

melomag

Free Health Guide

Issue 34 | 2019

**ALL ABOUT
THE FLU!**
ON PAGE 6

Know all about
MEASLES

What to know about
STARTING SOLIDS

COMMON MYTHS ABOUT
DIALYSIS

RECIPE:
HEARTY
BEAN SOUP



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PRIVATE HOSPITALS

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GIVE-AWAY

Melomag is giving away a relaxing massage voucher to one lucky reader!
See page 18 for details.



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WASABI DOES MORE THAN MAKE SUSHI

“SPICY”



Commonly known as **“Japanese horseradish,”** wasabi is a member of the mustard family and is **noted for the short-term burning sensation it produces in the nasal cavity.** But historically, wasabi served a purpose other than adding a spicy flavour to raw fish.

Wasabi has antimicrobial properties which may have safeguarded Japanese sushi eaters over the years. Specifically, **“6-methylsulfinylhexyl isothiocyanate”** has been identified in wasabi as **an anti-microbial agent effective against bacteria such as E. coli and Staphylococcus aureus.**

Wasabi’s antimicrobial effect may yet be directed against another scourge, namely, tooth decay. Other health benefits may include wasabi’s anti-cancer properties. Researchers have found

that many human stomach cancer cells changed morphologically followed by cell death in a medium of wasabi extract. **Besides the throat-and-nose burning sensation, and clearing of the sinuses,** there are no known side-effects attributed to wasabi consumption, although some individuals may experience an allergic reaction.

However, since **“real” wasabi is difficult to cultivate,** much of the green paste on the market today is **horseradish that is dyed green.** As a result, the allergic reaction is often due to either the dye or the horseradish.

Although further research needs to be conducted, wasabi’s medicinal potential seems quite promising. Maybe in the future, instead of fluoride-enriched toothpaste as a means of cavity control, we may be urged to eat a plateful of sashimi with plenty of wasabi!

Source: www.mcjill.ca

DIRTY SECRETS ABOUT HAND HYGIENE

Make sure to **practise proper hand hygiene** this season to prevent the spread of germs and the flu.

Wash your hands!

1. Germs can survive on hands for **up to 3 hours.**
2. **A sneeze propels up to 100 000 bacteria** into the air at 160kmh.
3. **Damp hands spread 1000 times** more germs than dry hands.
4. Nearly **80% of sickness-causing germs spread via hands.**
5. More germs exist on a **phone or keyboard than a toilet seat.**
6. Flu germs can spread an entire day before symptoms begin.
7. **A single germ can multiply** to more than eight million germs in one day.

Source: www.cdc.gov



HEALTH TIP:

SOCIAL MEDIA AND (BODY) IMAGE

Social media might have **a negative influence on how people may view their body.** If you find yourself spending too much time on social media every day, try to be more deliberate about your phone use.

- **Limit your social media checks** to a few certain times per day.
- When you’re at work, **get up and walk around instead of looking at your phone.**
- **Unfollow or block people** who make you feel bad about yourself.

CANCER-SNIFFING DOGS? NO IT'S NOT SCI-FI.

A new study has shown that **dogs can use their highly evolved sense of smell to pick out blood samples from people with cancer** with almost 97% accuracy.

Dogs have smell receptors **10 000 times more accurate than humans'**, making them highly sensitive to odours we can't perceive. A new study at BioScentDx has shown that **dogs can use their highly evolved sense of smell to pick out blood samples from people with cancer.**

"Although there is currently no cure for cancer, early detection offers the best hope of survival," said Heather Junqueira, lead researcher. **"A highly sensitive test for detecting cancer could potentially save thousands of lives and change how the disease is treated."**

Researchers used a form of clicker training to teach four beagles to distinguish between normal blood serum and samples from patients with **malignant lung cancer.**

Although one beagle – aptly named Snuggles – was unmotivated to perform, the other **three dogs correctly identified lung cancer samples 96.7% of the time and normal samples 97.5% of the time.**

The results are very exciting, because it could lead to new cancer-detection tools that are inexpensive and accurate without being invasive.



Source: www.technologynetworks.com/biopharma/news

LEAD A BALANCED LIFESTYLE

CANSA invites you to join its 365 Day Health Challenge and to eat and drink smartly. **Research strongly indicates that making smart choices regarding what is taken in and exercising regularly can have a positive effect**, not only on your well-being, but also on reducing your individual cancer risk.

Green = Go for it! (Lower cancer risk) – Aim to eat **up to five to seven portions of non-starchy vegetables and fruits** in season every day where possible; include **wholegrains and minimally processed grains as a source of fibre** (30g daily) and **get active and exercise.**

Orange = Take care! (Can influence cancer risk) **Be aware of eating habits that could influence your risk of developing cancer.** So **avoid foods** that are high in **kilojoules, sugar and fat**, which eaten very often could cause weight gain. **Cut down on processed and fast-foods.**

Red = Beware! (Increased cancer risk) **Limiting red meat to less than three portions a week**, eating less foods cured by using a lot of salt, and **avoiding alcohol** is advised.

Please visit the CANSA website (www.cansa.org.za) for detailed tips regarding smart, balanced nutrition.

Melomed's New Pharmacy Graduates



FROM LEFT TO RIGHT

Kim Cornelius, Aaliya Tayob; Shani Retief; Nishaat Jackson; Nafeesa Dhansay; Masood Abrahams; Mogamad Aarif Mohamed; Heinrich Williams and Ziyaad Abrahams



The Melomed Private Hospital Group and Stellenbosch University, more specifically the Faculty of Medicine and Health Sciences, have successfully established a partnership for the training of medical undergraduates. The collaboration between the respective parties started in 2017 and Melomed Gatesville Hospital is now officially an accredited facility to provide such excellent teaching and training.

Chairman of Melomed Mr Ebrahim Bhorat and Professor Rafique Moosa, the executive head at the department of medicine, signed the 2019 memorandum of agreement to ensure the ongoing support and collaboration.

30 YEARS MELOMED



Melomed Gatesville celebrated 30 years of providing affordable and quality healthcare. The chairman and founder Mr E Borhat and the management of the hospital treated staff to delectable treats as part of the celebrations.

