

melomag

Summer 2021 | Issue 42

FREE
HEALTH
GUIDE




M E L O M E D
PRIVATE HOSPITALS

WHAT IS A HEART
PACEMAKER? **06**

BUSTING COVID-19
VACCINE MYTHS **09**

ALLERGIC RHINITIS **14**

Published in the interest of your health by MELOMED

ADVANCED
**STATE OF THE
ART FACILITIES** AT
YOUR DOORSTEP.



MELOMED BELLVILLE

Cnr Voortrekker & AJ West Street
T 021 948 81 31



MELOMED GATESVILLE

Clinic Road, Gatesville
T 021 637 8100



MELOMED TOKAI

Cnr Keyzers & Main Road
T 021 764 7500



MELOMED RICHARDS BAY

John Ross Eco Junction
T 035 791 5300



MELOMED MITCHELLS PLAIN

Symphony Walk, Town Centre
T 021 392 3126

MELOMED GATESVILLE MATERNITY WARD UPGRADE IS COMPLETE



Our Melobabes Maternity Programme includes the following:

- Complimentary antenatal classes/ seminars
 - Complimentary in-house birth registration
- *Birth registration certificates are printed by the Department of Home Affairs
- A guided tour of the hospital facilities (refreshments served)
 - A special Melomed Pregnancy Journal
 - Access to the monthly Melobabe newsletter
 - Melodining - enjoy an in-dining couple experience with a delicious three course meal
 - Pre-admission - as part of the ease of admission process

Upon admission you will qualify for other Melobabes Maternity Programme benefits and you will receive:

- The Melomag (in-house magazine). This magazine is filled with useful information and tips regarding your health as well as exciting competitions
- A nappy bag, containing nappies, a nappy changer and a selection of baby toiletries to get you started in the first few days of motherhood
- Your baby's first immunisation
- A photo of your new baby displayed on our website (optional)



Live. Learn. Treat.
Today, for tomorrow.

www.pharmadynamics.co.za

CUSTOMER CARE LINE 0860 PHARMA (742 762) /+2721 707 7000 **Fax** 021 701 5898
1st Floor, Steenberg Office Park, Silverwood Close, Steenberg Office Park, Westlake, Cape Town 7945



WHAT'S INSIDE

- 04 **New & Now**
- 06 **All About:** What is a Heart Pacemaker?
- 09 **Know it All:** Busting COVID-19 Vaccine Myths
- 12 **How to:** Living with Diabetes
- 14 **Health Check:** Allergic Rhinitis, Nothing to Sneeze at
- 18 **In Pictures:** Healthy, Road Trip-Friendly Snacks
- 20 **Travel:** Getaways to Soothe your Soul
- 23 **Health Advice:** Summertime Tips for Healthy, Happy Feet
- 26 **Need-to-Know:** Snake Season is Here
- 28 **Recipes:** The Easiest Campfire Nachos



HEALTH BYTES

PUBLISHER:
Health Bytes CC

CONTACT:
christa@health-bytes.co.za

GRAPHIC DESIGNER:
Marius Laubser

TEL: 021 913 0504

PRINTING: Kadimah

INDEMNITY: The information contained in *Melomag* is intended for general informational and educational purposes only, and not to replace professional medical advice. Persons requiring any medical advice or treatment should consult their relevant qualified healthcare professional. The publisher cannot accept any responsibility for any act, omission, loss, damage, or the consequences thereof caused by reliance by any person upon the information contained in the publication. The information included in *Melomag* is subject to copyright and all rights are reserved. The information may not be sold, resold, transmitted or otherwise made available or disseminated in any manner via any media to third parties unless the prior written consent of the publisher has been obtained.

CANCER-SNIFFING WORMS

THE FUTURE OF DIAGNOSTICS?

Researchers from Osaka University have unlocked a way of sniffing out cancer in patients with very-early-stage pancreatic cancer. This time, instead of relying on dogs, the technology relies on the help of a much smaller animal: worms.

Caenorhabditis elegans are tiny, transparent worms, that live in soil, particularly around rotting vegetation. Earlier studies revealed that the nematodes have a remarkable sense of smell and are attracted to the odour certain chemicals give off – a behaviour known as attractive chemotaxis. In the study, the cancer researchers performed a study in 83 patients with very-early-stage pancreatic cancer. They observed the movement patterns of the worms when they were



exposed to urine samples from both the cancer patients and healthy controls.

They found that the test had a sensitivity of 95.8%, even when the patients were in the very early stages of the disease.

“The clinical application *C. elegans* for the early diagnosis of cancer can certainly be expected in the near future,” wrote the authors.

Source: www.labroots.com

THE SUN, UV LIGHT AND YOUR EYES

Summertime often means long hours in the sun. Most of us remember to protect our skin by applying sunblock, but don't forget that your eyes need protection as well. It is important to start wearing proper eye protection at an early age to shield your eyes from years of ultraviolet exposure.

UV Rays Can Hurt Your Eyes

Excess sun exposure can put you at risk for:



Eye Cancer



Cataracts



Sunburned
Eyes



Growths On or
Near the Eye

By wearing UV-blocking sunglasses and hats, you can enjoy the summer safely while lowering your risk for potentially blinding eye diseases and tumours

Source: American Academy of Ophthalmology at www.aaopt.org

Break the Stress-Sleep Cycle for Your Health

- Avoid working out within 3 hours and eating within 1 hour of your bedtime.
- Try soaking in a hot bath or having a hot cup of non-caffeinated tea before bed.
- Spend 5 to 10 minutes doing a calming routine before bed – deep breathing exercises, guided imagery, or progressive muscle relaxation.

There are a variety of Apps available that offer guided meditations to help you relax.

- If you find yourself waking and worrying mid-sleep, break the thought cycle by getting up. Go to the bathroom, make yourself tea, read a book on the couch (not in bed), or meditate before going back to bed.



Source: www.cheshiremed.org

Did you know?

Nicotine is second only to heroin and cocaine in terms of being addictive.



Source: Susanne E. Tanski, MD, MPH Dartmouth-Hitchcock

WHAT IS A HEART PACEMAKER?

Purpose, Procedure and Risks

By Cardiologist, Dr. Vernon Freeman, practising at Melomed Hospitals.

People who have pacemakers can usually lead entirely unrestricted lives. If you have a pacemaker or have been told you need one, this article should help you understand what a pacemaker does, and what you might expect from it.

Some years ago, when the matriarch of a well-educated family needed a pacemaker implant, I began to understand how little is known about the subject in the community. The family was mobilizing from all over the country to be at the bedside for this “major operation”.

Pacemaker implants in South Africa was pioneered by the Barnard brothers since the late 1960's. At that early stage the power for the device was supplied by an external battery the size of a PM9 (hope you know what this is). Advances in cardiac pacemakers over the years have made these devices safe, and effective and reliable. Today's pacemakers are small but very sophisticated electronic devices that can be implanted under the skin to help regulate the heartbeat. Specifically, pacemakers are most commonly used to treat several cardiac arrhythmias that produce bradycardia – a heartbeat that is too slow. The heart rhythms that cause bradycardia are sick sinus syndrome and heart block.



