



ARTHRITIS INSIGHT

Achieving a better life for all those
affected by arthritis



p3/

The power of mindfulness
in addressing the mental
challenges of arthritis

p11&12/

The National Health
Insurance Act



**ARTHRITIS
FOUNDATION**
OF SOUTH AFRICA

Est 1973



Registered Non-Profit Organisation
No. 002-847 NPO

The Arthritis Foundation is a patient-orientated, non-profit organisation dedicated to education, assistance, and informing the public on the impact and consequences of arthritis.

We work to empower those with arthritis to take charge of their condition through advocacy, education, support, and access to information and resources.

OFFICES:

CAPE TOWN

PO Box 6775, Roggebaai, 8012

Tel: +27 21 4252344

Helpline: +27 861 30 30 30

Email: info@arthritis.org.za

JOHANNESBURG

PO Box 87360, Houghton, 2041

Contact: Brenda Spence

Tel: +27 82 901 6944

Email: brendas@arthritis.org.za

Contact: Nadine Lewis

Tel: +27 82 534 7719

Email: nadine@arthritis.org.za

EASTERN CAPE

2 Stratford, Upper Dickens Street,
Gqeberha, 6001

Contact: Vicki Sanan

Mobile: +27 83 235 8759

Email: vicki@arthritis.org.za

For other regions not detailed here,
please contact the Cape Town office.

PUBLISHED BY:

The Arthritis Foundation of SA

visit: www.arthritis.org.za

EDITORIAL AND DESIGN:

Rob Jean-Jacques

email: robertjj13@gmail.com

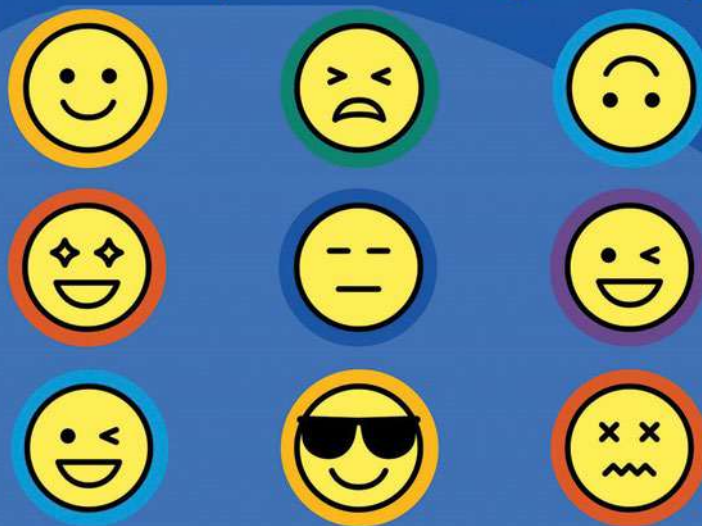
CONTENT PRODUCER:

The Arthritis Foundation and
Robert Jean-Jacques

PICTURES AND IMAGES:

Courtesy of Unsplash and Pexels

How are you feeling today?



CONTENTS

CHAIRPERSON'S LETTER

02/ Dr Elsa van Duuren
introduces the Winter issue

HEALTHY MIND

03/ Managing arthritis pain
with mindfulness

PSYCHOTHERAPY

04/ Cognitive approach
changes the story

PSYCHOTHERAPY

05/ Acceptance and
Commitment Therapy and
managing illness

HEALTHY BODY

06/ When the Body Talks -
emotions and arthritis

MEDICAL FEATURE

07 & 08/ Prednisone
- a rheumatologist's
perspective

SUPPLEMENTS

09 & 10/ Natural eggshell
membrane a breakthrough
for joint pain

EDITORIAL

11 & 12/ The National
Health Insurance Act and
how it might affect people
with arthritis

BE INSPIRED

13/ Sing the blues away,
along with the pain

OUT AND ABOUT

14/ Get on your bicycle for
low-impact exercise

NOTICEBOARD

15/ Emotional regulation
strategies for arthritis

HOME CORNER

16/ Lifestyle recipes

PATIENT TESTIMONY

17/ In memoriam: Ronell's
story

BRANCH ACTIVITIES

18/ Cape Town community
outreach

BRANCH ACTIVITIES

19/ Eastern Cape has a
challenging year

BRANCH ACTIVITIES

20/ Gauteng hits the busy
button

DATES TO DIARISE

21/ Foundation events and
Dablapmeds simplifies
medication collection

GLOSSARY

22/ The many faces of
arthritis

Please note: Authors' opinions in articles are not necessarily recommended or endorsed by The Arthritis Foundation of SA. Neither are advertised products or services specifically recommended by The Arthritis Foundation of SA. Please exercise discretion and consult with your treating doctor or rheumatologist before trying new products or therapies.

A tale of mind and body

Welcome to the winter edition of Arthritis Insight!

Living in Gauteng we have beautiful sunrises and sunsets at this time of the year. The intensity of colours is just so special now. The winter veld is also a treat. The summer grasses and trees are lovely in their summer-green glory, but now we see the branches of the trees with their interesting patterns.

The colours of the veld vary from olive green to white, yellow, orange, purple and the richness of the brown soil and rocks. Nature is resting and there is a calmness around.

People are affected by what is going on around them, whether it's the changing of the seasons, the weather, the turmoil in our world and country or our lives. This can also influence our health and underlying diseases, and we're finding out more and more about this. This interaction has an important role in how we tackle management of disease and as health care professionals we're guided by the biopsychosocial model of treatment.

This means that we look at the biological aspects of the disease, the person affected, including their psychological wellbeing, as well as what the person's circumstances are. This is very important for the person with rheumatic musculoskeletal diseases (RMDs) in other words, the arthritic conditions, where many diseases are driven by what is going on in the immune system.

The immune system is what protects our bodies from all sorts of things like infections but also internal threats like early cancer. We know that anything that stresses the body affects the immune system and the opposite is true, if you can control your stress or at least your body's reaction



to stress, this can help with your rheumatic disease.

This edition of Arthritis Insight explores some aspects of this interconnection. On page 6, you'll find a practical introduction to mindfulness techniques and the science behind how they help manage chronic pain. From simple breathing exercises to mindful movement, these approaches are proven to calm the nervous system and reduce pain perception.

Building on that, we explore the groundbreaking psychological framework of Acceptance and Commitment Therapy (ACT) on page 8. Rather than trying to eliminate pain, which is not always possible, ACT teaches us to change our relationship with it. It helps people identify what really matters to them and how to take meaningful action, even in the presence of pain.

Page 7 offers an alternative perspective inspired by Dr Gabor Maté's work, which explores how suppressed emotion can play a role in the development of autoimmune illness. This "body speaks what the mind cannot say" approach invites readers to consider emotional expression in the management of a chronic illness.

Then, on page

9, we look at cognitive therapy, particularly Martin Seligman's optimism model and how it applies to arthritis. This article is a must-read for anyone who has ever felt overwhelmed by the belief that pain is permanent and all-encompassing. Cognitive therapy gives us tools to gently challenge those thoughts and replace them with more compassionate self-talk.

Dr Emma Cora Gardiner's excellent article on prednisone (page 5) reminds us of the importance of informed and careful medication use. And for those exploring nutritional support, pages 9 and 10 offer an evidence-based look at natural eggshell membrane as a promising supplement for joint pain.

Lastly we change gears and give an update and some insight into the National Health Insurance (NHI) that will be happening in the country. It's going to be important for all of us to know what this is going to mean for us.

Our goal with this issue is to offer hope that healing doesn't just come from the outside in, but from the inside out. Ultimately, this issue is about empowerment through both medical insight and emotional wisdom. Healing involves the whole person: body, mind, and spirit.

May this winter season bring insight, warmth, and encouragement.

Happy reading

Elsa van Duuren

CHAIRPERSON: Dr Elsa van Duuren

The Power of MINDFULNESS

How the practice can ease pain and improve wellbeing

For people living with arthritis, the persistent ache, swelling, and stiffness are more than physical symptoms, they impact mood, mobility, and quality of life.

But what if one of the most powerful tools for relief isn't found in a pill bottle, but in the mind?

Recent studies have shown that mindfulness, the ancient practice of focused, non-judgmental awareness of the present moment, can significantly reduce arthritis pain and improve wellbeing.

While mindfulness doesn't replace medical treatments, it offers a gentle yet effective complement to conventional care.

A Mind-Body Connection

Arthritis pain is not just mechanical, it is also deeply neurological and emotional. The brain often amplifies pain signals through stress and anxiety. Mindfulness helps disrupt this pain perception cycle by inviting people to observe their pain without resistance or fear.

Mindfulness is about changing our relationship to pain. Instead of reacting with tension or frustration, the key is to accept the sensation, which allows a person to move through it more calmly.

