



YAYASAN JANTUNG MALAYSIA  
(The Heart Foundation of Malaysia)

# BERITA yayasan Jantung Malaysia

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**(London), F.A.M.M.,**  
**F.M.S.A. (Hon)**  
**Chairman**

## "Sweet Heart Dangers"

When sugar was introduced in Europe it was considered as "gold" in Rarity & Price.

500 years later it has become a Prime KILLER.

We call our loved ones "sweetheart" to express our endearment to them, but there is more to it than that. SWEET & HEART is not the best combination when you are talking about our real heart! High consumption of sweet, sugary treats and beverages greatly affect the wellbeing of our Heart.

High intake of sugar results in Obesity, Diabetes and High Blood Pressure. High blood glucose damages blood vessels and nerves of organs including the Heart and Limbs. In fact people who are obese and diabetic are more prone to suffer from heart diseases.

Obesity, High Blood Pressure and Diabetes cause harmful changes to the structure and function of the Heart, and together with High Cholesterol, smoking and lack of exercise leads to Heart Attacks, Heart Failure and Strokes.

### Sugar in our life

Malaysian consume an average of 25kg of sugar a year. That's 17 teaspoons a day.

Malaysia has the highest number of obese & overweight people in South East Asia.

3.5 million Malaysian have diabetes. 53% of diabetics above 18 years old are not aware of their condition.

### To Love your heart and live longer



Reduce sugar consumption. Opt for plain water instead of sweet beverages. REDUCE your intake of sweet desserts and snacks.



Be a smart consumer. Understand food labels, learn about sugars of different names, and choose food products with less sugar content.



Live a healthy lifestyle. Have regular exercise, healthy balanced diet. Stop smoking, control alcohol consumption and go for regular Medical Check-ups.

**CONQUER THE KILLER – SUGAR**



# Make Heart Health Your Priority



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As 2018 kicks off, let's spend a little time to think about the state of our health, with some focus on heart health. As the heart is the most hard-working organ in your body, heart health should be taken seriously.

Heart diseases have been the number one killer of Malaysians over the past three decades. Reports from the Malaysian Ministry of Health have consistently indicated that heart diseases remain the primary cause of death and the fifth cause of admissions in government hospitals.

Do bear in mind that heart disease is avoidable as most of its contributory factors are preventable. The key modifiable risk factors for heart disease include high cholesterol, high blood pressure, diabetes, high fat intake, overweight and obesity, smoking and sedentary lifestyles.

Another major risk factor for heart disease is advancing age and with an increasingly large elderly population in Malaysia, there is a greater need for increased awareness among this population group. This issue features an article that addresses some of the salient facts that people above 65 years should be aware of.

We also featured an interview with Acting Honorary Secretary Dr Robinder Sambhi, who shared his views and insights with us, and another article with tips for heart patients to consider during the holiday season.

It is our fervent hope that the younger generation will start taking steps to prevent heart disease from an early age. We hope that you will not wait until the situation is dire before starting to take action to protect your heart.

**Datin Dr Liew Yin Mei**

# List of Activities/Programmes:

## Heart Week Programmes



Staff all ready to conduct screening tests at Suria Sabah



Event Guests and exercise session on stage



Visitors to the event



Budding artists



Health screening, education materials and counselling at AEON Permas Jaya, Johor Bahru



## Community Programmes



Felda 1 Palong Negeri Sembilan: Registration and height measurement



Felda Palong 14 Negeri Sembilan: Blood pressure check at counter and inside the car too for the less mobile



Mission accomplished at the end of day



Healthy tips at Fitness Concept



Visitors paying attention at Taman Metropolitan Kepong, KL



Cheque presentation at Hospital Columbia Asia Fund Raising Event

# NATURAL WAY TO FIGHT HIGH CHOLESTEROL & DIABETES

There are many natural health remedies claiming to help reduce cholesterol and blood glucose levels which are commonly available for purchase in drug stores such as red yeast rice and plant sterols/stanols supplements. Some studies reported controversial roles of these supplements in cholesterol management and could potentially cause undesirable side effects if consumed in large amounts and/or for long-term<sup>1,2</sup>. Therefore, **consumers are highly advised to be cautious while consuming products containing plant sterols or red yeast rice and should obtain a doctor's medical advice** before taking any of these supplements for self-treatment of unhealthy cholesterol or blood glucose levels.

