

melomag

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MELOMED
PRIVATE HOSPITALS

KEEPING THE
KIDNEYS HAPPY **04**

YOUR GUIDE TO:
SPORTS INJURIES **14**

STAY CLOSE TO THE
KRUGER'S GATES **18**

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Gesoral is indicated to relieve minor infections and painful inflammatory conditions of the mouth and throat.

Gesoral also helps reduce the development of plaque.

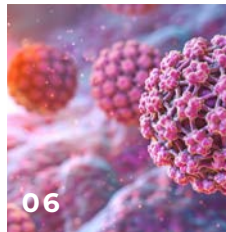




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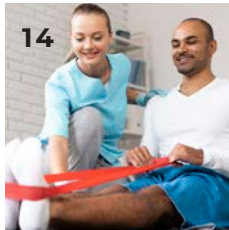
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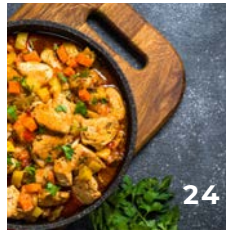
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MELObabes is on 

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BREAKTHROUGH BLOOD TEST FOR EARLY PREECLAMPSIA DETECTION

Preeclampsia is a serious health condition that can happen during pregnancy. It affects the placenta and causes high blood pressure. A new blood test can now predict the risk of preeclampsia months before symptoms appear. This test is over 99% accurate and can identify high-risk cases even in people without pre-existing risk factors. About 1 of 4 participants showed high-risk markers.

The test looks at RNA markers, focusing on genes which are linked to pregnancy-related high blood pressure. The study included over 9,000 pregnant people, with testing done between 17.5 and 22 weeks of pregnancy.

WHY IT MATTERS:



Early detection:

Preeclampsia is usually hard to detect before 20 weeks of pregnancy.



Non-invasive:

Unlike other methods, this blood test is simple and non-invasive.



Preventive measures:

High-risk individuals can take steps like taking aspirin, switching to a Mediterranean diet, and daily blood pressure monitoring.

This test is a big step forward in maternal healthcare, especially for those without obvious risk factors for preeclampsia. ■



Help your child sleep better:

TIPS FOR TIRED FAMILIES

Enough sleep helps children develop and learn keeping them happy, confident and healthy.

Here are some family-tested tips for better sleep:

1 Start with morning

- Set a consistent wake-up time (aim for 9 am during holidays)
- Keep the same schedule on weekends

2 Create the perfect sleep space

- Keep bedrooms cool and comfortable
- Use a nightlight if needed
- Make bedrooms device-free zones

3 Daily habits that help

- Plan regular mealtimes – they help set your child's body clock
- Encourage outdoor activity and exercise
- Avoid afternoon naps for children over 5
- Switch off all screens at least 1 hour before bedtime

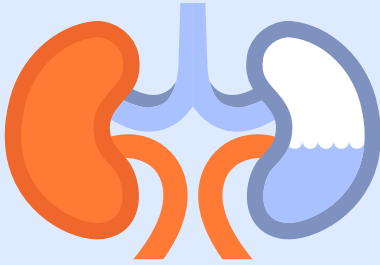
Children are adaptable – stick to your new routine for two weeks, and you'll likely see positive changes in their sleep patterns and daily energy levels.



PRO TIP:

Create a calming bedtime routine, like reading a story or having a warm bath. ■

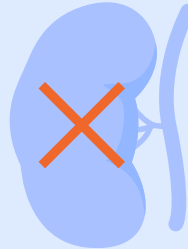
Keeping the **KIDNEYS HAPPY**



KIDNEYS CONTROL THE BODY'S **FLUID LEVELS**.

THEY FILTER **WASTES AND TOXINS** FROM THE BLOOD

EACH KIDNEY IS ABOUT **115mm LONG** - ABOUT THE SIZE OF A FIST.



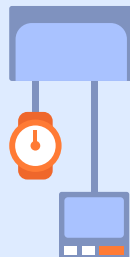
MOST PEOPLE HAVE TWO KIDNEYS, BUT YOU CAN LIVE WITH **ONE (OR LESS)**.



1 IN 10 SOUTH AFRICANS WILL HAVE A KIDNEY STONE AT SOME POINT IN THEIR LIFE.

BLOOD IN THE URINE IS **NOT NORMAL** AND NEEDS TO BE EVALUATED BY YOUR DOCTOR.

COMMON HEALTH PROBLEMS THAT IMPACT THE KIDNEYS ARE **KIDNEY STONES, KIDNEY CANCER AND KIDNEY FAILURE**.



HIGH BLOOD PRESSURE AND HIGH BLOOD SUGAR (DIABETES) ARE TWO LEADING CAUSES OF KIDNEY DISEASE.



HOW TO KEEP KIDNEYS HEALTHY

01

Keep fit and active

Staying fit helps reduce your blood pressure and reduce the risk of chronic kidney disease.

02

Keep regular control of your blood sugar level

Kidney damage from diabetes can be reduced or prevented if detected early. It's important to keep control of blood sugar levels with the help of doctors or pharmacists.

03

Monitor your blood pressure

High blood pressure is one of the most common causes of kidney disease.

04

Get your kidney function checked out

If you have one or more high-risk factors, like diabetes, hypertension, obesity or family history of kidney disease, make sure you get a regular kidney test to track your kidney health.

05

Eat healthy and keep your weight in check

This can help prevent diabetes, heart disease and other conditions associated with chronic kidney disease.

06

Maintain a healthy fluid intake

Drink 1.5 to 2 liters of water per day to significantly lower the risk of developing chronic kidney disease.

07

Don't smoke or get help to quit

Smoking slows the flow of blood to the kidneys. When less blood reaches the kidneys, it impairs their ability to function properly.