DO YOU HAVE THE FLU?

Influenza or “**the flu**”, is a contagious disease caused by seasonal influenza viruses that infect the nose, throat and lungs.

ARE YOU EXPERIENCING...



Fever; chills; cough; fatigue; headaches; sore throat; runny or stuffy nose; muscle or body aches

NO!

Then you probably don't have the flu

DID YOU GET A FLU SHOT?

YES

GREAT JOB!

The flu shot protects against the most common flu strains, so you probably don't have the flu, but there's a chance you may.

IT MIGHT JUST BE A COMMON COLD

YES

NO!

YOU MAY HAVE THE FLU!

Most people who get the flu get better without having to see their doctor. But if your flu symptoms get worse, if you have a high temperature for more than a few days, if you have any trouble breathing, or if you seem to get better but then feel worse again, call your doctor right away.

GOT THE FLU? WHAT TO DO

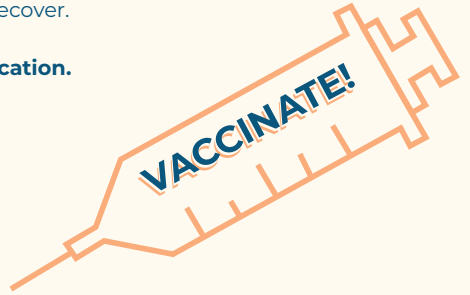
When you are sick, limit contact with others as much as possible. Remember to cover your nose and mouth when you cough or sneeze, and throw tissues in the trash after you use them. Stay home for at least 24 hours after your fever is gone, except to get medical care or for other necessities.

Take advantage of down time and give your body some much-needed rest. Curl up on the couch and spend some time reading, watching movies, or just cat-napping while your body battles the virus.



- 1. Stay home** and avoid contact with others! You're sick – and very contagious!
- 2. Rest.** Your immune system needs a lot of sleep to recover.
- 3. Drink lots of fluids.** Water, fruit juices , soup.
- 4.** Treat aches and fever with **over-the-counter medication.**
- 5. Take care of your cough** so you can rest easier.

HOW TO PROTECT YOURSELF FROM THE FLU?



Getting a **flu vaccine** each year is the best way to prevent the flu.

Flu vaccines cause **antibodies** to develop in the body about **two weeks** after vaccination. These **antibodies provide protection** against infection with the viruses that are in the vaccine.



Vaccination is especially important for those at **high risk of influenza complications:**

Pregnant women, People above 65 years of age, Children between 6 months and 5 years of age, People with chronic medical conditions and people who live with or care for those at high risk.



Dr J C Mogambery FCP(SA) Cert IDPhys(SA)
Specialist Physician at Melomed Richards Bay
Tel: 035 772 2002 Emergency: 061 422 1932



TUBERCULOSIS IN THE WORKPLACE

Tuberculosis (TB) is a disease caused by bacteria (*Mycobacteria tuberculosis*) that are spread through the air when infected people cough or sneeze. TB is highly prevalent in South Africa, therefore it is not uncommon for employers and co-workers to find themselves in contact with infected individuals at the workplace.

WHAT ARE THE SIGNS AND SYMPTOMS OF TB?

Most people exposed to TB never develop symptoms, since the bacteria can live in an inactive form in the body.

It is important to screen employees and ensure an early diagnosis of the condition in order to prevent transmission to others and to allow the infected person to be

treated timeously. Some of the symptoms and signs include:

- **Persistent cough associated with sputum production with or without blood**
- **Chest pain**
- **Fever and night sweats**
- **Loss of weight and poor appetite**
- **Lumps in the neck or in the armpits (lymph nodes).**

WHAT SHOULD YOU DO IF YOU SUSPECT THAT AN EMPLOYEE OR CO- WORKER HAS TB?

The individual should be referred to the occupational health clinic or local primary health-care clinic where he/she can be tested.

Sputum should be expectorated into a specimen bottle and sent

DID YOU KNOW?

TB is the #1 killer.

Worldwide, TB is the leading cause of death from a single infectious agent (above HIV/Aids).

TB kills one person **every 18 seconds**, yet the disease can be prevented, treated and cured.

In 2017, **10 million** people became ill with TB and **1.6 million** people died from the disease.

to a pathology laboratory for a microscopic examination and GeneXpert Test. A chest x-ray may be indicated. If the diagnosis is difficult to make a doctor may need to be consulted.

HOW LONG DOES THE TREATMENT COURSE LAST?

A course of treatment for uncomplicated TB usually lasts for 6 months. It includes two months of intensive phase where 4 drugs are administered in a fixed dose combination tablet.

The last 4 months, called the continuation phase, includes 2 drugs in a fixed-dose combination tablet. The dosages are weight-dependent. The individual will need to test his/her sputum after two months to ensure that the treatment has been effective.

Treatment for multidrug-resistant TB (MDR-TB) is especially arduous, taking up to two years and causing many side effects. **When patients show resistance to MDR-TB drugs, they are considered to have extensively drug-resistant TB (XDR-TB) and have even fewer treatment options.**

AM I AT RISK OF ACQUIRING TB FROM MY EMPLOYEE OR CO-WORKER?

TB is transmitted in airborne particles so if you have worked in close proximity or in a poorly ventilated room with an individual who has untreated tuberculosis you are at risk. If symptoms develop you should be tested for TB.

You have an increased risk of acquiring TB if your immune system is compromised. Illnesses that compromise the immune system include diabetes mellitus, HIV infection (especially those who are not treated), silicosis, and other chronic conditions like renal disease or heart failure.

HOW LONG DOES IT TAKE FOR AN INDIVIDUAL WITH TB TO BECOME NON-INFECTIOUS?

If the medication is taken appropriately and the TB is sensitive to the treatment, the individual should become non-infectious after 2 weeks.

HOW DO YOU KNOW IF TB IS DRUG SENSITIVE?

