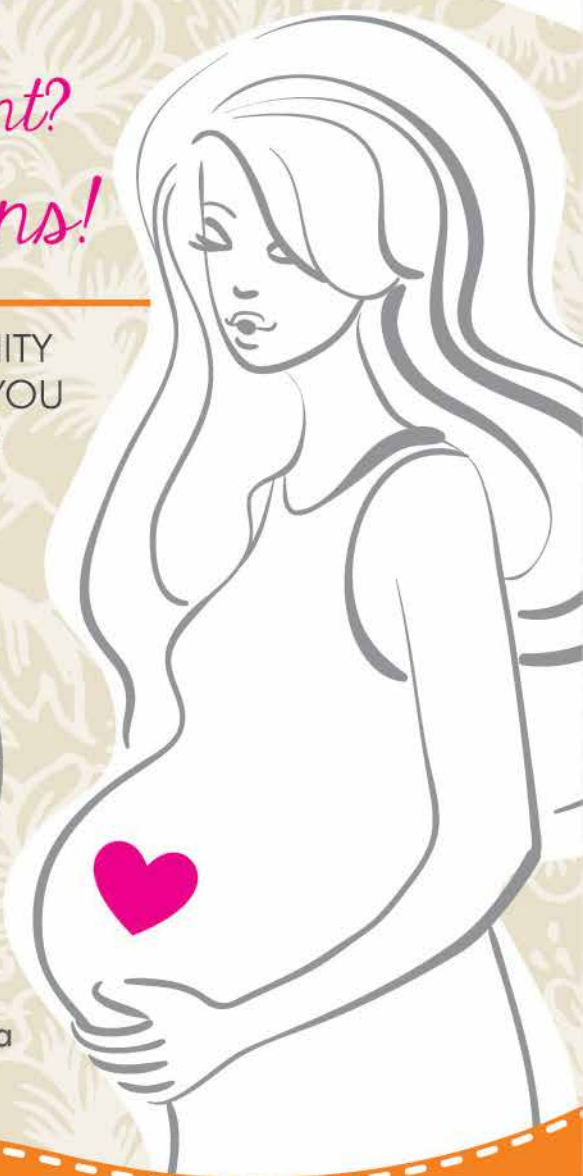
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**DROPPERS**

Droppers are used mainly for babies because they cannot chew or swallow capsules. Medicine droppers have a measuring line on them. Squeeze the rubber top, put the dropper in the medicine, and let go of the rubber top to suck up the medicine. Hold your baby in your lap. Raise his or her head slightly. If she is lying down completely flat, she could choke. Rest her head against your body. It is often helpful to slightly squeeze both her cheeks until the medicine is swallowed. This helps keep her from spitting

the medicine out. Squirt the medicine to the side of the mouth (inside the cheek), and towards the back.

**SYRINGES**

They allow you to squirt medicine into the back of a baby's or young child's mouth, where it's less likely to spill out. Research shows that parents measure most accurately with syringes versus cups. So when exact dosing really matters, first measure with a syringe and then place the medicine in a cup, if that's what the child prefers. Put the syringe tip in the medicine

and pull the plunger up until the medicine is at the level you want.

Next, hold your baby securely in a cradle-like position. Place the syringe to the side and the back of the mouth. Slowly push down the plunger on the syringe to give your child time to swallow. Rinse the syringe with warm water after you are done using it.

**Ask your pharmacist for help with these or any other ways of taking medicine. They are trained to teach and help you.**



**MOMS' SUPER TIPS**

"I don't let my 10-month-old see the medicine. I lay her on the floor, cover her eyes a couple of times playing peekaboo, then cover her eyes again while I put the syringe in her mouth. She swallows before she knows what happened." **Anita**

"I always use a syringe so I can squirt the medicine along

the inside of my kid's cheeks and keep it off the tongue. To do it correctly, slide the syringe or dropper along the cheek, toward the back of the mouth, and squeeze it slowly. Or you can rest a dropper halfway back on the tongue and have your child suck on it." **Bianca**

"The magic key is the popsicle. I've been using popsicles as a chaser post-medication for

months now but... Behold the greatest medicine tip for toddlers and preschoolers... If her tongue is cold and numb BEFORE she takes the medication then she will barely taste it. Let's call this the "frozen tastebuds" effect. I start by giving her a popsicle a couple minutes before her meds. Then I stop her mid-popsicle, give her the dose, and she finishes the ice pop." **Herchel**

Source: [parents.com](http://parents.com); [everydayhealth.com](http://everydayhealth.com); [familydoctor.org](http://familydoctor.org)



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# IS IT A KIDNEY STONE?



**If you've developed kidney stones, you know that in many cases the pain can be memorable. What's more, without prevention, kidney stones are highly likely to recur.**

The kidneys maintain our body's balance of water, salts and minerals by filtering unwanted substances (chemical waste) from the blood in the form of urine. As the urine passes through the kidney tubules it gets progressively concentrated.

Occasionally if the substances become too concentrated, crystals form. These crystals attach and stick to one another and collectively make a kidney stone.

Passing kidney stones can be quite painful, but the stones usually cause no permanent damage. Depending on your situation, you may need nothing more than to take pain medication and drink lots of water to pass a kidney stone.