Recent studies suggest not only we need to keep our cholesterol levels in check for a healthy heart, but also a stable blood glucose level throughout life. **People with elevated blood glucose levels are 2 to 6 times more likely to develop cardiovascular disease than normal people (International Diabetes Foundation, 2013)**. In Malaysia, there are 9.6 million people with high cholesterol and 3.5 million people living with diabetes (NHMS, 2015).

Oats, oat bran powder and crispy oat cereals are naturally rich in the heart-healthy soluble fiber - oat beta-glucans. The cholesterol-lowering and blood glucose-regulating effects of oat beta-glucans depend highly on the molecular weight and bioactivity of the oat beta-glucans, which often destroyed by poor processing control . Not only we need to consume the experts' recommended 3 g oat beta-glucan per day, but also the clinically researched oat beta-glucans in order to achieve the desired health benefits.

## HEALTH CLAIMS FOR OAT BETA-GLUCANS

(approved by European Food Safety Authority and Ministry of Health Malaysia)

- 3 g of oat beta-glucans daily help lower cholesterol.
- Oat soluble fiber (beta-glucan) helps to lower the rise of blood glucose provided it is not consumed together with other food.
- Consumption of beta-glucans from oats contributes to the reduction of the glucose rise after a meal.

## 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**.

Compared to the normal breakfast cereals and instant oatmeal, Biogrow Oat BG22 oat bran powder and Crispy Cereal provide the 2 in 1 health benefits in a much smaller and easy-to-consume serving size. Some of the advantages of Biogrow Oat BG22 products as follows:

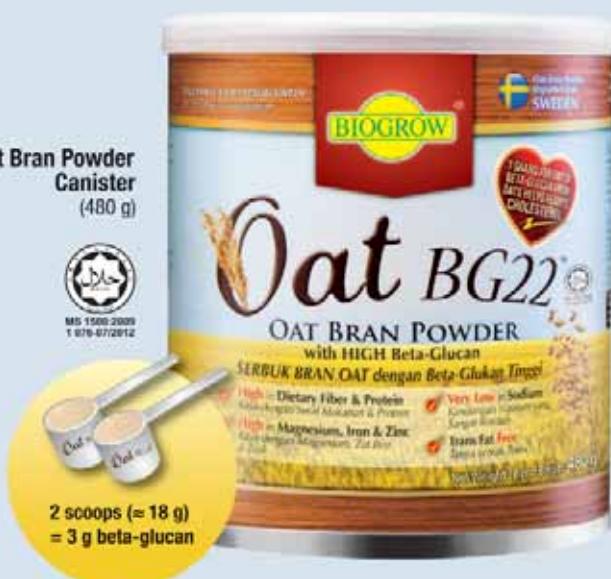
- Provide only the clinically researched, bioactive oat beta-glucans for cholesterol-lowering and blood glucose-regulating effect.
- Smaller, easy-to-serve daily portion with only 2 scoops (= 18 g) oat bran powder or 1 packet (30 g) crispy oat cereals for the recommended 3 g bioactive oat beta-glucan.
- Lower in calories, higher in total fiber and lactose-free.
- Laboratory-tested low in GI (< 55), suitable for pre-diabetics and diabetics.

Biogrow Oat BG22 is the only trusted brand in Malaysia that provides clinically proven effects on blood cholesterol reduction and blood glucose management, due to the fact that it provides an absolutely natural and easy way to obtain the highly bioactive oat beta-glucans from our daily diet.

