

# Trans health



transmed  
MEDICAL FUND

FIRST EDITION OF 2023

Welcome to the  
first **2023** edition  
of TransHealth,  
your healthcare  
magazine.

## IN THIS EDITION:

- Principal Officer's note
- Ulcerative colitis
- Is it dandruff or dry scalp?
- Bell's palsy
- COVID-19 booster vaccination
- Important contact details
- Competition entry



Petrus  
Wassermann  
*Principal Officer*

# Principal Officer's note

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On behalf of the Transmed team and Board of Trustees, I would like to extend our warmest wishes for 2023 to all our members and a special welcome to all our new members who recently joined the Fund. We would like to wish you and your loved ones a healthy 2023.

In this edition we cover a range of topics that I believe will be of value to you and your family.

In our regular competition, we ask you to inform us whether certain statements are true or false. All the answers are in this issue, so read carefully before answering. On that note, I would also like to congratulate the winners of the fourth edition of 2022 competition.

We hope that you will take the time to read this newsletter and that you find it informative and helpful.

Ensure that your contact details are updated with the Fund to enable our correspondence to reach you timeously. Kindly contact our customer service department on 0800 450 010 to update your details.

Should you wish to give us feedback, please do not hesitate to do so by sending an email to [suggestions@transmed.co.za](mailto:suggestions@transmed.co.za).

Warm regards

**Petrus Wassermann**  
*Principal Officer*



# ULCERATIVE COLITIS

Ulcerative colitis is an inflammatory bowel disease (IBD) that causes inflammation and ulcers (sores) in your digestive tract.

## What is ulcerative colitis?

Ulcerative colitis affects the innermost lining of your large intestine, also called the colon, and rectum. In most people, symptoms usually develop over time, rather than suddenly.

Ulcerative colitis can be draining and can sometimes lead to life-threatening complications. While it has no known cure, there are several new treatments that can greatly reduce signs and symptoms of the disease and bring about long-term relief.



# ULCERATIVE COLITIS

CONTINUES>>

## Symptoms

Ulcerative colitis symptoms can vary, depending on the severity of inflammation and where it occurs. Signs and symptoms may include:

- diarrhoea
- rectal bleeding, i.e. passing a small amount of blood with stool
- abdominal pain and cramping
- rectal pain
- urgent need to defecate
- inability to defecate despite urgency
- weight loss
- fatigue
- fever
- in children, failure to grow.

Most people with ulcerative colitis have mild to moderate symptoms. The course of ulcerative colitis may vary, with some people having long periods during which its signs and symptoms disappear. This is called remission.

## Types

Healthcare providers often classify ulcerative colitis according to its location. Symptoms of each type often overlap. Types of ulcerative colitis include:

- **Ulcerative proctitis.** Inflammation is confined to the area closest to the anus, also called the rectum. Rectal bleeding may be the only sign of the disease.
- **Proctosigmoiditis.** Inflammation involves the rectum and sigmoid colon — the lower end of the colon. Symptoms include bloody diarrhoea, abdominal cramps and pain, and an inability to move the bowels despite the urge to do so. This is called tenesmus.
- **Left-sided colitis.** Inflammation extends from the rectum up through the sigmoid and descending portions of the colon. Symptoms include bloody diarrhoea, abdominal cramping and pain on the left side, and an urgent need to defecate.



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The course of ulcerative colitis may vary, with some people having long periods during which its signs and symptoms disappear. This is called remission.'

- **Pancolitis.** This type often affects the entire colon and causes bouts of possibly severe, bloody diarrhoea, abdominal cramps and pain, fatigue and significant weight loss.

## Causes

The exact cause of ulcerative colitis remains unknown. Previously, diet and stress were suspected. However, researchers now know that these factors may aggravate, but don't cause, ulcerative colitis.

One possible cause is an immune system malfunction. When your immune system tries to fight off an invading virus or bacterium, an irregular immune response causes the immune system to attack the cells in the digestive tract, too.

Heredity also seems to play a role in that ulcerative colitis is more common in people who have family members with the disease.

However, most people with ulcerative colitis don't have this family history.

