





Tun Ahmad Sarji bin Abdul Hamid President

Facing Challenges Ahead & Welcoming Our New Board Member

The year 2017, like any other year, is the time for Malaysians to start taking more serious ownership and taking the necessary steps to improve their health. Let us not forget that heart disease remains the number one killer in Malaysia, and that it is a disease that is closely related to one's lifestyle.

Remember, the health of your heart is something that must be taken seriously. Every little decision you make each day will affect your health. This ranges from little things such as how long you sleep at night, what you eat and drink, and how much exercise you do, will all ultimately add up to your risk of developing heart disease in the future. All these little things reflect your lifestyle, which in turn influence the state of your health.

We can minimise our risk of heart disease by regimenting improvements to our lifestyle. There is no need to aim for a drastic change. Start off with baby steps. For instance, if you lead a sedentary lifestyle, then start making it a point to exercise a little every day. Make some adjustments to your eating habits in order to achieve a healthier eating habit, with less fat, sugar and salt.

We also welcome YBhg Dato' Professor Sulaiman Osman, who joins the Heart Foundation of Malaysia's (Yayasan Jantung Malaysia, YJM) Board of Directors in the capacity of Vice President. He is a very vocal proponent of taking care of one's own health, he even walks the talk! Having just turned eighty plus, he still makes it a point to exercise regularly, which is immediately apparent from his vim and vigour when one meets him.

There is certainly no denying that leading a more physically active lifestyle would not only minimise your risk of heart disease but also ensure you have more energy even if you are more than eight decades old! So don't wait or delay anymore, take the necessary steps to ensure your heart health and don't leave it to chance!



YAYASAN JANTUNG

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Secretariat

6, Lorong Lai Tet Loke 2, Off Lorong Gurney, 54100 Kuala Lumpur. Tel: 03-2693 4709 Fax: 03-2693 3267 Email: jantung1.yjm@gmail.com Website: www.yjm.org.my

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VersaComm Sdn Bhd 12-A, Jln PJS 8/4, Mentari Plaza, Bandar Sunway, 46150 Petaling Jaya, Selangor, Malaysia. Tel: 03-5637 8588 Fax: 03-5638 9909

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Taking care of your heart

Editor's Note



At YJM, we take our role of preventing heart disease seriously. This can be seen from the various campaigns that have been run over the years to increase public awareness on the importance of heart health. In our efforts to bring greater awareness, we take every opportunity to encourage Malaysians to lead a more heart-healthy lifestyle.

As part of our efforts to achieve this, we have always emphasised that being heart-healthy is more than just healthy eating. A more holistic approach is necessary, and this can be achieved by combining it with a physically active lifestyle as well.

Far too many Malaysians have unhealthy diets and a sedentary lifestyle, which are major risk factors for cardiovascular disease. In order to reduce your risk of heart disease, exercising regularly and keeping an eye on what you eat are important habits to form.

In this issue, we discuss the not uncommon symptom of syncope or fainting, and it significance in relation to underlying heart disearse

As it is the month of Ramadhan, we also take a closer look at the humble kurma, or date, and its benefits.

Other things included in this issue of BYJM include an interview with the newest Board Member, Dato' Professor Sulaiman Osman, who will be bringing his experience and enthusiasm with him as he joins us in his capacity as Vice President of YJM.

Lastly, it is my fervent hope that all Malaysians will start taking action to get out of their sedentary lifestyle and take the first step to a healthier heart. It is my sincere hope that they will be inspired to make positive changes to their lifestyle. Come join us in our fight against the heart disease 'epidemic' by reducing your own risk of heart disease!

Mulia

Datin Dr Liew Yin Mei

List of Activities/Programmes:

Heart Week Programme







Kuantan Parade, Pahang • March 2017

Community Programme



Tmn Lavender Height, Negeri Sembilan • January 2017







Lukut, Negeri Sembilan • February 2017

Joining the Fight against Metabolic Syndrome

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Starting Figures released by the Mirvery, of Hearty Manyum is 2015 show that 5.5 million people suffer Pory classes. 9.5 million people have high cholestents, and 2.5 million people are chosen. Having several of the above risk factors doubted your shreads of petting DIADETES and HEART DISEASE

Fighting MS, naturally

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Share this information with your level ones and enjoy a healthier life today!

