

melomag

Free Health Guide!

Issue 29 | 2018

**GIVING
BIRTH
PACKING A
HOSPITAL
BAG**

**PARENTING
A NEWBORN**
WHAT TO EXPECT

**MEDICAL SCHEME
MYTHS AND FACTS**

**BEYOND THE
MATERNAL GLOW**
COMMON SKIN PROBLEMS

**SUN SAFETY
IN SCHOOLS**



Recipes: School
Lunch Boxes |28|

••• The Latest Health
News and Views |2|

••• Saving Water: Be a
Water Warrior |32|

WHAT'S
BUGGING
YOU?



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| UPFRONT |

M E L O M E D
PRIVATE HOSPITALS

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GIVE-AWAY!

Melomag is giving away
a pedicure voucher to one lucky
reader! See page 4 for details!

contents

- 2 Snippets: Health News & Views
- 4 Melonews
- 4 Give-away! WIN a Pedicure Voucher!
- 6 Know It All: Postpartum Depression
- 8 Health IQ: Sun Safety In Schools
- 12 Health Strategy: Parenting a Newborn
- 16 Infographic: Packing For Two: What to Pack in your Hospital Bag
- 18 Health Advice: Beyond the Maternal Glow
- 22 All About: Medical Scheme Myths and Misconceptions
- 26 Travelground: Fairy Tale Forests
- 28 Recipe: Revamping School Lunch Boxes
- 30 House Call: Dr Belete Woldu
- 32 Water-saving Tips: Be a Safe Water Warrior



Health Bytes

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GET A DOG it can save your life!



The benefits that come with owning a dog are clear – physical activity, support, companionship – but owning a dog could literally be saving your life.

Dog ownership is associated with a reduced risk of cardiovascular disease and death, finds a new Swedish study published in the journal *Scientific Reports*.

Especially for people living alone, owning a dog can decrease their risk of death by 33% and their risk of cardiovascular related death by 36%, when compared to single individuals without a pet, according to the study. Chances of a heart attack were also found to be 11% lower. **As a single dog owner, the individual is the**

sole person walking and interacting with the pet as opposed to married couples or households with children. This may contribute to greater protection from cardiovascular disease and death, said the study.

Owners of hunting breeds, including terriers, and retrievers, were most protected from cardiovascular disease and death. They may be getting more exercise because these dogs are more active as opposed to small dogs that do not require as much exercise.

The findings also suggest increased social well-being and immune system development as additional reasons why dog ownership offers protection against cardiovascular disease and death. Source: CNN

MEATLESS Monday

Research consistently shows that plant-based diets are linked to a lower risk of obesity, hypertension, heart disease, type 2 diabetes and cancer. Going meatless once a week can make a difference, as you increase intake of all those whole plant foods – beans, lentils, whole grains, nuts, seeds, vegetables as well as fruits – and decrease intake of more red and processed meat. Eating more plant foods increases your intake of fibre, vitamins, minerals, healthy fats and phytochemicals – plant compounds with antioxidant and anti-inflammatory properties.

Source: meatlessmonday.com

HEALTH TIPS



ONE CIGARETTE AND YOU ARE HOOKED

More than 61 percent of people become daily smokers after trying their very first cigarette, at least temporarily, according to a study by researchers at Queen Mary University of London in the United Kingdom and published in *Nicotine & Tobacco Research*.

An analysis of information from the Global Health Data Exchange showed that 60.3 percent of survey respondents reported having tried cigarettes and among those, about 68.9 percent reported progressing to daily smoking. This finding supports increasing efforts to reduce cigarette experimentation in young people, according to the researchers.

Source from: Nicotine & Tobacco Research

TAKE NOTE

PEN AND PAPER VS NOTEBOOK

In the olden days, like, 25 years ago, everyone who needed to take notes in a class pulled out a notebook and a pen or pencil and got to work. Now, almost no one takes notes on paper anymore. The norm at campuses is to take notes on a laptop; with online apps available to make the notes neater and more organised. **The problem is how the brain works when trying to learn information.** When a student is taking notes by hand, with paper and pen, they have to hear the class lecture, understand it (at least minimally), and then transcribe the contents onto the paper. That's a lot of brain activity.

Taking notes on a laptop doesn't involve that much cognitive action. Most notes taken on a computer are verbatim. The student is just trying to capture what is said and get it down. The brain is busy with finding the correct keys on the computer, and perhaps a little social media multitasking as well.

One study showed that when typing notes on a laptop, performance on a test was not as good as when the notes were taken by hand on paper.

This is due to the encoding hypothesis and the storage hypothesis. Encoding is hearing information and being able to conceptually think about what it means beyond just copying down the words you heard. Storage is either the paper or the computer on which the notes are stored.

While some might think verbatim would be better, taking notes by hand means the brain is conceptualising and summarising the material and that is a big part of learning.

Source: labroots.com



VINEGAR – THE “ALTERNATIVE” DISINFECTANT.

Vinegar is certainly inexpensive, non-toxic and biodegradable and has been used as a common disinfectant for thousands of years as it contains about 5 per cent acetic acid. The acid kills bacteria and viruses by chemically changing their proteins and fats and destroying their cell structures. When US researchers tested commercial cleaning products against alternatives like vinegar and bicarbonate of soda, they discovered that neat vinegar killed a range of household pathogens. Science also tells us, for example, that vinegar will kill off the flu virus.

Source: abc.net.au

BECOME A

FREQUENT FISH-EATER

AND SCORE

Eating fish once or more a week improved sleep in children younger than 12. A connection between omega-3's – essential fatty acids found in many types of fish, including salmon, sardines and tuna – and improved intelligence and better sleep was shown in a new study.

Frequent fish-eaters scored higher on IQ tests than those who seldom or never ate fish, according to a study published last month.

For the study, more than 500

Chinese children between the ages of 9 and 11 answered how often they had fish in the previous month, with options ranging from "never" to "at least once per week". At age 12, the children completed an IQ test that scored their verbal and non-verbal skills.

Children who said they ate fish weekly scored 4.8 points higher on the IQ tests than those who said they "seldom" or "never" ate fish.

Parents also answered questions about sleep quality. The children who ate more fish had fewer disturbances while sleeping, indicating better overall sleep quality.

The researchers recommend incrementally adding fish to a child's diet. Children should be introduced to it early on.

As long as the fish has no bones and has been finely chopped, children can begin eating it by around age two.



Support Group

MELOMED TOKAI HOSPITAL: LAST THURSDAY OF EVERY MONTH AT 14H00 IN THE BOARDROOM (5TH FLOOR)

For more information contact Naslussia on 021 764 7500 or info@melomed.co.za

MELOMED GATESVILLE HOSPITAL: FIRST WEDNESDAY OF EVERY MONTH AT 17H00 IN THE ONCOLOGY UNIT

For more information contact Ghowa on 021 637 8100 or info@melomed.co.za



Congratulations to Melomed Bellville on receiving the Discovery Quality Care Award.



