

# Il-Musbieħ

## MALTA NURSING AND MIDWIFERY JOURNAL

Malta Union of Midwives and Nurses

Numru 78 - Marzu 2018



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# Workplace bullying

## Is workplace bullying endemic to the health care professionals or is it a dirty secret in all healthcare settings?

As staffing situations gets worse and the workplace environment becomes more stressful, nurses and the other health care professionals (HCPs) are already under unbearable pressure. Even very experienced HCPs are subject to bullying in the workplace and it is up to us to refuse to let the bully win. We need to address bullying in all its forms and deal with it appropriately. Sometimes one wouldn't believe that in a caring profession people could be so horrible to each other. There are situations when healthcare providers get to the point that they just have to leave.

Workplace bullying remains a significant issue for the nursing profession worldwide, and not only involves managers bullying their staff but also nurses bullying each other. Evidence from the US suggests 60% of all new nurses quit their first job within the first year due to workplace behavior issues and 48% of graduating nurses are concerned they will become the target of workplace bullying.

According to the 'Employee Well-being: A harassment and bullying-free workplace' issued by the Public Administration HR Office, OPM, 2014, bullying occurs when an individual experiences persistent negative behaviour, ranging from verbal comments to negative physical contact, which could psychologically, emotionally or physically hurt or isolate that person at the workplace. It usually involves repeated incidents, or a pattern of behavior intended to intimidate, offend, degrade or humiliate a particular person or group of people. It may also be described as the assertion of power through aggression. Cyber-bullying, on

the other hand, involves the sending or posting of harmful, cruel or offensive texts or images by e-mail, internet, social networking websites or other digital communication devices.

When Heads of Departments receive such complaints they should refer to the Public Service Commission (Disciplinary Procedure) Regulations, 1999 and ask the complainant whether they wish to proceed informally in terms of these guidelines, or formally in terms of the PSC Disciplinary Regulations. When dealing with bullying informally, an alleged victim has the option of taking action by approaching the alleged bully and tries to resolve issues without resorting to the submission of a formal complaint. Some people may not be aware that their behaviour is offensive and an informal discussion can lead to a better understanding and agreement that such behaviour has to stop.

Most of the HCPs who have been bullied, experience health and sleep problems, simply stop going to work, and have communication problems with other staff members. Some studies also show that HCPs receive psychological support to solve their problems and also believe that the best way to prevent bullying is through education. It's up to us, every healthcare provider and every leaders to take concerted action against bullying. Educational sessions must be offered for staff members in order to discuss bullying so that they will help promote unity and effective communication among staff.

Nurses and health care givers must realise that their silence equals complicity in the face of bullying and aberrant behavior; standing up to bullies and advocating for a culture of kindness, civility, and compassion for both patients and staff are in the best interests of everyone.

# President's message

Dear Colleagues  
and Members of MUMN,

Here we are reading the first issue of 2018, and very soon we'll be preparing for Spring. As I am writing this edition's message, I reflected and reviewed on what we did during the past few months. Reflecting on the work we did, I can say that through the dynamism of the union, we achieved a lot. The MUMN's strategic initiatives focus on advancing the professions it represents; advocating for safe practice and safe care; creating a culture of inquiry, learning, and collaboration; and expanding and fortifying our membership. I also reflected on what plans we have for the coming months. I am sure that our professions will face many challenges and opportunities. As health care professionals, we are certainly facing challenges: heavy workloads, staff shortage, new practices, evolving technologies. The list of challenges is endless, and it involves different members of the MUMN. As we did before, ongoing meetings will be held through sound industrial relations and effective social dialogue; to foster cooperation and to create an enabling environment for the realization of the objective of decent work at the national level. There are several objectives of good industrial relations and your union responsibly and diligently makes sure to develop harmonious relations. Currently the MUMN is negotiating two sectoral agreements for three of the professions that it represents. As we did in the past we will keep you regularly updated with all the progress made. The future of the MUMN depends on our ability to adapt and change. Our endeavour will continue to be that of working to find new ways to meet the challenges we are facing every day in each respective department. Your union will continue to revise and redesign how we do things as an organisation.



I'm writing this edition's message a day after the two-day conference the Institute of Health Care Professionals organised on 'Looking at health through the gender kaleidoscope'. This conference provided an inspirational setting to meet, learn and share knowledge in our common mission to improve the quality and safety of care for patients or clients. During the two-day conference I heard fascinating presentations from experts coming from the health and social sciences fields. Overwhelmingly, I was struck by how much local research findings is available and how important it is that we professionals keep up to date to provide evidence-based practice. I can say that there was a great discussion on the important voice that health care professionals bring to their position, particularly when speaking up for safe and effective person-centred care. It takes determination and bravery to fight for change, to insist on bridging gaps in care, to ensure that our patients receive the high-quality services they need in a holistic manner.

One of the presentations during this conference, focused on the presentation of findings of a local study conducted to explore the Health and Safety of professionals working within the Healthcare Settings. I can say that I was not surprised by the findings presented. This is because, the pressures perceived by these professionals has been studied by many local and international researchers and the effects on the employees have been published in several journals. However, I firmly believe that these findings provide

all stakeholders involved enough information to work on; as all employees will be affected to some extent. The symptoms employees display in relation to these pressures or crisis (such as vacant posts, staff shortage, increased workload, work conflict) will have an impact on their morale and productivity. Therefore, we cannot afford not to deal with these issues if we really want to keep our patients safe and the quality of the health-care services we offer, at the highest level.

During the last few weeks, the MUMN together with the Management of Karen Grech and Gozo General Hospital embarked on a project to proactively find new work methods and best practices in pursuit of meeting the ever-changing needs of the patients within these hospitals. This project will enable stakeholders to identify patient need-driven staffing levels in certain wards within these hospitals. Reports of this project will be published soon and through these reports recommendations for practice will facilitate consistent nurse-to-patient ratios in line with agreed standards. To this end, on behalf of the MUMN council, may I take the opportunity to thank all those who collated data and made this project a reality.

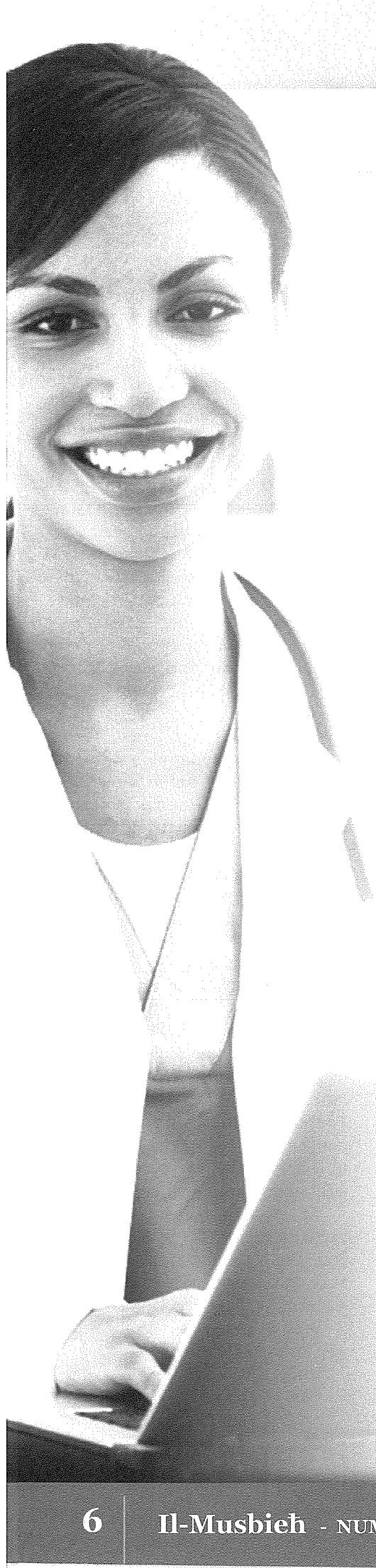
To conclude, I would like to thank each one of you for the excellent care you give to your patients or clients. Your knowledge, skills and judgment are very much appreciated!

Best wishes for a Happy Easter to you and your family.

Until next time.

Best Regards,

*Maria Cutajar  
MUMN President*



# Messagg mis-Segretarju Ĝenerali

**N**umru sostanzjali ta' *nurses* u *midwives* qeqħdin jistaqsu f'hiex waslu n-negożjati għall-Ftehim Settorali ġdid. Bir-raġun wieħed ikun anzuż biex jara kif is-sagħiċċi li jagħmel kuljum fuq il-post tax-xogħol, x'ser isarfu.

In-nuqqas ta' *nurses* qed jinhass ma' kulimkien u kull ma morru qeqħdin dejjem ngħoddusu 'I isfel. Meta l-MUMN tasal biex tiddeċċiedi jekk hux aħjar li nitolbu għal aktar *nurses* baranin, issib ruħek f'diffikultà, għaliex kultant fuq il-post tax-xogħol qed jinħolqu numru ta' diffikultajiet fejn tidħol lingwa, kultura u addatament għax-xogħol f'pajjiżna. Min-naħha l-oħra, kif qeqħdin iċ-ċirkostanzi, din biss hija l-unika soluzzjoni biex jimtlew il-vakanzi, naħdmu b'mod sikur u nkunu nistgħu nieħdu ġurnata *leave* mingħajr torturi. Ftit tal-ġranet ilu lhaqna ftehim mad-Dipartiment tas-Saħħa biex ingħibu fostna numru sostanzjali ta' nfermiera Spanjoli sabiex jittaffa ftit min-nuqqas li għandna peress li l-esperjenza ta' dawn in-nurses fostna kienet ukoll waħda pozittiva.

F'dan il-mument nistgħu ngħidu li n-negożjati miejxin tajjeb. Fil-proċess tal-iskali wasalna fl-aħħar parti. F'dak li jirrigwarda l-iskema ta' irtirar kmieni qeqħdin fil-mument naraw liema huwa l-aktar mudell addattat għalina. F'dak li għandu x'jaqsam ma' żieda fl-allowances nistgħu ngħidu li għalkemm il-Gvern offra żidiet tajba, għadna m'aħniex kuntenti meta nipparagunawh mal-ammonti li nixtiequ. Barra dawn it-tlett punti hemm ukoll punti oħra anċillari li jridu jiġu negożjati.

Il-proċess sabiex jintlaħaq Ftehim Settorali ġdid fejn jirrigwardaw il-physiotherapists fl-aħħar beda, wara li kellna numru ta' turbulenzi. S'issa digħi saru żewġ laqgħat. Inżommukom infurmati bl-izviluppi li jseħħu. Dan ix-xahar bdejna proċess sabiex nerġgħu nibdew niddiskutu Ftehim Settorali ġdid anki għas-social workers impiegati mas-servizz pubbliku u l-FMS. Ftit tal-ġimgħat ilu

lhaqna Ftehim importanti għas-social workers impiegati mad-Dipartiment tal-Edukazzjoni fejn minn din is-sena ser jibdew anki huma jgawdu mis-CPD Allowance.

Ftit tal-ġimgħat ilu organizzajna konferenza n-novattiva "Looking at Health through the Gender Kaleidoscope" fejn qajmet interess ġdid kemm mill-membri tagħna kif ukoll mill-pubbliku in-ġenerali. Prosit tassew lill-Learning Institute for Health Care Professionals għal din l-inizjattiva. Barra minn hekk dan l-Istitut qed jorganizza seminars qosra kull xahar mingħajr ħlas b'temiet differenti li nista' ngħid li konna sorpriżi bla-attendenza għalihom. Ma' dawn irrid inżid il-courses li qed jiġu organizzati fosthom wieħed interessanti ħafna li għamilnieh bil-kollobazzjoni ta' IDEA. Għal din is-sena wkoll, l-MUMN b'kollobazzjoni mal-Ministru tas-Saħħa, erġajna offrejna sussidju lil 50 *nurse* u *midwife* biex jattendu konferenza tal-Commonwealth li ser isehħi f'Londra.

Il-Kunsill tal-MUMN, għall-ewwel darba kemm ilha mwaqqfa l-union, qiegħed jassisti lill-membri fi studji xjentifici sabiex jiġi stabbilit il-veru *compliment* ta' *nurses*, *physiotherapists*, *midwives* etc fuq il-post tax-xogħol. S'issa digħi saru numru ta' studji fl-SVP, GGH u KGH u hemm maħsub li jsiru aktar f'MDH u postiġiet oħra. Dawn l-istudji qed ikunu siewja ħafna meta niġu biex ninnegożjaw mal-Management dwar il-compliments neċċessarji. Minn hawn nixtieq nieħu l-opportunità li nimir graxxha l-ġurġi minn nsejja. Barra dawn it-tidu kienet ukoll punti oħra anċillari li jridu jiġi negożjati.

L-MUMN għaddejja b'ritmu mgħażżeġ fuq kull front. Għalkemm dan isir b'sagħiċċi personali mill-Ufficijali u l-Kunsill tal-Union kif ukoll mill-Membri tal-Group Committees, is-sodisfazzjoni li ntejbu l-ħajja tal-membri tagħna fuq il-post tax-xogħol huwa enormi u jżomna għaddej in-biċċi.