What is the purpose of a pacemaker?

For a muscle to contract it needs a stimulus (prickle). The stimulus starts from the right atrium (upper chamber) where the heart's own impulse generation resides. The impulse travels to the pumping chambers (ventricles) via the conducting system that carries the impulse to the muscle.

As the impulse travels through the muscle it causes a coordinated contraction that pushes the blood as per our metabolic needs. This process happens more than a hundred thousand times per day during our lifetime. As, in the modern era people live to a higher age, we encounter ever increasing situations where the heart's own (biological) pacing system degenerates. Here (fortunately) our modern technology steps in to save the day.

What can go wrong?

The heart loses its ability to generate an impulse (at the rate required by the body) or transfer that impulse to the muscle to tickle the heart muscle to contract. A dysfunction may lead to the heart going too slow. Not enough oxygen is supplied to the brain causing a variety of symptoms:

Symptoms associated with the need for a pacemaker

- Fainting (Blackouts)
- Near fainting
- Dizziness
- Lack of energy
- Fatigue
- Shortness of breath
- Exercise intolerance

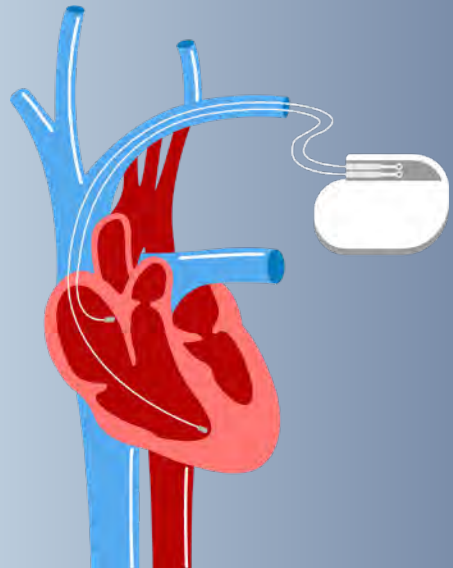
The electrocardiogram (ECG) will usually reveal where the problem is:

1. Impulse generation or
2. Conduction abnormality

The cardiologist will then discuss the procedure with the patient and family. The type of device and number of leads is mainly determined by the indication for pacemaker therapy. After answering all additional questions, consent is obtained.

Procedure and risks

Pacemaker implantation is considered minimally invasive, but complications can occur. These can be acute (during or immediately post procedure) or chronic. The procedure can be done under general anaesthesia (patient is asleep) or local anaesthesia (patient is awake). The leads (wires) are placed in the heart through the veins that run along the collar bone. The device is implanted below the skin. After closure of the wound, only a scar is left in the shoulder area.



Because access is gained to the veins with sharp instruments and leads are placed in a moving heart, potential complications may arise. Rarely, the lung or other blood vessels may have been punctured accidentally. The leads may have shifted as the patient comes upright and starts moving the arms. All these and other complications are checked before the patient is discharged.

Wound healing usually takes about one week. The patient is provided with a small card that has information regarding the device. The final settings for the device is done months later in an attempt to prolong battery life – which in modern pacemakers can last up to fifteen years. >>

The following are matters of concern:

- Fever
- Exquisite tenderness over the site
- Suspected haematoma (swelling)
- Shortness of breath
- Frozen (stiff) shoulder
- Any fluid drainage from the site
- Separation of the wound

Particular warning should be given about getting too close to the following situations:

- Mains-driven electric motors, especially if sparking or with faulty suppression (e.g., electrical kitchen equipment, vacuum cleaners, electric razors, electric power drills, motorcycles, lawn mowers, outboard motors, old car engines).
- Airport weapon detectors. Hand-held detectors are safe.
- Microwave ovens if faulty with inadequate door seal.
- High-power radar stations. Hand-held police radar guns are safe.
- CB radio transmitting systems.
- Some dental drills (e.g., ultrasonic cleaner).
- Some equipment used by physiotherapists (e.g., short-wave heat therapy, faradism, etc.).
- Shop anti-theft equipment. The pacemaker may trigger the alarm system as the patient walks out of the shop, and he or she should warn the shopkeeper.
- Public libraries have a system that can inhibit the pacemaker.
- Vibration. Hovercraft, helicopters and other sources of vibration may increase the rate of activity-sensing pacemakers. Patients should be warned that this effect may occur.



Pacemakers and sport

Vigorous contact sports are best avoided by patients with permanent pacemakers, to avoid injury to the unit (e.g., rugby football, soccer, boxing, judo, or karate). Squash should be discouraged if possible. A full golf swing may be uncomfortable with a pacemaker, often more so if it is implanted on the left side. ■

ABOUT THE AUTHOR



DR. VERNON FREEMAN

MBChB, FCP(SA), Cert Cardiology(SA), Accredited EP and ICD Practitioner

Dr. Vernon Freeman is a Cardiologist who diagnoses, assesses and treats patients with diseases and defects of the heart and blood vessels at Melomed Bellville. He has been with the hospital group since 2004.

Dr. Freeman practises as a General Cardiologist, offering consultation and management for patients with coronary artery disease, cardiomyopathy, heart failure and valvular heart disease. With subspecialty training in cardiac electrophysiology, Dr. Freeman specialises in heart rhythm disorders and cardiac electronic implanted devices and is accredited by the Cardiac Arrhythmia Society of Southern Africa. Currently, he performs heart procedures at the well-equipped Bellville Melomed and Melomed Tokai Hospitals and provides outpatient consults at Bellville Melomed Hospital.

Tel: 021 949 9332

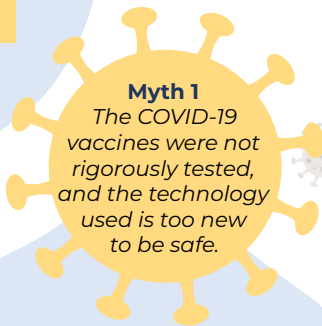
Email: dr.freeman.practice@gmail.com

Busting COVID-19 vaccine myths

By Specialist Physician, Dr. Cecile Balkema

You've probably seen lots of misinformation about COVID-19 vaccinations. From affecting your fertility to changing DNA there are lots of myths being circulated!

With the predicted 4th wave just weeks ahead it is crucial that we all protect ourselves and get vaccinated. Vaccination represents the best hope to save lives and for return to normality. COVID-19 vaccines teach our immune systems how to recognize and fight the virus that makes us sick. They protect us against severe infection and death. Due to all the myths going around about vaccines, South Africa has a low vaccination rate making us very vulnerable to a 4th wave. It is time to debunk some of the myths and look at the facts!



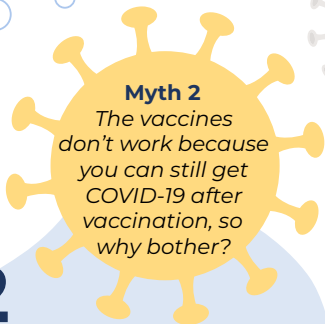
Myth 1

The COVID-19 vaccines were not rigorously tested, and the technology used is too new to be safe.