### References:

- <sup>1</sup>Controversial role of plant sterol esters in the management of hypercholesterolemia. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2642922/>; <sup>2</sup>The Truth about red yeast rice for lowering cholesterol. <https://www.consumer-reports.org/vitamins-supplements/the-truth-about-red-yeast-rice-for-lowering-cholesterol/>; <sup>3</sup>Holm J et al., J Clin Endocrinol Sci. (1985); <sup>4</sup>EFSA Journal 2010;8:1885(15 pp.).

Oat Bran Powder Canister (480 g)



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



Crispy Cereal Made in Germany

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



2 sachets (= 18 g)  
= 3 g beta-glucan

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# List of Activities/Programmes:

## School Programmes



Waistline measurements at Geometika University College KL

## Workplace Programmes



Blood glucose test at UPECA Aerotech Shah Alam



Health Screening at OSK Holding Berhad



Waiting for consultation at Alloy MTD

## Go Red For Women Programmes



Yang Berhormat Datuk Rozman Bin Datuk Haji Isli testing his glucose level at Go Red for Women, Labuan



Education exhibition at Go Red for Women in Bangi

## Halfway House

### Introduction

In 1994, the Foundation started providing accommodation for heart patients and their families from outside Kuala Lumpur by renting eight beds at the Malaysian Youth Council dormitories. In 1997, the Foundation established its own 30-bed shelter when it moved to its current premises.

The accommodation is for family members of heart patients (from outstation, including Sabah & Sarawak) who have been referred to hospitals in Kuala Lumpur for treatment.

### Room Rates

Patient From	Dormitory Per Person	Standard Room	Air Cond Room	Super Room
		2 single bed		
Institut Jantung Negara	RM10	RM35	RM60	RM50
General Hospital	RM10	RM35	RM60	RM50
Private Hospital	RM20	RM50	RM80	RM65



Halfway House at Yayasan Jantung Malaysia



Dormitory at Halfway House

For further information, please contact: En. Hamdan Abdullah  
Office hours: 03-2693 4709 After office hours Tel. No: 017-301 8581



By Datin Dr Liew Yin Mei

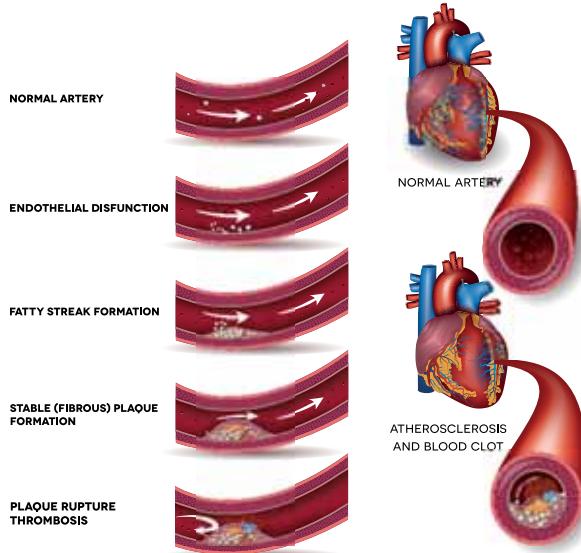
# Heart Disease in the Elderly



As our lifespan increases with better health care and socio-economic conditions, there is an increase in the elderly population, defined as an age group above 65 years. With longer survival, there are more elderly individuals with chronic heart diseases, namely coronary artery disease, heart failure, hypertension, rhythm abnormalities and degenerative valvular diseases.

The most common is coronary artery disease, which may however have different clinical manifestations in the elderly.

## PROGRESSION OF ATHEROSCLEROSIS IN CAD



## Coronary Artery Disease (CAD)

Diagnosis may be difficult at times, as the clinical symptoms of central chest pains on exertion (angina), relieved by rest may not be present.

This may be due to:

1. Diminished physical activity in old age, so that ischemic symptoms are not provoked.
2. In addition, shortness of breath (dyspnoea) rather than pain may be the prominent feature due to age-related changes in the heart muscle involving compliance and diastolic relaxation.