What the Research Says

Researchers estimated that approximately 2 out of 10 people living with arthritis also have anxiety or depression. In another study published in the British Journal of General Practice, researchers noticed anxiety was 20 percent more often

in people with rheumatoid arthritis (RA) than those without.

A 2020 study published in Annals of Internal Medicine found that participants with rheumatoid arthritis who engaged in an eight-week Mindfulness-Based Stress Reduction (MBSR) programme reported reduced pain intensity, lower levels of depression, and improved physical functioning compared to a control group.

Brain scans of long-term mindfulness practitioners also reveal structural changes in areas related to pain processing and emotional regulation—evidence that regular practice may reshape the brain's response to chronic discomfort.

Practical Mindfulness Techniques for Arthritis

You don't need to meditate for hours to benefit. Here are some ways to begin:

- **Body Scan Meditation:** Lie down in a comfortable position and mentally scan your body, paying attention to areas of tension or discomfort. Allow your breath to bring relaxation to these areas. This enhances awareness and reduces tension.

- **Mindful Breathing:** Even a few minutes of slow, conscious breathing can calm the nervous system and reduce the perception of pain. Breathe in slowly to the count of four, then exhale through your mouth for a count of six.

- **Gentle Movement:** Practices like mindful walking or yoga help improve flexibility while grounding you in the present moment. Slow, deliberate motion helps connect mind with body.

- **Check in with yourself:** Bring yourself into the present moment by asking yourself, 'What is going on with me at the moment?' You can label your thoughts and feelings. For example, 'that's an anxious feeling', and let it go. Don't judge yourself. You may start to feel like more of an observer instead of someone reacting to thoughts and feelings.

The benefits of mindfulness extend beyond physical symptoms. People report improvements in sleep, energy levels, and mood. It also fosters a greater sense of control, which is often lost in the unpredictability of chronic illness.

Mindfulness encourages acknowledging pain without trying to resist or fight it. This acceptance can reduce the emotional suffering that often goes with pain. Rather than fearing pain, mindfulness can help you learn to coexist with it.

Getting Started

Mindfulness is free, safe, and available to anyone. Apps like Headspace and Calm offer guided meditations tailored for beginners, and many communities offer courses either in person or online.

The key is consistency—not perfection. Even a few minutes a day can bring about profound changes over time. Be patient with yourself and your progress.

In a world that often tells us to fight our pain, mindfulness invites us to listen to it instead.

In that quiet space of awareness, many find not only relief, but a deeper sense of peace, resilience, and wellbeing.

Rethinking the pain

How cognitive therapy can change the story

By **ROBERT JEAN-JACQUES**,
Registered Counsellor

Arthritis pain is not simply a physical burden, it introduces very real psychological challenges as well.

Cognitive therapy, a well-established psychological approach, can help people manage arthritis pain by addressing how they interpret and respond to pain.

A cognitive therapy pioneer, Martin Seligman, is an influential American psychologist best known for his work in learned helplessness, which interestingly shifted to his creation of the field of positive psychology, which focuses on human strengths, optimism and resilience.

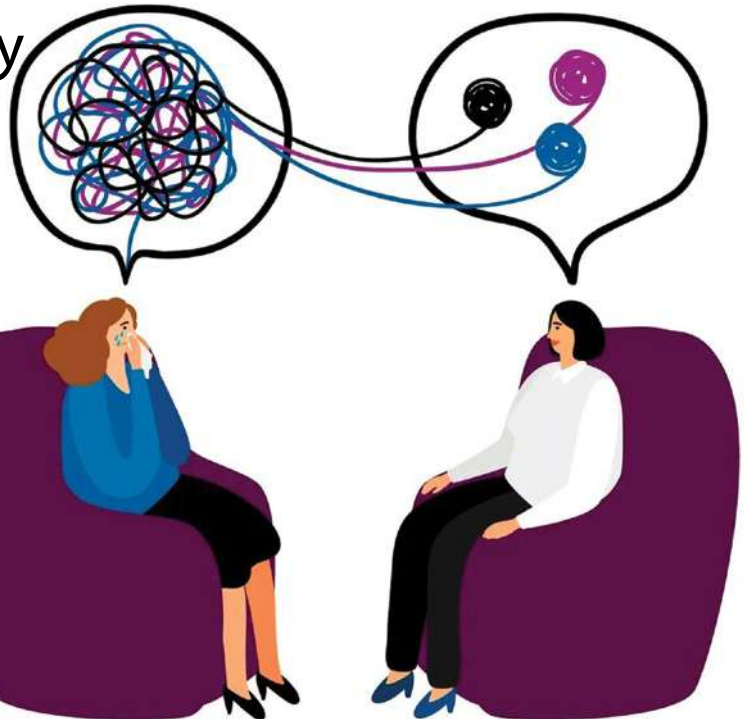
In his book *Learned Optimism*, Seligman describes his 3P framework, that of Personalisation, Pervasiveness, and Permanence, as being three vital interpretive factors that determine whether a person is likely to become a depressed pessimist when facing a setback, or a more resilient optimist.

Seligman's 3P's come from his work on how people explain setbacks to themselves. When facing adversity (such as arthritis pain), people explain their experiences in ways that can either promote resilience (optimism) or reinforce suffering (pessimism).

In more detail, the 3P's as applied to arthritis pain are:

Personalisation

This is the degree to which a person believes they are personally responsible for negative outcomes. When arthritis pain is seen as a personal failing, a person might say: "It's my fault I can't move as easily," or "I'm weak because I can't do what I used to."



Cognitive therapy helps people reframe this thinking. Rather than blaming themselves, they learn to recognise that arthritis pain is a medical condition with biological causes, not a reflection of personal worth.

People learn to identify and replace unhelpful thoughts with more neutral ones, introducing more compassionate and realistic thoughts.

Pervasiveness

Pervasiveness refers to viewing the problem as affecting all areas of life, or just that one area. Chronic pain can feel like it overshadows every aspect of life. People may believe, "Because of my pain, I can't enjoy anything." Cognitive therapy encourages people to identify specific areas where pain has an impact but also to find areas of life where they still find satisfaction and meaning. Techniques such as gratitude journaling can help shift attention to valued activities and experiences beyond the pain.

Permanence

This refers to seeing the problem as unchangeable and lasting forever, or

being temporary and changeable. Arthritis is a long-term condition, but pain itself often fluctuates. Many patients see pain as something permanent and unchangeable. Cognitive therapy promotes a more nuanced view: while arthritis may be ongoing, pain levels can be managed, and quality of life can improve.

This mindset fosters hope and motivation to engage in pain-management strategies, like gentle exercise, relaxation techniques, and medication adherence.

By recognising and challenging these patterns, cognitive therapy can reduce distress and empower people to take a more balanced and hopeful perspective.

By integrating Seligman's 3P's, people can build a more balanced explanatory style, that might go something like this: "My pain is not my fault (personalisation). Yes, it certainly affects some parts of my life, but not everything (pervasiveness) and anyway, the pain isn't always this bad, it fluctuates, and I have ways to manage it (permanence)."

This shift in thinking can help people reclaim a sense of control over their lives.

ACT despite the pain

Arthritis is more than just joint pain, it's a daily battle with limitations, unpredictability, and often, invisible suffering.

While medications and physical therapies address the physical symptoms, the emotional toll often goes by the wayside.

That's where Acceptance and Commitment Therapy (ACT) comes in, an accessible, science-backed approach that helps people with chronic pain live more fully, even when the pain doesn't go away.

ACT (pronounced like the word "act") is a form of psychotherapy rooted in mindfulness and behavioural science.

Rather than trying to eliminate pain or control thoughts and feelings, ACT helps people accept what is out of their control and commit to actions that enrich their lives.

It focuses on several processes:

Acceptance: ACT maintains that it is the resistance to pain, thoughts and/or emotions that causes extra distress. Especially considering resistance never really works. ACT teaches opening up to pain and discomfort without resistance.

Cognitive Defusion is a fancy way of saying 'unhooking' or creating some distance between yourself and your thoughts, so they don't jerk you around.

How Acceptance and Commitment Therapy can help people with arthritis

By **ROBERT JEAN-JACQUES**,
Registered Counsellor

This involves life practices that help us to see thoughts as mental events, and not as 'truths' that define us.

Present Moment Awareness is a life skill that's about anchoring in the here and now.

Self-as-Context is about connecting with the observing self. This part of the self is unchanging, even as thought and emotion shift. Think of it this way: you are the sky, while your thoughts and feelings are the weather.

Living by our Values means clarifying what truly matters in life, while *Committed Action* entails taking meaningful steps aligned with one's values.

