

Shorter wait for heart patients

Hanifah: MoH implementing various measures to reduce waiting times by upgrading infra, equipment

KUALA LUMPUR: The Ministry of Health (MoH) has implemented various short and medium term measures to shorten waiting times for heart patients, including developing and upgrading infrastructure and equipment at invasive cardiology laboratories (ICLs), the Senate was told yesterday.

Deputy Health Minister Datuk Hanifah Hajar Taib said new ICLs at Melaka Hospital, Miri Hospital, Sibu Hospital, and Tawau Hospital are expected to be operational by 2027.

"MoH is adding two ICLs at Hospital Sultan Idris Shah, Serdang, expected to be operational in 2028, alongside the existing seven ICLs, while also replacing ICL equipment in 10 hospitals with cardiology services, under the Third Rolling Plan of the 12th Malaysia Plan, which continues to the present year," she said during an oral question-



MoH is adding two ICLs at Hospital Sultan Idris Shah... while also replacing ICL equipment in 10 hospitals with cardiology services.

Datuk Hanifah Hajar Taib

and-answer session.

She was responding to a question from Senator Datuk Dr Mohd Na'im Mokhtar on steps taken to tackle long waiting times for heart patients needing angiograms and coronary artery bypass grafting surgeries, as well as the ministry's short- and medium-term plans to enhance infrastructure, hospital facilities, manpower, specialists, and equipment.

Hanifah said the project to upgrade existing facilities aims to ensure that the existing 26 ICLs operate at optimum levels, providing patients with quality and safe angiogram and Percutaneous Coronary Intervention (PCI) treatments.

She said work to upgrade and add cardiothoracic operating theatres, optimise the cardiac intensive care unit (CICU), and procure and replace high-tech equipment is also underway, with the aim of gradually increasing treatment capacity and reducing reliance on outsourcing over the medium term.

For workforce development, Hanifah said the ministry is strengthening the Parallel Pathway for Cardiothoracic Surgery, which has been producing graduates since 2022, while the Universiti Teknologi Mara programme is set to produce its first graduates in 2027.

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'MoH also strengthening subspecialty training'

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"The projection is for 45 new cardiothoracic surgeons by 2027, bringing us close to the target of at least 46 surgeons by 2028," she said.

She added that the intake for cardiology subspecialty training has been increased from 20 to 40 slots annually, effective this year.

She said the target of cardiologists could reach 200 specialists by 2030, including those currently in service, taking into account the attrition rate, compared with only 61 at

present.

Hanifah said the ministry is also strengthening subspecialty training in cardiac anesthesia and perfusion to empower cardiac surgery teams, with 21 trainees currently at MoH hospitals and four to six new anesthetists joining the programme each year.

"The target by 2030 is to have 40 specialists, in addition to the existing 14," she said.

In addition, she said the ministry is encouraging more nurses and allied health staff to pursue basic and advanced diploma post-

training to enhance the competence of cardiac service support teams.

Hanifah said last year, the outsourcing of heart cases to the National Heart Institute involved 2,894 angiogram cases, 2,137 PCI procedures, 770 heart bypass surgeries, and 132 valve surgeries.

She said since 2024, 2,682 angiogram cases, 1,758 PCI cases, and 900 heart bypass surgeries have been outsourced to private and university hospitals under the Hospital Services Outsourcing Programme. — Bernama

Muhammad Basir Roslan

FOR decades, obesity has carried a heavy burden, not only on the body, but also in the form of stigma. Too often, it has been reduced to questions of appearance, willpower or personal discipline, viewed through a lens of blame rather than biology.

But that narrative is steadily changing.

In conjunction with World Obesity Day, medical experts are urging the public to rethink long-held assumptions, stressing that obesity is not a personal failure but a complex, chronic disease that demands structured, long-term and compassionate care.

Dr Kiran Nair, consultant endocrinologist and internal medicine physician at ParkCity Medical Centre in Kuala Lumpur, said one of the most persistent misconceptions is the belief that obesity stems purely from laziness or a lack of self-control.

