

melomag

Free Health Guide!

Issue 18 | 2014

**LOW-FAT OR
LOW-CARB DIETS...
WHICH IS RIGHT?**

ALL ABOUT

**Summer
safety tips**

*Glaucoma:
The silent
thief of sight*

*What is a
coronary
angiography?*

**Movember =
Men's health**

**Happy
unplugged
holidays**



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Taking care of vascular





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CONGRATULATIONS!

Melomed Hospital Holdings is very proud and happy to announce that two of Melomed Gatesville Hospital's nurses Mariam Brown and Soraya Deutschen (pictured below) came in the top ten of the



Discovery Excellence Awards in Nursing. Melomed is further extremely proud to announce that Nurse Soraya Deutschen was also recognised as one of the top three from the top ten nurses of this awards and won the grand prize of R50,000.00. Well done and congratulations to the both of you!

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CHAIRMAN'S NOTE

Happy holidays to all our readers!

Being our last issue of Melomag for 2014, we sincerely hope that our in-house magazine editions have been inspiring and informative as we wish to keep all of our patients, doctors and staff members well-informed on Melomed's developments.

One of our milestones has finally come to fruition, as we recently commissioned our brand new ultra-modern psychiatric facility, Melomed Claremont Private Clinic, situated at No.148 Imam Haron Road in Claremont (previously Lansdowne Road). We have an excellent and dedicated team of Psychiatrists, Psychologists, Occupational Therapists and Nursing staff at our facility, which provides a warm, supportive and safe healing environment.

We have further revitalised our Melomed Bellville and Melomed Mitchells Plain Hospitals with the appointment of two new Hospital Managers, namely James van Vught and Evan Swartz. We wish them luck and look forward to their talents and contributions towards the further development of the Melomed Group.

We also welcome two new Specialists to the Melomed family, namely Dr Rawoot (Orthopaedic Surgeon) and Dr Bandeker (Hepatobiliary Surgeon/ Surgical Gastroenterologist), who have taken up rooms at our Melomed Bellville and Melomed Gatesville hospitals respectively. We wish them all the best and welcome their additional expertise to our roster, filled already with doctors of the highest calibre.

During the month of September, Melomed celebrated Secretaries Day, in which we treated all secretaries in the hospital to an enjoyable breakfast to show our appreciation.

In October, Melomed participated in National Bandana Day, to bring cancer awareness to all our staff, patients and the public. We raised funds by selling bandanas to our staff members and patients as well as hosting a high tea. All of our proceeds were donated to the Sunflower Fund in support of the South African Bone Marrow Registry.

Looking back at our virtually completed year, it is evident that Melomed has gained a wealth of experience and achieved unbelievable milestones. Melomed's accomplishments would not be achieved if not for its dedicated staff, loyal patients and trusted doctors within the Melomed group. We wish to thank you for your unyielding support.

EBRAHIM
 BHORAT
 CHAIRMAN
 MELOMED
 GROUP



BREAST IS BEST

FOR MOTHER AND BABY

Western Cape Minister of Health, Theuns Botha, encourages mothers to breastfeed. "The promotion of breastfeeding is important for a healthy generation. The 'Breast is Best' campaign forms part of our government's strategic objective of creating wellness."

The campaign promotes exclusive breastfeeding for the first six months of the infant's life followed by the introduction of appropriate complementary foods and the continuation of breastfeeding for two years and beyond. Exclusive breastfeeding for the first six months means giving babies only breast milk with no supplementary feeding of any type (no water, juice, animal milk, and solid foods) except for vitamins,

minerals, and medications prescribed by a doctor or healthcare worker when medically indicated.

The benefits of breast milk for babies are numerous. Lower rates of childhood obesity, decreased incidence of asthma and even better brain development have all been identified as associated with breastfeeding. The mother and the community also benefits from a mother breastfeeding. For the mother, breastfeeding is known to

reduce the risks of breast cancer, ovarian cancer and osteoporosis, and a quicker return of the uterus to its pre-pregnancy size. Breastfeeding also helps women return to their pre-pregnancy weight a lot quicker. For the community, breastfeeding is linked to a healthier child who decreases the burden on the health system and contributes to the economy by supporting the development of a productive healthy adult.

Source: <http://www.westerncape.gov.za/general-publication/world-breastfeeding-week>.

Middle-aged spread isn't just a cosmetic issue; fat around your belly increases your risk of diabetes, heart disease, strokes and some cancers.

Children who share their home with a pet before the age of three are **less likely to develop pet allergies** – even if they're allergy prone.

HEALTH
TIPS



CAN WE BELIEVE WHAT WE READ?

TOPIC stands for Testing of Products Initiated by Consumers and is a brand new concept that was launched this October.

A consumer-led and funded organisation, TOPIC will test the authenticity of natural and organic products and aims to protect the consumer from false claims and mislabelling.

“Over the last two years, sporadic studies by universities across the country have shown that the mislabelling of consumer products is rife in South Africa,” says TOPIC spokesman and scientist, Peter Becker. “It is estimated that, for some categories of food, more than half of products on our shelves are mislabelled.”

“We want consumers to trust what is on the label. Product testing will protect both the consumer and natural and organic businesses by raising the ethics in the industry,” adds Smith. “Ultimately, TOPIC aims to increase confidence in organic and natural products as testing will enable the consumer to genuinely trust the labels attached to their favourite products,” concludes Becker.

Results will be published on their website (www.topic.org.za) and sent to interested consumers, retailers and the media.

GIVE-AWAY

ENTER
TODAY &
WIN

We're giving away a *Melomed 5-in-1 travel bag* to one lucky reader!

To stand a chance to qualify, **email** your answer to the following question and your name to: melomag@melomed.co.za with *Melomag 18* in the subject line. Competition closes 10 December 2014.

What is the name of the support group that is held at Melomed hospitals for patients, family members and friends who have had a cardiovascular incident? (See page 11)

Prize sponsored by Melomed.

Give-away terms and conditions: The winner will be the first correct entry drawn after the closing date. In the event of the judges not being able to hold of winners on details supplied, alternative winners will be selected. The judges' decision is final and no correspondence will be entered into. The winner must be prepared to be photographed for publicity purposes. The prize is not transferable and may not be converted into cash. Prize may differ from picture. Image is for visual purposes only.



THE FUTURE IS 50 SHADES OF GREY

The future is grey. The world's population is ageing, and we aren't prepared for it.

That is the upshot of the Global Age Watch Index, an assessment of quality of life for people of 60 and over, based on income security, health and living environment from the Help Age International network.

Ageing is widely seen as a rich-world phenomenon, but it is a global issue. It is a concern because old people tend to have a worse quality of life in poor countries. The index predicts that, as the poor world ages, millions face a bleak old age. South Africa ranks low on the Index at 80 overall, but is the second-highest in its region. It performs best in the income security domain (19), a significant increase from its 2013 ranking (46) due to improved pension coverage data and the contribution of a social pension system. In low- and middle-income countries, only one in four people over 65 receives a pension. And despite living longer, women are less likely to get a pension than men.

Societies have been slow to embrace the positive aspects of longevity. To see older people as a resource, people will have extended working careers as well as more self-reliant, healthy and independent living.

