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VIEW



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HYPERTENSION
IN PREGNANCY **02**

IT'S ALLERGY SEASON
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COOKING FROM THE HEART



DASH EDITION

Dietary Approaches to Stop Hypertension

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

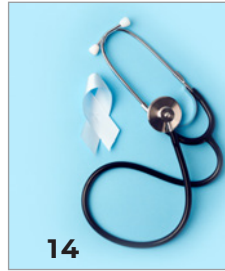
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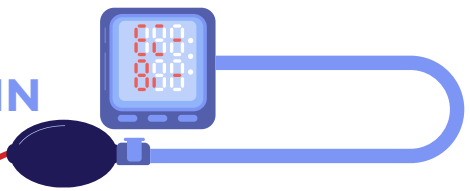
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HYPERTENSION IN *Pregnancy*



Diagnosis and management

Hypertension is a common medical complication that affects 12 to 22% of all pregnancies. It is possible that the condition may lead to complications such as abruption (separation of the placenta from the wall of the uterus), cerebral hemorrhage, DIC-Hepatic failure (liver condition), eclampsia or acute renal failure.

In pregnant women, hypertension is diagnosed by means of a systolic blood pressure of 140 or more or a diastolic blood pressure of 90 or more. In severe cases, systolic blood pressure from 160 or diastolic blood pressure from 110 may be diagnosed.

There are various classifications of hypertension in pregnancy: In pregnancies under 20 weeks of gestation, the patient may suffer from chronic hypertension, while gestation of 20 weeks and more may present preeclampsia or eclampsia; gestational hypertension or chronic hypertension with super imposed preeclampsia.

Treatment for chronic hypertension may involve Angiotensin-converting enzyme (ACE) inhibitors; Angiotensin II receptors blocker (ARBs) or Thiazide or thiazidic-like diuretic.

However, these treatments may lead to several concerning complications that can endanger the expecting mother and unborn child's lives. As such, utmost care should be taken when prescribing any hypertension medication to a pregnant woman.

Prevention of pre-eclampsia

Pregnant women with chronic hypertension should be given 75-150mg aspirin once daily from 12 weeks of gestation.

Healthcare professionals should also offer placental growth factor (PLGF) testing to help rule out pre-eclampsia between 20 and 35 weeks of gestation.

The PLGF based test measures the amount of PLGF in the blood plasma or serum. PLGF is a protein involved in placental angiogenesis (the development of new blood vessels). In normal pregnancy, PLGF levels rise and peak at 26 -30 weeks, so when PLGF levels do not rise during pregnancy, there may be placental dysfunction.

Chronic hypertension

Treatments for chronic hypertension may include antihypertensive, Labetalol, Nifedipine, Methyldopa and aspirin.

Gestational hypertension

Gestational hypertension is a new onset of hypertension after 20 weeks' gestation without a high level of protein present in the urine, but with a patient's blood pressure measuring above 140/90.

Treatment could include Labetalol, Nifedipine and Methyldopa. However, this depends on the patient's gestation period.

Chronic hypertension with superimposed preeclampsia

Chronic hypertension with superimposed preeclampsia occurs in women diagnosed with chronic hypertension before 20 weeks' gestation who develop a worsening high blood pressure and proteinuria or other complications during pregnancy.



Preeclampsia

Preeclampsia is a condition that shows an onset after 20 weeks of pregnancy.

Along with high blood pressure, preeclampsia signs and symptoms may include: excess protein in urine, decreased levels of platelets in the blood, or increased liver enzymes.

Severity of preeclampsia

Mild preeclampsia (non-severe) is characterised by high blood pressure and protein in the urine.

Severe preeclampsia has those symptoms as well as signs of damage to the liver or kidneys.

HELLP (Hemolysis, Elevated Liver enzymes and Low Platelets) syndrome is a variant of preeclampsia.

It is a life-threatening pregnancy complication that can occur during the later stages of pregnancy, or soon after childbirth.



Pathophysiology: impaired vascular transformation resulting in impaired utero-placental perfusion

Normal pregnancy and pathological pregnancy differ vastly. In a pathological pregnancy, there is a failure of endovascular EVT invasion, retention of vasocontractility, insufficient and pulsatile blood flow to intervillous space, inadequate utero-placental perfusion and lack of proper maternal-fetal exchange.

Risk factors

- Primigravida (first time pregnancy)
- Increasing intervals between pregnancies
- >40 years of age
- Previous history of pre-eclampsia
- Pre-pregnancy obesity
- Pregnancy resulting from a donor egg, embryo donation or donor insemination
- Diabetes
- Pre-existing hypertension
- Antiphospholipid syndrome
- Systemic Lupus Erythematosus

Women who had hypertensive disease during a previous pregnancy, or who suffer from chronic kidney disease, autoimmune disease, diabetes, chronic hypertension should especially be monitored for early symptoms of preeclampsia. ■

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With seasonal hayfever, spring (September to November) is often a particularly miserable time for allergy sufferers. Just as winter ends and the tree blossoms appear, asthma, hayfever, allergic conjunctivitis and even eczema begin to flare up. However, for some individuals allergic only to plants flowering in autumn, this may be the problem time for them.

COMMON SYMPTOMS

ITCHY, RED or
WATERY EYES
(Conjunctivitis)



STUFFY or
RUNNY NOSE
(Allergic Rhinitis)



SNEEZING



COUGHING



RAISED, RED,
ITCHY SKIN
(Hives)



TIGHT CHEST,
SHORTNESS OF
BREATH



We can't sneeze and
keep our eyes open

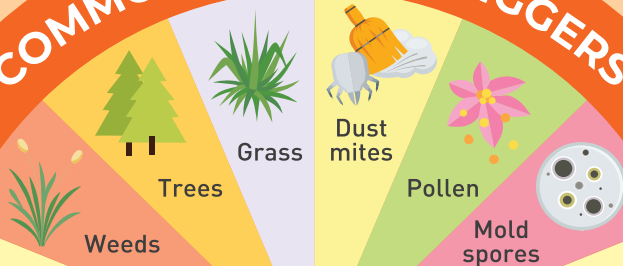


One in three people sneeze
when exposed to bright lights



A person's sneeze can
travel up to 161 km/h

COMMON ALLERGY TRIGGERS



Start medication
2 weeks
before the spring
season. This will help
prevent the symptoms
before they start.