The GeneXpert test is able to provide information on

the sensitivity of rifampicin, which is one of the main drugs used to treat TB. **If the TB bacilli are sensitive to rifampicin it usually means that the TB is drug-sensitive.**

At times the diagnosis of TB is made without the GeneXpert test. In these cases, sputum or infected tissue should be sent to a laboratory for TB culture. **Once TB is cultured, the sensitivity of most TB drugs can be determined.**

Another way to determine if TB is drug sensitive is clinical monitoring. The individual should be feeling much better after two months of TB treatment if the TB is drug-sensitive.

HOW MUCH LEAVE DOES AN EMPLOYEE NEED ONCE TREATMENT HAS BEEN STARTED?

The individual should be granted sick leave for the **first two weeks** to ensure that the infection is not transmitted to his or her co-workers.

Caution the individual to avoid contact with young children and people who may be at risk of getting TB during this infectious period. >

WHAT ARE SOME OF THE COMMON SIDE EFFECTS OF TB TREATMENT?

Once treatment has been commenced, the individual has committed to taking four different drugs for two months. Each drug has its own set of side effects. Some common side effects to look out for are as follows:

- Nausea and vomiting
- Orange discolouration of urine and tears
- Painful feet (pyridoxine will always be added to the TB treatment to avoid this side effect)
- Problems with vision
- Jaundice (yellow eyes)

If the individual develops severe vomiting, jaundice,

problems with vision, confusion or rashes after starting TB treatment, he or she should see a physician urgently.

ARE TB AND HIV LINKED?

Yes. According to the World Health Organization, people living with HIV have a 16–27 times greater risk of developing tuberculosis, the risk being higher in individuals with a CD4 count less than 200 cells/mm³.

It is imperative that an HIV test is done so that in the event of a positive result, antiretroviral therapy (ART) can be planned for and initiated once the individual is stable on TB treatment. Studies have shown that ART should be commenced within 2–8 weeks of starting TB treatment, and within 2

weeks if the CD4 count is less than 50 cells/mm³

HOW CAN THE WORKPLACE IMPLEMENT A TB CONTROL PROGRAMME?

In order to stop the disease from spreading it is important that we all take responsibility for the prevention and control of tuberculosis. Some steps include **implementing measures to minimise transmission risk, TB awareness and education, active promotion of a good screening programme for TB and HIV and implementation of a directly observed treatment short-course (DOTS) programme for those on treatment in the work place.**

More information can be found on the following websites:
South African Labour Guide

<https://www.labourguide.co.za/health-and-safety/1374-tb-what-employers-should-know>

Patient information pamphlets
<https://www.cdc.gov/tb/publications/pamphlets/default.htm>

National TB Guidelines

http://www.tbonline.info/media/uploads/documents/ntcp_adult_tb_guidelines-27.5.2014.pdf

World Health Organization's Global Health Report 2018



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For more information regarding the support group in your area, contact info@melomed.co.za.

PASS THE SALT...

A just-released survey shows how little South Africans still know about the salt content in everyday food items. The findings were released during the World Salt Awareness Week in an effort to create more public awareness of the health dangers associated with consuming too much salt.

While most food items don't exceed the daily limit of 5g of salt per day, it is the combined amount of salt from all the foods we eat in a day that often amounts to eight times the recommended daily allowance, putting South Africans in the red zone for heart disease.

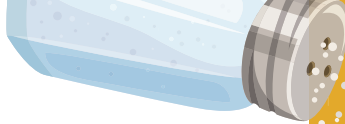
To test SA's salt-smarts, a prevention-minded pharma company conducted an online poll among men and women

across the country in the weeks leading up to World Salt Awareness Week (4 – 10 March). Here are some of the findings:

A quarter of South Africans conceded to being salt addicts, with 31% adding salt to their food "all the time" and 37% "some of the time". Most also still don't have a handle on how much salt is used in popular foods such as cereal, yoghurt and chips.

Nicole Jennings, spokesperson for Pharma Dynamics – *SA's leading provider of cardiovascular medication* – says hypertension rates in SA are alarmingly high and continue to climb.

"A leading cause of the condition is too much salt consumption, which heightens the risk of heart disease and stroke. There are various ways in which excessive salt consumption can impact



our blood pressure and put great strain on our hearts, arteries and kidneys.”

“We live in a fast-paced society, where take-outs and ready-made meals reign supreme, but these are often laden with salt.”

The survey, **which polled 245 men and women**, found that while more than 90% understood the link between high blood pressure and excessive salt consumption, very few actually knew just how much salt is contained in food that is consumed on a daily basis.

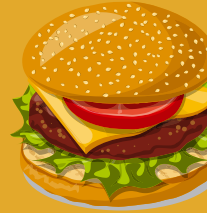
More than 64% of respondents didn't know that there is about 1.5g of salt in a slice of pizza; 45% were off the mark with how much salt was in a small tub of plain yoghurt; which is in the region of 3.5g; 60% guessed wrong about the quantity of salt in a bowl of cornflakes with milk and 68% didn't know how much salt was in a handful of peanuts.

“While efforts have been made since 2016 by government to reduce salt levels in food, with a second set of even lower levels of salt being introduced this year, **the public should be made more aware of foods that are high in salt as many don't pay attention to food labels,**” says Jennings. >

IN AN EFFORT TO MAKE THE PUBLIC MORE SALT SAVVY, PHARMA DYNAMICS HAS COMPILED A LIST OF FOODS THAT ARE TYPICALLY HIGH IN SALT:

VERY HIGH IN SALT

- Cheese: flavoured cream cheese and cottage cheese
- Tinned foods: especially those preserved in brine
- Stock powders or cubes
- Soup powders or tinned soups
- Marinades or marinade powders
- Olives and pickles
- Any processed meat: polony, salami, turkey, sausages, Viennas, etc.
- Takeaway fast-foods: like burgers, fish and chips, pizzas and Chinese takeaway
- Seasoning salts, like barbeque or chicken spice
- Salty spreads: including margarine, butter, cheese spreads and meat spreads
- Cured meat and fish: bokkoms, biltong, anchovies, corned beef
- Instant noodles with flavouring
- Worcestershire sauce and soy sauce
- Crisps, salted biscuits and crackers and ready-made popcorn



MODERATELY HIGH IN SALT

- Pre-prepared meals or convenience foods
- Shop-bought biscuits, cakes and treats
- Salad dressings and mayonnaise
- Salted nuts



SURPRISINGLY CONTAIN SALT

- Ready-made desserts
- Some yoghurts
- Bread
- Breakfast cereals



According to the Heart and Stroke Foundation, South Africa has the highest incidence of high blood pressure among people aged 50+ compared to any other country in the world, with almost 8 in 10 people in this age group being diagnosed with high blood pressure.

