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The magazine for all dog lovers



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Gentle giants

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ready for
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**COLLECT
THEM
ALL!**

Happiness For Zoey

By Charmaine Swanepoel



I saw Zoey's post on Facebook and the story of her rescue by the inspector of Middelburg SPCA at that time, Ian Lombard. She was rescued in June 2012 at an industrial area in Middelburg. When I showed my vet the photograph, he

said for her hair to have grown so long she must have been there for about two years at least.

It's very difficult to understand that people just walked past her on a daily basis, doing absolutely nothing.

One day someone eventually decided to phone the SPCA and said, "Please come and fetch this thing that's lying here!"

A SCARED AND BROKEN SOUL

I remember seeing this scared and broken little soul and thinking to myself there's no way that I'm going to allow her to ever go through any kind of suffering again. She'll never experience hunger or abuse ever again.

I phoned the Middelburg SPCA and said that I'd like to adopt her. Taking my two fur kids with me, I got in my car to go and see Zoey and pay the adoption fee.

When I saw her she promptly stole my heart. I unfortunately couldn't take her with us immediately, even if I so badly wanted to because it was winter and she couldn't stop shivering. They first had to do a home check and she had to be sterilised.

COMING HOME

Two days later, I drove to Middelburg and fetched our little girl, but this time my daughter came with me and she immediately fell asleep on Enid's lap. They've been inseparable ever since.

We don't know all she had to endure in the approximately two years she was homeless, and we never will. She was terrified of thunder and tried to hide when there was a storm, and I often wondered how fearful she must have been when she was all alone in the industrial area of Middelburg. Enid bought her a thunder jacket and it helps a lot, so much so that when there is thunder, she no longer hides.



From the streets to a treasured part of the family



that she's going with mom and dad – which of course is most of the time. She's so good now that she goes off leash nearly everywhere. She also likes it when either Thomas or Enid carry her, holding onto their arms like a child.

PART OF THE FAMILY

Zoey and Enid have an incredible bond. She was ring bearer at Enid's wedding when she married Thomas Potgieter. Enid says – "It was so obvious to us and everyone who knows us that Zoey would be part of our wedding. She is our little girl, she is family. We would never have done it without her. She was our little ring bearer on our wedding day and she made me calm. We love her more than words could ever describe."

As humans we will never understand the forgiving heart of a rescue animal. Although they've been hurt, betrayed, abandoned and abused by humans, they never carry hate or resentment, unlike humans. They're such forgiving and loving souls. Zoey has taught our family a lot. 🐕



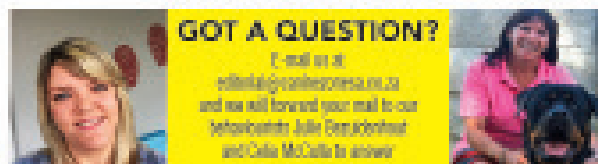
HEALING WITH LOVE

When Zoey walks, she still walks with her legs widely apart as if still wearing the heavily matted, muddy hair. The hair that was hanging over her eyes also caused damage, but this amazing little girl with the heart of a lion doesn't let anything get her down. We learn a lot from her and her resilience is amazing. She's always friendly, happy and well behaved. At one stage we even considered having her trained to be a therapy dog as she brings a calmness to everyone who comes into contact with her. Children are always drawn to her and invariably want to pet her – and she gladly obliges.

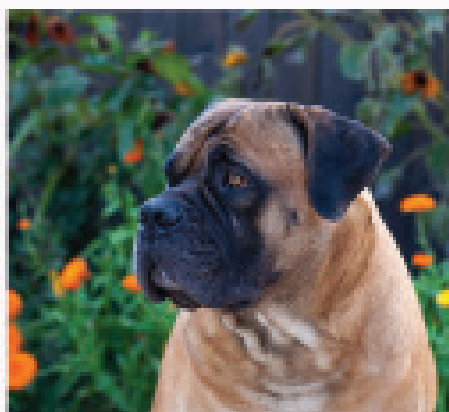
Zoey has what we call a "happy dance" that she does when we either go jogging or hiking and we put on our running shoes. As soon as the leash comes out she knows



Help!



MY DOG EATS ROCKS!



I have a Boxer/collie cross male named Jack who's now two years old and neutered. He's fed twice a day and is on a very good-quality dog food, and he also receives treats of dog biscuits twice a day. He's healthy and his weight is perfect. Due to the fact that I'm a real estate agent and work from home, he's at home with me every day. He also has a Dachshund friend named Trüx. The problem is that he eats rocks, stones and plants! When he goes out into the

garden, he'll literally settle down and eat stones and sand, which obviously makes him feel ill, and he'll then eat plants to try and make himself feel better. His stool is perfectly normal except that it's full of pebbles and gravel that he's eaten! My veterinarian says it's a behavioural problem, and we're very concerned. How do we get him out of this habit and what's causing it?

— MICHELLE NICHOLAS

CELIA SAYS — Thanks for the question, and I'm glad you've seen your vet to rule out any physiological causes for this behaviour. Pica is the compulsive eating of objects that's not food and includes plastic, garbage, clothes, dirt and/or faeces. The danger with Jack eating rocks is that it can lead to blockages in the digestive system. This can be life-threatening, and the operation to have stones removed is very expensive. I had a friend whose Bassett Hound had three operations to remove rocks and stones! It was a very costly exercise for them.

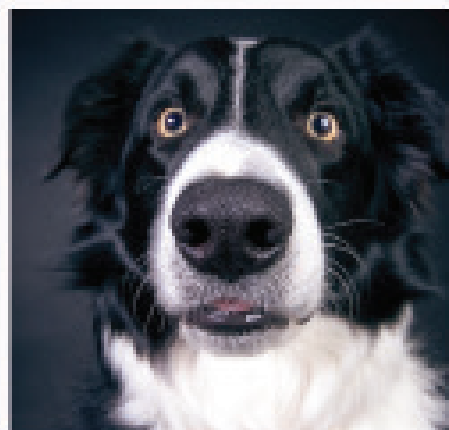
Some reasons for this compulsive behaviour can be stress, separation anxiety, attention seeking, lack of mental and physical stimulation/exercise, depression, lack of socialisation, and frustration. You'll need to see a behaviourist to identify the possible cause and to modify Jack's behaviour. Immediate steps to take are to try and put a stop to this behaviour for the sake of his life. Attach a lead to Jack when letting him out so that you can guide him to areas that don't have stones. If you're able to erect a fence around the area, do so to stop Jack gaining access to stones. You can also purchase a product called Avert, by Kyron, which is a very bitter-tasting substance that you can spray on the rocks to help deter the behaviour. The behaviour can manifest in other ways if it's not dealt with, so to stop it without looking at the cause is not going to help. I can only provide you with the immediate steps to take, but an analysis of the cause for this behaviour is very important.

WILL NEUTERING CALM MY DOG?

We have a beautiful Border Collie dog who turned one in January. He's a ball of energy, and if he were a human child, he'd probably be diagnosed with ADHD! We haven't had him neutered as yet, and I was wondering if neutering would calm him down a bit? We do play with him a lot and have a big garden. Will neutering help, or should we perhaps consider adopting another Border Collie to keep him company during the day when we're at work and who'll perhaps help him to get rid of excess energy?

— CHARLENE DU TOIT

JULIE SAYS — Neutering has many benefits and is recommended, particularly for highly strung dogs, because it tends to result in the dog being more focused. Do speak to your vet. Keep him busy with interactive behavioural toys and provide him with long-lasting yummy chews. Take him on structured walks. Perhaps consider enrolling in a reputable dog training school. It's never recommended to adopt another dog simply for the other dog, as this will possibly result in double trouble.



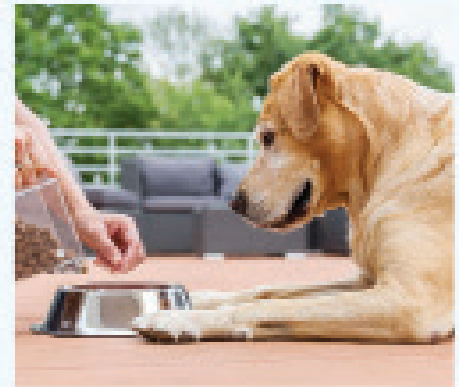
FIGHTING OVER FOOD

We have two dogs – Amy is a three-year-old cross breed and Milo is a three-year-old Jack Russell. They were adopted at the age of about a year when we moved into our own home. Amy's been spayed and Milo neutered, and they get along very well and play together all the time. However, they won't sleep together in the same bed, and when we feed them, we have to put Amy's plate down the passage and Milo's in the kitchen, where they can't see each other. This has always been the case, and we've lived with it as it's not a problem, but Amy gets very protective over her food. She'll take as long as she can to eat it, and if Milo even looks in her direction, she'll growl at him and the hair on her back goes up. Sometimes she'll leave a tiny bit of food on her plate and then protect it until I pick it up – almost as though she wants to tease Milo. Should we just carry

on feeding them in separate rooms and keep the peace, or is this something that can escalate into a fight at some stage?
– ROMY AUSTELL

CELIA SAYS – Aggression is usually set off by specific circumstances, such as guarding food or comfy places, or guarding a toy, etc. That they won't sleep together is not something I'd worry about, because if that's how they prefer it, that's fine. Some dogs do feel the need to guard their food, and it's natural for them to do this. However, it can become a problem when aggression is at play. I would continue feeding separately, and I'd even change the routine. Perhaps one dog gets fed outside and other inside. I'm a strong believer that dogs have the right to relax when they're eating. Whilst increasing the distance and putting the other out

of sight can be helpful, it isn't addressing the problem. Here we are managing the situation. When Amy is finished with her food, take the food bowl away to prevent her from practising this behaviour. I suggest booking an appointment with a behaviourist to help with this situation, as you are correct in thinking it can become worse.



MY YORKIE BITES MY HUSBAND

We adopted a puppy from the SPCA two weeks ago. She's a little Yorkshire Terrier estimated to be nine months old. The first night we brought her home she was nervous, so we let her sleep in the bed with us. I couldn't bear to put her into her own bed the next night, so she's been sharing our bed ever since. I love cuddling with her. The problem is that now she gets cross with my husband and snaps at him when he tries to get into his side of the bed at night and has nipped him on his shoulder, arms and bottom during the night when he's moved around. We've tried to make her sleep in her own basket in our bedroom, but she cries to come up onto the bed to be with mommy, and it breaks my heart. My husband has now moved into the spare

room permanently; as much as he loves little Carli, he needs a good night's sleep. Any suggestions to get her to be comfortable sharing the bed with us both? – LORRAINE CRAWLEY

JULIE SAYS – Carli has claimed your bed as her very own resource, which has resulted in her controlling it. I suggest you start the night out with her in her own bed, providing her with a yummy chew. If she gets up on your bed, you need to continue putting her back in her own bed with a "stay there" command. Dogs learn with consistent repetition. Creating other rules and boundaries in the home also help. These include feeding in a structured way, without leaving food out for her.

Carli would benefit from lessons at a reputable dog training school. Here they should be able to help you balance when she can get on the bed and when she's asked to get off it.



Ruff Stuff

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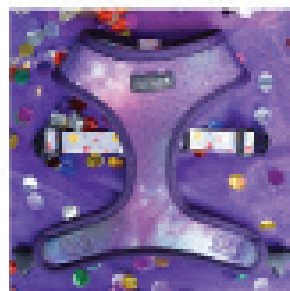
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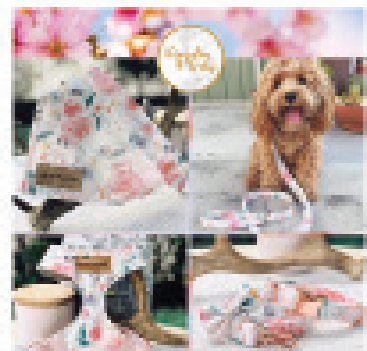
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WIN! One lucky reader will win a stunning collar, lead and matching bandana from Pippa by Pippa. All you have to do to enter is email pr@caninezonesa.co.za with PIPPS in the subject line and your name, address and contact number.



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WIN! The heartbeat with the paw necklace and the paw and heart ring signify our connection with our beloved fur kids. One lucky reader can win a heartbeat and paw necklace and

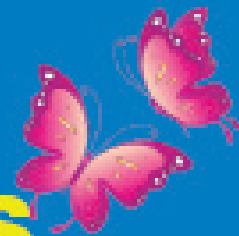
paw and heart ring. All you have to do to enter is email pr@caninezonesa.co.za with JEWEL PAWS in the subject line and your name, address and contact number.



Entries close on the 30th of May

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SPRINGTIME FOR DOGS



Dogs tend to love spring because they get to spend more time outdoors. After being cooped up during the winter, it's a joy for them to be able to take advantage of the lengthening and warming days to release all of their pent-up winter energy. It's equally joyful for us watching our dogs have a good time. However, the warmer days bring about certain health concerns, so take a moment and make sure your dog is fully prepared for spring.

STINGING AND BITING

Although they are around throughout the year in South Africa, ticks and fleas become more prevalent when the weather heats up. There are a variety of products available to combat these nuisances, so ask your veterinarian which one is best for your dog. Start early as preventing ticks and fleas from becoming a problem is far easier than dealing with a major flea infestation. Get into the habit of regularly checking your dog for ticks. Although they can be found anywhere, ticks are typically found around the head, on the ears, neck, chest and forelegs. Usually it's easier to find them by feeling for them instead of looking, depending on the length of your dog's coat.

Most wasp- and bee stings are uncomfortable but aren't life-threatening – unless your dog gets stung in the mouth or throat or is allergic to bee stings. If the sting is near the mouth or neck, then you may need to seek help from a vet. Dogs, like humans, can suffer allergic reactions to stings, so look out for swelling and shortness of breath.

For bee stings, remove the sting and bathe in warm water with bicarbonate of soda – one teaspoon of bicarb to 300ml water. For wasp stings,

bathe the area with malt vinegar or lemon juice. If you're unsure if it was a wasp or a bee, then you just have to choose one and try it. If it doesn't help, then try the other method.

HEALTH CHECKS

Spring is a good time to check and make sure your dog's vaccinations are up to date. Dog-to-dog contact increases in the spring and continues into the summer months. Your dog is exposed to more infectious diseases during this time of year. For example, many veterinary clinics start to see increased incidence of kennel cough in the spring because of increasing dog-to-dog contact.