Diagnostic tests may need to be tailored in the elderly as they are not able to perform the usual exercise (treadmill) test due to various reasons like immobility, frailty, joint pains etc.

Instead, other tests like stress ECHO, Thallium scanning may be more suitable.

Management is more challenging due to the presence of coexisting multiple illnesses in the elderly. Coronary artery bypass grafting (CABG) have lower success rates in the elderly > 80 years due to an increased likelihood and severity of coexisting illnesses like diabetes, kidney disease, lung disease and cerebrovascular disease.

Angiography and balloon angioplasty are also more difficult to perform due to difficult access to vessels because of atherosclerosis and coronary calcification in multivessel disease.

Therefore, treatment goals may need to aim just for symptom alleviation in some cases.

Aggravating risk factors like hypertension, smoking, thyroid disease, anaemia, obesity etc. should be addressed concomitantly.



## Hypertension

Target BP for the elderly has not been clearly defined but generally BP > 140/90 mmHg is considered to be elevated.

In the elderly, systolic hypertension i.e. an elevated systolic BP in the presence of a normal diastolic BP is commonly seen in > 65% of the elderly.

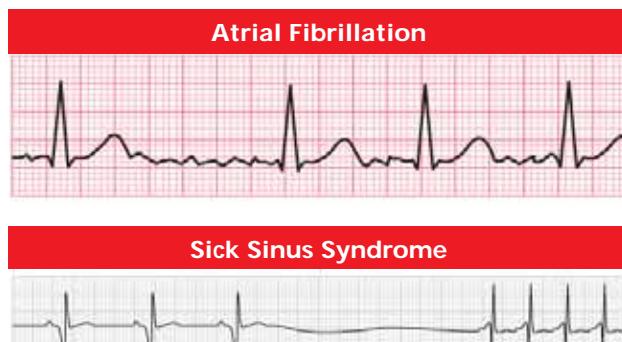
However, treatment is still recommended in the elderly as shown in the SHEP study (Systolic Hypertension in the Elderly Programme) which showed that treatment in the elderly > 60 years old with SBP > 160 mmHg and a normal DBP led to a decrease in heart attacks, strokes and heart failure.

We should also bear in mind that a sudden increase in the BP in the elderly who is well controlled previously may be due to development of atherosclerotic disease of the renal arteries.

## Rhythm Abnormalities (Arrhythmias)

**Atrial fibrillation** is the most common arrhythmia in the elderly > 65 years. It is usually associated with underlying heart disease, namely, hypertensive heart disease, coronary artery disease and heart failure.

Sometimes acute illnesses like pneumonia, infections, surgery, thyroid disease and electrolyte disturbances can also precipitate an onset of atrial fibrillation. When it develops, it worsens or precipitates heart failure in the elderly, and more importantly strokes as well.



Another important rhythm abnormality in the elderly is the **"sick sinus syndrome"** which presents with intermittent abnormal slow heart rates. This gives rise to giddiness and syncopal or fainting attacks due to poor perfusion to the brain. This may be due to age-related fibrosis in the conducting system, giving rise to rhythm disturbances.

A pacemaker may be required to stabilise the rhythm.

## Heart Valve Diseases

The usual valves affected in the elderly are the aortic valve and mitral valve.

In young individuals, Rheumatic Fever is the commonest cause of valve disease but in the elderly, age related degenerative calcification of the aortic valve or calcification of a congenital bicuspid aortic valve are the usual causes.

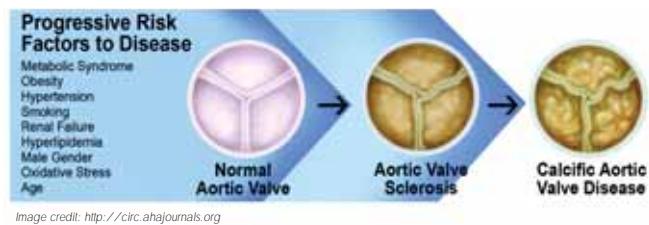


Image credit: <http://circ.ahajournals.org>

Presenting symptoms are chest pain (angina), syncope and heart failure.