Source: www.helpage.org/global-agewatch/



NOVEMBER

Take a Mo'Ment

Every year during November, Movember raises vital funds and awareness for men's health.

SOME STATS ON PROSTATE CANCER

2nd MOST common cancer

in men today.
1st is lung cancer

It is the **most common cancer** in South African (SA) men

1 in 7 men

will develop prostate cancer during his lifetime

TWO MEN ARE DIAGNOSED EVERY 5 MINUTES



1 in 36 men dies from it

It is estimated that **233 000** new cases will be diagnosed in 2014

A man dies every



15.6 min
from prostate cancer



20 to 30 years

MANY MEN CAN LIVE WITH PROSTATE CANCER

Prostate screening takes

10 min

TESTICULAR CANCER

Testicular cancer, though rare before puberty, is the most common cancer of men aged between

15 – 44



Testicular cancer is curable if caught and treated early.

100%



Famous "staches"

SALVADOR DALI
CHARLIE CHAPLIN
EINSTEIN
MAGNUM –
TOM SELLECK
ZORRO

Movember
started in
2003

in Melbourne
Australia

Mo's =
slang for
moustaches

Early detection is key:
Go for regular screening!

SYMPTOMS

are generally unnoticeable during early stages. Symptoms of late stage prostate cancer include pain when passing urine, blood in urine and/ or trouble passing urine. Call your doctor immediately if you display these symptoms.



BIGGEST RISK FACTORS

AGE

Almost 2 out of 3 prostate cancer cases are found in men over age 65.



FAMILY HISTORY

If your father or brother is diagnosed with prostate cancer you are 2½ times more likely to get it compared to someone with no family history of cancer.



LIFESTYLE

Obesity, lack of physical activity, and smoking are associated with prostate cancer.



Up to 50% of male cancers can be prevented by making healthier diet and lifestyle choices.

1/2

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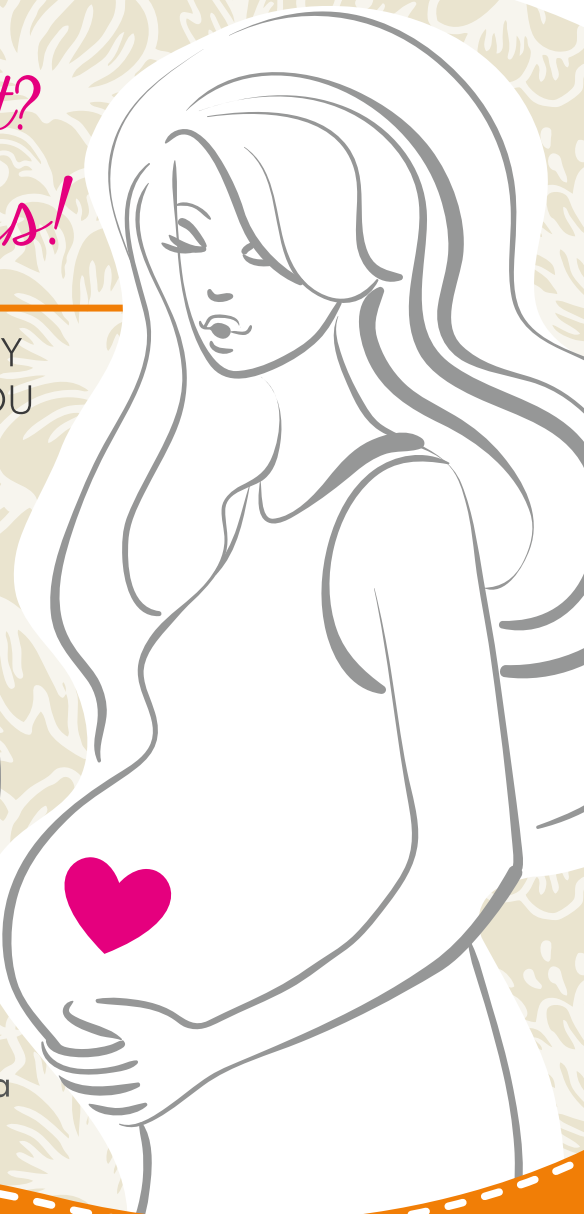
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HAPPY UNPLUGGED HOLIDAYS!

You're going on holiday, but are you getting away from it all? Go cold turkey! By Health Bytes

Disconnect to reconnect with the earthy goodness of Mother Nature – the ultimate soul elixir – whether it's splashing in the surf or simply inhaling bosveld fresh air, it's all about switching off to switch on to life's simple pleasures.

Most of us spend our free time keeping track of the world via a small screen. **Does the prospect of a holiday without digital devices fill you with horror or promise much-needed respite? In other words, can you disconnect and relax?** If you're afraid to leave your smartphone in your hotel room, maybe you need a holiday where there's no wi-fi. A place without broadband will force you to connect with the people in front of you.

We're having less sex, accord-

ing to recent research, because we're on our iPads or watching DVDs in bed. We're having fewer conversations, because our attention is distracted by smartphones at the table. We're having trouble formulating a joined-up train of thought, because Twitter and Facebook have us in the habit of thinking in bite-sized outbursts. Being constantly distracted by technology wrecks havoc on personal relationships!

You know you'd like to get away from these digital distractions, but don't know where to begin extracting your smartphone dependency from your life during the holidays. You can pay to enjoy a digital detox vacation, a rising trend in the last couple of years. Whisked away to a far-away bush camp or an all-

Digital habits while on vacation



A survey of top online activities while on vacation found that ...

- 72% read personal email
- 49% utilised Internet sites to find trip-related information
- 41% did online banking
- 27% checked/updated their social-media profiles
- 25% stayed abreast of the news
- 17% checked work email

Source: Echo research for American Express, 2011

inclusive resort, you are forced to forfeit all electronics that tie you to your regular life, though it will cost you a pretty penny.

Or, you can create a DIY digital detox for yourself, your partner or your entire family. ▶▶

UNPLUG FOR THE HOLIDAYS WITH THESE 5 DIGITAL DETOX PLANS

If you still need Skype, FaceTime or another app to communicate with family far away, try the "Workaholic's Withdrawal." If you don't feel tempted by email but find social networks give you a bad case of FOMO, try the "Social Network Sweep."

Below are five plans for digitally detoxing during the holidays – or during any other time of year you need a cleanse – which you can put together yourself, for whatever length of time you have available. Follow these simple steps for a relaxing, disconnected holiday.

1 THE WORKAHOLIC'S WITHDRAWAL

This simple option is perfect for professionals who believe the skies

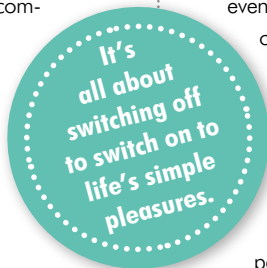
will come crashing down if it takes more than 15 minutes to respond to a client email. The Workaholic's Withdrawal is a complete cleanse of all work-related communications.

If you use a separate phone for work communications, this is a very easy fix. Turn off your work phone and find a good hiding place where you can stow it for the duration of your time off.