As with insects and bugs, there's lots more pollen and dust in the air in the spring and summer. Some animals suffer itchy skin and runny eyes at this time. Keep a bowl of water available at all times so there's plenty of hydration.

With the weather getting warmer, never, ever leave your dog in the car. They can die in as little as 15 minutes.

GET INTO THE GARDEN

For some people spring means it's

time to plan and start your garden. Selecting plants that are safe for dogs will go a long way in preventing toxicities from occurring. Keep in mind that some dogs can enjoy digging as much as we do, so avoid planting toxic bulbs such as hyacinths, tulips, daffodils and certain lilies. Fertilisers and mulch can be toxic as well, so store them in an inaccessible area like a shed when not in use, and do not allow your dog in the garden area.

Spring is also a time when people start spending more time outdoors braaiing. Make sure you keep your dog a safe distance away from your hot braai. Also remember to keep them away from skewers, corn on the cob and small bones, as they're all dangerous for dogs if swallowed.

SPRING CLEANING

With spring generally comes spring cleaning. Be aware that many household cleaning products are harmful to dogs, so follow instructions as posted on the label, and store all chemicals out of reach when not in use.

GET ACTIVE - BUT TAKE IT SLOW

Spring means fun times for dogs



AFTER A COLD WINTER, SPRING CAN BE THE BEST TIME OF YEAR FOR YOUR DOG



(and humans), so pick up the leash and go for a walk or hit the dog park. You're bound to notice a little spring in your dog's steps. Remember to take it slow! For some people, after months of inactivity, they suddenly decide to go for a long hike or mountain bike ride and then end up with injuries. The same applies to dogs who've been sedentary during winter. This is the time of year when human emergency rooms see injured knees, backs and shoulders, and veterinarians see torn cruciate ligaments, strains and sprains, and a variety of aches and pains. Take it easy. Gradually build up your strength and stamina, and understand your dog needs time to adapt as well. This is especially true in older pets. What is only four to six months to you is more like two to

three years to them. And if you do overdo it, be sure and have your pet checked out immediately. The sooner you have even a minor injury checked out and treated, the sooner your pet can return to enjoying the season.

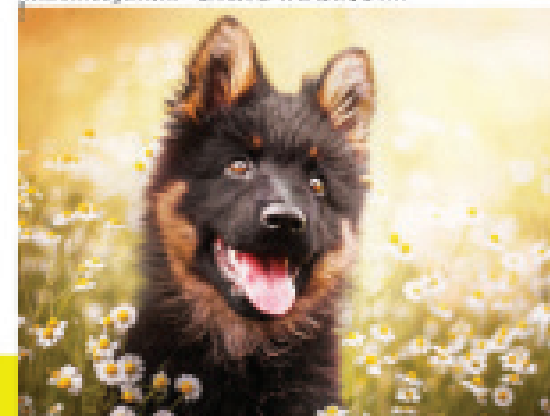
SAVE A LIFE

Longer days also mean that pets go into "heat". For many stray, homeless and neglected dogs and cats, this means unwanted litters. Animal shelters and rescue groups are typically stretched to capacity during spring and summer. The economic downturn has resulted in fewer donations and more abandoned pets, creating even tougher conditions for animal shelters. Do what you can: volunteer, help with a pet adoption drive, promote spaying and neutering in

your community, or collect food. If you know someone looking for a pet, encourage adoption or rescue.

With a little foresight and planning, spring can be the best time of year for your pet. Go out and catch some rays, enjoy the fresh air and flowers, and give thanks for the times you share with your loved ones, both two- and four-legged. 🐾

Acknowledgement — Ernest E. Ward, Jr., DVM



Talking with Michelle D



Michelle D is a 34-year-old TV personality, model, actress, entrepreneur and all-round animal lover. Michelle grew up on stage and behind the camera. From the age of seven, with her first TV presenting job on an educational programme called WordPower,

Michelle fell in love with performing. Throughout her schooling career, she found her happy place on stage with school musicals and competitive eisteddfods. In 2012 and 2013, Michelle presented a 4x4 TV show on the Ignition channel, and over the years she's also

modelled for a variety of bridal publications.

Michelle is also an astute businesswoman and decided to take her obsession with handbags and turn it into a successful business. She has a beautiful Macaroon Collection retail outlet in Pretoria, as well as an online store.

We asked Michelle about her love for dogs.

CZ – Tell us how your love of dogs began. Did you have dogs as a child?

MD – When I was six, I got my first dog, Lady – a Dachshund/Poodle mix breed. The rest is history.

CZ – Tell us about the fur kids in your life now. What are their names and how old are they? What breeds are they?

MD – Kelso is a dapple Dachshund and he's nine years old. Juno is my delinquent – a two-year-old chocolate brown Dachshund.

CZ – How did they come into your life?

MD – Sadly, in 2009, I had two chocolate Dachshunds, but Coco passed away from poisoning. Her brother, Hugo, became depressed, so about six weeks later (on my birthday) I got Kelso to be his new buddy. They got along like a house on fire. In 2016, Hugo passed away due to age, and then it was Kelso's chance to be depressed. That's when Juno

"I cannot imagine my life without my babies"

stole my heart and joined the family.

CZ – Do you feed your dogs a special diet? What are their favourite treats?

MD – Kelso eats her normal Royal Canin for Dachshunds, but Juno has allergies, so she's on Hill's prescription for food sensitivities. As for treats – because Daxies are subject to back problems if they become overweight, I am very strict with them. They get hide bones every now and then – although they do like their hooves a lot more.

CZ – What is their favourite activity? Do you take them for walks or to dog parks?

MD – I take them walking twice a week and they love it. I recently discovered a trail running venue here in Pretoria that allows dogs, so I take them on the odd Sunday for a walk/hike.

CZ – How do your dogs fit into your lifestyle? When you travel, who takes care of them?

MD – It's not a lock-up-and-go situation when it comes to travelling when you have dogs, but I have an awesome pet sitter who comes to my home to look after the dogs if I am away for a few days. If I am away for longer time frames, I leave my babies with my mom.

CZ – Where do they sleep?

MD – Their bed is in my room next to my bed. I tried letting them sleep in the living area, but Juno has to get up every so often

to "check on me" and wake me up. With them in the room with me, she doesn't have to check, and I get to sleep!

CZ – Do they have any favourite toys, games or possessions?

MD – Juno is all about her pillow in the TV room that she absolutely loves and lies on like a princess. Kelso guards her tennis ball like it is gold – even though Juno has no idea what to do with a ball.

CZ – Did you, or do you, take them for training or socialisation classes?

MD – I have not taken them to training or socialisation classes. I have trained them myself and they listen quite well to me. Kelso took to socialisation quiet well, but Juno takes a little while to warm up to and trust people and other dogs that she's not familiar with.

CZ – Has having them as part of your life changed your life for the better?

MD – I cannot imagine my life without my babies. There is nothing better than coming home to two bodies overjoyed to see you, and company to cuddle up on the

couch with on a rainy day while watching a movie. They really are the true definition of unconditional and unending love.

CZ – Have you ever got involved with dog shelters or rescue organisations?

MD – Yes, I volunteer at Wetnose once a month. I would love to encourage everyone to support animal shelters – it is so rewarding, and the animals really do need our help, our voices and our love. 🐾



WIN!

A YEAR'S WORTH OF COMPLETE PET DOG FOOD AND A BILL HARROP'S "ORIGINAL" BALLOON SAFARI

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*Why we love
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BARKING!

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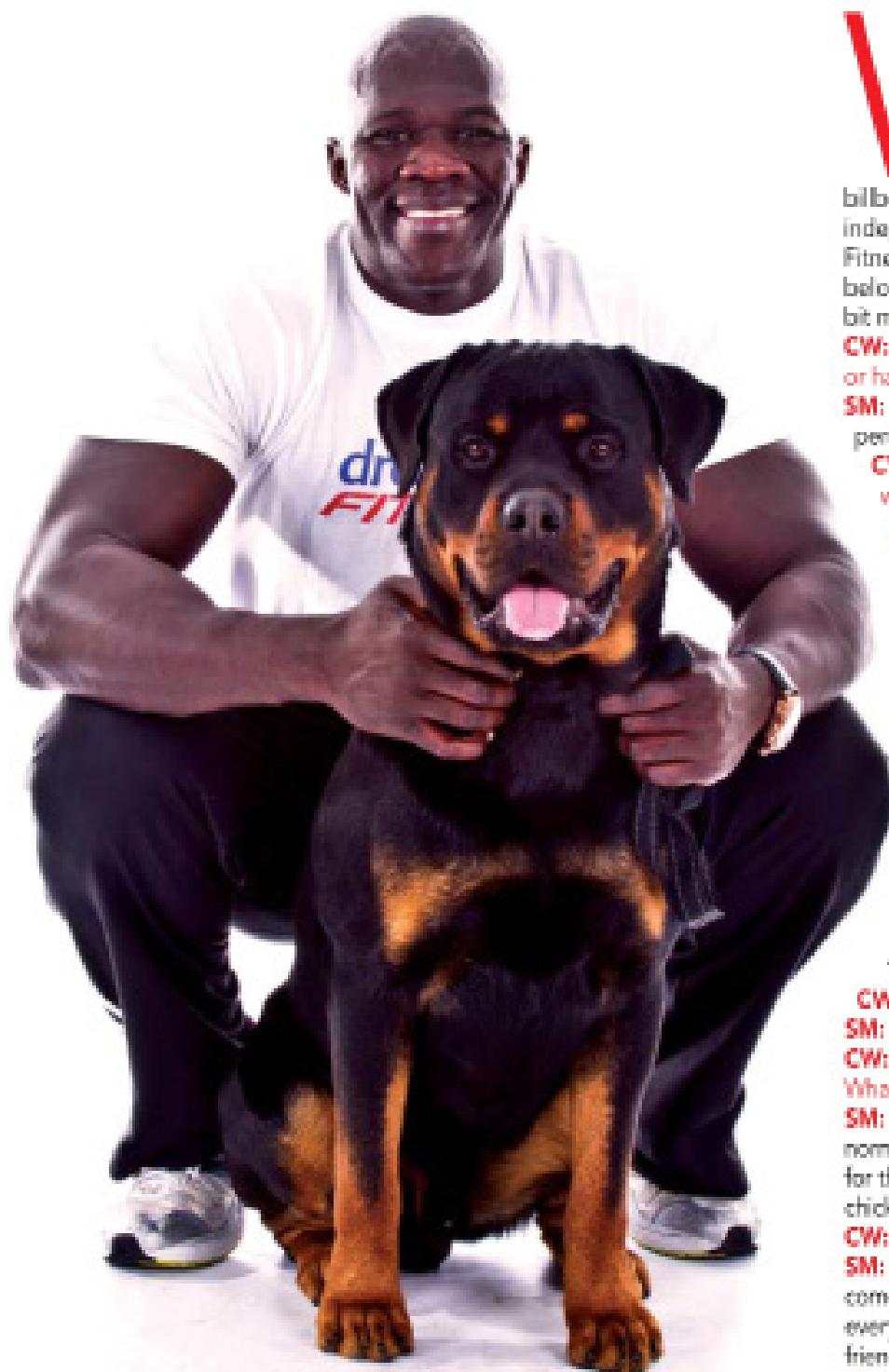
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Meet Steve and Osama

PHOTOGRAPHY BY GEORGE PRODRINIC PHOTOGRAPHY



When you drive through the northern suburbs of Johannesburg, you may see billboards of a big guy with a Rottweiler. The man on the

billboards is Steve Mululu, popular owner of independent wellness centre Dream Body Fitness in Sunninghill, and the dog is his beloved sidekick, Osama. We found out a bit more about him and his best friend.

CW: What made you decide on the breed, or have you always loved Rottweilers?

SM: I have always loved their strong personalities, their loyalty and aesthetics.

CW: Did you do research and have to wait for the right one to come along, or was it an easy process?

SM: I had to wait for him for two years as I had a specific breed line I wanted. He has royal blood in him; you can see it in his mannerism and posture.

CW: How did you choose the name "Osama"?

SM: I didn't want a common name like Simba. As a puppy he resembled a lion cub and "Osama" in Arabic means "lion".

CW: How old is Osama?

SM: He is four years old and we actually share the same birth date – 17 May.

CW: Are you the pack leader?

SM: Yeah, definitely!

CW: Do you feed him a specialised diet? What is his favourite treat?

SM: He eats breakfast with me, which is normally five eggs for him. He has pellets for the rest of his meals. His special treat is chicken.

CW: How does he fit into your lifestyle?

SM: He is with me most of the time. He comes to work with me and goes with me everywhere and to any place that is dog-friendly.

CW: Many people are afraid of Rottweilers.

"By changing the relationship between man and animals, it will change the relationship between man and man."

How did you socialise him? Did you take him for training?

SM: He has been socialised since he was eight months old and we still go to regular training classes.

CW: Where does Osama sleep?

SM: He sleeps in the kitchen, and when my wife is away, in my bedroom!

CW: Does he have any favourite toys or games?

SM: He is the King of Tug. He absolutely loves tug games.

CW: Do you take him for walks?

SM: We walk an average of an hour a day, every day, and on weekends two hours a day.

CW: If you could ask Cesar for advice, what would your question be?

SM: Does he know what Osama thinks; and also what Osama knows...

CW: Would you adopt a friend for Osama?

SM: I have! We recently adopted Princess Shakiera, a cross Golden Retriever/Lab/Bulldog – an SPCA special – and Osama loves her!

CW: Has having him as part of your life changed your life for the better?

SM: Oh yeah, I can't imagine my life before him! He teaches me so much; he gives me more love than I can ever give back.

CW: Would you like to share something special about him with us?

SM: I am convinced that Osama knows what I think, and can read my moods.

CW: You have often made donations to CLAW and recently became involved with a campaign to stop the horrific "sport" of dogfighting in South Africa. What is your take on what animals mean in our lives?

SM: I believe that how we respond to animals says a lot about us as people. By changing the relationship between man and animals, it will change the



relationship between man and man. Where there is a lot of love there is less room for hate. And we can certainly do with more love in this world.

CW: How can regular people get involved to help stop this illegal and

cruel practice?

