

# Care for *Life*



HOSPITAL SERVICES | HEALTH INFORMATION

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VOL5 | ISSUE4



KNOW  
YOUR  
DOCTORS

THE PEOPLE  
WHO  
SAVE  
LIVES

**GET UP  
AND WALK**  
TREATMENTS FOR  
DAMAGED KNEES

P.58

## A Beautiful Mind

Slowing Down Degeneration in  
Multiple Sclerosis Patients – P.20

BENEFITS OF  
A GOOD SNOOZE

P.46





**KPJ HEALTHCARE BERHAD** (247079-M)  
(A Member of Johor Corporation Group)



# QUALITY HEALTHCARE

Since the opening of our first hospital in 1981, KPJ Healthcare Berhad (KPJ) has cemented a reputation as one of the leading healthcare providers in the region with more than 20 specialist hospitals in Malaysia, 2 in Indonesia, 1 in Thailand, 1 in Bangladesh and an Aged-Care resort in Brisbane, Australia providing promotive, preventive and curative medical services.



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# Going the Distance

KPJ is always exploring, expanding and enhancing our range of services, while also upgrading our standards of patient safety and satisfaction. We aim to be the leader in quaternary care in Malaysia, with expertise in conditions that require highly advanced treatments. This is in line with our mission to deliver quality healthcare services to the patients. Our patients' interests, comfort and safety remain our main concern.

One illness that requires highly advanced treatments is amyotrophic lateral sclerosis (ALS). An extremely rare, yet deadly condition, ALS causes the degeneration of voluntary and involuntary motor and muscle functions. While no cure is yet known, patients are able to experience relief of their symptoms, thanks to our pain management experts as well as spinal and orthopaedic specialists in our network of KPJ hospitals.

Due to the very rare nature of ALS, not many hospitals in Malaysia have the facilities to treat it. That KPJ does so is

indicative of our focus on advancing medical breakthroughs that result in long-term benefits for our customers.

We also have Malaysia's first digital operation theatre (with video-streaming capabilities) at KPJ Tawakkal Specialist Hospital, which enables its specialists to carry out complex, yet minimally invasive orthopaedic treatments. We are also proud to share that in the year 2014, one of our hospitals became the first hospital in Malaysia to perform the Anterior Minimal Incision Surgery (AMIS) hip-replacement operation. All these are done with the interests, safety and comfort of our patients in mind.

KPJ Healthcare intends to go the distance and continue to deliver. We are constantly growing innovatively along with the global trends whilst at the same time strengthening Malaysia's healthcare workforce. More importantly, we are constantly meeting and surpassing the healthcare needs in the interest of the community.

---

"As Malaysia and the healthcare industry grows, KPJ will continue to enhance its services to provide the best for its patients."

---

**DATO' AMIRUDDIN ABDUL SATAR**  
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**KPJ HEALTHCARE BERHAD**

# KPJ WELLNESS & LIFESTYLE PROGRAMME



Platinum Card


Titanium Card

### COMPREHENSIVE HEALTH SCREENING PACKAGES


\* Variety of testing and the frequency and value of added benefits depend on the package

In an age where heart disease, cancer, stroke, diabetes and hypertension are the five main killers in Malaysia, early detection enables you to avoid being diagnosed with life-threatening complications, and facing a lengthy and expensive hospital stay.

**KPJ Wellness & Lifestyle Programme** began with the concept of the 'Importance of leading a healthy lifestyle', as prevention is better than cure. The programme is designed to meet the needs of different individuals, couples and family members. We provide integrated solutions, using our expertise and insight to cater to your healthcare needs.

 : 03-2681 6222 / 012-6703596

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 : KPJ Wellness & Lifestyle

# CONTENTS

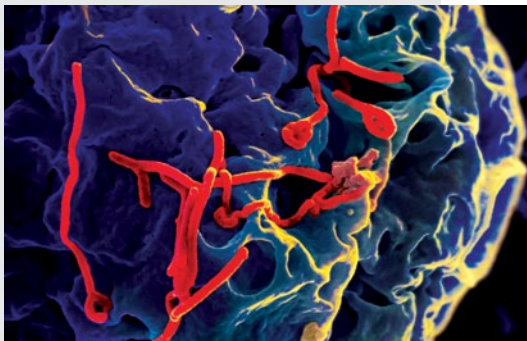
Volume 5 Issue 4

**03 | MESSAGE FROM THE PRESIDENT & MANAGING DIRECTOR**

**04 | KPJ HEALTHCARE DIRECTORY**

**10 | INTERNATIONAL NEWS**

- The Ebola Outbreak



- Not a Measly Disease
- Sweet Nothings
- Augmenting Chances
- Genes and Hypertension

**14 | KPJ NEWS**

Events and happenings in the KPJ Healthcare network

**17 | ADVISOR'S CORNER**

**18,78 | HEALTH TIPS**

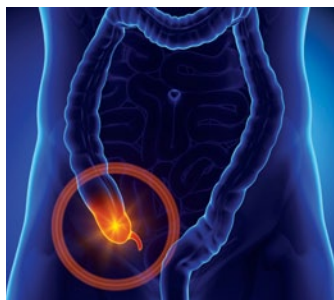
Quick tips to promote a healthy lifestyle

**20 | THE MYSTERIOUS PRISON**

In this issue, *Care for Life* examines and shines the spotlight on the little-understood neurodegenerative Amyotrophic Lateral Sclerosis (ALS) disease.

**30 | DR ASHRAF MOHD RAZI**

highlights the causes, risks and treatment of peripheral arterial disease.



**86**

**HANDLING APPENDICITIS**

The size of the average fifth digit, the appendix could be a matter of concern at any moment, as its root causes and prevention measures are still unknown.



**36 | DR ANIL KRISHNA DASS**

discusses some of the disorders that affect the pelvic floor.



**84 |** *Care for Life* consults **DR SAINI JEFFREY FREDDY ABDULLAH** for advice on how to avoid and cope with multiple sclerosis.





# 46

## ENTER THE SANDMAN

While many take regular slumber for granted, *Care for Life* examines the health impact of restful sleep and effects of skimping on bedtime.

## 32 | REGAINING SUPPORT

Symptoms and treatment options for one of the most common post-natal complaints – Pelvic Floor Disorder.

## 38 | HOME REMEDIES

Humble ingredients found in the kitchen and around the home to resolve psoriasis, greasy hair and mouth ulcers.

## 58 | GETTING THE ACT TOGETHER

A feature on the Autologous Chondrocyte Transplant (ACT) procedure – one of the main treatments for broken knees.

## 62 | NOT THE COMMON COLD

Although it has symptoms similar to the common cold, nose cancer is a far more dangerous disease.



**68 | DR DIPAK BANARSI DASS** proffers professional advice on the causes, prevention and treatment of nose cancer.

## 70 | RAPIDLY BEATING

A close examination of the causes, prevention and treatment of the unhealthy quivering of the heart.

## 74 | JOINT SOLUTION

The minimally invasive arthroscopic surgical procedure provides diagnosis and treatment solutions for injuries.

## 91 | WORTH THE TRIP

Adeeb Abdullah Bamatraf made the decision to travel from Yemen to seek medical assistance in KPJ Tawakkal Specialist Hospital after his mother and son gave in to different illnesses.



# 54

## LOOKING AFTER YOUR FUTURE

*Care for Life* goes behind the scenes and speaks with Dr Sarenjit Kaur at KPJ's Wellness Centre, established with the outlook that 'prevention is better than cure'.

## 94 | A QUICK OPERATION

A Yemeni student at the Asia-Pacific University, Osama Mahsoud Al Hakimi sought treatment from KPJ Damansara Specialist Hospital as soon as he experienced the first symptoms of appendicitis.

## 80 | DEBILITATING MULTIPLE SCLEROSIS

When the body's immune system fails and attacks its central nervous system, the result is the debilitating multiple sclerosis that affects the ability to communicate and move.

## 45,67 | FUNNY BONES

Jokes, trivia and puzzles that will make your day brighter and lighter.

# Not a Measly Disease

It is well known in the medical world that measles debilitates the body's natural defences by temporarily repressing the immune system. New research by Princeton University has revealed that the damaging effects of this disease on the immune system can last much longer in children, up to three years instead of a few months as previously thought.

**I**n the midst of strong controversy in many countries around the world regarding the need for measles vaccination for children, a recent study published by the journal *Science* concludes that the vaccination has benefits that extend beyond protection against the disease itself.

Besides the onset of rash and fever, measles was initially thought to lower human body immunity for months, which sometimes results in more serious complications like lung infections, brain

swelling and seizures. However, researchers at Princeton University showed that the disease leaves survivors with a high risk of catching other potentially deadly maladies – such as pneumonia, meningitis and parasitic diseases – for up to three years.

“If you get measles, three years down the road, you could die from something that you would not die from had you not been infected with measles,” explained co-author C. Jessica Metcalf, Assistant Professor of Ecology and Evolutionary Biology and Public Affairs at Princeton University.

Scientists arrived at this conclusion by studying the number of deaths resulting from other diseases among European and American children. They first analysed the figures before and after the vaccine was introduced some 50 years ago, finding a correlation between the establishment of the measure and a decreasing number of deaths related to those maladies.

Lead author Michael Mina, a medical student at Emory University who worked on the study as a postdoctoral researcher at Princeton, explains, “Our findings suggest that measles vaccines have benefits that extend beyond just protecting against measles itself.”

*Timely administration of vaccines has been proven to be extremely effective in mitigating the risk of contracting measles.*



Measles is a highly contagious disease, but thanks to vaccination, the World Health Organisation estimates that the number of related deaths worldwide has dropped by 74% between 2000 and 2010. The incidence of measles in Malaysia is rare (around 7.1 cases per 1 million in 2014), thanks to compulsory Measles, Mumps and Rubella (MMR) vaccination since 2002. KPJ Healthcare has the latest vaccines ready to be taken in two doses by children at the age of between 6-18 months, along with professionals and facilities to diagnose and treat any outbreak of the disease.



# Sweet Nothings...

Sugar intake has time and again been linked to a wide variety of health issues, causing many health experts worldwide to call for a complete omission of sugar from daily diets. However, not all types of sugar are artificial or 'added' and the positive or negative effects of these may not all be known to the general public. Keeping this in mind, would cutting out sugar completely be an effective move?

**GLUCOSE**, fructose and lactose are sugars which occur naturally in fruits and vegetables. Added sugars are those which make food and drinks taste sweet, the ones we add ourselves to enhance the sweetness according to our taste buds. These are the sugars that contribute to a variety of health problems, such as an increased risk of high blood pressure, according to a study in the *Open Heart Journal*. Obesity is also a growing problem and the World Health Organization (WHO) notes that drinking artificially sweetened beverages is one of the causes for this.

Biochemist Leah Fitzsimmons, of the University of Birmingham in the UK has questioned the rationality of completely cutting out sugar, deeming it difficult to achieve. This is because natural sugar comes in many forms and cannot simply be eliminated from our diets. Only two food groups do not contain natural sugar, and those are meat and fats. People who consume only these two food groups are likely to risk other health issues, such as obesity, even without any sugar in their diets. This is why many health experts believe that sugar can be consumed moderately within a balanced diet and active lifestyle. It functions as fuel for the body.

As such, health experts advise reducing sugar intake to within recommended guidelines. The

WHO currently has a recommended sugar consumption rate of no more than 5% of total daily calories of both, natural and added sugars.

Health is certainly a priority for many, and prevention is definitely a good practice. KPJ Healthcare has healthcare clinics which provide a wide range of preventive healthcare services and the latest facilities. Patients can expect a comfortable and convenient environment, with excellent doctors to handle tests and examinations. Their specialist services also offer diet counselling for a healthier lifestyle.

*Although a sugar-free diet is not a definite method of reducing the incidence of health issues such as obesity, specialists advocate limiting intake of natural and added sugar instead.*







*In a new study, it was discovered that the high frequencies of an ultrasound wave can stimulate the cells in and around wounds to heal faster. Currently, ultrasound is used to treat minor sprains and muscle spasms.*

# Healing Chronic Wounds

Ultrasound could help heal deep wounds more quickly.

**NEW** research published in the *Journal of Investigative Dermatology* showed that a wave of ultrasound could cure chronic wounds, which do not heal in an orderly way and tend to take longer than three months to fully mend. Some examples include pressure sores from sitting or lying in the same position for too long, large burns and infected cuts.

A group of researchers from the Universities of Sheffield and Bristol tested the technology on mice with wounds that did not heal properly and usually become infected. The initial experiments were successfully tested on the animals, with healing times cut by a third. Experts said it still needed to be tested on people.

The healing process works faster as the high frequency of ultrasound waves causes the cells in and around the wound to vibrate, effectively energising them and making them more responsive. The report said ultrasound was “restoring healing rates to those observed in young healthy animals”.

One of the Sheffield University researchers, Dr Mark Bass, commented that, “At the moment, treatment is based around stopping the infection and with ultrasound we are promoting the healing of the wound. It’s activating the normal healing process, that’s why it’s an attractive therapy; the ultrasound is simply waking up cells to do what they do normally.”

The next step is to test the technology on people, which is expected to occur by 2016.

Ultrasound is already being used in the fields of physiotherapy to treat deep tissue injuries, as it stimulates blood circulation and aids in cell activity, helping reduce pain and muscle spasms, as well as speeding up healing. KPJ offers these physiotherapy services utilising ultrasound to treat wounds more effectively.



# Genes and Hypertension

A probe on the link between a skeletal malformation syndrome and hypertension, or high blood pressure, in some individuals was conducted by the scientists of the Experimental and Clinical Research Center (ECRC) back in the mid-1990s. Involving members of six families exhibiting these traits, the study aimed to pinpoint the offending gene behind the mutation and disease. 20 years later, the researchers finally achieved their goal.

A skeletal condition characterised by unusually short fingers and toes, *brachydactyly type E* afflicts individuals with this gene, but that is not their only problem. They are also stricken by serious hypertension, which when left untreated, causes their premature deaths by the age of 50.

“In 1994, when we began the study of this disease and examined the largest of the affected families in Turkey for the first time, modern DNA sequencing methods did not yet exist,” Dr Sylvia Bähring, senior author of the research group said. Although the exact gene responsible for these conditions remained elusive for the better part of two decades, the Max Delbrück Centre for Molecular Medicine and the Charité Medical Faculty of Berlin recently encountered a breakthrough, managing to identify the cause of this rare syndrome.

Realising that the patients always displayed both the conditions, scientists tracked the origin of the physical malformation and matched it with additional observations conducted on six unrelated families. The team, led by Professor Friedrich C. Luft, found different point mutations in the gene encoding phosphodiesterase-3A (PDE3A), which was then identified as the origin of the abnormality.

The gene turned out to be the first Mendelian (salt-resistant) hypertension form ever discovered, based more on problems of resistance in blood vessels (as



it used to be the general consensus among researchers) rather than on issues related to salt reabsorption – when too much salt in the diet has a detrimental effect on kidneys, thus driving blood pressure up.

*High blood pressure is a chronic disease that is potentially fatal if left untreated. Using BP Monitors or Sphygmomanometers can help check and measure the blood pressure which is essential in diagnosing and treating high blood pressure.*

Up to 95% of people with high blood pressure usually suffer from essential or primary type hypertension, which is when no specific cause for it can be found, pointing to more general origins, such as being overweight, smoking, high intake of salt, high alcohol consumption or even race, gender, age or hereditary factors, as seen here. Therefore it is no surprise that it is a widespread disease, affecting a large number of people worldwide. If you suspect you or someone you know may have hypertension, do not hesitate to go to any KPJ Healthcare centre where our cardiac specialists are on hand to assist with routine checks or treatment if necessary.

## Raising Children

KPJ Ampang Puteri Specialist Hospital has partnered with baby skincare brand Johnson & Johnson to launch the 'So Much More' campaign, to educate mothers on the latest approach to baby care.

**RECENT** research findings from Johnson & Johnson's 'Science of the Senses' shows that a baby's ability to learn is enhanced when multiple senses are stimulated at once, such as sight, hearing and touch. Talking to your child, while providing a routine massage and maintaining strong eye contact can improve a child's mood, and aid in language skill and social development.

The new campaign aims to encourage parents to make their child's bath time a meaningful, quality time filled with multi-sensorial simulation, which will help a child's ability to learn, think and grow.

The launch held in April, was officiated by Datuk Azidah Datuk Seri Panglima Mohd Dun, Deputy Minister of the Ministry of Family, Women and Development, who applauded the joint company's efforts to pave the way for a brighter future for kids, and eventually for the nation, saying "children are the future."

The new collaboration between KPJ and Johnson & Johnson will see the neonatal staff trained at the KPJ Ampang Puteri Specialist Hospital, as well as the construction of a bath centre, which will teach mothers how to perform Johnson & Johnson's 'So Much More' bath massage on their babies.



Deputy Minister of Women, Family and Community, Datuk Azidah Datuk Seri Panglima Mohd Dun (second from left), Johnson & Johnson Country Director for Retail Group, Stuart Crabb (second from right), KPJ Ampang Puteri Specialist Hospital Medical Director Dato' Dr Abdul Wahab (left) and KPJ Healthcare Berhad Group International Marketing & Corporate Communications, Senior General Manager, Rafeah Ariffin (right) officiated the launch of 'So Much More' campaign, earlier this year.



*The KPJ team pop confetti on stage, together with various ambassadors and dignitaries, in celebration of KPJ's 3rd International Community Day.*

## An International Celebration

In May this year, KPJ Healthcare held its 3rd International Community Day at the Craft Complex in Kuala Lumpur. The event was officiated by Alan Abdul Rahim, Undersecretary of the Ministry of Tourism and Culture Malaysia, with guests comprising Ambassadors and High Commissioners, as well as dignitaries from several nations.

**MOHD** Sahir Rahmat, KPJ's Vice President (1) - Corporate and Financial Services, gave the keynote speech. Highlighting KPJ's many milestones in the area of international health tourism, he also revealed that KPJ aims to increase revenue from health tourism to RM90 million this year, from the RM78 million in 2014.

Mohd Sahir further revealed that out of the 2.8 million patients KPJ hospitals handle each year, "an

increasingly significant percentage of those patients are international health tourists, as well as expatriates currently residing in Malaysia."

Many of KPJ's health tourist patients are from Indonesia, the Middle East and East Africa, who seek expertise in oncology, orthopaedics, neurology, and cardiac treatment. KPJ currently has overseas presence in Indonesia, Thailand, Bangladesh and more recently, Dubai.



# Moving Towards Recovery

The KPJ Damansara Rehabilitation Team has been recognised by the World Confederation of Physical Therapy for their efforts in promoting public understanding of physiotherapy.

**AN** annual global event to raise awareness on physiotherapy, World Physical Therapy Day was commemorated by KPJ Damansara Specialist Hospital, which took place in the hospital's lobby. The event featured various activities in line with the theme 'Movement for Health' and the campaign message 'Fit to Take Part.'

The festivities started with aerobic activities open to the public, patients as well as hospital staff, and ended with a cake-cutting ceremony. The event also featured talks by KPJ physiotherapists to educate the public on matters associated with physical recovery.

This is the third time the hospital has held the event, which - aside from highlighting the efforts of the Rehab team, also raises awareness of the physiotherapy profession and promotes the rehabilitation services at KPJ Damansara. Activities in honour of World Physical Therapy Day 2015, with its theme of 'Fulfilling Potential', which was held this year in September.



**Above:** Patients and staff took part in several activities during the event, such as aerobics and competitions.

**Left:** A cake cutting ceremony was held, attended by KPJ Damansara Rehabilitation staff and patients, led by Dr Abdul Malik Mohamed Hussein, Orthopedic and Spinal Surgeon.



# A Legacy of Healthcare Management Excellence

## KPJ Sets the Benchmark for the Industry in Malaysia

**By Tan Sri Siti Sa'diah Sheikh Bakir,  
Director of KPJ Healthcare Berhad (KPJ), and Chairman and  
Pro-Chancellor of KPJ Healthcare University College (KPJUC)**

**THERE** are many things for which I am grateful in my over 40 years of professional life, and there is always something new to be thankful about. Recently in June, I had the great honour of receiving the Panglima Setia Mahkota (PSM) from the DYMM Seri Paduka Baginda Yang di Pertuan Agong Tuanku Abdul Halim, which carries the title Tan Sri.

I am humbled by this recognition from Tuanku, and am extremely grateful to the Almighty for the blessings that He has given me. This accolade however does not only belong to me, but to everyone who has played a part in Johor Corporation (JCorp) and KPJ Healthcare's history.