1

FACT

There is the perception that things moved fast, but the technology used has been studied for decades: there have been viruses before that are very closely related to COVID-19. Safety measures and approaches used are standard for all clinical trials.



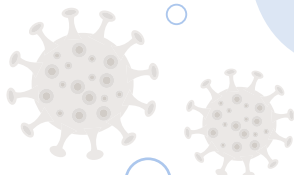
Myth 2

The vaccines don't work because you can still get COVID-19 after vaccination, so why bother?

2

FACT

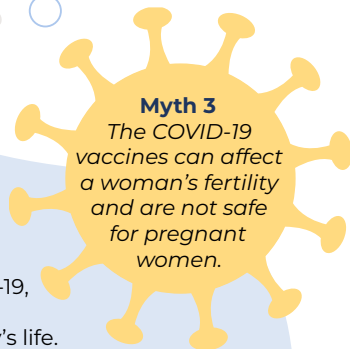
We know that the vaccine is very powerful in preventing severe disease and death as well as the need for hospitalization. Across the globe less than 1% of deaths is in the vaccinated population. Breakthrough infections happen but are generally a lot milder: like a common cold.



3

FACT

Pregnant women often get badly affected by COVID-19, jeopardizing both mother's and baby's life. It is currently recommended that you get vaccinated if you are pregnant or trying to become pregnant. It is also recommended for breastfeeding women. Vaccination helps pregnant women build antibodies that can also protect their unborn babies. By looking at the mechanism by which vaccines work we can see that they simply don't impact on fertility. >>



Myth 3

The COVID-19 vaccines can affect a woman's fertility and are not safe for pregnant women.

4

Myth 4

Children do not need to be vaccinated because they do not become sick from COVID-19.

FACT

Children generally have much milder symptoms than adults. In rare cases children die from multisystem inflammatory syndrome. If infected children can transmit the virus and serve as a source of transmission to vulnerable adults. A vaccine can prevent your child from getting and spreading the disease. In South Africa the vaccine is currently approved and recommended for children aged 12 and older. In other countries it is already approved from the age of 5. To return to normality we need to have the entire community vaccinated not just the adults.

5

Myth 5

I already had COVID-19, therefore I don't need the vaccine. I'm immune.

FACT

After people recover from infection with a virus, the immune system keeps a memory of it. We know that natural immunity starts waning after 3 to 6 months with increasing risk of reinfection. It is therefore advisable to get vaccinated after you have had COVID-19. The recommendation is to wait one month before you go for your vaccination.

6

Myth 6

I am young and healthy and not in the high-risk category for severe COVID-19 illness so I don't need a vaccine.

FACT

By being vaccinated against COVID-19, we decrease our chances of developing severe infection or dying. It is not always possible to predict how we will respond to COVID-19 infection and how sick we may become. Many young, and otherwise healthy people, have developed moderate to severe COVID-19 in South Africa's experience. Some people with COVID-19 have only mild symptoms or no symptoms at all, but they are still carriers and can infect people around them. By getting vaccinated you slow the spread of the infection and protect those around you.

7

Myth 7

I'm vaccinated. So I can drop all my COVID-19 precautions, right?

FACT

Breakthrough infections occur more frequently with the more infectious strains of COVID-19 than with the original strain. Although they are generally a lot milder, it still means you can get sick and transmit the virus to more vulnerable people around you. It is therefore recommended you stick to the prescribed precautions such as social distancing, mask wearing and hand hygiene.

8

Myth 8

Getting the COVID-19 vaccine actually gives you COVID-19 or can cause other severe side effects.

FACT

It is not medically possible for the vaccine to cause COVID-19 as it does not contain the virus. The COVID-19 vaccine teaches our immune systems how to recognize and fight the virus. Sometimes this process can cause symptoms, such as fever. These symptoms are normal and are signs that the body is building protection against the virus. The vaccine takes time to work and maximal protection is 4 weeks after the second dose.

9

FACT

The virus has caused massive upheaval across the globe; no nation has been spared. The vaccine has been developed through global collaboration with the intention of return to normality. There is no microchip in the vaccine. You are much more likely to have your activities tracked on your phone!

Myth 9

The vaccine was developed to control the general population through microchip tracking.

10

FACT

Most COVID-19 vaccines rely on and use messenger (m) RNA: it delivers instructions to our cells to start building protection. The vaccines don't mess with your genes: your DNA will not be altered. ■

Myth 10

COVID-19 vaccines will alter my DNA.

Sources: Mayo clinic, Boston University, CDC, SA government

ABOUT THE AUTHOR



DR. CECILE BALKEMA

MD, Specialist Physician (Leuven)

Dr. Balkema is a Specialist Physician and currently practices at Melomed Tokai.

Tel: 021 712 5898

Email: drbalkemapractice@gmail.com

Living with diabetes

Going beyond blood sugar

Know what makes your blood sugar level rise and fall, and how to control these day-to-day lifestyle factors.



When receiving treatment for diabetes there will be many decisions to make about your care. While you could leave these choices up to your doctor, the only way to be sure that your treatment plan fits with your lifestyle is to become an active participant.

Food



Healthy eating is the cornerstone of any diabetes management plan. But it's not just what you eat that affects your blood sugar level. How much you eat and when you eat matters, too.

What to do:

- **Be consistent.** Your blood sugar level is highest an hour or two after you've eaten. Simply eating about the same amount of food at about the same time every day can help you control your blood sugar level.
- **Even out your carbs.** Carbohydrates have a bigger impact on your blood sugar level than does protein or fat. Eating about the same amount of carbohydrates at each meal or snack will help keep your blood sugar level steady.
- **Coordinate your meals and medication.** Too little food in comparison to your diabetes medications – especially insulin – may result in dangerously low blood sugar (hypoglycaemia). Too much food

may cause your blood sugar level to climb too high (hyperglycaemia). Your diabetes healthcare team can help you strike a balance.

- Some studies show that foods with fibre, such as fruits, vegetables, peas, beans and wholegrain breads and cereals may help lower blood sugar levels.
 - People with diabetes have twice the risk of developing heart disease and combined with high blood cholesterol levels, raise the risk of heart disease.
- Limit foods that contribute to other complications:**
- Reduce the amount of fat used in cooking.
 - Cut off all visible fats.
 - Roast, bake or grill foods to allow excess fat to drip off.
 - Eat more fish and chicken and avoid meats and dairy products.
 - Choose low-fat spreads.
 - Limit salt intake.
 - Limit alcohol intake.
 - Avoid processed foods.

Exercise



When you exercise, your muscles use sugar (glucose) for energy. Regular physical activity also improves your body's response to insulin. The more strenuous your workout, the longer the effect lasts. Even light activities – housework or gardening – can lower your blood sugar level.