Treatment is essentially the same in the elderly, with symptomatic treatment or valve repair or replacement where indicated.

Similarly, the mitral valve may be affected by Rheumatic Fever in earlier life or it can be a result of degenerative calcification, mitral valve prolapse or ischemic heart disease with papillary muscle dysfunction.

## Heart Failure

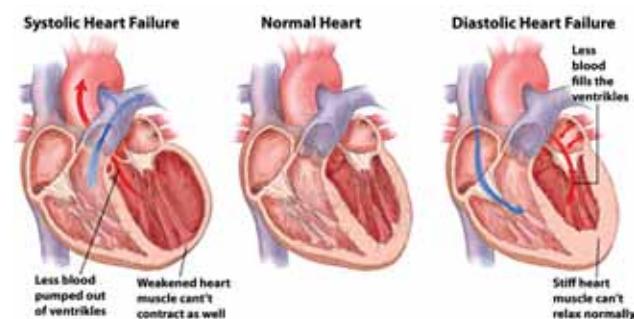


Image credit: Fran Milner, <http://www.franimation.com>

This is the end stage of most heart diseases, therefore is often seen in the elderly, with a prevalence of about 9% above the age of 80 years.

In contrast to younger age groups who have heart failure with a reduced ejection fraction, in the elderly, heart failure with preserved ejection fraction is more common and may be missed.

Hypertension and coronary artery disease are common causes and should be treated appropriately.

It is important to look for other factors in the elderly like pneumonia, anaemia and arrhythmias, kidney disease etc. which may have precipitated decompensation in the heart, pushing it to heart failure.

In conclusion, increased awareness of the features of heart disease that typically affect the elderly will help in its early recognition and appropriate management. The presence of concomitant diseases, changes in lifestyle habits largely due to altered mobility and pharmacodynamics require more careful, skilled and conscientious application of principles in the treatment of the elderly.

# Dr Robinder Sambhi

# A New Perspective



Dr Robin, as he is fondly called by his friends and associates, was born in Malaysia to a medical family of mixed parentage. He studied overseas at the University of Wales College of Medicine and on graduation as a Doctor, he worked for the National Health Service (NHS) in hospitals in the UK. This was interspersed with journeys backpacking around the world before returning to Malaysia in 2010. He currently works in Healthcare Planning and Management throughout Malaysia and Asia, and joined the Board of the Heart Foundation of Malaysia in 2013.

Dr Robin laments the fact that even after 30 years of existence, it is noticeable that the fundamental message of the 'Yayasan Jantung Malaysia' (i.e. leading a healthy lifestyle by eating right, exercising and refraining from the 'bad' things in life) is still being sadly neglected, and a sizable portion of the Rakyat are even now mostly unaware of the dangers of a poor diet and sedentary lifestyle.

"The Board of the YJM have been at it for so many years, they have put in so much effort, literally 'blood, sweat and tears' since the inception of the YJM, right from the early days, that it is high time my colleagues and peers, people of our age and younger, get up to help in this beneficial and worthy cause." he divulges.

## Inspiring

Citing the noble foundation of the YJM Halfway House right in the centre of the city which caters for patients and their families who cannot afford the expensive accommodation in Kuala Lumpur as an example, he says that it serves as an inspiration to him.

"I also find that it is great fun to organise Awareness programmes with the Staff of the YJM, to plan and take part in charitable events, to promote healthy well-being and interact with people from all walks of life,' shares Dr Robin.

Within YJM, Dr Robin is not only the Acting Honorary Secretary, he is also the Coordinator of YJM Awareness Programmes and is active on many of the committees such as the Management Executive Committee, the Finance Committee, the Events Committee, and the Walk-a-Mile Committee. In addition to all that, he helps sort out IT issues at the Secretariat!

## Focus on youth

Having touched upon the subject earlier, Dr Robin believes that it is vitally important to capture the attention of children at schools or younger. It is a pity that this is not high on the priorities of educational authorities since it is easy to implement and imperative to teach young people the benefits of a healthy life and diet early.