From the time when our first hospital – KPJ Johor Specialist Hospital – opened in May 1981, we have expanded to having 25 hospitals throughout Malaysia, 2 in Indonesia, 1 in Thailand and 1 in Bangladesh, with 15 hospitals in Malaysia accredited by the Malaysian Society for Quality in Health (MSQH) and 4 by the Joint Commission International (JCI). KPJ also has a senior living

care centre, Jeta Gardens, in Brisbane, Australia.

KPJ has on board more than 1,000 medical specialists encompassing a diverse range of disciplines including cardiology, oncology, bariatric surgery and orthopaedics, among others. Also, what started out as a nursing school – Puteri Nursing College – is now the KPJ University College, with courses covering the entire scope of healthcare and healthcare management. KPJUC has produced more than 7,000 alumni thus far.

I am honoured to have been able to play my part in facilitating KPJ's tremendous growth. However, I am only one part of the wheel.

The real credit for success goes to our team. Also deserving of recognition are our core values of Ensuring Safety, Exercising Professionalism at All Times, Performing Duties with Integrity, Delivering Service with Courtesy and Striving for Continuous Improvement.

These are the pillars that have enabled us to reach these heights, and constantly keeping them in mind ensures that we are on the right path. Thus, when I received the PSM, I received it with all our stakeholders – individuals and organisations – in mind. This award belongs to all of us, because without a team, this would not have been possible.

My sincere thanks once again to everyone who contributed in some way, big or small, to my journey.

# See Clearly Now

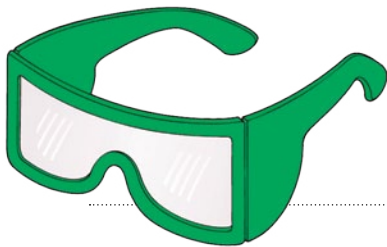
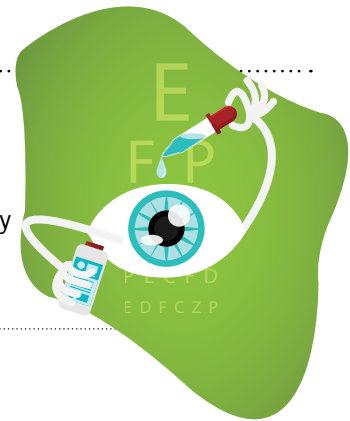
## Simple Steps to Healthy Eyes

In this issue, *Care for Life* presents simple steps you can take for strong and long-lasting eyesight.

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### Control Air Quality in Home or Work Environment

Dry air can irritate eyes, leading to inflammation. Invest in a portable humidifier to keep air moist. Also, keep eye drops handy for whenever your eyes are feeling dry.



### Take Precautions

Use safety goggles when near chemicals or power tools, even if you are not directly involved in the activity. Also, be careful with hazardous items and sharp utensils, such as scissors, pencils and knives.

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### Don't Look Directly at the Sun

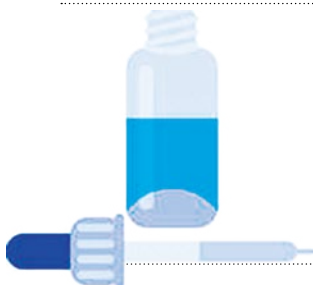
UV light can cause damage, such as cataracts and macular degeneration (an eye disease that causes vision loss) in the long run. When outside, make sure you wear sunglasses with full UV protection. Even short-term exposure to direct sunlight can cause photokeratitis, a condition where the cornea of the eye is sunburned, making your eyes swollen and watery.



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### Rinse Eyes Carefully when Irritated

If you get something in your eye, make sure you have saline solution on hand to rinse your eyes immediately. Spend 10-15 minutes cleaning. If they are still sore, seek a doctor's attention at once.





**Look Away from the Screen**

Staring at computer screens, mobile phones or television sets can take a toll on your eyes, often accounting for blurry vision and headaches. Remember to use the 20-20-20 rule: Every 20 minutes, look 20 feet away from the screen for at least 20 seconds.

**Eat Right**

Green, leafy vegetables such as spinach and kale, as well as berries such as blackberries and blueberries contain lutein, which can prevent macular degeneration, the leading cause of vision loss in people aged over 60. Meanwhile, Omega-3 rich foods such as salmon, tuna and walnuts have been found to reduce inflammation in blood vessels of the eye. Also, carrots contain lots of Vitamin A, which is important for healthy eyesight.



**Drink Caffeine in Moderation**

Two cups of tea or coffee a day can protect eyes against dryness, by producing tears more often. However, taking too much caffeine can exhaust your tear film, leading to dried out and irritated eyes.

**No Smoking**

Smokers are more likely to develop macular degeneration, glaucoma, cataracts and optic nerve damage.



**Exercise**

Your overall health has an impact on your eyesight. Being active improves blood circulation, which can lower pressure in the eyes and result in better eye health.

**For Contact Lens Users**

Hygiene is extremely important. Cleaning lenses before putting them into your eyes, and changing lens containers every two to three months are some of the crucial processes to follow to prevent infection. Also, remember to always use lubricating drops to avoid dryness.




When your eyes seem fine, it is easy to not think about visiting a doctor. But regular checkups are essential to healthy eyes – and the prevention of serious eye diseases, some of which often have no warning signs. Should you have any questions or concerns, KPJ's Pusat Pakar Mata Centre for Sight clinics in Kuala Lumpur, Petaling Jaya and Rawang, are dedicated to promoting good eye care and treating corneal diseases.



# THE *MYSTERIOUS* PRISON

Shedding Light on  
Amyotrophic Lateral Sclerosis



A 3D illustration of a neuron with a central cell body and multiple branching axons. The axons are rendered in a dark, almost black color, while the cell body is a lighter, textured grey. Several axons are highlighted with bright red, glowing segments, suggesting areas of damage or electrical activity. The background is a deep blue with soft, out-of-focus light spots in shades of red and white, creating a sense of depth and focus on the neuron.

**FOR** the better part of 2014, social media was awash with people getting a bucket of iced water dumped over them while they nominated others to do likewise, all to raise money and awareness for Amyotrophic Lateral Sclerosis (ALS). Also known as Lou Gehrig's Disease in America (after its most famous sufferer, baseball star Lou Gehrig), this neurodegenerative disease is an insidious killer, where sufferers have a typical life-expectancy of three years from the date of contracting the illness. Even more chilling, there is no cure for this condition, although some symptoms may be controlled. In this Special Feature, *Care for Life* sheds some light on this little-understood yet, by now, much-heard-of ailment.

## WHAT IS ALS?

Throughout the years, ALS has affected a number of prominent people. They include Chinese leader Mao Zedong, actor and director David Niven, and physicist Stephen Hawking (who has managed to survive for more than 50 years with the illness).

Discovered by French neurologist Jean-Martin Charcot in 1869, the most common form of ALS is sporadic, meaning it strikes randomly. The other type of ALS, “familial”, is hereditary, whereby there is a 50% chance that children of those affected by ALS will have the gene mutation, and thus, develop the disease.

The inescapable feature seen in ailing victims is the progressive

decline of muscle control, and thereby, voluntary movement. This occurs because nerve cells responsible for a person’s motor capacity are malfunctioning.

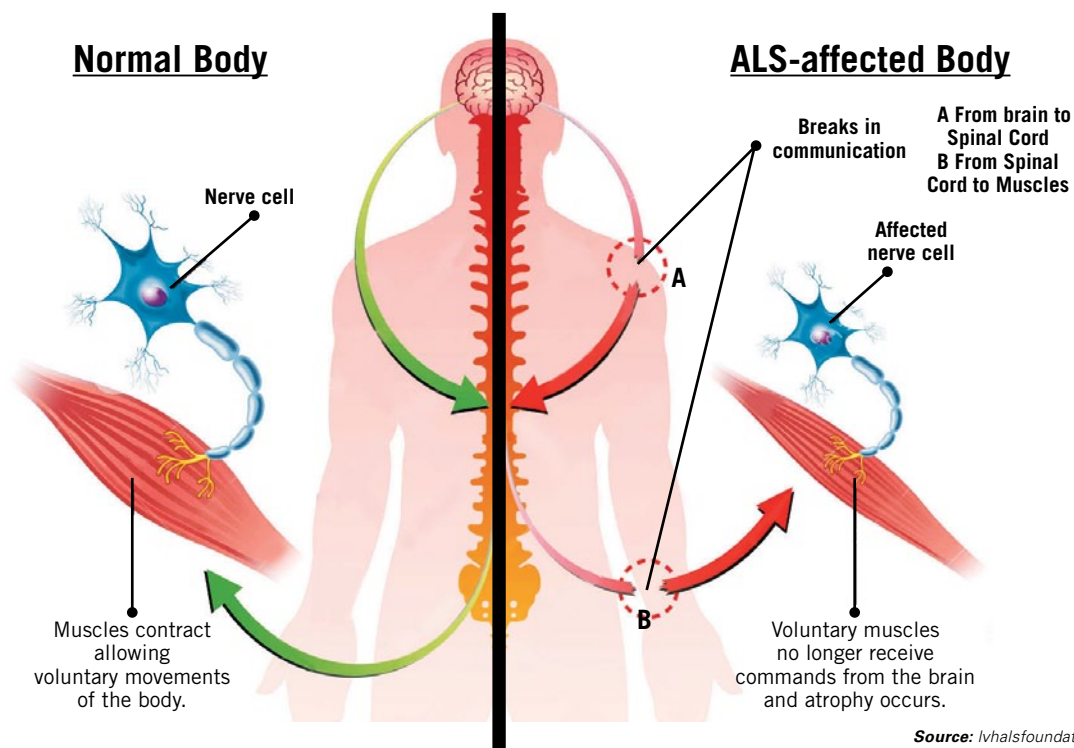
When upper motor neurons (found in the brain) die, they stop signalling the spinal cord to initiate and control muscle movement. Meanwhile, impaired lower motor neurons (found in the lateral regions of the spinal cord) cause scarring or hardening (“sclerosis”) of the spinal cord, which also disrupts signalling to muscles. Owing to the continuous degeneration of both motor neurons, muscles atrophy, and the victim deteriorates physically, gradually losing abilities like moving, eating, speaking and eventually, breathing.

The general age bracket for susceptibility is between 40 and 70 years old. Interestingly, a study by the US Department of Veteran Affairs showed that those deployed during the 1991 Gulf War are twice as vulnerable to the disorder compared to the general public.

## DIAGNOSING ALS

In the early stages of ALS, symptoms can be easily confused with those of other diseases and disorders such as human immunodeficiency virus (HIV), human T-cell leukemia virus (HTLV), polio, West Nile virus and Lyme disease. Physicians also consider the possibility of neurological disorders such as multiple sclerosis, post-polio syndrome,

## WHAT HAPPENS DURING ALS?





multifocal motor neuropathy and spinal muscular atrophy; all of which can mimic characteristics of the disease.

Hence, appropriate assessments are carried out to eliminate these possible conditions before drawing ALS as the conclusion. Such tests include an electromyography (EMG) to detect electrical activity in muscles, a nerve conduction study (NCS) to assess nerve signals, and a magnetic resonance imaging (MRI) scan which may substantiate the presence of other problems. Based on the findings, blood and urine samples are analysed alongside other routine laboratory testing.

ALS begins very subtly and symptoms are difficult to perceive. General cramps, stiffness, muscle weakness in either arms or legs, slurred speech or difficulty in chewing or swallowing are among initial onset signs, but are easily interpreted as non-related.

When muscles in limbs are affected, victims suddenly find themselves losing manual dexterity. Simple tasks like turning a key, buttoning a shirt and writing, for example, become difficult, and walking or running feels awkward as they trip and stumble often. Then there are those who initially experience speech problems.

As the disease advances, muscle atrophy spreads to other parts of the body, and becomes

more defined. Spasticity (unusual muscle tightness) and exaggerated reflexes indicate upper motor neuron damage, while lower motor neuron degeneration include severe muscle weakness, cramps and fasciculation (flickering movements under the skin).

The rate at which the disease progresses varies between individuals. But they all reach the unfortunate point of being in a vegetative state when limbs cease to function, and they are unable to eat without choking. Still cognitive and lucid, they behold their own steady destruction helplessly. In the last stages, the ability to breathe diminishes as the muscles of the respiratory system weaken, thus they require a ventilator to breathe.

### AT THE ROOT OF IT

Nobody knows for sure why ALS manifests in some people, although it is believed that certain genetic mutations lead to ALS-related motor neuron degeneration. Some gene mutations imply defects in protein recycling while others allude to possible deformities in the structure and shape of motor neurons, as well as their increased susceptibility to environmental toxins.

ALS researchers are also evaluating the role played by environmental factors, physical trauma, behavioural aspects and occupational hazards. In the latter, some studies



Source: [buzzle.com](http://buzzle.com)

have linked the disease to one's exposure to damaging substances during work in jobs such as funeral director (high levels of formaldehyde), truck driver (diesel fumes and exhaust) and even artist (various noxious materials).

An indicative example of ALS disproportionality is the over representation of this disease by athletes; the famous American baseball player, Lou Gehrig, being the 'poster boy,' and from whom is derived the malady's moniker — Lou Gehrig's Disease.

Other athletes afflicted by ALS include US gridiron player Tim Shaw and South Korean basketball star Park Seung Il. Even Malaysian sports has not been spared as legendary football hero Datuk Mokhtar Dahari fought the disease for three years before succumbing to it in 1991.

## TREATMENT

There is no cure for ALS, only the use of certain drugs to control symptoms. Riluzole provides modest benefits to sufferers by delaying the onset of ventilator-dependence, and prolonging the survival of those with difficulty in swallowing, by several months. However, drawbacks include increased risk of liver damage and side effects, among which are allergic reactions (skin problems, chest tightness, swelling of lips, tongue and throat), fever, irregular

heartbeat, jaundice, nausea, stomach problems and flu-like symptoms.

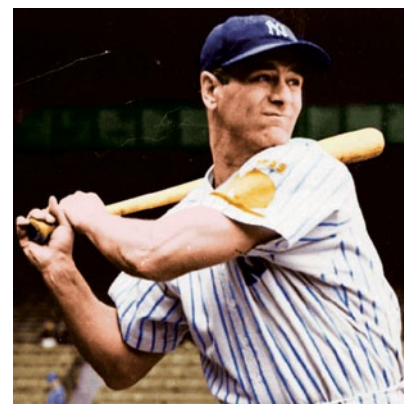
Physicians can also prescribe medication to help alleviate fatigue, muscle cramps, spasticity, and to lessen the excess saliva and phlegm produced. Drugs to relieve pain, depression, sleep disturbances and constipation, may also be given but care is taken to prevent risky interactions.

Physical therapy is another treatment aspect. Unaffected muscles are strengthened with low-impact aerobic exercises like walking, swimming and stationary bicycling, which also improve cardiovascular health and mood. On the social side of things, speech therapists provide adaptive strategies to speak louder and clearer, as well as techniques to respond non-verbally. Speech synthesisers and computer-based communication systems can be vital devices for those who have shutdown vocally.

Nutritionally, caregivers formulate small, easy-to-swallow food portions with the requisite amounts of calories, fibre and fluid. When patients are no longer able to eat, a feeding tube is inserted into the stomach instead.

The use of invasive mechanical respirators indicates the beginning of the end. Ventilation support eases breathing and extends life but

# FAMOUS



## Lou Gehrig

(19 June 1903 - 2 June 1941)

**Baseball player in 1920s and '30s. Holds record for most career grand slam home runs (23). Gehrig focused national attention on ALS in a famous speech at Yankee Stadium in 1939.**

curbs the patient's mobility due to machine attachments.

## A RAY OF HOPE

Research is ongoing to understand what triggers motor neurons to selectively malfunction, and to develop effective methods to stop the mechanisms leading to cell death. To this end, scientists have uncovered evidence pointing to the causative role cellular defects, glial cells



### DID YOU KNOW?

**Although the life expectancy of a person with ALS averages about two to five years from the time of diagnosis, this disease is variable, and many people can live with the disease for five years and more. More than half of all people with ALS live more than three years after diagnosis.**



# PEOPLE WITH THE DISEASE



**Mao Zedong**

(26 Dec. 1893 - 9 Sept. 1976)

**Chinese military and political leader and former Chairman of People’s Republic of China (PRC), Mao Zedong suffered from poor health, which included multiple lung and heart ailments, in addition to ALS.**



**Datuk Mokhtar Dahari**

(13 Nov. 1953 - 11 July 1991)

**One of Asia’s best players in 1970s, Malaysian football legend Mokhtar Dahari succumbed to the disease after battling it for three years.**



**Stephen Hawking**

(8 Jan. 1942 - present)

**Internationally renowned physicist who is almost completely paralysed by ALS. Hawking’s illness has progressed more slowly than typical cases of ALS.**

and inflammation cells play in ALS.

Investigations are also being conducted to determine promising

treatments via drugs, gene therapy, as well as antibodies and cell-based therapies. Some experimental clinical testing of ALS patients have also been conducted

from time to time. Scientists are of the optimistic view that their persistence will pay in the form of more advanced and efficacious treatments in the future.

Being a rare disease, ALS affects approximately one in 500,000 persons in developed countries. There is no known ALS association in Malaysia although “ALS Malaysia” has started a Facebook page for awareness creation and fund raising. As an industry leader, KPJ Healthcare is engaged in the struggle by being a professional resource for information, counselling and the dispensation of appropriate drugs to alleviate the infirmity.





# AN ENCROACHING ENEMY

## The Surge of Blocked Arterial Passageways

**HOW** widespread it is may still be underappreciated, although hundreds of millions of people worldwide are victims of this disease. Peripheral artery disease is alarmingly prevalent, and longer life expectancy along with evolving lifestyle (not necessarily for the better!) seem to be exacerbating its rise. Its cardiovascular risk implications (it frequently leads to heart attacks and strokes) mean that there is a dire need to assess preventative measures and treatment in Malaysia, as well as in the world.

### LET IT FLOW

The free, uninterrupted flow of oxygen-rich blood in our bodies is essential, and this is facilitated by our blood vessels, of which there are two main groups – arteries and veins. The former carry nutrients and oxygen to the cells, while the latter bring back cells metabolic by-products, toxins and carbon dioxide back to the heart for recycling.

Peripheral arteries are those that do not supply the heart and brain. They are, however, still extremely important. Disease of the arterial tree can range from short segment narrowing to full blown occlusion / blockage and can have devastating effects on the area

where the artery is supposed to supply. These are mostly related to diabetes mellitus, atherosclerosis (blockage), hyperlipidaemia (high blood cholesterol) or even trauma. Veins however have a different subset of condition ranging from the unsightly varicose veins on the lower limb to the painful, calf-bursting feeling of deep vein thrombosis (DVT) and its subsequent effects.

“Atherosclerosis,” or blockage by plaque (fat, cholesterol, calcium and other substances) of these blood vessels, results in a debilitating condition known as peripheral artery disease (PAD). While the heart often takes centre stage when it comes to atherosclerosis, blood vessels in

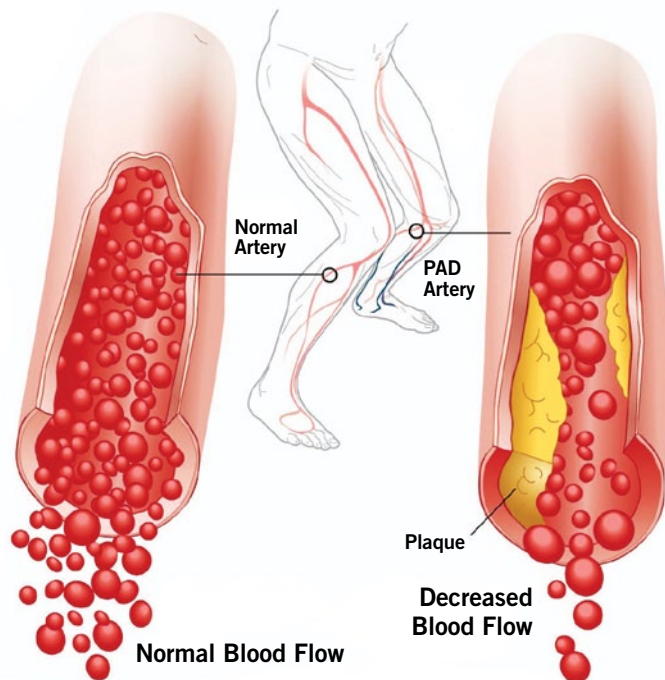
other parts of the body, are equally important, and should be given adequate focus and attention.

Blood vessels are lined by endothelium, a thin layer of cells which maintains a toned and smooth interior for good blood flow. When the endothelium is compromised by causes such as high blood pressure, smoking or elevated blood cholesterol, atherosclerosis takes place with the formation of plaque on the arterial walls, thus obstructing blood flow. Left unremedied, ensuing plaque builds up, and over years, as arterial clogging worsens, so does the resulting incapacitation of limbs and the pelvic area.