SM: Don't turn a blind eye. If you know of anything cruel that is going on in your immediate surroundings, contact your local SPCA. We are responsible for our animal friends. 🐾

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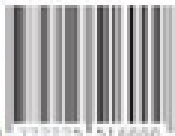
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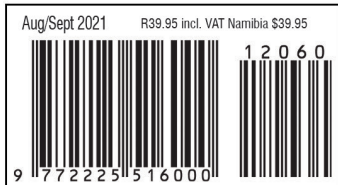
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Herbs for Pets

By Healthy Living Herbs



You can now find potted selections of beneficial herbs for cats and dogs at all Garden Shop stores. Improve the overall health of your pet and signs of bad breath by simply chopping and sprinkling a fresh tablespoon of herbs onto their food once a week. Alternatively, plant these pots in a spot where your cat or dog has direct access to their favourite herb plant.

A healthy pet is a happy pet and here is a list of plants highly recommended in your pet garden -

- **Digestive Support:** these herbs will have a beneficial effect on the digestive system and ease discomfort: Dog Grass, Cat Grass, Pet Grass, Lemon Grass, Rosemary, Thyme, Fennel, Mint and Coriander.
- **Arthritis and Inflammation:** adding these herbs to their food will reduce inflammation and discomfort: Feverfew, Comfrey leaves, Celery, Parsley and Yarrow.
- **Tonic Herbs:** mix these herbs regularly with their food to promote general health: Parsley, Comfrey leaves, Pennywort, Borage and Yarrow.
- **Worms & Parasites:** weekly addition to food will minimise the population of worms and parasites, promoting overall pet health: Yarrow, Thyme and Oregano.

NATURAL HEALING

For external use the following selection of herbs can be applied as a topical tea. Brew the herbs and let it cool to room temperature. Using a plant mister, lightly spray onto the affected area. This way you get the full benefit of the herb without worrying about the animal licking off oily and

greasy ointment salves. Regular daily application is needed until symptoms improve.

- **Flea Protection:** a topical spray or a sleeve filled with the following herbs will deter fleas: Pennyroyal, Rosemary, Tansy and Pyrethrum.
- **Skin Care:** internal and topical application will keep the coat and skin healthy and reduce irritation. Internal and topical: Calendula, Thyme, Chamomile and Lavender. Only for external use: Southernwood.



While fresh herbs are best for either internal or external use, you can dry your excess herbs for storage and wintertime. Use dried herbs the same way as fresh, but only use about half of the volume of the dried herb as you would of the fresh. 🐾



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PREVIEW: CALL OF DUTY WWII

The developers who single-handedly destroyed Call of Duty for most gamers are back. Will Call of Duty WWII redeem Sledgehammer and the entire Call of Duty franchise, or will it be another average shooter? I'm inclined to believe it's the second option, but I can't help but be excited for a possible return to form. Fingers crossed!

CAMPAIGN

Call of Duty campaigns are either usually skipped by gamers, or beloved by them. Whichever side of the fence you stand on, WWII has promised a "brutal and intimate" campaign that will focus on the gritty realism of World War 2. Players will be taking control of a single unit throughout the entire campaign, and some missions will have you impersonating Nazi soldiers, taking part in the French Allied Campaign and even marching through the infamous D-Day Landings. From what we've seen so far, WWII seems to be taking a much more realistic and frightening depiction of war than ever before.

ZOMBIES

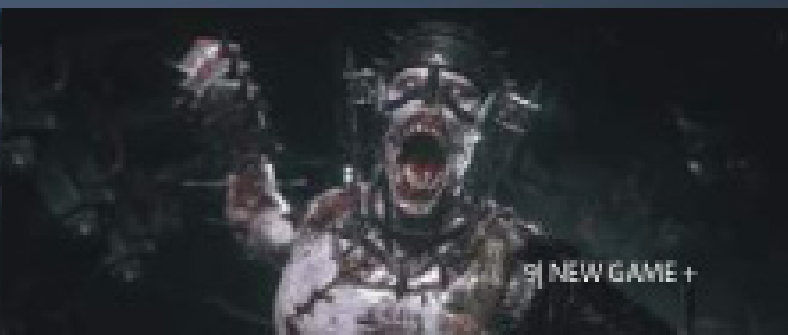
After the colossal failure of Exo Zombies, Call of Duty WWII seeks to redeem itself with this year's iteration of the fan-favourite mode. Nazi Zombies are back! And the backstory is enough to get anybody excited. It's exactly what you'd expect: the Third Reich has created what they believe to be the "perfect soldiers" in the form of bloodthirsty, flesh-eating

zombies. It's dark, violent and a little bit spooky.

MULTIPLAYER

Not since 2013's Call of Duty: Ghosts have we had an authentic Call of Duty multiplayer experience. Call of Duty WWII once again seeks to bring the series back to form with the game's multiplayer mode. As you'd expect, WWII is a fully boots-on-the-ground game, meaning you won't be jumping over people's heads or using crazy technological power weapons to unfairly dominate other players. This is the same classic Call of Duty experience that you've been missing for almost four years now. Taking place in WWII, the weapons and perks are a lot simpler as well. Simple, but fun as all heck! Being able to run-and-gun, duck behind objects, and play in a more fast-paced environment is just what we've been waiting for from a Call of Duty game. All of the multiplayer maps we have seen so far are very striking, and, due to the setting, even multiplayer will be able to bring you into the WWII mindset. A great Call of Duty game is one that offers a multiplayer that makes you want to play the campaign. Whether or not the game will be balanced still remains to be seen, and Call of Duty has a track record of including some seriously overpowered weapons on launch day. The Call of Duty team is always very active, though, so you can expect weapon buffs and nerfs as the game's lifecycle progresses. +

Call of Duty WWII will be available on November 3rd for Xbox One, PS4, and PC.





BEING A MODERN WWE FAN

The WWE is a very different place. Back when I was a kid, and when I still believed it was all real, the WWE was one of the most exciting things to watch. Everyone had a favourite superstar, and it was mainly because of the unique characters and insane stories that would take place each episode. And when I say insane, I mean insane. You would have custody battles being settled by a wrestling match, employees assaulting their boss with no repercussions, wrestlers poisoning other wrestlers in the ring, and so many more ridiculous plot devices. And once again, for some reason, I believed it was real. And they wanted us to think it was real.

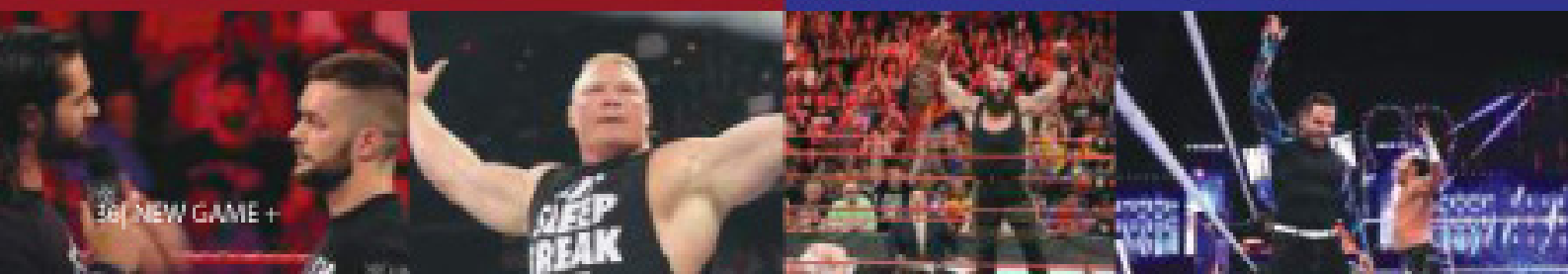
While everyone else moved on from WWE, I stuck with it. Sure, I wasn't as big a fan as I was when I was a kid, but I followed the story enough to see how much things changed over time. Fast forward to today, and almost everything is different. No longer do wrestlers take part in ridiculous stories and irrational matches, and many of the wrestlers don't have anywhere near the amount of personality as the superstars of years ago. I mean, most of them don't even have stage names anymore. Where you would once find The Undertaker, Stone Cold, HBK and Triple H, you now get the likes of Seth Rollins,

Kevin Owens and Brock Lesnar.

The whole fandom behind WWE has changed as well. I can guarantee you that besides some very young kids, nobody believes it's real, and the WWE has almost promoted it as such. Most people just see it as kind of like a soap opera for men, only with a lot more realistic action than before.

Just because a lot has changed with the WWE doesn't mean it's bad. In fact, these days I rarely miss an episode. Being able to follow and support your favourite character is just as fun as before, and there's a massive fan base that is still firmly behind the WWE. They've also been pleasing a lot of old-school fans lately by bringing back some favourites from back in the day. You can still see the likes of The Hardy Boys, Shelton Benjamin, John Cena, Randy Orton and Brock Lesnar fighting fairly regularly.

There's still a lot to enjoy with the WWE. It may not be as crazy and engrossing as it used to be, but it's still endlessly entertaining to watch. Find a favourite character and follow him or her through their career. Trust me, you'll love it. 🍀



BATMAN

ARKHAM ORIGINS



THROWBACK: BATMAN ARKHAM ORIGINS

The Batman Arkham series has been a favourite of gamers for a long time. Since 2009, the Arkham series has been as much of a staple for gamers as Fifa, Assassin's Creed, and Call of Duty. But there's one Arkham game that isn't looked at in quite the same light, and that game is Batman Arkham Origins.

Gameplay-wise, Arkham Origins feels very familiar when compared to the other Arkham games. The key difference here is that this is the youngest and most inexperienced Batman of the series. As such, Batman's fighting style isn't as well refined as it is in later games. Despite the change in fighting styles, Batman still controls the game. Experienced Arkham players won't have a tough time getting into the game at all.

So, where does all the hate come from? Well, my guess would be that it's mainly because, despite bearing the Arkham name, Origins more or less scraps all the character models for every villain we'd seen in the other games. The best example of this is Bane. In Arkham Asylum and Arkham City, Bane is portrayed as a bit of a monster, at least physically, but in Arkham Origins he has more of a Dark Knight Rises model, until he takes the gloves off. Even then, it's just not the same.

Another aspect of the game that people weren't too fond of was the change in voice actors. Instead of the glorious combination of Mark Hamill and Kevin Conroy, we are instead given two new voice actors (one of which is Troy Baker as the Joker) who try their very best to rip off the classic voices, but to no avail.

While I admit that the game has its flaws, I still love Origins as a standalone Batman game, the main reason being that not only are the Origins boss fights some of the best in the Arkham series, but they might just be some of the greatest boss fights of all time. I mean, just to give you an idea, you fight Killer Croc in a full-length boss fight within the first five minutes of the game. A simple YouTube search of the game will also give you thousands of results on how good the Deathstroke fight is. There are just so many memorable bosses in this game, and it's one of the reasons you have to play this game regardless of what problems you may have with it.

There are, of course, many other reasons why you should pick up this game, but I don't want to spoil anything for you guys. Just please form your own opinion on the game, because you might just love it, even though everyone wants you to hate it.



All about
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We find out how...

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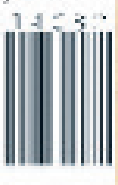
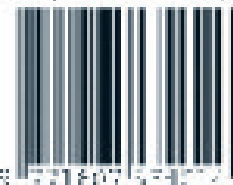
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10 THINGS
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**THE SCOTTISH
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Owl in a cat suit

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Is your old cat suffering from arthritis?

By Dr. Frans Pretorius BVSc.(University of Pretoria Onderstepoort)
Veterinary Services Manager, Eukanuba, Iams and Eukanuba Veterinary Diets

An important concept to remember is that osteo-arthritis and excess weight are interlinked. It's the 'what came first - chicken or egg?' - scenario.

Cats suffer from osteo-arthritis, joint pain and inflammation, just like humans do. The symptoms of osteo-arthritis, joint pain or inflammation are not as obvious as they are in dogs and humans.

You won't always notice pain and limping as you would in a dog and the only clue that your cat might have joint pain may be that he becomes less active and is reluctant to jump up onto counters or window-sills as often as he used to, because he is trying to avoid painful movement. For this reason, you will find that old cats are less inclined to go outside, as they might not be able to reach the window or jump the walls between properties.

The next thing you might notice as your cat becomes older is that he becomes "rounder". As cats become less active, they continue to consume the same amount of food. The extra calories that they don't use up are stored as fat and, over time, the weight creeps up. Cats are different from other animals in that they develop a fat pad under the belly. If your cat has a fat pad, it's a sign that he could be overweight and needs a body condition check by a vet. The fat pad is unfortunately not just loose skin. Weight gain is a particular concern after sterilisation and cats need to go on a specific calorie-controlled diet.

An important concept to remember is that osteo-arthritis and excess weight are interlinked. It's the 'what came first - chicken or egg?' - scenario. Do they gain weight because the osteo-arthritis makes them less active, or does the extra weight cause the osteo-arthritis? What we do know is that if obesity is present it will make the osteo-arthritis worse and that fat can cause more inflammation. So when your vet treats your cat for osteo-arthritis, pain control will be one part of the treatment programme.

The other important aspect is to get your cat to his optimal body condition. Eukanuba Veterinary Diets have a highly palatable Feline Restricted Calorie product which will help your cat lose weight while maintaining important lean muscle mass. This diet also contains the all-important glucosamine and chondroitin sulphate for joint support.



AT WHAT AGE IS YOUR CAT REGARDED AS 'OLD'?

Most cats are regarded as 'mature' from the age of seven years and 'senior' from eleven years. If your cat is in this age bracket and you notice any of the symptoms we've discussed in this article, make an appointment with your vet to have a senior health check done. Your vet may take radiographs to check for any osteo-arthritic changes and will also do a body condition score to decide whether your cat needs to lose weight and requires a change in diet or pain medication. 🐾

Eukanuba

If you need any assistance doing a body condition score on your pet or need any extra information, feel free to contact Eukanuba at customercare@cuberoute.co.za or toll free on 0800 00 4267

Cat Cataracts

Cataracts are a clouding and progressive degeneration of the lens in the eye. They impair vision and can eventually lead to blindness.

Age isn't the only reason cataracts develop; there are many medical reasons that our pets may develop cataracts. However, cats develop cataracts less commonly than dogs do – and age is not generally the key factor. Therefore, it is very important to contact your veterinarian immediately if you notice a change in the appearance of your cat's eyes, or you think her vision has been impacted in any way.

Cataracts result from a disease process affecting the lens of the eye, causing the lens to lose its transparency and thus impairing vision; in some cases, cataracts can even cause blindness. The lens of the eye becomes thick and opaque, resulting in a whitish/grey area in the centre of the eye. Cataracts may progress slowly or rapidly, depending on the underlying cause.

