

melomag

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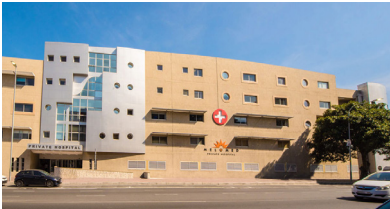
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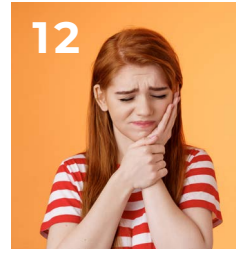
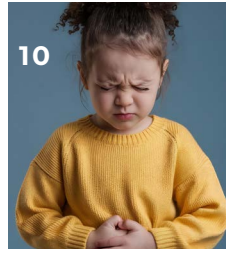
At Melomed Claremont Clinic, we believe that caring for a person's mind is inseparable from caring for their body.

Every day, our multidisciplinary team of psychiatrists, psychologists and occupational therapists hold space for patients to reconnect with themselves to rediscover strength, meaning and balance that illness or circumstance may have obscured.

In the broader health puzzle, mental health is often the piece that completes the picture. When our patients are supported emotionally and psychologically, their physical recovery is more sustainable, their relationships improve and their overall wellbeing thrives.

We work closely with GPs, specialists and allied health professionals - ensuring that every patient receives truly holistic, integrated care.

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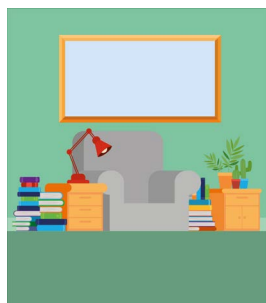
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PREVENTING FALLS

SIMPLE STEPS FOR A SAFER LIFE

Falls are a leading cause of injury, especially among older adults. But many falls are preventable. By taking proactive steps, you can significantly reduce your risk and maintain independence and mobility.



KEEP YOUR HOME SAFE

Loose rugs, secure electrical cords and keep walkways clear of clutter. Install grab bars in bathrooms, handrails on staircases and nonslip treads on bare wood stairs. Ensure all areas of the home are well-lit, especially stairways and hallways.



WEAR PROPER FOOTWEAR

Choose shoes that fit well and have non-slip soles. Avoid walking in high heels, floppy slippers or socks, especially on smooth floors. Proper footwear provides stability and reduces the risk of slipping.



USE ASSISTIVE DEVICES, IF NEEDED

Canes, walkers and other mobility aids can provide extra support and stability. Make sure they're properly fitted and used correctly.



MANAGE HEALTH CONDITIONS

Regular checkups can help you manage chronic conditions that affect balance, such as diabetes or low blood pressure. Review medications with your health care provider to identify any that may cause dizziness or drowsiness.



STAY PHYSICALLY ACTIVE

Regular exercise improves strength, balance and coordination. Activities such as walking, tai chi and yoga are helpful. Stronger muscles and better balance can help prevent falls and reduce the severity of injuries if you do fall. ■

MANAGING RHEUMATOID ARTHRITIS IN THE WORKPLACE

With a rising number of people in Africa living with rheumatoid arthritis, which usually strikes during one's most productive working years and can result in disability, employers need to ensure they adhere to reasonable workplace accommodations if requested by incapacitated employees.

Rheumatoid arthritis is a chronic inflammatory disorder that affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity.