"This is medically inaccurate. Obesity is a chronic disease officially recognised by the World Health Organisation (WHO) in 1997, much like diabetes or heart disease," she told Bernama.

"It is influenced by genetics, hormones and brain signals that regulate hunger, as well as sleep patterns, stress, medications and the environment we live in."

She noted that modern treatment approaches increasingly acknowledge this complexity, moving beyond simplistic advice to 'eat less and move more' towards multidisciplinary strategies that address biological, psychological and lifestyle factors in tandem.

Why obesity is more than willpower

As Dr Kiran explained, obesity is far more than a matter of body weight; it is a condition that can affect nearly every organ system, from the lungs and liver to the joints.

It significantly increases the risk of type 2 diabetes, heart disease, hypertension, certain cancers, and even infertility.

For years, conventional weight-loss advice revolved around a simple formula: eat less and exercise more. While balanced nutrition and regular physical activity remain essential pillars of good health, she noted that this approach alone does not work for everyone.

"As with other chronic conditions, some individuals require structured medical care, medication or even surgery. Above all, people living with obesity deserve care and compassion, not condemnation or shame," she said.

Dr Kiran shared that many patients recount years of trying different diets, exercise programmes and weight-loss plans, only to find themselves struggling repeatedly.

"I hear this very often in clinic, and in most cases, it is absolutely true," she added.

The reason, she explained, lies in biology.

The human body is programmed to defend its highest sustained weight. When weight loss occurs, hormonal pathways respond by increasing hunger and slowing metabolism, making it difficult to maintain results.

"Our bodies are designed to protect us from starvation, not to help us lose weight. When someone loses weight, the body interprets it as a threat and responds by increasing hunger hormones while reducing energy expenditure," she said.

Beyond these biological mechanisms, factors such as



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Modern, multidisciplinary treatments reshape obesity care

bariatric or minimally invasive endoscopic procedures," she said. "Today, the focus is no longer solely on weight reduction, but on improving overall health, reducing obesity-related complications and sustaining weight loss over the long term."

Among the most notable advancements is the emergence of next-generation medications known as Glucagon-Like Peptide-1 (GLP-1) therapies.

Unlike older weight-loss drugs that primarily acted as appetite suppressants by targeting the brain, these newer treatments are based on hormones that naturally regulate hunger, satiety, blood sugar and metabolism.

"These medications work with the body's natural systems rather than overriding them. They help individuals feel full sooner and improve how the body processes blood sugar, instead of simply suppressing appetite," she explained.

Importantly, these therapies have undergone extensive long-term clinical trials and are approved for chronic use under medical supervision. While generally well tolerated, they may have side effects like any medication and must be prescribed and monitored by qualified healthcare professionals.

Dr Kiran emphasised that medications such as Ozempic, Mounjaro, and Wegovy are not quick fixes or 'magic injections'.

"They are tools; part of a comprehensive, long-term treatment plan that integrates lifestyle modification, behavioural support and ongoing medical care," she said, noting that abrupt discontinuation may result in weight regain.

Addressing concerns about dependency, she said such fears



Dr Kiran Nair



Dr James Emmanuel

often stem from misconceptions about chronic disease management.

"These medications are not addictive in the conventional sense. However, stopping them can lead to weight regain because the body's biological mechanisms remain unchanged and continue to defend its previous weight," she explained.

Ultimately, she stressed, the goal is to combine medication with sustainable lifestyle habits, regular monitoring and continuous support.

"For many patients, this integrated approach leads to meaningful and lasting improvements in weight, metabolic health and overall well-being," she added.

Beyond fad diets

While modern medications and medical procedures can support weight loss, nutrition remains the cornerstone of sustainable obesity management.

Ng Kar Foo, a dietitian at ParkCity Medical Centre, said many individuals continue to struggle because they turn to trendy or overly restrictive diets widely promoted online or by lifestyle influencers.

"One of the most common mistakes is excessive dietary restriction. This includes skipping meals, eliminating entire food groups, relying on extreme plans

with food.

Sustainable change, he added, is built on realistic habits, not extremes.