*Colin Galea  
Segretarju Ĝenerali*

# Ethics & Health Care Nonmaleficence

“Above all, do no harm” is the basis of the ethical principle nonmaleficence and includes the responsibility to also remove harmful conditions. This principle captures the essence of being a healthcare professional - we have a duty to refrain from causing harm. Reference can also be made to the popular adage *Primum non nocere*, meaning “first do no harm”.

Harm can be defined as the avoidance of causing detrimental effects to another individual or their interests. Beauchamp and Childress have a specific set of moral rules that nonmaleficence supports. These are: - do not kill; do not cause pain or suffering; do not incapacitate; do not cause offense; and do not deprive others of the goods of life (Beauchamp & Childress, 2009). Additionally, other ethicists, philosophers and theorists have also added do not deprive of pleasure or freedom to this list of moral rules.

Focusing on above all, do no harm the debate that confronts this principle often raises the question “why is not doing harm a priority over doing good?”. An example of this is clearly set out by Rumbold (1993). Vaccinations carry a risk of causing harm. Although this is minimal in most cases, the possibility still exists. If the principle of nonmaleficence is to be applied to its most extreme, then it would prevent us from giving vaccinations along with countless other procedures and interventions. It would be difficult to justify doing this because of the obvious unavoidable harm, that is administering the vaccine, and being cognisant of the possible side effects such fever and local irritation amongst others.

Vaccinations are given to individuals so that they do not acquire or develop viruses or diseases, whatever the case maybe. By extension of this

the community benefits, as with the increasing number of individuals who are vaccinated the spread of disease weakens and may also become eradicated. That said, there is a risk because some individuals experience severe side effects. It can therefore be argued that one should not give the vaccination to avoid this possibility. However, by not giving the vaccination we put the individual at risk of contracting the virus or disease, which could be as severe as the side effects experienced with the vaccine. By not administering the vaccine we also put the community at risk. Despite this some will defend not giving the vaccination because they feel the responsibility of not acting has less moral obligations. Does it?

“Many interventions in healthcare carry risks, however when the risks are high and serious it may be morally indefensible to carry out the intervention.”

The act of above all, do no harm requires a logical approach and an understanding of the consequences in the care and treatment we give. Not vaccinating anyone has clear implications and harmful consequences. The risk of doing something that carries a risk of harm

but ultimately has more benefit, both to the individual and the community carries more weight (Rumbold, 1993). Therefore, in full recognition of the principle of nonmaleficence, the healthcare professional must be well equipped to weigh the responsibility that this principle carries effectively and apply it logically in their practice.

Situations will certainly arise where not doing harm will supercede to do good. Many interventions in healthcare carry risks, however when the risks are high and serious it may be morally indefensible to carry out the intervention. This introduces the principle of double of effect which is closely tied to nonmaleficence and will be addressed in the upcoming issue.

Although it may seem merely illogical to apply first do no harm in the healthcare setting as even ‘simple’ interventions such as giving a vaccine requires giving an inoculation, the act of doing no harm holds. There are undoubtedly constraints to this principle and one must always keep in mind the importance of implementing justice and promoting the individuals right to autonomy and to decide for themselves. More importantly perhaps is to understand that it is possible to claim a duty not to do harm to anybody, and as health professionals this should indeed be the basis of the care we give.

*Marisa Vella*

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# Certain Historical Highlights of the Catholic Church's History on Health Care

Rarely do I choose such a long title to capture the kernel of my God-given articles. Yet, this time, I had to explicitly resort to such a verbose title in order not to give the impression that I am going to tackle the history of the Catholic Church's contribution within the health care sector by simply put it all there in the subsequent short article. Thus, as this title rightly suggests, I am going to mention some historical highlights of the Catholic Church's precious assistance to the sick throughout its different epochs of its evolving history.

While trailing the following historical roadmap I cannot not appreciate John A. Dicamillo's description regarding the three landmarks of Catholic healthcare, namely "to walk, to build, to profess Jesus Christ crucified."

Out of honest fairness it should be acknowledged from the start of our discussion that the Roman Catholic Church is practically the largest non-government provider of health care services throughout the planet. Some 18, 000 clinics, 16, 000 homes for the elderly and those with special needs, 5,500 hospitals, the majority of which are operative in developing countries, are all under the tutelage of this Universal Church. According to the Pontifical Council for Pastoral Assistance to Health Care Workers, the Catholic Church manages 26 percent of health care facilities in the world. One must appreciate that the Catholic Church's historical roots within the health care field go back to two millenia.

Jesus Christ, the founder of the Church, taught his disciples that one of the signs that will accompany those who believe in Him is that in his name "they will lay their hands on the sick, and they will recover" (Mark 16:18). The early Christians scrupulously followed their noble mission of caring of the sick and infirm. This they did not only by attending to their physical needs but also, and most of all, by

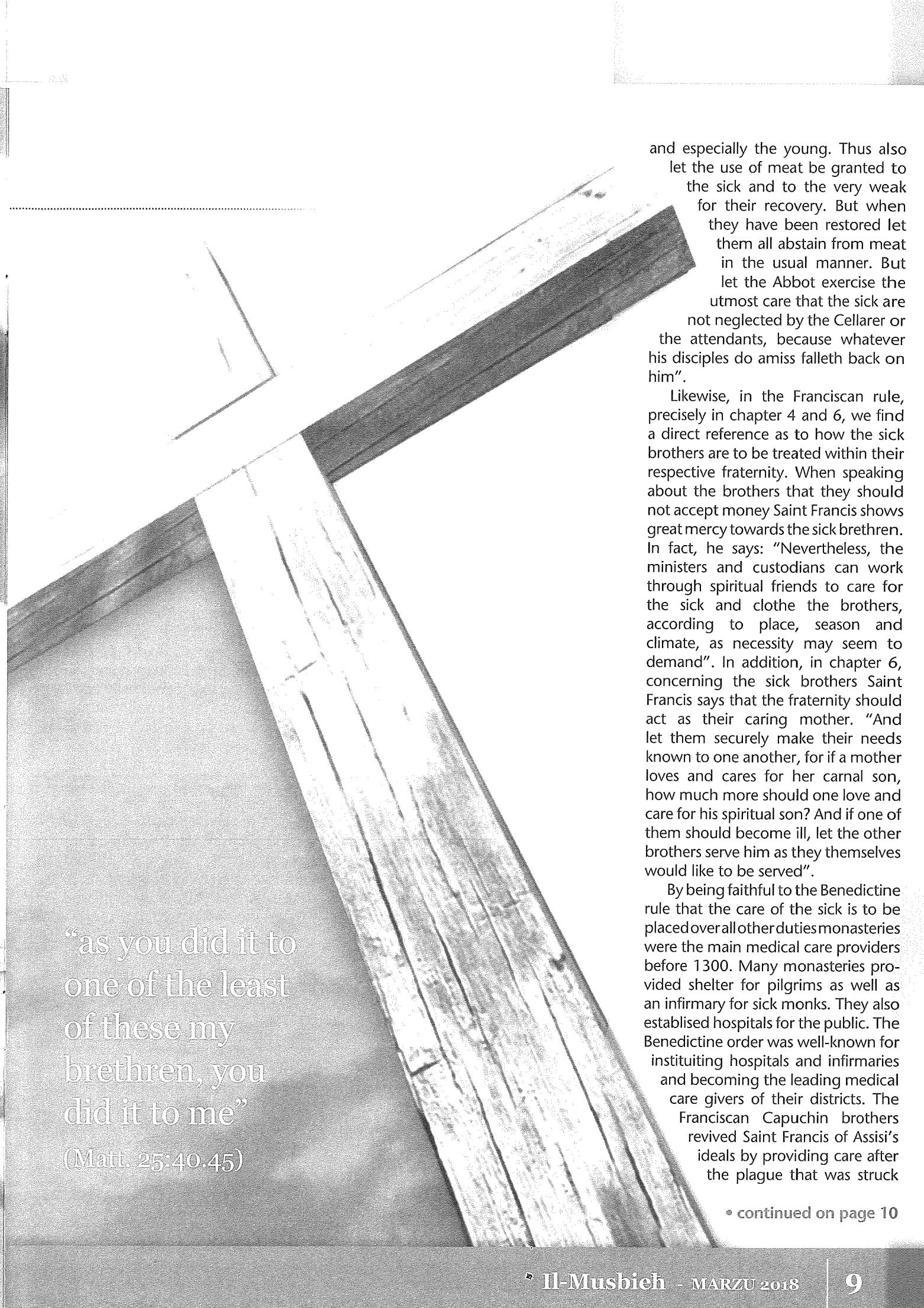
caring for their psychological and spiritual needs. Suffice to mention the great passage from the letter of James which gives ample evidence of how they did so. "Is any among you sick? Let him call for the elders of the church, and let them pray over him, anointing him with oil in the name of the Lord; and the prayer of faith will save the sick man, and the Lord will raise him up; and if he has committed sins, he will be forgiven. Therefore confess your sins to one another, and pray for one another, that you may be healed. The prayer of a righteous man has great power in its effects" (James 5:14-16).

Drawing on Jesus' word that "as you did it to one of the least of these my brethren, you did it to me" (Matt. 25:40.45) the continual Christian insistence regarding practical charity evolved in the advancement of systematic nursing and hospitals. Deacons were entrusted with the mission of giving alms. By 250 AD the Church had developed a comprehensive charitable mission since wealthy converts started helping the poor. It is generally held that the first church hospitals were built in the East and then the Latin West followed. In the age of the Emperor Constantine at Constantinople a hospital was erected by St Zoticus. This Eastern Saint is called Orphanotrophos, meaning "Cherisher of Orphans". This is so since in later years a large orphanage was added to the leprosarium. The orphanage incorporated a general hospital and a home for the aged. The Saint was honored in the whole Byzantine history as the patron of the orphanage. Basil of Caesarea, also known in Church Patristics as Saint Basil the Great, the famous Greek Bishop of Caesarea Mazaca in Cappadocia, Asia Minor (modern-day Turkey) built a celebrated hospital at the city where he was bishop. Of this hospital it was said that it "had the dimensions of a city". In the West a

famous nurse and a Roman matron of rank of the company of noble, named Fabiola, also erected a fine hospital at Rome around the year 400. The great Church father St Jerome, under whose influence Fabiola abandoned all her earthly pleasures and committed herself wholeheartedly to the service of God and her needy neighbour, wrote that she founded a hospital and "assembled all the sick from the streets and highways" and "personally tended the unhappy and impoverished victims of hunger and disease... washed the pus from sores that others could not even behold".

Even within the religious orders themselves caring for the sick is not merely a principal duty to be fulfilled but, furthermore, it is the royal road of following Jesus Christ. For instance, in the Benedictine Rule, Chapter 36, we come across an entire chapter dedicated to the Sick Brethren. It says:

"Before and above all things, care must be taken of the sick, that they be served in very truth as Christ is served; because He hath said, 'I was sick and you visited Me' (Mt 25:36). And 'As long as you did it to one of these My least brethren, you did it to Me' (Mt 25:40). But let the sick themselves also consider that they are served for the honor of God, and let them not grieve their brethren who serve them by unnecessary demands. These must, however, be patiently borne with, because from such as these a more bountiful reward is gained. Let the Abbot's greatest concern, therefore, be that they suffer no neglect. Let a cell be set apart for the sick brethren, and a God-fearing, diligent, and careful attendant be appointed to serve them. Let the use of the bath be offered to the sick as often as it is useful, but let it be granted more rarely to the healthy



and especially the young. Thus also let the use of meat be granted to the sick and to the very weak for their recovery. But when they have been restored let them all abstain from meat in the usual manner. But let the Abbot exercise the utmost care that the sick are not neglected by the Cellarer or the attendants, because whatever his disciples do amiss falleth back on him".

Likewise, in the Franciscan rule, precisely in chapter 4 and 6, we find a direct reference as to how the sick brothers are to be treated within their respective fraternity. When speaking about the brothers that they should not accept money Saint Francis shows great mercy towards the sick brethren. In fact, he says: "Nevertheless, the ministers and custodians can work through spiritual friends to care for the sick and clothe the brothers, according to place, season and climate, as necessity may seem to demand". In addition, in chapter 6, concerning the sick brothers Saint Francis says that the fraternity should act as their caring mother. "And let them securely make their needs known to one another, for if a mother loves and cares for her carnal son, how much more should one love and care for his spiritual son? And if one of them should become ill, let the other brothers serve him as they themselves would like to be served".

By being faithful to the Benedictine rule that the care of the sick is to be placed over all other duties monasteries were the main medical care providers before 1300. Many monasteries provided shelter for pilgrims as well as an infirmary for sick monks. They also established hospitals for the public. The Benedictine order was well-known for instituting hospitals and infirmaries and becoming the leading medical care givers of their districts. The Franciscan Capuchin brothers revived Saint Francis of Assisi's ideals by providing care after the plague that was struck

"as you did it to  
one of the least  
of these my  
brethren, you  
did it to me"

(Matt. 25:40.45)

• continued on page 10

# Catholic Church's History on Health Care

• continued from page 9

at Camerino in 1523. Up to this day they offer spiritual care with the sick in many hospitals, including Mater Dei and Sir Anthony Mamo in Malta.