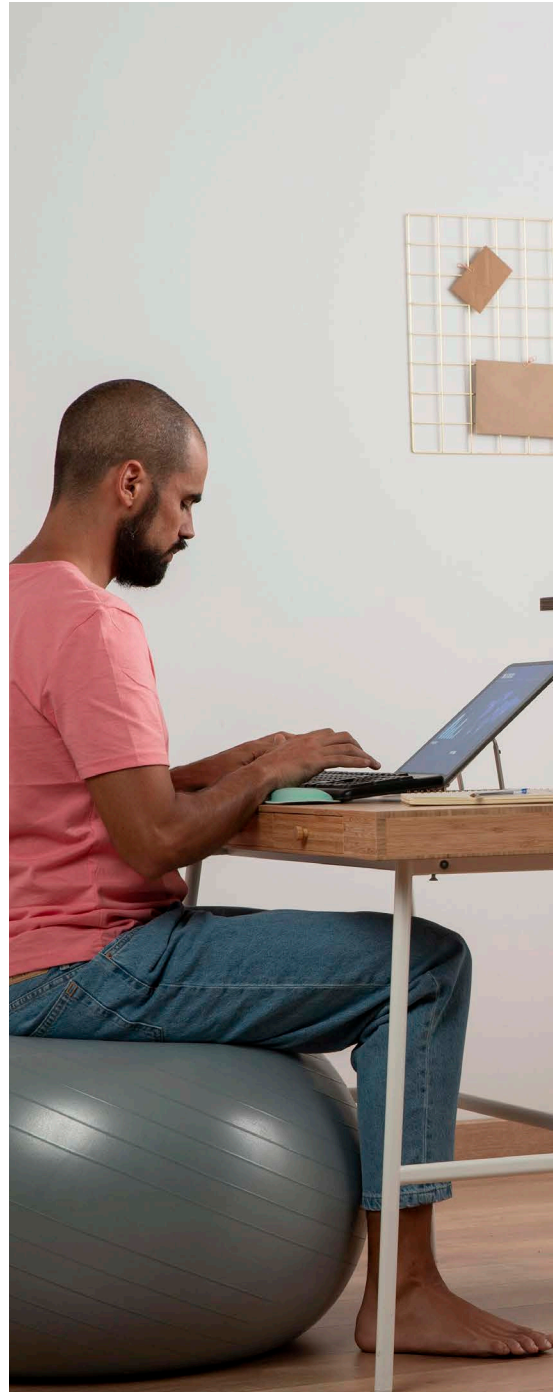
HOW RHEUMATOID ARTHRITIS AFFECTS EMPLOYEES AT WORK

These diseases have the fourth highest global impact on disability-adjusted life years and are one of the second leading causes of disability as measured by years lived with disability, according to the 2010 Global Burden of Disease. Many countries in Africa have reported an increased number of individuals with the disorder.

According to the World Health Organization, rheumatoid arthritis tends to strike during the most productive years of adulthood, between the ages of 20 and 40, and is a chronic disabling condition often causing pain and deformity – more commonly in women. Within 10 years, at least half of affected individuals in developed countries become incapacitated or are unable to hold down a full-time job.

DISCLOSING DISABILITY

No employee is legally obliged to inform their employer of a disability or impairment. However, if the employee requires reasonable accommodation, it is in their advantage to disclose the disability.





THE EMPLOYER'S ROLE

Early involvement by the employer plays a role as an adjunct intervention at the workplace to ensure the affected employee remains productive. All employers have the responsibility to ensure that the employees experiencing difficulties in performing daily duties and in accessing the work environment due to rheumatoid arthritis are assisted through reasonable accommodation. In this way, the way a job is normally performed can be modified to improve and maintain their productivity in line with legislation.

Therefore, education programmes aimed at coping with pain, disability, maintenance of ability to work, and social participation may be used as supportive interventions.

Rheumatoid arthritis in adults often leads to work disability if there is a mismatch between individual capability and work environmental demands. The course of treatment greatly determines how individuals function.


The goal is to intervene early with anti-rheumatic pharmaceutical treatment to delay progression of symptoms and maintain productivity. Occupational therapy early on in the disease progression often leads to delayed onset of debilitating symptoms and increased likelihood to cope within the workplace.

Individuals with functional limitations in physically demanding jobs are often accommodated in more sedentary positions, which often increases the demands placed in smaller joints in their hands for manual dexterity and repetitive hand tasks. The challenge is that rheumatoid arthritis often affects small joints first, which makes sedentary jobs inappropriate. Even though sedentary positions may decrease absenteeism, it exacerbates presenteeism.

These employees experience functional limitations and their ability to perform and execute work duties gets incapacitated as the condition progresses. They are protected by the Employment Equity Act and require management at the workplace.

Workplace wellness programmes often assist companies in identifying high-risk individuals who may be at risk of developing chronic conditions, which without intervention, may result in further disability. >>





The employer should embark on an incapacity management process following the outcomes as a result of:

- rheumatoid arthritis from monthly, quarterly or six-monthly performance reviews
- signs of demotivation or change in work behaviour investigations
- observed changes in physical ability to move around and execute daily duties

As part of the incapacity management process, the employer will have an opportunity to establish supportive engagement to determine the possible problems and solutions.

WAYS THAT AN EMPLOYER CAN MAKE THE WORKPLACE MORE ARTHRITIS-FRIENDLY:



Adjustable sit or stand workstations

or desks: to make the work easier by allowing the employee to alternate sitting and standing positions



Frequent breaks: encouraging standing up and walking around or changing tasks every 20 to 30 minutes



Accessibility: moving a workstation to the ground floor to remove the need to climb stairs and providing accessible restrooms and break rooms



Support: providing assistance with lifting or other physically demanding non-essential tasks, reducing or eliminating physical exertion



Adaptive devices, tools or equipment:

assisting employees with rheumatoid arthritis



Ergonomically appropriate: ensuring that the workstation is ergonomically appropriate



Flexibility: allowing flexible hours to start and end the workday later, as people with rheumatoid arthritis may need time in the morning to loosen up their joints

While education and professional training may be limiting factors, there are certain occupations that are better suited for people who have rheumatoid arthritis such as those with flexible hours, telecommuting, and low stress. ■

SECRETS TO

START 2026 RIGHT! GET MORE SLEEP TO BE NICER, SMARTER, MORE LEAN AND JUST MORE AWESOME!