Personalised nutrition

Building sustainable eating habits requires more than a standard meal plan.

Ng explained that dietitians assess the individual as a whole, including daily routines, cultural practices, stress levels and, importantly, their relationship with food.

"For some, food symbolises celebration and connection. For others, it becomes a way to cope with stress or simply a source of daily fuel. Understanding what food represents to each person is essential in creating realistic and lasting habits," he said.

Flexibility, he added, is equally important. Rather than prescribing a single rigid diet, dietitians develop adaptable strategies tailored to each individual's circumstances.

This may involve offering multiple nutrition care plans that can be adjusted during travel, work transitions or major life events.

"Consistency, not perfection, is the main goal. Sustainable change comes from practising small, achievable habits repeatedly over time," he explained.

"For example, instead of eliminating all snacks at once, someone might begin by replacing sugary treats with fruit during the day. Forming a habit typically requires about three months or more of consistent effort."

Ultimately, the objective is improved health and overall well-being, not merely weight reduction.

Ng emphasised that this reinforces the importance of multidisciplinary care,

where endocrinologists, gastroenterologists, bariatric surgeons and dietitians collaborate to address the biological, behavioural and social dimensions of obesity.

Modern, incisionless solutions

For some patients, lifestyle modification, nutritional support and medication may still be insufficient to achieve meaningful health improvements. In such cases, minimally invasive endoscopic procedures can play a complementary role in obesity management.

Dr James Emmanuel, consultant gastroenterologist and hepatologist at the same hospital, explained that these incisionless procedures, including Endoscopic Sleeve Gastroplasty (ESG) and intragastric balloons (IGB), are performed through the mouth without any abdominal incisions.

ESG works by reducing the size of the stomach using internal sutures, helping patients feel full sooner and consume less food. Recovery typically takes only a few days.

Meanwhile, the intragastric balloon is a temporary device placed in the stomach to promote early satiety and support short-term weight loss, usually for up to six months.

"Unlike traditional bariatric surgeries such as laparoscopic sleeve gastrectomy or Roux-en-Y gastric bypass, these therapies preserve the natural anatomy of the gastrointestinal tract, involve shorter recovery periods and carry lower procedural risks," he said.

While surgical interventions may result in greater weight loss for individuals with severe obesity, Dr Emmanuel noted that endoscopic therapies offer a safe and effective option for carefully selected patients.

These procedures are generally recommended for individuals with a Body Mass Index (BMI) of 30 or higher, or above 27 with metabolic risk factors, particularly when lifestyle interventions alone have not produced adequate results.

For selected patients with higher BMI who decline surgery for personal or medical reasons, ESG may be considered as an alternative.

However, he stressed that careful patient selection and participation in a structured multidisciplinary programme are essential to ensure meaningful and sustainable outcomes.

"In terms of results, realistic expectations are around 15 to 20 per cent total body weight loss within the first year, with most patients experiencing noticeable changes within the first three to six months," he said.

Beyond weight reduction, these procedures can improve obesity-related health markers, including blood sugar control, fatty liver disease and cardiovascular risk factors, underscoring their role in comprehensive metabolic care.

Bridging the gap

Patient safety remains a key consideration.

Dr Emmanuel explained that large international studies indicate serious adverse events occur in fewer than 2 to 3 per cent of cases.

"Most patients are able to return to normal activities within two to three days, and a short hospital stay is typically sufficient to monitor and manage temporary symptoms such as mild abdominal discomfort."

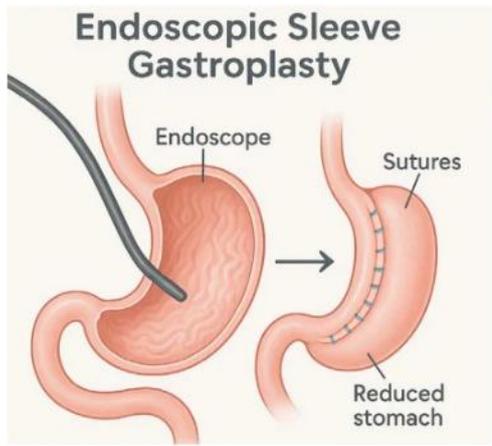
He emphasised that endoscopic procedures are not a one-time solution. As obesity is a chronic metabolic condition, long-term success still relies heavily on

hormonal imbalances, certain medications, chronic stress, menopause and underlying medical conditions can further complicate weight management. In such circumstances, repeated setbacks are not signs of personal weakness, but rather signals that structured medical support, not blame, is needed.