08

Don't take over-the-counter pills on a regular basis

If you are dealing with chronic pain, work with your doctor to find a way to control your pain without putting your kidneys at risk. ■

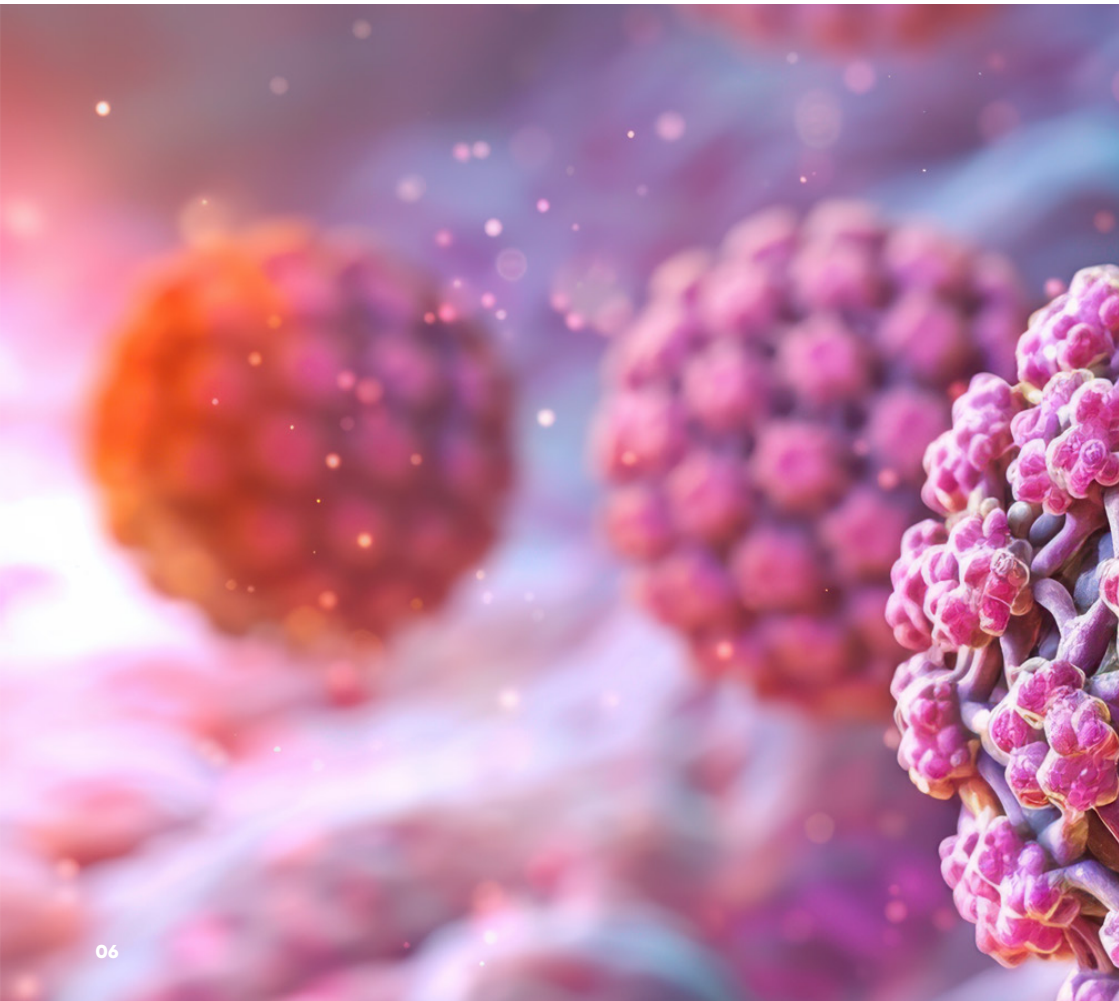
MANAGING CARE: PREVENTING CERVICAL CANCER

1. HPV IS COMMON

Human papillomaviruses (HPV) are extremely common DNA viruses that only infect humans. 'Papilloma' means a small wart-like growth on the skin or mucous membrane. HPV is thought to be the most common sexually transmitted infection (STI) in the world.

2. THERE ARE 150+ DIFFERENT HPV STRAINS

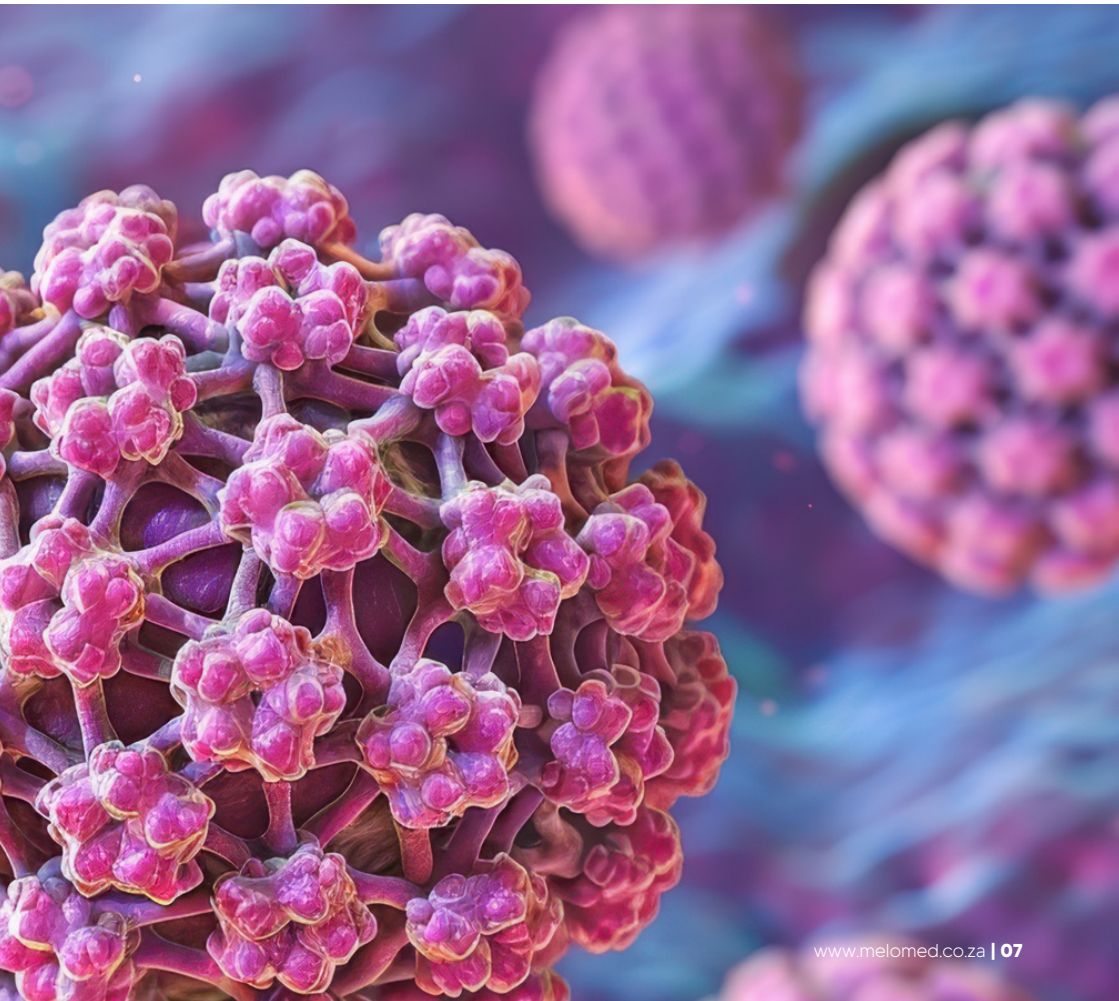
Some are harmless - such as the strains that cause warts on the hands and knees of children. Only a small number of types cause problems by changing cells from normal to abnormal. The types of HPV that can cause genital warts are not the same as the types of HPV that can cause cancers.



