



**YAYASAN JANTUNG MALAYSIA**  
(The Heart Foundation of Malaysia)

# BERITA *yayasan* **Jantung** *Malaysia*

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*Ahmad Sarji*

**Tun Ahmad Sarji bin Abdul Hamid**  
President

## Congratulations from YJM!

I take great pride in offering Sir Steven Soh, YJM's Hon. Secretary, our most heartfelt congratulations on receiving the "Golden Laurel Branch" award recently.

This award is the highest award that can be bestowed by the Bulgarian Ministry of Foreign Affairs. It was presented to Sir Steven during the first visit of a Bulgarian Foreign Minister to Malaysia.

The Foreign Minister, Daniel Mitov, said that the award was given to Sir Steven in recognition of his contributions and achievements in developing and strengthening relations between Bulgaria and Malaysia.

In the same vein, I would also like to extend our congratulations to our Director, Pn Hajjah Ainon Haji Kuntom, for being selected as World Heart Federation's Member of the Month. Her selection was in recognition of her tireless efforts in running YJM's various community programmes and the Go Red For Women activities.





# YAYASAN JANTUNG MALAYSIA

The Heart Foundation of Malaysia  
Member of World Heart Federation

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<b>Secretariat</b>	
6, Lorong Lai Tet Loke 2, Off Lorong Gurney, 54100 Kuala Lumpur. Tel: 03-2693 4709 Fax: 03-2693 3267 Email: jantung1.yjm@gmail.com Website: www.yjm.org.my	
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## Editor's Note

# Diabetes and the Heart



Diabetics have a 2-3 fold increased risk of developing coronary heart disease (CHD) which may manifest as angina, myocardial infarction (heart attack), sudden death or heart failure.

## 60% of diabetics die from CHD

CHD in diabetes characteristically occur in younger age groups with extensive disease involving multiple coronary arteries at the time of diagnosis, leading to a higher mortality and morbidity after a heart attack.

This increased risk of CHD in diabetics is contributed by concomitant risk factors which often occur together, namely obesity, hypertension and lipid disorders, known as the metabolic syndrome.

Therefore, prevention of CHD in diabetes requires multiple risk factor intervention, as shown in the Steno-2 Study.

In Malaysia, statistics on the prevalence of diabetes are alarming, as about 1 in 6 adults > 30 years have Type 2 diabetes. Even more disturbing is the fact that about half diabetes cases are not diagnosed due to lack of symptoms and lack of awareness.

In actual fact, even before the onset of diabetes, there is a period of mildly elevated glucose levels (hyperglycaemia) in the blood, which can be detected on blood screening. This is a red flag to take measures to prevent the development of full blown diabetes. Even at this stage, cardiovascular disease has set in. Therefore screening of high risk individuals is of vital importance. These recommendations will be highlighted in the following articles on diabetes.

In this issue, we also explore other relevant topics such as the effect of environmental factors (eg. the haze) on our heart health, as it deters us from doing our daily exercise and outdoor activities.

We truly hope that all Malaysians will benefit from our efforts to promote heart health and that it will serve to inspire them to take steps in making positive changes in their lifestyle habits. Changes are never easy, but the journey of a thousand miles begins with a single step and once good habits are formed, prevention of heart disease will be a reality.

**Datin Dr Liew Yin Mei**

# List of Activities/Programmes:

## Heart Week Programme



Star Parade, Alor Setar • 27 – 31 January 2016

## Community Programme



Kluang, Johor • 2 January 2016

Lukut, Negeri Sembilan  
• 10 January 2016

Sabak Bernam  
• 27 February 2016

## School Programme



IMST UNIKL, Bangi • 28 February 2016

## Workplace Programme



MNRB Holdings Berhad • 22 – 24 March 2016

## Go Red For Women Programme



Lundu, Sarawak • 16 April 2016

Perak • 30 April 2016

# Pre Diabetes: A wake up call



By *Datin Dr Liew Yin Mei*

## What is Pre Diabetes?

The risk of developing diabetes increases along a glycaemic continuum as sugar levels continue to rise in individuals prone to diabetes. Insulin resistance is the underlying disorder in pre diabetes and diabetes.

Normally, the hormone insulin secreted by the pancreas facilitates the uptake of glucose by cells. Insulin resistance is present when the insulin secreted is ineffective. The body compensates by producing more insulin to maintain normal glucose levels.

