

# melomag

Winter 2023 | Issue 45

FREE  
HEALTH  
GUIDE



MELOMED  
PRIVATE HOSPITALS

CERVICAL CANCER  
**06**

OSTEOARTHRITIS  
OF THE KNEE **08**

THE BASICS OF  
TUBERCULOSIS (TB) **12**

Published in the interest of your health by MELOMED

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



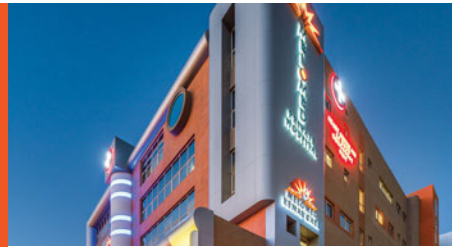
## **MELOMED BELLVILLE**

Cnr Voortrekker & AJ West Street  
**T 021 948 81 31**



## **MELOMED GATESVILLE**

Clinic Road, Gatesville  
**T 021 637 8100**



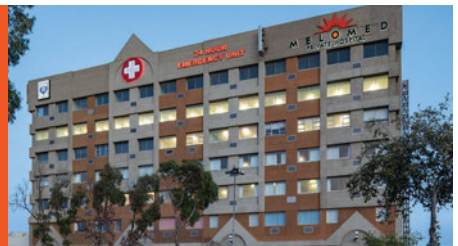
## **MELOMED TOKAI**

Cnr Keyzers & Main Road  
**T 021 764 7500**



## **MELOMED RICHARDS BAY**

John Ross Eco Junction  
**T 035 791 5300**



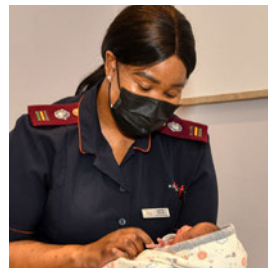
## **MELOMED MITCHELLS PLAIN**

Symphony Walk, Town Centre  
**T 021 392 3126**



# BOOK YOUR MATERNITY TOUR

Our Melomed Gatesville maternity ward is now complete and boasts a beautiful setting - ideal for a wonderful birthing experience. **The unit has been designed with a gentle, modern and soothing colour scheme.**



**Book your hospital tour today.**

Contact the client service officer on **021 637 8100** or email **[mgcso1@melomed.co.za](mailto:mgcso1@melomed.co.za)**  
or **[mgcso3@melomed.co.za](mailto:mgcso3@melomed.co.za)**





## COOKING FROM THE HEART



# DASH EDITION

## Dietary Approaches to Stop Hypertension

Affordable tasty recipes for the whole family,  
with a focus on incorporating **DASH** ingredients.



SCAN TO  
DOWNLOAD  
**DASH  
EDITION**



A joint initiative between Pharma Dynamics and  
The Heart and Stroke Foundation South Africa

**pharma dynamics**

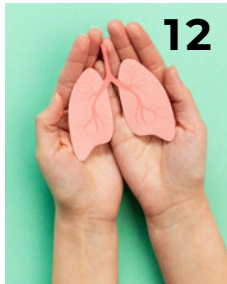
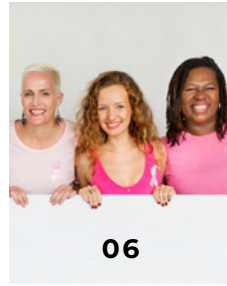
EFFECTIVE AFFORDABLE HEALTHCARE



THE HEART  
AND STROKE  
FOUNDATION  
SOUTH AFRICA

CUSTOMER CARE LINE **+27 21 707 7000**  
[www.pharmadynamics.co.za](http://www.pharmadynamics.co.za)

1) Data on file. CVS RB1016/04/2023



## WHAT'S INSIDE

- 02 Know it All:** Fit for Pregnancy!
- 05 New & Now:** 7 Steps for better living with diabetes
- 06 Health Check:** Cervical cancer
- 08 All About:** Osteoarthritis of the knee
- 12 Diagnosis:** The basics of tuberculosis (TB)
- 14 Know it All:** Plastic surgery and the Islamic golden era
- 16 Infographic:** Diabetes Mellitus
- 18 Travel:** South African festivals in 2023
- 20 Recipes:** Chicken and barley soup and Buttermilk and cheese bread
- 22 House Call:** Dr Tshimanga Mbikayi

MELObabes is on 

Follow us [@melomed\\_melobabes](https://www.instagram.com/melomed_melobabes)



HEALTH BYTES

**PUBLISHER:**  
Health Bytes CC  
**CONTACT:**  
christa@health-bytes.co.za  
**GRAPHIC DESIGNER:**  
Marius Laubser  
**TEL:** 021 913 0504  
**PRINTING:** Kadimah

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

# Fit for Pregnancy!

By Obstetrician and Gynaecologist Dr Marion Ntsako Nkanyane

One of the current major health challenges in the world is that of obesity. Obesity is calculated using your weight and height and is defined by a body mass index (BMI) of 30 or greater. Being overweight or obese during pregnancy can cause complications for you and your baby. The more overweight you are, the greater the chances for pregnancy complications. Women who are planning to fall pregnant are encouraged not to shy away from checking their BMI because a high BMI is associated with serious negative pregnancy outcomes.