ALL ABOUT ALLERGIES

95%
of hayfever
sufferers are
allergic to
grass pollen



GET SOME RELIEF

TIPS ON ALLERGY PREVENTION



Wear
wraparound
sunglasses
for more
protection



Petroleum jelly
just inside your
nostrils will
trap some of
the pollen



Avoid allergens
such as pet fur,
insect sprays
and tobacco
smoke



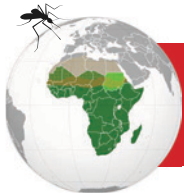
Keep windows
shut at night
and first thing
in the morning



Wash your
hands and
face
regularly

Malaria

Malaria is caused by a parasite that enters human red blood cells causing damage. The parasite is spread to humans mainly via the female anopheles mosquito. There are several species of the parasite with *Plasmodium falciparum* bring the most prevalent in South Africa. After being bitten by a mosquito carrying the *Plasmodium falciparum* parasite, it might take 10 to 14 days before a person starts to show signs and symptoms associated with malaria. Sometimes, this incubation period is shorter or can be weeks long.



Malaria remains a major killer in endemic areas of the world with the majority of morbidity and mortality seen in sub Saharan Africa. It is however a highly preventable disease.

The mosquito carrying the parasites generally bite between dusk and dawn. Prevention strategies therefore include:

- Covering exposed areas of skin.
- Applying mosquito repellents onto the skin.
- The use of bed nets.
- Room sprays and coils.
- Take chemoprophylaxis when travelling in areas with high incidence of malaria.
- Mosquito elimination by indoor residual spraying and the use of Insecticide treated nets.
- Malaria vaccines for children in areas with high *P. falciparum* transmission.





In the Northern areas of KwaZulu Natal malaria is endemic. There is no clear demarcation as to the prevalence of Plasmodium infected anopheles mosquitos. With ease of travel between endemic and non endemic areas, it is not surprising that we see malaria infections even in the Richards Bay and Empangeni areas.

In 2021 there were about 247 malaria cases in the world of which about 619000 deaths. 95% of worldwide malaria case and 96% of malaria deaths occurred in Africa and 80% of deaths were of children under 5 years old.

Symptoms of malaria may range from mild to very severe including death.



Severe symptoms:



Confusion



Coma



Seizures



Shortness of breath



Dark urine



Jaundice



Low blood sugar



Shock

Mild symptoms:



Fever



Muscle Pain



Headaches



Malaria is easily diagnosed in the laboratory. Rapid diagnosis and early treatment is key to preventing severe malaria and malaria related death. ■

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EXERCISE DURING PREGNANCY

Safe And Beneficial



For most women, pregnancy exercise is not only safe, but also beneficial for their babies' and their own health during pregnancy and after birth.

There are numerous potential health benefits for women who exercise during pregnancy, including better weight control, improved mood and maintenance of fitness levels. Regular exercise during pregnancy can also decrease the risk of pregnancy-related complications such as pregnancy-induced hypertension and pre-eclampsia. Here are some frequently asked questions and answers:



IS IT SAFE TO EXERCISE DURING PREGNANCY?

For most pregnant women, exercising is safe and healthy for you and your baby. If you and your pregnancy are healthy, exercise won't increase your risk of having complications.



HOW MUCH EXERCISE DO YOU NEED DURING PREGNANCY?

Healthy pregnant women need at least 30 minutes of moderate-intensity aerobic activity each week.

Aerobic activities make you breathe faster and deeply, and make your heart beat faster.

WHY IS PHYSICAL ACTIVITY DURING PREGNANCY GOOD FOR YOU?

For healthy pregnant women, regular exercise can:



Keep your mind and body healthy.



Help you gain the right amount of weight during pregnancy.



Ease some common discomforts, such as constipation, back pain and swelling in the legs, ankles and feet.



Help you manage stress and sleep better.



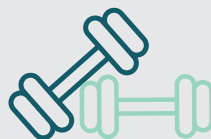
Help reduce your risk of pregnancy complications, like gestational diabetes and preeclampsia.



Help reduce your risk of having a caesarean birth (also called C-section).



Prepare your body for labour and birth.



WHAT KINDS OF ACTIVITIES ARE SAFE DURING PREGNANCY?



Walking



Swimming and water workouts



Riding a spin bike



Yoga and Pilates classes

IS PHYSICAL ACTIVITY SAFE FOR ALL PREGNANT WOMEN?

No. For some women, exercise is not safe during pregnancy. Your provider can help you understand if exercise is safe for you. The following conditions may make it unsafe to exercise during pregnancy.

- Preterm labour, bleeding from the vagina, ruptured membranes.
- Being pregnant with twins, triplets or more.
- Cervical insufficiency or a cerclage.
- Gestational hypertension or preeclampsia.
- Placenta previa after 26 weeks of pregnancy.
- Severe anaemia or certain heart or lung conditions.

WHAT KINDS OF ACTIVITIES AREN'T SAFE DURING PREGNANCY?

Be careful and check with your doctor when deciding on activities. During pregnancy, don't do:



Any activity that has a lot of jerky, bouncing movements that may cause you to fall, like horseback riding, downhill skiing, off-road cycling, gymnastics or skating.



Any sport in which you can get hit in the belly, like ice hockey, boxing, soccer or basketball.



Any exercise that makes you lie flat on your back (after the third month of pregnancy).



Exercising at high altitude (more than 6 000ft).

DOES PREGNANCY CHANGE HOW YOUR BODY RESPONDS TO EXERCISE?

Your body changes in many ways. When you're active, you may notice changes such as:



Balance. You may notice that you lose your balance more easily during pregnancy.



