

# melomag

Free Health Guide!

Issue 19 | 2015

**BIRTHING OPTIONS:  
WHICH IS BETTER?**

**Make  
over your  
lunchbox**

**A brief  
overview  
of thyroid  
disorders**

## **Understanding ACNE**

**Be safe near  
water this  
summer**

**Secrets  
to a good  
night's sleep**

  
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**GIVE-AWAY**  
 Melomag is giving away a soundbooster to one lucky reader. See page 3 for details!

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Publishers: Health Bytes CC  
 Contact: info@health-bytes.co.za  
 Health Bytes, P.O. Box 261,  
 Green Point, 8051

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## CHAIRMAN'S NOTE

A warm welcome to 2015 and our 19th issue of *Melomag*! We trust that everyone has a relaxing, fulfilling and special festive season.

We start our year with the welcoming of new staff members. The Melomed Group has expanded tremendously over the last three years allowing us to develop and create much-needed job opportunities to the communities that have supported us through the years.

We have also received remarkable support from the medical fraternity and many Specialists have shown interest in practising within the Melomed Group. Some have already taken up residence, such as Dr A.K. Ebrahim (ENT Surgeon) who joined Melomed Bellville at the end of 2014, Dr N. Abrahams (Rheumatologist) who commenced practise at Melomed Gatesville in January, as well as Dr N. Ahmed (General Surgeon) who will commence practise at Melomed Gatesville from February 2015. We wish them well in their new ventures and look forward to their valued contribution to our patients and community.

In this edition of Melomag, we feature some interesting topics, such as the understanding of acne, an article by our newly appointed Dermatologist Dr Gantsho practising at Melomed Bellville. The month of February marks our pregnancy awareness campaign, and in this regard we thank Dr Nassera Allie for her valued contribution to Melomag.

Our Melobabe Maternity Programme has grown in leaps and bounds and has become quite popular amongst our expecting patients. We have therefore advanced in our antenatal classes and, as a value-added service, we now provide birth registration at all our Melomed hospitals. Our thyroid article was graciously supplied by our newly appointed General Surgeon Dr N. Ahmed. We take this opportunity to thank all our Specialists who participated in our corporate social initiative campaigns in the community in the past, and look forward to their continued support during this year.

We further have great pleasure in announcing that Melomed Gatesville Emergency Trauma Unit has been accredited by the College of Medicine of South Africa as a fully-fledged training facility for doctors who wish to further their studies in emergency medicine. This includes six months of full-time training at our hospital in the Emergency Trauma Unit. This is a milestone for the Melomed Group as Melomed Gatesville is the first hospital within the group to be accredited as a training and learning institute. This is just one of the many accolades that confirms the Melomed Group in their mission to ensure further education and skills development.

Finally, we look forward to the grand opening of Melomed Tokai, which is expected to be completed in the second half of 2015. This surely marks a momentous achievement in the history of the Group as Melomed Tokai will be our new flagship hospital.

From everyone in the Melomed Family I wish you all the best for the year ahead, and may all your dreams and goals be fulfilled.

EBRAHIM  
 BHORAT  
 CHAIRMAN  
 MELOMED  
 GROUP



# PEPPERMINT POWER



At the mention of peppermint, candy canes and ice cream come to mind. But did you know that peppermint is also an age-old herbal medicine that has been used to treat a wide range of abdominal woes?

The oil extracted from the peppermint plant contains a host of compounds, but the most abundant and perhaps the most pharmacologically important is menthol.

Studies have shown peppermint oil to be fairly effective at relieving irritable bowel syndrome (IBS), a collection of symptoms that includes abdominal pain and cramping, bloating, constipation and diarrhoea that affects 5 to 20% of the population. One explanation is that the oil – especially the menthol – blocks calcium channels, which has the effect of relaxing the “smooth” muscles in the walls of the intestines.

Peppermint can temporarily allay itching caused by insect bites, eczema and other lesions, including the rash of poison ivy. Peppermint tea can be used as a mouthwash for babies with thrush or for reducing nausea and vomiting during pregnancy.

www.healthnews.com

| SNIPPETS |

IN 2015

# DON'T WORRY BE HAPPY!



Indeed, a cheerful disposition can help you get through the tough patches that cloud every man's life. But does seeing the glass as half full rather than half empty mean you'll enjoy better health?

Optimism helps people cope with disease and recover from surgery. And a positive outlook has an impressive impact on overall health and longevity. What puts the silver in the silver lining? Here are three possible explanations.

**1** People who are healthy are likely to have a brighter outlook than people who are ill. So perhaps optimism is actually the result of good health instead of the other way around.

**2** It is possible that optimists

enjoy better health and longer lives than pessimists because they have healthier lifestyles, have stronger social support networks, and get better medical care.

**3** Optimism may have biological benefits that improve health. A study of 2,873 healthy men and women found that a positive outlook on life was linked to lower levels of the stress hormone cortisol. Other possible benefits include reduced levels of adrenaline, improved immune function, less inflammation and less active clotting systems.

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

**Sealed with a kiss** – as many as 80 million bacteria are transferred during a 10 second kiss, according to new research. The study also found that partners who kiss each other at least nine times a day share similar communities of oral bacteria.



# COSMETIC INFIDELITY: A NEW WAY TO CHEAT

Cosmetic surgery has become a new form of infidelity – for both men and women.

As the number of people having plastic surgery rises, more and more feel the need to hide their procedures from their significant others. Hard to believe? While surgery can be difficult to hide, especially large operations with dramatic changes such as tummy tucks and face-lifts, less-invasive procedures such as Botox and filler injections aren't as hard to conceal.

The first step many patients take is to hide how much they're spending. Some patients pay with cash. Others split it up and pay half in cash, half in credit.

Timing the procedure strategically is another way people hide their cosmetic treatments. Many patients have their surgeries done while their spouses are out of town.

They use this alone time to recover, so that when their spouses return, they're none the wiser. For less-invasive treatments, such as lasers and injections, many patients have the procedures performed on days when their partners have plans after work. This way, they have all night to let the swelling subside. When their spouse sees them the next day, they look normal again.



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## GIVE-AWAY

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### We're giving away a soundbooster to one lucky reader!

To stand a chance to qualify, **email** your answer, name and contact number to the following question to: [melomag@melomed.co.za](mailto:melomag@melomed.co.za) with *Melomag 19* in the subject line. Competition closes 10 March 2015.

**What is Melomed 24's Ambulance phone number? (See our Melomed 24 advert).**



Prize sponsored by Melomed.

