

FREE HEALTH GUIDE!

GIVE-AWAY

Melomed is giving away two Back 2 School product hampers from TurboKiddz and Controlite to two lucky readers! See page 22 for competition details!

ALL ABOUT

Childhood obesity

Pregnancy myths & facts

Renal care, time to act



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PathCare
**Drs Dietrich, Voigt, Mia
Vennote • Partners**

WHAT IS PATHOLOGY?

The word pathology strictly refers to the scientific study of the causes and progression of diseases.

Nowadays the term also refers to the practice of diagnostic pathology which concerns itself with laboratory tests on tissues and body fluids mainly requested by doctors to enable them to diagnose and classify diseases accurately and to monitor their progression and the results of treatment.

Diagnostic pathology tests are performed in pathology laboratories which are located either in or outside of hospitals. Private laboratories are generally

owned and run by private pathologists.

The practice of diagnostic pathology has become very specialised and the instrumentation and techniques in the laboratories highly sophisticated. Specially trained medical technologists in general conduct the tests in the laboratory while the pathologists interpret the results and act as consultants to the clients, i.e. doctors and patients.

Both pathologists and technologists are responsible for maintaining high standards of quality assurance to ensure the accuracy of tests results thereby protecting the consumer.

PATHCARE - PATHOLOGY THAT ADDS VALUE

You may have been referred to us by your doctor for pathology investigations that will assist with the diagnosis and treatment of your illness. Your doctor or our sister will take a sample of blood, urine, sputum etc from you, for us to perform the laboratory tests.

PathCare comprises of approximately 60 pathology laboratories and 110 specimen-collecting depots, with its head office at NI City, near Cape Town. The laboratories and depots are spread over South Africa and Namibia.

In all the laboratories the specimens are processed by the most technologically advanced and fully automated laboratory equipment. Specimens from hospitalised patients requiring urgent analysis can be dealt with in PathCare laboratories situated within

many major private hospitals throughout the country. Currently PathCare has more than 70 pathologists in South Africa and Namibia. These are all experienced specialists in their respective fields.

PathCare was the first pathology practice in South Africa to be fully SANAS (South African National Accreditation System) accredited (ISO Guide 15189). This is an international accreditation system which ensures that the quality of the results produced by PathCare meets international standards. The accreditation is maintained via annual inspections by the SANAS Accreditation Committee.

The logo of PathCare represents the care that we provide to our patients.

“Pathology that Adds Value”

www.pathcare.co.za
email: clients@pathcare.co.za

PathCare ...

The first syllable “*Path*” symbolises our core business “pathology” whereas the second syllable “*Care*” symbolises our value system, i.e. patient care is our priority.

FAREWELL 2011 & WELCOME 2012

We have bid farewell to 2011 and have

welcomed 2012 with well-founded optimism.

Our Melomed Group in 2011 has continued to stride forward in providing high quality medical services to the community it serves. I mention a few: in February pregnancy awareness was celebrated; a Melobabes program, which includes complimentary antenatal classes for those mothers delivering their baby at any Melomed hospital, was started and is a great success; birth registration has been introduced at all the Melomed hospitals; in November there has been the opening at Melomed Gatesville of the Renal Care Unit and the Life Skills Unit; many health issues and events have been brought to the attention of and celebrated by our patrons e.g. diabetes, oral month and World Aids Day. The space allotted for this address to our readers does not allow me to expand much more on our continuing expansionary activities.

Melomed 24, our ambulance service, has also, and as usual, provided sterling medical services and has assisted at many events such as sporting and other events. They have made a valuable contribution to the activities of the Group.

We have also this year welcomed into our team a New Nursing Services Manager at Melomed Gatesville, Ms Renee van Rensburg, whose qualifications and experience should provide a significant boost in the nursing services at the hospital and help us in our ongoing efforts at establishing our own much-needed nurses training facility.

Looking forward to 2012 there are several expansionary projects in the pipeline of which you will hear more about in the future. May I mention just one, which is the opening of a Cathlab at Melomed Bellville.

The medical field, and especially hospitalisation, is one of the most demanding occupations conceivable and requires effort, sacrifice and dedication which, at times, can only be described as superhuman. The Melomed Group has been fortunate at attracting and engaging with the best in the field and it is only a pleasure and an honour for me to thank all those that have helped to make it the success that it is. As we look forward with hope and expectation to a new year may I wish everyone, not least our Melomag readers, only the very best for 2012 and God's richest blessings with it.



EBRAHIM BHORAT
CHAIRMAN
MELOMED GROUP

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THANK YOU

Thank you to Cell C for sponsoring the Give-away cellphone (a Blackberry) in Melomag 6, Spring 2011, our previous issue.



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Contact: info@health-bytes.co.za
Health Bytes, P.O. Box 261,
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Stress and headaches: Stop the cycle

Stress can make your head hurt, and a headache can really stress you out. Either way, you can rein in the pain. Consider these tips to keep stress under control, which can help prevent headaches:

- 1 SIMPLIFY YOUR LIFE.** Ask yourself what really needs to be done and what can be dropped.
- 2 GET ORGANISED.** Update your to-do list every day, both at work and at home. Delegate when you can.
- 3 LAUGH.** Humour is a great way to relieve stress.
- 4 RELAX.** When you feel your muscles begin to tense, breathe deeply. Focus on inhaling and exhaling deeply and slowly for at least 10 minutes.

SUMMER, SUN AND SUNSCREEN

Sun exposure is the leading cause of skin cancer, and people with fair skin and light eyes whose skin has a tendency to burn easily in the sun are most susceptible to the damaging effects of the sun's UV rays. Fortunately, most skin cancers can be detected in their early stages since skin tumours are more visible than tumours of the internal organs.



AGING PARENTS: 5 WARNING SIGNS OF HEALTH PROBLEMS



As your parents get older, you may want to make sure they're successfully taking care of themselves and staying healthy. Ask yourself the following five questions.

+ Have your parents lost weight? Losing weight without trying could be a sign that something's wrong.

+ Are your aging parents taking care of themselves? Pay attention to your parents' appearance. Failure to keep up with daily

routes – such as bathing, tooth brushing and other basic grooming – could indicate health problems such as dementia, depression or physical impairments.

+ Are your aging parents safe in their home? Take a look around your parents' home, keeping an eye out for any red flags. Do your parents have difficulty navigating a narrow stairway? Has either parent fallen recently?

+ Are your aging parents in good spirits? Note your parents' moods

and ask how they're feeling. A drastically different mood or outlook could be a sign of depression or other health concern.

+ Are your aging parents having difficulty getting around? Is knee or hip arthritis making it difficult to get around the house? Would either parent benefit from a cane or walker? Muscle weakness, joint problems and other age-related changes can make it difficult to move around as well.

Tweet if you are lonely?

Social networking is meant to connect us, but is technology only making us feel more lonely?

A recent Australian survey showed that the more we use technology to communicate, the lonelier we are likely to be.

Forty-two percent of Australians who used an average of four methods of technology to communicate [such as email, SMS, Facebook, Twitter] were

lonely compared with 11 percent of people who used only one.