Most commonly, feline cataracts develop secondarily to inflammation as a result of eye trauma, viral infection, or other infections. Another common cause is poor nutrition as a kitten. Cataracts should not be confused with nuclear sclerosis, a normal change of the lens in pets over seven years of age, which causes the lens to appear white but does not visually impair vision.

SYMPTOMS AND TREATMENT

The most common signs are:

- A bluish, grey, or white layer on the eye
- A sudden reluctance to climb stairs or jump on furniture
- Clumsiness

In order to diagnose your cat's eye condition, your veterinarian will perform a complete history, a physical examination, and an eye examination. Depending on your cat's specific needs, your vet may recommend a visit to a veterinary ophthalmologist who specialises in eye diseases and blood tests to determine the underlying cause.

The treatment of your pet's cataracts will depend upon the underlying cause, his stage of development, and his overall health. This includes treating of the underlying cause, if any, eye drops that may help to prevent inflammation and other secondary problems and surgical removal of the cataract, if your cat is otherwise healthy and is a candidate for surgery.

PREVENTION

Routine eye examinations as part of your cat's yearly physical will help in monitoring her eye health. It is also important to keep your friend up-to-date on lifestyle-appropriate vaccines to help prevent viral infections that may predispose her to cataracts. Remember: a leading cause of cataracts in cats is injury, which includes trauma and fighting with other cats. Thus, preventing your cat from exposure to other cats reduces the risk.

If you notice anything abnormal about your pet's eyes or vision, contact your veterinarian immediately. 🐾

What about pet insurance?

By Dr Julia Swan BSc (distinction) BVSc Veterinarian, Hollard Pet Insurance

WILL YOU BE ABLE TO COVER YOUR CATS' VETERINARY COSTS?

When you first set eyes on your new kitten, do you ever think about the costs involved in looking after them? Sure, you know that there will be bills for pet food, toys and their annual vaccinations but what if something goes wrong? What are the unexpected costs should your furry friend fall ill or have an accident? More importantly, will you be able to afford the veterinary care that they need?

What is pet medical insurance?

Pet medical insurance is a form of short term insurance that helps pay the veterinary costs if your pet becomes ill or is injured in an accident. Advances in veterinary medicine have given vets the opportunity to provide your pet with the medical care that they deserve. These advancements, however, come with increased costs and veterinary bills can easily escalate into thousands of Rands.

Whether cats prefer to stay inside or like to investigate the neighbourhood, they are still at risk of falling ill or having an accident and a pet insurance policy can help cover the cost of treatment if things go wrong.

What does it cover?

Pet Insurance provides veterinary fee cover – to help you pay for those unexpected vet bills. Products cover accidents, illnesses and some companies also offer a contribution towards routine care procedures such as vaccination, de-worming, tick and flea control and sterilisation.

What are some product examples?

Hollard Pet Insurance (administered by PetSure) offers three levels of cover – accidents only and Plans 80 and 100 for accidents and illness. The pet owner also has the opportunity to add the Routine Care Option to Plan 80 or 100. This option contributes towards Routine Care procedures such as vaccination, de-worming, tick and flea control, sterilisation, dental scale and polish (procedure only) up to an annual limit.

Claims are refunded according to the PetSure Tariff Rate, less an excess. Visit www.petsure.co.za for more information.

Solver Pet Medical Aid (administered by PetSure) provides cover for accidents and illness with R350 per annum to use

towards routine care procedures. On Solver, claims are reimbursed on the total of your invoice, (80% or 100% thereof, depending on your option) less your chosen excess. For more information, contact PetSure on info@petsure.co.za or visit www.petsure.co.za.

Can my pet visit any vet whom I choose?

Pet insurance companies in South Africa do not have contracts with specific practices, so you can use any veterinarian who is registered with the South African Veterinary Council.

When should I insure my pet?

Kittens are still developing their immune-systems and coordination. They are more likely to develop an illness or injury than an adult pet. It is suggested to insure your pet as soon as possible in order to avoid unexpected surprises. However just because your pet may already be an adult, this does not mean you cannot or should not get pet insurance. As pets age, they get sicker and have more and higher vet bills than when they were young.

What is the situation in South Africa?

Pet insurance is common overseas but not many people in South Africa are aware of it, or if they are, they are unsure of it. The cost of medical care for both animals and humans is increasing. Many pet owners have medical aid themselves for this reason, or at least have a hospital plan, but no cover for their pets.





Six Important questions to ask when choosing a Pet Insurance Product:

1) What is the premium?

Look at your premium and the level of cover that you receive e.g. Accident only cover, Comprehensive cover and Routine Care.

2) What is the excess?

The level of excess will affect the premium as well as the amount of money that you will be reimbursed when claiming.

3) What is the waiting period?

Holland Pet Insurance and Solver Pet Medical Aid's waiting period is one calendar month from the day that your policy started. This means that you will not be able to claim for any illness that occurs during this.

4) What is excluded?

It is important that you know the basic exclusions of the pet insurance policies. This will help you to understand what to expect from the insurance. With Holland Pet Insurance and Solver Pet Medical Aid, like most insurance policies, there are some exclusions to keep the premiums affordable. These include: pregnancy, elective procedures, foods/diets, grooming, behavioural problems, hereditary and congenital defects and pre-existing conditions that showed clinical signs before taking out the insurance.

5) Will you be penalised if you claim a lot?

With all insurance companies, a person who claims a lot drains the funds available for other client's payments. Some companies apply a massive increase in excess and/or an increased premium in such cases. Holland has been providing pet insurance in South Africa for over 20 years and has never implemented a premium increase to clients who have had to claim a lot.

6) What is the service like?

A company with excellent service will make joining and claiming a breeze. Good service will also help if there are any queries or other needs. 🐾

You never know when something could go wrong, and the security of having pet insurance would give you peace of mind. You really need to plan for the care of your pets. It is only fair to them, and to your family.

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Menopause

Focus

Volume 7 No. 1 - March 2019



The South African Menopause Society

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EDITORIAL NOTE - DR SP MOODLEY

I extend warm wishes to all for a peaceful, healthy and successful 2019. The year appears to be surging ahead and it has been difficult to keep up with schedules. This is our first fully electronic version of Menopause Focus. I extend my thanks to Sharon Dale and her team from E-Biz Solutions for their efficiency and patience.

I would like to congratulate Dr Trudy Smith on becoming President of the South African Menopause Society. Her vibrancy and enthusiasm are infectious. She has written a paper on Cancer Surveillance in menopausal women, a vital part of preventive medicine. She emphasises the need to be cognisant of the cost and the necessary counselling that has to accompany the performance of any test.

Primary HPV testing is now the preferred tool in cervical cancer. Colon cancer screening using colonoscopy from age 45 to 50 years is recommended. Universal screening is not recommended for uterine or ovarian cancer.

Professor Franco Guddozi has produced a high-powered, well researched paper on the impact of gender on sleep patterns. Dimorphic sleep patterns have been established in several species, but the exact mechanism is still to be established conclusively. This is borne out from clinical experience, as the sleep disorders, apart from snoring, are more common in females. The latter sometimes provides interesting challenges to clinicians tasked with caring for women in the climacteric.

Age is not a barrier to sexuality. Sexual dysfunction resulting in personal, couple or partner distress needs to be addressed. It is hoped that the paper on desire disorders in the Climacteric and proposed future papers on sexuality will, at least, stimulate discussion in the consulting room on sexuality.

PRESIDENT'S MESSAGE - DR TRUDY SMITH

The World Health Organization estimates that by 2030, 76% of the world's menopausal population will be living in developing countries. It is a group of women who often ignore their own health for the health of their offspring.

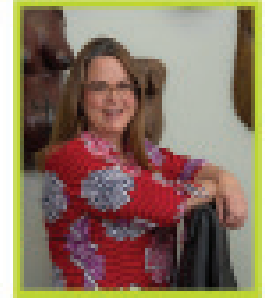
These are the very women who are the workers and care givers of their grandchildren and are valuable members of the society. These women deserve optimal health and well-being.

The SAMS congress in Durban in November 2018 had an inspirational programme that encompassed many aspects of mature women's health. Our visiting guest, Rob Baber, was able to inspire us to individualise menopause hormone therapy and take into consideration the choice of progestogen in our hormone therapy. Dr Percy Moodley and Dr Micheal Davey certainly put together an exceptional programme.

As the President of the South African Menopause Society, my aim is to educate mature women on how to improve their lives and ask questions of their practitioners in order to optimise their physical, psychological and sexual lives.

Primary prevention has become a buzzword and it is through intervention before health effects occur - such as reducing poor eating habits, tobacco use and a sedentary lifestyle - that we hope to improve longevity with healthy outcomes.

Cancer Surveillance in Menopausal Women



*Dr Trudy Smith
Obstetrician and Gynaecologist
Gynaecology Oncologist - Wits Donald Gordon Medical Centre*

As women with many health issues as we progress to our mature years, we're faced with a multitude of screening possibilities for the prevention of cancer. Health care insurance and medical care are becoming increasingly expensive, and at a time of life when there are so many competing needs and retirement looming, many women have limited resources. As a consequence, finances need to be used frugally and wisely, with good health and well-being as the end goal. The malignancies which need to be considered for screening in older women are breast, cervical, colon, endometrial and ovarian cancers. Breast cancer screening will, and has been, covered as a separate topic in several issues.

COLON CANCER

Colon cancer is the fourth most common cancer in women. It increases with age, peaking in the 60 to 69 year age group. Demographically it's more common in white women (1). Removal of premalignant polyps can reduce the incidence of colon cancer and has decreased the rate of colon cancer-related deaths. There are no distinct guidelines that have been developed for South Africa. It's suggested that screening begin at 45 to 50, unless there's a family history of colon cancer; then screening should be 10 years earlier than the index cancer family member (2). Like cervical cancer, the progression from polyp to malignancy is believed to take approximately 10 years. Age and family history are the most common risk factors, but lifestyle factors such as obesity, smoking, alcohol use and consumption of red meat increase risk (2).

Screening options are as follows:

- Colonoscopy
- Sigmoidoscopy with faecal stool for occult blood
- Faecal immunochemical testing for occult blood
- CT colonography
- Sigmoidoscopy alone.

The gold standard is considered to be colonoscopy.

Stool for occult blood is cheaper but requires three samples and cannot be used in patients with haemorrhoids (2).

There are chemo preventative strategies that have been looked at to try and decrease the incidence of colon cancer. A non-steroidal anti-inflammatory such as Sinalac is used in patients with familial adenomatous polyposis who don't wish to have surgery. Women taking statins, metformin, bisphosphonates and hormone replacement therapy have also shown a decline in colorectal cancers (3).

Patients who fall into the following categories are particularly high risk and should be strongly encouraged to go for screening.

History of:

- Inflammatory bowel disease (would say Crohns and Ulcerative colitis)
- Prior polyp
- Harmartomatous polyp
- Abdominal radiation
- Endometrial cancer at a young age
- HIV positive with anal neoplasia

OVARIAN CANCER

Ovarian cancer is the seventh most common cancer in women in South Africa, according to the National statistics of 2012 (4). Unfortunately, it often presents late, at stage three or four, as the symptoms are non-specific. To date there is no good screening tool or system that has been developed; the symptoms of ovarian cancer are often vague and non-specific and similar to gastrointestinal symptoms of irritable bowel syndrome. The overall five-year survival of advanced ovarian cancer is 25%. Unfortunately, it may originate from multiple foci in the abdomen and not begin in a localised area then progress. Screening for ovarian cancer can lead to false positives with unnecessary procedures, leading to physical and psychological morbidity. In order for a

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With good blood glucose and blood pressure control, many of the complications of diabetes can be prevented.



Studies have shown that strict control of blood glucose and blood pressure levels in persons with diabetes helps reduce the risk of kidney disease, eye disease, nervous system disease, heart attacks and strokes.

The immediate goals are to treat diabetic ketoacidosis and high blood glucose levels. Because type 1 diabetes can start suddenly and have severe symptoms, people who are newly diagnosed may need to go to the hospital. Although you may be taught the fundamentals of diabetes management, the long-term goals of treatment are to:

- Prolong life
- Reduce symptoms
- Prevent diabetes-related complications such as blindness, heart disease, kidney failure, and amputation of limbs.

These goals are accomplished through:

- Careful self testing of blood glucose levels
- Education
- Exercise
- Foot care
- Meal planning and weight control
- Medication or insulin use

THE SKILLS YOU NEED TO LEARN

Basic diabetes management skills will help prevent the

need for emergency care. These skills include:

- How to recognise and treat low blood glucose (hypoglycaemia) and high blood glucose (hyperglycaemia)
- What to eat and when
- How to take insulin or oral medication
- How to test and record blood glucose
- How to test urine for ketones
- How to adjust insulin or food intake when changing exercise and eating habits
- How to handle sick days

EDUCATE YOURSELF

After you learn the basics of diabetes care, learn how the disease can cause long-term health problems and the best ways to prevent these problems. Review and update your knowledge, because new research and improved ways to treat diabetes are constantly being developed. ➔

WHERE TO FIND HELP...

Contact Diabetes SA by visiting www.diabetes.sa.org.au and they will put you in touch with a nurse educator or you can speak to the Centre for Diabetes and Endocrinology on 011 712 6000 who will refer you to a nurse educator or support group in your area.

Focusing on feet

If complications do occur, daily attention will ensure that they are detected before they become serious. It may take time and effort to build good foot care habits, but self-care is essential. In fact, when it comes to foot care, the patient is a vital member of the medical team.

Diabetes and foot complications

Diabetes can lead to many different types of foot complications, including athlete's foot (a fungal infection), calluses, bunions and other foot deformities, or ulcers that can range from a surface wound to a deep infection.

One of the most common complaints, and most easily treated, is

excessive skin dryness, scaling, and cracking which may indicate that circulation to the skin is compromised. Other skin changes may include healed or new ulcers, calluses, and broken skin between the toes.

Eulactol Heel Balm offers you a solution to skin dryness, scaling and calluses. Eulactol contains 25% Urea. Urea helps to hydrate and moisturise the skin and provides relief to rough, dry skin areas. Dry skin occurs as a result of a lack of moisture in the stratum corneum skin layer. Urea increases the uptake of water by the stratum corneum and also coats the skin with a protective barrier to ensure that the skin remains hydrated. Urea also acts as an exfoliating agent to remove dead and dry skin cells, thereby softening the skin.

