

melomag

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LOOK DIFFERENT IN
WOMEN **14**

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DOCTOR	DISCIPLINE	TELEPHONE	EMAIL
Dr. A Nakyagaba	Psychiatrist	021 391 0093	nakyagaba@mmweb.co.za
Dr. B Fortuin	Psychiatrist	021 391 3667	barryfortuin@yahoo.com
Dr. DS Chetty	Psychiatrist	021 671 5925	dschetty@telkomsa.net
Dr. K Dhansay	Psychiatrist	021 391 7860	drdhansay@outlook.com
Dr. MF Williams	Psychiatrist	064 814 0394	drmfwilliams@gmail.com
Dr. N Cassimjee	Psychiatrist	021 683 0540	drcassimjeepractice@gmail.com
Dr. S Zardad	Psychiatrist	021 948 8131	zardads99@gmail.com
Dr. J Campbell	Clinical Psychologist	021 683 0540	jerome01@mmweb.co.za
Ms. M George	Clinical Psychologist	021 683 0540	megeorge@pgwc.gov.za
Mr. L Kamaldien	Clinical Psychologist	021 683 0540	luqmaankam@yahoo.com
Ms. S Goliath	Occupational Therapist	021 683 0540	shariefa.goliath@gmail.com

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HEALTH BYTES

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

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PCOS has a new name.

Meet PMOS.

If you've been living with Polycystic Ovary Syndrome (PCOS), you may have seen the headlines: PCOS now has an official new name: **polyendocrine metabolic ovarian syndrome aka PMOS**.

Why the change? Because the old name was not really accurate, and for many people it was harmful or misleading. The

'cysts' in PCOS are not actually a bunch of tiny cysts in the ovaries. They are eggs that have been unable to mature fully and be released via ovulation. PMOS reflects what the condition has always been: A complex, lifelong endocrine and metabolic condition affecting blood sugar, insulin, heart health, mental health, skin, hair, weight, ovulation, fertility and so much more.

PCOS

What it got wrong:



"just lose weight"



"come back when you want to get pregnant"



"no cysts so it can't be PCOS"



"birth control is all I can offer"



research focused mainly on fertility outcomes

PMOS

What it gets right:



Whole body condition - not just a reproductive issue



Metabolic concerns, like insulin resistance at the forefront



Multiple hormones involved in presentation



Linked to chronic diseases like T2DM, fatty liver, HTN



Acknowledges need for research on metabolic outcomes

If you currently have a PCOS diagnosis, your diagnosis is still valid. Nothing has changed about the diagnostic criteria. You do not need to be re-diagnosed. Whether you call it PCOS or PMOS, you deserve care that takes all of it seriously. ■

WHAT IF **YOUR OWN** **BLOOD** COULD HELP YOU HEAL?

By Dr Mohammad El Hassed Nathire



A patient's story from Melomed Tokai of how advanced colorectal surgery and the body's natural healing ability came together to offer a new path forward.

For one patient living with an anal fistula, daily life had become uncomfortable, frustrating, and emotionally draining. What may sound like a small medical condition can have a major impact on a person's dignity, confidence, work life, and overall wellbeing.

Living with an anal fistula

An anal fistula is a small tunnel that forms between the inside of the anus or rectum and the skin around the anus. It often develops after an infection or abscess in that area. Once a fistula forms, it rarely heals on its own. It can cause:

- Ongoing pain and discomfort
- Discharge or leakage near the anus
- Recurring infections
- Difficulty sitting or moving comfortably
- Time away from work
- Embarrassment and anxiety
- A significant impact on everyday life and dignity

The challenge with treatment

Anal fistulas can also be difficult to treat when they pass through or near the anal sphincter muscles. These muscles are responsible for bowel control – the ability to hold and release a bowel movement when the time is right. This means surgeons must treat the fistula carefully while also protecting normal function.

When a fistula passes through or near these muscles, surgeons have to be very careful. Traditional surgery that cuts open the fistula tract can sometimes damage these muscles, which may lead to long-term problems with bowel control.