New era in obesity treatment

One of the most significant shifts in recent years, Dr Kiran explained, is the deeper medical understanding of obesity as a complex biological disease. This evolving perspective has fundamentally transformed clinical practice, moving away from the era of blame and toward evidence-based, structured care.

For individuals with significant biological resistance to weight loss, modern obesity care now includes medically supervised weight management programmes, prescription therapies and, in selected cases,



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sustained lifestyle engagement. According to him, ESG is potentially reversible and has demonstrated sustained weight loss for up to five years in long-term studies when supported by structured follow-up. This means durable results can only be achieved when patients adhere to dietary guidance, maintain healthy activity patterns and undergo regular clinical monitoring as part of a comprehensive weight management programme. Looking ahead, he envisions obesity treatment becoming increasingly personalised, with a spectrum of options tailored to disease severity, metabolic profile and patient preference. "In this fast-evolving landscape, minimally invasive endoscopic procedures are expected to bridge the gap between medical therapy and surgery, forming an essential part of comprehensive obesity care in the near future," he said. — Bernama

Fresh approach to addressing child obesity

ACROSS Malaysia, more children are gaining weight at younger ages. Many parents look at their child and quietly wonder, "Are we doing something wrong?"

For a long time, the answer seemed simple. Eat less. Move more. Be disciplined. Weight gain is described as a matter of choice or willpower.

But as research on weight gain deepens, a gentler and more complex truth is emerging. Some children gain weight more easily not only because of their habits but also because of how their bodies are built.

Science has shown that body weight is partly influenced by genetics. Some children are born with bodies that store energy more efficiently.

Research conducted at Universiti Malaya in 2024 found several genetic variations among Malaysian youths that may be linked to higher obesity risk. But these differences do not seal a child's fate. They simply mean that some bodies respond differently to hunger, fullness and fat storage.

Two children can share the same meal and the same routine, yet their bodies may react in very different ways.

Certain biological pathways influence how long we feel full after eating. Others affect how our bodies process sugar or store fat. These processes are invisible, but they may help explain why



some children struggle more than others with weight problems even when their lifestyles appear similar.

Still, genes are only part of the picture. Childhood, especially between the ages of two and six, is a tender window of development. It is during these years that food preferences take shape, movement becomes either enjoyable or a chore and sleep patterns settle into rhythm.

These early routines often stay with a person long after the toys are packed away.

Modern life, however, is demanding. Parents work long hours. Convenience foods are quick and affordable. Screens are easy companions. Bedtimes come later.

None of these choices come

from neglect. They are often the result of exhaustion, time constraints and the realities of raising children in a fast-moving world.

But when a child who is biologically more sensitive grows up in an environment where food is abundant and movement is limited, weight gain can happen quietly and steadily.

Recent collaborative work by Malaysian universities has begun looking at children more holistically. By combining genetic information with physical measurements and early learning assessments, researchers are starting to see clearer patterns.

Some children show higher biological sensitivity but thrive in supportive, structured environments. Others may have lower

biological risk yet struggle due to lifestyle or social pressures.

The lesson is not that genes control destiny; it is that health is shaped by a conversation between the body and its surroundings.

Understanding this shifts the focus away from blame towards support. It reminds us that encouragement, structure and healthy routines matter deeply, especially in the early years of childhood.

Children benefit from simple things: time to run outdoors, meals shared at a table, screens switched off before bed, and enough sleep to grow and repair.

Recognising that some children carry a heavier biological load should not lead to stigma. It should lead to compassion.

It should inspire schools, communities and policymakers to design environments that make opting for healthy choices easier, not harder.