It is not clear which came first – does loneliness drive people to the internet or does the internet and social media lend itself to behaviours that lead to loneliness? It's probably a bit of both.



HEALTH TIP



CRAVING CHOCOLATE? GO DARK

Dark chocolate can be high in calories, but it may be a good choice if you're craving something sweet. Flavanols in dark chocolate appear to reduce risk factors for heart disease. Choose dark chocolate with cocoa content of 65% or higher. Limit yourself to no more than 85g a day, which is the amount shown in studies to be helpful.

MELANOMA at a glance

- + Melanoma is a cancer that develops in pigment cells called melanocytes.
- + Patients themselves are the first to detect many melanomas.
- + Caught early, most melanomas can be cured with relatively minor surgery.
- + Melanoma can be more serious than the other forms of skin cancer, because it may spread (metastasis) to other parts of the body and cause serious illness and death.
- + Spots suspicious for melanoma show one or more of the following features (the ABCDs): Asymmetry, Border irregularity, Colour changes, a Diameter more than the size of a pencil eraser.
- + Elevated risk factors for melanoma include Caucasian (white) ancestry, fair skin, light hair and light-coloured eyes, a history of intense sun exposure, close blood relatives with melanoma, and moles that are unusually numerous, large, irregular, or "funny looking".
- + Doctors diagnose melanoma by biopsy (removing a piece of skin for analysis).
- + Treatment of melanoma is primarily by surgical removal.
- + Changing or suspicious spots should be brought to medical attention right away.

Be safe not sorry!

Car seat safety is crucial for protecting your child during travel, but knowing how to safely install a car seat and buckle up your child as he or she grows can be difficult.

PLACING THE CAR SEAT IN THE WRONG SPOT

The safest place for your child's car seat is the back seat, away from active air bags. If you're placing only one

car seat in the back seat, instal it in the centre of the seat – if possible – rather than next to a door, to minimise the risk of injury during a crash.

INCORRECTLY BUCKLING UP A CHILD

It can be challenging at first to properly buckle a child in a car seat. Make sure the seat is tightly secured –

allowing no movement from side to side or front to back when grasped at the bottom near the attachment points – and facing the correct direction.



JANUARY

Skin Cancer Awareness Month



SUNBURN TIPS:

- For sunburn relief take a cool shower and use a cooling agent like aloe.
- Reapply often: at least every two hours, especially after swimming.

21 March 2012
Human rights day!



FEBRUARY

Skin Cancer Awareness Month
Diarrhoeal Disease Focus Month
STI/Condom Month
Pregnancy Education Week
Dress Red Day
World Cancer Day



MARCH

Colorectal Cancer Month
Diarrhoeal Disease Focus Month
Intellectual Disability (Mental Handicap) and HIV/AIDS Awareness Month
World Tuberculosis Day
World Kidney Day
International Woman's Day

Melomed 24 Emergency Services

Melomed 24 Ambulance Services was launched in November 2003 to address the key issue of providing immediate and reliable emergency services for the Cape Flats and surrounding areas of the Cape Town Metropole:

- 24-hour access to the Melomed emergency call centre
- Dispatch of emergency response vehicles
- Medical transportation
- Inter-hospital transfers
- Medical repatriation
- First aid training
- Special events standby
- Emergency medical rescue service
- All medical aids accepted

EMERGENCY NUMBERS

Melomed 24 Ambulance
0800 786 000

Melomed Gatesville Trauma Unit
021 637 8100

Melomed Bellville Trauma Unit
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Melomed Mitchells Plain Trauma Unit
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For a guided tour
of the hospital and maternity
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First aid Poisoning



Is your home a safe place? Most poisonings are accidental, and are caused by a person swallowing or inhaling a harmful substance. By Health Bytes Publishers

Make sure your house is safe by keeping chemicals, detergents and medicines where children can't reach them. Teach your children what to be careful of, label poisons, and never store any harmful substances in food containers.

Check the plants in your home and garden. If anything is poisonous, warn your children, or remove poisonous plants, such as oleander. Be wary of wild plants, mushrooms, roots and berries.

Despite your care, poisoning could still happen.

If someone suddenly becomes sick for no apparent reason or you find someone unconscious or semi-conscious near a car or fire, suspect poisoning and get help immediately.

WATCH OUT FOR THESE

Poisoning can be caused by a

whole range of substances. Here are some of them:

- + Carbon monoxide gas (from cars, fires and certain heaters)
- + Household chemicals and detergents
- + Medicines or drugs
- + Plants
- + Insecticides
- + Paints

EXTREME CAUTION

These household substances can kill. Keep them out of reach, and if swallowed, call an ambulance immediately.

- + Oven cleaner
- + Drain and toilet cleaners
- + Paint stripper
- + Methylated spirits
- + Disinfectant
- + Anti-freeze
- + Rat poison
- + Bleach
- + Washing powder
- + Medicines and alcohol

SIGNS AND SYMPTOMS

Look for any of the following:

- + Burns or redness around mouth
- + Plant or berry pieces inside the mouth
- + A chemical smell (such as petrol or paint thinner) on the breath
- + Burns or stains on the person or surrounds
- + Scattered pills or empty medicine bottles
- + Vomiting, difficulty breathing, drowsiness or confusion

Get help immediately if the person is drowsy or unconscious, has difficulty breathing, is uncontrollably restless or having seizures.

For less serious signs, promptly call a poison advice centre and list the symptoms as well as what was ingested, how much, and when.

POISON INFO CENTRES

+ Medicine Information Centre (UCT) 021 406 6829; Tygerberg Poison Information Centre 021 931 6129; Poison Information Centre (Red Cross Children's Hospital) 021 689 5227

MELOMED EVENTS



Events at Melomed hospitals over the past few months.



OCTOBER BREAST CANCER
AWARENESS MONTH



MELOMED GATESVILLE
RENAL CARE UNIT OPENS



MELOMED BELLVILLE
DIABETES DAY



MELOMED BELLVILLE PATIENT
GETS MARRIED



ORAL HEALTH MONTH AT
THEMBALETHU SCHOOL



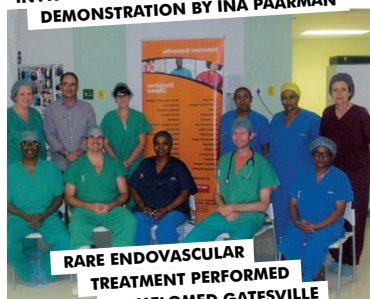
CANSA RELAY FOR LIFE EVENT



MELOMED CATERING DEPARTMENT
INVITED TO A PERSONAL
DEMONSTRATION BY INA PAARMAN



MELOMED NEW FLEET



RARE ENDOVASCULAR
TREATMENT PERFORMED
AT MELOMED GATESVILLE

HELP STOP

THE ITCH

10 DIY home remedies for relieving mosquito bites. The itch from mosquito bites comes from the saliva of the mosquito that it injects into you as it feasts on your blood. Summer is upon us and also mosquitoes! The next time you or your little ones get an itchy bug bite, try these quick and simple topical remedies.