What to do:

- **Get your doctor's OK to exercise.** This is especially important if you've been inactive.

- **Adjust your diabetes treatment plan as needed.** If you take insulin, you may need to adjust your insulin dose before exercising or wait a few hours to exercise after injecting insulin.
- **Exercise good judgement.** Check your blood sugar level before, during and after exercise, especially if you take insulin or medications that can cause low blood sugar. Drink plenty of fluids while you work out. Stop exercising if you experience any warning signs (severe shortness of breath, dizziness or chest pain).

Alcohol



The liver normally releases stored sugar to counteract falling blood sugar levels. However, if your liver is busy metabolising alcohol, your blood sugar level may not get the boost it needs.

What to do:

- **Get your doctor's OK to drink alcohol.** Alcohol can aggravate diabetes complications, such as nerve damage

and eye disease. But if your diabetes is under control and your doctor agrees, an occasional alcoholic drink with a meal is fine.

- **Choose your drinks carefully.** Light beer and dry wines have fewer calories and carbohydrates than other alcoholic drinks.
- **Tally your calories.** Remember to include the calories from any alcohol you drink in your daily calorie count.

Stress



If you're stressed, it's easy to abandon your usual diabetes management routine. You might exercise less, eat fewer healthy foods or test your blood sugar less often. The hormones your body may produce in response to prolonged stress may even prevent insulin from working properly.

What to do:

- **Look for patterns.** Log your stress level on a scale of 1 to 10 each time you log

your blood sugar level. A pattern may soon emerge.

- **Take control.** Once you know how stress affects your blood sugar level, fight back. Learn relaxation techniques. Prioritise your tasks. Most importantly, take good care of yourself. The more you know about factors that influence your blood sugar level, the more you can anticipate fluctuations. If you're having trouble keeping your blood sugar level in your target range, ask your diabetes healthcare team for help. ■

Allergic Rhinitis

Nothing To Sneeze At

by ENT surgeon, Dr. Winile Makhaye

If there's one thing that'll ruin those warm, sunny days it's allergies and now it seems as if COVID-19 is likely to be with us for a long time, too. There has never been a more important time to learn about what allergic rhinitis is and how it's diagnosed, treated and how to keep allergies under control.

Allergic rhinitis (AR), or hay fever, is defined as a symptomatic disorder of the nose. In a nutshell, rhinitis can be defined as a nose inflammation.

And allergic rhinitis is an allergic reaction that happens in your nose triggered by pollen, dust, animals, and other allergens. Your body's immune system reacts to these allergens – producing antibodies to fight them – and releasing histamines. This can cause symptom such as a runny (rhinorrhoea) or stuffy (nasal congestion or blockage) nose, nasal itching, sneezing and postnasal drip. Although this condition is commonly called hay fever, it doesn't usually cause a fever. Nasal congestion is the predominant symptom in AR, described as the most troublesome symptom and occurring in up to 90% of patients. Allergies often worsen during certain seasons or with changes in the weather.

The Allergic Rhinitis and its Impact on Asthma (ARIA) expert committee workshop reclassified AR, based on:

1. The duration of symptoms as

- a. Intermittent:** Intermittent symptoms are symptoms lasting for less than 4 days of the week or less than 4 weeks per year.
- b. Persistent:** Persistent symptoms are symptoms lasting for more than 4 days per week and more than 4 weeks per year.

2. The effect on the patient's quality of life (QOL) as

- a. Mild:** Mild AR does not affect the patient's quality of life.
- b. Moderate-severe:** Moderate-severe AR causes one or more of the following:
 - sleep disturbance
 - impairment of daily activities leisure and/or sport
 - impairment of work or school
 - troublesome symptoms

Most patients with allergic rhinitis have moderate-severe disease. In South Africa, allergic rhinitis is mostly a persistent disease. The diagnosis of AR is based on the history, clinical findings and demonstration of allergen sensitisation by skin-prick tests and/or specific IgE measurements (RASTs). Patients may have allergic mannerisms and have the 'allergic facies', or appearance. The classic findings on rhinoscopy in AR are the presence of bilateral oedematous swelling of the mucosa of the inferior turbinates, which typically appear pale but may be purplish, and the presence of clear nasal secretions. Allergy testing should be guided by the common prevalent allergens in the region. The ARIA treatment guidelines for the management of AR include patient education, allergen avoidance, pharmacotherapy, and immunotherapy.



HOW TO STOP THE SNEEZING

Patient education regarding the condition and treatment is vital to ensure compliance with treatment and optimising treatment outcomes. It is only by informing the patient as to the chronic nature of their AR, allergen avoidance measures and the correct use of the prescribed medicines that symptom control can be achieved.

Pharmacotherapy

AR is often under-diagnosed, under-treated, and sub-optimally self-treated. **The best way to combat seasonal and more persistent allergic rhinitis is by enlisting the help of over-the-counter and prescription medications, such as antihistamines, leukotriene receptor antagonists, cromones, anticholinergics, decongestants and intranasal corticosteroids (steroid nasal sprays).** These sprays reduce inflammation, making it harder for allergens to reach the receptors in your nasal tissue that trigger reactions. The relative effectiveness of these drugs against the symptoms of AR is summarised in **Table I**.

None of these drugs has a persistent effect when stopped; continuous treatment is therefore indicated for persistent AR.

Factors that should be taken into account when commencing pharmacological treatment include:

- Efficacy
- Safety
- Cost-effectiveness of medications
- Patient preference
- Objective of the treatment
- Likely adherence to recommendations
- Severity and control of the disease
- The presence of comorbidities

More symptoms shouldn't mean reliance on more medication. The best way to combat allergies is to find out exactly what's sparking them, take charge, and reduce your exposure to the allergen when possible.

Allergen avoidance and environmental control

Allergen avoidance, based on the results of allergen sensitivity testing, may lessen the severity of disease. These measures are usually insufficient as a single intervention to control rhinitis or asthma as the majority of interventions fail to achieve a sufficient reduction in allergen load to lead to clinical improvement. However, they should form an integral part of management plan. >>

Table I. Relative effectiveness of drugs on the symptoms of allergic rhinitis

	Nasal obstruction	Rhinorrhoea	Sneezing	Nasal itching
Intranasal corticosteroids	+++	+++	++	+
Antihistamines	+	+++	+++	+++
Intranasal cromones	+	+	+	+
Intranasal decongestants	++++	-	-	-
Anticholinergics	-	++	-	-
Leukotriene receptor antagonists	++	+	-	-

House-dust mites

There are a number of measures that can be taken to reduce house-dust mite (HDM) exposure including:

- Encasing the mattress, pillows, and duvet in impermeable covers
- Washing all bedding in hot water
- Replacing carpets with linoleum or wooden flooring or treating carpets with acaricides
- Minimising the use of upholstered furniture
- Keeping dust-accumulating objects in cupboards
- Using a vacuum cleaner with a HEPA filter
- Washing curtains in hot water or replacing curtains with blinds
- Washing soft toys in hot water or freezing them

Moulds

ARIA guidelines suggest that sensitised patients should avoid exposure to moulds at home.

