



For The Love Of Life
pg 20

“For me, it came down to quality of life. I knew that regardless of how many more years I have to live; I would live it fully and well.” ~ Kheng



Public Forum & AGM
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AFM celebrates Spondyloarthritis (SpA) Day
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RASG Get Together
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Corporate Donation for AFM
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We bring you another exciting edition of JE, and we hope you enjoy reading it as much as we enjoyed putting it together for you. While arthritis is a much-dreaded condition, the most important tools that we have to combat it effectively is vital and relevant information and that is what we hope to provide you with each issue of JE.

We have a new President! So in this issue, get to know your president. Read the interview with Dr. Sargunan Sockalingam, where he shares his aspirations and vision for AFM. Besides our regular sections; where we bring you the latest research developments in arthritis in our “News” section, and we tackle myths in our “Myth of the Month”

section, don't miss out the details on the very generous corporate donation received from Berjaya Corporation Group on the occasion of Tan Sri Vincent Tan's 63rd birthday. Another “must read” is the profile section featuring 81-year old Lee Lai Kheng, who is truly inspirational with her indomitable spirit and courageous attitude to life.

We urge you to stay connected to AFM and partake in its various activities as a means to empower yourself, to hear and be heard. Let us face the future together, being informed and aware.

Shailaja Menon
EDITOR

TRANSFORM YOUR LIFE



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MEET OUR NEW PRESIDENT



THE BROAD VISION

Open, friendly and full of plans Associate Professor Dr. Sargunan Sockalingam, 46 is all set to build on the good work of his predecessors and take AFM on its next phase of growth. He says, "I would like AFM to have increased visibility, brand AFM so that it has instant recognition with the pharmaceutical industry, policy makers, at international forums and with the general public."

Dr. Sargunan is also very committed to getting employees with arthritis due recognition at the workplace. Right now, he says, "They just carry on, especially women, despite aching joints and other problems. But with proper support, they will be able to function better and thus increase workplace productivity. The fact is that arthritis patients can contribute to the economy. We just have to get them well."

Another area of deep concern is that of patient care. Dr. Sargunan shares that, "Despite our best efforts, patient care is suboptimal because of the sheer number of patients. This has resulted in overcrowding in hospitals and frankly, doctors and hospitals are overwhelmed."

HIS JOURNEY THUS FAR

Dr. Sargunan did his primary medical training in Manipal, India. On his return, he spent the next three years working in Kota Kinabalu. When the opportunity presented itself, he followed that up with training in Internal Medicine at University Malaya in 2000. There was no turning back and he says, "University Malaya Medical Centre has been home ever since." After the completion of Internal Medicine training, he adds, "I found myself running the unit of rheumatology, and eventually building it with the help of friends and family to what it is today." To train further in rheumatology, he also did a short stint of 15 months at the St George Hospital in South East Sydney.

THE AFM LINK

So how did he come to be associated with AFM? Dr. Sargunan reveals that he has been with AFM since 2010. He recalls, "It was my mentor Dr. Chow Sook Khuan, a past President of AFM, who encouraged me to join. As I liked to write, I began

contributing articles. In time, I became a committee member and began to regularly give talks at public forums. Being with University Malaya, I also continued to work closely with AFM to provide patient information on those who need prosthetic joints but are unable to fund themselves."

Dr. Sargunan adds, "There has always been a close link between University Malaya and AFM. It goes way back as initially it was Dr. Kiran Veerapan, Head of Rheumatology Unit of University Malaya who was the founder of AFM. If you look at the past presidents, it has been a tradition that the HEAD of Rheumatology Unit at University Malaya has taken over the mantle of President of AFM. So I guess, the privilege falls on me now. It is a wonderful opportunity to be able to make a difference as the head of an organization and to make life a little easier for patients with arthritis."

Dr. Sargunan hopes that he can get the committee members to pitch in ideas that are a little out of the box. His focus is also on getting the younger generation involved to help AFM raise revenue through novel means which will be directed towards funding of prosthesis, research and holding public forums. He says, "I want to create more awareness of arthritis. This involves empowering people, including top management of organizations, with knowledge of arthritic diseases with the aim that if you can help control arthritis, you actually contribute to optimal workplace productivity."

So as he prepares to run marathons and strategizes to avoid the traffic jams in Petaling Jaya (his pet peeve); we wish Dr. Sargunan the very best, as he takes AFM to the next level.

BEWARE! Whole-Body Vibration Platforms May Cause Damage To Joint Tissues

23rd April 2015. A media release by Western University, Canada says a new study by them shows that whole-body vibration platforms, which are used extensively in health clubs and rehabilitation clinics, may be causing significant damage to joint tissues. The findings by Cheryle Séguin, Matthew McCann and collaborators from the Western Cluster of Research Excellence in Musculoskeletal Health were also published by *Arthritis & Rheumatology*.

Whole-body vibration platforms are used to treat a wide range of musculoskeletal disorders like osteoporosis, osteoarthritis and back pain while professional and amateur athletes employ vibration training machines to increase muscle strength. In addition, these platforms are also marketed to the general public as the 'no work workout' for weight loss. Yet surprisingly, there was previously very little known about the effect of whole-body vibration on joint tissues.

"Based on the positive effects whole-body vibration has on bones and muscle, we initiated these studies assuming that whole-body vibration would be equally beneficial to the soft connective tissue of joints," says



Séguin, an Assistant Professor in the Department of Physiology and Pharmacology at Western's Schulich School of Medicine & Dentistry.

However, the study using pre-clinical models revealed significant negative effects of whole-body vibration on joint tissues. Examination of the knee joints after just four weeks of daily exposure to whole-body vibration revealed focal damage to the articular cartilage resembling osteoarthritis, as well as damage to the spine resembling disc degeneration.

"Caution should be taken with the use of whole-body vibration platforms at rehabilitation clinics and health clubs until more rigorous research has been done," says McCann, a post-doctoral fellow in the Séguin Lab. "Our study with pre-clinical models shows that whole-body vibration platforms cause significant joint degeneration both in the knee and spine."

CALL TO UPDATE GUIDELINES

The authors of the study also called for updates to guidelines that currently recommend acetaminophen as the first analgesic option. Lead author Gustavo Machado, of The George Institute for Global Health in the UK and the University of Sydney in Australia, says, "Worldwide, paracetamol is the most widely used over-the-counter medicine for musculoskeletal conditions, so it is important to reconsider treatment recommendations given this new evidence."

The systematic review and meta-analysis is a synthesis of the research evidence from 13 randomized controlled trials designed to investigate the safety and efficacy of acetaminophen in the management of spinal pain – lower back or neck – and osteoarthritis.

FROM THIS STUDY

- High quality evidence suggests that paracetamol is ineffective in reducing pain and disability or improving quality of life in patients with low back pain.
- There is high quality evidence that paracetamol offers a small but not clinically important benefit for pain and disability reduction in patients with hip or knee osteoarthritis.
- Though high quality evidence shows that patients taking paracetamol are nearly four times more likely to have abnormal results on liver function tests compared with those taking oral placebo, the clinical relevance of this is unclear.



Read Carefully Before You Pop A Panadol!

31st March 2015. According to a study published as an open access article in the journal *BMJ*, Acetaminophen – also known as paracetamol and marketed under brand names such as Mapap, Panadol and Tylenol – is ineffective in the treatment of low back pain and provides minimal short term benefit for people with osteoarthritis. These results support the reconsideration of recommendations to use paracetamol for patients with low back pain and osteoarthritis of the hip or knee in clinical practice guidelines.

¹ Improvement in symptoms: Reduction of WOMAC pain score in (88% of patients) CTX-II lowering (62% of patients) (biomarker of cartilage degradation)

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References:

¹ Kitidumrongsook P et al. *Efficacy and safety of ProsulF-Forte in the treatment of osteoarthritis of the knee at King Chulalongkorn Memorial Hospital.* Chula Med J 2012 May - Jun; 56(3): 289 - 95.

¹ ProsulF-Forte is the brand name of Artril Forte in Thailand.





Caution: RA Patients Are At Increased Risk Of Heart Attack

4th May 2015. Madrid, Spain. According to a press release by the European Society of Cardiology, new research was presented at ICNC 12 by Dr. Adriana Puente, a cardiologist in the National Medical Centre "20 de Noviembre" ISSSTE in Mexico City, Mexico, "Rheumatoid arthritis affects 1.6% of the general population and is the first cause of consultation in the rheumatology service. The condition nearly doubles the risk of a heart attack but most patients never knew they had heart disease and were never alerted about their cardiovascular risk." Risk was increased even when patients had no symptoms and was independent of traditional cardiovascular risk factors such as smoking and diabetes.

Dr. Puente said: "Our study shows that one quarter of patients with rheumatoid arthritis and no symptoms of heart disease do have coronary heart disease, as evidenced by the presence of myocardial ischaemia or infarction in the Gated Single Photon Emission Computed Tomography (SPECT) study. This means they are at increased risk of cardiovascular death."

WHAT CAN BE DONE?

She said: "The results highlight the importance of conducting diagnostic tests in patients with rheumatoid arthritis to see if they have cardiovascular disease, specifically atherosclerotic coronary artery disease (ischaemia or myocardial infarction) even if they have no symptoms and regardless of whether they have cardiovascular risk factors. This is essential to prevent and reduce cardiovascular mortality."

PATIENTS SHOULD BE TOLD

Dr. Puente concluded: "Patients with rheumatoid arthritis should be told that they have an elevated predisposition to heart disease and need pharmacological treatment to diminish the inflammatory process and atherosclerotic complications. They also need advice on how best to control their rheumatoid arthritis and decrease their cardiovascular risk factors. Patients who take corticosteroids and methotrexate for their rheumatoid arthritis are susceptible to elevated plasma lipid levels and develop hyperhomocysteinemia, respectively, which are both cardiovascular risk factors and require preventative treatment."

DISCLAIMER: The views given in this News section are that of the author's and sources mentioned and do not represent the views of AFM.

Reason To Cheer For Fibromyalgia Sufferers

12th May 2015. According to a press release by Arthritis Research UK, "New research by our scientists could lead to a blood test to diagnose fibromyalgia." Fibromyalgia is a common pain syndrome causing widespread muscle and bone pain, as well as fatigue and disturbed sleep. It has no obvious physical cause, is poorly understood and difficult to diagnose, treat and manage. For years there was doubt among the medical profession whether fibromyalgia actually existed – except in the minds of patients!

There's still no specific blood test, scan or x-ray that can confirm a diagnosis, although blood tests are often carried out to rule out other conditions. Now scientists at King's College London, funded by a three year grant of £171,000 from Arthritis Research UK are hoping their latest research will lead to a reliable blood test to enable doctors to make a proper diagnosis.

The research team will examine samples and measurements taken from 400 twin volunteers from the 13,000 Twins UK Biobank, in which one twin has chronic widespread pain. The samples will be compared with the DNA of their healthy twin to establish differences and to try to identify biomarkers in the DNA associated with the condition.