However, younger people are also at risk with an estimated 1 in 3 South Africans older than 15 having high blood pressure. Jennings believes that the country's high hypertension rates should be tackled early in childhood already.

"In many cases, adult hypertension has its roots in childhood, yet worryingly

very little is being done to make children aware that salt can lead to heart disease.

If healthy habits, which includes a reduction in salt intake, can be formed in early years, it could significantly decrease the burden of heart disease in our country."

Based on recent research published in the *SA Medical Journal* (September 2018), 1 in 5 children at the age of 5 is hypertensive and 60% of children with elevated blood pressure maintain that status into adulthood.

By decreasing salt consumption by even just 0.85g per day, deaths related to heart disease

could be decreased by 7 400 and would result in 4 300 fewer non-fatal strokes per year.

"It's essential that South Africans take steps to make sure they know how much salt is in all the food they eat and try to cut back as much as they can. When checking food labels, look out for other terms often used to describe salt, such as monosodium glutamate, nitrates and nitrites, so you're aware of how much salt you're putting into your body. Also try to avoid salting food that has already been salted," encourages Jennings. ■

For nutritional advice and recipes that are low in salt, visit www.cookingfromtheheart.co.za

Source:
Meropa Communications on behalf of
Pharma Dynamics.



MEASLES

IT ISN'T JUST A LITTLE RASH

Worldwide, measles has become rare, thanks to widespread vaccination. In the year **2000, the Centre for Disease Control and Prevention declared measles “eliminated”**.

However, given the increasing number of

parents opting their children out of getting vaccinations, measles has crept back.

An estimate of one out of four people with measles will need hospitalisation and every year several people die as

a consequence of measles infection.

Measles is not a harmless childhood disease. It spreads incredibly easily. In fact, 9 out of 10 people who are not vaccinated, will get it if they are near an infected person. >

What Is Measles?

Measles (also called rubeola) is a very contagious respiratory infection. **It causes a total-body skin rash and flu-like symptoms.**

Measles is caused by a virus, there is thus **no specific medical treatment** for it. The virus has to run its course. A patient who is sick should drink plenty of liquids, get lots of rest, and stay home to prevent spreading the infection.

What Are the Signs and Symptoms of Measles?

A case of measles usually includes the following symptoms of which the first symptoms usually appear 10 to 12 days after infection: **a runny nose, hacking dry cough and a fairly high fever. The eyes also become red and sensitive to light.**

Unfortunately, because of those early symptoms, people might at first think they have a common cold.

The danger is that all that time the infected person is contagious with measles and could unknowingly be spreading their infection to others.

As the illness progresses, on **the third to seventh day, the temperature may reach 39 to 41 °C, and a red rash appears that lasts four to seven days.**

Once the rash appears, it starts on the face and spreads to the trunk (back and chest/stomach) and outward to the arms and legs.

Usually the rash does not spread to palms of the hands or soles of the feet. The rash itself is macular (flat) and erythematous (red).

Sometimes the rash will gather to form larger **"spotches"**. Patients can also have a rash in their mouth, called Koplik spots, which are whitish in appearance and usually line the insides of the patient's cheeks.

How Do People Get Measles?

Measles spreads when people breathe in or have direct contact with virus-infected fluid. It can pass through droplets sprayed into the air when someone with measles sneezes or coughs. Someone exposed to the virus usually shows symptoms 7–14 days later.

People with measles can spread the disease from 4 days before the rash starts until about 4 days after.

They're most contagious while they have a fever, runny nose, and cough. Those with weakened immune systems can spread the measles virus until they recover.

How Is Measles Treated?

There is no specific medical treatment for measles. To help manage symptoms:

- **Drink plenty of fluids**
- **Encourage extra rest**
- **Treat the fever. Never give aspirin to a child who has a viral illness, as such use is linked to Reye's syndrome.**



MEASLES FACTS:

- 1 out of 4 people who get measles will need hospitalisation.
- 1 person with measles can infect an average of 12–18 unprotected people.
- Up to 1 in 1000 measles patients die as a result of the disease.

Approximately 30% of reported cases have one or more complications, especially among children under 5 years of age and adults over 20. Measles can be more severe in people with weakened immune systems.

Complications from measles infection

- 7 to 9 out of 100 children develop ear infection, which can result in hearing loss.
- 8 out of 100 patients report diarrhoea.
- 1 to 6 out of every 100 patients suffer from pneumonia. This is the most common cause of death from measles.
- 1 in every 1 000 patients develop acute encephalitis (swelling of the brain). This can lead to convulsions and leave a child deaf or with mental disability.
- Eye disorders, such as destruction of the cornea (outer layer of eyeball) may lead to blindness. This condition affects, in particular, malnourished children and is linked to vitamin A deficiency.
- A rare but fatal brain complication known as subacute sclerosing panencephalitis (SSPE), can occur several years after measles.

How Long Does Measles Last?

A measles infection can last for several weeks. **Patients with measles should be kept away from others for 4 days after their rash appears.** For those with a weakened immune system, this should continue until they make a full recovery and all symptoms are gone.

The virus can survive in air for about 2 hours, so people should minimise contact with the infected person and stay out of the room where they're resting. This is particularly important for patients who are young, old, pregnant, or have a weakened immune system. As mentioned earlier, measles spreads VERY easily.

Can Measles Be Prevented?

Yes, it is a preventable disease. Measles vaccination protects you and your family. By vaccinating against measles, you contribute to a healthy community.