When the pancreas can no longer produce enough insulin, blood glucose levels start to rise, leading to the development of Pre diabetes and eventually diabetes. Pre Diabetes is usually a fairly lengthy asymptomatic stage, lasting a few years.

## How do you know if you have Pre Diabetes?

Pre Diabetes is manifest as Impaired Fasting Glucose (IFG),

or Impaired Glucose Tolerance (IGT) or elevated HbA1c levels on blood testing. Pre Diabetes refers to:

1. **IFG** defined as Fasting Blood Glucose 5.6 – 6.9 mmol/L after 10-12 hours fast or
2. **IGT** defined as 2 hour post glucose 7.8 – 11.0 mmol/L after 75 g oral glucose or
3. **HbA1c** between 5.6-6.5%.

## Who is at risk of developing Pre Diabetes?

At risk groups include:

1. Age > 45 years.

2. Family history of diabetes or cardiovascular disease.

3. Overweight or obese individuals especially central obesity.

4. Hypertension.

5. Dyslipidaemia

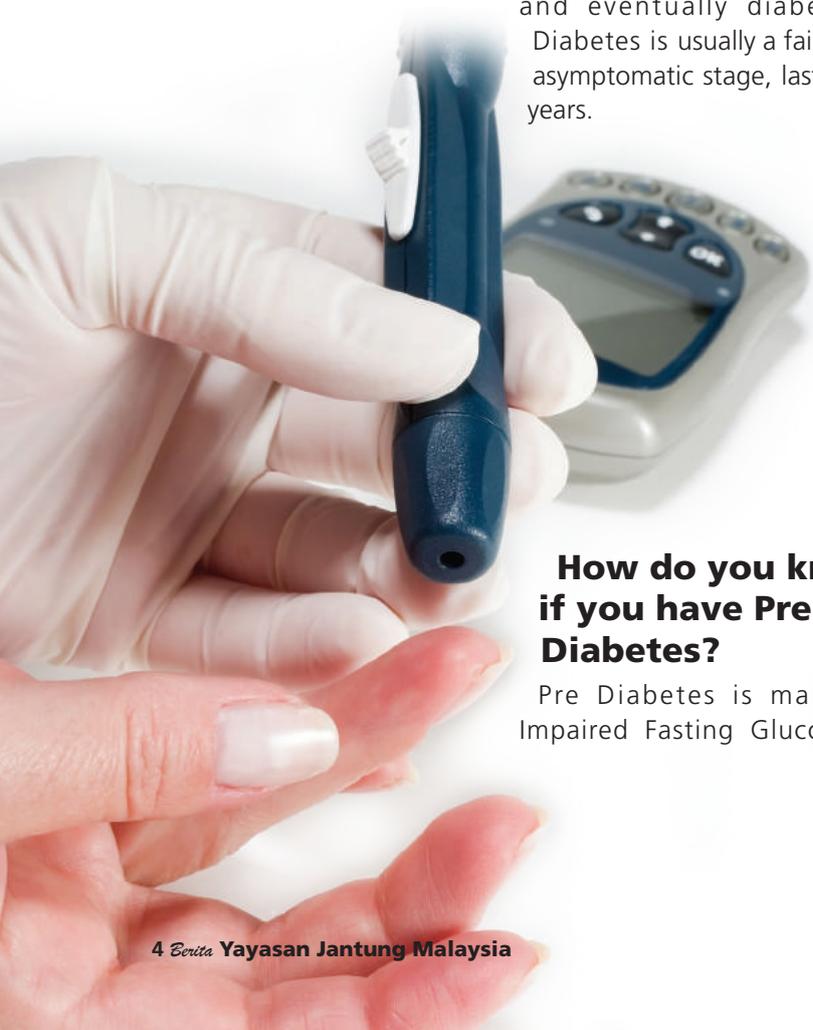
} Often occurring together as the metabolic syndrome.

6. Other conditions associated with insulin resistance – PCOS (polycystic ovarian syndrome), acanthosis nigricans, NASH (Nonalcoholic steatohepatitis) or fatty liver.

## What is the significance of Pre diabetes?

The prevalence of Pre Diabetes is fairly common:

In Malaysia, the 2011 National Health



& Morbidity Survey (NHMS) showed an IFG prevalence of 4.9% in adults > 30 years.