In practice, these processes come together like this: "I notice the pain that is emerging here, but am not buying into the catastrophic thoughts my brain is throwing at me. Rather, I recognise that I am observing this pain, and am deciding to get on with the lunch I'm preparing for the family I value. But I'll be practical, and ask for help when I need it."

Living with arthritis involves moving between pain, fatigue, and frustration. Traditional pain management focuses on reduction or avoidance.

ACT flips that narrative. Instead of asking, "How can I get rid of this pain?" it asks, "How can I live a meaningful life alongside this pain?"

Research has shown that ACT can reduce anxiety and depression, and enhance quality of life, even if pain intensity stays the same.

Try these simple ACT processes

- **Name the Pain, Name the Value:**

When pain shows up, try saying, "Pain is here, and so is my commitment to being present with my kids."

- **Leaves on a Stream:** Visualise difficult thoughts floating down a river and observe them without clinging or judging. You can find a guide on Youtube.

- **Values Check-In:** Ask yourself daily, "What matters most to me today?" Let that guide your choices.

ACT doesn't promise a cure but it offers freedom to choose how you respond to pain and freedom to reconnect with what gives your life meaning.

When the body talks

Acclaimed doctor and author writes on the link between autoimmune illness and emotional suppression

Inspired by **THE MYTH OF NORMAL** by Dr Gabor Maté

We often view autoimmune illnesses, like rheumatoid arthritis, lupus, or multiple sclerosis, as internal glitches, with the immune system inexplicably turning on the body. But perhaps these diseases aren't random. They may be the body's way of expressing as-yet unspoken pain.

That's the insightful lens offered by Dr Gabor Maté in his book *The Myth of Normal: Trauma, Illness and Healing in a Toxic Culture*. In Chapter 5, *Mutiny on the Body*, Maté explores the emotional roots of autoimmune illness and reframes it not as a betrayal of the body, but as a meaningful message.

When the Immune System Goes Rogue

Autoimmune conditions occur when the immune system attacks the body's own tissues. Maté likens this to a "mutiny," a civil war within. But rather than a random biological event, he sees it as a meaningful message rooted in psychological distress. "When we have to suppress who we are in order to be accepted," he writes, "the price is paid by the body."

Maté noticed common traits among many patients with autoimmune diseases: A deep need to please and be useful to others; chronic suppression of personal needs and emotions; difficulty saying no or expressing anger and; a strong sense of responsibility for others' well-being.

These tendencies often begin in childhood. In environments where love or approval was conditional, children learn to survive by being "good," helpful, and emotionally quiet. These coping strategies, which start out as being protective can, through no fault of the person, unwittingly become long-term patterns that wear down the body.

How Repression Becomes Disease

Chronic emotional suppression triggers stress. The body's stress-response system, known as the Hypothalamic-Pituitary-Adrenal (HPA) axis, becomes activated, flooding the system with cortisol. Over time, this constant state of alert can dysregulate the immune system, leading to autoimmune disease.

In these illnesses, Maté sees the body internalizing a painful emotional message: I don't matter. The immune system begins to attack the self.

He shares the story of a woman with scleroderma who had always been the "strong one," never expressing her own pain. Another, with rheumatoid arthritis, had a lifelong habit of people-pleasing rooted in early grief. In both cases, illness followed decades of emotional silence.

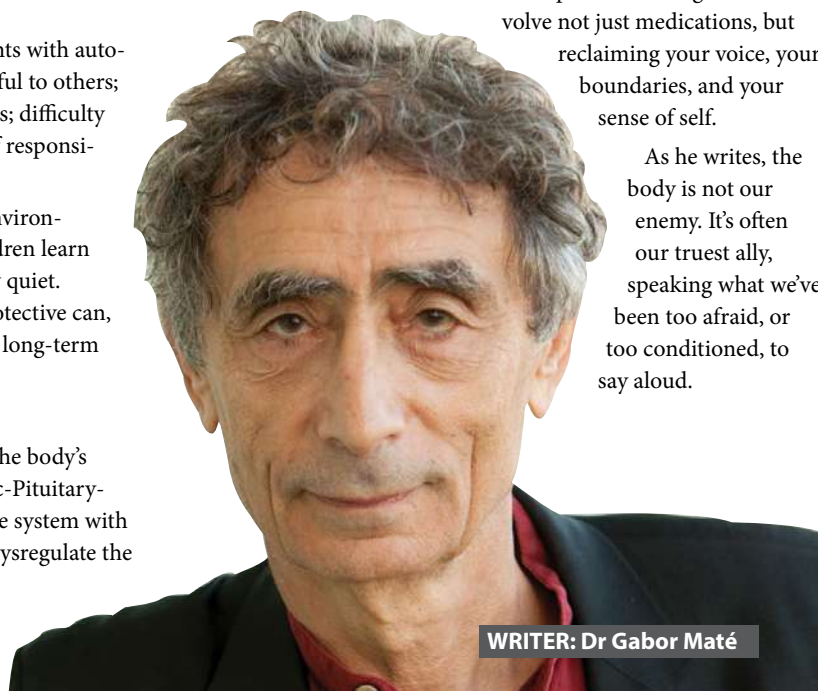
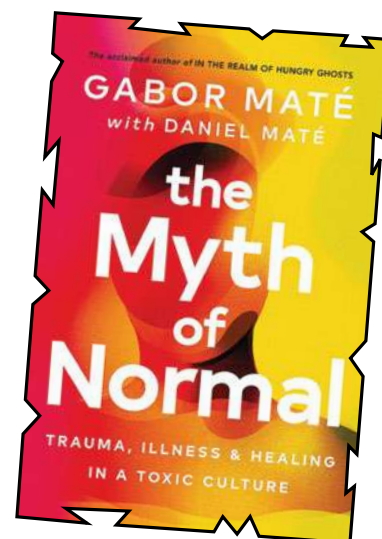
A Whole-Person Approach to Healing

What sets Maté apart is his insistence on treating the person, not just the disease. He challenges the narrow biomedical model, advocating instead for a biopsychosocial view, one that includes emotional history, family dynamics, and cultural conditioning.

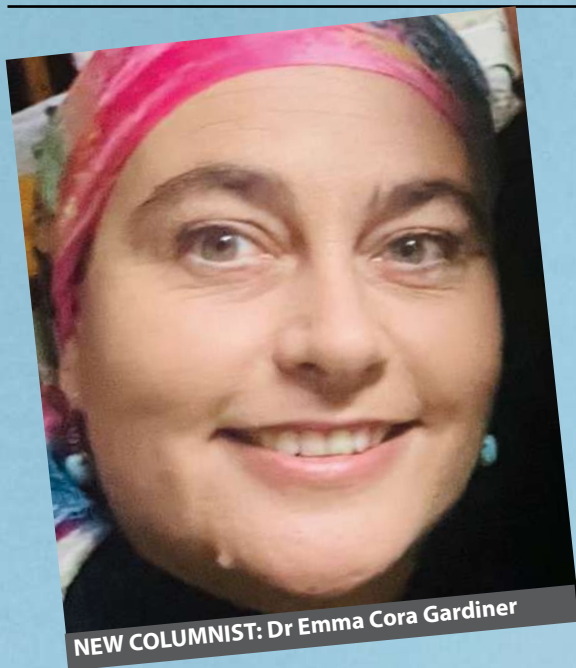
This doesn't mean blame, it means listening. Listening to what your body might be trying to express, and making space for your emotional truth.

If you live with arthritis or another autoimmune condition, Maté offers hope: that healing can involve not just medications, but reclaiming your voice, your boundaries, and your sense of self.

As he writes, the body is not our enemy. It's often our truest ally, speaking what we've been too afraid, or too conditioned, to say aloud.



WRITER: Dr Gabor Maté



NEW COLUMNIST: Dr Emma Cora Gardiner

A rheumatologist's
perspective on the
pros and cons of
commonly used
arthritis medication



Prednisone and Corticosteroids

Lifesaving drugs if carefully considered and used properly

**By Dr Emma Cora Gardiner
(Rheumatologist), Livingstone
Hospital, Gqeberha, Eastern Cape.
Head of Clinical Unit Internal Medicine
and Rheumatology**

Greetings to everyone. It is such an honour to write once again for the Foundation, especially after a recent meeting highlighted the need for more education around rheumatological medications.

Patient education is one of our core principles. It reflects the value of shared knowledge as well as the shared journey between doctor and patient. It is so important to learn about the medicines we use, both the benefits and potential harmful effects, before we use them. The more we learn, the more empowered we will be.

// Most importantly, doctors try to live by some very strict rules when prescribing prednisone or any corticosteroid //

The drug of choice for this edition is corticosteroids or, to hone it down, the tablet known to most of us in its more familiar oral formulation, prednisone.

Prednisone was developed in the 1930s and it was first used in 1948 to treat rheumatoid arthritis. In fact, the doctors who developed it won a Nobel prize.