One of our employees, Adaryll Leonardo Simpson, successfully graduated with a B.Pharm degree at the University of the Western Cape. We are proud of your achievement, Adaryll.

New Melomed Richards Bay Hospital



ENTER TODAY & WIN

Melomed is giving away a relaxing pedicure to one lucky reader!

To stand a chance to qualify, **email** your name, contact number and answer to the following question to: melomag@melomed.co.za with **Melomag29** in the subject line. Competition closes 31 March 2018.

Name one of the physiological pregnancy-related skin concerns. (See page 19.)

Prize sponsored by Melomed. Give-away terms and conditions: The winner will be the first correct entry drawn after the closing date. In the event of the judges not being able to get hold of the winner on details supplied, an alternative winner will be selected. The judges' decision is final and no correspondence will be entered into. The winner must be prepared to be photographed for publicity purposes. The prize is not transferable and may not be converted into cash. Prize may differ from picture. Image is for visual purposes only.

First babies delivered at new Melomed Richards Bay Hospital



Rudie Vorster was the first baby to be born at Melomed Richards Bay – weighing in at 3.1 kgs.



Nomfundo Zondo gave birth to a healthy baby girl, Nqubeko.

Photos: Orrin Singh



Princess Thusi was pleased to give birth to a healthy baby boy, Nkambisenhle.



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POSTPARTUM DEPRESSION

It's common for women to experience the "baby blues" — feeling stressed, sad, anxious, lonely, tired or weepy — following their baby's birth. But some women experience a much more serious mood disorder.

PREGNANCY AND MOTHERHOOD ARE THOUGHT TO BE THE MOST BEAUTIFUL TIME IN A WOMAN'S LIFE. UNFORTUNATELY FOR SOME WOMEN IT CAN BE MARRED BY ANXIETY AND DEPRESSION, WITH FEELINGS OF HOPELESSNESS, HELPLESSNESS AND BEING OVERWHELMED BY THIS NEW ROLE.

The postpartum period is defined as the first 12 months following delivery and presents like major depressive disorder.

The challenges of having a new baby, such as fatigue and poor sleep, can mimic depressive symptoms, and distinguishing between the two can cause a significant diagnostic challenge. Normal postpartum difficulties or postpartum blues consist

of mild and self-limiting symptoms. With postpartum depression the symptoms can be severe and may need treatment.

Depression can affect the functioning of a person and can have negative consequences for both the baby and the mother; therefore early identification and management is essential.

The exact cause of postpartum depression is unknown but it is suspected that genetic factors and hormonal changes after delivery could be the cause. Postpartum depression frequently occurs along with other psychiatric problems such as anxiety or substance abuse.

SYMPTOMS TO LOOK OUT FOR ARE:

- low mood
- suicidality or self-harm
- changes in sleep
- social withdrawal
- guilt
- changes in appetite
- low energy
- poor self-care
- hopelessness
- helplessness

The above symptoms occur shortly after delivery and last a minimum of two weeks with some change in functioning. The severity of the illness is based on the severity and number of symptoms and the effect that the illness has on the person's functioning.

The risk factors for developing postpartum depression are being a single parent, a family history of postpartum depression, physical or sexual abuse, intimate partner violence, an unwanted pregnancy, anxiety related to child birth, poor

health, previous depression, antenatal depression, high levels of postnatal stress, poor social and financial support, young age, body-image dissatisfaction, certain personality traits, perinatal anxiety, winter births, sleep difficulties, an adverse pregnancy outcome, postpartum blues, breastfeeding difficulties and childcare difficulties.

The impact of postnatal depression on the newborn includes poor bonding with the mother, failure to thrive, harm or neglect of the infant, and neurodevelopmental abnormalities. The impact of untreated post natal depression in the mother can be poor bonding, poor self care, suicidality and self harm.

The course of postpartum depression varies in severity and the symptoms may resolve spontaneously or require active management. The management of postpartum depression requires identification of symptoms and a team approach with monitoring of both baby and mother. Simple measures such as improved self-care (bathing, sleeping and eating) and improved social support may improve the person's mental health. Psychological management

in the form of supportive therapy, interpersonal therapy and cognitive behavior therapy may be the sole form of treatment or can be used in conjunction with pharmacotherapy, depending on the severity of the depressive symptoms. Patients with moderate to severe depressive symptoms or patients who are high risk may require the use of an antidepressant.

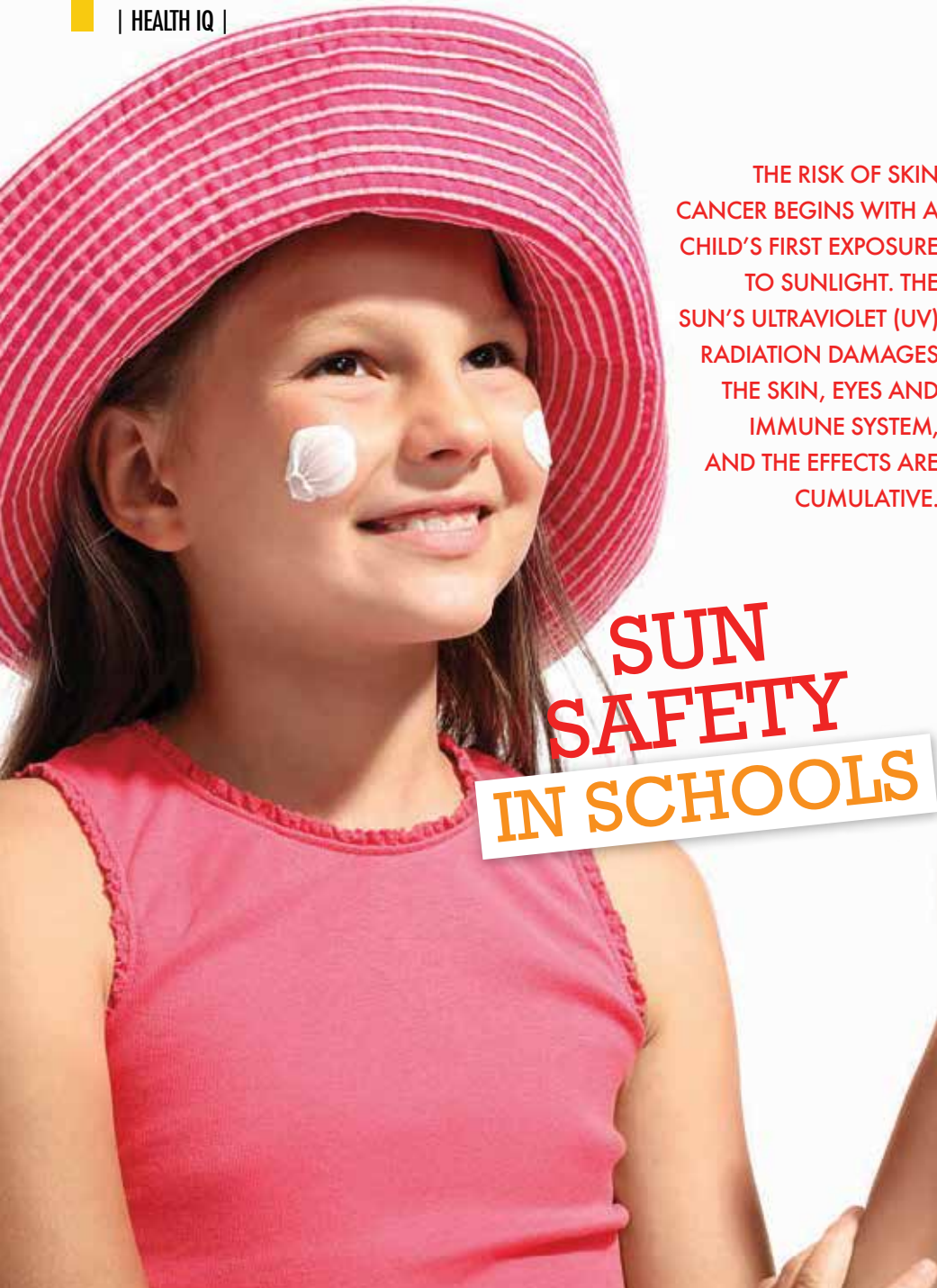
Certain serotonin reuptake inhibitors are relatively safe in pregnancy and breastfeeding.