In the U.S, 11% Americans aged 20-74 years have IGT.

Individuals with IFG or IGT have a 5-10% annual risk of developing diabetes, while individuals with both IFG & IGT have a 10-15% increased annual risk.

IGT is also a cardiovascular risk factor and tends to cluster with other cardiovascular risk factors, namely hypertension, dyslipidaemia and obesity, forming the metabolic syndrome.

In the **DECODE study**, Pre Diabetes was associated with an increased total and CVD mortality, IGT being the better predictor.

This is not surprising as macrovascular (large vessel) disease, involving arteries of the heart and brain, already occur at this stage, though microvascular (small vessel) disease affecting the kidneys, nerves and eyes are not affected yet.

The natural history of Pre Diabetes shows that about

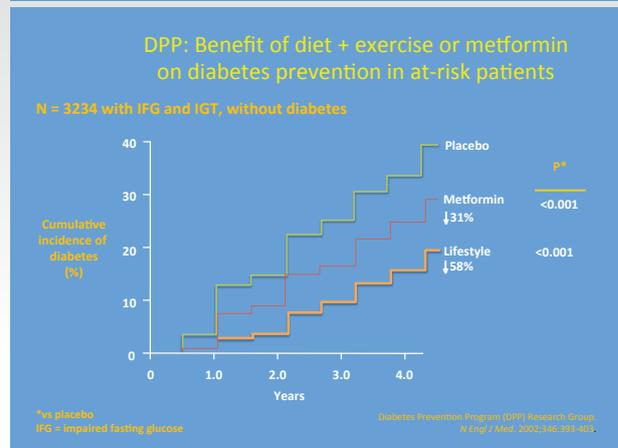
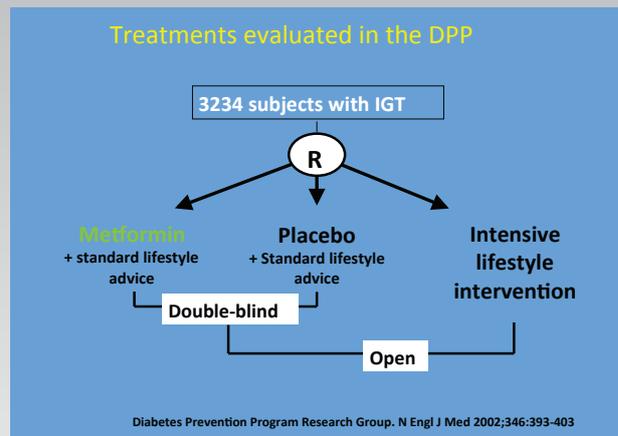
- 1/3 will progress to full blown diabetes
- 1/3 will remain in status quo and
- 1/3 will revert back to normal with lifestyle modification

Therefore, it is vital to adopt healthy lifestyle practices at this stage.

Numerous studies from different countries including the USA, Finland and China have shown the effectiveness of healthy lifestyle habits in the prevention of diabetes. Certain medications like Metformin, Acarbose and Orlistat have also been found to be useful.

In the large **Diabetes Prevention Program (DPP) Study** in the United States on overweight and obese subjects with IGT, subjects were divided into 3 groups, each receiving a different treatment – the control group, the group following intensive lifestyle modifications and the group receiving the medication Metformin. Intensive lifestyle modification comprised of regular aerobic exercises (30mins, 5 times a week) and a low fat, low calorie diet to produce weight loss of 5-7%. After 3 years, there was a risk reduction of 58% in the development of diabetes with the intensive lifestyle group and a 31% reduction

with the Metformin group, compared to the control group.



Similarly in the **Diabetes Prevention Study (DPS)** in Finland and the **Da Qing study** in China, diet and exercise showed similar benefits in prevention of progression to diabetes.

However, healthy lifestyle modification is not always possible or attainable, so the medication Metformin can be considered in the following Pre Diabetes groups:

- IGT with obesity (BMI > 35 kg/m<sup>2</sup>).
- IGT in younger age groups < 60 years.
- Previous history of Gestational Diabetes.
- Failed lifestyle therapy after 6 months.

Clearly it is important especially in high risk groups to have early screening to detect Pre Diabetes.