Obesity is not a story of failure. It is a reflection of how our modern world meets our human biology. When we understand this, we begin to approach the issue with more empathy and realism.

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Cardiac care services to be expanded with better infrastructure

PETALING JAYA: Heart patients can expect shorter waiting times as the Health Ministry rolls out a series of short and medium-term initiatives to expand capacity, improve infrastructure and upgrade equipment at invasive cardiology laboratories (ICLs).

Health Deputy Minister Datuk Hanifah Hajar Taib told the Dewan Negara yesterday that new ICLs at Malacca, Miri, Sibul and Tawau hospitals are expected to be operational by 2027.

"Two additional ICLs at Sultan Idris Shah Hospital, Serdang, are slated for 2028, complementing the seven existing ICLs, while equipment in 10 hospitals with cardiology services will be replaced under the Third Rolling Plan of the 12th Malaysia Plan.

"The upgrades aim to ensure the current 26 ICLs provide safe, high-quality angiogram and Percutaneous Coronary Intervention (PCI) treatments," she said.

Hanifah Hajar was responding to a question from Senator Datuk Dr Mohd Na'im Mokhtar on steps taken to tackle long waiting times for heart patients needing angiograms and coronary artery bypass grafting surgeries as well as the ministry's plans to enhance infrastructure, hospital facilities, manpower, specialists, and equipment.

She highlighted plans to expand cardiothoracic operating theatres, optimise cardiac intensive care units (CICUs) and replace high-tech equipment to gradually increase treatment capacity and reduce reliance on outsourcing.

"On workforce development, the ministry is strengthening the parallel pathway for cardiothoracic surgery, which has been producing graduates since 2022, while Universiti Teknologi Mara will produce its first graduates in 2027.

"We project 45 new cardiothoracic surgeons by 2027, nearing the target of 46 by 2028," she said.

Hanifah Hajar also emphasised that intake for cardiology subspecialty training has doubled from 20 to 40 slots annually this year, with the total number of cardiologists expected to reach 200 by 2030, up from 61 currently, factoring in attrition.

She also said the ministry is encouraging more nurses and allied health staff to pursue basic and advanced diploma post-training to enhance the competence of cardiac service support teams.

Hanifah Hajar said that last year, the outsourcing of heart cases to the National Heart Institute involved 2,894 angiogram cases, 2,137 PCI procedures, 770 heart bypass surgeries, and 132 valve surgeries.

She said since 2024, 2,682 angiogram cases, 1,758 PCI cases, and 900 heart bypass surgeries have been outsourced to private and university hospitals under the Hospital Services Outsourcing Programme. – By **Qirana Nabilla Mohd Rashidi**

AGAINST MEDICAL ETHICS

MMA: Don't lease credentials to aesthetic clinics

KUALA LUMPUR: THE Malaysian Medical Association (MMA) has warned medical practitioners against "leasing" their professional credentials to aesthetic clinics and prescribing weight-loss drugs without proper supervision.

MMA president Datuk Dr Thirunavukarasu Rajoo has expressed concern over reports of doctors "renting" out their Letters of Credentialing and Privileging (LCP), calling it a grave breach of ethics.

"An LCP is not a tradable document. It is tied to a doctor's competence and accountability. When a clinic operates under a doctor's name, the duty of care

remains with that doctor and cannot be delegated," he said yesterday.

The warning follows an investigative report by the online portal SAYS titled "A dangerous trade: Doctors who betrayed their oath to do no harm".



According to the investigation, these doctors rarely step foot in the clinics, leaving unlicensed beauticians to perform invasive medical procedures.

This lack of oversight has reportedly led to numerous cases of botched treatments and serious

patient complications.

Dr Thirunavukarasu also flagged the rising misuse of potent medications like Ozempic (semaglutide) and Mounjaro (tirzepatide) as "lifestyle shortcuts" for weight loss.

This practice was mentioned in a previous SAYS report, "Hair loss, bloating, and regret: The perils of DIY Ozempic jabs", which highlighted a growing "DIY Ozempic" trend in Malaysia.

