

melomag

Free Health Guide

Issue 39 | 2020



**Allergy, intolerance
or sensitivity**

What is the difference?

DISCOVER DIABETES

PARENTS' GUIDE

*to childhood and
adolescent depression*



VEGGIES PACKING
A PUNCH OF IRON **30**

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UPFRONT



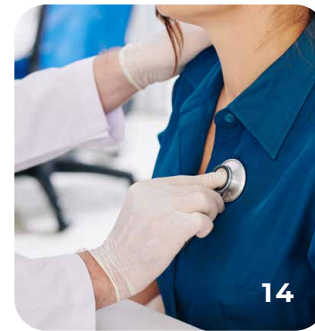
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HEALTH BYTES
PUBLISHING

PUBLISHER:
Health Bytes CC
CONTACT:
christa@health-bytes.co.za
GRAPHIC DESIGNER:
Anke Marais
TEL: 021 913 0504
PRINTING: Kadimah

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HEALTH NEWS & VIEWS

OH, HOW 2020 HAVE CHANGED OUR LIVES.

Here is a bunch of things that many of us are doing less now than we were a year ago:

- + Drive or travel
- + Eat out
- + Go to work
- + Buy make-up
- + Buy (work) clothes
- + Fly
- + Socialise in public
- + Buy luxuries
- + Listen to the radio
- + Attend live events



And, here is a bunch of things that people are doing more now than they were a year ago:

- + Bargain hunting or value seeking
- + Shopping online
- + Meeting online
- + Buying and selling things online
- + Using streaming services, like Zoom or Skype
- + Distance learning
- + Going local

Source: Press Release

BREASTFEEDING AND ANTIHISTAMINES

The packaging of some antihistamine medicines contains a warning about using these medicines while breastfeeding. **If you are breastfeeding and need hay fever relief, always read the package instructions** and talk with your health professional to make sure that an antihistamine is the most appropriate

treatment option for you. **Antihistamines containing the active ingredient loratadine are usually the first choice for treating hay fever symptoms in women who are breastfeeding.**

This is because when used as directed only a small amount of loratadine passes into breast milk, and is unlikely to affect a breastfeeding baby. **Other non-sedating antihistamines (e.g.**

fexofenadine, cetirizine) are also considered safe for short-term use by breastfeeding mothers.

Sedating antihistamines – a different class of antihistamines (e.g. promethazine, trimeprazine), should only be used if recommended specifically by your doctor. **These medicines can pass into breast milk, and make your baby irritable and drowsy.**

Source: Press Release

STOPPING THE ITCH!

PREVENTION IS KEY. Rather avoid mosquito bites by wearing protective clothing (long sleeves etc), avoid being outside during dawn and dusk – which is mosquito feeding time – and use mosquito repellent. If all else fails try these simple remedies to treat mosquito bites.

SIMPLE REMEDIES TO TREAT MOSQUITO BITES



ICE PACK OR COLD COMPRESS

- Ice on a mosquito bite helps reduce the inflammation and numbs the skin to give relief.
- Don't leave it on the skin for more than 5 minutes as it can damage the skin.



ALOE VERA

- This plant gel is shown to have anti-inflammatory properties to help insect bites.
- Apply the gel to the irritated area and let it dry.
- Use more as needed.



OATMEAL

- Oatmeal has compounds that have anti-irritant qualities.
- Mix equal parts oatmeal and water to create a paste.
- Put the paste on a washcloth and place it on the irritated area for 10 minutes.



LOTION OR CREAM

- Calamine lotion or non-prescription hydrocortisone can help relieve the itch.
- Apply when necessary.



HONEY

- Honey has antibacterial and anti-inflammatory properties.
- Put a small drop on infected area to decrease inflammation.

Source: www.healthline.com

Health Tip

Even a small portion of fruit or vegetables every day can prevent diabetes.

66 GRAMS PER DAY REDUCES YOUR RISK OF DEVELOPING TYPE 2 DIABETES BY 25%.

That's about two thirds of an apple.

Source: British Medical Journal



Melomed 24-hour Trauma Units:

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 Melomed Bellville Trauma Unit: 021 948 6535
 Melomed Mitchells Plain Trauma Unit: 021 392 3126

Melomed Richards Bay Trauma Unit: 035 791 5301
 Melomed Tokai Trauma Unit: 021 764 7023



MELOMED SUPPORTS THE LOCAL COMMUNITY DURING COVID-19

Melomed has always been proud to be working with the local communities we serve and during Covid-19 we continued to do so. During the lockdown the local communities were severely affected due to a lack of income, in this regard Melomed has taken the initiative to empower these local communities by engaging in contractual work for PPE's with them instead of placing orders with commercial suppliers for imported products.

parents/families of the staff working at Melomed hospitals. To date there are more than 10 CMT setups, supporting up to 30 families with the production of these products.

To further assist the local CMT's, Melomed procured all the materials required. During the peak of the pandemic, the CMT's were able to produce 2000 coveralls and gowns per day.

PPE isolation gowns and coveralls are being made by housewives and unemployed fashion streamstress in the Cape Flats, namely Grassy Park, Mitchells Plain, Manenberg and Bonteheuwel. What makes this even more special is that the CMT (Cut, Make & Trim) providers are the

Shariefa Malherbe the owner of this CMT states, "I have waited more than 15 years for this old Wendy house to be taken down and now my wish has come true. The new facility was completed and is now three times in size. I am therefore able to employ more staff and am extremely happy."



HOW TO PREPARE FOR THE ARRIVAL OF PARAMEDICS.

- Move all vehicles and obstructions** from the driveway or point of entry.
- Wait outside for the ambulance to arrive** and / or open the gate.
- Gather the patient's medication, Identity Document and **relevant documentation**.
- Ensure a **clear path** to the patient.
- Lock** away pets.
- At night, **turn on the outside lights** for visibility.

Try to remain calm, Melomed24 are on our way.

Call us on: Melomed24 0800 786 000 CALL

PARENTS' GUIDE TO CHILDHOOD AND ADOLESCENT DEPRESSION

How do I offer support as a parent? Identification, treatment and support.

By Kuziva Mtawarira, Psychologist and Director of The Beast Foundation

THE COVID-19 PANDEMIC HAS HAD A MASSIVE IMPACT ON FAMILIES, CAUSING PANDEMIC RELATED TRAUMA AND UNFOLDING A PLETHORA OF MENTAL HEALTH ISSUES.

The pandemic has brought on economic instability which has left many families financially vulnerable.