The challenge with treatment

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Turning the patient's own blood into a healing matrix

For this patient, the fistula ran through a significant portion of the sphincter. A standard surgical approach carried real risks. In cases like this, the goal is not only to close the fistula. It is also to preserve the patient's continence, comfort and quality of life. The patient was referred to Dr Hussed Nathire, a specialist colorectal surgeon at Melomed Tokai. Dr Nathire is a surgeon who focuses specifically on conditions of the colon, rectum, and anus. He had been trained in a newer approach, one that uses the patient's own blood to help the body heal itself. The technique is called regenerative fistula treatment, and the product used is called Obsidian® RFT.

Here is how it works:

1. A small amount of blood (about 120 ml, or roughly half a cup) is taken from the patient before the procedure.
2. This blood is processed using a specialised system called the Vivostat® System. The process takes about 30 minutes.
3. The result is a rich, gel-like substance(matrix) made from the patient's own blood – specifically from two natural healing components called **fibrin** (which helps form the structural framework for wound healing) and **platelets** (which release signals that tell the body to repair itself).
4. This gel is carefully placed inside the fistula tract during a surgical procedure.

Because the material comes from the patient's own body, there is no risk of rejection. The body recognises it as its own.

What happened during the procedure

On the day of surgery, the team first prepared the fistula tract – clearing away any unhealthy tissue to create the best possible environment for healing.

Then the Obsidian® RFT gel was delivered directly into the tract using a fine catheter (a thin, flexible tube). The gel filled the tunnel and began providing a biological scaffold, a kind of living framework that the body could use to rebuild tissue from the inside.

The internal opening of the fistula was closed. The external opening was left slightly open to allow normal drainage while healing progressed underneath. Crucially, the anal sphincter muscles were left intact throughout. No cutting. No damage to the muscles responsible for bowel control.

The recovery and the result

Over the days and weeks that followed, the gel gradually released growth factors - natural biological signals that supported tissue repair, and created an environment that supports the body's natural repair process. As healing progressed, the body absorbed the matrix and replaced it with healthy new tissue. The fistula healed.

The patient recovered his quality of life. The pain was gone. The recurring infections stopped. He could return to work, to normal activity, and to the dignity of living without a condition that had affected him so deeply. >>





An encouraging success story

For this patient, the procedure represents much more than a technical achievement. It offers hope after a condition that can be painful, persistent and deeply personal.

Dr Nathire reflected on what this approach means for patients in South Africa:

"In the South African context, where complex perianal fistula can result in repeated operations, prolonged wound care, time away from work and a significant impact on dignity and quality of life, this technique offers an exciting new direction. It represents a shift from simply cutting out disease to creating a biological environment for the body to heal itself."

This procedure reflects that shift beautifully. It is not only about treating disease. It is about preserving dignity, function and quality of life.

What patients should know

While this is an exciting advancement, it is important to understand that regenerative fistula treatment is not suitable for every patient. The best treatment depends on several factors, including:

- The type of fistula
- Where the fistula is located
- How much of the sphincter is involved
- Whether the patient has had previous surgery
- Whether there is an underlying condition, such as inflammatory bowel disease
- The patient's overall health

Regenerative treatment is not a guaranteed cure and does not replace all established surgical methods. However, it gives colorectal surgeons another valuable option for selected patients, especially where preserving sphincter function is a key concern.

Care that puts the patient first

At Melomed Tokai, the goal is not simply to use the newest available technology. It is to find the best possible treatment for each individual patient – one that addresses the condition, preserves normal function, and supports lasting recovery.

For one patient, that meant his own blood becoming the key to his healing. ■

ABOUT THE DOCTOR



DR MOHAMMAD EL HASSED NATHIRE

BSc (Hons), MBChB (UCT), FCS (RSA), Mmed (UCT),
Cert Surg Gastro (RSA Colorectal)

Dr. Mohammad El Hassed Nathire is a Colorectal Surgeon and currently practices at Melomed Tokai.