## SYMPTOMS

A kidney stone may not cause symptoms until it moves around within your kidney or passes into your ureter (the tube connecting the kidney and bladder). At that point, you may experience these signs and symptoms:

- Severe pain in the side and back, below the ribs
- "Loin to groin" pain. Pain that spreads to the lower abdomen and groin
- Pain that comes in waves and fluctuates in intensity
- Pain on urination
- Pink, red or brown urine
- Cloudy or foul-smelling urine
- Nausea and vomiting
- Persistent need to urinate
- Urinating more often than usual

- Fever and chills if an infection is present
- Urinating small amounts of urine

Pain caused by a kidney stone may change – for instance, shifting to a different location or increasing in intensity – as the stone moves through your urinary tract.

## WHEN TO SEE A DOCTOR

Make an appointment with a doctor if you have any signs and symptoms that worry you. Seek immediate medical attention if you experience:

- Pain so severe that you can't sit still or find a comfortable position
- Pain accompanied by nausea and vomiting

- Pain accompanied by fever and chills
- Blood in your urine
- Difficulty passing urine

## CAUSES

Kidney stones often have no definite, single cause, although several factors may increase your risk:

### • A DEFICIENCY IN INHIBITORY FACTORS

Certain urinary components like magnesium, citrate, enzymes and pyrophosphates inhibit crystallisation. Their deficiency due to genetic or dietary factors can result in stone formation.

### • URINARY PH LEVEL

Urate stones form in acidic urine whereas struvite stones are prone to develop in alkaline urine.

## TYPES OF KIDNEY STONES

Knowing the type of kidney stone helps determine the cause and may give clues on how to reduce your risk of getting more kidney stones.

- **CALCIUM STONES** are by far the most common type, accounting for 80% of all stones, usually in the form of calcium oxalate. Oxalate is a naturally occurring substance found in food. Some fruits and vegetables, as well as nuts and chocolate, have high oxalate levels.

- **STRUVITE STONES** consist of magnesium, ammonium and phosphate. Stones form in response to an infection, such as a urinary tract infection, and are more common in females.

- **URIC ACID STONES** account for 10% of stones. About 30% of people suffering from gout develop urate stones. Uric acid stones can form in people who don't drink enough fluids or who lose too much fluid and those who eat a high-protein diet. Certain genetic factors also may increase your risk of uric acid stones.

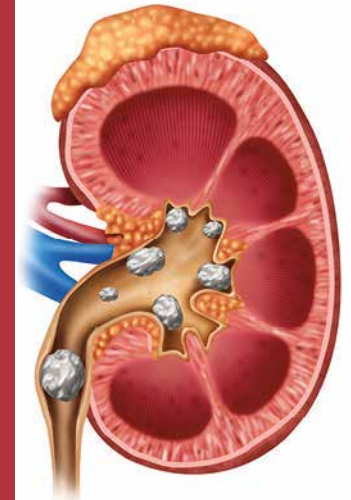
- **CYSTINE STONES** have a less than 1% incidence and are usually seen in young children. These stones form in people with a hereditary disorder that causes the kidneys to excrete too much of certain amino acids (cystinuria).

- **OTHER STONES.** Other, rarer types of kidney stones, e.g. xanthine kidney stones, can also occur.

## WHO GETS KIDNEY STONES?

### • FAMILY OR PERSONAL HISTORY OF KIDNEY STONES

If someone in your family has kidney stones, you're more likely to develop stones, too. And if you've already had one or more kidney stones, you're at increased risk of developing



another. Kidney stones are more common in males. The incidence increases from 40 years of age.

### • OBESITY AND WEIGHT GAIN.

High body mass index (BMI), large waist size and weight gain have been linked to an increased risk of kidney stones.

### • DEHYDRATION AND GEOGRAPHY

Not drinking enough water each day can increase your risk of kidney stones.

Too much chemicals in the kidneys with too little water to keep them in a dissolved state increases the risk for stone formation. Therefore stones are more common in summer months. People who live in warm climates and those who sweat a lot may be at higher risk than others. ➤



• **CERTAIN DIETS**

Eating a diet that's high in protein, sodium and sugar may increase your risk of some types of kidney stones.

• **DIGESTIVE DISEASES AND SURGERY**

Gastric bypass surgery, inflammatory bowel disease or chronic diarrhoea can cause changes in the digestive process that affect your absorption of calcium and water, increasing the levels of stone-forming substances in your urine.

• **OTHER MEDICAL CONDITIONS**

Diseases and conditions that may increase your risk of kidney stones include gout, renal tubular acidosis, cystinuria, hyperparathyroidism, certain medications and some urinary tract infections.

**TESTS AND DIAGNOSIS**

Patients' symptoms and initial clinical examination usually points to the possibility of urinary tract stones. If your doctor suspects

you have a kidney stone, you may have:

- A CT scan of the urinary tracts. This the most thorough way to test for kidney stones. It can show the size, location, number and density of the urinary stones and help plan for appropriate treatment. An ultrasound can be helpful in patients where an X-ray cannot be done, e.g pregnant women.
- Laboratory tests done to evaluate any urinary tract infections and kidney function.

**TREATMENTS**

Treatment for kidney stones varies, depending on the type of stone and the cause.