## Before pregnancy obese women may have an increased risk of:

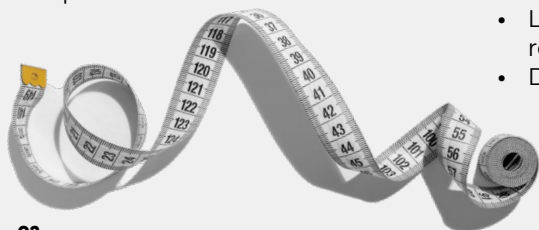
- Infertility due to the hormonal alterations.
- There is also an increased risk of miscarriages in these women

## Medical conditions that can arise in pregnancy:

- Gestational hypertension and preeclampsia: High blood pressure that starts in the second half of the pregnancy with serious life-threatening complications for mother and baby
- Gestational diabetes
- Venous-thrombo embolism
- Obstructive sleep apnoea: Breathing problems in the mother causes fatigue and increases the risks of having high blood pressure, heart and lung problems
- Depression

## Obstetric complications:

- Spontaneous pregnancy loss
- Preterm delivery: can be spontaneous or be medically indicated due to the medical conditions stated above
- Lower accuracy of ultrasound due to the increased abdominal fat layer results in difficult fetal assessment. Checking the baby's heart rate during labour can also be difficult.
- Failure to progress in labour
- Fetal distress
- Induction of labour
- Lower success of vaginal birth if you had a previous cesarean section
- Increased risk of having an emergency cesarean section with increased surgical complications such as bleeding and infection
- Increased scar rupture in women with previous cesarean section undergoing a trial of normal birth
- Post term birth/ still births
- Late prenatal care due to late recognition of pregnancy
- Decreased breastfeeding success >>





“

*Obesity poses health risks to the woman and her baby before, during and after the pregnancy or delivery.*

”



## Complications in the baby:

- Congenital defects such as heart problems
- Macrosomia/ big baby
- Shoulder dystocia/ birth injury
- Low Apgar score
- Fetal death
- Neonatal death
- Childhood obesity- babies born with increased weight have a risk of having obesity in their childhood and beyond



The importance of preconception assessment is highly encouraged in women contemplating a pregnancy and even more so in obese women. This will assist you in checking for any medical conditions that may already be present and to optimizing them before falling pregnant.

- Weight loss before pregnancy is encouraged to minimize the complications described above. Contact with a health care professional will also assist you to plan and implement lifestyle changes that will help you in your weight loss journey.
- Involve a nutritionist, a therapist and your family in your journey to weight loss
- Avoid certain weight loss medications when you are trying to fall pregnant
- Increase physical activity-get professional advice
- Bariatric surgery if you meet the criteria. It is recommended to delay pregnancy by 12-24 months if you have had this procedure.
- Start taking Folic acid 5mg prior to the pregnancy

Maternal obesity poses a serious risk to maternal and foetal health. Every effort at weight reduction should be made to improve foetal and neonatal outcome. If you are already pregnant with a high BMI your pregnancy is classified as high risk and your obstetrician will guide you on your pregnancy journey. ■

## ABOUT THE AUTHOR



### DR. MARION NNTSAKO NKANYANE

*MBBCh (Wits), Mmed (O&G, Pret), FCOG (SA)*

Dr. Nkanyane is a(n) Obstetrician/Gynaecologist and currently practices at Melomed Richards Bay.

**Tel: 035 791 5506**





# 7 steps for better living with diabetes

## 1 Eat healthy



Eat lots of vegetables and fruit  
Reduce or eliminate sugary  
Foods and drinks  
Watch or reduce carbs



Watch portion sizes



Eat regular meals



Lose 10–20 pounds  
if you are overweight

## 2 Be active



Exercise 5 days a week



Be active 30 minutes a day

## 3 Monitor



Check your blood sugar levels:  
know your A1C



Check your blood pressure,  
cholesterol, eyes, feet and teeth

## 4 Take medication



Know your pills and insulins,  
understand how they work  
and take the right doses at  
the right times

## 5 Problem solve



Recognize your high and low  
blood sugars, understand what  
caused them and learn to treat  
and prevent them

## 6 Reduce risk



Quit smoking



Do regular health exams  
(eye, foot and dental)



See your doctor regularly  
for check-ups and tests

## 7 Cope well



Get support from your family,  
friends and diabetes care team



Set realistic goals and  
work toward them



# Cervical Cancer



By Obstetrician and Gynaecologist Dr Mbikayi Tshimanga

## What is cervical cancer and how can it be prevented?

Cervical cancer develops in a woman's cervix, which is the entrance to the uterus from the vagina. 99% of cervical cancer are linked to infection with high-risk human papilloma-virus (HPV). HPV is an extremely common virus transmitted through sexual contact. Most infection with HPV resolves spontaneously and cause no symptoms, however, persistent infection can cause cervical cancer in women. Vaccination against HPV is safe and prevents cervical cancer.

## What are the signs and symptoms of cervical cancer?

- Irregular or postmenopausal bleeding: abnormal bleeding does not mean you have cervical cancer, but you should see your healthcare worker as soon as possible
- Increased vaginal discharge

More severe symptoms may arise at advanced stages.

## How cervical cancer can badly affect women worldwide?

Every year, more than 300 000 women die from cervical cancer. 80 % of cervical deaths occur in low-income and middle-income countries. Poor access to prevention, screening and treatment contributes to 90% of deaths. Cervical cancer is the 13th common cause of death in the Eastern Mediterranean and fifth most common cause of death among women.