The presence of Pre Diabetes is a red flag signal and is a wakeup call to take immediate active steps to prevent this condition from progressing to diabetes, which can be a deadly disabling disease. As Goethe says: "Knowing is not enough, we must apply, Willing is not enough, we must do".



# Diabetes Mellitus

– a preventable condition,  
an avoidable disease

By *Datin Dr Liew Yin Mei*

The prevalence of Type 2 Diabetes (T2D) is on the rise worldwide especially in the Asia Pacific region. This is largely attributed to the rising prevalence of obesity, particularly central obesity.

In Malaysia, the National Health & Morbidity Survey (NHMS) in 2011 reported a T2D prevalence of 15.2% and 20.8% in adults above 18 years and 30 years respectively.

In children, the emergence of T2D is also seen, rising in parallel with the increase in obesity.

Even more alarming is the fact that half the diabetics are unaware of their diagnosis, possibly due to the lack of symptoms and lack of awareness of this disease.

## What is Diabetes Mellitus?

Normally the pancreas produces the hormone insulin which helps the cells in the body take up glucose to be used for energy production.

In T2D the insulin produced is insufficient or ineffective, known as insulin resistance. This leads to elevated blood glucose levels (hyperglycaemia) manifest as diabetes mellitus. Blood tests are carried out for diagnosis. The gold standard is the oral glucose tolerance test (OGTT) which measures your body's ability to use glucose.

Test	Method	Normal	Prediabetes	Diabetes
Fasting Blood Glucose (FBS)	A blood sample is taken after an overnight 10-12 hours fast.	< 5.60 mmol/L	5.60 – 6.90 mmol/L (IFG)	≥ 7.00 mmol/L
2 hour Postmeal Glucose (2HPMG)	A blood sample is taken 2 hours after 75g oral glucose.	< 7.80 mmol/L	7.80 – 11.0 mmol/L (IGT)	≥ 11.1 mmol/L

## Who should be screened?

1. Individuals with symptoms of diabetes.
2. Asymptomatic individuals at high risk:

Overweight/  
obese adults

First degree relative  
with diabetes.

History of  
CVD.

Hypertension, dyslipidaemia  
(elevated triglycerides, low HDLC).

Women with babies of birth  
weight > 4 kg, or who had  
gestational diabetes.

Signs of insulin resistance eg: Polycystic  
Ovarian Syndrome (PCOS), acanthosis  
nigricans, fatty liver etc.

Pre Diabetes  
states.

## What are the symptoms of diabetes?

- Majority have no symptoms.
- Usual symptoms that may arise include:



frequent or excessive urination



excessive thirst



weight loss



visual disturbances



increased susceptibility to infections



symptoms from complications of diabetes

## Complications of diabetes may be:

1. Acute or sudden, occurring from excessively high (hyperglycaemia) or low sugar (hypoglycaemia).

Hyperglycaemia symptoms	Hypoglycaemia symptoms
<ul style="list-style-type: none"> <li>• Increased urination</li> <li>• Thirst</li> <li>• Weight loss</li> <li>• Weakness</li> <li>• Visual disturbance</li> <li>• Increased infections</li> <li>• coma</li> </ul>	<ul style="list-style-type: none"> <li>• Trembling</li> <li>• Sweating</li> <li>• Palpitation</li> <li>• Hunger</li> <li>• Nausea</li> <li>• Giddiness</li> <li>• Confusion</li> <li>• Visual disturbance</li> <li>• Fits, coma</li> </ul>

2. Long term (chronic) complications can be fatal or disabling.

This results from small vessel disease involving the kidneys, eyes, nerves and large vessel disease involving the heart, brain and peripheral vessels.

**Coronary Heart Disease (CHD)** is the main cause of death in diabetes, accounting for 60% deaths in diabetics. The East- West Study by Haffner shows that Diabetes confers the same risk for CHD as a person who already has a heart attack, hence diabetes is known as a **CHD Risk Equivalent**.

Women who develop diabetes lose all their oestrogen protective effects against CHD and are at the same risk as men.

CHD in T2D is characterized by early onset, extensive disease and higher mortality after a heart attack. Concomitant risk factors for CHD such as obesity, hypertension, dyslipidaemia which make up the

metabolic syndrome also contribute to the increased mortality.

Therefore a cardiovascular risk assessment is important at diagnosis of diabetes and prompt management of all CVD risk factors are necessary.