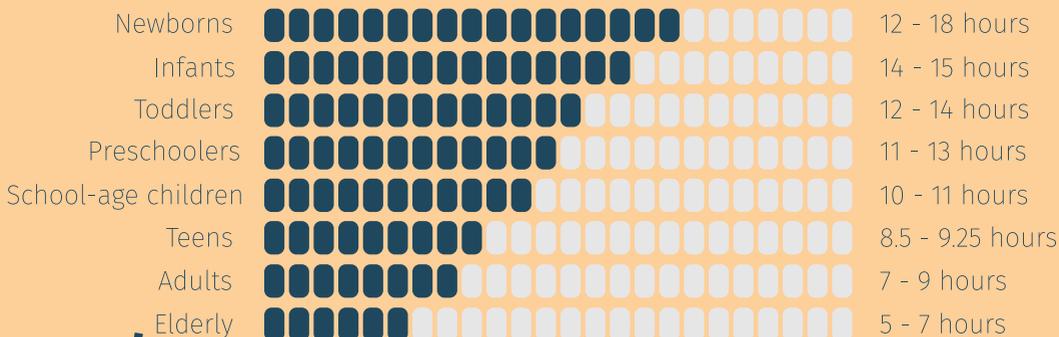
Give-away terms and conditions: The winner will be the first correct entry drawn after the closing date. In the event of the judges not being able to get hold of winners on details supplied, alternative winners will be selected. The judges' decision is final and no correspondence will be entered into. 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.



# SECRETS TO BETTER SLEEP

Start 2015 right! Get more sleep to be nicer, smarter, more lean and just more awesome!

## HOW MUCH SLEEP DO WE REALLY NEED?



The average person spends

**649 401 hrs**

sleeping during their lifetime



NOT SLEEPING FOR  
**16 hours**

LEADS TO A  
DECREASE IN  
PERFORMANCE  
EQUIVALENT TO  
HAVING A BLOOD  
ALCOHOL LEVEL  
OF 0.05%

*When we get less  
sleep than we need ...*

Our reaction times are slower  
Our blood pressure rises  
We are more at risk for obesity  
and diabetes



# FOODS

## CAUSING INSOMNIA

**Spicy foods** – can cause heartburn and indigestion that keeps you awake.

**Sugar** – once the sugar leaves your system you'll wake up craving more.

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

*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.*



## WHY IS SLEEP IMPORTANT?



### FUNCTIONS OF SLEEP



Improves your memory



Can help you lose weight



Can help you heal faster



Can prevent depression & stress



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

# 7

## STEPS TO BETTER SLEEP

1

Allow enough time for sleep

2

Make your bedroom a peaceful, tidy environment

3

Get a regular schedule

4

Avoid heavy meals, alcohol, caffeine before sleep

5

Avoid exercising 3 hours before sleep

6

Read a book in bed

7

Avoid bright light for two hours before bed

DID YOU KNOW?  
Somniphobia is the fear of sleep.



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**Dr Naseera Allie**, Obstetrician and Gynaecologist at Melomed Gatesville. Specialising in General Obstetrics and Gynaecology. MBChB (UCT), FCOG (SA), M.Med (O+G).  
T: 021 637 4323 | F: 086 7757410 | E: naseera@mail.com

  
Pregnancy awareness month  
at Melomed

For more info contact  
Liezl Daniels on  
021 699 0950 or e-mail  
info@melomed.co.za

# BIRTHING OPTIONS

## Which is better?

Prior to the 1960s most women in South Africa had little choice about their pregnancy and labour.

Most deliveries were conducted in homes and those with complications were referred to a hospital.

By Obstetrician and Gynaecologist Dr Naseera Allie practising at Melomed Gatesville

**P**reparing for the arrival of a child is an exciting time for new moms and dads, but there is a lot to consider. Aside from painting the nursery and learning how to change a diaper, pregnant women and their partners need to make decisions on how they want to bring their child into the world.

Whether by natural, drug-assisted or surgical means, there are associated risks and benefits across the board, depending on the circumstances. In this feature, we examine different birthing methods and their outcomes.

During the Middle Ages, the business of childbirth was in the hands of the midwife, which, in Old English, means “with woman”. Pregnant women were attended by their ▶▶

It is important for a mother to be involved in the birthing decision.

female friends, relatives and local women who were experienced in helping with childbirth.

There was a significant shift in the business of childbirth during the 1700s. Newer technologies played a role, as did male midwives or physicians, who began taking over for the female midwife.

The 20th century brought childbirth from the home to the hospital, where hi-tech devices and procedures – such as the fetal heart rate monitor, caesarean sections (C-sections) and epidurals – became commonplace.

This practice has changed to hospital or clinical deliveries as it is safer for the mother and the baby. The process of birth is a beautiful and natural occurrence, and there are options for the birthing process.

As such, mothers are often faced with a dilemma of normal birth vs caesarean section. A woman can discuss her options with her doctor or medical provider. It is important to understand the pros and cons before making a decision. Birth is a different experience for every woman.

## NORMAL BIRTH

Normal (vaginal) delivery offers a woman a more natural process.

### Advantages

- + faster recovery time
- + reduced risk of infections
- + shorter hospital stay

### Disadvantages

- + Trauma to mother (this includes perineal tears and incontinence)
- + Hypoxia to baby while in labour and delivery (baby does not have enough oxygen when the mother has a contraction or during the delivery) – resulting in hypoxic brain damage
- + Trauma to baby at delivery
- + Cannot schedule delivery
- + More stress and anxiety while in labour
- + Complications of prolonged labour e.g. infections

## CAESAREAN SECTION

A caesarean section occurs when the baby is delivered via an abdominal incision. This is a surgical procedure and is performed in theatre after an anaesthetic.

C-sections are deemed medi-



cally necessary when circumstances make a vaginal birth risky for the mother or baby.

A caesarean section should be performed when the continuation of the pregnancy or labour will be harmful for the mother or baby, and normal birth is not considered safe for one or both of them.

This includes:

- + Bleeding before labour or during labour
- + High blood pressure and other medical conditions in the mother
- + Suspected fetal distress (tired baby)
- + Abnormal presentation – breech, cord, brow
- + Multiple pregnancy
- + Big baby
- + Failure to progress in labour
- + Failed induction of labour
- + Failed forceps or vacuum delivery.

# What is the right choice?

The birthing process is a personal experience that varies among individuals. You need to choose the best option that suits you.

# Pain management

However, some women opt for elective C-sections when there is no medical reason to do so. A caesarean section is a serious abdominal surgery that carries certain risks.

## Advantages

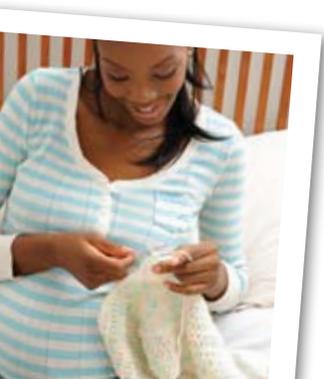
- + Avoidance of the complications of labour and delivery – birth injury to mother and baby
- + Scheduled delivery
- + Less likely to suffer from incontinence

## Disadvantages

A higher rate of maternal morbidity and mortality.