BE AWARE

Malaria kills over one million people each year, most of whom are children under 5, and almost 90% of whom live in Africa, south of the Sahara. Each year there are over 300 million clinical cases of malaria, that is five times as many as combined cases of TB, AIDS, measles and leprosy. Malaria is responsible for one out of every four childhood deaths in Africa. The female anopheles mosquito is not known as 'the silent killer' for nothing. She does not buzz around your head at night, irritating you. You may not be aware of her presence at all.



REMEMBER - Prevention is better than cure!



- 1** Use **banana peel** to take the itch out of mosquito bites. Just rub the pulpy inside surface of the peel on the bite.
- 2** Rub the bite with **soap**.
- 3** Apply an **ice cube** or ice pack to the bite.
- 4** Mix **baking soda** with enough water to make a paste and apply to the bite.
- 5** Apply **lavender** and tea tree oils with a swab.
- 6** Rub a piece of **freshly-cut onion** or a slice of lemon on the bite.
- 7** A dab of **toothpaste** is soothing, too. (Apply)
- 8** **Vinegar** – apply directly to bite or take a hot bath with two cups of vinegar in the water.
- 9** Mix crushed **Disprin** and a few drops of water to form an anti-itching paste.
- 10** Underarm **deodorant** (solid or roll-on) – apply directly to bite area.

HOUSE CALL

Meet one of our dedicated
Health Professionals, **Dr Bradley David** who
is a General Surgeon at Melomed Gatesville



VITAL STATISTICS

I am... a General Surgeon who was trained at the University of Cape Town. I have a special interest in gastrointestinal, oncological and

trauma surgery. I have equipped myself with the necessary skills to perform laparoscopic or key-hole surgery and keep abreast of the latest developments and advances in the management of surgical conditions.

Where were you born? I am a thorough-bred Capetonian and I was born at Somerset Hospital in the heart of the most beautiful city, Cape Town.

Who do you share your house with?

I share my home with my wife, Dr Vashini Pillay.

What would people be surprised to know about you? I am an avid DIY enthusiast, from carpentry to tiling, I really enjoy taking a new project from start to finish.

If you weren't doing what you do, you would be... However much I love engaging in a variety of hobbies including fine art, I have found my passion in the field of surgery.

One of my life mottos is... Life isn't about waiting for the storm to pass, it's about learning to dance in the rain.

I can't go a day without... good food and a good laugh.

My friends and I like... a gourmet braai and lots of laughter.

What music are you listening to? An eclectic mix of rock, soul, Indian instrumental and some local flavours like Freshlyground and Judith Sephuma.

Perfect happiness is... belly-aching laughter with the ones you love.

Success to me means... knowing that I have made full use of every single opportunity the maker has granted me and that everything I have done is done to the best of my ability.

Everything in moderation BUT... dessert on Christmas Day!

LIKES

- + Finishing a DIY / art project
- + A really good novel
- + A home-cooked curry

DISLIKES

- + Laziness
- + Rudeness
- + Dirtiness

MY BEST PLACES

- + Chapman's Peak Drive
- + Franschhoek
- + Umhlanga Beach, KZN

I'D LIKE TO BE REMEMBERED AS

- + Someone who strives for excellence.



Dr Howard Manyonga: MRCOG (Lond) FCOG (SA) EMBA (UCT). Dr Manyonga is a Specialist Obstetrician and Gynaecologist in private practice at the Melomed Bellville Private Hospital.

Pregnancy

MYTHS & FACTS

Reviewed by Gynaecologist Dr Howard Manyonga

For medical advice pertaining to pregnancy, you should always consult your doctor first before you do anything that could affect the health or well-being of you or your baby.

Technology like 3D or 4D prenatal scanning have transformed the experience of pregnancy for modern women. No more guessing or surprises

With today's technology you will know the sex of your child, the amount of fluid in your uterus, the weight of your baby before birth, and many other things. As you go through your pregnancy, enjoy the stories. It is fun to collect and record the various "old wives' tales". However, for medical advice pertaining to pregnancy, you should always consult your doctor first before you do anything that could affect the health or well-being of you or your baby.

MYTH

Pregnant women who carry "low" are having a boy, or if you have pregnancy acne you carry a girl.

FACT

How a woman carries depends on her body type and whether she has been pregnant before, but does not reflect gender. In a second pregnancy, since abdominal muscles may be looser, the pregnancy may appear to be lower.

MYTH

Pregnant women shouldn't eat fish.

FACT

Although women are told not to eat fish due to mercury levels and fears of food poisoning, (a) women can choose fresh fish with low mercury levels and (b) fish oil has many benefits to the baby. Fish

oil contains helpful Omega 3 fats, which actually enhance the development of the baby's brain, improve the baby's IQ, make the baby a better sleeper after birth, prevent premature contractions and premature labour, prevent high blood pressure during pregnancy, and act as an anti-inflammatory that prevent infection.

MYTH

Pregnant women shouldn't change cat litter.

FACT

This is true due to a parasite in cat faeces called toxoplasmosis. This parasite can be very harmful to the pregnancy. Kitty litter is not limited to changing the cat litter box. Since a cat walks on its litter, the parasite can be tracked anywhere a cat walks. Due to this, all contact with the cat

must be limited and the house must be kept extra clean.

MYTH

Pregnant women shouldn't dye their hair.

FACT Pregnant women should avoid anything “chemicalised” — from food to hair dye. Just like with the foods they eat, pregnant women should try to expose their bodies to as few artificial products as possible. Hair dyes are no exception.

MYTH

Breastfeeding my baby protects me from pregnancy.

FACT While ovulation and menstruation are not likely to happen while you are regularly breastfeeding your baby, eventually menstruation will return and you may ovulate without knowing it. So, yes it is possible to become pregnant while still breastfeeding your child.

MYTH

When you're pregnant, you're eating for two, so it's fine to have double portions.

FACT Your baby doesn't need many kilojoules to develop. Just 300 extra calories a day meets your pregnancy needs. This is the equivalent of a piece of skinless grilled chicken or 24 almonds.

MYTH

You lose a tooth for every baby you have.

FACT This old wives' tale started back in the days when women didn't get enough calcium and iron during pregnancy. By taking prenatal vitamins and eating healthy, there is no reason why a mom should lose any teeth at all.

MYTH

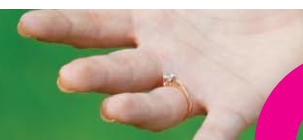
It's unsafe to take baths while pregnant.

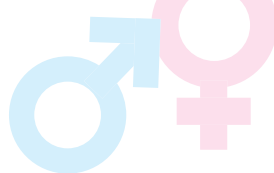
FACT Pregnant women shouldn't take hot baths. Women are told not to take baths because hot water is unfavourable to the pregnancy. Unless your amniotic sac has burst, there is no medical reason why you cannot enjoy a bath while you're pregnant.