Good glycaemic control early on diabetes has a 'Legacy effect' showing a significant reduction in risk of CV events in later years, indicative of a 'metabolic memory' that provides protection against CVD.

## Stay Healthy with good control of diabetes

Good control is possible with lifestyle modification to manage weight control in the obese/ overweight.

Aim for 5-10% weight loss in 3-6 months.

A balanced low calorie diet is recommended, comprising of  
 45-60% carbohydrate  
 15-20% protein  
 25-30% fat (< 7% saturated fat, cholesterol < 200 mg per day).

Avoid consuming foods that are prepared with excessive amounts of oils, salt and sugar especially processed foods. If you have been diagnosed with prediabetes, you should also monitor what you eat, increase fibre intake and limit the amount of carbohydrate-based foods in your diet.

The method used to cook your meals also matter. Instead of frying everything why not sear, grill, steam, roast or broil your foods. It tastes great and it's a healthier way to prepare your foods.

## Be Physically Active

It is recommended that you do regular moderate intensity exercises 30-60 minutes most days of the week. The Physical Activity Pyramid can help guide you on your way to a more physically active lifestyle. Aerobic exercise helps your body use insulin better. It helps strengthen your heart and bones as well as relieve stress, improve blood circulation, and reduces your risk for heart disease by lowering blood glucose and blood pressure and improving cholesterol levels.

Diabetes is a preventable and avoidable disease, early detection and prompt treatment is the key to avoiding this deadly disabling disease.



## Sir Steven Soh Receives the Highest Award



**The 'Golden Laurel Branch' symbolises peace and understanding, ideas cherished by the peoples of Bulgaria and Malaysia.**

Sir Steven Soh, Hon Secretary of YJM and also Honorary Consul of Bulgaria in Malaysia, was awarded the 'Golden Laurel Branch' in March 2016. This award is the highest award that can be given by Bulgaria's Foreign Affairs Ministry.

On hand to present the award to Sir Steven was Bulgarian Foreign Minister Daniel Mitov, who was in Malaysia for a three-day visit. Mitov revealed that the award was in recognition of Sir Steven's many contributions and achievements in his capacity as the Honorary Consul of Bulgaria in Malaysia. Sir Steven's work has helped develop and strengthen relations between the two countries.

Mitov went on to add that Sir Steven was appointed as Honorary Consul in 2004. Since then, he has worked tirelessly to fulfil the many assignments entrusted to him by Bulgaria's Foreign Affairs Ministry.

This included assisting Bulgarian foreign policy in the absence of a Bulgarian diplomatic mission, closely coordinating with the Bulgarian Embassy in Jakarta, and developing economic exchanges and people-to-people contacts between Bulgaria and Malaysia. In addition, Sir Steven still carried out his duties of caring for and handling problems faced by Bulgarian citizens in Malaysia.

In his acceptance speech, Sir Steven stressed that his experience as Honorary Consul in the past 12 years has only strengthened his belief that this world would be a better place if everyone took the time to understand each other.

## World Heart Federation's Member of the Month

Pn Hajjah Ainon Haji Kuntom, Director of YJM and head of the Go Red For Women programme, was selected as World Heart Federation's (WHF) Member of the Month.

Her recognition by WHF came in the wake of her tireless efforts to create greater awareness especially in rural areas about the dangers of heart disease and how to prevent it.

This was largely achieved by partnering with the Malaysian Ministry of Health. The synergy from this partnership led to various activities being carried out such as heart screening sessions, talks on cardiovascular disease and why a healthy diet is necessary, classes on physical exercise and healthy cooking, and even cardiopulmonary resuscitation (CPR) techniques.

Pn Hajjah Ainon also heads the Go Red For Women activities which are primarily aimed at total home and family management. It is usually done in a non-formal class setting and focuses on issues such as nutrition and diet, aerobics, childcare, healthy lifestyles and many others.

# Biogrow Oat BG22™ Crispy Cereal

## - A Laboratory-tested Low GI & Low GL Cereal

Recent GI testing in collaboration with Glycemic Index Laboratories, Canada confirmed **Oat BG22™ Crispy Cereal** as a **LOW GI** food with a mean GI value of **49<sup>a</sup>**, compared to Dextrose as control in 10 healthy subjects.