Breadwinners have been laid off causing a reduction of their family's disposable income. Our country already has economic disparities

and the pandemic has worsened the lives of many, especially children from disadvantaged backgrounds.

As children see and experience the negative changes in their parent's mental health – and the decrease in their quality of parenting because of the increased economic pressure – their mental health is also put at risk.

This is not a surprising result, as children's mental health is vulnerable in any strenuous conditions

but more-so during a devastating pandemic.

It is highly likely that children become depressed when they experience stressful events or live in a stressful environment, with schools being closed and not having the comfort of "hanging out" with their peers and playing outside.

It is important that we are aware and informed on how depression may present itself in children and adolescents especially if they have not been diagnosed with the condition previously.

The biggest misconception is that only adults are susceptible to depression and other mental health issues. But children with depression often experience many of the same depression symptoms as adults.

According to the South African Depression and Anxiety Group, Depression (major depressive disorder) is a common and serious medical illness that negatively affects how you feel, the way you think and how you act.

Depression causes feelings of sadness and/or a loss of interest in activities once enjoyed. It can lead to a variety of emotional and physical problems and can decrease a person's ability to function.

Studies show that children as young as pre-school going age are diagnosed with depression especially when there is a life changing event that triggers depression in children who hadn't shown signs of it previously.

However, depression in children is easy to miss,

mainly because children have difficulty expressing themselves and these feelings.

SYMPTOMS OF DEPRESSION TO LOOK OUT FOR INCLUDE:

- Loss of interest in activities that were once enjoyed
- A low self-esteem – feelings of worthlessness and hopelessness
- A change in sleeping patterns
- Changes in weight
- Unusual sadness or increased irritability that persists even when circumstances change
- Feelings of guilt and anger
- Low energy
- Academic success deterioration
- Difficulty concentrating
- Thoughts of suicide

Children with depression may not necessarily experience all these

symptoms. But if several of the symptoms are present for at least two weeks, it can be suggested to be depression.

HOW TO HELP A CHILD WHO HAS DEPRESSION

As a parent, you need to be prepared for dealing with problems – big and small. That includes taking care of your child's mental health.

It's important to step up when things get serious.

EMOTIONAL SUPPORT

Your child needs emotional support, and you need to be their number one person. Emotional support from their family is the building block of further social relationships.

BUT, HOW CAN YOU MANAGE TO ESTABLISH THIS KIND OF A FIRM BASE?

- Spend quality time with your child
- Encourage open and honest conversations
- Listen to what your child has to say
- Acknowledge their inner struggles





ENCOURAGE A HEALTHY LIFESTYLE

Physical and mental health are closely connected. And a healthy lifestyle can help manage symptoms of depression. Of course, you can't order your child to lead a healthy life but you can provide healthy options and adopt a healthy lifestyle yourself. Being subtle in your suggestions and providing a good example can help encourage them to want a healthy life for themselves.

HELP WITH CONNECTION

Depression can lead to isolation. A lack of interaction and connection can worsen depression symptoms.

Obviously, you can't make your child have friends or force them to socialize. Some children find it hard to socially interact and make the first move with new friends. **That's why this subject matter is delicate and takes time. You can:**

- Inspire your child to join a club at school or attend activities
- Give them ideas on attending various social events
- Encourage play dates and sleepovers at your house
- Organize family gatherings

TREATMENT

It is important to seek professional treatment when symptoms of depression continue. Parents can contact a mental health professional directly or speak to a general practitioner for a referral.

There are different kinds of therapy that children can be put on that have proved to be effective for instance Cognitive Behavioural Therapy (CBT) which is the commonly used to treat depression.

This type of therapy involves speaking about Emotions and experiences. Traditional

talk therapy may not be as effective on children because of their limited vocabulary.

Play therapy would also be best suited for children. This therapy uses toys and entertainment to help children learn to reinforce their feelings and experiences and also cope with symptoms of depression.

Raising awareness annually is meaningless without disseminating resources, increasing accessibility to treatment, and the normalisation of mental health conversations within society.

For more information visit thebeastfoundation.org



LIST OF PLACES TO GET HELP FROM FOR SOMEONE

Cipla SADAG Mental Health Line 0800 4567 789 or WhatsApp 076 88 22 775, for a suicidal Emergency: 0800 567 567, find a Support Group in your area 0800 21 22 23.

THERAPYROUTE

TherapyRoute is a mental health service directory and resource that helps people find nearby mental health services, e.g. psychologists, social workers, community clinics, NGO's, and psychiatric hospitals throughout South Africa (and beyond). www.therapyroute.com

MELOMED PSYCHIATRISTS

Don't let stigma prevent you from taking action and seeking help for your child. Kuziva Mtawarira, director of The Beast Foundation, holds an Honours in Psychology, is a women empowerment speaker, wife and a mother of two. She is very active in communities and aims to empower and build young people to be the best version of themselves. Kuziva is passionate about providing opportunities for the under privileged and during the COVID-19 pandemic she embarked on a mission to ensure that those that had lost their income could still provide food for their families.

ABOUT THE BEAST FOUNDATION

The Beast Foundation is the brain-child and heart of Tendai Mtawarira (The Beast) a Zimbabwean-born South African professional rugby player. The Beast is a 2019 Rugby World Cup Winner and one of the best athletes of our time. The Beast Foundation was founded in August 2020 to continue his legacy and make in an impact in Africa. The Beast Foundation aims to Inspire, Unite & Build communities in developing the next generation of African leaders through sport, education and life skills development.

The Beast Foundation assists young people in forging their future through an annual sports and life skills training bootcamp. The Foundation links young people to bursaries for both local and international education opportunities. The Foundation fosters the development of crucial life skills for success beyond sport, for both young people and transitioning seasoned athletes. ■



MELOMED CLAREMONT OFFERS A **COMPREHENSIVE LIFESKILLS CENTRE.**

Melomed's commitment to excellence, compassion and a deep sense of service to our people has resulted in the establishment of the life skills & mental health centre at Melomed Claremont.

The life skills & mental health centre is a therapeutic facility that aims to provide holistic, professional and ethical care to our patients. The team of Psychiatrists, Psychologists, Occupational Therapists and Nurses allows and encourages our patients to improve their emotional and physical wellbeing in a comforting, supportive and luxurious environment.