MYTH

It's safer to have an episiotomy than to tear.

FACT Most tears are small and involve tissue only, not muscle. Therefore, most natural tears heal up faster than episiotomies that may be deeper and involve cutting of the muscle. Today doctors prefer to avoid episiotomies as much as possible. ▶





MYTH

You should not wear nail polish while pregnant.

FACT Nail polish does not penetrate the nail bed; therefore, there's no medical reason not to wear nail polish during your pregnancy. If it helps make you feel beautiful, then enjoy.

MYTH

If you raise your arms above your head while pregnant the baby will get the cord wrapped around its neck.

FACT Up to 25% of foetuses have the umbilical cord wrapped around the neck; it is the baby's activity in the womb and perhaps bad luck, not the mother's activities during pregnancy that determine whether the cord is

wrapped around the baby's neck. The good news is that nearly all of these babies develop normally and are successfully delivered.



MYTH

If you get a lot of heartburn during pregnancy, your baby will have a lot of hair.

FACT Heartburn is common during pregnancy because, as the stomach is pushed higher by the growing baby and the expanding uterus, it becomes easier for acid to move backwards (or "reflux") from the stomach into the lower oesophagus. Acid is irritating to the esophagus and causes the discomfort we know as heartburn. Remaining upright after eating, sleeping with the head of the bed at a slight elevation, and antacid medications (many of which are considered safe during pregnancy) can be helpful.

MYTH

Avoid sleeping on your back, or always sleep on your left side.

FACT During the later stages of pregnancy, the uterus and baby may be large enough to press on the large vein, the inferior vena cava, and reduce flow of blood from the lower body (and uterus) back to the heart. But this tends to matter only in certain circumstances such as prolonged labour, and if blood pressure is high or if there is a problem with foetal growth. In

these situations, lying on the left side may be somewhat helpful, but for normal, healthy women in the midst of a routine, successful pregnancy, the best position for sleeping is the one that's most comfortable.

MYTH

Avoid spicy foods – they can trigger labour before you're ready.

FACT Scientific evidence suggests that biological signals, some of which are well understood and others that remain uncertain, can trigger labour. For a routine pregnancy, as long as you eat a well-balanced diet, there is no evidence that what you eat has any effect on your delivery date.



Morning Sickness TIP

+ Sip on tea made from slices of real ginger, and never let your stomach get completely empty.





Dr Shamima Bhorat, BChD (Stell). Aesthetic/cosmetic dentistry, restorative dentistry, white fillings, crowns, veneers, tooth whitening, dentures, root canal treatment, paediatric dentistry – child-friendly environment, conscious sedation for anxious patients.

PREVENTING

Baby bottle syndrome



To prevent tooth decay:



- + Check your baby's teeth regularly.
- + Watch out for brown or chalky white spots along the gum line.
- + Suspect tooth decay if your baby frowns or cries when you feed him hard, cold, sweet or hot foods.

If you think putting your baby to sleep with a bottle is a good idea, think again... By Dentist Dr S Bhorat

You might think of tooth decay as a problem only adults face, but babies are susceptible from the moment their first teeth arrive. Your baby's bottle is the usual culprit (hence the term "baby bottle tooth decay"), but dummies dipped in sugar or juice could also be the problem.

Baby Bottle Syndrome, also known as nursing caries, is the rapid decay of baby teeth in an infant or child. It is caused by frequent and prolonged exposure to liquids containing sugars.

The teeth are affected in the order of their eruption in the mouth. The upper-front teeth are the first to be affected. The first sign is that of an area of decalcification on the outer surface of the tooth, giving it a chalky white appearance. Thereafter the tooth discolours, and eventually the entire crown of the tooth fractures.

The tooth decay is usually caused by a baby falling asleep while nursing a bottle or while

breast-feeding. While a child is asleep less saliva is produced. The sugary liquid pools in the mouth, causing the bacteria living in every baby's mouth to turn the sugars to acid, which, in turn, causes decay. Bottles containing formula, milk, fizzy drinks, juice and even breast milk are sources of liquids containing sugars.

HOW TO PROTECT YOUR BABY'S TEETH

- + **Clean your child's teeth daily.** Brushing should begin immediately after eruption of the first teeth. Initially use gauze, and thereafter a soft toothbrush. Brush before bed-time, and use only a pea-size amount of toothpaste.
- + **Don't allow your child to fall asleep at the breast,** or with a bottle filled with juice, milk, tea or formula.
- + **Encourage drinking from a cup** at six months and when juice is given always dilute it

with water.

- + **Avoid dipping dummies** in honey or sugary substances.
- + **Encourage healthy eating,** and give your child water when he or she is thirsty – instead of fizzy drinks.
- + **Floss your child's teeth** from age three. Floss every night with fluoride containing floss.
- + **Make sure your child gets the fluoride needed** to prevent decay. This can be in the form of systemic fluoride in the form of fluoride drops or tablets, or topical fluoride applied by your dentist in her rooms.
- + **Make regular dental appointments** so that hygiene is promoted from a young age. As with anything else, prevention is best! In some cases, teeth become so badly decayed they have to be extracted. Baby teeth are really important for chewing food, and for speech. A beautiful smile also enhances a child's good self-image.

DENTAL SURGEON



Dr Shamima Bhorat

BChD (Stell) Practice no. 0163627

Ground Floor, Melomed Gatesville &
Suite 1, 1st Floor, Melomed Bellville

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PAEDIATRICS



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GENERAL SURGEON



Dr Austin Goliath

MBChB, DA (SA), MMED (SURG)
Practice no. 0329606

Room 710, 7th floor, Melomed Mitchells Plain,
Symphony Walk, Town Centre

T: 021 392 3170 | **F:** 021 392 1336

C: 084 585 4241 | **E:** dragoliath@adept.co.za

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Dr Howard P Manyonga

MRCOG (Lond) FCOG (SA) EMBA (UCT)
Practice no. 0099848

Suite 24, Melomed Bellville, cnr AJ West &
Voortrekker Road, Bellville 7535

T: 021 949 3290 / 021 950 8967

F: 086 560 8288

E: mobile.gyn@gmail.com

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021 364 7992 and Gugulethu 021 637 2269.

ORTHOPAEDIC SURGEON



Dr JP Abner

MBChB; FC Orth (SA) Practice no. 0314331

Suite 8, 1st Floor Melomed Bellville, cnr AJ West
and Voortrekker Road, Bellville 7535

T: 021 949 3453 | **F:** 021 949 3106/086 516 7989

C: 082 320 6159 | **E:** jpabner@adept.co.za

General orthopaedic surgeon with special interest in hand and upper limb/shoulder surgery. Also experienced with primary total hip and knee replacements and various arthroscopic procedures.

GENERAL SURGEON



Dr Craig Stanley

MBChB, M.Med, Chirg (Stell)

Suite 13, Melomed Bellville, cnr AJ West and
Voortrekker Road, Bellville, 7530

T: 021 948 9709 | **F:** 021 948 9720

C: 082 614 6459

E: drcnstanley@mweb.co.za

A general surgeon with special interest in gastroenterology, endoscopy (both diagnostic and interventional), oncology, laparoscopic surgery, as well as breast and thyroid surgery.