Cockroaches

Cockroach eradication measures can be instituted in the case of patients with cockroach sensitisation, but it is difficult to prevent reinfestation.

Pets

Pet allergens are contained in saliva and sebaceous secretions of cats and dogs. The only effective measure for avoiding animal dander allergens in the home is to remove the pet and to carefully vacuum clean all carpets, mattresses and upholstered furniture. However, most patients are not prepared to do this.

Measures that can be taken by sensitised patients who are allergic to their pets include:

- Confining the pets to uncarpeted rooms (other than the bedroom)
- Use of a vacuum cleaner with a HEPA filter

- Increasing ventilation
- Washing dogs and cats on a frequent basis (one to two times a week); although this reduces airborne allergens, it is effective for a short time only. While these measures may reduce airborne allergen levels, there are no specific environmental interventions that have been shown to reduce symptoms significantly. In patients with occupational rhinitis and asthma, the ARIA guidelines recommend immediate and total cessation of exposure to occupational allergen but suggest specific strategies aimed at minimising occupational allergen exposure when total cessation of exposure is not possible.



Pollen

You can take these the following steps to reduce your exposure to tree pollen:

- Start taking allergy medicine before pollen season begins.
- Learn about the trees in your area and when they produce the most pollen. For example, oak tree pollen is highest in the morning. If you are allergic to oak pollen, save your outdoor activities for later in the day.
- Check the pollen counts for your area. The Real Pollen Count (www.pollencount.co.za) is a website updated weekly by SA palynologists, people who study particles in the air, and is part of UCT's Lung Institute of Allergy and Immunology Clinic. The lowest pollen counts are usually in the late afternoon to early evening.
- Limit time outdoors when pollen counts are high and avoid activities such as moving the lawn or raking leaves that will stir up pollen.
- Keeping windows and doors closed in the morning to midday when pollen counts rise.
- Rather use a tumble dryer to dry clothes and bedding as pollen can stick to sheets and towels when hung outside.

- Using a portable air filter in one or more rooms in your home will also help to filter pollen and dust. Use a high efficiency particulate filter (HEPA) for best results.
- Change and wash clothing you've worn during outdoor activities and wash your skin and hair to remove pollen.

While these measures may reduce airborne allergen levels, there are no specific environmental interventions that have been shown to reduce symptoms significantly. In patients with occupational rhinitis and asthma, the ARIA guidelines recommend immediate and total cessation of exposure to occupational allergen but suggest specific strategies aimed at minimising occupational allergen exposure when total cessation of exposure is not possible.

WHEN TO SEE YOUR DOCTOR

In some cases, over-the-counter medications and reducing exposure aren't enough. It is worth checking in with your doctor if you have any persistent allergy symptoms or if asthma or your allergic rhinitis is affecting your day-to-day function. ■

ABOUT THE AUTHOR



DR. WINILE PATRICIA MAKHAYE

MBChB (UKZN) FCORL (SA) Mmed (Otorhinolaryngology)

Dr. Winile Makhaye is an Otolaryngologist currently practising at Melomed Mitchells Plain. As an Otolaryngologist, Dr. Makhaye works closely with many other medical specialists such as neurosurgeons and ophthalmologists. Her interests lie in patients who experience vertigo and sleep apnoea and conditions such as tinnitus, sinusitis, and laryngitis. Dr. Makhaye takes pride in providing the highest level of care currently available, based on local and international standards. She believes in treating her patients in a family orientated environment where everyone's needs are addressed.

Tel: 021 110 5950

Email: entdrmkhaye@gmail.com

10 Healthy, Road Trip-Friendly Snacks

Need some healthy road trip snacks? Or just some on the go snacks? Whether it's holiday, driving to sports practice or a day of running errands, here are some travel snacks you'll love!

Finding healthy snacks at the garage, grocery stores, and fast-food outlets along your route is often challenging and no, a garage pie is not healthy. Plus, eating irregularly and sitting for hours on end while driving can lead to digestive issues like constipation and bloating, making healthy snacking all the more important.

Ditch the chips and jelly babies, and instead bring along these nutritious and portable snacks that are perfect for road trips or any other car-snacking.

1 Biltong

Biltong is always a favourite! You can pick from beef, game, and chicken with various flavours and seasoning, all of which are very similar in nutrient content, though it can vary. Some brands are higher in sodium, protein, and fat than others, so be sure to read the labels carefully before you buy. If you're following a plant-based diet, check out mushroom chips for a similarly chewy snack that's free of animal products.



2 Nuts and seeds

Nuts and seeds are delectable on their own and pair well with many other road trip snacks, including dried or fresh fruit. Both nuts and seeds are high in protein, healthy fats, and fibre. In fact, eating more of these foods may decrease your risk of heart disease and lower your blood sugar levels. Stick to buying the unsalted kind and adding any salt yourself at home.

Almonds, cashews, pecan and macadamia nuts, pumpkin seeds, and sunflower seeds can supply a needed energy boost during your road trip.



3 Popcorn

It's easy (and healthier) to make popcorn on the stove top, or using a popcorn maker. Pre-pack bags of popcorn to take on the road. Two cups of unsalted popcorn contain about 2.4 g of fibre, which can help you feel full longer. Plus, the snack contains antioxidants like polyphenols. But go easy on the salt and perhaps use a heart-healthy oil instead of butter.



4 Greek yoghurt

You can expand your snacking options during your road trip if you take a cooler. Greek yoghurt is higher in protein than regular yogurt (it contains twice as much per serving!), which will help fill you up and curb your hunger. And it's also full of bone-building calcium and gut-friendly probiotics.



4

5

Dark chocolate

When you're craving something sweet during a long road trip, don't cave into the endless candies, baked goods, and sugary beverages available at rest stops and petrol stations. Instead, pack your car with healthy options like dark chocolate.

This treat is loaded with powerful polyphenol antioxidants, which have anti-inflammatory and heart-protective properties. What's more, eating chocolate in moderation may safeguard against conditions like stroke and diabetes.



Grapes

During road trips, munching on hydrating, high-fibre foods like fruit, may keep your bowel movements regular and help prevent constipation caused by inactivity. Grapes travel well and are easy to pack (pull them all off the stems), in addition to being a healthy snack. A 100 g serving of red or white grapes contains less than 70 calories, and 1 cup is a good source of vitamin K and offers some potassium.

6

7

Fresh veggies with hummus

Hummus is high in protein, calcium, and Omega-3 fatty acids. Which makes it the perfect partner for vitamin and fibre filled veggie sticks! Eat your hummus with carrots, cucumber, red pepper, celery, or sugar snap peas. You can swop the hummus for salsa, guacamole, or cottage cheese. Stash them in a cooler so they stay cool and crisp.



Homemade trail mix

Trail mix is a go-to snack for road trips – and for good reason. It doesn't require refrigeration, is easy to eat, and provides ample protein, healthy fats, and fibre to fuel you on those long road trips. Start with raw or roasted nuts and seeds, then add your favourite unsweetened dried fruits. Toss in dried coconut, cacao nibs, dark chocolate chips, or spices for extra flavour and crunch.

