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Welcome to our first issue of Australian Health Today magazine. We hope you enjoy reading all things health and how it relates to you, your family and the lifestyle choices we make living in this great country of ours. The availability and scope of health information in today’s world is virtually always at your fingertips, whether its online or in print form. It’s important to make informed decisions regarding your health and to keep on top of all the latest and current information. Our physical and mental health is most important, and we hope that you will benefit and arm yourself with the knowledge to keep yourself and those you care about happy, healthy and wise.

With winter well and truly upon us, it’s important to stay on track with our diet and exercise to keep away those winter nasties. Honey is one of nature’s miracles and we have some great varieties in Australia. In our feature article, we look at the wonders of honey, particularly the potent manuka variety and its health benefits and the work being done by an Australian research team to help our honey industry.

We chat with the dynamic Professor Fiona Wood, world leading burns specialist, plastic and reconstructive surgeon and former Australian of the Year, and how she maintains her health and wellbeing while juggling career and family.

With diabetes on the rise in Australia, we feature the Telethon Type 1 Family Centre in Western Australia, the first of its kind in Australia and the support it provides to many families.

Osteoporosis particularly affects women but it can also have debilitating effects on men. We look at ways to minimise the risks to men of all ages.

The effects of digital gaming can leave parents frustrated when it comes to their children and the effect on the family. But we tend to forget the positive aspects of gaming and a new report shows some surprising results.

Our section on Nutrition delivers some great tips for juicing, the benefits of the Mediterranean diet and more. If you are thinking of travelling to a warmer location to avoid the cool weather, turn to our travel section for advice about mosquito-borne diseases and ways to stay safe on vacation.

With sections for men, women, teens, babies and even pets, our aim is to entertain and inform you and your whole family. Don’t forget to enter the competition to win a healthy food hamper worth $250. Details on page 20.

There’s a whole lot more for you inside this first edition.

Happy reading and let us know what you think by connecting with us on social media or emailing us at info@australianhealthtoday.com.au. Yours in Health.

Rania

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Rania
Meet some of our contributors

Dr Sarrah Omran
Sarrah graduated with first class honours from the University of Western Australia, receiving the Royal Australasian College of Dental Surgeons Prize. She has a particular passion for smile makeovers and cosmetic dental treatments. In her spare time she is a keen reader, enjoys good food and cherishes family time.

Dr Polly Weston
Originally from London, Polly completed her medical training and fellowship in the SouthWest of England. She has worked as a specialist Obstetrician and Gynaecologist in Hawkes Bay, New Zealand and Western Australia. Her passions are management of labour ward and the empowerment of women to make good health choices. The remainder of her time is spent competing in endurance length adventure races all over the world.

Sonja Ristevski
Sonja holds a BSc (Hon) degree from Melbourne University and a Graduate Certificate in Health Promotion from La Trobe University. She has worked in the field of clinical research for many years and has co-authored a number of academic publications. Sonja has recently started freelance health writing, combining her passion for public health and writing. www.srmedicalwriter.com

James Graham
James is a PhD-trained biochemist and neuroscientist with over 9 years of research experience in the field of neurodegeneration. As an academic, he has published several scientific papers; as a medical writer he has written many articles in print and online, covering topics on ageing, neuroscience, anatomy, physiology and nutrition. www.craftext.com

Lisa Tassell
Lisa has been a qualified naturopath for 15 years. Her passion is to help people take control of their own health. She utilises a variety of skills to optimise success rates of achieving health and wellbeing goals.
Former Australian of the Year and a Member of the Order of Australia, Professor Fiona Wood has had a long and remarkable career as a world-renowned burns specialist whose primary goal is to provide management and care for burns victims and to deliver scarless healing.

She was thrust into the spotlight after the horrific 2002 Bali bombings, and worked tirelessly with her team to save the survivors. With multiple roles and responsibilities, both professionally and personally, she talks candidly about her life’s passions and how she stays on top of her game. For Professor Wood, regular exercise and leading a healthy lifestyle is paramount to managing her relentless schedule between hospitals, the foundation, the university and travel overseas where she continues to deliver her message about her research in burns care.

Burns in Numbers

- **11 billion** burns injuries globally every year
- **300,000** deaths annually related to burns injuries worldwide
- **50%** of hospital admissions are children nationally
- **$20 million** annual cost of burns injuries nationally
- **67%** of adult burns patients need surgery nationally

- **1993** Developed a skin culture facility with scientist Marie Stoner
- **2002** Team Leader for the treatment of the 28 Bali bombing survivors
- **2003** Member of the Order of Australia
Director of the Burns Service of WA, Fiona Stanley Hospital and Princess Margaret Hospital
Consultant Plastic Surgeon, Fiona Stanley Hospital and Princess Margaret Hospital
Co-founder and Director of the Fiona Wood Foundation (formerly The McComb Foundation)
Winthrop Professor, School of Surgery, University of Western Australia

2005
WA Citizen of the Year
2005
Australian of the Year
2005
Clunies Ross Award for her contribution to medical science in Australia
Q When does a typical day start and end for you?
I always kind of smile at that one because one of the very fortunate things for me is that I live in a space where there is no real “typical” day. I usually start at 5 o’clock … answering emails, getting myself organised and by 6, I’ll be exercising. Then it depends if I’m on clinical, I’ll be at the hospital early, or if I’m on research roster or meetings I’ll move between the hospitals or various meeting places, whether it’s the university or city, and then its operating, outpatients, more meetings around health at the Burns Service, or meetings around health generally. I’m on various committees, so more meetings around different research groups. It’s quite varied each day and into the early evening.

Q You have an extremely busy life as a successful medical professional, mum to six children, researcher and more. What strategies do you use to organise your time?
I guess I’ve been very much a planner all my life… very keen at looking at what I’ve had to achieve and working out how best to dovetail it in when you see an opportunity of time opening, having things you can move and being flexible. Its planning but with inbuilt flexibility and not being rigid in your planning, and prioritising.

For me, the kids were a priority, so working with my husband - making sure that they had their needs met and they were at the right place at the right time. To do this we would alternate and on the days I would work early, he would take the kids to school. When I would finish early, he would work late. That sort of juggling. I feel like it’s not so much a balance. It’s more like Chinese plate juggling!

Q If you had to take a step back and slow down, what would you do?
I would still exercise. There is no substitute for your personal fitness. Having the capacity to exercise brings you to the table with a higher level of capability. If you’re fit, you can deliver at a higher level of efficiency – you’re fit inside and out. If I were to step back and slow down, I would definitely cycle more.

Q How often would you give yourself a bit of ‘me” time? What do you do for relaxation?
Definitely my exercise in the morning. I also love the beach. I was in there this morning in the big waves. Walking on the beach and then I throw myself in the water. I love the waves. I’m not really a swimmer but I just like being knocked around by the waves - for a bit of a play. I mean, how often do we play? We have fun in the waves and just mess about. Even after a cycle, I’ll try and head down to the water, even in winter.

Q How often would you make time for regular physical activity in your busy working week?
Other than cycling, walking and throwing myself into the waves, I do a fitness class each week on the beach, and even when I’m away and travelling, my trainer gives me videos to do - little exercise sets. It takes me about half an hour and even if I’m in a hotel room, I find it a lot better to follow the videos because I’m not really one for the hotel gyms. So I’ll use weights and bands, but when I’m in my hotel room, I’ll use my body weight for resistance training. Which is great because it’s always been a problem for me not being able to exercise while travelling. Now, I can!

Q How do you keep your brain healthy and happy?
Well, I think there is probably a hole in my brain when it comes to learning a language, and I’m not that great with crosswords, Sudoku and the like, but I do like reading a lot. I read fiction but I also read a lot around related material trying to understand the advancing technologies that are out there and how they can impact on what we do in our burns care. So, I guess my brain activity is really ‘horizon scanning’ and looking at what is happening elsewhere and thinking “Well, how can that really help us? Or what about that genetic analysis? Or how people might be treating something over there, and actually that might be really interesting because that infection might teach us something about our patients here.” I always read every night, I’m an avid reader especially just before I sleep.

Q What about your diet? Anything specific that you eat, or do you follow a particular diet trend?
I always feel that I eat too much and I love food but I have to watch that I don’t eat too much. I’m not following any particular diet but eating sensibly makes a big difference. You have to maintain your energy. I have lots of athletes in my house so we have to eat healthy. Just good healthy food, so if I buy ice cream too often, they get cranky at me. I love chocolate but we have to keep that for weekends.

Q One of your greatest achievements has been your work with ‘spray on skin’ with Marie Stoner, which gave you critical acclaim. Put simply, how does it work?
Well, we replace our skin surface continually. Every six to eight weeks the cycle is going through. The engine room in the skin is between the two main layers. It’s really taking an enzyme and splitting the skin like a bread and butter sandwich, and the engine room is the butter and that is what I’m looking for, so I put the skin
in an enzyme and the two main layers split apart and so that has left me with the ‘butter’ surface exposed, if you like. We scrape that off and that is the engine room. They’re the cells that replenish the surface of the skin. So we harvest them by scraping off the butter (of the bread and butter sandwich) and we spray it back on. It takes twenty minutes to harvest the skin so it is a pretty quick process, where we use a kit. The aim is to speed up the time to heal and so by doing that, you reduce the scarring.

Q What is the aim of the Fiona Wood Foundation? How important is fundraising for this cause?
Fundraising is all about keeping our research going and giving us the freedom and opportunity to facilitate exploring questions and exploring how we can understand the differences in different groups. By understanding the difference in certain burns, then we can understand the mechanism behind that in the cells. By understanding that, we can then try and change the care. It’s all about improvement of care by research. If we raise more money, we do more. If we raise less, we do less. We wouldn’t have been able to do anything anywhere near what we have done without the community support. What we have been able to achieve has been facilitated by our community supporting the foundation.

Q What are the majority of burns you see as a result of? And why?
In the kid’s hospitals, the majority of cases are scalds. In the adult hospitals, it’s flame burns. Really, that’s pretty standard for a developed population. The vast majority of our burns are not major and that is predominantly because of prevention, occupational health and safety strategies have been very effective in our environment. Things like safety around nightwear in children means we don’t see those types of burns where kids get flame burns from their night clothes. The way kettles are designed now, we see less kettle scalds. Our homes and our workplaces are designed much better. We saw, certainly by the early 90s, a big fall away from the incidence of the very nasty major burns. Most of our burns are less than 20% body surface area, but having said that, that is a pretty major burn for someone. But when someone does have a major burn we are obviously focussed on treating them in a way to always strive to give them the best possible outcome to what they were before.

Q What made you passionate about burns injuries?
I saw a child so badly scarred from a very trivial injury in 1985 and I couldn’t believe that that was as good as we could get. So that’s when I started and I was determined to make that better. There’s so much new at the moment. Understanding that a burn injury influences the rest of your life, we want to know why and I particularly want to know how we can use the brain, and the impact on the nervous system, because it is so painful, and the skin is a nervous receptor. It’s our interface with the world, and so, if you damage the skin, its painful, the nerves change, your brain changes, and we want to use that information to drive a better repair, to drive that person’s healing. So I think it’s really exciting to understand the neurological impact of burn injury.

Q What are the proudest moments for you personally and professionally?
I’ve had some great moments personally. I feel very fortunate to be the mum of six amazing kids. They’ve certainly made me proud on multiple occasions. Professionally, there are two levels; being Australian of the Year was beyond anything I could have ever imagined. But then, some days, you see someone who has climbed their own personal Everest of healing, and they walk out of here (the clinic), and you think, wow! That’s something special.

Q What advice would you give busy Australians like yourself who are juggling multiple tasks and trying to find a balance between home, career and health?
Enjoy it...Enjoy it....! I’ve got this far in my life and I still haven’t figured out the ‘yes’ gene because I keep using it all the time. I keep saying, “Yes! Yes! Yes!” and I’m a yes person and I know that. Then I work out how to make things happen. So, I’m an optimist, and I’ve been fortunate to be able to bring to the table a joy of life. I enjoy it and I know that people around me, when they are enjoying what they are doing, are better at it and it’s exciting. They give more and the whole thing builds, so positive energy is something that I really thrive on and I really connect with others and that gets you through the bad days. It’s not always sunshine and roses so I think the best thing is to find something that you always enjoy. Time is so precious and you can’t waste it.

So my advice is to make sure you enjoy it. If you’re not enjoying it, and it becomes a chore that’s when it’s time to stand back and ask “What are my life choices?” All we have is our time. You want to make sure you spend it wisely, and enjoy it on a fulfilment level and you know you’re contributing. Get positive energy from lots of different spaces. Management of stress is associated with resilience, which is intrinsic in part, but it is a learned behaviour. Things aren’t always going to go right or the same way you expect but if you enjoy something and you put your life energy into it, when you get to a hurdle, you will have the resilience to overcome that hurdle instead of walking away – because it means enough.

To donate to the Fiona Wood Foundation, go to www.fionawoodfoundation.com for more information.
Digital Gaming

It's Not All Bad

By Sonja Ristevski
The next time you consider video game playing as belonging solely to the domain of socially awkward teenage boys, hidden away in the privacy of their rooms, think again. Research has revealed that a staggering two-thirds of the Australian population engaged in this popular pastime in 2015, with the vast majority (almost 80%) of gamers being adults over the age of eighteen years. Further highlighting the popularity of this activity, the study found that almost all homes with children had a device for playing digital games. These statistics have steadily grown over time.

The Digital Australia 2016 (DA16) report is based on a 2015 study of 3398 individuals, of varying ages, from 1274 randomly drawn Australian households. It aims to examine the progressive state of interactive media in Australia, by conducting surveys approximately every two years. It also explores the notion that video games have greater potential than purely as a source of entertainment, considering their use at school, work and for health purposes. The scope of games assessed in the DA16 study includes those played on any device (personal computer, console, handheld) and of any type and style.

Worldwide, digital gaming is an enormous and growing industry with global spending expected to reach $83 billion in 2016. In Australia, the current total industry value is estimated at almost $2.5 billion and the industry grew 20% in 2014.

WHO’S PLAYING?
There were even more surprising findings to come out of this large-scale, Australian study. In 2015, the average Australian gamer was 33 years old and almost just as likely to be female, as to be male. This highlights a fascinating demographic shift since the first Digital Australia study conducted a decade ago. At that time, the average player was only 24 years old and most likely to be male, with females representing only a third of the game-playing population. Gaming is clearly not a male dominated hobby, anymore.

Interestingly, although the proportion of females playing digital games has steadily increased over time, it has recently started to plateau. There have been suggested explanations for this including the portrayal of women, and perhaps the style of play that exists, in certain games. It may also potentially be related to a social construct around what males and females do in their leisure time. A combination of all of these factors may be involved and it will be interesting to witness how this develops over time.

These many great changes that have taken place over time within the gaming population may surprise most people. The misconception about
exactly who is playing games may be related to a combination of reasons. A generational shift has likely taken place, whereby the young adults that were playing games a decade ago, have continued playing games into adulthood. Also, the researchers suggest, the games of today have become more complex and sophisticated, with richer narratives and greater player involvement, thereby holding the interest of a wider age group. For instance, of those aged 65 years and over, almost half play games. This may indicate a growing trend, as an increasing number of Australians become technology-savvy.

**THE GOOD...**

With gaming playing such a large and seemingly increasing role in the leisure time of many Australians, there has been much speculation in the media about its potentially harmful influences to one’s mental health and wellbeing. To date, most research in this field has focused on trying to establish such links. Particularly with relation to youth mental health, it is a growing area of interest and research. Youth may be considered especially vulnerable to negative input, with impressionable minds. However, emerging evidence is showing that game playing may, in fact, confer considerable benefits to one’s wellbeing.

The potential benefits of gaming were the focus of a recent review of the literature on video games and wellbeing, conducted by the Young and Well Cooperative Research Centre (YWCRC). It found clear evidence for a number of positive influences attributable to gaming, such as: increased vitality, improved mood, greater self-acceptance, heightened competence and autonomy, and improved relatedness and social connectedness. There was also a positive association, though the evidence was less clear on the direction of the association, with: self-esteem, optimism, resilience, healthy relationships, social connections and functioning.