CLINICAL PSYCHOLOGIST



Miriam Ameer Mia

BA. Hons Psychology, M.A. Clinical Psychology, (Stell)
Practice no. 0860000407739

Melomed Gatesville, 3rd Floor, Room 314A,
Clinic Road Gatesville 7764

T: 021 637 8100 ext 2361 | **F:** 086 689 7517
C: 084 843 8086 | **E:** miriammia@mweb.co.za

Assessment and psychotherapy for adolescents and adults with anxiety, mood disorders, bereavement, trauma, relationship difficulties and somatoform conditions. Also personal development. Long- and short-term therapy with individuals and couples.

EAR, NOSE & THROAT SPECIALIST



Dr Shabeer Ebrahim

MBChB (WITS) FCS (ORL) SA | Practice no. 0106798

3rd Floor, Melomed Gatesville Suite no.8
Ground Floor, Melomed Mitchells Plain Room no 36

T: G – 021 637 7772 / 2275 | **F:** G – 021 637 3495
T: MP – 021 391 6005 | **F:** MP – 021 392 0415
E: shabeer@metroweb.co.za

Special interest in paediatric ear, nose and throat disorders as well as allergies and sinus and nasal disorders. Associated with the CAPE SLEEP CLINIC, dealing specifically with snoring and sleep apnoea. Video laryngoscopic assessment and voice disorders.

GENERAL SURGEON



Dr Bradley A. David

MBChB (UCT), FCS (SA) | Practice no. 0420000421774

Melomed Gatesville, Suite 2, 4th Floor,
North Wing, Clinic Road Gatesville 7764

T: 021 637 9748 | **F:** 021 637 0586
C: 082 566 7730
E: capesurgical@gmail.com

A general surgeon with special interests in gastroenterology, endoscopy, oncological and laparoscopic surgery.

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Practice no. 0366862

Suite 701, Melomed Mitchells Plain,
Symphony Walk, Mitchells Plain

T: 021 392 7167 | **F:** 021 392 0938
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NEPHROLOGIST / PHYSICIAN



Dr Craig Grant Arendse

MBChB (UCT), FCP (SA), Cert NEPHROL (SA)
Practice no. 0343226

Suite 403, 4th Floor, Melomed Gatesville,
Clinic Road Gatesville 7764

T: 021 637 1702 | **F:** 021 637 8734
C: 083 234 5964 | **E:** drarendse@aol.com

Physician/nephrologist offers a 24hr medicine, renal care and dialysis service with multi-disciplinary team support. Special interests are hypertension, systemic lupus erythematosus, acute and chronic renal failure and electrolytic abnormalities.

GENERAL & PEADIATRIC SURGEON



Dr Willem Smith

MBChB (Stell), M.Med (Chir)(Stell) | Practice no. 0340367

Suite 23, 4th Floor, Melomed Bellville, cnr AJ
West and Voortrekker Road, Bellville 7535

T: 021 946 4294 / 946 2023 | **F:** 086 2635 480
C: 079 1251 235
E: smith.willem@gmail.co.za

General surgeon with a special interest in breast surgery and endoscopic (diagnostic and interventional) surgery.



Medical schemes and the law

Open medical schemes may not refuse anyone membership, regardless of their age or state of health.

Restricted schemes may limit their membership to people who work for a particular employer or in a particular industry.

To protect medical schemes from people who wait until they are ill before deciding to join, they are entitled to impose waiting periods.

There are, however, instances where schemes cannot impose a waiting period, including the following:

- If a member changes benefit options within the scheme.
- If a child-dependant is born and registered within 30 days of birth.
- If a spouse or partner is registered within 30 days of marriage.
- If a member transfers between schemes involuntarily as a result of a change of employment or an employer changing the scheme.

Schemes are also allowed to penalise members (usually in the form of higher contributions) who join later in life. SAMWUMED has chosen not to impose any later joiner penalties.

RESERVE REQUIREMENTS

The Medical Schemes Act stipulates that schemes must maintain certain financial reserve levels to ensure its sustainability.

SAMWUMED has consistently maintained reserves that are well above the required 25% indicating that the Scheme is well managed and financially stable.

WHAT ARE MEMBERS' RESPONSIBILITIES TO THEIR MEDICAL SCHEME?

While it may seem that medical schemes carry the burden of regulations set by the Medical Schemes Act, members must be mindful of their obligations:

- Honesty is the best policy when

applying for membership with a medical scheme. If a member provides false information, they can lose their membership.

- The member must make sure that their contributions are paid to the medical scheme on time each month.
 - Members must manage their benefits responsibly, so that they are covered throughout the year.
 - All claims must be settled and the member makes co-payments in instances where their accounts are not covered in full by their benefit plan or the scheme's tariff or rate of benefit.
 - Members must ensure that they keep records of accounts and follow up with their medical scheme regarding payment.
- Where service providers submit accounts directly to the member, it is the member's responsibility to ensure that the accounts are submitted to the scheme within four months from the date of service.



Article submitted by SAMWU National Medical Scheme, a medical scheme for local government employees. Visit the SAMWUMED website on www.samwumed.org or via telephone on 0860 104 117 for more information.

A MEDICAL SCHEME YOU CAN TRUST

At SAMWUMED, we believe everyone has a right to quality healthcare. Our role is to ensure that our members can afford it.

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With over 75 000 lives under our care, SAMWUMED is the only medical aid scheme of its kind that is controlled by its members, which includes all employees in local government across South Africa.

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SAMWU NATIONAL MEDICAL SCHEME

SAMWUMED



Chronic kidney disease

Chronic kidney disease (CKD), also known as chronic renal disease, is a progressive loss in renal function over a period of months or years. The symptoms of worsening kidney disease are unspecific, and might include feeling generally unwell and experiencing a loss of appetite. Often, ch

SILENT KILLERS, TIME TO ACT

Do you have diabetes or high blood pressure? Do you smoke? Do you use a lot of salt in your diet? If your answer is yes to one or more: get checked for kidney disease.

Article compiled by National Renal Care.

Kidney disease is becoming a growing problem in developing countries, caused by the increased numbers of diabetes and high blood pressure. Early kidney disease has no signs or symptoms. Kidney disease does not go away but can be prevented and treated if detected early.

According to the latest guidelines received from the National Kidney Foundation:

+ 10% of all people in the world have some form of kidney disease.

+ Anybody with increased micro albumin or protein in the urine has a 5–8 times higher risk of dying

from cardio-vascular disease than those without. This mortality is at a younger age.

+ Kidney failure in South African adults is mainly due to inherited hypertension (60–65%) or Type 2 diabetes (another 20–25%).

+ Kidney failure in the black population is four times higher than other groups – due to the high incidence of hypertension.

+ Hypertension and diabetes can be prevented if diagnosed early and properly treated and, in doing so, potentially reversed.

+ 70–80% of all chronic kidney failure and/or cardio-vascular deaths are **preventable**.