This includes:

- + Higher rate of infections in the mother (wound and kidney)
- + Anaesthetic complications
- + Surgical complications: bleeding, adhesion formation (may affect future abdominal surgery)
- + Possibility of delivery before the baby is ready
- + Increased pain compared to normal delivery
- + Longer hospital stay



Another aspect of childbirth that pregnant women face is how to manage pain. There are three stages of labour:

- Stage 1: early, active labour
- Stage 2: the birth of the baby
- Stage 3: delivery of the placenta

The first stage entails a thinning and opening phase when the cervix dilates and thins out to encourage the baby to move down into the birth canal. This is when women will experience mild contractions in regular intervals that will be less than 5 minutes apart toward the end of early labour. For first-time moms, the average length of this early labour is between 6-12 hours, and it typically shortens with subsequent deliveries.

Most women report that early labour is not especially uncomfortable, and some even continue with their daily activities. During the active labour portion of the first stage, however, the contractions begin to get stronger, longer and closer together. Cramping and nausea are common complaints, as is increasing back pressure. This is the time when most women head to the place in which they want to give birth – whether it is at a hospital, birthing center or in a designated area at home.

Active labour can last up to 8 hours, and this is typically when

most women who desire an epidural request one.

Spinal and epidural anesthesia are medicines that numb parts of the body in order to block pain. Administered through a catheter placed in the back or shots in or around the spine, these medicines allow the woman to stay awake during labour.

Though these medicines are considered generally safe, they do carry certain risks and complications, such as allergic reactions, bleeding around the spinal column, drop in blood pressure, spinal infections, nerve damage, seizures and severe headache.

In the wake of increased C-section rates and women opting for medicine-induced pain relief, there are still women who want to do things the natural way – or as close to it as possible.

For such women, there are a number of different options that can help to ease the pain of labour naturally and even prevent certain negative outcomes.

The birthing process is a personal experience that varies among individuals. Though there are a number of different options women can consider for their birth plans, experts from all approaches are in agreement that women should educate themselves and speak with their Gynaecologists in order to choose the option that is best for them.

# What to bring to hospital

## ➤ When you come to the hospital, please bring:

- Medical aid membership card, authorisation number and ID document
- A list of medications you are taking (including your chronic medication) as well as your medical history such as allergies

As you get closer to your due date there are lots of things to arrange. It makes sense to have a bag packed and ready to go. You'll probably want to pack two bags, one with things you want for the actual labour and one with everything you'll need afterwards – including something for your new baby to wear going home!



## PACK YOUR BAGS

### BAG ONE (LABOUR)

- mineral water spray or a plant spray with a fine nozzle. Put it in a fridge (if possible) to keep it cool
- two facecloths for cooling your face and skin
- music player
- unscented oil or a light body lotion for massage
- thermal pack (the sort you can heat in a microwave for taking with you on cold outings – it stays warm for hours). It can be wrapped in a towel and used as a warm compress to relieve aches in the back or in the legs
- old nightdress (front opening for easy breastfeeding) or old T-shirt, dressing-gown (robe) and sandals or slippers
- hairbrush, and hair bands for long hair
- lip balm
- wash bag with toiletries
- toothbrush and toothpaste
- camera
- drinks and snacks for you and your partner

### BAG TWO (AFTER THE BIRTH)

- two nightdresses (front opening for easy breastfeeding)
- easy-to-wear day clothes (like a tracksuit – again with a front-opening top for easy breastfeeding)
- underwear, including comfy full briefs (to hold maternity pads), and nursing bras – you may find disposable pants useful for the first few days
- towels
- maternity pads or night-time sanitary pads
- breast pads
- tissues
- unscented toiletries and cosmetics
- nappies for the baby
- vests and sleep suits for the baby
- cotton wool balls and nappy cream
- fruit juice or mineral water
- healthy snacks

# Antenatal classes

at Melomed  
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## contact ❖❖❖

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**Dr Nadiya Ahmed**, General Surgeon  
new to Melomed Gatesville, (MBChB (Natal),  
FCS (SA), MMed-Surgery (Stellenbosch))

## THE BUTTERFLY GLAND



# Thyroid disorders: A brief overview

**The thyroid gland is a butterfly-shaped endocrine gland normally situated in the lower front**

**of the neck. Your thyroid lies below your Adam's apple, along the front of the windpipe.**

By General Surgeon Dr Nadiya Ahmed practising at Melomed Gatesville

**T**he thyroid has two side lobes, connected by a bridge (isthmus) in the middle. When the thyroid is its normal size, you can't feel it. Brownish-red in color, the thyroid is rich with blood vessels. Nerves important for voice quality also pass through the thyroid.

Its function is to secrete thyroid hormones, which are responsible for a variety of metabolic functions, including energy use, temperature control, appetite, cardiac function, muscle function and menstrual cycles.

The hormones of the thyroid gland, T3 & T4, help the body to produce and regulate adrenaline, epinephrine and dopamine – all three of which are active in brain chemistry. Other hormones from this gland also help regulate metabolism. Without a functional thyroid,

the body would not be able to break down proteins and it would not be able to process carbohydrates and vitamins. For this reason, gland problems can lead to uncontrollable weight gain. For many people, these irregularities can be controlled through medication, as well as an attention to their diet. During infancy and childhood, adequate thyroid hormone is crucial for brain development. A gland in the brain called the pituitary adjusts the amount of thyroid hormone made by your thyroid gland. Another part of your brain, the hypothalamus, helps the pituitary. The hypothalamus sends information to the pituitary gland; the pituitary in turn controls the thyroid gland.