Set your email auto-responders on both your work and personal email accounts. There will be less of a temptation to check any urgent work emails as everyone will be aware of your situation.

If you use your own phone for work, suspend your work inbox

from your email settings for a bit. Also remove any apps that send you push notifications about work tasks, such as calendar events, travel alerts or organisation tools.



2 THE SOCIAL NETWORK SWEEP

If you're a social media addict who lives with the perpetual question "Which

Instagram filter would make this meal look best?," or if you tweet more times per hour than you have fingers, we have the perfect detox for you.

Try deleting all of your social networking apps from your phone to experience the holidays in raw. If removing apps from your mobile won't stop a chronic social media user like

To digital detox or not?

- + The average person spends about 28% of their week managing their emails.
- + Multi-tasking between different communications technologies undermines your ability to focus.
- + Internet information overload leads to superficial thinking.
- + More than six million minutes are spent on Facebook everyday.

- + On average cell phone users check their phone every 6 and a half minutes.
- + There are 575 likes and 81 comments by Instagram users every second.

VS

- + Spending quality face-to-face time together strengthens your

relationships.

- + Listening to water alters wave patterns in the brain – much like meditation.
- + Sunshine boosts the "happy" hormone serotonin which lifts your mood.
- + A walk in nature improves your memory, enhances your immune system and boosts your mood.

you, ask a trusted friend to change all of your passwords to keep you from logging in from your desktop, as well.

While at first you'll struggle with the urge to share your little cousin's latest antics with your 1,000 closest Facebook friends, after a few days of socialising in person, we think you'll find the simplicity of person-to-person interactions refreshing.

3 THE INTERNET ERASER

If you love sending Snapchats, reading the news and streaming TV shows, a tighter measure may be in order. You should try giving up the Internet completely, if you have a non-discriminating addiction to all things networked.

Rather than locking away your smartphone (allow for voice calling or text messaging), this package prescribes turning off your mobile data package and disabling your phone from connecting to wi-fi. If your desktop computer presents a distraction as well, set it to forget your home network so it won't go online. If you live alone or convinced your family to get on board with the Internet Eraser plan, you can disconnect your home router, as well.

If the thought of life offline is making you queasy, just pretend it's holiday season 1993.

4 THE LOGIN LIQUEFIER

The Login Liquefier requires the help of a partner, who can change the passwords on your social accounts, computer, smartphone and email accounts – as many as you see fit.

We'll leave it to you to determine how many devices your trusted companion revokes, but keep in mind that changing your smartphone password will bar you from answering and returning calls. It may put some loved ones in a tizz if they don't hear from you Christmas morning.

We recommend changing your computer, email and Facebook passwords; this will still allow you to communicate via text and voice call. You may wish to take a note from the Social Network Sweep above, and remove some of the apps you find most irresistible, as well.

5 THE FULL MONTY

Take all of the above steps: Lock all of your connected devices away where you won't go looking for them; change as many passwords and delete as many apps as needed; disconnect your wi-fi home router; and, most importantly, don't look back until you return to work.

This package will require willpower, dedication and stamina as you realise just how addicted to the Internet you really are – no Google Maps for driving direc-



tions (hopefully you remember where you chucked your paper map), no streaming Netflix new releases and no listening to Spotify while you do chores around the house. It will also help to inform your family and friends in advance that you're going off the grid, to avoid those awkward "can you quickly Google..." requests.

The more impossible this sounds to you, the more rewarding you'll find The Full Monty to be. Promise.

Expect to suffer from withdrawal symptoms from technology which might include a feeling of nakedness, itchy fingers, secretive behaviour, anxiety when close to anything digital and phantom phone calls.



Dr MC Hendrickse who is a Cardiologist at Melomed Gatesville and Bellville. Melomed Gatesville 021 637 8100, Melomed Bellville 021 948 8131.

WHAT IS



CORONARY ANGIOGRAPHY?

Undergoing coronary angiography and intervention: The actual experience.

By Cardiologist Dr Chevaan Hendrickse practising at Melomed Gatesville and Melomed Bellville

Coronary artery disease is a global epidemic and relates to the escalation in urbanisation and contemporary lifestyle practices such as smoking, inactivity and dietary indiscretion. Cardiovascular risk factors interact, resulting in deleterious effects on target organ function via damage to blood vessels. Important target organs related to blood vessels include the heart, brain, and kidneys.

All biological tissues are supplied by blood vessels, acting as the conduits for energy and excretion at the cellular level. When blood supply is interrupted, as in the event of an acute coronary syndrome, or “heart attack”, the organ supplied by that blood vessel undergoes a process called ischaemia and tissue death.

Cardiac pain is typified by a dull, central, crushing feeling over the central and left-sided

chest area. This pain often radiates to the left side of the chest and left arm. There is often nausea and sweating in association. The pain may last for several minutes. If prolonged, these symptoms may represent the beginning of a “heart attack”. This symptom is known as angina.

In the event of a heart attack, if the blood vessel (coronary artery) is opened up and recanalised promptly, the organ may be saved and normal function may continue. The field of cardiovascular medicine relates to the treatment of diseases of the heart and blood vessels. As a cardiologist, the treatment of “blocked” arteries is a core aspect of my daily work. Operating on coronary arteries via the artery itself, in a minimally invasive manner, is called percutaneous coronary intervention. This procedure usually follows a coronary angiogram

that involves the injection of dye or contracts into an artery, followed by the acquisition of x-ray images to define the coronary vessel and the culprit arterial blockage causing patients’ symptoms. This procedure is not without risk to the patient, hence prior to any cardiovascular intervention, a careful discussion is initiated between the doctor and patient. This is called “consent”.

A consent form is signed between doctor and patient after a comprehensive discussion is had about the benefits and potential dangers of coronary angiography and intervention.

Complications at some time or other are inevitable and increase with the frequency of procedures performed. **The most important manner in treating complications is avoiding them in the first place.** The benefits of coronary intervention, if performed for the correct indication, are obvious. Symptom improve-

Risks?

The risks of coronary angiography and intervention via the artery, usually the femoral artery, but increasingly via the radial artery, are briefly listed below:

SIGNIFICANT, UNAVOIDABLE OR FREQUENTLY OCCURRING RISKS: Bleeding, bruising, infection and pain.

UNCOMMON BUT MORE SERIOUS RISKS: Myocardial infarction (heart attack), stroke, damage to blood vessels supplying the heart, dangerous heart rhythms or death. Limb ischaemia may occur rarely.

UNCOMMON POSSIBLE LATER ISSUES: Sensitivity to the contrast agents, impairment of kidney function (usually reversible), major bleeding (including retroperitoneal bleed) requiring urgent operation, and compartment syndrome.

ment is often instantaneous in the acute setting, as will be reported by the majority of heart-attack survivors.