“The management of postpartum depression requires identification of symptoms and a team approach with monitoring of both baby and mother.”



The impact of management on the baby and mother are decreased risk with regard to harm, improved ability to function and improved bonding. If medication is required, the risk and benefits need to be weighed as certain medications can negatively impact the baby or fetus.

The key take-home message of this article is early identification and appropriate management of depressive symptoms. ■



THE RISK OF SKIN CANCER BEGINS WITH A CHILD'S FIRST EXPOSURE TO SUNLIGHT. THE SUN'S ULTRAVIOLET (UV) RADIATION DAMAGES THE SKIN, EYES AND IMMUNE SYSTEM, AND THE EFFECTS ARE CUMULATIVE.

SUN SAFETY IN SCHOOLS

Sun protection should begin at birth, since establishing healthy routines in childhood can foster positive lifelong preventive habits. Sun safety is especially important for young people because multiple sunburns (in fact, just one blistering sunburn) during childhood and adolescence more than double the risk of melanoma in the future.

Although people with darker skins are at a lower risk of melanoma than those who are lighter skinned, the majority of basal cell carcinomas in people with darker skins occur in sun-exposed skin, indicating that sun protection is paramount, regardless of pigment. In darker skins, 70% of melanomas have

been reported to be below the ankle and appearing on the palms of the hands and soles of the feet. Light-skinned people are the most susceptible to skin cancer, but everyone is vulnerable and should be vigilant about sun safety.

Local research studies have shown that sunburn in children significantly increases the risk of developing skin cancer and melanomas – the deadliest form of skin cancer – later in life. It is therefore vital that children

are protected from the sun not only when at the beach or the swimming pool, but at school as well.

Copious amounts of sunscreen are sold each summer holiday in an effort to protect, in particular, children's skin from both the damaging ultra-violet (UVA and UVB) rays of the harsh South African sun, but when kids go back to school, this dogged persistence seems to wane. Many schools around the country have inadequate or no sun protection policies in place, leaving children exposed to sunburn. Interventions at school level are critical in curtailing SA's high incidence rates of skin cancer and should receive more attention.

In South Africa, skin cancer remains the most common cancer with about 20 000 reported cases and 700 deaths a year, making it a significant health problem. According to CANSA, the most of a person's lifetime exposure to the sun occurs before the age of 18, which makes sun-safe policies an absolute must at pre-schools, primary schools and high schools.

As in Australia – where skin cancer rates are amongst the highest in the world – SA schools across the board should

adopt similar sun-smart policies. **Some of these interventions include learners having to wear a broad-brimmed hat as part of their school uniform.**

If no hat is worn, learners may not play outside. Plenty of shade is also provided on the playground via trees or structures. The use of sunscreen is encouraged and time is allowed for application. During outdoor athletic or sporting events, ample provision is made for shade to avoid sunburn.

ROOIBOS TO THE RESCUE

Scientific studies have validated the health properties of Rooibos on skin, which may assist with various skin ailments including the prevention of the development of cancer. **Thus, parents whose children have been badly sunburnt may be able to turn to Rooibos for help.**

Dr Tandeka Magcwebaba, a post-doctoral fellow at Stellenbosch University, who has done extensive research on the anti-cancer properties of Rooibos on the skin, says the topical application of Rooibos may offer protection against the early stages of cancer development in the skin. Once the anti-cancer properties of Rooibos has been fully characterised, this herbal tea may be one of the agents that could protect children's skin from some of the damage caused by the sun's harmful rays. ▶▶

Once the skin has been exposed to the sun's UV rays, Rooibos extracts have the ability to remove precancerous damaged cells and also block the onset of inflammation. It does so by stopping the multiplication of cancerous cells and removing these cells through programmed cell death – in other words, prompting the cells to commit suicide.

If your child does end up with nasty sunburn, anecdotal evidence indicates that soaking him/her in a lukewarm bath of rooibos tea two to three times a day, could help reduce inflammation, which is likely due to the tea's anti-inflammatory properties. This, in combination with the abundance of antioxidants present in Rooibos tea will help to naturally accelerate the healing of the skin.

Light-skinned people are the most susceptible to skin cancer, but everyone is vulnerable and should be vigilant about sun safety.



