



Health Focus

“Health is the soul that animates all the enjoyments of life, which fade and are tasteless without it.”

- Seneca

On behalf of the Adventist Health workers in South Africa, I would like to thank Dr M. Phatsoa and his team for the recent SAU Health Ministries Convention held at the Birchwood Hotel in Boksburg. Our appreciation to you and your staff for all the hard work in planning and hosting such a memorable event - we were truly inspired!

The theme *Adventist Health In A Modern World*, addressed important principles and issues of the Health Message that we as a church respect and cherish in our modern society and homes.

Attendees enjoyed inspired presentations by both local and international speakers. Our appreciation also goes to Dr Peter Landless, GC Director of Health Ministries, and two of

his associate-directors, Drs Zeno Charles-Marcel and Katia Reinert, who blessed us with their presence and keynote addresses.

What a wonderful experience it was to see old acquaintances and to meet new faces. The presentations, the socialising and the spiritual nourishment will always remain good memories.

We were all reminded once again, that merely believing in the Health Message, the scientific confirmation and all the benefits of a healthy lifestyle, is simply not enough - we need to make it our own!

In the true meaning of the word SHALOM, may you enjoy *inner completeness, well-being and good health*. Blessings.

Cure Day Hospital in Bloemfontein changes lives of 12 boys

Information used from article by Zenande Mpame (OFM)



Six boys underwent a minimally invasive procedure to correct their undescended testes at the Cure Day Hospital in Bloemfontein on Thursday, 13 June. The project is headed by University of the Free State HOD of Urology, Professor Freddie Claassen, and aims to offer free surgical procedures to boys from disadvantaged families.

“The undescended testes are when the testes are rested in the path of descent from inside the abdomen down to the scrotum of the child,” said Claassen.

“If the testes remain in their abnormal position it has an increased risk of developing testicular cancer and a risk of infertility.

It is also important to note this is not a normal type of testes, and we usually would like to operate on these children when they are below two years of age, unfortunately with our long waiting list and preference given to different cancers.”

The surgical procedures for the remaining six boys who will be operated on in the upcoming week were sponsored by Adventist Professional Health and Humanitarian Services (APHHS).

Thank you for your surgical service of excellence, compassion and care, Prof Freddie - we are proud of you! (Prof Claassen serves as a Board Member of APHHS)



THE BEGINNING OF THE HEALTH MINISTRY OF THE SEVENTH-DAY ADVENTIST CHURCH IN SOUTH AFRICA

In the previous edition of Health Focus we discovered how the Wilsons managed to keep the Baths in Kimberley flourishing. In this edition we will be introduced to the Plumstead Sanitarium.



Plumstead Sanitarium (also known as Cape Sanitarium) was a medical institution of the SAU that operated from 1904-1934

By 1904, the once bright outlook for our medical work at the Cape had darkened. The Orphanage was operating with few children due to lack of funds to support it. The Claremont Sanitarium was only a hotel and had passed from Conference hands. But brighter days were ahead.

As early as 1902, there were plans already under consideration for calling a doctor from America. This became realised when Dr. George Thomason and his wife arrived in South Africa from the United States in April 1904 to operate the new sanitarium. Within a year of their arrival, there were no empty beds in the Cape Sanitarium. Ida Thomason, a sister to George Thomason and a graduate nurse with long and distinguished experience working at the Battle Creek Sanitarium in Michigan, United States, arrived in Cape Town on February 7, 1905, to serve as matron for the Cape Sanitarium.

They were given a very warm welcome, and a reception was held in the college gymnasium. There those present wished every blessing upon the head of Dr. Thomason and his wife as they "begin to build again the old waste places and repair the breaches in the medical missionary work in South Africa .

The orphanage was closed and the building at Plumstead was taken over for the newly revived Sanitarium. One year later, the sanitarium was entirely filled and it was evident that the medical work was going to pick up fast.

A vegetarian society was organised in Cape Town with Dr. Thomason as chairman.