The thyroid gland, pituitary gland and hypothalamus all work together to control the

amount of thyroid hormone in your body. With the pituitary controlling most of the action, these organs work similarly to the way a thermostat controls the temperature in a room. For example, just as the thermometer in a thermostat senses the temperature of a room, your pituitary gland constantly senses the amount of thyroid hormone in your blood. If there is not enough thyroid hormone, your pituitary senses the need to "turn on the heat". It does this by releasing more thyroid-stimulating hormone (or TSH), which signals your thyroid to make more thyroid hormone. Your thyroid gland then makes and releases the hormone directly into your bloodstream. Your pituitary gland then senses that there is just the right amount of thyroid hormone in your body. With your thyroid hormone levels now

# Thyroid Conditions

- + **Goiter:** A general term for thyroid swelling. Goiters can be harmless, can represent an iodine deficiency or be a condition associated with thyroid inflammation called Hashimoto's thyroiditis.
- + **Thyroiditis:** Inflammation of the thyroid, usually from a viral infection or autoimmune condition. Thyroiditis can be painful or have no symptoms at all.
- + **Hyperthyroidism:** Excessive thyroid hormone production. Hyperthyroidism is most often caused by Grave's disease or an overactive thyroid nodule.
- + **Hypothyroidism:** Low production of thyroid hormone. Thyroid damage caused by autoimmune disease is the most common cause of hypothyroidism.
- + **Grave's disease:** An autoimmune condition in which the thyroid is over stimulated, causing hyperthyroidism.
- + **Thyroid cancer:** An uncommon form of cancer, thyroid cancer is usually curable. Surgery, radiation and hormone treatments may be used to treat thyroid cancer.
- + **Thyroid nodule:** A small abnormal mass or lump in the thyroid gland. Thyroid nodules are extremely common. Few are cancerous. They may secrete excess hormones, causing hyperthyroidism or cause no problems.
- + **Thyroid storm:** A rare form of hyperthyroidism in which extremely high thyroid hormone levels cause severe illness.



restored to a normal level, your pituitary slows its production of TSH back down to normal.

Patients whose thyroids are not functioning normally may present with symptoms including palpitations, inappropriate thermoregulation, headaches, change in appetite, unexplained changes in body weight, anxiety, tremors, disturbances in sleep patterns, constipation, or changes in menstrual cycles.

Alternatively, one may present with physical abnormalities, like an enlarged gland, multiple nodules on a gland or a solitary nodule on a gland. A mass in the front aspect of the neck that moves with swallowing eludes to a mass of thyroid origin. A thyroid mass may be one that either is hyper functional, hypo functional or of normal function. It is also possible to have a gland of ▶▶



## IF YOU SUSPECT YOU HAVE A THYROID ABNORMALITY, IT IS BEST TO VISIT YOUR GENERAL PRACTITIONER.

normal size but with abnormal function. An abnormal thyroid either in terms of function or anatomy does not always indicate a cancerous lesion.

Causes of hyperthyroidism are Grave's disease, toxic multinodular goitre, toxic adenoma, iodine-induced, sub-acute thyroiditis, and hyper functioning thyroid cancer. Hypothyroidism may be caused following thyroid surgery, Hashimoto's thyroiditis, neck irradiation for other disease, following acute thyroiditis, endemic goitre, iodine excess, pituitary dysfunction, hypothalamic dysfunction and severe illness, amongst others.

**Should you have suspicious symptoms or signs, you will require investigations that include a blood test at minimum.**

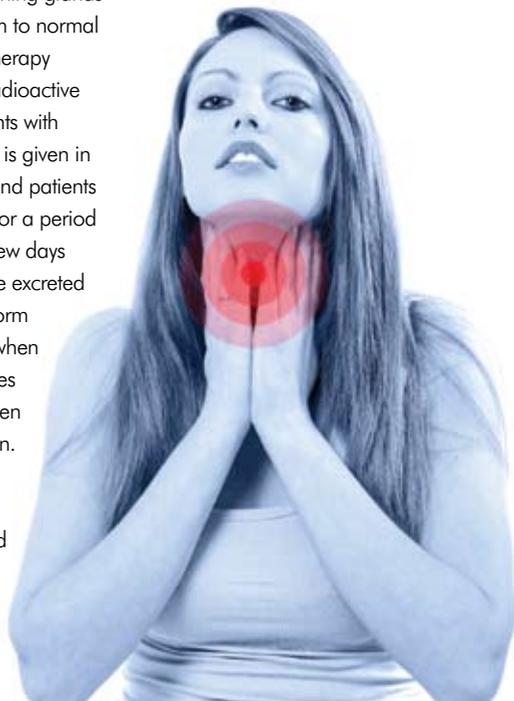
Blood tests will check the level of thyroid-stimulating hormone as well as thyroid hormones T3 and T4. If you have a mass that requires investigation, this may be done with a fine needle aspiration where cells are extracted via a conventional needle and put on a slide. The histopathologist then reviews the slides to determine if cancer

or cancer risk exists. This test can be done in a patient with a mass who is either hypothyroid or of normal thyroid function. Should you have a thyroid mass and the gland is hyper functioning, then a radionuclide scan is indicated. By looking at uptake of the radiolabelled iodine it is established if the thyroid mass poses a cancer risk. Should you be allergic to iodine or seafood, please inform your medical practitioner.

Treatment of thyroid disorders involve medical therapy, surgical intervention or radiation therapy. Medical therapy is used to treat hyper or hypo functioning glands in order to bring them to normal function. Radiation therapy includes the use of radioactive iodine given to patients with hyperthyroidism. This is given in the form of a tablet and patients are kept in isolation for a period of time as it takes a few days for the radiation to be excreted from the body. This form of treatment is used when hyperthyroidism comes back after having taken anti-thyroid medication. Radioactive iodine therapy may also be used following thyroid

resection for cancer, but only under certain circumstances.

Surgical intervention is indicated for cosmesis, compressive symptoms (e.g. difficulty swallowing, hoarseness of voice), suspected or confirmed malignancy, a retrosternal thyroid gland, and hyperthyroidism. Depending on the indication for surgery, one lobe or the entire gland may be removed. Complications following surgery include haematoma formation with or without compressive symptoms, hoarseness of voice, change in voice projection, infection, hypocalcaemia or a thyrotoxic storm. Should the entire thyroid



# Symptoms of an over- or underactive thyroid

Thyroid disorders can slow down or rev up metabolism by disrupting the production of thyroid hormones. When hormone levels become too low or too high, you may experience a wide range of symptoms.

- 1 Weight gain or loss:** An unexplained change in weight is one of the most common signs of a thyroid disorder. Weight gain may signal low levels of thyroid hormones, a condition called hypothyroidism. In contrast, if the thyroid produces more hormones than the body needs, you may lose weight unexpectedly. This is known as hyperthyroidism. Hypothyroidism is far more common.
- 2 Swelling in the neck:** A swelling or enlargement in the neck is a visible clue that something may be wrong with the thyroid. A goiter may occur with either hypothyroidism or hyperthyroidism. Sometimes swelling in the neck can result from thyroid cancer or nodules, lumps that grow inside the thyroid. It can also be due to a cause unrelated to the thyroid.
- 3 Changes in heart rate:** Thyroid hormones affect nearly every organ in the body and can influence how quickly the heart beats. People with hypothyroidism may notice their heart rate is slower than usual. Hyperthyroidism may cause the heart to speed up. It can also trigger increased blood pressure and the sensation of a pounding heart or other types of heart palpitations.
- 4 Changes in your mood and energy levels:** Thyroid disorders can have a noticeable impact on your energy level and mood. Hypothyroidism tends to make people feel tired, sluggish and depressed. Hyperthyroidism can cause anxiety, problems sleeping, restlessness and irritability.
- 5 Hair loss:** Hair loss is another sign that thyroid hormones may be out of balance. Both hypothyroidism and hyperthyroidism can cause hair to fall out. In most cases, the hair will grow back once the thyroid disorder is treated.
- 6 Feeling too hot or cold:** Thyroid disorders can disrupt the ability to regulate body temperature. People with hypothyroidism may feel cold more often than usual. Hyperthyroidism tends to have the opposite effect, causing excessive sweating and an aversion to heat.

be removed, and hence an induced hypothyroidism, you will need to take thyroid hormone tablets lifelong thereafter. One may also have to take calcium replacement lifelong following a total thyroidectomy (due to loss of parathyroid gland that may occur with this type of surgery).