In some, recurring cramps and pain in the leg while exercising, otherwise



## Blood Flow in a Normal and Blocked Artery



Source: American Heart Association

known as intermittent claudication, may signify the beginning of problems. Conditions deteriorate as peripheral arteries continue to constrict, and the discomfort then spreads to the thighs, hips and buttocks. Other manifestations thereafter include perpetually cold and numb feet and toes, the thickening of nails, a bluish tint and shine to the skin, erectile dysfunction in men, and the poor healing of sores. As PAD progresses, pain occurs even at rest, intense enough to disturb sleep.

Serious complications also result from PAD. Sores and injuries which do not heal, may turn full-blown into gangrenous tissue and require the amputation of the affected limb. And atherosclerosis is not confined to just the peripheral blood vessels but happens as well in the arteries supplying the heart and brain as

well, eventually leading to a stroke or heart attack.

### SCREENING

Often dismissed as simply a part of aging, the aforementioned signs and symptoms are actually serious indications to get screened by a medical professional. To this end, KPJ Healthcare providers will assist by directing the afflicted to the appropriate specialists and hospitals to properly evaluate the problems, and to ascertain their cause. But do not wait for pain to occur before taking action. Preemptive screening is especially advisable for the aged, diabetics, smokers, the obese and those with hypertension, because of their vulnerability to PAD.

Potential patients are asked about their symptomatic experiences,

as well as their personal and family medical history. During a physical examination to determine PAD, pulses in certain areas of the feet, legs and groin are inspected for weakness or even absence. Whooshing sounds over arteries heard with a stethoscope, ulcers where blood flow has become restricted, and lowered blood pressure in affected limbs, are all indicative too.

More advanced testing includes a Doppler (ultrasound) test, whereby high-frequency sound waves evaluate blood flow and where arteries may be blocked or narrowed. But for a more precise picture, an angiogram is carried out — arteries are injected with dye to clearly watch blood flow, and how restricted it gets in certain areas.

To complete the investigation, blood tests are conducted to measure blood cholesterol and triglyceride levels as well as to check for diabetes.

### PREVENTION IS BETTER THAN CURE

Lifestyle changes are a must for those at risk of PAD. First and foremost, it is never too late to quit smoking. Also, since “we are what we eat,” dietary discipline in the form of higher intake of fibre-rich foods like whole wheat, oatmeal, bran, brown rice, fruits and vegetables, is a major step in the right direction.

In addition, the reduction of salt, unhealthy fats and refined sugar in meals, will help treat or prevent related ailments like diabetes, high blood pressure, lipid problems and vascular disease. Physical activity

three to four times a week keeps the blood flowing nicely. Brisk walking at least 20 minutes at a time, cycling and swimming are great options, but it is wise to first consult with a physician before starting any exercise programme.

### MEDICAL INTERVENTION

Depending on the situation and severity, doctors will assess if it is necessary to resort to procedures like angioplasty, bypass surgery or thrombolytic therapy to treat PAD, and will advise their patients accordingly.

Angioplasty requires a tiny hollow tube (catheter) to be threaded through the artery to the affected location, whence a small balloon on its tip inflates to reopen the constricted artery as well as flatten the blockage against the artery wall. Thus stretched, blood streams through unhindered. Further, a mesh framework (stent) may be added to ensure the artery stays open. Lately, there are balloons and stents coated with medication that prevent the endothelium from producing scar tissues that could lead to future blockage.

In bypass surgery, the doctor will graft a blood vessel from another part of the patient's body (or otherwise use a synthetic one), to allow blood to flow around, that is, to bypass the blocked or narrowed artery. There is also thrombolytic therapy which may be recommended for blood clots found blocking an artery, whereby they are injected with a drug to dissolve them *in situ*.

Recognition, diagnosis and treatment of PAD in the early stages go a long way to arrest its potential negative impact. At KPJ hospitals, vascular surgeons – specialists in PAD – are available to help evaluate and provide treatment. However, along with medical care, the importance of maintaining a healthy lifestyle cannot be over emphasised. Tackling PAD takes effort and discipline, but the big payoff experienced is an enhanced quality of life.

## Non-Surgical Treatments



### Lifestyle Changes

- Maintain healthy blood sugar levels
- Quit smoking
- Eat foods low in saturated fats and calories
- Maintain ideal body weight
- Exercise

### Medication

- Cholesterol-lowering drugs (statins) or blood pressure-lowering medications may be prescribed.

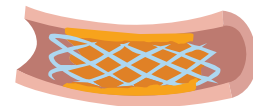
**Walking at least 30 MINUTES  
3 times a week lessens risk of PAD**

## Surgical Treatments



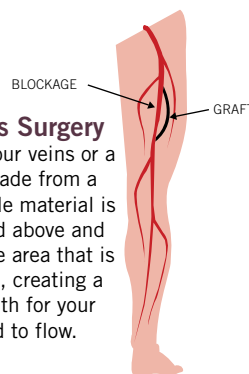
### Angioplasty

A long, thin, flexible tube called a catheter is inserted into a small puncture over an artery in your arm or groin. Once in place, a special balloon attached to the catheter is inflated and deflated, pushing the plaque in your artery against your artery walls, thus widening the vessel.



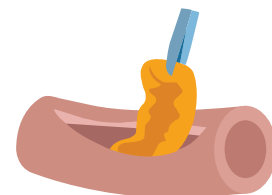
### Stenting

A tiny metal mesh tube, called a stent, is placed into the narrowed area of your artery to keep it from closing. The stent remains permanently in your artery.



### Bypass Surgery

One of your veins or a tube made from a man-made material is attached above and below the area that is blocked, creating a new path for your blood to flow.



### Endarterectomy

An incision is made in your leg and the plaque contained in the inner lining of the diseased artery is removed.

Source: Johnston Health

# Dr Ashraf Md Razi on Peripheral Arterial Disease



**I**f the body were a country, then blood vessels would be the highways – the transportation networks through which life-sustaining blood is carried to every organ and every part. However, just like how expressways sometimes run into problems, blood vessels may also be affected by ailments such as blockages. When such situations occur, it is up to specialists like Dr Ashraf Md Razi – General and Vascular Surgeon at **KPJ Penang Specialist Hospital** – to clear the obstruction and smooth the passages of these vital thoroughfares.

## REASON FOR SERVING

Although possessing a general concern for the well-being of others, Dr Ashraf admitted that there was no single inspiration or Eureka moment that made him decide to take up medicine as a profession. Interestingly, those whom he has treated have good reason to thank a weak economy for their cure.

“When I was growing up, there were three very popular and prestigious professions – lawyer, engineer and doctor. I wasn’t a talkative person, so being a lawyer was definitely out. And then in the late 1980s, there was an economic downturn and I

*Dr Ashraf Md Razi’s experience as a vascular surgeon became personally fulfilling when he helped treat his father who had complications with diabetes.*



heard that lots of engineers were either getting laid off or finding it hard to secure a job, whereas doctors are always in demand and are recession-proof!" he told *Care for Life* with a laugh.

## RED ALERT FOR MALAYSIAN HEALTH

Describing his specialisation, Dr Ashraf explained. "Vascular surgery deals with diseases of the blood vessels such as veins, arteries and capillaries, and I deal with all of them except for when they affect the blood vessels of the heart or the brain. Those are for the cardiac surgeon and the neurosurgeon respectively."

Over the course of his practice, Dr Ashraf has noticed a disturbing trend where the number of Malaysians with peripheral arterial disease (PAD) – ailments of blood vessels outside the heart and brain – is increasing. In fact, around 30% to 40% of new patients who consult him to review their cases are found to have such afflictions.

"Generally, PAD is a degenerative disease that occurs in old age, when our internal organs and blood vessels show signs of ageing. However, illnesses such diabetes mellitus, hypertension and hyperlipidaemia (high cholesterol), cerebrovascular accident (stroke) and cardiovascular accident (heart attack), as well as poor lifestyle habits like smoking, heighten the chance for early onset," he explained.

Dr Ashraf has no illusions about the cause of this unwelcomed phenomena. "We are seeing a

larger number of young Malaysians being diagnosed with diabetes, hyperlipidaemia and hypertension. Some have even suffered or died from heart attacks. Also, people are taking up smoking at a younger age, which means that they are damaging their internal organs and blood vessels at an earlier stage."

## PREVENTION IS THE KEY

Compounding the situation is the sedentary lifestyle of many Malaysians. "The Malaysian waistline is growing, thanks to the influx and easy availability of fast food and such. On the other hand, the amount of exercise people do is shrinking as they are too focused on the rat race and stress at work," Dr Ashraf highlighted.

Pointing to a statement by the Health Minister in 2014, Dr Ashraf noted that "Malaysians are the 6th fattest people in Asia and the most obese in Southeast Asia. This is not a distinction that we should be proud of!"

Part of the reason behind Dr Ashraf's passion for his work and his desire for people to be more aware of the health risks involved with poor lifestyle habits is because it struck close to home. His father, who is

also a diabetic, had developed a pus-filled infection in the leg, and it was only a chance visit home by Dr Ashraf that his leg was saved.

While PAD is not deadly in itself, it can lead to serious complications, such as heart attack and stroke, as well as gangrene when the flow of blood is impeded. According to Dr Ashraf, some of the medical treatments include blood-thinning and cholesterol-lowering medication, as well as surgery in more extreme cases, which may include amputation so as to prevent an infection from spreading.

Ultimately, the best cure in Dr Ashraf's eyes is prevention. "Ageing is inevitable, but non communicable disease such as diabetes, obesity and hypercholesterolemia (to name a few) are preventable," he asserted. Concluding, he said, "As a doctor, there is only so much that I can do but the onus to stay healthy and adopt a healthy lifestyle by exercising regularly, watching their diet and making an effort to quit smoking is in the hands of each and every individual. The food that we eat and how we treat our body, including the effort we put in maintaining it, will determine whether we age gracefully or end up frequently being admitted to hospital in our later years."

## FAST FACTS

**Dr Ashraf Md Razi has a special interest in vascular access surgery and abdominal aortic surgery, and is also involved with peripheral arterial bypasses and venous diseases of the lower limbs. He also lectures at Penang Medical College.**

- 2005 – Master of General Surgery, Universiti Kebangsaan Malaysia (UKM)
- 1997 – Bachelor of Medicine, Bachelor of Surgery (MBBS), Kasturba Medical College Manipal

# Regaining Support

Addressing Post-Labour Pelvic Problems



**HAVING** a baby is undoubtedly one of life's most joyous, life-changing events, and many mothers feel a joy and relief – not only for bringing a life into the world, but also because it marks the end of the gestation period (and the hassle that comes with it). However, during the course of pregnancy and childbirth, certain physiological changes may occur which affect the health and well-being of the mother. *Care for Life* looks at one of the most common post-natal complaints – Pelvic Floor Disorder.

### THE PELVIC FLOOR

All humans have a pelvic floor. In women, it comprises muscles, ligaments, connective tissues and nerves that support the functions of the bladder, vagina and rectum (collectively known as the pelvic organs).

Unfortunately, the pelvic floor sometimes ceases to function as well as it should in women, especially after childbirth. In fact, a woman's risk for Pelvic Floor Disorder increases each time she gives birth because the act of childbirth itself exposes her to it.

For example, a woman delivering a baby who is larger than expected or is in prolonged labour, strains and stretches her pelvic muscles. This stress placed on the muscles subsequently weakens them.

*Pregnant women can perform exercises using a gym ball to strengthen their pelvic floor muscles, and lower the risk of pelvic floor disorder.*



It should be noted that Pelvic Floor Disorder is a general term which encompasses several conditions. However, all of them are caused by the inability of weakened pelvic muscles to support the pelvic organs.

### DO I HAVE PELVIC FLOOR DISORDER?

The symptoms to look out for are any sort of urinary problems, including a frequent need to urinate, difficulty in moving bowels, pain or discomfort in the vagina or rectum, a heavy feeling around the pelvic area, a slightly bulging vagina or rectum, muscle spasms in the pelvic area and/or painful intercourse.

Sometimes, this pain or discomfort may not be the cause of Pelvic

Floor Disorder after all. As the pain commonly occurs in the lower abdomen below the belly button, it could be a sign of some other health problem such as Colitis, Diverticulitis or Diverticulosis. In women, this could also be caused by Endometriosis, Chronic Pelvic Inflammatory Disease, Fibroids, or Interstitial Cystitis.

This is why it is important to seek medical advice as soon as possible, so as to ascertain the actual reason for your discomfort. If it is a Pelvic Floor Disorder, then the next step will be to diagnose the exact cause.

To do this, different specialists are needed to address specific parts of the problem. Thus, those involved in the treatment of Pelvic Floor Disorders include

Urologists, Colorectal Surgeons, Urogynaecologists, Plastic and Reconstructive Surgeons, as well as Physical Therapists.

### TREATING PELVIC FLOOR DISORDER

- **Urinary Incontinence**

In the case of Urinary Incontinence, a combination of therapies is usually most effective. You may be taught how to make your pelvic muscles 'behave' differently through Kegel exercises, which focuses on relaxing the muscles in the area to minimise pushing or straining while urinating or during bowel movements. Medicines, like low doses of muscle relaxants may also be used to help the condition.

## The Three Main Types of Pelvic Floor Disorder



- **Urinary Incontinence**

Urinary Incontinence is the inability to control the bladder which results in the involuntary passing of urine.



- **Faecal Incontinence**

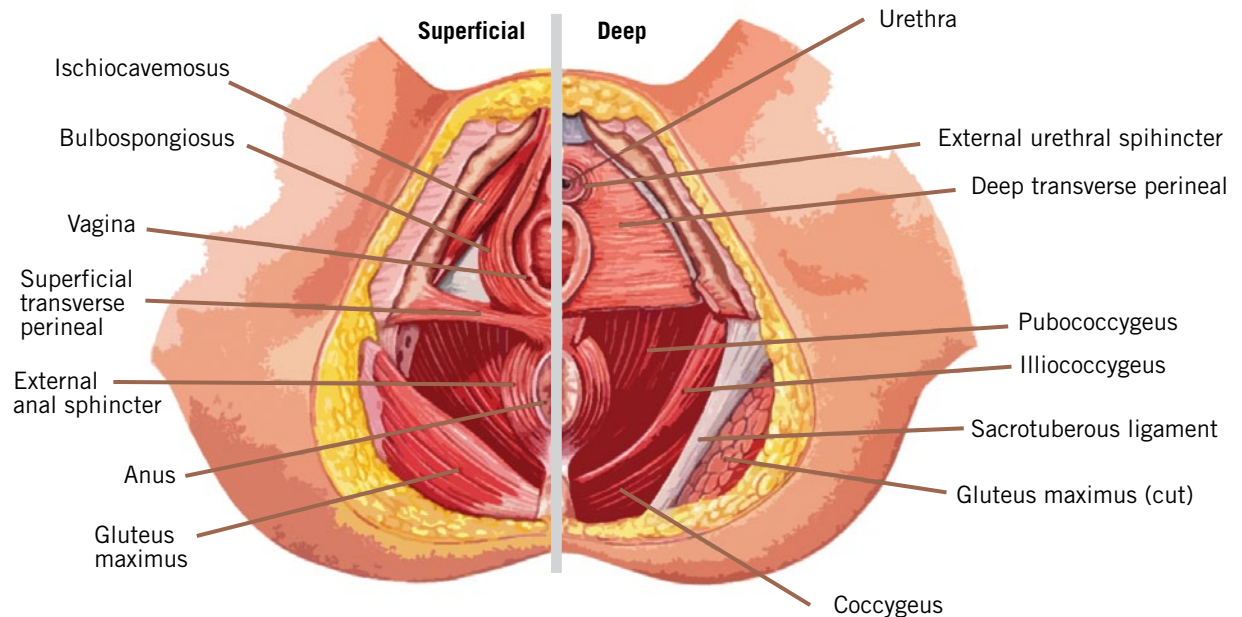
Faecal Incontinence is the inability to control the bowel which results in the involuntary passing of stool (faeces) or gas (flatus)



- **Pelvic Organ Prolapse**

Pelvic Organ Prolapse happens when the pelvic muscles and other supporting tissues become weak. This causes the organs in the pelvic area to collapse and fall out of place.

## Interior View of Selected Pelvic Floor Muscles (Female Perineum)



*The main muscles that make up the pelvic floor include the pubococcygeus, iliococcygeus and the coccygeus. The weakening of these muscles, caused by the strain of childbirth can lead to a variety of pelvic floor disorders such as incontinence and pelvic organ prolapse.*

Source: [louisedouse.com](http://louisedouse.com)

Other treatments include minimally invasive procedures. For example, the doctor may insert a thin tube called a cystoscope into the urethra to introduce collagen or a similar substance into the tissue surrounding it. Another is to place a piece of light mesh to act as a 'sling' under the urethra through pelvic floor reconstructive surgery, thus creating pseudo pelvic muscles to support the organs.

### • Faecal Incontinence

Since this tends to occur in older adults, it is usually treated via diet regulation, medication and – similar to that in urinary incontinence – Kegel exercises

monitored by a physiotherapist. In severe cases, invasive surgery such as the pelvic floor reconstructive surgery mentioned above, may also be performed.

### • Pelvic Organ Prolapse

Pelvic Organ Prolapse can be treated through Kegel exercises as well as the insertion of a pessary,

which is a ring-like device placed into the vagina to help support the pelvic organs.

In some cases, surgery is the best option. *Laparoscopic colposuspension* surgery allows surgeons to 'rebuild' the pelvic floor by making small incisions in the abdomen and stitching organs back into their normal positions.

As you embrace motherhood, do not allow postnatal Pelvic Floor Disorder to stop you from experiencing the special privilege of having a new-born in your life. At KPJ hospitals, there are highly qualified specialists with expertise to handle such problems. There is no need to suffer in silence.

# Dr Anil Krishna Dass on Pelvic Floor Disorder



**THE** pelvic floor is a hammock of sorts, consisting of muscle fibres, ligaments, connective tissues and nerves residing underneath the pelvic organs – such as the bladder, uterus, vagina and rectum – helping to support and keep them in place. If a woman’s pelvic floor weakens, it can result in a whole host of other problems in other organs, including the ones mentioned. Dr Anil Krishna Dass, Consultant Obstetrician, Gynaecologist and Urogynaecologist at **KPJ Penang Specialist Hospital** explains this disorder.

*Working with cutting-edge technology and equipment at KPJ such as this ultrasound machine and banking on his vast experience, Dr Anil is able to diagnose and treat ailments pertaining to obstetrics and gynaecology, including pelvic floor disorders.*

## **SURROUNDED BY INSPIRATION**

Dr Anil is no stranger to the medical world, as almost his entire family, including his parents, sister, wife, aunts, uncles and cousins are graduates of medical school.

His inspiration to become a doctor was sparked when he was a young boy, as he aimed to take after his parents, who he admired greatly.

Talking about his field, Dr Anil says he was not particularly keen on obstetrics and

gynaecology when he began studying medicine. However, that changed when he was posted to East Malaysia after completing his housemanship training. “I was assigned to the Obstetrics and Gynaecology department when I was transferred to a government





### FAST FACTS

Dr Anil has a vast experience in, and is well-versed with, medical and surgical treatment for pregnancy, childbirth and gynaecology-related problems. However, his speciality is in urogynaecology, a sub-speciality dealing with urinary problems in women, such as stress-related urinary incontinence and overactive bladders. The following are a selection of his credentials:

- 2014 – Present - Consultant Obstetrician, Gynaecologist and Urogynaecologist, KPJ Penang Specialist Hospital
- 2013 – Completed fellowship in Urogynaecology
- 2007 – Masters’ in Obstetrics and Gynaecology, Universiti Sains Malaysia (USM), Kubang Kerian
- 1998 – Graduate of Kasturba Medical College, Manipal, India

hospital in Tawau as a medical officer, and consequently I soon developed an interest for this field,” he says.

Pursuing his career in government hospitals for 16 years, Dr Anil decided that it was time for a change of scene in his career. Therefore, when a close friend informed him that the KPJ Penang Specialist Hospital in Bandar Perda was welcoming specialists from aboard, he jumped at the opportunity to partake in this new and exciting challenge.

### PELVIC FLOOR WOES

“The usual symptoms caused by this disorder that spurs patients to seek medical advice are urinary and faecal incontinence, as well as a prolapse of a pelvic organ,” he explains. According to Dr Anil, there are two main types of urinary incontinence – stress-related and urgency.