**Dr Robert E. Steinert**, Clinical Trial Manager & Scientist, DSM Nutritional Products, Switzerland.

“ For people with Diabetes, monitoring and being mindful about their total carbohydrate intake is important for achieving glycemic control. Based on the GI results, we also calculated the glycemic load or GL of the product, which measures both the quality and quantity of its carbohydrates. It was also found to be **LOW** with a value of **7.64<sup>b</sup>**. One 30 g individual packet of **Oat BG22™ Crispy Cereal** contains only **1 carbohydrate exchange** with about **15.6 g of available carbohydrates**. **Oat BG22™ Crispy Cereal** is a snack solution with a low GI and a low GL and, a good alternative to commonly consumed sugary snacks. ”

Category	<sup>a</sup> Glycemic Index (GI)	<sup>b</sup> Glycemic Load (GL)
<b>HIGH</b>	≥ 70	≥ 20
<b>MEDIUM</b>	56 – 69	11 – 19
<b>LOW</b>	≤ 55	≤ 10

Source: Glycemic Index Foundation, www.gisymbol.com

Most cereal-based foods available in the consumer market are highly processed with excessive milling and heat treatment, which destroy partially or completely the structure of the grains. This will substantially increase digestibility of starch and its rate of absorption in the gut<sup>3</sup>.

Containing only 102 Calories, 1 packet (30 g) of **Oat BG22™ Crispy Cereal** provides 3 g of high molecular weight oat beta-glucan, more than 6 g total fiber and 4 g protein.

Healthy eating is important for everyone, including people living with diabetes. Enjoying healthy foods and staying active will help manage blood glucose levels and body weight. Incorporating low-GI, high-fiber (oat beta-glucan) & high-protein **Oat BG22™** into our daily diet can help us achieve healthy eating effortlessly.

This article is brought to you by **Legosan (Malaysia) Sdn. Bhd.** For more information, please visit [www.biogrow.com.my](http://www.biogrow.com.my) or email your enquiry to [info@biogrow.com.my](mailto:info@biogrow.com.my).



**Crispy Cereal**  
(30 g x 12 packets) & (30 g x 28 packets)

**1 packet (30 g)**  
**= 3 g beta-glucan**

Message by **Yayasan Jantung Malaysia**  
(The Heart Foundation of Malaysia):



Take 3 g of beta-glucan (soluble fiber) from **Biogrow Oat BG22™** daily, as part of your low fat and low cholesterol diet to help **Reduce Cholesterol**.



2 scoops (≈ 18 g)  
= more than  
3 g beta-glucan

Oat Bran Powder  
Canister  
(480 g)

• Other Biogrow® Oat BG22™ family members •



1 packet (30 g)  
= 3 g beta-glucan

**Crispy Cereal**  
(30 g x 12 's + 2 's) &  
(30 g x 28 's + 4 's)

2 sachets (≈ 18 g)  
= more than  
3 g beta-glucan

**Oat Bran Powder  
Travel Pack**  
(9 g x 30 's)

### 5 REASONS

Why you should choose **Biogrow Oat BG22™ Oat Bran Powder** or **Crispy Cereal** for your cholesterol & blood glucose problem?

1. Both are made from **only natural ingredient(s)** – Swedish oat bran. Free of artificial ingredients, thickeners & fillers.
2. 2 scoops / sachets (≈ 18 g) of oat bran powder or 1 packet (30 g) of crispy cereal provide **3 g or more high molecular weight oat beta-glucan<sup>4</sup>**. High molecular weight (≥ 2,200 kDa) oat beta-glucans can produce **higher viscosity effect** in the gut<sup>4</sup>.
3. **Very rich in fiber & Low in GI**. Both choices offer a balanced combination of soluble fiber (for cholesterol control) and insoluble fiber (for the maintenance of gut health). Both are laboratory-tested low in GI<sup>5</sup>.
4. **Good solubility & viscosity effect**. The powder dissolves very well in cold or lukewarm water. Both powder and crispy cereal are scientifically shown to produce good viscosity (gelling) effect in the gut for optimal cholesterol-lowering effect<sup>4</sup>.
5. Proven cholesterol-lowering & blood glucose-regulating effect with **more than 30 clinical studies<sup>6</sup>**.