Body temperature. This is slightly higher during pregnancy, so you start sweating sooner than you did before.



Breathing. As your baby develops and your body changes, you need more oxygen. Your growing belly puts pressure on your diaphragm, a muscle that helps you breathe. You may even find yourself feeling short of breath at times.



Energy. Your body is working hard to take care of your baby, so you may have less energy during pregnancy.



Heart rate. Your heart works harder and beats faster during pregnancy to pump oxygen to your baby.



Joints. Your body makes more of certain hormones during pregnancy. This can make the tissues that support your joints more relaxed. Try to avoid any movements that may strain or hurt your joints. >>

WHEN SHOULD YOU STOP EXERCISING?

What are the warning signs you should watch for when exercising during pregnancy? When physically active, drink plenty of water and pay attention to your body and how you feel. Stop your activity and call your doctor if you have any of these signs or symptoms:

- Preterm labour, bleeding from the vagina, ruptured membranes.
- Being pregnant with twins, triplets or more.
- Cervical insufficiency or a cerclage.
- Gestational hypertension or preeclampsia.
- Placenta previa after 26 weeks of pregnancy.
- Severe anaemia or certain heart or lung conditions
- Your baby stops moving

WHEN CAN YOU START EXERCISING AGAIN AFTER GIVING BIRTH?

Talk to your doctor to find out when it's OK for you to be active again. If you have a natural birth without any complications, it's usually safe to start exercising a few days after baby is born, or as soon as you're ready. If you have a C-section or suffer complications during birth, you may need to wait longer to begin exercising. Your healthcare provider can help you determine when your body is ready for exercise.



Before exercising when pregnant, consult your doctor. You may need to modify your existing exercise program or choose a suitable new one if you were exercising very little before getting pregnant. If you were active during pregnancy, it's easier to get back into exercise after your baby is born; but start slowly. If you feel pain or experience any problems during exercise, stop doing the activity and talk to your doctor.

At Melomed Hospitals, we believe in the importance of supporting women's health during pregnancy and beyond. Our team of experienced healthcare professionals is dedicated to providing personalised care and support to ensure the health and wellbeing of both mother and baby. We encourage women to continue to exercise during pregnancy, and we are here to provide guidance and support throughout the journey.

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Dr. Zubair Doolarkhan

Leading the way in ENT excellence across South African universities



In the world of medicine, the pursuit of knowledge and expertise is a never-ending journey. It takes individuals who are not only dedicated to their craft, but are also passionate about sharing their wisdom with the next generation.

Dr. Zubair Doolarkhan, a distinguished ENT surgeon at Melomed Bellville Hospital, has proven himself to be a true trailblazer in the field of Ear, Nose, and Throat (ENT) surgery. He is also a member of the International Working Group on Endoscopic Ear Surgery and a founding member of the Pan African Federation of Endoscopic Ear Surgery. His commitment to advancing the knowledge and skills of fellow ENT specialists and registrars has led to an exciting and invaluable opportunity – an invitation to train other colleagues and registrars at prestigious universities across South Africa.

Dr. Doolarkhan's journey towards becoming a respected authority in ENT surgery is a testament to his unwavering dedication. With a career spanning several decades, he has not only achieved remarkable success in his clinical practice, but has also continually sought out opportunities to enhance his own knowledge. His passion for learning has driven him to stay abreast of the latest advancements in ENT treatment and patient care.

Recognising his exceptional expertise, universities across South Africa have eagerly reached out to Dr. Doolarkhan to share his wealth of knowledge. He is the Lead Faculty at Cape Endoscopic Ear Surgery Workshop hosted by the

University of Stellenbosch and he recently returned from lecturing and demonstrating Endoscopic Ear Surgery at the University of Pretoria Temporal Bone Ear Course.

His engaging training sessions have become a much-anticipated event, where participants are exposed to cutting-edge techniques, innovative procedures, and insightful patient case studies. Dr. Doolarkhan's ability to seamlessly blend theory with practical applications has made his sessions not only informative, but also incredibly inspiring.

These training sessions have had a profound impact on the ENT community, equipping aspiring professionals with the tools they need to excel in their careers.

Dr. Doolarkhan's teaching approach goes beyond the confines of the classroom, instilling in his learners a deep sense of responsibility towards patient care, clinical excellence, and continuous improvement.

As news of Dr. Doolarkhan's transformative training sessions spreads, the medical community at large is taking note of his invaluable contributions. His dedication to the field of ENT surgery has not only elevated the level of care provided to patients, but has also strengthened the bond between the healthcare industry and academic establishments. This collaboration serves as a shining example of the positive outcomes that can arise when medical professionals come together to share knowledge and expertise.

In conclusion, Dr. Zubair Doolarkhan's journey from a distinguished ENT surgeon to a revered educator exemplifies the power of passion and the impact of knowledge-sharing in the medical field. His commitment to enhancing the capabilities of ENT specialists and registrars across South African universities is a testament to his unwavering dedication to the betterment of patient care and the advancement of medical science. ■



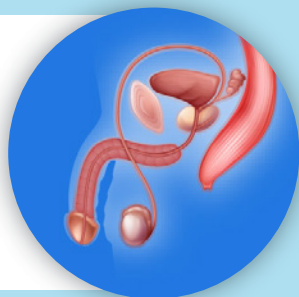
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CALLING ALL MEN

WORKING TOGETHER WE CAN BEAT PROSTATE CANCER!

The prostate gland is an accessory reproductive gland found in men, located in the pelvis, in front of the bladder and its normal size is that of a walnut. This gland contributes roughly 20-25% towards the man's ejaculate and is crucial for a man's normal reproductive function. Through this gland, runs a small pipe that carries urine from the bladder to the outside world, called the urethra. Any growth in the prostate can therefore put pressure on this pipe and disturb the normal flow of urine.



Prostate cancer is now amongst the leading causes of cancer related deaths in men, to be specific it is now the second commonest cause of death in male patients diagnosed with any form of cancer, eclipsed only by lung cancer.