HOW DOES ONE SUSPECT KIDNEY DISEASE?

The best advice to the **public** and to **doctors** is to realise that many of the dangerous kidney disorders (including hypertension and diabetes) can be **silent**.

REMEMBER... SALT AND HIGH BLOOD PRESSURE: TWO SILENT KILLERS.

In other words, by the time many (not all) people

present with symptoms and signs of kidney disease (especially hypertension and diabetes), it may be too late to have prevented serious kidney and/or cardiovascular dysfunction.

Melomed Renal Care (MRC) offers the full range of renal services, including chronic haemodialysis, peritoneal dialysis and acute dialysis. MRC currently offers the following services:

- ✦ **Are you at risk** – A screening programme offered through the Healthy Start Clinic.
- ✦ **Chronic haemodialysis** – Both MRC Mitchells Plain and MRC Gatesville offer bicarbonate dialysis, a range of biocompatible membranes with flexible dialysis shifts to meet the patient's lifestyle.
- ✦ **Peritoneal dialysis** – Both Continuous Ambulatory Peritoneal Dialysis (CAPD) and Automated Peritoneal Dialysis (APD) are offered. A complete home visit and delivery service is offered, including delivery of disposables locally and

internationally.

- ✦ **Acute dialysis** – A comprehensive mobile acute dialysis service with staff on 24-hour call.

HEALTHY START CLINIC

Unique to National Renal Care, the Healthy Start Clinic is a lifestyle management programme for patients with end-stage kidney disease and patients at risk of developing end-stage renal disease. These patients include diabetics, patients with hypertension, patients with a family history of kidney disease and patients with compromised kidney function.

The Healthy Start Clinic's primary aim is to help patients remain as healthy as possible while retaining a high quality of life. Preventative strategies include early detection and treatment, meticulous hypertension control, strict glycaemic control, anaemia management and appropriate dietary and lifestyle changes. Patient and family education and psychosocial counselling plays a key role. Where dialysis is unavoidable the clinic

helps to prepare patients for treatment and improve patient outcomes while reducing costs. Dialysis access is gained early to ensure optimum use and efficiency.

VALUE ADDED SERVICES

MRC offers a range of additional services that add measurable value to patients:

- ✦ Nutritional guidelines.
- ✦ Patient and family education.
- ✦ Patient support.



For any further information on the services offered by Melomed Renal Care Mitchells Plain please contact the unit at 021 392 3543 or Melomed Renal Care Gatesville unit at 021 637 1702 or visit our website at www.melomed.co.za



FOOD



FOR THOUGHT

Malnutrition is a broad term which refers to both under-nutrition (sub-nutrition) and over-nutrition. Malnutrition can also be defined as the insufficient, excessive or imbalanced consumption of nutrients.

By Dietician Zulfah Essop

According to the World Health Organisation (WHO), malnutrition is the gravest single threat to global public health.

Meeting the basic needs of nutritional wellbeing and addressing malnutrition in its various forms among children as well as adults is therefore an urgent global priority.

WHAT ABOUT PUBLIC ACTION?

The need for public action is significantly strong and advised. Governments in general have

a sole duty to ensure that these basic dimensions are being met. Making the necessary awareness on how good nutrition improves intellectual capacity, improves better growth in children as well as fighting unwanted infections are key factors in the struggle to eradicate malnutrition. Educating and empowering our communities will only aid in the developing process

which in turn will lead to poverty reduction. Realistically, in the developing world it is mothers who are the driving force behind the passion for their children to have enough food to eat, to further their education and to develop the resources available to the existing communities.

Better nourished individuals constitute the bedrock of a nation that respects human rights and strives for high labour productivity.



This article is proudly sponsored by Web Xperts — a preferred Hospital Information System,

TAKING A LOOK GLOBALLY

Palestine and Somalia are the two most affected countries.

Due to the continued occupation of Palestine, 46% of Palestinians do not have enough food to meet their needs; the number of people that are severely poverty stricken, which are defined as those living on less than 50c per day, nearly doubled in 2006 to over 1 million (according to the United Nations Relief and Works Agency). According to UNICEF, 10.3% of children under five are stunted, a steadily increased trend.

As a consequence of civil insecurity, the Somali health and educational systems have ceased functioning. According to the United Nations, a famine is declared when "acute malnutrition rates among children are more than 30%, more than two people per 10 000 die per day and people are not able

to access food and other basic necessities".

Somalia has the fourth highest mortality rate in the world for children under five with 200 per 1000 live births. Most surveys show that the level of wasting in under-fives is extremely high. The dietary energy supply is extremely insufficient in order to meet the population's energy requirements. The main food supply is based on milk and cereals. About 53% of the population lives in extreme poverty.

We know that education is one of the key elements to help a community break the cycle of poverty, but in places of extreme poverty, the children are often the work force of a family, enabling it to survive.

Only national governments possess the mandate and the resources to provide credit, market infrastructure, and other resources to all the poor. Mean-

The facts



- + One billion children in the world live in extreme poverty, deprived of the spiritual, emotional and physical resources in order to survive.
- + Over half a billion children are struggling to survive on under \$1 per day.
- + 30 000 children die each day due to poverty.
- + 21% of children in developing countries are water deprived, living without clean or safe water.

ingful long-term alleviation of hunger is rooted in the irradiating of poverty, as poverty leads to hunger.

Let's all help break the cycle of poverty and strive towards empowering our underprivileged brothers and sisters by alleviating the causes of poverty. After all, we cannot build a nation on donation!

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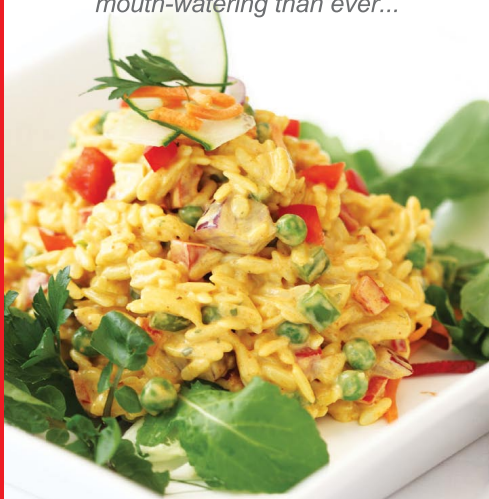


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Melomed is giving away two Back 2 School product hampers from TurboKidz and Controllice to two lucky readers!

To stand a chance to qualify, SMS the **Name of Melomed's Baby Programme** and your name to 34298 (R2 per SMS). Competition closes 2 March 2012. Prize sponsored by Nativa.