## Risk factors

Ulcerative colitis affects about the same number of women and men. Risk factors may include:

- **Age.** Ulcerative colitis usually begins before the age of 30, but it can occur at any age. Some people may not develop the disease until after the age of 60.
- **Race or ethnicity.** Although white people have the highest risk of the disease, it can occur in any race.
- **Family history.** You're at higher risk if you have a close relative, such as a parent, sibling or child, with the disease.

**Source:** <https://www.mayoclinic.org/diseases-conditions/ulcerative-colitis/symptoms-causes/syc-20353326>



# IS IT DANDRUFF OR DRY SCALP?

Both dandruff and dry scalp cause flakes and itchy skin on your scalp, which makes them challenging to distinguish. Oily, large flakes typically point to dandruff, while dry, smaller flakes signal dry scalp.

If you have a dry, flaking scalp, you may suspect dandruff, but it could be a symptom of dry scalp. Dandruff and dry scalp have the same main symptoms, which are falling flakes and an itchy scalp, but they're two different conditions.

With dry scalp, your skin gets irritated and flakes off. With dandruff, the cause is too much oil on your scalp along with an overgrowth of yeast, called *Malassezia*, that's already on your skin. The excess oil causes skin cells to build up and then shed. Knowing which of these conditions you have can help you get the right treatment and banish those flakes for good.



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Often, a fungus called *Malassezia* triggers dandruff. This fungus normally lives on your scalp.'

## Causes of dry scalp

You get dry scalp when your skin has too little moisture. The skin on your scalp becomes irritated and flakes off. If your scalp is dry, the skin on other parts of your body, such as your arms and legs, could be dry too.

### **Causes include:**

- exposure to cold, dry air
- contact dermatitis caused by a reaction to products you apply to your scalp, such as shampoo, styling gel and hairspray
- older age
- the use of products that strip the natural oils from your skin.

## Causes of dandruff

The skin cells on your scalp and body normally multiply when you need more of them. Then they die and shed off. The process of shedding and renewal of skin cells occurs on a regular basis and occurs faster in response to inflammation. When you have dandruff, skin cells on your scalp shed more quickly than usual.

The main cause of dandruff is seborrheic dermatitis, a condition that turns your skin oily, red and scaly. The white or yellow scales flake off, creating dandruff. You can get seborrheic dermatitis anywhere you have oil glands, including your eyebrows, groin, armpits, chest, upper back, ears and along the sides of your nose. In babies it's called cradle cap.



# IS IT DANDRUFF OR DRY SCALP?

CONTINUES>>>

Often, a fungus called *Malassezia* triggers dandruff. This fungus normally lives on your scalp. If you have too much of it, though, it causes your skin cells to multiply more quickly than usual.

## Certain factors can cause *Malassezia* to multiply, including:

- age
- hormones
- stress
- underlying medical conditions and nutritional deficiencies.

Dirty hair doesn't cause dandruff, but if you don't wash your hair often enough, the oily build-up can contribute to flakes.

## Dandruff versus dry scalp

One way to tell the difference between dry scalp and flakes from dandruff is by their appearance. Dandruff flakes are

bigger and they look oily. In babies with cradle cap, their scalps look scaly or crusty. Both dryness and dandruff can make your scalp itch.

## Symptoms of dandruff versus dry scalp

The following is a comparison of the main symptoms of each condition:

|   | Dandruff | Dry scalp |
|---|----------|-----------|
| Oily, large flakes that are yellow or white | ✓        |           |
| Smaller, dry flakes                         |          | ✓         |
| Itchy scalp                                 | ✓        | ✓         |
| Oily, red and scaly skin                    | ✓        |           |
| Dry skin on other parts of your body        |          | ✓         |



## Treatment

If you have dry scalp, wash your scalp with a gentle shampoo and then use a moisturising conditioner. One way to tell whether you have dry scalp or dandruff is to apply a light moisturiser to your scalp before you go to bed. If the cause is dry scalp, the flakes should disappear once you shower the next morning. Some hair stylists can perform a scalp treatment that uses steam to deliver more moisture to your scalp.

For mild dandruff, wash your hair every day with a gentle shampoo to lower the amount of oil on your scalp. If your dandruff is more severe or a regular shampoo doesn't work, try a dandruff shampoo. Most dandruff shampoos contain medication that kills the fungus on your scalp or removes flaky skin.