Expounding, Dr Anil notes, “Stress-related incontinence occurs when the patient coughs, sneezes or changes position, resulting in a leakage of urine.” Urgency incontinence, is a condition where urine is unintentionally released before the patient can reach a bathroom. Overactive bladder syndrome is a common

disorder with symptoms such as frequent urination, urge continence (a sudden and strong need to urinate), and nocturia (getting up at night to pass urine).

Prolapses, or protusion from their natural position in the body are also a tell-tale sign of a pelvic floor disorder. Prolapses of the uterus or bladder out of the vagina are typical examples, along with a prolapse of the rectum out of the body.

### ADDRESSING THE ISSUE

One of the main causes of the weakening of the pelvic floor muscles is childbirth. This is especially true for women who have given birth more than once, with the chance of weakening increasing after every birth. Women who undergo instrumental deliveries, such as those involving vacuum and forceps delivery are also exposed to a higher risk of injury to their pelvic floor muscles.

Obese women also have a higher risk of pelvic floor disorders. Dr Anil points out that these women have a lot of fat in the abdominal region which forces down on the pelvic floor, causing incontinence and prolapse.

Prevention and treatment for pelvic floor disorders vary. For instance, Kegel Exercise is an excellent method of pre-empting the effects of these disorders. “Women are advised to refer to physiotherapists to make sure the right muscles are targeted,” Dr Anil cautions. He recommends that women in the early stages of pregnancy perform these exercises, as it is a well-documented preventive method against pelvic floor damage.

“Most women assume that the symptoms caused by pelvic floor disorders are natural issues associated with old age, but in reality there are treatments available that can help improve their quality of life.”

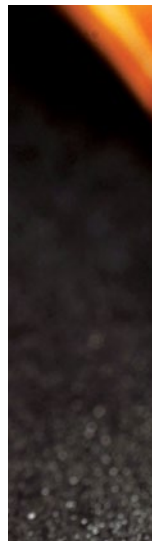
# HOME REMEDIES



*“The greatest  
wealth is health”*

– Virgil, classical Roman poet

*In today's fast-paced pursuit of success and riches, we often neglect our health with the excuse that there is just no time. While nothing can replace the expertise of qualified doctors, there are certain home remedies that require minimal effort and time and which can help alleviate symptoms of illnesses or just boost a person's general well-being. Care for Life shows how.*





## Psoriasis

A condition which causes skin cells to multiply quickly, resulting in distinctive red, scaly and itchy marks, psoriasis is often a chronic problem. There are five main types of psoriasis – plaque, guttate, inverse, pustular, and erythrodermic, with plaque being the most common, accounting for 90% of all cases. Usually, the affected areas are the back of the forearms, shins, around the belly button, and scalp. Although it may resemble measles, psoriasis is non-contagious and does not severely impair health although the irritation it causes may negatively affect everyday life.

### AT THE ROOT OF THE ITCH

Psoriasis is considered to be hereditary as studies show that at least 30% of sufferers have a close relative with the same condition. This is especially true of identical twins, and if one twin has it, then there is a 70% chance of the other twin developing the ailment. Non-identical twins however only have a 20% risk of susceptibility.

However, the cause isn't always genetic. For instance, medication such as beta blockers, lithium, antimalarial medications, non-steroidal anti-inflammatory drugs, terbinafine, calcium channel blockers, captopril and glyburide may lead to outbreaks. Furthermore, stress, alcohol consumption, smoking, obesity, infection and prolonged exposure to hot water all worsen the symptoms of psoriasis.





*One of the common methods of keeping psoriasis at bay is to consume a healthy amount of soy, nuts and cranberries, while avoiding spending lengthy periods in cold and dry environments.*

## A BALM FOR THE BANE

Each type of psoriasis comes with its own distinct symptoms. Plaque psoriasis is typically presented with red patches with white scales on top, guttate psoriasis has teardrop-shaped lesions, pustular psoriasis presents with small non-infectious pus filled blisters, inverse psoriasis forms red patches in skin folds, and finally erythrodermic psoriasis occurs when the rash becomes very widespread, and can develop from any of the other types. The most common shared symptoms of psoriasis are raised areas of inflamed skin covered with silvery-white scaly skin.

Psoriasis can be regulated at home. For instance, patients should avoid staying too long in cold and dry climates, such as air-conditioned rooms. Always ensure that there is moisture everywhere through the use of humidifiers. It is also advisable to cease smoking and drinking alcohol, and to avoid stressful situations, as that would exacerbate the problem.



A healthy diet also keeps the psoriasis from flaring up. This means less red meat and fats, and more soy, nuts and cranberries. Olive oil should also be applied to the skin to reduce sensitivity to injury. Finally, take a lukewarm bath (avoid making it too hot as that would be bad for the condition) with Epsom salt, mineral oil, milk and olive oil in order to soothe your skin.

While these are just some tips on how to manage psoriasis at home, it is important – should the symptoms worsen – to seek medical counselling. You can find a range of top dermatologists at KPJ hospitals, ready to help you control and treat the condition.



## Greasy Hair

Greasy or oily hair is a common problem that many people face in their lives. As trivial as it may sound, it can cause serious complications to the scalp and inhibit hair growth. Greasy hair is primarily caused by build-up of natural secretions from the sebaceous glands in the scalp and may also be accompanied by chronic greasy skin on the face and body, and acne.

### NOT SO SLICK

The problem of greasy hair can often be a pain to understand but nevertheless can always be overcome. Sometimes the problem is a temporary hormonal problem that occurs during puberty, thyroid complications, pregnancy, and sometimes menopause (although the opposite is typically true as we age).

Other times, the excess sebum production is simply genetic and a part of who you are. It may also be a result of using the wrong

haircare products. The problem of greasy hair is also common among bodybuilders because individuals who make use of hormonal supplements, such as androgenic hormones to increase muscle mass, are more likely to suffer from greasy hair.







*Suffering from excessively oily hair? Try a mixture of two egg yolks and a few drops of lemon juice on wet hair for up to 5 minutes.*

## OIL'S WELL THAT ENDS WELL

Greasy hair is often easily recognisable due to its feel and look. It looks very shiny at the crown of the head and also feel greasy (especially around the scalp). As the pore clogging oils are no good for your scalp, untreated greasy hair could also result in

excessive itchiness of the scalp and hair loss or progressive thinning of hair.

Instead of using shampoos and normal conditioners (some products don't always suit certain people's scalps) a natural alternative is a mix of aloe vera gel with a cup of shampoo. Other than that, two egg yolks and a few drops of lemon juice could be applied on wet hair for three to five minutes. A mix of three tablespoons of apple cider vinegar or white vinegar also makes for a good rinse.

Aside from that, washing your hair less often will remove the necessity for the scalp to continuously produce oil. Another solution is to condition only the ends of the hair so it doesn't get weighed down. Also try not to touch your hair too much in order to minimise contact with the strong oils produced on the fingers.





## Mouth Ulcers

An ulcer is a break in the skin or mucous membrane with loss of surface tissue. Mouth ulcers are extremely common and may be a nuisance as the pain can impair the ability to eat and drink. Fortunately, they are also easily treated using remedies found at home.

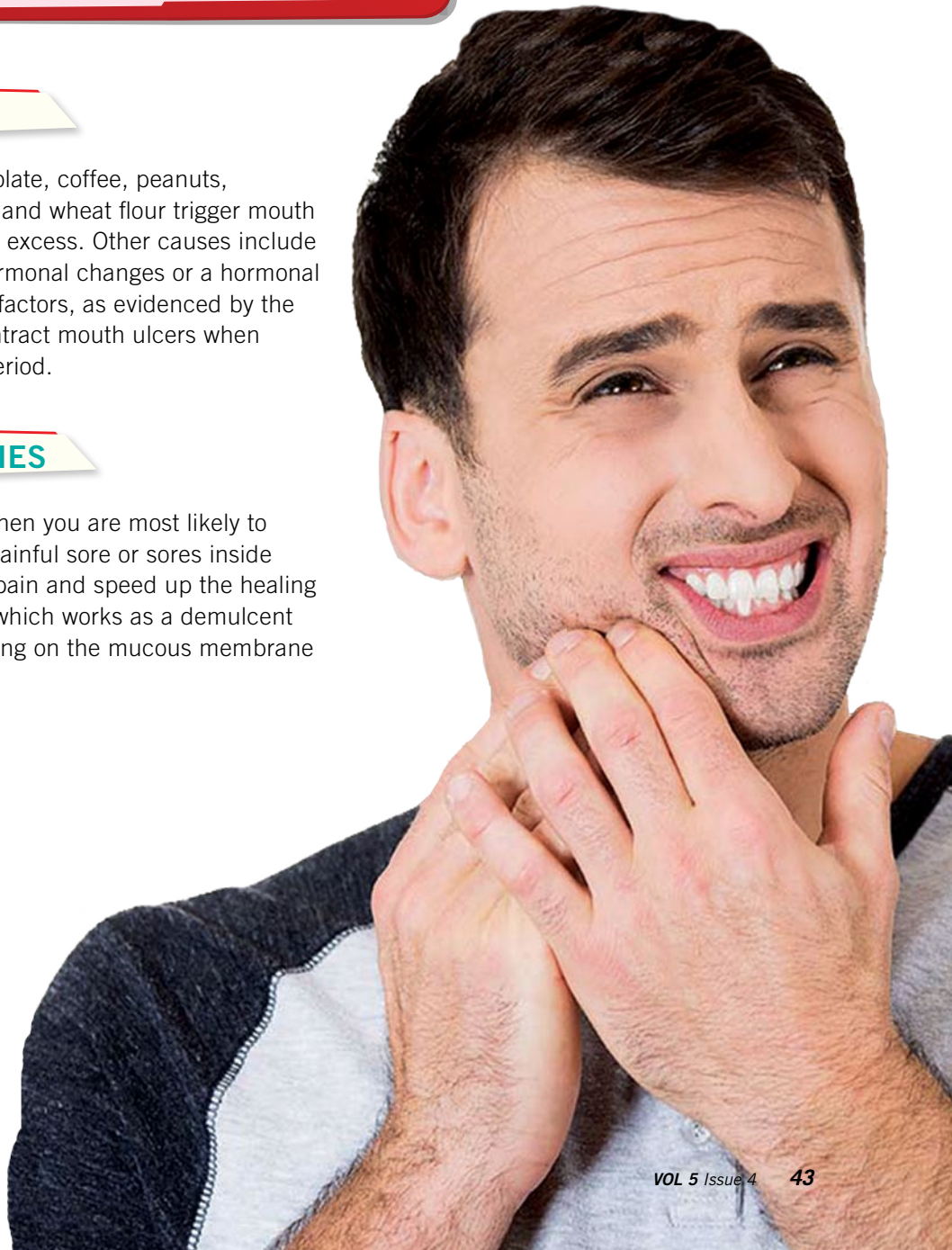


### BEHIND THE STING

Certain foods such as chocolate, coffee, peanuts, almonds, cheese, tomatoes and wheat flour trigger mouth ulcers, especially if taken in excess. Other causes include stress and anxiety, while hormonal changes or a hormonal imbalance are contributing factors, as evidenced by the fact that women usually contract mouth ulcers when undergoing their monthly period.

### SOOTHING THERAPIES

If you have a mouth ulcer, then you are most likely to have and be able to feel a painful sore or sores inside your mouth. To reduce the pain and speed up the healing process, use liquorice root which works as a demulcent and forms a protective coating on the mucous membrane



to resist irritation and soothe open lesions. It also has anti-inflammatory and anti-microbial properties.

In order to use liquorice root as a home remedy, you need to take one tablespoon of the crushed root and soak it in two cups of water for two to three hours. Once that's done, you need to rinse your mouth with it several times a day.

A mix of honey and a tablespoon of coconut milk can also help soothe the pain caused by mouth ulcers if you massage it gently onto the affected area three to four times a day. Finally, baking soda is extremely useful in curing mouth ulcers due to its anti-inflammatory properties and ability to neutralise acids.

This is especially effective against ulcers caused by acidic foods and drinks. However, there has to be a trade-off somewhere. Though, baking soda may remove your ulcer quick, it can also pack a painful sting but only for a bit! You can either mix one teaspoon of baking soda with a little water in order to make a thin paste that you can rub on the affected area or apply the baking soda directly to the mouth ulcer.



Sometimes chronic cases of mouth ulcers indicate a more serious problem, such as the cold sore virus, hand, foot and mouth disease and chickenpox. Other underlying issues that could cause mouth ulcers are iron deficiencies, vitamin B12 deficiency, Crohn's disease and coeliac disease. If you've been suffering from a mouth ulcer that lasts more than 3 weeks, it's advisable to consult with a doctor. KPJ hospitals have oral care specialists who are able to pinpoint the cause and cure for your ailment.



*Liquorice roots – crushed and soaked in water for up to three hours – can help beat the soreness of mouth ulcers.*



**W**hether it's fascinating health facts, quizzical brain teasers or jokes that are bound to leave you in stitches, the Funny Bone proves that medicine can be fun.



A foetus acquires fingerprints at the age of three months.

Beards are the fastest growing hairs on the human body. If the average man never trimmed his beard, it would grow to nearly 30 feet long in his lifetime.



A young lady and a very smartly dressed middle-aged gentleman were in a train compartment. Marvelling at his ensemble, she could not hold her curiosity back and asked the man what he did for a living.

"I'm a naval surgeon," he replied.

"The wonders of modern medicine!" she cried. "I must ask, how many navels have you operated on?"





# Enter the SANDMAN

**MAHATMA** Gandhi once said, “Each night, when I go to sleep, I die. And the next morning, when I wake up, I am reborn.” For ages, scientists have been pondering the mystery of sleep – Why do we need it? What are its benefits? There is general consensus now that a visit from the Sandman helps regenerate cells, aids in brain function and generally ensures that we do not burn out. So, see if you have had enough sleep by taking this little quiz.

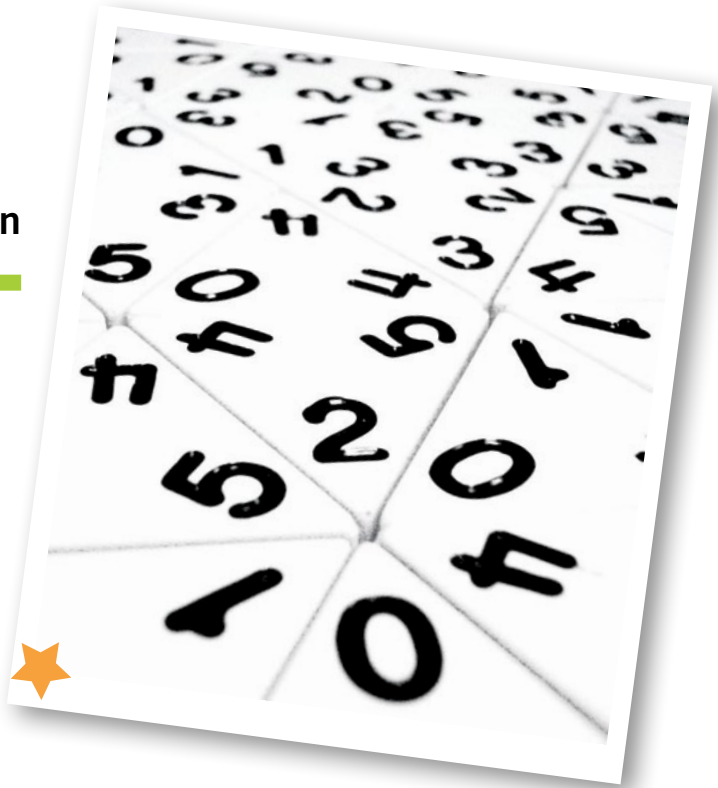






**1** How many hours a day does an adult need to sleep in order to maintain a healthy body and mind?

- A. 4-6 hours
- B. 5-8 hours
- C. 7-9 hours
- D. 3-5 hours



**Turn the lights off!**

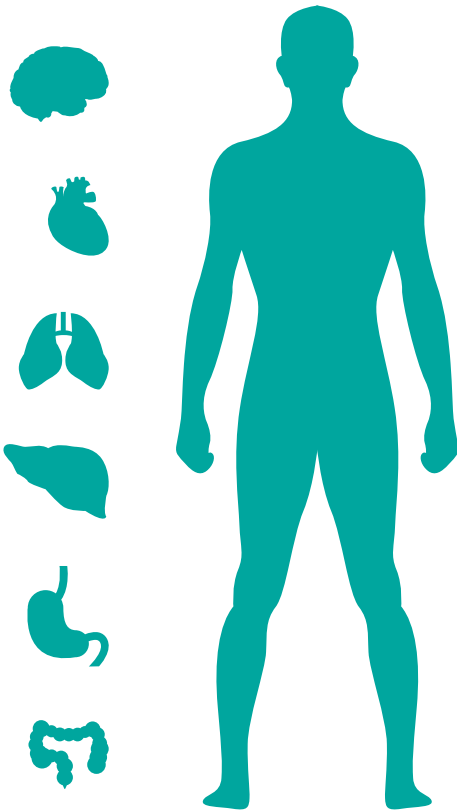


Sleep patterns vary among species because industrialisation and artificial light over the past 100 years have heavily affected our human sleep patterns.

**2** Deprivation of sleep that occurs early in life can cause an array of serious developmental problems. Which is not one of them?

- A. Behavioural problems
- B. Permanent sleep disruption
- C. Decreased brain mass
- D. Increased frequency of night terrors





### 3 Which is a true statement about how sleep can affect our bodies?

- A. Sleep plays an important part in the building up of our immune systems
- B. Sleep is a good method of keeping your emotions in check
- C. Sleep increases the waste clearance of our brain
- D. All of the above



#### Monsters under the Bed

Sleep paralysis is a night terror that is often described as the patient being completely paralysed while they're watched by what's supposedly a dark figure or monster.

### 4 Sleep disorders are a very real danger that many people face. Which sleep disorders causes people to grind their teeth through the night while they sleep?

- A. Hypopnea Syndrome
- B. Kleine-Levin syndrome
- C. Narcolepsy
- D. Bruxism



### Three Dead Mice

A study in 2014 by the *Journal of Neuroscience* showed that sleep deprived mice were increasingly susceptible to cancer and less able to fight it off.



### 5 When do night terrors normally start to occur for children?

- A. 5-7 years
- B. 3-5 years
- C. 8-10 years
- D. 2-4 years

### The Science of Sleep

William C. Dent, founder of Stanford University's Sleep Research Centre said "As far as I know, the only reason we need to sleep that is really, really solid is because we get sleepy."





**6** Which substance is used to encourage dreams while we sleep?

- A. Anti-depressants
- B. Acetaminophen
- C. Melatonin
- D. Ibuprofen

**7** Lack of sleep is common among adults nowadays who'd rather spend their nights away from their beds rather than getting the rest they need. Which of the following are effects of sleep deprivation on adults now?

- I. Type 2 diabetes
  - II. Moodiness
  - III. Weakened immune response
  - IV. Accidental death
- A. I and IV
  - B. II and III
  - C. II, III and IV
  - D. All of the above





**8** Though sleep is important to all, not a lot of people usually follow the recommended sleep schedule. What is the average amount of hours that most Malaysians sleep for?

- A. 8 hours
- B. 7.3 hours
- C. 5 hours
- D. 6.4 hours



**9** Sleep is fundamental for our mind ability to process memories. Which is not a function of memory processing that is enabled through sleep?

- A. Decision making
- B. Higher levels of empathy
- C. Reasoning
- D. Episodic memory



**10** We humans depend on our circadian clock to keep our bodies in check. If sleep is the best way to maintain our clock's schedule, which substance would not help to keep our natural clock on time?

- A. Phosphorylation
- B. Ubiquitination
- C. SUMOylation
- D. Amyloid Beta



## ANSWERS

1. **C** - An average adult needs 7-9 hours of sleep a day in order to maintain a healthy body and mind. If they get less than that, then they are more likely to face difficulty with concentration and digestion.
2. **D** - Night terrors are not a result of sleep deprivation but instead, may be congenital or simply a method of expression for repressed emotional feelings that one has. Night terrors help keep these emotions from remaining unnoticed and bottled up through the images or situations that are created to represent them in our "nightmares."
3. **D** - The importance of sleep to our health cannot be underestimated, and in addition to boosting our immune system, improving our mood and aiding in memory retention, it also helps in our growth, strengthening of our bones and regulating weight. This is because when the body is at rest, our hormones can work faster, ensuring that we are recharged the next day.
4. **D** - Bruxism is considered to be a subconscious habit or completely involuntary, and is often associated with too much stress for adults or a response to earache or teething for children. Hypopnea syndrome is abnormally shallow breathing, Kleine-Levin syndrome is episodic hypersomnia and Narcolepsy is often also known as daytime sleepiness.
5. **B** - 3-5 years of age is when most children start to experience night terrors mostly because that's also the age when children are most exposed to emotional interactions with others and start to experience different aspects of the human condition that make them vulnerable to feelings.
6. **C** - Melatonin. Anti-depressants, ibuprofen and acetaminophen are used to suppress dreams instead.
7. **D** - The harm of not receiving enough sleep extend far beyond what's been shown in the question alone so make sure you get enough sleep daily or else you're putting yourself at risk.
8. **D** - Based on a regional survey by the Consumers Association of Penang (CAP), most Malaysians only receive about 6.4 hours of sleep which is way below the recommended 7-9 hours.
9. **B** - Empathy isn't a product of memories but is created through repeated interactions with people that we process in our sleep. The natural peace that we get when we sleep acts to sort all our memories together in order to make them more accessible.
10. **D** - Amyloid Beta are peptides of amino acids that are crucially involved in Alzheimer's that can only be removed through our body's natural waste clearance of the brain that happens while we sleep. Sleep increases the efficiency in cerebrospinal fluid (CSF) and interstitial fluid (ISF) exchange that helps remove products such as Amyloid Beta.