**Cervical cancer can be prevented and treated if caught early. We can eliminate cervical cancer.**

**Get informed:**

Find out the facts about cervical cancer and the human papillomavirus (HPV) that cause it. Help educate other women in your life too.

**Get screened:**

Cervical cancer screening typically starts at the age of 30. If the test is negative, you should repeat it periodically. Regular cervical cancer screening, diagnosis and prompt treatment can cure cervical cancer.

**Get vaccinated:**

The HPV vaccine is given in two doses that should begin when a girl is between nine and 14 years old. To end cervical cancer, nine out of 10 girls should be vaccinated against human papillomavirus.

**Get treated as early as possible:**

To end cervical cancer, 9 out of 10 women identified with cervical cancer should be treated. ■

**ABOUT THE AUTHOR**



**DR. MBIKAYI TSHIMANGA**

*MBChB (UNIKIN), Dip.Obst(SA), M.Med (O&G), (UFS), FCOG (SA), F.MAS (India)*

Dr. Tshimanga is a(n) Obstetrician/ Gynaecologist and currently practices at Melomed Richards Bay.

**Tel: 035 791 5446**

**Email: [drtshimangagynae@gmail.com](mailto:drtshimangagynae@gmail.com)**





# Osteoarthritis of the knee

## More than wear and tear...

By Physician, Dr Tony Tom

*Doctor,  
I have  
knee pain.  
Could it be  
arthritis?*

Knee osteoarthritis is the most frequently diagnosed arthritis, with an ever-growing number and increasing cause of disability. Long characterized as the "wear and tear" condition of the knee, but now understood as a complex interplay and cascade of degeneration of the knee joint structure (cartilage and meniscus degeneration, bone remodelling, joint inflammation, formation of osteophytes, and loss of normal joint function).

An estimated 240 million people worldwide are affected by symptomatic (e.g., pain, stiffness, and deformity) and activity-limiting knee osteoarthritis, with women slightly more affected than men. With the aging of the population, an increasing presentation of knee osteoarthritis is noted, with 40% of people over 70 years of age having symptomatic knee osteoarthritis. Also of interest is the increasing number of people with knee osteoarthritis with associated lifestyle diseases. About 30% of people with knee osteoarthritis have uncontrolled blood pressure (hypertension) and blood sugar levels (diabetes mellitus). The lifetime risk of symptomatic knee osteoarthritis is also increased in overweight individuals.

Individuals with knee osteoarthritis usually complain of long-term persistent knee pain, stiffness, and deformity with limitations in daily activities. The knee pain is usually activity related when standing or walking, and the stiffness is worse in the morning and after sitting for a long time. With a prolonged illness, patients develop deformities, in the form of bowed or knock knees. >>

### What should I do if I think I might be suffering from arthritis?

The first step would be to consult your local doctor. The consultation with the doctor will focus on making the clinical diagnosis and distinguishing between age-related/ idiopathic (primary) and secondary osteoarthritis (usually after an injury, rheumatoid arthritis, or gout). The doctor may request X-rays of the knee that might show any of the following: osteophytes, asymmetric joint space narrowing, and subchondral changes (see images).

### What are the treatment options?

Once the diagnosis is confirmed, the doctor will suggest a treatment program, which begins with lifestyle modification and physical therapy. There is a recommendation for patients to participate in self-management programs aimed at weight loss and the management of high blood sugar and high blood pressure. Physical therapy employs a knee-focused exercise program with a controlled supervised range of motion and functional training. High-impact exercises such as running on firm ground and jumping should be avoided, instead, low-impact activities such as swimming and cycling should be encouraged.

In addition to lifestyle modification and physical therapy, the doctor will prescribe medication to control the pain. A combination of medications will be prescribed to effectively manage the pain. These medications may include paracetamol, anti-inflammatories (e.g., Celebrex, naproxen), and weak opioids (e.g., tramadol). The non-steroidal anti-inflammatory medication is considered the first-line medication, which can be offered as oral and topical preparations. Selection should be based on patient acceptability, effectiveness, cost, and side effect profile.



## What about surgery?

In individual cases where the patient has exhausted non-surgical treatment options (lifestyle modification, physical therapy, and medication) and continues to experience severe knee pain, or patients who present with severe illness (e.g., severely bent legs or bruised knees), we recommend that the patient be referred to an orthopaedic surgeon.

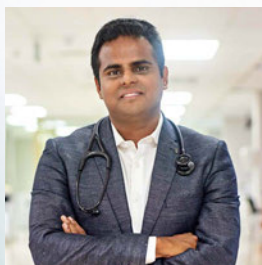
Importantly, the orthopaedic surgeon would reassess the patient to determine the severity of the knee osteoarthritis (x-ray staging). In some cases, advanced imaging (e.g., MRI scan) can narrow the diagnosis, especially in cases of a degenerative meniscal tear with minimal articular cartilage damage.

Knee osteoarthritis treatment focuses on pain eradication, preventing disease progression, and restoring normal function. Depending on the severity of the disease, a shared decision between the doctor and patient will be made to perform a joint-sparing or joint-replacement procedure. Joint-sparing surgery is offered for mild and moderate disease severity, with the procedure aimed at preserving the original knee joint and removing what has been found to be causing the pain (pain generator). The effectiveness is that this procedure is limited in severe cases, as there may be multiple pain generators and not all of them can be addressed. In the severe form of knee osteoarthritis, joint replacement surgery is recommended. This directly addresses all pain generators, removing the diseased joint and replacing it with a durable metal prosthesis. This procedure is considered one of the most successful surgeries in the new era as it relieves joint pain with the restoration of function.