The main risk factors associated with this disease are age (over 50 years), a family history of prostate or breast cancer as well as being a man of African descent (black ethnicity). There are other risk factors such as smoking, obesity and living a sedentary lifestyle, but their overall contribution is still being investigated.

Symptoms can be divided into storage symptoms, which means they occur when the bladder is full and when someone is not voiding (passing urine), as well as voiding symptoms, which occur when urine is being passed or the bladder is being emptied.

The commonest storage symptoms to look out for are waking up frequently to pass urine at night (nocturia), increased frequency of urination, which can happen both during the day and night, as well as urgency, which is the inability wait or postpone voiding once a full bladder has been appreciated, these patients often need to go "immediately" or risk messing themselves.



Nocturia



Frequent urination



Urgency

The voiding symptoms to look out for, include, difficulty initiating a urine stream, patients describe this as "having to wait" before they can go. Once voiding has commenced, the urine stream is poor or slow "has no power" as most patients would refer to it. If they are voiding outside it often only drops as far as their shoes and they have to strain to achieve this stream. Sometimes the stream gets interrupted a couple of times during the voiding process (intermittency) and even when they have finished voiding they feel as if there is some urine left in the bladder (incomplete voiding).



Difficulty initiating urine stream



Urine stream poor or slow



Intermittency



Incomplete voiding



Other symptoms to look out for which can be associated but not specific to prostate cancer, are blood in the urine or semen, painful urination and ejaculation.

Many patients will develop prostate cancer without experiencing any of these symptoms, which is why screening is so important, because it enhances early detection of the cancer. >>

The screening and diagnosis of prostate cancer has come a long way, but has become easier in recent years. While most men still dread the infamous digital rectal examination (finger test) that has long been associated with screening for this type of cancer, most of them will find comfort in knowing that this type of exam is rarely done these days, unless it is absolutely necessary.

Screening has become as simple as doing a blood test (PSA) at your local clinic or general practitioner who would then refer you to a urologist if your result comes back abnormal. The test is readily available and inexpensive.

The urologist would normally proceed by taking a further history and doing clinical examination. Further tests such as an ultrasound scan, urine and additional blood tests form part of the clinical evaluation. These will then be followed by a prostate biopsy, which is tissue sampling of the prostate gland using a special needle. These tissue sample results will then confirm whether the patient has prostate cancer or not, since cancer is a tissue diagnosis.

Although the procedure may sound scary, in reality this a simple day procedure which can be done in an outpatient setting.



Once the diagnosis has been confirmed, the correct staging of the disease is determined using scans such as a bone scan or more recently a PET scan which is more accurate. Other staging modalities include a CT scan and MRI scan depending on the patient's disease profile and accessibility.

Once the correct staging has been obtained, usually a multidisciplinary discussion is held between the patient, the family, the treating urologist as well as an oncologist to discuss the best possible treatment plan for the patient.



Fortunately prostate cancer treatment has become easy these days with many treatment options especially for early disease. **For most of these patients it is possible to achieve a 100% cure, which is why it is important to screen early to achieve early detection.**

Treatment options for early disease include hormonal therapy, surgery, radiotherapy which can be delivered from outside the body of directly into the prostate using radio-active seeds.

Even in patients with advanced disease, treatment options are plenty nowadays and they include hormonal therapy combined with systemic therapies such as chemotherapy and anti-androgens amongst others. These have been successful in providing symptomatic relief and prolonging survival even though the disease may already be at an advanced stage. Prostate cancer treatment is well tolerated nowadays and often the treatment with the best cancer outcome and with the least side effects will be chosen.

There are numerous patient support groups for patients already diagnosed with the disease including The Cancer Association of South Africa (CANSA) and The Prostate cancer foundation of South Africa where patients can get free support from professionals and other patients who have had the disease.

The take home message is that all men over the age of 50 years should screen for prostate and because of their higher genetic risk, men of African descent (black men), are recommended to screen from the age of 45 years. Patients who are at an even higher risk, i.e. patients who have a family history of breast or prostate cancer are recommended to screen from the age of 40 years. One annual PSA test is recommended.



Screening ensures early detection and early detection often equals a 100% cure.

We need more awareness regarding the disease from the media, healthcare professionals, and mostly importantly fellow patients who have had the disease in order to remove the stigma and fears associated with it. ■

Working together we can beat prostate cancer!



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SMOKING TOBACCO

AND YOUR KIDNEYS

Smoking cigarettes does not only affect the lungs but it also has a profound impact on the body's kidneys as well. Smoking has other catastrophic side effects in addition to cancer.

In its natural state, tobacco that has been rolled into cigarettes contains enormous levels of nicotine. This substance is what makes smoking addictive.

The severe constriction of blood arteries that nicotine causes is well known. As a result, the downstream tissues are unable to receive sufficient blood flow and oxygen delivery through the veins. This effect is more likely to occur in the smaller, thinner blood veins that are closer to the kidneys and other organs than in the bigger ones. The kidneys are very susceptible to damage with any blood vessel constriction, requiring good flow of blood and a high oxygen concentration to carry out the jobs of the kidney.

Smoking for an extended period stiffens blood artery walls, permanently narrowing them. Beyond these veins, tissues experience persistent oxygen deficiency and untimely these tissues in the kidney, heart and brain which carry out the functions of these organs are damaged and scar permanently, becoming non-functional. In the kidney specifically the glomeruli will be damaged, and tubules become scarred and non- functional.

Smoking affects the other components of blood too. The carbon monoxide found in cigarettes increases hemoglobin (Hb) levels and causing these red blood cells to become

carboxy-hemoglobin. This is a red blood cell that cannot carry oxygen any longer, which leads to hypoxia of cells and surrounding tissue. Hypoxia causes cell and ultimately tissue death. An increased Hb level has other adverse effects on the body.





In particular in renal failure when patients are on dialysis complications such as clotting of a vascular access or stenosis of the vessels making up the access. The access is essential for dialysis and blood circuits on hemodialysis.