3. PROVEN CANCER LINKS

HPV causes many cancers. Most HPV infections get better on their own and don't cause any obvious health problems. Infection with high-risk HPV types that are not cleared by the immune system can cause cell changes in the body that can lead to cancer later in life. It is important to know that very few women and men with HPV will ever develop cancer.

Cervical cancer is the second most common cancer in women worldwide, with about 570 000 new cases and more than 300 000 deaths each year, according to the World Health Organisation (WHO). HPV accounts for about 70% of cervical cancers. HPV is also strongly associated with anal cancer and throat cancer and is now a more common risk for oral and throat cancers than tobacco use. But unlike cervical cancer, which often can be found with routine Pap tests, there's no way to screen for oropharyngeal cancers. >>





4. TRANSMISSION IS EASY

HPV lives in the surface layers of the skin and is spread through skin-to-skin contact, body fluids and intimate sexual contact, including oral sex. The virus can be transmitted by penetrative as well as non-penetrative sexual contact. Without vaccination, 80% of adults will contract this viral infection at some point in their lives.

5. NO SYMPTOMS. NO DIAGNOSIS

HPV can be diagnosed only if a person has visible warts on genital skin or if they have an abnormal cervical smear result. If a person has no symptoms, there is no test to determine if HPV is present.

6. NO CURE. NO TREATMENT

There is no cure or treatment for the HPV virus. But there are ways to treat HPV-related health problems, such as precancerous lesions and genital warts. There is no treatment for HPV that has no symptoms. The majority of HPV is naturally cleared by the body's immune system within 1 to 2 years.

7. NO COMPLICATIONS IN PREGNANCY

In the majority of cases, having HPV does not impact a woman's ability to become pregnant. HPV in pregnancy has no link with miscarriage, premature labour, or other types of pregnancy complications.

8. VACCINATE. VACCINATE. VACCINATE

While having regular Pap smears are essential for all women to make sure they don't have cervical cancer or if they do that it's caught at its earliest, most treatable stage, it's better by far to prevent getting cancer at all. The HPV vaccine guard against the most common HPVs that cause cervical cancer and warts. When properly administered, the HPV vaccine is practically 100% efficacious, making it the best vaccine in the world.

Vaccination is most effective when given prior to HPV infection, i.e. before you start having sex. The vaccine can be given to children as young as 9 and adults up to age 26.

9. HPV INFECTION ≠ UNFAITHFUL RELATIONSHIP

Almost every person will have HPV on their skin at some point in their life, regardless of sexual practice or sexual preference, even if they only have sex with one person in their lifetime. Having HPV does not mean that a person or their partner is having sex outside the current relationship as it is impossible to know when an HPV infection occurred. HPV can lie dormant for months, or even many years, before the emergence of genital warts or cervical abnormalities.

10. HPV IS AN EPIDEMIC IN SOUTH AFRICA

The prevalence of HPV-caused cervical cancer in South Africa is almost double the global prevalence, with 27 cancer cases in a population of 100,000 persons (the global average incidence is 15 out of 100,000).

From high prevalence of risk factors associated with HPV related cancers to low quality and lack of affordability for healthcare, dealing with HPV in South Africa remains a challenge but the chance to reduce the second largest cancer-related killer of women in South Africa is within our reach. With the HPV vaccine roll out and regular cervical screenings, we can lower the instance of genital and other HPV-related cancers in South Africa for good.



PROTECT YOUR DAUGHTER'S FUTURE – THE HPV VACCINE SAVES LIVES

For more than a decade, parents across the Western Cape have trusted the Department of Health's dedicated healthcare workers to protect their daughters against HPV – a leading cause of cervical cancer. Thanks to this commitment, thousands of young girls receive the HPV vaccine, every year, securing their health and safeguarding their futures. The vaccine is administered to girls aged 9+ in public and special schools. The vaccine is safe, free, and proven effective. ■

Sources:

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The New Zealand HPV Project at www.hpv.org.nz

www.mdanderson.org at <https://www.mdanderson.org/publications/focused-on-health/FOH-hpv-cancer-risks>

www.cansa.org.za at <https://www.cansa.org.za/womens-health>

The Conversation at <https://www.theconversation.com/africa/topics>



HYPERTENSION AND PREGNANCY

By Dr M.A. Tisane

Hypertension is one of the **MOST COMMON** diseases affecting general and pregnant women worldwide. Early detection pre-pregnancy and during pregnancy helps to control and prevent adverse complication. Pregnancy itself has far significant physiological changes that affects mostly the cardiovascular system of women.

Women with chronic hypertension that are planning to conceive are at risk of significant complication, we advise pre-pregnancy counselling and work up and risk assessment that also includes changes in medication safe to use in pregnancy.

Complication of hypertension in pregnancy affects the mom and foetus during and after pregnancy.

Types of hypertensions include chronic/essential hypertension, gestational hypertension, pre-eclampsia (complication of hypertension in pregnancy).