With the increase of Universities the Middle Ages produced a host of Catholic scientists, the majority of them being clergymen. Thanks to their committed work great discoveries were made. And, as time and experience showed, these discoveries were certainly pivotal to the development of modern day science and medicine. Saint Hildegard of Bingen, doctor of the Church, was among the most distinguished of Medieval Catholic women scientists. She wrote *Physica*, a text which deals with natural sciences and *Causae et Curae*. Hildegard was famous for her healing powers which involve practical application of tinctures, herbs, and precious stones. Saint Albert the Great (1206–1280) was also an outstanding pioneer in the biological field research.

“Before and above all things, care must be taken of the sick, that they be served in very truth as Christ is served; because He hath said, ‘I was sick and you visited Me’”  
(Mt 25:36)

Crusader orders instituted many new traditions of Catholic medical care. The acclaimed Knights Hospitaller became a group of individuals connected with an Amalfitan hospital in Jerusalem, which was built to give care for poor, sick or injured pilgrims to the Holy Land. After the seizing of the city by Crusaders the order ended up being a military and infirmary order. The Knights of Saint John of Jerusalem were later known as the Knights of Malta. Also the Knights Templar and Teutonic Knights

instituted hospitals both around the Mediterranean and Germanic lands.

From the Renaissance to modern period one encounters Desiderius Erasmus (1466–1536) who brought back to life knowledge of Greek medicine. Great Catholic artists like Michelangelo furthered the knowledge of study of anatomy through sketching cadavers. The Jesuit polymath Athanasius Kircher (1602–1680), who was the first to hypothesize that living beings enter and exist in the blood. He was a pioneer of germ theory. Gregor Mendel, (1822–1884), the Augustinian friar, was the first scientist who developed theories about genetics.

Catholic orders, religious and even lay people instituted health care centres around the world. For instance, women's religious orders like the Sisters of Charity, Sisters of Mercy and Sisters of Saint Francis opened and conducted some of the first modern general hospitals. We also find the Brothers Hospitallers of St. John of God, founded by the Portuguese Saint John of God (d. 1550) whose mission is that of caring for the sick and afflicted. In 1898 John was declared patron of the dying and all hospitals by Pope Leo XIII. Saint Camillus de Lellis, the patron saint of nurses, from a gambler and soldier converted and became a nurse and then director of Hospital of Incurables in Rome. In 1584 Camillus founded the Camillians to care for the plague-stricken. The Irishwoman, Catherine McAuley, instituted the Sisters of Mercy in Dublin in 1831. Her congregation flourished and established schools and hospitals around the globe. Saint Jeanne Jugan founded the Little Sisters of the Poor who modelled their lifestyle on the Rule of Saint Augustine. The aim of this congregation was that of helping the distressed elderly of the streets of France in the mid-nineteenth century. This congregation too was destined to spread worldwide.

Finally and more recently to our times Blessed Mother Teresa instituted the Missionaries of Charity in the slums of Calcutta in 1948. Her aim was that of working among

the poorest of the poor". First she founded a school. Then he assembled other sisters who "rescued new-born babies abandoned on rubbish heaps; they sought out the sick; they took in lepers, the unemployed, and the mentally ill. Teresa attained fame in the 1960's and started to found convents around the globe. By the time sister death approached her in 1997 the religious congregation she established numbered more than 450 centres in about over 100 countries.

“The prayer of a righteous man has great power in its effects”  
(James 5:14-16).

All this success was always attended by the constant powerful intercession of specific saints in front of God's Heavenly Throne. Hence, the patron saints for physicians, Saint Luke the Evangelist, Saints Cosmas and Damian, Saint Pantaleon and the Archangel Raphael continually assist the physicians in their important job. The same can be said of the patron saints for surgeons like Saint Luke the Evangelist, Saints Cosmas and Damian, Saint Quentin, Saint Foillan and Saint Roch. Last and not the least on the list are the Catholic patron saints of nursing such as Saint Agatha, Saint Alexius, Saint Camillus of Lellis, Saint Catherine of Alexandria, Saint John of God, Saint Margaret of Antioch and Raphael the Archangel.

This dip into the glorious past regarding certain historical highlights of the Catholic Church's history on health care makes me sing with the psalmist: “What shall I render to the Lord for his bounty to me? I will lift up the cup of salvation and call on the name of the Lord, I will pay my vows to the Lord in the presence of all his people” (Psalm 116:12-14). With the author of the Te Deum, an early Christian hymn of praise, I sing: “O Lord, let thy mercy lighten upon us: as our trust is in thee ... Amen”.

Fr Mario Attard OFM Cap

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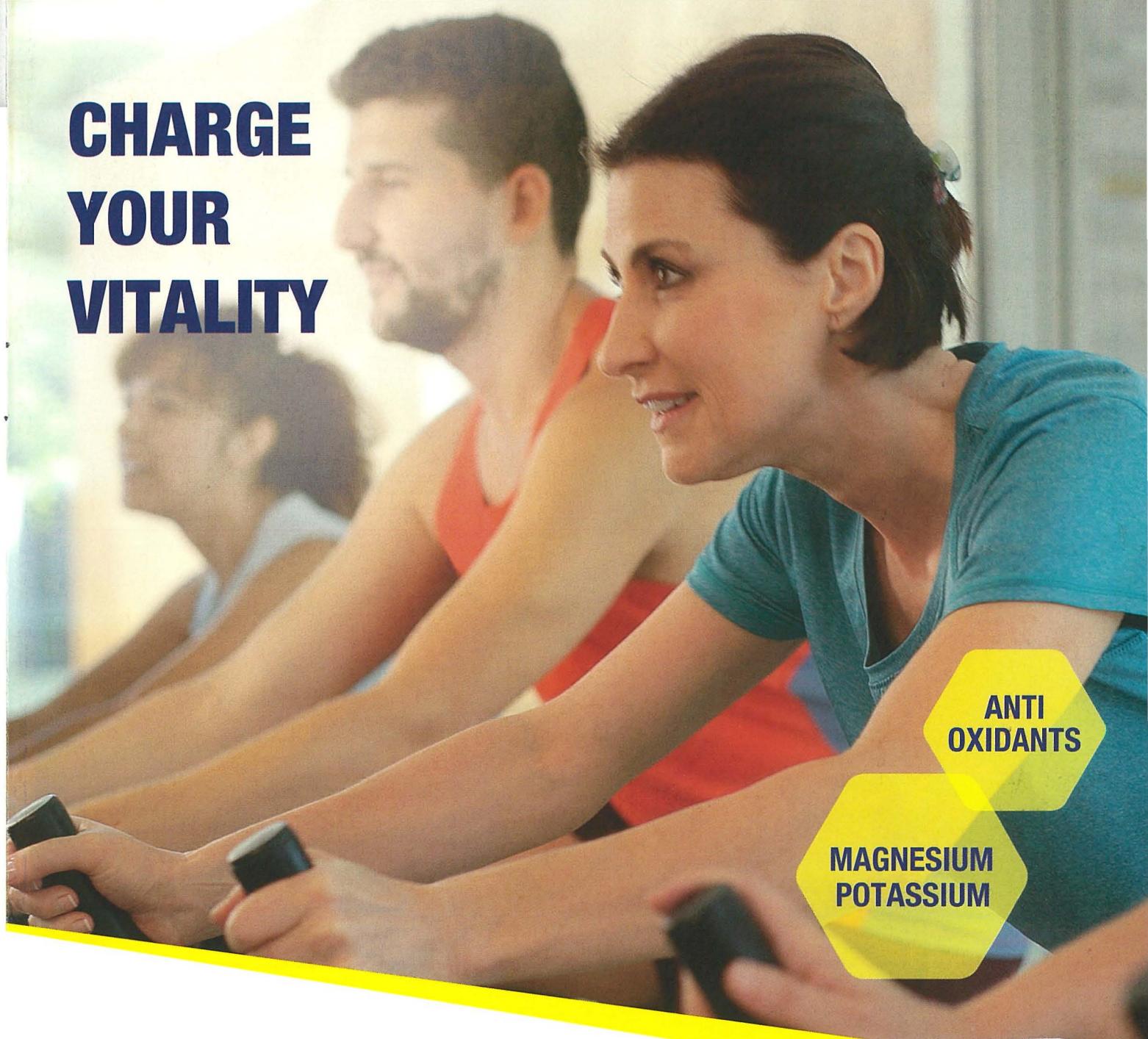
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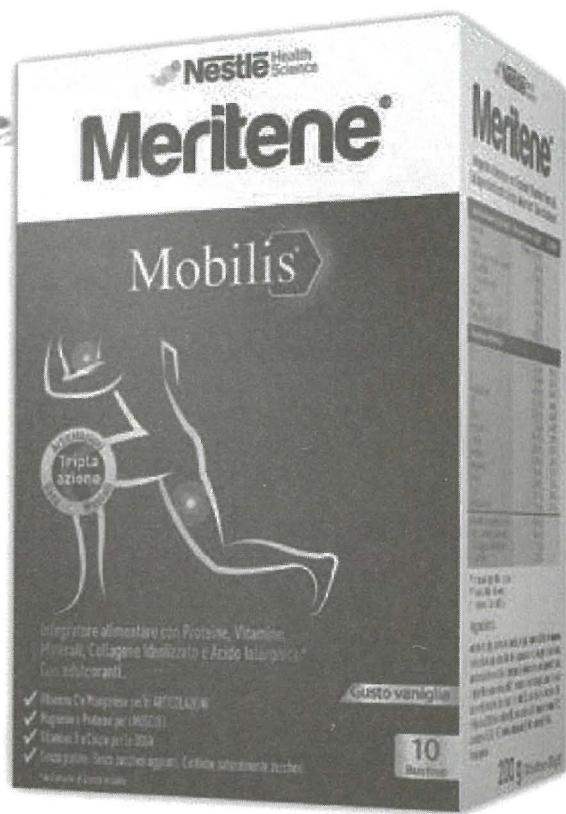
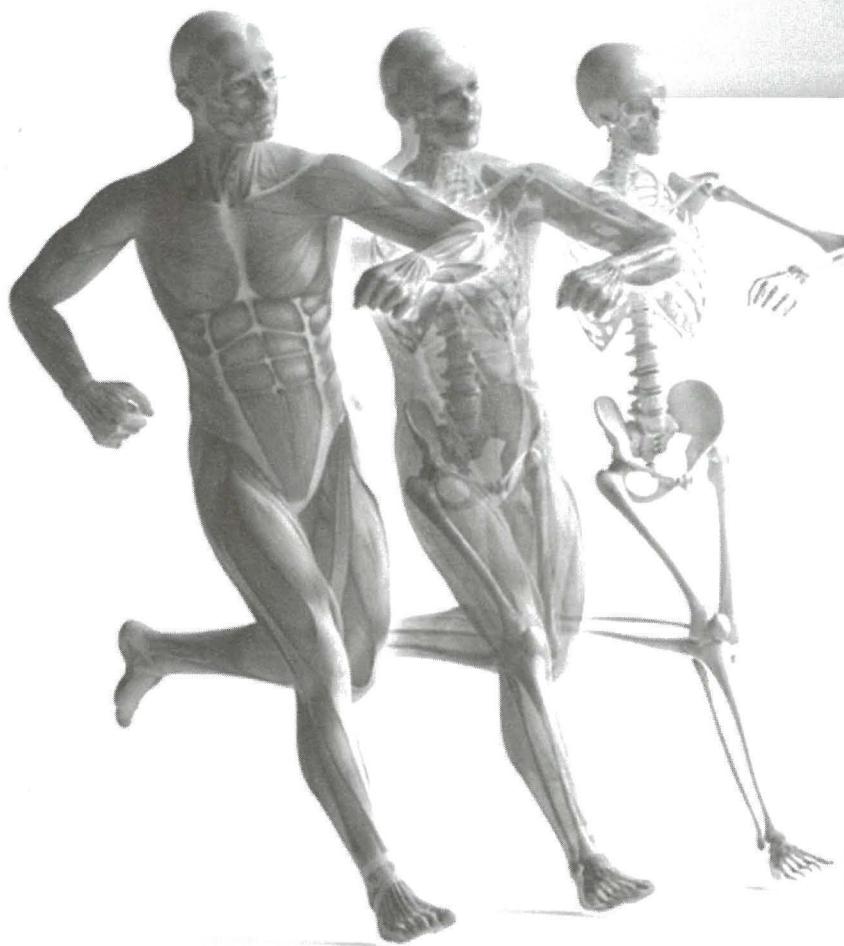


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## Protein intake in adults for muscle and bone health

The aging process is frequently characterized by an involuntary loss of muscle (sarcopenia) and bone (osteoporosis) mass. This loss of bone and muscle results in significant morbidity and a decreased quality of life for the individual. Preventing and attenuating osteoporosis and sarcopenia is an important public health goal and evidence suggests that protein plays a role in this process since dietary protein is crucial for development of bone and muscle. Most population-based observational studies suggest that greater dietary protein intake is associated with higher bone mineral density values in middle-aged and older adults. Dietary protein affects bone and muscle mass in several ways and there is evidence demonstrating that increased essential amino acid or protein availability can enhance muscle protein synthesis and anabolism, as well as improve bone homeostasis in older subjects. Furthermore, protein also increases circulating insulin-like growth factor,

which has anabolic effects on muscle and bone.