## Take home message

- Knee osteoarthritis is a multifactorial disease, influenced by age, weight, and daily activities.
- Knee osteoarthritis is a leading cause of global disability and loss of productivity.
- Early orthopaedic referral is always recommended for early disease staging and initiating non-invasive treatment modalities.
- Self-management programs such as education, weight loss programs, and lifestyle modification (e.g., healthy diet, cessation of smoking, not excessive alcohol use) result in improved pain scores.
- When medication is started, the first line remains the non-steroidal anti-inflammatories with the addition of paracetamol and a weak opioid (e.g., tramadol).
- Where a surgical procedure is recommended, in the young patient, joint preserving techniques yield better results, and in the older patient with severe disease, total knee replacement has shown favourable outcomes with low complication rates. ■

## ABOUT THE AUTHOR



### DR. TONY TOM

*MBCHB (UFS) FCP (SA) MMED (UFS)*

Dr. Tom is a(n) Specialist Physician (Geriatrics Medicine) and currently practices at Melomed Tokai.

**Tel: 021 761 5697**

**Email: [drtonytom@gmail.com](mailto:drtonytom@gmail.com)**

# THE BASICS OF TUBERCULOSIS (TB)

By Specialist Physician, Dr Jade Mogambery

## What is tuberculosis?

Tuberculosis (TB) is a disease caused by the pathogen *mycobacteria tuberculosis* (MTB). MTB is a bacterium that can be spread from person to person by droplet transmission. This means an infected individual can spread the organism to others by coughing, singing, shouting or sneezing.

### If I am in contact with someone who has TB, will I definitely get it?

No. Whether an individual develops TB is dependent on the load of TB in the environment, and the immune system of the exposed individual. If the person who has TB has a low concentration of MTB in the sputum, or has been on treatment for over two weeks, the risk of transmission is very low.

If the load of MTB in the environment is high, an individual may become infected. However, the body's immune system often halts the infection and TB does not ensue. If the immune system is compromised, the infection will progress to disease.

### How can a person get TB without a recent contact?

Sometimes MTB lies dormant in the lung (latent). When the immune system becomes compromised, MTB is activated and the person develops TB.

### What are the symptoms of pulmonary TB?

Common symptoms are coughing, night sweats, fever, loss of weight, loss of appetite, and chest pain.

### Should you be worried about asymptomatic TB?

Yes. More than half (58%) of people in South Africa who are already sick with tuberculosis (TB) may not realise it because they don't have any of the symptoms often linked with the disease, such as coughing and weight loss. They may even say that they feel well and that they've been continuing with their daily lives as usual, completely unaware that

their bodies are fighting a TB infection. This category of TB is called subclinical, or asymptomatic TB.

Researchers don't yet know to what extent people with asymptomatic TB spread the disease. It's also unclear whether people with symptomless disease will necessarily fall ill.

### How do people get extra-pulmonary TB (TB of organs other than the lung)?

This can happen if MTB moves to other organs, usually by blood or lymph spread. This type of TB can be harder to diagnose, but because South Africa has a high burden of TB, doctors are vigilant and run tests that make the diagnosis easier.

### How can a diagnosis of TB be made?

The most common way is by examining sputum. A good sample of sputum must be expectorated (coughed up) and this is sent to the lab. Sometimes the MTB can be seen with special staining, but more recently laboratories run a test looking for MTB DNA, which is more sensitive. Blood tests can assist in making the diagnosis. Imaging of the chest by X-rays or CT scans are also useful. Doctors often want a biopsy of the affected organ to confirm TB if the diagnosis is not easy to make, as one needs to be sure before starting TB treatment.

### What does TB treatment consist of?

Four drugs are used simultaneously for two months. Following this phase, two drugs are removed and two are continued for a further four months. In total, an individual with TB is on treatment for six months. Treatment is extended in cases of TB meningitis and TB spine.

### What are the common side-effects of TB treatment?

- Rifampicin: Orange urine and body fluids, liver injury
- Isoniazid: Liver injury, vitamin B6 deficiency
- Ethambutol: Visual disturbances, rash
- Pyrazinamide: Joint pain, liver injury

### What is drug-resistant TB?

This is when one or more of the usual drugs used to treat TB do not work. This often develops when individuals do not complete TB treatment. These individuals harbour MTB that has mutated in the presence of low concentrations of TB treatment. They can then transmit the resistant MTB to others.

### Is there treatment for drug-resistant TB?

Yes. There have been great strides made in the treatment of multi-drug resistant TB, but it remains a big problem owing to the duration of therapy and high pill-burden.

### How can I protect myself and others from getting TB?

Try to be as healthy as possible. Eat healthy foods, exercise and manage chronic conditions, especially HIV and diabetes mellitus. Try to avoid crowded spaces and keep to well-ventilated areas. Ensure there is good ventilation at home and work, and especially in crowded spaces. Cross-ventilation is best (where windows are opened opposite each other). Air conditioning does not equate to good ventilation. As we learnt during the Covid-19 pandemic, cough hygiene is key and should be practised by all. Simple measures, like coughing into one's arm or tissue and using a mask when one has a cough, help prevent transmission.

