

melomag

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GUIDE



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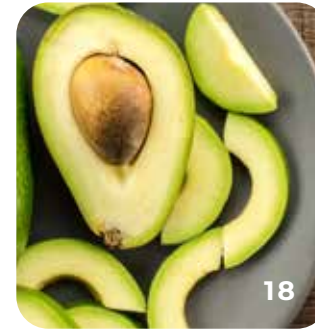
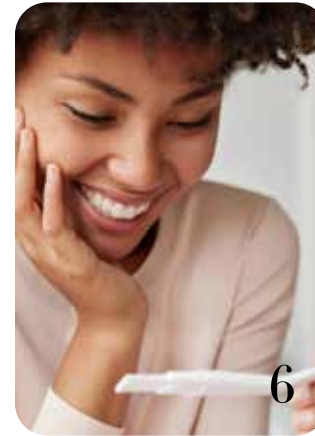
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ARE YOU SUFFERING FROM PANDEMIC BURNOUT?

Burnout is caused by performing at a high level until stress and tension, especially from extreme and prolonged physical or mental exertion or an overburdening workload, take their toll.

Burnout arises when three factors coincide: an overwhelming feeling of emotional exhaustion, feelings of cynicism and detachment and a feeling of lack of accomplishment.

When experiencing burnout, one might feel physically unwell, tense, exhausted even after plenty of sleep, and be emotionally distant from loved ones or no longer care about jobs that need to be done.

One thing that typically helps us cope with a stressful experience is knowing that it is temporary. What makes this pandemic particularly stressful is that there is no specified or clear end date to which we just need to survive. This is now weakening our stamina.

There are no quick fixes when it comes to improving our physical and mental states, and burnout can be particularly tricky to combat.

This is even more true given its source in this circumstance – the pandemic – because we have no means for changing it. It might be a good idea to make plans for after the pandemic – something to look forward to and remind you that things will get better.

You could book a refundable international trip for some time later this year or even in 2022, or just start to think about things you will do then that you always said you would do before but didn't, e.g. go mountain climbing, learn to ski or surf, visit your grandparents more often, etc.

Seek professional help if you have difficulty managing your stress and mental health. ■



References and sources consulted
 1. New Scientist at: www.newscientist.com/article/mg24933202-400-pandemic-burnout-do-you-have-it-and-what-can-you-do-about-it/#ixzz6lb5jBx28
 2. Well and Good at: www.wellandgood.com/pandemic-burnout/

Health Tip

HOW TO "WORK" THROUGH HOT FLASHES.

1. Drink water throughout the day.
2. Dress in layers and wear fabrics that breath.
3. Lower the temperature, or add a fan to your desk.
4. Limit hot beverages and spicy foods.
5. No rushing! Plan enough time to get to work and Zoom meetings.

Source: www.gennev.com



TRAIN YOUR IMAGINATION

A new study from the University of Graz (Austria) found a direct link between everyday physical activity (simple walking or moderate exercise) and greater creativity and inventiveness.

The researchers found that active people came up with significantly more – and more innovative – ideas during tests (whether conceiving of new usages for an umbrella or finishing partial drawings) than sedentary people.

Source: www.globalwellnessinstitute.org



MEET OUR RHEUMATOLOGIST, DR NUR ABRAHAMS

What is a Rheumatologist?

The role of the rheumatologist is to diagnose (detect), treat and medically manage patients with arthritis and other rheumatic diseases.

These health problems affect the joints, muscles, bones and sometimes other internal organs (e.g., kidneys, lungs, blood vessels, brain).

Because these diseases are often complex, they benefit from the care of an expert.

Only rheumatologists are experts in this field of medicine. Rheumatologists usually spend 6 years in medical school before doing a speciality in

Internal Medicine, which is an additional 4 years of training. The Fellowship in rheumatology is an additional 2-year course followed by a thorough examination by the academic professors.

So what should one expect when visiting a rheumatologist expert?

- Accurate assessment and diagnosis of painful syndromes
- Management of soft tissue rheumatism
- Control inflammatory arthritis and to monitor for the potential side effects from these treatments

- Investigate and manage connective tissue diseases and vasculitis

Often a rheumatologist works with multiple other health providers, like nurses, physiotherapists, occupational therapist as well as other physicians and surgeons. The team approach is often necessary as rheumatic diseases can be very complex. ■



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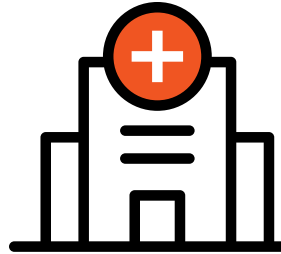
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Professor Glenda Gray (CEO of the South African Medical Research Council SAMRC), Deputy Mayor Alderman Ian Nielson and MEC Dr Nomafrench Mbombo cutting the ribbon with the Chairman Mr Ebrahim Bhorat and his wife.



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OUR PREGNANCY Journey

by Obstetrician and Gynaecologist
Dr Tladiso Motsema

Pregnancy is an astonishing and exciting journey. It is even more exciting when it is enjoyed by both parents from the start to the end.

Congratulations! Whether you're jumping for joy, still in a state of shock, or having mixed emotions – we're here to support you every step of the way to help you have a healthy pregnancy.