## OTHER SYMPTOMS OF HYPOTHYROIDISM

Hypothyroidism can cause many other symptoms, including:

- + Dry skin and brittle nails
- + Numbness or tingling in the hands
- + Constipation
- + Abnormal menstrual periods

## OTHER SYMPTOMS OF HYPERTHYROIDISM

Hyperthyroidism can also cause additional symptoms, such as:

- + Muscle weakness or trembling hands
- + Vision problems
- + Diarrhoea
- + Irregular menstrual periods

Because thyroid disorders can cause changes in menstrual cycle and mood, the symptoms are sometimes mistaken for menopause. If a thyroid problem is suspected, a simple blood test can determine whether the true culprit is menopause or a thyroid disorder – or a combination of the two.

If you suspect you have a thyroid abnormality based on the above, it is best to visit your general practitioner. He will proceed with a clinical examination, blood investigations and then refer you to a specialist for further treatment should it be indicated.



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**Dr Nomphele Gantsho**, Dermatologist new to Melomed  
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# UNDERSTANDING ACNE

By Dermatologist Dr Nomphele Gantsho practising at Melomed Bellville

**Acne is a skin condition that involves the oil glands at the base of hair follicles. It commonly occurs during puberty when the sebaceous (oil) glands come to life – the glands are stimulated by hormones produced by the adrenal glands of both males and females. Boys are more commonly affected than girls.**

## WHAT IS ACNE?

The word acne comes from the word acme meaning “the highest point,” which comes from the Greek akme meaning “point” or “spot” – it was originally misspelt, with an “n” rather than an “m” in 1835.

Acne, common type, is medically known as Acne Vulgaris. Acne is a skin condition that involves the oil (sebaceous) glands at the base of hair follicles. In humans, pimples tend to appear on the face, back, chest, shoulders and neck which are oil-rich areas.

Human skin has pores (tiny holes) that connect to oil glands located under the skin. The glands are connected to the pores via follicles – small canals. **These glands produce sebum, an oily liquid. The sebum carries dead skin cells through the follicles to the surface of the skin.**

Some pores become blocked (plugged).

Simply put, skin cells, sebum and hair can clump together into a plug. This plug gets infected with bacteria, resulting in a swelling. A pimple starts to develop

when the plug begins to break down.

Propionibacterium acnes (*P. acnes*) is a bacterium commonly found on the skin, which will multiply rapidly in blocked follicles.

## THE TYPES OF PIMPLES

- + Whiteheads** – remain under the skin and are very small
- + Blackheads** – clearly visible, they are black and appear on the surface of the skin. Remember that ▶▶

a blackhead is not caused by dirt. Scrubbing your face vigorously when you see blackheads will not help

- + **Papules** – visible on the surface of the skin. They are small bumps, usually pink
- + **Pustules** – clearly visible on the surface of the skin. They are red at their base and have pus at the top
- + **Nodules** – clearly visible on the surface of the skin. They are large, solid pimples. They are painful and are embedded deep in the skin
- + **Cysts** – clearly visible on the surface of the skin. They are painful, and are filled with pus. Cysts can easily cause scars.

### HOW COMMON IS ACNE?

Dermatologists (skin specialists) say that approximately three-quarters of 11 to 30-year-olds will get acne at some time. Acne can affect people of all races and all ages. It most commonly affects adolescents and young adults, although there are people in their fifties who still get acne.

Although acne affects both men and women, young men suffer from acne for longer – probably because testosterone, which is present in higher quantities in young men, can make acne worse.

### WHAT CAUSES ACNE?

Nobody is completely sure what

causes acne. Experts believe the primary cause is a rise in androgen levels – androgen is a type of hormone. Androgen levels rise when a human becomes an adolescent. Rising androgen levels make the oil glands under your skin grow; the enlarged gland produces more oil. Excessive sebum can break down cellular walls in your pores, causing bacteria to grow.

Some studies indicate that a susceptibility to acne could also be genetic. Some medications that contain androgen and lithium may cause acne. Greasy cosmetics may cause acne in some susceptible people. Hormone changes during pregnancy may cause acne either to develop for the first time, or to recur on some women's skin.

### TREATMENT OF ACNE

Acne is common and is usually treatable. You may need treatment for several months to clear spots. Inflamed acne needs to be treated early to prevent scarring. Once the spots are gone, you may need maintenance treatment for several years to keep the spots away.

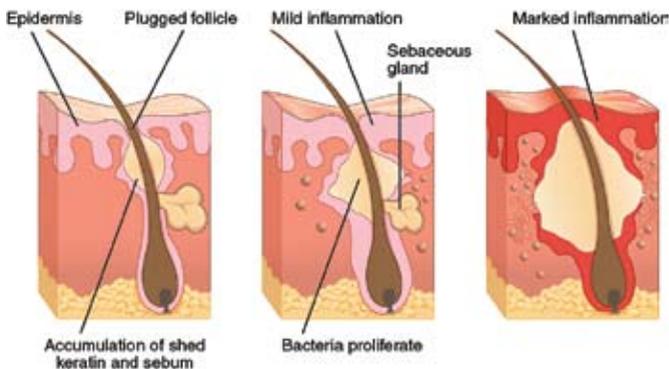
### HOW YOUR ACNE IS TREATED MAY DEPEND ON HOW SEVERE AND PERSISTENT IT IS

- + **Treating mild acne** – The majority of people who get acne will develop mild acne.