If you think that you or one of your loved ones may have TB, you should immediately consult a healthcare practitioner, who can conduct a clinical assessment, send away sputum for testing and possibly refer you for further x-ray testing. If you had close exposure to TB, please also talk to your healthcare provider, who will screen and test you, and may offer you TB preventive therapy which includes antibiotics to prevent you from becoming ill with TB.

TB remains a massive problem in South Africa, but with increased awareness and early detection, we can prevent the spread of this treatable infectious disease. ■

### ABOUT THE AUTHOR



#### DR. JADE MOGAMBERY

FCP(SA) CertIDPhys(SA)

Dr. Mogamberry is a(n) Specialist Physician and currently practices at Melomed Richards Bay.

**Tel: 035 772 2002**

**Email: [jcmpractice@gmail.com](mailto:jcmpractice@gmail.com)**

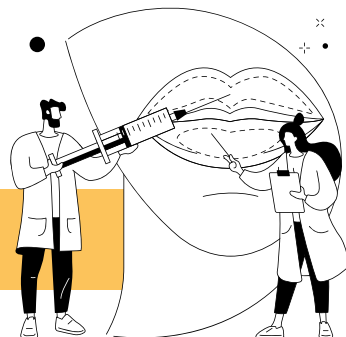




# PLASTIC SURGERY

## *and The Islamic Golden Era*

By Dr Azzaam Najjaar



**Plastic surgery is often associated with the glitz and glamour of the A-listers. There is more to the specialty than this. It is seen to have two main subdivisions: cosmetic and reconstructive surgery.**

Many people inaccurately equate plastic surgery solely with cosmetic surgery and, although surgery for appearance forms a significant part of the specialty, even more so is the treatment and reconstruction of injuries, including burns, hand injuries, a variety of cancers and congenital deformities. As plastic surgeons, we aim to improve both function and form.

The English word "Plastic" comes from the Greek word "Plastikos" which means "to mould". When used in the context of plastic surgery, the term has nothing to do with the use of the synthetic material that we encounter on a daily basis. The term "Plastic Surgery" was first used in 1818 by the German von Graefe in his book *Rhinoplastik*. This name was used again by Zeis in 1863 who published an index of literature relevant to plastic surgery from as far back 900 years BC.

In India around 600BC, criminals would be punished by way of nasal amputations. An Indian surgeon by the name of Susruta, would reconstruct the nose of these maimed faces using tissue from the forehead. This debut "nasal reconstruction" was the birthplace of reconstructive

“Allah is beautiful and loves beauty”

surgery. It was during the First and Second World Wars that the current modern day speciality of plastic surgery was recognised as an independent speciality and it is here that it started to flourish.

What is often forgotten and not made mention of, is the contribution of Muslims to the field of plastic surgery. It gives me great pride to mention

this as I feel an intimate link to this legacy by way of my Arab bloodline. The Arabs made great progress in the House of Wisdom of Baghdad between the 8th and 12th century A.D. This was the Golden Era of Muslim academics. It was here that the core of almost all surgical specialties was developed.

I pay particular homage to the father of modern day surgery and pharmacy – Abū al-Qāsim Khalaf ibn al-Abbās al-Zahrāwī al-Ansari, latinised as Albucasis. Al-Zahrāwī was born in the city of Azahara in Andalusia. His heritage was from the Al-Ansar of Madinah. The surgery chapter of his famous 30 volume medical text was translated into Latin and was the standard textbook in Europe for the next five hundred years. By 1250, England had its first, now oldest, medical manuscript and according to the British Medical Journal, it has a "startling similarity" with Al Zahrawi's encyclopaedia. The famous 14th-century French surgeon Guy de Chauliac quoted him over 200 times in his book, which was published in cities such as Venice, Basel and Oxford up until the 18th Century.

Al-Zahrāwī pioneered the use of catgut, a suture material that is still used by Plastic Surgeons today. He designed an array of surgical instruments that are still used today (see pictures). He was also known for his interest in the subject of cosmetics. He considered cosmetics a branch of medicine, which he called "Medicine of Beauty" and dedicated a chapter for it in his medical encyclopaedia.

A common procedure performed by Plastic Surgeons nowadays is removal of excess breast tissue in men (gynecomastia). Although it has evolved over the centuries, it has its basis in Al-Zahrāwī's teachings. In fact, he described one of the most common complications of the procedure and the appropriate treatment for it.

Even though the roots of this speciality run as far back as the Islamic Golden Era, Plastic Surgery continues to be a rapidly progressing, ever-evolving surgical speciality.

Modern breakthroughs in plastic surgery include the development of skin substitutes in treating burns; the development of microsurgery has resulted in more complex reconstructive procedures and the replantation of amputated parts; LASER treatments hold promising results for previously detrimental skin conditions. And so, I hold my breath as I look to the future and what the possibilities are in this, undoubtedly, most creative field of surgery. ■

Examples of al-Zahrāwī's instruments from his 'Kitab al-Tasrif'



ABOUT THE AUTHOR



**DR. AZZAAM NAJJAAR**  
MBChB(UCT) FC Plast Surg(SA)

Dr. Najjaar is a(n) Plastic & Reconstructive Surgeon and currently practices at Melomed Tokai.