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List of Activities/Programmes:

School Programme



UCSI University College Cheras • January 2017



Tafe College, Seremban • January 2017



MSU Sg Petani • 15 February 2017



Kolej Komuniti Arau, Perlis • 16 February 2017

Workplace Programme





MQA PJ • March 2017



MNRB Holdings • March 2017





Takaful Ikhlas Bangsar • March 2017



GoRed • March 2017

Syncope And Its Significance



By Datin Dr Liew Yin Mei

Syncope or 'fainting' is a not uncommon occurrence in everyday life, experienced by many. The word 'syncope' is derived from the Greek word 'syn' meaning 'with' and the verb 'kopto' meaning 'I cut' or 'I interrupt'.



It is due to a transient global cessation of blood flow to the brain. Interruption of cerebral blood flow for as short a period as 6-8 secs can precipitate syncope and this is manifest as a 'blackout' or 'collapse' and transient loss of consciousness (LOC). There are other conditions that can cause transient LOC which are not due to interruption of cerebral blood flow, for example fits, low blood sugar (hypoglycaemia), lack of oxygen (hypoxia), psychogenic causes etc. These are episodes of transient LOC and not syncope.

What causes syncope and how serious is it?

Causes may be of **cardiac** or **noncardiac** origin.

- The noncardiac causes are more common and are generally more benign. The overall 1 year mortality rate is 0-12%, often being 0% in the nerve mediated syncope.
- On the contrary, cardiac causes are more sinister, with a 1 year mortality of 18-33%. Therefore, it is important to look out for an underlying cardiac cause for syncope.

Among the **Noncardiac** causes, the simple faint or vasovagal (neurocardiogenic) syncope is the most common in the general population, experienced by many at sometime in their life, especially in childhood, youth and pregnancy. This is due to sudden reflex bradycardia (slowing of the heart rate) with dilatation of peripheral blood vessels. This simple faint is often precipitated by emotional distress, anxiety, pain or fear (example during venipuncture). The individual usually

falls to the ground, has transient LOC and recovery is rapid.

Less common noncardiac causes include circulatory disturbances to the brain for example vertebrobasilar insufficiency and carotid sinus hypersensitivity where syncopal attacks are precipitated by neck movements or tight collars.



Straining hard at motion, urination or coughing and orthostatic hypotension (where the blood pressure drops on standing) due to dehydration, blood loss or anaemia and some medications can also produce syncope.



The Cardiac causes of syncope are mainly due to:

 Structural abnormalities of the heart (namely aortic stenosis, hypertrophic cardiomyopathy). Rhythm abnormalities (Arrhythmias) namely slow heart rates (as in sick sinus, pacemaker malfunction) or rapid heart rates (VT, WPW syndrome, long QT syndrome, and Brugada syndrome).

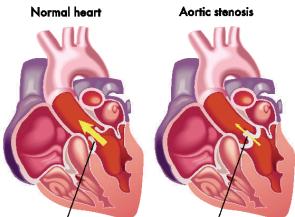
Sometimes, the first syncopal attack may be the last as the consequence may be sudden death.

FAINTING CAN BE FATAL

In **young athletes**, hypertrophic cardiomyopathy (HOCM) is the most common cause of sudden cardiac death largely due to arrhythmia. Other conditions which predispose to arrhythmia include the WPW syndrome, the long QT syndrome and Brugada syndrome. The latter two conditions have a strong familial tendency, hence screening of relatives are important to identify individuals at risk to enable preventive measures to be taken.

The WPW syndrome describes the presence of abnormal electrical conduction pathways in the heart. This predisposes to attacks of tachycardia (rapid heart rate) sometimes, resulting in syncope. This condition is often congenital in otherwise normal hearts, but may be associated with cardiomyopathy and mitral valve prolapse.

In **more elderly individuals**, syncope is more commonly due to aortic stenosis (a defective valve condition), pulmonary embolism and various arrhythmias often arising from coronary artery disease (CAD).

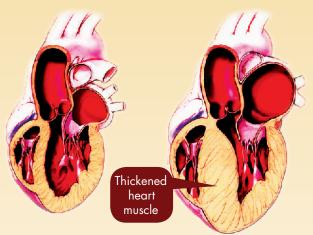


Normal aartic valve in the open position

Stenatic aartic valve

What is Hypertrophic cardiomyopathy HOCM?

This is a primary disorder of heart muscle, inherited as an autosomal dominant trait. Therefore there is a 50% chance of transmitting this disorder to the offspring. Patients can be asymptomatic, mildly symptomatic with



Normal heart

Hypertrophic cardiomyopathy (HOCM)

shortness of breath, and/or chest pains or syncope. Sudden cardiac death can occur as a result of ventricular arrhythmias.

