In the September School holidays last year, preferring adventure to a leisurely break from work and study, Blackburn Clinic’s Dr Janice Kreltszheim, and her 15 year old daughter Natalie, spent 16 days on a remote island in North East Indonesia doing volunteer work. They joined a small team from World Share, an Australian-based development and mission organisation that connects overseas partners with local supporters.

Janice and Natalie went to the island of Halmahera, and joined a local organisation called Hohidiai which has a medical centre (including an outpatients clinic, small hospital and infectious diseases wing), a bilingual primary school, an orphanage, and which runs medical worker training, as well as adult English language lessons.

Dr Janice had spent three years of her childhood in Indonesia, and was keen to return there, and see if any of her medical skills could be useful in some of the less privileged parts of that country.

“I was thrown right in,” she said. “We hit the ground running, and I was given a class of Junior Medical Workers to teach within an hour of arriving on the Hohidiai compound. The second major job was to assess one of the organisation’s directors, who had been having chest pains and shortness of breath for some weeks. His symptoms alarmed me, and I ordered his evacuation as soon as possible! Specialists in Australia agreed with my assessment, and he had full cardiac investigations within hours of arriving back in his home town of Melbourne!”

Other jobs were helping out in the medical clinic, and going on ward rounds with the local doctors. “The language barrier was seriously limiting,” said Dr Janice, “but several locals, and a few ex-patriot workers, and a wonderful Indonesian dentist all helped with translating for me”.

Many of the medical conditions were difficult because they were so very different from the issues facing Blackburn clinic patients. Dr Janice saw many patients with malaria, tuberculosis and HIV, as well as advanced cases of congenital heart disease, various cancers which would have been treatable in Australia, and delayed treatment of infections leading to disability and death. Severe burns were another common condition treated at the centre, and some of these patients are fortunate enough to have funds raised so they can have special surgery performed in the US.

“We take so much in Australia for granted,” said Janice, “Especially with respect to vaccinations, basic health education, road safety education, easy access to doctors and medications….. the list could go on!” Just prior to Janice and Natalie’s team’s visit to Hohidiai, there had been a rabid dog visit the compound, which infected a couple of pet dogs which had to be put down. Fortunately no humans were bitten, but everyone on site was immediately

A Holiday with a Difference for Dr Janice! Working with the very poor in Indonesia.
Preparation
Blackberry Pudding
Sanitarium Health & Wellbeing Company.
© Recipe and image kindly provided by

Blackberry Pudding

**Preparation**
15 minutes

**Cooking time:**
35 minutes

**Serves:**
6

**Ingredients:**
1 cup wholemeal self-raising flour
½ cup white self-raising flour
½ cup sugar
¾ cup low-fat soymilk or dairy milk
1 ½ cups orange juice
1 ½ cups frozen blackberries
2 tablespoons margarine, melted
1 ½ cups orange juice
1 cup boiling water
¼ cup brown sugar
1 tablespoon margarine (extra)
1 tablespoon margarine (extra)

**Instructions:**
1. In a large mixing bowl, combine sifted flours, sugar and almond meal. Add melted margarine to milk. Slowly add milk mixture to dry ingredients. Stir until smooth batter is formed.
2. Fold through blackberries. Place mixture into a lightly greased 20cm x 20cm square oven dish. In a separate bowl, combine orange juice, water, brown sugar and margarine.
3. Carefully pour orange juice mixture over the batter. Bake in a moderate oven, 180°C, for 35 minutes, or until golden. Serve warm with low-fat ice cream.

**A combination of aerobic and resistance training is more effective than aerobic alone.**

**Bacteria, a gut’s best friend**

Bacteria don’t deserve to only have a bad reputation. Most are harmless. Less than 1% cause illness and disease. And trillions of other bacteria on your skin, stomach and mouth) and inside your lungs and pouches (amounts) of the different types of bacteria in your gut. More studies are needed, however gut bacteria may be used in the future to help diagnose and treat these conditions.

<table>
<thead>
<tr>
<th>Nutrient</th>
<th>Per Serve</th>
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<tbody>
<tr>
<td>Energy (kJ)</td>
<td>1,100</td>
</tr>
<tr>
<td>Calcium (mg)</td>
<td>80</td>
</tr>
<tr>
<td>Total Fat (g)</td>
<td>10</td>
</tr>
<tr>
<td>Protein (g)</td>
<td>5</td>
</tr>
<tr>
<td>Carbohydrate (g)</td>
<td>37</td>
</tr>
<tr>
<td>Sodium (mg)</td>
<td>120</td>
</tr>
<tr>
<td>Iron (mg)</td>
<td>1</td>
</tr>
<tr>
<td>Fibre (g)</td>
<td>4</td>
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</table>
Change coming for cervical screening

In 2017 pap smears for screening and prevention of cancer of the cervix will come to an end. They’ll be replaced with HPV tests, which are considered more effective. You may have mixed feelings about pap smears since screening every two years began for 18-70 year olds in 1991. Pap smears detect cells changes, which can be treated to stop cancer developing. This has decreased cervical cancers by 50%. At the same time, pap smears can be unpleasant. They involve opening up the vagina with a metal instrument (speculum) and using a spatula or brush to scrape your cervix.