"Our research will help patients in two ways. First, it'll contribute to our understanding of how fibromyalgia – and other chronic pain syndromes such as irritable bowel syndrome – develop, and point to pain pathways which we may not have suspected." explained lead researcher, Dr. Frances Williams.

"Secondly, we hope it'll lead to identification of a biomarker which we could work into a blood test."

Dr. Natalie Carter, head of research liaison, commented, "Being able to diagnose it would be a major step forward, and understanding more about the influence of genetics will allow us to develop treatments specifically for people with fibromyalgia in the future."



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1. Calculation is based on the Malaysia Pharmaceutical Audit, released by the IMS on the Glucosamine category, Jan – Dec 2012.
2. Setnikar I et al. Arzneimittelforschung. 1993 Oct;43(10):1109-13
3. Sachet 1500mg

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Fibromyalgia

In a chat with Dr. Anwar Samhari Arshad, a leading expert on pain in the region, we explored fibromyalgia; its symptoms, diagnosis and most importantly what can be done to manage it well?

Before we begin, you must know that Dr. Anwar is currently the only Senior Consultant Rheumatologist and Pain Physician in private practice in the northern region of Malaysia. He is also the first rheumatologist in Asia to qualify as Fellow of Interventional Pain Practitioner conferred by the World Institute of Pain and serves as Chair of Malaysian Chapter of World Institute of Pain.

WHAT IS FIBROMYALGIA?

The word “fibromyalgia” comes from the Latin term for fibrous tissue (fibro) and the Greek ones for muscle (myo) and pain (algia). Fibromyalgia syndrome is a chronic disorder characterized by widespread pain, tenderness, often accompanied by fatigue, impaired memory and other physical issues. At a plenary session at the American Pain Society Annual Scientific Meeting, May 2015, it was said, “Fibromyalgia is the second most common rheumatic disorder behind osteoarthritis and, though still widely misunderstood, is now considered to be a lifelong central nervous system disorder, which is responsible for amplified pain that shoots through the body in those who suffer from it.”

According to Dr. Anwar, fibromyalgia worldwide afflicts 3% of the population and expects the same statistics in Malaysia, though “Due to lack of awareness of the condition, it is probably under diagnosed.” Another interesting statistic is that more than 70% of those diagnosed are women.

TRACING THE PATH

More than a decade ago, in Malaysia, as fibromyalgia was mostly seen prevalent in patients with chronic musculoskeletal conditions, it was thought to be primarily a musculoskeletal condition. Hence rheumatology was the only specialty that showed an interest in it. The sad part is, says Dr. Anwar, “Patients were sent from one specialist to another and made to undergo expensive tests and scans. It is only in the last 10 years that it is recognized as a central nervous system disorder.” Now, other specialties such as neurology, rehab

and pain medicine show greater interest in co-managing it with rheumatologists.

Dr. Anwar explains that in patients with fibromyalgia, “Even normal pressure can cause pain. An imbalance in the neuro chemical called serotonin-adrenergic pathways, results in an imbalanced chemical reaction which causes the pain-receptors to be hyper amplified.” Anxiety disorders are considered to be important secondary symptoms in fibromyalgia patients. This can further compromise the course of the disease as it may increase the severity of pain perception and thus increase the severity of the disease. Depression is also seen along with anxiety disorders among fibromyalgia sufferers.

ARTHRITIS AND FIBROMYALGIA

Although fibromyalgia is often considered an arthritis-related condition, it is not truly a form

of arthritis (a disease of the joints) because it does not cause inflammation or damage to the joints, muscles, or other tissues. Says Dr. Anwar, “It is vital to distinguish symptoms of fibromyalgia from arthritis and other inflammatory conditions. A wrong diagnosis could result in medication for arthritis!”

Like arthritis, however, fibromyalgia can cause significant pain and fatigue, and can interfere with a person’s ability to carry on daily activities.

ARE THERE SPECIFIC CAUSES?

The causes of fibromyalgia are idiopathic. Fibromyalgia is sometimes associated with a physically or emotionally traumatic event; an automobile accident, a break-up of a marriage or relationship, loss of a job. Some connect it to repetitive injuries. Others link it to an illness. For some others, fibromyalgia seems to occur spontaneously.

DIAGNOSIS

Dr. Anwar explains that there are no specific diagnostic blood tests, “It is more through a process of assessing clinical symptoms. Blood tests are done to rule out more sinister conditions like rheumatoid arthritis, hypothyroidism, SLE and other inflammatory muscle diseases.”

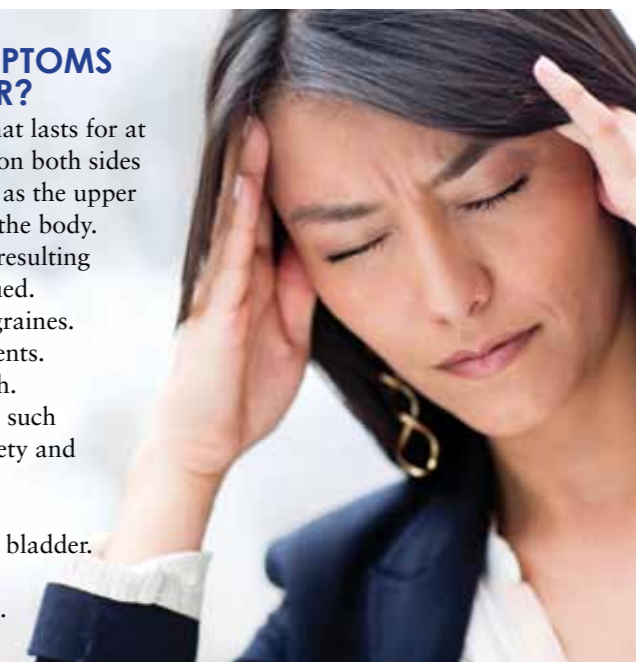
A new diagnostic criteria that came in 2010 emphasizes the importance of having generalized widespread pain for a minimum of 3 months together with other constitutional symptoms to make a diagnosis.

WHAT IF UNTREATED?

If untreated, the prognosis is poor and one of the major complications is depression and social withdrawal. According to Dr. Anwar, “20% to 30% of fibromyalgia patients suffer from depression. There is a lot of psychological and social stress on the individual as personal relationships, social life, family and work is affected.”

DO THESE SYMPTOMS SEEM FAMILIAR?

- Widespread pain that lasts for at least three months on both sides of the body as well as the upper and lower parts of the body.
- Sleep disturbances resulting in waking up fatigued.
- Headaches and migraines.
- Cognitive impairments.
- Dry eyes and mouth.
- Mood disturbances such as depression, anxiety and nervousness.
- Stiffness.
- Irritable bowel and bladder.
- Pain or cramps in the lower abdomen.



“Doctors need to be good listeners. They need to be able to filter and understand the key symptoms that the patient is trying to convey. Prompt diagnosis is very important without unnecessary and expensive investigations.”
~ Dr. Anwar

WHAT CAN BE DONE?

A multi-disciplinary approach needs to be taken says Dr. Anwar.

- **Awareness.** The most important thing that the patient needs is education and information, so that he or she will be reassured that it will not develop into cancer, nor will the joints get deformed or crippled.
- **Psychological support.** A psychologist or a psychiatrist should be involved to give patients cognitive behavioral therapy.
- **Medications.** Anti-convulsants, anti-depressants and muscle relaxants could be prescribed depending on the need of the patient.
- **Bio-feedback therapy.** There are specific softwares in computers to enliven different parts of the brain.
- **Exercise.** The patient must know that there is nothing wrong with them physically and that their joints are intact! As the patient is probably weak and lacks self-esteem, Dr. Anwar recommends a specific graded pacing aerobic exercise so that the intensity can be increased gradually. He recommends swimming, yoga, tai-chi and any other community exercise programs.
- **Support.** The patient needs a lot of support both from the family, close friends as well as from doctors to be able to get through this. It makes all the difference!

Fibromyalgia

Dalam perbualan bersama Dr. Anwar Samhari Mat Arshad, seorang pakar tentang kesakitan di rantau ini, kami berbincang tentang fibromyalgia; simptom, diagnosis dan yang paling penting, apa yang boleh dilakukan untuk menguruskannya dengan baik?

Sebelum kita meneruskan, anda perlu tahu bahawa Dr. Anwar Samhari Mat Arshad adalah satu-satunya Pakar Perubatan Perunding Kanan Reumatologi dan Sakit dalam sektor swasta di kawasan utara Malaysia. Beliau juga merupakan pakar reumatologi yang pertama di Asia yang layak sebagai Fellow Interventional Pain Practitioner yang diluluskan oleh World Institut of Pain dan berkhidmat sebagai Pengerusi World Institut of Pain Chapter Malaysia.

APAKAH FIBROMYALGIA?

Perkataan “fibromyalgia” berasal daripada istilah Latin bagi tisu berserat (fibro) dan Yunani bagi otot (Myo) dan kesakitan (algia). Sindrom fibromyalgia adalah gangguan kronik yang didiagnosis melalui kesakitan meluas, nyeri, serta kelesuan, ingatan yang terjejas dan masalah-masalah fizikal lain. Pada sesi pleno Mesyuarat Sainifik Tahunan Persatuan Sakit Amerika, Mei 2015, ada disebutkan bahawa, “Fibromyalgia adalah gangguan reumatik yang kedua paling biasa selepas osteoarthritis dan, walaupun masih terdapat banyak salah faham, kini fibromyalgia dianggap sebagai gangguan sistem saraf pusat sepanjang hayat, yang bertanggungjawab bagi sakit tambahan yang menyerang seluruh tubuh bagi mereka yang menderitainya.”

Menurut Dr. Anwar, fibromyalgia menimpa 3% daripada penduduk di seluruh dunia dan menjangkakan statistik yang sama di Malaysia, walaupun “kerana kekurangan kesedaran mengenai keadaan ini, mungkin terdapat kes-kes yang tidak didiagnosis.” Satu lagi statistik yang menarik ialah lebih daripada 70% daripada individu yang didiagnosis adalah wanita.

MENJEJAKI LALUAN

Di Malaysia, lebih sedekad lalu, memandangkan fibromyalgia kebanyakannya dilihat lazim pada pesakit dengan keadaan otot kronik, ia dianggap sebagai masalah muskuloskeletal. Maka, hanya pakar rheumatologisahaja yang berminat tentangnya. Menurut Dr. Anwar, apa yang menyedihkan adalah: “Pesakit dihantar dari satu pakar kepada pakar yang lain dan perlu menjalani ujian dan imbasan yang mahal. Hanya dalam tempoh 10 tahun lalu, keadaan ini diiktiraf sebagai gangguan sistem saraf pusat.” Kini, pakar lain seperti neurologi, rehabilitasi dan perubatan kesakitan menunjukkan minat yang lebih mendalam untuk bersama-menguruskannya dengan pakar rheumatologi.