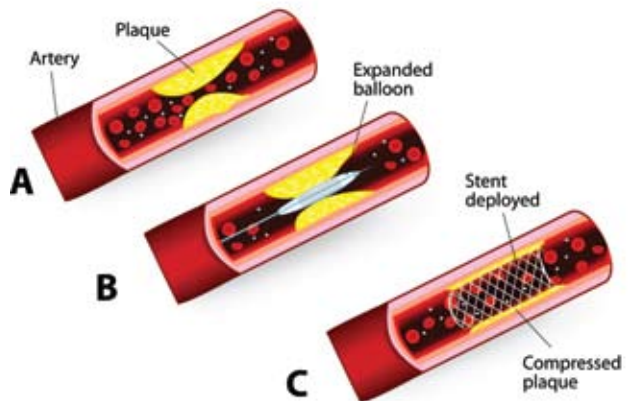
Percutaneous coronary intervention, as noted above, pertains to the treatment of narrowed or blocked coronary arteries (blood vessels that supply the heart muscle). This may also include the insertion of a stent (a metal, mesh tube). This procedure is performed via a puncture through an artery in the groin, and more recently via the radial (arm) artery. This more recent development in terms of blood vessel access is convenient for patients with respect to early mobilisation after their procedure, and may be associated with fewer post-operative complications, such as bleeding.

The area of blood vessel access is anaesthetised with local anaesthetic. Patients seldom undergo general

anaesthesia for coronary angiography. Once the area is "numbed", a fine needle is advanced into the artery. This is performed under direct vision or with the help of a x-ray beam. **Once the needle is in place, a fine vascular sheath is put in place, guided by a wire advanced into the artery via the needle.** Once the sheath is in place. Fine, plastic/rubberised catheters are inserted into the artery and guided to the heart via the aorta to just above the aortic valve. The catheter is seated at the mouth (ostium) of the left or right coronary artery and contrast is injected very gently. The cardiologist is surrounded by a network of monitors and devices pertaining to blood pressure and haemodynamic conditions of the patient.

During angiography, the lights may dim when the ▶▶

ANGIOPLASTY



Melohearts

The Melohearts Support Programme, in association with the Heart and Stroke Foundation of South Africa, is a free support group for patients, their family members and friends who have had a cardiovascular incident.

Melomed Private Hospitals will be hosting regular Melohearts support groups at our various hospitals. Anyone and everyone is welcome. For more information please contact Liezl Daniels on 021 699 0950 or email info@melomed.co.za



RAPID ADVANCEMENTS IN THE WORLD OF INTERVENTIONAL CARDIOLOGY HAVE MADE THIS FIELD ONE OF THE MOST INTERESTING FIELDS IN MODERN MEDICINE.

x-ray is being taken by the cardiologist. At the time of contrast injection, some patients describe a warm feeling being present in their chest. If a major blockage is seen, a treatment plan is devised and the patient informed of the appropriate therapy.

In the event of percutaneous coronary intervention, a balloon is inflated into the area of the coronary narrowing. **During inflation (blowing up), the artery is dilated and the diseased segment stretched. This results in small tears in the blood vessel in the process. This is a controlled process that may result in some degree of chest discomfort.** This is an important period in the test and patients are encouraged to lay still. Once the balloon is deflated, more dye is injected to assess the response to the balloon dilation. If sufficient dilation has occurred, a metallic meshed stent is inserted via a similar technique involving a balloon lined with this particular mesh device (stent). The stent is deployed after careful lesion preparation and sizing assessments. A final injection is performed to assess procedural success and to exclude the presence of a blood vessel tear or

occlusion.

Following cardiac stenting, the patient is sent back to the intensive care unit on blood thinning agent and optimal medical therapy. The blood vessel access sight is monitored and the renal function checked soon afterwards. Diabetic patients are at risk of developing kidney impairment if an abundance of contrast agent has been used during the procedure, hence intravenous fluids are given to flush out the kidneys.

Coronary angiography was first introduced in human subjects in the mid-1960s. We have progressed significantly since then and are able to treat most coronary artery lesions successfully, without referring for coronary bypass surgery. The rationale for the various revascularisation management options is based on vigorous research and guideline data. Rapid advancements in the world of interventional cardiology have made this field one of the most interesting fields in modern medicine.



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PROUDLY MELOMED

Now open in Claremont

We are proud of the role we play in guiding people to proactively address mental health illness through our wide range of services. We offer treatment programmes, occupational therapy programmes, accommodation and relaxation.



Melomed Claremont Private Clinic is an establishment with an ethos of offering the best healthcare facilities available. We have an excellent team of Psychiatrists, Psychologists, Occupational

therapists and Nursing staff. We serve a diverse patient population with varying culturally sensitive needs.

Where indicated, alternative wellness initiatives such as yoga, massage and nurturing advice are initiated. The Clinic provides a warm, and safe supportive healing environment and each patient is treated with honour, dignity and respect.

Physical and emotional health is important as it has an impact on the individual, their families, friends,

employers and society in general.

The facility ensures that such treatment is within easy reach of the community.

WHO IS THE TEAM?

Our dedicated professional team consists of the following team members:

SPECIALIST PSYCHIATRISTS

Psychiatrists are medical doctors who specialise in the diagnosis and treatment of many disorders, which include emotional disturbances and substance dependence. They work closely with the general practitioner, psychologists and other health professionals.

CLINICAL PSYCHOLOGISTS

Clinical Psychologists provide counselling and Psychotherapy. They also provide diagnostic assessment or "testing" services. They work with people who have



MELOMED PRIVATE CLINIC

148 IMAM
HARON RD
CLAREMONT



a life adjustment problem and emotional disorders. They provide treatment for people of all ages and to families and groups.

OCCUPATIONAL THERAPISTS

The role of the Occupational Therapist is to guide clients through a client-centred process, provided on an individual basis and in group settings. This process aims to: improve the client's physical well-being and emotional health and support the client to actively re-engage in meaningful life activities that may include work, leisure and activities of daily living (ADL).

OUR ADDRESS:

148 Imam Haron Road, Claremont
(previously known as Lansdowne Road)
GPS Co-ordinates: -33.9839205,18.4797504
Tel: 021 683 0540 | Fax: 021 683 0530
Email: info@melomed.co.za | www.melomed.co.za



MENTAL HEALTH... IS IMPORTANT TO US ALL

It affects not only the individual but also their family and friends. It is estimated that, at any one time, one in four people has a mental health problem – so you're not alone and there is no need to feel embarrassed about asking for help.

THE VALUES WE ASPIRE TOWARDS ARE:

- Working with integrity
- Working with open communication
- Being culturally sensitive
- Engaging ethically
 - Spirituality
- Building a "Unit of Excellence"





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Effective Affordable Healthcare.



* Largest **Cardiovascular** company in SA by value – IMS, December 2012.

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WHICH IS RIGHT? LOW-FAT OR LOW-CARB DIETS

Over time, many different types of diets have been popular, including low-fat and low-carbohydrate diets. Some years ago, low-fat was the mantra, but more recently low-carb has been the rage, promising effortless weight loss while eating all the high-fat foods you want. By Health Bytes

One reads about twin brothers putting the two different diets to the test and neither felt they had the better end of the stick after one month, and this leaves us confused even more.

Low-fat usually means high-carb, but doesn't always mean low-kilojoules if one eats too many carbs, particularly processed carbs that are more concentrated in kilojoules. Conversely, low-carb usually implicates high-fat. Many people who have tried this type of diet

know it can be difficult to sustain for a long time because a lot of good-tasting fruits and other carbohydrates are off limits and high-fat goodies do get a little old after a while.