Other key issues that he is considering include Work Programmes that target the inactive employees at work, and the challenge of raising funds to run all the ongoing activities at YJM. Organising events monthly across the length and breadth of this country costs money and it is becoming more of a challenge these days due to tightening purse strings, forcing YJM to reach out to more donors for aid in this vital mutually beneficial foundation.

## Fond memories

Dr Robin has been attending the Walk-a-Mile events at Lake Titiwangsa for many years since the late 1990s, and he has many 'fond' memories of getting up at 5am to join in the exertions early on Sunday mornings!

He vividly recalls one of the very first Heart Weeks in KL (held at Lot10 shopping mall) which was attended by the then Prime Minister Mahathir in 1993, where he had an opportunity to be photographed together with Tun Dr Mahathir.

Filled with effervescent excitement, Dr Robin also talked about the Kuching Heart Week in Sarawak

(1995) where he met friendly Sarawakians, the Chief Minister and other dignitaries, the 'Colour Run' that was organised and ran in both Penang and KL (2015), an explosive mess of colours filled with 'powder-dyed' people laughing joyously, the 'Bubble Dash' held in Dataran Merdeka and Penang (2016) which featured oodles of soapy, bubbly fun, and the current Walk-a-Mile events with wonderful corporate partner Nestle at the Lake Gardens which showcases beautiful surroundings energised by thousands of exercising people.



*Family fun at Colour Run 2015*

## **Looking to the future**

YJM has been developing its ideas for the Malaysian people and particularly heart patients for a long time and been adapting to the market and environments of the day. The highly popular 'Go Red for Women Programme' with our recent innovative idea to include family participation has stimulated wide interest among other global heart foundations to adopt this concept.

Citing the example of Health Screening first introduced by the YJM as far back as the 1990s, Dr Robin points out that nowadays, everyone seems to have jumped on the band wagon, although perhaps for different reasons, i.e. to peddle their services and facilities.

"YJM needs to spread its awareness of its brand and services, particularly the Halfway House and Awareness Programmes, spread its worthwhile and

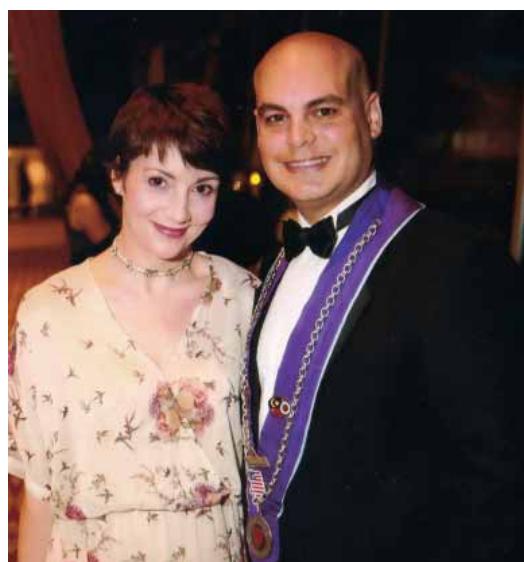
essential message of health, and market itself in this electronic, virtual age," Dr Robin says.

In order to better resonate with the younger generation, Dr Robin feels that it is important that YJM gets some youth activities organised e.g. extreme games, e-games, music themed events, etc. Other types of Charity Sporting events may also appeal to the Malaysian public, particularly the youth and those that have become a little complacent!

"It would be good to get more of my peers involved, and some younger people! Perhaps this way we can encourage some of the new generation of Malaysians, Millennials and others, to come in to volunteer their services. This way, we can adapt /adopt their fresh, novel ideas!" he remarks.

One of the key points that he feels need to be addressed is to update the website and to utilise Social Media more in order to spread greater awareness of YJM. Ideally, he would also like to develop more interactive events across the country, especially Sabah, Sarawak and Labuan. Dr Robin stressed that, at the risk of repeating himself, he is particularly interested in targeting more of those in the workforce, the deskbound employees who have now adopted a more 'couch potato' lifestyle.