Being awake for 17-19 hours leads to a decrease in performance equivalent to having a blood alcohol level of 0.05%

The average person spends

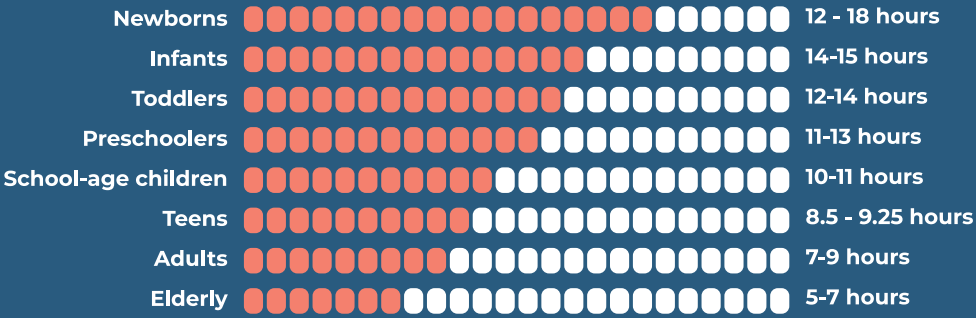
649 401 hrs

sleeping during their lifetime



If it takes you less than 5 minutes to fall asleep then you are very likely sleep deprived. The ideal amount of time is about 10 minutes.

HOW MUCH SLEEP DO WE REALLY NEED?



BETTER SLEEP

FOODS CAUSING INSOMNIA



SPICY FOODS

can cause heartburn and indigestion that keeps you awake.



SUGAR

When sugar leaves your system, you'll just crave more of it.



CHOCOLATE

can contain caffeine that keeps you perky in the wee hours.



WHY IS SLEEP IMPORTANT?



Improves your memory



Can help you lose weight



Can help you heal faster



Can prevent depression and stress



Reduces inflammation that could lead to heart-related conditions, cancer and diabetes

7 STEPS TO BETTER SLEEP



Allow enough time for sleep



Make your room a tidy peaceful environment



Stick to a regular sleep schedule



Avoid heavy meals, alcohol, caffeine before sleep



Avoid exercising 3 hours before bed



Read a book in bed



Avoid bright light for two hours before bed



DID YOU KNOW?

Somniphobia is the fear of sleep. ■



CATARACTS 101

WHAT THEY ARE, WHAT TO LOOK OUT FOR AND HOW THEY'RE TREATED

Cataracts are a common eye condition in which the lens inside the eye loses its transparency. The lens of the eye works like a camera to focus light on the retina and form images, adjusting to allow us to see objects at varying distances. Cataracts are made up of clumps of protein which cloud the lens – a bit like cooking an egg white where the transparency gradually gives way to milky cloudiness. Usually, both eyes are affected, but vision may be better in one eye than the other.

HOW DO I TELL IF MY POOR VISION IS CAUSED BY CATARACTS?

Early-stage cataracts generally don't affect the eyesight substantially and you'd usually be unaware of any vision problems, which is why regular eye tests are so important to detect any changes. A common first symptom of early cataract, however, is that night vision may not be as clear as it used to be. As the cataract expands, more of the lens becomes clouded and symptoms become more noticeable.

Reading under brighter lights and wearing stronger glasses can help in the early stages, but over time it can start to interfere with your everyday life, which is when you should seek treatment.

But how can you tell if you have a cataract? Only an optometrist or ophthalmologist can make a definitive diagnosis, but some of the symptoms and signs of cataract include:



Cloudy vision
(like looking through fog)



Appearance of
haloes around lights



Increasing difficulty
seeing at night



Faded colours



Sensitivity to glare
and bright lights



Double vision in one eye



Need for brighter
lights to read



Needing to change
spectacle or contact lens
prescription frequently

If you are experiencing any of the above symptoms, book an appointment with your optometrist for an eye test and cataract diagnosis. If cataracts are detected, your optometrist will refer you to an ophthalmologist for treatment.

HOW ARE CATARACTS TREATED?

Cataract surgery is a safe and effective procedure for advanced stages of the condition and leads to improved vision for most patients. It is usually an outpatient procedure that takes an hour or less to perform. During cataract surgery, the clouded lens is removed, and a clear artificial lens is usually implanted. The procedure is painless and any post-procedure discomfort should disappear within a few days. Complete healing should occur within eight weeks.

Most people need spectacles, at least some of the time, after cataract surgery. Your ophthalmologist will let you know when your eyes have healed enough for you to get a new prescription for spectacles, which is usually between one and three months after surgery.



ARE CATARACTS PREVENTABLE?