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# Kaitan Kesihatan Jantung Dengan Alam Sekeliling



Aionon Hj Kuntom

Kaitan di antara alam sekeliling dengan penyakit jantung adalah begitu rapat. Ini terbukti dengan nyata apabila keadaan jerebu menyelubungi Malaysia tanpa henti berminggu-minggu mengakibatkan saluran pernafasan oksigen manusia terganggu.

Gangguan untuk keluar beriadah dan bersenam tersekat dan terhenti, disebabkan keadaan jerebu yang begitu pekat, dengan index pencemaran udara yang amat tinggi mengakibatkan manusia tidak boleh bertahan lama sewaktu di luar rumah atau bangunan.

Menghidu udara yang tercemar dengan asap yang begitu tebal mengakibatkan saluran pernafasan menjadi bercelaru, walaupun semasa kita menggunakan topeng muka. Kecelaru menghidu udara yang telah tercemar mengakibatkan ramai penduduk yang telah mendapat penyakit semput/lelah, selsema, demam, batuk dan lemah (lethargic) serta mengantuk. Lebih-lebih lagi sekiranya seseorang itu ada penyakit jantung di mana keadaan biologikal pesakit dari segi kesihatan hormonal badan yang tidak dapat menjalankan aktiviti senaman akan mengganggu sistem pernafasan dari aspek pergerakan paru-paru yang tidak boleh mengembang

dan menguncup dengan mudah mengikut rentak yang sihat.

Perkara di atas juga telah mengganggu fikiran manusia menjurus kepada perlakuan yang tidak begitu selesa dan siuman kerana mudah naik angin dan marah. Keadaan ketidakselesaan badan dan akal akan mengakibatkan radang otak/ fikiran. Sekiranya seseorang itu tidak mempunyai pegangan agama (spiritual) yang kuat, boleh mengakibatkan ketegangan otot, otak dan menaikkan darah tinggi. Sekiranya penyakit darah tinggi ini tidak dapat dikawal melalui pengambilan ubat atau meminum air dengan agak banyak bagi meredakan darah tinggi yang seringkali bertindak rapat dengan badan yang tidak sihat, kegemukan atau obes akan memudahkan mendapat serangan jantung.

Dalam keadaan alam semulajadi yang telah tercemar dengan jerebu, ia juga mengakibatkan tanaman sayuran dan buah-buahan tidak menjadi dengan sempurna. Tanam-tanaman bertukar warna menjadi kuning dan coklat. Oleh yang demikian, sekiranya kita merupakan petani yang menanam sayur sebagai tanaman kontan, bagi menyara kehidupan, ia adalah sesuatu yang merugikan kerana tanaman biasa mudah rosak. Melainkan sekiranya kita menanam tanaman kontan mengikut cara organik. Keadaan ini menyebabkan pengambilan pemakanan yang sihat dari sumbar sayur-sayuran dan buah-buahan yang segar telah terjejas.

Bagi mereka yang tinggal di kampung, di luar bandar dan pinggiran bandar yang

mengharapkan hasil daripada tanaman, perancangan masakan yang seimbang untuk keluarga turut terbantut akibat daripada kerosakan tanaman tersebut, lebih-lebih lagi dalam keadaan ekonomi yang tidak begitu merangsang, menambahkan lagi bebanan dan penderitaan hidup masyarakat B40 yang sediakala miskin. Keadaan ini boleh mengakibatkan banyak tekanan hidup yang menjurus kepada ancaman serangan jantung.

Dengan demikian, kita perlu mengambil maklum dan iktibar dari keadaan alam semulajadi, iklim ekonomi dan social kehidupan yang tidak sihat, mempunyai talian rapat dengan penyakit jantung.

Bagi melayari hidup sihat yang berterusan, kita perlu bertemu dengan doktor dan membuat ujian saringan darah bagi mendapatkan kepastian tentang tahap penyakit jantung kita supaya kita hidup sihat dan ceria.

Sebagai manusia yang berfikir waras, kita perlu memikirkan cara-cara untuk mengatasi dan mengubati daripada menghidap keadaan kemurungan "depression" yang berterusan kerana ia adalah punca kepada serangan jantung yang tidak menentu. Kita perlu bersiap-sedia untuk membuat jangkaan "anticipatory" melalui tindakan pencegahan rawatan dan rehabilitasi yang sistematik atau teratur (systematic preventive curative and rehabilitative measures) bagi mengatasi keadaan seperti ini tidak berlaku pada diri kita.