With a warm smile, Dr Robin shares, "It is a personal ambition of mine to engage our esteemed and venerable young King, the Yang Di-Pertuan Agong of Malaysia, to join a 'YJM Walk-a-Mile'."



*Dr Robin and his charming wife, Mari*

# Persediaan Pesakit Jantung Sebelum Bercuti



Hajah Ainon Hj Kuntom

Musim cuti sekolah sering dikaitkan dengan kegiatan temasya perkahwinan, majlis berkhataran, kenduri-kendara bagi mengeratkan silaturahim di kalangan sahabat handai dan keluarga. Sering juga dikaitkan bercuti dengan balik ke kampung sebagai tanda menghormati keluarga. Selain daripada itu, bercuti dalam negeri, untuk melihat dan meninjau tempat-tempat peranginan yang cantik dan indah di dalam negeri.

Kadang-kala mereka juga bercuti ke luar negara, bagi pesakit jantung sebelum bercuti ke luar negara atau dalam negeri perlulah mengukur tahap kesihatan terlebih dahulu iaitu mengukur baju di badan sendiri sebelum kita keluar rumah untuk bercuti.

Sekiranya hendak ke luar negara seboleh-bolehnya jumpalah doktor terlebih dahulu untuk meminta nasihat dan membawa ubat-ubatan dan segala perkakas yang berkaitan dengan penyakit jantung seperti Digital BP Set (Mesin Tekanan Darah), Mobile Oksigen set, Mesin Pemeriksaan Gula (*Glucose Test*) dan sebagainya.

Apabila semua persiapan mengenai langkah-langkah pencegahan rawatan penyakit jantung (*preventive measure*), diambil kira terlebih dahulu kita akan merasa



selesa di dalam perjalanan percutian kita.

Dalam keadaan temasya bercuti senantiasa makanan yang sedap-sedap akan dihidangkan oleh keluarga di kampung ataupun di restoran-restoran makanan contohnya seperti makanan laut, daging dan sebagainya. Disini penting dan perlu kita menjaga makanan yang kita ambil semasa bercuti. Kita boleh makan apa saja jenis makanan tetapi hendaklah sebagai perasa dan merasa sahaja makanan tersebut dan diambil dengan ala kadar sahaja. Ini adalah bagi mengelakkan kejutan hasil dari makanan yang dilarang dan tak perlu diambil sebagai pesakit jantung.

Selain dari itu kita perlu mendapatkan rehat yang secukupnya, sentiasa tenang dan gembira. Jangan lupa kita perlu tidur dengan cukup dan nyenyak semasa bercuti.

Antara perkara yang penting adalah kita perlu mengambil ubat-ubatan yang diperlukan dalam masa dan tempoh yang telah ditetapkan bagi mengelakkan risiko mendapat tekanan darah tinggi, angina dan sebagainya.

Riadah dan menggerakkan otot-otot badan perlu dilakukan dengan senaman mudah dan berjalan kaki di mana yang perlu dalam masa yang diluangkan.

Apabila merancang ke luar negara, perkara yang perlu difikirkan ialah untuk membeli insuran

bagi mendapatkan rawatan yang diperlukan di luar negara, jika kita ke England atau Eropah, yang memerlukan insuran bagi memudahkan untuk mendapat rawatan kecemasan.

Ini amat perlu untuk kita ketahui bagi membolehkan pesakit jantung mendapat rawatan di luar negara secara percuma sebagai pelancong ataupun sekiranya perlu dibayar, insuran akan menanggung pembayaran bagi rawatan tersebut.

Perlu juga mengambil nombor telefon doktor yang menjaga kesihatan kita dan tulis nama ubat yang diperlukan supaya apabila berlakunya kecemasan mudah bagi mendapatkan nasihat dan rujukan daripada klinik kardiologist yang berhampiran dengan tempat percutian kita.