# Looking After Your Future

## Introducing KPJ Wellness and Lifestyle



*Dr Sarenjit Kaur (sixth from left), Operation Manager at KPJ Wellness and Lifestyle, together with the team running the KPJ Wellness and Lifestyle, at KPJ's Headquarters in Kuala Lumpur.*



**WELLNESS** is an active process of making choices towards a more healthy and fulfilling life. One element of achieving that is regular medical screenings. Prevention is always better than any cure, and when wellness is taken seriously, it can thwart severe illnesses, leading to a more productive and stress-free life. That is the main objective of KPJ Wellness and Lifestyle, which offers tailored health screening packages, in line with KPJ's commitment to improving health throughout Malaysia.

*Care for Life* went behind the scenes and spoke with Dr Sarenjit Kaur and her team at the KPJ Wellness and Lifestyle headquarters, to find out how the centre is run, as well as delving into the various health assessment options available to patients in the country.



## THE RIGHT WELLNESS PACKAGE

“Today, we are faced with more danger from non-communicable diseases than ever before. The top five illnesses KPJ is trying to fight are heart disease, cancer, stroke, diabetes and hypertension,” Dr Sarenjit explains.

And the way they are doing that is through carefully designed health screening packages, which promote early detection – a crucial component in the prevention and treatment of all the aforementioned diseases.

Currently, there are 18,000 active members in Malaysia, availing themselves. There are four types of packages, categorised based on number of tests, years, and cost.

Launched earlier, Titanium and Platinum packages are valid from 5 to 18 years, and offer 108 to 118 tests, respectively. The team is currently in the process of introducing two new packages, namely the Ruby and Diamond, which go from 3 to 12 years and offer 108 to 116, respectively.

Done on an annual basis, every client will have a doctor sit down with them after the tests, to explain exactly what their results mean.

“It is a relationship built on trust and a personalised service. The doctor will refer them to the specialist for advice on changes in lifestyle. One of the perks of the package is that if there is a problem identified in their tests, they can immediately see a specialist for it,” Dr Sarenjit says.



### **Clockwise from above:**

*The Wellness membership cards are quickly printed using a card machine. Every card comes with value-added benefits including discounts that can be used at the hospital.*

*A customer service executive at the KPJ Wellness and Lifestyle HQ, records information in the Nexsoft system, which keeps track of all clients and includes data such as appointments, payment details and even complaints.*

In addition, the other major benefit of the Comprehensive Health Screening package is that they are interchangeable and can be used at different centres, all over Malaysia. They are also transferable and can be used by other family members. Furthermore, discounts are available for pharmaceuticals and hospital stay.”

## THE WELLNESS TEAM

As the Operation Manager at KPJ Wellness and Lifestyle, Dr Sarenjit Kaur manages a team over 30 Wellness executives, spread

across 16 centres all over the country.

As explained by Dr Sarenjit, the team is divided into the frontliners and the administrators. The qualifications of a wellness





One of the perks of the package is that if there is a problem identified in their tests, they can immediately see a doctor for it.”

– Dr Sarenjit Kaur,  
Operation Manager,  
KPJ Wellness and Lifestyle

specialist include understanding customer needs and being able to communicate effectively.

On a daily basis, the frontliners attend to clients that come in with appointments. They assist with registration, and personally take them to the doctors to get their lab tests done.

Furthermore, Dr Sarenjit adds, “As the frontliners have the job of meeting clients every day, they need to be able to relate to clients well and see to their grievances and, as well as make sure these details get passed on to the appropriate channels.”

Meanwhile, the admin team (the ones working behind the scenes at the main headquarters in Kuala Lumpur), see to the marketing, finance, customer service, and the social media management aspects of the centre. For example, calls are made to clients to remind them of

renewal fees and expiry dates. “We basically run the whole operation from the back, and the frontliners help us deliver,” Dr Sarenjit remarks.

With such a large team of specialists all over the country, it can be hard to keep track of all of them. That is where the online Nexsoft system comes in. Used to track the employees’ performance, details of every client are recorded, including profiles, appointment details, and grievances, if any.

“We check the system on a daily basis, and we can even see how many clients are coming to a particular centre,” Dr Sarenjit reveals. “And if that number is too low, we will look into why that is the case, and find ways to improve the situation.

Creating a positive environment is crucial for a wellness team who have to deal with clients on a daily basis. Some of the incentives used include team building days, and the provision of specialised courses, including, for example, English courses to help with communication skills.

“We also have the goal of instilling pride, values and the mission into all our specialists, as well enforcing the highest standards of care, both in dealing with clients and the hospital we are a part of,” Dr Sarenjit says.

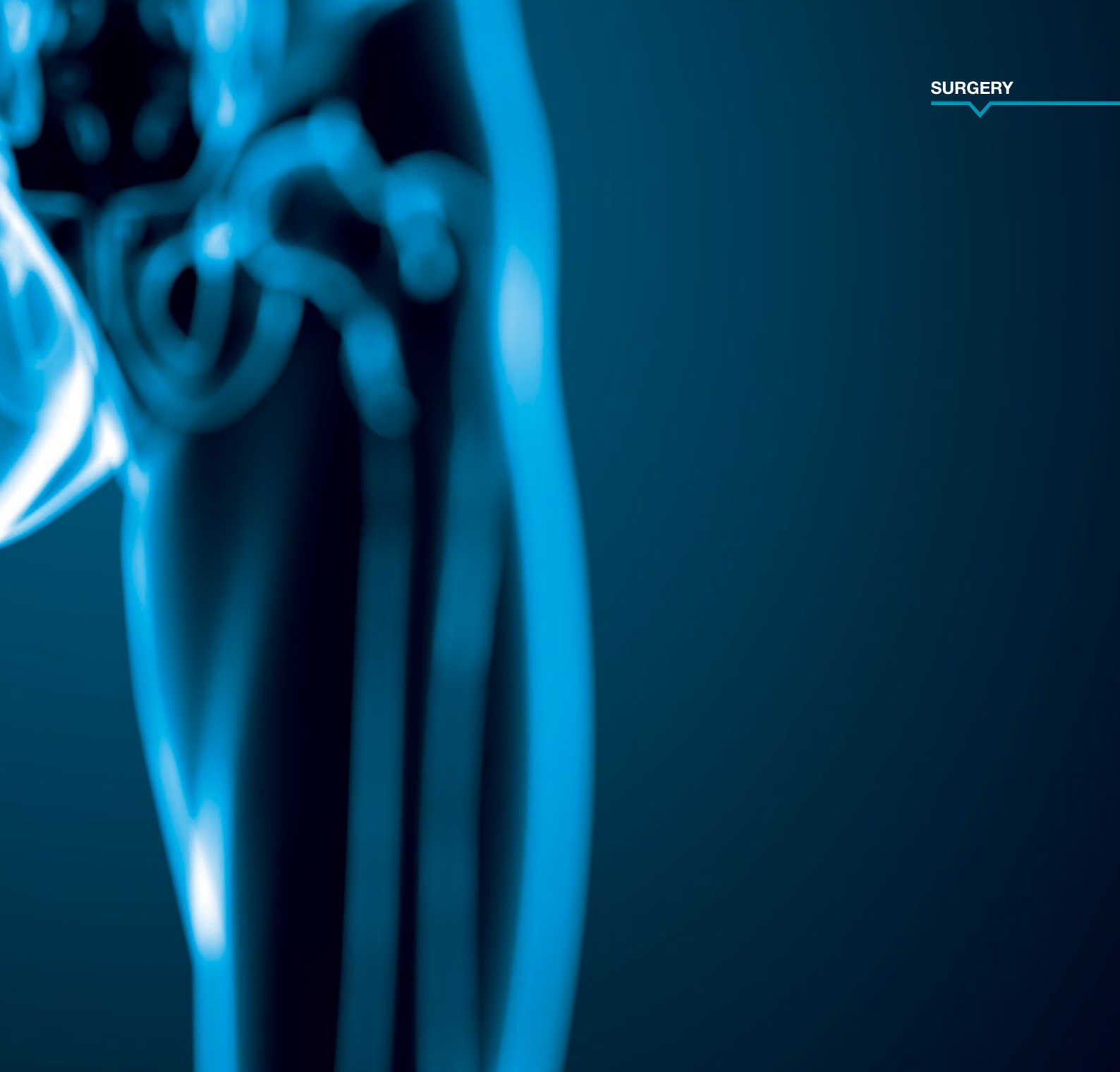
The KPJ Wellness and Lifestyle works closely with other departments in the hospital to ensure that patients get the best and most efficient care required, as well as access to the most comprehensive post-test counselling. “Wellness is an active process; you have to take an active step, whether you take the time for a check-up, or whether you make major changes to your lifestyle,” Dr Sarenjit emphasises. “We want our clients to understand that they need to take care of their health, because if they don’t, who will?”





# Getting the ACT Together

**Solving Knee Woes**



**THE** largest joint in the body, the knees play a crucial role in ensuring mobility. At its very heart is the cartilage, which wraps the joint linking the major bones of the leg – the femur, tibia and patella. It is made of cells known as chondrocytes, which produce collagen, proteoglycan and elastin fibres that enable the knee to act as a shock absorber and allow it to move in a frictionless, fluid manner. However, the cartilage is susceptible to damage, owing to injuries from accidents as well as conditions such as osteoarthritis. *Care for Life* looks at one of the key treatments for damaged knees - Autologous Chondrocyte Transplant (ACT).



*After a successful ACT procedure and a period of rehabilitation, the patient can get back in the swing of things, participating in healthy yet fun physical activities.*

## CARTILAGE CARNAGE

A damaged cartilage can cause bleeding, bruising and pain. It has the propensity to ‘fray’ just like clothing, becoming jagged at the edges and will continue to catch on the moving joint which then encourages further ‘fraying’. To make matters worse, the cartilage has a notably poor ability to repair itself.

ACT helps repair impairments in articular cartilage. Originally performed in Sweden in 1987, it was also the first example of human musculoskeletal tissue engineering.

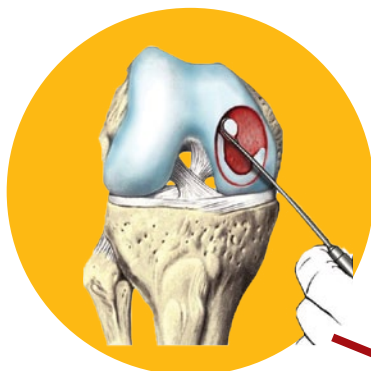
In ACT, the patient’s own cartilage is harvested, cultivated

and transplanted back into a defective cartilage. The procedure aims to help patients reclaim their former lifestyle of easy mobility and even participate in sports again. It also provides pain relief and in some cases delays partial or total knee replacement surgery.

It is worth noting though that ACT is not usually recommended as a treatment option for anyone with severe osteoarthritis, active rheumatoid arthritis or active autoimmune connective tissue diseases, so do check with your doctor regarding the best treatment option for you.



## ACT IN THREE STEPS

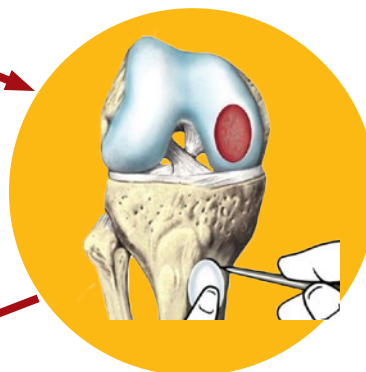


### 1. HARVEST

About 200 to 300 milligrams of cartilage tissue sample is taken from a pre-identified, non-weight bearing area (usually either the intercondylar notch, superior ridge of the medial or lateral femoral condyle) of the patient's body.

### 2. CULTIVATE

The tissue sample is then sent through a process where the chondrocytes are isolated from the main tissue matrix and cultivated in vitro for four to six weeks within a specialised laboratory generating between 5 and 10 million cells.



### 3. PLANT

Once the cells are ready, the patient has the chondrocytes re-implanted into the damaged cartilage together with a membrane (tibial periosteum or biomembrane) or pre-seeded in a scaffold matrix. This step is usually performed by an orthopaedic surgeon during an open-knee surgery (otherwise known as arthrotomy).

These autologous cells are then expected to acclimate themselves to their new habitat by constructing new cartilage as they grow and mature over time.

*Source: jbjs.org*

Most medical professionals believe that the success rate of ACT makes it a superior solution for patients' compared to other types of treatment like microfracture, drilling or abrasion arthroplasty. Those with knee problems and who wish to seek treatment could enquire about the procedure with the various orthopaedic specialists at KPJ hospitals, and explore whether it is time for them to ACT.



# Not the Common COLD

## When a Flu Could be a Sign of a Tumour

**A** painless lump in the neck. Severe ringing in the ear. Frequent nosebleeds. We believe these are isolated incidents or one-off circumstances, not realising until it's too late that these are the strongest symptoms of a disease most people are not aware of— nose cancer. A disease that still puzzles many oncologists, cancer of the nasal cavity and sinuses is one of the rarer forms of cancer, and so unfortunately receives little attention or awareness. *Care for Life* shines a harsh light on this killer and highlights the cause of the disease and, more importantly, how we can possibly prevent its occurrence.

*Unlike the common cold, nose cancer is a fatal disease and medical advice should be sought immediately if any of its symptoms manifest.*



**GETTING TO KNOW YOUR ILLNESS**

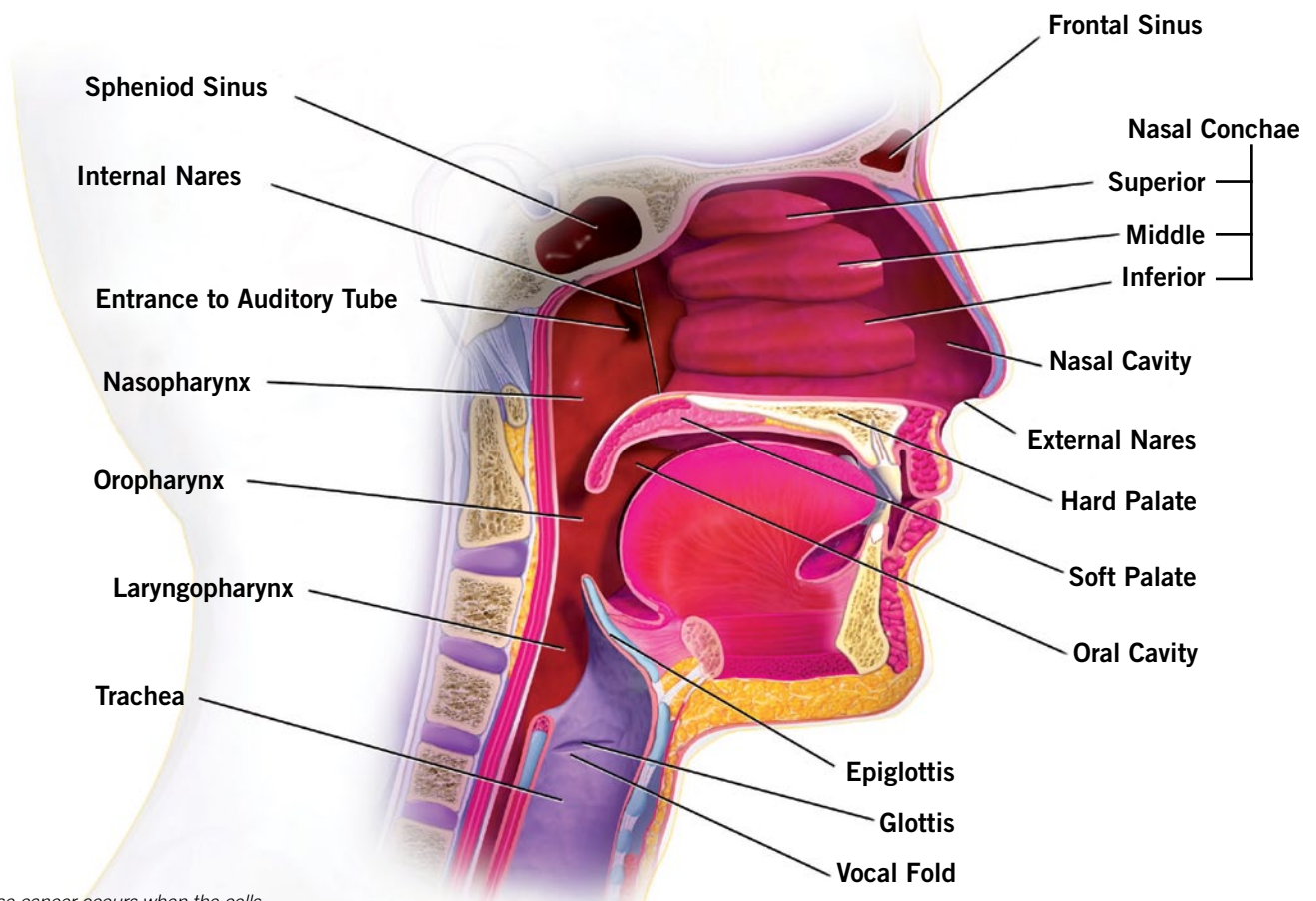
Nose cancer, scientifically known as nasopharyngeal cancer, occurs when the cells lining the area behind the nose and just above the back of the throat become cancerous. Studies conducted by the National Cancer Centre of Singapore show that men are more prone to become afflicted with the disease, as it is the eighth-most common cancer among

Singaporean men and the second among Asian men. In Southern China, for instance, it accounts for 18% of all cancers in the nation.

Furthermore, statistics from the Singapore Cancer Registry show that Asians, particularly Chinese and Malays, are more susceptible to this type of cancer, in contrast to those of other ethnic groups in whom this affliction is much more uncommon. Hypotheses have

been made regarding this phenomena, pointing blame on Asian diets which feature cured and preserved meats, fish and vegetables which are heavy in salt and nitrites that are converted into by-products called N-nitroso compounds, associated commonly with an increased risk in cancer. More research is being done on this however, so as to find conclusive evidence to the cause behind the high number of such cases in Asia.

**CROSS-SECTION OF A NOSE**



*Nose cancer occurs when the cells lining the area behind the nose and just above the back of the throat (called the nasopharynx) become cancerous.*

Source: [wikimedia.org](http://wikimedia.org)



Cancer Research UK suggests that there are numerous other risk factors from our environment that can make people more susceptible to nose cancer. Working in conjunction with the Health and Safety Executive, a public health body in the UK, it produced a report that identified wood dust, leather dust, formaldehyde, cloth fibres and mineral oils as possible risk factors and people who worked in industries where there is frequent exposure to these factors have a high likelihood of contracting nose cancer.

Like many cancers, early detection and treatment result in higher survival chances. Unfortunately, the symptoms of nose cancer are often confused with the common cold, viral

fever or external conditions that sufferers often explain away.

## RECOGNISING YOUR SYMPTOMS

The indicators that you may have nasopharyngeal cancer are commonly found in the eyes, nose and neck. For instance, a bulging eye accompanied with pain on the upper or lower socket and/or tearing is an important warning sign. Medical advice should be sought if the conditions worsen. Additionally, some nose cancer patients have reported double vision, and partial or complete loss of sight.