This article focuses on what to expect, from your first visit, up until post-delivery. It is advisable for every sexually active female who misses their period and is not on any form of reliable contraception to have a pregnancy test as soon as possible.

This would enable her to see her obstetrician early and avoid certain things like alcohol, drugs etc. which may be harmful to her unborn foetus. The critical period of organ formation is during the first 12 weeks of pregnancy, way before the pregnancy physically starts showing.

Obstetricians encourage early booking (1st visit) in order to be able to classify the pregnancy as either low, intermediate

or high risk. This enables both the obstetrician and the pregnant couple to plan the pregnancy journey together.

We all know that planned journeys are generally successful and joyful. Partners are strongly encouraged to be part of this exciting journey from start to finish.

ANTENATAL CARE

Antenatal care refers to the visits during the course of the pregnancy.

THE 1ST VISIT

The 1st visit is the most important of all consultations. During this consultation, the obstetrician will, amongst others, perform the following:

- 1. Take a detailed history:**
Past pregnancies, gynaecological, medical and drugs etc.
- 2. Perform a thorough physical examination.**
- 3. Date the pregnancy:**
Ultrasound, last normal menstrual period or physical examination.

- 4. Perform an ultrasound:**
Confirm pregnancy, site of pregnancy, number of foetuses etc.
- 5. Do antenatal bloods:**
Hemoglobin, HIV, blood types and others depending on your individual risks/ medical condition.
- 6. Risk classify the pregnancy** into low, intermediate or high risk based on above findings.
- 7. Plan the pregnancy journey** which includes tests and investigations offered at certain intervals throughout the pregnancy.

THE SUBSEQUENT VISITS

These would be determined by your risks.

A high-risk pregnancy requires more follow-ups. Most uncomplicated pregnancies require monthly follow-ups to monitor the growth of the foetus and assess the mother's wellbeing.

It is important to note that a low risk pregnancy can become a high risk during the course of the pregnancy.

IMPORTANT ANTENATAL VISITS TO NOTE

- 1. 1ST VISIT**
As soon as you miss your period and have done that home pregnancy test.
- 2. 11 – 13 WEEK**
NT scan ± genetic screening for chromosomal abnormalities.
- 3. 18 – 22 WEEKS**
A detailed anatomy scan.
- 4. 24 – 28 WEEKS**
Screening and diagnosis of gestational diabetes mellitus.
- 5. 30 – 32 WEEKS**
Placental location ultrasound.
- 6. 34 – 36 WEEKS**
Planning on delivery method and optimizing mother for delivery.

As mentioned earlier, antenatal visits are tailor made to the individual's pregnancy.

Antenatal care offers an opportunity to develop a birth and emergency preparedness plan.

The World Health Organisation (WHO) recommends that all pregnant women have a written plan for dealing with birth and any unexpected adverse events, such as complications or emergencies that may occur during pregnancy, childbirth, or the immediate postnatal period. Women should discuss and review this plan with a skilled attendant at every ANC. **Future contraception choices are also discussed during these visits.**

DELIVERY

Do you have your heart set on a vaginal delivery or are you dead set against being induced or having a C-section? Try not to be disappointed if your birth plan doesn't happen exactly as, well, planned.

Obstetrics don't necessarily control what happens in labour – your baby and uterus do.

If your labour stalls or the baby is showing signs of distress, your doctor may decide to do a C-section instead. It's always good to have a birth plan in place, but keep in mind that what seemed best a week ago may not be best during delivery.

Vaginal delivery is always the preferred delivery mode as this offers the least complications in an otherwise uncomplicated delivery. Vaginal delivery complications can be immediate or long term.

Caesarean section is a surgical procedure in which one or more incisions are made through a mother's abdomen (laparotomy) and uterus (hysterotomy) to deliver one or more babies. A Caesarean section is usually performed when a vaginal delivery would put the baby's or mother's life or health at risk. >>

Elective Caesarean is when it is clear during a pregnancy, but prior to labour, that there is a medical or obstetrical reason to choose delivery via caesarean section, obstetricians will commonly perform the operation at a scheduled time, rather than waiting for the onset of labour.

Such planned caesarean sections are performed for many reasons, including history of previous caesarean section, placenta previa, abnormal presentations, multiple pregnancy, known obstructions of labour, medical conditions (such as heart disease).

The advantages of performing the delivery at a scheduled time include use of daytime services when hospital resources are optimal, and the ability to plan and prepare for the event.

The obstetrician will discuss with the expecting mother the best option for her, based on her risk profile and the risk of complications associated with the different modes of delivery.

POST – DELIVERY

After a uncomplicated normal vaginal delivery, mum and baby can be expected to be discharged in the next 12 to 24 hours.

One of the disadvantages of a caesarean section is that the mother has to spend a few more days in hospital to closely monitor her. An uncomplicated caesarean section would generally require the mum to be kept for at least 48 – 72 hours post the delivery to monitor for complications which include bleeding, early infections, thrombosis (blood clots in vessels).

An post-natal appointment is scheduled with the obstetrician where the patient is assessed for any complications and contraception are discussed and administered. ■

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Dr Motsema has been practising Obstetrics and Gynaecology since 2011. His love for the field began during his internship in 2009 at Queen Nandi Regional Hospital (formerly, Lower Umfolozi District War Memorial Hospital).