Corticosteroids are used throughout the field of medicine across the world. When used correctly, they can be lifesaving and we are very grateful for the countless lives they have helped save. However, we are just as aware of the of the many lives it has harmed due to improper use. Every day we are exposed to its dangers and have to consider each milligram we prescribe.

In rheumatology, we use the powerful immunosuppressive properties of steroids to reduce inflammation in almost any area of the body. We typically use them when patients are having a 'flare'. This can affect the joints, skin or vital organs, depending on the autoimmune disease of the



patient. Common examples include flares in rheumatoid arthritis, gout, lupus or any other autoimmune disease that has become active, and your doctor has measured this activity and deemed it necessary to use steroids.

We also use prednisone in the first few months of treatment, where it serves to bridge the gap until disease-modification therapy kicks in. We call this "bridging therapy". We aim to keep this bridging time to a maximum of three months (though sometimes a bit longer is needed) after which patients should ideally be weaned to the lowest dose possible or, better yet, none at all.

Most importantly, doctors try to live by some very strict rules when prescribing prednisone or any corticosteroid:

- 1. Use the lowest dose possible and only if needed; always think twice.**
- 2. Prescribe it for the shortest possible duration.**
- 3. Remember it is not the primary treatment for the disease.**

These principles are so important that international guidelines have been developed to educate doctors about the safe use of corticosteroids. This is because we have realised over the years the potential damage that even a little bit of prednisone can do. Responsible prescribing is a core principle for all doctors, and patient education around prednisone is very important.

This brings me to the next point: many patients self-medicate with prednisone without informing their doctor. This can lead to secret habitual use, even overuse with inappropriately high doses and more! This can lead to unwanted and dangerous side-effects. Unfortunately, many patients are afraid to admit this to their doctors. In the end, this does not help the patient or their doctor and can lead to more challenges along the treatment path.

Let's take a closer look at some of the more common side effects of prednisone. These include diabetes, hypertension, greater risk of infections, osteoporosis and osteonecrosis (bone death), bruising and skin-thinning, mood changes, gain in weight, cataracts, glaucoma and peptic ulcers.

Although not all of these side-effects can be avoided, the risks can be reduced through the judicious use of prednisone. That starts by knowing what to watch out for and understanding your medication.

In the end, knowledge of your disease and your medications is the key to improving your health and your journey with your chronic disease. This will certainly lead to improved well-being as well as a stronger relationship with your doctor.

I hope this article has answered some of your questions about prednisone. Next time we can have a look at some of the other common medications.



Natural Eggshell Membrane:

Natural Eggshell Membrane. Could this simple food supplement be the answer to a pain-free life? A biochemist's perspective on what the science says.

One in five people in South Africa struggle with chronic pain – why is so little done by the pharmaceutical industry to PREVENT this?

On a personal level, I have recently seen first-hand how people of all ages are struggling with persistent pain. Most of them carry on as if pain and immobility are a normal part of life. They don't want to complain, and they see no alternative or way to a pain-free life.

As a scientist, I feel compelled to share my findings on a remarkable food supplement that has helped many people manage joint pain, regain mobility and significantly improve their quality of life.

Nutrition is key

I have learned that nutrition is the key to overall well-being. The biggest and most well-known cause of pain in our bodies is inflammation. Just as a strong house requires the right foundation, so our bodies need the right tools to fight inflammation. Unfortunately, we are almost always not giving our body what it needs to thrive. All too often, bad nutrition leads to inflammation, leading to immobility and pain, and we end up eating chips on the couch

Biochemist's view on food supplement that helps people improve their quality of life

By **ALNARI MATTHYSER,**
MSc Biochemistry



watching TV. We are not moving enough, and the pain only gets worse. The terrible cycle of taking pain medication then starts to take place.

What's wrong with using pain medication?

Medication works well as a short-term pain reliever (as in the case of an injury), but most healthcare providers suggest that it's not a safe or sustainable option for chronic conditions such as osteoarthritis.

Our bodies get used to pain relievers and they become less effective, with misuse causing organ damage and dependence. However, doing nothing to address the cause of the pain can be worse! Joint conditions such as osteoarthritis progress with cartilage deterioration, causing even more pain and stiffness.

This has a significant impact on physical, mental and emotional wellbeing. I've seen people barely surviving from day to day because the pain is so bad that they just don't have the capacity to even try and have a flourishing life. That really breaks my

heart. It would bring me the greatest joy to see more people spending their golden years shining instead of shying away. It is possible!

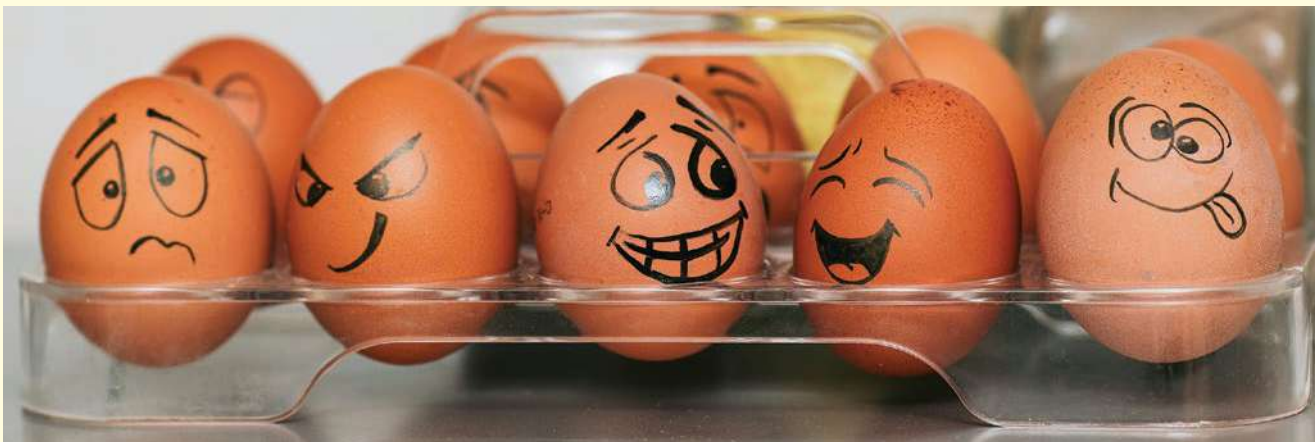
Arthritis - can it really be that common?

Osteoarthritis is the most common form of arthritis in South Africa, affecting more than half of people in urban settings, and even more patients over 65 years of age in rural areas. ⁽¹⁾

It seems shocking that the majority of South Africans struggle with joint pain, but there are very few products on the market that are proven to actually have a beneficial effect on pain-relief. How many of these products really work and have been studied for safety and effectiveness? Many elderly people are taking a host of medication and would rather start taking fewer pills, but is this a realistic option?

A Natural Alternative: Natural Eggshell Membrane (NEM®)

NEM® is an extensively studied supplement, with various trials done on patients. It has been proven to reduce pain and stiffness in people suffering from joint pain in as little as 7 to 10 days. It is safe to use chronically, (i.e. for the rest of your life) and can be taken with any of your chronic medication. ESM Technologies, LLC is a



A breakthrough for joint pain

company in Carthage, MO, USA, that has developed safe and effective methods to produce 100% pure NEM® powder.

How does it work?

NEM® contains proteins and glycosaminoglycans such as glucosamine, chondroitin, collagen and hyaluronic acid, which work in synergy to protect joints from further deterioration. It also reduces stiffness and pain by lowering inflammation. A study done on NEM® found that pro-inflammatory cytokines were decreased and patella-volume increased, protecting cartilage.⁽²⁾ Pro-inflammatory markers are found in your blood and indicate that something is not normal. In this scenario of osteoarthritis - the joints are inflamed. After using NEM®, we see the level of these markers going down, meaning that the inflammation has decreased. This means there is less pain. Fascinating, isn't it?

Does NEM® have any side-effects?

NEM® is a natural compound considered safe for long-term use, even alongside conditions like high blood pressure, cholesterol and diabetes. NEM® can even be used during pregnancy and breastfeeding, as well as alongside other medications, including blood thinners like warfarin. If you can eat eggs, you can use NEM®.⁽³⁾ If you have an egg allergy, please consult

your doctor before using NEM®. Just one capsule of 500mg NEM® a day is enough to start experiencing the benefits within 7 to 10 days, with optimal benefits typically felt in 3 to 6 months of use.

Things to look out for before buying a product

Pharmacies and health shops are full of products promising miracles related to pain relief, but many fall short and end up wasting your money. What works well for one person may not work for the next. There are certain aspects that you can research about a product to ensure that it's of high quality, efficacy and safety. It is best to try those that are backed by research first.