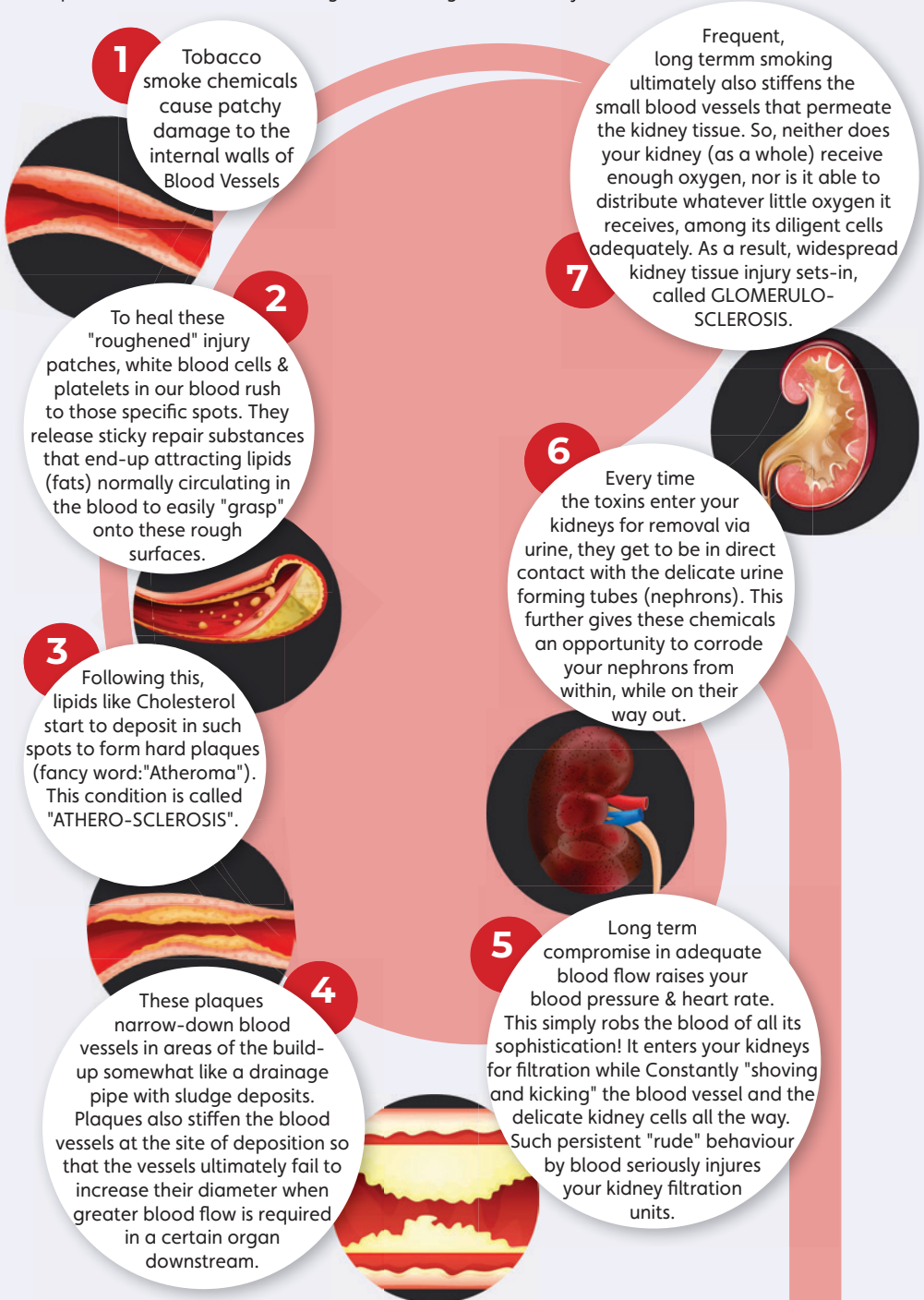
The different chemicals found in cigarettes have many other ill effects. This include activation of the body's immune response and an increased white blood cell count. This increase in white blood cell count encourages inflammation in the body, which in turn leads to arteriosclerosis of blood vessels and increased scarring in tissues if damaged.

Non-smokers are at risk due to inhaling the smoke when around the company of smokers. Stay away from smokers and protect yourself from the harmful substances. This is known as 'passive smoking' and can have the same effects on non-smokers who are always in the company of a smoker, causing asthma, emphysema and even cancer.



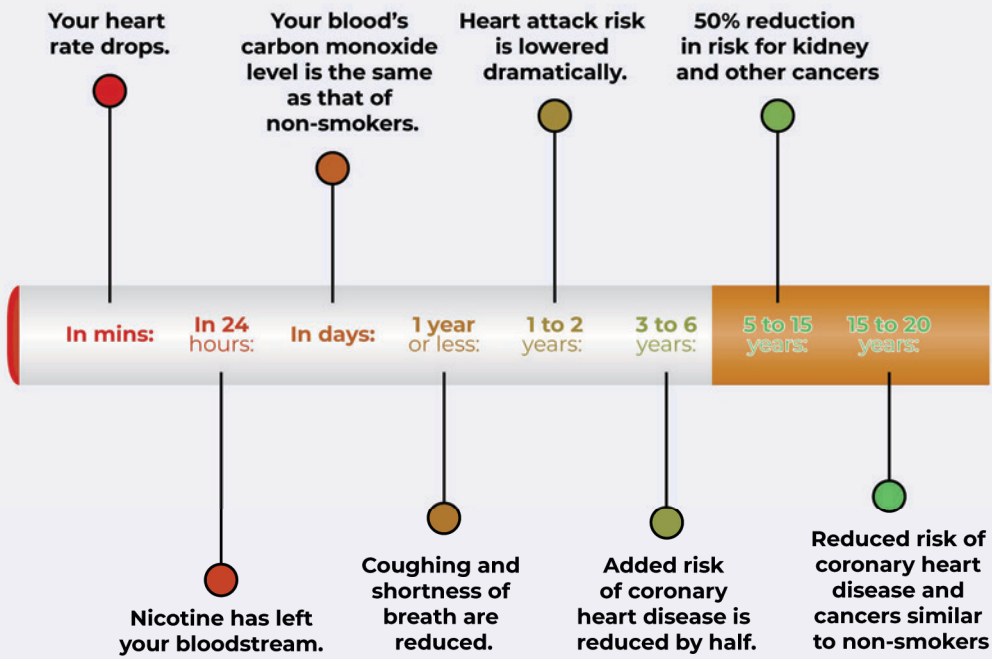
Smokers with a 25-49 pack-year history have an increased risk of 42% compared with non-smokers and those with >50 pack years had 105% increased risk of kidney failure. >>

The picture below shows the damages of smoking on the kidneys.