The most important factor related to weight loss is not low-fat or low-carb, but kilojoules.

Either type of diet could lead to weight loss if total kilojoule intake is low. There have been a number of studies comparing weight loss with these two types of diets. In general, low-carb diets may result in a little more

weight loss in the first three to six months. However, after one to two years there isn't much difference. What's interesting is that the amount of weight loss varies widely among people following either diet. Whichever type of diet you choose may matter less than whether you stick to it. Another important factor is the healthfulness of the diet – both of these types of diets could be healthy or unhealthy, depending on the types of fats and carbohydrates that are consumed. Other ►►



Eat to live or live to eat?

Where once the motivation to eat was for survival, now the challenge lies in regulating how much and what we eat. We live in an "obesogenic" environment, surrounded by easily accessible, highly processed, energy-dense foods. The reality is that we have developed taste preferences to make us seek sweet, creamy, fatty and salty tastes. So it comes as no surprise that in the face of our battle with obesity and our desire for the slimmest of celebrities in magazines, dietary variations and dietary fads seem to come and go on an almost daily basis. The motivation and scientific basis of many remain questionable. Add to this the profiteering nature of both food manufacturers and the diet industry, which may create additions or prey on our weaknesses through dubious marketing practices, and we have a recipe for disaster.

factors that may impact the sustainability of a diet are taste, satisfaction, satiety, practicality and affordability.

Recently, the debate on low-carb and high protein and fat diets has cut across South Africa. It is no wonder that people are shouting "who do I believe?" Despite the publicity and best-selling books, there is little evidence to support a radical change in nutritional guidelines. Even the experts caution against this in the face of potential risks such diets pose in the long term. Further to this is the fact that such diets may be appropriate in particular settings, and not for the general public.

There are no quick fixes. Ideal eating plans must be individualised to take into account affordability, and a person's health and lifestyle. It is not that the existing dietary guidelines do not work, it is more the case of an individual's personal motivation and external influencing factors that collude to determine failure or success. We cannot underestimate the difficulties in changing behaviours that drive poor eating habits. The association between good nutrition and good health is unequivocal. The real challenge, though, is our interpretation of good nutrition.

ARE ALL FATS GOOD FOR YOU?

Trans fats in processed foods like in biscuits, pies and crisps are bad and linked with raised cholesterol levels and increased risk for cardiovascular disease. Saturated fats also have a detrimental effect on cholesterol levels and coronary heart disease (CHD) risk. Replace them with unsaturated (mono- or polyunsaturated) fats – polyunsaturated fats include omega-6 and omega-3 fats. Reduce fatty red meat, butter, hard margarine, cream, while vegetable fats from palm and coconut oil also contain saturated fats. Replace them with mono-unsaturated fats, like avocado, nuts, olive and canola oil, soft tub margarines, and omega-3 and omega-6 polyunsaturated fats like in pilchards, sardines, mackerel

and salmon, flaxseed, canola oil, sunflower, grape seed and corn oil as well as soft tub margarines.

1 Fibre fights

Refined carbs should be treated with caution. These, together with hidden sugars and fats, are the traps found in most processed food, e.g. white flour, sugars, white bread, sugary cereals, cakes and biscuits. Avoid them completely and replace with unrefined or whole-grain carbs (brown bread, wholewheat pasta, brown rice, oats, barley, sweet potato or legumes such as lentils, chickpeas and beans – it all contains fibre, which helps to control blood sugar levels, preventing constipation, assists in lowering cholesterol levels and helps

fight against certain cancers.

2 Sweet nothings

Avoid added sugar (sucrose or any other forms), altogether. Sugar-sweetened beverages are very unhealthy – this way you can lower total energy intake. Other names for sugar used in food labels are maple syrup, honey, molasses, brown rice syrup, cane juice, evaporated cane juice, all fruit juice concentrates (including apple and pear) and words ending in "ose" e.g. dextrose, fructose, glucose, maltose and sucrose.

3 5 a day

Most vegetables and fruits are rich in nutrients, high in fibre and low in kilojoules. Diets rich in vegetables and

THE CURRENT HIGHS AND LOWS

Low carbohydrate (or high protein, high fat) diets like the Atkins Diet, Dukan Diet or Paleo Diet have been around for years. In as much as they have been the cause of many debates, there are as many success stories of dramatic weight loss.

The debate has been reopened recently, for good reason in some aspects, but requiring clarification in others. Yes, any diet that restricts overall total kilojoules (energy), whether low in carbs or low in fat, will result in weight loss. However, the questions we have to ask are around long-term safety, sustainability and nutrient adequacy. While in the short term, we know that low-carbohydrate

diets do achieve dramatic weight loss (initially mainly due to large fluid losses), in the long term there is little evidence that they are safe for our health, promote the maintenance of weight loss achieved in the short term, and can meet our nutrient needs to maximise the health and quality of life (including reducing risk of chronic diseases). In fact the converse is true: for example, we know a high protein diet or too little fibre comes with health risks.

THE EQUIVOCAL

Like all low-carbohydrate, high-protein diets, this dietary strategy, which has been receiving so much media attention recently, may achieve significant weight loss in some people. However,

any diet that restricts a food group, and consequently results in a lower total kilojoule (energy) intake, carbohydrates or be it fats, will result in weight loss. Health benefits in the short term such as potentially improved blood sugar and blood pressure control are noted with these diets, as well as with a balanced eating plan. But the questions remain.

HOW SAFE IS THIS IN THE LONG TERM?

There is little evidence to show long-term health benefits and safety. Over the long term, this type of diet is associated with increased risks of insufficient intake of fibre, important vitamins and minerals. In addition, these diets are high in unhealthy (saturated) fats and cholesterol, hence increasing the risk of cardiovascular disease. Long-term side effects have been noted with high-protein diets. When the body's energy comes from burning fat rather than carbs, a state of ketosis develops (high levels of ketones are produced), which increases risk of gout, kidney stones and kidney failure. A high-protein intake can also result in increased calcium losses which may increase the risk of osteoporosis and kidney stones, and in some cases cholesterol levels increase due to high saturated fat intake. High protein intake may also promote kidney damage over the long

fruits have been shown to lower blood pressure and lower the risk of developing CVD (particularly stroke). Cruciferous ones (cauliflower, broccoli, cabbage) and green leafy ones are good choices. Deeply coloured vegetables (spinach, carrots, peaches and berries) contain high levels of phytochemicals and micronutrients that provide health benefits. Eat at least one cruciferous, one dark-green, and one yellow-orange vegetable and one serving of yellow-orange fruit per day.

4 Shake off the salt

Salt is a hidden trap in food. There is a strong link between high salt intake and increased blood pressure and cardiovascular disease risk. The recommended intake is 5g/day (1

teaspoon). Look out for and avoid "sodium" in additives such as sodium chloride, sodium citrate and sodium bicarbonate.





THE MOST IMPORTANT FACTOR RELATED TO WEIGHT LOSS IS NOT LOW-FAT OR LOW-CARB, BUT KILOJOULES.



term by increasing the pressure on these organs to remove waste products, especially in those who are susceptible to kidney damage or already have reduced kidney function. At this point, what is needed are well-designed long-term trials to gather evidence for health, safety and efficacy of long-term weight loss and risk-factor reduction.