A healthy lifestyle together with exercise intervention are known to exert positive effects on overall health. To promote and maintain health, adults need moderate intensity exercise for about half an hour several times a week. The balance between exercise and nutrition plays a pivotal role in the regulation of skeletal and muscle mass. Muscle protein metabolism is dependent on the adequate intake of dietary-derived nutrients and a protein rich in glycine, proline, arginine, and hydroxyproline is known to help the body to build and maintain protein structures. A protein compound rich in these amino acids is collagen. 'Hydrolyzed collagen' is a specially-processed form that creates shortened peptide structures which are more easily absorbed by the body. In fact, collagen peptides are absorbed into the bloodstream almost immediately after ingestion, making them ideal for nutritional

replenishment. An innovative product by Nestle health science was recently launched locally offering collagen in its Hydrolysed form. Meritene Mobilis meets protein demands for active adults that want to maintain or prevent loss of bone and muscle mass. This product provides protein, contributing to the maintenance of muscle mass, as well as Magnesium and Potassium for normal muscle function. Meritene Mobilis also provides 1.2g of Hydrolyzed Collagen, a critical structural protein as well as 54mg Hyaluronic Acid which forms part of the synovial fluid lubricating the joints. Normal bone development is also targeted through the addition of Calcium, Vitamin D, Phosphorus and Zinc.

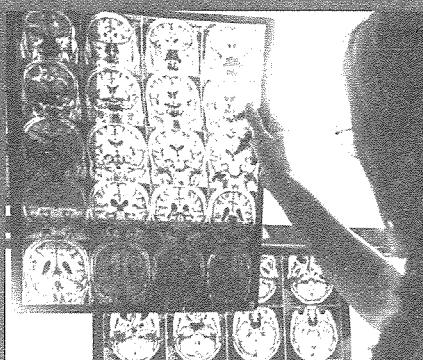
The product is gluten free and low in calories, making Meritene Mobilis the perfect complement to a healthy diet. The sachet may be easily reconstituted with water, making a great tasting Vanilla flavour drink, that is sure to satisfy your palate.



## Enzyme study offers new hope for Alzheimer's Protein build-up in mice reversed by treatment

Clinical signs of Alzheimer's have been completely reversed by scientists targeting a specific brain protein, raising hopes of an effective treatment for the disease. The US team bred Alzheimer's-prone laboratory mice whose levels of the protein, an enzyme called BACE1, reduced as they got older. Gradually depleting BACE1 cleared their brains of a toxic protein building block, beta-amyloid, that is a key hallmark of Alzheimer's. Other markers of the disease were also reversed, including the activation of microglial immune cells. Meanwhile, the animals' learning and memory improved.

Lead scientist Riqiang Yan, from the Cleveland Clinic, Ohio, said: "To our knowledge, this is the first observation of such a dramatic reversal of amyloid deposition in any study of Alzheimer's disease mouse models. Our study provides genetic evidence that preformed amyloid deposition can be completely reversed after sequential and increased deletion of BACE1 in the adult." BACE1 plays a vital role in the formation of beta-amyloid brain plaques. It has therefore been a prime target in attempts to develop Alzheimer's treatments that do more



than simply limit symptoms of the disease.

This approach is a promising avenue for future therapies, but drugs that target this protein are yet to show any benefit to people with Alzheimer's in clinical trials. However, because the enzyme controls so many processes, suppressing it runs the risk of serious unwanted side effects. The Cleveland team found evidence that some BACE1 may be required for optimal neural connectivity and mental performance. "Future studies should develop strategies to minimise the synaptic impairments arising from significant inhibition of BACE1 to achieve maximal and optimal benefits for Alzheimer's patients," said Dr Yan.

The scientist began by creating

mice genetically programmed to lose BACE1 slowly as they age. These mice developed normally and appeared to remain perfectly healthy over time. They were then bred with mice that start to develop beta-amyloid plaques and Alzheimer's disease at 75 days old. The resulting offspring inherited both traits - a vulnerability to Alzheimer's and gradually declining BACE1 levels. Despite having half as much of the enzyme as normal, they still developed toxic clumps of beta-amyloid in their brains after 75 days. From then on, however, the plaques began to disappear as BACE1 activity reduced, until at 10 months old no trace of them remained at all.

Sara Imarisio, from the charity Alzheimer's Research UK, said: "Developing drugs that tackle Alzheimer's disease by targeting the BACE1 protein is an active area of research. This new study adds to findings that suggest this approach is a promising avenue for future therapies, but drugs that target this protein are yet to show any benefit to people with Alzheimer's in clinical trials."

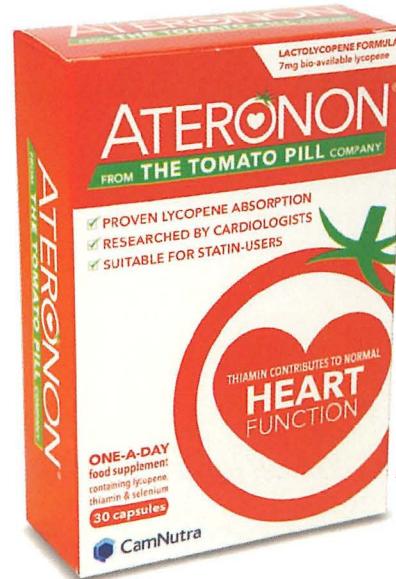
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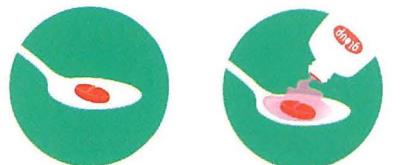
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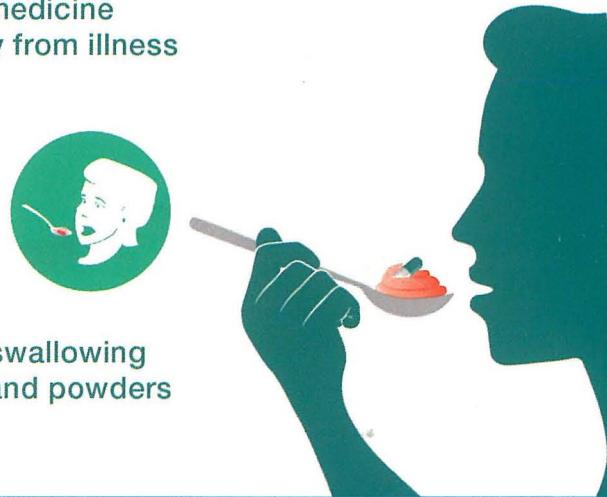
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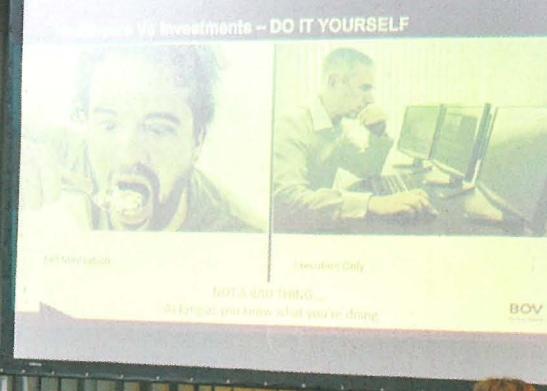
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# Understanding the World of Investments

There are incredible parallels between healthcare and investment with regards to products, services as well as the practitioners themselves.

All medications come with the information leaflet which must be thoroughly read and, more critically, understood, before treatment is administered. Correspondingly, all investments come with a heap of paperwork, be it a prospectus or the latest financial results, which potential investors would know better than to ignore, to be able to make a knowledgeable decision regarding their would-be investment.

On a similar note, self-medication is a necessary evil. Healthcare centres would certainly fail to cope if everybody experiencing a common headache or in need of a strapping tape to cover a blister, was to request personal assistance from a professional. For such cases, one applies for over-the-counter medication. Similarly, many investors trust their own judgment and avail themselves of 'execution-only' services for their financial transactions. Of course, this is not a bad thing, as long as the patient/investor knows and fully understands what he/she is doing, and is taking a

holistic view of the situation.

On the other hand, there are compelling reasons why certain drugs are kept behind counters and out of reach of patients unless they can produce a doctor's prescription and in truth, comparatively, not all investments are suitable or appropriate for all investors.

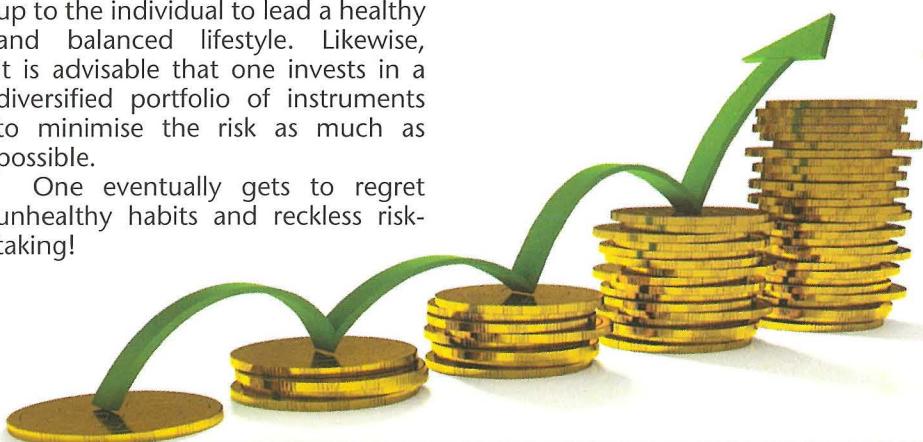
Regular health check-ups are as important as regular reviews of your investment portfolio. We all know that if you detect an ailment in its early stages, whether health-wise or financial, you stand a better chance of making a full recovery with the appropriate guidance from a professional. Professional help, however, can only do so much. It is up to the individual to lead a healthy and balanced lifestyle. Likewise, it is advisable that one invests in a diversified portfolio of instruments to minimise the risk as much as possible.

One eventually gets to regret unhealthy habits and reckless risk-taking!

Professionals on both sides seek to carry out their duties to the highest standards of service and assistance. Healthcare professionals are motivated to make people feel better, and so too are investment professionals who seek, on a daily basis, the best return to protect and defend the hard earned savings of their clients. Notwithstanding good intentions and deeds, both set of professionals can never be in full control of everything.

Really and truly the parallels stop there. Healthcare professionals have a much harder job to do, as money is seldom a matter of life or death.

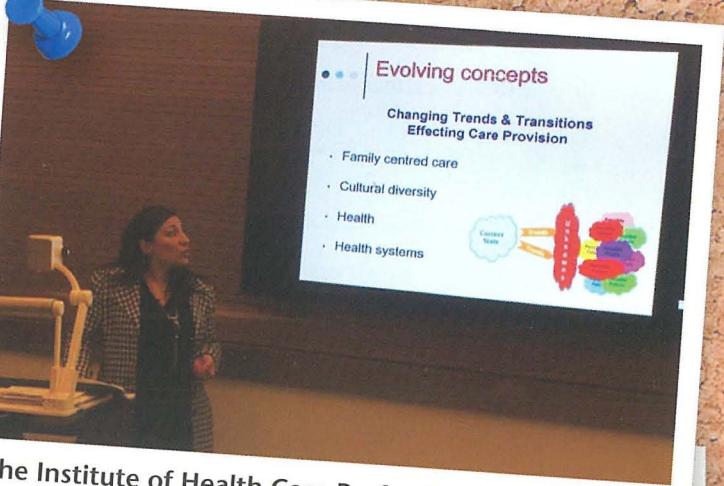
*David Pace Ross  
Senior Manager - Bank of Valletta  
Capital Markets and Institutions*



# from our diary



The Institute of Health Care Professionals organised an innovative conference – 'Looking at Health through the Gender Kaleidoscope'.