Tel: 066 510 1234

Email: drhassednathire@gmail.com



BREAST CHANGES: NOT EVERY LUMP IS CANCER

The importance of knowing
what's normal and what's not

YOUR BREASTS CHANGE. THAT IS NORMAL.

Breast tissue is not static. It responds to hormones throughout your menstrual cycle, during pregnancy, while breastfeeding, and through perimenopause and menopause. What feels different on day 10 of your cycle may feel completely different on day 25.

Up to 70% of women experience breast tenderness, swelling, or lumpiness in the days before their period. This is not a warning sign. It is your body responding to rising progesterone levels. For most women, it settles once their period begins.

Understanding this is important, because it means that a change you notice is not automatically a reason to panic. It is, however, always a reason to pay attention. >>

You are in the shower, doing what the breast cancer awareness pamphlets always tell you to do: checking your breasts. Your hand stops. There is something there, a small lump you have never noticed before. Your heart rate doubles. Your mind goes straight to the worst place.

If that moment sounds familiar, you are not alone. Finding a change in your breast is one of the most frightening things a woman can experience. But here is what most

women are never told: 9 out of 10 breast lumps are completely benign. Not cancer. Not pre-cancer. Just your body doing what bodies do.

This October, alongside the important message to screen and check, we want to address something that gets far less attention: the anxiety gap. The space between finding something and knowing what it is. And the fact that, most of the time, what you find is not what you fear.

THE MOST COMMON BENIGN BREAST CONDITIONS

Fibrocystic changes are the most common of all. Between 30% and 60% of women have them at some point. The breast tissue feels lumpy or rope-like, often more so before a period. It is not a disease. It is a variation of normal.

Fibroadenomas are smooth, firm, moveable lumps that feel almost like a marble under the skin. They are most common in women between 15 and 35 and are made up of glandular and connective tissue. They are benign, and many shrink on their own over time.

Breast cysts are fluid-filled sacs that can appear suddenly and feel tender. They are very common in women in their 30s and 40s and often fluctuate with the menstrual cycle. A simple ultrasound can confirm a cyst, and many resolve without any treatment.

Mastitis is an infection of the breast tissue, most often seen in breastfeeding women, though it can occur in anyone. It causes redness, warmth, swelling, and pain. It is treated with antibiotics and, if left untreated, can develop into an abscess.

Fat necrosis occurs when fatty breast tissue is damaged, often after an injury, surgery, or radiation. It can form a firm, irregular lump that may feel concerning but is not cancerous. It shows up clearly on imaging.

THE ANXIETY GAP IS REAL

Research shows that women who find a breast lump experience significant anxiety, even when the lump turns out to be benign. In many cases, that anxiety does not fully resolve even after receiving a clear result.

This is understandable. We live in a culture where "breast lump" and "cancer" are almost synonymous in public messaging. Awareness campaigns, while vital, have sometimes created a fear response that is not matched by the reassurance that most changes are harmless.

The result is that some women avoid checking altogether, because they are afraid of what they might find. Others find something, spiral into weeks of anxiety, and then feel almost embarrassed when the result is benign, as though their fear was an overreaction. It was not. The fear was valid. The outcome was just, thankfully, the more likely one.

WHAT WARRANTS URGENT ATTENTION

Not all changes are benign, and it is important to know what to look for. See your doctor promptly if you notice:

- A new lump or thickening that does not change with your cycle
- A lump that is hard, fixed, or has irregular edges
- Changes to the skin on your breast: dimpling, puckering, or a texture that looks like orange peel
- A nipple that has recently turned inward
- Discharge from the nipple, especially if it is bloody or from one breast only
- Redness, swelling, or warmth that is not related to breastfeeding or infection
- Any change that persists for more than two to three weeks

The message is not "don't worry." The message is: know the difference between what is likely normal and what needs to be checked quickly, and then act accordingly.



WHAT HAPPENS WHEN YOU GO TO THE DOCTOR

Many women avoid going because they do not know what to expect. Here is the process, simply explained.