Cataracts mainly occur in older people, developing as part of the natural ageing process, and changes in chemical composition and normal wear-and-tear are thought to be the reasons why the lens becomes cloudy. In fact, most people have at least some clouding of the lens by the age of 60. Other risk factors for cataract include injuries, prior eye surgery, diabetes, a family history of cataracts, and the use of corticosteroid medications. Hormone therapy can also increase the risk, as can smoking and drinking alcohol. People with long-term exposure to sunlight are also more likely to develop cataracts.

Though cataracts are not preventable, there are lifestyle choices you can make to reduce your risk. These include avoiding tobacco use, drinking alcohol in moderation, eating a healthy diet and protecting your eyes from the sun with sunglasses and hats. Also, adults should get their eyes examined every two years, or more frequently if recommended by your optometrist, to identify any eye problems before they begin to affect vision. ■

Gastroenteritis

IN OUR CHILDREN

Your child wakes you at 2 a.m. vomiting and feverish. This is not an uncommon scene, as gastroenteritis, often called 'gastro' or 'tummy flu,' is an infection that causes the stomach and intestines to become inflamed. This can lead to fever, stomach cramps, vomiting, and diarrhoea.

Gastroenteritis spreads when someone comes into contact with infected faeces or when contaminated food or water is shared. It is especially common in children under five. In fact, it accounts for approximately 20% of emergency room visits in this age group, meaning that one in every five ER visits among toddlers is due to this condition. The most significant risk is dehydration, which can be dangerous. Dehydration causes the body to lose fluids and salts, which can affect the heart and kidneys.

Acting quickly to spot and treat dehydration can save your child's life. It is essential to begin treatment within two hours of the onset of symptoms, such as vomiting or diarrhoea, to prevent dehydration.

Causes

Viruses causes most of these cases especially Rotavirus, followed by Adenovirus and Norovirus.

Bacteria such as E. coli, Salmonella, and Shigella can also cause gastroenteritis, usually from contaminated food or water.

Parasites such as Giardia and Cryptosporidium can cause more prolonged gastroenteritis.



Prevention

Hygiene is important. Make sure food and water are not contaminated and stored correctly. Routine rotavirus vaccination is a crucial preventive measure that significantly reduces the number of severe cases of gastroenteritis in children. This aligns with current paediatric guidelines and provides an effective way for parents to protect their children. For caregivers, it's beneficial to turn hand-washing into an engaging experience for toddlers, making it not only a preventative measure but also a developmental milestone. Encouraging this skill can transform the routine of hygiene into a fun and positive learning activity for young children. Wash your hands after using the toilet and after changing nappies.

Treatment

Treatment focuses on relieving symptoms. Watch for complications and signs of dehydration, and treat them as needed. Dehydration is the most common problem, so keep your child hydrated with the right oral rehydration solution, as recommended by the WHO and the Department of Health. Offer small amounts of fluids often. If symptoms persist, then take them to the clinic, doctor, or emergency room.



Consider using a simple **three-step rehydration checklist** to help manage the process efficiently:

- 1 Measure:** Assess your child's condition by checking for signs of dehydration, such as dry mouth or reduced urination.
- 2 Offer:** Provide small sips or spoonful of oral rehydration solution frequently, making sure to offer it at regular intervals.
- 3 Observe:** Monitor for any improvement or signs that the condition is worsening, and seek professional help if needed.

This checklist can help reduce errors during stressful times.



Danger signs of severe dehydration

These are signs of shock and should be prevented.



No urine for more than 4 to 6 hours



Sunken eyes



Dry mouth and tongue



Fast heartbeat and breathing



A child who is very sleepy or hard to wake



Blood in the stools



A fever over 39°C or one that lasts more than 4 hours



Ongoing vomiting



A swollen belly



Cold sweats, or a pale appearance

Always take the child to the nearest clinic or emergency room if you are uncertain. Gastroenteritis is preventable and treatable if started early. So if unsure, always contact your doctor or go to your closest clinic or emergency unit. With prompt care, most kids bounce back quickly, reinforcing the importance of swift action and attentiveness. This ensures a speedy recovery and provides parents and guardians with peace of mind. ■

UNDERSTANDING

ORAL CAVITY CANCER

CAUSES, SYMPTOMS AND TREATMENT

By Dr Raphael Mlauzi

Cancers of the oral cavity are malignant growths that can occur in the mouth, lips, gums, tongue, cheeks and the roof and floor of the mouth. Unlike other parts of the aerodigestive tract, early detection of such cancers is possible. Death is by eroding into local tissues, making

feeding difficult if not treated, and also by spreading to distant sites such as the lungs, liver, brain where the cancer cells cause further erosion into of these vital body structures. So, it is imperative that is diagnosed and treated as early as possible.

The commonest type of oral cavity cancer is a type called Squamous Cell Carcinoma. It mostly affects males above 40, though younger patients have been affected of late.