1. Does the manufacturer have a **Good Manufacturing Practices** certification?

This shows commitment that good regulations were followed during manufacture.

2. Were there **clinical trials**

done on the active ingredient of the product? Look for peer-reviewed articles from credible science journals. My preference is Examine.com. This is a user-friendly website that includes scientific articles. Do not be afraid to ask a company for the scientific research behind their products.

3. Has the product **won any awards**? Some products

receive international acclaim or Nobel prizes for their efficacy and safety.

4. Are there any **reviews available** for the product on the internet? I always look online if something works for other people before I buy it. People are brutally honest online, and I believe that it's a great way of sifting through the noise.

Conclusion

There are safe, alternative ways to combat pain. Every day more research is done on natural, safe alternatives for joint health. If you find research interesting, I highly recommend that you do your homework about natural supplements. Focus on supplements that are relatively new on the market, researched extensively and seem to provide wonderful results, such as NEM®.

If you have any questions, please feel free to contact me on 084 361 3333.

References:

(1) Rangiah S, Govender I, Badat Z A *primary care approach to the management of Arthritis*. S Afr Fam Pract. 2020;62(1), a5089.

(2) Sim B Y, Bak J W, Lee H J, Jun J A, Choi H J, Kwon C J, Kim H Y, Ruff K J, Brandt K and Kim D H (2015). *Effects of natural eggshell membrane (NEM) on monosodium iodoacetate-induced arthritis in rats*. Journal of Nutrition and Health, 48(4):310-318.

(3) Kevin J Ruff, John R Endres, Amy E Clewell James R Szabo, Alexander G Schauss (2012). *Safety evaluation of a natural eggshell membrane-derived product*. Food and Chemical Toxicology 50 (2012) 604-611.



With the NHI in the process of being rolled out, it is a good time to ask if it's going to be a source of...

WHEN

WHAT

HOW

Relief or red tape

In May 2024, our country took a big and bold step toward healthcare for all South Africans.

President Cyril Ramaphosa signed the National Health Insurance (NHI) Act into law, launching an ambitious plan to ensure all South Africans have access to quality health services. But what does this mean for people living with chronic conditions like arthritis or other rheumatic and musculoskeletal diseases (RMDs)?

As of May 2025, the NHI is still in the early stages of rollout and full implementation is expected to take several years. Here's what you need to know if you rely on regular medication and specialist care.

The Aim of the NHI

South Africa's healthcare system is divided: a well-resourced private sector serves a small portion of the population, while most people rely on an overstretched public sector. The NHI aims to merge the two into a unified, publicly funded system, offering free health services.

The NHI is not a new concept, nor is it specific to South Africa. Many countries implement a similar structure to provide affordable and accessible quality healthcare.

By ROBERT JEAN-JACQUES

As such, the NHI White paper was published in 2015 laying the foundation for a unified health system.

Potential Benefits for Arthritis Patients

If it works as planned, the NHI could bring big improvements for people living with arthritis. Here are some of the projected benefits.

“Arthritis care can be expensive... the NHI promises to ease this burden by covering many core services”

First, there's better access to treatment. If you've struggled to afford specialist appointments, joint scans, or medications like biologics or disease-modifying drugs (DMARDs), the NHI might make these more accessible through public healthcare.

Second, arthritis care can be expensive, especially if you rely on private medical schemes or pay out of pocket. The NHI promises to ease this burden by covering many core services. If arthritis treatment is covered under NHI, patients might no longer

have to rely on costly private medical aid or out-of-pocket expenses.

Furthermore, physiotherapy, pain management, and other supportive treatments might become easier to access under the NHI's broader, more integrated approach.

While the vision is promising, several challenges could affect how helpful the NHI will be, especially for those with chronic conditions. Here are some of the possible cons.

South Africa already has a shortage of rheumatologists and other specialists, with a doctor-to-population ratio well below international standards. With more people gaining access to services, the demand could outstrip supply, leading to delays in diagnosis and treatment. The NHI's success hinges on addressing this gap to ensure quality service delivery.

Second, it's still unclear whether advanced treatments, such as biologics, will be fully included in the NHI. If not, patients may still need to pay privately or turn to medical schemes.

Third, once the NHI is fully in place, private medical schemes will only be allowed to cover services not offered by the NHI. This may limit choices for people



who rely on private treatment options for arthritis. If private medical schemes are restricted to offering only complementary services not covered by the NHI, there could be a serious worry about reduced quality and accessibility of care for those accustomed to private healthcare services.

Importantly, the NHI faces significant legal and political hurdles. Major private health insurers and opposition parties are concerned about the funding model and potential limitations on private healthcare services.

In summary, while the NHI could improve access to care and medication for those currently underserved, concerns remain about specialist availability, medication coverage, a realistic funding model and potential delays in treatment.

Clear guidelines on arthritis management under the NHI will be crucial to ensuring patients receive timely and effective care.

The National Health Insurance system has the potential to make healthcare more fair and accessible for millions, including those living with arthritis. But success will depend on careful planning, proper funding, and listening to the voices of patients.



What you need to know: Tips for arthritis patients

Stay Informed

The details of what will be covered under the NHI are still being finalised. Keep an eye on updates from the Department of Health and your healthcare providers.



Ask your Doctor

Speak with your GP or rheumatologist about how the NHI may affect your current treatment plan and access to medications or specialist care.



Prepare for Transition

As the public system expands, waiting times may increase. Refill prescriptions early and schedule follow-ups in advance.



Make your Voice Heard

Public input matters. Join support groups or advocacy efforts to ensure chronic illness care, such as arthritis, is prioritised under the NHI. Get involved with any public consultations. Advocacy by patients with chronic conditions like arthritis can help shape the final policies.



Review your Medical Aid

Private schemes will eventually only cover services not included in the NHI. Ask your provider how your benefits may change.



Build a Personal Health File

Keep a record of your diagnosis, medications, flare patterns, and test results. Doing so can help ensure continuity of care across different facilities.



Express

Yourself

Singing can soothe pain and lift the spirits

Beyond the simple joy it brings, singing may offer something more: genuine pain relief.

From ancient healing chants to modern-day choir groups, music has long been linked to wellbeing. Greek physicians believed in the healing power of song, and Aristotle claimed music could “arouse strong emotions and purify the soul.” But it wasn’t until the late 19th century that science began catching up, documenting music’s effects on the body, such as lowered heart rate, reduced blood pressure, and decreased stress.

The Healing Science Behind Song

One 2016 pilot study involving 193 participants found that just one choir session led to a drop in stress hormones and a boost in immune proteins in people affected by cancer. Other research has connected singing to reduced anxiety, improved memory in people with dementia, increased lung capacity, and even lowered inflammation.

So, how does it work? The key is in the vibration. When you vibrate your voice, that vibration moves through your entire body and sparks energy. It might show up as joy, warmth, a release of emotion, or even pain relief.

A key player in this response is the vagus nerve, the body’s longest cranial nerve. It links the brain to major organs and plays a crucial role in regulating inflammation, mood, and pain. Since it’s connected to the vocal cords, making sound stimulates the vagus nerve, enhancing feelings of well-being and calming the nervous system.

Mood-Boosting and Pain-Relieving

If you’ve ever instinctively groaned, hummed, or sung when in pain, you’re not alone. Making sound can help the brain

release a cocktail of feel-good chemicals, such as endorphins, dopamine, oxytocin, and serotonin, that naturally reduce pain and elevate mood.

It’s a concept that’s gaining ground among those working with chronic pain patients, especially people with arthritis. Around the world, therapeutic choirs are being formed to help people reclaim their voices and their health.

One such group, Sing Your Pain Away (SYPA), conducted a project in the UK. Their findings were striking: after just one hour of group singing, participants reported a 24% improvement in mood, a 30% drop in anxiety, and a 13% reduction in pain.