8

9

Fresh fruit and nut butter

Fresh fruit is not only highly nutritious but also easily portable. Apples, strawberries, and bananas are great paired with high protein nut butters like almond or peanut butter for a filling snack.

Nut butters are even sold in single-serve pouches, which can come in handy when you need a quick bite while driving.



Crunchy roasted chickpeas

If you're looking for a crunchy salty alternative to chips, this is it. Chickpeas are highly nutritious, providing protein, fibre, magnesium, folate, and zinc and surprisingly tasty when you roast them in the oven with salt and chili powder for 45 to 60 minutes. You can also try making them with garlic and parmesan or honey and cinnamon. ■

10

REMINDER: Popcorn, whole nuts, roasted chickpeas etc are choking hazards for young kids.

GETAWAYS TO SOOTHE YOUR SOUL

2021 is winding down and, with another tumultuous year behind us, the popular local holiday website, LekkeSlaap.co.za, reckons you deserve a restorative break where you can truly unwind and destress in nature. Here are their favourite Western Cape stays where you can sit around the fire, take in a spectacular view or soak in a wood-fired hot tub.



LANGHOOGTE FARM, MONTAGU

KINGFISHER COTTAGE

From R1170 for 2 people

A peaceful and relaxing getaway awaits on this farm in the Koo Valley. The charming, eco-friendly cottages are built with natural materials. You can enjoy fishing, swimming in the eco pool and mountain trails on the farm and light a fire at night while enjoying the sounds of nature and the bright stars!

THE RIVERSTONE HOUSE

From R1700 for 2 people

The Witzenberg Valley is filled with gems like this unit consisting of two shipping containers that have been converted into a 4-sleeper self-catering house. It is situated at the edge of the farm dam and offers a beautiful view, a wood-burning fireplace and space for your beloved pet to run!



WOLSELEY



MCGREGOR



FOSSIL HILLS FARM COTTAGES

From R1100 for 2 people

If you want to experience farm life, these self-catering cottages are situated on a farm where grapes, plums, apricots and vegetables are harvested. Aloe Cottage and Pinotage House are pet friendly and most of the cottages have wood-fired hot tubs. Be sure to bring your mountain bike and walking shoes.

UITSIG COTTAGES

From R800 for 2 people

Imagine enjoying your morning coffee with a view of the Swartberg Mountains. This awaits you at Uitsig Cottages! Hemelrand Cottage sleeps five guests and features a fire pit, splash pool and indoor braai facilities, and Gelukstroom sleeps four guests, has a wood-fired hot tub, indoor braai and a fire pit.



LADISMITH



WOLSELEY



STEENBOK FARM COTTAGES

From R1700 for 2 people

How about a stay on a game farm? Steenbok Farm Cottages offers two self-catering cottages at the foot of the Witzenberg Mountains, each boasting a wood-fired hot, indoor fireplace and space for Fluffy to come along.

VARKENSKRAAL FARM

From R900 for 2 people

Once you breathe in some fresh Karoo air, you are bound to feel rejuvenated. Varkenskraal Farm in the Meiringspoort District is home to two 4-sleeper self-catering houses with private patios where you can enjoy the best of the Karoo with a braai under the stars. ■



DE RUST



COOKING from the heart

**NEW
SALT CHART
BOOKLET**
to assist in reducing
daily sodium intake

Low Salt

There is a strong correlation
between increased **salt intake**
and **elevated blood pressure**.¹

South African and International **hypertension guidelines** advocate the
reduction of dietary salt intake in the management of hypertension.^{2,3}

Salt reduction is additive to
other non-pharmacological and
pharmacological interventions
in lowering blood pressure.¹

A JOINT INITIATIVE WITH



**THE HEART
AND STROKE
FOUNDATION
SOUTH AFRICA**



SCAN QR CODE TO
**DOWNLOAD THE
SALT CHART BOOKLET**
OR VISIT OUR WEBSITE



www.cookingfromtheheart.co.za

Pharma Dynamics www.pharmadynamics.co.za ☎ 0860 PHARMA (742 762) / +27 21 707 7000
The Heart and Stroke Foundation South Africa www.heartfoundation.co.za ☎ 21 422 1586

¹ He, FJ, et al. Salt reduction to prevent hypertension and cardiovascular disease, JACC State-of-the-Art review. *Journal of the American College of Cardiology* 2020;75:632-647. ² YK Seedat et al. South African hypertension practice guidelines 2014;25(6):1-8. ³ Williams B et al. 2018 ESC/ESH guidelines for the management of arterial hypertension. The task force for the management of arterial hypertension of the European Society of Cardiology and the European Society of Hypertension. *Journal of Hypertension* 2018;36:1853-2041. CNSRA658/07/2020.

Summertime tips

for healthy, happy feet

Keep these suggestions in mind to ensure you're putting your best foot forward this season.

When the beaches and pools open, most of us break out the sandals and flip-flops, or even go barefoot. But there are some things to keep in mind to ensure you're putting your best foot forward in the sand and surf.

After winter, we are ready to trade in our stuffy socks and boots (and slippers) for some airy open-toed sandals. With our feet being out of sight for a good four to seven months out of the year, they might be looking a little more funky than fabulous.

Lingering blisters from ill-fitting flats, neglected toenails and dry, cracked heels are just the beginning of a laundry list of things that make us want to hide inside our socks forever. We help you to tackle some of your most pressing foot problems:



DRY & CRACKED HEELS

Dry, cracked heels not only look unsightly, but they can also be painful.

This condition is mostly caused by a lack of moisture. Standing long hours, cold weather, being overweight, wearing improper footwear, eczema, psoriasis, thyroid disease and diabetes can also contribute to this problem.

Exfoliation scrubs and rich foot creams are the key for fixing cracked heels.



HOW TO TREAT:

Exfoliate! Before going to bed, mix some liquid soap in a foot tub (or grab a large bowl or basting pan) filled with warm water. You can use any foot soak recipe that you prefer.

The warmth opens the pores of your skin and enables the best penetration of the foot cream. Soak your feet for about 20 minutes. Use a pumice stone to exfoliate and gently scrub off the loosened dead skin cells. Rinse your feet and apply a rich skin-repairing cream or moisturiser to your feet. Wear a pair of clean, thick cotton socks overnight. Wake up to smooth and soft feet. Do this daily until your cracked heels are healed completely. >>

CALLUSES

A callus is a buildup of dead skin cells that forms a toughened skin area that has become thick and hard. Calluses are formed due to repeated friction, constant rubbing, pressure, or other irritation. They can be painless and protective. But if a callus presses on a bone or nerve underneath your skin, it can be as painful as a pebble between your toes.