BACK 2 SCHOOL WITH TURBOKIDZ & CONTROLICE

- + **Controllice hamper** – A backpack filled with Controllice product and a stationery set.
- + **TurboKidz hamper** – A backpack with a TurboKidz Grape Chewable Multivitamin and TurboKidz Smart Milky Shakes (Strawberry and Vanilla).
- + **Controllice** is a natural hair hygiene range that effectively gets rid of lice. It contains no chemicals and has no harmful effects. The Controllice range consists of a liquid spray (that contains natural ingredients including coconut, aniseed, and ylang-ylang oil), a head rinse lotion (to wrap lice up and ensure that they cannot move or function), as well as lice combs to get rid of lice and their nits.
- + **TurboKidz** is a tailor-made nutritional and supplement range that supports the optimal growth and development of children.
- + **TurboKidz Smart Multi+ Chews** (for smaller kids) provide vitamins, minerals and amino acids that kids require for normal growth and development.
- + **TurboKidz Smart Milky Shakes** do not only taste great, but also provide the necessary supplementation for children – perfect for picky eaters, to take as a meal replacement or a snack on the run.

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



Dr Stephan Jansen van Vuuren is a Urologist, currently based at Melomed Bellville Hospital, 1st Floor, Suite 9.

ADAM

Androgen Deficiency in the Aging Male

Are you just getting old or do you suffer from ADAM? By Urologist Dr SP Jansen van Vuuren

Symptoms of low testosterone affects many older men and those who love them. It is commonly referred to as andropause (male menopause) – a condition that comes about when masculinity declines. The concept has been around since the 1940s, but is still controversial as the symptoms are similar to those of normal aging. It is different from female menopause as the changes occur gradually and are often difficult to pinpoint.

As men get older there is a gradual decline in their testosterone levels. This can start as early as their 30s, but most commonly manifests fully at the age of 50 to 55 years.

WHAT CAUSES ADAM?

After the age of 30, a man may lose up to 2% of testicular function each year and a corresponding decrease in testosterone level. We know that 20–50% of healthy men between the ages of 50 and 70

have lower than normal levels of testosterone. There is also a very strong association between low testosterone levels and the so-called “Metabolic Syndrome” – obesity, diabetes and high cholesterol. There are also other causes of a low testosterone such as cancer treatments, HIV, tumours and genetic conditions.

DO I HAVE ADAM?

Low testosterone levels can be diagnosed by a blood test drawn between 8am and 10am as male testosterone levels are highest at this time of day. There are also numerous online questionnaires to quantify the patient's symptoms.

WHAT TREATMENTS ARE AVAILABLE?

Testosterone supplements are available in the form of gels, creams, patches and injections. As testosterone stimulates the prostate, a PSA test should be

done before and after treatment to check for prostate cancer. Treatment can also make urinary symptoms, due to an enlarged prostate, worse. A urologist can assist with the diagnosis and treatment of ADAM.

It affects the male body in a number of ways with the following symptoms and signs:

- + Erectile dysfunction (problems with erections)
- + Decreased libido (low sex drive)
- + Mood disturbances, including depression, irritability and feeling tired
- + Loss of muscle size and strength
- + Osteoporosis (bone thinning)
- + Increased body fat
- + Difficulty with concentration and memory loss
- + Sleep difficulties





Dr Rafiq Khan is a Specialist Paediatrician at Melomed Gatesville in Cape Town. He has a special interest in immunisation, asthma and allergic disorders.

CHILDHOOD OBESITY:

a growing problem

We explain the risks, and show you how to overcome obesity in children.

By Paediatrician Dr Rafiq Kahn with the assistance of Dietician Anchen Wiedeman

Childhood obesity is a growing concern. In South Africa, 17% of children are overweight, compared to 22% in the USA. The main culprits behind childhood obesity are unhealthy eating habits and lack of physical exercise.

IS YOUR CHILD OVERWEIGHT?

The best clinical index for determining overweight and obesity in a child remains the **body mass index (BMI*)**.

As part of regular well-child care, the doctor

calculates your child's BMI and determines where it falls on the national BMI-for-age growth chart. Using the growth chart, your doctor determines your child's percentile, meaning how your child compares with other children of the same sex and age. So, for example, you might be told that your child is in the 80th percentile. This means that, compared with other children of the same sex and age, 80 percent have a lower BMI.

Cut-off points on these growth charts help identify overweight and obese children:

- + **Overweight** BMI-for-age between 85th and 95th percentiles
- + **Obese** BMI-for-age 97th percentile or above

In addition to checking BMI, the doctor also evaluates:

- + Your **family's history** of obesity and weight-related health problems
- + Your child's **eating habits** and kilojoule intake



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- + Your child's **activity levels**
- + Other **health conditions** your child may have

WHAT CAUSES OVERWEIGHT?

Obesity affects all social classes and is largely regarded as a life-style disease. Only in a minority of cases can the cause be linked to medical reasons.

Children typically gain weight when they watch too much TV or play computer games for hours on end. Active children are far healthier.

Eating energy-dense foods instead of nutrient-dense foods, eating too much junk food, and skipping breakfast are but some of the ways in which bad dietary habits lead to obesity in childhood. (See the green box alongside for a more comprehensive list of causes of childhood obesity.)

THE EFFECTS OF BEING OVERWEIGHT

Obese children can develop serious health problems, often carrying these conditions into an obese adulthood. Overweight children are at higher risk of developing:

- + Heart disease
- + Type 2 diabetes
- + Metabolic syndrome
- + High blood pressure
- + High cholesterol
- + Asthma and other respiratory problems

- + Sleep disorders
- + Joint problems
- + Liver disease
- + Early puberty or **menarche***
- + Eating disorders

Less visible are the psychological effects of being teased and viewed as less desirable friends by their peers. These things often act as triggers for abnormal eating patterns.

BEING OVERWEIGHT LEADS TO:

- + **Low self-esteem and bullying.** Children often tease or bully their overweight peers, who suffer a loss of self-esteem as a result.
- + **Behaviour and learning problems.** Overweight children tend to have more anxiety and poorer social skills. At one extreme, these problems may lead to acting out and disrupting class. At the other, they may cause withdrawal. School-related anxiety can create a vicious cycle in which ever-growing worry fuels ever-declining academic performance.
- + **Depression.** Social isolation and low self-esteem can create overwhelming feelings of hopelessness and depression. A depressed child may lose interest in normal activities, sleep more than usual or cry a lot. Some depressed children

Causes of Obesity

A

Lifestyle factors

- + Excessive kilojoule intake
- + Decreased activity

B

Endocrine causes

- + Cortisol excess (Cushing's syndrome*, steroid therapy)
- + Hypothyroidism*
- + Insulinoma*

C

CNS causes

- + Hypothalamic and pituitary tumours
- + Trauma, post-infectious and post-irradiation

D

Genetic causes

- + Polygenetic family factors
- + Monogenetic syndromes
- + Prader-Willi syndrome*
- + Pseudohypoparathyroidism*
- + Leptin* deficiency

hide their sadness. Either way, depression is as serious in children as in adults. If you think your child is depressed, talk to him or her and share your concerns with his or her doctor.

OVERCOMING OVERWEIGHT AND OBESITY IN YOUR CHILD

Although obesity is largely a lifestyle disease, one needs to exclude any underlying

treatable cause, hence the need for a complete physical evaluation. Obesity also poses a high risk for conditions such as dyslipidaemia*, hypertension, asthma, upper airway obstruction and diabetes mellitus, which all need careful management.