An unvaccinated person who is exposed to measles has a 90% probability of becoming sick. This is regardless of

age and the strength of her or his immune system. **Vaccination is the only measure that prevents infection.** There is no scientific evidence that natural remedies, diets or lifestyle changes reduce the risk of measles.

The two-dose measles-mumps-rubella vaccine (MMR) is about 97% effective at preventing infection.

Therefore, **if an individual has been vaccinated appropriately, it is unlikely that they could contract measles, but not impossible.** For most kids, measles protection is part of the MMR vaccine given when they're 12 to 15 months old and again when they're 4 to 6 years old.

It's important for all kids who can get the vaccine to get it on schedule. **At-risk people (such as those with weakened immune systems) can't get the vaccine and depend on "herd immunity".**

This is when a lot of people are immunised against a disease, which prevents it from spreading and helps prevent outbreaks. ➤

When Should I Call the Doctor?

Call the doctor right away if you think that someone has measles.

Also call if your child or an adult was around someone who has measles, especially if the patient:

- is an infant
- is taking medicines that suppress the immune system
- has tuberculosis, cancer, or a disease that affects the immune system

Why Is Vaccination Important?

Widespread immunisation has made measles rare. But outbreaks do still happen.

An outbreak is when a disease happens in greater numbers than one would

expect in a certain area.

Measles outbreaks have been increasing worldwide, mostly due to people not being vaccinated.

At highest risk during a measles outbreak are:

- infants who aren't old enough to get the vaccine
- pregnant women
- people with poor nutrition or weakened immune systems

Now to calm some alarm:

Just because someone is having a viral rash or symptoms of a cold, that does not mean they have a measles infection. That's unlikely to be the case.

However, as with all uncommon things in medicine, doctors need to

be vigilant and diagnose the condition, especially since measles cases have cropped up again.

Let this be the point that puts measles on your radar:

Since patients can be contagious up to five days before the rash starts and remain contagious four days after the rash appears, and since measles is highly contagious and has the potential to spread rapidly before anyone even recognises there may be an outbreak, **it's clear why vaccination against this preventable disease is so important.**

This is especially critical to protect the health of patients who cannot be vaccinated.

ENTER
TODAY
& WIN

Melomed is giving away a relaxing massage 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** with **Melomag34** in the subject line. Competition closes **28 June 2019**.

What's the best way to protect yourself against the flu? (see page 7)

Prize sponsored by Melomed. Give-away term 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 a hold of the 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.

Annette Bing
Certified Lactation Consultant and Midwife



STARTING SOLIDS

WHY, WHEN, WHAT and HOW?

STARTING SOLIDS CAN SEEM OVERWHELMING FOR A NEW PARENT, ESPECIALLY WHEN YOU'RE OVERLOADED WITH CONFLICTING INFORMATION ABOUT WHAT, WHEN, AND HOW TO DO IT.

WHY IS COMPLEMENTARY FEEDING SO IMPORTANT?

Complementary feeding means **giving other foods in addition to breast milk**. Complementary feeding is needed to provide energy and essential nutrients required for continued growth and development.

The nutrients in recommended complementary foods complement those in breast milk, hence the name.

Introducing solids is also important for helping your baby learn to eat, **giving her experience of new tastes and textures from a range of foods, developing her teeth and jaws**, and building other

skills that she'll need later for language development.

Consequences of poor nutrition in the complementary feeding phase are:

- Chronic under-nutrition (especially protein) which leads to
- Growth stunting
- Increased later risk of cardiovascular disease
- Cognitive and behavioural impairments
- Strong predictor of achieved schooling and adult income & assets
- Early over-nutrition leading to excessive weight gain is a strong predictor of later obesity and risk of non-communicable disease (NCD).

What are the recommendations for complementary feeding?

It is recommended that solid food or other liquids be introduced around **6 months of age, as breastmilk (and/or formula) can provide 100% of baby's nutrition up to that point**.

The **WHO (World Health Organization)** estimates that solid foods provide about $\frac{1}{5}$ of a baby's energy needs from 6 to 8 months and just under half of baby's energy needs from 9 to 12 months.

Breastmilk and/or formula will continue to provide the bulk of your baby's nutritional needs until one year.

WHEN?

Timing is important. You don't want to start too early or too late. **There is a window of opportunity around 6 months that seems to be the best time to start solids.** To know when exactly to start between these ages, it's important to pay attention to your baby's cues.

Here are some signs of readiness to look for:

Can he sit up by himself and hold his head up straight? Your baby should be able to sit in a high chair, feeding seat, or infant seat with good head control and be able to hold himself up.

Does he show signs of interest in what you're eating? Babies may be ready if they watch you eating, reach for your food, and seem eager to eat. They can open their mouths when food comes their way.

Is he able to pick up small objects?

When babies show signs of good fine motor co-ordination, they can refine their fine pincer grip and grab small bits of food, like a pea and direct this to their mouth.

Can he manoeuvre food from a spoon to the back of his throat?

If you offer a spoonful, and he pushes it out of his mouth and it dribbles onto his chin (the tongue thrust reflex), he may not be ready yet. You could try diluting it the first few times, then gradually thicken the texture, or you may also want to wait a week or two and try again.

Is he big enough?

Can he swallow safely? A baby's ability to manage and safely swallow solid foods is not developed before about 6 months. This is partly due to the fact that their gag reflex hasn't fully developed, putting them at an increased risk of choking.

WHAT?

By 6 months, most babies are ready for a variety of food textures, ranging from thin purees to soft finger foods. It's really up to the parent and their level of comfort. Some babies prefer to be spoon-fed purees at the start, while some prefer to dig into soft finger foods right at the get-go.

CHOICE OF COMPLEMENTARY FOODS

- From 6 months, give meat, chicken, fish or egg every day, or as often as possible.
- Give a variety of vegetables and fruits, but especially dark-green leafy vegetables and orange-coloured fruits and vegetables every day.
- Rather give oats porridge or maize meal porridge than sweetened infant cereals.

You can experiment with various textures (lumpy, and tender-cooked and finely minced, pureed, mashed or ground) to see what your baby prefers best and even feed her a variety of textures daily.