PSYCHIATRIST

Dr Khalid Dhansay
021 391 7860

Dr Barry Fortuin
021 391 3667

Dr Suraya Zardad
021 948 8131

Dr Dhanu Segeree Chetty
021 671 5925

PSYCHOLOGIST

Dr Jerome Campbell
021 683 0540

Ms Thabile Zondi-Rees
021 683 0540

Mr Clint Maggott
021 764 7500

OCCUPATIONAL THERAPIST

Ms Shariefa Goliath
021 683 0540

Ms Pam Govender
021 376 7240

For more information contact us on 021 683 0540.

ALLERGY, INTOLERANCE OR SENSITIVITY WHAT IS THE DIFFERENCE?



THE ODDS ARE THAT YOU OR SOMEONE YOU KNOW HAS EXPERIENCED UNPLEASANT SYMPTOMS AFTER EATING

A SNACK OR A MEAL. Maybe you've experienced a wheezing chest, rashes, some degree of sneezing, nausea, bloating, diarrhoea or other symptoms.

For this reason, many people believe that they have a food allergy – and maybe they do. However, it is also possible that you might be experiencing a food allergy or sensitivity.

To distinguish between the three is vital since some of the reactions can range from just annoying to life-threatening.

Food allergy

A food allergy is an overreaction of the immune system to proteins (allergens) that the body identifies as invaders and produce antibodies to fight them off. This happens repeatedly on exposure while absent during avoidance of the food¹.

Symptoms can start within minutes after eating and can involve a combination of oral, dermatological, gastrointestinal and respiratory symptoms.

Food allergies can be fatal unlike food intolerances or food sensitivities but ➤

are also less common. A severe hyper-reaction of the immune system where a number of chemicals are released is called anaphylactic shock.

People who experience anaphylaxis can die within minutes of exposure to the allergen. However, not everyone with a food allergy experiences anaphylaxis. The most common foods implicated in children's food allergies are cow's milk, eggs and peanuts while adults experience allergies from shellfish, peanuts and other tree nuts.

Food intolerance

Food intolerances are much more common compared to allergies and are non-allergic food reactions that do not involve the immune system¹. Food intolerances are also not fatal but can cause severe discomfort.

Symptoms typically do not develop immediately after eating but can appear hours thereafter while lasting for hours or even days. In contrast to food allergies, food intolerance symptoms are generally less serious and are often limited to digestive problems e.g. bloating, abdominal cramping and diarrhoea as in the case of lactose intolerance. With lactose intolerance your body is unable to process or digest dairy foods because of a lack of the lactase enzyme that digests lactose, the sugar found in milk.

Intolerances towards food additives e.g. monosodium glutamate and sulphites as well as excess amounts of caffeine or the amines in cheese and chocolate are also



DID YOU KNOW?

- **1-2% of people globally suffer from food allergies** while up to 20% have food intolerances.
- **Breastmilk contains antibodies which may protect your baby against allergies.**
- **Eight foods account for 90% of allergic reactions:** milk, eggs, tree nuts, soy, wheat, fish and shellfish.
- **Your risk of having food allergies are higher if you have a parent who suffers from any type of allergic disease.**
- **If you're allergic to one food, you're likely allergic to more.**



not uncommon. Such intolerances may present symptoms not related to the digestive tract e.g. headaches, migraines, runny nose and hives.

Food sensitivities

After eating certain foods, you might experience symptoms that are not necessarily related to food allergies, intolerances or coeliac disease. They are referred to as food sensitivities.

Food sensitivities are somewhat controversial since it is not exactly clear what happens in the body of a person with a food sensitivity. It appears that there is a different and less severe immune reaction involved over a longer period of time when compared to true food allergies. It is often referred to as a delayed food allergy. Symptoms are not life threatening but can be disruptive and include brain fog, joint pain, stomach pain, fatigue and rashes. **Gluten is probably the most well-known food sensitivity.**

Management

Struggling with food allergies, intolerances and sensitivities mean that you need to avoid certain trigger foods. Although this sounds relatively simple it is quite challenging to cut out the foods causing the trouble while still maintaining a balanced diet. **When an allergy is suspected your doctor may refer you for a skin prick test or a food challenge.**

With the skin prick test a drop of the suspected allergen is placed on the skin to observe if you show any reaction. During a food challenge the allergist/immunologist will feed you measured doses of food containing the supposed allergen. The doctor will start with very small amounts which are unlikely to trigger symptoms. **Doses will be slowly increased while you are monitored for any adverse reactions. If you show signs of a reaction the food challenge will stop.** When an allergy is confirmed and diagnosed, always remember to carry your epinephrine shots with you in case of accidental ingestion of contact with the trigger food.

Due to the lack of specific tests to identify intolerances to specific food components, a trial-and-error approach is followed. This "elimination diet" approach involves short-term removal of suspected food components followed by a one-by-one re-introduction to assess your response.

It is important to consult with a healthcare professional i.e. dietician to guide you and help you plan your elimination diet. He/she will ensure that your diet is balanced, not too restricted and contain all the essential nutrients that you need on a daily basis².

This is especially important for children as an elimination diet can put children at risk for malnutrition, which may delay their growth. Lastly take great care in gathering information about the ingredients in your food and make sure that you scrupulously read food labels to determine the presence of potential allergens². ■

1. Turnbull, J.L., Adams, H. N. & Gorard, D.A. 2015. The diagnosis and management of food allergy and food intolerances. *Alimentary Pharmacology and Therapeutics*, 41:3-25.
2. Kulis, M., Wright, B.L., Jones, S.M. & Burks, A.B. 2015. Diagnosis, management, and investigational therapies for food allergies. *Gastroenterology*, 148(6):1132-1142.

AND BREATHE... WHEN LUNG DISEASE TAKES YOUR BREATH

by Pulmonologist Dr Bilal Gafoor

Lung disease affects men, women, children, smokers, non-smokers and individuals who have never smoked.

Pulmonology deals with diseases of the lung. A pulmonologist is a specialist physician who has a sub-speciality in pulmonary disease.

We have two lungs with channels that allow for conduction of air into and out of the lung. When you breathe, your lungs take in oxygen from the air and deliver it to the bloodstream. **The lung is involved primarily in the exchange of gases which is essential for life. The cells in your body need oxygen to work and grow.** It works in synchrony with other organs particularly the heart, kidneys and brain. It is a truly a remarkable organ in the complex function it serves and the efficiency in which it performs this function. During a normal day, you breathe nearly 25,000 times. People with lung disease have difficulty breathing.

ABOUT THE AUTHOR



DR BILAL ABDOOL GAFOOR

MBChB (UCT); FC Peads (SA); DCH (SA); Dip HIV Man (SA)

Dr Abdool-Gafoor is a Specialist Physician and Pulmonologist and currently practices at Melomed Gatesville.