The evidence is also increasingly suggesting that, after forming initial connections online, gaming provides young people with improved social connectedness and increased opportunities to meet new people in the real world, translating to real-life benefits. For the majority of youth, the research opinion is showing that, gaming is contributing positively to three aspects of their wellbeing: emotional, social and psychological.

**THE BAD AND THE UGLY...**

There is no doubt that gaming can potentially lead to undesirable behaviours and outcomes. These can include, increased screen-time at the expense of other activities, decreased human-to-human social interaction and family time, and poor physical outcomes such as increased body-weight and lowered fitness levels. Again, there is the common view that gaming can lead to socially isolated, aggressive, and lazy behaviour.

In particular, there is a concern among
Although they may have some undesirable effects, games can also provide great enjoyment, stress relief, social connection and even educational aspects.

(6) Communicate with young people. This helps to set boundaries regarding the type of games played, how often and for what length of time.

AN IMPORTANT DISTINCTION.
An important distinction to make, when considering the effects of gaming, is whether the gaming is in ‘harmony’ with the remainder of the young person’s life, such as family or schooling, or whether it is ‘excessive’. By asking the young people some mindfulness-based questions around the type of game they are playing, how they feel when they are playing, and their reason(s) for playing, parents may gain a better understanding of this.

AS A GUIDE:
• ‘wanting’ to play indicates harmonious play with associated positive outcomes.

• ‘having’ to play indicates obsessive play which undermines wellbeing.

In essence, the quality of the gaming is what is important in predicting youth wellbeing rather than the quantity of gaming. This, again, may go against the typical assumptions associated with gaming. The key message is that, who you play with and your experience while playing is more important than what you play and how much you play. 

The report is collaboration between Bond University and the Interactive Games and Entertainment Association (IGEA) to access the full DIA 2016 report, go to http://www.igea.net/wp-content/uploads/2015/07/Digital-Australia-2016-DA16-Final.pdf
As the average age at separation and divorce in Australia is now 42 for females and 45 for males this means that many individuals in their 40s are entering new relationships. Starting at age 32, a woman’s chance of conceiving decreases gradually but significantly. From age 35 the fertility decline speeds up and by age 40, fertility has fallen by half. There is however still a 10% chance of conception per cycle. Any pregnancy that does occur may well continue successfully but carries greater risks to both mother and baby due to the advancing age of both parties at conception.

 Plenty of myths exist regarding contraception for those over 40. No contraceptive method is actually contraindicated by age alone. Choice of method must be determined by frequency of sexual intercourse, sexual interest, non-contraceptive benefits and menstrual issues. Incidental medical conditions may also have an impact. While condoms reduce the risk of sexually transmitted infections (STIs) at any age, there has been a notable increase in STIs in the over 40s, with the number of cases of chlamydia and gonorrhoea doubling in the 40-64 years age group between 2004 and 2010. In 2010, men in the 30-39 years age group had the highest rates of new HIV and syphilis diagnoses and the greatest prevalence of new genital herpes infection. Reluctance of older women to practice safe sex has been attributed variously to having missed out on the safe sex campaigns aimed at the young, assumption of minimal risk and occasions of erectile dysfunction preventing successful condom use.

Menopause is defined as the last menstrual period so can only be diagnosed retrospectively after a year of amenorrhoea (no periods). Irregular periods as ovarian function fails and menopause approaches may cause increased concerns regarding possible pregnancy. No single independent marker for the menopause exists. Blood tests for hormone levels (FSH, oestrogen, progesterone) are often taken but are unreliable as hormone levels fluctuate so much around this time. It is important to remember that even when the menopause has occurred and pregnancy is no longer a concern, there is still a risk of acquiring an STI with any unprotected sex.

**What are the Contraceptive Choices?**

UK data from the Office of National Statistics 2008/9 indicated that for women aged over 40, the most commonly used methods of contraception were sterilisation, Combined Oral Contraceptive Pills (COCP), condoms and intrauterine devices (copper coil or Mirena). Only condoms can provide true protection against STIs. Female condoms exist but seem rarely used in practice, male type condoms are...
The Copper IUCD (coil) is inserted into the womb by a doctor and also lasts five years. It works by releasing copper ions into the womb creating a hostile environment for sperm, fertilisation and implantation. It can increase heavy bleeding and painful periods. The benefit of this method is that it contains no hormones. If inserted after 40 years old, it can be kept until after menopause.

The Depo injection consists of an intra muscular injection of progesterone hormone given every 3 months. It is a very effective contraceptive but may reduce bone mineral density (recovers when stopped) and affects lipid metabolism so should be avoided by those with high cholesterol or over 50. There is often a delay in return of fertility when the injections cease, so is best avoided if future fertility is desired.

Natural family planning, also known as the rhythm method, involves restriction of sexual intercourse to times of the menstrual cycle when ovulation is least likely to occur. This can be effective but may become harder to rely upon as the woman approaches menopause if her menstrual cycle starts to become less regular.

Female sterilisation is done as a day case procedure under anaesthetic. Using keyhole techniques two small cuts are made in the abdomen and instruments are used under camera guidance to apply Filshie clips to each of the fallopian tubes. This is considered to be an irreversible permanent procedure and carries the attendant risks of surgery and anaesthetic procedures. As there is now growing evidence that ovarian cancers may originate in the fallopian tubes, women may choose to have the tubes removed completely, rather than clips applied. Removal of tubes does not impact on ovarian function or increase surgical complications. In fact there is no benefit for retaining fallopian tubes after your family is completed.

Non-hormonal contraception can be stopped after one year of amenorrhoea once you are over 50, or after two years of amenorrhoea if under 50. If using hormonal contraception this can be stopped after a year of amenorrhoea once aged over 50, with two separate blood test results of FSH over 30IU/l. It is important to know that Hormone Replacement Therapy on its own is not contraceptive. Only a combination of HRT plus either IUCD (copper coil or Mirena) or condoms is reliable.

The most important message is to talk things through with your partner and your GP to arrive at the best possible contraceptive choice for your specific needs.
Acne, pimples, zits, spots...the bane of most teenagers', and even some adults', existence. Those irritating skin imperfections can cause teens, in their most sensitive and emotional period of their lives, to become self-conscious about their appearance - even psychologically scarred by the severity of acne. Societal pressures of physical perfection and flawless body imaging as being the norm hasn't done any favours by those plagued by annoying acne, which can be difficult to eradicate during the hormonal fluctuations of adolescence. That's not to say that acne doesn't also attack other parts of the body (the back, shoulders and chest), but because the face is difficult to cover up, facial acne can cause anguish for many sufferers.

Adult acne can also be stubbornly persistent due to stress and hormonal imbalance and may have serious social implications in the workplace or even in the relationship and dating realm. The pursuit of the perfect skin complexion - acne and blemish free skin - portrayed in advertising, media and certain celebrity obsession, can leave a monetary and psychological weight on those afflicted. Being a billion-dollar industry, those troubled by acne will spend hundreds, sometimes thousands of dollars on treatments, to be rid of those pesky red blemishes. The negative effects of acne cannot be ignored.

"Acne can sometimes lead to a negative self-esteem and some individuals may withdraw from social and sporting activities. It is important to discuss this with your dermatologist or doctor if it is happening or if you are “feeling down” a lot of the time," says Sydney Dermatologist, Dr. Jo-Ann See.

Acne (Vulgaris) is a very common skin condition that usually begins in adolescence. The hair follicle and its associated oil (sebaceous) gland become blocked and inflamed. Whiteheads, blackheads and inflamed pus-filled spots develop on the face, neck, back and chest because this is where oil glands are largest and most active.

**So what causes acne?**

**Hormones:** At around 8 years of age, the adrenal glands start to produce androgens (male hormone) and the amount produced gradually increases during puberty. The sebaceous glands respond to androgens by producing more sebum and sometimes whiteheads (closed comedones) may develop in young children.

**Sebaceous gland blockage:** The skin cells lining the upper part of the hair follicle duct are not shed as normal but accumulate and form a plug (comedone). The oil is trapped behind it.
Bacteria and inflammation: Increased numbers of acne bacteria (*Propionibacterium acnes*) accumulate in the duct and contribute to the inflammation that develops in the pimples.

Genetics: Hereditary factors contribute, however it is not known exactly how this works.

Stress: Adrenal glands produce more androgens when an individual is stressed. This can make acne worse.

Diet: Certain diets may contribute to the development of acne, however good scientific data is lacking.

Occupation: In rare cases people working in certain industries may develop occupational acne where strict Work Health and Safety regulations have not been observed.

Treating Acne
The Australasian College of Dermatologists recommends using one of the many safe and effective acne treatments available. However, it takes patience and persistence, at least 6 to 8 weeks, to see improvement in acne regardless of the treatment method, which can include topical treatment, antibiotics by mouth, hormonal therapy or systemic retinoids (Vitamin A).

Treatments aim to reduce the number of blackheads and whiteheads, pimple and red bump inflammation, prevent scarring and minimise skin discolouration. Acne is often characterised by flare-ups and acne free periods, and Dr. See explains, “This may continue for 3 to 5 years, but with consistent and persistent treatment the flare-ups can be minimised and long-term side effects reduced”

Treating Acne

Tips and Advice

- Wash the face with warm water and a soft face cloth (with a mild soap if desired) to remove oil. If this leaves the face still feeling oily, an over-the-counter acne wash or cleanser that contains salicylic acid, glycolic acid or benzoyl peroxide may be helpful.
- Avoid abrasive scrubs, toners and cleansers.
- Avoid applying greasy cosmetics or greasy sunscreens to acne prone areas.
- Avoid squeezing and picking pimples as this irritates inflamed lesions and is more likely to lead to scarring.
- Avoid hot humid areas and tight clothing in acne prone areas.
- Follow a well-balanced, low GI diet combined with regular exercise.

Acne - be gone!

Unfortunately, acne doesn’t vanish overnight and in most cases it improves or disappears after adolescence. Some people with a family history of difficult acne or those associated with hormonal flare-ups may continue to have acne well into their forties. Sometimes treatment needs to be reviewed by the prescribing doctor to “fine tune” management and alter treatment if it is not effective. It is always important that the doctor explains why any treatment is recommended and what can be expected. In any case, a lot of patience and sticking to a treatment regime that works, will ensure those pesky spots disappear in good time.

Further information about acne vulgaris
All About Acne: www.acne.org.au
Acne Academy: www.acneacademy.org
Source: Australasian College of Dermatologists www.dermcoll.edu.au
Skin Care for your face

Whether you have imperfection-prone skin or not, it’s essential to maintain a healthy skin regime. Knowing your skin type before committing to a skin routine or treatment is imperative. For most women, there are five main types of skin: normal, dry, oily, combination, and sensitive. If you’re not sure, have it analysed by a skin specialist. Regardless of whether you have youthful or mature skin, it is critical to pay attention to your skin and get into the habit of keeping it healthy. Try some of these over the counter products to cleanse, tone and moisturise your skin.
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Making a Difference to Type 1 Diabetes Families in WA
from food into energy. Diagnosis requires, not just daily insulin injections and constant blood sugar monitoring, but a complete lifestyle shift, and one that has socio-psychological effects and can leave a family in tatters. Parents, siblings and extended family members need to play an active role in the complex daily management of type 1. It affects over 120,000 Australians and approximately 2000 cases are diagnosed per year. There is no known cause, and scientists have been baffled for many years about the onset of type 1 diabetes, but extensive cure research gives hope to the diabetes community worldwide.

Step in The Telethon Type 1 Diabetes Family Centre in Perth’s northern suburb, Stirling. The Family Centre is proudly the first of its kind in Australia offering support to families with children diagnosed with type 1 diabetes. The focus of the centre is to engage the type 1 community and provide holistic care services that include social and psychological support in a caring and safe environment. Educating those touched by type 1 and

“You know you have to do it right to survive. It is a life threatening illness that is with you for the rest of your life.”

Rebecca Johnson Chief Executive Officer

Photo courtesy of Community Newspaper Group Western Australia

Being diagnosed with diabetes at any age would be devastating and most adults would struggle to come to terms with the lifestyle change. Consider a child being diagnosed with type 1 diabetes, a chronic and sometimes debilitating disease that overwhelms and shocks a whole family unit. The entire family network is affected and the physical and psychological strain severely disrupts family dynamics until medical management is fully understood and managed. Children, who can be diagnosed as newborns right up to young adults, all face a life dependent on self-administered insulin. For parents with young children, this means getting over the initial shock and bewilderment caused by the life changing, life-threatening disease that will need constant monitoring and an immediate change to their pre-type 1 lives.

So prevalent in today’s society, type 1 diabetes is the body’s inability to produce the hormone insulin, which is necessary to turn carbohydrates
providing a community-based care environment is first and foremost the aim of the centre.

Rebecca Johnson, Chief Executive Officer of the Type 1 Family Centre, is passionate about bringing families together to form a network with the goal of successful management of type 1 diabetes. Her team provide family support camps, social and educational events, online support, peer networking opportunities, cooking and dietary workshops and much more; all to provide the emotional and physical support needed by the type 1 community.

Having been diagnosed with type 1 herself in her teens, she is all too familiar with the rollercoaster ride that is type 1 diabetes, and is fully aware of the complex nature of the correct management of type 1.

She admits she felt confused, dazed, and “lost” when it came to managing her blood sugar levels in the early days. “You know you have to do it right to survive. It is a life threatening illness that is with you for the rest of your life.”

The seemingly complex management of type 1 is overwhelming when terms such as “bolus”, “basal”, “hyperglycemia”, “hypoglycemia”, “ketoacidosis” and “CGM” are thrown around in conversations between families. Educating the children and families of type 1 is paramount and thanks to the generosity of West Australians through Telethon, and other generous sponsors such as the West Australian government and Lotterywest, the Telethon Type 1 Diabetes Family Centre is a godsend for new families indiscriminately thrust into the type 1 world who desperately need guidance and support.

Only in operation since mid 2015, it now has over 250+ families being educated and supported in a peer network. It is reliant on fundraising and the continuous generosity of members of the community. “We are building a supported, informed, connected type 1 community in WA, but receive no government funding to do our work. Fundraising is a necessary priority and we welcome support.’

Ms. Johnson and her team are adamant in supporting type 1 kids and their families through balanced food choices, vital education sessions on blood glucose monitoring, informed guest speakers and just as importantly, social events, such as camps, bowling
and fun days out, to create an awareness in the type 1 community, as well as the far reaching community. The facility is impressive and creates a relaxed “homely” environment, with vibrant colours, bright and modern furnishings proudly donated by IKEA, a fully equipped kitchen and a soon to be completed BBQ outdoor entertaining area with an integrated playground that will be an attraction to young children and older teens.

All family members are welcome at the centre, where the focus is on caring for children through to young people with type 1.

One parent from the centre expresses their gratitude, “My son’s life, and ours, will be forever enriched and supported because someone who cared enough about kids with type 1 had the vision and perseverance to create the Family Centre and see it through.”

An avid cyclist and sports person herself, Ms. Johnson cannot stress enough the importance of a healthy and active lifestyle for type 1 children and their families. Regular sports promotion and education workshops are run at the centre to emphasise the importance of sports in the lives of the type 1 community. Check out the events calendar, which is busy all year round, ultimately lending a hand to improving the lives of those living with type 1 diabetes.

For more information about the Telethon Type 1 Diabetes Family Centre or to donate go to http://www.telethontype1.org.au phone: (08) 9446 6446.
Almost 1 in 3 Aussies admit they only brush once daily and for less than the recommended two minutes, with most skipping the crucial pre-bed brush.
SMILE LIKE YOU MEAN IT

By Dr. Sarrah Omran

R e a l i t y B i t e s

Tooth decay is officially Australia’s number one health problem. Worrying statistics show that only 17% of Aussies visit the dentist for their regular six monthly check-up, with a massive three quarters of people who have experienced a dental problem such as toothache, failing to see a dentist to address the issue.

The old adage “prevention is better than cure” couldn’t apply more than when it comes to the health of your teeth. The Australian Dental Association (ADA) has found that 90% of dental problems can be prevented with good oral home care practices and regular visits to your dentist.