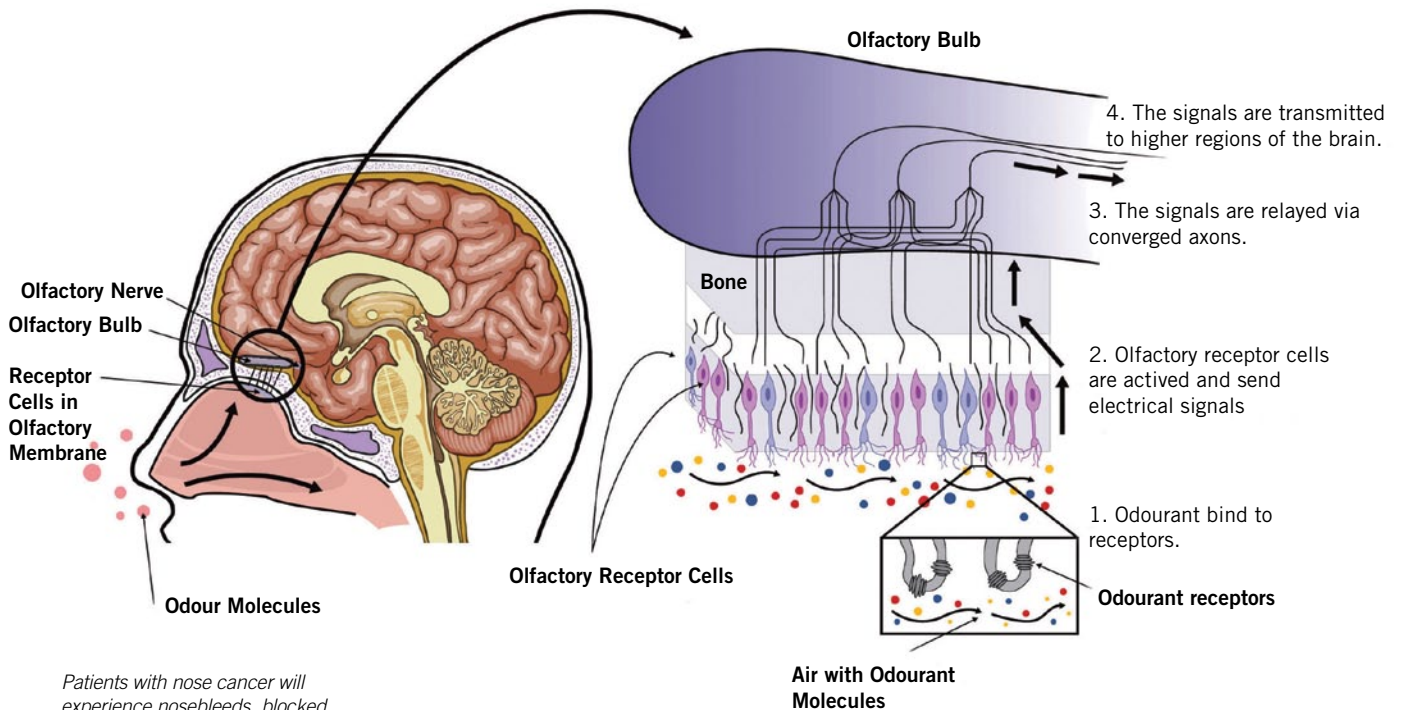
According to Cancer Research UK, 90% of patients diagnosed with nose cancer will experience nosebleeds and nose blockages

*MRI scans (pictured here at a KPJ hospital) are one of the methods to check for the growth of tumours or cancer cells, which can spread to other parts of the body, from the nasal cavity.*

that don't go away after a cold. They also experience a decreased sense of smell and mucous draining into the back of the nose and throat.

Other often over-looked symptoms include a lump or growth on the face, nose or roof of the mouth, swollen lymph nodes in the neck and pain or pressure in one of the ears, and/or difficulty breathing. This is because such conditions are also associated with the common cold, and are often dismissed as “being under the weather” or “the flu”.

## HOW THE NOSE WORKS



*Patients with nose cancer will experience nosebleeds, blocked passages, and a decreased sense of smell.*

*Source: 2012books.lardbucket.org*

### FIXIN' THE AFFLICTION

In order to treat nose cancer, doctors perform tests and conduct a biopsy of the nostril to examine the extent of the metastasis of the cancer cells. CT, MRI or PET scans are then used to examine the structure of the internal organs in the body and check for the growth of tumours or cancer cells.

Over the last few years, there is an increased awareness of nose cancer in Malaysia, with leading healthcare providers such as KPJ Healthcare gaining renown for their cancer treatment and care.

Treatment of nose cancer usually encompasses chemotherapy and radiation therapy. Combination chemotherapy is a highly sought after treatment method where two or more drugs are combined together to combat the cancer.

Cancer Research UK has found that many types of head and neck cancers can be treated with the coupling of Cisplatin and 5-fluorouracil (5-FU).

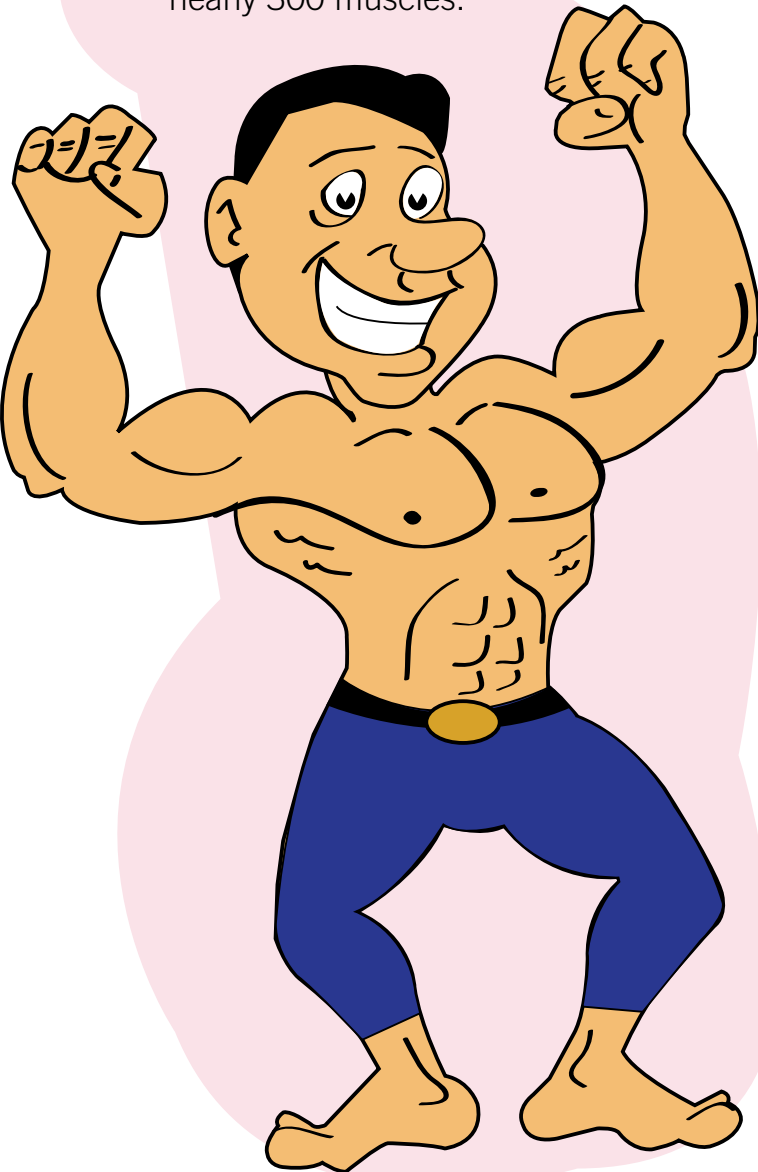
Radiotherapy, a method that uses high energy rays to kill cancer cells, is usually recommended by doctors after a surgery to extract the tumour. This is done to eliminate any cancer cells left behind after the surgery, thus reducing the risk of a relapse.

The rarity of nose cancer cases makes it difficult for oncologists to use previous cases to back up their prognosis and treatments. While it is difficult, it is not impossible, especially with the help of highly skilled professionals who target and destroy the growth of the disease while still at the early stages. KPJ's comprehensive and quality health services ensure top-notch treatment is provided to combat this elusive killer.



**W**hether it's fascinating health facts, quizzical brain teasers or jokes that are bound to leave you in stitches, the Funny Bone proves that medicine can be fun.

Even when you are standing still, you use nearly 300 muscles.

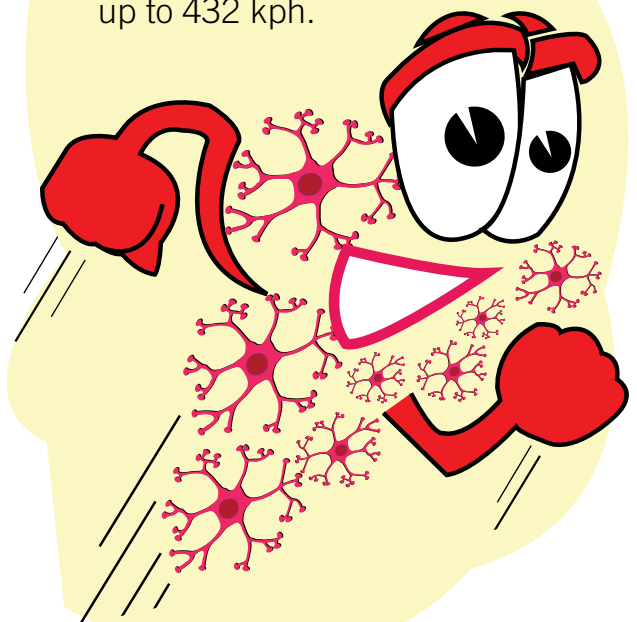


A lady walks to a dermatologist's office, requesting an appointment. As the dermatologist was out, she asked the nurse in charge, "Quick, what's the fastest and most effective way of preventing dandruff?"

The nurse replied, "Shaving your head bald."



Nerve impulses travel at blazing speeds of up to 432 kph.



# Dr Dipak Banarsi Dass on Nose Cancer

**WHEN** the cells in the back of the nasopharynx become cancerous, it is a condition called nasopharyngeal cancer, more commonly known as nose cancer. If caught early, the prognosis is good and surgery is minimally invasive. *Care for Life* speaks to Dr Dipak Banarsi Dass, a Consultant Otorhinolaryngologist from **KPJ Rawang Specialist Hospital** to find out more about this condition, and ways to spot the symptoms early.

Family was the main influence that led Dr Dipak to pursue a career in the medical field. He explains that many of his relatives were doctors and that the profession was looked at as a noble one. After graduating medical school, deciding on a specialisation came about easy enough, as he had always been fascinated by the impact a nose has on a person's face. The fact that there were only a dozen otorhinolaryngologists in the country also led him to eventually choose rhinology as his calling, as he wanted to differentiate himself from the many others in the field.

After spending twenty years in a crowded government hospital in Kuala Lumpur, joining the privately owned KPJ was a

*Dr Dipak advises to be aware of the signs of nose cancer and to come in for a check-up even if symptoms seem minor. An endoscope (pictured) is used to perform a quick diagnosis. Early detection leads to a better chance of recovery.*





**FAST FACTS**

Dr Dipak Banarsi Dass is a Committee Member of the Malaysian Society of Otorhinolaryngology, Head & Neck Surgeons, Malaysia. His credentials include:

- 2015 – Consultant Otorhinolaryngology at KPJ Rawang Specialist Hospital
- 2006 – 2009 – Undertook Fellowship in Hospital Kuala Lumpur and Tan Tock Seng Hospital, Singapore, Sub-speciality in Rhinology
- 2005 – 2014 – Specialist, Department of E.N.T at Hospital Kuala Lumpur
- 2005 – Masters of Otorhinolaryngology (Head & Neck Surgery), University of Malaya
- 1995 – Medical Officer, Paediatric Surgery at Hospital Kuala Lumpur

gratifying change, and working in the more outlying location of Rawang as the only ENT (ears, nose and throat) doctor offered its own unique attraction. As he says, “helping people who don’t have as much access to medical care is more fulfilling.”

**CONSTANT AGGRAVATION**

Nose cancer can be classified according to the area affected. The major types affect parts which include blood vessels, underlining mucosa, epithelial cells, fibrous or connective tissue, and the surrounding vascular structures or the neural tissues. Tumours can arise from any of these.

In Malaysia, the most common type of nose cancer is Nasopharyngeal carcinoma, which is also the second most common cancer in the country for the respiratory system, after lung cancer, according to Dr Dipak. More predominant in Chinese, especially in older males aged 50-60 years, the prevalence of the illness is about 25 cases for every 10,000 patients.

“Chronic irritation is the reason nose cancer occurs, as the cells start becoming malignant and turn cancerous,” says Dr Dipak. Those who work in the timber industry or in leather or shoe factories, are more at risk of having it, due to increased exposure to harmful chemicals in the environment. But he warns that though they are not direct causes, habits such as “smoking and drinking alcohol can increase the likelihood threefold.”

**CATCHING IT EARLY**

For such a small structure as the nose, the impact of having nose cancer is

enormous, possibly affecting other areas if the disease progresses, in the later stages. Unfortunately, early detection is quite difficult as patients usually are not aware that something is wrong. Only when the cancer has progressed significantly do they visit a healthcare professional.

Some of the early symptoms include a blocked nose, bleeding through your nostrils, a foul-smelling discharge and a persistent cough. As the cancer progresses and spreads to other parts of the body, symptoms include bulging eyeballs, decreased movement of the eyeballs, headaches, dizziness, hearing loss, mouth ulcers, and neck swellings.

**TREATMENT BY STAGES**

In order to treat the cancer, staging of the growth must first be performed. A biopsy of the affected area is taken for examination to determine whether it is benign or malignant. Imaging (consisting of a CT scan or MRI) is then used to establish the extend size and location of the tumour.

In the early stages of nose cancers, other than Nasopharyngeal carcinoma, treatment is quite straightforward and painless. During

stages one and two, the cancer is confined to the nose area, surgery can be immediately executed, utilising endoscopic methods. “This is followed by radiotherapy to sterilise the area”.


For stage three or four, a combined treatment is used involving both radiotherapy and chemotherapy. Sometimes the tumour cannot be completely removed surgically, but with the application of chemo before the therapy, much of the tumour can be debulked. “Of course, at this point, prognosis for a patient will drop to somewhere around 60% and then to 35% if the tumour has spread to other parts of the body,” explains Dr Dipak.

In the case of Nasopharyngeal Carcinoma, generally the prognosis is better, with 90% cure rate at early stages. Treatment is mainly radiotherapy, however in advanced cases (stages III & IV) both chemo and radiotherapy as well as surgery are employed to ensure that the cancer is confined in the nasopharynx. As Dr Dipak puts it, “That’s why it’s so important to be aware of the signs and to catch it early, before it progresses to a later stage.”



# Rapidly Beating

Understanding  
Atrial Fibrillation



**OFTEN** referred to as AFib, atrial fibrillation is a type of abnormal heart rhythm, where the heart beats peculiarly fast, causing slow blood flow and leading to other problems, such as chronic fatigue, heart failure - and stroke. *Care for Life* examines this condition and the treatment options available.

### ABNORMAL SIGNAL

The heart has four chambers. The top two are called the atria, while the two lower chambers are known as the ventricles of the heart. Normally, our heart contracts to pump blood through these chambers to the rest of the body using a series of electrical charges, which are transmitted by the heart's natural pacemaker, known as the sinus node. Atrial fibrillation occurs when there is some unusual electrical activity that causes the atria to not contract the way it should.

It is the most common type of abnormal heart rhythm and symptoms often include an uneven pulse, heart palpitations, shortness of breath, dizziness, chest pain and increased weakness as well as fatigue, especially after exercising. If not treated quickly, it can be very dangerous.

There are three types of atrial fibrillation. Paroxysmal atrial fibrillation is when symptoms come and go on its own, usually lasting under 24 hours. Persistent is where



the symptoms continue to repeat themselves for more than a week, and can either go away on its own, or will require treatment. Permanent atrial fibrillation does not dissipate, and the patient will need ongoing treatment for the rest of their lives.

The disorder can be diagnosed by the use of an electrocardiogram (EKG), which can track the electrical signals made by your heart, and can discern

any atypical behaviour. If atrial fibrillation is suspected, other tests will be performed such as an ultrasound of the heart (echocardiogram), a stress test or catheterisation to check the blood vessels for any blockage.

### RISK OF COMPLICATIONS

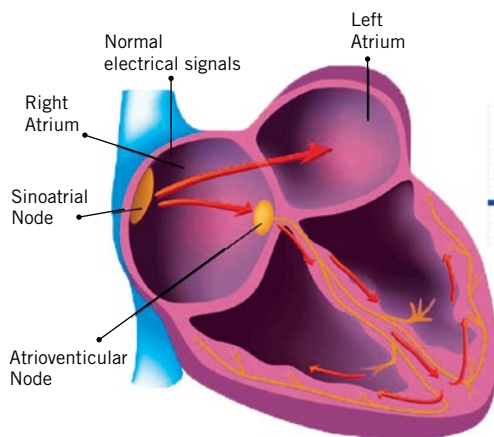
The condition requires emergency treatment in extreme cases as lack of any treatment can lead to complications, such

as blood clots forming in the heart leading to ischemia (blocked blood flow), as they circulate around your body.

The chance of stroke is multiplied by five, as the abnormal blood circulation can cause blood clots in the atria, interrupting blood supply to the brain. Aspirin and warfarin are blood-thinning drugs that are prescribed stop blood clots from forming.

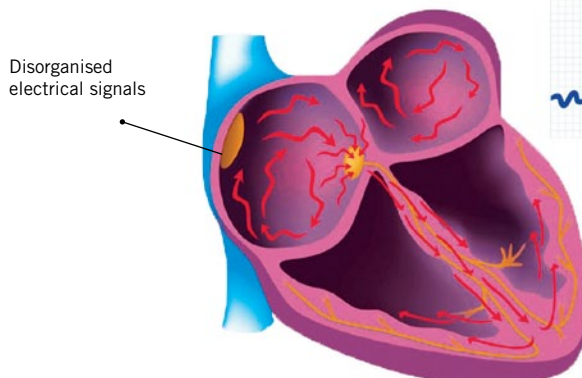
## NORMAL VS. ABNORMAL HEART RHYTHMS

### Normal Conduction



Normal Sinus Rhythm

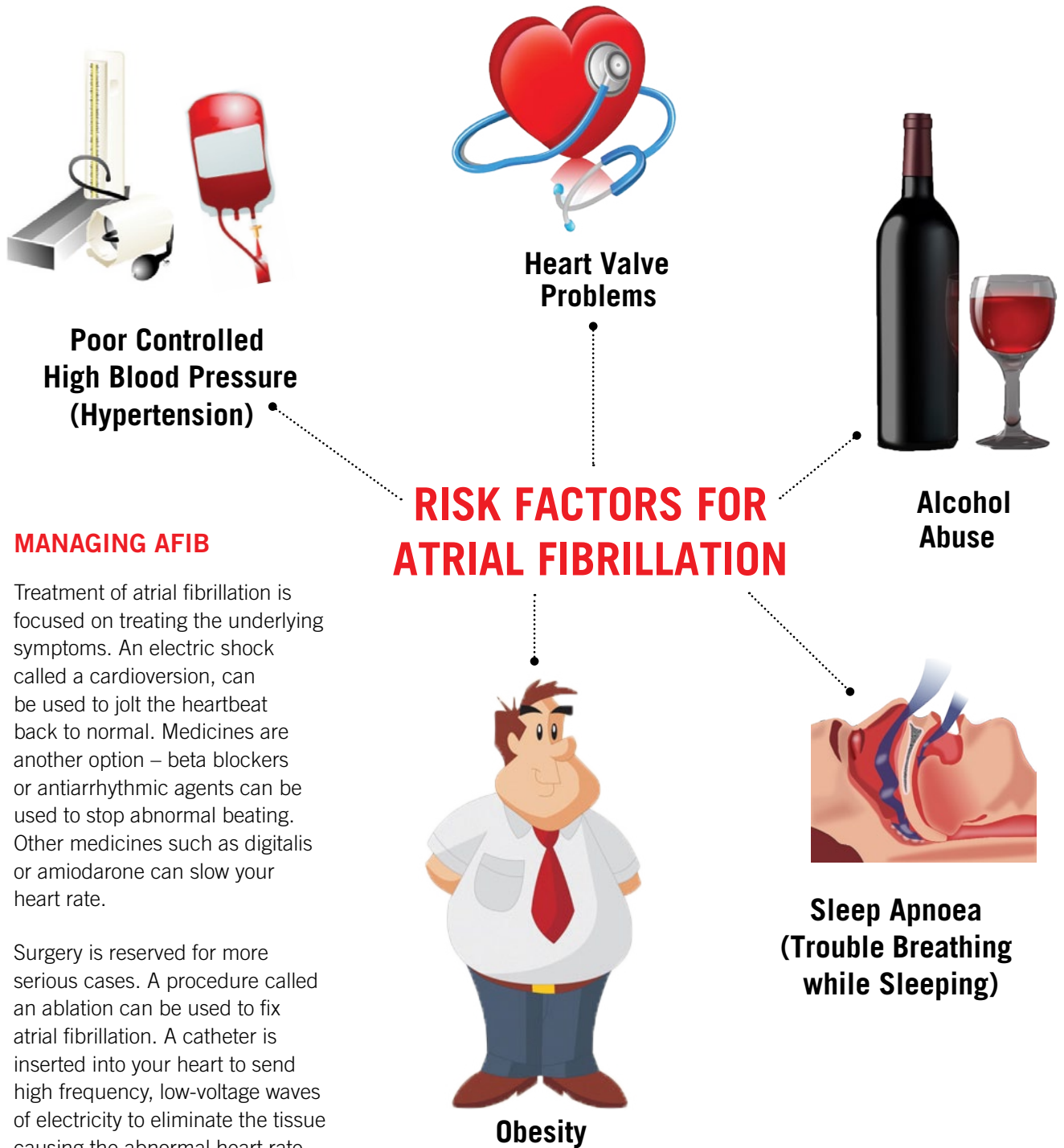
### Atrial Fibrillation



Atrial Fibrillation Rhythm

*Instead of maintaining a consistent rhythm, a heart under atrial fibrillation beats irregularly because its atria receive disorganised electrical signals, resulting in their disordered contractions.*





### MANAGING AFIB

Treatment of atrial fibrillation is focused on treating the underlying symptoms. An electric shock called a cardioversion, can be used to jolt the heartbeat back to normal. Medicines are another option – beta blockers or antiarrhythmic agents can be used to stop abnormal beating. Other medicines such as digitalis or amiodarone can slow your heart rate.