**Tel: 021 713 6334**  
**info@drnajjaar.co.za**

# Diabetes Mellitus

By Specialist Physician, Dr SR Kistensamy

*A not so sweet story*

Diabetes mellitus is the body's inability to adequately process glucose owing to an impaired tolerance to insulin, or a deficiency of insulin. As a result, glucose is present in high concentrations in the blood rather than in the places where it is required.

Over a prolonged period, this dysfunction results in a number of complications that progressively worsen. Due to the fact that glucose is our main substrate for energy, the resulting effect is on multiple organs.



South Africa has the highest prevalence of diabetes mellitus in Africa, at 11.3%.

This equates to 1 in 9 South Africans with the disease.

## Difference between Type 1 and 2 diabetes

### Type 1

**Pancreas produces little or no insulin.**

- Doctors don't fully understand what causes Type 1 diabetes
- Can't be cured

### Type 2

**Cells are resistant to insulin or body does not produce enough of it.**

- Lifestyle factors can put you at risk
- Can be avoided and even reversed

One of the important goals of treating diabetes mellitus is to detect it early to, if possible, prevent or treat the disease adequately to prevent complications. These include stroke, blindness, heart attacks, renal failure, amputation of limbs, and more. People should take heed of symptoms such as excessive thirst, blurred vision, increased frequency of urination, and weight changes, as these are indicators of hyperglycaemia.

## What are the symptoms?



Extreme thirst



Frequent urination



Numbness in hands or feet



Feeling hungry even while eating



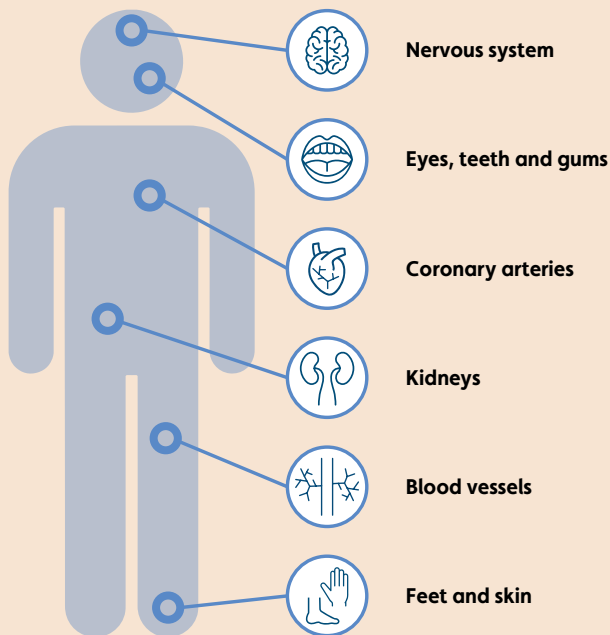
Slow-healing cuts



Blurred vision



## What parts of the body can be affected by diabetes?



One should seek medical consultation as soon as possible, because almost half (45.4%) of people living with diabetes in South Africa are undiagnosed. The longer you wait, the more damage is done. Treatment of diabetes mellitus includes lifestyle changes and medication. Determined by the doctor, medication can be oral hypoglycaemic agents or injectables, mainly insulin, depending on the control required.

Monitoring of diabetes does not only include checking a patient's blood glucose level, but the eyes, feet, nerves, kidneys and heart should also be assessed at least twice a year to pick up early on any possible complications.

## Why is it dangerous?

High blood sugar can:



**Increase risk of heart disease or heart failure**



**Lead to stroke**



**Threaten vision, limbs and extremities**

As a specialist physician, I see many patients presenting with diabetes mellitus and more often than not, they present with advanced disease and established complications that could have been avoided. ■

## ABOUT THE AUTHOR



### **DR. SIVAISEN KISTENSAMY**

*MBChB, FCP(SA), MMED (INTERNAL MEDICINE)*

Dr. Kistensamy is a(n) Specialist Physician and currently practices at Melomed Richards Bay.

**Tel: 035 772 1069**

**Email: [drrickist@gmail.com](mailto:drrickist@gmail.com)**

## DON'T MISS THESE SOUTH AFRICAN FESTIVALS IN 2023

South Africans know how to celebrate! That's why we have a festival, weekend or gathering for just about everything: from succulents and flowers, to wool and whales. Take a look at our country's strange and fantastic festivals and make sure you book your spot early so that you can make 2023 a proper festive year!



CLANWILLIAM  
AND DARLING

### THE WILDFLOWER SHOWS

**When? Around the end of August and September, but keep an eye on their social media pages (Darling Wildflower Show, Clanwilliam Wildflower Show) for confirmed dates.**

The Darling Field Flower Show is already a colourful institution that attracts crowds of tourists to the flower fields around this West Coast village. Flower exhibitions at the Darling Museum are usually complemented by fynbos sales, a market at Darling Brew and exhibitions at The Marmalade Cat. The impressive orchid nursery, Duckett Orchid Nursery, is also open to visitors at this time, or you can simply visit the flower fields around the town to see the wildflowers in their natural environment.

Come August, local volunteers go out to the farms in the Cederberg region to select a list of flowers from the field which are then "planted" on large piles of land in Clanwilliam's Flower Church. Thus, visitors can experience the complete spectacle of the Cederberg's floral splendor in one place during the Clanwilliam Field Flower Show.