One of the most common things I hear in my practice when a dental problem such as a cavity is found, is “but my tooth doesn’t hurt!”. My response is “Good! Let’s not wait for it to”. Many dental problems – from cavities to gum disease, are often completely painless. It’s often only when they have reached the stage of severe damage or infection that pain ensues. Regular dental checks can detect problems at much earlier stages, before they become big, costly and often complicated issues.

Flash those pearly whites

Your smile is one of the first things people notice about you, and can go a long way towards making a great first impression. The overall appearance of your teeth can have a huge impact not only on your general appearance, but also on your confidence. The ADA found an overwhelming number of people when surveyed (83% in fact) considered “bad breath” or “rotting teeth” to be the most repellent characteristic in another person on a first date, soundly beating other undesirable features such as bad body odour (5%) and poor dress sense (4%). Another study conducted by Oral-B found that whiter teeth can make you look up to five years younger!

Almost 1 in 3 Aussies admitted they only brush once daily and for less than the recommended two minutes, with most skipping the crucial pre-bed brush. Flossing statistics are even more depressing (for your dentist at least), with this all important part of any oral care routine removing the other 36% of plaque that your toothbrush doesn’t. Meat and other small food particles that become wedged in between teeth can start to ferment, releasing odour causing substances that lead to bad breath and ultimately tooth decay. Need extra encouragement? Check out fun online dentals apps for adults and kids such as BrushDJ that will motivate you to spend those extra few minutes looking after your fabulous fangs!
The “S” word
Sugar. Recent studies have claimed it to be potentially more addictive than cocaine. It has come under the spotlight in recent years as popular programs like “I Quit Sugar” and ‘paleo diets’ have become increasingly mainstream, and people become more health conscious.

Sugary food and drinks are among the worst culprits for causing tooth decay. Bacteria in the mouth feed and thrive on sugar, releasing acid by-products that attack tooth enamel, causing holes and cavities to form. Being aware of hidden sugars such as those in ‘healthy’ snack bars, as well as the more obvious forms (soft drinks and sweets) is key, particularly when it comes to children’s teeth, which are more susceptible to attack.

Be sure to fill your diet with teeth friendly foods such as fresh vegetables and dairy and drink plenty of water. Beware of consuming too many fruit juices (even freshly squeezed ones) which are still packed with sugar and acid.

More than a mouthful
Your mouth says a lot about you – quite literally. Mounting research is finding strong links between oral health and general overall health. One of the most significant studies found a direct link between heart disease and stroke in patients with active periodontal (gum) disease. Oral bacteria from inflamed gums was found at the sites of arterial blockages and in the heart itself.

Diabetes is also linked to uncontrolled gum disease which can ultimately lead to tooth loss. Mouth ulcers can be an indication of an immune system deficiency, while pale gums can indicate anaemia issues. Links have also been found between dental disease and osteoporosis, Alzheimer’s and respiratory diseases, just to name a few.

But it’s not all doom and gloom! A visit to your dentist, no matter how long it’s been, will go a long way towards helping to diagnose, treat and ultimately prevent future problems. So make the time and let your dentist help give you something good to smile about!

USE YOUR SMARTPHONE OR TABLET TO EXPLORE SOME OF THESE DENTAL APPS FOR YOU OR YOUR KIDS, ENCOURAGING YOU TO TAKE CARE OF YOUR TEETH AND HAVE FUN AT THE SAME TIME.
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“Absolutely the best dental care, means healthy smiles for life”
Most foods degrade and decay over time due to reactions with oxygen, decomposition of the food’s structure or flavour compounds, or microorganisms (or “microbes”) causing the food to spoil. The result can be food that is rancid, smelly, slimy, has lost its colour or flavour, or is growing things like mould.

We apply our understanding of spoilage mechanisms to extend the shelf life of foods by slowing the rate of spoilage. We exclude oxygen by packaging, slow reaction rates by refrigerating, gently heat foods (blanching, pasteurisation) to stop enzymes and to kill microbes. Nonetheless, as consumers we want “fresher”, more natural foods but many fresh and lightly preserved foods will degrade quickly.

Food quality can deteriorate before we perceive obvious signs of spoilage. If allowed to grow to high levels, some microbes that may contaminate foods (collectively called “pathogens”) can cause foodborne illness, or “food poisoning”. Often these microbes don’t visibly spoil the food so we can’t tell if a food has become unsafe.

To protect consumers against poor quality or potentially hazardous foods, governments have introduced “date codes” to help consumers evaluate the “freshness” of foods. Food producers also embrace date codes to help them provide safe, high quality products to consumers.

In Australia and New Zealand, we specify “use-by” and “best-before” dates for perishable and semi-perishable foods that are ready-to-eat without cooking. Food expected to remain wholesome for more than two years, in unopened packages, don’t require these labels and there are other types of date codes for bread.

Do we really have to pay attention to ‘use-by’ and ‘best-before’ dates?

Developing appropriate “use-by” & “best-before” dates could help reduce this wastage.
Similar regulations operate in European Union countries, but the United States and other nations have a plethora of food date codes that don’t readily correspond with our “use-by” and “best-before” dates. In general, there is little harmonisation internationally for food date codes which has been identified as a barrier to trade. Perhaps unsurprisingly, surveys in the United Kingdom and US showed that many consumers don’t understand the meaning of various date codes on foods.

**Use-By**

A “use-by” date is required for foods that might, over time, support the growth of certain pathogens under the specified storage conditions. A “use-by” date, then, relates to food safety and indicates the time when the food may become less safe to eat.

Foods cannot legally be sold, and should not be consumed, beyond their “use-by” dates and should be discarded. “Use-by” dates are also required on specially formulated foods for medical purposes given, for example, to people with inherited metabolic disorders whose dietary needs cannot be met by a normal diet.

For these foods, the “use-by” date indicates when essential nutrients in the food will have degraded to levels so low that the food no longer provides the intended therapeutic benefit.

**Best Before**

A “best-before” date provides advice about the expected quality of the product and is the time beyond which, in the food manufacturer’s opinion, the product will no longer be in optimal condition. It will, however, probably still be edible and nutritious for some time after that date.

Food producers usually apply conservative “best-before” dates to ensure that consumers have enough time after purchase to use the food in good condition. Consumers can exercise judgement about foods beyond their “best-before” date: if it looks OK, and smells OK, it’s probably OK to eat, though not at its best.

This approach must not be used for foods beyond their “use-by” date, since pathogens can be present without affecting the sensory qualities of the food.

**Waste not, want not**

Accurately specifying “use-by” and “best-before” dates is challenging, requiring extensive scientific trials and/or knowledge because of the range of foods, spoilage processes and food preservation technologies. Expert guidance is available to food producers from a number of sources. Sometimes, however, there’s uncertainty about whether a “use-by” or “shelf life” date should be applied if it’s not known whether pathogens are realistically likely to be present, and able to grow, in the particular type of food or not.

Our capacity to produce enough food for Earth’s population is becoming a real concern, yet 20-30% of the world’s food is wasted. A consequence of confusion about the correct specification of “best-before” and “use-by” dates is that some foods are unnecessarily discarded even though they are safe to eat and nutritious.

Developing appropriate “use-by” and “best-before” dates could help reduce this wastage. Helping consumers to minimise their wastage of food through understanding of “best-before” dates offers another small, but potentially useful, contribution to global food security.

As an additional tip to reduce wastage, if foods are unlikely to be consumed before the “use-by” or “best-before” date, they can be frozen (which essentially stops spoilage processes) and thawed for consumption later, provided they’re eaten soon after thawing.

Written by Dr. Tom Ross, Associate Professor in Food Microbiology, University of Tasmania and co-authored by Dr. Wayne Anderson, Director Food Science and Standards Division, Food Safety Authority of Ireland. Article first appeared online at www.theconversation.com
Bone Health in Men

Osteoporosis Risk

Osteoporosis is often referred to as a disease of women but there is significant research that shows that men also suffer from the debilitating effects of osteoporosis as James Graham reports.

One of the challenges of the ageing human population is the increase in health issues associated with osteoporosis and osteoporotic fractures. Osteoporosis is an asymptomatic bone disease that affects both men and women and is often called the “silent” disease as symptoms are not regularly noticed. It is characterized by low bone mineral density (BMD) and is compounded by the destruction of the bone structure. Population studies have shown that low BMD is more common in the elderly and leads to an increased risk of fractures and breakages.
Osteoporosis is less frequent in men compared to women where approximately 30% of those affected are men. Although recent studies have shown that 1 in 8 men over 50 will suffer an osteoporotic fracture either in the spine, hip or wrist in later life. In older men it is likely that the development of osteoporosis is age-related. However, osteoporosis can manifest due to a secondary cause, such as other diseases or from taking certain medications, such as steroids which can often reduce bone loss. Regardless of the underlying cause, the test for low BMD is simple to do and usually involves a bone mineral density test, which is similar to an x-ray, at the hip and spine.

The diagnosis of osteoporosis in men is difficult due to significant under-reporting in those affected. Women who are at risk are usually identified at the onset of menopause in midlife. In men, however, diagnoses are usually only made after a fracture has occurred or if back pain has become unbearable. One of the few examples where men are tested is when men require medical help for alcohol abuse. Here, low BMD is tested due to the causal association between alcohol abuse and loss of bone mass.

**Testosterone and bone health**

The male hormone testosterone regulates the development of sexual virility as well as the lean muscle and fat composition in the male body. Small amounts of testosterone are converted to estrogen, which is important in the modulation of bone metabolism and the integrity of the male skeletal system. It is believed that testosterone and estrogen work together for the maintenance of bone health in men.

Although not universal, male bone loss typically starts during middle age as testosterone levels decrease—this is called hypogonadism. This is characterised by a lack of free, or bioavailable, testosterone. As men get older, bioavailable testosterone declines at a higher rate than testosterone is produced. As bioavailable testosterone levels fall, as is notable with ageing, most men will begin to experience a loss in muscle mass and strength. It has also been reported that as testosterone levels fall, there is a correlation with higher Body Mass Index (BMI) and a greater waist circumference.

**Prevention**

Currently, there is no treatment that fully restores lost bone mass. Therefore, prevention of bone loss is the ideal solution. Pre-menopausal women, who are at risk of osteoporosis, are normally identified before menopause begins, thus allowing preventative measures to be applied in time. These include lifestyle adjustments such as quitting smoking and reducing alcohol consumption, both of which can assist in preventing osteoporosis. In addition, an adequate daily intake of calcium and vitamin D at this time can also assist in preventing osteoporosis.

Another important preventative measure is the inclusion of regular exercise, or resistance training. Resistance training involves weight lifting and has been shown to strengthen bones, thus reducing the risk of fracture. Resistance training will also improve muscle mass and strength, which will not only improves overall health but also assists in balance and coordination. Together, these benefits will reduce the chance of a fall that could cause a bone fracture. Even in aging men, resistance training increases muscle mass and strength thus reducing likelihood of fractures from falling.

A recently published study analysed the association of fruit and vegetable intake and the incidence of bone fractures in the elderly. Green vegetables and even oranges are an important source of calcium that can have higher absorption rates than that of traditional sources of calcium, such as milk. Those who consumed less than one serving of fruit and vegetables a day were likely to have a 39% increase in hip fracture risk when compared to those who had more than 3 servings per day.
Treatment

At present, hormone replacement therapy (HRT) with estrogen is the most effective treatment of osteoporosis in women. The fracture rates in women are greatly reduced when they are administered orally, injected or skin creams of HRT. However, HRT with testosterone for men is unclear, with many conflicting results on efficacy and safety. One underlying concern is that testosterone therapy has been associated with adverse effects such as increased risk of respiratory diseases, cardiovascular disease and prostate cancer.

On a positive note, treatment with skin creams or injectable testosterone has been shown to increase fat-free mass, physical performance and grip-strength in elderly men. In another study, the mineral density of vertebrae in the lumbar spine was increased after testosterone treatment, suggesting that age-related testosterone deficiency is important when concerning the bone health status in men.

So, due to the lifestyle habits of men, lack of reporting and loss of bone mass due to decreased testosterone levels, there is an increased risk of fractures causing reduced mobility and life expectancy. Although it is natural for testosterone levels to reduce with age, low testosterone levels can increase the presence of osteoporosis in the elderly. To counteract the onset of osteoporosis, lifestyle changes such as dietary changes and the inclusion of resistance training are advised due to their advantages in assisting with enhanced bone maintenance. If in doubt, speak to a health professional for further advice.

Who to contact for more information

- Your GP
- Osteoporosis Australia Tel. 1800 242 141
- Musculoskeletal Help Line 1800 263 265
- Your Physiotherapist
- Your Dietitian

Turn to page 62 for some resistance exercise ideas
Are Your Bones in the Danger Zone?

Men need strong bones too!

23% of Australians with osteoporosis are men.

Men account for 30% of all fractures related to poor bone health.

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www.osteoporosis.org.au

Toll free national helpline: 1800 242 141
The health benefits of owning pets are well recognised. However, choosing the right pet for you can be confusing. Taking the time to examine the different options available will help to ensure you get a pet that works well for you and your lifestyle. Cats and dogs are the most popular choices as pets, but birds and rabbits are also very popular. When considering your pet, think about how much you are home or whether you will be taking your pet out with you regularly. What sort of environment do you have for your pet? Is there a lot of room to run around? Do you have any allergies to different animals? Having the answers to these sort of questions will make a big difference to your selection.

Owning a bird as a pet can be very rewarding. Birds come in all shapes and sizes. Smaller birds like Canaries and Budgies make for a low maintenance pet. Larger birds like Conures and Parrots are more like cats and dogs in terms of the level of care and time they demand from their owners. They spend a large proportion of time out of their cage, they are very intelligent and interact with their owners a lot. Parrots will learn a large vocabulary so be careful with what you teach them to say! Housing a bird is very important as they need to be in a cage or aviary that is comfortable for them and allows them to display their natural behaviours. The type of food you provide your bird will vary a lot depending on the bird. Seed mixes are not appropriate as a complete diet for some birds. Birds that have outdoor aviaries will need a parasite preventative and finding a local veterinary practitioner with a specific interest in birds can be more difficult.

When it comes to household pets, dogs are definitely more common than birds. Just like birds, dogs come in a wide variety of breeds which means you need to do some
with their owner but it is often on their terms. Different breeds of cats will offer a variety of temperaments. Ragdolls are normally very quiet and relaxed and enjoy long periods of grooming. Turkish Van cats, on the other hand, are much more active and love to play, even in water! An important decision to make for your cat is whether it will be an inside-only cat or whether it will be allowed outside access. The Australian Veterinary Association recommends that cats are kept inside or allowed outside access but not allowed to roam freely. This helps prevent disease while also protecting our native wildlife. Your veterinarian will help you decide what protection your cat needs against infectious diseases and parasites and this will be updated during your cat’s yearly check-ups.

Finally, rabbits are becoming a very popular companion pet. After cats and dogs they are the third most common four legged pet. You will need to check local ownership restrictions before getting a rabbit, for example, rabbits cannot be kept as pets in Queensland. Rabbits cope very well as indoor pets and they are very affectionate. The house will need to be rabbit proofed as they like to chew on things. Rabbits can be toilet trained quite easily but they will not arrive in a new house trained like kittens. Diet and dental health are the most important care aspects for a rabbit and your veterinarian will be able to help you with both of these. Good quality meadow or timothy hay should make up the majority of your rabbit’s diet and this will take care of their specific gut and dental needs.

If you’re thinking about getting a pet, be sure to do your research beforehand to determine what pet will best suit you and your lifestyle. Get your pet from a source that has a good reputation – word of mouth and then visiting them are the best ways to ensure this. Once you have your new pet, your veterinarian will be able to answer any questions you have about its care. Housing, food and water and disease prevention are the most common things to discuss with your vet. But don’t forget about grooming or coat care and behaviour advice. This will help to ensure your new pet is happy and healthy.