Longstanding high blood glucose can damage blood vessels, decreasing blood flow to the foot. This poor circulation can weaken the skin, contribute to the formation of ulcers, and impair wound healing. Some bacteria and fungi thrive on high levels of glucose in the bloodstream, and bacterial and fungal infections can break down the skin and complicate ulcers. Use Eulactol Heel Balm as a nourishing, moisturising base for a daily foot rub. The massaging and rubbing will help increase circulation in your feet and the Eulactol will help maintain your skin health.

More serious complications include deep skin and bone infections and damage to the nerves of the foot, decreasing a person's ability to notice pain and pressure.

Foot problems are a common complication in people with diabetes. Fortunately, most of these complications can be prevented with careful foot care.



Caring for your feet

There are many things you can do to keep your feet healthy.

- 1. Take care of your diabetes.** Work with your health care team to keep your blood glucose in your target range.
- 2. Check your feet every day.** Look at your bare feet for red spots, cuts, swelling, and blisters. If you cannot see the bottoms of your feet, use a mirror or ask someone for help.
- 3. Be more active.** Plan your physical activity program with your health team.
- 4. Wash your feet every day.** Dry them carefully, especially between the toes.
- 5. Keep your skin soft and smooth.** Rub Eulactol Heel Balm over the tops and bottoms of your

feet for daily moisturisation and to keep your skin soft and supple. If you have cracked heels or calluses, use a pumice stone while bathing to exfoliate off the hard, dead skin. Before you go to bed, generously apply Eulactol Heel Balm and cover your feet with a pair of socks or plastic. This offers a more intensive treatment.

- 6. If you can see and reach your toenails, trim them when needed.** Trim your toenails straight across and file the edges with an emery board or nail file.
- 7. Wear shoes and socks at all times.** Never walk barefoot. Wear comfortable shoes that fit well and protect your feet. Check inside your shoes before wearing them. Make sure the lining is smooth and there are no objects inside.
- 8. Protect your feet from hot and cold.** Wear shoes at the beach or on hot pavement. Don't put your feet into hot water. Test water before putting your feet in it just as you would before bathing a baby. Never use hot water bottles,

THE FOOT EXAM




People with type 1 diabetes for at least five years should have their feet examined at least once a year. People with type 2 diabetes must have their feet examined once per year.

During a foot exam, a healthcare provider checks for poor circulation, nerve damage, skin changes, and deformities. Patients should mention any problems they have noticed in their feet.

heating pads, or electric blankets. You can burn your feet without realising it.

- 9. Keep the blood flowing to your feet.** Put your feet up when sitting. Wiggle your toes and move your ankles up and down for 5 minutes, two or three times a day. Don't cross your legs for long periods of time. Don't smoke.
- 10. Wear shoes that fit well.** Shop for shoes at the end of the day when your feet tend to be bigger. Break in shoes slowly. Wear them 1 to 2 hours each day for the first few weeks.

Get started now. Begin taking good care of your feet today.

Eulactol was developed by pharmacists and has been dermatologically tested. It is available in 3 pack sizes, a 50ml jar and a 50ml & 100ml tube. Available in Pick n Pay, Clicks, Shoprite, Dis-Chem and other selected retailers and pharmacies nationwide. Consumer care line 0860 101 107. 

The Power of Balance

By Julia Wilson



Don't forget this important part of staying fit

A growing number of doctors, physical therapists and health experts contend that balance is in fact an essential, if often overlooked, element of fitness - and every bit as important as aerobic activity and strength training.

Being off-balance can lead to falls, a major concern given that many people take a spill annually, result-

ing in bruises, broken bones, and even head trauma and death. Balance peaks in your 20s and then starts to degrade from age 30 on, slowly. Starting at 65 it deteriorates much faster, if you don't do anything to compensate.

How to get balance...

So how does balance work, exactly? It's surprisingly complicated, involving the brain, muscles, and bones

working together to process sensory information. This data comes from several places: vision, the vestibular system in the inner ear, and proprioception, or the sense of where your body is in space. Good balance requires input from so many portions of the body and muscle strength in the lower body, particularly the ankles and knees; good posture; and a strong core are key.

The fact is, people can both preserve and restore balance with regular exercise and practice. Balance can be improved in the same way anything else in fitness (like aerobic conditioning or strength) is improved. Although a growing number of gyms offer classes like Bosu, which use balance balls or boards, you don't need a fitness club membership or special equipment for good training. The Harvard Women's Health Watch recommends these simple exercises, which are easily integrated into everyday life:

- Stand on one leg whenever you're waiting in line at the theatre, bank, or grocery store.
- Stand on one leg while brushing your teeth: one minute on one leg while brushing the upper teeth, and another minute on the other leg while brushing the lower teeth.
- Ask someone to toss you a Frisbee or beach ball while you balance on one leg and then on the other.
- Practise sitting down and getting up from a chair without using your hands.
- Practise walking heel to toe - that is, like a tight-rope walker, placing the heel of one foot just in front of the toes of the opposite foot each time you take a step.

Once you've mastered these exercises, try closing your eyes while you perform them to add another element of difficulty.

Taking it to the next level

If and when you're ready to take your balance training to the next level, you can use the more formal routines. You may also want to investigate Tai Chi, which is now offered at many gyms, or you can learn it yourself at home. This Chinese mind-body practice, which uses precise but gentle, flowing, dance-like movements, has widely been proven to improve balance. For example, a 2005 study in the *Journal of Advanced Nursing* found

that after 12 weeks of regular Tai Chi classes, elderly adults had better physical fitness, stronger knee and ankle muscles, improved mobility and flexibility, and better balance as well as a reduced risk of falls.

Balance and aging

Balance work is essential for people 65 and over, but it's also important for those with diabetes, who are at a disadvantage because they may not get as much information from sensory fibres in the feet that play a role in proprioception.

People with diabetes have increasing problems with balance because of potential foot problems and diabetic neuropathies, and should be especially proactive about improving balance. Numerous studies have shown that people with diabetes are more likely to fall as they age. A 2012 report in the *Journal of Gerontology*, for example, found that 78 per cent of nursing home residents with diabetes fell during a 299-day study period, compared to 30 per cent of those without the disease. A person with peripheral neuropathies has diminished sensory input from one of the most important places for training balance. Practising balance exercises can help train other parts of the brain, and compensate for that lack of sensory input.

Are you balanced?

So how do you know how truly good - or bad - your own balance is? The following is a simple test to be performed near a stable counter or piece of furniture, just in case your balance isn't up to scratch:

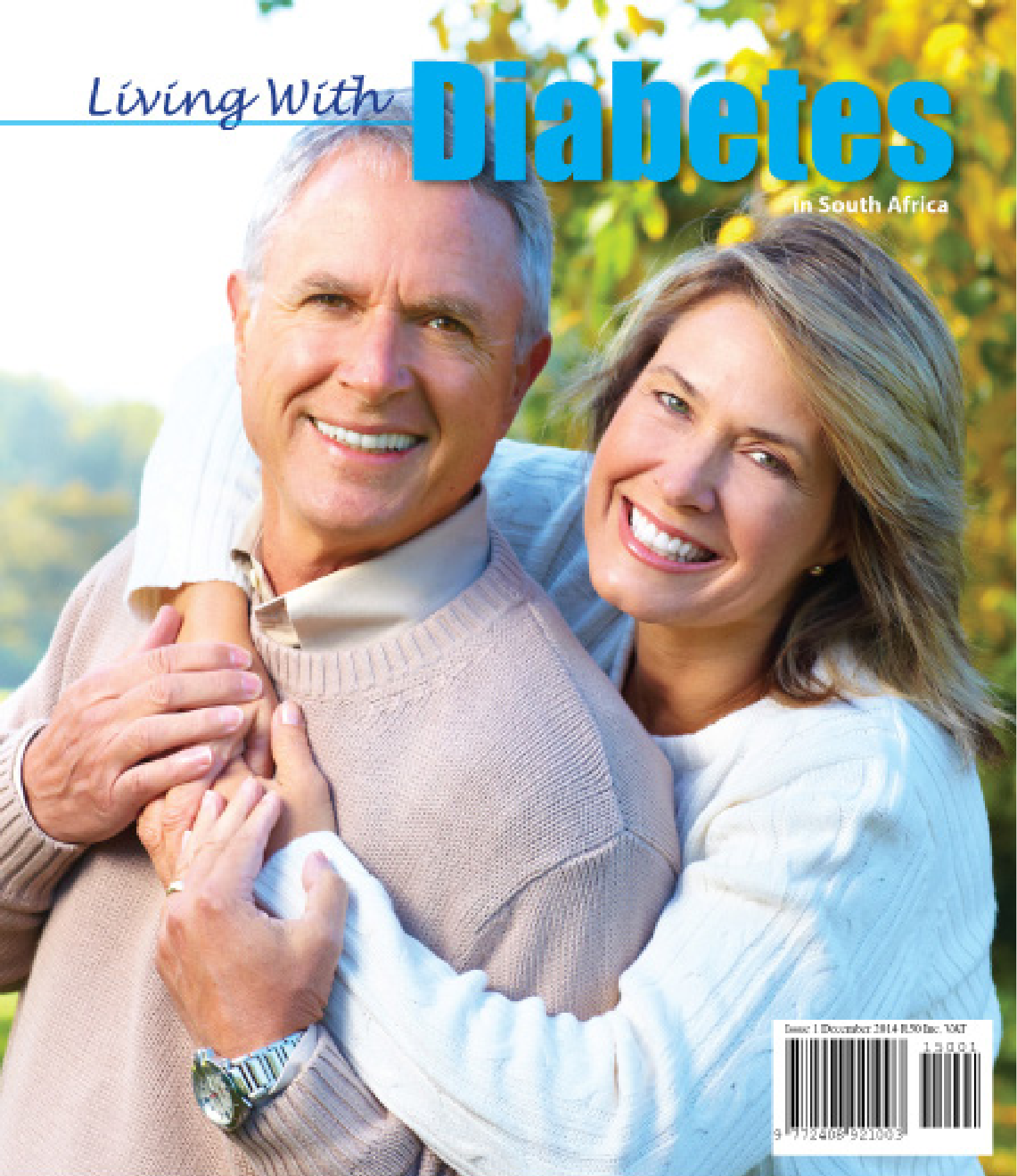
1. Stand straight, wearing flat, closed shoes, with your arms folded across your chest. Raise one leg, bending the knee about 45 degrees, and then start a stopwatch and close your eyes.
2. Remain on one leg, stopping the watch immediately if you uncross your arms, tilt sideways more than 45 degrees, move the leg you are standing on, or touch the raised leg to the floor.
3. Repeat this test with the other leg.

Now, see if you're hitting the average time for your age: 20 to 49 years old: 24 to 28 seconds on each leg. 50 to 59: 21 seconds. 60 to 69: 10 seconds. 70 to 79: 4 seconds. 80 and older: most cannot do it at all. 🚫

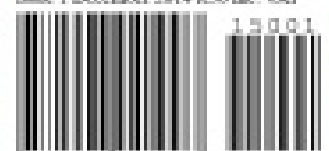


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- Your all-in-one diabetes guide • Diabetes management
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- Know your numbers • Children and teens with diabetes
- Body, mind & soul • Medication • General wellness

Shopping list of foods suitable for people with diabetes

Pick n Pay's registered Dietitian, Leanne Tee, has compiled this list of foods suitable for people with diabetes to guide your grocery shopping trips! These products are available at most Pick n Pay stores.



Carbohydrate foods

BREAKFAST CEREALS

- Whole-wheat instant porridges
- Muesli
- Bran flakes and shredded bran
- Oat bran – raw
- Oat porridge – cooked in low-fat milk
- Oats-based low-fat muesli

COOKED STARCHES

- Potatoes – baby and sweet
- Whole-wheat pasta
- Rice – basmati, brown and Tropic white
- Barley and sump
- Muesli / sweetcorn – frozen, canned or fresh

LEGUMES

- Baked beans in tomato or chili sauce
- Three-bean salad
- Lentil and rice salad
- Dried or tinned beans, lentils and chickpeas

BREADS

- 100% rye bread
- Seed loaf and low-GI breads
- Whole-wheat mini pitas

SAVOURY BISCUITS

- Puffins
- 100% rye crackers

Protein foods

DAIRY PRODUCTS

- Fat-free or low-fat 2% milk
- Fat-free yoghurt and drinking yoghurt
- Fat-free or low-fat plain yoghurt
- Low-fat evaporated milk and buttermilk (or lightly sweetened)
- Soya milk (sweetened with fructose not maltodextrin)
- Milk flavouring stevia

CHEESE AND SOYA

Hard (less than 25g fat per 100g)

- Low-fat cheese
- Mozzarella

Soft (less than 30g fat per 100g)

- Fat-free or low-fat cottage cheese
- Ricotta cheese
- Low-fat cheese wedges
- Reduced-fat feta
- Soya mince (vegetarian)

MEAT AND POULTRY

- Lean pieces of beef, pork and chicken, trimmed of all fat and skin before cooking
- Back bacon, trimmed
- Low-fat and lean cold meats, trimmed
- Skinless turkey
- Oetrich

NON-OILY FISH

- Hake, dorado, yellowtail, angelfish, monkfish, snook and tuna
- Calamari, mussels, oysters

OMEGA 3-RICH FISH (2-3 times a week)

- Pilchard and sardines
- Mackerel and herring
- Anchovy spread
- Salmon – smoked, canned and frozen filets

Fruit

- All fresh fruit
- Frozen mixed berries
- Dried fruit bars and rolls – not sugar coated
- Dried fruit (control portion size)
- Dried fruit – juice or syrup drained

Vegetables

- All fresh and frozen
- Canned tomato and asparagus
- Pickles – gherkins, onions and beetroot

Fats

OILS, NUTS AND SPREADS

- Olive, canola or avocado oil
- Olives and olive paste
- Seeds
- Unsalted nuts
- Peanut butter
- Avocado
- Flora tub margarine or Flora Idea low-fat spread



SALAD DRESSING

- Low-oil dressing (less than 5g fat per 100g)
- Reduced-oil salad cream (less than 25g fat per 100g)

Spreads

- Sugar-free and reduced-sugar jams
- Reduced-fat hummus
- Reduced-fat marmite

Desserts

To allow for dessert, reduce your starch portion at a meal by half

- Lite vanilla frozen dessert
- Whipped Lite cooled

Baking and cooking aids

- Cook in sauces and tomato-based pasta sauces (less than 2g fat per 100g)
- Spray 'n Cook or Cook 'n Bake
- Lite coconut milk
- Digestive bran and nutty wheat flour
- Rye and rye flour

Snacks

- Unsalted nuts
- Popcorn kernels
- Lean baking

Cool drinks

- Pure lemon juice
- 100% pure fruit juice, diluted with water
- Tomato juice and cordial
- All lite concentrates and cordials
- Unflavoured sparkling and still mineral water
- Sugar- and caffeine-free cool drinks

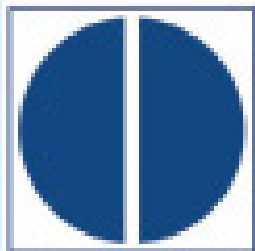
Sweeteners

- All sweeties

These foods can be included as part of a balanced and healthy diet suitable for people with diabetes, however, portion control is a critical part of managing blood glucose levels. For an individualized meal plan which takes portion sizes into account, contact a registered dietitian in your area. Visit www.adsa.org.za

Pick n Pay is committed to promoting health and well-being among South Africans, and employs the services of a registered dietitian to provide food- and nutrition- related advice to the public.