What is long QT syndrome?

This is characterised by a corrected QT interval > 450 msec on the ECG (electrocardiogram). It can be congenital with an autosomal recessive inheritance or acquired as a result of metabolic disturbances, coronary artery disease, mitral valve prolapse and various medications.

Syncope and sudden cardiac death can occur with the development of lethal arrhythmias (torsades des pointes). Therefore identification of relatives at risk and early preventive measures are needed.

What is the Brugada syndrome?

It is a disorder of sodium channels, resulting in intermittent characteristic ECG changes. Such individuals are susceptible to developing potentially lethal arrhythmias.

Therefore, early recognition and diagnosis are essential for possible preventive treatment with an intracardiac defibrillator (ICD).

In conclusion, a detailed assessment of syncope is needed to ascertain its cause. High risk groups including people with a history of CAD, heart failure, family history of sudden cardiac death, long QT syndrome, Brugada syndrome, cardiomyopathy, etc. should be screened for cardiac abnormalities. Prevention of lethal arrhythmias is possible with timely intervention with insertion of an ICD, pacemaker, drug therapy, or surgery where appropriate.

Though the exact cause of syncope cannot be determined sometimes, it is nevertheless important to look out for an underlying cardiac aetiology which may be potentially deadly yet preventable.

Exclusive Interview with Dato' Professor Sulaiman Osman In Service of Humanity



Born in Kuala Lumpur on 19 February 1937, Dato' Professor Sulaiman Osman completed his secondary education at the Malay College Kuala Kangsar. His tertiary education was at the University of Malaya (then in Singapore) where he took Liberal Arts and did his post-graduate education at Cornell University, USA in Motivational Studies.

Upon graduating, he served with the Government in various posts at the District, State and Federal levels. He has served as District Officer of Kuala Selangor, Deputy Chairman and Director-General of MARA, Director-General of SOCSO, State Secretary of Selangor, and Deputy Secretary– General 1 (Finance) of the Ministry of Health, Malaysia.

He was the Executive Chairman of his own motivational company, "Hidup Positif Sdn Bhd" which he formed in early 1992 and has given numerous motivational lectures to thousands of staff of public and private sector organisations in the country.

Despite travelling extensively to give talks and lectures for almost 20 years, Dato' Sulaiman continues to be driven by his passion to reach out to the people. He holds the position of Deputy Chairman Governing Council of the LimKokWing University of Creative Technology where he still lectures. He enjoys interacting with the younger generation as he still feels that he has something to offer them.

Newly elected Vice-President

A firm believer in the sanctity of human life, Dato' Sulaiman explains, "Life is a gift, a miracle. Our mere existence is so full of fragility. The mere act of conception itself is a small miracle, with one single spermatozoon winning the 'race' to reach the egg first. After that, there are still so many possible things that could go wrong, such as the many hundreds of syndromes caused by genetic factors."

"Although there are many different races and religions, we are not given a choice to choose our parents or religion. The way I see it, we are brothers and sisters because God put us on this Earth. The only race that I see is the human race!" quips Dato' Sulaiman.

Motivating people

It began during Dato' Sulaiman's service to the government in the '60s while he was working on a project in Kuala Selangor where he worked closely with the paddy farmers. He found that he had the interest in motivating and mobilising people to make them want to achieve something beneficial to them. He discovered that he had the knack to communicate with people and the ability to convince them that they could improve their lives.

A common question people would ask him at that time was "What can I do to have a better life?" Dato' Sulaiman would not only tell them what they could do, but he would also convince them that they could do it. "It is within your parameters and ability. Rather than thinking of it as something that is difficult, think of it as something beneficial to you. By thinking in terms of benefits instead of difficulties, you are already a step closer to realising your potential." time!' That was when I realised how big of a deal it was. Judging from my own experience, I believe most Malaysians have this same problem of denial, thinking that it wouldn't' happen to them. Although I was also in denial initially, but watching my siblings and their spouses being affected one by one really opened my eyes. From that point on, I began to take greater care of my health by exercising and eating healthily," he divulges.

His initial attempts showed him just how poor his health was. A short five-minute jog would leave him panting heavily and his legs could barely stand the strain. However, he persevered and started off by slowly jogging around his house. His efforts paid off and over time, his fitness level improved. Now, after 44 years,



A wakeup call

Dato' Sulaiman came from a large family of 12 siblings. He recounts, "Many of my brothers and sisters worked hard, not just for themselves, but also for their families. In the '60s and '70s, there was very little awareness of the importance of taking care of one's own health. One by one, they were struck with all sorts of non-communicable diseases such as hypertension, heart disease and diabetes. As I was the ninth among my siblings, I did not think much of this situation."