## How to prevent making acne worse

- + **Menstrual cycle** – girls and women with acne tend to get it worse one or two weeks before their menstrual period arrives. This is probably due to hormonal changes that take place. Some people say they eat more chocolate during this time and wonder whether there may be a connection. However, experts believe the worsening acne is not due to chocolate, but rather to hormonal changes.
- + **Anxiety and stress** – mental stress can affect your levels of some hormones, such as cortisol and adrenaline, which in turn can make acne worse. Again, stress can make some people binge-eat. Experts believe the culprits are most likely the hormone levels, rather than the binge-eating.
- + **Hot and humid climates** – when it is hot and humid we sweat more. This can make the acne worse.
- + **Oil-based make-ups** – moisturising creams, lubricating lotions, and all make-up that contain oil can speed up the blocking of your pores.
- + **Greasy hair** – some hair products are very greasy and might have the same effect as oil-based make-up. Hair products with cocoa butter or coconut butter are examples.
- + **Squeezing the pimples** – if you try to squeeze pimples your acne is more likely to get worse, plus you risk scarring.





Acne formation diagram

This can usually be treated with OTC (over-the-counter) medications. OTC medications can be bought at a pharmacy without a doctor's prescription. They are usually applied to the skin – topical medicines.

**+ Treating moderate acne** – You may be prescribed an oral or topical antibiotic. Antibiotics can combat the growth of bacteria (P. acnes) and reduce inflammation. Most commonly Erythromycin and Tetracycline are prescribed as antibiotics for the treatment of acne.

**+ Treating more severe cases of acne** – **If your acne is more severe, you should consider seeing a dermatologist. The specialist may prescribe a treatment that will be suitable to treat your type of acne.**

Prescription medications for acne are presented in many forms, such as creams, lotions, oral etc. Your dermatologist will decide what is best for you.

**+ Treating cystic acne** – If an acne cyst becomes severely inflamed, there is a high risk of rupturing. A rupturing acne cyst can often result in scarring. The specialist may inject a diluted corticosteroid to treat the inflamed cyst and to prevent scarring. A cyst is injected with intralesional corticosteroid directly. The injection will lower the inflammation and speed up healing. The cyst will “melt” within a few days.

**+ Oral contraceptives** – The majority of women with acne find that taking certain oral contraceptives clears it up. Oral contraceptives suppress the overactive gland and are commonly used as long-term treatments for acne in women. If a woman has a blood-clotting disorder, smokes, has a history of migraines, or is over 35, she should not take this medication without checking with a gynaecologist first.

## How to look after your skin if you have acne (or are prone to acne)

Wash your face about twice each day. Do not wash it more often. Use a mild soap made especially for people with acne, and warm water. Do not scrub the skin.

- + Don't try to burst the pimples. Popping pimples makes scarring.
- + If you have to get rid of a pimple for some event, such as a wedding, or public speaking occasions, ask a dermatologist to treat it for you.
- + Try to refrain from touching your face with your hands.
- + Always wash your hands before touching your face. This includes before applying lotions, creams or make-up.
- + Your skin needs to breathe. If your acne is on your back, shoulders or chest, try wearing loose clothing. Tight garments, such as headbands, caps and scarves should be avoided – if you have to wear them make sure they are cleaned regularly.
- + Don't go to sleep with make-up on. Only use make-up that is noncomedogenic or nonacneogenic – you should be able to read this on the label. If you cannot find it, ask the shopkeeper or pharmacist. You should use make-up that does not have oil and does not clog up the pores.
- + Hair collects sebum and skin residue. Keep your hair clean and away from your face.
- + Too much sun can cause your skin to produce more sebum. Several acne medications make you more sun sensitive. Always apply a noncomedogenic sunscreen to protect yourself from being sunburnt.
- + If you shave your face, do it carefully. Use either an electric shaver or safety razors. If you use a safety razor make sure the blade is sharp. Soften your skin and beard with warm soapy water before applying the shaving cream.

## YOUR GUIDE TO:



# MENTAL HEALTH FIRST AID

Traditional first aid courses are all about the body. Yet we're more likely to encounter someone

with a mental health problem than someone needing CPR. Compiled by Health Bytes

What should you do if you encounter someone having a panic attack, behaving aggressively (perhaps because of alcohol or drugs), or appearing suicidal?

Mental health problems are very common, if not more common than a lot of the physical health problems people learn how to give help to. And there are wonderful things that can help. Once you know that, you really need to not just stand by.

### HOW TO HELP: SOME BASICS

- + If you notice changes in a person's mood, behaviour, energy, habits or personality, you should consider a mental illness being a possible reason for these changes.
- + Let the person know you are concerned about them and are

willing to help.

- + Use "I" statements such as "I have noticed and feel concerned" rather than "you" statements.

### WHAT DOESN'T HELP?

- + Telling them to "snap out of it" or "get over it"
- + Being hostile or sarcastic
- + Being over-involved or over-protective
- + Nagging
- + Trivialising a person's experience by pressuring them to "put a smile on their face", to "get their act together" etc.
- + Belittling or dismissing the person's feelings by saying things like "You don't seem that bad to me".
- + Speaking in a patronising tone of voice
- + Trying to cure the person or

come up with answers to their problems

### DEALING WITH A CRISIS

Mental health first aid doesn't aim to teach people how to be counsellors or mental health professionals, but rather, like traditional first aid, how to keep others safe in some common crisis situations – either until professional help can be found or until the crisis is resolved.

Scenarios covered include what to do when someone:

- + may be having a panic attack
- + is severely affected by alcohol or drugs
- + is in a severely psychotic state (has severe disturbances in thinking, emotion and behaviour)
- + has had a traumatic event, such as being involved in an ▶▶

**MENTAL HEALTH FIRST AID SA** IS DELIVERING COURSES THAT HAVE BEEN ADAPTED TO SUIT THE SOUTH AFRICAN CONTEXT.

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## MENTAL HEALTH ACTION PLAN:

Mental Health First Aid has the acronym ALGEE to remind people of the action plan for someone in a mental health crisis or developing a mental health problem.

### **A – approach, assess and assist with any crisis the person is experiencing**

When helping a person going through a mental health crisis, it is important to look for signs of suicidal thoughts and behaviours, non-suicidal self-injury, or other harm. Some warning signs of suicide include:

- + Threatening to hurt or kill oneself
- + Seeking access or the means to hurt or kill oneself
- + Talking or writing about death, dying, or suicide

- + Feeling hopeless
- + Acting recklessly or engaging in risky activities
- + Increased use of alcohol or drugs
- + Withdrawing from family, friends, or society
- + Appearing agitated or angry
- + Having a dramatic change in mood

### **L – listen non-judgmentally**

It may seem simple, but the ability to listen and have a meaningful conversation requires skill and patience. Listening is critical in helping an individual feel respected, accepted, and understood.

### **G – give support and information**

It is important to recognise that

mental illnesses and addictions are real, treatable illnesses from which people can and do recover. When talking to someone you believe may be experiencing symptoms of a mental illness, approach the conversation with respect and dignity and don't blame the individual for his or her symptoms.

### **E – encourage the person to get professional help**

There are many professionals who can offer help when someone is in crisis or may be experiencing the signs and symptoms of a mental illness or addiction.