For your food- and nutrition-related queries, or for a more comprehensive food list, contact Leanne on: healthhotline@pnp.co.za or Toll free on 0800 11 22 88.



**Diabetes
South Africa**

Diabetes news

An official Publication of Diabetes South Africa

June 2010

Type 2 Diabetes and YOU...



Millions of South Africans have been diagnosed with type 2 diabetes, and many more are unaware that they are at high risk.

In type 2 diabetes, either the body does not produce enough insulin or the cells ignore the insulin. Insulin is necessary for the body to be able to use glucose for energy. When you eat food, the body breaks down all of the sugars and starches into glucose, which is the basic fuel for the cells in the body. Insulin takes the sugar from the blood into the cells. When glucose builds up in the blood instead of going into cells, it can lead to diabetes complications.

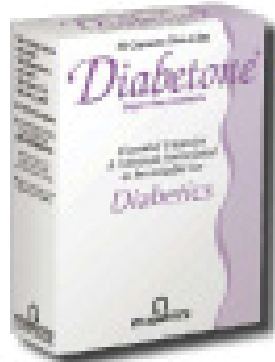
What is type 2 diabetes?

Diabetes is a disease in which blood glucose levels are above normal. People develop type 2 diabetes because the cells in the muscles, liver, and fat do not use insulin properly. Eventually, the pancreas cannot make enough insulin for the body's needs. As a result, the amount of glucose in the blood increases while the cells are starved of energy. Over the years, high blood glucose damages nerves and blood vessels, leading to complications such as heart disease, stroke, blindness, kidney disease, nerve problems, gum infections, and amputation.

Research shows that nearly 3 million people in South Africa have type 2 diabetes and do not know it. Many have no signs or symptoms. Symptoms can also be so mild that you might not even notice them. Some people have symptoms but do not suspect diabetes.

Symptoms include

- increased thirst
- increased hunger
- fatigue
- increased urination
- weight loss
- blurred vision
- sores that do not heal



Many people do not find out they have the disease until they have diabetes complications, such as blurry vision or foot sores. If you find out early that you have diabetes, then you can get treatment to prevent damage to your body.

Should I be tested for diabetes?

Anyone 40 years old or older should consider getting tested for diabetes. If you are ill or obese and overweight, getting tested is strongly recommended. If you are younger than 40, overweight, and have one or more of the risk factors, you should consider getting tested. Ask your doctor for a fasting blood-glucose test and then he or she can tell you if you have normal blood glucose, pre-diabetes, or diabetes.

What is my risk factor?

To find out your risk for type 2 diabetes, check each item that applies to you.

- I have a parent, brother, or sister with diabetes.
- I am overweight.
- I have had gestational diabetes, or I gave birth to at least one baby weighing more than four kilograms.
- My blood pressure is 140/90 mm Hg or above, or I have been told that I have high blood pressure.
- My cholesterol levels are not normal.
- I am fairly inactive; I exercise fewer than three times a week.
- I have other clinical conditions associated with insulin resistance, such as a condition called acanthosis nigricans, characterized by a dark, velvety rash around my neck or armpits.
- I have a history of cardiovascular disease.

The more items you checked, the higher your risk.

How can I reduce my risk?

You can do a lot to lower your chances of getting diabetes. Exercising regularly, reducing fat and simple sugar intake, and losing a little weight can help you reduce your risk of developing type 2 diabetes. Lowering blood pressure and cholesterol levels also helps you stay healthy.

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Diabetes - a cold potato?

Issue 1: 2012



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The Magical Power of Eating - and where the “magic” ends



*Dr Woolf Solomon,
Clinical Psychologist,
Private practice*

The world is gripped in an epidemic of overeating and obesity

This is a big problem for the obese person but it also has ripple effects on the family and the society in which the person lives. Ultimately, obesity will create huge medical costs as the body struggles with weight it was not designed to cope with. Although some medical conditions and some medicines may make you put on weight, more often than not, psychological reasons underlie the need to overeat. People often eat in response to psychological reasons, even if they are not hungry. And, these reasons will influence what kind of food we choose and how often or when we eat.



In his article, 'Understanding Emotional Well-being', MacDonald said that two thirds of those who overeat consume food in order to reduce negative experiences and emotions. They trust that feelings of guilt, or stress, or boredom, or loneliness, or anger and frustration, or emotional pain will go away, or at least be numbed, if they eat something nice.

Sometimes being overweight actually serves a purpose for the person, even if they are not aware of it. One young woman, who had been raped on a University campus, gained a lot of weight so that she would be less attractive to the boys. Her diabetes took a real turn for the worse because of the quantity of food she ate and because her food choices included sweets and chocolates on a daily basis. Only after dealing with her emotional trauma and realizing why she was overeating could she become less dependent on food to make her feel better. Only then could she lose the weight she had gained and become slender again.

For each individual, the emotional causes of overeating are as unique as a fingerprint – i.e. everyone has their own unique emotional/overeating signature. We know there is no “trick” or “magic” to weight loss, as many expect. Weight problems can never be viewed in isolation as they are in one way or another associated with emotional difficulties.

Roger Gould, who created the “Shrink Yourself” Programme said, “Emotional overeating makes it impossible to lose weight and keep it off despite good intentions. Food has become so much more than a tasty treat. It has become a cure-all; something with magical properties that makes people feel great. It takes hard work to give up the magic and have to learn more effective ways to handle the tension of life. The emotional eater must learn to let food go psychologically and then they can lose weight.”

No diet, no matter how effective in promoting weight loss, can have lasting value if we do not address the emotional issues that started the overeating habits and



overseas more comfortably, to be healthier and sexier and to get into a loving relationship... But, relationships scared her.

Through hypnotherapy, the underlying emotional reasons for her compulsive overeating emerged:

Over a period of several years from the age of eight, she had been sexually abused on many occasions by an uncle who used to visit. She kept the abuse a secret as she was petrified what the consequences might be should her parents find out about it.

"Putting on weight then provided me with a safe hiding place from awful people . I just ate and ate. Being thin was attractive to men and that was too scary. If I am fat, no one will ever abuse me. I feel like a big hole - just empty. So lonely! I could not tell anyone about what was happening. I had to keep this secret. I found comfort in the fridge " I was always dieting "as far back as I can remember". As long as I kept quiet about the abuse, the underlying issues could not be resolved. Once my uncle started abusing me, I could not be close to my parents. However, there was another reason; my parents' marriage was also fraught with conflict and I was afraid of what would happen if I told them about my uncle. Over the course of several months, we worked through her abuse and poor self-esteem issues. Mrs A started to lose weight and was exercising regularly. Following a holistic approach, she has already lost 19 kg in seven months and continues to make good progress.

the weight gain in the first place. The overweight person may shift their hope for a new and slender lifestyle from one popular diet to the next, but this only temporarily shifts the emotional burden. Many of the fad diets will provide temporary weight loss, but if the emotional problems are not dealt with, the weight often comes back even more quickly than it was lost.

Instead of trying to fix the problems with a 'diet', we need to work on the real cause of overeating - our emotions. Then, together with a healthy eating plan as well as regular exercise, the weight loss can be sustained. How can we become more aware of what emotional factors are behind someone's overweight condition? Traditional counselling may certainly achieve this. Another way is through the process of hypnotherapy (a state of deep relaxation in which it then becomes easy to access the subconscious mind). Hypnosis can help to identify and resolve the deeper underlying issues that we may not even be aware of. As an example, we can consider the case of a woman who experienced childhood sexual abuse.

Mrs. A. is 54 years old. She has two children and she is divorced. She weighed 165 kg when she came to see me. Her aim was to lose 65 kg over the next two years. She was referred by her cardiologist who was worried about the strain her weight was having on her heart.

Mrs. A's motivation was to be able to attend her children's weddings, be more mobile in general, to fly

Geneen Roth in her book "When Food is Love" says that we tend to swallow our feelings and blame ourselves when we feel out of control. Then we believe we can't get enough love, and we eat to try and satisfy our needs. When we become overweight, we sidetrack ourselves into believing that food is our problem.

In conclusion, in order to deal with overeating and obesity, the psychological reasons underlying these behaviours must be identified and treated. By identifying what triggers our eating, we can develop better ways to handle our emotions and not use food to resolve these feelings. In the next issue, I will discuss some solutions to the overeating problem. [\[5\]](#)

Angels walk among us - a community hero



Lindiwe Sangweni-Siddo

How can you help?

I woke up to the vibration of my mobile phone. I groped in the dark to read the message – it must be urgent as it was just after midnight. The message was from Dr. Gabaza Ngobeni, inviting me to speak at a Diabetes Day the coming Tuesday.

“Come and experience something different”, the heading read. Gift vouchers, refreshments and giveaways received for Diabetes Soweto are truly appreciated by our community. Thank you for your contributions and for taking the time to show our Soweto Patients that you value the part they play within our communities. These types of events cannot be successful without the help of sponsorships, no matter how great or small. How you can help?

“Well”, I thought, “if Dr. Gabaza is up in the wee hours of the morning planning her next Diabetes day for the month, how can I refuse to join in and help?” I would volunteer my time, I decided, as I rolled over to catch a few more hours of sleep before dawn broke.

I arrived just before 10h00 at Dr. Gabaza’s Healing Centre. The yard outside her surgery was already crowded with elderly women and a few men. Some managed to sit in the shade, but most sat in the scorching heat. Dr. Ngobeni was in the centre of the crowd asking them to sit down as the programme was about to begin. As I greeted her, she let out her signature laugh: a peal of giggles, with her hand over her mouth. “You made it! I am so happy you made it!” she said enthusiastically and gave me a big hug!

About thirty senior citizens looked on with curiosity. “Mam Lindiwe is the owner of the Soweto Hotel and she is going to address us today!” she said as she turned to face them. One of her assistants interrupted her, tugged at her sleeve, and beckoned her to follow him. Realizing what time it was she quickly explained that she was due to be on her weekly health spot on Jezi FM. She dashed into her surgery for the 15-minute telephonic interview. One of the elderly women began the programme with a prayer of thanksgiving followed by a popular hymn. This done, she handed over to a young man, Dumisane Mazibuko from Tibb Health Sciences. He proceeded to give an informative session on urinary tract and bladder infections in men and women, and how to avoid them. Having earned the undivided attention of these senior citizens, he proceeded to hand out a number of goodies. He handed out lucky charm necklaces and pamphlets on how to prevent bladder infection. He had a mouse-pad for me (I suppose I looked like I owned a PC?). His final gift was a real hit - stress balls! It seems the little old ladies were extremely stressed and they all eagerly reached out to get one!

My talk followed, and as usual, there was a gasp from the crowd when I introduced myself as a person who has had type 1 diabetes for over 33 years! I proceeded to speak on three topics: the importance of early diagnosis and recognizing the symptoms; the importance of a disciplined routine in taking medication; and the importance of a balanced diet and regular exercise. At the end of my talk, I asked if there were any questions. Hands flew up in the air.

“Is it true that the starch levels are lowered in pap that is cooked and eaten only on the following day?”

“My sugar level is always at 9 when I go to the clinic once a month – is that good?”

“What causes my sleepless nights?”

“I keep losing weight – is that good?”

“I love mayonnaise in my salads - is there a substitute that tastes as good?”

“What is the difference between type 1 diabetes and type 2 diabetes?”

“How do I monitor my sugar levels regularly without a blood testing machine?”

A healthy discussion continued until Dr. Ngobeni returned from her interview. She joined in the discussion – her knowledgeable medical responses dovetailing with and complementing my layperson responses!

As Dr. Ngobeni and her assistants handed out fruit and glasses of water, she introduced a young man, Johannes Baloyi, who was going to lead a physical exercise session. The small crowd of senior citizens stood up, stiff from sitting for a good hour or so, and shuffled to the space pointed out to them where the ‘Aerobics for Grannies’ was to take place. “And a one, two, three, four...” Johannes began to step in time as he started his session with a brisk march. The group followed in staggered unison.

I watched one old lady, who keenly followed every step, and marvelled at how fit she was despite her advanced age (given away by her glorious crown of grey hair). As she paused for a break, we greeted one another, and she introduced herself to me, “I am Mam Emma Kwele”, she said. I asked her how old she was. “I am 83 years old, and I have had diabetes for 21 years!” she responded with a proud grin.

The gym session ended, and I followed Mam Emma, keen to ask her what she did to stay so fit and healthy. As she sipped her water, she told me how she tested her blood glucose levels regularly throughout the day. She did daily walks – this explained why the gym session had been relatively easy for her. She told how she gave her own insulin shots, and cooked for herself so she could be extra sure she ate the right things! “And guess what” she said proudly, “I have perfect eyes – I still sew and thread my own needle with no help from spectacles or anyone!”

Wow!

Dr. Ngobeni announced the next session, “I don’t want any of you to leave my Healing Centre stressed today, I want you to leave all your stress behind! We are now going to have a drumming session!” She proceeded to introduce the next group of young men, who placed African drums in front of the group, handed out percussion instruments, and led the group into a rhythmic beat, “Clap, clap, clap, beat your drum, and percussion instruments – now!”

Beautiful rhythmic drumming, clapping, rattling, and tinkling in unison ensued without interruption for the next 10 minutes. Finally, Dr Ngobeni threw her arms up and gave a huge laugh. The senior citizens, clearly relaxed and soothed by their own rhythmic sounds, laughed too and looked happy.