PRE-PREGNANCY ADVICE

Women are advised to seek a prenatal consultation to assess for risk, do blood work up, check BMI (Body Mass Index) and make weight management advise and dietary changes, assess medication taken for hypertension if safe, kidney function, blood level.

Offer pregnant women with chronic hypertension advice on:



weight management



exercise



healthy eating



lowering the amount of salt in their diet

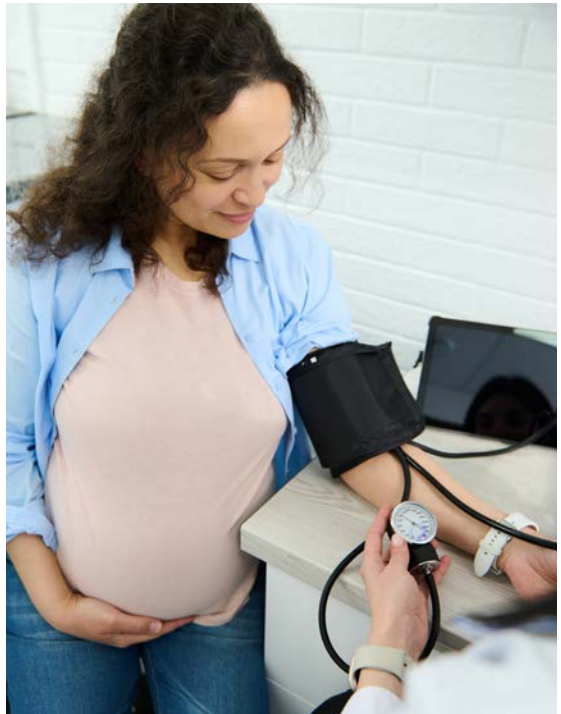


Some chronic medication needs to be change to those safe for use in pregnancy. The concern of some medication is related to high risk associated with foetal abnormalities, risk of miscarriages, decreased placental function which can lead to poor foetal growth, less amniotic fluid formation and poor neonatal outcomes.

DURING PREGNANCY

It is important to have early antenatal visit at a health care facility as soon as pregnancy is diagnosed. Usually, the 1st visit is detailed history taking, measure blood pressure, urine check, weight check, dietary evaluation and other social habits like smoking and alcohol use which needs to be addressed to eliminate pregnancy risk and complications. Some medication used in hypertensive patients include Ecotrin (coated Aspirin to reduce risk of pre-eclampsia), adequate iron and folic acid supplementation and good nutrition status and do maternal blood test.

Foetal ultrasound to assess number of fetuses, chromosomal and structural abnormality assessment, foetal growth, amniotic fluid monitoring and placenta function. >>



HYPERTENSION RISK AND COMPLICATIONS

Moms' risk and complications

- Pre-eclampsia
- HELLP Syndrome (Haemolysis, elevated liver enzymes, low platelet count)
- Eclampsia (Seizures in pregnancy)
- Pulmonary Edema (fluid in lungs due to leakage)
- Cardiomyopathy (cardiac dysfunction/failure)
- Renal/kidney injury/acute kidney disorder.
- Venous thromboembolism
- Maternal risk of death and stroke
- Increased risk of emergency caesarean section
- Preterm labour and delivery

Foetal compromise

- Miscarriages if blood pressure severely uncontrolled
- Poor placental function
- Intra uterine foetal growth restriction
- Placenta abruptio (early separation of placenta with heavy bleeding which can lead to poor neonatal outcome, foetal death and maternal severe blood loss).
- Prematurity and neonatal ICU admission
- Intra uterine foetal death

FURTHER CARE

Includes adequate ante natal visit, counselling, strict blood pressure control, urine checks.

Advise on early warning signs such as excessive headaches, blurred vision, excessive swelling of legs, decreased baby movements or no movements, vaginal bleeding, severe dizziness and epigastric pains.

Educate the family of risk and how to identify complications and when to report to your obstetrician or hospital.

Multidisciplinary approach is an ideal management for both maternal and foetal best outcomes include e.g. obstetrician paediatricians, physician in case of severe high blood pressures or other systemic complications.

Mode and timing of delivery depends on pregnancy progress, risks for both mom and baby. Both Vaginal and Caesarean section are possible and should be discussed with mom.

With adequate care and decreased risk profile, most pregnancy outcomes are good. The focus should also include post-delivery care.



TAKE HOME MESSAGE

Gestational hypertension can have significant impacts on both maternal and foetal health. If left unmanaged, it can progress to severe maternal and foetal poor outcomes.

Managing hypertension before and during pregnancy often involves a combination of lifestyle changes and medication. Regular prenatal visits are crucial to monitor blood pressure and detect any early signs of complications. Medications that are safe for use during pregnancy may be prescribed to help control blood pressure levels.

Furthermore, women with a history of hypertension before pregnancy should work closely with their healthcare provider to manage their condition throughout their pregnancy. This proactive approach can help mitigate risks and improve outcomes for both mother and baby.

Postpartum, it is essential to continue monitoring blood pressure, as some women may develop chronic hypertension or other cardiovascular issues. Early intervention and consistent care are key to ensuring the long-term health and well-being of both the mother and child. ■



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YOUR GUIDE TO:

SPORTS INJURIES



TYPES OF COMMON SPORTS INJURIES

**Ankle sprain**

Symptoms include pain, swelling and stiffness.

**Bruises**

A blow can cause small bleeds into the skin.

**Groin strain**

Symptoms include pain and swelling.

**Dental damage**

A blow to the jaw can crack, break or dislodge teeth.

**Concussion**

Mild reversible brain injury from a blow to the head, which may be associated with loss of consciousness. Symptoms include headache, dizziness and short-term memory loss.

**Cuts and abrasions**

Usually caused by falls. The knees and hands are particularly prone.

**Hamstring strain**

Symptoms include pain, swelling and bruising.



The rugby, hockey and soccer season is upon us! Brace yourself against these common injuries. Accidents, poor training practices, or improper gear can cause them. Some people get hurt because they are not in shape. Not warming up or stretching enough can also lead to injuries.



Knee joint injuries

Symptoms include pain, swelling and stiffness. The ligaments, tendons or cartilage can be affected.



