



# Our Country Practice



Swift Street Medical Centre  
53 Swift Street. Wellington. NSW. 2820 Tel: (02) 6845 2084, (02) 6845  
3201. Fax: (02) 6845 1977  
(9am to 5pm - Monday to Friday)

The year is getting away so very quickly and we are into the merry month of May already.

Our flu Vaccines have finally arrived so if you haven't had yours yet, please call the surgery and we will be happy to organise something for you.



## *Don't Forget to Drink!!!*

The human body can last weeks without food, but only days without water. The body is made up of 50 to 75 per cent water. Water forms the basis of blood, digestive juices, urine and perspiration, and is contained in lean muscle, fat and bones.

As the body can't store water, we need fresh supplies every day to make up for losses from the lungs, skin, urine and faeces (poo). The amount we need depends on our body size, metabolism, the weather, the food we eat and our activity levels.

Not drinking enough water can increase the risk of kidney stones and, in women, urinary tract infections. It can also lower your physical and mental performance, and salivary gland function, and lead to dehydration.

## **Symptoms of dehydration**

Thirst    Headaches    Lethargy  
Dark-coloured urine    Weakness  
Tiredness  
Mood changes & slow responses  
Dry nasal passages    Dry or cracked lips  
Confusion and hallucinations.



So even though we are at higher risk of dehydration in the warmer weather, please remember how important it is, that we remain adequately hydrated even in the cooler months.

# Don't Ignore a Change in Your Voice

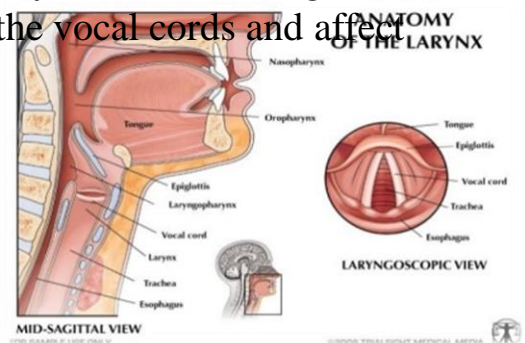
Changes to the voice happen frequently with a number of illnesses. Most of us have experienced having a “croaky” voice, a “frog in the throat, or even losing our voice entirely. This usually happens as a result of a head cold or other minor infection of the throat. But sometimes a change in the voice can be a sign of a more serious problem.

The sounds we make when we speak or sing are produced in the **Larynx** (sometimes called the ‘voice box’) a structure situated in the throat between the back of the tongue and the **trachea** (windpipe). The larynx is surrounded by cartilages which are noticed as the ‘Adam’s apple’ in the throat.

Every breath of air going to and from the lungs passes through the larynx. The space inside the larynx is called the **glottis** and it is here that the voice is produced. Two bands of elastic tissue – the vocal cords – are attached to the wall of the glottis by tiny muscles. Air passing through the tiny gap between the vocal cords produces a sound. Changes in the shape of this gap, by a persons ability to move their vocal cords, will produce changes in the pitch (highness or lowness) of the sound produced. This is very similar to the way a musical wind instrument works. The shape of the persons throat, nose and mouth determines the quality of the sound, which is why everyone’s voice is different. It is clear that anything that affects the size and shape of the vocal cords, or interferes with air passing through them, will affect the voice.

Many minor infections will cause a temporary swelling of the cords (laryngitis), producing a hoarse voice. This can become a chronic problem for people who spend a lot of time in dusty atmospheres, are exposed to smoke or who use their voice excessively (ie. Singers). Growths may occur on the vocal cords. These may be harmless cysts or polyps, or cancerous growths. Hormone changes affect the voice. This is why boys’ voices ‘break’ around puberty, some pregnant women notice a deeper voice and older men sometimes have a ‘squeaky’ voice. Lack of thyroid hormone causes swelling of the vocal cords and a husky voice. Damage to the nerves to the larynx can interfere with movement of the vocal cords and affect speech.

Occasionally psychological factors are present which result in altered speech. If you, or someone you know, has had a persisting change to their voice it is wise to seek medical advice to be sure there is no serious cause.