## Prevention

Here are some tips to prevent dandruff and dry scalp:

- If you have dandruff, wash your hair often with an antidandruff shampoo. Make sure to rinse out all the shampoo.
- Avoid using hair products that contain harsh chemicals, such as bleach and alcohol. These ingredients can dry out your scalp. Also avoid oily hair products that can build up on your scalp.
- Spend a few minutes out in the sun every day. There's some evidence that ultraviolet (UV) light exposure can help control dandruff. You don't want to get too much sun exposure, though, because it can increase your risk of skin cancer.

**Source:** <https://www.healthline.com/health/skin-disorders/dandruff-vs-dry-scalp>





# BELL'S PALSY

Bell's palsy is a condition that causes sudden weakness in the muscles on one side of the face. In most cases, the weakness is temporary and significantly improves over weeks. The weakness makes half of the face appear to droop. Smiles are one-sided and the eye on the affected side resists closing.

Bell's palsy is also known as acute peripheral facial palsy of unknown cause. It can occur at any age. The exact cause is unknown. Experts think it's caused by swelling and inflammation of the nerve that controls the muscles on one side of the face. It could be caused by a reaction that occurs after a viral infection.

Symptoms usually start to improve within a few weeks, with complete recovery in about six months. A small number of people continue to have some Bell's palsy symptoms for life. Rarely, Bell's palsy occurs more than once.



In rare cases, Bell's palsy can affect the nerves on both sides of your face.

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## Symptoms

Signs and symptoms of Bell's palsy come on suddenly and may include:

- rapid onset of mild weakness to total paralysis on one side of your face – occurring within hours to days
- facial droop and difficulty making facial expressions, such as closing your eye or smiling
- drooling
- pain around the jaw or in or behind your ear on the affected side
- increased sensitivity to sound on the affected side
- headache
- a loss of taste
- changes in the number of tears and saliva you produce.

In rare cases, Bell's palsy can affect the nerves on both sides of your face.





# BELL'S PALSY

CONTINUES>>

## Causes

Although the exact reason Bell's palsy occurs isn't clear, it's often related to having a viral infection. Viruses that have been linked to Bell's palsy include viruses that cause:

- cold sores and genital herpes (herpes simplex)
- chickenpox and shingles (herpes zoster)
- infectious mononucleosis (Epstein-Barr)
- cytomegalovirus infections
- respiratory illnesses (adenovirus)
- German measles (rubella)
- mumps (mumps virus)
- flu (influenza B)
- hand, foot and mouth disease (Coxsackie virus).

The nerve that controls facial muscles passes through a narrow corridor of bone on its way to the face. In Bell's palsy, that nerve becomes inflamed and swollen – usually due to a viral infection. Besides facial muscles, the nerve affects tears, saliva, taste and a small bone in the middle of the ear.


## Risk factors

Bell's palsy occurs more often in people who:

- are pregnant, especially during the third trimester, or who are in the first week after giving birth
- have an upper respiratory infection, such as the flu or a cold
- have diabetes
- have high blood pressure
- are obese.

*Attacks of Bell's palsy rarely occur more than once, but when they do occur again, there's often a family history. This suggests that Bell's palsy might have something to do with your genes.*

**Source:** <https://www.mayoclinic.org/diseases-conditions/bells-palsy/symptoms-causes/syc-20370028#:~:text=Bell's%20palsy%20is%20a%20condition,the%20affected%20side%20resists%20closing.>



# COVID-19 booster vaccination

From 30 January 2023, vaccinated adults are eligible for an extra COVID-19 booster vaccination:

- Adults aged between 18 and 49 years can now have a total of four doses.
- Adults aged 50 years and older can now have a total of five doses.

The fourth and fifth doses can be given after 180 days has passed since the previous vaccination.

Adults aged 18 and older who are registered as immunocompromised on the Electronic Vaccination Data System (EVDS) are eligible for additional booster doses, provided that a period of 180 days has passed since the previous booster dose.