Research before getting a dog to determine which breed best suits your needs and your lifestyle. Large dogs will need more exercise and larger yards. Smaller dogs make great companions for those with less mobility. Food requirements will also vary depending on the breed – a Great Dane will obviously need more food than a Chihuahua. Dogs can often be very focused on their owner and will demand a lot of interaction. They also like having daily routines as it makes them more relaxed. Dogs need yearly health checks with a veterinarian as well as protection against infectious diseases and parasites. Depending on where you live and your dog’s daily activities, these needs may change and your veterinarian will be able to advise you about what is required to best protect your dog.

People often think of cats as aloof animals, but really they are just more self-reliant than a dog. They still crave a lot of interaction
Whether it’s high school final exams in year 12, or university or college exams, most students study hard to prepare but many neglect the emotional preparation for exams. The stress of study and the anxiety of exams can cause a student to underachieve, and an effort must be put into emotional health and well-being as well to ensure success. According to onlinecollegeclasses.com, stress is the number 1 factor in academic disruption. Their research has found that one in five students felt too stressed to study or be with friends and one in five students considered dropping out of school because of stress-related anxiety. Another UK study found that 96% of students surveyed felt anxious about exams and revision. A recent Australian study showed that 42% of year 12 students suffered high levels of anxiety due to exam pressure.

Mid-year exams are usually the catalyst for students seeking help with exam stress and anxiety. The horse has bolted and with exams looming for some, whilst in the midst for others, learning strategies for stress-free study and anxiety-free exams are best done early in the year and way in advance. In fact, developing a healthy study habit and developing a routine from the outset is
beneficial. It is creating that routine that can sometimes be challenging.

The secret to stress-free study is balance. To achieve this balance most teenagers need to schedule and manage their time. Ensuring the time is there to do other things, such as to exercise, relax, socialise, sleep and to carry out the responsibilities parents and guardians demand, is key. Life can be overwhelming without organisation, time management and planning.

A client age 15 said to me recently, “It’s not just my study that’s improved, I feel happier all the time”. Organisation and balance are great tools for improving your wellbeing and generally making life more enjoyable. Multitasking can sometimes lead to mediocrity, however, some tasks demand our full attention.

Another teen client was astounded at how much clearer his thoughts were if he knew there would be no interruptions from his siblings, his parents, his friends and his phone – a strategy he found to be successful by setting the goals and stating his objectives to those around him.

To achieve maximum success in each area of life, there needs to be uninterrupted focus on that area. So when we are relaxing that’s all we are doing; when we go to bed to sleep that’s all we are doing; when we are studying, there is no exception, our books should have our full attention.

Some of these tasks are difficult to achieve in a world where technology rules. Teens have to ask themselves questions like “how does my mobile phone help me to study, or to sleep?” If our goal is to achieve well in exams then we need to honestly assess the role technology plays in our lives. There is definitely a place in a student’s life for social media and chatting to friends but the question is “is that time while I am studying or while I’m trying to sleep?”. It is important to schedule in that socialising time outside of the times students need to study or sleep and to stick to that schedule.

Famously, Pavlov’s dogs would start drooling when a bell rang, because they associated hearing the bell with getting food. Eventually the dogs would drool at the sound of the bell even when they didn’t get any food. Similarly, as children we learn the bedroom is for sleep but if we associate our bedroom with study, sleep is not the priority.

Quite often the solutions are right before our eyes, but we don’t see them because we are in that emotional, stressed out state. Finding solutions that work for you is the ultimate answer. If you struggle to solve these issues, please contact a counsellor who will help you work through the stressors in your life. Relief is usually attainable.

“IF YOU PUT IN THE WORK, THE RESULTS WILL COME”

Michael Jordan

tips and advice on beating exam stress
Check out http://au.reachout.com/
Check out http://headspace.org.au/
Dr Shona Blair and Dr Nural Cokcetin are scientists who have been investigating the medicinal properties of honey for years. They are fascinated by bees and their sweet honey and how they are so important for our wellbeing.
Honey is much more than just a sweet toast-topper - it literally saves lives and limbs. This is because honey kills super-bugs and other germs that are causing life-threatening infections in hospitals and in the community, even ones like the deadly Golden Staph.

Super-bugs are germs that cause infections that are notoriously difficult to treat because they have become resistant to the usual antibiotic medications that used to kill them. In some cases the infection can progress to complications like gangrene and may lead to amputation or even death. Honey has medicinal properties that kill super-bugs and eradicate these life-threatening infections, even when conventional medications have failed.

But it’s not just any old honey. It is all about the flowers that bees visit to collect nectar that they turn into delicious, and potentially life-saving, honey. One of the most famous examples of a powerful medicinal honey is manuka (*Leptospermum scoparium*) from New Zealand.

Professor Peter Molan (New Zealand) discovered the unusual activity of manuka honey in the 1980s and he showed that it was effective against a wide range of different infection-causing germs. Since Professor Molan’s discovery, and all of the research he and other scientists have conducted on New Zealand’s manuka since, the demand and price of this honey have grown considerably.

However, although Australia is home to the largest diversity of *Leptospermum* plants in the world (we have more than 80 species compared to NZ’s one!), Australia’s medicinal honey research and industry is in its infancy compared to New Zealand’s.

The quest to find more liquid gold

We already know that a handful of Australian *Leptospermum* honeys have similar levels of antimicrobial (that is, germ-killing) activity to NZ manuka, but many of the other 80 plus Australian varieties have not been tested. So our research team is running a nationwide study looking for more sources of this honey, sometimes referred to as “jelly bush” or “Australian manuka”.

We want to identify which trees make the most therapeutically active honey and where they are located in Australia, as well as find more sources of this honey and understand more about its medicinal properties.

We are asking beekeepers with access to *Leptospermum* honeys from anywhere in the country to provide samples to include in our research project.
Why the scientific interest in medicinal honey?

Honey has been used as a medicine throughout the history of the human race. Conditions traditionally treated with honey range from diseases of the gut and respiratory systems to burns, bites, wounds and eye infections.

In many different cultures honey has been especially persistent as a wound dressing. This is undoubtedly because it shows significant antimicrobial, or germ-killing, activity.

Although it was used extensively throughout the history of medicine, honey largely fell from favour from the 1940s, with the advent of highly active antibiotic medications. After the introduction of these incredibly important and life-saving drugs, modern western medicine largely dismissed medicinal honey as a “worthless but harmless substance”.

However, one of the scariest threats to human health right now is the huge increase of antibiotic-resistant bacteria (or antibiotic-resistant germs). Some germs that cause serious infections are becoming resistant to most available antibiotics. A few terrifying types are now resistant to all of the antibiotics we currently have.

But, one of the most exciting things about the antimicrobial activity of honey is that it works against a very wide range of germs that cause infections, and it is just as effective against antibiotic-resistant ones as it is against those that are still sensitive to these drugs. So, it is far from “worthless”!

Not just any honey

Aristotle prescribed honey for a variety of conditions. However, it was not just any old honey for any old thing. He specified the region and season for the collection of medicinal honey. In fact, many of the ancient peoples who used honey medicinally, prescribed honeys collected from specific locations, seasons or flowers for specific medical conditions. What Aristotle and many other ancient peoples appreciated is that the floral source of a honey will affect the level of its antimicrobial activity (although it is unlikely that they would have phrased it that way themselves!).

A common modern misconception is that honey is a standard product. However, the aroma, taste and colour, as well as the antimicrobial activity of honey will vary greatly, depending on which flowers the bees visit to collect the nectar they turn into honey.

All honeys possess some level of antimicrobial activity, but some are up to 100 times more effective than others!

How does medicinal honey work?

Honey is an incredibly complex substance, with well over 100 components including many different simple and complex sugars, amino acids and other substances. The European honey bee (Apis mellifera) is the one most commonly employed by people for honey production, which usually comes from the nectar of flowers.

As a consequence of the many different types of flowering plants that can be used to produce honey, there is a huge difference in honeys and their germ-killing ability.

Certain honeys have powerful activity against the germs that cause infections, even against super-bugs like Golden Staph. This antimicrobial activity is due to four main factors:

• High sugar content (about 80%)
  - All of the sugar molecules in honey bind so tightly to any water molecules present that the water is not available for the germs to use, so the honey is too “dry” for them to grow.
  - But even when honey becomes diluted it is more powerful than just equivalent sugar solutions.

• Acidity (low pH)
  - The typical pH ranges from 3.2 to 4.5, which is too low for the growth of most germs that cause infection

• Hydrogen peroxide
  - When bees are making honey they add a variety
of things to the nectar, and one of these is an enzyme called glucose oxidase.
- When honey is mixed with water this enzyme produces hydrogen peroxide (like bleach), and this is toxic to germs.
- This is the main factor responsible for the antimicrobial effect in most honeys with significant activity.
- But the level varies greatly from honey to honey – jarrah honey from Western Australia is an example of a honey with very high levels of antimicrobial activity due to hydrogen peroxide production.

- **Floral factors**
  - Some honeys have exceptional antimicrobial activity that is not due to hydrogen peroxide – the most famous example is certain *Leptospermum* honeys from New Zealand and Australia (a.k.a. manuka or jelly bush).
  - Even once the hydrogen peroxide is neutralised, significant activity remains, so this type of activity was dubbed “non-peroxide activity” (NPA).
  - Although the special properties of manuka were discovered in the 1980s it wasn’t until 2008 that scientists found that methylglyoxyl (MGO) is responsible for much of the unusual activity of manuka honey.
  - It has since been established that MGO comes from a naturally occurring compound in the nectar of flowers of some *Leptospermum* species native to New Zealand and Australia.

**Honey kills super-bugs**

Medicinal honey is a very powerful wound dressing because it promotes wound healing, and it kills super-bugs.

Many different types of germs are sensitive to the antimicrobial activity of honey, just a few examples include:
- Methicillin-resistant *Staphylococcus aureus* - a.k.a. MRSA or Golden Staph.
- *Pseudomonas* species - many of these cause very nasty infections, particularly in burns patients.

**Honey and wound healing**

Wound healing is a complicated process that is not completely understood, and it is a balance between creating an environment for new healthy tissues to grow and heal, while trying not to create one that enables germs to grow and cause infections.

Infections slow down healing, cause more pain and scarring, and can become life threatening. However, our repairing tissues and germs both do best in warm, moist environments.

Unlike other topical wound dressings, honey helps to maintain a moist environment for our cells to regenerate, while also killing the bacteria that could lead to infection.

There are numerous reports of the successful use of honey in modern medicine, and these include the treatment of:
- Super-bug infected wounds, like Golden Staph infections
- Burns
- Infected surgical wounds
- Leg ulcers and pressure sores
- Traumatic injuries and chronic wounds
- Meningococcal lesions
- Side effects from radiotherapy

Honey has various properties that help wounds to heal, and these include:
- Maintaining a moist environment (which is essential for good healing)
- Promoting healthy tissue regrowth
- Anti-inflammatory activity
- Scar reduction
- Preventing bandages and other dressings from sticking to wound beds
- Reduction of wound smell
- Powerful antimicrobial activity – while being non-toxic to human cells.

**So which honey should I buy…?**

This depends on why you want the honey. If it is for general daily use as a food or tonic, there is no need to buy the more active (and also rarer and therefore more expensive) types.

However, if honey is to be used as a wound dressing, it should be one with a high level of antimicrobial activity, and it should be sterile. The best way to ensure this is to check that it is honey specifically for wound care, and that the wound care...
A product either has a CE mark or it is registered with the Australian Therapeutic Goods Administration as a wound-care product (there will be an AUST L number visible on the packaging). You can ask your chemist to order registered honey-based wound care products.

What do the different ‘ratings’ used on medicinal honey mean?

Since the discovery that manuka and some other honeys have significant medicinal properties there have been a number of systems used to describe and rate the antimicrobial activity. There is currently a confusing array of labels and terminology on different honeys, like UMF® (Unique Manuka Factor), NPA (Non-Peroxide Activity), MGO or MG (Methylglyoxal), and Active + or TA (Total Activity).

Unfortunately, this can be very confusing for people, but hopefully understanding what the different numbers mean will help.

**The NPA or UMF®**

The NPA or UMF® ratings are used to describe the unique type of antimicrobial activity exhibited by certain *Leptospermum* honeys (a.k.a. manuka or jelly bush) from New Zealand and Australia. The lab tests used to generate these ratings are called “bioassays” because they test the honey directly against a biological organism (in this case, a germ related to Golden Staph). Although the NPA and UMF® numbers are generated by the same type of lab tests and the ratings are equivalent to each other, the “Unique Manuka Factor” (UMF®) is a trademark registered by the UMF Honey Association. UMF® is only available for use under license by producers of manuka honey from New Zealand. Some other active *Leptospermum* honeys from New Zealand and Australia (with similar antimicrobial properties to New Zealand manuka) are sold with the NPA ratings. So NPA and UMF® are directly comparable, and are equivalent of each other when tested by an appropriate laboratory.

**Methylglyoxal - MGO (or MG)**

Since it was discovered that methylglyoxal (MGO) is responsible for much of the unique activity in manuka honey, a number of products on the market are labelled with a MGO (or MG) concentration. This is a direct measure of the amount of MGO in the honey and it is expressed as parts per million (ppm) or mg/kg. The numbers for this type of labelling are usually much higher than the NPA/UMF® ratings – although this doesn’t necessarily mean the honeys are more active.

There is a relationship between MGO concentration and the NPA/UMF® of a honey. However, it is important to remember that the numbers are derived from completely different types of tests, so they are not easily compared. Consumers should be aware that as the MGO scale is a completely different one, a “higher” MGO might not be as active as a honey with a “lower” NPA/UMF® rating.

As a rough guide:

- NPA/UMF® 5+ = MGO 83+
- NPA/UMF® 10+ = MGO 263+
- NPA/UMF® 15+ = MGO 514+
- NPA/UMF® 20+ = MGO 829+

But as there is more to the story of the medicinal activity of honey than the amount of MGO, just measuring this does not necessarily give the full picture of its medicinal potential.

**Total Activity**

Total activity generally refers to the activity of a honey in its entirety. That is, it includes all of the peroxide activity and any non-peroxide activity that might be present (but usually total activity honeys don’t have much of the unusual activity we see in the manuka-type honeys). And the tests that are used to generate these numbers are similar bioassays to those used for NPA/UMF® ratings.

**Is raw better?**

You often see the term “raw” used to describe honey, and although this isn’t an official term it is generally used to imply that the honey has not been heated or
We can support Australian bees & beekeepers by buying Australian honey

However, the destruction of native forests, impact of climate change, increasing incidence and management of bushfires, increasing urbanisation, as well as government policy around admission to native forests on public land, all mean that some beekeepers are having difficulty accessing adequate nectar and pollen floral resources essential for honey bee health and growth, and for the production of honeys with medicinal properties.

Nural a and Shona a are involved in the “finding more liquid gold” project as part of a team of scientists, including Prof Liz Harry b, Prof Dee Carter b, Dr Peter Brooks c and Simon Williams c. The project is being supported by a research grant from the Rural Industries Research and Development Corporation. To find out more about our study, including how beekeepers can become involved, visit: http://ozhoneyproject.wordpress.com

a three institute, University of Technology Sydney
b University of Sydney
c University of the Sunshine Coast

Note
This article is intended for information only, not as medical advice. For any serious wounds or other medical issues, always consult a health care professional; and infants less than one should not be given honey to eat.
Breathing Easy
Managing asthma
in Children

Asthma in children doesn’t have to mean the end of running and playing.

Nicole Thomas discusses the importance of an asthma action plan in helping manage childhood asthma.

An estimate of 1 in 10 children in Australia has asthma, making it the most common childhood condition in the nation. Yet, if a child’s asthma is properly managed and controlled, they will still be able to take part in all of their usual activities. One of the most crucial way parents can help manage their child’s asthma is through an asthma action plan.

“The aim of an asthma action plan is to help a person with asthma and their carer take early action to prevent or reduce the severity of an asthma attack,” says Siobhan Brophy from the National Asthma Council Australia.

“The asthma action plan is personalised according to the pattern of that person’s own asthma. In children, plans based on symptoms are preferred. In most children with asthma, change in symptoms is just as effective as peak flow for indicating that asthma is getting worse,” explains Brophy.