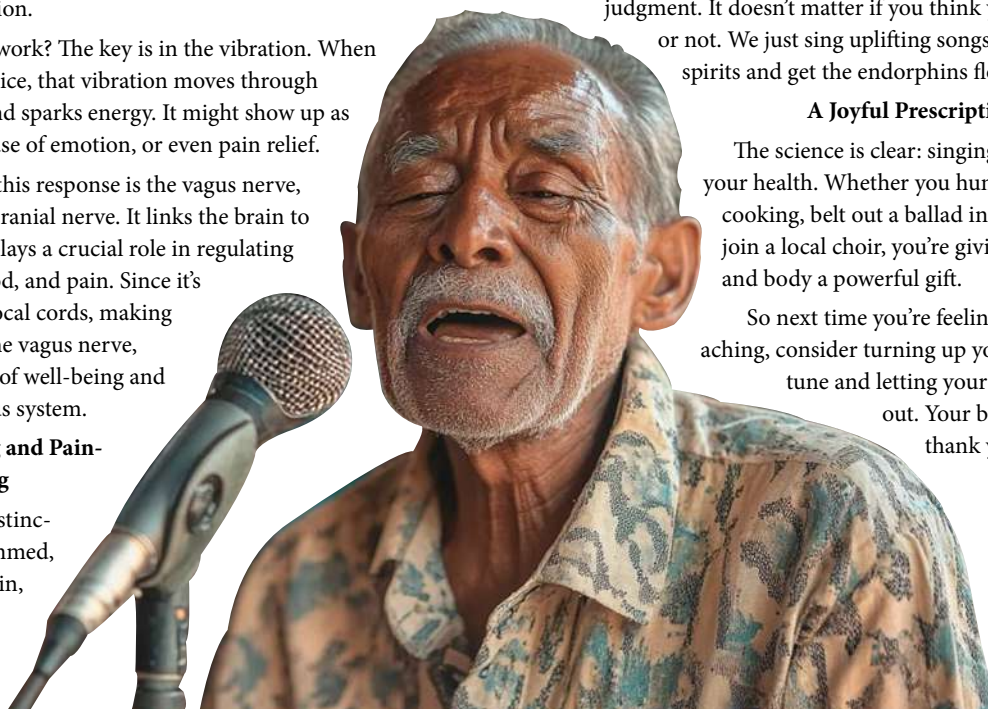
Singing Through the Pain

SYPA founder Jane Gatfield, who lives with Ehlers-Danlos syndrome, created the space, prioritising inclusivity and healing over performance. She says: “We don’t perform. There’s no pressure, no judgment. It doesn’t matter if you think you can sing or not. We just sing uplifting songs to boost our spirits and get the endorphins flowing.”

A Joyful Prescription

The science is clear: singing is good for your health. Whether you hum a tune while cooking, belt out a ballad in the car, or join a local choir, you’re giving your mind and body a powerful gift.

So next time you’re feeling low or aching, consider turning up your favourite tune and letting your voice ring out. Your body might just thank you for it.



Get on your bike

Cycling is a great health choice



If you are looking for a low-impact exercise that's fun and good for your joints, cycling could be just the ticket. Here's why...

Low-impact movement has been proven to help ease arthritis pain and stiffness, and be a potent mood booster.

Cycling strengthens key muscles without impact of stress: Cycling allows the joints of the knees and hips to go through a great range of motion, while also strengthening the quadriceps, hamstrings and glutes.

Proven benefits: Research shows that cycling improves muscle strength and reduces joint pain and stiffness in adults with osteoarthritis. Furthermore, cycling boosts cardiovascular fitness, lowers blood pressure and reduces body fat. These are all factors that will reduce the risk of other conditions.

Fun and freedom: Explore the great outdoors with the wind in your hair and the landscape whizzing past.

Tips to get you going...

START INDOORS:

Try a stationary bike at first to see if cycling suits you. No need for unnecessary expense!

GET THE RIGHT GEAR

Get a comfortable bike, wear padded shorts or knee pads to reduce pressure on joints, and always wear a helmet. Ask for advice in bike shops about seat height.

CYCLE WITH A BUDDY

A cycling partner keeps you motivated. Also gives you a great reason to plan a coffee shop stop.

PLAN YOUR ROUTE

Stick to flat, familiar paths without too many bumps and listen to your body.

TAKE IT SLOW AND EASY

Don't push yourself too much too soon. Gradually increase time and distance to build strength and avoid strain. The key is to make movement part of your daily routine.



EMOTIONAL WELLBEING

Morning Grounding

Mornings can be stiff and overwhelming. Starting well:

- Gentle joint mobilisation: 5 to 10 minutes of slow stretches in bed or seated.
- Mindful breathing: Inhale for 4 counts, exhale for 6. Repeat for three minutes.
- Positive intention: Ask yourself, "What small thing can I do today to care for myself?"

Do Emotional Check-Ins

Unspoken feelings can become trapped stress. Try this:

- Journal prompts: "What's one feeling I'm carrying today?" or "What do I need right now?"
- Mood tracking: Use a simple chart or app to notice emotional patterns tied to pain.

REST WITHOUT GUILT

Rest is healing. Fatigue is real in arthritis and needs attention.

- Short restorative breaks: Lie down with a heat pad, close your eyes, or do a body scan meditation.
- Power down rituals: Dimming lights, calming music, and screen-free time before bed.

Build a Gratitude Habit

Take five minutes each evening to reflect on three small things that made you smile. This simple practice trains your brain to seek out positive moments, even on the hardest of days.

Positive Self-Talk

Challenge unhelpful thoughts like "I can't cope" and replace them with more balanced ones, such as "I'm managing as best I can today".

Social Support

Stay connected with friends and family who understand

Reconnect with JOY

Joy boosts your immune system, soothes the nervous system, and reminds you that you're more than your diagnosis.

Try these suggestions:

- Daily dose of joy: Something small, such as gardening, drawing, laughing at a favorite show.
- Creative expression: Music, art, or writing can process emotions and ease pain.
- Acts of kindness: Helping others, even in small ways, can improve your mood and perspective.

Taking care of your emotional wellbeing is not just good for mental health, it's also essential for managing pain. When we treat pain as both a physical and emotional experience, we open the door to holistic healing.



Joanna's Spinach and Feta Quiche



You will need:

Crust

- 100g butter
- 100g grated cheddar cheese
- 100g flour

Filling

- 1 sachet creamed spinach
- 1 onion chopped
- 100g feta
- 3 eggs
- 250ml milk



Method:

Preheat oven to 180°. Rub the butter, cheddar and flour together. Grease (or Spray and Cook) a pie dish (±20cm in diameter). Press dough into the pie dish to form the base. Lightly fry the onion. In a mixing bowl, mix the creamed spinach, the onions and feta (crumbled). Spoon the mixture into the base. In a mixing bowl, beat the eggs, then add the milk and mix together. Pour the mixture over the base and filling. Bake for 40 to 45 minutes. YUM!

Our Favourite Pea Soup

You will need:

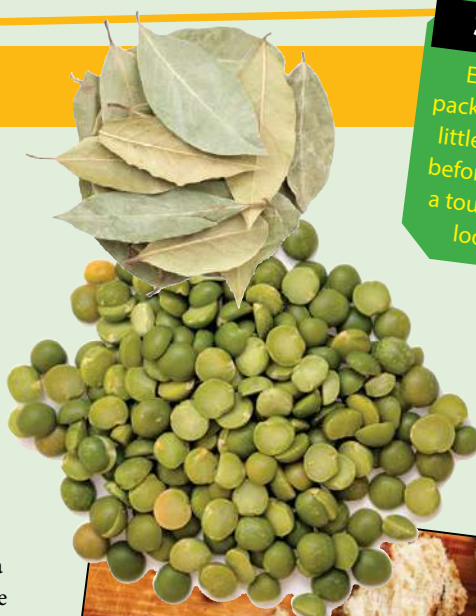
- 500g packet split peas (rinsed but not necessary to soak)
- 50ml oil of your choice
- 1 large onion (chopped)
- 2 bay leaves
- Herbs of your choice (a bunch of fresh lemon thyme best)
- 2L boiling water
- 2 vegetable or chicken stock cubes
- 1 generous teaspoon English mustard

Method:

Heat oil in a medium-sized pot. Gently sauté onion until transparent. Add bay leaves, herbs and split peas and sauté for a further 5 minutes while stirring to release the flavours. Crumble the stock cubes into the mix. Add the water a litre at a time and

let it simmer away stirring intermittently until smooth. Add the mustard halfway through the cooking process. Season and serve with a drizzle of fresh cream.

- For a non-vegetarian option add a smoked ham hock before adding water.
- Garnish with two prawns for a special occasion.
- Spice it up with chilli flakes or fresh chillies to your taste.
- For a change, use the basic base above omitting the mustard but add a bag of four-in-one soup mix.



Soup it up

Enrich canned or packet soup by adding little dairy cream just before serving. It adds a touch of luxury and looks good too.



In memoriam: Ronell's Story

By JULIE MARTIN

Our heartfelt condolences to you, Mrs Abrahams, on your loss and thank you for entrusting us with Ronell's story at this difficult time. We grieve with you.

Ronell and her twin sister, Rene, were born on 22 November, 2002 without complications. "‘n Woelige twee," you smiled, describing their early days. Every mother understands how lively just one baby can be in the womb, let alone two!

The girls happily passed their developmental milestones and then suddenly, at the age of nine, Ronell started complaining of pain in her ankles. She was in Grade 2 at the time. The pain was such that she was unable to walk. "I took her to the doctor," you recall. Tests were done at the Karl Bremer Hospital in Bellville, Cape Town and Ronell was referred to the Tygerberg Hospital in Parow. In 2012, you were told that Ronell had Juvenile Idiopathic Arthritis (JIA).