Tel: 021 637 7079

The term lung disease refers to a broad spectrum of conditions and disorders. Lung disease is any problem in the lungs that prevents the lungs from working properly.

THE MAIN TYPES OF LUNG DISEASE ARE:

1. AIRWAY DISEASES

These diseases affect the tubes (airways) that carry oxygen and other gases into and out of the lungs. They usually cause a narrowing or blockage of the airways. Airway diseases include asthma, COPD, emphysema and bronchiectasis. People with airway diseases often say they feel as if they're "trying to breathe out through a straw."

2. LUNG TISSUE DISEASES

These diseases affect the structure of the lung tissue. Scarring or inflammation of the tissue makes the lungs unable to expand fully (restrictive lung disease). This makes it hard for the lungs to take in oxygen and release carbon dioxide. People with this type of lung disorder often say they feel as if they are "wearing a too-tight sweater or vest." As a result, they can't breathe deeply. Pulmonary fibrosis and sarcoidosis are examples of lung tissue disease.

3. LUNG CIRCULATION DISEASES

These diseases affect the blood vessels in the lungs. They are caused by clotting, scarring, or inflammation of the blood vessels. They affect the ability of the lungs to take up oxygen and release carbon dioxide. These diseases may also affect heart function. An example of a lung circulation disease is pulmonary hypertension. People with these conditions often feel very short of breath when they exert >

themselves.

4. LUNG INFECTIONS

These diseases like pneumonia cause an infection of the alveoli, usually by bacteria or viruses, including the coronavirus that causes COVID-19. Tuberculosis is a type of lung infection that slowly gets worse, caused by the bacteria Mycobacterium tuberculosis.

5. LUNG CANCER

It has many forms and may start in any part of your lungs. It most often happens in the main part of your lung, in or near the air sacs.

Some lung diseases can lead to respiratory

Despite the different types of the diseases affecting the lung the symptoms are fairly elemental and non-specific.

A pulmonologist would consult patients who have symptoms such as cough, chest pain, shortness of breath, wheezing, or the coughing up of blood amongst others.

The symptoms alone are usually not sufficient to accurately diagnose the underlying disorder. South Africa has a high incidence of respiratory related conditions. Asthma is a disease predominantly affecting the airways. It is closely linked to allergy (e.g. sinusitis and eczema) and is characterized by episodes of shortness

of breath particularly at night.

Cigarette smoking is the causative agent in multiple lung diseases such as emphysema, chronic bronchitis and lung cancer. It is also linked to the development of tuberculosis and recurrent chest infections. Several infections involve the lung including tuberculosis, bacteria, fungi and viruses including the most recent COVID-19.

Pulmonary emboli are characterized by blood clots within the pulmonary blood vessels.

Pulmonary hypertension is a debilitating and often underdiagnosed condition affecting these vessels.

Finally, we deal with interstitial lung diseases which are either primary or secondary to an autoimmune condition. Finally, there are diseases in several other organ systems e.g. the heart, kidneys, brain which may impact on the lung indirectly.

CORRECT DIAGNOSIS IS CRITICAL

It may seem obvious, but it is important that a correct diagnosis in pulmonology is made fairly early in the presentation. ***This may include a detailed history, examination, lung function testing (which is in itself fairly complex and detailed), imaging of the lung and laboratory investigations of sputum and blood.***

Lung function testing ranges from simple spirometry to more complex investigations on the lung and its

function which is complementary to the diagnosis and management.

Imaging may range from a basic chest x-ray to more detailed scans e.g. ultrasound, computerized tomography etc. to yield a diagnosis. ***A pulmonologist may also perform a more invasive test such as a bronchoscopy which is a camera directed biopsy directly into the lung.***

Other tests include the aspiration of fluid or a directed biopsy on the lung through

the skin. ***Taking the time to make the correct diagnosis the first-time round is most imperative in preventing progression of disease and avoiding further costs and morbidity***

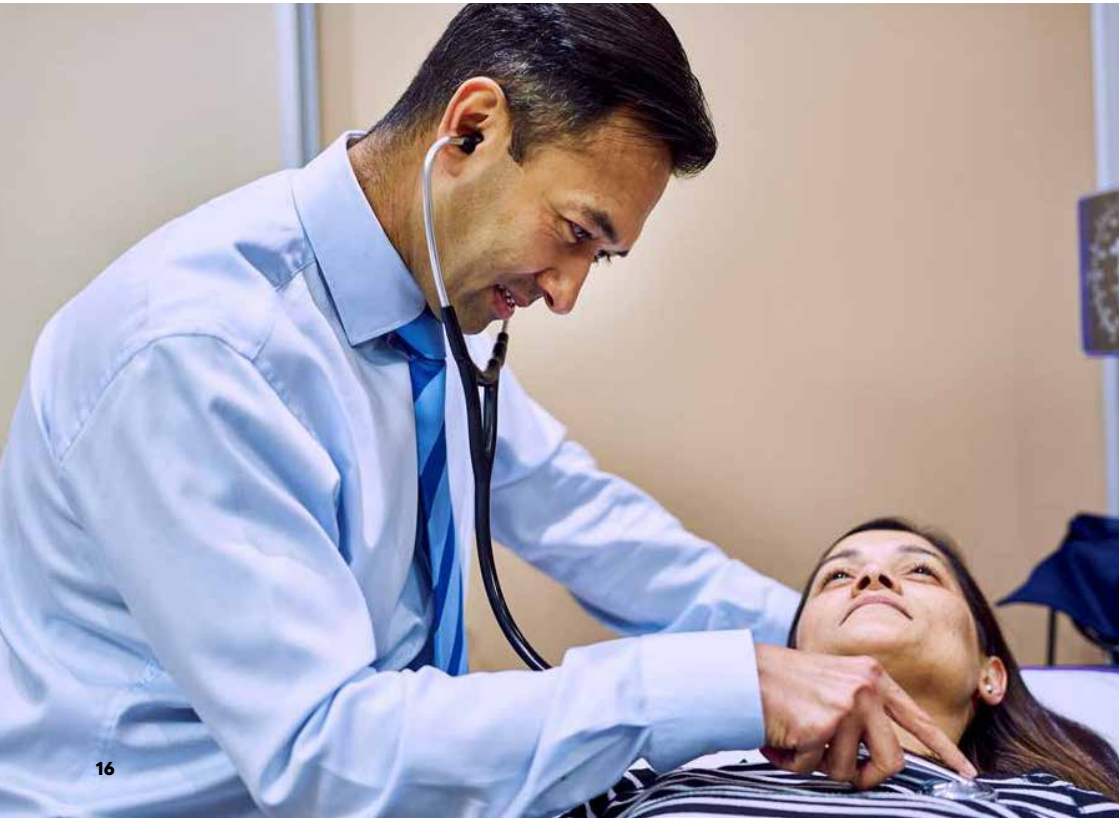
“ **An incorrect diagnosis often leads to the addition of unnecessary and costly treatments which adds to patient’s frustration and at times further deterioration.** ”

at a later stage.