**SMALL STONES WITH MINIMAL SYMPTOMS**

Most kidney stones under 5mm won't require invasive treatment and will pass spontaneously with conservative management in the form of pain medication and fluids. You may be asked to urinate through a strainer (sieve) to catch stones that you pass. Lab analysis will reveal the makeup of your kidney stones.

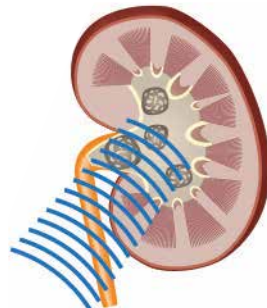
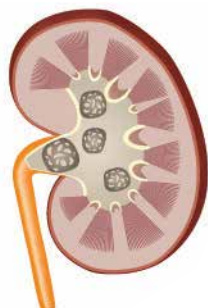
**LARGE STONES AND THOSE THAT CAUSE SYMPTOMS**

Kidney stones that can't be treated with conservative measures may require more extensive treatment when one or more of the following indications are present:

- Stone(s) are too large to pass on their own
- Severe, unremitting pain
- Presence of an infection
- Stones in both kidneys
- Stone in a solitary kidney
- Blood in the urine
- Poor kidney function or kidney damage

Procedures may include:

- **EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY (ESWL)** For kidney and upper ureter stones less than 1cm in size and which are not very dense stones, ESWL may be recommended. ESWL uses sound waves to create strong vibrations (shock waves) that break the stones into tiny pieces that can be passed in your urine. **The success rates are in the range of 50–70%.**



• **SURGERY TO REMOVE VERY LARGE AND COMPLICATED STONES IN THE KIDNEY**

A procedure called percutaneous nephrolithotomy involves surgically removing a kidney stone using small telescopes and instruments. Access to the kidney is gained through the flank and a special access sheath is placed. Thereafter a nephroscope is passed through the sheath which directly visualises the stone for breaking and removal.

• **USING A SCOPE TO REMOVE STONES**

To remove a smaller stone in the lower to middle ureter or kidney, your doctor may pass a thin lighted flexible or rigid tube (ureteroscope) equipped with a camera through your urethra and bladder to your ureter. Once the stone is located and visualised, special tools (a pneumatic lithoclast or laser) can snare the stone or break it into pieces that will pass in your urine.



**PREVENTION OF KIDNEY STONES**

“Once a stone former always a stone former”. Once a patient presents with a stone he or she has a 40% chance of forming a stone within 5 years. Prevention of kidney stones may include a combination of lifestyle changes and medication.

You may reduce your risk of kidney stones if you:

- **DRINK WATER THROUGHOUT THE DAY.** Producing 2.5 to 3 liters of urine in a day reduces the risk of stone formation by 90%. That equates to passing urine 5-6 times a day. Another way to ensure that enough water is available to the kidney to dilute the chemicals is by visually inspecting the colour. The darker yellow the urine the more you need to increase the fluid intake.
- **CHOOSE A DIET LOW IN SALT AND ANIMAL PROTEIN.** As a general rule restrict red meat as much as possible and reduce the amount of salt you eat. Rather eat white meat and pulses.
- **EAT FEWER OXALATE-RICH FOODS.** If you tend to form calcium oxalate stones, restrict foods rich in oxalates. These include beets, spinach, Swiss chard, sweet potatoes, nuts, tea, chocolate and soy products.

• **USE CAUTION WITH SUPPLEMENTS**

Do not take unnecessary vitamins as Vitamin C, Vitamin D and Vitamin B6 overuse has been linked to increased incidence of kidney stones.

**MEDICATION**

Medication can control the amount of minerals and acid in your urine and may be helpful in people who form certain kinds of stones. The type of medication your doctor prescribes will depend on the kind of kidney stones you have.

**QUESTIONS TO ASK YOUR DOCTOR**

For kidney stones, some basic questions include:

- Do I have a kidney stone?
- What size is the kidney stone?
- Where is the kidney stone located?
- What type of kidney stone do I have?
- Will I need medication to treat my condition?
- Will I need surgery or another procedure?
- What's the chance that I'll develop another kidney stone?
- How can I prevent kidney stones in the future?
- I have other health conditions. How can I best manage them together?
- Do I need to follow any restrictions?
- Do I need a follow-up visit? ■



# STAYING FIT WITH KIDNEY DISEASE

Physical fitness is very important in today's world. Everyone is enjoying the benefits of greater strength and feeling better. Exercise keeps your body strong and healthy.

## Can I take part in vigorous physical activity?

Yes. In the past, it was thought that people with kidney disease would not be able to join in vigorous activity. We know now that patients who decide to follow an exercise programme are stronger and have more energy.

## How does exercise benefit me?

With exercise, it becomes easier to get around, do your necessary tasks and still have some energy left over for other activities you enjoy. In addition to increased energy, other benefits from exercise may include:

- improved muscle and physical functioning
- better blood-pressure control
- improved muscle strength
- lowered level of blood fats (cholesterol and triglycerides)
- better sleep
- better control of body weight.
- length of time you spend exercising
- how often you exercise
- how hard you work while exercising

## HERE ARE SOME TIPS ON EACH:

### TYPE OF EXERCISE

Choose continuous activity such as walking, swimming, bicycling (indoors or out), skiing, aerobic dancing or any other activities in which you need to move large muscle groups continuously. Try to schedule your exercise into your normal day.