#### **Types of Professionals:**

- + Doctors (primary care physicians or psychiatrists)
- + Social workers, counselors,

and other mental health professionals

- + Certified peer specialists
- Types of Professional help:**
- + “Talk” therapies
  - + Medication
  - + Other professional supports

### **E – encourage other supports such as self-help strategies**

Individuals with mental illness can contribute to their own recovery and wellness through:

- + Exercise
- + Relaxation and meditation
- + Participating in peer support groups
- + Self-help books based on cognitive behavioural therapy
- + Engaging with family, friends, faith, and other social networks

accident, assault, robbery or family violence

- + is acting aggressively
- + is having suicidal thoughts and behaviours
- + is injuring themselves in a non-suicidal way

The guidelines taught for each scenario are developed by expert panels of professionals and consumer advocates, based on a rigorous analysis of research, and are regularly updated.

### REDUCING THE BURDEN

Research shows fewer than 50% of people with mental health problems seek professional help. And of those that do, often it's only because someone else suggested it to them. So mental health first aid has potential to significantly reduce the burden of mental illness on society.

Research suggests the training is having an impact – improving people's knowledge and attitudes to mental health problems as well as the likelihood they would step in and offer help to someone in need.



### REMEMBERING WHAT TO DO

In any first aid course, participants learn an action plan for the best way to help.

In first aid for physical illness and injury, the mnemonic is DR ABC(D) – which stands for Danger, Response, Airway, Breathing and Compressions (Defibrillation). If the first aider determines the person is not fully conscious, the subsequent actions of ABC(D) need to be performed in that order.

But these are principles to remember, not steps to be followed in a fixed order. The helper needs to be flexible about the order and relevance

of these actions (although assisting with a crisis should be the highest priority). Listening non-judgmentally is an action that occurs throughout the giving of first aid.

### Emergency NUMBERS



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**Melomed Mitchells Plain Trauma Unit**  
021 392 3126

**Melomed Claremont Clinic**  
021 683 5240

## Why mental health first aid?

- + 1 in 3 adults will suffer from a mental health disorder in their lifetime.
- + Only 25% of people with a mental illness will seek treatment.
- + Psychiatric conditions rank as the leading cause after back problems of sick absenteeism and ill health retirement (more than 40% of ill health retirement).
- + Approximately 56% of people affected by HIV/Aids are predisposed to mental health disorders. Prevalence of psychosocial distress amongst individuals affected by HIV/Aids is increasing.
- + Substance abuse including alcohol use among the teenagers is increasing.
- + High levels of financial indebtedness and stress will make the situation worse as noted by increase in suicides.



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# MAKE OVER YOUR LUNCHBOX



**Taking a home-made lunch to work or school is an easy step toward a healthier lifestyle. But you should still be aware of your food choices and portions when packing your own lunch. Check out the sample home-made lunch below, and then see how you can make some quick nutrition fixes for a more nutritious meal.**

Compiled by Health Bytes

## Original Lunchbox

1 sandwich made with:  
2 pieces of country white bread  
2 slices of pressed beef  
1 slice of cheese  
lettuce  
2 tablespoons mayo  
1 teaspoon of mustard  
1 small bag of potato chips  
2 small chocolate chip cookies  
A can of regular soda

Nutrition information: 4350 kilojoules, 108 grams of carbohydrate, 17 grams saturated fat, 1700 mg of sodium, and just 4 grams of fibre.

### SOME EASY NUTRITION FIXES

Can you think of a few easy ways to improve this meal? Here are some quick nutrition fixes to start with:

#### ON THE SANDWICH

Substitute the white bread with 100% wholewheat bread for more fibre. If you want less carbs, choose a low-carb bread or try an open-faced sandwich.

Choose a meat that is leaner and less processed than pressed beef like roast beef. When buying deli meats, choose reduced-sodium varieties.

Try reduced-fat cheese to cut down on saturated fat. You

can also skip the cheese altogether and add more veggies like tomato, cucumber, shredded carrots, or bell pepper slices. You could also add some avocado, which is a good source of heart-healthy fats.

Switch to light mayo, which is half the kilojoules. Or, you can skip the mayo and just enjoy the mustard. Mustard is a very low-calorie condiment.

#### EATING TIPS

- + Eat breakfast before or by 8am (even if it is at the office)
- + Take snacks and lunch meals to work
- + If you will not be able to prepare lunch, plan exactly ▶▶

## Pick this makeover

1 open-faced sandwich made with:

- 1 piece of 100% wholewheat bread, toasted
- 1 rotisserie chicken breast
- 3 slices avocado
- 2 tomato slices
- Lettuce
- A squirt of mustard
- 10 baby carrots
- 2 tablespoons hummus
- 1 fresh peach

You can have all this for a much more reasonable:

1630 kilojoules, 49 grams of carbohydrate, 2 grams saturated fat, 565 mg of sodium, and 12 grams of fibre!

Pre-pack meals the previous evening if you are a late riser

## On the side

Pick this:

- + A handful of unsalted nuts
- + ½ cup of bean salad
- + Carrots and hummus
- + A serving of fruit
- + Get in the habit of carrying a reusable water bottle with you and drink water throughout the day.

Not this:

- + Chips
- + Cookies
- + Sugary drinks like soda, fruit juice or ice tea.





**IT IS ADVISABLE TO HAVE TWO TO THREE PORTIONS OF FRUIT THROUGHOUT THE DAY AND TRY TO INCLUDE VEGETABLES AS WELL**

## Lunch snack ideas

- + 60g raw nuts and dried fruit (e.g. peanuts and raisins), but be sure to confirm that it is the raw (unprocessed) version
- + 340ml can artificially sweetened cold drink
- + 60g biltong
- + 3 whole-grain crackers with peanut butter
- + 2 cups air-popped popcorn (preferably home-made)
- + 1 fruit
- + 1 small tub of plain yoghurt
- + Chicken mayonnaise sandwich
- + Egg and salad sandwich
- + Chicken strips in a pita bread with carrot sticks
- + Chicken salad (using leftover chicken or smoked chicken breast)
- + Mince in a whole-grain bread roll
- + Whole-grain crackers with cottage cheese and salad

what you will buy from which shop

- + Try to include some protein in lunch (e.g. leftover chicken/gypsy ham/tuna). This will avoid a meal with an excess of starch
- + Make it practical – pre-pack meals the previous evening if you are a late riser
- + Use a cooler bag – no one wants to carry three lunch boxes. Alternatively, look forward to a soggy tomato sandwich
- + Do not consider sweets/crackers/cold drinks as an option when you have to buy snacks
- + Do not rely too heavily on

fruit – an apple a day may keep the doctor away, but large quantities or a large fruit salad can tip the scale the wrong way. It is advisable to have two to three portions of fruit throughout the day and try to include vegetables as well (e.g. salad at lunch, carrot sticks or cherry tomatoes), and do not eat more than one fruit at a time.