By making the decision to stop smoking, you can improve your quality of life, minimize your chance of developing diseases and other health issues, and preserve the health of your kidneys. It can significantly alter how you feel and appear by improving your breathing capacity, elevating your energy level, and maintaining the function of your kidneys.

The longer you refrain from using cigarettes, the lower your risk of developing ailments, and quitting smoking can help with tobacco-related health issues. That translates to fewer health issues, some of which are linked to CKD (heart disease, stroke, kidney cancer). According to the CDC's optimistic statistics, quitting can lead to the following outcomes.



Smoking is a risk factor you can manage and overcome if you have the necessary tools and help from your family, friends and dialysis team. Find a program, manual, app, or medication that is effective for you if you need help quitting cigarettes. This is achievable for you and could change your life! ■



MELOMED RENAL CARE (MRC): For more information on the services offered by Melomed Renal Care, please contact any one of our three-dialysis units.

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Unit Leader: Cynthia Smith
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When the BLEEDING won't stop

By Dr Ashley Murugan

HAEMOPHILIA is an inherited bleeding disorder in which the blood does not properly clot. This can lead to spontaneous bleeding and bleeding following injuries or surgery. Blood contains many proteins, called clotting factors, that help stop bleeding. People with haemophilia have low levels of either factor VIII or factor IX.

The severity of haemophilia is determined by the amount of factor in the blood. The lower the amount of the factor, the more likely it is that bleeding will occur, which can lead to serious health problems. Haemophilia, which translates to 'love of blood', is an X-linked bleeding disorder often inherited through an X-linked recessive pattern. In 30% of cases, it results from a sporadic gene mutation.

How haemophilia is inherited:

Female carriers can pass the affected gene to their children. The son of a carrier has a 50% chance of contracting haemophilia, while a daughter has a 50% chance of being a carrier. All daughters of men with haemophilia are carriers, while their sons are not affected.



The three types of Haemophilia:

Haemophilia A:

Caused by low levels of blood clotting factor VIII; affects one in 5 000 males at birth.

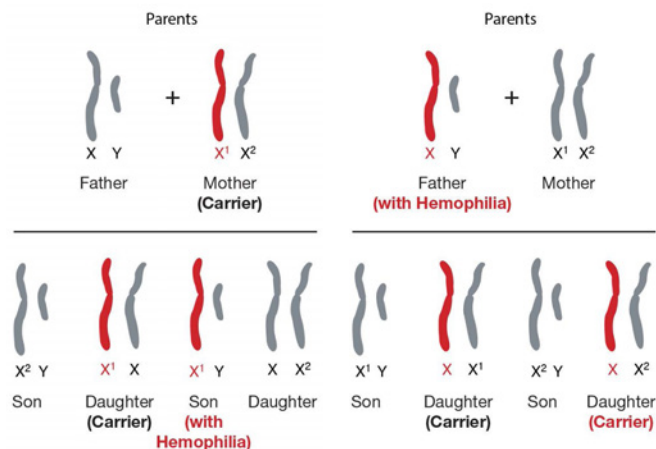
Haemophilia B:

Caused by low levels of blood clotting factor IX; affects one in 30 000 males at birth.

Haemophilia C:

Caused by low levels of blood clotting factor XI; extremely rare.

Haemophilia



Common symptoms and bleeding sites:

Patients may experience bleeding spontaneously or after minor trauma. Common bleeding sites include large joints (knee and hip), muscles, the abdomen, gastrointestinal tract and brain.

Severity levels and factor activity:

Mild haemophilia:

Factor activity >5%; bleeding only after major trauma or surgery, spontaneous bleeding is rare.

Moderate haemophilia:

Factor activity between 1-5%; bleeding after injury and occasional spontaneous bleeding.

Severe haemophilia:

Factor activity <1%; frequent spontaneous bleeding early in life, often affecting joints.

Treating acute bleeds:

Prompt replacement of high-dose clotting factor concentrate with factor VIII or IX is crucial. If factor IX concentrate is unavailable, prothrombin complex concentrate may be used. Desmopressin is an option for mild haemophilia.

Preventing spontaneous bleeding in severe haemophilia:

Frequent doses of clotting factor concentrates (2-3 times a week) or a monoclonal antibody like emicizumab can help prevent spontaneous bleeding in patients with severe haemophilia.

Prophylaxis:

1. Primary prophylaxis:

Initiated early in childhood after the first bleed or before age three, without joint damage.

2. Secondary prophylaxis:

Initiated after two or more joint bleeds, but before joint disease onset.

3. Tertiary prophylaxis:

Initiated after joint disease onset, aiming to slow progression, reduce pain, and improve quality of life. ■



**THERE IS NO CURE FOR
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ABOUT THE AUTHOR



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FAMILY-FRIENDLY ACCOMMODATION IN SOUTH AFRICA'S INTERIOR

The school holidays are steadily closing in and coastal stays are the very first thing many people think of when it comes to family-friendly holiday destinations. What can be better than putting your toes in the sand while the kiddos amuse themselves on the beach for hours?