TIPS FOR PARENTS

- **APPLY SUNSCREEN TO CHILDREN'S EXPOSED SKIN BEFORE SCHOOL,** and provide sunscreen for reapplication later in the day. Use sunscreen with a Sun Protection Factor (SPF) between 20 and 50, and for fair to very fair skin, between SPF 30 to 50.
- **PROVIDE SUNSCREEN** for outdoor school field trips.
- **LOOK OUT FOR THE MANUFACTURE OR EXPIRY DATE** on the sunscreen package. Sunscreen usually expires two years after manufacture date, and once opened the product should not be used for longer than one year.
- **REMAND CHILDREN TO BE SUN-SAFE WHEN OUTDOORS.** Remember: You can burn in the shade. While shade is a valuable means of protection from the sun's UV rays, reflection from water, sand and glass may also cause sunburn.
- **WORK WITH THE PRINCIPALS, TEACHERS, PTAS, AND SCHOOL BOARDS** to support country-wide sun protection policies. ■

Sources: www.sarooribos.co.za, www.cansa.org.za, www.skincancer.org

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PARENTING A NEWBORN

COMMON PROBLEMS AND WHAT TO EXPECT

EXPECTING A BABY CAN OFTEN BE AN OVERWHELMING EXPERIENCE. IT TAKES MUCH PREPARATION. PARENTS READ MANY BOOKS ON WHAT TO EXPECT. THEY PREPARE FOR THE DELIVERY AND BABY'S ROOM.

Parents try to digest all the information from family, friends and the much-confusing internet, but until

baby arrives, no one can fully prepare parents for what is about to happen. This includes first- or second-time parents. I often witness the overwhelming joy from the parents with that first cry. A joy that reflects the instant, unconditional love for their child. A love that will ensure that they take on this road with full commitment!

There are many ways to assist parents in preparing for the delivery itself.

Antenatal classes are essential for preparation for delivery, but also to inform parents on what to expect once their baby arrives.

We urge all parents-to-be to attend antenatal classes. It is informative, but you also build a comradery with other future parents and you have the opportunity to share your fears and expectations. >

Remember that there is help and assistance available and seek medical advice if you are unsure or worried.

THERE ARE MANY POSSIBLE PROBLEMS OR ILLNESSES IN THE NEWBORN, BUT ONLY A COUPLE ARE EXPECTED IN ALL NEWBORNS AND CAN BE MANAGED WITH GREAT EASE.

■ FEEDING ISSUES

Breastfeeding remains the best feeding choice for your newborn. Breast truly is the best! But to some mothers, breastfeeding can be a great struggle in the beginning.

The initial milk (colostrum) is thick but limited. However, this is enough for your infant in the first few days. Milk production usually increases on the third day. **Weight loss over this period is common and normal.** A weight loss of more than 10% of the birth weight needs to be addressed.

There are many ways to increase milk production. These include enough rest, increasing your fluid intake, no smoking, healthy eating, natural remedies (ask your pharmacist) or request treatment from your obstetrician that will increase your milk production.

■ Tender abnormal nipples is a common problem.

This can occur from incorrect latching, or a local infection. Ask the nursing staff early to assist you with correct latching. Poor suck or biting is common. If your baby is well otherwise, this should resolve with enough stimulation and assistance.

Most important is to remember that you are not the only one struggling and there is help available. Read during pregnancy on techniques and how to overcome challenges.

Nursing staff and your paediatrician can assist you in hospital, and after discharge you can contact one of many lactation specialists if you have any concerns.

■ NEONATAL JAUNDICE

All babies have jaundice to a more or lesser degree. This is due to the short lifetime of the neonatal red blood cells and due to immature liver enzymes in all newborns. Jaundice is a normal condition in a newborn, but once the level of bilirubin reaches a critical level, your baby will require phototherapy.

Testing for jaundice levels are easy and often non-invasive. This will be done in the hospital.

After discharge, you can do the following to assess your baby:

- **Look for yellow discoloration, especially of the sclera (whites of the eyes).** If it occurs, contact your nearest hospital or clinic to do a screening test for jaundice.
- **Feed your baby often.** This will keep them well hydrated, and assist in decreasing the concentration of the bilirubin (responsible for jaundice).

Mothers with a “negative” blood group (for example A, B or O negative) must be aware that their children can get severe jaundice. **Regular testing is required.**

■ HYPOGLYCEMIA

Low blood sugar can occur in the first few hours after birth. This will be monitored by the staff. It can be prevented by feeding often, but if it persists,

a work-up will be done by your doctor and your baby might need additional “top-up” feeds or intravenous fluids. This is a common problem in babies where mothers have diabetes.

For this reason, it is essential to be healthy and control your diabetes during pregnancy.

■ NEONATAL SEPSIS

Infection during the first three months of life needs to be detected and managed with great urgency and priority.

The causes for infection can range from urinary tract infection, meningitis, or general infection that is still related to birth.

Some signs of neonatal sepsis are the following:

- Fever
- Irritability

- Poor feeding
- Lethargy (more-than-normal sleepiness)
- Vomiting, diarrhoea or abdominal distention
- Irregular breathing or apnoea (stopping breathing for more than 15 seconds)
- Blue discoloration
- Jaundice, especially longer than 14 days after birth

If any of the above occur, contact your nearest healthcare worker for a workup and relevant referral.

Finally, always surround yourself with a support system to help you on this journey! Remember that there is help and assistance available and seek medical advice if you are unsure or worried. **Never ignore your parental instinct that will guide you along the way! ■**





IMPORTANT THINGS

- Identity document
- Medical aid membership card
- Authorisation number
- Insurance information
- Birthplan
- A list of medications you are taking - including chronic medication
- Medical history such as allergies
- Cellphone and charger
- Camera, charger or batteries
- Two-point plug/double adapter



FOR YOUR BABY:

- Vests and sleep suits - clothes that fasten up at the front
- Socks, mittens, and hat
- Baby blankets/Receiving blanket
- Nappies
- Nappy cream
- Disposable baby wipes
- Petroleum jelly
- Cotton wool balls
- Baby powder
- Baby face cloths
- Newborn-sized dummy
- Outfit for leaving the hospital - clothes in different sizes for fit - consider the weather conditions
- Car seat
- Warm blanket (for the ride home)
- Formula, bottles, teats and sterilising equipment, if you plan to bottle-feed



FOR YOUR PARTNER

- A change of clothing
- Toiletries
- Small pillow
- Entertainment - books/tablet/music player
- Any daily prescription medication
- Cellphone and charger
- Camera and its charger or batteries

Packing for Two

WHAT TO PACK IN YOUR HOSPITAL BAG

Here are your must-haves (and some nice-to-haves) for the hospital. Ask ahead of time what the hospital will supply and what you need to bring from home. Start packing about two weeks before your due date to make sure you're ready for baby's big arrival.



