



YAYASAN JANTUNG MALAYSIA
(The Heart Foundation of Malaysia)

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Leading A Better Heart – The Religious Way



Tun Ahmad Sarji bin Abdul Hamid
President

Modern lifestyle in some places in the world is unhealthy. The air we breathe is polluted with chemical substances and the food may not be healthy (eg, high fat, high cholesterol, high sugar and high salt). We tend to be stressed out rushing around at the workplace. According to WHO, 1 out of 3 people die from heart attack daily.

There are two main groups of risk factors for heart disease – the modifiable and non-modifiable risk factors. The non-modifiable ones are age, gender and family history of heart disease. The modifiable risk factors are high cholesterol (which may be contributed by high cholesterol, high fat diets), smoking, diabetes, hypertension, obesity and stress.

Due to humanity's negative traits, including jealousy, boastfulness, lying, and untrustworthiness, people stress their hearts. From the religious point of view those possessing these traits will easily fall into a cardiovascular disease trap. An example that I can quote in Islam according to The Holy Quran surah al Baqarah verse 10: "In their hearts is a disease; and Allah has increased their disease: and grievous is the penalty they (incur), because they are false (to themselves)." In order to prevent or cure heart disease, we need to cleanse our heart, and the cleansing of the heart is through spiritual practice in accordance with one's religion. Muslims are encouraged to recite the Quran as often as they can, to prevent suffering from cardiovascular disease.



YAYASAN JANTUNG MALAYSIA

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Member of World Heart Federation

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Editor's Note

Advancing Heart Health



The heart, like many other human organs, requires a great deal of care. Maintaining a healthy heart is not as tedious as some may believe it to be especially if proper lifestyle habits are practiced early in life, such as routine exercise and eating a balanced diet. However, many Malaysians are guilty of neglecting heart-care and only start taking measures when it's already far too late.

With annual statistics of newly reported cases exceeding 8000, cardiovascular disease has been and continues to be the leading cause of death and the fifth principal cause of hospitalization among Malaysians. Similarly, recent statistics published in 2013 also showed that 25.1% of deaths were caused by diseases of the circulatory system.

In an effort to promote awareness and advocate for a healthier heart amongst Malaysians, Yayasan Jantung Malaysia is proud to once again host the World Heart Day 2014. This year's celebrations will be focused on the theme of creating a heart-healthy environment, with particular emphasis on enabling people to become more engaged in positive actions both within their homes, and their community with the intention of helping them avoid or reduce their risk of heart disease and stroke.

We plan to commemorate this year's event on September 28th 2014 at Astaka, Taman Tasik Titiwangsa. In addition to the celebration's flagship event, which is the Walk-a-Mile walkathon, visitors will also be treated to various fun and interactive activities. Similarly, visitors will also be given free health examinations such as BMI measurements and blood pressure checks, courtesy of experts from the National Heart Association of Malaysia.

I'd also like to take this opportunity to bring your attention towards an issue I find quite germane to the plight of many heart disease sufferers. Throughout the years, many heart patients have complained about the hassle of having to take various types of medication that often comes in pills of all sizes and colors. This puts a rather large hole in their pockets over time and many patients lose interest in taking them thus putting their health at risk. Therefore, it's interesting to note the recent and ongoing development of the polypill.

The pill contains several different medicines such as aspirin and statins meant to reduce cholesterol levels and treat cardiovascular complications. These different medicines are all combined into one pill for safe and convenient consumption. A bigger relief is the fact that the polypill, once available, will be cost-effective according to initial cost studies and patients only need to remember to take one pill rather than taking multiple pills in a day.

It is my fervent hope that medical advances will continue to provide better solutions in the future to help resolve the many issues, burdens, and complications faced by heart patients to ultimately reduce their adversity during treatment and/or medication.

Remember! The journey to a healthier heart starts with a single step. Therefore, I hope that our efforts to promote and educate the Malaysian public about heart-health will encourage more people to rethink their lifestyles and make positive changes, especially within their own homes, in order to reduce the risk of heart disease. I am optimistic that together we can make a difference and fight the 'epidemic' that is heart disease.

DATO' DR KHOO KAH LIN

List of Activities/Programmes:

Heart Week Programme



Sungai Petani • March 26 – 30, 2014.

Community Programme



Bestary Jaya, Kampung Jaya Setia • May 3, 2014

Puspanita Putrajaya • April 9, 2014

School Programme



Sekolah Beaconhouse Bt.9, Cheras • February 11, 2014

Workplace Programme



Berjaya Times Square • February 22, 2014

MNRB • March 4 – 6, 2014

Go Red For Women Programme



Labuan • April 13, 2014



Can We Treat Low HDL?