There are several risk factors for developing oral cavity cancer. These include:



Tobacco use (smoking, chewing, vaping)



Heavy alcohol use



Human Papilloma Virus (HPV)



Prolonged sun exposure to the lips



Poor oral hygiene



Family history



Ill-fitting dentures



Diet low in fruits and vegetables



Poor immune systems like HIV or organ transplants













Lichen planus

Smoking and alcohol consumption are considered the commonest preventable risk factors for developing squamous cell carcinoma of the oral cavity. This relationship is considered synergistic. Compared to non-smokers, smoking confers a 1.9-fold risk to males and 3-fold risk to females for developing head and neck cancers. The risk is directly proportional to the years spent smoking and to the number of cigarettes smoked per day. Individuals who both smoke (2 packs per day) and drink (four units of alcohol per day) are 35 times more likely to develop cancer when compared with controls. Alcohol alone confers a 1.7-fold risk to males drinking 1-2 drinks per day compared with non-drinkers. This risk rises to more than 3-fold for heavy drinkers.



SIGNS AND SYMPTOMS

- | | | | |
|--|-------------------------------------|---|-----------------|
|  | Lip or mouth sore that won't heal |  | Dental pain |
|  | White or red patch inside the mouth |  | Weight loss |
|  | Pain while eating and swallowing |  | Facial numbness |
|  | Difficulty opening the mouth |  | Dysarthria |
|  | Halitosis/
bad breath |  | Ear pain |

You need to be checked if you have a lip or mouth sore that won't heal even after medical treatment. There can be bleeding, and the sore gets bigger with time. A white or red patch on the inside of the mouth should also raise suspicion of a cancerous lesion. There can be interference or pain with eating and swallowing, difficulty opening the mouth, dental pain, halitosis/bad breath, weight loss, facial numbness, dysarthria and ear pain.

Any of the above symptoms should prompt immediate attention from your health care professional. Medication can be prescribed initially, and you can be asked to come back for review. However, if the pain doesn't get better and the sore is getting bigger and more painful, go back to your health provider and explain that you are not getting better. Diagnosis can be delayed because of a number of benign conditions that can affect the mouth. These include developmental conditions like torus, lingual thyroid and developmental cysts; inflammatory conditions like fibroma, pyogenic granuloma, amyloidosis and necrotizing sialometaplasia; benign neoplasms like papilloma, granular cell tumour, neurofibroma, lipoma, haemangioma, ameloblastoma and pleomorphic adenoma. >>



Your health care worker will do a biopsy of the tissue. A local anaesthetic injection is given to numb the sore and a small piece of the lesion is taken to the laboratory for tests. If the test is positive for cancer, further tests are done to check if there is spread to distant areas. Such tests include a chest x-ray, and a fine needle aspiration cytology of any lumps in the neck if there are any. A CT scan or MRI may also be ordered if considered necessary.

Treatment of cancer of the oral cavity involves a multi-disciplinary team made up of the Head and Neck surgeon, Oncologist, Plastic and Reconstructive Surgeon, Histopathologist, Dietician, Speech and language therapist, nursing staff etc. Difficulty in speech and feeding have to be addressed. Depending on the stage of the cancer, surgery is the first line

of treatment. Such surgery can involve just removing the cancer from the oral cavity if it hasn't spread. Excision of the cancer followed by a neck dissection, which involves removing fat and lymph nodes from the neck, is done for more advanced cancer that has spread to the neck or suspected to have spread to the neck due to the stage of the primary cancer. Surgery can be followed by reconstruction of the resulting defect by a Plastic and Reconstructive surgeon. This can be followed by radiation or chemoradiation by the oncologist.

So, it is crucial that any sores/lumps/patches in the mouth be attended to by a health professional as soon as possible to exclude cancer, and to diagnose and treat the cancer in its early stages to avoid significant comorbidities and death. ■

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Endometriosis

WHEN PERIOD PAIN IS NOT "NORMAL"



By Dr Jayeshnee Moodley

Many women are told that painful periods are simply part of being a woman. But when period pain becomes severe, disruptive, and progressively worse, it may be a sign of endometriosis - a common but often overlooked condition affecting women and girls across South Africa.

It is estimated that 1 in 10 women worldwide live with endometriosis. In our local communities, many young girls and women suffer silently for years before receiving a diagnosis.

What is endometriosis?

Endometriosis is a condition where tissue similar to the lining of the uterus grows outside the uterus. This tissue can attach to the ovaries, fallopian tubes, bowel, bladder, or other pelvic structures. Each month, just like the lining inside the uterus, this tissue responds to hormones. But because it is outside the uterus, it has nowhere to go. This leads to inflammation, internal bleeding, scarring, and significant pain.