Menurut Dr. Anwar, pesakit fibromyalgia merasa sakit walaupun akibat tekanan normal. Ketidakeimbangan kimia neuro yang dipanggil laluan serotonin-adrenergic, mengakibatkan reaksi kimia yang tidak seimbang yang menyebabkan reseptor sakit menjadi hiper sensitif. Kecelaruhan keresahan dianggap sebagai simptom sekunder yang penting bagi pesakit fibromyalgia. Keadaan ini seterusnya memburukkan lagi keadaan kerana ia boleh meningkatkan tahap keparahan sakit. Kemurungan juga dapat dilihat selain daripada kecelaruhan keresahan di kalangan penghidap fibromyalgia.

“Doktor perlu menjadi seorang pendengar yang baik. Mereka perlu berupaya menapis dan memahami simptom utama yang cuba disampaikan oleh pesakit. Diagnosis segera sangat penting bagi mengelakkan siasatan yang tidak diperlukan dan mahal.”
~ Dr. Anwar

ARTRITIS DAN FIBROMYALGIA

Walaupun fibromyalgia sering dianggap sebagai keadaan yang berkaitan artritis, ia bukanlah benar-benar satu bentuk artritis (penyakit sendi) kerana ia tidak menyebabkan keradangan atau kerosakan pada sendi, otot, atau tisu-tisu lain. Menurut Dr. Anwar, “Adalah penting untuk membezakan gejala fibromyalgia daripada artritis dan keradangan lain. Diagnosis yang salah boleh menyebabkan pesakit mendapat ubat untuk artritis!”

Walau bagaimanapun, seperti artritis, fibromyalgia boleh menyebabkan kesakitan dan keletihan

APAKAH YANG BOLEH DILAKUKAN?

Pendekatan pelbagai disiplin perlu diambil kata Dr. Anwar.

- **Kesedaran.** Perkara paling penting yang pesakit perlukan adalah pendidikan dan maklumat, supaya mereka yakin yang penyakit tersebut tidak akan berkembang menjadi kanser, atau pun sendi mereka akan cacat atau lumpuh.
- **Sokongan psikologi.** Pakar psikologi atau psikiatri harus terlibat untuk memberikan pesakit terapi tingkah laku kognitif.
- **Ubat-ubatan.** Boleh diberikan preskripsi anti-konvulsan, anti-kemurungan dan penenang otot, bergantung kepada keperluan pesakit.
- **Terapi maklum balas-bio.** Terdapat perisian khusus dalam komputer untuk merangsang bahagian otak yang berbeza.
- **Senaman.** Pesakit perlu tahu bahawa tidak ada yang salah dengan mereka secara fizikal dan sendi mereka adalah utuh! Memandangkan pesakit mungkin lemah dan tidak mempunyai harga diri, Dr Arshad mengesyorkan senaman aerobik tahap tertentu supaya keamatan boleh ditingkatkan secara beransur-ansur. Beliau mencadangkan renang, yoga, tai-chi dan mana-mana program senaman masyarakat yang lain.
- **Sokongan.** Pesakit memerlukan banyak sokongan daripada keluarga dan rakan-rakan rapat, serta doktor untuk melaluinya. Sokongan ini sungguh bermakna buat mereka!

yang ketara, dan boleh mengganggu keupayaan seseorang untuk menjalankan aktiviti harian.

ADAKAH TERDAPAT SEBAB-SEBAB YANG TERTENTU?

Punca-punca fibromyalgia adalah idiopathic. Fibromyalgia kadang-kadang dikaitkan dengan peristiwa traumatik segi fizikal atau emosi; kemalangan kereta, keruntuhan perkahwinan atau hubungan atau, kehilangan pekerjaan. Sesetengahnya dikaitkan dengan kecederaan berulang. Bagi sesetengah yang lain, fibromyalgia seolah-olah berlaku secara tiba-tiba.

DIAGNOSIS

Dr. Anwar menerangkan bahawa tidak ada ujian darah diagnostik khusus, “Ia lebih kepada proses menilai gejala klinikal. Ujian darah dilakukan untuk menyingkir keadaan-keadaan yang lebih teruk seperti artritis reumatoid, hipotiroidisme, SLE dan lain-lain penyakit radang otot.”

Pada tahun 2010, terdapat kriteria diagnostik baharu yang menekankan kepentingan gejala kesakitan yang tersebar luas secara umum untuk sekurang-kurangnya 3 bulan bersama-sama dengan gejala resam lain bagi membuat diagnosis.

BAGAIMANAKAH JIKA TIDAK DIRAWAT?

Jika tidak dirawat, prognosis adalah kurang bagus dan salah satu komplikasi utama adalah kemurungan dan tidak mahu bergaul. Menurut Dr. Anwar, “Dua puluh hingga tiga puluh peratus daripada pesakit fibromyalgia mengalami kemurungan. Terdapat banyak tekanan psikologi dan sosial terhadap individu kerana perhubungan peribadi, kehidupan sosial, keluarga dan kerja akan terjejas.”

ADAKAH ANDA MENGHIDAPI GEJALA-GEJALA INI?

- Sakit menyeluruh yang berlaku selama sekurang-kurangnya tiga bulan di kedua-dua bahagian badan dan juga bahagian atas dan bawah badan.
- Gangguan tidur menyebabkan keletihan selepas bangun tidur
- Sakit kepala dan migrain.
- Kecacatan kognitif.
- Mata dan mulut kering.
- Gangguan perasaan seperti kemurungan, kebimbangan dan ketakutan.
- Kekejangan.
- Kerengsaan usus dan pundi kencing.
- Sakit atau kekejangan di bahagian bawah abdomen.





纤维肌痛症

为了探讨纤维肌痛症这个疾病，了解它的症状、诊断方式，还有最重要的，该如何有效治疗，我们走访了本区域著名的疼痛医疗专家——安华山哈里医生。

进入正题之前，且让我们对安华山哈里医生稍作介绍：他是目前北马地区私人医疗界里，唯一的资深风湿科顾问医师兼疼痛医师。他也是全亚洲区内，首位取得世界疼痛研究院颁授疼痛介入治疗师资格的医生，同时也是该研究院马来西亚分会的主席。

什么是纤维肌痛症

纤维肌痛症的英文名称为“fibromyalgia”，它是由一个拉丁字“fibro”（纤维组织）再加上两个希腊字“myo”（肌肉）和“algia”（疼痛）结合组成的。纤维肌痛症候群是一种慢性疾病，特征是全身广泛性的疼痛及有压痛点，通常还伴有疲累、记忆力不好容易遗忘以及其它的身体毛病。美国疼痛协会在2015年5月举行的年度科学会议里一项全体会议上曾提到：“纤维肌痛症是紧随退化性关节炎之后的最常见风湿性失调疾病，虽然它仍然广泛地被人误解，但是它已经被认定为终身性的中枢神经系统失调。这种中枢神经系统失调，也是致使患者全身都会感觉疼痛的原因”。

安华医生指出，全球有百分之三的人口受纤维肌痛症困扰，他相信马来西亚国内受此疾病影响的人口比例也大致相同。然而，“由于缺乏对此疾病的醒觉，不少个案可能都没有被诊断出来。”另一个有趣的统计就是：七成的确诊患者是女性。

国内情况

十多年前，马来西亚医疗界几乎都将纤维

肌痛视作是慢性肌肉骨骼疾病患者的症状之一，一般都认为它是一种肌肉骨骼疾病。也因为如此，当时就只有风湿专科医师对它感兴趣。安华医生也指出，最令人感到遗憾的是，“病患寻医时，是由一个专科医师转到另一个专科医师去进行各种昂贵的扫描和检验。直到最近的十年，它才被公认为一种中枢神经系统疾病”。今天，其它如脑神经、重建以及疼痛医药方面的专科人士都有兴趣与风湿专科医师合作，并肩管理这个疾病。

安华医生解释说：“患上纤维肌痛症的人，即使只是一般的按压都会导致疼痛。当一项称作血清素肾上腺途径的脑神经化学体出现失衡情况时，就会引起不平衡的化学反应，导致疼痛接收体的反应变得异常大。”纤维肌痛症病人的次要症状是焦躁症。患者的焦虑心情会加剧他对疼痛的感觉，以致使得病情进一步恶化。除了焦虑，忧郁也是纤维肌痛症患者经常出现的状况。

关节炎与纤维肌痛症

虽然纤维肌痛症通常都被认为是一种跟关节炎有关的疾病，但是它其实并不是一种关节炎（关节疾病），因为它并不会损坏关节、肌肉或其它组织。安华医生还说：“能够清楚将纤维肌痛的症状跟关节炎或其它炎症疾病的症状分辨开来，是非常重要的。一旦误诊，结果就是：病患领了关节炎药物回家服用！”

话虽如此，纤维肌痛症确实是会好像关节炎那样的带来不小的疼痛和疲倦感，以致妨碍日常活动的的能力。

诊断方法

安华医生解释说，目前并没有可以检验出此疾病的专门验血方法，“我们主要是通过临床症状来进行诊断。为患者做血液检

是否有什么特别的造因？

导致纤维肌痛症的病因是自发性的。它有时候却是跟身体或精神创伤有关，譬如一场车祸、婚姻破裂、失业等等。有些人又认为那是跟重复性创伤有关。也有人说是跟某种疾病有关。更有一些人却认为它会无缘无故的自动发生。你对以下症状感到熟悉吗？

- 浑身上下左右都有广泛性的疼痛，而且是持续了至少三个月。
- 睡得不好，结果起身后仍然是疲倦。
- 头痛或偏头痛。
- 认知障碍。
- 干眼或口干
- 出现不良情绪如忧郁、焦虑、和紧张。
- 僵硬感
- 肠燥症和频尿
- 下腹部疼痛或抽筋

“医生必须当一个好的听众。要能够过滤并明白患者尝试要表达的主要症状。无需患者经过许多不必要且昂贵的检验，即能快速做出诊断是重要的。”

~ 安华医生

有哪些治疗方法？

安华医生的答案是：采取多管齐下的手法来治疗。

- **醒觉**。患者最需要的是教育和资讯，这样一来他们就会明白这病症并不会演变成癌症，或是损坏他们的关节，或致残。
- **心理辅导**。需要接受心理科或精神科医师的诊治，给患者做认知行为治疗。
- **药物治疗**。医生可以根据患者情况需要，开方让患者服用抗惊厥药、抗抑郁药及肌肉放松药。
- **生物反馈疗法**。可以通过使用一些专门电脑软件，来促进人脑内各个不同部位的活跃程度。
- **运动**。患者务必知道他们的身体和关节其实一点问题都没有！由于顾及患者可能会比较虚弱，而且也缺少自信，安华医生因此建议患者根据自己身体状况，选择做有级数分别的有氧运动，运动的强度可以慢慢的与日俱增。他建议患者不妨试试游泳、瑜伽、太极或参加一些社区团体的运动项目。
- **扶持**。患者们在面对疾病的路上，如果能够得到家人、好友以及医生们的扶持和帮助，效果会非常好！

验，是要看看他是否有比较严重的疾病，如类风湿性关节炎、甲状腺功能低下、系统性红斑狼疮或其它炎性肌肉疾病。”

一项在2010年制定的纤维肌痛症诊断准则着重两点，即在身体出现广泛疼痛至少有三个月之久，并同时伴有其它全身性症状。

如果不治疗，后果如何？

假如不治疗，疾病的预后不会理想，它最主要的并发症是忧郁及脱离社交圈子。安华医生还说：“纤维肌痛症患者群里，有百分之二十至三十的人会上忧郁症。患者会因为自己的私人关系、社交生活、家庭氛围以及工作都受此病症影响，而感觉到许多心理上及社交上的压力。”

MYTH: DEPRESSION IS IMAGINARY

For a lot of people who struggle with depression, the greater struggle is to be taken seriously; to be heard, acknowledged and treated. Anyone suffering from depression will tell you, it's not imaginary or "All in your head." Depression is a serious illness caused by changes in brain chemistry.