It is not uncommon for a clinician to assume that one has a disease e.g. asthma based on symptoms only but without the necessary tests being conducted.

These patients climb a “ladder of treatment” with subsequent inhalers being added and oral steroids with disastrous side effects. In addition the primary reason for their shortness of breath is hardly ever challenged leading to a vicious cycle of more treatment and cumulative side effects. ***The recent pandemic of COVID-19 has added a new dimension to respiratory disease.***

Apart from the primary treatment of the disease being challenging there are further pulmonary complications after the acute event. >



*Pulmonology is closely linked to critical care and mechanical ventilation. This is a division that deals with patients on life support for diseases both within and outside of the lung. Pulmonologists also deal with preventative medicine e.g. smoking cessation. In most medical conditions the old adage rings true: **PREVENTION IS BETTER THAN CURE.***



TOP TIP The number one piece of advice to avoid respiratory system illnesses is to stop smoking and preferably, never start. Tobacco use is very difficult to overcome.

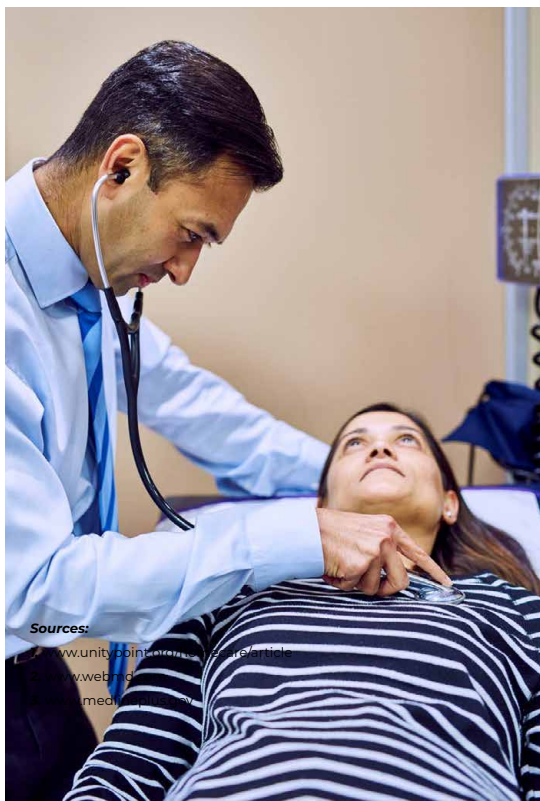


IN SUMMARY

Pulmonology covers a broad spectrum of disease with admittedly non-specific symptoms. Being symptomatic is actually a blessing as it serves as the only clue to a more sinister problem. We live in times of “over-treatment” and “under-diagnosis”. Hence it is important at least at the outset to channel the necessary resources to establishing the correct diagnosis.

THE MOST COMMON LUNG DISEASES INCLUDE:

- Asthma
- Collapse of part or all of the lung (pneumothorax or atelectasis)
- Swelling and inflammation in the main passages (bronchial tubes) that carry air to the lungs (bronchitis)
- COPD (chronic obstructive pulmonary disease)
- Lung cancer
- Lung infection (pneumonia)
- Abnormal buildup of fluid in the lungs (pulmonary edema)
- Blocked lung artery (pulmonary embolus) ■



Sources:
www.unitypoint.com/healthcare/articles
www.webmd.com
www.medicinenet.com

EXCELLENCE IN RESPIRATORY MEDICINE.

At Melomed, we have a team of Pulmonologists who are doctors specialising in Pulmonology.

The services offered by the Pulmonologists includes, but is not limited to: All respiratory related ailments, both sudden and chronic.

Our specialists work passionately to ensure their patients are provided with expert support, advice and education to enable them to effectively manage their illness and improve their quality of life.

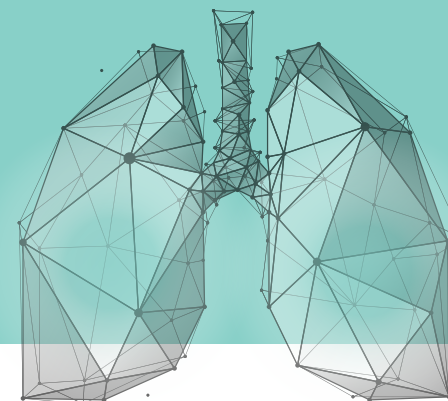
Melomed Gatesville:

Dr Ismail Abdullah
021 633 4647 / 021 633 4680

Dr Bilal Gafoor
021 637 7079

Melomed Tokai:

Dr Venudhira Moodley
021 712 5721



HOW TO HANDLE COVID-19 & MALARIA ON YOUR UPCOMING HOLIDAY

Going on holiday this December? Don't forget to educate yourself on the differences between COVID-19 and malaria.

Thanks to the whirlwind that is 2020, the December holiday season couldn't get here fast enough. We've been locked down for more than half the year, housebound as we await the pandemic to subside and holiday relaxation to kick in.

Let's be honest, we all need a break and a getaway under the African sun is just what the psychiatrist ordered. **But simply because we are in lockdown level one and you're on holiday, doesn't mean you should let your guard down. When it's summer, the mozzies and malaria work permanent overtime. That's a fact.**

COVID-19 VS MALARIA

Holidays are great, but we must be cognisant that malaria is still an epidemic of epic proportions, protecting our families and ourselves from this small but deadly creature is therefore essential, especially if you are travelling to a malaria area.



If you're holidaying in 2020, you need to understand the differences between malaria and COVID-19 symptoms and understand what threat both diseases pose and at what stage.

According to Sherwin Charles, co-founder of social benefit organisation Goodbye Malaria, when in an endemic area, malaria may pose a more immediate threat than COVID-19.

"Yes, both diseases are potentially deadly, but we must be cognisant of what symptoms to look out for and also remember that, if not treated, malaria can prove deadlier faster and can kill you in a matter of days whereas COVID-19 takes a little longer." But first, let's analyse the symptoms of each.