Surgery is reserved for more serious cases. A procedure called an ablation can be used to fix atrial fibrillation. A catheter is inserted into your heart to send high frequency, low-voltage waves of electricity to eliminate the tissue causing the abnormal heart rate.

Another type of surgery, the Maze procedure, sees small cuts placed in the atria to help regulate the conduction of electrical signals. In rare cases, the replacement of an artificial pacemaker could be required after surgery to help control heartbeats.

The risk of atrial fibrillation and other types of heart disease, can be significantly reduced by living a healthier lifestyle. This includes eating right, not smoking and being physically active. For any concerns you might have, KPJ has comprehensive cardiac services and specialists to provide you the best treatment options available.

# Joint Solution

## The Minimally Invasive Arthroscopic Surgery Procedure

**YOU** lean forward as your team's top scorer dribbles past three opposing defenders, and is finally one on one with the goalkeeper. He pulls his leg back and unleashes what should certainly be a goal; instead, he swings his leg, misses the ball, and falls to the floor holding his knees, and screaming in pain. Later that day, you hear he will be undergoing an arthroscopic surgery procedure. The operation allows healthcare professionals to examine and treat the inside of joints – the ligaments (surrounding soft tissues) and cartilage (tough tissue) that cover the bones at the intersection – using a thin, minimally invasive instrument called an arthroscope and other pencil-thin surgical equipment.





*Minimally-invasive, arthroscopy allows for faster recovery – from dislocation during activities to arthritis, making it the preferred procedure by sports people.*





**Did you know?**

In addition to arthroscopy, KPJ Hospitals also offers arthroplasty. The latter is a procedure in which the problem joint is replaced, remodelled or realigned. Joints with inflamed parts can also be kept apart with interpositional arthroplasty, which allows surgeons to place other tissues, such as tendons, skin or muscles between the parts.

**MULTIPLE LOCATIONS**

Arthroscopy can be applied to more than just the knees. The procedure is used to evaluate, diagnose and treat medical conditions that occur in the joints – including the knees, shoulders,

elbows, ankles, feet, spine, hips and wrists. While athletes may have more reasons to undergo arthroscopic surgery due to the physical nature of many sports, there are a variety of other ailments that can be treated with the operation. These include arthritis, Baker's cyst (build-up of synovial fluid in joints), carpal tunnel syndrome, synovitis (inflammation of the joint lining), frozen shoulder, arthrofibrosis

(accumulation of excess scar tissue) and bone spurs (abnormal bone growths).

For symptoms such as pain, swellings, stiffness and 'popping' sounds in joints, arthroscopic examination and then surgery is recommended only after such medical conditions have first been investigated unsuccessfully by other means, such as X-rays, magnetic resonance imaging



*Using a minimally invasive arthroscope – that carries a camera and light source – medical professionals can see high definition images and videos of the inside of the affected joints, which allows faster surgical procedures.*

(MRI) and computerised tomography (CT) scans. The arthroscope – about the size of a drinking straw, inserted into the joint area through a small 6-millimetre incision – contains a light source and a camera that feeds high-definition images or videos to an external screen so that an orthopaedic surgeon can see inside the joint.

### GETTING IT DONE

If an arthroscopic examination confirms the existence of a medical problem, patients may be required to undergo a surgery. Depending on the joint being operated on, a general or local anaesthetic will be administered, while tourniquets (inflatable bands) may be used to temporarily restrict the flow of blood to the scrubbed and antiseptic-treated joint area.

The arthroscope is inserted into the joint, along with similarly fine surgical instruments that are used to repair the problems. After the operation – which may take between 15 minutes to over an hour depending on what is being done – the joint is flushed with saline and drained, and

the incision closed with stitches. Patients may be required to use splints, slings or crutches to support their movement during the recovery period.

### PLUS AND MINUS

It is here – in the recovery period – that an arthroscopic procedure holds one advantage over an open surgery, as the small incisions allow patients to heal faster. Where a patient may be able to leave the hospital a few hours after a minimally invasive arthroscopy, an open surgery may require patients to stay at least one night at the hospital. This also translates into a cost advantage. Other advantages include a lower risk of infection, as well as less pain during and after the procedure.

However, every delicate and critical procedure carries an iota of risk. Complications from arthroscopy include joint stiffness and pain, as well as blood clots. In extremely rare cases, strained compartment syndrome may occur. The condition is a build-up of pressure within a muscle compartment close to the joint operated on – usually in the shin, calf and forearms.

To ensure that the occurrence of such complications is minimised or altogether removed, sufferers of joint issues need to choose a healthcare provider that they can rely on to provide the best possible service. At KPJ Healthcare, world-class orthopaedic surgeons, as well as from a wide range of medical fields, are assisted by the latest technology in the diagnosis and treatment of patients, with a focus on and commitment to their overall wellbeing for the long run.

# Road to Recovery

## Getting Back to Normal

In addition to undergoing a surgical procedure safely and successfully, recovery plays a crucial role in the treatment of any disease. To a large extent, the days and weeks immediately following a minor – or major – medical operation determines how fast and well patients recover. Depending on the illness, treatment and procedure, there are a number of effective measures and methods to ease the healing process. *Care for Life* highlights a few of them.



### Strengthening Muscle

While procedures such as the minimally invasive arthroscopy may encourage faster recovery times, patients have to undergo a recovery process to reduce chances of additional or recurrent injuries. Depending on the area operated on, various muscle-strengthening exercises can be done at home, including walking, squats, planking, jogging and weight lifting – starting with small, manageable weights.

#### Shoulder Press

Holding dumbbells, rest back on a high and firm straight-back chair with feet spread shoulder width apart on the floor. Start at shoulder level with elbows bent and then lift dumbbells by stretching out your arms without locking elbows. Return to starting point and repeat.

### Stretching and Flexibility

Excessive resting post-surgery can also be detrimental, owing to muscle and tissue atrophy. In addition – or as a supplement – to strengthening muscles, improving flexibility is also encouraged, by practising yoga and simple stretching exercises.

#### Bird dog

Start on all fours (knees and hands on the floor). Then stretch out alternative limbs (left arm and right leg), while maintaining a straight line from your fingers to your back to your feet.





## Massages

Sometimes considered an alternative treatment (for sports injuries, anxiety and soft tissue strains), massages – the process of applying pressure to and soothing tension in muscles and across the entire body – have also been shown to have a beneficial impact on post-surgery recovery. It can also be used to supplement other recovery measures



### Tennis/Roller Foam Self Massage

Apply a tennis ball or foam roller to affected area. For back pains, place either item on the floor and gently place your back on it, rolling back and forth, and side to side, and in circles for several minutes at a time. locking elbows. Return to starting point and repeat.

## Eating Healthy

Having the right nutrition also helps speed up the recovery process. Vegetables and fruits boost vitamins and disease resistance, proteins to increase the body's tissue building, and carbohydrates to increase energy

### Balanced Diets

Post-illness nutrition should contain essential vitamins and minerals required for increasing the body's immunity to diseases, such as oranges and mangoes, as well as green vegetables, meat, fish, legumes.



Patients should speak to health professionals who can advise them on the best exercises and nutrition they can adopt after their procedures to ensure a safer, more effective and speedy recovery. At KPJ Healthcare, patients can speak to physical therapists and consultants about activities and diets they can practice at home, or make use of the available wellness centres at the hospitals, where they can be monitored and encouraged to recovery.

# DEBILITATING MULTIPLE SCLEROSIS

**BELIEVED** to affect more than 2.3 million people worldwide and more than 1000 sufferers in Malaysia, multiple sclerosis (MS) has wreaked havoc on the lives of men and women across the globe. A dangerous plague that attacks the insulating covers of nerve cells in the brain and spinal cord, it damages the nervous system causing severe permanent neurological problems such as disrupting a person's ability to communicate and move. *Care for Life* examines how this illness grows worse among elderly patients and the extent of damage MS can affect upon a person's bodily systems, earning its name as one of the most formidable diseases that challenges the medical world.





### WHEN YOUR BODY TURNS ON YOU

Multiple sclerosis is an immune-mediated disease, which is caused by the body's own immune system attacking its central nervous system (CNS), made up of the brain, spinal cord and optic nerves. It occurs when T-cells, a type of white blood cell in the immune system, become sensitised to the proteins located in the CNS.

When these cells become activated, they move through the blood vessels in the CNS to produce damaging inflammation that nearly destroys myelin, the sheath that covers nerve fibres and secrete chemical that damage axons, the nerve fibres themselves.

The damaged myelin around the nerves form scar tissue called sclerosis which gives the disease its name. However, this protection still isn't enough to combat the damage done to the fibres as the nerve impulses that travel to and from the brain and spinal cord become distorted and interrupted. As a

result, victims of MS will experience symptoms like a breakdown in simple cognitive abilities such as talking, reading or writing.

### WARNING SIGNS

The signs of MS are often varied and unpredictable but if caught early on, can prevent a steady decline of complications that will arise if the symptoms are ignored. There is no specific diagnosis that reveals to a physician whether their patient has MS. Instead, the diagnosis comes when the person's medical history is carefully analysed and possible symptoms are assessed.

Medical history that could lead to the diagnosis of MS include past neurological disorders, history of substance abuse or past medications taken. Doctors must be able to find neurological evidence of lesions or plaques in at least two distinct areas in the CNS white matter and that these plaques have no other reasonable explanation, ruling out other diseases that share similar traits with MS.



One of the first warning signs that the patient has MS is numbness of the face and body, or arms and legs. This is usually followed by the weakening of the body that results from the worsening of unused muscles and damage to the nerves that are responsible for stimulating the muscles. This tends to lead to many people with MS facing walking difficulties and spasticity thus requiring intensive physical therapy, assistive therapy and medication.

MS may also lead to the onset of blurred vision, poor contrast or colour vision and pain from simple eye movement. In addition, 55% of MS patients reported clinically significant pain and almost half had chronic pain.

The cognitive changes a person with MS suffers usually result in permanent damage to neurological functions, This damages a range of high-level brain functions including the ability to learn and remember information, organise and solve problems as well as focus a person's attention on any particular subject and accurately perceive social cues and the environment around them. Secondary symptoms usually arise from complications of the more common ailments and these can lead to more serious diseases, like bladder dysfunction that results in repeated urinary tract infections or inactivity resulting in the muscle wastage and disuse, decreased bone density, poor

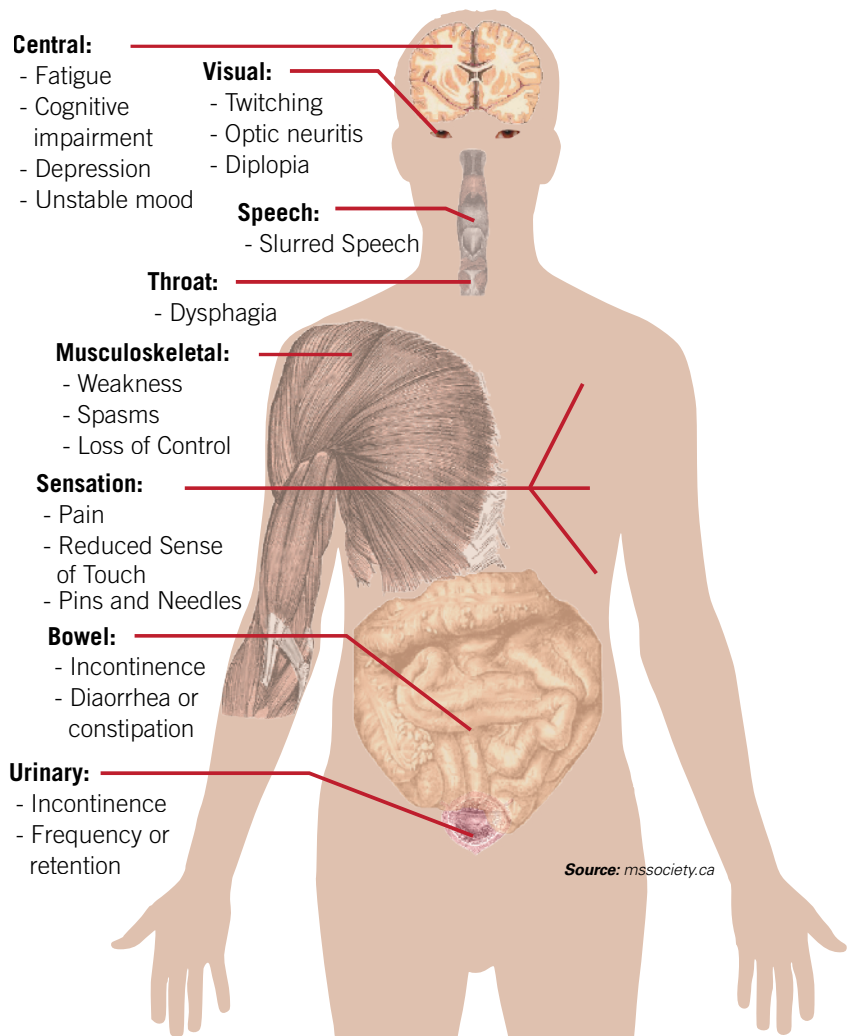
postural alignment and shallow, inefficient breathing.

Often with age comes the worsening of these symptoms as the mental and physical changes that come from aging tend to overlap with the symptoms of MS. A study conducted by the National Multiple Sclerosis Society concluded that the afflictions faced by older people with MS make them more prone to urinary tract infections, pneumonia, septicaemia and cellulitis over their peers of the same age group who don't suffer from MS.

## WHAT CAUSES MULTIPLE SCLEROSIS?

Much of the research behind what causes MS is still inconclusive and does not yet target any specific risk factors that could stimulate the disease. However, scientists believe that the interaction of several different factors could be responsible. The immunologic factor behind it stems from the abnormal immune-mediated response that attacks the myelin coating around nerve fibres and the attacking cells appear to be attracted to. The reason behind this is thought to be either environmental or genetic.

## Main Symptoms of Multiple Sclerosis





*Although Multiple Sclerosis has no cure, patients can alleviate their symptoms through physiotherapy.*

Growing evidence points to the role vitamin D plays where people who live closer to the equator are exposed to greater amounts of sunlight and as a result, have higher levels of naturally-produced vitamin D which is believed to help prevent immune-mediated diseases like MS. Hence, a National Multiple Sclerosis Society-funded epidemiological study in Australia is carrying out an investigation on the possible relationship between MS and presence of sunlight exposure.

Studies have also shown that smoking increases a person's risk of developing MS because it's associating with rapid progression of the disability and increases the severity of the illness. The evidence also suggests that stopping smoking is believed to lead to a slower progression of the disability.

However, the disease is also thought to be spread via infection because viruses are well-established as causes of demyelination, the breaking down and damage of the myelin sheath, as well as inflammation. It is very possible that a virus or any other infectious agent

triggers MS among patients. Over a dozen viruses and bacteria, including measles, canine distemper, human herpes virus-6, Epstein-Barr and Chlamydia pneumonia are being investigated to determine whether they could play an important role in the development of MS.

The sad truth is that there's no cure for MS. Treatments mainly consist of physical therapy and plenty of exercise to slow down the progression of the disease and the wasting of the muscles. For patients, the intensive medication, treatments and therapy can be difficult to undergo. They need strong, highly trained professionals who will cater to their needs and help them in their rehabilitation with kindness and compassion. KPJ Healthcare offers just that in the form of its physiotherapists and other physical care specialists, in addition to having a Senior Living Care Centre where elderly patients can be assured of the best in lived-in treatment.

# Dr Saini Jeffrey Freddy Abdullah on Multiple Sclerosis

A disease where the immune system slowly erodes the protective covers of the nerves in the brain and spinal cord, Multiple Sclerosis (MS) leads to eventual nerve deterioration. *Care for Life* consults Dr Saini Jeffrey Freddy Abdullah, a Rehabilitation Medicine Consultant at **KPJ Tawakkal Health Centre** on the complex nature of this disease and the treatment options available.



A personal experience led Dr Saini to become a rehabilitation specialist. An accident when he was in his third year of medical school led to fractured bones, followed by six operations. “I had to undergo rehab and physiotherapy afterwards, which was my exposure to the rehabilitation process,” he said.

The whole experience really affected Dr Saini. “It compelled me to focus my speciality on either orthopaedic surgery or rehab, but I eventually decided on the latter because I wanted to assist patients more personally, to help improve their quality of life significantly,” Dr Saini says.

As the Head of Department in University Malaya, he was approached by KPJ to start a rehabilitation service with full

*Dr Saini understands the challenges of a condition like Multiple Sclerosis and emphasises that the strong team at KPJ Tawakkal's Rehabilitation Centre are fully equipped to help every patient recover as much as possible.*



co-ordinate care, together with therapists at the new Tawakkal Health Centre. He accepted this offer as he wanted to see more patients, aside from managing a department. “KPJ has given me the chance to work more closely with the patients,” he says. He has now been with KPJ three years.

## A SLOW DEGENERATION

As a rehabilitation doctor, Dr Saini sees a wide range of patients suffering from disabilities, whether caused by a disease or an accident, including strokes, spinal cord injuries, and of course, multiple sclerosis.

MS presents itself as relapsing or progressive. Relapsing is when a patient gets treated for the symptoms of multiple sclerosis and recovers, but then later experiences new symptoms. Progressive is a relentless attack on the nerves, where the symptoms do not ease, but increasingly worsen.


Diagnosis of MS can be quite a lengthy process as it can only be detected by a certain criteria – when the patient presents with two different neurological deficits at two different times.

Females aged between 28 and 40 are more likely to get MS, although the true cause is unknown. Genetic, viral, and environmental factors or an error in the auto-immune process are some possible causes. “It was a

### FAST FACTS

**Dr Saini Jeffrey Freddy Abdullah has over 18 years of experience in the rehabilitation field. Some of his accomplishments include:**

- **2012 – 2015 – Rehabilitation Medicine Consultant at KPJ Tawakkal Health Centre**
- **2009 – Invited Speaker at the ASEAN Neurology Association Meeting on ‘Symptomatic Treatment of Multiple Sclerosis’**
- **2001 – 2012 - Rehabilitation Medicine Specialist in University of Malaya Medical Centre and University of Malaya Specialist Centre**
- **2001 – Masters of Rehabilitation Medicine, University of Malaya, Kuala Lumpur**
- **2000 – Rehabilitation Medicine Registrar in Southern Health Network, Melbourne, Australia, working in three hospitals**



rare disease in Malaysia until 20 or 30 years ago,” Dr Saini notes.

Double vision, blurred vision, speech problems, difficulty swallowing, weakness and numbness in extremities, dizziness, bladder problems and Paraplegia (lower limb weakness) are just some of the many symptoms affecting patients.

## MANAGING MS

Although there is no known cure for MS yet, there is a mix of treatments available to patients. Medical treatment is usually followed by a rehabilitation period. For an acute attack, a patient is given immunoglobulins/steroids by a neurologist to dampen the immune system and reduce the attack on the myelin sheath of the nerves. Immunomodulators are also prescribed to reduce the occurrence of a relapse. The next step is rehabilitation, where Dr Saini and a team of

physiotherapists, occupational therapists and speech therapists work together to provide a treatment plan to the patient in order to try and get them back to full function.