- + Drink water!



Exercise is also an essential part of a healthy lifestyle. Although long working hours create a challenge, keep in mind that weekends are a great time to incorporate some kind of activity



# HOUSE CALL



Meet one of our dedicated Specialists,  
**Dr Michael Ledger**, who is a Paediatrician  
at Melomed Bellville.

## VITAL STATISTICS & QUESTIONS

QA

**I am...** a born and raised Capetonian who studied at UCT, trained at Red Cross Children's Hospital, and has been in private practice since March 2012.

**Where were you born?** Cape Town.

**Who do you share your house with?** My wife Tamara, who is also a paediatrician, and our cat, Shadow.

**What would people be surprised to know about you?** I am a wave-ski surfer and have represented Western Province and Eastern Province.

**If you weren't doing what you do, you would be...** a house husband/surfer... (Just kidding, my wife would object to that.)

**I can't go a day without...** my Nespresso.

**My friends and I like...** watching sport and going to live games.

**What music are you listening to?** Contemporary.

**Perfect happiness is...** Eland's Bay, offshore conditions and 4-6 foot waves.

**Success to me means...** being satisfied with what you have achieved in the workplace and, more importantly, in your personal space.

**Everything in moderation BUT...** family time.

**I'd like to be remembered as a...** good son, husband, father and doctor to my patients.

“ **One of my life mottos is:** A man is not finished when he is defeated, he is finished when he quits. (NIXON) ”

## Likes



Surfing and river trips  
Cape Town sunsets  
Rugby

## Dislikes



Dishonesty  
Senseless violence  
Smokers



**Best places:** Maestros – for the view. Cape Point – for the memories.  
Home – my wife is a phenomenal cook.



Take the time to put emergency telephone numbers into your cell phone. In a real emergency it is very difficult to stay calm and remember what number to use. Make sure that you have the ambulance telephone number 10177 and your local Sea Rescue number (see [www.searescue.org.za](http://www.searescue.org.za)) before you need them. The cell phone emergency number 112 is also a good number to use.

# BE SAFE NEAR WATER

This is the time of the year that the volunteers at Sea Rescue are kept on their toes and are called to help people in trouble at sea and on our dams on a daily basis.

Here are a few tips from Sea Rescue's educational initiative, the WaterWise Academy, to keep children safe.

"Do not let your children out of your sight for one second when they are playing in the water, or swimming", says Andrew Ingram, manager of the NSRI's WaterWise Academy.

"Contrary to popular belief, children do not thrash around and shout for help when they

are drowning. They may be able to wave and shout for help when in distress, but drowning is completely silent.

A person who is vertical in the water, with their head tilted back ... is a person in desperate need of help", says Ingram.

When planning a trip to the sea, choose a beach that has life savers on duty and swim only between their flags.

If you are caught in a rip current and feel yourself being

pulled out to sea, do not panic.

The current will slow down as it gets further out. Simply swim parallel to the beach and then use the waves on either side of the rip to help you get back in to the beach.

"Or, if you are tired, float on your back and wave for help. Never turn your back on the sea", adds Ingram.

"Whenever setting out on a boat always put a life jacket on before you launch," says Ingram.





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**\*Terms and conditions:**

1) The competition is open to anyone except NSRI volunteers and staff. 2) Entries close 31 January 2015. 3) The winner will be selected by random draw and informed telephonically on the 6th February 2015. 4) The winner's names will be published on [www.searescue.org.za](http://www.searescue.org.za). 5) The prizes cannot be exchanged for cash. 6) By entering this competition, entrants agree to abide by the rules and conditions of the competition. 7) The judges' decision is final and no correspondence will be entered into.

Recipe supplied by Melomed Group Catering Manager.

## TEA TIME

# Scones

### What you will need

- 500ml flour
- 15ml baking powder
- 25ml sugar
- 80g butter
- 125 – 150ml buttermilk
- 1 egg



**Perfect for those summer picnics or tea times. Pack them in for the whole family to enjoy.**

### Method of preparation

1. Pre-heat oven to 200°.
2. Sift the flour, sugar and baking powder into a bowl.
3. Add the butter and rub it into the flour until the mixture resembles breadcrumbs.
4. Combine the egg and buttermilk and add enough to the flour to form a soft dough.
5. Knead lightly to make the dough smooth.
6. Roll out the dough to 2.5cm thickness and cut out with a scone cutter and place on a greased baking tray.
7. Brush the tops with egg and bake at 200°C for 15-20 minutes until golden-brown.
8. Serve with fresh cream and jam or cheese.

Makes 10-12 scones.





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# The PathCare Pregnancy Checklist

Things to do:

## VISIT YOUR DOCTOR REGULARLY !

### Are you planning to fall pregnant?

- Am I pregnant? For confirmation, have your blood pregnancy test done (the blood test is more accurate than the urine test, therefore preferable). The test should be positive after you have missed a period. If you have difficulty falling pregnant, visit your doctor who will do a few blood tests to establish any hormonal disturbances. Your partner can also have a fertility test done on his semen. Should there be any abnormalities, your doctor can refer you to a fertility specialist (gynaecologist).

### The first trimester (first third of pregnancy)

- Screening tests to rule out harmful underlying conditions that may affect you or the fetus.
- Bloodgroup and Rh tests.
- Rule out previous exposure to infectious disease (sexually transmitted disease, hepatitis, rubella).
- Urine analysis for protein and glucose.
- Biochemistry between 8w - 13w6d, screen for Down's syndrome (speak to your doctor about the screening test).
- Ultrasound at gestation 11-13w6d (preferably 12w).

### The second trimester (second third of pregnancy)

- Second trimester screening for Down's syndrome (15-20w6d) can still be done, but the test is less accurate.
- The blood test for neural tube defects or open spina bifida, needs to be done at this stage as well. If any abnormalities are detected by the screening test, you should have an amniocentesis (obtaining amniotic fluid from the uterus) for genetic studies.

### The third trimester (last third of pregnancy)

- It is during this period that hypertension and diabetes are most likely to develop.
- Regular visits to your doctor during this time are very important. Various tests can be done either to exclude these conditions or to monitor the treatment.
- If premature labour is to develop, it is most likely to happen during this period. The laboratory offers tests to establish if the baby is mature enough to be delivered.

### Postnatal

- Immediately after the delivery of your baby, the doctor will take some cord blood for a thyroid test.
- If hypertension or diabetes was diagnosed during your pregnancy, it is essential that you should go back to your doctor to establish if these conditions have resolved or whether it has continued to be a problem.