Dr Motsema is passionate about Obstetrics and Gynaecology because these fields of medicine integrate both medical and surgical components. Obstetrics and gynaecology have become a huge part of Dr Motsema's world. Patient care and wellness are amongst his top priorities. He believes a healthy mother will most likely ensure a healthy baby – before, during, and years after pregnancy.

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Sources:

1. SASOG
2. WHO Antenatal Care Ornella Lincetto, Seipati Mothebesoane-Anoh, Patricia Gomez, Stephen Munjanja
3. Melobabes



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PSYCHOLOGICAL EFFECTS OF COVID-19

Shifting from reaction to intention

by Psychologist, Mr Clint Maggott



This past year has been one of the worst years in recent memory and for most of us this is the first time that we have experienced a global pandemic. Back in March 2020, this all seemed surreal with our lives resembling a Hollywood movie.

The early days of the lockdown and experience of the pandemic involved a mixture of fear and loss. **We had to come to terms with the sudden and dramatic loss of access to things we had previously taken for granted, like freedom of movement and a break from our kids.**

We were also afraid of this new disease that we did not fully understand nor how to protect ourselves from it. However, this early period was also somewhat romanticized with husbands cutting their wives' hair and everyone baking banana bread.

This has all shifted and our current experience still involves fear but the most prominent feeling is that of fatigue. At this point, many of us have been directly or at least closely affected by COVID-19. Our experience of this illness has been confusing due to how inconsistently it affects

people. Some people with many co-morbidities and risk factors do completely fine and yet we know of others who have unpredictably lost their lives to this disease.

We are also not yet sure of the possible long-term health effects of this disease and we are also now aware that contracting the COVID-19 disease does not result in long-term immunity.

This inconsistency in the severity of the disease and the extreme fatigue we all feel has resulted in an inconsistent preventative

response. Unfortunately, when faced with this kind of situation with varying risk, people tend to have extreme responses. People tend to either dismiss/deny the risk entirely or become controlling and overly cautious. Both of these are reactions to anxiety but neither of these positions are ideal. It is actually best to try to find a middle ground between these two positions which takes into account the risks and yet allows you to still live your life.

The idea is that a person makes these precautions part of their daily routine such as putting on a seatbelt.

One thing that has become clear during this year is that human beings can adapt when they have to.

Apart from the effect of COVID-19 on our health and anxiety, there have been major effects on our work and family lives.

The effects of retrenchments and changes to our school routine have placed South African families under tremendous pressure. It has also blurred the boundaries between all the areas of our lives.

Furthermore, at this stage of the lockdown, most of us have returned to work and school, but many of our ways of recharging such as socialising, gym, movies, restaurants, malls, places of worship, etc. remain places that have risk attached to them and many of us have chosen to avoid them altogether.

When we do choose to return to them, we find that they are less enjoyable because of all the sanitising and mask wearing involved.

All of this makes it tempting to dismiss the risk altogether. The blurring of boundaries between various areas of our lives has resulted in many of my clients reporting a sense of being overwhelmed and burnt out/depressed.

This experience of it being "just too much" to cope with is common at this time of the year but as with our relationships, the lockdown has resulted in all of our difficulties becoming concentrated and intensifying.

Relationships, particularly, have struggled with partners often blaming each other for the problems they are facing.

What are we to do with all of these challenges?

COVID-19 has, for many of us, picked up our lives and given it a shake. Most of us will, as we normally do, just carry on. I would advise that in a strange way, COVID-19 and its effects has resulted in an opportunity to put your life back together intentionally rather than reactively. What do I mean by this?

We often adapt to what our lives present us without really giving it any thought. We just make the changes that need to be made.

This often adds to a sense that our lives are always moving and we just do the next thing that needs to be done.

I would advise that you take some time to stop and think. Ask yourself, what do I actually want? Regularly take time to think about what is working and not working in your life and what changes need to be made.

>>



Often we believe that we do not have any choices available but these recent months have proven that South Africans are a tough people and that we find creative ways to solve problems. It is also important to create boundaries between the areas of your life and to create a routine.

This is often very practical, involving creating spaces and times within your home that are for work, schooling and relaxation. Lastly it is important to not wait for a psychological crash before you ask for help.

I find that my clients (and myself) are often better at helping others, and even saying no to helping others, than asking for help themselves.

Generally, this is because we fear that we will be judged as weak, not only by others but also by ourselves.

We can often hear this judgement and criticism in the way that we think about ourselves. This is called our self-talk. I often find that people attack themselves when they struggle, ignoring the thought that they need a break, a chat with a friend or even just a nap.

We push ourselves to just carry on. As with effective sport's coaches, it is good to be firm with one's players but to attack them constantly often results in demotivation and increased stress.