**MANUSIA SENTIASA REHAT APABILA JANTUNG SIHAT**

## PLANNER FOR 2016

MONTH	DATE	PROGRAMME	VENUE
<b>MAY</b>	20-22	Heartweek	Villa Village, Kuching, Sarawak
	27	Invitation	Launching-Bubble Run
	29	Invitation	Medivron Malaysia
<b>JUNE</b>	1	Invitation	Alloy MTD
	15	School / College	M'sian Inst. Of Art, Tmn Melawati, KL
	19	Community	Seri Petaling KL
<b>JULY</b>	20	School / College	Kuala Lumpur
	21	School / College	Kuala Lumpur
	30	Go Red	Keningau, Sabah
<b>AUGUST</b>	6	Community	Balik Pulau, Penang
	7	Community	Butterworth, Penang
	10	School / College	Kolej PTPL Sg Petani, Kdh
	11	School / College	Kolej PTPL Penang
	20	Community	Gambang, Kuantan
	21	Community	Beserah, Kuantan
24-28	Heart Week	Mydil Mall, K. Terengganu	
<b>SEPTEMBER</b>	3	YJM	World Heart Day
	21-25	Heart Week	Kluang Mall, Johor
<b>OCTOBER</b>	8	Community	Sik, Kedah
	9	Community	Sg. Petani, Kedah
	12	School / College	KIPSAS Kuantan
	13	School / College	Kolej Univ. Shahputra, Kuantan
	23	Invitation	Bubble Heart Run KL
<b>NOVEMBER</b>	2-6	Heart Week	AEON Kepong, KL
	13	Community	Sg. Buloh, Selangor
	26	Community	Kuala Terengganu
	27	Community	Kota Bharu, Kelantan
<b>DECEMBER</b>	4	Community	Muar, Johor
	18	Community	Kuala Lumpur

**F O R I N F O R M A T I O N**

### YAYASAN JANTUNG MALAYSIA

The Heart Foundation of Malaysia

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (O) \_\_\_\_\_ (H) \_\_\_\_\_

I am enclosing my comments.

Please include my name in the mailing list of Yayasan Jantung Malaysia for future publications.

I am enclosing herewith cheque/draft/money order for RM \_\_\_\_\_ being my donation.

(Tax-exempt receipt will be issued)



**Oat BG22™**  
OAT BRAN POWDER



## Make maintaining healthy cholesterol levels a lifelong commitment.

**High cholesterol is a major risk factor leading to heart disease. Therefore, maintaining healthy cholesterol levels is important to preventing heart disease.**

Start your prevention programme today by adopting a healthy lifestyle and incorporating **Biogrow Oat BG22™** into your daily diet.

- ✓ Made from 100% Swedish oat bran, free of thickeners and fillers.
- ✓ 2 scoops (≈ 18 g) provide more than **3 g of high molecular weight oat beta-glucan** for optimal cholesterol-lowering effect.
- ✓ Good solubility. Just mix one scoop into 250ml cold or warm water and drink.
- ✓ Rich in total fiber and a balanced amount of soluble & insoluble fiber.
- ✓ **HIGH IN PROTEIN, MAGNESIUM, IRON & ZINC.**



MS 1500:2009  
1 076-07/2012

**Oat Bran Powder Canister**  
(480 g)



**2 scoops (≈ 18 g)  
= more than  
3 g beta-glucan**

### • Other Biogrow® Oat BG22™ family members •



**Crispy Cereal**  
(30 g x 12 's + 2 's) &  
(30 g x 28 's + 4 's)  
1 packet (30 g)  
= 3 g beta-glucan



**Oat Bran Powder Travel Pack**  
(9 g x 30 's)  
2 sachets (= 18 g)  
= more than  
3 g beta-glucan

Message by **Yayasan Jantung Malaysia**  
(The Heart Foundation of Malaysia):



Take 3 g of beta-glucan (soluble fiber) from **Biogrow Oat BG22™** daily, as part of your low fat and low cholesterol diet to help **Reduce Cholesterol.**

Available at all leading pharmacies nationwide.  
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Call Infoline: 03-7956 2220 (Mon-Fri 9am-5pm)  
Website: [www.biogrow.com.my](http://www.biogrow.com.my)

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