### Do I need to see my doctor before starting exercise?

Yes. Before beginning any exercise programme, be sure to check with your doctor. When planning a directed exercise programme, you need to look at four things:

- type of exercise



## MELOMED RENAL CARE

Low-level strengthening exercises may also be beneficial as part of your programme. Design your programme to use low weights and high repetitions, and avoid heavy lifting.

### HOW LONG TO EXERCISE

Work towards 30 minutes a session. You should build up gradually to this level. There is nothing magical about 30 minutes. If you feel like walking 45 to 60 minutes, go ahead.

### HOW OFTEN TO EXERCISE

Exercise at least three days a week. These should be non-consecutive days, for example Monday, Wednesday and Friday. Three days a week is the minimum requirement to achieve the benefits of your exercise.

### HOW HARD TO WORK WHILE EXERCISING

This is the most difficult to talk about without knowing your own exercise capacity. Usually, the following ideas are helpful:

- Your breathing should not be so hard that you cannot talk with someone who is exercising with you.
- Try to get an exercise partner such as a family member or a friend. You should feel completely normal within one hour after exercising. (If not, slow down next time.)
- You should not feel so much

muscle soreness that it keeps you from exercising the next session.

- The intensity should be a "comfortable push" level.
- Start out slowly each session to warm up, then pick up your pace, then slow down again when you are about to finish.

The most important thing is to start slowly and progress gradually, allowing your body to adapt to the increased levels of activity.

### WHEN SHOULD I EXERCISE?

- Wait one hour after a large meal.
- Avoid the very hot times of the day.
- Morning or evening seems to be the best time for exercising
- Do not exercise less than an hour before bedtime.

### WHEN TO STOP EXERCISING

- If you feel very tired
- If you are short of breath
- If you feel chest pain
- If you feel irregular or rapid heart beats
- If you feel sick to your stomach
- If you get leg cramps
- If you feel dizzy or light-headed.

### ARE THERE ANY TIMES WHEN I SHOULD NOT EXERCISE?

Yes. You should not exercise without talking with your doctor

if any of the following occurs:

- you have a fever.
- you have changed your dialysis schedule.
- you have changed your medicine schedule.
- your physical condition has changed.
- you have eaten too much.
- the weather is very hot and humid, unless you exercise in an air-conditioned place.
- you have joint or bone problems that become worse with exercise.

**If you stop exercising for any of these reasons, speak to your doctor before beginning again.** ■

### MELOMED RENAL CARE

For more information on the services offered by Melomed Renal Care please contact any one of our three dialysis units:

#### MRC GATESVILLE

c/o Melomed Gatesville Hospital  
Telephone: +27 21 637 1702

#### MRC MITCHELLS PLAIN

c/o Melomed Mitchells Plain Hospital  
Telephone: +27 21 392 3543

#### MRC TOKAI

c/o Melomed Tokai Hospital  
Telephone: +27 21 712 3624





## FIRST AID QUIZ



Compiled by Health Bytes

# TEST YOUR KNOWLEDGE

IF YOU WERE TO FIND YOURSELF IN AN EMERGENCY, WOULD YOU KNOW WHAT TO DO? TEST YOUR FIRST AID KNOWLEDGE ON OUR EMERGENCY SCENARIOS.

### QUESTION 1

Someone you know, who is a diabetic and takes insulin, starts to become confused, slur their words and stagger as they walk. What should you do?

- A) Give them an injection of their insulin
- B) Offer them two paracetamol tablets with a glass of water
- C) Give them a sweetened drink, such as orange juice with added sugar
- D) Encourage them to go to bed and sleep it off

ANSWER: C)

### FIRST AID STEPS:

- If a diabetic person is confused, always treat this as a low sugar emergency
- Immediately give them a sweetened drink.

### QUESTION 2

What do you do if a child has fallen from their bike, hit their head on the ground and is lying unconscious on the ground?

- A) Call an ambulance
- B) Roll the child into the recovery position
- C) Check and if necessary, clear their airway, then place them in the recovery position

- D) Pick them up and carry them home

ANSWER: C)

### FIRST AID STEPS:

- Make sure the child can breathe properly by clearing any obstruction from their mouth
- Place the child in the recovery position
- If the child recovers quickly and sits up, take them to hospital
- If the child is still unconscious and not responding to their surroundings, call an ambulance to take them to the nearest emergency centre

### QUESTION 3

What should you do if the person next to you suddenly makes a strange sound then falls to the ground unconscious, lying stiffly on their back for a few seconds, before beginning to jerk their arms and legs?

- A) Put something between their teeth to stop them from biting their tongue
- B) Remove any objects they may hurt themselves on and roll them on to their side
- C) Restrain their thrashing arms and limbs by holding them down on their back
- D) Commence mouth-to-mouth resuscitation

ANSWER: B)

### FIRST AID STEPS:

- Remove any objects they may hurt themselves on
- Roll them onto their side
- Clear their airway (mouth and throat), making sure they can breathe
- Place them in the recovery position
- Call an ambulance if the seizure lasts for more than five minutes, occurs again soon afterwards or if there is no one to look after the person

### QUESTION 4

You are a member of a search party and have found the missing person, who has been lost overnight in the mountains in winter. The person is inadequately dressed and very wet. What should you do?