It can start in adolescence

Endometriosis does not only affect adult women. It can begin soon after a girl starts her menstrual periods. Teenagers with very painful periods - especially if the pain causes them to miss school or sports - should not simply be told to "toughen up." Early recognition in adolescents is important. Severe period pain from the beginning is not something young girls should have to accept as normal. >>

Common symptoms

Symptoms vary, but may include:



Severe menstrual cramps that worsen over time



Pelvic pain outside of menstruation



Pain during intercourse



Heavy or irregular periods



Painful bowel movements or urination during periods



Bloating ("endo belly")



Extreme fatigue

Some women have severe pain, while others may have difficulty falling pregnant as their first sign of the condition.



How it affects daily life

Endometriosis is more than just period pain. It can affect every area of life.

Women may:

- Miss work or school regularly
- Avoid social activities
- Struggle in relationships due to pain
- Feel exhausted and overwhelmed

In South Africa, where access to specialist care may be limited in certain areas, many women endure symptoms for years before seeking help. Cultural beliefs and normalising menstrual pain also contribute to delays in diagnosis.



Emotional and mental health impact

Living with chronic pain can take a serious emotional toll. Many women with endometriosis experience:

- Anxiety
- Depression
- Feelings of isolation
- Frustration at not being believed

When pain is repeatedly dismissed as "normal," it can make women feel unheard. Support and validation are a critical part of treatment.

Possible complications

If left untreated, endometriosis can lead to:

- Difficulty falling pregnant (infertility)
- Ovarian cysts known as endometriomas
- Scar tissue and organs sticking together (adhesions)
- Bowel or bladder complications in severe cases
- Chronic pain syndromes

Early diagnosis can help prevent progression and protect fertility.

How is it managed?

There is currently no cure for endometriosis, but it can be effectively managed. Treatment options include:



Medical treatment

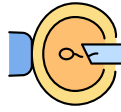
Hormonal therapy is used to suppress the disease.

This may include contraceptive pills, progesterone-based treatments, or specialised hormone injections. Pain relief medication may also be used as part of management.



Surgical treatment

Minimally invasive (laparoscopic) surgery can diagnose and remove endometriosis tissue. Surgery is considered when pain is severe, when fertility is affected, or when medical treatment does not provide relief.



Fertility support

For women struggling to conceive, fertility treatments such as ovulation induction or assisted reproductive techniques may be recommended.



Lifestyle and holistic care

Regular exercise, anti-inflammatory eating patterns, stress reduction, and pelvic physiotherapy can help improve symptoms and quality of life.

A multidisciplinary approach - addressing both physical and emotional wellbeing - is often most effective.

A message of hope

Endometriosis is a chronic condition, but it is manageable. With early diagnosis, appropriate treatment, and compassionate care, women can live full, productive lives.

If your period pain is interfering with your daily activities, work, school, or relationships, please know that this is not something you have to endure in silence.

As healthcare providers, we are committed to listening, investigating, and walking this journey with you. You are not "overreacting." You are not weak. And you are certainly not alone.

Together, we can break the silence around period pain and ensure that women and young girls in our communities receive the care, dignity, and support they deserve. ■

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ZULULAND
FIBROID CLINIC

HOLISTIC CARE FOR EVERY SEASON OF WOMANHOOD



STUNNING SEASIDE STAYS IN SOUTH AFRICA



NAMAQUA FLOWER BEACH CAMP, *NAMAQUA NATIONAL PARK*

Are you fascinated by the idea of camping, but can't stand the lack of luxuries? Namaqua Flower Beach Camp offers the best of both worlds with a private, mobile tented camp on the beach under skies which seem to stretch as far as the eye can see. This beach camp is renowned for its delicious dining experience, which includes wholesome picnic baskets, high tea, mini cheese boards and hearty dinners prepared by a private chef in the remote kitchen. This is why it is so exclusive and only available to book during a certain time of the year! Awaken to the smell of tea and coffee served right outside your tent, spend the day exploring the area, and enjoy a nightcap in the lounge before retiring to your warm bed.

BEACH HOUSE, KENTON-ON-SEA

This beach house is a lovely self-catering home on the Sunshine Coast in Kenton-on-Sea, and boasts exquisite views of the lagoon and the ocean. The main bedroom has a private courtyard with a shower, the lounge and dining area open onto a courtyard with built-in braai facilities and the dining area's other side opens onto a patio with a dining table and stunning views. The four-bedroom home is ideal for a large family of up to 10, so bring the kids along!

GRAAITJIE, PATERNOSTER

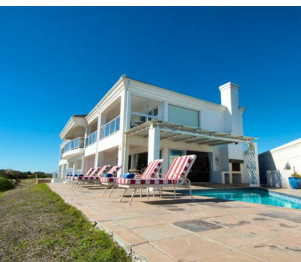
This luxurious Mediterranean-style house blends right in with the lime-washed cottages, natural surroundings and endless white beaches of this fisherman's village. There are four bedrooms, a modern kitchen, a comfortable lounge and an enclosed patio with braai facilities. The swimming pool is right off the patio and boasts an uninterrupted sea view. You can also access the beach through the gate from the deck – very convenient!