HPV (human papillomavirus)
HPV is a wart virus that's spread by direct skin-to-skin contact during sexual activity. There are 100 types of HPV. A few of them cause cervical cancer. In particular, types 16 and 18 cause 70-80% of cervical cancers. In 2007 a nationwide HPV vaccination program for types 16 and 18 was started for teenagers and young women to prevent cervical cancer. It has decreased HPV and cervical pre-cancer rates in vaccinated females. The HPV test detects HPV infection, which is known to be the first step in developing cervical cancer. The research shows it can save more lives and is just as safe as a pap smear. And while HPV tests involve the same procedure as pap smears, instead of every two years, they’ll be done every five years for women aged 25-69.

What to do until 2017
You must continue doing pap smears every two years until HPV tests start, even if you’ve been vaccinated. HPV vaccination only targets types 16 and type 18 - it doesn’t prevent all cervical cancers. You can let HPV vaccinated women know they must continue doing pap smears. Research has found these women are less likely than unvaccinated women to do a pap smear, possibly due to false reassurance.

More information: Speak to your GP, Visit www.cancerscreening.gov.au

Mythbusting: Our top myths about PAIN
Your sure know about pain when you feel it. But fully understanding pain is another matter. Here are the facts behind some myths.

<table>
<thead>
<tr>
<th>Myth</th>
<th>What does the research say?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medications target the location</td>
<td>Ignore what you read on some packages. Painkillers aren’t made specifically for back pain, headache or period pain. All painkillers work throughout the body. Your specific ache is reduced because painkillers are able to attack pain wherever they find it.</td>
</tr>
<tr>
<td>There are many different types of painkillers</td>
<td>In fact there are four types of pain killers which are classified as: 1) non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen 2) aspirin 3) paracetamol 4) opioids such as codeine. Where inflammation is present, such as period pain and arthritis, NSAIDs may be better. However, pregnant women and people with stomach problems, high blood pressure, heart failure and asthma may be advised to avoid them. Aspirin may need to be avoided if you have stomach or blood clotting problems. In this situation, paracetamol can be safer or codeine may be recommended for more severe pain.</td>
</tr>
<tr>
<td>Chronic pain is just long-lasting pain</td>
<td>Acute pain lasts for a short time following injury, disease or surgery. It usually acts as a clear warning to ‘Stop what you’re doing!’ so as to allow healing to occur. It becomes chronic when the pain lasts longer than expected for normal healing. At this stage the nerves in the body, spinal cord and brain can also change in ways that makes chronic pain a new, additional medical condition.</td>
</tr>
<tr>
<td>Pain is ‘in your head’</td>
<td>Sometimes doctors don’t find an injury or disease that’s causing your chronic pain. But this doesn’t mean the pain is ‘in your head’ or you’re crazy. Chronic pain can be your diagnosis. Fortunately, it can be effectively treated, even when an injury or disease hasn’t been found.</td>
</tr>
</tbody>
</table>

More information: See your GP, visit www.painaustralia.org.au
A peanut allergy is when your child’s immune system reacts to a normally harmless protein in peanuts. Allergic reactions can be mild such as skin welts, tingling mouth and stomach symptoms. However, some can be life-threatening (anaphylaxis).

Peanut allergy has increased in children during the past few decades. The current rate is 3% of one-year olds. The reasons aren’t fully understood yet, but most likely it involves an interaction between genes and external factors.

One of the external factors may actually be the increase in peanut-free diets that aim to protect children from allergy.

Studies now show this may be having the opposite effect. It appears the older some children are the first time they eat peanuts, the less efficient their stomachs are at learning the difference between a harmless peanut protein and a harmful protein, such as a virus or bacteria.

What to do

► If your child has a known peanut allergy, definitely avoid peanuts and have emergency treatment ready in case of anaphylaxis.

► If your child is at high-risk of developing a peanut allergy (this may be defined as having a sibling or parent with a known allergy), eating peanuts may help prevent an allergy developing.

Speak with a doctor before introducing peanuts to receive appropriate testing and advice.

► If your child isn’t at high-risk, after you start introducing other solid foods to your baby from around 6 months of age, you can also introduce peanuts.

Speak with a doctor before introducing peanuts, particularly if you’re uncertain about the risk.

Advice on introducing peanuts may include: start with foods like peanut butter, not whole peanuts (which can cause choking); the first time should be at home; if your child has no allergic reaction, you may gradually increase the amount.

Visit www.allergy.org.au

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A lot of Dr Janice’s time was spent teaching Medical Workers, who get very basic teaching, but provide huge support for the overworked nurses and doctors in Hohidiai. She got very fond of this group of young people, many of whom had just finished school. The more promising of these are given the opportunity to go to a bigger city on a neighbouring island to study to become medical nurses, dental nurses, laboratory technicians or midwives.

Meanwhile 15 year old Natalie was given the job of assistant teacher in the Grade 4 class room. She had to grow up very quickly, but quickly took on her responsibilities with humour and passion. In the afternoons the whole team had the job of playing with the children from the orphanage, and helping them with their homework. This was enormous fun, but heart-breaking as well, when the team heard many of the children’s stories.

Overall the Hohidiai base is a very positive and happy place, with a real sense of optimism about it. There are many plans for its school and medical centre to grow and help more people in the profoundly poor neighbouring areas.

Have a look online at http://www.hohidiai.org/, and feel free to donate to it (via Worldshare, so you can get a tax deduction on your donation - https://www.worldshare.org.au).

And what next for Dr Janice and Natalie? They would definitely love to go back, especially in the support environment given by WorldShare, but when is yet to be determined!