# Shingles ???

Shingles, also known as herpes zoster, is caused by the varicella zoster virus, which is also responsible for chickenpox. It occurs because of a reactivation of the chickenpox virus, which remains in the nerve cells of the body after an attack of chickenpox. People who contract chickenpox are at risk of developing shingles later in life, since the virus lies dormant in the body. Fortunately, it is rare to have more than one attack of shingles. Anyone who has had chickenpox can develop shingles. However, people who have never had chickenpox can catch the virus from another person with shingles. A person who has never had chickenpox, but comes into contact with a case of shingles, would develop chickenpox (not shingles).

**Symptoms of shingles** - Shingles is a skin rash characterised by pain and blistering. Tender, painful skin signals the beginning of an attack. The skin then turns red and breaks out in tiny fluid-filled blisters. Shingles can affect any part of the body, including the face. Classically, the rash caused by shingles takes the shape of a belt or band around or across the body. The rash forms its characteristic pattern because the virus works down the nerves that branch out from the spinal cord and encircle the body. The chest and stomach are most commonly affected. The rash can last for a few days or weeks. During that time, a scaly crust might appear. Once the attack is over, the skin usually returns to normal, but there can be some scarring in severe cases. **How shingles is spread** - Shingles can be spread when a person comes into contact with fluid contained in the blisters. The virus can be spread by direct contact with the lesions or by touching any dressings, sheets or clothes soiled with discharge from the spots.

**Shingles, chickenpox and pregnancy** - An attack of shingles during pregnancy will not harm the unborn baby. The mother is already carrying the varicella zoster virus before developing shingles and there is no increase in the risk of passing it on to the fetus if shingles develops. However, an attack of chickenpox during pregnancy can be serious and requires urgent medical attention. **Post-herpetic neuralgia** - Sometimes, the pain doesn't go away once the shingles rash has cleared. This complication is called post-herpetic neuralgia and is more common when the shingles rash appeared on the face rather than the body. This type of shingles rash tends to affect the skin around the eye and occasionally, the eye itself.. Postherpetic neuralgia can last for months or years. Capsaicin creams can help. Pain-relieving medication or tablets specific for nerve pain may be needed. **Treatment for shingles** - Anti-viral medications can help ease the pain and shorten an attack of shingles. The medication works best if administered within three days, and ideally within 24 hours, of the onset of a rash. If you think you have shingles, seek urgent medical attention. Analgesic medication may also ease post-herpetic neuralgia, but consult your doctor first. **Shingles and chickenpox vaccination** - Chickenpox and shingles vaccines are both available in Australia. The National Immunisation Program provides free chickenpox vaccine to children aged 18 months of age and as a catch-up dose for adolescents in year 7 of secondary school or age equivalent. It can also be prescribed by a doctor for older people, but it is not free. People aged 14 years and older require **two doses** of the chickenpox vaccine, one to two months apart. People aged 14 years and older must purchase the vaccine privately. The shingles vaccine is also available on prescription for people aged 50 years and over, but it must be paid for by the patient.

# Chocolate Butterscotch Cake

(The hardest part about this cake is stopping at one piece ☺)



1/4 cup cocoa powder  
1 1/4 cups SR flour  
250g butter, softened  
1 cup firmly packed dark brown sugar  
2 eggs  
1 Tbsp golden syrup  
1/2 cup milk

Mascarpone cream  
250g mascarpone cheese  
300ml thickened cream

Caramel icing  
60g butter  
1/2 cup firmly packed dark brown sugar  
1/4 cup milk  
1 1/2 cups icing sugar

Preheat oven to 180C/160C fan-forced. Grease deep 20cm round cake pan; line base and side with baking paper. *Sift cocoa and flour into large bowl; add remaining ingredients. Beat with electric mixer on low speed until combined. Increase speed to medium; beat until mixture has changed to a paler colour. Pour mixture into pan.* Bake cake about 1 hour. Stand cake in pan 10 minutes; turn, top-side up, onto wire rack to cool. *Make mascarpone cream. Make caramel icing.* Split cake into three layers. Centre one layer on serving plate; spread with one-third of the mascarpone cream and one-third of the caramel icing. Repeat with second layer and half of the remaining mascarpone cream and half of the remaining icing. Top with remaining cake layer. Cover top cake layer with remaining mascarpone cream then drizzle with remaining icing. Swirl for marbled effect; refrigerate 30 minutes or until icing is firm.

**Mascarpone cream:** Whisk ingredients in small bowl until soft peaks form.

**Caramel icing:** Heat butter, brown sugar and milk in small saucepan, stirring constantly, without boiling, until sugar dissolves; remove from heat. Stir in sifted icing sugar.