Dehydration

Losing too much fluid can lead to heat exhaustion and heat stroke.



Nose injuries

Either blood nose or broken nose, are caused by a direct blow.



Stress fractures

Particularly in the lower limbs. The impact of repeated jumping or running on hard surfaces can eventually stress and crack bone.

If you have a sports injury the first thing to do is to prevent further injury or damage. This means you should stop activity and look for the cause of the injury. Once you determine what is wrong, you can start immediate treatment. >>

FIRST AID FOR SPRAINS, STRAINS AND JOINT INJURIES

The first treatment for most acute soft-tissue injuries (bruises, strains, sprains, tears) is to prevent, stop and reduce swelling. When soft tissue is damaged it swells or possibly bleeds internally. This swelling causes pain and loss of motion, which limits use of the muscles. You can limit swelling and start healing faster after common sports injuries by using the **PRICE principle**:

P Protect from further injury

If you sprain a finger or hand, remove rings. For more severe injuries, protect the injured area with a splint, pad, or crutch.

R Restrict activity

Restricting activity will prevent worsening of the injury

I Apply ice

Apply ice immediately after a common sports injury. Ice is the miracle drug for sports injuries. Use ice for 20 minutes every one to two hours for the first 48 hours after the injury. Don't use heat during this time – it encourages swelling and inflammation.

C Apply compression

Compression with an elastic bandage will help reduce swelling.

E Elevate the injured area

Elevating the injured area above the heart will also reduce swelling.

CALL AN AMBULANCE FOR:

- Prolonged loss of consciousness
- Neck or spine injuries
- Broken bones
- Injuries to the head or face
- Eye injuries
- Abdominal injuries



Over-the-counter pain relievers usually relieve the pain of common sports injuries to a tolerable level. If they don't, it's probably time to see a doctor. **Once the injury begins to heal, use M.S.A.:**



Movement

Work toward a full range of motion as soon as possible. This will help maintain flexibility during healing and prevent any scar tissue from limiting future performance.



Strength

Gradually strengthen the injured area once the swelling is controlled and a range of motion is back.



Alternative activities

Do regular exercises that do not strain the injured part. Start this a few days after the injury, even though the injured part is still healing.



PREVENTION OF SPORTS INJURIES

You can reduce your risk of sports injuries if you:

- Warm up thoroughly by gently going through the motions of your sport and performing slow, sustained stretches.
- Wear shoes and socks that fit well. The widest area of your foot should match the widest area of the shoe. You should be able to wiggle your toes with the shoe on when you sit and when you stand. Wear shoes that provide shock absorption and stability.
- Tape or strap vulnerable joints, if necessary.
- Wear the right protective gear and clothing for the sport (e.g., a helmet; shoulder, knee, and wrist pads; a mouth guard, etc.).
- Drink plenty of fluids before, during and after the game.
- Try to avoid exercising in the hottest part of the day, between 11am and 3pm.
- Maintain a good level of overall fitness, particularly in the “off season”.
- Cross-train with other sports to ensure overall fitness and muscle strength.
- Ensure training includes appropriate speed and impact work so muscles are capable of the demands of a game situation.
- Don't exert yourself beyond your level of fitness. Gradually increase intensity and duration of training.
- Use good form and technique.
- Cool down after sport with gentle, sustained stretches.
- Allow adequate recovery time between sessions.
- Have regular medical checkups.



First aid for nose bleeds

- Stop the activity.
- Sit with the head leaning forward.
- Pinch the nostrils together and breathe through your mouth.
- Hold the nose for at least 10 minutes.
- If bleeding continues past 30 mins, seek medical advice.



First aid for dislodged teeth

It may be possible to save the tooth with prompt dental treatment. Rinse the tooth in water or milk and see your dentist immediately.



EMERGENCY NUMBERS

Melomed 24 Ambulance:

0800 786 000

Melomed Tokai:

021 110 5026

Melomed Richards Bay:

035 791 5301

Melomed Gatesville

Trauma Unit

021 637 8100

Melomed Bellville

Trauma Unit

021 948 8131

Melomed Mitchells Plain

Trauma Unit

021 392 3126 ■

Stay close to the **KRUGER'S GATES**

The Kruger National Park is a South African gem and covers two million hectares of the Lowveld region. Anyone who has visited this natural treasure knows all too well that this is where you go to recharge your batteries, absorb nature and unwind for a while. This list of stays is close to the entrance gates of the Kruger National Park, and therefore allows you to enjoy comfortable getaway destinations not too far from the park!

ROYALE MARLOTHI SAFARI LODGE **MARLOTH PARK**

Distance to park: 22 km to the Crocodile Bridge Gate

Set in the heart of Marloth Park, Royale Marlothi Safari Lodge offers a unique bush experience where giraffes, zebras, kudus, and other wildlife roam freely. Each chalet features a private deck, splash pool, and braai area for added privacy, with dinner available on request. Guests can enjoy fishing, Big 5 game drives, birdwatching, and cycling, making it an ideal retreat for nature lovers and adventure seekers.



ELEPHANT WALK RETREAT **CROCODILE BRIDGE**

Distance to park: 700 m from the Crocodile Bridge Gate

This retreat on the banks of the Crocodile River caters to those in search of the Big 5. The lodge often has magnificent herds of elephants visiting the area and the units here each have views of the Crocodile River. They offer facilities like a swimming pool, lapa and braai facilities, as well as activities, including game drives into the Kruger National Park, hiking tours, and fishing.



CAMBALALA BUSHVELD RETREAT HAZYVIEW

Distance to park: 9 km from the Phabeni Gate

This self-catering lodge is located on a golf resort on the banks of the Sabie River and offers the perfect location for exploring the Kruger National Park. Impala, vervet monkeys, and Egyptian geese roam freely on the grounds, and the lodge also has a hippo hide. The rooms are ideal for couples, families or groups of friends, and guests can braai on one of the large wooden decks, enjoy some tennis or golf, and cool off in the swimming pool afterwards.



KRUGER VIEW CHALETs MALELANE

Distance to park: 11 km from the Malelane Gate

Come and relax on the banks of the Crocodile River in these chalets. When you are not enjoying the wildlife in the park, you can sunbathe by the pool, go birdwatching or indulge in a delicious meal at the restaurant. The rooms boast a comfortable lounge with a garden and river view, a fully equipped kitchen, air-conditioning and daily cleaning services.