WHAT IS A SUSTAINABLE, HEALTHY, BALANCED EATING PLAN?

The Heart and Stroke Foundation of South Africa (HSF) bases its nutritional strategy on the guidelines of the World Health Organisation, American Heart Association and the South African Food-Based Dietary Guidelines. The HSF recommends following a healthy lifestyle to reduce the risk of developing chronic diseases of lifestyle and their risk factors, such as obesity, diabetes, hypertension, high cholesterol, cardiovascular disease and cancers. A healthy, balanced diet includes a variety of foods. Limit fat, salt, sugar and alcohol, and opt for healthy foods like unrefined wholegrain

carbohydrates, legumes, low-fat/fat-free dairy and plenty of fruit and vegetables. Added sugar in foods and sweetened beverages like canned drinks and juices should be limited as far as possible. Opt for unsaturated fats or oils and use them sparingly. Choose lean or lower-fat options of chicken or red meat and try to include fish at least twice a week.

Too much of any food, whether it is carbohydrates, protein or fat, will cause excess weight gain. It is important to control portion size and avoid extra fat.

While diet pills and energy shakes may make one lose weight quickly, it is not a safe or sustainable approach to weight loss and is certainly an expensive one!

Losing weight sometimes takes some experimenting – if you give a diet your best shot and it doesn't work for long, maybe it wasn't the right one for you, your metabolism or your situation. Your genes, your family, your environment – even your friends – influence how, why, what, and how much you eat. So don't get too discouraged or beat yourself up because a diet that “worked

Is it sustainable and affordable?

Taste preferences as well as cultural practices pose a barrier to long-term sustainability. Carbohydrates form the basis of affordable meals for the vast majority of South Africans. Considering South Africa's context of varying socio-economic groups, can poorer communities afford meat and salmon daily? Quite simply – NO! These diets are not affordable or sustainable for many people – they are expensive. And once people revert to eating as they did before, they regain the weight lost and probably even more than that.

for everybody” didn't pay off for you. You can always try another, keeping in mind that almost any diet will help you shed pounds – at least for a short time.

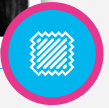
MAKE YOUR OWN

The best approach to weight loss is to follow a healthy, balanced eating plan coupled with regular exercise. At least 30 minutes of moderate-intensity physical activity on 5 days a week can give significant health benefits. A good diet should include all the necessary food groups, balance, few restrictions and no long and expensive grocery lists of special foods. It should be as good for your heart, bones, brain and colon as it is for your waistline – it should be sustainable for years. Such a diet won't give you a quick fix, but rather offer you a lifetime of savory, healthy choices that will be good for all of you, not just parts of you.

HOUSE CALL



Meet one of our dedicated Specialists,
Dr Shafeeqa Fakir, who is a Dermatologist
at Melomed Mitchells Plain.



VITAL STATISTICS & QUESTIONS

QA

I am... Shafeeqa Fakir

Where were you born? Cape Town

Who do you share your house with?

My husband Ahmed and our 3-year-old son, Yusha.

What would people be surprised to know about you? I am an avid artist and I won a national art competition during high school.

If you weren't doing what you do, you would be... a struggling artist.

I can't go a day without... seeing my son smile.

My friends and I like... socialising, easy conversation and a good laugh.

What music are you listening to?

I have a very eclectic taste in music. I enjoy most genres, including pop, rock, R&B and classical.

Perfect happiness is... a state of mind.

Success to me means... realising my goals with the best of my ability.

Everything in moderation BUT... LOVE!

I'd like to be remembered as... compassionate and caring but strong in character.

“ One of my life mottos is: If you know better, do better ”



Likes 😊

The acquisition of knowledge, losing myself in a good book and being surrounded by my family and friends.

Best places: It's a tie between Chateau Eze restaurant in the South of France (Cannes) and the Le Pignonnet restaurant in Aix en Provence (picturesque setting), Deckle Edge and Exclusive Books stores.

Dislikes 😞

Injustice, arrogance and bad manners.



SUMMER SAFETY TIPS

HIGH TEMPS AND HOT CARS

The arrival of summer signals long, hot days outside. But as temperatures and humidity go up, so does the risk of heat-related illness. To help ensure a safe, healthy summer, make sure you know how to prevent, recognise and treat heat-related illness. Compiled by Health Bytes

You can help yourself and others avoid experiencing the heat disorders by following these safety rules.

THINKING ABOUT YOURSELF

+ Avoid the heat. Stay out of the heat and indoors as much as possible. Spend time in an air-conditioned space. Shopping malls offer relief if your home is not air-conditioned. If air-conditioning is not available, stay on the lowest floor out of the sunshine.

+ Dress for the heat. Wear loose-fitting clothes that cover as much skin as possible. Lightweight, light-coloured clothing that reflects heat and sunlight and helps maintain normal body temperature. Protect your face and head by wearing a wide-brimmed hat.

+ Drink for the heat. Drink plenty of water and natural juices,

even if you don't feel thirsty. Even under moderately strenuous outdoor activity, the rate your body can absorb fluids is less than the rate it loses water due to perspiration. However, if you have epilepsy or heart, kidney, or liver disease, are on fluid-restrictive diets, or have a problem with fluid retention, you should consult a doctor before increasing liquid intake.

+ Do not drink in the heat. Avoid alcoholic beverages and beverages with caffeine, such as coffee, tea, and cola. Alcohol and caffeine constrict blood vessels near the skin, reducing the amount of heat the body can release. Although beer and alcohol beverages appear to satisfy thirst, they actually cause further body dehydration.

+ Eat for the heat. Eat small

meals more often. Avoid foods that are high in protein because they increase metabolic heat.

+ Living in the heat. Slow down. Reduce, eliminate, or reschedule strenuous activities such as running and biking when it heats up. The best times for such activities are during early morning and late evening hours. Take cool baths or showers and use cool, wet towels.

+ Learn the symptoms of heat disorders and know how to give first aid.

THINKING ABOUT OTHERS

Even great parents can forget a child in the back seat, and caregivers who aren't used to driving kids are especially likely to forget. A change in a caregiver's normal routine is another risk factor. Unfortunately, heatstroke

REMEMBER: KIDS IN HOT CARS ARE A DEADLY COMBINATION. DON'T TAKE THE CHANCE. LOOK BEFORE YOU LOCK.

Did You Know?

Child heatstroke in cars can lead to:

- + Severe injury or death
- + Being arrested and jailed
- + A lifetime of regret

Children overheat up to five times faster than adults.

- + In 10 minutes, a car's temperature can rise over 10°C.
- + Even at an outside temperature of 15°C, your car's inside temperature can reach 40°C.
- + A child dies when their body temperature reaches 42°C



Emergency NUMBERS

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0800 786 000

Melomed Gatesville Trauma Unit
021 637 8100

Melomed Bellville Trauma Unit
021 948 8131

Melomed Mitchells Plain Trauma Unit
021 392 3126

Melomed Claremont Clinic
021 683 0540



is one of the leading causes of death among children. Be sure to follow these three important rules to prevent child heatstroke in your car:

- + It's never OK to leave a child alone in a car, even for a few minutes, and even if the car is on. Opening windows will not prevent heatstroke. Heatstroke happens even on cloudy days and in outside temperatures below 21°C. Don't let kids play

in an unattended vehicle.