Dr. Ngobeni had one final announcement, “Good news!” she said, and “The long awaited free blood glucose meters donated by one of the major companies will be delivered during the course of the week!” The people were delighted. Clearly pleased with the success of the day, Dr. Ngobeni announced that it was time to bring the session to a close, “Let us close in prayer and ask the Almighty for his healing hands and blessings.” Total silence fell upon her audience, as they received this final blessing.

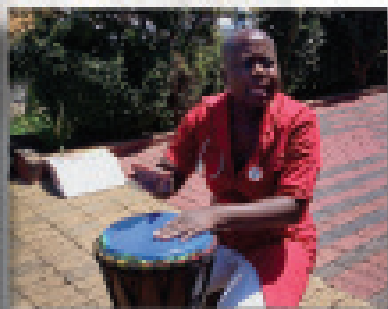
I made my way to my car, over-laden with goodies that Dr. Ngobeni and her other guest speakers had given out: an Accu-Chek Cook Book, my cold and flu herbal tablets, multi-vitamins, a mouse-pad, a stress ball and a lucky charm necklace... what else could a girl need?

As I bade farewell to Dr. Ngobeni, we exchanged hugs in the sweltering sun, and both mused on how we would jointly mobilize donors to provide shading for the yard of her Healing Centre. Angels walk among us and Dr. Gabaza Ngobeni is one of them. She reminds me of the old African adage:

“People don’t care about how much you know, they want to know how much you care.”

Dr. Gabaza Ngobeni is a general medical practitioner. She has a passion for her community and for people with diabetes. She runs a CDE Branch at the Healing Centre located at 776 Zone 1, Corner Luaname and Martinus Smuts Streets, Diepkloof, Soweto. She holds weekly health awareness sessions for the community every Tuesday from 10h00.

Tune in to Jozi FM every Tuesday at 10h00 and listen to Dr. Ngobeni talk on health matters. 📺



Eye Spy!

Eye care is especially important for people with diabetes because they are at increased risk of developing eye complications

People with diabetes do have a higher risk of blindness than people without diabetes. But the good news is that most people who have well-controlled diabetes may develop nothing more than minor eye disorders.

Retinopathy

Diabetic retinopathy is a general term for all disorders of the retina caused by diabetes. There are two major types of retinopathy: non-proliferative and proliferative.

Non-proliferative retinopathy is the most common form of retinopathy. In non-proliferative retinopathy, capillaries in the back of the eye balloon and form pouches. Non-proliferative retinopathy can move through three stages (mild, moderate, and severe), as more and more blood vessels become blocked.

Although retinopathy does not usually cause vision loss at this stage, the capillary walls may lose their ability to control the passage of substances between the blood and the retina. Fluid can leak into the part of the eye where focusing occurs, the macula. When the macula swells with fluid, a condition called macular oedema occurs, vision blurs and can be lost entirely. Although non-proliferative retinopathy usually does not require

treatment, macular oedema must be treated. Fortunately, treatment is usually effective at stopping and sometimes reversing vision loss.

In some people, retinopathy progresses after several years to a more serious form called proliferative retinopathy. In this form, the blood vessels are so damaged they close off. In response, new blood vessels start growing in the retina. These new vessels are weak and can leak blood, blocking vision - a condition called vitreous haemorrhage. The new blood vessels can also cause scar tissue to grow. After the scar tissue shrinks, it can distort the retina or pull it out of place - this is called retinal detachment.

Your retina can be badly damaged before you notice any change in vision. Most people with non-proliferative retinopathy have no symptoms. Even with proliferative retinopathy, the more dangerous form, people sometimes have no symptoms until it is too late to treat them. For this reason, you should have your eyes examined regularly by an eye care professional.

Who's at Risk for Retinopathy?

Several factors influence whether you get retinopathy. These include your blood glucose control, your blood pressure levels, how long you have had diabetes, and your genes.

The longer you've had diabetes, the more likely you are to have retinopathy. Almost everyone with type 1 diabetes will eventually have non-proliferative retinopathy, and most people with type 2 diabetes will also get it. But the retinopathy that destroys vision, proliferative retinopathy, is far less common.



Remember, people who keep their blood glucose levels close to normal are less likely to have retinopathy or to have milder forms.

Cataracts

Many people without diabetes get cataracts, but people with diabetes are 60% more likely to develop this eye condition. People with diabetes also tend to get cataracts at a younger age and have them progress faster. With cataracts, the eye's clear lens clouds, blocking light.

To help deal with mild cataracts, you may need to wear sunglasses more often and use glare-control lenses in your glasses. For cataracts that interfere greatly with vision, doctors usually remove the lens of the eye and sometimes the patient gets a new transplanted lens. In people with diabetes, retinopathy can get worse after removal of the lens, and glaucoma may start to develop.

Glaucoma

People with diabetes are 40% more likely to suffer from glaucoma than people without diabetes. The longer someone has had diabetes, the more common glaucoma is.

Glaucoma occurs when pressure builds up in the eye. The pressure pinches the blood vessels that carry blood to the retina and optic nerve and vision is gradually lost because the retina and nerve are damaged. There are several treatments for glaucoma. Some use drugs to reduce pressure in the eye, while others involve surgery.


Taking care of your eyes

All people with diabetes should take precautions to help reduce their risk of developing eye problems.

Most importantly, keep your blood glucose levels under tight control. High blood glucose levels may also make your vision temporarily blurry. Bring down high blood pressure as it can make eye problems worse.

See your eye care professional at least once a year for a dilated eye exam. Having your regular doctor look at your eyes is not enough. Only optometrists and ophthalmologists can detect the signs of retinopathy and only ophthalmologists can treat retinopathy.

See your eye care professional if –

- your vision becomes blurry
- you have trouble reading signs or books
- you see double
- one or both of your eyes hurt
- your eyes get red and stay that way
- you feel pressure in your eye
- you see spots or floaters
- straight lines do not look straight 

If you are between 10 and 29 years old and have had diabetes for at least five years, you should have an annual dilated eye exam. If you are 30 or older, you should have an annual dilated eye exam, no matter how short a time you have had diabetes. More frequent exams may be needed if you have eye disease. You should also have a dilated eye exam if you are pregnant or planning to get pregnant.

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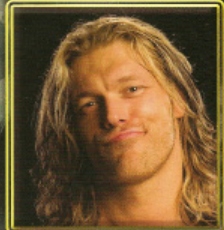
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Good nutrition for women of all ages

Women's nutritional needs change during menstruation, pregnancy, breast feeding and menopause.

A woman's reproductive life means that her nutritional needs differ greatly from those of a man. Women have different nutritional requirements.

Good nutrition starts with the basics: a well-rounded diet consisting of whole grains, fresh fruits and vegetables, healthy fats, and lean sources of protein. These kinds of foods provide women with plenty of energy, the means for lifelong weight control, and the key ingredients for looking and feeling great at any age.

Busy women often find themselves skipping meals, eating "empty" snacks, skipping on vitamins and over eating fat-free foods.

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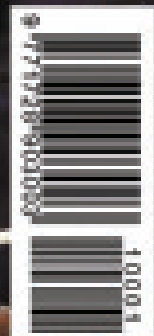
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BEATING

It's ironic how one of the features that define us as women can also be the most common cause of cancer and the second most common cause of cancer-related deaths in women.

Heightened awareness of breast cancer risk in the past decades has led to an increase in the number of women undergoing mammography for screening, which in turn has led to early detection and a resultant improvement in survival rates.

This being said, breast cancer is the most common cause of death in women between the ages of 45 and 55.

Risk factors

Research has now shown that genetic and/or hormonal factors are the primary risk factors for breast cancer.

The good news is that with early detection and diagnosis, in conjunction with correct treatment, the death rate for breast cancer has declined by approximately 20% over the past decade. With ongoing research taking place, this will hopefully decline even more in time to come.

Studies have found the following

- **Family history:** A woman's risk of breast cancer is higher if her mother, sister, or daughter had breast cancer. The risk is higher if her family member got breast cancer before age 40.
- **Personal history of breast cancer:** A woman who had breast cancer in one breast has an increased risk of getting cancer in her other breast.
- **Age:** The chance of getting breast cancer increases as a woman gets older. Most cases of breast cancer occur in women over 60. Breast cancer is not common before menopause.
- **Breast density:** Breast tissue may be dense or fatty. Older women whose mammograms show more dense tissue are at increased risk of developing breast cancer.
- **Reproductive and menstrual history:** The older a woman is when she has her first child, the greater her chance of breast cancer. Women who had their first menstrual period before age 12, and women who went through menopause

Detecting breast cancer

The best way to fight breast cancer is to detect it early. A breast self-exam will most certainly help, although the most effective tools to detect breast cancer are mammography (breast x-rays) and clinical breast exams by your doctor or gynaecologist.

By performing a self-exam you can check your breasts for changes (such as lumps or thickenings) that may signal breast cancer. While 80% of all breast lumps are not cancerous, you can catch potentially serious changes in the breast early.

Start doing self-exams in your 20s. You should examine your breasts once

BREAST CANCER



Risk factors for breast cancer:

after age 55, are at an increased risk of breast cancer. Women who have never had children as well as women who take certain types of hormone therapy for menopause symptoms have an increased risk.

- **Drinking alcohol:** Studies suggest that the more alcohol a woman drinks, the greater her risk of breast cancer.
- **Being overweight or obese after menopause:** The chance of getting breast cancer after menopause is higher in women who are overweight or obese.
- **Lack of physical activity:** Women who are physically inactive throughout life may have an increased risk of breast cancer. Being active may help reduce risk by preventing weight gain and obesity.
- Keep in mind, however, that most women who have known risk factors do not get breast cancer and a lot of women with breast cancer do not have a family history of the disease or any of the other risk factors.

a month, three to five days after your menstrual period ends. If you have stopped menstruating, make a note in your diary and perform the exam on the same day of each month. You will soon become aware of the exact makeup and design of your own breasts, which will make detection of anything unusual much easier.

Mammography is still the best way of screening for early breast cancer and it is recommended that women older than 40 go for an annual screening.

The ten-step breast exam

1. Undress from the waist up and stand in front of a large mirror. Start by looking at your breasts. With your arms relaxed by your sides, look for any changes in

size, shape or position, or any changes to the skin of the breasts. Keep in mind that most women's breasts are not the same size. Look for any skin puckering, dimpling, sores or discoloration.

2. Inspect your nipples and look for any sores, peeling or change in the direction of the nipples.
3. Place your hands on your hips and press down firmly to tighten the chest muscles beneath your breasts. Turn from side to side so you can inspect the outer part of your breasts.
4. Bend forward towards the mirror and roll your shoulders and elbows forward to tighten your chest muscles. Your breasts will fall forward. Look for any changes in the shape or contour of your breasts.
5. Clasp your hands behind your head and press your hands forward. Again, turn from side to side to inspect your breasts' outer portions.
6. Lift your breasts with one hand and inspect the area underneath your breasts.
7. Check your nipples for discharge and place your thumb and forefinger on the tissue surrounding the nipple, and pull outward towards the end of the nipple.
8. Whilst in the shower or bath and your hands are slippery with soap, check for changes in the breasts, or lumps and thickening in your underarm area. Check both sides for lumps or thickenings above and below your collarbone.
9. With soapy hands, raise one arm behind your head to spread out the breast tissue. Use the flat part of your fingers from the other hand to press gently into the breast.


10. You can perform the same tests as above whilst lying down flat on the floor or on a firm bed.

Treating breast cancer

Breast cancer treatment depends upon many factors, including the type of cancer and the extent to which it has spread. Treatment options for breast cancer may involve surgery (removal of the cancer alone or, in some cases, mastectomy), radiation therapy, hormonal therapy, and/or chemotherapy. Some women and their specialists may choose to use more than one option to ensure the eradication of the cancer.

Any woman with breast cancer should take an active part in making decisions about their medical care. Learning all about breast cancer and your treatment choices will help you make a decision that is right for you and will help you feel more in control.

See your doctor if you see or feel...

- Bloody or clear fluid discharge from the nipples;
- An area that is distinctly different from any other area on either breast;
- A hard area under the skin, or a mass or lump, which can be as small as a pea;
- A change in the size, shape or contour of the breast;
- A change in the feel or appearance of the skin on the breast or nipple;
- Redness of the skin on the breast, underarm area, or nipple. 

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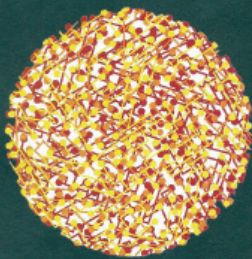
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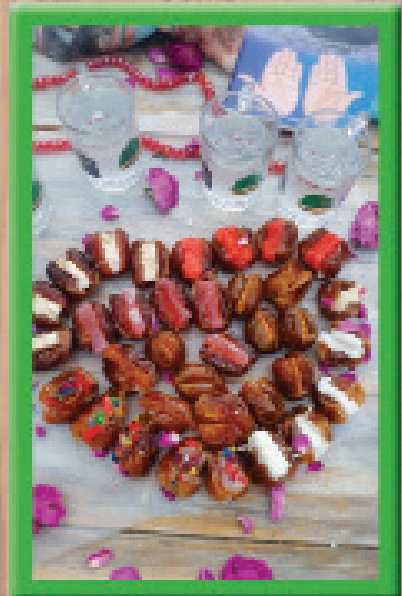
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Peri-Peri Chicken Pies

Ingredients :

1 kg chicken fillets washed (6 pieces), cubed and strained
 1 onion chopped fine
 4 T oil/ghee
 1T red masala (ginger garlic)
 1 t green masala (green chilli and garlic)
 2 t chilli powder
 Salt to taste
 Pinch of turmeric powder
 Half t ground jeeru
 4 - 5T tomato puree
 Half cup steers peri peri sauce
 Chopped coriander

Method :

Saute onion with oil or ghee till light and golden
 Add the cubed chicken , salt ,

turmeric, green and red masala.
 Allow to cook for few minutes
 Add in the balance of the ingredients, except the chilli sauce. Do not dry or over-cook the chicken
 Once chicken is cooked, add half a cup of chilli sauce and chopped coriander. (You can add more sauce if preferred)
 Adjust spices as preferred.

Coloured sesame seeds :
 Seperate sesame seeds in 4 or 5 different bowl. Colour each batch a different colour using gel/normal food colour. Place the different coloured seeds in rows onto a tray lined with wax paper. Bake on low heat for a few minutes. Leave to dry completely. Store in an airtight container.