An encouraging yet firm coach often produces the best results particularly over the long run. And unfortunately, COVID-19 is going to be around for some time. ■



ABOUT THE AUTHOR



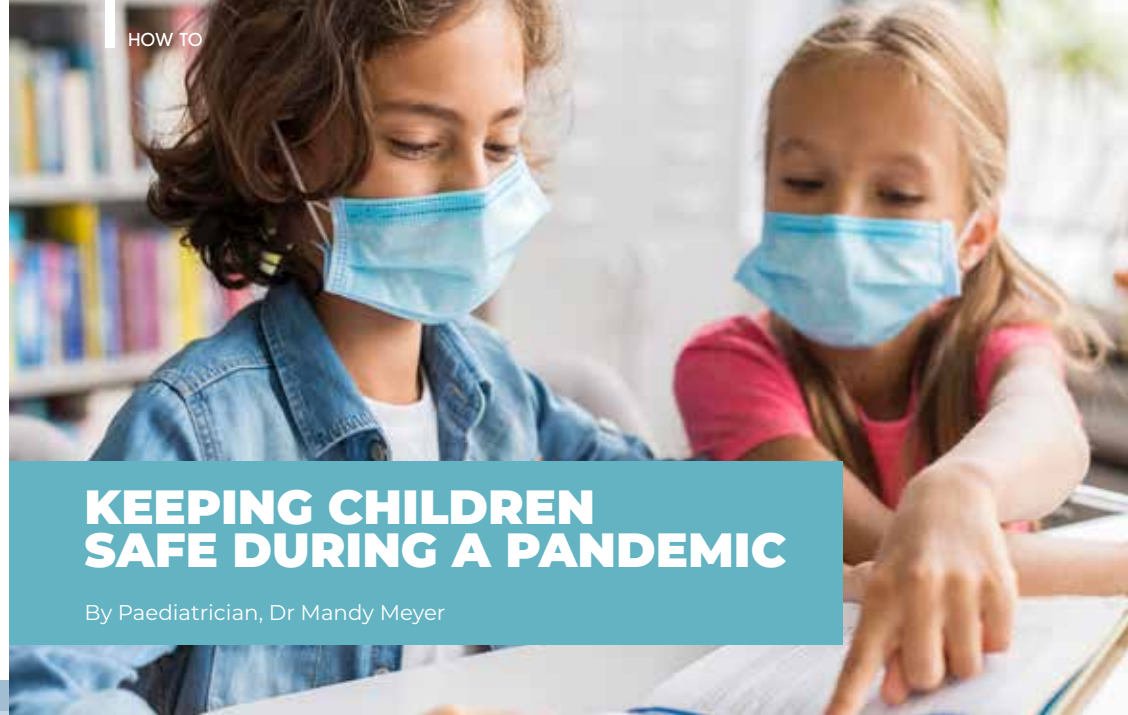
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KEEPING CHILDREN SAFE DURING A PANDEMIC

By Paediatrician, Dr Mandy Meyer

Dr Meyer is a Paediatrician practicing at Melomed, here she answers some questions often asked by concerned parents during the current pandemic.

Are children at risk for coronavirus?

Children are less often diagnosed with coronavirus and few children require admission. Children with underlying illnesses and under the age of one are more at risk for hospitalisation. Cases of severe coronavirus in children are rare.

The elderly and particularly those with comorbidities seem to be at far greater risk.

What about the Kawasaki like illness? Aren't those children gravely ill?

PIMS (Paediatric inflammatory Multisystem Syndrome) or MIS-C is a rare presentation of coronavirus in children.

Features on presentation include unremitting fever, conjunctivitis, rash, severe tummy ache which can mimic appendicitis, vomiting and diarrhea.

Thereafter children can progress to cardiac shock and inflammation of multiple other organ systems. **PIMS is suspected to be an abnormal immune inflammatory response to coronavirus and**

children often present a month after having been exposed to a close family relative or after having proven virus.

Children with PIMS are acutely unwell and require specialist management in a high care or ICU setting, should your child develop any of these symptoms especially in the context of recent COVID-19, please come in immediately.

What are the regulations regarding masks and kids?

SAPA recommends children over four wear a cloth mask at school while WHO/ UNICEF recommends children over five should wear a mask. >>

Part of this recommendation is based on ability to wear a mask effectively. A young child may not have the ability to put on and take off the mask correctly, or may touch the mask constantly thereby rendering it ineffective. School rules with regards to masks and age often vary.

Can masks adversely affect my kids in any way?

Masks do not affect carbon dioxide or oxygen levels in the body, they may feel uncomfortable at times, especially with exertion, but they are not dangerous for you or your child.

What about breastfeeding and coronavirus?

WHO recommends COVID-19 positive moms who are not significantly ill,

room in with their babies and breastfeed, while practicing hand and breast hygiene and wearing a mask. There may be some protective factors (including antibodies) for the child in breast milk and the benefits far outweigh the risks.

Is it safe for my child to be attending school?

Children younger than nine are less likely to transmit the virus to both adults and other kids.

ACE2 Receptors are responsible for entry of COVID-19 into the body and children may express less of these receptors.

Young children also do not cough as deeply and therefore do not aerosolize coronavirus as effectively. Teenagers behave similarly to adults with regards

to transmission. The South African Paediatric association (SAPA) position statement recommends return to school of all children barring those with chronic organ failure, severe neurodevelopmental disability, untreated severe heart lesions or those with significant immunosuppression; provided social distancing measures and hygiene practices are put in place. **There are many benefits to attending school which outweigh the risks.**

Is it safe to take my kids to an ER right now?

If your child is sick and you are not coping with management at home, then please bring them to the emergency room or discuss telephonically with your Paediatrician.

A delay in seeking medical attention could be detrimental to your child.

Patients are screened at admission and the doctor attending to you will be wearing PPE (personal protective equipment).

This can be intimidating but protects both you and your child. If you do need to visit the hospital remember to wear your mask as you will not be permitted entry without one.



We will always try to manage children a safe distance away from any adult who may be COVID-19 positive and reduce exposures to any other patients as much as possible.