Your doctor will examine both breasts and ask about your symptoms, your cycle, and your family history. Depending on what they find, they may refer you for an ultrasound (which uses sound waves to look at the tissue and is the first choice for women under 40), a mammogram (an X-ray of the breast, more commonly used for women over 40), or in some cases, a biopsy (a small sample of tissue taken with a needle to be examined in a lab).

Most lumps that are investigated do not require a biopsy. And of those that do, 80% come back benign.

BREAST AWARENESS, NOT BREAST ANXIETY

Current guidelines have moved away from a rigid monthly self-examination routine and towards what is called breast awareness: simply knowing what is normal for your body, so that you notice when something changes.

You do not need a technique or a schedule. You just need to be familiar with how your breasts look and feel across your cycle, and to take note when something is different.

If something changes, do not wait and hope it goes away. Book an appointment. Go. Most of the time, you will leave with reassurance. And on the occasions when something does need attention, catching it early makes all the difference.



Melomed hospitals offer clinical breast exams and imaging services. If you have noticed a change, speak to your doctor or visit your nearest Melomed facility.

WHAT IS NORMAL, AND WHAT TO WATCH

Usually normal:

- Breast tenderness or swelling before your period
- Lumpy or rope-like texture that changes with your cycle
- One breast slightly larger than the other
- Veins visible under the skin
- Nipple discharge that is milky or clear and comes from both breasts

The message is not "don't worry." The message is: know the difference between what is likely normal and what needs to be checked quickly, and then act accordingly.

See your doctor within a week or two:

- A new lump that does not change with your cycle
- Skin dimpling, puckering, or orange-peel texture
- A nipple that has recently turned inward
- Bloody or one-sided nipple discharge
- Redness, warmth, or swelling not linked to breastfeeding

See your doctor the same week:

- A hard, fixed lump with irregular edges
- Rapid change in breast size or shape
- Any change you are unsure about

When in doubt, go. Most of the time, it is nothing. But your peace of mind is worth the appointment. ■

CLOSE TO HEART

WHY HEART ATTACKS LOOK DIFFERENT IN WOMEN

Dr Penelope Chiwaridzo Dhlwayo



Picture this: A woman in her 50s wakes up feeling exhausted. Her jaw aches. She feels slightly nauseous, and has an odd pressure in her upper back. She takes some antacid, tells herself she is probably just stressed, and goes back to sleep.

SHE IS HAVING A HEART ATTACK.

This is not a rare story. It is, in fact, one of the most common ways a heart attack shows up in a woman. And because it looks nothing like the dramatic chest-clutching scene we have all seen on television, it gets missed. By doctors. By family members. And most often, by the woman herself. September is Heart Health Awareness Month, and this year we want to talk about something that does not get nearly enough attention: the fact that heart attacks in women look, feel, and behave differently to heart attacks in men.

The symptom gap

Most of us know the "classic" heart attack signs: crushing chest pain, pain shooting down the left arm, shortness of breath. These symptoms are real.

Women can experience those symptoms too. But they are far more likely to have what doctors call "atypical" symptoms, which is a misleading word because in women, these symptoms are actually quite typical. Up to 30% of women can experience a heart attack without chest pain or discomfort.

What women more commonly feel:



Unusual fatigue, sometimes for days before the event



Nausea or an upset stomach



Pain or pressure in the jaw, neck, upper back, or shoulders



Shortness of breath, even without chest pain



Dizziness or light-headedness



A feeling of anxiety or a sense that something is "just not right"

These symptoms are easy to explain away. Fatigue? You are busy. Nausea? Something you ate. Jaw pain? Stress. This is exactly why so many women wait too long to seek help, and why heart disease remains the number one cause of death in women worldwide, ahead of all cancers combined.



Why women's hearts are different

The difference in symptoms is not random. It comes down to anatomy and biology. On average a healthy woman's heart is physically smaller than a man's, and their coronary arteries (the blood vessels that supply the heart) are narrower. This means blockages can develop differently. In men, a heart attack is often caused by a large blood clot blocking a major artery. In women, the problem is more likely to involve smaller vessels throughout the heart, or a gradual erosion of plaque rather than a sudden rupture.