By 9 months, your baby should be eating a variety of foods and textures and ideally participating in family meals!

Family foods may need to be modified in texture for your baby (they need to be soft enough) and free of added seasonings such as salt.

TEXTURES AND CONSISTENCIES:

- Purees are safe at 4 to 6 months and mashed foods are safe at 6 months
- Lumpy foods: better acceptance if introduced before 8 to 10 months
- Finger foods: as soon as able to – typically by 8 to 9 months
- Family foods by 12 months

Safe finger foods include: pieces of soft-cooked vegetables and fruits; soft, ripe fruit such as banana; finely minced, ground or mashed cooked meat, deboned fish, and chicken; grated cheese; and wholegrain toast strips with a thin layer of butter or nut butter.

FLAVOUR PROFILES:

- Inborn preference: sweet and salty
- Substantially modified by early food experiences
- Feed them what you want them to grow up eating!

WHAT TO AVOID:

- Do not add sugar and salt to their diet
- Sugar-sweetened beverages, including fruit juice
- Drinks with low nutrient value e.g. tea, coffee
- Foods that may cause choking
- Avoid junk food / take-away food with low nutrient value
- Cows' milk only after 12 months

Note: infants eating a vegan diet may require supplementation or the use of fortified foods.

WHAT ABOUT INTRODUCING COMMON FOOD ALLERGENS?

There is a lot of evidence that delaying the introduction of common **allergens such as eggs, nut butters and fish**, isn't necessary and that it is safe to introduce them between 4-6 months under supervision.

In fact, **early exposure to common allergens may even prevent allergies from developing!** If there is a strong family history of allergies to certain foods, then

discuss the earlier and safe introduction of these foods with your paediatrician.

HOW SHOULD I FEED MY BABY?

From 6 to 8 months, parents should gradually work towards offering solid foods 2 to 3 times a day (at mealtimes), and 1 to 2 snacks per day, depending on the baby's appetite.

Your baby's appetite will vary from day to day depending on several factors such as:

- how they are feeling
- whether there are distractions present
- the time of day
- their breastmilk/formula intake
- whether or not they are going

through a growth spurt
• the types of foods they are eating

RESPONSIVE FEEDING PRACTICES:

- Feed in response to your baby's hunger and satiety cues
- Encourage them to eat but do not coerce/force
- Encourage self-feeding, but assist as necessary
- Use age-appropriate utensils
- Comfortable environment
- Caregivers should be aware of and responsive to babies' emotional state. Try and feed them before they are over-tired or over-stimulated.

DO NOT use food as a reward or for comfort!





Dispelling The Most Common Myths About **DIALYSIS**

PEOPLE WITH END-STAGE RENAL DISEASE (ESRD) MAY REQUIRE DIALYSIS, TREATMENTS THAT REPLACE KIDNEY FUNCTION BY REMOVING WASTES AND EXCESS FLUID FROM THE BODY. ALTHOUGH THE LIFE-SAVING NATURE OF DIALYSIS IS UNDISPUTED, SEVERAL MYTHS MAY CONTRIBUTE TO COMMON MISCONCEPTIONS ABOUT THE BURDEN OF BEING ON DIALYSIS.

Myth #1:

Dialysis isn't for someone who fears needles.

TRUTH:

Fear of needles and the pain associated with needle sticks is common for patients. **To ease your fear, medications are available to numb the skin where your vascular access is before inserting the needle.** Lidocaine, a local anaesthetic, may be an option used by your centre.

Another way for patients to ease their fear of needles is **self-cannulation**, which allows you to insert your own needles into your access. Your dialysis care team can teach you how to self-cannulate.

Gaining control over the procedure may also make you more comfortable with it. **Finally, peritoneal dialysis is a form of home dialysis that does not use needles.**

Myth #2:

Dialysis can be done only at the centre.

TRUTH:

In-centre hemodialysis is just one of several dialysis treatment options, and it too offers a variety of choices, such as in-centre self-care and in-centre nocturnal dialysis. However, an increasing number of patients are choosing to dialyse at home.

Peritoneal dialysis (PD) is the most common type of home dialysis. **It works by using the peritoneal membrane to filter the waste and fluid from your bloodstream.**

The peritoneal membrane is a thin membrane that lines the abdomen. No needles are involved as the dialysis solution is instilled into the abdomen through a permanent catheter.

Home hemodialysis (HHD) uses a hemodialysis machine to clean the blood the same way as it's done in a centre but from the comfort of a patient's home.

Your dialysis team (doctor and unit staff) can help determine which

treatment option may best match your lifestyle. Take the results to your doctor to discuss further when choosing your dialysis treatment.

Myth #3:
People on dialysis can no longer travel.

TRUTH:

You can still soak up the sun, camp, visit family or travel for work with some planning and dialogue between you, your doctor, nurse and social worker.

Patients on hemodialysis can arrange treatments at a centre at their planned vacation destination.

Patients on PD can have supplies directly delivered

to wherever they are going. Ask your unit administrator or unit leader for a list of our national footprint of dialysis units. Alternatively, visit www.globaldialysis.com for a list of accredited dialysis centres across the globe.

Myth #4:
There are too many things to learn about dialysis.

TRUTH:

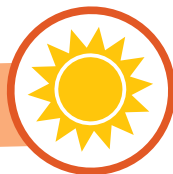
While there are many things to learn, whatever your treatment choice, there is an entire kidney healthcare team, including nephrologists, nurses, dietitians, social workers, care technicians and others, to support you throughout the dialysis process. ■



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YOUR GUIDE TO



TREATING BLISTERS

TIPS TO PREVENT AND GET RID OF PAINFUL BLISTERS FAST!

Blisters on feet develop from rubbing and pressure, often forming while wearing uncomfortable shoes. Prevent and treat blisters with these tips and keep on walking!

From walking to hiking to dancing all night, physical activity can trigger blisters. So, how can you prevent them? And, once you get them, how should you treat them?

Blisters are caused by friction. The soles of the feet and palms of the hands are prime sites for blisters to form.