The most common symptoms of COVID-19 include:

- Fever
- Dry cough
- Tiredness

Whereas the most common symptoms of malaria include:

- Fever
- Chills
- Headache

While there are myriad other symptoms that could present themselves, the key shared symptoms between malaria and COVID-19 is the infamous fever.

"If you're in a malaria area and you start to develop a fever, be mindful not to isolate the potential cause to that of COVID-19 alone. When comparing both diseases, malaria is the more immediate threat and should be tested for and treated first. That is not to say that you should disregard any COVID-19 precautions in the process, but malaria needs to be ruled out first," says Charles.

At the end of the day, and the beginning of the holiday, both diseases should be treated with equal amounts of significance. The fact that you can contract both diseases simultaneously makes it even more important to understand the differences between the two.

PROTECTION IS THE BEST PREVENTION

So, the good news is, much like COVID-19, malaria is by and large both preventable and treatable. If you're in Africa, you must remember another unfortunate fact that ensures the spread of malaria. With higher temperatures, mosquitoes can mature faster and have more time to spread the disease.

Most malaria-spreading mosquitos prefer to feed at night.

And some even prefer feeding indoors rather than outdoors.

The malarial parasite also matures more quickly at warmer temperatures – making Africa a prime spot for malaria to set up shop.

"If you are travelling to areas like Mozambique, the lowveld of Mpumalanga or the Kruger National Park in South Africa this festive season, you need to be prepared," says Charles. *"But that should not deter you from basking in the glory of this beautiful continent. There are plenty of ways to defend yourself against mosquitoes."*

From dusk till dawn, when it comes to protection from mosquitoes, here are some of your options:

- Apply insect repellent to exposed skin
- Close windows and doors at night unless they are screened
- Spray an aerosol insecticide inside the sleeping area
- Burn mosquito coils and mosquito mats in sleeping areas
- Sleep under a mosquito-proof bed-net
- Wear long-sleeved clothing, trousers, and socks if outdoors during this time
- In high-risk areas the use of anti-malaria drugs is recommended >



“Don’t be afraid to take your holiday. If you follow all these precautions you can make African memories under African skies, no matter the area,” says Charles.

However, he added, *“Ensure you are wearing your masks, sanitising your hands and giving your fellow travellers space as well. We need to be vigilant at all times if we are going to beat COVID-19.”*

NOT EVERYONE IS SO LUCKY

Although most tourists have the luxury of taking precautionary medication, millions of Africans are not so lucky. *This is why organisations like Goodbye Malaria collaborate with world-class partners, including the Global*

Fund, private organisations, and the governments of Mozambique, South Africa and eSwatini (formerly Swaziland) to eradicate this scourge.

Goodbye Malaria does most of its work in Southern Mozambique. With malaria in Mozambique affecting low-transmission countries, South Africa and Eswatini, it only makes sense to start where solutions are needed most.

To learn more about Goodbye Malaria and the good work they do visit their website, or explore their shop where you can shop to contribute to meaningful change with proceeds of each sale going to the fight against malaria. ■

Source: www.goodbyemalaria.com



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DISCOVER DIABETES

By Internal Medicine Specialist Dr Kanyik from Melomed Mitchells Plain

A BIT OF HISTORY:

Many ancient civilizations recognized an ailment which they called differently such as “honey urine” by Egyptians.

Around 6BCE, the Hindu physician Sushruta described a disease called ‘honey urine’. It was named not so much for the colour of the patient’s urine, but for the taste.

He observed that ants were attracted to the urine because of its characteristically sweet taste. The term diabetes

came to us from the ancient Greeks, although it was not a common disease for them. **In the first century CE, a Greek physician described an illness characterized by intense thirst and melting down of flesh and limbs into urine, he called it diabetes from Greek “Siphon”.** Galen (129-210CE) focused on another symptom – excessive urination – and regarded diabetes as a kidney disease.

He graphically referred to it as ‘diarrhoea of the urine’. The condition was very familiar to the Islamic

physician Ibn Sina (980-1037CE), who provided a comprehensive list of symptoms. Among them he noted that, when evaporated, the urine left a sweet residue like honey.

Diabetes is a condition where the amount of glucose in the circulating blood exceed certain limits.

It is associated with multiple complications, some studies have shown that, the risk of dying is almost double in diabetics than in non-diabetics, hence public health problem.

STATISTICS SPEAKS BY THEMSELVES. Over 463 million affected worldwide. In South Africa the number of adults with diabetes was 4.6 million in 2019 (12.7%), with more than 90 000 diabetes related deaths.

TYPES OF DIABETES

- Type 1 diabetes generally starts at a young age and is caused by a complete lack of insulin production by the insulin producing cells in the pancreas. *Those cells may have been destroyed by the body’s own immunity.*
- Type 2 diabetes starts later in life and is caused by insufficient insulin production and/or resistance. There is a familial predisposition to develop type 2 diabetes and being overweight plays an important role.
- Gestational diabetes mellitus is diagnosed in pregnancy and was not clearly overt prior to gestation.
- Diabetes due to other diseases (such as pancreatitis) or medications (such as prednisone).

SYMPTOMS

- Thirst
- Polyuria (increased urination)
- Nocturia (increased nocturnal urination)
- Hyperphagia
- Tiredness and fatigue
- Weight loss

OTHER SYMPTOMS:

Nausea, headaches, blurred vision, irritability, difficult in concentrating.

DIAGNOSING DIABETES:

Blood glucose level is the mainstay of diagnosis, this can be done either fasting or random. **A fasting blood glucose of 7 mmol/l or more and random glucose of 11 mmol/l or more are usually diagnostic.** When the diagnosis is not clear, doctors normally perform what is called glucose tolerance test, this entails ingestion 75 g of glucose then testing blood glucose after 2 hours.

HbA1c is a useful test, it is not only used to monitor patient’s glucose control, but also to make diagnosis of diabetes mellitus.

COMPLICATIONS: In type 1 diabetes, insulin production is lacking, patients usually present with what we

call **diabetic ketoacidosis.** When the body is not able to use glucose for energy production, whilst using lipids as alternative source of energy, glucose level builds up in the blood leading to dehydration and accumulation of ketone bodies.

Ketones are acidic, just like when we use fossils to generate electricity, there is increase carbon emission with detrimental consequences on the environment. Acidic blood is not good for the body, apathy, confusion, air hunger, cold extremities and signs of dehydration occur.