Women also experience something called SCAD (spontaneous coronary artery dissection), a type of heart attack where an artery tears without any blockage at all. More than 90% of SCAD cases occur in women, often younger women and those who have recently given birth.

Hormones play a role too. Oestrogen offers some protection to the cardiovascular system before menopause. Once oestrogen levels drop, that protection fades, which is why heart attack risk rises sharply in women after menopause.

The diagnosis problem

Here is where things get serious. Because women's symptoms do not match the textbook picture, they are more likely to be misdiagnosed or sent home without proper testing.

Studies show that 63% of missed angina (chest pain caused by reduced blood flow to the heart) cases involve women. Women are also less likely to receive aggressive treatment once they do arrive at a hospital, and they have higher rates of dying from a first heart attack than men.

Part of this is a knowledge gap in the medical system. A 2025 survey found that only 42% of cardiologists felt "extremely well prepared" to assess cardiovascular risk in women. That number drops to 22% among general practitioners.

This is not about blame. It is about awareness, for patients and healthcare providers alike. ➤➤

Risk factors that are unique to women

Some risk factors for heart disease are the same for everyone: smoking, high blood pressure, diabetes, obesity, and a family history of heart disease. But women carry some additional risks that are often overlooked.



Pregnancy complications: Women who had pre-eclampsia (high blood pressure during pregnancy) or gestational diabetes have up to four times the risk of developing heart disease later in life.



Autoimmune conditions: Lupus and rheumatoid arthritis, which are far more common in women, significantly raise cardiovascular risk.



Mental health: Women are twice as likely as men to experience depression, and depression is a known risk factor for heart disease.



Early menopause: Women who go through menopause before age 40 have a higher risk of heart attack.



Polyendocrine Metabolic Ovarian Syndrome (PMOS) and endometriosis: Both conditions are linked to increased cardiovascular risk.

What you should do

If you feel something is wrong, trust that feeling. When it comes to a possible heart attack, it is always better to seek medical attention and be wrong than to stay home and risk serious complications.

Act immediately:

01



**Call Melomed24
Emergency Services**
0800 786 000

DO NOT DRIVE

02



**Tell the responders every
symptom you are feeling,**
not just the ones that
seem "heart-related."

03



At the hospital, a doctor
can do the necessary
tests to find out if your
symptoms are caused
by a heart attack.

Heart disease is not a man's disease. It is the leading cause of death in South African women, and yet awareness remains low. A 2024 local health screening campaign found that women made up only 38% of participants, despite being at equal or greater risk.

Knowing your own body, understanding your risk, and speaking up when something feels wrong could save your life.

Your heart is working hard for you every single day. This September, return the favour.

If you have concerns about your heart health, speak to your doctor or visit your nearest Melomed hospital for a cardiovascular risk assessment.

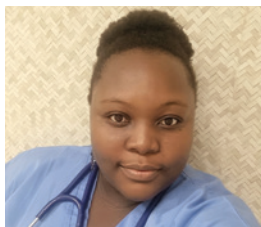
Could you be at higher risk? A quick checklist for women

Many women do not realise that their personal history raises their heart risk. Tick any that apply to you:

- ☐ I had pre-eclampsia or high blood pressure during pregnancy
- ☐ I had gestational diabetes during pregnancy
- ☐ I have been diagnosed with PMOS or endometriosis
- ☐ I have lupus, rheumatoid arthritis, or another autoimmune condition
- ☐ I went through menopause before the age of 40
- ☐ I have been treated for breast cancer (chemotherapy or radiation)
- ☐ I smoke, or I smoked in the past
- ☐ I have high blood pressure, high cholesterol, or type 2 diabetes
- ☐ I have some belly fat and my waist circumference is more than 88cm
- ☐ I have a family history of heart disease, especially in a female relative
- ☐ I experience ongoing stress, anxiety, or depression

If you ticked two or more boxes, talk to your doctor about a cardiovascular risk assessment. You do not have to wait until something feels wrong. ■

REVIEWED BY



DR PENELOPE CHIWARIDZO DHLIWAYO

Dr. Dhlwayo is a ER doctor at Melomed Richards Bay

MALE FERTILITY Q&A

Is infertility
woman's

No, men contribute to
half of all infertility cases



Does age have any
effect on male fertility?