Research has shown that children with an asthma action plan have fewer asthma attacks, better controlled asthma in general, take fewer days off school, use their reliever medications less and have fewer hospital visits.

**Symptoms of asthma in children**

If your child hasn’t been diagnosed with asthma yet, but is displaying any of the following symptoms, you should consult your doctor.

- Wheezing: a continuous and high-pitched sound that comes from their chest when breathing
• Shortness of breath: a sensation of not being able to inhale enough air
• A feeling of tightness in the chest
• Coughing (alongside other symptoms).

You do not need to have every one of these symptoms to be diagnosed with asthma. Also, Brophy notes that noisy breathing, such as a rattling sound, is quite common in healthy babies and preschoolers – this is not the same as wheezing so doesn’t mean the child has asthma.

“Asthma is tricky to diagnose in infants and preschoolers. Wheezing is very common in the first few years of life. For most children it is temporary and does not mean that they have asthma. Wheezing is more likely to be related to asthma if a child has both persistent wheezing and allergies. It is also more likely when one or both of the parents has allergies or asthma. However, the doctor may not be completely sure whether it is asthma until the child can do a lung function test. The child can still be treated in the meantime, but a formal diagnosis of asthma won’t be made,” she says.

Making an asthma action plan

If your child has been diagnosed with asthma, you and your child should develop an asthma action plan together with your doctor. When developing a plan, Brophy recommends discussing the following: what you hope to gain from the asthma treatment and if you have any goals (for example, for your child to be able to participate in school sport without asthma symptoms) and any concerns (for example, potential side effects of medication).

When mapping out a treatment, Brophy also states that medication should be prescribed at the lowest dose that works for the child, “There’s no extra benefit in taking medicines that are stronger than you need,” she says.

After the plan is developed, it will be given to you, as the parent or carer, to keep in order to remind you of common asthma triggers, your child’s medication dose, what symptoms to look for, and what to do if your child starts to feel unwell.

If you are the parent or carer of a child with asthma, you might like to get extra copies made of their asthma action plan so you can give one to your child’s grandparents or any other regular carers. You should also give a copy to your child’s school, pre-school and/or childcare facility,” advises Brophy.

The end game of an asthma treatment is to help children live as wholly as possible and to enjoy the same activities as their peers. More specifically though, the aims of asthma treatments are to help keep symptoms in check, prevent potential asthma attacks, keep lungs as healthy as possible and stop asthma from interfering with school.

Some Useful Contacts
Asthma Australia
www.asthmaaustralia.org.au
1800 ASTHMA (1800 278 462)
National Asthma Council Australia
www.nationalasthma.org.au
+61 3 9929 4333
1800 032 495
nac@nationalasthma.org.au

ASTHMA IN NUMBERS
• Around 2.3 million Australians have asthma
• Asthma is two times more prevalent in Indigenous Australians than non-Indigenous Australians
• Asthma is more common in males in the 0-14 year age group
• 37,500 asthma-related hospitalisations in 2012/13
Rotavirus is a hardy form of gastro with symptoms that can range from mild to severe. Nicole Thomas takes a look at what you can do to protect your child.

Children under 2 years old are susceptible to a range of infections and nasties due to their developing immune systems, and rotavirus ranks up there as one of the most common. Rotavirus is essentially a highly infectious form of gastroenteritis and before the vaccine was introduced in 2007 it affected almost every child under the age of 5. The virus remains the most common cause of severe gastroenteritis around the world and is still a common cause of hospitalisation for children under 2 years old in Australia.

How is rotavirus contracted?
Rotavirus is a hardy virus that can survive on our skin for several hours and even longer on surfaces, making it very easy to spread and contract. The virus can be passed on through the stools of infected people/children, which is why day care centres, family homes and homes for the elderly are the most common places to contract the infection. So, for example, if a carer changes an infected baby’s nappy and doesn’t wash their hands properly after doing so, they can spread the virus.

It is also an easy infection to spread as it can be passed on via any infected surface that makes a pathway to the mouth (so in children under 2 years old this would most likely be hands, food and any object they place in their mouths); through infected faeces making its way into water; and via respiratory droplets (for example, through coughing and sneezing). Aside from being highly infectious, a single person/child can be infected by the disease several times, though the first time is generally the most severe, as a natural immunity is built up.
It is important to note that nearly every child is at risk of infection, so if your child contracts rotavirus it doesn’t mean that hygiene standards are poor, and that children between 6 months and 2 years of age are the most prone. Routine hand-washing and cleanliness are important but they are not enough to stop the rotavirus infection, hence the introduction of the vaccine in babies. The incubation period for rotavirus is 1 to 3 days, with it becoming contagious 2 days before the child develops diarrhea and up to 8 days after the diarrhea stops. The illness can occur abruptly and lasts for an average of anywhere between 3 to 7 days.

**Warning signs of rotavirus**

Symptoms of rotavirus can vary from mild to severe and these include:

- Watery diarrhea of a finite timeframe for mild cases
- Diarrhea which results in dehydration, vomiting, fever and shock in severe cases
- Runny nose and cough
- Sore stomach
- Loss of appetite.

One of the main things to look out for if your child has rotavirus is dehydration, as this can lead to hospitalisation and, if not treated in time, is potentially life threatening. In severe cases of rotavirus, the child will require intravenous fluids to prevent dehydration, but in more mild cases, the best route to helping your child recover is by keeping them well hydrated until it has run its course. If you suspect your child may be suffering from dehydration, it is important to look out for the following signs – minimal urination/dry diapers, the production of few tears when crying, uncharacteristic fussiness and/or lethargy.

**How can rotavirus be treated?**

The most important things you can do if your child has rotavirus is to provide plenty of fluids for your tot (continue to breastfeed if you are a nursing mum), allow them to get plenty of rest and ensure that if they display any symptoms of moderate to severe rotavirus, take them to your GP. You should also consult your doctor if your child refuses to drink/breastfeed.

As with anything, prevention is the best method of attack and immunising your child is the recommended way to protect them against rotavirus. Even if a vaccinated child contracts rotavirus, they generally get a mild form of the virus.

Other ways to help prevent the infection are:

- Washing hands thoroughly after changing a nappy, going to the toilet and before handling food
- Disposing of nappies and wipes thoughtfully
- Disinfecting the change table often
- Regularly washing and disinfecting shared toys and items
- Keeping sick babies and children at home from childcare for at least 24 hours after the diarrhea stops to prevent the spread
- Washing hands before touching food
- Keeping sick babies and children away from swimming pools for two weeks after the symptoms go

Rotavirus is a robust virus, but immunisation, good hygiene and rehydration are key players in keeping this nasty bug at bay.
Mediterranean Diet
The Mediterranean diet is a way of life. It is not only about the food you eat but the way you eat, who you eat with and how you eat. It’s a lifestyle diet that many are starting to embrace. By Lisa Tassell

The main components of the traditional Mediterranean diet are fresh and whole foods and is purported to have health benefits that promote a longer healthier life. A large variety of vegetables, fruits, olive oil, grains and fish are the focus of each meal, with less of a focus on red meats and dairy.

In modern society we are often guilty of not eating enough vegetables. Having a good quantity of vegetables in our diet daily is essential for good health. Not only are they delicious and versatile, they are jam packed full of vitamins and nutrients. The natural fibre in vegetables helps us to feel full and helps to keep our sugar levels on an even keel. Not only that, but the fibre in fresh vegetables allows the digestion to work in harmony as it is meant to.

We hear a lot about grains being not so good for us. In the Mediterranean diet, wholegrains are an integral part of the meal. The key is that the grains are in their whole form and haven’t been refined or processed. There are many vitamins and minerals in wholegrains that aid in a balanced diet.

Another key component of the diet is good quality fats. These fats are natural fats from nuts and seeds, avocado, olive oil, olives and omega 3 dense fish such as sardines and salmon to name a few. Quality fats are fantastic for the metabolism and keep our heart and brain healthy, reducing inflammation within our body. Red meat is kept to a minimum, whilst free range chicken is eaten in moderation.

With main meals, a glass of red wine is encouraged as it is rich in antioxidants and full of resveratrol, often called the anti-ageing ingredient. Everything in moderation and quality is very important in the Mediterranean diet. This includes not only the alcohol but also the food.

Apart from the dietary component, the lifestyle is also important when considering the benefits of this diet. In countries surrounding the Mediterranean Sea, food is prepared with family and friends, meals are served in a relaxed atmosphere, never rushed and accompanied with laughter and love. It is not uncommon for families to sit around the table slowly eating, laid-back and happy to take their time, not rushing off to do something or be somewhere. From a health point of view, this eating plan is a holistic way of living, full of nurturing for both the body and the soul.

Not only does the food eaten help to lower blood pressure, cholesterol, balance blood sugars, improve digestion, and enhance a healthy heart and brain, it also allows for carefree enjoyment of meals in the company of family and friends. The preparation of the food and the dining experience is just as important as the food consumed. Many Australians lack the time and effort to enjoy this way of eating. The bonding and sharing of this lifestyle cannot be underestimated as being good for the body, spirit and general wellbeing.

If you would like to feel that you are on holiday in the Mediterranean on a daily basis, then this eating plan may be for you.
Who is at risk of vitamin C deficiency?
Vitamin C deficiency is rare, but people at a higher risk include those who:
• find it difficult to maintain a healthy diet of fresh fruit and vegetables (e.g. elderly people, low-income households, people with an eating disorder)
• smoke heavily or are dependent on alcohol or drugs
• have a health condition that makes it difficult to digest food, such as coeliac disease, ulcerative colitis or Crohn’s disease.

Do I need vitamin C supplements?
Lots of people take vitamin supplements, but there is no good evidence that they help unless you have a deficiency. Australia’s best guide to how to eat healthily – the Australian Dietary Guidelines – doesn’t recommend them. Vitamin supplements are expensive. They are best taken only on a doctor’s advice. Most people get the vitamins they need from a healthy diet, which has a wide variety of foods, including:
• plenty of vegetables, of different types and colours, and legumes/beans
• fruit
• grain (cereal) foods, mostly wholegrain, and/or high cereal fibre varieties such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley
• lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
• milk, yoghurt, cheese and/or their alternatives, mostly reduced fat.

Vitamin C deficiency treatment
Health experts usually recommend that you get vitamin C from your diet, but in some cases your doctor may suggest you take vitamin C supplements. Vitamin C supplements can cause abdominal pain and diarrhoea.

Sources:
Eat For Health Guidelines
MedlinePlus (Vitamin C (Ascorbic acid))
National Health and Medical Research Council (Nutrient reference values for Australia and New Zealand including recommended dietary intakes) NHS Choices (Vitamin C) NHS Choices (Scurvy) NPS MedicineWise (Vitamin C)
falafel

A healthy food that’s filling too

INGREDIENTS

• 1 kg peeled, split, dried fava beans (soaked in cold water for 24 - 48 hours, changing the water every 12 hours)
• 2 garlic cloves, chopped
• 3/4 cup parsley, chopped
• ½ cup of fresh dill
• 1/2 bunch spring onions (green tops only), chopped
• 1/2 teaspoon ground cumin
• ½ teaspoon ground coriander
• 1/2 teaspoon baking powder
• 1/2 teaspoon salt
• ½ cup coriander leaves, chopped
• Toasted sesame seeds
• Vegetable or rice bran oil

Tahini Sauce

2 tablespoons Tahini paste
¼ cup of water
1 teaspoon white vinegar
squeeze of lemon or lime juice
a pinch of ground cumin
Salt according to taste

Soak fava beans in water to cover generously overnight. The next day, drain the beans and place in a food processor with the garlic cloves and purée until ground. Add the fresh parsley, coriander and dill and the green tops of the spring onions, the ground cumin and coriander; the baking powder; the salt. Pulse and process until thoroughly ground and the mixture comes together. Turn out into a bowl, with your hands, and form into 2-inch balls. Flatten each ball slightly and roll in toasted sesame seeds.

Heat the oil in a saucepan and drop a few falafels into the oil and fry until golden brown (high to medium heat) for approximately 5 to 7 minutes. Drain on paper towels and set aside.

To prepare the tahini sauce, place the tahini paste in a bowl and gradually add water while mixing to achieve the desired thickness. Add the cumin, vinegar and lemon juice and continue to stir. Season with the salt. Place the falafel patties on a platter and serve with tahini as an appetizer.

Or stuff them into pita bread or wholemeal wrap with chopped lettuce, tomato, cucumber, red onion and dress with the tahini sauce for a nutritious meal.

Enjoy!
Juicing

By Allana Collopy

I am constantly amazed at the simplicity of wellness and how the right nutrition, if available to us, is often the answer to so many unnecessary illnesses in our world today. Simple things can go a long way and an example of this is to create a simple 4 to 6-ingredient juice a week. This can improve wellness and change our lives dramatically. If you put the right nutrition in, the body can heal itself.

Simply put, we can heal and improve our health by putting the right nutrition into a place where it can be absorbed and used by the body to do what the body is designed to do. Spending a lot of time in Mongolia, I have been working with the local community to improve their health and wellbeing. I observed as an ex-nurse and a wellness practitioner that there seems to be a huge issue with Rickets, hips, back and knee problems. This is evident in Mongolians over the age of about 45 years of age, in large part due to their poor nutrition, a lack of vitamin D, calcium and other vitamins found in good fruits and vegetables.

I also observed that there is minimal to almost no fruit and vegetables available most of the year and then when it is available, it’s expensive and imported from China or other Asian countries. Noticeably, when a small effort is made to eat more healthy by incorporating more fruits and vegetables in their diets, or indulge in massage or some other small but effective new lifestyle practice, it seems to show massive changes and lowers their discomfort, lifts their spirits, and their general health and wellbeing improves rapidly.

You would think Australia would be different! Fruits and vegetables are readily available and we have quality seasonal produce. Comparatively, we don’t have the high incidence of rickets and we tend to live longer, but often our bodies are starving a good nutritional balance. We are eating more of the wrong things and consequently put on more weight and ultimately die earlier than we should. A bit dramatic? Unfortunately, that is the truth. Eating junk food or nutritionally deficient food is detrimental to our health.
We are nutritionally starving and making ourselves susceptible to different diseases for the same reason as the Mongolians. - because we seem to have lost the ability to absorb nutrients and so are lacking the most fundamental and simple nutrition absorption from our diets. Introducing a nutritionally balanced juice of 500mls/1 pint juice into our lives daily (or if this is not possible then weekly) will be beneficial. This will enable our bodies to have a chance to do the work it needs to improve our health. HOW SIMPLE IS THAT!!! Would it not be grand to have the control and power to be able to choose health over disease? Why wait till we get too sick to do anything to help ourselves?

There are many different juice recipes that are freely available online, or in books. The important thing to remember is to mix it up with other fruit and vegetables. This can be extremely beneficial to you and your body than masticating (eating) the fruit and vegetables all the time. Why juice and not just eat more fruits and vegetables? Because juicing fresh is live and the nutrients get into our system within 15 minutes of hitting our stomach.

I suggest changing the juices around by alternating between a balanced red juice and a balanced green juice. The benefits you will feel are amazing. From my personal experience, I noticed within a couple of days of juicing that there was a good difference in my life and how I felt. I have lost over 30 kilos because I simply added more nutrition into my body through balanced juicing. What this did for my body was nothing short of miraculous. My improvements included better heart health, to eliminating my sleep apnea, to being able to run again after over 20 years. I have gained a life back and I now feel better than I did in my 20's and I’m now in my 50's. I believe everyone has the right to choose to feel good and I think you will see and feel the healing in your own body within a short time from a simple daily fresh juice.

How do you start to change your situation? Simple add juicing to your life. Not the juice from the shelves at the supermarkets and shops, this is not live juice. Please don't be extreme, for example just juicing all Carrots or all Broad Beans is the same as starving your body of good nutrition you will get sicker. One thing the universe has taught me is “If it's not balanced, it's not right for us”. Make a simple juice a day and reap the benefits.

Allana is an ex-nurse and now works as a Juice Therapist and Wellbeing Consultant
New migrants to Australia generally eat healthier diets than the locals but many are dragged into bad habits by Australia’s fast food culture, new research has found.

The study found new migrants were much more likely to eat together as a family than established Australians and nearly half avoid fast food entirely.