- A) Light a fire and sit him in front of it with a hot coffee
- B) Give him a warm drink and then walk him out of the bush
- C) Protect him from the wind, remove his wet clothes, dry him and wrap him in blankets and a space blanket as soon as possible
- D) Place him on a stretcher and get him to transport as soon as possible

ANSWER: C)

### FIRST AID STEPS:

- Move the person out of the wind and rain
- Remove their wet clothing, dry them, and wrap them in blankets and a space blanket
- If necessary, use your body to warm them – this can be life-saving in severe cases
- If the person is conscious, give them a warm drink – but not alcohol – and heat packs.

### QUESTION 5

Your partner accidentally places their hand on a hot stove top and burns themselves. What's the best thing to do?

- A) Rub butter onto the burned area
- B) Hold the hand under cold running water for up to 20 minutes
- C) Immerse the hand in a bucket of iced water
- D) Cover with antiseptic cream and a cloth bandage

ANSWER: B)

### FIRST AID STEPS:

- Place the burned area under cool running water for up to 20 minutes to stop further heat injury
- Seek medical help, especially for burns in children, burns with blistering or charring, or burns that extend over a wide area
- If significant blistering or charring has occurred, carefully cover the burn using cling wrap or aluminium foil to prepare them for transport to medical care
- Do not use cotton wool, cloth and fibre-based dressings or antiseptics and ointments unless advised to by a medic



**MELOMED  
24-HOUR  
TRAUMA UNITS:**

Melomed Gatesville Trauma Unit: 021 637 8100  
Melomed Bellville Trauma Unit: 021 948 6535  
Melomed Mitchells Plain Trauma Unit: 021 392 3126  
Melomed Tokai Trauma Unit: 021 764 7023

### QUESTION 6

You are with a three-year-old girl, who has a runny nose, a cough and a high fever. She suddenly loses consciousness, goes stiff and begins to shake and jerk violently. What do you do?

- A) Place her in the recovery position and protect her from injury
- B) Place her in a cool bath to bring her temperature down
- C) Give her the correct dose of children's paracetamol
- D) Try to rouse her by calling her name

ANSWER: A)

### FIRST AID STEPS:

- Put the child in the recovery position to protect her airway
- Gently restrain the child to protect her from accidentally harming herself during the jerking phase of the seizure
- Once the seizure subsides and the child is alert enough, you can treat the symptoms of the fever

### QUESTION 7

You have been chiselling rust off some steel and feel something go into your eye. On looking closely, you can see a tiny spot on the clear part of the eye (the cornea) that covers the pupil and iris. What should you do?

- A) Rub the eye vigorously with a clean handkerchief
- B) Try to remove any foreign particles with a moistened cotton bud
- C) Leave it for a couple of days and see what happens
- D) Get professional help to remove the particle

ANSWER: D)

### FIRST AID STEPS:

- As soon as possible, see an optometrist, who will inspect your eye, remove the foreign body and if necessary, refer you to an ophthalmic surgeon. A foreign body on or in your cornea should only be removed by trained personnel.
- If you can't get to an optometrist then go to your local Emergency Room.

### QUESTION 8

You come across a car accident and the driver is still in her seatbelt, crying in pain and holding her neck. She complains of tingling in her fingers and toes. What should you do?

- A) Reassure her, ask her to keep still and support her head from behind
- B) Reassure her and get her to take deep breaths
- C) Get her to breathe in and out of a paper bag
- D) Release the seatbelt and help her out of the car to the side of the road

ANSWER: A)

### FIRST AID STEPS:

- Encourage the person to keep still and support their head and neck against the headrest (if there isn't one, use clothing or another support)
- Whenever possible, let experts get the person out of the vehicle
- Remember to ensure your own safety at all times ■



# EMERGENCY MEDICAL CARE RIGHT ON YOUR DOORSTEP

Our state-of-the-art **Heart Centre** consists of the following:

- Cardiac ICU
- Cardiac Cathlab Theatre
- 24-Hour Emergency Centre

Available at Melomed Gatesville, Melomed Bellville and Melomed Tokai

MELOMED  
PRIVATE HOSPITALS



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021 637 8100



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Melomed Mitchells Plain  
021 392 3126