The MUMN SVP Group Committee organised another activity in liaison with the National Blood Transfusion Centre



A close look at the Health Care Professionals Monument created by Antonio Mifsud where it shows the caring process from birth till the last days



The MUMN ECG Group Committee won the Paul Bezzina Shield even for accomplishing the signing of a new sectoral agreement for these professionals



The Institute of Health Care Professionals is very active in its marketing campaign in schools to promote nurses & nursing



The MUMN Entertainment & Cultural Group Committee organised the Christmas Dinner Activity for all its members



The MUMN Pensioners Group Committee holding a meeting to decide on their next activity



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# Bloating

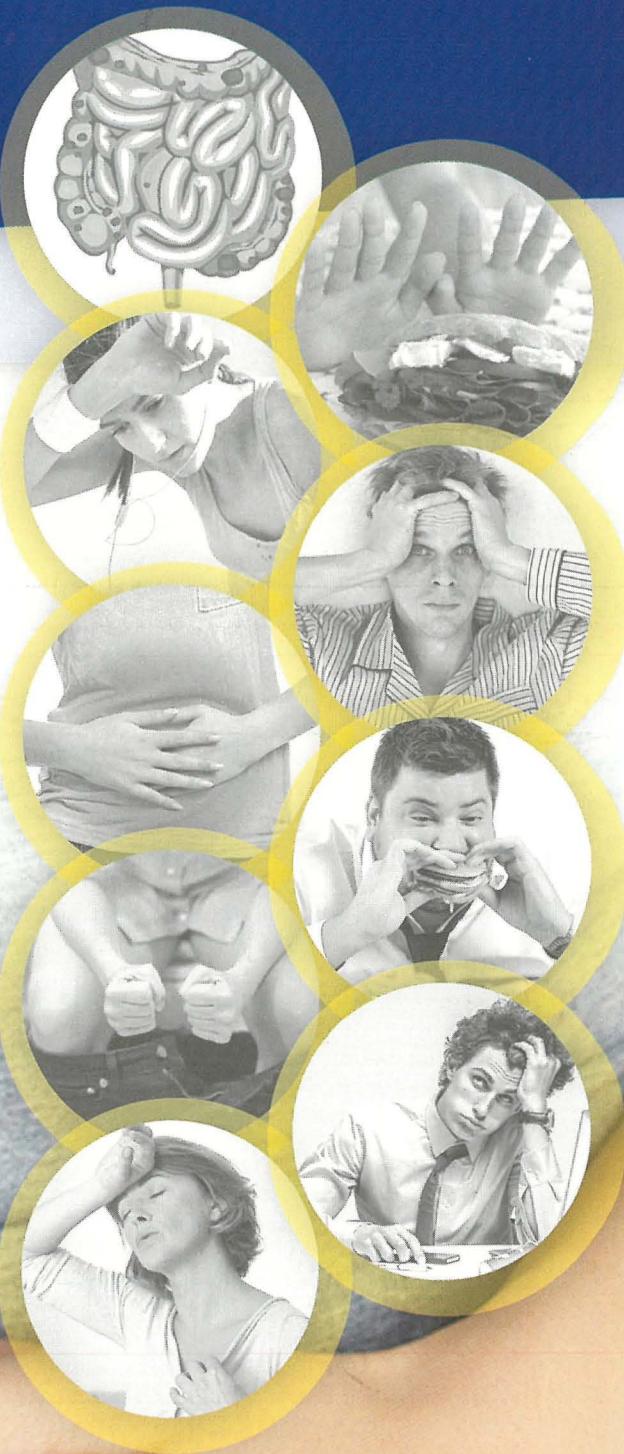
## Some questions answered

With the holiday season is over, it is common for many people to step-up their exercise routines and healthy eating habits to look and feel their best on the beach; however, with the best intentions, certain things can still get in the way of achieving a flat stomach.

Most of us have experienced the uncomfortable feeling of a stretched stomach at some point of our lives - commonly known as bloating, it is caused by a variety of different factors and can appear when least expected.

Bloating is usually a signal of our body struggling with digestion; however it can also be caused by other reasons, not necessarily related to our diet.

- **9 most common causes of bloating**  
- see pages 34-35





## My life changing experience in EVS

1st September 2015 at 11am I was alone at the Malta International airport flying off for a 10 months experience in a land I did not know named Croatia. I was asking myself If I was doing the right thing or not to leave my job in hospital and do a leap of faith in the unknown and go for EVS. 10 months later on 1/7/2016 at 7 am I was waiting at Zagreb international airport this time not alone but with a group of friends that I had made during my 10 month experience. At that point I knew that 10 months before I had made the right choice in taking this opportunity called EVS.

EVS is a short abbreviation for European voluntary service, which is an opportunity that the European Union offers to young people between the ages of 17-30 years. Young people have the opportunity to go for a volunteering experience in a country abroad for a defined period of time up to a maximum of 1 year. The European Union through the Erasmus+ fund supports the volunteers by giving money for travelling, accommodation, food and also a specific amount of pocket money per month which varies, depending in which country the participant is carrying out the experience.

The EVS offers various opportunities for people who want to do it. There is something for everyone starting from volunteering in gardening and agriculture, to volunteering in theatres or with

young people. Although my job is that of a nurse, I decided to go for a different experience and experience youth work. I was part of a youth NGO called Nezavisna Udruga Mladih situated in the small city of Lepoglava. The role of this NGO in this small town was to give voice to the young people there. I was in charge of organising activates for the young people with a team of volunteers that formed part of this NGO. Some of the activates that we managed to organise are a treasure hunt, 2 quiz nights, money exhibition with currencies from around 60 countries from all over the world, CV writing workshops, snow fight, indoor games nights, cultural nights, communication workshops and much more.

I was also in charge of applying for European Union funded youth exchanges and managed to get

funded for one youth exchange named "Empower Yourself", which saw 35 people from 6 different countries gather together for 1 week in Croatia. They had various workshop and the main aim was to educate young people in the field of entrepreneurship.

Before I went for my EVS experience I used to hear people that did the experience say that EVS is a life changing experience. I used to ask but what is the big deal about this experience. However today I can say that it really is a life changing experience. The EVS managed to change me slowly without realising. However after the 10 months I saw the difference from the Abraham I was in September 2015 to the Abraham I became in July 2016. Some of the changes I experienced are the following.

Independent: We Maltese tend

to stay with our parents for as longer time compared with our European counterparts. This was my second time living abroad alone, however the first time I stayed for such a long time. It helped me to become more independent and more proactive, while becoming more assertive as I had to fight in what I believed what was right. This served me well in my job as now I am more assertive and I can be a stronger voice for my patients within the team of care givers.

Working as team member in a team: Due to the fact that I formed part of an NGO, made up of a large number of people, I had to learn how to work in a team. This experience made a better team member and showed me how to work efficiently in a team and that if work is equally divided in a team, the work is done faster and the quality is also better. This skill also helped in my nursing career, as in hospital working in a team is essential to give the best care to our patients.

Digital competences: Working in an NGO working with youth, I had to make use of technologies and innovative ways to make sure that we reach a big number of young people with the most attractive way possible. Thanks to my EVS I managed to get more computer literate and more capable in public speaking. In our job, we are also sometimes asked to present something to the public. I will be using the skills that I learnt to make a more interesting session for the public I would be addressing.

Cultural awareness and expression: This was a very good opportunity, where I learned a lot about different cultures. It was not just a learning process on the Croatian culture but also on other cultures, because I was meeting other EVS volunteers from various countries. I attended a number of cultural festivals that gave me a better insight on the local way of living and traditions. Apart from this I also shared my culture with the locals and with other EVS volunteers. This was a good opportunity, for me to learn to live in a multicultural community. This experience helped appreciate more the benefits of

living happily, together with different cultures. It helped me to become better in adapting to different cultures and societies.

Today it is a fact that we are living in a multi cultural country. One cannot deny the fact that a lot of foreigners are working in our hospitals. This experience helped me to be better equipped to integrate and work hand in hand with people from different cultures.

These are just a few of the benefits that I got out of my experience. There is much more to this including lot of fun travelling, lot of new friendships formed with people from all over Europe and being on the Croatian national television more than once.

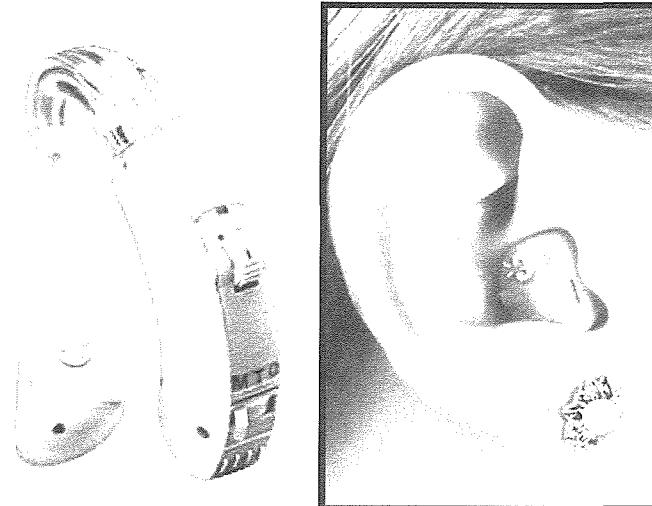
When I came back, I decided to continue the voluntary work that I was doing abroad with a Maltese

NGO called Prisms which is working in various areas with youth. To keep updated on such opportunities one can visit our website on <http://www.prismsmalta.com/>, find us on facebook by searching for Prisms Malta or send us an email on [prisms.malta@gmail.com](mailto:prisms.malta@gmail.com) and we would be very keen to answer any question that you might have. We will surely help you find the right opportunity for you and you will surely not be disappointed.

As I already stated, people say that EVS changes life but unless you do like me and experience it, you will never know, why people say so. So do take the advice of Nike and just do it. You will not be disappointed for sure.

*Abraham Azzopardi  
Staff Nurse*

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# Quality Continence Care & Healthy Skin



Healthy skin in connection with incontinence was often neglected. Nowadays experts consider skin problems to be a major long-term complication for incontinent persons. Problems include skin irritations, reddening, allergic reactions, "nappy rash", and dermatitis. Persons suffering from incontinence regard related skin problems as a significant limitation of their quality of life.

## What are the main problems related to incontinence and how are they caused?

**Swelling of the Stratum Corneum:** usually occurs due to moisture build-up as a result of using conventional airtight materials for the outer layer of continence products. Since the skin constantly loses water to the surrounding via perspiration, it needs air circulation for moisture to evaporate. If air circulation is not allowed, a moist environment develops, causing the impermeable outer layer (Stratum Corneum) to swell up. In this way it is able to absorb 300 % of its own weight in water— as much as after taking a bath for 2 hours. This reduces the acidity of the stratum corneum, encouraging the growth of harmful bacteria.

**Creation of ammonia:** results from the action of bacteria producing ureases which catalyse (start off) the decomposition of urea to ammonia. The alkaline characteristics of ammonia attack the skin's acid protection mantle, damaging the skin and allowing bacteria to overcome the protection barrier. The decomposition of urea to ammonia is also responsible for the intense odour.

**Skin irritations/allergies:** are often triggered by allergenic materials in close contact with the skin. Due to age-related changes, elderly skin is particularly at risk of developing allergies. Since the thickness of the outer layer of skin decreases steadily with age, the skin becomes less able to produce moisture-storing epidermal fats, becoming drier, more flaky and porous. Hence, not only bacteria but also allergens can penetrate more easily into the deeper skin layers. People with a predisposition to allergies may end-up with reactions like nappy rash leading to Eczema.

## How can such problems be avoided?

**The use of specially designed materials to keep the skin dry:** Air breathable materials for the outer layer of continence products allow high permeability to air and moisture but not to liquids. Such innovative air active materials stop the stratum corneum from swelling and stabilize the acid protection mantle, creating a healthy skin climate.

In-use tests in nursing homes showed that skin irritations and redness improved considerably while using Molicare with Air Active® materials (Source: Cosmetic-Test GmbH Eislingen; Dr. med. Tilman M. Ertle).

Spiral shaped cellulose fibers in the top layer of the absorbent core, closest to the skin's surface, create a tunnel-like capillary effect guiding fluid fast into the center of the absorbent core ensuring quick and complete transportation of fluid away from the skin, to keep it in a dry state. A skin balanced pH value of 5.5 in this layer ensures that alkaline influences on the skin, such as sweat, detergents and urine, can be effectively buffered to maintain the skin's natural pH. Maintenance of pH at 5.5 also has a bactericidal and bacteriostatic effect on pathogenic bacteria.

**The use of Superabsorbers in the absorbent inner core to store urine and keep it safely locked!** Superabsorbers contain long-chain molecules having many binding sites for water within their molecular structure. They are capable of binding many times their own weight in fluid, creating a combination known as "Hydrogel". Superabsorbers also inhibit formation of skin-damaging and intense-smelling ammonia by reducing free concentration of ureases to such an extent that the decomposition of urea is stopped, and the production of ammonia is reduced to a minimum. Hence, the alkaline characteristic of ammonia is no longer, or only minimally, able to harm the skin's acid protection mantle. Since ammonia is responsible for the odour produced by urine, reducing ureases largely eliminates odour development.

**The use of Dermatologically Tested, Hypoallergenic Materials** is very important when considering that these products are in constant contact with the skin. If materials used in continence aids have an allergenic potential, contact allergies are inevitable. Hypoallergenic and dermatologically tested products offer the best possible option of reliably preventing allergic reactions. High quality continence products are put through rigorous testing procedures prior to being declared as "Hypoallergenic".

**Conclusion:** Incontinence poses a special threat to the protective and regenerative functions of elderly skin. The negative impact can be avoided by using suitable high quality continence care products and optimized nursing routines. Dealing well with incontinence today means assuring healthy skin as well! Correct advice, management and nursing care of incontinent persons greatly influences their quality of life.



Continence care that protects the skin

Tanya Carabott, P.Q.Dip.HSc (Mgmt)

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# The First 1000 Days

## - a crucial time for a baby's development

From conception to the age of two, the first 1000 days of a baby's life are crucial. What happens during this time can have a major impact on a baby's future health<sup>1-3</sup>

Making the right decisions now can help deliver lifelong benefits. The endocrine, immune system, and even appetite are believed to be programmed for life by what happens in the first 1000 days.<sup>4</sup>

Breast feeding is recognised as the gold standard of infant nutrition by the World Health Organisation and the Ministry of Health (Malta).<sup>5</sup> Breast milk adjusts according to the infants' needs and so the right amounts and quality of nutrients are given instantaneously which infant formula is not able to mimic.<sup>5</sup> Children who are breastfed have a lower chance of developing obesity and other non-communicable diseases later in life.<sup>5</sup>

Mothers for various valid reasons opt to stop or reduce breast feeding. In this case infant formula is recommended and at SMA we strive to continually improve and provide the best infant formulas on the market.