LENGAU LODGE PHALABORWA

Distance to park: 30 km from the Phalaborwa Gate

Situated in the Grietjie Private Nature Reserve, part of Balule and the Greater Kruger region just outside of Phalaborwa, Lengau Lodge offers an intimate experience where guests can watch the Big 5. With no fences, animals often visit the lodge and nearby waterholes. Accommodation includes units with a private terrace, air-conditioning, mosquito nets, indoor and outdoor showers, and cosy seating areas. There is also a swimming pool, sundeck, and an elevated viewing deck. Guests can enjoy breakfast and additional meals in the restaurant, by the pool, or around the campfire. Daily game drives explore the reserve, and afternoon sundowners on the Olifants River make for an unforgettable bush experience.



KOMATI RIVER CHALETs KOMATIPOORT

Distance to park: 13 km from the Crocodile Bridge Gate

Nestled at the confluence of the Komati and Crocodile Rivers, Komati River Chalets offers a tranquil retreat in the Southern Kruger Park region. Just 50 m from the river, it features chalets and family cottages with air-conditioning and guests can enjoy sightings of hippos and vibrant birdlife. The lodge boasts a bar, a pool, and lush gardens, creating a relaxing atmosphere. Guests can also book guided Kruger safaris, day trips to Mozambique and Eswatini, or fishing excursions. >>



NDLOPHU LODGE 13 @ ELEPHANT POINT SKUKUZA

Distance to park: 18 km from the Paul Kruger Gate

Ndlophu Lodge 13 @ Elephant Point is on the banks of the Sabie River and offers a luxurious safari retreat. This fully air-conditioned, thatched-roof lodge features three bedrooms, two of which open onto the main patio. The spacious living area boasts an 8-seater dining table, HD TV, and fireplace, opening onto a large patio with a built-in gas braai, bar, and outdoor dining space. Overlooking the pool and private boma with a fire pit, this lodge is perfect for a stylish bush getaway.



AWELANI LODGE TSHIKUYU

Distance to park: 12 km from the Pafuri Gate

Awelani Lodge hides in a 1700-hectare conservancy, near the Pafuri Gate on the R525. Here, guests can walk or mountain bike through a wooded conservancy with a variety of trees and enjoy nature to its full extent. Accommodation is available in bungalows, a chalet, standard rooms or neat safari tents. Facilities include an on-site restaurant and pub, braai facilities, a swimming pool and conferencing facilities.



BONA NTABA TREE HOUSE LODGE HOEDSPRUIT

Distance to park: 43 km from the Orpen Gate

Bona Ntaba Tree House Lodge is set in a private wildlife reserve near Hoedspruit and offers a tranquil bushveld retreat with unique treehouse chalets with private and communal bomas. Each chalet features a private deck with stunning mountain and bushveld views and the main lodge includes a fully equipped kitchen, dining area, and a splash pool. As the sun sets behind the mountains, guests can watch giraffes, zebras, and other wildlife wander through the camp and visit the waterhole.



SAUSAGE TREE SAFARI CAMP HOEDSPRUIT

Distance to park: This safari camp shares an open boundary with the Kruger National Park

Sausage Tree Safari Camp is where you want to be if you're in search of a luxurious African safari experience and the best part is two meals and two Big 5 game drives are included! These tents overlook a dry river bed and are nestled between trees. Each tent has a private deck and outdoor shower and guests can enjoy the boma, swimming pool and breakfast or dinner with a view of waterholes frequented by animals.



This is your sign to book that long-awaited stay close to one of the Kruger's gates and experience the wildlife's beauty with so much more that South Africa has to offer. ■



Dr. Sedick Camroodien Expands Services with **Advanced Colposcopy Equipment.**

Dr. Sedick Camroodien, a leading Obstetrician & Gynaecologist and Gynaecological Oncologist at Melomed Gatesville Hospital, has enhanced his practice with state-of-the-art colposcopy equipment.

This advanced technology improves the diagnosis and management of abnormal Pap smears, HPV-related diseases, vulval and vaginal conditions, commitment to reinforcing his women's health.

What is Colposcopy?

Colposcopy is a diagnostic procedure that provides a magnified view of the cervix, vagina, and vulva to detect abnormalities. It is particularly useful for evaluating abnormal Pap smears and identifying early signs of cervical, vulval and vaginal diseases. HPV infections, a major cause of cervical cancer, can also be closely monitored with this technology, allowing for early intervention and treatment.

Key Benefits of Colposcopy

Enhanced Detection of Cervical Abnormalities: Allows for a detailed assessment of suspicious lesions.

HPV Disease Management: Helps monitor and treat high-risk HPV infections.

Early Identification of Vulval and Vaginal Disease: Detects conditions like lichen sclerosus and precancerous lesions.

Guided Biopsy and Treatment Planning: Enables targeted biopsies for accurate diagnosis.

Minimally Invasive Procedure: Quick, well-tolerated, and requires no anesthesia.

Who Should Consider a Colposcopy?

A colposcopy is recommended for women with:

- Abnormal Pap smear results.
- Persistent high-risk HPV infections.
- Unexplained vaginal bleeding or discomfort.
- Visible abnormalities or suspicious lesions on the cervix, vulva or vaginal.

The Role of HPV in Cervical Health

HPV is a leading cause of cervical, vulval and vaginal diseases. While most infections resolve naturally, persistent high-risk HPV strains can lead to complications. Regular Pap smears and colposcopy help detect and manage these risks early, reducing the likelihood of cervical cancer. ■

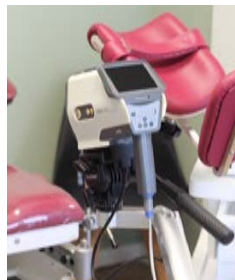
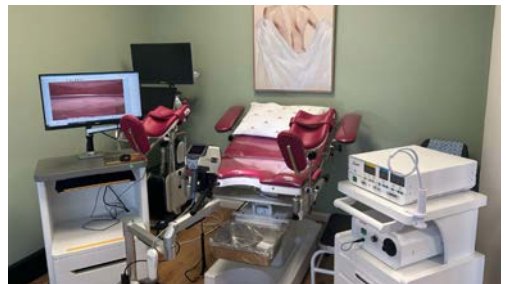
Commitment to Women's Health

Dr. Camroodien's investment in colposcopy technology ensures comprehensive care, early detection, and effective treatment plans tailored to each patient. Women concerned about cervical, vulval or vaginal health are encouraged to schedule a consultation at Melomed Gatesville Hospital.