Sperm quality and DNA
integrity may decline
in men after age 40.

Do lifestyle choices
impact on male fertility?

Yes. Lifestyle choices play
a significant role in sperm health



ity only a
problem?

nearly
ases.

Does sexual performance
guarantee fertility?

No. Fertility and erectile
function are not the same.



es have any
e fertility?

ay a
health.

Is male infertility treatable?

Yes. Male infertility
is often treatable.





SPRING BREAKAWAYS

BEAUTIFUL PLACES
TO STAY ACROSS
SOUTH AFRICA

Spring has arrived, and South Africa is looking better than ever. The days are getting warmer, the flowers' faces are brighter, and the great outdoors is calling. From mountain hideaways and forest retreats to countryside cottages and coastal escapes, this is the perfect time to pack a bag, hit the road and see where spring takes you. Here are a few beautiful stays across the country to inspire the next breakaway.

ADARA PALMIET VALLEY LUXURIOUS BOUTIQUE HOTEL PAARL, WESTERN CAPE

Set on a historic 300-year-old wine farm in the heart of the Paarl Valley, Adara Palmiet Valley Luxurious Boutique Hotel offers a peaceful Winelands escape surrounded by vineyards and beautiful gardens. The elegant rooms and suites accommodate up to two guests, with select rooms offering fireplaces and patios or balconies overlooking the gardens, pool or vineyards. Guests can enjoy breakfast, free Wi-Fi and tranquil outdoor spaces, while The Palace unit provides additional space for families.



SOLITUDE RETREAT CENTRE DARGLE, KWAZULU-NATAL

Sometimes a spring breakaway is simply about getting away from it all. Solitude Retreat Centre sits among the rolling countryside of the Midlands Meander, with cosy cottages surrounded by open spaces and nature. There's a dam on the property and plenty of room to enjoy the outdoors, making it the kind of place where slow mornings and long walks come naturally.



DEJA-VU

PATERNOSTER, WESTERN CAPE

Spring on the West Coast is something special, and Deja-Vu puts guests right in the middle of it. This beachfront B&B in Paternoster offers panoramic ocean views from the front porch and balconies, while the fields surrounding the property burst into colour with wildflowers during spring. Spend the day exploring the quaint little town and its coastline before settling in on the sun deck to watch the sun disappear over the Atlantic.



SEASCAPE COTTAGE

BETTY'S BAY, WESTERN CAPE

If a spring escape calls for sea air and a little peace and quiet, Seascape Cottage ticks all the boxes. This secluded cottage sits on a small farm covered in fynbos, close to the beach, with uninterrupted views of the mountains and ocean. Sleeping four guests, it has two bedrooms, a cosy open-plan living area with a fireplace, and a patio where the scenery can do all the talking. With Kleinmond and Betty's Bay nearby, it's an idyllic base for exploring the Cape's beautiful coastline as spring brings the landscape to life.



BETHULIE GUEST FARM

BETHULIE, FREE STATE

If a spring escape calls for sea air and a little peace and quiet, Seascape Cottage ticks all the boxes. This secluded cottage sits on a small farm covered in fynbos, close to the beach, with uninterrupted views of the mountains and ocean. Sleeping four guests, it has two bedrooms, a cosy open-plan living area with a fireplace, and a patio where the scenery can do all the talking. With Kleinmond and Betty's Bay nearby, it's an idyllic base for exploring the Cape's beautiful coastline as spring brings the landscape to life.



IKWANITSHA LODGE

GREATER ADDO, EASTERN CAPE

For a spring breakaway with a little more adventure, Ikwantsha Lodge offers a peaceful escape on a reserve near Paterson. The wooden chalets sit on stilts overlooking the valley, Bushmans River and Zuurberg Mountains. Wildlife can be spotted on the reserve, while Addo Elephant National Park and several private game reserves are also within reach.