"It was only when sibling number eight developed diabetes that it made me stop and think 'Hey! Getting these diseases is just a matter of he is still an avid fitness enthusiast.

"I do on-the-spot jogging to warm up before I go for a jog at the park. In 1979, I even took part in a 10km walkathon, which I completed. I was quite pleased as I was even able to overtake some people who were half my age! This gave me the confidence to take part every year and I've even gone as far as entering a half-marathon in 1982. I'm currently staying in a condo that has a gym, so I make sure that I make full use of the equipment there," he reveals.

Denial syndrome

"It has been my experience that Malaysians actually can do it. But too many are in denial or think that



they cannot control their diet and exercise regularly. Even when they see their friends and family members succumbing to diseases such as diabetes or hypertension, they still think that it cannot happen to them," he shares.

"I can tell you from my personal experience that no one is exempted from these non-communicable diseases. One of my siblings suffered from diabetes, had both legs amputated, and had to go for dialysis regularly. Six siblings have passed away due to CVDs, heart attack and diabetes. I shudder to think of what would have happened to me if I had not started changing my lifestyle when I was in my late 30's. Most of my siblings and their spouses passed away in their 50s or 60s. The oldest sibling passed away at 77. I'm already 80 and, God willing, may have many more years ahead," he clarifies.

Start right away

"Remember, if you don't help yourself by taking care of your own health, how is God supposed to do so? It is easy to do! You can always start by walking more. Don't wait until it is too late, start today!"

"It doesn't matter if you are in your 40s or 50s, exercise is for everyone, not just the young folks," he states.

Dato' Sulaiman expressed his hopes that more Malaysians would awaken from their 'denial syndrome' and learn to accept that they need to take ownership of their own health. Asking 'why me?' when they get the disease is much too late.

"My message is simple, start making a change in your life and start immediately. If I can do it then you certainly can do it too!" he encourages.



KURMA – Makanan yang kaya dengan serat, mineral & antioksida – mengelakkan serangan jantung

Tirai bulan Ramadan mula terbuka, dan umat Islam akan berpuasa. Yang menghairankan adalah pada bulan Ramadan sahaja, adanya pasar-pasar menjual buah kurma. Kalau bukan bulan Ramadan tak ramai yang menjual mahupun yang membeli buah kurma untuk dimakan sebagai amalan hidup harian. Itulah natijah hidup yang diamalkan di Malaysia dari zaman dulu. Bukan hanya orang Islam, khasnya Melayu, tapi bangsabangsa lain seperti Cina dan India juga memgamalkan makan buah kurma di bulan Ramadan sahaja.

Menjelang Ramadan pelbagai jenis kurma dijual, di pasaran terbuka mahupun di pasaraya dan di kedai runcit; jenis kurma yang dijual adalah seperti ajwa, medjool, sarfawi, medina, safia, dan sebagainya. Buah kurma merupakan sejenis buah yang mempunyai khasiat kesihatan serat yang tinggi, yang boleh memulihkan dan membersihkan penyakit yang biasa berkait dengan usus, seperti sembelit, cirit-birit dan lain-lain. Selain dari itu kurma juga mengandungi mineral yang diperlukan bagi kesihatan tubuh manusia seperti riboflavin, niasin, tiamin, dan asid folik. Terdapat juga kandungan vitamin A dan K dalam buah kurma.

Selain daripada mineral yang disebutkan tadi, kurma juga kaya dengan mineral yang lain seperti kalium, magnesium, kalsium, zink, besi dan fosforus yang menyokong pertumbuhan tulang manusia yang boleh menghindarkan penyakit osteoprosis.

Manisan gula yang berlebihan dalam kurma seperti fruktosa dan sukrosa perlu kita mengawalnya; walaupun ia merupakan booster kepada kekuatan tenaga manusia; ia juga boleh menyebabkan kita mendapat kencing manis. Elakkan perkara ini kerana dikhuatiri ia akan menjadi salah satu penyebab penyakit jantung yang berkait rapat dengan penyakit tiga serangkai – darah tinggi, kencing manis dan kegemukan (obes). Kurma juga mengandungi kalori yang tinggi, (sekilo kurma mengandungi 3000 kalori), di mana memudahkan manusia menjadi gemuk.