Melomed Tokai  
021 764 7500

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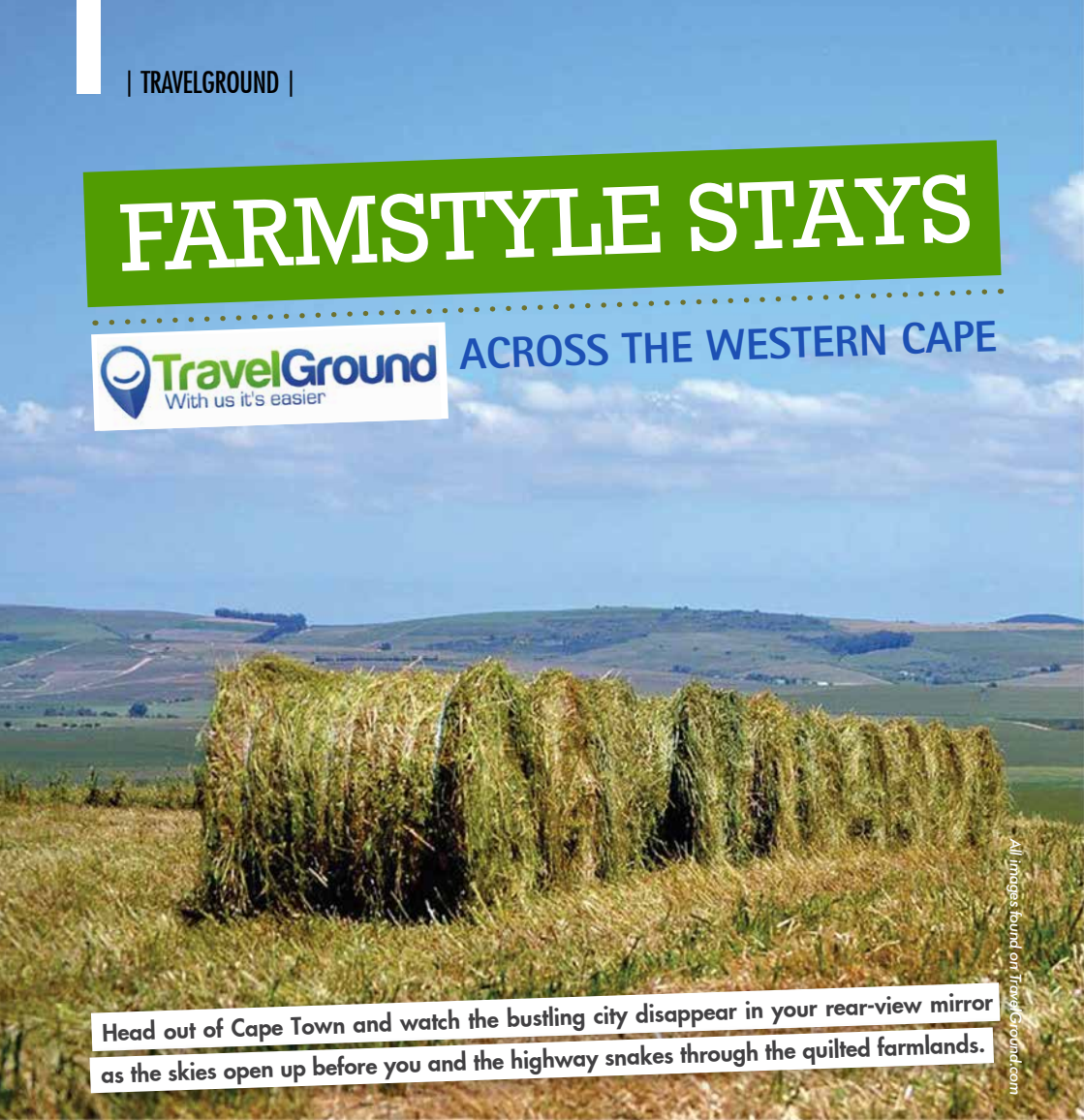
[INFO@MELOMED.CO.ZA](mailto:INFO@MELOMED.CO.ZA)



# FARMSTYLE STAYS



## ACROSS THE WESTERN CAPE



All images found on TravelGround.com

Head out of Cape Town and watch the bustling city disappear in your rear-view mirror as the skies open up before you and the highway snakes through the quilted farmlands.

We can't think of a better way to unwind than to make your next getaway a farm-inspired one. What could be better than an abundance of fresh air, produce and amazing views? Here are a few of our top picks:



### KOGMAN & KEISIE GUEST FARM, MONTAGU

*Average price: from R400 pp (Cottages)*  
Imagine staying on a small organic farm on Route 62 next to a nature reserve, yet just a stroll away from the charming town centre. This guest farm is ideally located at the foot of the Langeberg mountains, so you will enjoy magnificent views and loads of Klein Karoo tranquillity.



### DASSENHEUWEL FARM STAY & COTTAGES, MALMESBURY

*Average price: from R700 per unit (sleeps 2)*  
Enjoy the tranquil surroundings in this old homestead on a working wheat, cattle and sheep farm. Why don't you take a walk up the Porseleinberg mountain and enjoy the views of the Berg River and Riebeek Valley?



### KAROO VIEW COTTAGES, PRINCE ALBERT

*Average price: from R495 pp*  
This is the ideal "home away from home" overlooking Prince Albert village in the distance with magnificent views of the Swartberg and Karoo plains. Enjoy direct access to indigenous gardens with nature paths to clear the mind.



### FOREST EDGE, KNYSNA

*Average price: from R572 pp (Standard Cottage)*  
Experience the tranquillity, privacy and romance this stay has to offer. Break away to this nature-lovers' retreat on the edge of the Knysna Forest, rich in exotic story, offering stunning forest walks, secluded cola-coloured rock pools, mountain biking trails and gorgeous picnic spots.



### LIBERTAS GUEST FARM, GEORGE EAST

*Average price: from R925 pp*  
This lovingly renovated farmhouse sleeps a total of 10 to 12 people and offers the ideal getaway for larger families or a group of friends who want to escape to the countryside. The natural beauty of the area as well as the many tourist attractions will ensure a memorable stay.