Spring is the season for getting outside, taking the scenic route and making the most of South Africa's incredible landscapes. Whether that means waking up beneath the Drakensberg, soaking in a mountain hot tub, wandering through indigenous forest or simply enjoying a quiet morning surrounded by nature, there's no shortage of places to escape to. All that's left to do is choose a direction and go. ■

ROASTED CAULIFLOWER, SWEET POTATO AND CHICKPEAS

Serves about 4-6 people

Roasting veggies is a wonderful way to bring out their natural flavour or sweetness, as with the sweet potato. Both cauliflower and chickpeas have a lovely nutty taste when roasted and the yoghurt seasoned with cumin is the perfect accompaniment for this vegetarian meal or starchy side dish.



INGREDIENTS

- ¼ cup (60 ml) olive or canola oil
- ¼ cup (60 ml) lemon juice
- 2 tbsp (30 ml) water
- 2 tsp (10 ml) ground cumin
- 2 tsp (10 ml) paprika
- 1 tsp (5 ml) ground cinnamon
- large pinch of ground cloves
- 2-3 medium sweet potatoes in the skin, halved and cut into thick wedges
- 2 onions, halved and cut into thin wedges
- 500 g cauliflower, cut into florets
- 1 x 400 g tin chickpeas or white beans, drained and rinsed
- ½ cup (80 ml) raw, unsalted almonds or peanuts
- 3 tbsp (45 ml) chopped fresh parsley or coriander
- 1 cup (250 ml) plain low-fat yoghurt
- extra ½ tsp (2,5 ml) ground cumin

TIP

The seasoned yoghurt is delicious with any other veggie dish.

INSTRUCTIONS

1. Preheat oven to 200 °C.
2. Mix 3 tbsp (45 ml) of the oil with the lemon juice, water and spices in a large bowl. Toss sweet potato and onions through oil mixture.
3. Spoon sweet potato and onions in a single layer into a large oven proof dish. Roast for 30 minutes or until almost tender.
4. Toss cauliflower, chickpeas or beans and nuts in the remaining oil mixture and add to sweet potato in the oven dish. Mix through and add any remaining oil mixture from the bowl.
5. Roast for another 10 minutes or until the veggies are just cooked and the chickpeas or beans are slightly roasted.
6. Stir 2 tbsp (30 ml) of the herbs and remaining oil into the veggie mixture. Season the yoghurt with the rest of the herbs and extra cumin.
7. Serve veggies warm or at room temperature with spoonfuls of the yoghurt.



STEAK WITH AVOCADO-CHIMICHURRI SAUCE

Serves 4-6 people

INGREDIENTS

- 2 handfuls fresh coriander
- 3 sprigs fresh origanum
- 2 cloves garlic
- 3 tbsp lemon juice
- 4 tbsp avocado oil
- 2 tsp dried chilli flakes
- ½ cup water
- Salt and freshly ground black pepper
- 3 avocados, peeled and pips removed
- 2 large T-bone steaks
- Juice of 2 lemons
- 3 tbsp olive oil

INSTRUCTIONS

1. Place coriander, origanum, garlic, lemon juice, avocado oil and chilli flakes in food processor and pulse at high speed until a green sauce forms.
2. While processor is running, gradually pour in water. Season well with salt and pepper.
3. Cut avocados into small cubes and place in salad bowl. Pour sauce over and mix through. Set aside.
4. To cook the steaks: heat a griddle pan until it is literally smoking hot.
5. Sprinkle lemon juice and olive oil over steaks. Season with salt and pepper.
6. Grill steaks in hot pan for about 3 minutes per side for medium cooked, or longer if you prefer your steak more well done. Leave steaks to rest 2-3 minutes.
7. Cut into slices and place on serving plate. Pour avocado sauce over and serve. Option: serve with grilled avocado halves. ■

HOUSECALL

MEET ONE OF OUR DEDICATED SPECIALISTS

DR MOHAMMAD EL HASSED NATHIRE



DR. MOHAMMAD EL HASSED NATHIRE IS A COLORECTAL SURGEON AND CURRENTLY PRACTICES AT MELOMED TOKAI.