In a conversation with Dr. Amir Azlan Zain, Consultant Rheumatologist; he explains, "Depression is very real. It is common especially in patients with chronic illness as it may lead to; loss of livelihood, increased dependence on others and chronic pain amongst others." And it doesn't end there, he adds, as depression has an impact on how well the chronic illness is managed too.

Cautions Dr. Amir, "Any physician looking after a chronic illness has to keep an eye out for symptoms of depression. This can manifest as anxiety, poor compliance to treatment as well as the usual symptoms of poor sleep, tearfulness and a sense of hopelessness."

DEPRESSION IS REAL- A WORLD VIEW

The World Health Organization (WHO) characterizes depression as one of the most disabling disorders in the world, affecting roughly one in five women and one in ten men at some point in their lifetime.

WHO KEY FACTS ON DEPRESSION

- Depression is a common mental disorder. In 2012, globally, more than 350 million people of all ages suffered from depression.
- Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.
- More women are affected by depression than men.
- At its worst, depression can lead to suicide.
- There are effective treatments for depression.

DEPRESSION AND FIBROMYALGIA

Some factors that trigger depression include:

- **CERTAIN MEDICAL CONDITIONS** as a result of which, the individual is in chronic pain, like fibromyalgia.
- **GENETICS.** There is evidence that genetic and environmental factors predispose individuals to develop

"The best course of action would be to get patients assessed by a psychiatrist but many are reluctant to do so. We try to tell the patients that psychiatrists handle depression in a non-judgmental way. Sometimes, short courses of anti-depressant medications work. I need to stress that patients are handled according to their individual need."
~ Dr. Amir Azlan Zain

depression or fibromyalgia.

- **CHANGES IN HORMONE LEVELS.** The activity of certain chemical messengers in the brain including serotonin, catecholamines, monoamines, glutamate, and brain-derived neurotrophic factor are altered in both depression and fibromyalgia.
- **STRESS, GRIEF OR DIFFICULT LIFE CIRCUMSTANCES.** Specific genes when present do not cause depression but they increase the risk of developing depression in response to a precipitating event.

PROGNOSIS

So what is the prognosis? Says Dr. Amir, "Like most other illnesses, if the symptoms of depression are picked up early and treated quickly, the prognosis of the chronic illness is generally good." Dr. Amir emphasizes that *"It is vital that people know that, depression is a treatable condition as many of our Malaysian public believes that mental problems are to be hidden and cannot be treated!"*

DO YOU HAVE ANY OF THESE SYMPTOMS?

FEELINGS:

- Sadness
- Hopelessness
- Guilt
- Moodiness
- Angry outbursts
- Loss of interest in friends, family and favorite activities, including sex

- Trouble remembering
- Thoughts of harming yourself
- Delusions and/or hallucinations can also occur in cases of severe depression

BEHAVIORS:

- Withdrawing from people
- Missing work, school or other commitments
- Substance abuse

THOUGHTS:

- Trouble concentrating
- Trouble making decisions

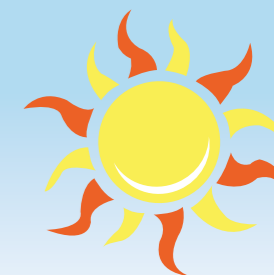
PHYSICAL PROBLEMS:

- Attempts to harm yourself
- Tiredness or lack of energy
- Unexplained aches and pains
- Changes in appetite
- Weight loss
- Weight gain
- Changes in sleep – sleeping too little or too much



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MITOS: Kemurungan Itu Hanyalah Khayalan

Bagi kebanyakan orang yang berjuang melawan kemurungan, sebenarnya perjuangan yang lebih besar adalah bahawa masalahnya perlu diambil serius; supaya didengari, diperakui dan dirawat. Sesiapa yang mengalami kemurungan akan memberitahu anda, ia bukan khayalan atau "Semuanya hanyalah perasaan anda sahaja." Kemurungan adalah penyakit serius yang disebabkan oleh perubahan kimia dalam otak.

Dalam perbualan dengan Dr. Amir Azlan Zain, Pakar Perunding Reumatologi; dia menjelaskan, "Kemurungan adalah sangat nyata. Ia adalah perkara biasa terutama pada pesakit yang menghidapi penyakit kronik kerana keadaan yang menyebabkannya seperti kehilangan mata pencarian, lebih banyak bergantung kepada orang lain dan kesakitan kronik." Bukan itu sahaja, tambah beliau, kerana kemurungan juga memberi kesan kepada bagaimana penyakit kronik tersebut diuruskan. Dr. Amir mengingatkan, "Mana-mana pakar perubatan yang menjaga penyakit kronik perlu mengawasi akan tanda-tanda kemurungan. Simptom itu mungkin dilihat sebagai kebimbangan, tidak memenuhi keperluan rawatan dan juga tanda-tanda biasa tidak cukup tidur, sedih dan rasa putus asa."

KEMURUNGAN ITU BENAR – PANDANGAN DUNIA

Pertubuhan Kesihatan Sedunia (WHO) menyifatkan kemurungan sebagai salah satu gangguan yang paling melumpuhkan di dunia, yang memberi kesan ke atas kira-kira satu dalam lima wanita dan satu dalam sepuluh lelaki pada suatu ketika dalam kehidupan mereka.

FAKTA PENTING TENTANG KEMURUNGAN OLEH WHO

- Kemurungan adalah gangguan mental yang biasa. Pada tahun 2012, lebih daripada 350 juta orang daripada semua peringkat umur mengalami kemurungan di seluruh dunia.
- Kemurungan adalah punca utama ketidakupayaan di seluruh dunia, dan merupakan penyumbang utama kepada beban penyakit global.
- Lebih ramai wanita yang menghidapi

kemurungan berbanding lelaki.

- Paling teruk, kemurungan boleh menyebabkan seseorang itu membunuh diri.
- Ada rawatan yang berkesan untuk kemurungan.

KEMURUNGAN DAN FIBROMYALGIA

Beberapa faktor yang mencetuskan kemurungan termasuk,

- SESETENGAH PENYAKIT yang menyebabkan individu berada dalam kesakitan kronik, seperti fibromyalgia.
- GENETIK. Terdapat bukti bahawa faktor genetik dan persekitaran mempengaruhi individu untuk mendapat kemurungan atau fibromyalgia.
- PERUBAHAN DALAM TAHAP HORMON. Aktiviti utusan kimia tertentu dalam otak termasuk serotonin, catecholamines, monoamines, glutamat, dan faktor neurotrophic yang dihasilkan oleh otak diubah bagi kemurungan dan fibromyalgia.
- TEKANAN, KESEDIHAN ATAU KEADAAN HIDUP YANG SUKAR. Bagi gen tertentu, ia tidak

"Tindakan terbaik adalah membawa pesakit untuk diperiksa oleh pakar psikiatri tetapi ramai yang enggan berbuat demikian. Kami cuba untuk memberitahu pesakit bahawa pakar psikiatri menangani kemurungan tanpa berfikir buruk terhadap pesakit. Kadang-kala, pengambilan ubat anti-depresan untuk jangka pendek itu berkesan. Saya perlu menekankan bahawa pesakit dikendalikan mengikut keperluan masing-masing." ~ Dr. Amir Azlan Zain

menyebabkan kemurungan tetapi meningkatkan risiko mendapat kemurungan sebagai tindak balas kepada peristiwa yang boleh mencetuskan kemurungan.

PROGNOSIS

Jadi apakah prognosisnya? Kata Dr. Amir, "Seperti kebanyakan penyakit lain, jika gejala kemurungan disedari di peringkat awal dan dirawat dengan cepat, prognosis penyakit kronik selalunya baik." Dr. Amir menekankan bahawa penting untuk orang tahu bahawa, "*Kemurungan adalah suatu keadaan yang boleh dirawat kerana ramai rakyat Malaysia percaya bahawa masalah mental perlu disembunyikan dan tidak boleh dirawat!*"

ADAKAH ANDA MEMPUNYAI GEJALA-GEJALA TERSEBUT?

PERASAAN:

- Sedih
- Putus asa
- Rasa bersalah
- Kemurungan
- Marah-marah
- Hilang minat untuk bersama rakan-rakan, keluarga dan melakukan aktiviti kegemaran, termasuk seks

PEMIKIRAN:

- Masalah tumpuan
- Sukar membuat keputusan
- Sukar mengingat

- Berfikir untuk membahayakan diri sendiri
- Khayalan dan / atau halusinasi juga boleh berlaku dalam kes-kes kemurungan yang teruk

TINGKAH LAKU:

- Menarik diri dari orang lain
- Penyalahgunaan dadah
- Tidak pergi kerja, sekolah atau komitmen lain

- Cuba untuk mencederakan diri sendiri

MASALAH FIZIKAL:

- Keletihan atau kekurangan tenaga
- Sakit yang tidak dapat dijelaskan
- Perubahan dalam selera makan
- Hilang berat badan
- Naik berat badan
- Perubahan dalam corak tidur - tidur terlalu sedikit atau terlalu banyak

迷思: 忧郁症都是胡思乱想而已

对于很多受忧郁症困扰的人来说，最难堪的是别人都不相信自己有忧郁症；他们很期望别人会听取自己的心声、肯定自己的情形，并给与治疗。任何一个罹患忧郁症的人士都会告诉你说他并没有“胡思乱想”，他是真的有忧郁症。忧郁症是因为脑内出现了化学改变而引起的一种严重疾病。



在一次与风湿科顾问医师阿米尔医生的谈话中，他解释说：“忧郁症是真有其事的。它是一种常见疾病，尤其是罹患慢性疾病的人，他们会因为所患的疾病导致出现忧郁情况；也有人是因为顿失生计、生活越来越需要依赖别人、慢性疼痛等等原因，而导致忧郁。”他补充说，情形还不止如此，忧郁症也会影响有关的慢性疾病之管理效果。