By **Dato' Dr. Khoo Kah Lin**

HDL is a lipoprotein commonly known as the 'good lipoprotein' as opposed to LDL which is known as the 'bad lipoprotein'. The LDL is derived from VLDL from the liver and it is carried by the blood to all the tissues in the body to produce cell walls, hormones and bile. Any excess LDL is sent back to the liver to be excreted as bile. Sometimes, the concentration of the LDL is too high for the body and is deposited in cell walls giving rise to atherosclerosis and eventually, a heart attack. In a normal person, the HDL will come into contact with the atherosclerotic lesions and remove the LDL from the cell wall reducing the chances of developing atherosclerosis. The excess is balanced off by the reverse cholesterol transport of the HDL.

When the HDL is low, the reverse cholesterol transport system is not working well and the cholesterol cannot be removed from the blood vessels. According to the NCEP ATP III, every 1 per cent reduction of HDL, will result in an increased risk of CHD by 2 – 3 per cent.¹

The causes of low HDL may be divided into two groups. The first is the secondary diseases such as diabetes mellitus, thyroid disease, liver disease and kidney disease. The most common condition is diabetes itself. In fact, diabetes is considered to be a CHD-risk-equivalent. The second group is the genetic causes of low HDL as seen in Tangier disease, Fish Eye disease and LCAT disease. In such cases, the HDL is very low or absent.

Management of Low HDL

In secondary low HDL, the control of the underline disease may or may not raise the level of HDL. After healthy lifestyle changes, weight reduction and regular exercise, if the HDL level is still low, a drug may have to be given such as fibrates or nicotinic acid. For the genetic form of dyslipidaemia, where the HDL is very low, it may be very difficult to raise their HDL with these drugs^{2,3}.

The 'new drugs' such as CETP inhibitors which increase HDL have not been effective as torcetrapid in the ILLUMINATE trial had increased mortality due to the 'off-target' pharmacological effect. Trials with anacetrapid and dalcetrapid showed that, although they raised the HDL, there was no accompanying improvement in the levels of markers of inflammation. In the 1970s, therapy with HDL infusion and partial plasma exchange was abandoned because of enhanced catabolism of HDL or defective synthesis of apoA1 lipoprotein.⁴

The future goal of treating very low HDL is perhaps to selectively increase mature HDL concentrations to restore cholesterol efflux.⁵ Gene therapy is the ideal treatment. The HDL lipoprotein in Consensus 2013 study from the National Lipid Association has recommended that there is insufficient clinical trial evidence to recommend HDL targeted therapy in the management of dyslipidaemia.⁶ Patients with established CHD should be treated to a LDL level of below 1.8 mmol/L as recommended in the NCEP ATP III Guidelines.¹

¹ Executive Summary of the third report of the national cholesterol education program expert panel on detection, evaluation and treatment of high blood cholesterol in adults. JAMA 2001;285:2486-97

² Markel A. The resurgence of niacin: from nicotinic acid to Niaspan/Iaropiprant. Isr Med Assoc J 2011 June;13(6):368-74

³ Francheschin G, Werba JP, D'Aquarica AL, et al. Microsomal enzyme inducers raise plasma high density lipoprotein cholesterol level in healthy control subjects but not in patients with primary hypoalphalipoproteinemia. Clin Pharmacol Ther 1995;57:434

⁴ Assman G, Smootz E. High density lipoprotein infusion in plasma exchange in Tangier disease. Eur J Clin Invest 1978 Jun;8(3):131-5.

⁵ Chenevard R, Hurlimann D, Spieker L, et al. Reconstituted HDL in acute coronary syndromes. Cardiovasc Ther 2012 Apr;30(2):e51-7

⁶ Toth P, Barter PJ, Rosenson RS. High-density lipoproteins: A consensus statement from the National Lipid Association. Journal of Clinical Lipidology 2013;7:484-525

YJM thanks Dato' Dr Khoo Kah Lin for his generosity



Dato' Dr Khoo Kah Lin presenting the mock cheque to Datuk Dr J.S. Sambhi

In a simple lunch ceremony, Dato' Dr Khoo Kah Lin made a sizable donation to YJM when he handed over a cheque to the tune of RM75,000. The donation was made possible by the proceeds from the sale of his recently launched book "My Cholesterol Journey in Malaysia" which sold approximately 2600 copies after its launch early this year.