SABIE

MISTY MOUNTAIN

Misty Mountain is a South African Natural Heritage Site on the beautiful Long Tom Pass in Mpumalanga. It has a unique location in the mountainous countryside with breathtaking views of the escarpment and the Lowveld. Accommodation is offered in several units that are serviced daily, and each unit boasts a private patio and a braai area. Breakfast is included with almost all the units. The lodge is located on the Panorama Route and is close to everything worth seeing in the area, such as the Mpumalanga Escarpment, The Gorge Glass Lift, God's Window, The Pinnacle, Bourke's Luck Potholes, Blyde River Canyon, as well as the world-famous Kruger National Park and adjacent private game reserves.

Activities: There is the Long Tom Toboggan, guided quad bike trails, hiking trails as well as fishing and bird watching on site.

FIRST GROUP MAGALIES PARK

First Group Magalies Park is located in Hartbeespoort, North West, and offers an idyllic mountain breakaway. Accommodation is available in ten units that sleep a total of 38 guests, so feel free to invite the grandparents and cousins too! These units include the Hotel Room, One-Bedroom Cabana, One-Bedroom Chalet, Two-Bedroom Chalets and Four Bedroom Villa. Each unit has its own veranda, and a private entrance and has been designed with first-class holiday facilities in mind, such as comfortable beds for an excellent night's rest, braai facilities, a view of the garden, as well as a gorgeous large swimming pool on site.

Activities: There are activities such as fishing, mountain biking, tennis and cycling on site.



HARTEBESPOORT

SEASONS GOLF, LEISURE AND SPA

Bring your family to frolic in Bojanala, North West, at this leisure resort that boasts 121 hectares of indigenous natural beauty on the northern slopes of the Magaliesberg Mountains in the heart of the South African bushveld. Accommodation is offered in luxury lodge rooms, luxury lodge units, premium villas and superior villas. The luxury lodge units are perfect for family holidays and you can book one to four bedrooms with a lounge area. Apart from the comfortable accommodation, there are enough activities to keep everyone busy, as well as facilities such as a restaurant, outdoor swimming pools, a coffee shop and a convenience store.

Activities: Hiking, jogging and mountain biking trails, bird-watching opportunities, a boma area, a golf course, a putt-putt, a giant chess set and a play area for children.



BRITS



CLOCOLAN

AMOHELA HO SPITSKOP COUNTRY RETREAT & CONSERVANCY

This hidden gem in a valley between Ficksburg and Cloccolan boasts a view that stretches over the Maluti Mountains in Lesotho. Accommodation is available in seven units that sleep two to seven guests each and is therefore perfect for large and small families alike. Even good boy Fido can come along so no one has to miss out on this holiday. The cottages are cleaned daily so you can simply relax and enjoy your downtime to the fullest. You can also use the braai facilities on the sheltered deck.

Activities: The resort is a registered conservation area where you can hike, climb mountains, swim with a 360-degree view, watch birds, see small mammals, cycle, and take a day drive to enjoy the beautiful scenery.

There you have it! There's no reason to worry about the next family holiday, book your break away and get ready to leave them stunned when you tell them all about your inland vacation.

KIARA LODGE

Another beautiful spot for a family holiday is Kiara Lodge in the Free State. The entire family can gather here because accommodation is offered in fifteen different units! The units include two-bedroom chalets and double rooms with verandas and a private entrance, and there are two- and three-bedroom apartments with sleeping space for four and six adults respectively. On-site amenities include an indoor pool, restaurant, coffee shop, spa, babysitting services and a games room.

Activities: There is a jumping pillow, jungle gym and pedal boats on site as well as activities like horse riding, table tennis, wall climbing, mountain climbing, putt-putt, tennis, archery and bird watching. ■

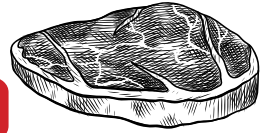


CLARENS

BRAAIVLEIS, PAP, RUGBY *and sunny skies!*

BRAAI - THE TANTALIZING SMELL OF MEAT SIZZLING ON THE COALS MAKES ONE RAVENOUSLY HUNGRY. IT IS SURELY ONE OF SOUTH AFRICA'S NATIONAL PASTIMES.

GRILLED RUMP STEAK WITH FETA AND TOMATO



Prep/Cook Time: 40 minutes
Servings: 1 person

Ingredients

- 25g cherry tomatoes
- 1 garlic clove
- 15ml fresh rosemary sprigs
- 30ml olive oil
- 10ml brown sugar
- 5ml salt
- 5ml freshly ground black pepper
- 1 portion (250 – 300g) mature rump
- 25ml Marmite
- 25ml mustard powder
- 15ml Balsamic vinegar
- 1 piece of round Feta cheese

Method

- Preheat the oven to 200 °C
- Place the tomatoes, garlic and rosemary on a baking sheet.
- Drizzle with the olive oil and sprinkle with a little sugar.
- Season with salt and pepper
- Roast for about 15-20 minutes in the preheated oven until just done.
- Spread the steak with a little Marmite.
- Season with pepper and a little mustard.
- Drizzle with a little olive and Balsamic vinegar.
- Braai rapidly over hot coals for 5-7 minutes for rare or 7-10 minutes for medium done.
- Place a round piece of feta on a baking sheet just before the meat is ready and roast until just before it begins to melt.
- Place the steak on a hot plate and top with the cheese and tomatoes.

Serve with mealie meal and corn bake and a salad.



Image Source:
nicolestastingspoon.com/balsamic-tomato-grilled-steak

Mealie meal and corn bake

Prep/Cook Time: 1 hour 30 minutes

Servings: 6 to 8 people

Mealie meal is a popular ingredient in sunny South Africa. Many people don't enjoy it prepared as 'pap' with a braai, but this oven-baked version has proven to be popular with everyone.