Walau bagaimanapun, perlu kita ingat, khasiat ketinggian serat kurma yang amat diperlukan dalam pemakanan manusia, bagi mengurangkan kolesterol LDL dan juga mengimbangkan kolesterol yang baik bagi keperluan jantung sihat. Kandungan kalium yang tinggi dalam kurma boleh mengelakkan serangan jantung dan penyakit lain yang berkait rapat dengan penyakit jantung. Kurma juga mengandungi antioksida semula jadi yang tinggi, dinamakan sebagai ORAC atau Oxygen RADICAL Absorbance Capacity.

Penyelidikan mengenai pekara ini dilakukan oleh Fard, Khala dan Khasab, pada tahun 2005, mendapati kompaun antioksidan yang dijumpai dalam buah kurma yang kering atau yang segar (baru dipetik) mengandungi konsentrasi antosianin dan karotinida yang paling kaya dengan antioksidanya. Lebih-lebih lagi kurma yang kering mempunyai kompaun polifenol.

Dalam journal Pertanian Kimia Makanan (Journal Agriculture and Food Chemistry, Amerika) ada menyatakan, apa sahaja jenis kurma yang dimakan akan memberi khasiat antioksidan dalam diet manusia.

Persatuan Dietetik Amerika melaporkan memakan makanan yang kaya dengan antioksidan boleh mencegah dari mendapat penyakit kencing manis, penyakit jantung, kanser dan penyakit neuro seperti Alzheimer.

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Dengan demikian, tabiat memakan kurma hanya pada bulan Ramadan patutlah diteruskan sepanjang masa, oleh kerana memakan kurma dengan secukupnya setiap hari, boleh mengelak/mencegah dari mendapat berbagai penyakit terutama sekali penyakit jantung.

Terlanjur kita akan menghadapi puasa pada bulan Ramadan, ingin saya ingatkan di sini, bahawa apabila kita berbuka puasa hendaklah cuba seberapa yang boleh minum air suam dan kurma terlebih dahulu. Elakkan minuman sejuk atau berais dan berbukalah dengan meminum minuman panas, ianya boleh mengelak daripada serangan jantung. Meminum air panas juga boleh mencairkan minyak yang terdapat dalam pemakanan kita. Minuman ais boleh membekukan minyak dalam usus kita, yang akan memudaratkan kesihatan. Bekuan minyak tersebut akan melembabkan proses penghadaman makanan. Tindak balas asid akan mengakibatkan "enapcemar", iaitu proses pemecahan dan penyerapan oleh enzim usus dengan lebih cepat berbanding dengan makanan pejal. Dengan demikian eloklah berbuka puasa dengan air panas, dan selepas makan, menghirup sup panas supaya proses peghadaman makanan boleh berjalan dengan lancar, rapi dan cepat. Minumlah segelas air suam sebelum tidur bagi mengelakkan pembekuan darah semasa tidur, seterusnya menjauhi daripada serangan jantung.

Mengamalkan adab dan cara memakan seperti ini akan memberi manfaat kepada kita dalam memanjangkan jangka hayat hidup, selain dari menghindari daripada jantung secara mengejut.

PLANNER FOR 2017

MONTH	DATE	PROGRAMME	VENUE
JUNE	10	Community	Desa Petaling, KL
JULY	9	Community	Cheras, KL
	12	School / College	INTI Int. College KL
	19-23	Heartweek	Kota Kinabalu, Sabah
	26	School / college	Kolej PT MARA Bangi
AUGUST	2-6	Heartweek	Aman Central Alor Setar
	15	School / College	Sunway College Ipoh
	16	School / College	Olympia College Ipoh
	19	Community	Kemaman, Terengganu
SEPTEMBER	12	School / College	Geomatika Univ. College KL
	23	Community	Tapah, Perak
	24	Community	Sitiawan, Perak
OCTOBER	4-8	Heartweek	AEON Mall Kulai Jaya Johor
	15	Go Red	Sabah
	21	Go Red	Terengganu
	28	Community	Alor Gajah, Melaka
NOVEMBER	1-5	Heartweek	AEON Mall Rawang
	11	Community	Bukit Mertajam, Penang
	13	School/College	Kolej PTPL Penang
	18	Community	Sabak Bernam, Selangor
	19	Community	Kuala Selangor, Selangor
	26	Community	Kluang, Johor
	28	School / College	Sunway College, JB
DECEMBER	6	School / College	Kolej PTPL Shah Alam
	10	Community	Tampin, Negeri Sembilan
	13	School / College	Sunway College Subang

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