- + Always check the back seats of your vehicle before your lock it and walk away. If someone else is driving your child, or your daily routine has been altered, always check that your child arrived safely.
- + Take action if you see a child alone in a car. Don't wait more than a few minutes for the driver to return. Don't worry about getting involved in someone else's

business – protecting children is everyone's business.

If the child is not responsive or is in distress, immediately:

- + Call an ambulance.
- + Get the child out of the car.
- + Spray the child with cool water (not in an ice bath).

If the child is responsive:

- + Stay with the child until help arrives.
- + Have someone else search for the driver.

WHAT TO LOOK FOR AND ACTIONS TO TAKE

Heat disorder	Symptoms	First aid
Sunburn	Skin redness and pain. Possible swelling. Blisters. Fever and headaches.	Take a shower, using soap, to remove oils that may block pores preventing the body from cooling naturally. If blisters occur, apply dry, sterile dressings and get medical attention.
Heat cramps	Painful spasms usually in leg and abdominal muscles. Heavy sweating.	Firm pressure on cramping muscles or gentle massage to relieve spasm. Give sips of water. If nausea occurs, discontinue.
Heat exhaustion	Heavy sweating, weakness, skin cold, pale and clammy. Weak pulse. Normal temperature possible. Fainting. Vomiting.	Get victim to lie down in a cool place. Loosen clothing. Apply cool, wet cloths. Fan or move victim to air-conditioned place. Give sips of water. If nausea occurs, discontinue. If vomiting occurs, seek immediate medical attention.
Heat stroke (Sun stroke)	High body temperature (40°C +). Red, hot and moist or dry skin. Rapid, strong pulse or a slow, weak pulse. Nausea. Possible unconsciousness. Victim will likely not sweat. Confusion or strange behaviour	Heat stroke is a severe medical emergency. Call an ambulance or get the victim to a hospital immediately. Delay can be fatal. Move victim to a cooler environment. Try a cool bath or sponging to reduce body temperature. Use extreme caution. Remove clothing. Use fans and/or air-conditioners. DO NOT GIVE FLUIDS.



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Dr Dhansay who is a Psychiatrist at Melomed Mitchells Plain, Melomed Claremont and Melomed Gatesville. MBChB (UCT) MMed (Stell) FCPsych (SA)

SURVIVE HOLIDAYS

AND HAVE FUN TOO!



Holidays are a special time that don't come along often. Whilst there is no such thing as a perfect holiday, make the most of this precious time by maximising your fun using these tips to your advantage.

By Specialist Psychiatrist Dr Dhansay practising at Melomed Mitchells Plain, Melomed Claremont and Melomed Gatesville.

The holidays are usually supposed to be a joyful time of happiness, celebrations, good cheer and optimistic hopes. Yet, it is not unusual for many of us to feel sad or lonely during this period – a condition that has come to be called holiday blues or holiday depression.

WILL I GET THE "BLUES"?

Holiday blues may occur at any time but most commonly happens during the December holidays when just about everyone is celebrating in some way. **While they may be intense and unsettling, holiday blues are usually short-lived, lasting for a few days to a few weeks before or just after the holiday.** The good news is holiday blues usually subside after the holiday season is over and daily routines are resumed. There are many causes for holiday blues, and the symptoms may mimic clinical depression!

CAUSES:

- + Overindulgence: Alcohol, substances or food
- + Recession: Our current economy and high debt levels may exacerbate many of us who are already financially stressed out
- + Fatigue
- + Loneliness
- + Bereavement
- + Triggering of bad memories or Trauma
- + Worsening of previous anxiety or depression

SYMPTOMS

Symptoms vary but can include headaches, insomnia, fatigue, irritability, uneasiness, anxiety, sadness, intestinal problems and unnecessary conflict with family and friends.

TIPS TO SURVIVE THE HOLIDAYS AND PREVENT HOLIDAY BLUES

Try to prevent stress from taking its toll on you by following these useful tips, especially if the holidays have taken an emotional toll on you in the past.

Get in touch with your

feelings. If you have recently suffered a loss or you can't be with loved ones, realise that it's normal to feel sad. It's OK to take time to cry or express your feelings. You cannot force yourself to be happy just because it is the holidays.

Reach out. If you feel lonely or isolated, seek out community, religious or other social events. They can offer support and companionship. Reinitiate contact with old family or friends.





Give. Volunteering your time to help others is also a good way to lift your spirits and broaden your friendships.

Make peace. Be the better person and try to accept family and friends as they are, even if they do not or have not lived up to all of your expectations. Set aside grievances until a more appropriate time for discussion.

Spend wisely. Do not try to buy happiness! Before you go shopping, decide how much money you can afford to spend and then stick to your budget. Alternatively pay off some debts that may benefit you in the long term.

Plan ahead. Set yourself realistic goals for the holidays! Often time will fly by and you never get to do what you planned to, also contributing to disappointment.

Prioritise. Know your limits and be aware that you can't please everyone all the time!

Learn to say no without feeling guilty! Saying yes when you should say no can leave you feeling resentful and overwhelmed. Friends and colleagues should understand if you can't participate in every project or activity.

Maintain a healthy balance. Whilst holidays are a time of joy and celebration and an opportunity to spoil yourself, don't go overboard! Overindulgence only adds to your stress and guilt.

Use free time and great weather wisely. This can mean extra time for exercise, which not only benefits your health but also gives great opportunities for bonding with family and friends. Similarly, spend times outdoors and in nature to rejuvenate yourself mentally and physically.

Seek professional help if you need it. Despite your best efforts, you may find yourself feeling persistently sad or anxious, plagued by physical complaints, unable to sleep, irritable and hopeless, and unable to cope with routine daily activities. If these feelings last for a while, seek professional help from your doctor or a mental health professional.



Emergency NUMBERS

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Make time for yourself. Spending just 15 min alone, without distractions, may refresh you enough to handle everything you need to do. Find something that reduces stress by clearing your mind and restoring inner calm. (For example listening to soothing music).

Recharge.
Do get plenty of rest and sleep!



Dr Nabil Mohamed, Ophthalmologist at Melomed Bellville: 021 948 8131, MBChB, DO (ophth), FC Ophth (SA), MMED Ophth.

GLAUCOMA

THE SILENT THIEF OF SIGHT

Glaucoma is an eye disease that results in progressive damage to the optic nerve (the nerve that carries visual information to the brain to be interpreted) and can result in irreversible visual loss and eventually blindness. High eye pressure is usually, but not always, the cause.

By Ophthalmologist Dr Nabil Mohamed, practising at Melomed Bellville

Glaucoma is a leading cause of blindness worldwide. 50% of affected people in the developed world and 90% in developing countries do not know that they have glaucoma. This is because it usually occurs without warning until relatively advanced. It cannot be cured, but it can be treated. If left untreated, however, it will lead to blindness. Regular eye exams are therefore essential, especially for those at risk.