### SUCCULENTS FESTIVAL

**When? 15 to 17 September 2023**

The Calitzdorp Succulent Association holds this juicy, prickly festival at the Calitzdorp station every year around September. Succulents and enthusiasts can see and buy rare native and exotic succulents on display, or get advice on how to pamper that unfortunate succulent on your windowsill.



CALITZDORP



PAARL

### WATERBLOMMETJIE FESTIVAL

**When? Around the beginning of September**

Bring a picnic blanket and a big appetite when you attend this year's Waterblommetjie Festival in Paarl. This festival is held annually on the farms Domaine Brahms, Rhebokskloof and Windmeul Kelder and the versatility of this fleshy little flower is the highlight of the festival, as the waterblommetjies turn into spring rolls, samoosas, stews and even ice cream.



**BETWEEN  
FOURIESBURG  
AND FICKSBURG**

## IONIA CHERRY CROP CELEBRATION

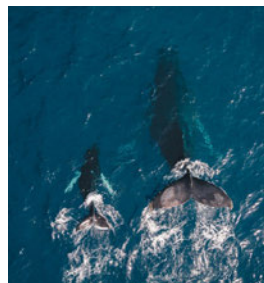
**When? Around November, but visitors are welcome to pop in for a cherry-picking tour and farmstalls all year.**

Iona, a farm outside Ficksburg in the Free State, saw the gap in the market and has been holding a delicious festival for the past few years when the cherry harvest begins. During this harvest celebration, you can pick cherries, attend musical performances, take on a fun hike or mountain bike race, visit delicious food stalls and entertain the children with carnival rides. Just remember to buy tickets in advance!

## HERMANUS WHALE FESTIVAL

**When? 29 September to 1 October 2023**

The Whale Festival, which celebrates the centuries-old migration of the southern right whale around the tip of South Africa, is being held for the 32nd time this year. The festival is a tribute to Wendy the whale, a lonely whale cow who was cared for and rescued by the townspeople when she ran aground on the coast in the 1930s. This is how ecology, the wonder of nature and of community spirit are celebrated annually at the festival. Here you can see the whales frolicking in Hermanus' waters during the festival, attend stalls and talks, and just have a good time by the sea.



**HERMANUS**



**MIDDELBURG**

## KAROO WINTER WOOL FESTIVAL

**When? 22 to 25 June 2023**

Whether you're an ingenious knitter, Karoo-lover or just like bed socks, head to Middelburg in the Karoo this winter – we promise you won't get cold with all the wool around you! The Winter Wool Festival celebrates the natural wool fibre produced in this part of the Karoo. The variety and quality of the wool is remarkable and stalls, workshops, authentic food and drinks and dance at the Karoo Wool Shed complement the wool exhibitions.

## SCHREINER KAROO WRITER'S FESTIVAL

**When? 16 to 20 June 2023**

If literature and poetry are more your thing, this is a fantastic opportunity to visit Cradock in June. The Schreiner Karoo Writer's Festival is named after the writer, Olive Schreiner, who lived there. Better hurry though, the dates for this year have already been set and the program is growing. Feel free to keep an eye on their website to see which author talks, workshops, music performances and art exhibitions you can attend. ■



**CRADOCK**



*Tip*

Avocado is also delicious served with this soup.

## CHICKEN AND BARLEY SOUP

**Prep/Cook Time:** 1 hour 45 minutes

**Servings:** 4 people

This meal in one is flavourful, wholesome and filling enough that you won't even need to eat it with bread. The barley and veggies provide enough carbohydrates for the meal.

### Ingredients

- 4 tsp (20 ml) olive or canola oil
- 3 chicken breasts on the bone, skin and fat removed
- 2 onions, chopped
- 4 carrots, peeled and chopped
- 4 celery stalks with leaves, chopped
- 4 baby marrows, chopped
- 8 cups (2 litres) strong Rooibos tea
- 1 cup (250 ml) water
- 5 sprigs fresh rosemary
- 2 bay leaves
- 1 cup (250 ml) uncooked barley
- ¼ tsp (1,2 ml) salt
- lemon juice and black pepper to taste
- 3 tbsp (45 ml) chopped fresh parsley

### Method

- Heat the oil in a large pot and fry chicken until brown. Spoon out.
- In the same pot, fry onions, carrots, celery and baby marrows until brown.
- Add chicken, tea, water, rosemary, bay leaves, barley and salt. Reduce the heat. Simmer with a lid for about 20 minutes or until the chicken is cooked.
- Spoon out the chicken. Cook the soup for about 40-45 minutes or until the barley is soft.
- Meanwhile, debone chicken and shred the meat. Add back to the soup once the barley is cooked. Season well with lemon juice and pepper.
- Stir in the parsley and serve hot.
- Serve this soup on its own and don't be tempted to make bread part of this meal. The barley has enough carbs to make it filling. Rather bulk up by adding more green veggies to the soup if preferred – broccoli or spinach will be delicious.

**Source:** This recipe is from Pharma Dynamics' Cooking from the Heart recipe book, 3rd edition: Diabetes



# Buttermilk and cheese bread

**Prep/Cook Time:** 1 hour 15 minutes

**Serving size:** Makes 1 loaf

Many people know a recipe for a buttermilk bread using soup powder, but is very salty. This version works equally well and goes perfectly with a braai or a hearty soup.