BAG ONE (LABOUR):

- A robe/dressing gown
- Warm, non-skid socks
- Comfortable slippers and flip-flops
- Headband or ponytail holder
- Lip balm
- Unscented massage oil or body lotion
- Water spray and sponge
- Facecloths
- Toiletry bag

EXTRAS:

- Hot water bottle/thermal pack - to relieve aches in the back or legs
- Energy sweets
- Relaxing entertainment
- Eye mask
- Earplugs



BAG TWO (AFTER BIRTH)

- Nightdresses/pajamas - front-opening for easy breastfeeding
- Easy-to-wear day clothes
- Comfortable underwear - comfy full briefs to hold maternity pads
- Disposable underwear
- Nursing bras
- Bath towels
- Maternity pads
- Night-time sanitary pads
- Breast pads
- Loose, lightweight clothing
- Comfortable outfit to wear home - something loose-fitting

EXTRAS:

- Fruit juice or mineral water
- Healthy snacks
- A comfy pillow from home - with a case that can get ruined
- A feeding cover - if you are expecting visitors
- Breastfeeding pillow



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BEYOND THE MATERNAL GLOW

COMMON PREGNANCY-RELATED SKIN PROBLEMS

Skin-related conditions in pregnancy can be classified as either physiological (hormone-related); pre-existing (present before pregnancy); or those conditions that are specific to pregnancy. Fortunately, most of these ailments resolve postpartum and only a small percentage require medical treatment. Here is a list of the most common pregnancy-related skin concerns.

PHYSIOLOGICAL:

1. STRETCH MARKS

Stretch marks develop in up to 90% of pregnant women by the third trimester. Pregnancy causes your skin to stretch faster and more than usual, particularly in the abdomen, breasts and thighs. Hormonal factors affect the skin's elastic fibres and together with rapid stretching, induces thinning of the skin. Initially, they may appear as reddish or purple lines or bands. **After pregnancy, they gradually fade and become silvery white.** Very little evidence supports the use of stretch-mark cosmetics. Instead, avoiding rapid weight gain, and basic skin

care such as moisturising, may minimise their appearance.

2. MELASMA

Areas of your skin appearing darker is often one of the first signs that you're pregnant. Up to 90% of expecting moms find that their nipples and surrounding skin darken. Other pigmented areas such as moles and freckles may darken too. **Not to worry though, as these changes often lighten with time.** Brown or grey patches of pigmentation on the forehead, cheeks and neck are known as chloasma or melasma. Caused by normal pregnancy-related hormonal changes,

the condition is exacerbated by sun exposure. **Wearing a broad-spectrum sunscreen with a sun-protection factor of at least 30, wearing sun-protective clothing, and limiting exposure to sunlight, are paramount.** Although melasma often fades within three months of the baby's birth, one in ten women find that the patches persist. The use of a tinted foundation may be useful in camouflaging the patches and medical therapy can be prescribed postpartum.



Pregnancy causes your skin to stretch faster and more than usual, particularly in the abdomen, breasts and thighs.

3. LINEA NIGRA

The linea nigra is a vertical, hyperpigmented (darkened) line that appears down the middle of the abdomen. The brownish

streak is usually 1cm in width, crosses the navel and is induced by normal hormonal changes.

Usually the pigmentation appears around the fifth month of pregnancy and disappears several months after delivery.



cancerous) and will not affect the fetus. Persistent skin tags can be removed via a simple procedure by your doctor postpartum.

5. SPIDER VEINS

Changes in oestrogen production, normal to pregnancy, can cause dilation, proliferation and congestion of blood vessels.

These vascular changes primarily affect the face, neck and arms during the first and second trimester and regress postpartum. ▶▶

4. SKIN TAGS

Skin tags are common, soft, flesh-coloured growths that primarily affect the eyelids, neck, armpits and under the breasts. These growths are benign (not

PRE-EXISTING:

1. ACNE

Hormonal stimulation increases the production of sebum – a waxy, oily substance that can clog up your pores, leading to inflammation and breakouts. Pregnancy-related acne often resolves postpartum and is not as severe. **Not all acne therapy is safe during pregnancy.** Unsafe options include isotretinoin (a form of vitamin A), tetracyclines and hormonal therapies, which increase the risk of birth defects and growth deformities. Safer options include topical azelaic acid, benzoyl peroxide (Benzac) and salicylic acid. Cleansing with a mild cleanser and lukewarm water; not picking pimples; keeping the hair out of the face; using oil-free moisturisers and cosmetics and removing make-up before bed will help remove excess oil, prevent clogging of pores and accelerate healing of existing blemishes.

2. ATOPIC DERMATITIS AND PSORIASIS

Existing atopic dermatitis and psoriasis may improve or worsen during pregnancy. It is recommended that certain oral and topical medication is stopped before pregnancy and consultation with your doctor is advised to adjust management. Pregnancy-specific skin problems are abnormal skin concerns that require medical therapy.

These conditions include:

• **Polymorphic eruption in pregnancy**

Polymorphic eruption of pregnancy (PEP) is the most common pregnancy-specific skin problem. The disorder affects 1% of all pregnancies during the second and third trimester. Extremely itchy, red patches develop on the abdomen, in and around stretch marks. The cause of the ailment is unclear and it is neither contagious nor harmful to the mother or the fetus. Common associations include multiple and first pregnancies. PEP usually resolves spontaneously one to two weeks after birth.

• **Atopic eruption of pregnancy**

Atopic eruption of pregnancy is a common, itchy, eczematous

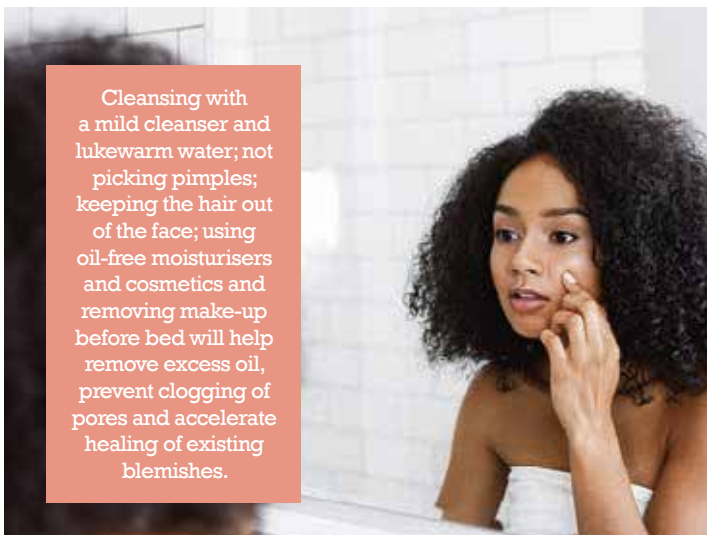
disorder occurring in women who have an atopic background. **The disorder has a rapid response to treatment and is harmless to both mother and fetus.**

• **Pemphigoid gestationis**

Pemphigoid gestationis is an autoimmune condition, characterised by intensely itchy, urticarial-like eruptions that form blisters on the abdomen during the second or third trimester.