“It is established that those who go for treatment for strengthening and exercises, recover faster,” Dr Saini says.

## RECOVERY SUCCESS

Despite the challenges of such a condition, there have been many cases of success. Dr Saini tells of a young female teacher who was treated for fatigue, which is one of the main symptoms of the disease. She was later able to continue her teaching job at her university, suffering only minor relapses which were easily managed. “It isn’t an easy disease to manage but with KPJ’s team of expert therapists at the rehabilitation centre, you can expect the best possible treatment,” he adds.





# Handling Appendicitis

## The Risks of an Inflamed Appendix

**ALTHOUGH** its function is not exactly known, and it does not seem to be absolutely vital in the human body, the appendix is an organ that is capable of causing huge problems that belie its size. As small as the little finger, this little pouch projects from the colon wall and is situated on the lower right side of the abdomen. In some cases, the appendix may become inflamed, resulting in severe pain and a potentially fatal condition known as Appendicitis.

### PAIN BEYOND BELIEF

Owing to its close proximity to the intestine, the appendix is rather susceptible to bacterial infection, which causes it to swell and fill with pus. In time, the inflammation can worsen and if not treated quickly enough, ultimately results in a ruptured appendix.

In this situation, the appendix's contents leak into the abdominal cavity, which may lead to an infection of the membrane that lines the abdomen (peritonitis), or an accumulation of pus

within the abdomen. In some cases, a ruptured appendix has proven fatal.

There also less typical symptoms. For example, the pain may develop at a slower pace and run a longer course. A mild discomfort is felt as opposed to pain, with the person not actually feeling severe pain until the appendix ruptures.

It is also possible that the pain begins in an uncommon area of the abdomen depending on the position of the appendix. For example, in pregnant women, the appendix is positioned slightly





A person with appendicitis typically experiences abdominal pain or nausea which gradually increases in intensity over 6-24 hours. Typical symptoms to be aware of are:

- A sharp pain on the right side of the lower abdomen
- A sharp pain around the navel that may move to the lower right abdomen
- Pain that gets worse when you cough, walk or make any sudden movement
- A low-grade temperature that may get worse as the illness progresses
- Nausea and vomiting
- Loss of appetite
- Constipation or diarrhoea
- Abdominal bloating

upwards because of the growing baby. The pain then may be felt further up the stomach area or even under the ribcage.

## WARNING SIGNS

Depending on if a person has the typical symptoms or not, appendicitis can be diagnosed easily or otherwise. It is not surprising for doctors to have some challenges in being sure that it really is appendicitis that is the cause of the symptoms.

This is because some people develop a similar pain, which may be caused by other medical conditions like cystitis, inflammation of the bowel, swollen glands in the stomach, pain from gallstones, pelvic inflammatory disease, etc.

Those who have symptoms of appendicitis should seek medical treatment immediately. A series of tests will be carried out, including physical, blood, urine and imaging examinations to help with diagnosis. However, if the condition is very severe, then the doctor might make a judgement call to proceed to surgery without carrying out tests.

## CUTTING IT OUT

The most common treatment for appendicitis is surgery otherwise known as an *appendectomy*. This can be done either through laparoscopy (keyhole surgery) or conservative surgery, depending on the seriousness of the case.

It should be noted though that in very mild cases of appendicitis,

the ailment can be treated through antibiotics. However, antibiotics may also be used as first-line treatment to help shrink the swelling and to banish some amount of infection before performing surgery. Also, if there is an abscess present, the doctor may drain it first.

A traditional appendectomy is usually performed if the appendix has ruptured and the infection has spread or if there is an abscess present within the abdomen. In these cases, a large incision is necessary for the surgeon to be able to clean the area properly.

In a laparoscopy, the surgeon inserts a thin tube containing a tiny camera and its own lighting into the abdomen via a hollow instrument. The camera allows

the surgeon to view a magnified version of the abdomen and remove the appendix with skilfully precise incisions. This minimally invasive method allows for less blood loss so the patient can heal faster and have less scarring.

### PREVENTING APPENDICITIS

Although there are a number of old wives' tales regarding appendicitis, such as not doing vigorous exercise after eating, they are just that... old wives' tales. The fact is that there is no conclusive, scientifically-proven way of preventing appendicitis,

although some believe that a high-fibre diet could be the key as the ailment was historically rare in Africa where legumes, tubers and grains are part of everyday meals.

For now, the best way to deal with appendicitis is to seek immediate treatment the minute symptoms manifest themselves. KPJ hospitals are well-equipped with medical specialists and technology that can help diagnose and treat appendicitis, while pain management consultants guide patients on how to handle post-operation discomfort, thus ensuring the best possible care.





# Endorsing Excellence

**I**n this issue, *Care for Life* shares the testimonials of two patients from Yemen, who recently sought medical attention at KPJ Healthcare's hospitals, proving that providing and receiving quality, world-class medical attention is not restricted by international borders or language.





# Worth the Trip



When two of Adeeb Abdullah Bamatraf's family members were stricken with different medical conditions, the IT security professional from Yemen looked far and wide for a healthcare institution that would ensure that they would receive the best treatment. His search bore fruit when it pointed him in the direction of KPJ Tawakkal Specialist Hospital.

*Adeeb is glad he picked KPJ as the hospital of choice to treat his mother for back pain and his son for bronchitis, as they have both shown signs of recovery just two weeks into their stay there.*

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“My mother was initially sceptical about the treatment but she was assured by the professionalism on display at KPJ.”

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## DOUBLE TROUBLE

In Yemen, Adeeb's mother Anisah Abdullah Obaid and his 14-year-old son, Belal Adeeb Bamatraf, were both suffering from their own health challenges. Belal had trouble breathing, a condition that was exacerbated whenever he performed vigorous activities. Meanwhile, Anisah complained about back pain that manifested when she walked or moved around. Despite many visits to their local hospitals, the two remained stricken by their respective medical conditions.

Adeeb decided to ask friends and relatives to recommend a reputable hospital to treat his loved ones. After hearing about Adeeb's plight, his uncle from Saudi Arabia knew immediately which hospital was the perfect choice for the two – KPJ Tawakkal Specialist Hospital. "He was a patient there once, and he had nothing but praise for KPJ," Adeeb recalls. His cousin, who is working in Kuala Lumpur, echoed that sentiment, stating that KPJ is one of the better hospitals around. Convinced, Adeeb wasted no time and brought his entire family of seven over to Malaysia.

## OUT OF BREATH

Belal consulted five different doctors in Yemen regarding his breathing difficulties. What was

apparent was that an infection had caused a build-up of fluid around his left lung and a rise in his body temperature, prompting them to prescribe antibiotics. Their initial suspicion of tuberculosis was dismissed as tests came back negative, and Belal was later diagnosed as having bronchitis.

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**"The staff of this hospital really care about their patients. They put in a lot of time, as well as effort when attending to you, and answer questions to your satisfaction."**

– Adeeb Abdullah Bamatraf

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However, the medication given to him made only a slight difference to his condition. One of the doctors suggested that they drain the fluid from around his lung with a tube, but his parents declined this

procedure as they were worried about the risks.

When he set foot into KPJ Tawakkal five months after his son's symptoms first emerged, Adeeb was impressed by the level of service rendered by its staff. The respiratory specialist who attended to Belal, Dr Jasminder Kaur, was very thorough – explaining in great detail about his affliction, as well as the right course of action to cure him. "She prescribed some medication to be taken thrice daily, and consequently the liquid around his lung has reduced significantly over two weeks," Adeeb says, visibly relieved. A check-up has been scheduled in a month to verify that the condition has been satisfactorily rectified.

"My son's condition has improved tremendously, and he is even slowly regaining the six kilogrammes of weight that he lost," he adds. Belal has even been given the green light by the doctor to go out and enjoy the sights and sounds of Kuala Lumpur, and Adeeb notes with some amusement that the excited teenager wasted no time in breaking out his skateboard and heading to a nearby lakeside to have fun.

## PAIN IN THE BACK

Anisah's back pain, on the other hand, was an intermittent condition that has been plaguing





*Adeeb's son Belal is all smiles now as he can go back to being a normal 14-year-old without having to worry about laboured breathing.*

her for about two years. The pain would last for three to four days before subsiding and reappearing after some time. Despite being examined by physicians in Yemen and Egypt, Anisah's condition hardly changed for the better. The doctors there managed to pinpoint the problem – a small displacement of one of the vertebrae in her spine. However, the medication they prescribed was having little effect to solve the problem.

At KPJ Tawakkal, Anisah was attended to Dr Ruslan Nazaruddin, an orthopaedic specialist, who prescribed medication and physiotherapy to help reduce the pain. Adeeb reveals that the physiotherapy sessions are spread over the course of three weeks, with two sessions a week lasting between one-and-a-half to two hours each. Aside from the back pain, she also had a painful knee, for which the doctor administered an injection.

Anisah is very taken by the skills of the medical staff at KPJ Tawakkal as well as the modern facilities the hospital has. "She was initially sceptical about the knee injection, but she was



assured by the professionalism on display at KPJ and agreed to it," Adeeb says. The treatments have proven to be effective so far, with Anisah claiming that her pain has reduced significantly. According to the doctor, a follow-up after the final physiotherapy session will determine if further treatment is necessary.

Adeeb is so pleased with the service at KPJ that he got his wife, Afrah Hussein Bamatraf, to perform a routine check-up there as well. "The staff of this hospital really care about their patients. They put in a lot of time, as well as effort when attending to you, and answer questions to your satisfaction," he says with a smile.



# A Quick Operation

Appendicitis is a condition in which the appendix becomes inflamed, filling with pus. If not treated immediately, the swollen appendage could eventually burst, leading to major infection of the abdomen. When Osama Mahsoud Al Hakimi, a student from Yemen at Asia-Pacific University, experienced the first few symptoms of appendicitis, he sought treatment at KPJ Damansara Specialist Hospital, and was immediately admitted to surgery.

## A SUDDEN ATTACK

“I first noticed a strong pain in my lower stomach, which I initially dismissed as stomach pains,” Osama reveal. “Then, I started experiencing nausea. I would vomit every time I ate something.”

Osama knew he required medical attention, so he went to KPJ Damansara as recommended by his sister. After being examined by one doctor, in a procedure that included both a physical examination and scan, he was immediately admitted to the operation

room. The diagnosis took less than an hour.

## SWIFT ATTENTION

“I was rolled into the operating room. The doctor walked me through the process so I understood what was going to happen,” Osama explains. “They put me under general anaesthesia, and soon I was falling asleep quite comfortably.”

The appendectomy took only a couple of hours. When he next awoke, he found himself placed in a different ward. “There were a few nurses in the room when I woke up, who directly asked me how I felt, whether I was feeling any pain. I felt perfectly fine. I was quite surprised at the attention.”

Osama spent three days in the recovery ward, where he received attentive care from the KPJ nurses, who visited him every few hours to make sure he was feeling alright.

“They also came every once in a while to provide medicine, water and food, and to check the wound to make sure all was in order. They even asked me what kind of food I would like to eat,” he tells.

## EXTRA CONSIDERATION

After being discharged, Osama was instructed by the doctor to return to the hospital in a week’s time, for a follow-up appointment. “I felt better within a few days actually, although I couldn’t do any serious physical activity yet,” he says.

The follow-up visit was to check how well the wound was healing. “The doctor was very thorough, asking me if I was able to walk, if I was having any pain,” Osama says. After a physical examination of the wound itself, Osama was free to go, and resume his normal routine.

Delighted with the prompt and attentive treatment Osama received, he would definitely recommend KPJ hospitals to any of his close friends and relatives. “It was my first time at a KPJ hospital, but now I know where to go if I have any medical concerns in the future,” he asserts.

*Next page: Osama who had an appendectomy was pleasantly surprised at how swift and painless the operation was, and is pleased with the treatment he received at KPJ.*



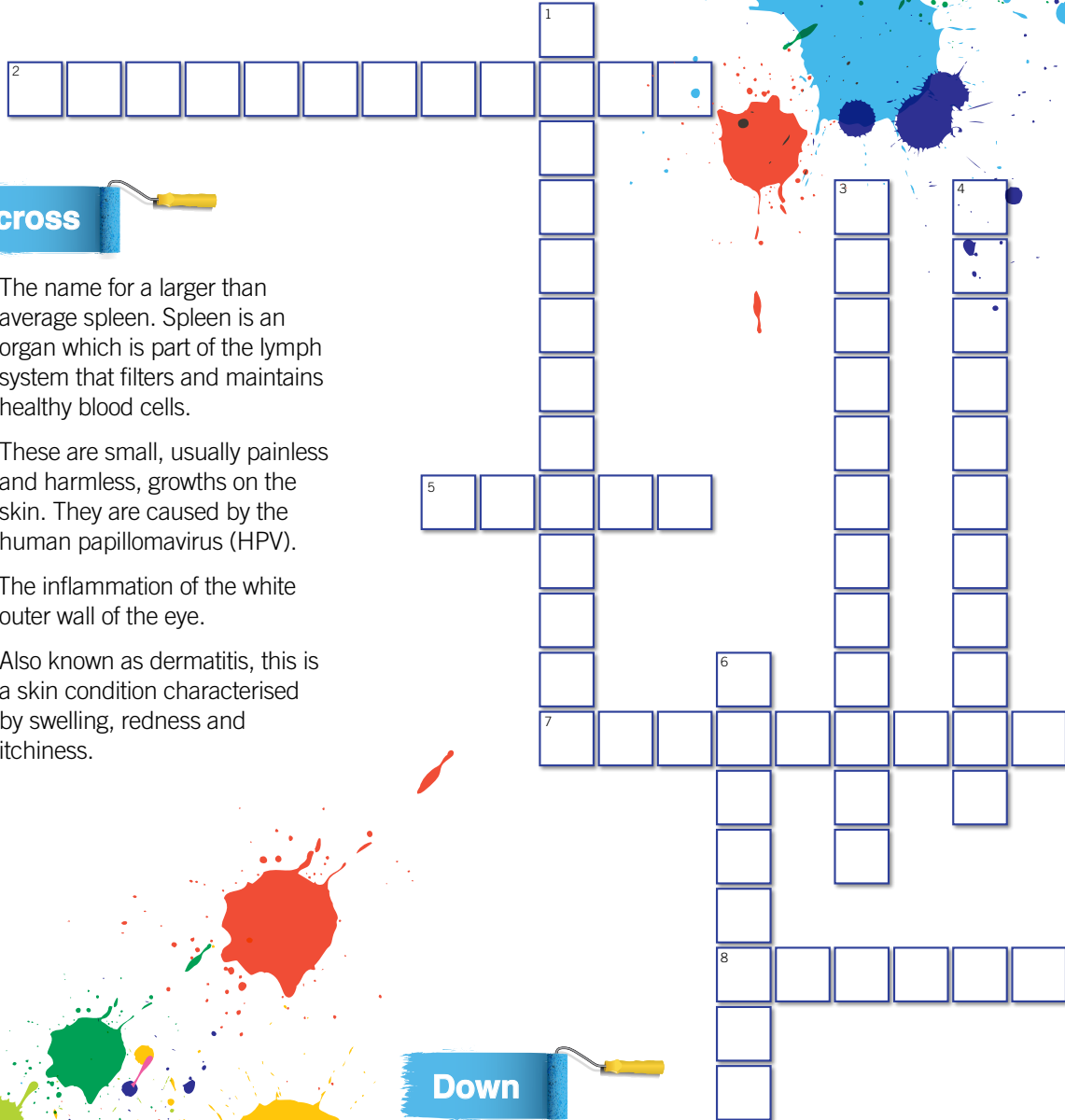


“It was my first time at a KPJ hospital, but now I know where to go if I have any medical concerns in the future.”





**H**ow good is your knowledge about medicine and health? Take our crossword puzzle to find out. You might also learn a thing or two.



**Across**

- 2. The name for a larger than average spleen. Spleen is an organ which is part of the lymph system that filters and maintains healthy blood cells.
- 5. These are small, usually painless and harmless, growths on the skin. They are caused by the human papillomavirus (HPV).
- 7. The inflammation of the white outer wall of the eye.
- 8. Also known as dermatitis, this is a skin condition characterised by swelling, redness and itchiness.

**Down**

- 1. The basic food group that provides energy for the body and includes sugars, starches and fibers.
- 3. A sleeping disorder where the person does activities while still asleep.
- 4. A blood disorder passed down genetically where the body makes too much hemoglobin. This blood disorder can lead to anemia.
- 6. The disease when the body has insufficient B1 vitamin or thiamine.





# In Case of Emergency

**A list of emergency numbers from KPJ Network of Hospitals in Malaysia and around the world.**

**KPJ IPOH SPECIALIST HOSPITAL**  
+605-241 8989

**KPJ DAMANSARA SPECIALIST HOSPITAL**  
+603-7722 3500

**KPJ SELANGOR SPECIALIST HOSPITAL**  
+603-5540 3361

**KPJ PERDANA SPECIALIST HOSPITAL**  
+609-747 3140

**KPJ KAJANG SPECIALIST HOSPITAL**  
+603-8769 2911

**KEDAH MEDICAL CENTRE**  
+604-730 8878

**KPJ TAWAKKAL SPECIALIST HOSPITAL**  
+603-4026 7777

**KPJ PUTERI SPECIALIST HOSPITAL**  
+607-225 3203

**KUANTAN SPECIALIST HOSPITAL**  
+609-567 8588

**SENTOSA MEDICAL CENTRE**  
+603-4043 7166

**KPJ KLANG SPECIALIST HOSPITAL**  
+603-3377 7999

**KPJ AMPANG PUTERI SPECIALIST HOSPITAL**  
+603-4270 7060

**KPJ SEREMBAN SPECIALIST HOSPITAL**  
+606-763 6900

**KPJ PENANG SPECIALIST HOSPITAL**  
+604-548 6799

**KPJ JOHOR SPECIALIST HOSPITAL**  
+607-220 7505

**TAIPING MEDICAL CENTRE**  
+605-807 1049

**DAMAI SPECIALIST HOSPITAL**  
+6088-250 060

**KUCHING SPECIALIST HOSPITAL**  
+6082-365 030

**KLUANG UTAMA SPECIALIST HOSPITAL**  
+607-771 6999

**KPJ SABAH SPECIALIST HOSPITAL**  
+6088-322 199

**SIBU SPECIALIST MEDICAL CENTRE**  
+6084-329 900

**SRI MANJUNG SPECIALIST CENTRE**  
+605-691 8153

**KPJ PASIR GUDANG SPECIALIST HOSPITAL**  
+607-257 3900

**KPJ RAWANG SPECIALIST HOSPITAL**  
+603-6099 8999

**KPJ BANDAR MAHARANI SPECIALIST HOSPITAL**  
+606-956 4500

**KPJ TAWAKKAL HEALTH CENTRE**  
+603-4023 3599

**RUMAH SAKIT MEDIKA PERMATA HIJAU, INDONESIA**  
+62021-530 5288

**RUMAH SAKIT MEDIKA BUMI SERPONG DAMAI,  
INDONESIA**  
+62021-537 8609

**VEJTHANI HOSPITAL,  
THAILAND**  
+6685-223 8888

**SHEIKH FAZILATUNNESA MUJIB  
MEMORIAL KPJ SPECIALIZED HOSPITAL  
AND NURSING COLLEGE, BANGLADESH**  
+88-017 0378 8561



**KPJ HEALTHCARE BERHAD** (247079-M)  
(A Member of Johor Corporation Group)

***Care for Life***



# QUALITY HEALTHCARE

## OUR STRENGTHS

- More than 1,000 medical specialists as well as 11,000 support staff providing nursing, paramedic, pharmaceutical, technical and management services.
- Hospitals are equipped with modern medical technology as well as facilities that allow us to offer a comprehensive set of medical services including cardiac, orthopaedics, oncology, bariatric surgery, and reconstructive and plastic surgery, among others.
- Our commitment to patient safety is reflected in having 15 KPJ hospitals accredited by the Malaysia Society for Quality in Health (MSQH) which is affiliated with the International Society for Quality in Health Care (ISQua), as well as 4 hospitals accredited by the Joint Commission International (JCI).
- KPJ hospitals also implement the Integrated Management System (IMS), thus guaranteeing high standards in quality services, environmental safety and health management.
- The above qualities have enabled KPJ hospitals to attract 2.5 million outpatients and more than 280,000 inpatients in 2014, including a sizeable number of foreign patients from all over the world.
- The upgrading of KPJ's education arm to KPJ Healthcare University College (KPJUC) in 2011, clearly signifies KPJ's drive to continuously strive for excellence. This official upgrade is a testament to our unceasing commitment, and is a well-deserved recognition of KPJ's efforts in healthcare education.