## Ingredients

- 3 cups (750 ml) cake flour
- ¼ cup (60 ml) bran
- 1 tbsp (15 ml) baking powder
- 2 cups (500 ml) buttermilk
- 2 tbsp (30 ml) water
- 1 egg, beaten
- 1 tbsp (15 ml) dried mixed herbs or chopped fresh parsley
- ½ tsp (2,5 ml) salt
- ½ cup (125 ml) grated cheddar cheese

## Method

- Preheat oven to 180 °C and lightly grease a 1,5 litre bread tin.
- Mix all ingredients together, but keep half the cheese aside.
- Spoon mixture into bread tin. Sprinkle with the rest of the cheese.
- Bake for 30-45 minutes or until a skewer comes out clean. Cool on a cooling rack. ■

## Tips

1. Savoury muffins: Line a 12-hole muffin pan with paper cups. Spoon mixture into cups and bake for 15-20 minutes. These make a delicious lunch box snack.
2. Add any herbs or seasonings of your choice, like chopped onion. Sprinkle with paprika or cayenne pepper and bake as above.
3. Pot bread: Grease a cast-iron pot and bake bread over medium coals.
4. This makes delicious toast the next day.



**Source:** This recipe is from Pharma Dynamics' Cooking from the Heart recipe book, 1st edition

# HOUSECALL



MEET ONE OF OUR DEDICATED SPECIALISTS

**DR TSHIMANGA MBIKAYI**

HE IS ONE OF OUR GYNAECOLOGIST & OBSTETRICIAN AT  
MELOMED RICHARDS BAY HOSPITAL SUITE 108 | TEL: 035 791 5446



## WHERE IS YOUR FAVOURITE PLACE TO EAT, AND WHY?

My favourite place to eat is home but on some occasion, I prefer to eat outside when gathering with friend /colleagues. Fast food restaurants are not my thing.

## WHY DID YOU CHOOSE YOUR PROFESSION?

I started enjoying this profession from my internship and during my medical officer ship. I like to challenge myself and as an obstetrician, we deal with two lives. It is quite challenging, sometimes you must take quick decision both in the interest of the mother and the unborn baby. Moreover, the result of your management is instantaneous.



## WHAT'S YOUR WORST HABIT?

Sleeping late and thinking too much about the future and sometime forget about the present time.

## CAN YOU PLAY ANY INSTRUMENTS, OR WHAT WOULD YOU PLAY IF YOU COULD?

I wish I could play guitar.



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

Enzo Pacelli in "Home Sweet Home".

## IF A GENIE GRANTED YOU 3 WISHES RIGHT NOW, WHAT WOULD YOU WISH FOR?

Set me free of chronic diseases and cancer; Give me more love for people; Help me to be a good father and husband

## WHAT IS YOUR BEST CHILDHOOD MEMORY, AND WHY?

Every end of the academic year was a good time for me as I was always receiving gifts for doing very well at school.



## WHERE DO YOU MOST WANT TO TRAVEL, BUT HAVE NEVER BEEN?

Cuba and Brazil

## WHAT CELEBRITY WOULD YOU LIKE TO BE FOR A DAY, AND WHY?

Fidel Castro. Strong personality, patriotic, strong leader, imaginative.

## WHAT'S YOUR SECRET PHOBIA?

Animals, especially dogs. ■



# MELOMED24 EXPANDS AND UPGRADES IT'S AMBULANCE FLEET WITH NEW VEHICLES AND STATE-OF-THE-ART FEATURES

**Melomed 24 is a private ambulance service, servicing the needs of the communities of Cape Town and is dedicated to provide the highest quality emergency medical care.**

That's why we're excited to announce the addition of our brand new ambulances equipped with the most advanced life-saving tools and cutting-edge innovative equipment available.

Melomed24's vehicles are operated by a team of highly trained and experienced paramedics. With our extensive coverage within Cape Town, we are readily available to assist you in any emergency situation.

We also offer standby medical assistance for events at extremely competitive rates.

We believe that everyone deserves access to quality medical care, which is why we've expanded our medical aid coverage to almost all medical aids. We are committed to providing the quickest and most efficient route to the best available care, to you and your loved ones.



Call **Melomed 24** now at **0800 786 000** to learn more about our services and to experience the quickest route to quality medical care.

# MEASLES

Measles is a childhood infection caused by a virus, and spreads easily. A person with measles can spread the virus to others for approximately 8 days, starting 4 days before the rash appears and ending when the rash has been present for 4 days.

## Signs and symptoms

Measles signs and symptoms appear about 10 to 14 days after exposure to the virus. Signs and symptoms may include:

- Fever
- Dry cough
- Sore throat
- Runny nose
- Conjunctivitis (inflammation/infection of the eye)
- A skin rash

## The infection occurs in stages over 2 to 3 weeks:

- Infection and incubation – for the first 10 to 14 days after infection, the measles virus spreads in the body. There are no signs or symptoms during this time.
- Non-specific signs and symptoms – measles typically begins with a mild to moderate fever, often with a persistent cough, a runny nose, conjunctivitis and a sore throat, which may last 2 to 3 days.

- Acute illness and rash – the rash is made up of small red spots, some of which are slightly raised. Over the next few days, the rash will spread over the body, and the fever will rise sharply.
- Recovery – the measles rash may last approximately 7 days, and will gradually begin to fade. As other symptoms of the illness ease off, the cough and darkening/peeling of the skin where the rash was may stay for approximately 10 days.

PathCare offers testing for measles.

Consult your doctor for more information.