In turn, the funds were donated to the YJM Cholesterol Dialysis Program based at the Sau Seng Lum Charity Foundation, which is a non-profit organisation. Mr Wong Peng Wah, Vice President of the Sau Seng Lum Foundation, was on hand to receive the cheque from Datuk Dr J.S. Sambhi.

Dato' Dr Khoo Kah Lin's book remains available and he has pledged to funnel all proceeds from the books' sale to charity. For details on how you can obtain his book, contact VersaComm Sdn Bhd at 03-5632 3301/ The Heart Foundation at 03-2693 4709.



Dato' Dr Khoo Kah Lin with some of YJM's Board of Directors.



Datuk Dr J.S. Sambhi (far right) handing over the cheque to Mr Wong Peng Wah from the Sau Seng Lum Foundation. (second from left)



From left to right: Datin Dr Liew Yin Mei, Dato' Dr Khoo Kah Lin, Datuk Dr J.S. Sambhi, and Mr Wong Peng Wah from the Sau Seng Lum Foundation.



Ainon Hj Kuntom

Rawatan Penyakit Jantung Secara... Rohaniah

Mengikut kajian Pertubuhan Kesihatan Sedunia (WHO), penyakit jantung adalah merupakan pembunuh utama seantero dunia. 17 juta manusia mati tiap-tiap tahun akibat dari penyakit jantung. Cardiovascular disease (CVD) bukan hanya menyerang mereka dalam lingkungan usia emas sahaja, tetapi juga menyerang mereka dalam golongan umur diantara 20-40 tahun. Kematian akibat penyakit jantung dalam lingkungan umur ini, adalah 10 kali ganda lebih tinggi dari lingkungan usia emas. Pertubuhan Kesihatan Sedunia (WHO) juga menyatakan tiap-tiap 3 orang 1 akan mati akibat serangan penyakit jantung.

Ini adalah disebabkan gaya hidup kini adalah kurang sihat, dari aspek makanan dan pemakanan, mudah seperti burger, (penuh dengan lemak dan tetel) yang tidak sihat.

Udara yang dihidu juga tidak bersih, terlalu banyak campuran kimia di udara yang kita hidu dan ragam hidup berlumba-lumba mencari rezeki yang lebih baik dan selesa mengakibatkan kehidupan kita terlalu stress dan tegang, akibatnya dengan secara senyap-senyap penyakit jantung meresapi tubuh kita melalui saluran-saluran darah yang sempit, sehingga susah bagi darah yang beroksigen hendak mengalir di laluan pembuluh jantung kita. Pembuluh telah dipenuhi oleh serat kolestral, lalu tekanan darah mula meningkat tinggi. Maka dengan ini penyakit tiga serangkai pun mula menular sebagai contoh darah tinggi, kencing manis dan obesiti.

Mengikut perubatan barat (moden) punca penyakit jantung akibat kolestorel dinamakan sebagai punca material (kebendaan), sementara penyakit jantung akibat dari ketegangan hidup (stress) berpunca psikologi. Dengan itu rawatan yang diberi mengikut punca-punca tersebut, adalah rawatan fizikal dengan mengambil ubat-ubatan, angiogram/angio plasti dan pembedahan. Sementara terapi secara fisiologi dan psikologi adalah melalui terapi mental, kaunseling, psikiatri, terapi fizikal fisioterapi dan mengurut.

Dalam rawatan moden tiada ditekankan rawatan rohaniah (spiritual).

Mengikut pengamal perubatan traditional pelbagai agama dan bangsa, punca penyakit tidak hanya terhad kepada kebendaan dan psikologi sahaja. Malahan kadangkala adalah disebabkan tekanan mental di mana rohaniah seseorang itu tidak mantap dan stabil. Bagi pengamal perubatan alternative berpaksikan agama masing-masing membersihkan diri secara rohaniah patut diambil kira bagi mengimbangi rawatan secara fizikal dan mental.

Islam ada menyatakan dari ALLAH penyakit itu datang

dan kepada ALLAH jua patut kita memohon penawarnya. Diagnosis dan ubat-ubatan moden adalah sebagai satu usaha dan ikhtiar penyembuh penyakit.