The study found that 67 per cent of new arrivals surveyed ate vegetables every day and those who ate traditional meals were more likely to eat fresh vegetables every day. According to the National Health and Medical Research Council (NHMRC) less than 10 per cent of Australians eat the recommended serves of fruit and vegetables each day.

It found 83 per cent of new migrants shared a meal with their family more than three days a week while just 66 per cent of Australians on average regularly ate as a family.

The study found eight out of ten ate breakfast every day. This compares with other studies that have found less than half of Australians eat breakfast every day.

Titled: ‘What’s for Dinner? An exploration of changes in eating habits and dietary acculturation among new migrant to Australia’, the survey aimed to find out whether new migrants change their diet and eating habits after arriving in Australia.

Recent migrant Mirela Djekanovic said maintaining a healthy diet for herself and her family was a priority.

“Eating healthy food is important to me. It makes you feel better and obviously it is better for your health,” she said.

“I have a 19-month-old daughter and it is important to me that she learns healthy eating habits early. As a family we eat lots of fruit and vegetables every day and luckily my daughter loves broccoli and carrots,” said Mirela, who migrated from Bosnia two years ago.
Conducted by migrant and refugee settlement agency AMES Australia, the study found more than half (57 per cent) consumed home cooked meals every day and more than a third (35 per cent) rarely or never consumed soft drinks.

It found 47 per cent of respondents never ate from one of the five top fast food chains – compared with 40 per cent of locals*, while 41 per cent had eaten from these food chains one or more times per week.

It also asked about exercise levels, health profiles and perceptions about the cost of food and where migrants shopped for food.

Forty-six per cent of respondents said they walked every day for exercise, the survey found.

Forty per cent of respondents stayed the same weight, while 38 per cent had put on weight and 84 per cent of respondents said that their health was good to excellent.

The survey found 63 per cent of respondents purchased their fruit and vegetables from the supermarket; 51 per cent thought the cost of food was expensive in Australia while 43 per cent felt it was about right.

Seventy-nine per cent of respondents read food labels when buying packaged food.

Lead researcher Dr Lisa Thomson said the first two to three years after settlement were critical for new arrivals to maintain their traditional food habits.

“New migrants need to learn how to source foods in Australia but they are also influenced by local eating habits. This study has shown that new migrants face similar challenges to the general population in relation to food choices such as maintaining a healthy body weight and ensuring they get sufficient exercise,” she said.

“This study shows that new migrants engage in two protective factors for health and wellbeing, maintaining their traditional diet and eating as a family. However, it is concerning that there are significant numbers that consume soft drinks and eat at one of the five major fast food restaurants and least once a week.

“Generally speaking, migrants who come to Australia are healthier than the native population. The relative high cost of fresh food when compared with processed food, the limited availability of fresh food in some regions can have a significant impact upon the types of food choices new migrants people make.

“This means that the ‘healthy immigrant’ effect may only last for a short time particularly if they replace traditional foods with energy dense western-style food and move to more sedentary lifestyles.

“Healthy eating and exercise are good for disease prevention and are essential for health and wellbeing. AMES Australia is committed to helping new migrants settle in Australia. Learning what type of foods are available, where they can purchase familiar or traditional foods and how they can prepare food in a similar way to their home country is important for new arrivals,” Dr Thomson said.

*I Enhanced Media Metrics Australia report

“I have a 19-month-old daughter and it is important to me that she learns healthy eating habits early”
Some diseases that are transmitted through infected mosquitoes can be debilitating and ruin your holiday. Arm yourself with the knowledge before you venture on holiday...
Dengue

Symptoms: Dengue causes severe flu-like symptoms including:
• fever
• headaches
• muscle and joint pains
• rash
• nausea and vomiting

There are 5 different strains of dengue virus. An initial infection will result in dengue fever. However, a subsequent infection with a different strain can lead to a severe form of the illness that may be fatal if not treated appropriately.

The mosquito that transmits dengue breeds in water-filled, man-made containers in urban areas. It is often found near or inside buildings and bites during the day.

Prevention:
There is no cure or vaccine for dengue. The only way to prevent infection is to avoid being bitten by mosquitoes.

Risk regions:
The risk of infection is high in popular travel destinations such as Indonesia (Bali), Vietnam, Thailand and India, however, dengue occurs in a wide range of countries.

Malaria

Malaria is a parasitic disease transmitted by mosquitoes in a range of overseas countries. There are 5 different species of malaria parasite that can cause disease in people.

Symptoms of malaria include:
• headache
• fever
• chills
• fatigue
• nausea and vomiting

In some cases, infection can lead to severe illness (coma, seizures, anaemia, breathing difficulties) and may be fatal if not treated appropriately.

Prevention:
Always speak to your travel GP at least 6 weeks before you travel overseas. Pregnant women should not travel to regions where malaria is present, and parents should avoid taking young children to areas where there is a substantial risk of infection. If travel cannot be avoided, it is important to take anti-malarial medication to prevent infection. Your travel doctor will advise you if this treatment is necessary and can provide recommendations on the best anti-malarial treatment for your destination and length of time away.

Risk regions:
The risk of infection is particularly high if you are traveling to Africa, Central and Southern America, the Pacific or south-east Asian countries such as Cambodia, Laos, Myanmar and southern Vietnam. The risk of infection remains substantial in a number of other popular travel destinations in Asia, Central and South America.
Japanese Encephalitis

**Symptoms**

Japanese encephalitis is a viral infection transmitted by mosquitoes. Many individuals infected with Japanese encephalitis virus will have very mild or no symptoms. However, in some cases Japanese encephalitis can cause inflammation of the brain (encephalitis) resulting in:
- headache
- high fever
- disorientation
- coma
- tremors
- fits

In such cases, infection can lead to permanent brain damage or be fatal.

**Prevention**

Vaccination is the most effective form of prevention against Japanese encephalitis. It is very important to speak to your travel GP at least 6 weeks before traveling overseas, to see if you need a Japanese encephalitis vaccine. Once infected, there is no specific treatment for the disease.

**Risk regions**

The risk of infection is highest in Asian countries, including several common travel destinations from Australia (China, Japan, Korea, Taiwan, the Philippines, Vietnam, Cambodia, Indonesia, Laos, Thailand, Malaysia, Papua New Guinea and India). Whilst rare outbreaks have occurred in the outer Torres Strait Islands, only one locally acquired infection has ever been reported in Australia (far north Queensland).

Yellow Fever

**Symptoms**

Yellow fever is a viral infection transmitted by mosquitoes. Infection can lead to two distinct phases of disease. The first phase results in:
- fever
- muscle pain
- headache
- nausea and vomiting.

Patients often recover after 3 to 4 days. Some patients will enter a more serious, toxic phase where the fever returns, jaundice occurs and blood appears in the vomit. The toxic phase may be fatal if not treated appropriately.

**Prevention**

Vaccination is the most effective form of prevention against yellow fever, and is recommended for people aged 9 months and older who travel to areas where there is a risk of infection. A single dose provides lifelong immunity. It is very important to speak to your travel GP at least 6 weeks before travelling overseas to see if you need a yellow fever vaccine. Once infected, there is no specific treatment for the disease.

Most countries have regulations and requirements regarding the need for yellow fever vaccination. If you have visited areas where the disease is endemic, a Yellow Fever International Certificate of Vaccination may be required in order to enter other countries and to re-enter Australia.

**Risk regions**

Yellow fever occurs predominantly in regions of South and Central America and West and Central Africa.

>>> It is recommended that you always see your travel doctor before travelling overseas to seek advice on the risks associated with your travel plans. <<<
Zika Virus

Symptoms
Zika virus causes flu-like symptoms including:
• fever
• headaches
• muscle and joint pains
• rash
Recent evidence suggests that Zika virus infection in women during the first trimester of pregnancy may also be linked to abnormal foetal brain development.

Prevention
There is no cure or vaccine for Zika virus. The only way to prevent infection is to avoid being bitten by mosquitoes.

Risk regions:
- Current high risk Zika virus activity
- Ongoing Zika virus activity

Chikungunya

Symptoms
Chikungunya is a viral infection transmitted by mosquitoes in a range of overseas countries. Symptoms of chikungunya include:
• fever
• severe joint and muscle pain
• headache
• nausea
• fatigue
• rash.

Prevention
There is no cure or vaccine for chikungunya. The only way to prevent infection is to avoid being bitten by mosquitoes.

Risk regions:
The risk of infection has traditionally been highest in Africa and Asia. More recently, the disease has emerged in countries in the Pacific and Indian Ocean regions as well as south-east Asia and the Caribbean.

Other mosquito-borne diseases
The diseases listed above represent the mosquito-borne diseases that West Australians most frequently acquire when traveling overseas, or that pose the greatest health risks. However, you should be aware that there are many other mosquito-borne diseases that occur worldwide. It is recommended that you always see your doctor before travelling overseas to seek advice on the risks associated with your travel plans, and the need for specific measures such as vaccines and antimalarial medicines, where these are appropriate.

Where to get help
• Visit a health professional if you become sick whilst overseas.
• If you become ill on your return to Australia, see your doctor immediately and advise them of your recent travel history.
• Ring Healthdirect Australia on: 1800 022 222

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Resistance Exercises

Strength training is not just about building muscle to become a bodybuilder. People of all ages, whether 18 or 80, can benefit from simple and easy resistance exercises, which are beneficial to bones, muscles and even losing unwanted body fat by burning calories. It adds tone to your muscle and makes you stronger and fitter. Body co-ordination, posture and balance also improve. It is called strength training or resistance training because it involves using a resisting force that contracts your muscles and gives them a good working out.

Incorporate a set of resistance exercises two to three times a week for 15-30 minutes to get the maximum benefit. Alternate days when you get more advanced and you start feeling more comfortable. Giving your muscles the chance to recover is important so it isn’t recommended doing it on a daily basis. Listening to your body is important and safety is vital. Warm up before and after to get the best results. You will notice a vast improvement in your flexibility and general health. Studies have shown that resistance training can aid those suffering from type 2 diabetes, post-menopausal symptoms, depression and arthritis. It lowers the risk of osteoporosis in men and women. The health benefits are many.

Remember, you don’t need expensive gym machines, heavy weights or a gym membership to do resistance training. Training can be done in your garden, living room or office. Simply using the force of your body against a wall, small hand weights, a resistance band, a heavy ball such as a medicine ball, or even a 1kg bag of rice, all will do the job just as well and there is no excuse! If in doubt, ask your GP or a fitness trainer for more advice on what would suit your needs.

Beginners can start to target the major muscle areas of the body (legs, arms, torso, shoulders, back, hips and chest) with 8-10 repetitions per exercise. For example, 10 pushups followed by 10 squats and 10 lunges. Try these simple exercises below to get started. Working in a group will get your motivational level up and add a fun factor.

There is so much more to resistance training than looking and feeling great. It improves your health and plays a large part in disease prevention. Who wouldn’t want that?

Lunges
Starting with your feet together, hold the ball close to your chest with your hands either side of the ball. Keeping your core tight and back upright, take a step forward with your right foot and lower yourself until your left knee is at a 90degree angle. Use your bottom and hamstrings to push back up. Repeat with your left foot. Try 10 repetitions. Lunges are great for your legs.

Seated Russian Twist
This exercise works on your abdominal muscles, keep your heels touching the ground if you are a beginner. Keeping the back straight, lean back to a 45degree angle and extend the medicine ball in front of your chest. Rotate slowly from side to side, keeping the arms long and the back straight. As you progress, you can lift your legs in the air for a harder workout if you feel challenged. Try 10 repetitions each side.
There are many yoga like poses that you can hold and count to improve coordination and balance. Stand feet apart then raise your right leg and rest on your inner left leg underneath the knee. Using the resistance band in both hands, stretch your arms to a comfortable position and tilt your body slightly to your left, stretching your arms slightly away from each other. Try holding this pose for at least 10-15 seconds, or 30 seconds if you feel stable and brave. Repeat with the other leg. Try 3-5 repetitions.

Targets shoulders and upper back. Using a small weight (1-2kg in each hand), Stand with your torso straight, and hold the weights with your palms facing your body. Without moving your torso, slowly lift the weights with each hand, keeping them steady and even. Your hands should be slightly tilted forward, as if you were pouring a pitcher of water. Lift the weights to the height of your shoulder, and pause for a moment at the top. Exhale as you do this. Slowly reverse the motion, bringing the weights down to the starting position. Inhale as you do. Try 10-15 repetitions.

Great for arms and upper back strengthening. Sit on the floor with your legs slightly bent out in front. Loop the band around the soles of your feet, cross it in front of you and hold one end in each hand. Keep your back and legs straight. Start with your arms straight in front of you, pointing at your toes. Pull back so you bend your elbows and your hands meet your chest. Return to the starting position. Try 10-15 repetitions.

Remember, you don’t need expensive gym machines, heavy weights or a gym membership to do resistance training. Training can be done in your garden.
Q: Your symptoms sound like Carpal Tunnel syndrome where one of the nerves supplying the hands are compressed and this then causes the tingling, numbness and pain. The median nerve runs through a little tunnel in the wrist and if there is any pressure or swelling around this area it can cause these kinds of symptoms. It often happens at night when you sleep with your wrists bent or when you hold onto your steering wheel in a certain way while driving. You will then find when you shake your hands a bit the symptoms will clear. If the pain gets more intense or lasts longer or if you start developing weakness in your wrists and hands, it is a sign of a more serious compression of the nerve and you would not want it to get to that point. It is important to discuss this with your doctor who will ask a few questions and examine your hands, arms and neck to rule out some other possible causes. The doctor might also send you for some nerve conduction tests to confirm which nerve is trapped. Usually a wrist splint to wear at night or while driving to stop you from bending your wrist will help alleviate the symptoms. If it is quite severe, your doctor might refer you to an Orthopaedic surgeon who can do a small operation to release the nerve by cutting the little tunnel open.

A: Low iron is a very common cause of tiredness and especially in females that have heavy periods. To supplement with oral iron tablets works well, but it often takes at least 3 months to reach an optimum level. It can sometimes also cause some side effects like constipation or nausea that can be troubling. An iron infusion, on the other hand, can be done in your doctor’s surgery and will make you feel better quicker and has less side-effects. It is also very important to address the cause of your iron deficiency and talk to your doctor about options to reduce the heavy flow of your period to prevent your iron stores becoming depleted again and again. A low vitamin D level is usually due to a lack of sunshine or dietary intake. You might need quite high doses (3000-5000IU/D) initially to get it back to normal levels and then about 1000IU/d to maintain. 20 minutes of sunshine per day should also be enough to maintain normal levels. I would suggest you go back to your doctor to discuss this.
Dr. Sarrah Omran
An experienced dentist with a wealth of experience in all types of dental problems. Her interests lie in cosmetic dentistry and smile makeovers.

**Q** I brush my teeth several times a day and sometimes bleed a lot. Is it true that it is good if your gums bleed? Does the type of toothbrush make a difference? Soft, medium or hard bristles? (Tom, 27)

**A:** It’s great to hear you’re brushing regularly Tom, however gum bleeding is not a good thing and is a classic sign of gingivitis (gum disease). Brushing with the incorrect technique and lack of flossing are the biggest culprits contributing to gum bleeding, which is due to being left behind. Going for long periods without a professional scale and clean at your dentist is another major factor. It’s a common misconception that hard or medium bristled toothbrushes clean better. The truth is, they can actually cause damage to your teeth and gums. A soft bristle toothbrush is always best, as it will gently but effectively remove plaque build up from tooth surfaces, as long as the right technique is being used.

**Q** I want to have brighter, whiter teeth. I’ve tried a few whitening toothpastes but none of them really worked for me. What is the cheapest, most effective treatment that is safe and long lasting? (Sue, 28)

**A:** Who wouldn’t love to have whiter, brighter teeth! The truth is, whitening toothpastes are usually only effective at removing superficial stains such as those from tea and coffee, however they are not capable of changing the natural colour of your teeth. Some ‘over-the-counter’ whitening treatments, whilst cheap, can cause problems if used incorrectly. For a safe and effective treatment to whiten teeth, there are several options available from your dentist, such as a professional take home whitening kit that will give you great results without having to take out a mortgage! A proper consultation is needed so that your dentist can recommend the best solution tailored to you.