The key to keeping kids at a healthy weight is taking a whole-family approach. It's the "practise what you preach" mentality. Get

your children to help you plan and prepare healthy meals, and take them along when you go grocery shopping, so they can learn how to make good food choices.

Teamwork does wonders. With the input and supervision of a doctor or paediatrician, dietician, biokineticist or physio therapist, as well as a clinical psychologist, obese children have the best chance of losing excess weight. Drugs and surgery have a very minor role to play in management of childhood obesity.

CONCLUSION

While childhood obesity has reached epidemic proportions, the growing awareness has led to an explosion in our knowledge about the complexity of this disease. Education, motivation and support by health professionals will help to sustain individual and family efforts over a long period of time.

DID YOU KNOW?



- + In the USA, one third of all new cases of diabetes in childhood (younger than 15 years) are type 2 diabetes.
- + Maternal high blood sugar during pregnancy strongly influences BMI levels in offspring at 5–7 years of age.
- + A study undertaken in the USA in 2002 found that children with a BMI greater than 85th percentile have a higher risk of asthma, independent of age, sex and ethnicity.

(Based on Pillay, K. "Obesity in Childhood". South African Paediatric Review Vol. 1 Issue 2 2004.)



Medical DICTIONARY

Body mass index:

Obtained by dividing body weight by height².

Cushing's syndrome:

A relatively rare endocrine (hormonal) disorder resulting from excessive exposure to the hormone cortisol.

Dyslipidaemia: Means there are abnormal blood cholesterol and triglyceride levels.

Hypothyroidism: Underactive thyroid; develops when the thyroid gland fails to produce as much thyroxine as the body needs.

Insulin: The hormone produced by the pancreatic gland. Its main function is to keep the body's blood sugar level within a certain range.

Insulin resistance: A diminished efficacy of insulin function despite adequate pancreatic secretion.

Insulinoma: A usually be-

nign tumour that arises from the insulin-producing cells in the pancreas. It is one of the causes of low blood sugar (hypoglycaemia).

Leptin: A protein hormone that affects feeding behaviour and hunger in humans. At present it is thought that obesity in humans may result in part from insensitivity to leptin.

Menarche: First episode of menstruation in girls.

Prader-Willi syndrome: A metabolic condition characterised by congenital hypotonia (decreased tone of skeletal muscles or floppiness), hyperphagia (over-eating), obesity, and mental retardation.

Pseudohypoparathyroidism: A hereditary condition resembling hypoparathyroidism (lack of parathyroid hormones), but caused by failure of response to parathyroid hormone.

SOURCES: 1. Pillay, K. Obesity in Childhood. South African Paediatric Review Vol. 1 Issue 2 2004. 2. Baker, J.L. et al. Childhood Body Mass and the Risk of Coronary Heart Disease in Adulthood. New England Journal of Medicine. Vol 357:23 2329-2337. 3. Must, A. et al. Effects of Obesity on Morbidity in Children and Adolescents. 4. Nutrition in Clinical Care 6:1. 2003 4-12. 5. Ludwig, D.S. Childhood Obesity - Shape of things to come. New England Journal of Medicine 357:6-232325-2327. 5 Dec. 2007.



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Answers for life.

Easy lunch box muffins



Method of preparation

1. Sift flour into a bowl and add remaining ingredients.
2. Mix with a fork and pour mixture into a 12-hole muffin pan.
3. Bake at 180°C for 15 to 20 minutes.

Recipe notes

- Wrap each muffin individually and freeze, ready to pop in a lunch box as a treat. Add some dried fruit or replace the fruit with choc chips for some variety. For a savoury muffin, leave out the sugar and vanilla, add $\frac{1}{2}$ teaspoon salt and some finely diced or grated vegetables (e.g. carrots, red peppers or baby marrows), and add a sprinkle of mixed herbs for some more flavour.

What you will need

Preparation time: 15 minutes or less

1½ cups self-raising flour

½ cup sugar

1 egg, lightly beaten

$\frac{2}{3}$ cup milk

$\frac{1}{4}$ cup oil

½ cup tinned or fresh fruit, chopped

$\frac{1}{4}$ teaspoon vanilla essence

Number
of servings
12



Ready steady baby...

MELOBABES

WHAT TO PACK

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

BAG ONE (LABOUR)

- Mineral water spray or a plant spray with a fine nozzle. Put it in a fridge (if possible) to keep it cool
- Two facecloths for cooling your face and skin
- Music player
- Unscented oil or a light body lotion for massage
- Thermal pack (the sort you can heat in a microwave for taking with you on cold outings – it stays warm for hours). It can be wrapped in a towel and used as a warm compress to relieve aches in the back or in the legs
- Old nightdress (front opening for easy breastfeeding) or old t-shirt, dressing-gown (robe) and sandals or slippers
- Hairbrush, and hair bands for long hair
- Lip balm
- Wash bag with toiletries
- Toothbrush and toothpaste
- Camera
- Drinks and snacks for you and your partner.

BAG TWO (AFTER THE BIRTH)

- Two nightdresses (front opening for easy breastfeeding)
- Easy-to-wear day clothes (like a tracksuit – again with a front-opening top for easy breastfeeding)
- Underwear, including comfy full briefs (to hold maternity pads), and nursing bras – you may find disposable pants useful for the first few days
- Towels
- Maternity pads or night-time sanitary pads
- Breast pads
- Tissues
- Unscented toiletries and cosmetics
- Nappies for the baby
- Vests and sleep suits for the baby
- Cotton wool balls and nappy cream
- Fruit juice/mineral water
- Healthy snacks.

Free antenatal classes and birth registration now available.



For a guided tour of the hospital and maternity unit contact:

Melomed Gatesville:

Olivia Kannemeyer (Client Services Officer) 021 637 8100

Melomed Bellville:

Tanya Fester (Client Services Officer) 021 948 8131

Melomed Mitchells Plain:

Nuraan Cader (Client Services Officer) 021 392 3126

Melomed Mitchells Plain

Admission Desk: 021 392 3126

Pre-admission forms available from your Melomed Gynaecologist

PLUS: New mothers will receive a Melomed nappy bag containing nappies and a selection of baby toiletries to get them started in the first few days of motherhood as well as slippers, shopper bag and a toiletry bag on admission.

Also available

- Immunisation
- Photo of your baby in a Melomed baby frame
- Choice to have your baby's picture placed on the Melomed website for family and friends to view.

Melomed Ambulance Service
available for any emergency:
0800 786 000

Pre-admission can be done online or at any Melomed Admission desk:

Melomed Gatesville

Admission Desk: 021 637 8100

Melomed Bellville

Admission Desk: 021 948 8131

VISUAL & MENTAL
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Pfizer Nutrition

Feed their potential

Breastmilk is best for babies. For more information contact the Pfizer customer care line on 0860 734 937.
Pfizer, 85 Bute Lane, Sandton, 2196. Tel: 011 320 6000.