One of the prime purposes of the sanitarium was to train nurses. The old Claremont Sanitarium had graduated a number of nurses. I. B., Burton was one of the graduates from the first class in the Claremont Sanitarium, and he was to go forth to use his medical missionary knowledge and skill in mission work for nearly a quarter of a century in various parts of Africa.

Dr. Thomason started a nurses class as soon as he had the Sanitarium in operation. The first class finished in 1907. There were three young ladies and W.H. Hurlow who received nurses' certificates at that time. The Classes continued to increase in size; although they were not always given every year. In 1920 there were eight graduates.

The Sanitarium grew steadily in influence during the ministry of Dr. Thomason. In 1907 assets were listed at £4,600 with a capacity for 20 patients and there were 14 employees. The next year £6,270 and patient capacity had increased to 24. The Sanitarium could not accommodate all those wishing to come. In 1910, ten more beds were added. The American Consul to South Africa went to the Plumstead Sanitarium for a successful operation, and shortly afterwards, General Louis Botha, the Prime Minister of the newly created Union of South Africa, came to the Sanitarium as one of Dr. Thomason's patients.

Source: <https://documents.adventistarchives.org/Books/TAOA1954.pdf>

The President-Elect for the Society of Neurosurgeons of South Africa



Prof Patrick Lekgwara

Head of the Neurosurgery Department at SMU. Professor Patrick Lekgwara, was recently appointed to serve as the President-Elect for the Society of Neurosurgeons of South Africa (SNSA). Prof Lekgwara will act in this position of President-Elect for two years, then serve as President and Chairperson of the Society for another two years and then succeed as Past President for a further two years. The constitutional obligation allows him to automatically serve for six consecutive years. This line of succession is intended to promote long-term stability and continuity in the SNSA's.

His primary duties as President-Elect include to assist the President upon delegation by the latter and to prepare for ascendance to the Presidency Upon delegation by the President, he shall be fully authorised to act as directed.

He further explained that the objectives of the SNSA is to improve the quality of scientific knowledge and pursue lofty standards of excellence in patient care, clinical practice, and related sciences among professionals in the field of neurosurgery.

Newly appointed president of SAMA



Outgoing president of SAMA, Prof Ken Boffard, officially hands over the reigns to Prof Mabenge. On the right is SAMA Director, Dr Mvunyisi Mzukwa.

Prof Mfundu Mabenge, HOD (Obst/Gynae) at Walter Sisulu University, has recently been appointed as the new president of SAMA.

The South African Medical Association ("SAMA") was established in 1927 and became known as it is today through the unification of a variety of doctors' groups on 21 May 1998 that had represented a diversity of interests.

SAMA is a non-statutory professional association for public and private sector medical practitioners. SAMA is registered as a non-profit company in terms of the Companies Act. SAMA is a voluntary membership association, existing to serve its members' best interests and needs in all healthcare-related matters.

Profs. Lekgwara & Mabenge, as Adventist Health Professional Family in South Africa, we are proud of you and wish you God's guidance and blessings as you lead out in these newly appointed positions.



"Strengthening the lives and well-being of orphaned and vulnerable children"

Introduction:

Child Welfare Bloemfontein was founded in 1914 by a group of volunteers who identified a sincere need for welfare services among poor people. Childline Free State was established in 1997 and in 2005, Child Welfare Bloemfontein & Childline Free State merged with the following vision:

"To be the leading welfare organisation through service excellence".

Since its founding in 1914, the organisation has been addressing the needs of families and children in the Free State community. A lot has been achieved in the past 109 years and Childline Free State has been responsible for the establishment of many up-liftment programmes in the community.

The organisation has taken a leading role in the welfare field in Bloemfontein and the Free State, and is a well-known, respected organisation with a healthy reputation.