• **Intrahepatic cholestasis of pregnancy**

Intrahepatic cholestasis of pregnancy is a pregnancy-induced liver disorder that presents in the third trimester as severe itching without any skin signs. **There is increased risk of premature delivery, low birth weight and intrauterine fetal demise. ■**



Cleansing with a mild cleanser and lukewarm water; not picking pimples; keeping the hair out of the face; using oil-free moisturisers and cosmetics and removing make-up before bed will help remove excess oil, prevent clogging of pores and accelerate healing of existing blemishes.



**Are you
Expecting?**

Melobabe offers
FREE
Antenatal Classes
& Birth Registration



Our Melobabe Maternity Programme will help and support expectant mothers with their exciting journey ahead.

REGISTRATION FORMS ARE AVAILABLE AT YOUR GYNAECOLOGIST'S ROOMS. SIGN UP TODAY TO ENSURE THAT YOU DON'T MISS OUT ON THESE AND OTHER FABULOUS OFFERS!

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MEDICAL SCHEME

MYTHS AND MISCONCEPTIONS

The world of medical schemes is a complicated one, and there are many myths and misconceptions doing the rounds. The Medical Schemes Act, 1998, regulate the operation of medical schemes in South Africa and the Council for Medical Schemes is the industry's regulatory body. So to ease your mind, here is the truth about some myths and misconceptions.

MYTH 1:
A scheme can exclude me from treatment for a pre-existing condition forever

FACT: No, they can't. They can only impose a 12-month waiting period for a pre-existing condition. If, however, they find out that you did not disclose a pre-existing condition, you can be found guilty of fraudulent behaviour, and there might be penalties imposed because of that.

MYTH 2:
A scheme can force me to use network hospitals

FACT: No, it can't. A scheme can encourage you to do so by guaranteeing no co-payments from your pocket if you stay within the network. If you choose to use out-of-network hospitals or doctors (except in certain emergencies), the scheme can make you pay the difference, but they can't force you to use certain healthcare services.

MYTH 3:
The money in the savings account is yours

FACT: It is yours in that it can only be used by you to pay for your medical expenses. You cannot draw the money out in cash, or use it to settle the bill for co-payments. This money is carried over from year to year if you don't use the full allocation. It will only be paid out to you four months after you have left the scheme.

MYTH 4:
Medical insurance is the same as a medical scheme

FACT: Medical insurance is not covered by the Medical Schemes Act and functions more like an income-replacement product than medical cover. A medical insurance product pays you out for certain diagnoses, or a hospital stay – it does not pay your medical bills.

MYTH 5:
A hospital plan will only pay for in-hospital treatment

FACT: Generally, yes, but all hospital plans also have to pay for the treatment of 25 chronic conditions. You might also be entitled to claim for six-monthly GP visits to have your chronic prescriptions renewed.

MYTH 6:
I cannot claim anything during the three-month waiting period

FACT: You couldn't buy a new pair of spectacles, but if you're in an accident, you could definitely get treatment at the nearest trauma unit.

MYTH 7:
Medical schemes make a profit

FACT: Medical schemes, as such, are not profit-making organisations. They might be part of bigger insurance companies, which do make a profit, but there are different laws governing insurance products and medical schemes. If they register a profit, it goes into the reserves of the scheme, and this belongs to the members.

Medical schemes have trustees, not shareholders. Only 8 of the 23 registered, open medical schemes in South Africa achieved an operating surplus in 2015.

MYTH 8:
I cannot put my parents on my medical scheme

FACT: If they are financially dependent on you, and you can prove it, they can join as adult dependants on your scheme.

MYTH 9:
A medical scheme cannot terminate my membership

FACT: They can, if you are unable to pay the monthly contributions, or if you are found guilty of making fraudulent claims. ▶▶



Sources: The Council for Medical Schemes; Alexander Forbes Health www.health24.com

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MYTH 10: I can change options whenever it suits me

FACT: You can usually only switch options once a year, in January, on most schemes. This is done to streamline administration of things such as savings accounts, which are allocated on an annual basis. Nothing stops you from changing options every year.

MYTH 11: If my scheme gives 100% cover it means that I don't have to pay in anything

FACT: Not true. Schemes can cover you for 100% of the medical fund tariff, which may be considerably lower than the cost of the private hospital or private doctor. You could, however, end up with a big co-payment.

MYTH 12: A scheme can tell me which medication to use

FACT: They can encourage you to use the medication on their medicines formulary. If you choose not to, you might have to pay the difference in cost, but they cannot force you to take a particular type of medication.

MYTH 13: A scheme can refuse my application

FACT: No, it cannot. A scheme can require a late-joiner penalty and impose a general waiting period of three months, or a condition-specific waiting period of no more than 12 months, on a new member. However, a scheme cannot refuse your application if you can pay the membership contribution.

MYTH 14: My employer has to subsidise my scheme contributions

FACT: No, they don't. The employer can, as part of your employment contract, require you to belong to a certain scheme, but they don't have to subsidise your contributions. If you work for the state, you might be lucky in getting a third of your contribution subsidised, but it is a privilege, not a right.

MYTH 15: Once my benefits run out, that's it for the year

FACT: Even if your savings account is depleted, you are still covered for in-hospital treatment.

You can also apply to your scheme for further ex-gratia payments for day-to-day treatment. These are evaluated on a case-by-case basis, according to certain protocols. ■

A scheme can encourage you to use the medication on their medicines formulary, but they cannot force you to take a particular type of medication.



STAY AT THESE FAIRY TALE FORESTS

Once upon a time in a deep, dark forest not so very far away, TravelGround had some lovely tree-filled stays, and so Red Riding Hood and the woodcutter had a romantic weekend in a granny cottage, Goldilocks was served a delicious meal before retiring to her luxurious bed, and Snow White had a blast with her seven friends during their weekend getaway.

All images found on TravelGround.com

GROOTVADERSBOSCH, SWELLENDAM, WESTERN CAPE:

This indigenous forest, situated near Heidelberg and Swellendam, has only been a reserve since 1986, but has quickly grown in popularity. Featuring nearly all of the great indigenous afro-montane forest trees, of which the giant redwoods are the most characteristic of the region, there is plenty of dappled shade to make your forest walk a comfortable one.



BRACKENHILLS PRIVATE NATURE RESERVE

Rates: From R1200 per night for 2 people

If you'd like to be right on the forest's doorstep, Bracken Hills is the way to go. These 2-sleeper glamping tents and single caravan make use of a fully equipped communal kitchen, otherwise traditional African meals can be prepared for you.