### THE BLUE COW BARN - BOUTIQUE FARM ACCOMMODATION, BARRYDALE

*Average price: from R400 pp (Garden Cottages)*  
The Blue Cow Barn is located on the beautiful Altona Farm visible from the road as you enter Barrydale from Oudtshoorn on Route 62. Come live on the farm for a day or even a week – this is the perfect place to relax and unwind.



### WOLVEKRAAL GUEST FARM, PRINCE ALBERT

*Average price: from R325 pp (Cottages)*  
Wolvekraal is a working Karoo farm with Dorper sheep and olives, just 10 minutes outside of town. Experience the boundless canvas of the Karoo sky, take long walks and toast to the breathtaking sight of a glorious Karoo sunset. ➤



## BeGraft peripheral

**Outstanding lesion access**  
through exceptional flexibility

**Predictable stent behaviour**  
through low foreshortening  
& high radial force

**Less trauma, faster procedures**  
through low profile  
(6F compatibility up to 8 mm)



## BeGraft aortic

**High conformability and stability**  
through stent design  
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radial force

**Optimized lesion care**  
through wide range of diameters  
(12 - 24 mm) and lengths

**Predictable stent behaviour**  
through low foreshortening



## BeSmooth peripheral

**Outstanding lesion access**  
through exceptional flexibility

**High conformability & stability**  
through stent design & CoCr material  
with high radial force

**Less trauma, faster procedures**  
through low profile  
(6F compatibility for all sizes)



### HERMITAGE HUISIES, SWELLENHAM

*Average price: from R360 pp (River Cottage)*

Hermitage Huisies is nestled in the picturesque Hermitage Valley bordering on pretty berry farms at the foot of the Langeberg Mountains. Indulge in the wide variety of activities and attractions like berry tasting, delis, horse riding, swimming, hiking and local art galleries to name but a few.



### WATERKLOOF GUEST FARM, DE RUST

*Average price: from R2000 per unit (sleeps 10)*

Waterkloof Guest Farm offers accommodation in a lovely, spacious homestead located on a working farm at the foothills of the majestic Swartberg Mountains. This charming homestead dates back to 1870 and together with its tranquil surroundings it offers a truly unique experience to local and foreign visitors.



### BERGSICHT COUNTRY FARM COTTAGES, TULBAGH

*Average price: from R450 pp (Farm Cottage 3)*

This hidden gem offers something for the whole family. Whether you need accommodation for a wedding or you want to explore the beautiful valley with all its activities, a stay at one of the Bergsicht Country Cottages will refresh you and your loved ones.



### BERLUDA FARMHOUSE AND COTTAGES, OUDTSHOORN

*Average price: from R660 pp (Farmhouse)*

These beautiful cottages are situated in the tranquil Schoemanshoek Valley at the foothills of the Swartberg Mountains. The valley is known as the vegetable garden of the Klein Karoo as onions, beetroot, potato, carrots and apricots were grown here on a large scale for many years.



### KAROO PRIDE EN ROUTE 62, MONTAGU

*Average price: from R270 pp (Budget Accommodation)*

Karoo Pride en Route 62 is an exclusive hideaway with beautiful scenery and stunning mountain views. Unspoilt landscapes surrounded by mountain water and crisp Karoo air offers the ultimate getaway for couples, families or groups. ■



## DIAGNOSTIC RADIOLOGISTS



Dr Sean S Conway – L.R.C.P & S.I; L.M.;  
DCH; D. Obstets.; F.F. Rad (D) SA

Dr Norman Smuts – MBChB; F.F. Rad (D) SA

Dr Marek Blaszczyk – FC Rad (D) SA

Practice no. 0366862

Suite 701, Melomed Mitchells Plain,  
Symphony Walk, Mitchells Plain

T: 021 392 7167 | F: 021 392 0938

C: 083 627 3800 | E: m.c.n@iafrica.com

General radiology and X-ray, multi-slice CT, ultrasound,  
mammography, bone densitometry and intervention.

## ORTHOPAEDIC SURGEON



### Dr Abdul Aleem Rawoot

MBChB (UCT), FC Orth (SA)  
Practice no. 0549320

Suite 21, 4 th Floor, Melomed Bellville,  
Cnr Voortrekker & AJ West Streets, Bellville, 7530  
T: 021 945 2199

Suite 404, 4 th Floor, Melomed Tokai,  
Cnr Main & Keyzers Roads, Tokai, 7945  
T: 021 712 4898

F: 086 731 8946 | E: rawoot.ortho@gmail.com  
General Orthopaedic Surgeon with special interest in arthro-  
plasty – hip and knee replacement surgery; and arthroscopic  
knee, hip and shoulder surgery.

## OBSTETRICIAN & GYNAECOLOGIST



### Dr Belete Woldu

MBChB, FCOG (SA)  
Practice no. 0160000624667

Suite 421, 4th Floor, Melomed Tokai,  
Cnr Main & Keyzers Roads, Tokai, 7945

T: 021 712 5144 | C: 083 309 2642

E: reception@drbeletewoldu.co.za

All rounder generalist, passionate about pregnancy and child  
birth. Special interest in management of Utero-vaginal prolapse  
and Laparoscopic surgery.