If my child is admitted will I be allowed to stay with them?

Yes, we will always ask one parent to room in with

their child. The hospital can be a scary experience for any young person and we aim to minimize this.

The comfort of a caregiver at the bedside cannot be underestimated.

If your child is admitted under emergency circumstances they will go through a PUI (Persons Under Investigation) section

and a negative COVID-19 test will be required prior to being moved out into the general ward, you will remain with them throughout.

Planned surgeries and admissions will require a negative COVID-19 test prior to the date of admission. ■

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THE SILENT WAR BETWEEN DIABETES AND THE LUNG

by Pulmonologist, Dr Venudhira Moodley

Diabetes is a chronic disease that occurs when the pancreas is no longer able to make insulin (type 1 Diabetes) or when the body cannot make good use of the insulin it produces (type 2 Diabetes).

Insulin is a hormone made by the pancreas, that acts like a key to let glucose from the food we eat pass from the blood stream into the cells of the body to produce energy. All carbohydrate foods are broken down into glucose in the blood. Insulin helps glucose get into the cells.

Not being able to produce insulin or use it effectively leads to raised glucose levels in the blood. **Over the long-term high glucose levels are associated with vision loss, damage of the blood vessels and nerves. Most people don't realise that the lung is also predisposed to damage in Diabetes.**

We have seen this in action during the recent COVID-19 pandemic. It has been thought that the cells in Diabetics have a higher affinity for binding SARS-COV-2 and allowing the virus to enter cells through the respiratory system and that the virus is cleared less efficiently therefore predisposing diabetics to more severe COVID-19 pneumonia.



Diabetes decreases one's immunity and is a risk factor for other lung complications such as bacterial, fungal or viral pneumonias, Tuberculosis, Chronic obstructive airways disease (COPD) and lung fibrosis.

There are also studies that show that as one's glucose levels increase, lung function (which is measured with a special machine called a spirometer) decreases.

Some diabetics have shortness of breath and they are unable to perform their usual tasks.

The other symptoms of Diabetes are urinating frequently, feeling thirsty, hungry despite eating, extreme fatigue, blurring of vision, cuts and bruises that heal slowly, tingling pain or numbness in hands and feet.

Diabetes is diagnosed by performing various tests such as a random blood glucose test, HBA1C (a blood test that measures the average glucose levels in the previous 3 months) and/or an oral glucose tolerance test (which measures the glucose levels in blood after ingesting 75g of a glucose).

WHEN SHOULD ONE GET SCREENED FOR DIABETES?

Testing should be considered in people who are overweight or obese and have who have first degree relatives with diabetes or have a history of Hypertension, cardiovascular disease, abnormal cholesterol levels, Polycystic ovarian syndrome or physical inactivity. **Screening is usually mandatory after the age of 45, but can be done sooner if one has the above symptoms or risk factors.**

Some patients when tested are classified as prediabetic, which means one has a higher than normal blood sugar level but that it is not high enough to be considered diabetes yet. Without lifestyle changes, adults and children with prediabetes are more likely to develop diabetes. **They should be tested yearly to make sure that they have not developed diabetes.** If you are diabetic it is very important to optimise your glucose control to prevent future complications.

SOME LIFESTYLE MODIFICATION METHODS ARE THE FOLLOWING:

EAT HEALTHY. Focus on eating only as much as your body needs. Get plenty of vegetables and wholegrain foods. Choose non-fat dairy and lean meats. Limit foods that are high in sugar and fat. Remember that carbohydrates turn into sugar, so watch your carbohydrate intake.

EXERCISE. If you're not active now, it's time to start. You don't have to join a gym and do cross-training. Just walk, ride a bike, or start playing a sport. Your goal should be 30 minutes of activity for most days of the week.

GET CHECK-UPS. See your doctor at least twice a year. Diabetes raises your odds of heart disease. So learn your numbers: cholesterol, blood pressure, and HBA1c (average blood sugar over 3 months). Get a full eye exam every year. Visit a foot doctor to check for problems like foot ulcers and nerve damage.

MANAGE STRESS. When you're stressed, your blood sugar levels go up. Find ways to relieve stress such as taking long walks and avoiding situations and even people that may stress you out.

STOP SMOKING. If you smoke, your chance of getting complications are higher. Smoking also can make it harder to exercise. Talk to your doctor about ways to quit.

WATCH YOUR ALCOHOL INTAKE.

Alcohol can make your blood sugar go too high or too low. The carbohydrate content of certain alcoholic beverages are very high.

You can live a happy and prosperous life with diabetes if you are temperate and take care of your well-being. ■

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AN AVOCADO A DAY KEEPS THE DOCTOR AWAY

by Registered Dietitian, Jandri Barnard



WE KNOW THAT AVOCADOS ARE AN EXCELLENT FOOD CHOICE, PACKED WITH NUTRIENTS, HEART-HEALTHY, AND TASTY. BUT DO YOU KNOW THE FOLLOWING FACTS ABOUT VERSATILE AVOCADOS? TAKE THE TRUE OR FALSE QUIZ.

AVOCADOS ARE CLASSIFIED AS A VEGETABLE.

FALSE

Avocados are classified as a fruit, not a vegetable. This delicious fruit is nutritious, has more potassium than bananas, and has lots of heart health-promoting monounsaturated fatty acids.