Over the past 90 years, SMA Nutrition has invested in early life nutrition research. As a result, SMA PRO is born. Inspired by the specific nutritional needs of babies, SMA PRO represents some of our most advanced formulas yet.

SMA PRO First Infant Milk is a nutritionally complete, whey dominant infant milk for infants between the age of 0 to 6 months. It can either be used with babies

who are not breast fed or in combination with breast feeding. The amount of protein has been reduced to 1.25g/100ml and has the lowest levels of insulinogenic amino acids on the market.<sup>7,8</sup> Giving SMA PRO First Infant Milk a unique amino acid and protein profile that is closer to breast milk, reducing unwanted accelerated growth and programming of obesity, cardiovascular and other diseases in infants.<sup>7</sup> It is the only proven first infant milk to achieve a growth rate comparable with a breast fed baby.<sup>6</sup> As defined by the WHO growth standards which describes the optimal growth for healthy, breast fed children. SMA PRO Infant First Infant Milk also contains omega 3 & 6, GOS/FOS and LCPs.<sup>8</sup>

SMA PRO Follow On Milk specifically meets the nutritional needs of babies aged between 6 to 12 months. It is used as part of a weaning diet and contains important nutrients such as iron, vitamin D, calcium, omega 3 & 6 which are very important in the development of infants.<sup>9,10</sup> ESPGHAN 2014 recommends that all infants from the age of 6 months should receive iron rich foods or iron-fortified foods.<sup>9</sup> The amount of protein has been reduced to 1.30g/100ml and the protein composition mimics that of mature breast milk (50:50 whey: casein ratio).<sup>11,12</sup> SMA PRO Follow On Milk is available in 400g and 800g tins.

SMA PRO Progress Kids is used as part of a healthy balanced diet in toddlers aged 1 to 3 years. It has

been designed to complement the toddlers diet, providing important nutrients shown to be at risk in toddler diets.<sup>10,13,14</sup> The amount of protein has been reduced to 1.5g / 100ml and the amount of Vitamin D increased supporting appropriate growth.<sup>15</sup> Compared to toddlers who consumed cow's milk those on toddler formula had higher mean intakes of Vitamin D and iron as well as a lower intake of protein.<sup>16</sup> All important in maintaining an optimal growth rate and preventing programming for future problems such as obesity. It is important to remember that any toddler milk should not replace a meal and be part of a balanced diet. No more than 3 servings daily should be given to toddlers.

**IMPORTANT NOTICE:** Breast milk is best for babies and breastfeeding should continue for as long as possible. Good maternal nutrition is important for the preparation and maintenance of breastfeeding. Introducing partial bottle-feeding may have a negative effect on breastfeeding and reversing a decision not to breastfeed is difficult. A caregiver should always seek the advice of a doctor, midwife, health visitor, public health nurse, dietitian or pharmacist on the need for and proper method of use of infant formulae and on all matters of infant feeding. Social and financial implications should be considered when selecting a method of infant feeding. Infant formulae should always be prepared and used as directed. Inappropriate foods or feeding methods, or improper use of infant formula, may present a health hazard.

*This article has been brought to you by SMA Nutrition. For more information and to receive the references please contact: info@viviancorp.com*

# Three good reasons to choose our new SMA® PRO First Infant Milk\*



Also available in 6 x 70ml starter pack.

- **Clinically proven<sup>1</sup>**
- **Made with SMA® Nutrition's exclusive protein process**
- **Contains Omega 3 & 6 LCPS and GOS/FOS\*\***

## We've responded to expert opinion about proteins in SMA® PRO First Infant Milk

*"Protein intakes of infants are generally well above the requirements, so protein content of Infant Formula and Follow-on Formula could be decreased"*

European Food Safety Authority 2014

**SMA PRO First Infant Milk has the lowest protein content, 1.25g\*/100ml (1.87g\*/100kcal)<sup>3</sup>**

\*Powder only, liquids will vary

*"The breast milk content of amino acids as the best estimate of amino acid requirements for this age group"*

WHO/FAO/UNU 2017

**SMA PRO First Infant Milk has an essential amino acid profile closer to that of breast milk<sup>5</sup>**

*"Of the essential amino acids, branched chain amino acids have been shown, when supplied in excess, to be more associated with increased release of insulin. This may trigger a cascade of reactions in the body which may result in faster growth"*

European Childhood Obesity Trial Study Group 2015<sup>6</sup>

**SMA PRO First Infant Milk has an improved amino acids profile for healthy growth and weight gain<sup>7</sup>**



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**IMPORTANT NOTICE:** Breast milk is best for babies and breastfeeding should continue for as long as possible. Infant milks should only be used on the advice of a doctor, midwife, health visitor, public health nurse, dietitian or pharmacist, or other professionals responsible for maternal and child care.

Learn more about SMA® PRO range at  
[www.smahcp.co.uk](http://www.smahcp.co.uk) • [www.viviancorp.com](http://www.viviancorp.com)

1. Grathwohl DJ et al. Abstract at EAPS congress. 2010. 2. EFSA. Scientific Opinion on the essential composition of infant and follow-on formulae. EFSA Journal 2014; 12(7): 3760. 3. SMA® PRO First Infant Milk Datacard. 4. Protein and Amino Acid Requirements in Human Nutrition. Report of a Joint WHO/FAO/UNU Expert Consensus 2007. 5. Nestlé data on file. 2014. 6. Kirchberg FF et al. J Clin Endocrinol Metab 2015; 100(1): 149-58. 7. Yan J et al. Abstract at the European Pediatrics Congress, Florence 2015<sup>7</sup>

\*When bottle feeding is considered.

\*\*In powder formulation only; GOS/FOS = Galacto-oligosaccharides/Fructo-oligosaccharides.

® Registered trademark



Supporting you  
to support parents

# Social Security Benefits in Malta in 2018

**Tubercolosis(TA) and Leprosy Assistance(LA)** are not means tested

TA weekly rate for one person  
€28.42

LA weekly rate for one person  
€35.76

## MILK GRANT(MG)

Spouses of beneficiaries of social assistance or the beneficiary herself will be granted Milk Grant for a period of 40 weeks if the Medical Panel is satisfied that the persons concerned was unable to breast feed on medical grounds.

Rate €21.44 per week.

## CHILDREN'S ALLOWANCE (CA/CAFR)

CAFR issued to persons earning more than €24,833 per annum. Yet persons earning over €17,300 will also get the flat rate €8.66 p/wk.

CA is calculated by multiplying the difference between the income declared and the CAFR ceiling by 6% for each child. The maximum rate for CA is €22.23 per child, per week. This rate is automatically paid to all beneficiaries of Social Assistance. Persons earning less than €5568 euros will get the full rate.

As a measure of simplification, recently all additional children born to families already in receipt of Children's Allowance are being uploaded from the Public Registry upload without the need for the parents to apply. On the other hand, children born to first time parents are awarded the CAFR rate until they present their income showing that it is less than the established threshold for CAFR.

As from 1/1/16 another measure of simplification was the elimination of the renewal form which used to be filled every year. In fact income for previous years is being uploaded direct from Inland Revenue Department.

**Foster Care Allowance(FCA) –**

this allowance of €70 per week, per child, is give to parents who foster children after an application from Agenzia Appogg is filled in and submitted to our department. Persons qualifying for FCA will not be entitled to CA for the fostered child.

**Disability Children's Allowance(DCA)** is paid to parents of children under sixteen years of age(or fourteen in case of visual impairment), who suffer from disability as per the Schedule in the Social Security Act. Application for this benefit are sent to be assessed by the Medical Board and if they qualify will receive €20 per week, per child, over and above the CA entitlement.

## SUPPLIMENTARY ALLOWANCE(SPA)

Single persons, forming a household of their own, having income less than €9012 and married persons having less than €13000 can apply for this benefit. The maximum weekly rate payable is €4.57 for single persons, yet €7 per week if they are in employment and €12.54 for a married couple.

Single persons in employment earning less than €9012, who are not forming a household of their own will now qualify for SPA at €2.43 per week.

There is also a special rate for persons over 65 years of age in risk of poverty. If a single person over 65 has income less than €7,672 the weekly rate will be up to €6.49 and if the person is married and have income less than €11,508 the weekly rate will be up to €14.46.

**Energy Benefit(EB)** – Persons whose income is less than €8977 will



qualify for this benefit which consists of a reduction in the bill and which is deducted at source from the bill.

**Energy Benefit Humanitarian** – Persons who suffer from a medical condition which requires excessive use of water and electricity and whose income is less than €30,911 per annum can apply for this benefit. The rate of deduction from the bill is that of 80%.

#### **In Work Benefit(IWB)**

IWB was one of the new measures in the 2015 Budget aimed to reward employment.

**Couples both in employment** – couples with children under 23 years of age, where both spouses are employed and one of the spouses earns at least €3000(after deducting the National Insurance Contribution paid) and income earned from employment by both spouses is in the range of between €10,000 and

€24,000, will be entitled to In Work Benefit. The rates vary according to income declared yet the maximum rate payable is that of €1,200 per annum for every child

**Single parents in employment** – single parents with children under the age of 23, whose income from employment is in the range of between €6,600 and €16,500 will be entitled to IWB. The rate payable varies according to income earned, yet the maximum one can receive is €1250 per child, per annum.

Couples with one member in employment-if income is between €6,600 and €16,500 a couple with children under 23 can get up to €350 per annum per child.

#### **SENIOR CITIZEN GRANT (SCG)**

Persons over 75 years who are still living in the community are entitled to a grant of €300 per annum.

# The foundation of psychiatric mental health nursing: the therapeutic relationship

## “What do we do when we are with patients?”

The work of the nurse in mental health is to care for people who suffer from mental illness. Historically, this was associated with looking after patients suffering from mental illness in a psychiatric hospital, and in the last decades, mental health nursing has also moved to community settings, with nurses working in out-patient clinics, community and outreach teams, visiting patients at their own homes and in their own environment. In any of these settings, it is inevitable that the nurse is going to spend a considerable amount of time with the patient.

One of the curiosities about psychiatric mental health nursing (and the fascination about the profession when viewed from the general public) is what is it that we do when we are working with patients who suffer from mental illness or are going through psychological difficulties. There is a certain curiosity on how we manage to have a conversation with (e.g.) a young man who hears voices or an old lady who is suspicious that her neighbour is listening to her conversations through the plumbing system or a woman who have to constantly wash her hands or a man who is so anxious that he cannot leave the house or a middle aged man who is so depressed that he is contemplating suicide!

The ultimate skill of the mental health professional lies in communication and ultimately in the relationship with their patient (Driope & Ahern, 2009), as with all members of the multidisciplinary team; including the psychiatrists, the social workers, the occupational therapists and the psychologists. Due to its history and background, psychiatric mental health nursing perhaps remains somehow

ambiguous; with the comparison to general nursing complicating the situation. Patients who are mentally ill have different needs than patients who suffer from physical injury, a chronic medical condition or need to be operated. Patients with mental illness suffer from extremely low or high moods, might believe situations which are not based in reality, might have bizarre experiences like hearing voices no others can hear, or having to perform unfounded rituals because if not they get very anxious.

So, what is it that nurses do when they are with patients who suffer from mental illness? This is a profound question in the mental health context, and its answer might present the complexity of the work of the mental health nurse. Nonetheless, most nursing interventions are increasingly based on evidence and research; so PMHNs need to be able to define what their role is and how evidence based practices are infiltrated in our work.

When I am asked that question, I always think of the foundation of psychiatric mental health nursing and turn to my mother (not my actual mother, but the mother of psychiatric mental health nursing); and that is Hildegard Peplau.

Peplau believed that nurses could develop a significant relationship with patients, and this relationship could be used in helping the patient to recover, improve and heal (Boling, 2003).

Her theory was influenced by the work of Harry Sullivan and Sigmund Freud and has its basis in Psychodynamic theory. Freud's influence dealt with the concepts of transference and counter-transference and how patient and practitioner need



to work collaboratively to achieve the change necessary. Peplau believed that nurses can use this relationship as a medium to connect with the patient's essence and to elicit their core beliefs, which could help the patient towards recovery (Peplau, 1988).

Peplau's theory is based on the assumption that patients always experience some degree of anxiety, which could be associated with being in a strange environment (e.g. hospital or clinic), caused by symptoms of the illness, interaction with the clinical setting, the act of taking and needing treatment or the fear of the unknown. She stated that this anxiety establishes a need in the patient and that nurses play an important role in meeting this need, by identifying these anxieties and uses them as a means to get through and support the patient. She explains that the patient's self-system is motivated to manage this anxiety, and when this anxiety is not managed effectively it creates disequilibrium and conflict in the patient, that might result in poor functioning, disability and unhealthy coping mechanisms (Simpson, 1991).

Peplau argued that this creates a role for the nurse. Her theory states that the nurse can build a medium to assist the patient in dealing with this anxiety, which is the therapeutic relationship. The therapeutic relationship can assist the patient to open up and reveal this anxiety. The nurse in turn can use his or her skills, in helping the patient to deal with the anxiety, by using psychosocial interventions, psycho-education, and offering reassurance and advice to help the patient to manage the anxiety (Peplau, 1988).