HOW TO TREAT:

Never attempt to remove calluses when your skin is dry, as it can cause abrasions and damage. Exfoliating regularly is key in fixing them: After soaking your feet, massage a foot scrub to gently slough off dead skin. Use a pumice stone on the callus – don't try to grind the whole callus away in one sitting, as you'll rub your skin raw. Instead, sand it down a little every day, and be patient. If the callus is very thick or hard, the sanding project might take a few weeks. Instead of filing corns and calluses, you can soak and moisturise them until they grow soft.

ODOUR

Odour occurs when your feet sweat and the sweat does not evaporate because you are wearing shoes or socks. The bacteria that live on your skin and in your shoes grow as they feed on your sweat and dead skin cells, producing a foul smell. It's a natural process, but luckily you can reduce the bacteria by creating a drier habitat for your feet. Bacteria thrives in warm, dark and moist places, and continues to breed once you've taken your shoes off.



HOW TO TREAT:

Foot soaks, scrubs and exfoliating regularly helps draw out the sweat and excess toxins your feet accumulate. To help absorb moisture, dust your feet with powder, focusing on the soles and between toes. To reduce smell, a normal underarm deodorant or antiperspirant can be sprayed on your feet. Don't wear the same socks and shoes for consecutive days. Shoes should be left to air out for 24 hours after wearing, and if possible, insoles should be replaced every two to three months.

BLISTERS

The most obvious way to prevent blisters is to wear shoes that fit. But when temperatures heat up, your feet will swell and sweat, which causes friction against your shoes – even comfy ones – and is bound to give you a blister now and then. If it's not causing too much discomfort, leave it alone and it'll heal itself. But in areas that are irritating you, like the soles of the feet or in between toes, it might be necessary to puncture the blister to relieve pressure and pain.



HOW TO TREAT:

Most important, never forcefully squeeze a blister – it can introduce infection, and often the blister comes right back the same day. Instead, keep the blister covered with a bandage until it dries up. Or use a sterilised needle and gently insert it into the side of the blister to allow escape of the fluid inside the blister. Once drained, clean the area, dry it and apply a topical antibiotic with a bandage.



INGROWN TOENAILS

Constantly wearing shoes that are too tight, can create pressure around the toes. A sharp edge of toenail grows into the skin's folds at its edge which results in pain, discomfort and inflammation. The area can grow extra tissue or drain yellowish fluid. Ingrown toenails usually affect the big toe.



HOW TO TREAT:

Soak your sore toe in warm water. Do this for 15 minutes a couple of times every day. Soaking reduces the swelling and relieves tenderness. After drying your feet, cut the nail straight across, starting from the sides. Doing this instead of rounding them at the corners, will help them to grow outward instead of into your skin. Gently pull the skin away from the nail and put a tiny ball of clean, moist cotton between the ingrown toenail and the skin to help separate them. Rub your toe with antibiotic ointment to help reduce your chance of developing an infection. Cover the sore toe with a bandage to offer padding and protection. Let the toe get some air and change the cotton every day.

SUMMER FOOT CARE FOR DIABETICS

Podiatrists recommend those living with diabetes always wear shoes during summer activities. Wearing flip-flops or sandals or even going barefoot is dangerous for diabetics due to the increased risk for nerve damage to the feet. A scrape or cut on your feet could result in slow healing times. Even worse, a cut that goes unnoticed could easily become a serious wound if left untreated.



WARNING

Diabetics and individuals with a history of nerve damage should never attempt to remove their calluses, blisters, or cut toenails themselves, and instead should seek treatment with a podiatrist.



DIY SCRUB RECIPES

BROWN SUGAR FOOT SCRUB



Brown sugar exfoliates, olive oil nourishes, while baking soda removes dirt and whitens skin. You can use it on your knees and elbows too.

MIX TOGETHER:

- 1 tbs of olive oil
- 2 tbs of brown sugar
- 1 tbs of baking soda

HONEY LEMON FOOT SCRUB



Honey hydrates, lemon evens out skin tone, sugar exfoliates, olive oil soothes and heals skin.

MIX TOGETHER:

- Juice of ½ a lemon
- ½ cup of granular sugar
- 1 tbs of olive oil
- 1 tbs of honey ■



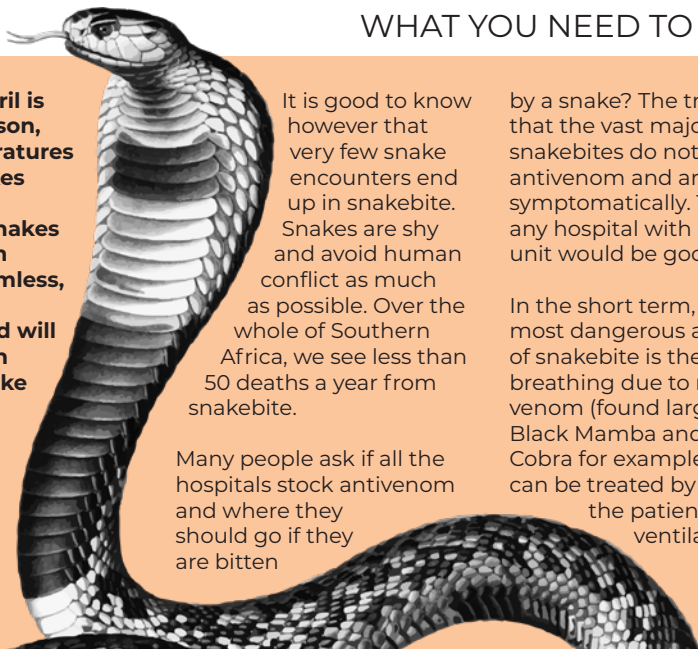
Sources:

- www.health.com
- www.sheknows.com
- www.youbeauty.com
- www.top10homeremedies.com
- www.healthnbodytips.com

SNAKE SEASON IS HERE

WHAT YOU NEED TO KNOW

October to April is snakebite season, and as temperatures increase, snakes become more active. Most snakes found in South Africa are harmless, usually not aggressive and will only bite when provoked. Snake bites usually occur when a snake is frightened, feels endangered and is forced to react in self-defence.



It is good to know however that very few snake encounters end up in snakebite. Snakes are shy and avoid human conflict as much as possible. Over the whole of Southern Africa, we see less than 50 deaths a year from snakebite.

Many people ask if all the hospitals stock antivenom and where they should go if they are bitten

by a snake? The truth is that the vast majority of snakebites do not require antivenom and are treated symptomatically. Therefore, any hospital with a trauma unit would be good.

In the short term, the most dangerous aspect of snakebite is the lack of breathing due to neurotoxic venom (found largely in the Black Mamba and Cape Cobra for example). This can be treated by putting the patient on a ventilator.

The *snakes* of South Africa

South Africa **176** different types of snakes.

77

of them are **not venomous**

50

of them are **mildly venomous** (not considered dangerous)

29

of them are capable of **inflicting very painful bites**

20

of them are **potentially deadly**

Snake bites

40% of bites are drybites requiring **no antivenom**

60% of bites show signs of **envenomation**

Most dangerous snake

The **Black Mamba** is considered the most dangerous due to its size and potent neurotoxic venom.