HERMITAGE HUISIES

Rates: From R750 per night for 2 people

Some 50 km west of Grootvadersbosch you'll find these adorable 2- to 5-sleeper cottages. If a day trip to the forest and dinner at one of Swellendam's restaurants is on your itinerary, Hermitage is the perfect, tranquil accommodation to retire to after an eventful day. It is also right next to the berry farm!



AUGUSTA DE MIST

Rates: From R1320 per night for 2 people

Though some way away from the forest itself, the beautiful 2- to 3-sleeper units at this guesthouse in Swellendam will ensure that you sleep like Snow White to awaken feeling fresh and ready for a day amongst the trees.



MISTY MOUNTAIN RESERVE

Rates: From R1800 per night for 4 people

Flanked by the Indian Ocean on the one side and the Tsitsikamma Mountains and Forest on the other, this lodge offers breathtaking views and nature activities like fishing and cycling.



TSITSIKAMMA LODGE

Rates: From R1595 per night for 2 people

Rustic log cabin meets grand lodge at this beautiful hotel set in the forest and surrounded by the mountains. Each of the 34 cabins have luxurious amenities like a private deck and a spa bath, and delicious meals are served in the restaurant on site.



TSITSIKAMMA FOREST, GARDEN ROUTE, WESTERN CAPE:

The Tsitsikamma National Park, if properly explored, packs quite a punch for any nature lover. Boasting 116 giant tree species, one of which, the "Big Tree" yellowwood, is about 800 years old with a circumference of 9m, Tsitsikamma is worth a trip and, therefore, worth a stay as well.

BLUE HORIZON - ABSOLUTE TSITSIKAMMA

Rates: From R2000 per night for 2 people

Situated on the breakers with the forest as its backyard, this 8-sleeper self-catering house offers breathtaking ocean views – maybe you'll even spot some whales or dolphins!



PEAR TREE COTTAGES

Rates: From R770 per night for 2 people

Have an environmentally friendly forest-stay in one of these two quaint, secluded 3- to 4-sleeper cottages which are equipped with self-catering facilities. Set in tranquil surroundings near the Storms River Peak, the frogs and birds will sing you to sleep.

PLATBOS FOREST, OVERBERG, WESTERN CAPE:

Join owners Francois and Melissa Krige at the southernmost forest reserve in Africa, just off the R43 between Gansbaai and Hermanus.

PLATBOS FOREST

Rates: R850 per night for 2 people

Platbos Forest offers a range of accommodation options under 1000-year-old milkwoods. Experience this off-the-beaten-track-forest in an off-the-grid-way when you find yourself in the Overberg region again. ■



REVAMPING SCHOOL LUNCH BOXES



Here are two must-try back-to-school lunches that kids are guaranteed to eat with some lunch box tips.

Lunch box tips:

PACKING FOR KIDS

- Pack food that looks appealing, like kebabs with cucumber and tomato.
- Keep everything fresh in a well-sealed lunch box or small cooler bag.
- Food that is a size that is easy to handle, like mini meat balls or small pieces of veggies or fruit, are more likely to be eaten.
- Pack a variety of textures and colours to ensure that the lunch is eaten and not swopped at school.
- Keep treats for special occasions, rather than every day.
- Send kids to school with a bunch of grapes or an apple instead of tuck shop money.

PACKING DRINKS

- Avoid fizzy or sugary cool drinks, rather enjoy diluted 100 % fruit juice or homemade ice tea.
- Water is the best choice, add lemon slices for extra flavour.
- In summer, freeze water bottles overnight to have ice cold water throughout the day. This also keeps your lunch box cool.



Apple and Cinnamon Muffins

Recipe from recipe book *Cooking From The Heart 1* (www.cookingfromtheheart.co.za)

MAKES 12 MUFFINS

Muffins are a delicious treat, but shop-bought muffins can be very high in sugar, fat and other additives – which is why homemade is always best. These muffins are easy to prepare and the whole family will enjoy them!

Ingredients

- + 1 cup (250 ml) cake flour
- + 1 cup (250 ml) whole wheat flour
- + 1 tbsp (15 ml) baking powder
- + 2 tsp (10 ml) ground cinnamon
- + ½ cup (125 ml) sugar
- + 1 cup (250 ml) grated apples
- + 1 cup (250 ml) finely grated carrots

- + 3 eggs, beaten
- + 100 ml low-fat or fat-free milk
- + ½ cup (125 ml) sunflower oil
- + 1 tsp (5 ml) vanilla essence

Method

1. Preheat oven to 180 °C and place paper muffin cups into a 12-hole muffin pan.
2. Mix dry ingredients together in a mixing bowl. Stir in apples and carrots until blended.

3. Beat eggs, milk, oil and vanilla together. Stir egg mixture into the dry ingredients until just mixed through. Take care not to over mix.
4. Divide batter between muffin cups and bake for 15-20 minutes or until golden brown and cooked through.
5. Allow to cool on a cooling rack and pack as a lunch box treat or enjoy as an afternoon snack.



Tuna and Corn Cakes

Recipe from recipe book *Cooking From The Heart 2* (www.cookingfromtheheart.co.za)

MAKES ABOUT 25 TUNA CAKES

These easy and tasty little fish cakes are perfect to get kids to eat more veggies – especially at lunch time. You could add different flavours or spices to the mixture, such as paprika or dried mixed herbs. For a spicier flavour add a pinch of cayenne pepper.

Ingredients

- + 1 x 170 g tin tuna in water, drained
- + 1 x 410 g tin cream style sweet corn
- + ⅓ cup (80 ml) frozen peas, rinsed
- + 1 cup (250 ml) whole wheat flour
- + ½ tsp (2,5 ml) baking powder
- + 2 eggs, beaten
- + 2 tbsp (30 ml) chopped fresh parsley

- + ¼ tsp (1,2 ml) salt
- + 1 tbsp (15 ml) lemon juice
- + black pepper to taste
- + 2 tbsp (30 ml) sunflower or canola oil for frying

Method

1. Place all the ingredients, except the oil, in a large mixing bowl. Mix until well combined.
2. Heat half of the oil in a large frying pan over a medium heat. Fry small spoonfuls of the mixture on both sides until

- golden brown and cooked.
3. Spoon out and drain on paper towel. Repeat with the rest of the mixture and a little extra oil if necessary.
4. Serve as part of a lunch box with lemon wedges, sweet chilli sauce, tomato sauce or chutney. Carrot sticks, blanched broccoli florets and wedges of fruit like apple and pear will make for a more filling lunch. ■



HOUSE CALL

MEET ONE OF OUR DEDICATED SPECIALISTS:



Dr Belete Woldu

Obstetrician and Gynaecologist at Melomed Tokai Private Hospital

1. What is your greatest fear?

My greatest fear is that one day I may not be able to practise obstetrics due to the rising cost of indemnity.