Background of the Project:

The communities they serve has a high prevalence of child maltreatment & gender-based violence. Child maltreatment is severe abuse (include all types) and neglect that occurs to children under 18 years of age. Studies reveal that nearly 3 in 4 children aged 2-4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers, and 1 in 5 women and 1 in 13 men report having been sexually abused as a child. Experts say GBV in SA is culturally rooted, with patriarchal attitudes entrenched by high levels of poverty and unemployment that leave women particularly vulnerable. Stats SA indicating that one in five women (21%) had experienced physical violence by a partner. Both violence types, results in harm to the victim's health, emotional state, survival, development and dignity.

Childline offer and implement comprehensive social service programmes aimed at improving child well-being, reducing children's risk and vulnerability, and increasing their resilience. Their support services for OVCs are community-based initiatives that aim to keep vulnerable children within their households and communities. The Safe parks render services to 120 – 140 vulnerable children from Monday – Thursday.

Description of Project:

The overall objective of the project is to improve the well-being of 140 identified Orphans and Vulnerable Children through comprehensive support services that strengthen the resilience of vulnerable children in Mangaung & Heidedal. The Safe Park Programs focus on providing support to children orphaned, neglected, abused, or affected and/or infected by HIV/AIDS through capacity building. The program partners with the community and local service providers in order to capacitate and empower them. Community care workers are recruited and trained from the community. The following services are rendered at the Safe Parks: -

- One balanced meal per day funded by KFC Add Hope Foundation
- After school homework support
- Educational activities
- Information sessions on social ills and support services
- Life Skills Programs
- Holiday Programs
- Recreational activities
- Computer support which gives assistance with assignments and basic computer training
- Teenage pregnant parents support groups

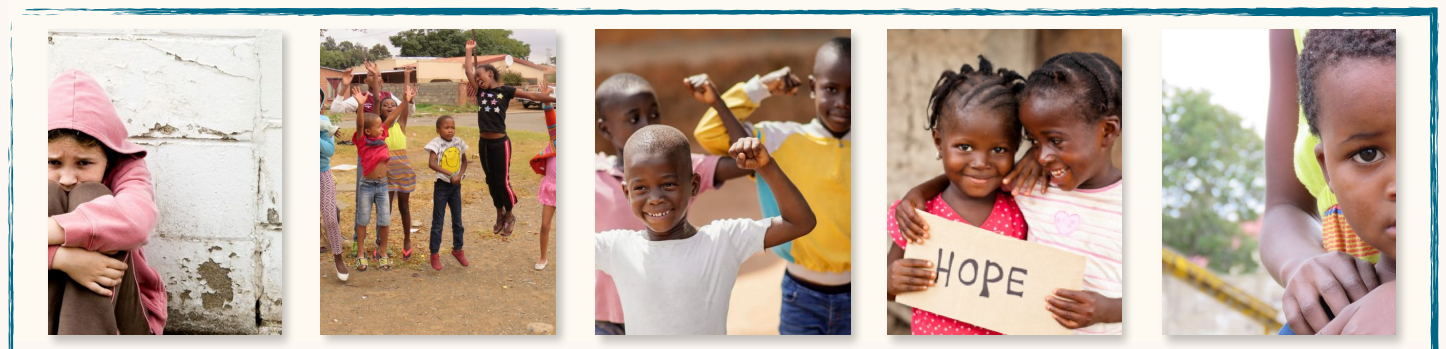
Motivation for the Project:

Childline's proposed program is aligned with the South African Government strategies and priorities that support, protect, and strengthen vulnerable children, families, and communities. These projects are based on values of respect, commitment, excellence, integrity, community participation, and empowering self-help to encourage change in the communities of Heidedal and Mangaung.

Financial Assistance:

The Department of Social Development withdrew their funding (which started in 2019) in 2023 without any prior notice. To sustain this project successfully in Mangaung and Heidedal, to keep the staff component, operational cost, maintain outdoor equipment and cleaning of the venues, Childline Free State are in need of financial assistance.