You continue, "we didn't know what that was, we'd never heard of it", but the doctors carefully explained the diagnosis made by Prof Esser and Dr Abrahams. And so began Ronell's journey with JIA, a rare and challenging condition. You shared with us how grateful you were for the excellent care Ronell received through the years.

In your sadness, you reminisce, remembering what a positive girl Ronell was. She was bright, attentive and observant. She did well at school even though there were some very difficult days, which she endured with a smile despite her challenges. Ronell completed her schooling at Paarl Secondary School in 2020. That was "the best of all her dreams," you say. A proud moment for all.

Thereafter, you tell us that despite ongoing treatment, you noticed Ronell's physical deterioration as she grew into adulthood. She was in constant pain but never complained.



Our condolences on the passing of a young mother

Despite her health challenges, Ronell embraced life. She enthusiastically took part in all hospital functions organised by the rheumatology department at Tygerberg in an effort to create awareness around JIA.

Then, like Monique Williams of Kariega/Uitenhage, previously featured in our magazine, as well as other adult JIA patients around the world, Ronell gave birth to Ismail on 31 July, 2022. A living legacy of a life cut short.

Sadly, Ronell passed on 1 March, 2025 at the age of 22 of the rare complications of JIA. Mrs Abrahams and family, we grieve with you. It is our prayer that your happy memories will sustain you in your sorrow.



EMBRACE LIFE: Ronell and son Ismail

Community IMPACT

By JULIE MARTIN

The year started with a bang for our Cape Town office, with a special request from the Wow Wellness Club in Chatsworth on the West Coast to host an arthritis training workshop for Community Health Workers.

We were proud to deliver this in February as part of our ongoing commitment to community education.

Our awareness campaign gained further momentum in March with WORD Day (World Young Rheumatic Diseases Day). We celebrated early on Saturday, March 15, with an exciting event at Urban Park, Green Point. The day was well attended and included an inspiring talk from Dr Shanaaz Akhalwaya. We were also honoured to hear from Lilitha, a courageous young warrior living with juvenile idiopathic arthritis, who shared her powerful story of resilience and strength.

She is now in secondary school and does not allow her condition to define her. She confidently shared her journey with the audience and lots of fun was had by our young energetic audience on a beautiful sunny day in Cape Town.

The event was well-attended by enthusiastic young participants, and we extend our heartfelt thanks to the City of Cape Town's Social Development Department and the Anwar Jakoet Foundation for their lovely gift packs. We appreciate their generosity.

Throughout the season, we've received invitations to connect with groups across the Western Cape, including the Hanover Park Seniors Club, Bonteheuvel Walking Ladies, Athlone and Retreat Arthritis Support Groups, Eerste Rivier Seniors, Pinelands Christian Ladies Club, and gatherings at Helderberg and Zeekoevlei Nature Reserves. These engagements have allowed us to spread vital information and offer support to various communities.



BUSY YEAR: Julie Martin

We headed off to Mossel Bay on Saturday, 10 May, for another arthritis training workshop. May also marked Lupus Awareness Month, and we were excited to host a special pamper day in Retreat to raise awareness. This year, we were proud to partner with the Tygerberg Hospital Rheumatology Department to deepen public understanding of lupus and its impact.

A heartfelt thank you to all our supporters. Together, we can make a meaningful difference.

Cape Town



WELL-ATTENDED: Powerchild workshop



EXCITING: WORD Day in Greenpoint



TRAINING: Foundation at WOW Wellness Club



MEMORIAL: Flowers for Mrs Abrahams, see Page 17 for Ronell's story

A Challenging Year

By **VICKI SANAN**

It's tough when it comes to health in the Eastern Cape right now but we and other like-minded NPOs remain undaunted in our task to fill the gaps for those in need .

That said, in spite of the many ongoing setbacks that we face, there are times when we celebrate.

World Arthritis Day 2024 was an absolute hit. The day was an initiative by the OT Department at Livingstone Hospital and its very special self-sustaining group, *Rheuma Has It*, in collaboration with the Rheumatoid Arthritis Clinic, Dietetics, and Physiotherapy Departments.

This venture is evidence that there remain pockets of excellence in our state hospitals notwithstanding the limitations of human and financial resources. We were especially proud to welcome Verushka Nagel of Adcock Ingram from eThekweni. What a pleasure! Thanks to all who made it such a success.

Then, in terms of awareness, came WORD Day in March. This is an international day highlighting that children have arthritis too. We celebrated separately with SA Diabetes in Springdale and Malabar. Thank you, Clive and Surendra, for the opportunity to draw parallels between Juvenile Idiopathic Arthritis (JIA) and Type I diabetes in children, both autoimmune conditions that can affect the very young. Martin and Elizabeth (Diabetes SA, Newton Park) your support and assistance in spreading the word is much appreciated too.

Lupus Day was celebrated with the ACCV Old Age home in Steytler. *Dankie, Elmarie, vir die geleentheid; waardeer.* The My Youth Public

Medical Day at the Malabar Community Centre is a mega-example of what can be done by leaders in a community that involves the youth, complete with mobile hospital and specialists in attendance, mind you. Thank you.

Through NMG, the Telkom Staff Wellness Day; thank you, Karen (NMG) and for NMG's generous donation, as well as Michelle and staff at Telkom.

The Elsen Academy Golf Day in aid of children with special needs here in Gqeberha is a great platform for us; thank you, Philippa, Mark and team. The Rotary Club Algoa Bay, always there for us; thank you, Dane, for being so willing, generous and kind.

However, this update would not be complete without a special mention of the Health Promotion Forum, a division of the East Cape Health Department in Gqeberha, led by the tireless Ms Fikile Sohuma and her team.

It is a forum of some 200-plus like-minded heroes who work together to make a difference in this metro. It is a vital link between our organisation and otherwise unreachable communities, keeping us relevant in a tough environment. Thank you all for your encouragement, validation and support!

In closing, dear reader, to get back to you and re-emphasise that early diagnosis of chronic illnesses is crucial to ensure successful treatment. Please keep moving, watch your diet and know that some research shows that a 10 percent weight-loss can bring about a 50 percent reduction in pain.

Of course, funding remains an uphill country-wide battle in these spartan times. Kindly visit our website at www.arthritis.org.za for details on how to make a donation.

E Cape



FABULOUS: Choir



FUNDRAISER: Ladies' High Tea



APPRECIATED: Verushka Nagel



IN ACTION: The Foundation's Vicki Sanan

BRANCH ACTIVITIES



ENGAGING: Alnari Matthyser (left)



FABULOUS JOURNO: Janine Lazarus



CONNECTING: Wanderers golf day

Sports, science and celebrity

Janine Lazarus Talk

Held at the Wanderers Club, this fundraising event last August featured acclaimed investigative journalist, broadcaster, and media trainer Janine Lazarus. Janine, who lives with ankylosing spondylitis and other musculoskeletal conditions, shared her personal experiences of managing these challenges.

She also spoke about her gripping 2021 book, *Bait to Catch a Killer*, which tells of her involvement in the Norwood Killer case, when she acted as a decoy for police in an attempt to apprehend the suspect. This fascinating story has since been adapted into a television series.

Wanderers Golf Day

As part of the Wanderers Golf Club's 85th Anniversary Festival in October, we were honoured with a table at the 18th hole to chat with players and raise awareness. We extend our heartfelt thanks to our generous sponsors:

- Prime Investments, and especially professional golfer Francesca Cuturi for donating socks, water bottles, and Energade.
- Louis du Plessis of iNova Pharmaceuticals, for donating Posteon (an osteoarthritis supplement), much appreciated by all.

A huge thank you to the Wanderers Golf Club and our sponsors for a fabulous event. We look forward to another golf day in 2025.

By NADINE LEMMER & BRENDA SPENCE

Padel Event

We proudly sponsored a Padel event at the Jeppe Quondam Padel Club in December. With enthusiastic support from Laura Comuzio, we shared information about the Foundation and musculoskeletal diseases during the round robin tournament. Thanks again to iNova Pharmaceuticals for sponsoring Posteon. Lovely way to spread awareness while enjoying a healthy outdoor event.

Cooking with Gadgets

Although more low-key this year, the annual Cooking with Gadgets event in November remained as heart-warming as ever. We were proud to sponsor and attend this gathering.

Word Day at Baragwanath Hospital

We joined the Paediatric Rheumatology Clinic at Baragwanath Hospital this March, where we engaged with parents and young patients. We sponsored gifts for the children, which were happily received.