For more information or to book an appointment, contact Dr. Sedick Camroodien's practice today.

Tel: 021 110 5930 | **WhatsApp:** 060 374 4652

Email: reception@drcamroodien.co.za



CARDIOVASCULAR DISEASE IN END-STAGE RENAL DISEASE (ESRD)

PART 01

Cardiovascular diseases (CVDs) are highly prevalent in patients with end-stage renal disease (ESRD), and this relationship is a major cause of morbidity and mortality in this population. The reasons for this association are multifactorial, including shared risk factors, altered kidney function, and the effects of dialysis. Some key cardiovascular diseases commonly associated with ESRD include:

Coronary Artery Disease (CAD)

Patients with ESRD often develop atherosclerosis at an accelerated rate, which increases the risk of coronary artery disease. This is partly due to factors such as chronic inflammation, altered lipid metabolism, and calcification of blood vessels, all of which are more pronounced in ESRD.

Heart Failure (HF)

Both diastolic and systolic heart failure are common in ESRD. The chronic volume overload due to impaired kidney function and the effects of dialysis (especially haemodialysis) can exacerbate heart failure. Additionally, the altered fluid balance and electrolyte disturbances in ESRD contribute to myocardial dysfunction.

Hypertension

High blood pressure is both a risk factor and a consequence of kidney disease. In ESRD, hypertension may be worsened by factors such as fluid retention, increased sympathetic nervous system activity, and the effects of medications (e.g., erythropoiesis-stimulating agents or sodium retention from dialysis).

Left Ventricular Hypertrophy (LVH)

LVH is a common condition in patients with ESRD due to the increased workload on the heart from factors like fluid overload, anaemia, and elevated blood pressure. LVH significantly increases the risk of heart failure and arrhythmias.

Arrhythmias

Electrolyte imbalances (e.g., hyperkalaemia) in ESRD, especially in patients on dialysis, can predispose to life-threatening arrhythmias like ventricular tachycardia or fibrillation. The presence of structural heart disease and altered autonomic regulation further increases arrhythmic risk.

Peripheral Artery Disease (PAD)

Atherosclerosis often affects peripheral arteries in ESRD patients, leading to claudication, gangrene, or critical limb ischemia. This condition increases morbidity and can result in amputations.

Valvular Heart Disease

Patients with ESRD have an increased risk of calcific aortic valve disease, which can lead to stenosis or regurgitation, contributing to heart failure symptoms and poor prognosis.

Endocarditis

ESRD patients, particularly those undergoing haemodialysis with central venous catheters, are at an increased risk of infective endocarditis due to the presence of invasive devices and potential for bacteraemia.

Cardiovascular Calcification

Uraemia in ESRD leads to disturbances in calcium and phosphate metabolism, promoting vascular calcification, which contributes to stiffening of the arteries and increases the risk of both coronary artery disease and heart failure.



Management of cardiovascular diseases in ESRD typically involves addressing traditional risk factors (e.g., hypertension, diabetes), optimising dialysis regimens, managing fluid and electrolyte imbalances, and considering medications like ACE

inhibitors, ARBs, and statins, although the benefit of these treatments can sometimes be less clear in ESRD. Cardiac interventions, such as coronary artery bypass grafting or valve replacement, may also be necessary in some patients. ■

Sources: www.ahajournals.org/doi/10.1161/CIRCULATIONAHA | academic.oup.com/cardiovascres/article/119
www.sciencedirect.com/science/article/pii

One-pot chicken

Servings: 6

Family food at its best. This tasty all-in-one chicken dish is a wholesome meal, made with everyday ingredients, that everyone in the family will enjoy.

Ingredients

- 2 tsp (10 ml) sunflower oil
- 1 large onion, chopped
- 1 clove of garlic, finely chopped
- 4 chicken breasts on the bone, halved and skin and all fat removed
- 2 large carrots, thickly sliced
- 3 baby marrows, thickly sliced
- 1 x 410 g tin chopped tomatoes
- 1 tbsp (15 ml) tomato paste
- ½ tsp (2,5 ml) paprika or cayenne pepper or to taste
- 1 tsp (5 ml) dried origanum or 1 tbsp chopped fresh origanum
- ½ cup (125 ml) water
- 1 x 410 g tin baked beans in tomato sauce
- 1 x 410 g tin butter or red kidney beans, drained (optional)
- ½ tsp (2,5 ml) salt
- lemon juice and black pepper to taste
- 2 tbsp (30 ml) chopped fresh parsley

Sources:

www.mydynamites.co.za/recipe/one-pot-chicken





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Instructions

Heat oil in a large pot and fry onion and garlic for a few minutes. Add chicken and fry until golden brown.

Add carrots, baby marrows, tomatoes, tomato paste, paprika and onionium.

Add water, reduce heat and simmer with a lid for 30 minutes or until the chicken is cooked.

Add tins of beans, salt and season with lemon juice and pepper. Heat through and stir in the parsley.

Serve on small portions of pap, mealie rice or mashed potatoes. ■

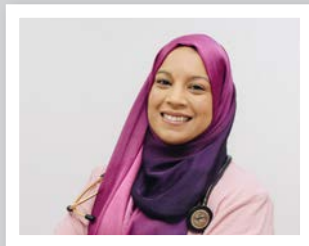


HOUSECALL

MEET ONE OF OUR DEDICATED SPECIALISTS

DR SHAKIRA DAWOOD

Tel: 021 110 5554 | Email: info.drdsdawood@gmail.com



DR. SHAKIRA DAWOOD IS A SPECIALIST PHYSICIAN AND CURRENTLY PRACTICES AT MELOMED MITCHELLS PLAIN.



WHERE IS YOUR FAVOURITE PLACE TO EAT, AND WHY?