Users interviewed in the report shared harrowing experiences of severe side effects, including sudden hair loss, debilitating bloating and permanent gall bladder issues after administering the jabs themselves without

professional oversight.

He warned that prescribing these without proper medical assessment or follow-up exposed patients to risks such as severe gastrointestinal complications and dehydration.

"Medicine cannot become purely transactional. Financial arrangements must never compromise clinical standards," he said, adding that injections alone could not address the complex drivers of obesity.

The MMA advised the public to verify their doctors' registrations and supported strict enforcement against any practitioners found prioritising commercial gain over patient safety.

Pelan kurang tempoh menunggu pesakit jantung

Kuala Lumpur: Kementerian Kesihatan (KKM) mengambil pelbagai usaha untuk mengurangkan tempoh menunggu pesakit jantung bagi jangka masa pendek dan sederhana merangkumi pembangunan, menaik taraf infrastruktur dan peralatan makmal invasif kardiologi (ICL).

Timbalan Menteri Kesihatan Datuk Hanifah Hajar Taib berkata, pembinaan ICL baharu di Hospital Melaka, Hospital Miri, Hospital Sibuan dan Hospital Tawau akan beroperasi pada 2027.

"KKM menambah dua ICL di Hospital Sultan Idris Shah, Serdang yang dijangka beroperasi pada 2028, sebagai tambahan kepada perkhidmatan tujuh ICL sedia ada dan mengganti peralatan ICL di 10 hospital dengan perkhidmatan kardiologi se-

dia ada, bermula Rolling Pelan Ketiga (RP3) Rancangan Malaysia Ke-12 dan diteruskan sehingga tahun semasa," katanya.

Beliau menjawab soalan Senator Datuk Dr Mohd Na'im Mokhtar mengenai tindakan bagi mengatasi masalah tempoh menunggu lama bagi pesakit jantung melaksanakan angiogram dan pembedahan pintasan koronari (CABG) serta perancangan jangka pendek dan sederhana untuk menyediakan banyak infrastruktur, kemudahan hospital, tenaga kerja, pakar dan peralatan.

Hanifah Hajar berkata projek naik taraf itu adalah untuk memastikan 26 ICL sedia ada beroperasi pada tahap optimum bagi rawatan angiogram dan Percutaneous Coronary Intervention (PCI) yang berkualiti.

2.85 juta kanak-kanak di Malaysia obes

Kuala Lumpur: Lebih 2.85 juta kanak-kanak Malaysia berusia lima hingga 19 tahun mengalami berat badan berlebihan atau hidup dengan obesiti pada 2025.

Dapatan itu terkandung dalam laporan terbaharu World Obesity Federation menerusi World Obesity Atlas 2026 dikeluarkan sempena Hari Obesiti Sedunia, semalam.

Daripada jumlah keseluruhan, 866,000 kanak-kanak berusia antara lima hingga sembilan tahun dilaporkan obesiti, manakala baki 1.9 juta pula kanak-kanak berusia 10 hingga 19 tahun.

Menurut laporan berkenaan, menjelang 2040, jumlah kanak-kanak sekolah di Malaysia yang berlebihan berat badan dijangka meningkat melepasi 3.1 juta orang.

Lebih membimbangkan, kira-kira 305,000 kanak-kanak dijangka menunjukkan tanda awal hipertensi manakala 382,000 lagi berisiko



Kerajaan perlu segera memperkukuh usaha pencegahan kanak-kanak yang hidup dengan berat badan berlebihan"

World Obesity Atlas 2026

mengalami penyakit kardiovaskular menjelang 2040 akibat obesiti.

Pertubuhan itu turut memberi amaran, dunia dijangka gagal mencapai sasaran global 2025 untuk menghentikan peningkatan obesiti kanak-kanak.

Menurut laporan itu, walaupun sasaran dilanjutkan ke 2030, kebanyakan negara masih ketinggalan.

Secara global, seramai 507 juta kanak-kanak di-ramal hidup dengan berat badan berlebihan atau obesiti menjelang 2040 jika trend semasa berterusan.

Menurut laporan berkenaan, Malaysia di kedudukan ke-87 dunia daripada 196 negara yang dinilai.