Mengikut agama-agama yang mempercayai keesaan Tuhan, seperti Islam, sebaik penawar ialah dari Al Quran menggunakan surah Alfatihah, ayat Syifaa, sementara berzikir, bertahmid, dan bertahlil bagi menenangkan diri kita daripada stress. Bagitu juga dengan lain-lain agama seperti Christian, lazimnya petikan ayat dari bible digunakan untuk menenangkan fikiran dan emosi pesakit. Selalunya apabila pesakit itu sentiasa beramal mengikut agama masing-masing, sudah tentu kita akan sentiasa tenang dan tabah serta sabar dalam menempuh urusan kehidupan seharian.

Bagi orang-orang Islam sekiranya kita mengambil iktibar mengenai Israk Mikraj, di mana ALLAH membersihkan darah hitam di jantung Nabi Muhammed SAW, (darah hitam yang dikeluarkan itu adalah merupakan lambang penyakit jiwa manusia) yang tertulis dalam .surah Al Baqarah ayat yang ke 10. Ayat ini menyebut tentang penyakit Qulub yang boleh ditafsirkan maknanya sebagai penyakit jantung atau penyakit rohaniah seperti, riak, hasad, dengki, takabur dsb (yang disifatkan sebagai penyakit orang-orang munafiq dalam ayat tersebut).

Sekiranya kita mempunyai sifat-sifat tersebut di atas maka mudahlah kita mendapat penyakit ini, selain dari apabila kita makan makanan yang lazat tanpa membaca bismillah atau doa makan dalam lain-lain agama.

Manusia apabila tidak tenang, sentiasa berada dalam keadaan gelisah dan resah, mudah mengidap penyakit jantung.

Rawatan dan Perubatan moden mengenai penyakit jantung memang diakui terpuji dan penting tetapi ianya akan menjadi lebih baik sekiranya diiringi atau dikomplementarikan dengan rawatan rohaniah sekali. Alhamdulillah di hospital-hospital kerajaan kini telah banyak menerimapakai rawatan alternatif termasuk rawatan secara Islam, dan diharapkan rawatan rohaniah bagi pesakit jantung juga boleh diterimapakai di Malaysia.



Bringing your heart closer to you by:



YAYASAN JANTUNG MALAYSIA
The Heart Foundation of Malaysia



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YAYASAN JANTUNG MALAYSIA

30

TAHUN YANG BERMAKNA
MEANINGFUL YEARS
(1982 - 2012)

WELCOME
COMMEMORATION DINNER

27 FEBRUARY 2014
27 RABIULAKHIR 1435 H

Celebrating Life – A Heartfelt Celebration

By Datuk Dr J.S. Sambhi

Working toward our goal of making Malaysia a heart-healthy nation is hard work, and on the night of 27th February 2014, we took some time off for a special dinner with our friends, colleagues, and acquaintances. This dinner commemorates the 30th year since the inception of Yayasan Jantung Malaysia (YJM) in 1982.

It was with great pride and joy that we shared this momentous occasion with not just YJM members, but also with many other people from all walks of life who have shown us great support in our efforts to spread the message of the importance of leading a heart-healthy life. We are truly grateful to everyone who made this event possible.

We will continue our never-ending work to highlight the importance of a healthy lifestyle for a healthy heart, and it is our fervent hope that there will be such a similar commemoration dinner another 30 years down the road!



A show of solidarity. Dato' Gurbakash Singh, YBhg Tan Sri Dato Kamuruzzaman bin Shariff, Tun Ahmad Sarji Abdul Hamid, Datuk Dr J.S. Sambhi, Encik Fazaludin Ibrahim (from left to right), Sir Steven Soh Teck Toh (back)



United we stand.



Striding purposefully across the red carpet



The President of YJM, giving his welcome address



The driving force behind YJM

*(Seated from left to right) Dato' Beh Lye Huat, Datin Margaret Sambhi, Dato' Gurbakash Singh, YBhg Tan Sri Dato Kamuruzzaman bin Shariff, Tun Ahmad Sarji Abdul Hamid, Datuk Dr J.S. Sambhi, Dato' Haji Kamarulzaman Mohamed, Sir Steven Soh Teck Toh, Puan Hajjah Ainon Haji Kuntom.
(Standing from left to right) Encik Fazaludin Ibrahim, YBhg Dato' Aljafri bin Abdul Majid, Puan Hatijah Ayob, Datin Dr Liew Yin Mei, Ms Sheena Gurbakash, Lt Col (R) Mohan Singh Rendhawa, Dr. Dharamvir Singh Godrej*



Dato' Gurbakash Singh engrossed in a captivating discussion



Drinking a toast to YJM's success



In the company of friends



Dato' Gurbakash Singh and Datuk Dr J.S. Sambhi posing with guests



Smiling gleefully for the cameraman



Renewing old acquaintances



Catching up with old friends



Dinner guests browsing through memory lane



Dinner guest signing in at the reception table



Group photo of dinner guests with Datin Dr Liew (seated, second from right)



Reminiscing about old times



Tun Ahmad Sarji b Abdul Hamid presenting souvenirs to Datuk Dr J.S. Sambhi , Dato' Gurbakash Singh and Sir Steven Soh Teck Toh.