(APHHS has significantly contributed towards this project in 2023 and in 2024.) Contact details for Childline Free State: mariethaj@cwcl.org.za (Director), monicam@cwcl.org.za (Social Work Manager)



THE SICK NEED TWO INTERVENTIONS

Article by Dr O Muyabala Munachitombwe-Muna (DCMS, BSc, MBChB, MPH, MMed (O&G), PhD H&W Executive Director MUNA Healthlife Institute EC Adventist Health Ministries Director)



As a follow up to our previous article - The most Needed, Yet Neglected - that emphasised the importance of Healthlife Wellness, we continue in this article to show the critical role wellness state plays. We defined Healthlife Wellness as

"well-being in the spirit, body, and mind which is "total whole person wellbeing." It is this wellness state that we are promoting for all Adventist Health Professionals to be aware of and seek services for. Ignorance of the need for this wellness state has caused unnecessary suffering and even loss of life. We are gladdened by the Church's unique inheritance of wellness as the true basis of the Health message and the real role of the Adventist Health Ministries department.

Healthlife Wellness Centres

People who are well are usually found in homes, churches, schools, and workplaces. It is in these societal institutions that wellness education, training, and services should be provided. Sick people in health facilities have as their priority the treatment of their sickness which brought them there. To do otherwise such as sit them for a lecture on prevention of disease would be regarded as not being sensitive to client needs. Healthlife Wellness Centres (HWC) and Sickness Care Centres (SCC) should be different as they cater for different and almost opposite states. Providers should also be different with different training approaches and emphasis.

The two interventions for the Sick

Let me return to the purpose of this article as stated in the beginning. In these early wellness awareness articles we intend to define and show the importance of the Healthlife Wellness state. The title of our article is that sick people (those with partial loss of wellness state) need two interventions.

To illustrate this loss of wellness state let me give an example of a building. After we finish constructing our business building we usually call the building inspectors to certify that it is well to be occupied and used. They give a building wellness certificate indicating that the building is in perfect wellness for use. Imagine that subsequent to this certification the building catches fire.



The tenants try all they can to put off the fire and fail. They will call the fire brigade who are trained and experienced in putting off fires. Using their tools, they manage to put off the fire. Will the fire brigade staff be correct to tell or try to convince the building owner that the building is now well since the fire has been put off and they should continue to use it as before? Certainly not.

The wellness of that building has been damaged and though the putting off the fire was a necessity and priority the building will need other interventions to recover its initial wellness. It will need the services of bricklayers, plumbers, and carpenters to repair and restore the damaged parts of that building.



The human SBM building

My dear readers the same happens to us when we are sick. We try our best to correct things and when we fail we call upon the help of Doctors and nurses who usually first check how hot is the fire in our body by measuring our body temperature. The higher it is the more urgently medical intervention is needed. Using the medical tools such as tablets, injections, and surgery they stop the fire. Our SBM wellness has sustained damage though not seen by our naked eyes. It is not true, just like in the building illustration, to be told or to assume that because the sickness process has been stopped our wellness state is ok and we need no further interventions.

Medical & Wellness Interventions

The damage to our SBM wellness will need a different intervention just like in the case of the building illustration above. Medical intervention does not heal or repair the damage sustained in the SBM. They only stop or put off the fire - the disease process. Wellness maintenance and wellness recovery intervention are needed. The sick therefore need two interventions - Medical and Wellness intervention. Each has its vital part to play.

Wellness & Patient Recovery

To further illustrate the role of wellness in patient treatment outcomes let us take 3 TB patients who have treatable lung TB.

If we put these three patients on the effective multidrug TB treatment the response will not be the same.

One patient may recover quickly another may take long to be well while the other may die. One may ask why there are different patient outcomes despite the fact that the pathogens are the same and the drug treatment is the same. What then is the determinant factor for recovery? It is the extent of the damage to the patient's wellness state. The mildly damaged the wellness state is the quicker the recovery when the sickness process is stopped. Moderate wellness damage will cause delay in recovery while severe damage cause death despite the treatment. The role of wellness in patient recovery on medical treatment is an important knowledge for both patients and medical and nursing professionals. Early wellness interventions can save lives!