When your skin rubs against another surface, **the top layers of skin tear and create a space for fluid to accumulate.** This liquid is supposed to cushion the wound and protect it from further pressure.

First, you're likely to rub footwear or hand-held equipment (rackets, bats, etc) against these areas. And secondly, hands and feet tend to sweat more – this warm, moist area is ripe for blister formation.

HOW TO PREVENT BLISTERS

Start by reducing the amount of sweat and friction on your skin. Humidity and leather are not a good mix.

FOLLOW THESE RECOMMENDATIONS TO HELP YOU PREVENT BLISTERS:

- **Wear comfortable shoes that fit correctly.** Buy shoes later in the day as your feet will expand during the day. Break in new shoes by wearing them for a couple hours the first day, and then gradually increasing their use day-to-day.
- **Wear socks:** They can help reduce friction and moisture, especially socks made of a material that pulls moisture away from the skin.
- **Double layering your socks** can also help reduce friction. If you are working out or running, wear special socks that are enforced on toes or heels and don't have seams.

- **Use a drying agent:** Drying agents, like foot powder, baby powder or cornstarch, reduce moisture and help keep your feet dry.
- **Lubricate your feet,** or other areas that are prone to blisters and chafing, with Vaseline. You may want to reapply it. You can find lubricant sticks at running stores and pharmacies.

HOW TO TREAT BLISTERS

- If you develop a blister, prompt treatment of your blister will help you get back to your activity sooner. Focus on reducing the pain and preventing the blister from getting larger by reducing the friction on the area.
- The best treatment for blisters... is to leave them intact. In a protected environment the blister will heal off best and all by itself.
- Don't puncture the blister.
- Carefully clean the blister with water and pat it dry.
- Then cover it with an adhesive bandage.



Sources
www.ahchealthenews.com
www.elastoplast.com
www.webmd.co.za

If the blister comes open accidentally, don't pull off the outer skin layer. Leave it alone to heal, and cover it with a blister plaster. As long as it is covered, the wound is protected from infection.

A blister should not be opened because the blister roof protects against additional infection.

With a blister, breaking its protective layer of skin allows bacteria to enter the wound, which is medically considered an open wound. Nevertheless, if this does happen, you should disinfect the punctured blister (for example with an antiseptic spray) and cover it with a blister plaster.

- It will protect the affected area from further pressure, friction and other harmful external influences.

• WHEN TO DRAIN A BLISTER

• **To drain a blister that is large, painful, or in an awkward spot it might be best to drain it:**

- **Wipe a needle and the blister with alcohol.**
- **Make a small hole at the edge of the blister. Gently press out the fluid.**
- **Wash the blister again and pat dry.**
- **Leave the loose skin in place.**
- **Apply antibiotic ointment.**
- **Cover the area loosely with a sterile bandage or gauze.**

- Always see your doctor if the wound is deep, bleeding or shows signs of infection like reddening, swelling or warmth.

- Also if you have blisters that were not caused by friction and you have other symptoms.
- Also make sure to seek medical help if you are not able to clean the wound properly.

- In case you have diabetes a proper wound care is of special importance. Always discuss any concerns you may have with your doctor and/or podiatrist, even for the care of minor wounds and skin cracks – especially on your feet.



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THINK INSIDE THE BOX FOR YOUR NEXT GETAWAY!

We tend to **go big or... stay home** when looking for holiday accommodation. But what about thinking inside the box for a change when deciding on your next getaway? Creating striking accommodation from refurbished shipping containers or building smaller, box-like stays out of eclectic materials is becoming quite the trend. These types of stays have less of a **construction footprint on the environment** - more often than not they make use of old materials that might have otherwise ended up in landfills and they are a testament to what human ingenuity and a creative sense of style can achieve.

So don't sit at home and feel boxed in next weekend. Have a look at these fabulous and fully kitted box-like stays for your next getaway!



THE AMBERLEY ANNEX *Muizenberg*

FROM R550 PER NIGHT FOR TWO PEOPLE

This quaint open-plan annex is a lovely addition to a 120-year-old house which used to be a war office. Nestled at the foot of the Muizenberg Mountain, it is just a few minutes from the renowned Surfer's Corner and 70m from Muizenberg Station. Though small, the unit has space for 2 on a double bed and comprises a bathroom with a shower, a kitchenette and a wooden deck. Free unlimited WiFi is available.



VILLA VILLEKULA ECO LODGE *Plettenberg Bay*

FROM R1250 PER NIGHT FOR 2 PEOPLE

This unique guesthouse is remotely located in The Craggs, a short drive from Plett, making it the ideal place for those wanting to explore the wonders of the Garden Route. The 3.2-hectare property sports a dam and a small forest that guests can get lost in. Accommodation is offered in four individually decorated guest rooms, each with its own deck. An à la carte breakfast at the restaurant next door is included in the rate.

THE SQUARE ELEPHANT *Hermanus*

FROM R1896 PER NIGHT FOR 4 GUESTS

This luxurious shipping container nestles in a nature reserve near Hermanus and is completely independent of Eskom electricity! Relax in the wood-fired hot tub with a panoramic view of the environment. The unit sleeps 4 guests in 2 bedrooms and comprises a kitchen, dining area, lounge and braai. Free WiFi is provided and pure drinking water flows from a natural water source in the area. A high-clearance vehicle is recommended for the 2,5km gravel road leading to this secluded stay.



UPENDO OFF-THE-GRID COTTAGE *Suurbraak*

FROM R850 PER NIGHT FOR 3 PEOPLE

This lovely self-catering cottage sleeps 2 adults and 1 child and is within walking distance of the river, waterfalls and pools in the mountains surrounding Suurbraak, a small town near Swellendam and Barrydale. The unit is powered by solar panels and the kitchen is equipped with gas cooking facilities. There is also an open-air bathroom with a spacious bath and a tree shower!



DRAYTON GUEST FARM *Boland*

FROM R600 PER NIGHT FOR 2 PEOPLE

Situated on one of the oldest farms in the Overberg, Drayton Guest Farm is just 8km from Caledon on the N2 and is well worth a weekend's trip. As alternative construction methods are the owner's passion, she had 2 shipping containers, Pietse-Kinders Unit 1 and 2, refurbished as 4 modern rooms which share a communal kitchen and bathroom. This stay is ideal for adventurous guests who enjoy being close to nature.