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It should come as no surprise that **breakfast** is the most important meal of the day. A recent British survey has revealed that far from enjoying a traditional English breakfast each morning, over 40 percent of the nation's adults are skipping breakfast at least once a week due to lack of time.

Most people think skipping breakfast is the way to lose weight. However, according to the *Journal of Epidemiology*, breakfast skippers have a higher risk of obesity, which is one of the known risk factors for heart disease and Type 2 diabetes.

Most breakfast choices in Malaysia tend to be extremely deficient in fiber but high in calories due to their high sugar and fat content. For example, one plate of nasi lemak with a cup of teh tarik contains about 500 – 600 Calories (kcal), and is highly-packed with energy but very deficient in fiber. Therefore, choosing a healthy breakfast cereal or snack food rich in **cereal fiber** (oat beta-glucan) and with a reduced sugar and fat content (less calories) is key to slashing your risk of obesity, heart disease and Type 2 diabetes.

According to a nine-year research project, increasing consumption of cereal fiber after a heart attack may improve long-term survival rates!

A US-based study¹ found that a higher **cereal fiber** intake was most strongly associated with positive survival outcomes, compared to fruit and vegetable fiber. The results also suggested that for every daily 10g increase in fiber intake, the risk of dying over the nine-year follow-up period decreased by **15 percent**.

One of the most abundant types of soluble fiber found in cereals for instance, oats is **beta-glucan**. According to many years of research, **3g of oat beta-glucan from cereal products has been shown to actively reduce blood cholesterol when consumed on a daily basis**. In order to live up to its claim of "help reduce cholesterol", a food product should provide at least 1g of oat beta-glucan in a single serving.



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Unlike conventional breakfast cereals, just one packet delivers 3g oat beta-glucan in a **much smaller daily serving size**. Taking 3g of oat beta-glucan daily will help reduce cholesterol. It is also rich in total dietary fiber (6.6g each packet), and high in protein, iron and magnesium.

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When & How to Consume Biogrow Oat BG22™ Crispy Cereal?

It can be eaten straight from the packet as a convenient snack in between meals or whenever you need something crispy to munch on. It also tastes great with cold beverages such as low fat milk, soy milk, chocolate milk and yogurt. High fiber consumption requires you to drink plenty of water as this will improve gel formation in the stomach and intestines for better cholesterol-lowering effect.

Just add one packet of **Biogrow Oat BG22™ Crispy Cereal** to your dietary routine or make it your breakfast to kick start your morning and while enjoying the heart-healthy goodness of 3g oat beta-glucan at the same time!

References:

1. British Medical Journal. Published 29 April 2014. doi:http://dx.doi.org/10.1136/bmj.g2659.

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PLANNER FOR 2014

Month	Date	Programme	Venue
September	6	Go Red	Pontian, Johor
	21	Community	DUN Semenyih
	23	Workplace	BSN Jalan Ampang KL
	27 – 28	The Heart Exhibition 2014	Mid Valley Exhibition Centre, Hall 1 & 2
	28	WHD	World Heart Day 2014
October	14	School	KPT MARA, Batu Pahat
	26	Go Red	Sabak Bernam, Selangor
	29	School	SMK Air Putih, Kuantan, Pahang
	30/10 – 2/11	Heart Week	Mentakab, Pahang
November	9	Community	Penaga, Penang
	16	Community	Kuala Klawang, Negeri Sembilan
	21–23	Heart Week	Sibu, Sarawak
	26	Workplace	Sharp Electronic, Shah Alam
December	14	Community	Arau, Perlis
	21	Community	Banting, Selangor
	28	Go Red	TBA

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

YAYASAN JANTUNG MALAYSIA

The Heart Foundation of Malaysia

Name: _____

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(30 g x 28 packets)

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(The Heart Foundation of Malaysia):



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

*National Health & Morbidity Survey (NHMS), 2011.
** FSQD, MOH. Guide to Nutrition Labelling & Claims (as at Dec 2010).

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