Thank you for your submissions, Dr Muna, it is much appreciated. May He continue to bless your health ministry.

Healthy Winter Vegetable Recipe



Method:

- Heat the oil in a large saucepan over medium heat.
- Add the zucchini, capsicum, eggplant, onion and garlic and cook, stirring, for 5 minutes or until the onion is soft.
- Add the tomato and water to the pan and cook, covered, stirring occasionally, for 20 minutes or until the vegetables are tender.
- Add the tomato paste and cook, stirring for 5 minutes or until the sauce thickens.
- Season with salt and pepper.

Ingredients (make 8 cups)

- 1 tablespoon olive oil
- 4 (about 500g) zucchini (baby marrow), halved lengthwise, cut crossways into 2cm thick slices
- 2 red capsicums (bell pepper), halved, deseeded, cut into 2cm pieces
- 1 large (about 500g) eggplant, cut into 2 cm pieces
- 1 brown onion, halved, coarsely chopped
- 4 garlic cloves, crushed
- 2 x 400g cans diced tomatoes
- 125ml (½ cup) water
- 2 tablespoons tomato paste

THE POWER OF HEALING



Dr Dave & Cheryl Glass

Over the last 3 articles we have covered various steps in the healing process of wounds. This was arrest of bleeding, inflammation to concentrate healing resources in the damaged area, proliferation of healing cells, and now this week we will talk about remodelling.

Although we sometimes find very ugly scars, such as with burns or severe injuries, in most cases I am amazed at how healing generally restores the contours of the body, with very little obvious sign of the defect that was once there. What is it that tells regenerative cells to grow just so far and no further? For that matter what tells the original cells to develop into the beautiful contours and shapes of the body and its appendages? This is a question I want to pose to the Creator one day. It certainly baffles the mind that so many in this world deny the existence of an Intelligent Designer.

The process of remodelling can last years. Regression occurs in the many newly formed capillaries, which is why a scar is first red, then gradually fades. The scar also contracts due to the presence of contractile fibroblasts that grow into the wound.

A new area of research is the role of stem cells. These are cells that can develop into many different cells. They are found in placentas and foetal material.

But now they have also been found in the bulge area of hair follicles, and in bone marrow in adults.

What an amazingly complex interaction of so many factors is involved in wound repair.

The process of healing of this rebellious world is also immensely complex. It is primarily driven by the Trinity, but all heavenly resources, both angelic and material, are committed to the long term plan of salvation. Even in this world, God is using multiple agencies toward that end - including Helderberg College Church and you as a member. According to the many abilities and gifts we have, we all can play a part, extending the love and grace of God.

As I look back on my own life, I acknowledge the influence of so many people on my spiritual growth and healing. Many people may not even be aware that something they said or did had such a profound effect on my journey. Each one of us can have that type of effect on others, if we are willing to be used daily by the Holy Spirit. Life can be an exciting adventure in partnership with Divine power.

This is Health Byte 4 written by Dr Dave Glass for Helderberg Church Health Ministries - used with permission.

"WINTER IS THE TIME FOR COMFORT, FOR GOOD FOOD AND WARMTH, FOR THE TOUCH OF A FRIENDLY HAND AND FOR A TALK BESIDE THE FIRE: IT IS THE TIME FOR HOME."

- EDITH SITWELL

A graphic with the text "CALL FOR SUBMISSIONS" in bold orange capital letters. The text is flanked by two grey arrows pointing towards each other, one on the left and one on the right.

**CALL FOR
SUBMISSIONS**

SUBMISSIONS are vital to make a newsletter both viable and meaningful. Your contribution, how small or seemingly unimportant, will truly be appreciated and instrumental in adding value to our newsletter.

PLEASE send your submission (news, pictures, articles, etc.)

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