阿米尔医生提醒说：“任何一个治疗慢性疾病患者的医生，都应该留意患者们可有出现忧郁的症状。这些症状可以是焦虑、不大爱听从医生的治疗叮嘱，以及一般的睡眠差、容易哭、觉得人生无望等等。”

忧郁症，真实不虚 — 全球概观

世界卫生组织将忧郁症归类为，其中一种最会使人失去生活本能的疾病之一。全球每五个女性中会有一人，而男性则每十人当中就会有一人，会在他们人生的某个阶段中出现忧郁的情况。

世界卫生组织发布的忧郁症主要事实

- 忧郁症是一种常见的精神疾病。根据2012年的数字，全球有超过三亿五千万不同年龄层的人口罹患忧郁症。
 - 忧郁症是全球首要的致残因素，也是全球疾病负担的最大来源。
 - 女性患者比男性患者来得多。
 - 罹患忧郁症的最坏结果是自杀。
 - 忧郁症是可以对症下药，有效治疗的。
- 患者当中有来自不同年龄层、教育水平以及不同社会与经济背景的男女。忧郁症会扰乱日常生活中的每一个方面，如婚姻、对下一代的教养、友情、事业和财务等等。忧郁症一旦出现，它很大可能会再次发生。如果忧郁症是连同其他医学疾病如糖尿病、中风、或心血管疾病、或与相关的疾病如焦虑或物品滥用等情形出现时，它带来的打击会更为严重。

忧郁症与纤维肌痛症

一些会引发忧郁症的因素包括

- 一些会引起慢性疼痛的医学疾病，如纤维肌痛症。
- 遗传基因。有证据显示，遗传基因和环境因素会预先让相关人士暴露在罹患忧郁症或纤维肌痛症的风险下。
- 体内荷尔蒙水平发生变化。忧郁症和纤维肌痛症患者脑部的某些化学讯号传达体，包括血清素、儿茶酚胺、单胺、谷氨酸盐以及脑源性神经营养因子的活动，都出现了变化。
- 压力、悲痛或遇上人生艰难时刻。患者体内存在着某些特定基因，它们虽然不会引起忧郁症，但是当面对重大生活打击时，这些基因就导致罹患忧郁症的风险大大提高。

预后如何

那么它的预后如何呢？阿米尔医生说：“正如其它疾病一样，如果及早发现忧郁症征兆并且快速治疗，有关的慢性疾病之预后一般都会良好。”不过他提醒，患

“处理忧郁症的最佳行动就是让患者去见精神科医生，不过很多人都不愿意去。我们尝试让患者明白，精神科医师是采用非判断式的手法来处理忧郁症的。”有时候，患者只需服用抗忧郁药一个短时期就见效了。我必须强调的是，医生治疗忧郁症的方法因人而异，而且是按照个人的需要来进行的。”
~ 阿米尔医生

者当中也一定会有些是忧郁程度比较严重的，这些就需要寻求精神专科医护人员的帮助了。阿米尔医生强调，有一点很重要，那就是“**忧郁症是有药可医的。许多国人认为精神病无药可医，因此不便向别人透露。其实，这种想法是错误的!**”

你有没有以下的任何症状？

感受上：

- 悲伤
- 失望
- 觉得自己做错了事
- 情绪低落
- 发脾气
- 对朋友、家人以及喜欢的活动，包括性，都失去兴趣。

思想上：

- 难于集中精神
- 难于作出决定
- 记忆出现问题
- 有自残的念头
- 忧郁症严重的病例里，患者也会有妄想及/或幻觉的情形。

行为上：

- 抽离人群
 - 物品滥用
 - 缺勤、旷课或答应的事没做到
 - 试图伤害自己
- 身体上：**
- 疲倦或没力气
 - 不明原因的疼痛
 - 食欲改变
 - 消瘦
 - 体重上升
 - 睡眠改变 - 睡眠不足或睡得太多

PUBLIC FORUM AND AGM



A Public Forum and the 22nd Annual General Meeting of Arthritis Foundation, Malaysia (AFM) were held on 11th April 2015 at Lotus 1, Swan Convention Centre, Sunway Medical Centre, Bandar Sunway. The public forum was enthusiastically attended by 112 participants. The excitement and the chattering in the hall receded to the background as the first speaker of the event, Dr. Shamala Rajalingam from Hospital Putrajaya, a general physician and rheumatologist, came up on stage to present her topic, "Multiple Joint Pains".

BE INFORMED

She spoke with patience and clarity, and she began her presentation elaborating on the word arthritis; that "arthro" stands for joint and "itis" for inflammation. She also introduced us to the term "Arthralgia", joint pain without swelling, which is often



confused with arthritis and could be what a lot of the participants suffered from. Through a range of slides, she imparted to the audience a deeper understanding of; why do doctors have to talk to their patients so much? How do they arrive at a diagnosis? What are the factors in diagnosis? Why is the history of the patient so important? Her illustrative slides also showed us

clearly the difference between normal and arthritic joints. *She emphasized the need to seek treatment early as "75% of RA patients develop erosions within first two years of onset of symptoms. So there is a very critical 'window of opportunity' that has to be seized."*

On asked about the progression of treatment for arthritis, Dr. Shamala answered, "Start with exercise. Anti-inflammatory drugs may help. You can also try supplements like glucosamine for a period of 3 months as it has helped some people. If there is still pain then explore injections and alternatives like knee replacement."

SPONDYLOARTHRITIS AND YOUR BACK

The second speaker was Dr. Ramani Arumugam, consultant physician and rheumatologist with Hospital Serdang. Her topic was "Inflammatory Back Pain", specifically Spondyloarthritis (or spondyloarthropathy). She introduced the audience to 'Spondyloarthritis' which is a family of inflammatory rheumatic diseases that cause arthritis. The most common is ankylosing spondylitis, which affects mainly the spine, joints of the spine as well as ligaments and tendons. She explained that spondyloarthritis differs from other types of arthritis in that it involves "entheses", sites where ligaments and tendons attach to bones.

• **EXERCISE** Dr. Ramani went to emphasize that the first line of treatment was to exercise! She encouraged the audience to consider hydrotherapy as a form of exercise as water allows for freedom of movement. "You just need to be able to walk in water and that's great exercise. Also if you are swimming, choose freestyle over breaststroke." But she cautions, "Sitting in a bath tub is not hydrotherapy. You need to move!"

She shared that studies have shown in some cases that through engaging in exercise, patients have improved their symptoms by 30% as exercise

improves range of movement, posture, mood and sleep.

• **STOP SMOKING** The other most important thing to do was to stop smoking! In her tough no-nonsense style, Dr. Ramani emphasized, "I am very firm with my patients and tell them clearly that they could continue treatment with me only when they have stopped smoking! Otherwise treatment is counterproductive."

She also took the audience through a session of breathing exercises to demonstrate the importance of breathing correctly. During the question and answer session she clarified a question about when to use a hot and a cold pack when having back pain. She explained, "If the joint is painful, red and inflamed, then ice it. But on the other hand, if there is only pain, without redness, then you should use a hot pack."

AGM

The public forum was followed by the AGM. In his charming and jovial manner, Dr. Amir Azlan Zain gave the welcome address. He reminisced about his tenure as President of AFM for the last 6 years and talked about the strides that AFM had made in this last year, which includes shifting into a new office, receiving corporate support from Berjaya of RM160,000 towards the Arthritis Fund as well as the efforts to revamp the Joint Efforts Newsletter to be effective in spreading relevant and authentic information. He wound up his address by informing the committee and members that he intended to step down



"Sitting in a bath tub is not hydrotherapy. You need to move!"
~ Dr. Ramani Arumugam



"Please speak up and I will do my best to address it. But you have to voice it first. You have to empower yourself. This is your chance to be heard."
~ Dr. Sargunan Sockalingam



as President. Subsequently he proposed Prof. Dr. Sargunan Sockalingam as President. The rest of the committee too was re-elected with most of the committee members retaining their positions. The new additions to the Executive Committee were Mdm. Ho Guat Choo as the new Hon. Asst. Secretary and Dr. Shamala Rajalingam as a new Committee Member.

The minutes of the last meeting were adopted, as well as the executive report and the audited accounts. Members also voted on the appointment of auditors. The closing

address was delivered by the new President Dr. Sargunan and he gave credit to the earlier committees as well as past president Dr. Amir, saying he "Had breathed new life into AFM over the last six years" and that "I have difficult shoes to fill."

This was followed by tea and refreshments. The event ended on a high note, with members going back, more informed, with more awareness on the need to exercise and take care of themselves, and a new President who encouraged them to speak up and empower themselves.



FOR THE LOVE OF LIFE

Meet Lee Lai Kheng, 81. At an age where most women would be willing to put their feet up, this feisty woman at the age of 78 underwent replacements for both her knees and lives life to the fullest.

THE STRUGGLE

Soft spoken and cheerful, Kheng's life thus far is a picture of discipline and determination to fight the odds and retain her quality of life. At around 65 years of age, Kheng tore her meniscus playing badminton. She was also diagnosed with osteoarthritis and the doctor advised her to "Stop all activities except swimming!" It was a huge blow as she was always very active; dancing, doing Jane Fonda's aerobics, playing badminton and travelling all over the country and abroad to play golf.

Kheng also went through a very tough patch as she suffered from a stroke and her right side was badly affected. With time she recovered enough to travel to England to be with her daughter, but her knees started to give way and she felt debilitated by the pain. Kheng recalls, "I could barely walk and I knew for sure that I didn't want to live like that." When she came back, she immediately consulted her orthopedic doctor. He took one look at her x-rays and recommended surgery for both her knees.

TAKING THE DECISION

At that point she was 78 years old.

All her friends discouraged her from going through with it. She says with a smile, "They gave me well-meaning advice in all earnestness. Kheng, you are already 78 years old, how much longer do you have to live? Why do you want to put yourself through all this? But for me, it came down to quality of life. I knew that regardless of how many more years I have to live; I would live it fully and well. There was really no decision to make."

Says Kheng, "On Sunday I was admitted, Monday I was operated on, Tuesday I was asked to walk with the help of painkillers and a walker and Wednesday I was discharged."

HER ATTITUDE

She has no regrets. With her very pragmatic approach she shares, "Of course there is pain. You have to be realistic. Even if you cut your finger there is pain. This is your knee. But pain killers help. It is better to suffer a couple of weeks than live with a lifetime of pain. And if you consider that you are regaining the quality of your life, then you just go through with it. The desire to walk again encouraged me to push past the pain and there is no other way."



"For me, it came down to quality of life. I knew that regardless of how many more years I have to live; I would live it fully and well."
~ Kheng

Since recovering from her two knee replacements, Kheng has travelled with friends to Sri Lanka, Taiwan, Langkawi, Bali and hopes to continue doing so. We wish you all the best Kheng.