Most bites occur...

- **Early evenings** in warm summer months (January to April).
- **Where?** 84% of bites are below the knee
- **Who?** Largely males 14 to 25 years of age

METS

MELOMED EMERGENCY
TRAUMA SERVICE

24 Hours



Melomed 24-hour Trauma Units:

Melomed Gatesville Trauma Unit: 021 637 8100

Melomed Bellville Trauma Unit: 021 948 6535

Melomed Mitchells Plain Trauma Unit: 021 392 3126

Melomed Richards Bay Trauma Unit: 035 791 5301

Melomed Tokai Trauma Unit: 021 764 7023



Cape Cobra
Neurotoxic



Puff Adder
Cytotoxic



Boomslang
Haemotoxic

KNOW YOUR VENOM

Snake venom is generally divided into three categories based on the toxins it contains:

1. **Neurotoxic venom** (mambas and several of the cobras, especially the Cape Cobra), **affects the nervous system.** Symptoms may include drowsiness, vomiting, increased sweating, blurred vision, drooping eyelids, slurred speech, and difficulty in swallowing, speaking, breathing and weakness of other muscle groups. The respiratory muscles are gradually paralysed which leads to respiratory failure.
2. **Cytotoxic venom** (Puff Adder, Gaboon Adder and Mozambique Spitting Cobra) **affects the tissue and muscle cells.** Symptoms may include immediate burning pain at the site of the bite followed by local swelling that could continue for several days. In severe cases the entire limb may swell. Local tissue necrosis is quite common and may result in the loss of a limb.
3. **Haemotoxic venom** (the Boomslang and the Twig Snake), **affects the clotting mechanism of the blood.** There is usually little or no swelling and very little pain initially. The bite is followed by oozing of blood from the bite site after a few hours, headache, mental confusion, nausea, vomiting and increased sweating. After several hours there may be bleeding from small cuts, the mucous membranes of the mouth and nose, purple patches under the skin, and eventually severe internal bleeding which results in vomiting of blood and haemorrhage from the bowels. Kidney failure and brain haemorrhage may occur after a few days.

However, these are broad categorisations and do not cover all the complexities or combinations of venom – the venom of the Bergadder, for example, contains a mixture of both neurotoxins and cytotoxins.

Source: African Snakebite Institute at www.africansnakebiteinstitute.com/articles
Western Cape Government at www.westerncape.gov.za

Emergency protocol

In the event of a snake bite

1. Keep the victim calm, immobilized and transport the victim to the closest hospital without delay.
2. If the victim stops breathing, resort to artificial respiration or make use of a Bag Valve Mask.
3. Call the Poison Information Centre help line for further advice: **0861 555 777.**

DO NOT

- ...apply a tourniquet.
- ...cut and suck the wound
- ...use ice or very hot water
- ...give the victim alcohol
- ...apply electric shock
- ...inject antivenom randomly

Antivenom (if required) must be administered by a doctor in a hospital environment. ■

The Easiest Campfire Nachos

**Fresh of the grid –
coming to a braai near you.**

Prep Time: 5 minutes
Cook Time: 10 minutes
Total Time: 15 minutes
Servings: 2 for dinner or 4 as an appetizer

What better way to end the day than with a campfire, and a big plate full of cheesy nachos? The secret to exceptional nachos lies in one simple concept: layers!

If you build your nachos correctly, each chip is a celebration of crunch, cheese, and delicious toppings.

Ingredients

- 1 tbs neutral flavoured oil
- 250g of tortilla chips
- 1 bottle of hot salsa or tomato sauce
- 1 cup grated Cheddar cheese (or use a blend of Cheddar and Mozzarella)
- 1 can black beans, drained
- 1 large avocado, cubed
- 4 to 5 spring onions, sliced
- handful of fresh coriander, chopped
- 1 small lime, cut into wedges

Instructions

1. Lightly oil the bottom of a large flat potjie, to prevent the nachos from sticking.
2. For the first layer, evenly spread $\frac{1}{3}$ of the chips into the potjie, topped with $\frac{1}{4}$ bottle of sauce, $\frac{1}{4}$ can black beans, $\frac{1}{4}$ cup cheese, and a handful of avocado, spring onions, and coriander. Repeat for the second layer.
3. For the third and final layer, use the remaining $\frac{1}{3}$ portion of chips, $\frac{1}{2}$ bottle of sauce, $\frac{1}{2}$ can black beans, $\frac{1}{2}$ cup cheese, and the remaining avocado, onion, and coriander.
4. Cover the potjie with its lid and place on a grill over your fire for about 10 minutes, until the cheese has melted. Serve with the lime wedges. ■

Source: Fresh Off The Grid at www.freshoffthegrid.com

Top tip

By using a cast iron flat bake “potjie” with a lid, you can make nachos no matter where you are. With a flat pot you can place coals or embers on top of the lid as well as underneath, allowing you to cook your meal from both sides.



EMERGENCY MEDICAL CARE

RIGHT ON YOUR DOORSTEP.

Our Emergency Units at all Melomed Hospitals are available **24/7** providing comprehensive emergency services.

Should you experience any pain, illness and require immediate medical attention, then don't delay and visit your closest Melomed hospital.



For ambulance assistance,
please call 0800 786 000

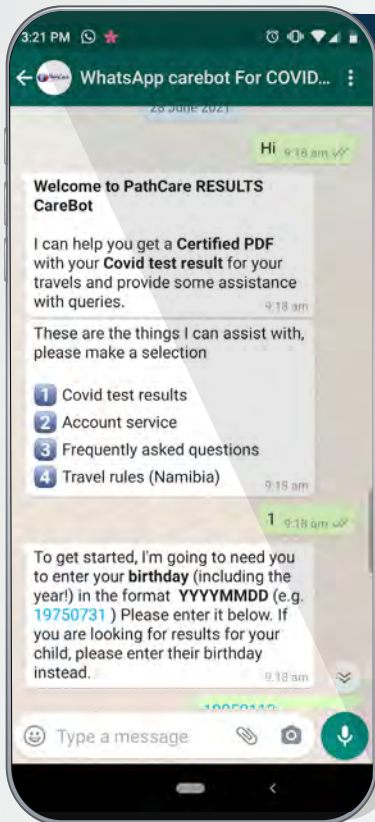
Introducing PathCare's WhatsApp CAREBOT

where you can retrieve a copy of your
COVID-19 results



"Pathology that Adds Value"

HERE'S HOW IT WORKS:



Save 021 596 2130 as a contact on your phone
– call it PathCare Bot

Navigate to your WhatsApp App
Find your PathCare Bot contact

Send us a message: Hi

You will be presented with different services

1. COVID test results
2. Accounts
3. FAQ
4. Travel rules (Namibia)

Select the number of the service you want to access

Provide your Date of Birth

Wait for validation

Retrieve your PDF results

Please note that the Bot will only interact with you on the cell/mobile number you provided on your COVID request form. No one can get your results on your behalf from a different cell/mobile number.