AVOCADOS ARE ALSO KNOWN AS ALLIGATOR PEARS.

TRUE

Avocados are also known as alligator pears – because of its pear-like shape and green rough skin – or butter fruit.

SOUTH AFRICA IS ONE OF THE WORLD'S BIGGEST PRODUCERS OF AVOCADOS.

TRUE

South Africa ranks amongst the top three exporters to Europe. *An annual production of 90 000 tons comes mostly from the Limpopo and Mpumalanga provinces.*

AVOCADOS ORIGINATE FROM AFRICA.

FALSE

Avocados originated in the southern part of central America and archaeologists have found avocado seeds buried with Incan mummies in Peru dating back to 750BC.

AVOCADOS ARE NOT FATTENING.

TRUE

Half an avocado contains about 160 calories (672kJ). This is 20 calories (84kJ) less than a small bag of peanuts and slightly lower than a slice of cheddar cheese.

Avocados are full of healthy, beneficial fats that help to keep you full and satiated. Eating healthy fats supports skin health, enhances the absorption of fat-soluble vitamins, minerals, and other nutrients, and may even help boost the immune system.

AVOCADOS DON'T CONTAIN FOLATE.

FALSE

Avocados have a high content of folate: 40% of the RDA (recommended daily allowance) for adults. Folate is extremely important for a healthy pregnancy.

Adequate intake reduces the risk of miscarriage and neural tube defects. Although folate is found in a variety of foods, as much as half may be destroyed in the cooking process. But since avocado is generally served raw, folate absorption benefits are maximised.

AVOCADOS CONTAIN MORE FIBRE THAN AN APPLE.

TRUE

100g of avocado (less than ½ medium avocado) provides 3.2g dietary fibre (0.9g soluble fibre, 2.3g insoluble fibre) giving it a higher fibre concentration than a 100g apple with 2.4g fibre.

High fibre intake is beneficial as it lowers the risk of cardiovascular disease, some types of cancer, high blood pressure, diabetes and obesity.

AVOCADOS ARE HIGH IN CHOLESTEROL.

FALSE

Avocados are rich in healthy mono-unsaturated fatty acids, an essential element for lowering LDL cholesterol (bad cholesterol) and triglyceride levels and does not contain cholesterol.

AVOCADOS CONTAIN FEW VITAMINS AND MINERALS.

FALSE

Avocados are a naturally nutrient-dense food and contain nearly 20 vitamins and minerals.

Avocados do not only contain folate, but are also a rich source of vitamins A, C, E, K and B6 as well as the minerals potassium and phosphorus. This assists to keep the nervous system in good working order and maintaining the right balance of water in the body. Various avocado variants are available in SA from March up until November. ■



AVOCADO CORN SOUP

SERVES: 6

Recipes by Registered Dietician, Jandri Barnard



INGREDIENTS

- 1 tablespoon avocado oil
- 1 small white onion, diced
- 1 stalk celery, chopped
- 1 carrot, peeled and diced
- 1 can creamy style corn
- 1 tablespoon fresh thyme leaves
- 2 cups chicken stock
- Salt and freshly ground pepper to taste
- Cayenne pepper to taste
- Fresh lemon juice, to taste
- 4 avocados
- Diced red & yellow pepper to garnish

PREPARATION

- 1. Heat** the avocado oil in a large saucepan and sauté the onion, celery and carrot until just tender.
- 2. Add** the corn, thyme, chicken stock and salt to taste.
- 3. Bring to the boil**, then reduce the heat and simmer for 20 minutes or until the vegetables are tender.
- 4. Puree**, adding more water or milk if necessary to bring to desired consistency.
- 5. Season to taste** with the pepper and cayenne and reheat. Remove from heat and add lemon juice to taste.
- 6. Before serving**, finely dice 3 of the avocados and mash through the soup.
- 7. Slice** the remaining avocado thinly and coat in lemon juice.
- 8. Serve** soup into bowls and decorate with the sliced avocado and diced peppers.

AVOCADO QUINOA SALAD

SERVES: 8 as a side

INGREDIENTS

Salad

- 1 cup uncooked quinoa
- 230g fresh cherry tomatoes, halved
- 1 large cucumber, chopped
- ¼ cup red onion, finely chopped
- 150g fresh spinach, roughly chopped
- 2 large ripe avocados, pit removed and chopped
- ¼ of 1 bunch of fresh coriander, optional and to taste
- ⅓ cup Feta Cheese, optional and to taste

Dressing

- 4 tablespoons brown vinegar
- 2 tablespoons Dijon mustard – do not use regular mustard
- 1 teaspoon dried oregano

