

# Embarrassing problems you should never ignore...

Many of us are too ashamed to seek help for certain health-related conditions. But don't be – your GP has seen and heard it all before!

More than 50% of adults admitted 'putting up' with a problem because they found it embarrassing, according to a recent poll\*. And only 23% of women said they would see their GP to get it checked, compared to 41% of men. Yet doctors insist they've seen and heard it all before. 'Talking about embarrassing symptoms is something that we do every day,' says GP Dr Penelope Ward. 'You're providing essential clues for us to determine if there's an underlying problem we can help with.'

## EXCESSIVE SWEATING

### The problem

Hyperhidrosis (excessive sweating) sufferers produce four to five times the normal amount of sweat per day, explains Dr Pixie McKenna. 'Primary hyperhidrosis is where the sweating occurs on the palms of hands, soles of feet, under the arms and on the face – while secondary hyperhidrosis is sweating all over the body.'

### The solution

Use an antiperspirant that contains aluminium chloride, like Driclor (R165,95 from Dis-Chem), which actually blocks the sweat glands. Doctors usually recommend starting with this, as it's the

least invasive treatment. Botox can also be used to temporarily treat armpit sweating by paralyzing the muscle to the sweat glands. Clinics like The Laser Beautique ([thelaserbeautique.co.za](http://thelaserbeautique.co.za)) and Skin Renewal ([skinrenewal.co.za](http://skinrenewal.co.za)) offer pain-free treatments for excessive sweating. If these don't work, medication that blocks the sweat glands is available. For more information, consult your GP.

25% of women have misdiagnosed themselves on the internet – then bought the wrong product\*\*

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## DISCHARGE

### The problem

It's normal to produce a clear or white vaginal discharge, but if you experience a change to the colour, consistency or smell; an itch or pain in your abdomen; or unexpected bleeding, then you should see your GP. 'Causes include thrush (a fungal infection often accompanied by an itch, and creamy discharge); bacterial vaginosis (an overgrowth of vaginal bacteria sometimes caused by using perfumed bath products); sexually transmitted infections, like chlamydia and gonorrhoea; or forgetting to remove a tampon,' says Dr Ward.

### The solution

Vaginal infections of all types can be diagnosed with a simple swab and are treated with antibiotics (or over-the-counter anti-fungal remedies for thrush). Remember, the vagina is self-cleansing, so washing internally can upset the natural balance of bacteria or yeast, leading to infection.

## PILES

### The problem

The most common cause of piles (haemorrhoids) is constipation. The more you strain to pass stools, the more pressure you put on the blood vessels, which then form lumps. Pregnancy can also cause piles due to the added pressure on the veins from the baby. They can occur inside or outside the anus and symptoms include blood from your anus, discomfort after going to the toilet, and a slimy mucus discharge.

### The solution

'Piles will often settle down on their own after a few days,' says GP Dr Ward. A high-fibre diet with plenty of fruit and vegetables, drinking water, exercise and maintaining a healthy weight will help reduce the risk of constipation and straining. 'There are, however, a number of over-the-counter creams and suppositories to help reduce the discomfort. These can be used for up to seven days at a time.' In rare instances, piles may need to be surgically removed.

## INCONTINENCE

### The problem

There are different types of urinary incontinence, but the most common is stress incontinence, explains Dr Dawn Harper. It's caused by a weakening of the pelvic floor muscles, which hold the bladder in place – due to pregnancy, birth, hormones and certain medication. 'Sufferers

find any physical activity like coughing or sneezing can cause urine to leak.'

### The solution

'Regular pelvic floor exercises will cure the problem in three out of four cases,' says Dr Harper. If you're unsure how to exercise, your GP can refer you to a physiotherapist or incontinence specialist. If there's no improvement, they can offer you specialist techniques including vaginal cones. Occasionally, surgery may be required. One non-invasive technique uses tension-free vaginal tape and can be done under local anaesthetic.

## BAD BREATH

### The problem

'Halitosis affects 50% of us at some stage in our lives,' says Dr McKenna. While about 10% of cases are due to conditions like diabetes, sinusitis, tonsillitis or medication side effects, diet (garlic, coffee, etc.) and smoking are also common causes. In 90% of cases, however, it's due to poor dental hygiene.

### The solution

Have a dental check up twice a year; brush your teeth morning and night time for at least two minutes with a fluoride-based toothpaste; always floss and rinse your mouth out with mouthwash. Chewing sugar-free gum will stimulate saliva to 'self-clean' the mouth. But, if you feel that you have a medical condition, or are on medication that's contributing to your bad breath, talk to your GP.

## FLATULENCE

### The problem

'The usual culprit is swallowing more air than usual, or eating food that's difficult to digest,' says Dr Ward. 'This causes the bacteria living in your gut to produce gas. If the food takes a long time to digest, it can start to decompose and release sulphur – a foul-smelling gas. Beans, lentils and prunes are triggers for this, but also be wary of slimming products containing sorbitol or fructose.'

### The solution

Choose carbs that are easily absorbed like potatoes and rice, and avoid swallowing air – so no gum or smoking. Eat slowly and exercise, which aids digestion. Sometimes the cause can be a health condition affecting your digestive tract. 'If you suffer with persistent abdominal pain, unexplained weight loss, blood in your stools or recurring episodes of diarrhoea or constipation, see your GP,' says Dr Ward.