WHAT BETTER WAY TO CELEBRATE SUMMER THAN WITH A SEASIDE ESCAPE ALONGSIDE YOUR FAVOURITE PEOPLE? IT'S TIME TO EXPLORE THE BEAUTIFUL BEACHES OUR BEAUTIFUL COUNTRY HAS TO OFFER. WE'VE ROUNDED UP SOME OF THE MOST STUNNING COASTAL STAYS TO INSPIRE YOUR NEXT GETAWAY. SO GRAB YOUR SUNSCREEN AND FLIP-FLOPS AND GET READY FOR AN UNFORGETTABLE SUMMER WITH THE OCEAN RIGHT ON YOUR DOORSTEP!

52 EERSTERIVIER, EERSTERIVIERSTRAND

If you're looking for a beach house big enough for your group of friends, 52 Eersterivier has got you covered! It offers fully-equipped self-catering accommodation in the seaside village of Eersterivierstrand, walking distance from the beach, and it sleeps ten guests in five bedrooms. The comfortable living area leads out onto a deck, which has seating, a built-in braai area and stunning ocean views to admire while sipping on some sundowners. Remember to bring your snorkelling gear along – Eersterivierstrand boasts a few rock pools to explore!



OYSTERCATCHER VILLA, ST HELENA BAY

A swimming pool with a stunning sea view? That's right! Oystercatcher Villa is situated on a secure estate with a golf course and a restaurant and is the perfect place for you and eleven other guests to gather. The villa has six en-suite bedrooms, each with a private balcony or terrace. The covered terrace is where you will spend most of your time, because it has braai facilities, a splash pool and sun loungers where you can admire the view and enjoy the company.



SILVER SPRAY, VICTORIA BAY

This oceanfront holiday home is situated right on the beach in Victoria Bay. There is a Budget Studio, Seaview Studio and a Seafront Beach House to cater for everyone. It boasts a wrap around verandah with braai facilities and an incredible view of the main swimming beach. Laze the day away on the beach, test your skills on one of the golf courses in the area, or head to one of the nearby towns for an exciting day trip on the Garden Route. Other nearby activities include fishing, birdwatching and cycling.



BEACH HOUSE VILLA, SALT ROCK

This air-conditioned beach house comprises 4 bedrooms and 4 bathrooms. The two main bedrooms each lead out onto the balcony with a view of the Indian Ocean. The modern kitchen is fully equipped and also features a washing machine, dishwasher and a tumble dryer. The open-plan lounge has comfortable couches, a TV with DSTv, and a dining area. The living area leads out onto a covered wooden deck with a swimming pool, ocean views and direct access to the beach. This house also boasts a wooden deck with a swimming pool and direct access to Salt Rock Beach for a full day of fun. ■



DELICIOUS CAJUN PRAWN ALFREDO

ALFREDO PASTA JUST GOT DELICIOUS WITH THIS INCREDIBLE CAJUN PRAWN SAUCE. THIS HEALTHY PASTA RECIPE IS PACKED WITH ALL THE RIGHT FLAVOURS AND CAN BE ON THE TABLE IN 20 MINUTES...

Ingredients

- 225g pasta (linguine or fettuccine works well)
- 500g prawns (shelled)
- 2 teaspoons olive oil
- 3 teaspoons Cajun seasoning
- 2 tablespoons unsalted butter
- 2 cloves garlic, minced
- 2 tablespoons all-purpose flour
- 1 $\frac{3}{4}$ cup milk
- $\frac{1}{2}$ teaspoon dried thyme
- $\frac{1}{2}$ teaspoon dried oregano
- $\frac{1}{4}$ teaspoon salt
- $\frac{1}{4}$ teaspoon pepper
- $\frac{1}{4}$ cup grated Parmesan cheese

Instructions

1. Cook the pasta according to the package directions in a large pot of boiling water. Drain.
2. Meanwhile, heat a non-stick skillet over medium heat. Toss the prawns with the olive oil and the Cajun seasoning. Add the prawns to the skillet and cook for about 4 minutes, flipping once, until they are completely pink. Set aside and keep warm.
3. In a medium saucepan, over medium heat, melt the butter. Add the garlic and cook, stirring for about 30 seconds, until fragrant. Whisk in the flour, and cook, whisking constantly, until it is lightly browned, about 1 minute. Slowly whisk in the milk, stirring until it is incorporated and smooth. Add the thyme, oregano, salt, pepper and Parmesan and whisk continuously for 3-4 minutes until the sauce has thickened slightly. Reduce the heat to a low simmer until the pasta is ready.
4. Toss together the pasta and Alfredo sauce and serve with the Cajun prawns on top. Garnish with parsley and additional Parmesan, if desired. ■

Recipe: bakeeatrepeat.ca





HOUSECALL

MEET ONE OF OUR DEDICATED SPECIALISTS

DR KASHIEFA JAPTHA



DR. KASHIEFA IS AN OBSTETRICIAN/GYNAECOLOGIST AND CURRENTLY PRACTICES AT MELOMED TOKAI.