2. Where is your favourite place to eat, and why?

Ocean Basket – I like the mix of fish and creepy-crawly in a pan.



3. What's the most fun you've had in the past few weeks?

A braai at my place with my staff and their family in December.



4. How do you think people will remember you?

As kind and friendly, never pushy.

5. Why did you choose your profession?

Because of my love for Obstetrics and my desire to be involved in the magic of pregnancy and childbirth.



6. What accomplishment are you most proud of?

Being a committed husband and father to two kids.

7. What do you like to do in your spare time?

I do not have much of it



but I like to spend it with family and watch TV.

8. Who is your biggest fan?

My children ... I guess.

9. If you could possess one super-human power, what would it be?

The ability to heal.



10. Which three songs would you listen to for the rest of your life, if you had to pick?

"You Got a Friend in Me" by Michael Bubl , "Green Light" by John Legend; and "No Woman, No Cry" by Bob Marley. ■



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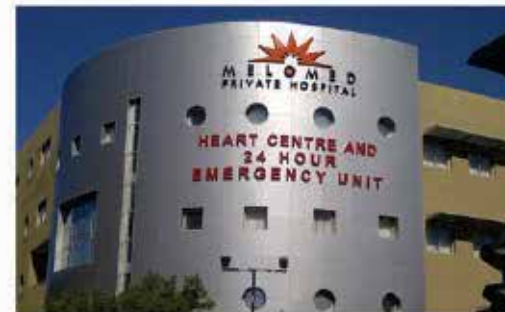
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BE A SAFE WATER WARRIOR



Cape Town is being described as the first major city in the developed world that would run out of water. As a result of the serious drought crisis, the City of Cape Town has asked residents to use as little water as possible. By reusing some water, we can save water and money.

Typically, 50-80% of indoor water used in the home can be reused as greywater. However, there are some significant health and hygiene risks that need to be well managed as greywater often contains harmful bacteria or germs, and the way it is used can result in disease.

GREYWATER IS: untreated wastewater which comes from baths and showers (body washing) and handwash basins. Laundry water from washing machines or hand washing only qualifies as greywater for reuse if environmentally friendly detergents have been used. Greywater can contain the following: bacteria, pathogens, organic material, oil and grease, soap and detergent

residue, pesticide residue, dirt, lint, sodium, nitrates and phosphates, high salt and pH levels, bleach, hair and skin particles.

GREYWATER IS NOT: toilet water (which contains faecal matter and germs or pathogens) or water from spas, Jacuzzis and pools. Water from kitchen sinks and dishwashers contains grease, fats, oils, bacteria and food or other solid particles and must not be reused.

GENERAL RULES FOR THE SAFE USE OF GREYWATER

The following advice applies to greywater that is used within 24 hours, and for general (manual) 'bucketing' use in, for example, formal dwellings, businesses, sports and other clubs, schools and places of worship.

WHAT TO DO

- Sanitise your hands after use
- Use environmentally friendly detergents and soaps where possible
- Install an alternative water system

(e.g. borehole) that requires plumbing work. (See conditions for safe and legal installation at www.capetown.gov.za/thinkwater and consult a specialist.)

WHAT NOT TO DO

- Don't store for longer than 24 hours as this will lead to bad odour, slime build-up and health risks. If you do, it needs filtration, disinfection and treatment as advised by a specialist
- Don't use if any household member is sick
- Don't reuse nappy-washing water
- Don't allow children and animals to come into contact with greywater
- Don't ever ingest or swallow greywater
- Don't spray greywater. Spraying disperses and spreads pathogens (through aerosols)
- Don't allow greywater to leave the property and flow into storm water drains or streams and rivers
- Once you have used some greywater, don't use that same greywater for anything else. ■

Source: <http://capetown.gov.za/thinkwater>



SAMWUM+ED

Real Heritage. Real People. Real Health Care.

REASONS WHY YOU SHOULD JOIN US, STAY WITH US

As one of the most affordable medical aid schemes in South Africa catering specifically to local government employees and associated industries, we strive to deliver the best healthcare cover through two different medical aid plans that include essential healthcare benefits at low contributions.



1 MONTH WAITING PERIOD

We have reduced the general waiting period from 3 months to 1.



LOWEST CONTRIBUTION INCREASES IN THE INDUSTRY

Our contribution increases are about the lowest in the industry. Whilst we have reviewed the Overall Annual and Hospital Limits – our analysis indicates that this may only adversely affect approximately 3% of members. The average claim spend of an average family remains at approximately R30 000.00 – so in simple logic a million rands worth of benefit is not generally going to be consumed by the average family – except being used to woo and impress members. The only incentive this creates is for opportunistic service providers. In the event that a member does require high level care for PMB conditions – THERE ARE NOT LIMITS.



ACCESS TO PRIVATE HOSPITALS*

Our hospital contracts have been reviewed to include PMB level of care in private hospitals, subject to terms and conditions.



NO SAVINGS ACCOUNTS

We do NOT subscribe to Savings Accounts – this ensures that members are NOT double billed.

WE ARE ABLE TO PROVIDE PERSONALISED SERVICES

We have our own marketing infrastructure – this means that we are able to provide personalised services on an exclusive and consistent basis. We have our own offices and are rolling out more offices around the country.

NO LATE JOINER FEES

You do not pay late joiner fees when you join us.



WE ARE FINANCIALLY STABLE

We have been independently judged as the 2nd most sustainable medical scheme in South Africa by Alexander Forbes.



Alexander Forbes Health Medical Schemes Sustainability Index: SAMWUMED is one of the top three most sustainable medical schemes in SA, an accolade won by SAMWUMED for a third time...

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DISCLAIMER:

This advert is prepared and distributed for purposes of providing you with essential information to help you select the best benefit option for you and your family. It is not a full guide to the Scheme Rules and Benefits and does not supersede the Scheme Rules. All contributions and benefit options presented in the 2018 Highlights Flyer are subject to the approval by the Council for Medical Schemes. Kindly familiarise yourself with your chosen benefit option and note where pre-authorisations, motivations and/or letters of referral are required to access benefits.



"Pathology that Adds Value"

Thyroid Functions

The most common conditions that can affect the thyroid gland is under activity (Hypothyroidism) or over activity (Hyperthyroidism)

The symptoms of an **UNDERACTIVE** thyroid gland

- Fatigue
- Apathy
- Weight gain
- Hair loss
- Cold intolerance

The symptoms of an **OVERACTIVE** thyroid gland

- Hot flushes
- Increased heart rate
- Heat intolerance
- Weight loss

Thyroid testing is available at PathCare laboratories. Please contact your doctor for a consultation or advice regarding thyroid testing