Dalam konteks ASEAN pula, Malaysia berada dalam kelompok negara dengan beban obesiti kanak-kanak yang signifikan, seiring peningkatan pesat di rantau Asia Tenggara.

Laporan itu mengunjurkan rantau Asia Tenggara bakal mencatat kadar peningkatan tertinggi dunia bagi kanak-kanak sekolah hidup dengan obesiti iaitu mencecah 40 juta orang berusia lima hingga 19 tahun menjelang 2040.

Secara keseluruhan, prevalens kanak-kanak dengan indeks jisim badan (BMI) tinggi di rantau ini dijangka mencapai 101 juta menjelang tempoh sama.

Walaupun obesiti sebelum ini sering dikaitkan dengan negara berpendapatan tinggi, laporan itu mendapati peningkatan kini berlaku lebih pantas di negara berpendapatan ren-

dah dan sederhana, termasuk di Asia Tenggara.

World Obesity Atlas 2026 turut menunjukkan tindakan menangani obesiti kanak-kanak masih tidak mencukupi di banyak negara, merangkumi aspek pencegahan, pemantauan, saringan dan pengurusan.

Ketua Pegawai Eksekutif World Obesity Federation, Johanna Ralston berkata, peningkatan obesiti kanak-kanak global membuktikan ia tidak ditangani secara serius.

"Kerajaan perlu segera memperkukuh usaha pencegahan dan pengurusan kanak-kanak yang hidup dengan berat badan berlebihan dan obesiti, serta memastikan mereka menerima rawatan sewajarnya," katanya.

Beliau turut menggesa pelaksanaan dasar tegas termasuk pelaksanaan cukai minuman bergula, sekatan pemasaran makanan tidak sihat kepada kanak-kanak termasuk di platform digital.

PSP serbu klinik tawar rawatan estetik haram

Kuala Lumpur: Tawar rawatan estetik dan prosedur perubatan tanpa kelulusan serta pendaftaran sah kepada orang ramai.

Tindakan premis klinik kecantikan itu bagaimanapun dibongkar susulan serbuan dilakukan anggota Cawangan Risik Pasukan Simpanan Persekutuan (PSP) Bukit Aman bersama Bahagian Perkhidmatan Farmasi serta Cawangan Kawalan Amalan Perubatan Swasta (CKAPS), Jabatan Kesihatan Negeri Johor di premis di Jalan Stulang Baru, Taman Suria, Johor Bahru, Johor tengah hari kelmarin.

nic Acid, pelbagai produk suntikan dermal filler, krim pemutih serta peralatan suntikan," katanya semalam.

Beliau berkata, selain itu, turut dirampas pelbagai mesin dan peralatan rawatan termasuk mesin Plasma, mesin Hydro Dermabrasion Facial, mesin Dental Treatment Unit, mesin Sterilizer, Electro Surgical Machine, Oxygen Tank, Operation Light serta pelbagai peralatan pembedahan dan estetik lain.

"Kesemua rampasan diserahkan kepada Bahagian Perkhidmatan Farmasi dan CKAPS, Jabatan Ke-

Komander PSP, Senior Asisten Komisioner Rosli Md Yusof berkata, ketika serbuan seorang lelaki warga tempatan dan wanita warga Indonesia berusia 22 dan 35 tahun berada di dalam premis itu.

Menurutnya, hasil pemeriksaan mendapati premis berkenaan dipercayai menjalankan aktiviti berkaitan rawatan estetik dan prosedur perubatan tanpa kelulusan serta pendaftaran sah.

"Pelbagai peralatan perubatan, mesin rawatan estetik, bahan suntikan serta ubat-ubatan bernilai RM3.5 juta dirampas.

"Antara barang yang dirampas terdiri ubat-ubatan dan produk farmasi seperti Sodium Chloride pelbagai isipadu, Clindamycin, Voltaren, Medrol, Lidocaine, Hyaluro-

sihatan Negeri Johor untuk tindakan serta siasatan lanjut pada hari yang sama.