The main assumption in the theory focuses on personality development (Torchuk, 1991). Peplau emphasised the need for nurses to look and work at their own issues, in order to help others identify their own limitations and difficulties and offer the assistance necessary in dealing with them (Belcher & Fish in George, 1990). This shows the influence of Sullivan and Freud when applying principles of human relations and psychodynamic

theories, so nurses could guide and support patients in dealing with their difficulties. Peplau believed in the emotional development of the nurse as a person, and argued that the nurse's personality can have an effect on the kind of care the patient will receive. She emphasised that the nurses' own intrapersonal skills will assist and guide the patients in solving their interpersonal difficulties (Peplau, 1988).

This shows that PMHN have quite a sound scientific background after all (something which tends to be forgotten). Also, these components have a good theoretical foundation to define the work of the PMHN as therapeutic. However, our work is sometimes far from neatly having a session with a patient in a quiet room and at an allocated hour. The nurse is with the patient in the chaotic situation of an admission in the middle of the night, when the patient is in a delirious state because of his or her psychosis, when the patient is at risk of harming him or herself, when the patient is in the seclusion room, or when the patient is in their own home dealing with social and psychological distress. And it is during these critical and untidy situations, where the role of the PMHN is invaluable, where the nurse is at its forte and when her skills comes into force, to assist the patient in dealing with his or her anxiety, by using the therapeutic relationship, to provide optimum professional care.

These situations might not be constant; however, the PMHN is constantly working with the patient in the formation of the therapeutic relationship, using engagement techniques, communication and psychotherapeutic interventions.

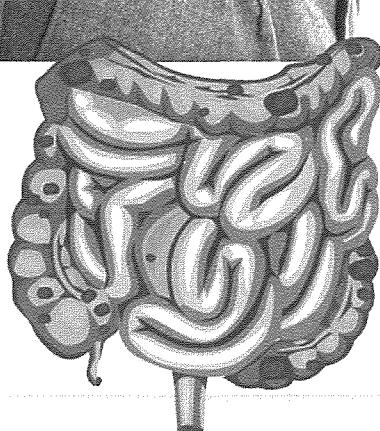
With other professionals taking over various roles in the mental health arena, the nurses who work in mental health need to claim and identify what they do within the therapeutic relationship. This is the way to keep the momentum and maintain what is the foundation of psychiatric mental health nursing.

*Pierre Galea - President  
The Maltese Association  
of Psychiatric Nurses*



# The 9 most common causes of bloating

• continued from page 23

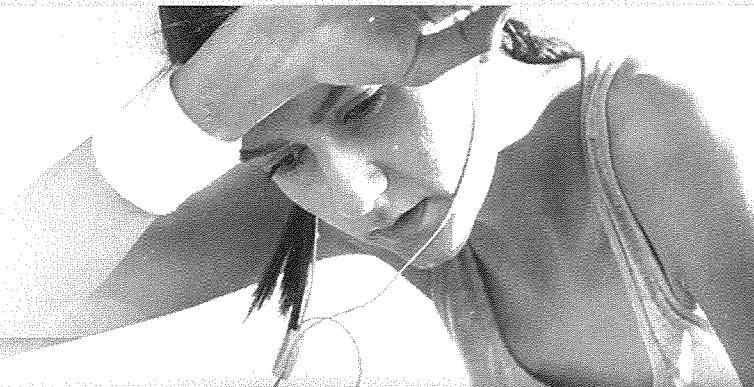


## 1. Inflammatory Bowel Disease (IBD)

"Inflammatory Bowel Disease is a chronic inflammatory disorder of the gut, and includes Crohn's disease and ulcerative colitis. Main presenting symptoms include diarrhoea, blood in the stool, tummy pains and weight loss. In addition, IBD can lead to bloating. A major cause of bloating is gas. Gas can become trapped in the bowels to cause bloating, or can be expelled as wind. In addition, IBD sufferers may also experience bloating if they have scar tissue (adhesions) as a result of previous surgery".

## 2. Dehydration

"Bloating can occur as a result of dehydration. Drinking lots of water can potentially reduce the likelihood of bloating. This is because dehydration and electrolyte imbalances can halt digestion as, when your body attempts to counter-balance the effects of being dehydrated, it holds on to excess water".



## 3. Irritable Bowel Syndrome (IBS)

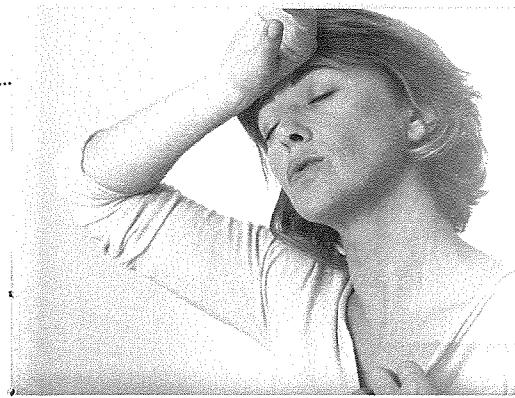
"Although the bowels and intestines of someone with irritable bowel syndrome (IBS) look normal, unlike IBD where we can see inflammation, this is not to say their digestive system is working normally. Our digestive systems are made up of a complicated system of nerves and IBS is caused by a loss of coordination within this system and the way the bowel works. Therefore, sufferers of IBS have nothing structurally wrong but something functionally wrong. IBS is characterised by constipation and/ or diarrhoea, bloating and abdominal pain".



## 4. Constipation

"Constipation may be the most obvious reason as to why you have a bloated stomach. Constipation can lead to stool remaining in the intestines, therefore giving you a hard-feeling stomach, pain, discomfort and gas. Causes for constipation include eating too little fibre, not drinking enough water, lack of physical exercise, side effects of medication and stress".





## 5. Hormonal changes

"Premenstrual syndrome (PMS) can lead to a bloated stomach, as it makes you prone to constipation and fluid retention. This can occur before, during, or after the menstrual cycle, and for some women not at all. In the early days of a women's cycle, oestrogen levels rise while the uterine lining thickens. This can lead to bloating, which can become stronger as ovulation occurs and more fluids and blood build up. Usually, the bloating goes away when the excess fluid and blood is shed when the woman has her period".

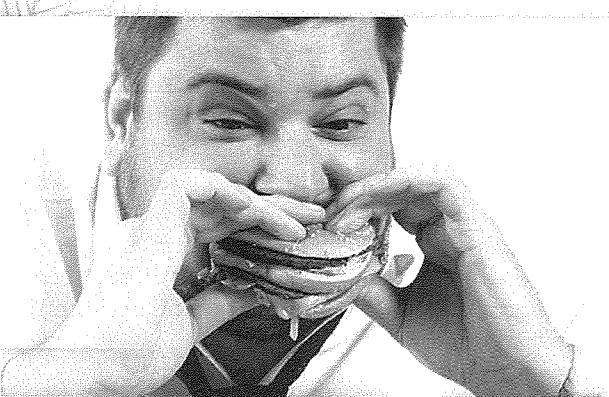
## 6. Food allergies or sensitivities

"Food allergies, sensitivities or intolerances can lead to bloating. The two most common forms of food that lead to bloating are dairy products and foods containing gluten. Even people who are not officially diagnosed as being 'gluten allergic' (coeliac disease) can often experience sensitivity to these foods and experience constipation and bloating. Other foods can lead to bloating, for example apples and avocados".



## 8. Eating too fast

"Eating too fast can lead to bloating. If we eat too quickly, it is possible that we inhale a lot of air. Therefore, we end up with large volumes of gas and sitting in our stomach that can manifest as bloating".

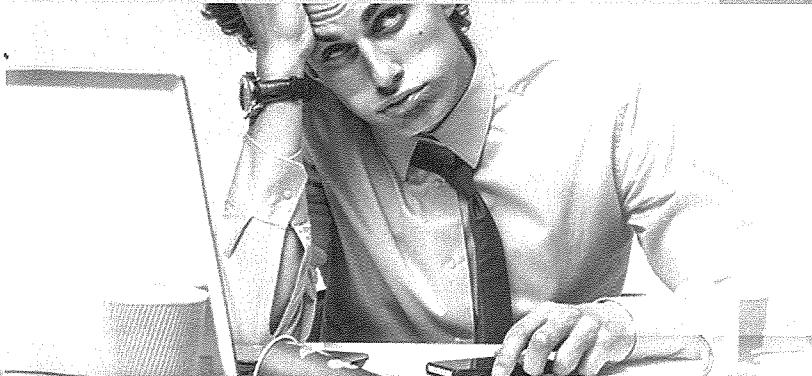


## 7. Lack of sleep

"Lack of sleep affects us in many ways. With lack of sleep, our bodies release a stress hormone called cortisol. Cortisol can disturb our digestive system to cause things like bloating and constipation".

## 9. Stress

"There is much discussion around the link between IBS and stress. The guts are very richly innervated, and stress can lead to a prolonged stimulation of the bowel. Even if not related to IBS, stress can put pressure on your stomach, leading to bloating".



# “Ejjew għad-dieta”

It-Tieni Parti - JOE CAMILLERI, CN

**K**if wegħdtkom fl-ewwel parti ta' dan l-artiklu se nittratta t-tmieħi tal-marid skont l-ewwel manwal tan-Nursing f'Malta miktub mit-Tabib J. S. Galizia fl-1904: ‘Il Ctieb ta’ l-Infermier’.

Il-ktieb inkiteb qabel ir-riforma tal-Malti tal-1934, għalhekk l-ortografja hija antika u mhux aġġornata. Il-kwotazzjonijiet li se nkun qed inġib jien huma aġġornati bil-Malti tal-lum.

Il-lezzjonijiet jittrattaw fuq ‘L-ikel tal-marid’ fejn Galizia jsemmi li l-ikel m’għandux ikun ‘mixhut kif gie ġie’ u ‘għandu jekkol pulit mingħajr ma jithammeġ hu u l-anqas iħammeġ is-sodda’. Jitratta wkoll l-onestà ta’ l-infermier u jgħid li dan m’għandux jikkuntenta lill-marid kontral-ordnijiet tat-tabib għax inkella ‘jista’ jibgħatu l-qabar malajr’. Irridu nżommu f’moħħna li l-Medical Model kien predominantni ħafna f’dak il-perjodu partikolari. Partikolarmen l-infermier kelliu jżomm iebes jekk il-marid ikun jixtieq ‘inbid u spirti’, imma minn naħha l-oħra jkollu l-manjiera jgħiegħel marid li ma jkunx irid jekkol biex jieħu ‘s-sustanzi’. Skont Galizia ‘in-nisa huma aħjar mill-irġiel biex iġagħlu lill-morda jekku u jieħdu l-mediċini’.

Il-hin li jingħata l-ikel jingħata mportanza wkoll speċjalment dawk li qeqħdin fuq ‘dieta tal-likwid’ (brodu, ħalib ecc.) biex il-morda jintemgħu spiss u kull darba jieħdu ffit. Meta l-morda jkunu fuq ‘dieta solida’ jintemgħu kull erba’ siegħat. F’kazi ta’ ‘debulizza kbira’ l-infermier għandu jqajjem lill-marid anke jekk ikun rieqed.

Rigward l-ammont ta’ ikel li għandu jingħata, isemmi li ‘ma għandux jingieb kollu f’daqqa (l-ikel), imma aħjar jingieb ffit fit.

Paragrafu ieħor jittratta fuq ‘Chif għandu jecol il-marid’ (ħallejta bil-Malti antik) u saħansitra jidhol fid-dettall jekk hux bil-qeqħħada, l-irranġar tal-imħad, is-sarvetta, l-imġħaref, il-frieket, skieken u saħansitra t-tvalja.

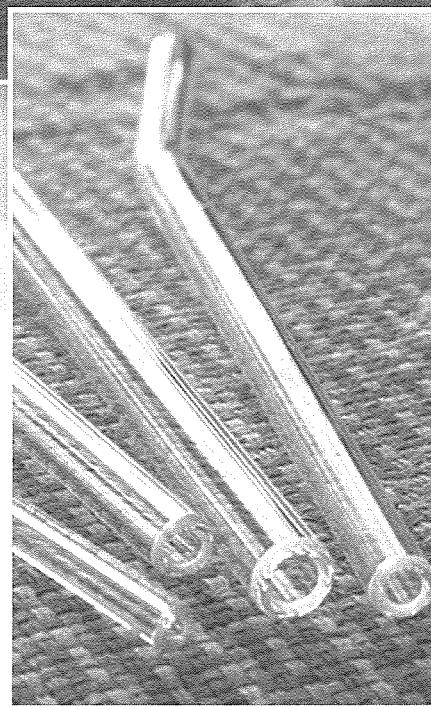


*L-impulluzza jew skutella tal-bekk u tubu tal-ħġieġ minflok l-istraw tal-plastik tal-lum*

Isemmi wkoll l-użu tal-‘iskutella tal-bekk’ (feeding cup) u ‘tubu tal-ħġieġ moħxon imkarruna (imqarruna), milwi bħall-minkeb’, xi ħaġa li jiena personalment qatt ma rajt. Permezz ta’ dan it-tubu ikun jista’ ‘jissuga’ u allura din kienet isservi bħala straw.