At 81, Kheng's commitment to her health is truly inspirational. She shares:

- I do varied exercise six days a week. I do Tai-chi and Qi gong with a group of senior citizens in the park twice a week.
- I join the PACE exercise class every Wednesday at AFM where we do deep stretching and floor exercises.
- I love yoga and do it at home with my son who is an avid yoga buff too.

- I am very conscious of my diet. I eat plenty of fruits and vegetables and do not eat junk food.
- I cook my own food every day. I use mostly olive oil and it is either grilled or steamed.
- I weigh myself everyday and keep my weight down between 56-57kgs. Increase in weight is bad for the knees.
- I take a multivitamin, an omega-3 fish oil capsule and drink a tablespoon of extra virgin coconut oil every day.



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Kordel's Glucosamine Plus Chondroitin 500/400, 3 capsules a day provides the recommended dose that is needed by the joints - 1,500mg of Glucosamine sulphate and 1,200mg of Chondroitin sulphate.

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Kordel's
Joints Formula

The Spine Trail

Does your back bother you? Read on and be empowered to stretch and strengthen your back.

By **Dr. Vim at Physio Plus**

“My back is so stiff”, “I wake up in the mornings, and find it so difficult to get out of bed”, “My back aches”, “I just bent down to pick something up, then I could not straighten”. These are some of the common complaints we hear in the clinic from patients seeking therapy for backache. In this context, we have come up with some simple stretches to strengthen muscles and joints that support and protect the back.

KNOW YOUR SPINE

To put it simply, the spine is like a block of bricks (vertebrae) and each

brick is stacked one on top of the other. In between each vertebra is a disc made of fibrocartilage that creates a “cushioning effect” so that each brick does not rub and wear out or degenerate. Furthermore, the bricks are individually coated with cartilage at the ends to prevent them from rubbing against each other. Each of these bricks (vertebra) also has an opening at the back, through which the rope, that is the spinal column, runs. There are also openings between the vertebrae on the sides, through which the nerves that spring from the spinal column exit. These nerves divide into branches and supply information to various parts of the body.

“If you don’t try at anything, you can’t fail... it takes backbone to lead the life you want.”
~ Richard Yates, author *Revolutionary Road*.

THE PROBLEMS

- Over a period of time; with aging, bad postures, repeated strain etc, the discs wear out and degenerate, causing the bricks to rub on each other. This wear and tear can cause rough edges and spurs to form, resulting in compression of the nerves and stiffness of the back and pain.
- Incorrect exercise techniques, lifting loads coupled with weak muscles can also cause injuries to the spine.
- Weekend exercisers, (people who over indulge in sport over the

weekend), people who exercise in spurts and the like can over-strain their back. This is especially true in individuals who are overweight, and/or exhibit poor posture.

- Muscle weakness and tightness can add to the problem. When muscles are tight, the joints they are acting on become stiff and tight as well. As such, they do not have the range of motion to function properly, causing the next closest joint to take the impact of the movement, creating faulty movement patterns.

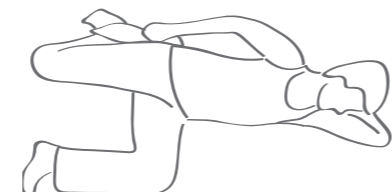
THE LOW BACK STRETCH

- Lie on your back on a firm surface, knees bent with the feet flat on the floor.
- Place your hands over the right knee and gently bring it up to your chest until you feel a stretch in your lower back.
- Maintain the stretch for a count of 30. The left knee can be bent or you could straighten the leg. Repeat with the other leg.



QUADRICEP STRETCH

- Lie on your side, and keep the knee bent below.
- Stretch the upper leg backwards, bending the knee as you do so to gently bring your heel to the buttock. You can use a towel to assist you.
- Feel the stretch of the muscles that run along the front of your thigh. Hold the stretch for 30 seconds. Repeat on the other side.



THE OBLIQUE ABDOMINAL MUSCLES STRETCH

- Lie on your back on a firm surface, knees bent with the feet flat on the floor.
- Bring both your knees and hip to one side. Feel the stretch to the oblique muscles that run along the side of your waist.
- Maintain the stretch for a count of 30. Repeat on the other side.



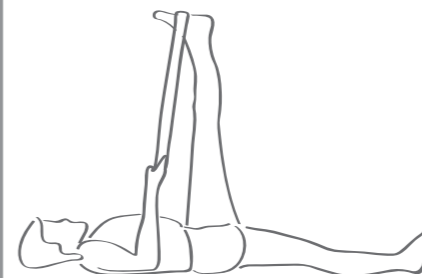
SIDE OF THIGH AND HIP STRETCH (ITB STRETCH)

- The Iliotibial band connects the hamstrings, quads, knee and hip.
- Lie flat on the floor or a firm bed with the knees bent and feet on the floor.
 - Lift the right leg and place it across the top of the left thigh.
 - Gently move the legs and hip towards the left. Hold the stretch for 30 seconds.
 - Release. Come back up. Change legs and move to the other side.



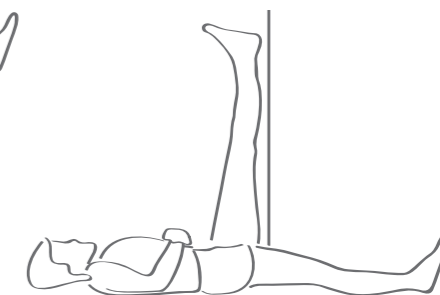
HAMSTRING STRETCH WITH A TOWEL

- Lie on your back on the floor or a firm bed.
- Raise the leg and straighten it by holding onto a towel that is wrapped behind the foot.
- Hold the stretch for 30 seconds. Repeat on the other side.

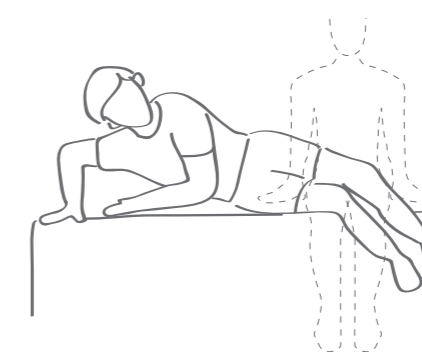


HAMSTRING STRETCH AGAINST A WALL

- Position yourself on the floor near the outer corner of a wall.
- Raise your left leg and rest your left heel against the wall.
- To begin, keep your left knee slightly bent. Gently straighten your left leg until you feel a deep stretch along the back of your left thigh. Hold for about 30 seconds. Repeat with the other leg.
- As your mobility improves, you can maximize the stretch by gradually pivoting yourself closer to the wall or door frame.



HAMSTRING STRETCH
Why do I have to stretch the muscles at the back of the thigh when my problem is in the back? This is because a major part of the hamstring muscles are attached to the pelvic bone, which is in turn connected to the spine. Stretching the hamstrings regularly can gradually lengthen them and reduce the stress felt in the lower back.



GETTING IN AND OUT OF BED

- When you want to rise from the bed in the morning, bend both your knees first.
- Then, turn to your side, in a continuous flowing movement, stretching top arm over, rolling over to the side with the knees bent.
- Swing your legs over the edge of the bed, push with your arm that’s above, pivoting on the arm below and lift yourself up.

REMEMBER TO

- Wear comfortable clothes that do not restrict movement.
- Move into the stretch slowly and avoid bouncing, which may actually tear muscles.
- Stretch on a flat surface that is large enough to allow free movement.
- Place two therapy mats or do your stretches over your carpet.
- Hold stretches long enough (20-30 seconds) to allow muscles or joints to loosen up.
- Stretching should be pain free; so do not force the body into difficult positions.
- Repeat the stretch, at first about three times, then building up to 5 to 8 times.

HOW MUCH DO YOU KNOW ABOUT ARTHRITIS? TAKE THE QUIZ AND DISCOVER.

By Dr. Sargunan Sockalingam

Q&A

1. What is a clear symptom of arthritic disease?

- A. Fever
- B. Rash on the joint
- C. Early morning joint stiffness lasting more than one hour
- D. Pain following exercise
- E. Headache

2. Which of the following is used in diagnosis of arthritis?

- A. Ultrasound of the joints
- B. Radiotherapy
- C. Chemotherapy
- D. Hypnosis
- E. Shaman

3. Which is likely to be the best alternative therapy for arthritis?

- A. Massage with steam bath every day
- B. Regular pilates/tai chi/yoga
- C. Zumba
- D. Cyclotron machine
- E. Optimus Prime

4. One of the following affects the spine more than other joints

- A. Systemic Lupus Erythematosus
- B. Gout
- C. Rheumatoid Arthritis
- D. Ankylosing Spondylitis
- E. Psoriasis

5. A good treatment for acute joint pain

- A. Aerobic exercise
- B. High dose steroid
- C. Hypnosis
- D. NSAIDs
- E. Allopurinol

6. Which of the following is not advisable for people with arthritis?

- A. Rock climbing
- B. Bungee jumping
- C. Water exercises
- D. Tai chi
- E. Karaoke

7. One of the following is NOT a medication used in arthritis treatment

- A. Prednisolone
- B. Testosterone
- C. Hydroxychloroquine
- D. Methotrexate
- E. Sulfasalazine

8. One of the following is an important blood test for arthritis

- A. Anti-CCP
- B. Anti-Nuclear Antibody
- C. Renal profile
- D. Liver profile
- E. Brain profile

9. The wrist contains bones collectively known as

- A. Phalanges
- B. Philharmonics
- C. Carpals
- D. Symphysis
- E. Cretins

10. DMARDs are given to arthritis patients to prevent

- A. Erosive changes
- B. Remission
- C. Low white blood cells levels
- D. Steroid dose reduction
- E. Visits to the doctor

ANSWERS

1. **C.** Early morning joint stiffness lasting more than one hour is one of the clearest indications of arthritic disease.

2. **A.** Ultrasound of the joints helps in early detection and is an attractive method of imaging because of its low cost, absence of harmful radiation, and rapidity of imaging.

3. **B.** In yoga, the emphasis on aligning the mind and spirit that accompanies the series of postures and breathing exercises, brings about not just physical, but mental well being too. Tai chi with its gentle repetitive movements, stances and breathing gets the body's energy to flow more abundantly and freely. Pilates increases flexibility, muscle strength, cardiac fitness, and endurance.

4. **D.** Ankylosing spondylitis is an inflammatory disease that can cause some of the vertebrae in your spine to fuse together. This fusing makes the spine less flexible and can result in a hunched-forward posture.

5. **D.** Nonsteroidal anti-inflammatory drugs (NSAIDs) are used to relieve pain and inflammation in arthritis and related conditions. They work by blocking hormone-like substances called prostaglandins, which are involved in pain and inflammation.

6. **A.** Osteoarthritis results from stress on the joints. Causes for concern in rock climbing include going hard for many days in a row, constant crimping, climbing in the cold, family history of weak joints and previous trauma (like a fracture or ligament damage).