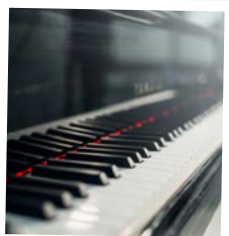
I love taking my kids to Spur. They spend hours in the play area.

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

The most fun I had was setting up my new practice. I love meeting new people and the prospect of the 'unknown' is exciting.

WHY DID YOU CHOOSE YOUR PROFESSION?

As a child I've seen the harmful effects of diabetes on my loved ones, and I always felt I needed to understand the clinical concepts to help those close to me. I'm hoping I can extend that care to my patients.



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

I would love to play the piano.

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

I wish for a safer world for my kids, to travel more often and unlimited health.



WHAT'S THE COOLEST STORY ABOUT YOURSELF?

I've given birth to 2 kids in one year.

WHAT'S YOUR SECRET PHOBIA?

I'm terrified of cats.

WHAT IS YOUR BEST CHILDHOOD MEMORY, AND WHY?

My best memory of my childhood would definitely be all my family holidays with my parents. I made the best memories which can never be replaced.



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

Bear Grylls. I know he will hunt for food and make a fire. Just kidding. Definitely my husband, I would need good company.

WHO IS YOUR FAVORITE AUTHOR OR YOUR FAVORITE BOOK?

My favorite book is Harry Potter. ■

EMPATHY, EXPERTISE, AND EXCELLENCE: Unveiling the **Leading Obstetric and Gynaecological Team** at Melomed Tokai!



Dr. Aneeqah Hendricks
Bringing New Life into the World

☎ 021 712 2691
✉ secretary@aneeqahhendricks.co.za

Meet Dr. Aneeqah Hendricks, a compassionate Gynaecologist and Obstetrician who finds immense joy in welcoming new life into the world. With a focus on achieving positive outcomes, Dr. Hendricks not only provides expert medical care but also connects on a personal level, drawing from her experience as a mother herself.

Dedicated to comprehensive patient care, Dr. Hendricks considers every aspect of her patients' well-being, including socioeconomic and cultural backgrounds. She takes the time to understand individual needs, offering clear explanations and support throughout the journey. Beyond the hospital walls, Dr. Hendricks enjoys exploring the world through travel, indulging in movies, and cherishing quality moments with her own family.

Specialising in vaginal surgery, adolescent gynaecology, hormonal disorders, and reproductive endocrinology, Dr. Hendricks is your partner in women's health at every stage. From family planning to menopause, she ensures her patients receive the best care, including surgeries, screenings, and personalized attention.



Dr. Matshidiso Agnes Tisane
Holistic Care for Women's Health

☎ 021 023 2046
✉ drtisanesecretary@gmail.com

Introducing Dr. Tisane, a dedicated Gynaecologist and Obstetrician committed to the holistic well-being of women. As an Obstetrician, she brings vast experience in maternal and fetal care, guiding expectant mothers through the beautiful journey of pregnancy. Dr. Tisane believes in building strong patient relationships, ensuring effective communication, and providing comprehensive care with a personal touch.

Beyond her medical expertise, Dr. finds joy in the outdoors and values quality time with her own family. With a passion for helping mothers navigate the challenges of newborn care, she strives to make each patient feel heard and supported.

In addition, to her passion and expertise in Obstetrics, she also specialises in addressing gynaecological issues such as abnormal bleeding, infertility, and recurrent miscarriages. Dr. also conducts crucial screenings for cervical and breast cancer.



Dr. Tladiso Motsema
Nurturing Life with Expertise & Passion

☎ 021 110 5940
✉ drtmog@gmail.com

Meet Dr. Tladiso Motsema, an experienced Obstetrician and Gynaecologist dedicated to nurturing life with a blend of medical and surgical expertise. Dr. Motsema's journey in Obstetrics and Gynaecology started in 2011, driven by a passion for integrated patient care.

With a wealth of experience gained through a Diploma in Obstetrics and a fellowship in 2016, Dr. Motsema's commitment extends beyond clinical practice. He takes pride in teaching and guiding future healthcare professionals, ensuring the legacy of compassionate and knowledgeable practitioners.

Patient care and wellness are at the forefront of Dr. Motsema's priorities. From general obstetrics and gynaecology to contraception and family planning, he contributes to the community's health, emphasizing the importance of a healthy mother for a healthy baby.

Join Dr. Motsema on the journey of well-rounded women's healthcare.

Contact our Obstetricians for the best quality & service and most affordable price. Our Drs accept most medical aids.

Pre-eclampsia is when hypertension, usually accompanied by protein in the urine, develops in the second half of pregnancy (after 20 weeks of pregnancy). It is a common, but serious, complication of pregnancy.

When left undiagnosed or untreated, pre-eclampsia can cause harm to both the pregnant mother and the baby. Even though the diagnosis and treatment of pre-eclampsia has improved over the years, it still often leads to early delivery of the baby.

Prematurity

Early delivery/prematurity carries risk to the baby, and doctors try to prevent premature delivery. This is not always possible. Once pre-eclampsia develops and is severe, early delivery may be unavoidable, and the only cure for pre-eclampsia. Babies who are born too early, are usually small, struggle with feeding, can have difficulty breathing and can develop jaundice. Premature babies must often stay in hospital for a long period of time, sometimes even months.

Screening

First trimester screening for pre-eclampsia is now available at PathCare. This screening entails a blood test of the pregnant mother during her early pregnancy (11 weeks to 14 weeks gestation), before pre-eclampsia develops. The information of the blood test is used, together with the mother's blood pressure results, clinical details and ultrasound findings, to calculate the risk of developing pre-eclampsia later in pregnancy.

Mothers found to be at high risk of developing pre-eclampsia, can then be put on aspirin to help prevent pre-eclampsia from occurring. The test result will also help the doctor to decide how regularly follow-up visits should be scheduled.

Many studies have shown that determining the risk of pre-eclampsia with early screening, and then treating with aspirin, can prevent pre-eclampsia from developing in many cases, which then improves the outcome for both the mother and the baby.

Across the world, early pregnancy pre-eclampsia screening is strongly encouraged.

Please contact your doctor for more information on 1st Trimester Pre-eclampsia Screening.