"Anggaran nilai rampasan bagi mesin dan peralatan adalah sebanyak RM3,020,500 manakala nilai ubat-ubatan dan produk farmasi dianggarkan berjumlah RM541,181.50, menjadikan jumlah keseluruhan rampasan sebanyak RM3,561,681.50," katanya.

Katanya, kes ini disiasat mengikut Seksyen 4(1) Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586), Seksyen 3(C) Pusat Jagaan Ambulatori Swasta serta Akta Racun 1952 melibatkan produk berdaftar mengandungi racun terkawal, produk tidak berdaftar dan kosmetik tidak bernoifikasi.



Manfaat Kesihatan DI SEBALIK IBADAH PUASA

IBADAH puasa bukan sekadar menahan lapar dan dahaga serta segala perkara yang membatalkan puasa dari terbit fajar hingga terbenam matahari, malah ia merupakan satu amalan yang sarat dengan hikmah dan manfaat, khususnya dari sudut kesihatan. Di Malaysia, umat Islam berpuasa sekitar 13 jam sehari pada bulan Ramadan. Ibadah puasa merupakan salah satu rukun Islam yang penting.

Di sebalik tuntutan rohani dan ganjaran pahala yang dijanjikan, puasa juga memberikan kesan positif terhadap kesihatan fizikal dan mental seseorang.

Antara manfaat utama puasa ialah membantu sistem pencernaan berehat. Pada hari-hari biasa, sistem pencernaan bekerja tanpa henti memproses makanan yang diambil. Apabila seseorang berpuasa, organ seperti perut dan usus berpeluang untuk "berehat" dan memulihkan

fungsi masing-masing. Keadaan ini secara tidak langsung dapat meningkatkan kecekapan sistem pencernaan serta mengurangkan risiko gangguan seperti kembung perut dan masalah penghadaman. Amalan berbuka puasa di awal waktu pula dapat mengurangkan risiko pedih ulu hati berbanding makan pada lewat malam.

Puasa juga membantu mengawal berat badan. Apabila waktu makan dihadkan kepada sahur dan berbuka, tubuh akan menggunakan simpanan lemak sebagai sumber tenaga. Proses ini dapat membantu mengurangkan lebih lemak dalam badan sekiranya seseorang itu mengamalkan pemakanan yang seimbang ketika berbuka dan sahur. Namun begitu, manfaat ini hanya dapat dicapai jika seseorang tidak mengambil makanan secara berlebihan atau terlalu manis ketika berbuka.

Dari sudut kawalan gula dalam

darah, puasa juga berpotensi meningkatkan sensitiviti insulin dan membantu menstabilkan paras gula, khususnya bagi individu yang mengamalkan pola pemakanan yang sihat. Walau bagaimanapun, individu yang mempunyai penyakit kronik seperti diabetes perlu mendapatkan nasihat doktor sebelum berpuasa bagi mengelakkan sebarang komplikasi.

Puasa turut memberi kesan positif terhadap kesihatan mental. Apabila seseorang menahan diri daripada makan dan minum, mereka juga dilatih untuk mengawal emosi, mengurangkan kemarahan dan meningkatkan kesabaran. Amalan ini dapat membantu mengurangkan tekanan serta meningkatkan ketenangan jiwa. Tambahan pula, ibadah yang dilakukan sepanjang bulan Ramadan seperti solat tarawih dan membaca al-Quran turut menyumbang kepada kesejahteraan emosi dan rohani, malah dapat



membantu mengurangkan kemerosotan kognitif dan meningkatkan kualiti hidup.

Ibadah puasa bukan sahaja membawa ganjaran pahala dan mendekatkan diri kepada Allah, malah memberi pelbagai manfaat kesihatan yang signifikan. Puasa mengajar manusia tentang disiplin,

kesederhanaan dan kawalan diri, di samping membantu meningkatkan tahap kesihatan fizikal dan mental. Oleh itu, umat Islam wajar mengambil peluang berpuasa bukan sekadar sebagai kewajipan, tetapi sebagai satu amalan yang menyumbang kepada kesejahteraan menyeluruh.