RA Day in Pretoria

Our guest speaker, Alnari Matthyser of Azariah Pharmaceuticals (see

article on page 9), delivered an engaging and informative presentation on health and wellness in March this year. Alnari, who holds a Master's in Biochemistry, held the audience spellbound



OUTREACH: Brenda (left) and Nadine

with the sheer quantity of information, with everybody frantically taking notes.

Special thanks to Pat van der Valk, former Pretoria Branch Manager, for her assistance in organising the event at Cornerstone Lodge, a beautiful venue generously provided free of charge by the owner, herself an arthritis patient.

The gathering was filled with recon-nections, sharing and caring. Pat, we look forward to working with you again.

Lupus Awareness Day

Held at the Wanderers Club this May, the event paid tribute to Marcelle Batista and Amogelang Mailula, both of who were lupus warriors, sadly lost recently. We laughed and cried in remembrance.

Praise Rasiovhoro, lupus patient and founder of the Pretty Woman support group, spoke about Amogelang and shared some of her own journey. In celebration of their love for dance, there was a line and a Spanish dancing exhibition that had us tapping our feet.



PRODUCTIVE YEAR: Nadine Lemmer

Dates to diarise

29 June	SCLERODERMA DAY
27 July	OSTEOARTHRITIS DAY
20 August	FIBROMYALGIA DAY
12 October	WORLD ARTHRITIS DAY
23 November	COMPLEMENTARY THERAPIES DAY

dablapmeds brings convenience to collecting your chronic medication

Dablapmeds is a National Department of Health initiative that's free, safe, quick, and convenient. It's designed to make collecting your chronic medication easier and stress-free.

If you have a chronic condition and are stable on your treatment, Dablapmeds allows you to collect your medication closer to your home or work, without the hassle of long clinic queues.

How it works

To sign up, you must be stable on your chronic medication and take it regularly. This programme is ideal for those managing chronic conditions like arthritis, hypertension, diabetes, and more.

Benefits of Dablapmeds:

- **Free service** – there's no cost to use it.
- **Convenient** – choose a collection point near your home or work.
- **Less waiting** – collection is quick and easy at pick-up points with extended operating hours. Avoid long queues at clinics.
- **Fewer clinic visits** – only two visits per year if you're feeling well.
- **Reminders** – SMS reminders to collect your medication.
- **WhatsApp support** – connect easily for any questions.
- **Toll-free help** – call us with your questions at no cost.
- **Flexible** – nominate up to two people to collect medication if you are unable to come in yourself.
- **Private** – medication comes in a sealed box.

Reach out to your clinic or to the Dablapmeds help desk to learn more:

KwaZulu-Natal

Toll-free: 0800 21 23 50

WhatsApp: 087 240 7171

Please Call Me: 060 529 8793

Gauteng, Limpopo, Northern Cape and North West

Toll-free: 080 151 6176

WhatsApp: 087 240 7171

Please Call Me: 060 529 8793

Eastern Cape, Free State and Mpumalanga

Toll-free: 0800 272 222

WhatsApp: 057 814 5987

Please Call Me: 079 226 4493

The many faces of rheumatic and musculoskeletal diseases



There are more than 200 different forms of arthritis and related diseases. Learn more about the various conditions.

Osteoarthritis (OA)

A degenerative form of arthritis found mainly in older patients, resulting from general wear and tear, overuse and/or from previously damaged joints, or hereditary factors. It can involve knee and hip replacements to restore mobility and reduce pain and inflammation. It is the most common form of arthritis.



Rheumatoid arthritis (RA)

A systemic form of inflammatory arthritis affecting one's general health as well as a variety of joints. If left untreated it could affect any anatomical part of the body. RA is the most common of the auto-immune arthritis diseases, found in about 1 in 100 people worldwide.

Lupus / systemic lupus erythematosus (SLE)

An auto-immune disease primarily affecting the skin and vascular system, as well as joints and organs. Many with lupus develop a butterfly-shaped rash on the face. It affects mainly young women aged 15 to 40. In South Africa, people of mixed lineage are often affected.

Ankylosing spondyloarthritis

An umbrella term for inflammatory diseases that involve both joint and the

entheses (the sites where the ligaments and tendons attach to the bones). The most common is ankylosing spondylitis (AS). Others include reactive arthritis, psoriatic arthritis (PsA) and enteropathic arthritis. In most cases it primarily affects the spine. Some forms can affect joints in the hands, feet, arms and legs.

Sjögren's syndrome

A systemic auto-immune disease that affects the entire body. Symptoms include extensive dryness, fatigue, chronic pain, major organ involvement, neuropathies and lymphomas. Sjögren's often occurs in the presence of RA, lupus or scleroderma. Nine out of ten people with Sjögren's are women.

Gout

A form of inflammatory arthritis in people with high levels of uric acid in the blood. The acid forms needle-like crystals in joints and causes severe episodes of pain, tenderness and swelling. Chronic gout can be partially managed with adjustments to diet, exercise and alcohol intake.

Scleroderma

A group of diseases that causes the hardening and tightening of skin and connective tissues. Scleroderma can affect only the skin, but may also impact blood vessels, organs and the digestive tract (systemic scleroderma). Women are diagnosed more often than men and it commonly occurs between the ages 30-50.

Infectious arthritis

Also called septic arthritis, this is an infection in a joint that causes arthritis-like symptoms. It is a type of inflammatory arthritis



but much more severe. Infectious arthritis occurs when bacteria or a virus enters the joint and multiplies, causing painful symptoms in and around the joint.

Juvenile idiopathic arthritis

The most common type of arthritis in children under the age of 16. JIA can cause persistent joint pain, swelling and stiffness. Some children experience pain for only a few months, others have symptoms for the rest of their lives. Some types of JIA cause serious complications, such as growth problems, joint damage and eye inflammation.

Polymyalgia rheumatica

An inflammatory disorder that causes muscle pain and stiffness, especially in the shoulders. Signs and symptoms usually begin quickly and are worse in the morning. Most patients are Caucasians older than 65.

Scoliosis

Instead of running straight up the center of the back, a spine with scoliosis twists to one side. Scoliosis can be classified as true (meaning it has to do with abnormal development of the spine)

or functional (meaning its cause is not directly related to the spine). Functional scoliosis may occur when a discrepancy in the leg causes the pelvis to tilt to one side to compensate. The cause of true scoliosis is largely unknown, although doctors suspect that it may be the result of imbalanced growth during childhood.



EST 1973

ARTHRITIS FOUNDATION OF SOUTH AFRICA



Registered Non-Profit Organisation No 002-847 NPO

■ Helpline: +27 861 30 30 30
■ National Office: +27 21 425 2344

■ www.arthritis.org.za
f @arthritissouthafrica

For only

R150/YEAR

The Arthritis Foundation is a patient-orientated, non-profit organisation that is dedicated to education, assistance, and informing the public on the impact and consequences of arthritis.

You receive:

- Access to the latest information on arthritis and rheumatism
- Free subscription to our magazine, *Arthritis Insight*
- On-call support from our national helpline
- Invitations to events with leading rheumatology specialists

We have new and updated material on everything arthritis.

If medical doctors and healthcare professionals like us to deliver this updated material to their facilities, we invite them to sign up as members for only R150 per year.



CONTACT US AND BECOME A MEMBER

Thank you to Foundation funders and supporters

James Rowe, The Mabin Trust, The Kensington Trust, Nussbaum Foundation, Fuchs Foundation, Jose Rodrigues, E/L Bray, SA Medical Association, Maria Monez, Hope Promotions, Run/Walk for Life (Bedfordview), Goddess Café (Centurion), Charlotte Maxeke Hospital (OT Department), Chris Hani Bara Hospital, Rotary Club of Algoa Bay, Elsen Academy (Gqeberha), My Youth (Gqeberha), Umphanda Autism (Gqeberha), The Exceptional Nurses Campaign 7km Night Run, Health Promotion Forum (EC Health), Nativa, Wanderers Protea Hotel, PnP Hypermarket (Gqeberha), Diabetes SA (Springdale and Malabar, Gqeberha), Livingstone Hospital (RA Clinic, OT, Physio and Dietetics Departments), Alnari Matthyser, Vinnette Vosloo of Mossel Bay Community Group, the City of Cape Town (Arts & Culture) and the Anwar Jakoet Foundation.

Thank you so much for your generous donations and bequests to the Arthritis Foundation of South Africa. Your donations have helped us provide much-needed training, awareness, educational support and advocacy to our members and to the various communities in which we offer services. With support like yours, we are able to build intergenerational programming and a stronger community for all people living with arthritis. The world is a better a place with people like you in it. Once again, thank you.

Banking details:

Bank: Standard bank

Account name: Arthritis Foundation of South Africa

Account No: 070965226

Branch Code: 020909

Reference: Your name and surname or membership number

Email: info@arthritis.org.za