THE RIVERSTONE HOUSE *Wolseley*

FROM R1500 PER NIGHT FOR 2 GUESTS

Treat yourself and 9 friends to a breathtaking self-catering stay in a stylishly revamped shipping container on the dam wall of a farm in Wolseley, just 15 minutes from Tulbagh. With 4 bedrooms, 2 bathrooms, an open-plan entertainment area and kitchen, and verandas boasting a view of the Breerivier, the whole gang is sure to unwind and recharge. Free WiFi is available and your furry friend is also welcome if arranged prior to arrival.





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A BOWL OF SOUP...

A steaming bowl of soup is a wholesome way to feed a family. Flavour your soups with herbs and spices instead of salty ingredients like stock cubes.



HEARTY BEAN SOUP

Prep Time: Overnight plus 15 minutes

Cook Time: 2 hours

The dried beans, lentils and veggies make this a filling soup for winter. Beans and lentils are a healthy source of protein.

INGREDIENTS:

- 1 cup (250ml) **dried sugar beans**
- 1 tbsp (15ml) **sunflower oil**
- **2 carrots**, chopped
- **1 onion**, chopped
- **1 clove of garlic**, finely chopped

- 8 cups (2 litres) **Homemade stock or water** with 3 tbsp dried mixed herbs
- 1 tbsp (15ml) **dried mixed herbs**
- 1 cup (250ml) **uncooked brown lentils**
- **4 tomatoes**, chopped
- 1 tbsp (15ml) **tomato paste**
- 2 cups (500ml) thinly sliced **cabbage or spinach**
- ¼ cup (60ml) **chopped fresh parsley**
- 2 tsp (10ml) **sugar**
- ½ tsp (2,5ml) **salt**
- **lemon juice and black pepper to taste**

METHOD:

1. Soak beans in 1 litre of water overnight.
2. Heat oil in a large pot and fry carrots, onion and garlic.
3. Stir in the stock, dried herbs, lentils and beans.
4. Bring to the boil and reduce the heat. Simmer with a lid for 1½–2 hours or until the beans are tender.
5. Add tomatoes, tomato paste and cabbage and simmer for another 15 minutes. Stir in the parsley, sugar and salt.
6. Season with lemon juice and pepper.

Source:
<http://cookingfromtheheart.co.za/cfth-recipes/book-1/soups/>



HONEY OAT BREAD

This honey-oat bread has incredible flavours, perfect with a delicious bowl of soup. It requires minimal mixing with ingredients usually stocked in the pantry.

HONEY OAT BREAD

Prep Time: 15 min

Ready In: 1 h 45 m

INGREDIENTS:

- 1 cup (250ml) **rolled oats, or quick-cooking (not instant) oats**
- 2 tbsp (30ml) **oats for coating**
- 1½ cups (330ml) **whole-wheat flour**
- 1 cup (250ml) **all-purpose flour**
- 2¼ tsp **baking powder**
- ¼ tsp **baking soda**
- ¼ tsp **salt**
- 1 cup (250ml) **low-fat plain yoghurt**
- 1 large **egg**

- ¼ cup (62,5ml) **canola oil**
- ¼ cup (62,5ml) **honey**
- ¾ cup (188ml) **low-fat milk**

METHOD:

1. Preheat oven to 180°C.
2. Generously coat a 15 x 23cm loaf pan with cooking spray. Sprinkle 1 tablespoon oats in the pan and coat the sides and bottom.
3. In a large bowl, stir together whole-wheat flour, all-purpose flour, baking powder, baking soda and salt.
4. Using a fork, beat the oats, yogurt, egg, oil and honey in a medium bowl until well blended. Stir in milk.
5. Gently stir the yogurt

mixture into the flour mixture until thoroughly incorporated but not overmixed. Scrape the batter into the pan, spreading evenly to the edges.

6. Sprinkle the remaining tablespoon oats over the top.
7. Bake the loaf until browned on top. 40 to 50 minutes. (It's normal for the top to crack.)
8. Cool in the pan on a wire rack for 15 minutes.
9. Turn it out onto the rack and cool for a further 45 minutes.

Source:
<http://www.eatingwell.com/recipe/252305/honey-oat-quick-bread/>



HOUSE CALL



MEET ONE OF OUR DEDICATED SPECIALISTS:

DR SIZWE MAKHOBHA

Dr Makhoba is a general surgeon and currently practices at Melomed Tokai and Melomed Mitchells Plain.

1. Where is your favourite place to eat, and why?

I'm a big fan of fine dining, where every mouthful is a culinary journey, so La Colombe is definitely high up on the list. Fish on the Rocks in Hout Bay is my all time favourite fish restaurant.



2. What is your most memorable travel experience?

Travelling is always fun! I had the opportunity to travel to Barcelona, Rome, Prague and Dubai last year and that was an incredible experience.

3. Can you play any instruments, or what would you play if you could?

I wish I could play an instrument! If I had to learn one now, it would be the guitar.



4. Which three songs would you listen to for the rest of your life, if you had to pick?

This is a difficult one, my music taste is so broad. **Eminem – When I'm Gone**, **Linkin Park – Paper cut** and any song by Euphonik. South African house music is just so amazing.



5. Whose biggest fan are you?

Lewis Hamilton or any F1 driver. The thrill of speed, seeing Monaco from the cockpit of a Formula 1 car! Need I say more!

6. If you didn't become a doctor what would your dream job have been?

To be a Formula 1 driver, professional cricket player or to eradicate crime in South Africa.



7. If you can speak any other language, what would it be and why?

French! With a proper accent, followed by Spanish. Both are very romantic and expressive languages.

8. If you could only keep 5 possessions, what would they be?

My car, my house, MacBook, my watch and all my clothes.



9. Who would you want with you if you were stranded on a deserted island?

Bear Grylls.



10. Where do you most want to travel, but have never been?

So many places! Japan, China, India, Central Africa.



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