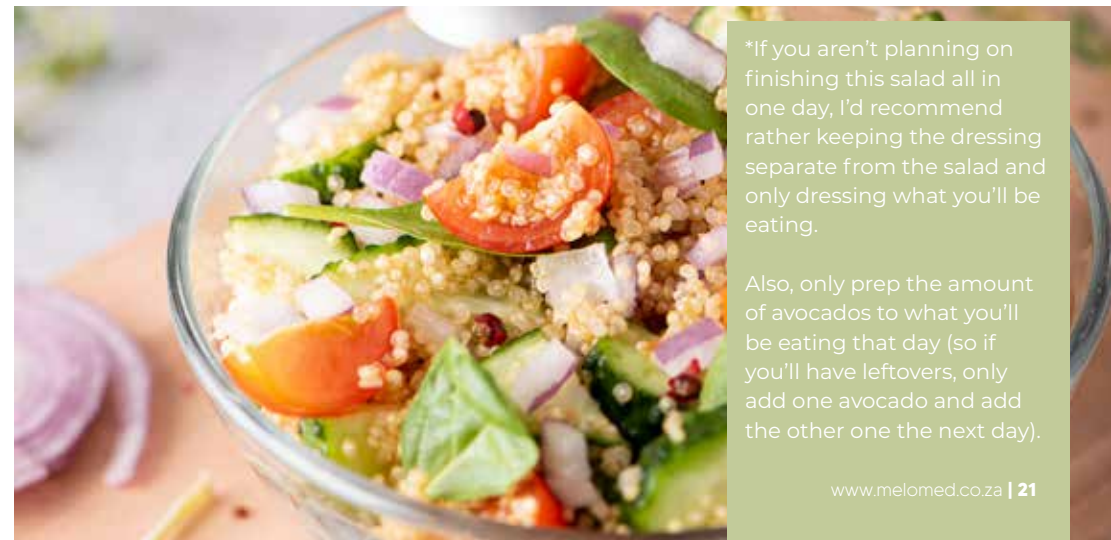
- 1 clove garlic, minced
- ½ cup olive oil
- 1 lemon (2 – 3 tablespoons fresh lemon juice)
- Salt and pepper

INSTRUCTIONS

- 1. Cook** the quinoa according to package directions. Fluff and set aside to cool.
- 2. Meanwhile, prep the dressing.** Whisk the brown vinegar, Dijon mustard, oregano, garlic, ½ teaspoon salt (or to taste), and ¼ teaspoon pepper (or to taste) together in a small bowl.
- 3. Slowly add** in the olive oil into the vinegar mixture while whisking briskly. Whisk in the lemon juice. Pour into a jar and

store in the fridge while prepping the vegetables.

- 4. Prep** the veggies: Halve the cherry tomatoes, chop the cucumber (peel if desired, we leave the peel on), finely chop a quarter of a red onion, roughly chop fresh spinach, remove the pits and chop the avocados. Finely chop the coriander if desired.
- 5. In a large bowl**, add in all the prepped veggies and quinoa. Remove the dressing from the fridge and shake it well and then pour over the salad*.
- 6. Toss** the salad and then top with feta cheese if desired.
- 7. Enjoy** immediately. ■



*If you aren't planning on finishing this salad all in one day, I'd recommend rather keeping the dressing separate from the salad and only dressing what you'll be eating.

Also, only prep the amount of avocados to what you'll be eating that day (so if you'll have leftovers, only add one avocado and add the other one the next day).

PET-FRIENDLY CAMPING SPOTS IN THE WESTERN CAPE

What could be better than spending an evening under the stars around the campfire with your pets? The Western Cape has a wide range of fantastic camping spots, from the picturesque coastline to the arid, magical Karoo. LekkeSlaap.co.za has rounded up some pet-friendly camping spots for you to visit so your four-legged companion doesn't have to stay behind at home.

GOURITS RIVER ECO-CAMPING – ALBERTINIA FROM R250 PER NIGHT FOR 2 PEOPLE

This campsite only has three spots, so it is quiet and private for you and your friends (and Fido!) to enjoy the stars in the evenings. Guests can go fishing, take a walk in the veld, swim in the river or tackle a 4X4 route.

FLECKVIEH GUESTFARM – SWELLENLIDAM FROM R260 FOR 2 PEOPLE

At this campsite at the base of the Langeberg Mountains you can fish from the jetty for hours, go for a swim in the farm dam or for a walk with your dog to enjoy the scenic sunset, and when it's dark, sidle up to the campfire.

RIVIERZICHT RIVER RESORT – ROBERTSON FROM R280 PER NIGHT FOR 2 PEOPLE

This resort's neat camping spots, next to the riverbank, each has a small canopy where you can set up your kitchen and social area. Each camping spot has a braai area, basin and tap and most of the spots are under shady trees.

TSITSIKAMMA SUNRISE CARAVAN PARK AND SELF-CATERING UNITS – NATURE'S VALLEY FROM R650 PER NIGHT FOR 5 PEOPLE

This caravan park is at the base of the Tsitsikamma Mountains, near the Big River Lagoon in Nature's Valley. You can choose between camping spots with or without electricity and all the sites are next to the river. Horse riding is also available on the premises.

ENJO NATURE FARM – CLANWILLIAM FROM R200 PER NIGHT FOR 2 PEOPLE

For those looking to escape from the city and enjoy all that nature has to offer, this nature farm in the Biedouw Valley offers the ideal getaway. You can enjoy walks on the farm with your pet or cool down in the swimming pool with a view of the Paardeberg Mountain.

MIDWEST CARAVAN PARK – ST HELENA BAY FROM R230 PER NIGHT FOR 2 PEOPLE

Tents are welcome at this caravan park, though the spots are even better suited to caravans. Every spot has a water point and braai area. Enjoy the fresh sea breeze while you enjoy a cup of coffee in front of your tent in the mornings and experience the famous hospitality of the West Coast locals.