7. **B.** Testosterone is a hormone produced by the testicles. It is important for maintaining muscle bulk, adequate levels of red blood cells growth, a sense of well-being, and sexual function.

8. **A.** Anti-CCP, which stands for anti-cyclic citrullinated peptide antibody, is a blood test which helps your doctor confirm a diagnosis of rheumatoid arthritis.

9. **C.** Your wrist is made up of eight small carpal bones plus two long bones in your forearm; the radius and the ulna.

10. **A.** Doctors prescribe disease-modifying anti-rheumatic drugs (DMARDs) for people with rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, juvenile idiopathic arthritis and lupus. Each DMARD works in different ways to slow or stop the inflammatory process that can damage joints and internal organs.

YOUR PASSPORT SAYS: 42
YOUR JOINTS SAY: 25

Age is not about how old you are, but how young you feel. Seven Seas Flexicare range is specially formulated to help maintain healthy joints and cartilage. Seven Seas Flexicare Glucosamine 500mg is known to relieve joint pain, rebuild cartilage and alleviate the effects of osteoarthritis. Improve your quality of life by keeping your joints supple and flexible, so that you can feel as powerful as the younger you.

Seven Seas Flexicare – your source of nutrients for strong and flexible joints. Helps you to stay active for longer.



AGE, IT'S JUST A NUMBER.

SEVEN SEAS
SINCE 1935

CORPORATE DONATION FOR AFM



AFM is privileged to be one of the 79 recipients of Berjaya Corporation's largess on the occasion of its fifth Founder's Day celebrations held on the 28th of March 2015 at Berjaya Times Square, Kuala Lumpur. The 63rd birthday of the Founder, Tan Sri Vincent Tan was celebrated in a glittering and meaningful opening ceremony which included a cheque presentation to 79 charitable organisations involved in doing good work across a spectrum of areas.

AFM's Arthritis Fund was once again able to replenish its resources with a generous donation

of RM160,000 by Tan Sri Vincent Tan through his Better Malaysia and Berjaya Cares Foundation. Ms. Annie Hay, the Hon. Secretary, collected the cheque on behalf of AFM.

Berjaya Corporation's Chief Executive Officer, Datuk Seri Robin Tan in his opening speech said the year's event themed, "Let's Go-Plant a Seed of Love" focused on growing Founder Vincent Tan's legacy of giving through the spirit of volunteerism. He said, "Our community partners are the ones who have made it their mission in life to serve others. We put our hopes on the charitable



organizations out there to be effective in order to help the needy community."

AFM offers its sincere appreciation to the Berjaya Group as this represents their second donation to the AFM Arthritis Fund. The money will be channeled towards sponsoring about 20 patients for knee prosthesis. AFM also received a donation in 2013 of RM160,000 which was utilized to fund 19 patients who underwent surgeries at government hospitals.

A "Very Happy 63rd Birthday" to Berjaya Corporation Founder Tan Sri Vincent Tan for his exemplary leadership in giving to the needy. We hope that this gesture would be followed by other corporations as there are so many needy patients who require financial assistance to improve the quality of their lives.

The Arthritis Fund was established in 2003. This Fund is dedicated to assist financially challenged arthritis patients by subsidizing the cost of the prosthesis required in knee replacements. All contributions to this Fund are tax exempt. Those who wish to apply for the fund, please refer to AFM's website (www.afm.org.my).

To date, AFM has provided assistance to about 100 needy patients (some patients with more than one prosthesis each) totaling RM778,950. By end of 2015, AFM expects to have reached out to 130 patients with donations of about RM1 million.



RASG GET-TOGETHER

By ANNIE HAY

The very first event for the RA Support Group for both RA/OA sufferers and their caregivers was held at 11am on the 23rd of May at the SLE Meeting Room, Bangunan Sultan Salahuddin Abdul Aziz Shah. The attendance was encouraging with 41 participants.

Ms Annie Hay, Chairperson of the RA Support Group welcomed all present and introduced the Speaker, Dr. Jim Osterwise, Doctor of Chiropractic, who had his own practice in Texas for 17 years. Dr. Jim has been practicing in Kuala Lumpur since November 2013.

In his talk, Dr. Jim covered the benefits of chiropractic and low force chiropractic in the management of pain in RA patients. He explained that a chiropractor is a person who practices chiropractic; specialising in the diagnosis, treatment and

prevention of disorders of the nervous system and/or musculoskeletal system and the effects of these disorders on general health.

Dr. Jim shared the NRC Technique (Neurologic Relief Centres Technique) which is a technique that releases the tension in the membranes that surround and protect the brain and the spinal cord. NRCT is non-invasive and usually painless. A simple 15-minute test performed by Dr. Jim will ascertain whether you are a candidate for NRCT. Dr. Jim informed us that when our nerves are irritated, we may experience many symptoms because nerves control every function of our body.

Lunch was served at 12.30pm. This was followed by a session with members sharing their RA stories and details of how they manage their illness. It was encouraging to see new



The most common symptoms that respond to NRCT are:

- Pain (anywhere in the body, including fingers and feet)
- Fibromyalgia
- Arthritic like symptoms
- Numbness
- Headache (migraines)
- Forgetful, fatigue, irritability, digestive problems
- Burning
- Insomnia, sleeplessness, nervousness, anxiousness, moodiness

RA members come forward to share their stories and the warm interaction as RA/OA patients shared their individual experiences.

The event came to an end at 2.30pm leaving the participants asking for more of such programmes from the organising committee. We wish to thank the participants for their enthusiasm and support and we will take into consideration your comments and views.

OUR STORY

KAM PEK LIM'S STORY

My experience with Rheumatoid Arthritis (RA) began 15 years ago in September 1999. During lunch break, in the midst of a workshop, I found I was unable to open my jaw wide enough to eat with a spoon. My mouth was able to accommodate only a tea spoon. It took me at least an hour to finish one bowl of rice, with some dishes, all mixed together.

My health deteriorated and my oral medication too seemed not to help. I was forced to have my medication given intravenously every month at HUKM costing about RM3,000 per treatment. After about 24 cycles, on September 2014, my excruciating pain came back.

My daughters and I agreed that the toxins in my body could have caused the relapse and I explored a holistic approach to healing. Some tips:

- 1) Include raw garlic, ghee, virgin coconut oil, honey, sea cucumber, labu water (clay pot) in your diet. Avoid foods made from or cooked with glutinous rice, yam, sour fruits and foods like tomatoes, bean, peanuts, white flour, sugar, tau foo, tau geh and the like.

- 2) Exercise regularly.

- 3) Detox for better absorption of Rbclife core4 products (Bio Medical products).

After consuming Rbclife core 4 starting from Jan 21st 2015, I feel a surge in my healing and pray that

with God's help I will be totally free from PAIN.

RUKUMANI DEVI'S STORY

I am a 70 year old diabetic patient with OA. In January 2015, I had a nerve attack around my neck. The doctor who checked me said it was a result of insulin overdose. My orthopaedic doctor gave me oral medicine to relieve the pain and a collar to support my neck.

I was asked to stop insulin, to refrain from consuming any form of sugar and to regulate my food intake. Things have improved since. Now I have joined the Arthritis Foundation so that I can meet new friends and share my experiences with them as I am single and live alone.

AFM SPREADS AWARENESS

In its constant bid to spread awareness and information on arthritis and reach out to patients, AFM participated in events around town.



1 AFM CELEBRATES SPONDYLOARTHRITIS (SPA) DAY

On the 27th of May 2015, Spondyloarthritis (SpA) Day was celebrated at Hospital Serdang, Selangor. Dato Dr. Ardi bin Haji Awang, Director of the Serdang Hospital officially opened Spondyloarthritis (SpA) Day. Dr. Muhaini Othman, Head of Medical Department gave the opening address and Dr. Ramani Arumugam, Consultant Physician and Rheumatologist gave a talk on “Inflammatory Back Pain”. This was followed by an exercise session, “Let’s move and be flexible” by the hospital’s physiotherapists.

AFM had set up a booth; managed by P. Yogeswary & S. Shantamalar, to create awareness on arthritis and our activities. Towards this end we distributed our information leaflets, membership forms, PACE exercise leaflets and Joint Effort publications. One patient joined as a life member. We also received many enquiries on arthritis and exercise.

2 AFM AT INTERNATIONAL HEALTHCARE CONFERENCE AND EXHIBITION

From 15-17 June 2015 at the Kuala Lumpur Convention Centre, AFM also set up a booth at the International Healthcare Conference and Exhibition. It was organised by the Association of Private Hospitals of Malaysia and the theme was “Managing Today’s Hospitals in the Current Regulatory Environment”. It was opened by YB. Datuk Seri Dr. S. Subramaniam, Minister of Health.

There were over a 100 booths mostly by health care providers and NGOs; AFM, WWF Malaysia, National Kidney Foundation of Malaysia, National Cancer Society of Malaysia, Malaysian Society for Quality in Health to name a few.

Our AFM booth, managed by Patricia Ho, Karen Chee, P. Yogeswary & S. Shantamalar attracted many enquiries on arthritis and there was a lot of interest evinced in exercise CDs. There were also many requests for information leaflets to be sent to their clinics and hospitals.



AFM: CALENDAR OF EVENTS

Date	Event	Venue
7-9 Aug	National Rheumatoid Arthritis Day	Sekin Hotel & Resort Sekinchan, Selangor
22-Aug	Family Walk	Asia Columbia Hospital Nusajaya, Johor
22-Aug	Young At Heart: Series 2	SWAN Convention, Sunway Medical Centre
5-Sep	RASG Tea Talk	AFM Office
13-Sep	Public Forum	Penang
10/17 Oct	World Arthritis Day	SWAN Convention, Sunway Medical Centre
12-Oct	World Arthritis Day	Hospital Raja Permaisuri Bainun, Ipoh
25-Oct	Kordel's-AFM Charity Walk	Padang Merbok, Kuala Lumpur
7-Nov	RASG Lunch Talk	AFM Office
Nov	Young At Heart: Series 2	Penang
Nov/Dec	JIA: Independence Camp	Selangor

• PACE (People with Arthritis Can Exercise) exercises every Wednesday at 10.45am-11.45am at the SLE meeting room, next to AFM office. For further details of events please contact the AFM office.

ANNOUNCING KORDEL'S CHARITY WALK 25th OCTOBER 2015



Support Arthritis Foundation Malaysia at the Kordel's Charity Walk 2015

6am (flag off: 7.15am)

Padang Merbok is the place to be on 25th October 2015. Come with family and friends and participate in the Kordel's Charity Walk to raise awareness and funds for the Arthritis Foundation Malaysia (AFM) as well as to support a healthy lifestyle.

Funds raised go towards supporting AFM in its continuous efforts to support underprivileged patients who require joint replacement surgery but lack the funds to do so.

Complementary Therapy

In this segment of Doc talk, Dr. Sargunan explores the different complementary therapies available and their place in the treatment of the patient.