As opposed to type 1, type 2 diabetes is characterized by slow and progressive insulin deficiency and/or resistance therefore associated organ damage. **Diabetes complications are related to changes in blood vessels’ structure.**



DEPENDING ON THE LOCATION AND THE SIZE OF THE BLOOD VESSEL THIS MAY AFFECT THE FOLLOWING ORGANS:

BRAIN: Stroke, dementia
EYES: blindness, bleeding in the eye, cataract
HEART: Myocardial infarction, commonly called Heart attack
KIDNEYS: Various stage of Kidney failure
LOWER LIMBS: Pins and needle, numbness, poor blood circulation and Leg ulcers which can lead to amputation.

LIVING WITH DIABETES
 First step and very important in diabetes management is dietary and lifestyle modification.

This is achieved with diabetes education which will address issues related to healthy diet, exercise, smoking cessation, alcohol intake and self-glucose monitoring. **The second step is medications, its choice will depend on the type of diabetes and the presence of complications.**

FOR TYPE 1 DIABETES
 the treatment is insulin injections.

FOR TYPE 2
 it might be oral medications, oral medications with insulin injections or insulin alone.

In parallel to diabetes treatment, **doctors will treat other cardiovascular risk factors such as high blood pressure and high cholesterol.** Diabetes is a common illness and has devastating complications therefore public awareness is important.

LIFESTYLE MODIFICATION AND GOOD GLYCAEMIC CONTROL WILL REDUCE COMPLICATIONS. ■

ABOUT THE AUTHOR



DR JEAN-PAUL KANYIK

MBBCh (UNILU) Dip Int Med (SA) MMed (UCT) FCP (SA)

Dr Kanyik is an Internal Medicine Specialist and currently practices at Melomed Hospital in Mitchells Plain.

Tel: 021 392 3126

DID YOU KNOW?

ABOUT 6% OF THE SOUTH AFRICAN POPULATION, about 3,5 million people, **SUFFER FROM DIABETES.** 5 million more are estimated to have pre-diabetes, when blood sugar levels are higher than normal, but not high enough to be considered as diabetes.

Most cases of pre-diabetes in South Africa are undiagnosed.

www.iol.co.za/the-star/news/worlddiabetesday-about-35m-south-african-suffer-from-diabetes-18095274

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HOW TO GO ON HOLIDAY SAFELY IN THE TIME OF COVID-19: A PRACTICAL GUIDE

YES, IT IS THAT TIME OF THE YEAR AGAIN. Summer is here; the matric exams are under the way, and our thoughts are turning towards some well-earned rest and recreation. *This year, however, everything is different.*

Is it even safe for us to go on holiday with the coronavirus pandemic still very much with us? Some of South Africa's leading scientists offer guidance.

Some people are worried about talk of the "second wave" and "reinfections". And then we have others who have "COVID fatigue" and are getting on with life as if everything is back to normal. **So, can we even think of enjoying the summer break?**

THE ANSWER IS YES IF YOU FOLLOW THE BASIC RULES:

- + **Keep your distance – avoid crowds whenever possible, irrespective of whether you are at home, on vacation or travelling.** If you can't avoid gatherings, **remain in the group for as short a time as possible, preferably less than 15 minutes;**
- + **Always wear an appropriate mask; whenever you go out in public and will be in close contact with people,** such as in shopping malls, on public transport and especially when indoors with people with whom you do not live;
- + **Do as many activities as possible outdoors;**
- + **Avoid indoor venues with poor ventilation;** whenever possible, open doors and windows to allow fresh air to circulate;
- + **Remember to regularly sanitise your hands, or even better yet, wash your hands with soap and water for at least 20 seconds.** This is especially important when you are not at home and are likely to touch frequently touched surfaces in public places like door handles, light switches, escalator rails etc.;
- + **Be extra careful and touch as little as**

possible in public restrooms, including door handles, taps, bidet showers, flush handles, countertops, basins etc.

Whatever you do, do not touch your eyes, nose or mouth after touching these surfaces — your mucous membranes are the coronavirus's entryway into your body.

When done, thoroughly wash your hands with soap and water, and maybe skip the hot-air hand dryer, which can also create aerosols and blow them toward you. Always carry hand sanitiser and disinfectant wipes with you. You could use these to wipe and disinfect surfaces and open doors, etc.;

- + **Stay away from people if you are sick or if they are ill,** and obtain medical advice on what to do if COVID-19 is suspected; We do not know enough about immunity yet. Therefore please adhere to all of the



above, even if you have had SARS-CoV-2 (the virus that causes COVID-19) before.

If you take these fairly easy, sensible measures, there is no reason why you cannot enjoy the summer, whether you travel to distant places to visit family, go on holiday, or remain at home.

There is a definite danger if people let their guard down, as we have seen in some "super spreading" events locally and abroad. **Contagion happens in nightclubs, churches, funerals, weddings and anywhere else where large crowds gather.** Events with a lot of people in the same confined area are almost always going to be risky. The chances of being infected with SARS-CoV-2 rises exponentially with more people present.

We all need to help protect those around us and be aware of our actions, but that does not mean you cannot go on holiday –

just please remember that SARS-CoV-2 is still out there.

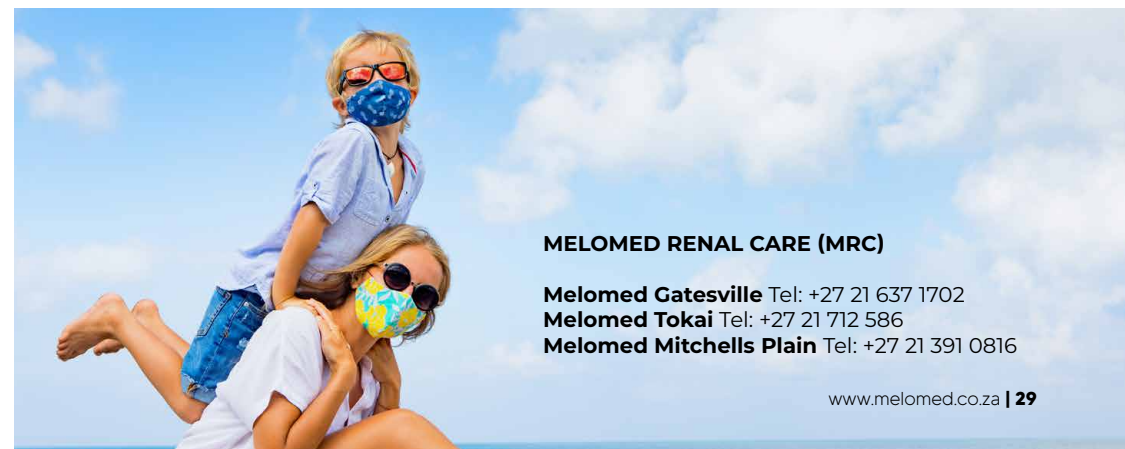
Large family gatherings at home, where people might let their guard down could prove to be more dangerous than going away on holiday.