Ingredients

- 3 cups (750 ml) coarse mealie meal
- 2 cups (500 ml) water
- 1½ cups (375 ml) low-fat milk
- ½ tsp (2,5 ml) salt
- ¼ cup (60 ml) olive or canola oil
- 1 x 410 g tin cream style sweetcorn
- 1 small onion, cut into thin wedges
- 3 tbsp (45 ml) chopped fresh parsley
- ¼ cup (60 ml) coarsely grated cheddar cheese
- 1 corn on the cob, kernels cut from the cob or ½ cup (125 ml) frozen whole kernel corn, rinsed

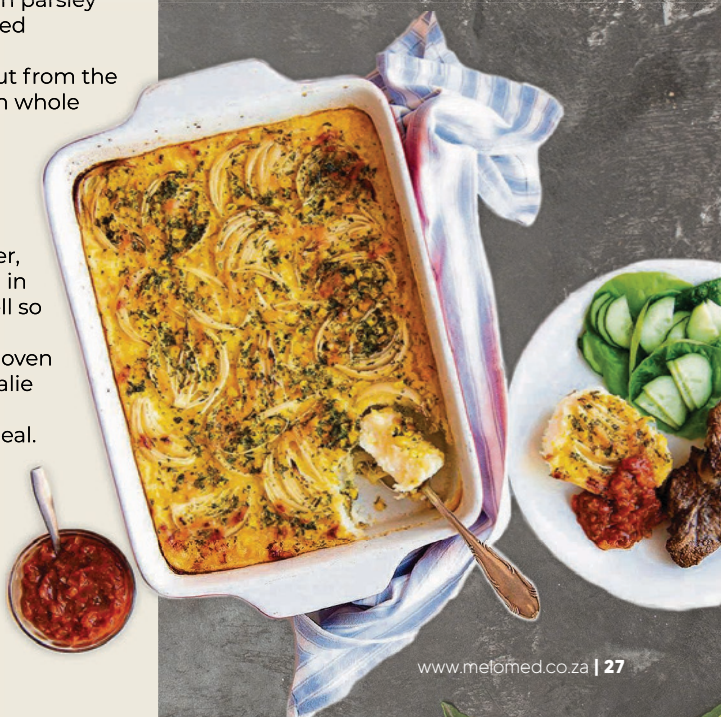
Method

- Preheat oven to 180 °C. Place the mealie meal, water, milk, salt, oil and sweetcorn in a large mixing bowl. Stir well so that no dry meal is visible.
- Lightly grease a 20 x 27 cm oven dish with oil and spoon mealie meal mixture into dish.
- Arrange onion on mealie meal. Mix parsley, cheese and corn and sprinkle evenly over onions.
- Bake for 1 hour or until the mealie meal is cooked through. Serve hot.

Tips

Bake the mealie meal mixture without the onion and cheese mixture, until cooked. Mix 1 x 410g tin onion and tomato mix with the parsley and onion wedges. Spoon onto cooked mealie meal bake, sprinkle with cheese and corn, and bake for another 10-15 minutes or until the cheese has melted and the tomato layer is heated through. Serve immediately.

Serve with barbeque sauce or chakalaka. ■



HOUSECALL



MEET ONE OF OUR DEDICATED SPECIALISTS

DR OGBONNAYA ORJI



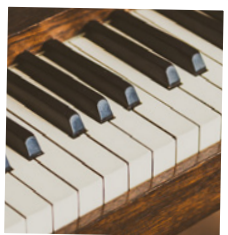
DR. ORJI IS A(N) OBSTETRICIAN/GYNAECOLOGIST AND CURRENTLY PRACTICES AT MELOMED MITCHELLS PLAIN SUITE 110 | TEL: 021 1105 064



WHY DID YOU CHOOSE YOUR PROFESSION?

I became a Gynaecologist by default, my wife was admitted at Baragwanath academic hospital for elective caesarean section because my daughter was a big baby, she ended up staying 2 weeks in the hospital waiting for the procedure and we were lucky to have the procedure done because of fetal distress.

After that incident, I decided to become a Gynaecologist to help families prevent the psychological trauma they pass through.



I am happy that I've performed more than a 1000 caesarean sections during my journey as a medical officer and later resident doctor in the Wits circuit.

WHERE IS YOUR FAVORITE PLACE TO EAT, AND WHY?

Home, because I love homemade food (Eba and Egusi soup).

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

January 2023, when my family finally joined me in Cape Town.



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

Yes, the piano.

WHAT'S YOUR SECRET PHOBIA?

I'm afraid of heights.

IF YOU COULD WITNESS ANY EVENT OF THE PAST, PRESENT, OR FUTURE, WHAT WOULD IT BE?

The day I met my wife, that day and event will remain evergreen in my memory.

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

Brock Lesnar, because I love watching World Wrestling Federation!



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

Caribbean Islands, I've always wanted to explore that area, I believe they're beautiful work of nature.

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

Tom and Jerry because it was the first animated movie I watched back in those days. ■



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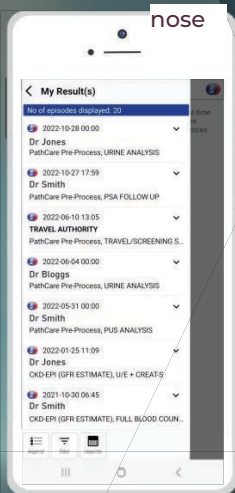
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Reported by: DR TEST ENGLISH TESTING

Regulation No: 650809410
Specimen No: 0131 BA0711TU
Collection Date: 2023-01-31 11:57
Received Date: 2023-01-31 17:58
Reported Date: 2023-02-03 17:14

Patient: / Ref No: 31
MR TEST TESTING
Patient ID No: P3000301051045
Age Sex Code: 30y M 199y-01-01

Guarantor: MR T TESTING1
Ref Ad: CASH
Member No: 01

Tests requested: TOTAL PROTEIN-S, ALBUMIN-S

Test Name	Result	Flag	Reference Range
S-TOTAL PROTEIN	46	L	64-83 g/L
S-ALBUMIN	32	L	35-52 g/L



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TAT guideline for tests to be completed and for results to be available to laboratory users (doctors): Urgent results +/- 2 hours and routine results +/- 24 hours. **IMPORTANT NOTE:** This is a guideline only and the TAT may be longer and is dependent on the specific test requested, batching of samples, referral of tests, availability of tests, confidentiality of the specific result, etc.