**Q** I hate going to the dentist. I don’t sleep for a week before my appointment. I hate the needles going into my gums. I hate the little plastic film put uncomfortably in your mouth to take an xray. I hate the sounds of the equipment. I’ll prolong going to visit the dentist until I have a problem. Is there anything that I can do to make the fear less? (Betty, 49)

**A:** Betty, you’re definitely not alone on this one, and I feel for you! Dental anxiety is a huge problem for many people. The good news is that dentistry has come a long way, meaning that there are several options to make your dental experience as pleasant as possible. From simple solutions such as noise cancelling headphones, numbing creams and anti-anxiety medication, to even having all of your treatment completed whilst you are ‘asleep’ (sedation dentistry), taking the fear out of visiting the dentist can be quite achievable. Remember, it’s important to find a dentist who you trust and feel comfortable with, who you can communicate your specific fears to.
It is essential to add adequate essential fatty acids into your diet such as small oily fish like sardines, mackerel, brazil nuts, walnuts, flaxseeds and avocado. Avoid food that is potentially inflammatory, such as food high in sugar, refined carbohydrates, pasta and white bread. Eat fresh, unprocessed food as often as possible. Avoid alcohol and caffeine. Drink filtered water to flush out impurities in your body and to stay hydrated. Look at an integrated detoxification with your Naturopath to restore digestive tract flora and to release toxic compounds in a safe and gentle manner. Often after a detox program, which can last from two to six weeks, many clients notice a significant reduction in their symptoms that have been causing them discomfort. Also focus on your stress levels, which can have a profound effect on your health and wellbeing. Meditation, gentle exercise and simple breathing techniques can dramatically reduce stressful feelings.

I have recently been getting pain in my joints and I think might be the beginning of arthritis or some other type of inflammation. What can I incorporate in my diet to ease the discomfort and pain. I am a 44 year old mum of three kids with a busy lifestyle. (Sue, 44)

A: It is essential to add adequate essential fatty acids into your diet such as small oily fish like sardines, mackerel, brazil nuts, walnuts, flaxseeds and avocado. Avoid food that is potentially inflammatory, such as food high in sugar, refined carbohydrates, pasta and white bread. Eat fresh, unprocessed food as often as possible. Avoid alcohol and caffeine. Drink filtered water to flush out impurities in your body and to stay hydrated. Look at an integrated detoxification with your Naturopath to restore digestive tract flora and to release toxic compounds in a safe and gentle manner. Often after a detox program, which can last from two to six weeks, many clients notice a significant reduction in their symptoms that have been causing them discomfort. Also focus on your stress levels, which can have a profound effect on your health and wellbeing. Meditation, gentle exercise and simple breathing techniques can dramatically reduce stressful feelings.

My husband is driving me crazy. Every time he has a slight headache or something is hurting him, he takes some paracetamol or Ibuprofen for pain relief. I have heard that too much of these are not healthy. Is there a healthy substitute? (Renee, 45)

A: Often getting back to nature, out in the fresh air can help clear a slight headache. Make sure that your husband is well hydrated with filtered water as often a headache can be alleviated from adequate water consumption. Conscious breathing can reduce cortisol levels and stress symptoms. Take three deep breaths and follow each with a long exhalation to the count of 3 seconds. Practice sets of conscious breathing 10-20 times a day and feel the difference. Magnesium is required to help muscles relax and promote a calm mind and relaxed body. Include supplements or increase food that is high in magnesium, such as red meat, almonds, bananas, walnuts. There are many natural products that will be of great benefit for pain.

I’m confused! To eat carbs or not? To eat fats or not? To eat low fat foods or not? To drink coffee or not? To eat three meals or five smaller meals? Chocolate is good for you, is it? I’m frustrated because of the conflicting information that comes out. Who is right? How do I keep myself well informed? (Tanya, 51)

A: It is best to start to listen to your own body as to what is best for you. I always have my clients do a food diary for a month with physical and emotional symptoms associated with the food they are eating. Your body knows best what is good for you. Everything in moderation is the key to a healthy life. Every individual has their own unique individual requirements to function optimally. Eat fresh, quality whole foods, avoid processed foods and see a naturopath to guide you through the potential minefield of conflicting information.
I seem to get angry very quickly these days. I am under a lot of pressure at work and when I get home, I don’t want to hear my kids arguing together, or my partner telling me about bills that have arrived. My reaction is to yell at them most of the time, and I don’t like it. I know I need to find ways to control my feelings. What can I do? (Mark, 37)

A: Such a common problem, Mark. When leaving work we reflect on the challenges of the day, list the things we didn’t accomplish so we don’t forget them tomorrow, battle the traffic or public transport and then carry stress into the home. Adam Fraser in his book “Third Space” talks about making conscious decisions when moving from one space (work) to another (home). We can use the time in between (third space) to prepare ourselves in three ways.

1. Recognise what went well. Focus on what you achieved, the highlight of your day. Get positive!
2. Set a goal for the second space. Mow the lawn, play with the kids, or enjoy dinner with your family.
3. Decide who you want to be when you walk through the door. Do you really want to be that tired, stressed person? Make a conscious decision to be someone else. Imagine if the whole family uses this strategy!! Who will your kids and wife want to be when you walk through the door?!?

Q: Lisa, it sounds like you are experiencing the survival instinct of fight or flight. In caveman days, a bear at the cave entrance, this response was helpful. Today our challenges aren’t bears, but worry and fears about our modern life. The body’s response, however, is the same. Shaking the tension from your body can help here. Tense your whole body, then drop your shoulders and shake your hands by your sides. You should feel the tension leave. Some people feel this tension in their neck and jaw, causing stress headaches. Loosening your neck and jaw will help. We have built in relaxation signals from our body to our brain. The most useful one of these is the sigh. Breathing out long breaths helps us to relax when we are challenged. Sometimes we need the help of a counsellor to challenge the thoughts that cause these responses.

Q: My nephew, who is 16, has been very withdrawn lately and not really communicating well with the family. He prefers to be alone in his room, reading or playing games. He is usually a pretty bubbly person and with a happy-go-lucky attitude, but in the last 6 months, he’s been acting differently – more reserved and quiet, and not sharing his feelings about much even when asked. His answer to the question, “Is everything ok?” is always “Nothing”. We are worried about him and not sure how to help him as we don’t know what the problem is. What can you suggest? (Carol, 29)

A: As with any relationship, communication is the foundation. Often when teenagers separate themselves, it takes a new ritual to change things. A weekly game of golf, a one-on-one dinner, even a challenge in a computer game can open communication. Of course, it’s important to match this attention with your teen’s interest. Teen years are full of changes and challenges. Asking questions like “Is everything ok?” can feed the anxiety and confusion felt during this time and is often rejected out of hand. More specific, open questions and conversations can have better results. Try questions like “What is your book about?” or “What progress are you making in your game?” These are more likely to be conversation starters than “Is everything ok?” Many teens seek solitary sanctuary. However, if you feel your teen is really isolated, enlist help from a counsellor.
The best thing about moving house, although it can one of the most traumatic experiences to go through, is the feeling you get when you finally throw away those things that have been sitting around without a purpose. An old lamp, a broken side table, a chipped vase, or even old shoes and clothes, clearing out an old garage or shed can be self-invigorating. Throwing out old shoeboxes filled with meaningless paper receipts from 2010. Clearing out unused, out of date pantry items, old socks with holes, ragged, worn towels. The list goes on. The good news is that you don’t have to move house to declutter your home.

What makes us keep things we no longer need? The nature to possess more rather than less, the urge to buy unnecessary items, the contribution we make to landfill and our carbon footprint is getting larger and larger. For those of us that recycle as much as possible, good’o to us, but the fact remains, most of us suffer from an illness called, ‘Accumulate More-itis’.

I recently went to visit a friend I hadn’t seen in a few months because she was recently made redundant and had more time to organise her life in between jobs. I was taken aback with the transformation she made. With less money, and more time, her home had been transformed. With uncluttered clean lines, minimal furniture and decorations, I must say I felt a sense of calmness and comfort in her new space. She had thrown away (or given to charity) most of her stuff and was not impulse buying anymore. She even looked healthier. It was a lesson to be learnt. Less clutter, less debt, less cleaning time, more money and energy to live life. Sounds appealing.

Many of you by this stage will begin to feel anxious, overwhelmed and exhausted already...
by the thought of what lies ahead. Decluttering your home means decluttering your life as well (I’ll come to that later). But, you’ll be surprised to know that there are fun and creative ways that your declutter journey can take you. By the end, you’ll want to jump up to the stars and yell with glee at the feeling of accomplishment and light-heartedness you’ll feel. I kid you not!

**8 CREATIVE WAYS TO DECLUTTER**

**GIVE YOURSELF A TIME LIMIT EACH DAY**
Five to ten minutes should be manageable and not put a dent in your day to organise one area such as a pantry shelf, or bathroom cupboard. Stick to this routine till you complete that particular part of the room.

**ALLOCATE THREE BAGS OR BOXES**
The keep box, the throw away box, the donate box. Place items into one of these boxes and stick to it. This will help you to organise a space easily. You can also get children to declutter their own rooms using this technique.

**LET GO OF ONE ITEM PER DAY**
Don’t grow attached to things. Colleen Madsen, an Aussie mum started this concept through her blog 365lessthings.com and has inspired many to take the same route. You can trash, give away, or sell the item, but in twelve months, you’ll have 365 less items in your possession.

**IDENTIFY**
The clothes you don’t wear by reversing the hangars in your closet. The clothes you most wear will be correctly hung and those that are reverse hung are ready to be recycled. Don’t keep items of clothing that have been in your closet for eons awaiting repair, or the ones you are hoping to get back into by losing the weight you’ve been meaning to shed for the last 5 years. Pass them along to a new home.

**BE SMART**
Don’t start a new declutter area until you’ve finished one. If you open yourself up to several areas, the task may be in danger of being overwhelming and then it becomes unattainable. Use the SMART technique of achieving your goal of decluttering. Specific, Measurable, Attainable, Realistic, and Timely.

**INSPIRE YOURSELF**
By looking at other minimalist spaces, you’ll be inspired to make a change. Look through magazines and blogs to keep yourself on task of reaching your goal.

**REWARD YOURSELF**
No, I don’t mean go and buy yourself a new sofa. Do something for yourself that will continue to make you feel better about your accomplishments. Decluttering your home is like decluttering your life and getting things off your shoulders will empower you to feel better about yourself. Have a foot massage, buy some incense for your home, or eat out with friends. Whatever you do, reward yourself for unloading unwanted and unused stuff. Let go of the hoarder in you, and set yourself free.

**AND FINALLY**
and most importantly, declutter negative people in your life. Do you really need the negativity weighing you down? Unenthusiastic and toxic people can leave you feeling mentally and physically drained. Your energy is sapped and you will be feeling more worse for wear by having them in your life. Declutter friends that do not add positivity and meaning to your life. Keep the friends that keep you energised.

Remember, stop buying what you don’t need. Always ask yourself; do I REALLY need this in my life? If the answer is no, walk away fast!
Fantastic Fenugreek
This wonderful seed is great for a multitude of things such as spicing up the libido, lowering blood sugar levels (great for diabetics), relieves menopause symptoms, and stimulates milk production in lactating women. It can also relieve sore throat symptoms in winter. Try boiling the seeds for about 15 minutes, add milk and sweeten with honey. Drink warm and enjoy!

:: Hiccups cure ::
Those annoying diaphragm spasms can be stopped by either;
• Sucking a lump of sugar sprinkled with a few vinegar drops
• Suck a slice of lemon, slowly
• Massage your earlobes
• Eat 3 teaspoons of peanut butter (not for those with an allergy to peanuts!)
• Breathe into your cupped hands for about a minute

Black Pepper
This fabulous spice has been the subject of battles fought in history. It packs a punch by providing the body manganese, vitamins C and K, iron, fibre and potassium. It also discourages intestinal gas from forming, and as a bonus, the outer layer of the peppercorn aids in the break-down of fat cells. It warms the body so it promotes sweating, which helps rid the body of toxins. It has antibacterial, antioxidant and anti-inflammatory properties, which make it an amazing medicinal spice. Another winter warmer!
:: Mosquito bite relief ::
- Ice cubes take away the heat
- Rub a clove of garlic over the bite
- Dab Aloe Vera gel onto the bite and leave to dry
- Dab with raw onion juice (don’t socialise for at least a couple of hours)

Terrific Tamarind
Persian for “date of India” A natural laxative, aids stomach digestion. Each 100 grams of tamarind contain 36% of the thiamin, 35% of the iron, 23% of magnesium and 16% of the phosphorus recommended for a day’s worth of nutrition. Tamarinds also contain high levels of tartaric acid, just as citrus fruits contain citric acid, providing not just a zing to the taste buds, but evidence of powerful antioxidant action zapping harmful free radicals floating through your system. Tamarind preparations are used for fevers, sore throat, rheumatism, inflammation, and sunstroke.

Tasty Turmeric
A widely used spice in Asian cooking, the health benefits of turmeric are countless including an improved ability to digest fats, reducing gas and bloating, decreased congestion, and improved skin conditions such as eczema, psoriasis, and acne. There is also evidence to suggest it provides relief from joint pain and swelling. This spice has grown in popularity in recent times and is best used fresh. Grate into smoothies, sprinkle on omelettes, or drink as a tea with ginger.
Let Her Go by Dr Dawn Barker is a powerful and satisfying novel. It takes you on a journey through some very emotional and traumatic events but it is written with great insight and sensitivity. The settings are beautifully described and the trauma is outweighed by a clear and engaging writing style. This is the second novel by Dr Barker who also publishes non-fiction articles on parenting and psychiatry.

The story is written from the perspectives of the three main female characters – two sisters and a daughter, though the focus is on the younger sister, Zoe. It follows a series of difficult events and the emotions they create, but later twists give the novel its climax.

The novel begins with Zoe’s struggle to have a child and delves into the issues of infertility and surrogacy. The broader family are all involved in Zoe’s sister’s decision to become a surrogate and an array of attitudes are explored. Zoe is finally blessed with a beautiful daughter, but this brings a new gamut of difficult emotions. As the characters develop relationships with baby Louise, destructive emotions take their toll. External events also complicate the family’s happiness. The psychological effects of Zoe’s quest for a child on others in the family become a central part of the novel.

Nadia, Zoe’s sister, is the second voice of the novel. She is happily married with three children. She knows the wonderful satisfaction of motherhood and commits herself to her sister’s happiness. However, this act of self-sacrifice is not as simple as she anticipates and she is taken on her own journey of self-discovery.

The novel also brings the perspective of Louise as a teenager. She is struggling with some of the issues of adolescence and this element of family dynamics adds to the overall plot.

The female characters are well developed and believable and their lives and feelings are very real reflecting the author’s experience as a psychologist. She also offers observations about the attachment of a mother and child. Her insight into the psyche of women allows the complexity of the surrogacy issue to be explored. She shows a wonderful sensitivity to the struggles of the 3 main characters and the men in their lives.

The novel is set around Perth, Western Australia with atmospheric descriptions of beaches and cranes above the skyline in Fremantle. Mundane details such as jarrah floors in a weatherboard cottage and peppermint trees above a picnic table create a clear connection to everyday Australian life. These pictures provide a rich setting for the events and the resulting tangled emotions. Later in the novel both Zoe and her daughter, Louise, visit Rottnest Island. Their visits are at different times but the scenes of bare brick villas and ocean breezes link two harrowing events.

Including Louise as a teenager initially seems a little superfluous to the main theme and rather overcomplicates the novel with additional emotional issues, but this ties in neatly in the final chapters.

This book is a page-turner, which will captivate anyone with an interest in families, the love that binds them together and the emotions, which link them. Anyone who has contemplated parenthood will be stimulated to ponder some of the questions, which are raised. It is an interesting exploration of the very modern issue of surrogacy and a fascinating look at motherhood.

The book is available on iTunes, iBooks & Amazon.