Sekiranya boleh sebelum kita bercuti, ambil nama klinik dan hospital swasta atau kerajaan yang ada kaitan dengan rawatan jantung dan mudah untuk berhubung bagi mendapatkan rawatan segera.

**Bercuti Balik Kampong  
Merapatkan Silaturahim  
Menghormati Keluarga  
Melihat Keindahan Alam  
Semulajadi  
Di Tempat Peranginan  
Yang Indah Dan Damai**

**Mahupun Keluar Negara  
Perlu Diingatkan Rawatan  
Pencegahan Penyakit Jantung  
Perlu Perhatian  
Supaya Percutian Kita Aman  
Gembira Dan Sejahtera.**

## PLANNER FOR 2018

MONTH	DATE	PROGRAMME	VENUE
<b>JANUARY</b>	12	Community	SK Taman Segar, Cheras
	17-21	Heartweek	AEON Big Falim, Ipoh
	28	Community	Surau Al Islah, Cheras
<b>FEBRUARY</b>	4	Community	Taman Bukit Serdang, Selangor.
	11	Community	Taman LTAT Bukit Jalil
<b>MARCH</b>	6-8	Workplace	Malaysian Qualification Agency
	11	School / College	Sunway College, Johor Bahru
	12	School / College	TAFE College, Seremban
	13-15	Workplace	MNRB Holdings Berhad
	21-22	Workplace	Takaful Ikhlas Sdn Bhd
	31	Community	Kuala Terengganu
<b>APRIL</b>	1	School / College	UCB Setiu
	10-11	School / College	SMK Seremban 2
	15	Go Red for Women	Lumut
	19	School / College	Consist College Ulu Klang
	25 -29	Heartweek	AEON Kota Bharu
<b>MAY</b>	10	Workplace	UPECA Aerotech
	13	Community	Bandar Baru Senawang
	24	School / College	Malaysian Institute Of Art
<b>JUNE</b>	30	Community	Mentakab

### 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™

CHOLESTEROL-LOWERING &  
BLOOD GLUCOSE-REGULATING  
EFFECTS WITH OVER  
20 CLINICAL STUDIES<sup>1</sup>.

National Health & Morbidity Survey (NHMS) 2015

**9.6 MILLION Malaysians HAVE HIGH BLOOD CHOLESTEROL**      **3.5 MILLION Malaysians HAVE DIABETES**

## 5 REASONS Why You Should Choose Biogrow Oat BG22™

- Made from all natural, Swedish oat bran. Free from artificial ingredients, thickeners & fillers.
- Provide at least \*3g bioactive oat beta-glucan<sup>2</sup> per daily serving.
- Very rich in Fiber & High in Protein.
- Lab-tested \*\*low in Glycemic Index (GI < 55)<sup>3</sup> and suitable for diabetics.
- Good solubility. The powder dissolves readily in cold or lukewarm water without the use of a shaker.

\* Bioactive oat beta-glucans are high in molecular weight and have been scientifically shown to produce good viscosity effect in the gut for optimal cholesterol-lowering effect - EFSA Journal.

\*\* Diets that are of low glycemic index and high in dietary fiber are protective - WHO Europe Diabetes.



Oat Bran Powder Canister (480 g)

Crispy Cereal Made in Germany



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



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

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 sachets (= 18 g)  
= 3 g beta-glucan

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[www.fb.biogrow.com.my](http://www.fb.biogrow.com.my)

Available at all leading pharmacies nationwide.

Legosan (Malaysia) Sdn. Bhd. (284196-H)  
Lot 6, Jalan 19/1, 46300 Petaling Jaya,  
Call Infoline: 03-7956 2220 (Mon-Fri 9am-5pm)  
Website: [www.biogrow.com.my](http://www.biogrow.com.my)

References:

- EFSA Journal 2010;8(12):1885 & 2011;9(6):2207
- Wolever et al. Am J Clin Nutr. 2010.
- Rummel et al. Cereal Chem 2012; 89(5):255 - 261.