WHERE IS YOUR FAVOURITE PLACE TO EAT, AND WHY?

I'm an old soul who likes to eat lekker, so, Ocean Basket because it's familiar & filled with that delicious mussel sauce & LA Farms because their food is "chef's kiss".

WHAT'S THE MOST FUN YOU'VE HAD THIS MONTH / YEAR?

In the words of the Carpenters, "we've only just begun". But honestly, the most fun thing I've done this year was birth my now 2 month old daughter



WHAT'S YOUR WORST HABIT?

I am late for everything except work - probably my worst trait

WHY DID YOU CHOOSE YOUR PROFESSION?

I find beauty in being apart of new life being brought into the world & I also feel very honoured to be able to maintain the dignity of fellow women

WHAT TV SHOW CHARACTER FROM WHICH TV SHOW DO YOU LIKE THE MOST?

I could never pick just one! My favourite shows are New Girl, Friends & Modern Family and my most favourite characters are Nick & Schmidt; Ross & Phil.



WHICH CHILDHOOD MOVIE DO YOU STILL LOVE TODAY, AND WHY?

Everafter, because I'm an eternal romantic

IF YOU COULD SPEAK ANOTHER LANGUAGE, WHICH WOULD IT BE AND WHY?

I'd want to speak Xhosa, because it's the only language that would be useful being Capetonian and I'd love to shock people by answering them in Xhosa



WHO WOULD YOU WANT WITH YOU IF YOU WERE STRANDED ON A DESERTED ISLAND?

My friend Wisaal because she's a whole vibe or my husband because if I'm stuck somewhere he has to be stuck with me there too

WHERE DO YOU MOST WANT TO TRAVEL TO?

Greece and Turkey ■



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What is fasting for a blood test?

If your health care provider has asked you to fast before a blood test, you should not eat or drink (except water) before your test. While you're fasting for a blood test, you also should not:

- Chew gum
- Smoke
- Exercise

How long do I have to fast before the test?

You usually need to fast for 8 to 12 hours before a test, but your care provider will tell you exactly how long to fast. Sample collection is usually performed early in the morning (generally no later than 9am), so most of your fasting time will be while you are sleeping.

Why do I need to fast before my blood test?

When you eat and drink, your bloodstream absorbs sugar, fat, protein, and other nutrients in foods and beverages. This could affect the results of certain blood tests and lead to an incorrect diagnosis.

What types of blood tests require fasting?

Some examples of common blood tests that usually require fasting are:

- **Blood sugar (glucose) tests.** These tests measure the level of blood glucose in a sample of your blood. They are used to help diagnose and monitor diabetes, prediabetes, and gestational diabetes (diabetes that starts during pregnancy). Not all blood glucose tests require fasting, so ask your provider if you need to fast for your test.
- **Cholesterol tests (lipid panel).** These tests measure the level of fats, called lipids, in your bloodstream, and may include cholesterol and triglycerides. The test results help indicate your risk of developing blood vessel disease which may increase your risk of heart disease or stroke.

Other types of tests may also require fasting, so always ask your provider if you are not sure whether you should fast before your test.

Can I drink anything besides water during a fast?

No. Juice, coffee, soda, and other beverages can affect your results, but you can drink water. It is good to drink water before a blood test as it helps keep more fluid in your veins, which can make it easier to get a sample of your blood.

Can I continue taking medicine during a fast?

Ask your care provider whether it is acceptable to take your usual prescription medicines and/or over-the-counter medicines, but do not stop taking your medicines unless your care provider instructs you to. Let your care provider know about any vitamins and supplements that you take, so that you will be sure to avoid taking anything that could affect your test results. Please supply the laboratory with a list of all medicines and supplements you are taking.

What if I make a mistake and have something to eat or drink besides water during my fast?

Tell your care provider or the laboratory if you eat or drink before your test. You may need to reschedule the test for another time after a successful fast to ensure your results are accurate.

When can I eat and drink normally again?

You will be able to eat and drink as soon as your test is over. You may want to bring a snack with you so you can eat right away.

Is there anything else I need to know about fasting before a blood test?

If you don't know whether you should fast for your blood test, ask your provider at least a day before your test so you will have time enough time to fast. If you fast before a test when you don't need to, that may also affect your results. That's why it's important to find out for sure whether you need to fast.