Reviewed by Katherine Seal
NEW TRAUMA SUPPORT APP TO HELP RAIL WORKERS STAY OK

On Rail R U OK? Day, the Australian rail industry took a proactive approach to the emotional wellbeing of its 110,000 employees through the launch of its RailRes app. The app is designed to help employees manage their immediate responses to stress, and to help build their resilience.

“Train drivers, guards, station staff and other rail industry employees are often the first people on the scene when incidents take place on the network. Witnessing these events can cause severe mental, physical and emotional trauma. This is why the industry came together to found the TrackSAFE Foundation, so we could provide suicide prevention strategies, tools and advice to help our people feel safe and supported at work,” said Naomi Frauenfelder, Executive Director of the TrackSAFE Foundation.

The RailRes app builds on the success of the Department of Veterans’ Affairs High Res app and draws on insights and recommendations from a team of rail employees. Ms Frauenfelder says the app is an industry first because it is the first rail-specific trauma support tool on offer through a mobile device.

“Rail employees can use the app to ‘test’ their response to stress and ‘adjust’ their physical, cognitive, emotional and behavioural reactions to stress. The app provides a range of interactive and easy-to-use tools and exercises including progressive muscle relaxation and learning how to challenge and change negative or unhelpful thoughts,” said Ms Frauenfelder. The National Secretary of the Rail, Tram and Bus Union, Bob Nanva, says the Rail Res app will help rail industry workers take control of stress and anxiety from the many pressures they are faced with, “working in the transport industry can be highly stressful and demanding, especially in the rail industry where millions of commuters are using the network every day. Whether it’s a daily battle or an occasional episode, the effects of stress—or even trauma—can take a serious toll on productivity, and more importantly our workers’ health. Fortunately, the new RailRes app can bring immediate stress management within easy reach,” Mr Nanva said.

The latest statistics from the ABS reveal that around 8 people die by suicide in Australia every day. CEO of suicide prevention charity R U OK?, Brendan Maher, says the partnership with TrackSAFE is an invaluable opportunity to engage the rail industry and Rail R U OK? Day is an opportunity for workmates to re-commit to being there for one another.

“Whenver you notice that someone is tired, a bit stressed, distracted by things happening at home, or is not themselves, take the time to check in with that person and see how they’re doing,” Mr Maher said. “It’s not about providing a solution or fixing their problem, it’s about letting them know they’re surrounded by people who care.”

Former Australian Wallabies Captain and R U OK? Ambassador Phil Waugh says these conversations can change the culture of a workplace. “As men, we can sometimes feel that we shouldn’t show emotion or vulnerability. We need to remind each other that it’s ok not to be ok, and to help one another through those rough patches when we can,” he said.

A sentiment Ms Frauenfelder echoes: “Get behind Rail R U OK? Day and any day a workmate’s struggling. By doing so, you’re helping to create workplaces where workmates feel connected and protected from suicide.”

The app can be downloaded via the App store.

Rail Safety Week 2016 will be held 15-21 August 2016.
<table>
<thead>
<tr>
<th>Event</th>
<th>Dates</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>DES AWARENESS WEEK</td>
<td>1-7 June</td>
<td>A week to raise awareness about the health problems raised due to the prescription of anti-miscarriage drug DES (also known as diethylstilbestrol or “stilboestrol”). This drug was prescribed between 1938 to 1971, and some years beyond. Estimated 160,000 Australians may be affected, some are unaware.</td>
</tr>
<tr>
<td>CMV AWARENESS MONTH</td>
<td>1-30 June</td>
<td>June is Cytomegalovirus (CMV) Awareness Month. CMV is a member of the herpes family and a common virus that can infect people of all ages, particularly pregnant women in the early stages of their pregnancy. Talk to your GP for more information or go to <a href="http://cmv.org.au/">http://cmv.org.au/</a></td>
</tr>
<tr>
<td>MS WALK &amp; FUN RUN</td>
<td>5 June</td>
<td>A fundraising event where all proceeds go to providing services and assistance to people with Multiple Sclerosis (MS). Approximately 23,000 Australians are affected by MS. Event taking place in Canberra, Melbourne and Sydney. Follow the “MS Walk &amp; Fun Run” Facebook page or “MS” twitter page or <a href="http://www.mswalk.org.au">http://www.mswalk.org.au</a> for more information.</td>
</tr>
<tr>
<td>RED APPLE DAY, NATIONWIDE</td>
<td>22 June</td>
<td>The main activity and highlight of Bowel Cancer Awareness month. It is held every third Wednesday of June. Australians are encouraged and many are seen being supportive of the cause by purchasing a Bowel Cancer Awareness Ribbon (the apple pin) and participating in fundraising activities. For more information, go to <a href="https://www.bowelcanceraustralia.org/red-apple-day">https://www.bowelcanceraustralia.org/red-apple-day</a></td>
</tr>
<tr>
<td>RED NOSE DAY</td>
<td>24 June</td>
<td>Raising awareness and funds for Sudden Infant Death Syndrome (SIDS) research. Go to <a href="http://www.rednoseday.com.au">www.rednoseday.com.au</a> or call 1300 173 366</td>
</tr>
<tr>
<td>BOWEL CANCER AWARENESS</td>
<td>1-30 June</td>
<td>An annual initiative by Bowel Cancer Australia to raise awareness, which claims the lives of 77 Australians every week. <a href="http://www.bowelcanceraustralia.org">www.bowelcanceraustralia.org</a></td>
</tr>
<tr>
<td>SLEEP AWARENESS WEEK</td>
<td>4-10 July</td>
<td>Sleep Awareness Week is an annual event aimed at creating awareness about the importance of regular and quality sleep. Organised by Sleep Health Foundation <a href="http://www.sleephealthfoundation.org.au/">http://www.sleephealthfoundation.org.au/</a></td>
</tr>
</tbody>
</table>
**NATIONAL PYJAMA DAY**  
22 July  
Organised by the Pyjama Foundation, National Pyjama day is all about wearing the best bedtime attire to raise awareness and funds for the children in foster care. The money raised during this event will enable to fund educational resources and equip essential life and learning skills to more than 1000 children in foster care. http://www.thepyjamafoundation.com

**NATIONAL PAIN WEEK**  
12-18 July  
Organised by Chronic Pain Australia www.nationalpainweek.org.au

**DONATELIFE WEEK**  
31 July - 7 Aug  
- DonateLife Week is the national awareness week to promote organ and tissue donation in Australia. - See more at: http://www.donatelife.gov.au  
- Organised by Organ and Tissue Authority Australia

**HEALTH BONES ACTION WEEK**  
1-7 August  
June is Cytomegalovirus (CMV) Awareness Month. CMV is a member of the herpes family and a common virus that can infect people of all ages, particularly pregnant women in the early stages of their pregnancy. Talk to your GP for more information or go to http://cmv.org.au

**DENTAL HEALTH WEEK**  
1-8 August  
Dental Health Week is an opportunity to raise awareness of the importance of maintaining good oral health. This is an initiative by the Australian Dental Association (ADA). The ADA has more information about the campaign and other useful tips on its website: www.dentalhealthweek.com.au

**JEANS FOR GENES DAY**  
5 August  
- In Australia, this event is carried out to support the research into genetic diseases, birth defects and cancers at Children’s Medical Research Institute (CMRI).  
- Statistics show that 1 in 20 children born in Australia are born with a birth defect or genetic disease. The good news is that in the past 20 years, the campaign has raised more than $60 million in support of CMRI and will continue to do so with the support of Australians.  
- To find out how you can help do visit www.jeansforgenes.org.au and be sure to “denimise” your wardrobe on Friday, August 5th.

**NATIONAL PYJAMA DAY**  
7-13 August  
National EOS week aims to raise public awareness and support for the medical community for further research into eosinophilic disorders in Australia. www.ausee.org

**TOP 8 CHALLENGE DAY**  
8 August  
An ausEE’s national fundraising event. Funds raised in this event goes towards medical research into eosinophilic gastrointestinal disorders. www.ausee.org

**HAEMOCHROMATOSIS AWARENESS WEEK**  
8-14 August  
- A week dedicated to think about haemochromatosis and the risk of inherited iron overload.  
- Information sessions will be held on August 8th in Wollongong and August 11 in Melbourne. www.haeochromatosis.org.au

**HAEMOCHROMATOSIS AWARENESS WEEK**  
22-28 August  
Know how to use medicines safely and effectively across all life stages and is held to promote the safe and wise use of medicines by all Australians. www.nps.org.au
WA Hospital Services

Royal Perth Hospital
197 Wellington Street
PERTH WA 6000
Phone: (08) 92242244

Mount Hospital
150 Mounts Bay Road
PERTH WA 6000
Phone: (08) 93271100

Princess Margaret Hospital for Children
1 Roberts Road
SUBIACO WA 6008
Phone: (08) 93408222

St John of God Mt Lawley Hospital
5 Thirlmere Road
MOUNT LAWLEY WA 6050
Phone: (08) 93709222

Subiaco Private Hospital
Suite 9 1 Salvado Road
SUBIACO WA 6008
Phone: (08) 65556599

St John Of God Hospital Subiaco
Solaris Centre, St John Of God Hospital 12 Salvado Road
SUBIACO WA 6008
Phone: (08) 93826111

King Edward Memorial Hospital for woman
374 Bagot Road
SUBIACO PO WA 6904
Phone: (08) 93402222

Sir Charles Gairdner Hospital
Hospital Avenue
NEDLANDS WA 6009
Phone: (08) 93463333

Hollywood Private Hospital
101 Monash Avenue
NEDLANDS WA 6009
Phone: (08) 93466000

Graylands Hospital (Mental Health Service)
1 Brockway Road
CLAREMONT WA 6010
Phone: (08) 93476800

Bentley Health Service
18-56 Mills Street
BENTLEY WA 6102
Phone: (08) 94163666

Osborne Park Hospital
26 Osborne Place
STIRLING WA 6021
Phone: (08) 93468000

Attadale Private Hospital
21 Hislop Road
ATTADALE WA 6156
Phone: (08) 93301000

Kalamunda Hospital
39 Elizabeth Street
KALAMUNDA WA 6076
Phone: (08) 92578100

St John Of God Hospital Murdoch
100 Murdoch Drive
MURDOCH WA 6150
Phone: (08) 93661111

Fiona Stanley Hospital
102-118 Murdoch Drive
PALMYRA DC WA 6961
Phone: (08) 61522222

Glengarry Private Hospital
53 Amisdale Road
DUNCRAIG WA 6023
Phone: (08) 94470111

Fremantle Hospital and Health Service
2 Alma Street
FREMANTLE WA 6160
Phone: (08) 94313333

Waikiki Private Hospital
221 Willmott Drive
WAIKIKI WA 6169
Phone: (08) 95500222

Kalamunda Hospital
39 Elizabeth Street
KALAMUNDA WA 6076
Phone: (08) 92578100
NSW Hospital Services

Sydney Hospital and Sydney Eye Hospital
8 Macquarie Street
SYDNEY NSW 2000
Phone: (02) 93827111

East Sydney Private Hospital
75 Crown Street
WOOLLOOMOOLOO NSW 2011
Phone: (02) 90012000

Sacred Heart Hospice
170 Darlington Road
DARLINGHURST NSW 2010
Phone: (02) 83829444

St Vincent’s Hospital
390 Victoria Street
DARLINGHURST NSW 2010
Phone: (02) 83821111

St Vincent’s Private Hospital
406 Victoria Street
DARLINGHURST NSW 2010
Phone: (02) 83827111

St Luke’s Hospital
18 Roslyn Street
POTTs POINT NSW 2011
Phone: (02) 93560200

Balmain Hospital
29 Booth Street
BALMAIN NSW 2041
Phone: (02) 93952111

Royal Prince Alfred Hospital
Missenden Road
CAMPERDOWN NSW 2050
Phone: (02) 95156111

Chris O’Brien Lifehouse
119-143 Missenden Road
CAMPERDOWN NSW 2050
Phone: (02) 95152000

Wolper Jewish Hospital
8 Trelawny Street
WOOLLAHRA NSW 2025
Phone: (02) 93286077

Bondi Junction Private Hospital
Level 2 21 Spring Street
BONDI JUNCTION NSW 2022
Phone: (02) 93876622

Mater Hospital
25 Rocklands Road
NORTH SYDNEY NSW 2060
Phone: (02) 99007300

Northside Cremorne Clinic
3 Harrison Street
CREMORNE NSW 2090
Phone: (02) 99098577

Metropolitan Rehabilitation Hospital
275 Addison Road
PETERSHAM NSW 2049
Phone: (02) 95695622

Greenwich Hospital
97-115 River Road
GREENWICH NSW 2065
Phone: (02) 99038333

Sydney Children’s Hospital - Randwick
High Street
RANDWICK NSW 2031
Phone: (02) 93821111

Northside Clinic
2 Greenwich Road
GREENWICH NSW 2065
Phone: (02) 94335555

Mosman Private Hospital
1 Ellamatta Avenue
MOSMAN NSW 2088
Phone: (02) 89686000

Royal Hospital for Women
Barker Street
RANDWICK NSW 2031
Phone: (02) 93826111

The Sydney Clinic
22-24 Murray Street
BRONTE NSW 2024
Phone: (02) 93898888

Royal North Shore Hospital
Reserve Road
ST LEONARDS NSW 2065
Phone: (02) 99267111

North Shore Private Hospital
Westbourne Street
ST LEONARDS NSW 2065
Phone: (02) 84253000

The Prince Of Wales Hospital
Randwick
320-346 Barker Street
RANDWICK NSW 2031
Phone: (02) 93822222

Longueville Private Hospital
47 Kenneth street
LONGUEVILLE NSW 2066
Phone: (02) 94270844

Hunters Hill Private Hospital
9 Mount Street
HUNTERS HILL NSW 2110
Phone: (02) 88769300

The Sydney Private Hospital
Ashfield
63 Victoria Street
ASHFIELD NSW 2131
Phone: (02) 97970555

For directory advertising enquiries please email:
sales@australianhealthtoday.com.au
Peter MacCallum Cancer Centre - Hospital
7 St Andrews Place
EAST MELBOURNE VIC 3002
Phone: (03) 96561111

Royal Victorian Eye And Ear Hospital
32 Gisborne Street
EAST MELBOURNE VIC 3002
Phone: (03) 99298666

St Vincents Hospital
41 Victoria Parade
FITZROY VIC 3065
Phone: (03) 92312211

St Vincents Private Hospital - Fitzroy
59-61 Victoria Parade
FITZROY VIC 3065
Phone: (03) 94117111

Inner West Area Mental Health Service - The Royal Melbourne Hospital
Level 1 John Cade Ward Grattan Street
PARKVILLE VIC 3052
Phone: (03) 93424001

St Vincents Hospital
41 Victoria Parade
FITZROY VIC 3065
Phone: (03) 92312211

St Vincent’s Private Hospital - East Melbourne
159 Grey Street
EAST MELBOURNE VIC 3002
Phone: (03) 99286555

The Royal Womens Hospital
20 Flemington Road
PARKVILLE VIC 3052
Phone: (03) 83452000

Frances Perry House - Maternity and Surgical Hospital
Level 6&7 Royal Women’s Hospital Building 20 Flemington Road
PARKVILLE VIC 3052
Phone: (03) 93445000

Albert Road Clinic
31-33 Albert Road
MELBOURNE VIC 3004
Phone: (03) 92568311

The Royal Children’s Hospital
50 Flemington Road
PARKVILLE VIC 3052
Phone: (03) 93455522

GPs @ the Kids
The Royal Childrens Hospital 50
Flemington Road
PARKVILLE VIC 3052
Phone: (03) 93454213

Epworth Richmond
Epworth Hospital 89 Bridge Road
RICHMOND VIC 3121
Phone: (03) 94266666

Melbourne Private Hospital
Royal Parade
PARKVILLE VIC 3052
Phone: (03) 83413400

The Melbourne Clinic
130 Church Street
RICHMOND VIC 3121
Phone: (03) 94294688

Alfred Health - The Alfred
The Alfred 55 Commercial Road
MELBOURNE VIC 3004
Phone: (03) 90762000

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