With the advance of conventional medicine in the treatment of many diseases, the concept of providing complementary therapy alongside is slowly catching on. An outpatient clinic with the calming scents of aromatic incense sticks and soothing music softly emanating from ceiling mounted speakers is one such example.

While the concept of the holistic clinic is yet to gain a foothold, the growth of the complementary therapy industry is noticeable. The Internet is a massive source of information and it provides a platform for many patients and their relatives to obtain information about complementary therapies that are the flavor of the moment.

THE LINK: AUTOIMMUNITY AND COMPLEMENTARY THERAPY

There is a positive side to complementary therapy. Much of arthritis is related to autoimmunity. Autoimmunity is the responses of the body's immune system towards its own cells and tissues. When there is a problem with the responses, autoimmune diseases such as Rheumatoid Arthritis and Systemic Lupus Erythematosus may develop. There are many studies that are evaluating the human body's response to factors such as sleep and exercise. It is becoming increasingly evident that a suitable environment, adequate sleep and the right amount of exercise are very beneficial towards treatment of arthritis. It is on these very paradigms that yoga, tai chi, pilates and meditation operate.

Yoga seems to have become very popular with the recently concluded International Yoga Day on 21st June 2015. There are many styles of yoga to explore and it has become a pop culture icon of sorts along with pilates and group meditation classes.

“A positive and uplifting environment, more than any medication, conventional or complementary therapy is key towards achieving complete control, even possible cure of any arthritic disease. The immune system might recognize this and perhaps, become “reconfigured” to heal, instead of harm.”

~ Dr. Sargunan Sockalingam

CONVENTIONAL VS COMPLEMENTARY

The types of complementary therapy seem to be differentiated by its intended target and mode of administration. In arthritis, the predominant early symptoms are joint pain and stiffness, lethargy and the general feeling of sadness upon diagnosis. In conventional medicine, we are told to rest the acutely affected joint for 24 hours, and then begin light exercises. This is where physical therapy comes in. Most hospitals provide physical and occupational therapy services as part of the conventional medicine regime.

In complementary medicine, yoga, pilates and tai chi are but a few options available. There seems to be new fitness exercises introduced almost every month. They may originate from exotic locations like Hawaii or deep within the forests of the Amazon basin, complete with images of perfectly toned natives diving effortlessly into the waters beneath a 30-meter high cliff. Quite the inspiration for one diagnosed with a potentially debilitating joint disease!

TOWARDS HOLISTIC LIVING

A positive and uplifting environment, more than any medication, conventional or complementary is the key towards achieving complete control. Perhaps this is why the concept of the holistic clinic is potentially beneficial. An environment that promotes peace and calm, be it by music, clean air, running water and aromatherapy along with the care and comfort provided by the staff might provide the welcome relief from the pain and inflammation. This might be replicated at home too, with family members taking on the role of holistic health care providers.

The immune system might recognize this and perhaps, become "reconfigured" to heal, instead of harm. Perhaps, the development of home-based therapy, will give the commercial centers a run for their money.

Mode of Administration



ORAL PREPARATIONS: When it comes to therapy taken as oral preparations, there seems to be a bewildering smorgasbord made up of every conceivable substance on earth; living, non-living and no longer living! Stem cells, placenta extract, cartilage, goat's milk, seaweed, chlorophyll, plant extract and preparations

containing vitamins and minerals are just some examples. While I have met patients who swear by the efficacy of these substances, there really is not much research data that is readily available for us to examine.

INTRAVENOUS: There are some substances that are injected intravenously as well. These range from stem cell derived products to chemicals that are known as "chelators". These are not readily available, and hard to come by, but information is usually obtained by word of mouth, and of course, the Internet.



WAVE THERAPY: We also hear of wave therapy; using light waves, sound waves and magnetic resonance. The affected part of the body, or in fact, the whole body is placed in a machine, which then emits a series of waves, supposedly meant to realign the molecules and atoms of the human tissue into a more suitable

configuration. Not much is known about these forms of treatment, apart from the information provided by their vendors.

MASSAGE THERAPY: Ayurveda deserves a mention, because it works very well to treat the swelling and pain of joints. It is a combination of oral medication (kashaayam will give you a gorgeous bitter rush) and massage therapy. But the reality is that the damaging effects of Rheumatoid Arthritis will continue, and it is likely, years later, there will be joint destruction and, while there is no pain or swelling, the joint may become damaged, and eventually deformed.



It is very likely that in the coming years more such therapy; whether oral, intravenous preparations or wave therapy may find its way to the mainstream as technological advances are made in these fields. But hopefully there is data to show that these treatments are safe and effective as currently the information available is not convincing.

FIND A RHEUMATOLOGIST

The following is a list of hospitals which offer Rheumatology services:

WILAYAH PERSEKUTUAN

- Ampang Putri Medical Centre, Kuala Lumpur
- Gleneagles Intan Medical Centre, Kuala Lumpur
- Hospital Kuala Lumpur, Kuala Lumpur*
- Hospital Putrajaya, Kuala Lumpur
- Hospital Putrajaya, Putrajaya*
- Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur*
- Al-Islam Specialist Hospital, Kuala Lumpur
- Pantai Hospital, Kuala Lumpur
- Prince Court Medical Centre, Kuala Lumpur
- Pusat Pakar Tawakkal, Kuala Lumpur
- Pusat Perubatan Universiti Malaya, Kuala Lumpur**

SELANGOR

- Hospital Selayang, Batu Caves*
- Hospital Serdang, Serdang*
- Sime Darby Medical Centre, Subang Jaya, Petaling Jaya
- Damansara Specialist centre, Petaling Jaya
- Sunway Medical Centre, Petaling Jaya
- Hospital Tengku Ampuan Rahimah, Klang*
- Columbia Asia Hospital, Bukit Rimau, Shah Alam
- Ara Damansara Medical Centre, Shah Alam

KEDAH

- Hospital Sultanah Bahiyah, Alor Setar*

* Government or University Hospital - Patients wishing to see a rheumatologist at a government or university hospital require a referral letter from their general practitioner or another doctor.

** The hospital also has a private wing, University Malaya Specialist Centre

PULAU PINANG

- Hospital Pulau Pinang, Pulau Pinang*
- Bone, Joint & Pain Specialist Centre, Sunway Perdana, Pusat Bandar Seberang Jaya, Seberang Perai

PERAK

- Hospital Raja Permaisuri Bainun, Ipoh*
- Hospital Pantai Putri, Ipoh

MELAKA

- Hospital Melaka*

JOHOR

- Hospital Sultan Ismail, Pandan, Johor Bahru*
- Columbia Asia Hospital, Nusajaya, Johor

NEGERI SEMBILAN

- Hospital Tuanku Jaafar, Seremban*

KELANTAN

- Hospital Raja Perempuan Zainab II, Kota Bharu*

TERENGGANU

- Hospital Sultanah Nur Zahirah, Kuala Terengganu*

SABAH

- Hospital Queen Elizabeth, Kota Kinabalu*

SARAWAK

- Hospital Kuching, Kuching*

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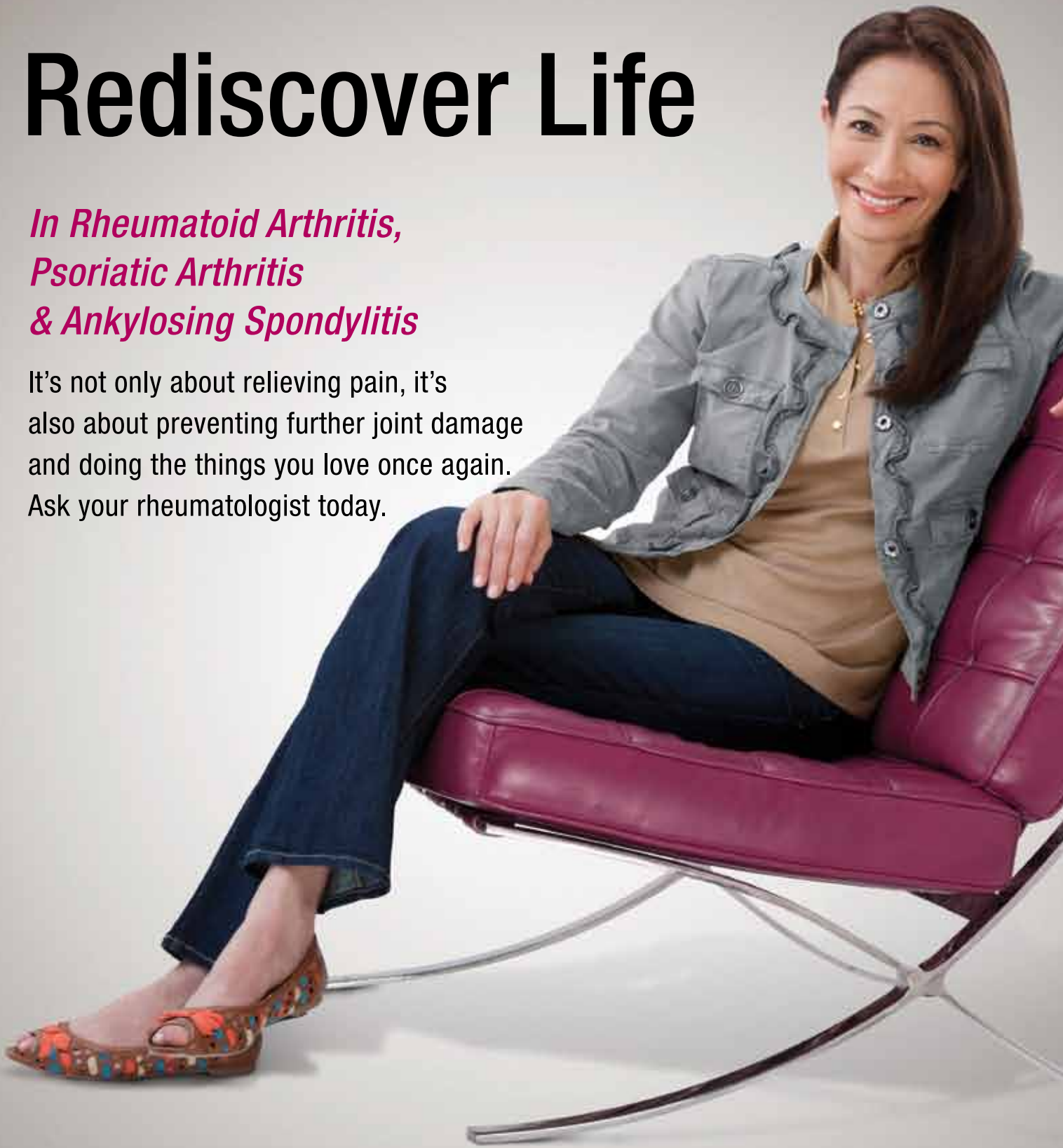
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