WHERE IS YOUR FAVOURITE PLACE TO EAT, AND WHY?

Hard to pick one. Apart from home, I appreciate places where the food is done properly, the atmosphere is effortless, and nobody asks me about haemorrhoids over dinner. In Cape Town, we're spoiled for choice. If I have to pick one, I will say Turkish food at Saray.



WHAT'S THE BEST PRESENT YOU'VE EVER RECEIVED, AND FROM WHOM?

A sincere thank-you from a patient and their family after a difficult cancer journey. In surgery, those moments stay with you far longer than titles or accolades.

WHY DID YOU CHOOSE YOUR PROFESSION?

From early years of medical school, I knew I like to fix things with my hands. It took one night in trauma unit and suturing lacerations that I got the flair for surgery. So, a specialty that combined technical precision, decision-making, and meaningful long-term impact on patients' lives led me to surgery. Colorectal surgery sits at the intersection of oncology, reconstruction, and quality-of-life surgery — it's intellectually demanding but also deeply human. Colorectal surgery offers possibility to multiple platforms — open surgery, but also minimally invasive approaches like laparoscopic and robotic.



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

Lewis Hamilton. Formula 1 and surgery have more in common than people realize: preparation, precision, teamwork, and making critical decisions under pressure. Not sure if Kim Kardashian is a bonus — not quite my cup of tea.



WHAT IS YOUR BEST CHILDHOOD MEMORY, AND WHY?

Cyclonic weather class 4 — meaning schools are closed and parents at home. We spent hours playing scrabble, monopoly and other card games with my folks.

WHERE DO YOU MOST WANT TO TRAVEL TO?

Between China — visiting the Great Wall of China and Japan — the cultural shock I am anticipating. ■



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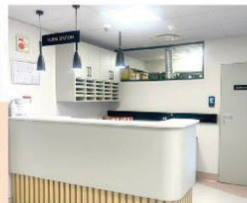


Dr Michael Ledger
Melomed Bellville
T: 021 946 1347



Dr Mardeyah Bassier
Melomed Bellville
T: 021 391 0199

Contact the paediatric specialists directly to book



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Pregnancy is an exciting journey, but it is also a time when certain health conditions need to be carefully monitored. One of these is **pre-eclampsia**, a potentially serious pregnancy complication associated with high blood pressure and changes affecting organs such as the kidneys and liver.

Pre-eclampsia has serious consequences for both mother and baby if it is not recognised and managed appropriately. In South Africa, hypertensive disorders of pregnancy are an important cause of maternal morbidity and mortality.

A closer look at placental health and testing

First Trimester screening at PathCare (11-14 weeks), combines maternal and biochemical data, which helps identify women at risk of developing preterm pre-eclampsia. The simple blood test is PLGF-1 (placental growth factor).

Later in pregnancy (≥ 20 weeks gestation) a sFlt-1/PLGF ratio test, is a blood test that measures two proteins associated with placental function: soluble fms-like tyrosine kinase-1 (sFlt-1) and placental growth factor (PLGF). When pre-eclampsia is suspected, the sFlt-1/PLGF ratio can be used in combination with symptoms, blood pressure and other clinical parameters to help healthcare professionals assess the likelihood of pre-eclampsia and determine appropriate care. A low ratio rules out imminent eclampsia and unnecessary hospitalisation, while a high ratio warrants closer monitoring and appropriate intervention.

Why does this matter?

Having additional information about the likelihood of pre-eclampsia can help healthcare professionals make more informed decisions about monitoring and management of patients.

Most importantly, early recognition gives healthcare professionals an opportunity to monitor both mother and baby more closely when needed.

If you are pregnant and have symptoms or risk factors associated with pre-eclampsia, speak to your healthcare professional about appropriate testing and monitoring. Because when it comes to pregnancy, having the right information at the right time can make a meaningful difference.