The virus is still circulating (we have cases every day in all the provinces), and more so in major urban areas, although at lower levels than in June/July.

Just because the number of new cases is lower than before, it does not mean there is no ongoing risk.

We may see a resurgence of the dreaded virus in December – the so-called "second wave" – especially if there is complacency around the use of face masks and physical distancing, and an increase in large gatherings and indoor activities.

However, even without a "second wave" there is still significant risk. ■



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Veggies packing a punch of iron

Vegetarian foods containing more iron (Fe) than meat

Iron is an essential nutrient your body primarily needs to transport oxygen throughout your body. An iron deficiency can lead to weakness and anaemia – known as iron-deficiency anaemia, best diagnosed with a blood test.

This can develop over time and include symptoms of fatigue, weakness, anxiety, irritability, breathlessness, hair loss and depression.

Iron food sources are more bio-available from meat sources than plant sources. Vegans and vegetarians are therefore more concerned about their iron status and intake of iron rich foods.

The good news is that vitamin C found in plant foods also boosts iron absorption, but the bad news is that nutrients like polyphenols in plant foods can block iron absorption in your body.

So what affects iron absorption?

- **Your existing iron level influences iron absorption.** A low iron level will increase the availability of the absorption of iron in your body. You would absorb 10 to 15% of iron from foods.
- **Vitamin C intake (as part of food) will increase your absorption of plant source iron by 85%.** It is therefore a good idea to combine foods like tomatoes (vitamin C) and spinach (iron) in one meal for better absorption.
- **Tannins, oxalates, polyphenols and phytates in black tea reduces iron absorption more than drinking green tea or coffee by 65%, that also contains it.**
- **High fibre foods, such as whole grains, raw vegetables and bran can inhibit the absorption of iron supplements but not the iron found in food sources.**
- **Taking in foods or drinks containing caffeine can inhibit the absorption of iron supplements.**

According to the NICUS (Nutrition Information Centre) of the University of

Stellenbosch the **EARs (Estimated Average Requirements) of iron for vegetarian men and pre-menopausal women are 11 to 14.5mg per day and the RDAs (Recommended Daily Allowance) are 14 to 33mg per day.**

It is also emphasized that diets with lower iron bioavailability may be encountered with very strict vegetarianism. The daily goal for iron intake for individuals, except pregnant women, should be 27mg iron per day but a daily value (DV) is set at 18mg per day for non-vegetarian adults.

But being a vegetarian or vegan you might have the following questions:

- How do I get in enough protein?
- How do I get in enough iron from food without supplementing?
- How can I prevent from feeling tired all the time?

Luckily there are non-meat foods that contain higher amounts of iron than meat, which you can consume on a daily basis and include in your diet.

Remember that 120g steak contains about 2.7mg of iron or 1.2mg iron on average for every 100g meat portion. >



THESE VEGETARIAN FRIENDLY FOODS CONTAIN MORE IRON THAN MEAT:



KIDNEY BEANS

About 1 serving or 1 cup of kidney beans (about 100g) contains 4mg (21% DV) of iron and is also loaded with lean protein and fibre.

BAKED POTATO

One medium potato (about 150 – 200g) contains 3.2mg of iron. For a healthier alternative avoid to deep-fry or bake the potato in butter or oil and rather boil or oven-bake the potato and top with some spinach for added iron.



PUMPKIN SEEDS

A handful of pumpkin seeds of about 30g can contain 3mg of iron (14% DV) and packed with antioxidants, to eat as a snack or toss over a salad.

OATS

Your healthy go-to breakfast staple is high in iron, with ½ cup dry oats containing 4mg (10% DV) of iron. This high fiber food with slow releasing carbohydrates can also help to improve your heart health.

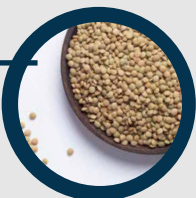


DRIED FRUIT (APRICOTS)

High in natural sugars and kilojoules (to be consumed in regulated amounts for diabetics) with 6mg (35% DV) of iron per 100g.

LENTILS

A cup of cooked lentils contain 6.6mg iron, loaded with protein and covers 50% of your RDA fiber intake. Eaten as part of soups, stews, curries, salads or as burger patties, you can pack in 20% of your daily iron needs in ½ cup serving.



SOY BEANS

One cup of soybeans (edamame = immature soybeans in the pod) contain 3.5mg of iron plus 14g of protein. Add this to stir-fries or salads or use as your daily protein alternative.

DARK CHOCOLATE

Another reason to indulge in dark chocolate is the high iron content of 2 – 3mg per 28g, which is about 3 blocks of dark chocolate (the recommended serving size). But Harvard researchers recommend dark chocolate made of 70% cacao or more to obtain the full benefits.



MUSHROOMS

Not all mushroom varieties are equally high in iron, but oyster mushrooms contain up to twice as much iron as button mushrooms. Oyster mushrooms contain 2mg iron per 100g raw sliced mushrooms.

CASHEW NUTS

These nuts are packed with 2mg (9% DV) iron in ¼ cup or about a handful of nuts. Being higher in iron than hazelnuts, peanuts, almonds, pistachios or macadamia nuts. It should preferably be raw and not roasted and salted.



SPINACH

In 100g of spinach there is 2.7mg of iron (1/3 of your daily needs) and it is also considered a low kilojoule vegetable. A cup of cooked spinach contains 6mg of iron (36% DV). Bonus is that spinach wilts down easily, making it easy to get your daily RDA of iron when you sauté spinach or use it as a base of a salad topped with nuts and seeds or sneak it into a smoothie for a nutrition boost. ■

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SKIN NCER

Skin cancers are cancers that arise from the skin. They are due to the development of abnormal cells that have the ability to invade or spread to other parts of the body.

Signs and symptoms

There are a variety of different skin cancer symptoms. These include:

- changes in the skin that do not heal,
- skin ulcers,
- discoloured skin,
- and changes in existing moles, such as jagged edges to the mole and enlargement of the mole.

Causes

Ultraviolet radiation from sun exposure is the primary environmental cause of skin cancer. Other risk factors that play a role may include:

- light skin colour
- age
- smoking tobacco
- HPV infections
- Chronic non-healing wounds