AM I AT RISK OF DEVELOPING GLAUCOMA?

Anyone may develop glaucoma but the major risk factor is high eye pressure (intraocular pressure). The eye constantly makes aqueous humor, a fluid

designed to supply nutrients to the cornea and lens of the eye as well as to maintain the normal pressure of the eye. This fluid escapes the eye via the drainage system called the trabecular meshwork. This is also called the drainage angle of the eye. When there is an imbalance in the fluid being produced and the amount of fluid being drained from the eye, then high eye pressure develops. This damages the optic nerve and results in glaucoma.

OTHER MAJOR RISK FACTORS INCLUDE:

- + An age greater than 40
- + A family history of glaucoma
- + People of African descent
- + Myopia or near-sightedness
- + Long-term use of corticosteroids

- + Previous eye trauma
- + Thin corneas

WHAT TYPES OF GLAUCOMA ARE THERE?

There are several types of glaucoma. These are based on whether the drainage angle in the eye is open or closed. The most common type is called open angle glaucoma. This usually presents in adults over the age of 40 and is a slowly progressive disease. **At first there are no symptoms, but gradually there is loss of peripheral vision so objects to the side may be missed.** This results in tunnel vision and eventually progresses to involve the central vision until total blindness ensues.

Another common form of glaucoma is acute angle closure




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LOWERING THE EYE PRESSURE WILL NOT RESTORE EYESIGHT LOST FROM GLAUCOMA BUT CAN HALT FURTHER LOSS.

glaucoma. This presents suddenly with an acute rise in eye pressure. This causes severe eye pain associated with loss of vision, headaches, nausea, vomiting and haloes around lights. This is a medical emergency and urgent treatment is needed in order to save the eye.

HOW CAN GLAUCOMA BE DIAGNOSED?

Glaucoma can be detected by a detailed eye exam which will include:

+ Tonometry: This test is used to measure the internal pressure

of your eye. It is the most common initial screening test for glaucoma. Normally, eye pressure should be below 21 mmHg (millimeters of mercury).

+ Visual acuity: This test is used to determine the smallest letters you can read on a standardised chart and is a good measure of your optic nerve function.

+ Fundus exam: A special lens is used to examine the retina and optic nerve to assess the extent, if any, of optic

nerve damage.

+ Visual field test: To check whether your visual field has been affected by glaucoma, this special test is used to evaluate your peripheral vision.

+ Pachymetry: The measurement of your corneal thickness. If you have thick corneas, your eye pressure may be falsely high even though glaucoma may not be evident. Similarly, patients with thin corneas may have falsely low eye pressures and still have glaucoma. ▶▶



TREATMENT

The goal of any treatment is to lower the eye pressure. This can be done medically, surgically or a combination of the two. Lowering the eye pressure will not restore eyesight lost from glaucoma but can halt further loss. Diagnosis is the first step to preserving your vision.

First-line treatment often involves the initiation of medical therapy in the form of eye drops.

There are many different classes of glaucoma medications available, each acting to lower the eye pressure in different ways. These need to be taken regularly as directed by your ophthalmologist.

Surgery is explored once medication alone is inadequate or if one is intolerant to the medication. Options include laser trabeculoplasty and conventional filtering surgery. Laser trabeculoplasty involves the use of laser to improve the outflow of aqueous humor. Conventional surgery involves the surgical creation of a new opening within the eye to allow the drainage of aqueous humor to lower the pressure.

HEALTHY BITS AND

PREVENTATIVE MEASURES

+ Regular exercise

This appears to improve the perfusion pressure to the eye, an important factor in lowering the risk for developing glaucoma.

+ Reducing the amount of caffeine intake

High amounts of caffeine may increase your eye pressure.

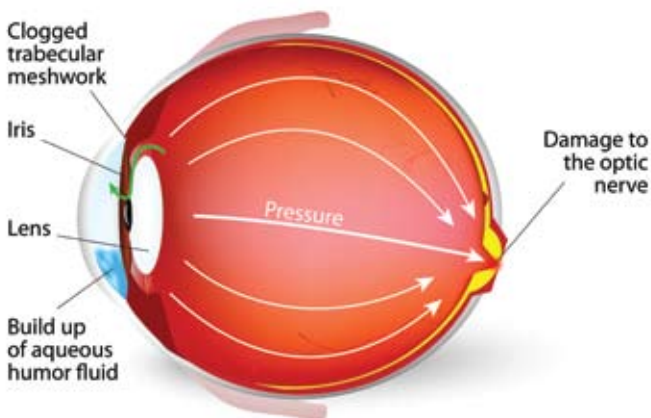
+ Consistent use of medication

Non-compliance with prescribed glaucoma medication is a major reason for blindness caused by glaucoma.

+ Regular eye examinations

An eye exam is recommended for all adults starting at age 40, and every five years after that if you don't have any risk factors. If you do have risk factors or you're older than 60 years of age, you should be screened every one to two years. Remember that early diagnosis and treatment of glaucoma can reduce or even avoid visual impairment.

GLAUCOMA





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whole family to enjoy.

HEALTHY Summer Wraps

What you will need

- 4 Tortilla wraps
- 1kg Chicken fillet/beef strips
- 500ml BBQ sauce
- 200ml Mayonnaise
- 1 Lettuce, chopped
- 1 Cucumber, chopped
- 1 Red pepper, sliced
- 1 Avocado
- 1 Pineapple



Method of preparation

Serves: 4
preparation time:
±45 minutes

1. Slice chicken into strips and marinate with 300ml sauce. Bake in oven on 180°C for 20 minutes.
2. Prepare the rest of the ingredients as specified.
3. Spread the mayonnaise on the wrap, sprinkle with lettuce, cucumber and peppers.
4. Place the chicken strips in the middle of the wrap on the salad and drizzle with the excess sauce.
5. Fold over one side of the wrap and then roll.
6. Cut in half and serve with a salad or chips.





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Breast Cancer & Genetic Testing

www.pathcare.co.za



Breast Cancer is one of the most common malignancies in women. A South African woman has about a 1 in 29 chance to develop breast cancer during her lifetime. Most of these breast cancers develop sporadically where environment and lifestyle could play a part. **However genetic inheritance does play a part in a small percentage (5 - 10%) of breast cancer patients.** These patients usually have a family history of breast, ovarian as well as prostate and pancreatic cancer. The inherited defective gene is called the **BRCA1 & 2** gene. Women who have inherited this gene carry a very high risk of developing breast and ovarian cancer. Genetic testing can identify individuals with a mutation in the BRCA 1 & 2 genes. Several measures applicable to these individuals related to testing, monitoring and prevention of malignancies exist.

Who should consider BRCA 1 and 2 testing?

Individuals with a family history of:

- Breast cancer before the age of 50 years
- Cancer in both breasts or multiple breast cancers
- Cancer in both the breast and ovary
- Breast cancer in a male

Genetic counseling before testing is advised and a comprehensive family history of malignancies is required before testing.

BRCA 1 & 2 testing is available at **PathCare** laboratories. Please contact your doctor for a consultation and advice regarding BRCA testing.