SEWEWEEKSPOORT OP-DIE-PLAAS-KAMP – LAINGSBURG FROM R350 PER NIGHT FOR 4 PEOPLE

Surrounded by the Klein Swartberg Mountains and the Elandsberg Mountains this lovely farm offers an unforgettable backdrop to your next holiday. This is the ideal getaway for families and offers a wide range of activities – you can even help the farmer to milk the cows and take care of the cattle and sheep! ■

COPING WITH COVID-19

By Psychiatrist, Dr Barry Fortuin

The year 2020 will go down in history as the year in which the Coronavirus spread rapidly around the whole becoming the COVID-19 pandemic.

In its wake the pandemic left a trail of loss of human lives, disintegration of families, financial havoc with closure of businesses and massive job losses and social isolation of people. Today, South Africa has had more than 1 540 000 people infected with COVID-19, and with the fear of another wave, it is essential that individuals, families, communities and nations find coping strategies to deal with the effects of COVID-19.

Fear of contracting the virus with loss of life resulting, fears of family or friends



dying, social isolation from family and support networks means we need to focus on our physical, mental and emotional health to survive this highly stressful time.

PHYSICAL HEALTH STRATEGIES

Maintaining good physical health is essential so that our immune system is strong enough to fend off the virus.

1. **A balanced meal plan with adequate amounts of fresh fruit and vegetables** and taking Vitamin C daily with a good multivitamin such as Centrum is a good start.
2. **Regular physical exercise helps to keep our blood circulation healthy,** gets oxygen to our lungs and makeshifts muscles strong. Our body metabolism is Morris effective and we feel more energized. Use the exercise routine

you are comfortable with. The key factor being that it must be regular and involve some activity outside with fresh air. **The World Health Organisation recommends about 150 minutes exercise spread over a week.**

3. **A routine of good sleep hygiene helps the body from the daily grind and allows our organs to recover and restore its functions** and our immune system to be stabilised. Breathing and muscle relaxation exercises before sleep and during the day helps relieve stress and improves sleep.

EMOTIONAL HEALTH STRATEGIES

Levels of fear, anxiety, worry with sadness, depression and episodes of traumatic shock in response to the life-changing events caused by the Pandemic have increased tremendously.

Dealing with loss of loved ones is difficult as one cannot visit them when ill in hospital and their loss is often sudden and unexpected.

1. **Regular communication with the treating medical staff team is important** and maintaining telephonic contact with family support people is crucial to cope with this painful experience.
2. **Advising grieving family members or friends to seek professional Psychological help is important to prevent them from an emotional breakdown and to give them comfort.**

The fears and worry over COVID-19 illness are aggravated by over exposure to taking in negative news about the illness. The World Health Organisation

and South African COVID-19 website has useful information about the illness and gives coping tips as well. Speak to your General Practitioner to clear medical concerns and settle unnecessary anxiety. **Knowledge is power and gives us insight into dealing with this stress.**

3. **Caring for others e.g. family members who have lost jobs and families with financial hardship** due to this is a positive way to feeling good and this help can also be being available to listen to them, giving them guidance on how to cope and connecting them with community resources for financial aid.

MENTAL HEALTH STRATEGIES

A positive frame of mind is essential during this COVID-19 crisis as its effects are often unpredictable.

1. **An attitude of flexibility to changing situations (e.g. job losses),** readiness to speak to people for help and rational problem-solving thinking is important to deal with crises and overcoming them. >>



2. The strain of working from home with family present is a huge challenge.

The working parent has to keep up with work deadlines, help their children with focus on school work and maintain home duties at the same time.

3. Parents have to help each other divide and rotates these multiple roles to prevent burnout and rising tension in the divide and rotates these multiple roles to prevent burnout and rising tension in the home.

Planning the week, prioritizing important activities and arranging family relaxation time together helps contain the family stability.

4. Mindfulness a therapeutic way of having awareness, attention and acceptance of daily situations is a good coping strategy.

It involves awareness of the current situation and attention to the experience of the present moment (visual, auditory, olfactory and sensory) and acceptance that it is okay without judging it as good or bad. Then coping with this present moment and moving forward.

Further information on learning mindfulness is available at www.psychcentral.com/blog/new-to-mindfulness-how-to-get-started#1

Steps like having a positive mental statement for the day (e.g. I am able to overcome this problem) daily prayer, reading inspirational quotes or passages, listening to joyful songs and quiet time appreciating life and nature are also valuable tools to maintain mental health.

The challenges of the COVID-19 pandemic will still be with us for a long time and in order to overcome this stressful time we must focus on self-care with sound physical, emotional, mental and spiritual health and support each other as much as possible. We have the ability to get through this challenge as we move forward with for attitude and courage. ■



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ALLERGIES VS ASTHMA

Allergies can trigger an asthma attack, although not all people with asthma have allergies.

What is the difference?

ALLERGIES:

Allergies are an immune system response to certain environmental allergens (for example, pollen, dust, pet hair, or certain foods).

Signs of an allergic reaction may include:

- Frequent or regularly itchy of the eyes, nose, mouth or ears
- Bouts of sneezing, or a runny nose
- Wheezing or tightness in your chest

ASTHMA:

Asthma involves inflammation of the lungs, causing the muscles around your airways to become narrower. This results in coughing and shortness of breath, and a wheezing chest.

Although allergens may cause asthma attacks, other triggers may include:

- Smoke or strong odours
- Cold or humid air
- Strenuous exercise