## PAEDIATRICS / NEONATOLOGIST



### Dr Moegammad Shukri Raban

MBChB (Stell), FCPaed (SA), Cert Neonatology (SA),  
DCH (SA), Dip HIV Man (SA), MPhil (UCT)

Practice no. 046 7409

Suite 406, Melomed Tokai,  
Cnr Main & Keyzers Roads, Tokai, 7945

T: 021 712 2328 | F: 086 599 2709

E: paed.neonatologist@gmail.com

This paediatric practice provides ambulatory, general paediatric,  
emergency paediatric care and advanced neonatal care. Special  
interests in neonatology, infant development, infant nutrition  
and asthma. Specialising in maintaining and optimising child  
health and well-being.

## RHEUMATOLOGIST



### Dr M Nur Abrahams

MBChB (UCT), FCP (SA), Cert Rheum  
Practice no. 0563986

Suite 307, 3rd Floor, Melomed Gatesville,  
Temple Road, Gatesville

T: 021 699 0095 | F: 086 214 1390

C: 083 253 9528 | E: nur.abrahams@me.com

Rheumatologist and specialist physician. Interest in gout,  
fibromyalgia, rheumatoid arthritis, inflammatory back pain,  
psoriatic arthritis and soft tissue rheumatism. Lupus and its  
related diseases. Systemic autoimmune diseases and vasculitis.

## NEPHROLOGY



### Dr. Joshira Naidoo

MBChB, FCP (SA), Cert Neph (SA), MPhil  
Practice no. 0596604

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Diabetic kidney disease. Dialysis including peritoneal and acute.  
Management of hypertension.

# HOUSE CALL



MEET ONE OF OUR  
DEDICATED SPECIALISTS:

**Dr Shaheen Kader**  
Psychiatrist at Melomed Tokai Private Hospital



- 1. What is your definition of "happiness"?**  
Having the time, health and wealth to do whatever you like.
- 2. What accomplishment are you most proud of?**  
Achieving my Fellowship qualification as a specialist psychiatrist. It was a long road with several obstacles but once completed it was worth the effort.
- 3. How do you think people will remember you?**  
Most definitely as the doctor with the suit and tie. I have a suit for every day of the month and it helps me to get into "work mode". If you're going to work hard, do it with style!
- 4. Who is your biggest fan?**  
My mum.
- 5. Whose biggest fan are you?**  
There are several. I've been blessed to have had amazing teachers and senior colleagues guide me throughout my career. My father, Dr Khalil Kader, is a specialist psychiatrist and has been my greatest inspiration and mentor. Prof Sean Kalisky, Prof Dan Stein and Prof Astrid Burg from the University of Cape Town have definitely moulded the way I approach my speciality.
- 6. What is your greatest fear?**  
I'm fearless!
- 7. If you could possess one super-human power, what would it be?**  
I love to travel and I don't have enough flyer miles so the ability to teleport myself with some luggage would be great.
- 8. What do you like to do in your spare time?**  
I am an adrenalin junkie, so any activity that involves an increased heart rate usually gets my attention. I am a private pilot and flying aircraft has been a passion of mine.
- 9. What is your greatest hope?**  
I hope to be successful in every aspect of life while remaining sincere, respectful and humble. I hope through the platform of medicine that I will be able to uplift and improve the quality of life of members of our community.





TREATS FOR SPECIAL OCCASIONS

# GRANADILLA CHEESECAKES



SERVES: 6 | READY IN: 45 MINS\*

These little desserts have a smooth, soft and creamy texture. The yoghurt and cottage cheese adds a cheesecake flavour that is delicious.

## WHAT YOU WILL NEED

- 180 ml plain smooth low-fat cottage cheese
- 175ml plain low-fat yoghurt
- 1 tbsp (15ml) sugar
- 1 tbsp (15ml) cornflour
- 1 tsp (5ml) vanilla essence
- 2 eggs
- 1 x 119g tin granadilla pulp
- 12-18 medium strawberries or orange segments

### TIP

Grate 1-2 blocks of dark chocolate over the cheesecakes. Or garnish with toasted nuts, coconut or cocoa powder.

## Method of preparation

1. Preheat the oven to 160 °C. Whisk all the ingredients, except the strawberries or oranges, together until well combined.
2. Divide the mixture between 6 individual ovenproof dishes or ramekins.
3. Place dishes on a baking tray and bake for 25-30 minutes or until just set. To test, gently shake the tray to see how firm it is. It will continue to set as it cools down.
4. Turn off the oven and allow to cool down in the oven. Refrigerate and allow to cool completely.

\* ALLOW 1 HOUR COOLING TIME

**SERVE** Serve cold with 2-3 strawberries or orange segments per person.

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"

# Men's Health

## Prostate Specific Antigen (PSA) TESTING promotion



Invest in your Health and get tested today.  
PSA testing is available at any PathCare branch  
during CANSA Men's Health promotion at a  
cash price of R105.00

### Testing Recommendations:

- From Age 40 in men with a positive family history in a first degree relative
- From age 45 for all other men.
- Men with a history of lower urinary tract symptoms regardless of age group.

For more information on PSA testing please contact your doctor or CANSA. Toll-free line: 0800 22 6622 or website: [info@cansa.org.za](mailto:info@cansa.org.za)