Banners & Flyers

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Pet EXPO

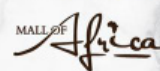
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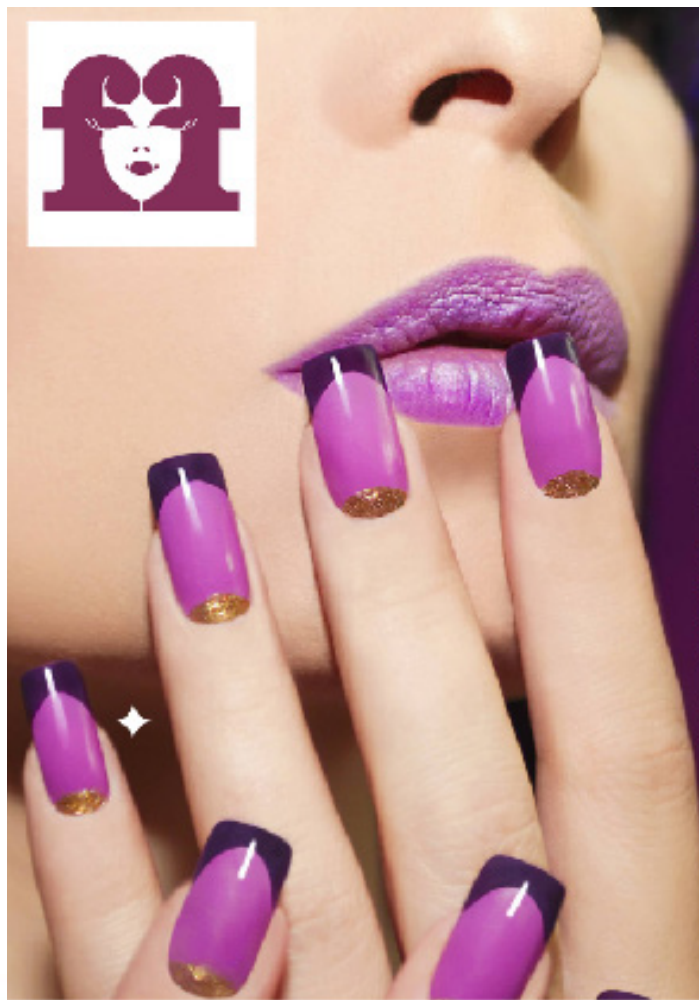
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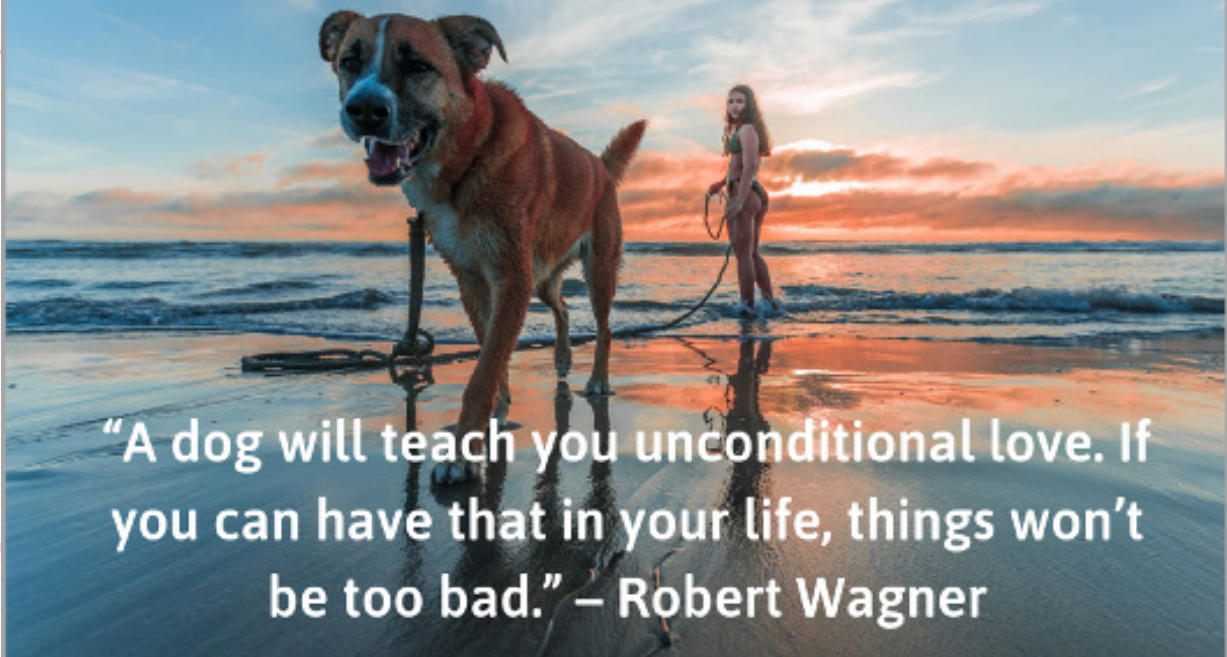
Subjects include -

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- Anatomy and Physiology of the skin
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The magazine for all dog lovers

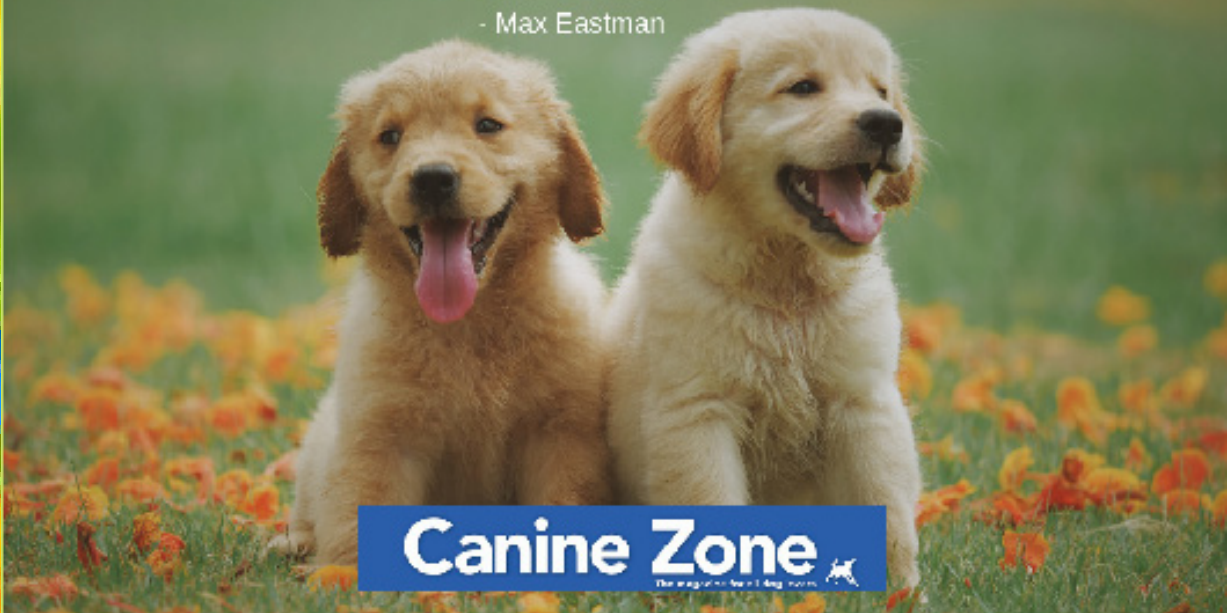



"A dog will teach you unconditional love. If you can have that in your life, things won't be too bad." – Robert Wagner

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"Dogs laugh, but they laugh with their tails".

- Max Eastman



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“Everybody
should have a
shelter dog. It’s
good for the
soul.”

– Paul Shaffer

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“Dogs do
speak, but
only to those
who know
how to
listen.”–

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"A dog has one
aim in life...
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his heart".

- J. R. Ackerley

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"The world would
be a nicer place if
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ability to love as
unconditionally as
a dog."
- M.K. Clinton



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The magazine for all dog lovers

**“The more I
learn about
people, the
more I like my
dog.”
– Mark Twain**



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**“Dogs’ lives
are too short.
Their only
fault, really.”**

**– Agnes Sligh
Turnbull**



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"I have found that when you are deeply troubled, there are things you get from the silent devoted companionship of a dog that you can get from no other source."

- Doris Day



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"Dogs have a way of finding the people who need them, and filling an emptiness we didn't ever know we had."

- Thom Jones

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The magazine for all dog lovers



HAPPY MOTHER'S DAY!

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- Giving me treats
- Never abandoning me
- Never punishing me
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It's important to feed your dog a high quality food because nutrition can affect the longevity and quality of life for your dog. The quality of the food you feed makes a direct difference in your pet's health. The old saying "You are what you eat" applies to our pets in the same ways as it does for ourselves.



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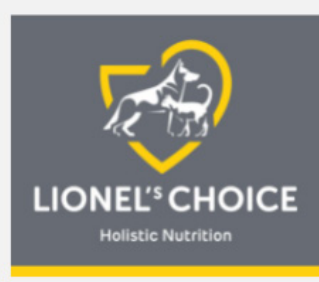
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Even if you weigh your dog's meals to ensure that they are getting the correct amount of food, it is important to monitor and account for any other food that they may eat throughout the day - especially as it is often the treats and scraps they are fed which are higher in fat and calories. This is not to say that you shouldn't give your dog a treat every now and again, but make sure you are aware of when you give them, and try to give them only when they have really been earned.



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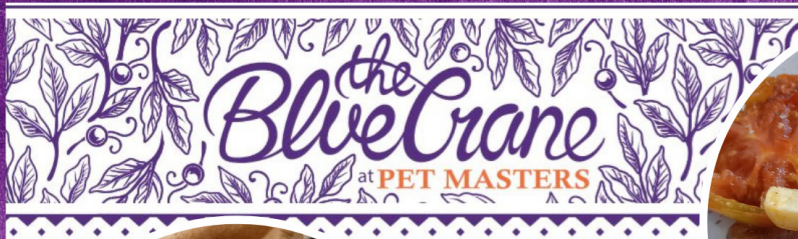
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COOL CAT FACTS



Cats can have whiskers on their chins, cheeks, eyebrows and front legs. Cat whiskers, known as vibrissae, are touch receptors. They serve multiple functions that help the cat's body awareness. Whiskers should never be cut; a cat without whiskers can become disoriented and less effective at navigating her environment.



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THINGS TO DO WITH YOUR CAT...

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CHOOSING THE RIGHT DOG TOY

Hard rubber toys come in many shapes and sizes and are fun for chewing and carrying around. For dogs that like tug-of-war and chewing on interesting textures, rope and woven toys are ideal.



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REASONS TO
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Puppy toys: All dogs need mental stimulation, and toys are a great way to play and interact with your new puppy. Look for toys designed for puppies as they're usually smaller and work better with their puppy teeth – and consider interactive treat toys and puzzle toys to keep your puppy engaged and busy.

PUPPY CHECKLIST

PET MASTERS

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Establish a good relationship with a veterinarian and schedule a wellness check-up for your dog at least once or twice a year. Quite often, potential problems can be identified and treated before your dog shows signs of illness. Make sure your dog's vaccinations and deworming is up to date too.



WHAT YOUR DOG NEEDS...

**GOOD
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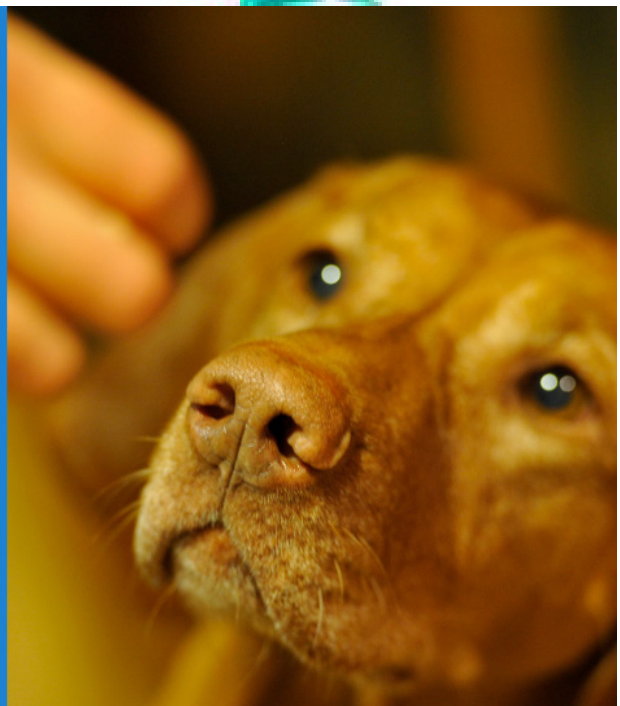
3-6 months: Sometime during this period, decrease feedings from four to three a day. A pup should be losing her potbelly and pudginess by 12 weeks. If she is still roly-poly at this age, continue to feed puppy-size portions until body type matures.



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Dog behaviour essentials

"Down" is a tricky command to teach, but a great one for your dog to know, especially when your dog gets a too excited. Hold a treat in front of your pup and wait for them to smell it. Once they do, bring the treat down to the floor and your dog will eventually follow. When their belly is on the floor say "down" and give them the treat.



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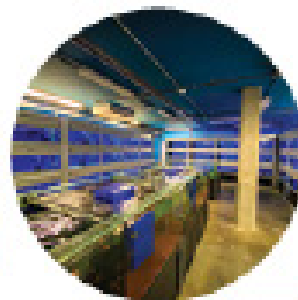
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KNOW YOUR SKIN TYPE

COMBINATION

How to Tell: If you're having trouble figuring out what type of skin you have, it's likely combination. Is your skin dry in certain areas, while oily in others? Combination skin is most easily defined by an oily T-zone - the strip across the forehead and the line down the nose - and dry or normal skin on the rest of the face.





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KNOW YOUR SKIN TYPE

DRY

How to Tell: Dryness is caused by a lack of oil in the skin. Symptoms include flakiness, sensitivity, itchiness and cracks. It may be caused by lifestyle and environmental factors or a chronic condition (in case of eczema or related conditions). Your skin may feel tight, have a papery appearance or show small, fine lines. Moisturising and using the correct products is key for dry skin.



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KNOW YOUR SKIN TYPE

OILY

How to Tell: Your skin always seems to be glowing. You might find that makeup and skin care products don't always stay put like you'd want them to. With oily skin, shine control is a top concern but you still need to moisturize. Be sure not to over-wash your face, as drying out your pores can cause them to produce even more oil to compensate.



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