*Please note  
that most larger  
vaccination sites have  
closed down, but  
vaccinations are still  
available at some  
pharmacies. Members can  
visit [www.findmyjab.co.za](http://www.findmyjab.co.za)  
to confirm an available  
vaccination facility close  
to them.*



# IMPORTANT CONTACT DETAILS



## Who to call to get in touch with the Fund

| Service                                      | Link plan  | Select and Prime plans   |
|--|--|--|
| Customer service department                  | Universal Healthcare<br>0861 686 278<br>transmed@universal.co.za | 0800 450 010<br>enquiries@transmed.co.za                         |
| Membership and contributions                 | 0800 450 010   | 0800 450 010   |
| Hospital and major medical pre-authorisation | Universal Healthcare<br>0861 686 278                             | 0800 225 151   |
| Disease programmes                           | Universal Healthcare<br>0861 686 278                             | 0800 225 151   |
| Ambulance authorisation                      | 0800 115 750   | 0800 115 750   |
| HIV/AIDS                                     | Universal Healthcare<br>0861 686 278                             | 0860 109 793   |
| Dental services                              | Universal Healthcare<br>0861 686 278                             | Select plan<br>0860 104 941<br>Prime plan<br>0800 450 010        |
| Optical services                             | Universal Healthcare<br>0861 686 278                             | Select plan<br>PPN<br>0861 103 529<br>Prime plan<br>0800 450 010 |
| Fraud hotline                                | 0800 000 436   | 0800 000 436   |
| WhatsApp                                     | 0860 005 037   | 0860 005 037   |

## Important email addresses

| Services   | Email address              |
|--|----------------------------|
| Enquiries  | enquiries@transmed.co.za   |
| Banking details and membership                                   | membership@transmed.co.za  |
| Compliments  | compliments@transmed.co.za |
| Complaints   | complaints@transmed.co.za  |
| Appeals  | appeals@transmed.co.za     |
| Claims   | claims@transmed.co.za      |
| Ex gratia  | exgratia@transmed.co.za    |
| Suggestions  | suggestions@transmed.co.za |
| External service provider for the Link plan Universal Healthcare | transmed@universal.co.za   |

**DISCLAIMER:** The information and articles in this newsletter do not constitute medical advice or a medical claim for any product of any nature whatsoever on behalf of the publisher, Fund, Administrator or the distributor. Consult a qualified healthcare practitioner for diagnosis or treatment of any diseases or medical conditions.

It is with great pleasure that we announce the winners of the Test Your Knowledge competition from the **fourth edition of TransHealth for 2022.**

#### WINNERS:

##### First prize

Mr M Nevhorwa

##### Second prize

Ms SC Borman

##### Third prize

Mr WM Fish

# Win with Transmed

## True or False competition

We are giving away prizes to the winners of our True or False competition. All you need to do is to indicate whether the statements in the entry form are true or false. You will find the answers in this edition of the newsletter. The first correct entry will win R2 000. The second and third correct entries will each win R1 000.

Please note that terms and conditions apply.

#### You may use the following channels to forward your answers:

- Post: True or False competition, PO Box 2269, Bellville 7535
- Email: [enquiries@transmed.co.za](mailto:enquiries@transmed.co.za)
- Fax: 011 381 2041/42

Please write down the correct answer in the entry form along with your contact details. Your entry form must reach Transmed Medical Fund by no later than 30 April 2023.

Please indicate 'true' or 'false' next to each statement.

TRUE

FALSE

1. Call 0860 000 436 to report fraud.
2. Fatigue is a symptom of ulcerative colitis.
3. There are five types of ulcerative colitis.
4. Pancolitis affects a part of the colon.
5. The main cause of dandruff is seborrheic dermatitis.
6. Attacks of Bell's palsy come back frequently.

☐☐☐☐☐☐☐☐☐☐☐☐

FULL NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

MEMBERSHIP NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

TEL (H): \_\_\_\_\_

TEL (W): \_\_\_\_\_

#### ANSWERS FROM PREVIOUS ISSUE

**Question 1:** Six

**Question 2:** Anosmia

**Question 3:** Depression, anxiety and behavioural problems

**Question 4:** Acne

**Question 5:** Sunburn

**Question 6:** Athlete's foot

#### Terms and conditions

• The competition is only open to Transmed Medical Fund members and their registered dependants. • Late entries will not be considered for the draw. • Please note that entries may be posted, emailed or faxed to Transmed. • Winners will be notified telephonically and their names will be published in the TransHealth magazine. Transmed may require the publication of the photographs of the winners. • The judges' decision is final and no correspondence will be entered into. • Entry into the competition signifies acceptance of all rules.