Lezzjoni oħra hija rigward ‘L-Aptit u l-Ġħatx’ fejn isemmi li ‘Hawn Malta ħafna nies għandhom biżżeek’ kbir wisq ta’ l-ilma għall-morda u iħalluhom ibgħiġu l-ġħatx’. Ifakkar ukoll li meta hemm ‘deni, sogħla, għaraq jew fetħha (dijarea), il-marid ikollu bżonn ta’ aktar ilma. Din anke llum nultaqgħha magħha għax l-anżjani donnhom jiddejjqu jixorbu u saħansitra, dawk li kienu mdorrijin jixorbu mill-bir bilkemm ma jiddejqu jixorbu mill-ilma tal-flixxun.

L-ahħar Kapitlu XIV bl-isem ‘Tisjir tal-Morda’ jittratta d-‘Dieta tal-Morda’. F’din il-lezzjoni l-awtur



jgħidilna li: ‘...għandna niftakru li f’marda twila l-‘machina tal-gisem’ (il-qalb) tkun tant għajjiena li l-inqas żball jista’ jwaqqafha għal-kollox.’ Id-dieta tal-morda għalhekk għandha tkun 1) Li ma tagħtix xogħol żejjed lill-organi tad-digestjoni 2) li l-marid jieħu sustanzi li jagħmlu tajjeb għal-



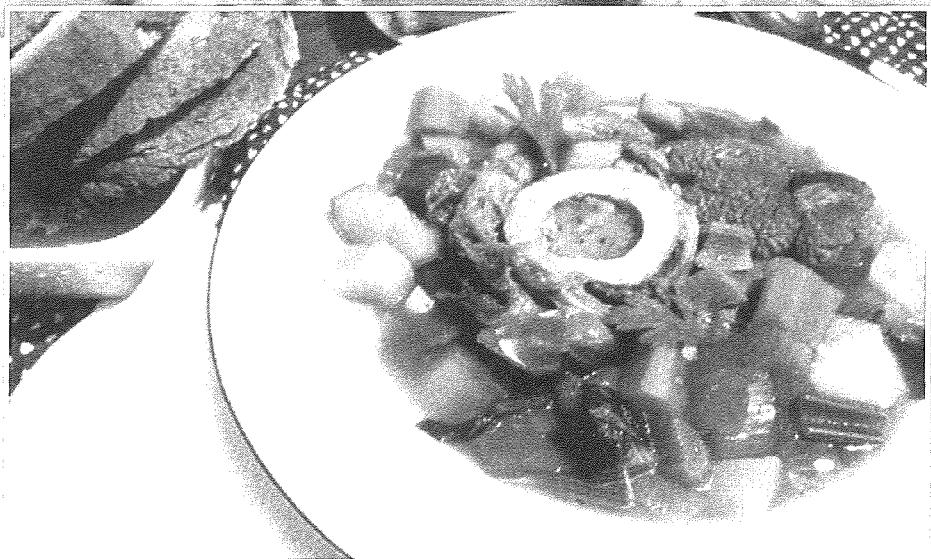
dawk li jitlef fil-kors tal-marda. Ifakk li mingħajr ordni tat-tabib qatt m'għandu jingħata xejn lill-marid barra mid-dieta li tkun ordnata.

Fil-lezzjoni 'L-ikel żejjed ma jagħtix saħħa' insibu li 'il-ftit tal-ġuħ ma jagħmel deni lil-ħadd; u li dan huwa il-meazz li tuża n-natura biex tfejjaq bosta mard (għax il-marid waħdu imurlu l-apptit).'

Fid-'Dieta bħala kura', insibu li 'Id-dieta waħeda, ħafna drabi tfejjaq, meta l-medicini m'għandhom l-ebda forza, anzi xi minn daqqiet jagħmlu d-denī'.

F'Regoli għall-ikel' naqraw li:

• ikompli f'paġna 38



*Brodu taċ-ċanga (kif nagħmluh id-dar) u kisra ġobż tal-Malti u (fuq) il-ħin tad-dieta*

## • ikompli minn paġna 37

‘Meta il-marid ikun debboli, jekk l-ikel jiġi karta biss tard, iħoħxa u jista’ joxgħa’ (iħoħsu ħażin). Interessanti hu li: ‘Jekk għal xi raġuni l-ikel tal-marid ma jistax ikun varjat, nistgħu invarjaw il-mod kif inservuh. Fjur ġewwa tazza fuq il-mejda jew imqar platt ta’ disinn differenti mis-soltu, huma aħjar milli nħallu l-marid mingħajr varjetà.’ L-etikett kien importanti ħafna dak iż-żmien:

‘Qatt tagħmel ftit brodu jiġi f’qiegħ ta’ platt kbir, qatt tagħti l-kafè minn tazza jew inbid minn kikkra.’ Il-lezzjoni tisħaq ukoll fuq l-indafa, is-sarvetta mal-ġħonq tal-marid u t-tindif tal-frak minn fuq il-friex. Meta l-marid ikun imdardar ‘id-dieta għandha dejjem tingħata kiesħa bis-silġ, ftit fti, u tajjeb li titqiegħed biċċa silġ f’ħalq il-marid wara li jkun ħa xi ħaġa’.

Fost id-dieti li nsibu fil-manwal insibu: L-ilma tax-xgħir, tè tal-kittien, l-ilma tar-ross, luminata, laringħata, flip, beef-tea (u beef-tea ta’ malajr), fluid beef, u infusjoni tal-laħam nej.

Iridu nżommu f’moħħna li fil-bidu tal-1900 u anke wara, l-pazjenti

kienu jdumu gimħat shaħi jieklu mill-ikel li tipprovd i-l-kcina ta’ l-isptar. Għal xi wħud din kienet inevitabbi, imma għal oħrajn, li kienu saħansitra jgħixu fil-faqar, kienet kważi kważi barka, għax għallanqas kienu jieklu bukkun sħun u nutritiv. Tgerġir rigward il-kwalitā ta’ l-ikel kien hemm minn dejjem u anke stejjer xejn sbieħ rigward il-kwalitā tal-indafa fil-kċejjen tal-isptarijiet tagħna (u madwar l-Ewropa kollha) smajna kemm il-darba.

Però min hawn u minn hemm kulħadd kien jiekol, sakemm ma kienux jieklu minn dak li kienu jgħib l-qrabha tagħhom (bħall-brodu taċ-ċċanga u anke xi bajda friska). Jekk il-marid kien jirrikjedi li jieħu brodu ‘clear’ kienu jsaffuh minn passatur fin (prattika li għada tintuża sal-lum). Mill-banda l-oħra dawk li kienu jridu jżidu xi naqra melħi, cube jew stock ma’ l-ikel ma kienu iħabblu rashom biex jagħmlu dan għax ma kienx hawn biżżejjed kuxjenza dwar il-ħsara li jagħmel il-melħ mal-ikel. Wara s-sebġħinijiet, kienu saru kampanji biex il-melħ mal-ikel jinqata’ minħabba l-fattur tal-pressjoni għolja u r-risku tal-puplesja.

## Influenza.

Influenza is rapidly spreading. In many quarters the outbreak is now at its height. A glimmer at the mortality record shows an alarming increase in the number of deaths from respiratory complaints, most of which are aggravated by, or are the immediate result of, Influenza.

Timely precautions are of vital importance. In most cases an occasional cup of Bovril is all that is necessary to avert an Influenza attack. Bovril tones up the system and prevents and counteracts the dangerous effects of cold.

# Bovril.

## readjusts the Balance of Health

and vitality, and maintains the healthy glow of bodily warmth without which Influenza is a constant menace both to the strong and the weak. Exposure to the weather, prostration of regular meals, or an insufficiency of really nourishing foods bring about a decrease of warmth and vitality and a constant depression of spirits, a condition which facilitates the onset of Influenza. All this may be easily avoided by the handy cup of hot Bovril.

## A Vital Distinction.

Bovril and Beef Tea.

TRUE FOOD, AND FOOD IN NAME ONLY.

BOVRIL and Beef Tea are alike prepared from beef, and both of them are stimulants—there the similarity ends.

For, whereas Beef Tea and ordinary Meat Extract possess but the stimulative, BOVRIL contains both the nutritive and the stimulative properties of the beef.

The scientific processes by which BOVRIL is prepared ensure this important distinctive result.

One of the most eminent dieticians—Dr. Milner Fothergill—says:—“To give Beef Tea to a sick person is to give him a stone when he asks for bread.”

Many other well-known authorities have as strongly deprecated the use of Beef Tea as a nutritive.

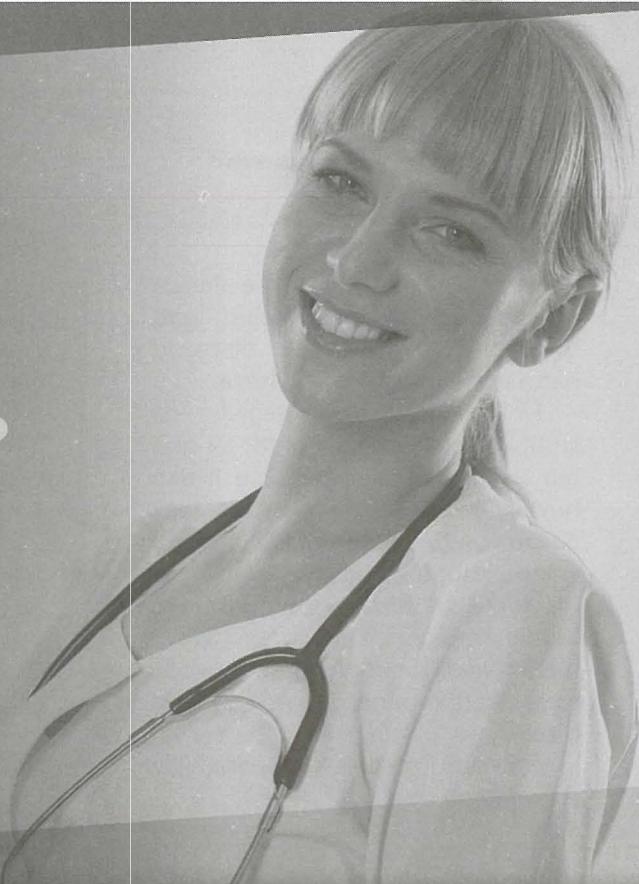
# Bovril.

is Liquid Life.

Il-Bovril, estratt konċentrat tal-laħam, popolari ferm bħala xarba sħuna għal dawk xipli u morda

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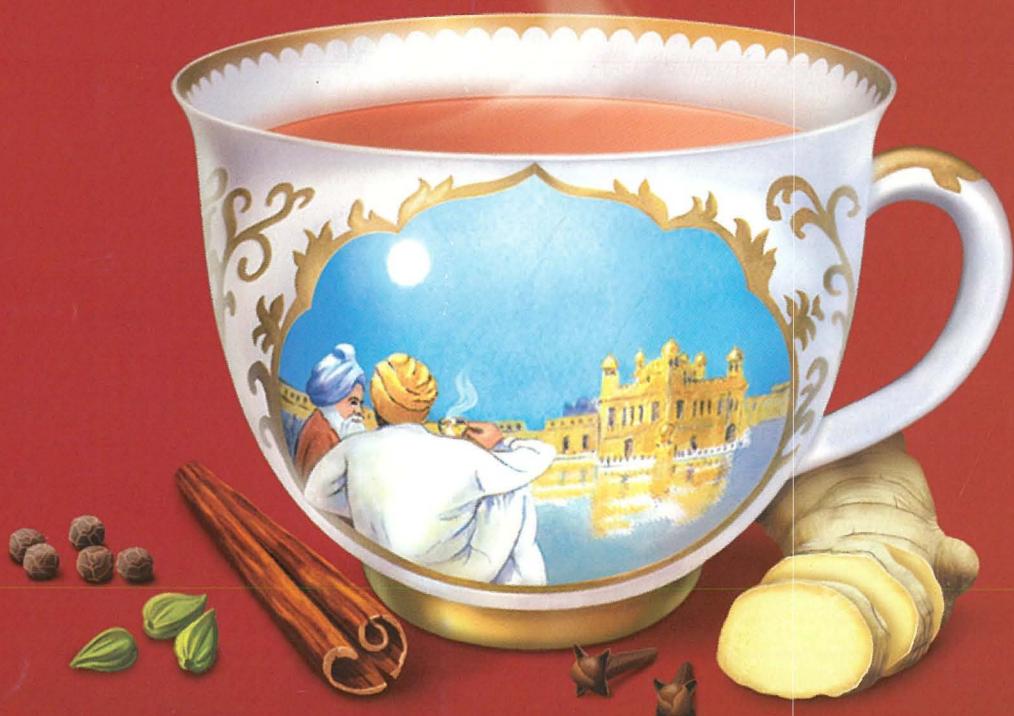
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*Feel good, be good, do good.*

In 1969 Yogi Bhajan came to the West and brought an immeasurable knowledge of Ayurveda with him. As a teacher of holistic living, he shared his wisdom and knowledge of Ayurveda and yoga with his students while serving them an aromatic spice tea blend, which they affectionately named "Yogi tea." This unique Ayurvedic tea blend is based on an original recipe by Yogi Bhajan and

contains cinnamon, cardamom, ginger, cloves, and black pepper. It was first sold in Europe in the 1970s, and from 1987 under the official brand name **YOGI TEA**<sup>®</sup>. Today, people all around the world enjoy the special blends of more than 80 selected organically-grown herbs and spices that give the **YOGI TEA**<sup>®</sup> varieties their unmistakable flavour and healthgiving properties.

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