

Joint Efforts

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THE KORDEL'S – AFM CHARITY

WALK 2012 postponed to Sunday 7th October 2012 at Padang Merbok, Kuala Lumpur. For details go to www.afm.org.my OR www.kordels.com.my

WORLD ARTHRITIS DAY

for 2012 will be celebrated on 21 October at SWAN Convention Centre. Look out for details on AFM's website.

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Editorial

Arthritis is a common condition. It is said that 1% of the world population has Rheumatoid Arthritis, and up to 30% of people above the age of 65 has the other form of arthritis called Osteoarthritis. Previous issues of Joint Efforts have highlighted the difference between both these forms of arthritis, and what is equally important is, the need to know the difference between these two diseases. They are treated differently.

There are other diseases that are included in the spectrum of arthritic diseases, such as Gout, Ankylosing Spondylitis, Psoriatic Arthritis and viral arthritis. These are also important diseases to know, and your physician will be able to help a sufferer of arthritis to identify such forms. What is important is the rule that an acutely painful, swollen and red joint should be kept at rest, in a comfortable position.

This however, is the easy part. With the easy availability of powerful drugs

such as steroids and non steroidal anti inflammatory drugs, treating an acutely painful joint is quite simple. The difficult part of arthritis management is the next phase. About 48 to 72 hours after the joint inflammation has resolved, it is important to exercise the joint regularly, to maintain its important function as the hinge that allows movements of the limbs and fingers.

If joints are left immobile due to arthritis, then eventually it will succumb to the degenerative effects of all forms of chronic arthritis. Many processes that destroy the joint happen quietly and without symptoms. Hence the importance of retaining the movement function of the joint. This is achieved by exercise.

Exercise is very important for the arthritis patient. Whether it is Rheumatoid Arthritis, Osteoarthritis or any other arthritic illness in its chronic form, the importance of regular exercise cannot be understated. Medications alone do help, but if the patient makes no

effort to be involved in joint protection exercises, then the risk of permanent damage and disability becomes very real. This issue of Joint Efforts, highlights the importance of exercises. There are a number of exercises available specific for arthritis, such as walking, yoga and tai chi.

We do hope that this issue of Joint Efforts will give the reader, an idea of what exercises are suitable for people with arthritis. Many of these are easy to do and involve very little cost to the patient and their carers. In fact, such activities, when performed correctly will provide patients with a positive attitude and optimism that will certainly go a long way towards keeping the disease under control, especially in combination with pharmacologic therapy.

Sincerely,

Dr. S. Sargunan

Jointly brought to you by:



Warm greetings from myself & the committee

As a nation grows, it is usual for emphasis of healthcare to switch from crisis management of short-term serious illnesses (for example treating serious infections with antibiotics) to the expectant management of long-term chronic conditions in order to improve outcomes. These chronic conditions may vary from diabetes to heart disease, kidney disease and of course arthritis.

The care of chronic disease in Malaysia requires the cooperation of many parties. Taking arthritis as an example, the simple relationship between doctor and patient also needs to take in the assistance of carers, physiotherapists, nurses and pharmacists. To expand things further, it is no longer enough for a patient to expect to be told all things relating to their condition – there must be an element where the initiative to find out more has to come from patients themselves. In this age of information where such knowledge is so easily available, it is really in the interests of the person having the chronic disease to find out as much as they can about their condition. Care of the disease in such an informed patient becomes easy and long-term control to avoid complications can then be a realistic target. Part of the AFM's remit is of course to disseminate information in such a way that the Malaysian patient who wishes to find out more can find it readily either by themselves or with guidance from healthcare providers.

The burden of chronic disease is significant. In a recent survey in Malaysian government hospitals, the National Inflammatory Arthritis Registry had found that only 32% of Rheumatoid Arthritis(RA) patients were in full-time employment and that of those unemployed, more than half attributed being unable to continue working to the disease. Chronic low back pain, a very common condition, results in many days off work due to medical leave and so impacting on overall productivity.

In the push for awareness, we know that general public awareness is but one step. Policy makers need to be aware so that decisions may be made that impact care of chronic disease. Insurance companies need to be aware that treating chronic diseases well results in less expensive complications thus leading to cost savings in the long term. The AFM will continue to be an advocate for arthritis and we continue to need your support to do so.

I hope you enjoy this edition of Joint Efforts.

Dr Amir Azlan Zain
PRESIDENT
AFM

Salam sejahtera daripada saya dan ahli jawatankuasa,

Apabila negara semakin berkembang, selalunya penekanan terhadap penjagaan kesihatan akan berubah daripada pengurusan krisis penyakit serius jangka pendek (sebagai contohnya merawat jangkitan serius dengan menggunakan antibiotik) kepada pengurusan jangkaan keadaan kronik jangka panjang bagi penambahbaikan hasil. Keadaan kronik ini mungkin berubah daripada diabetes kepada penyakit jantung, penyakit buah pinggang dan sudah tentunya artritis.

Penjagaan penyakit kronik di Malaysia memerlukan kerjasama daripada banyak pihak. Sebagai contohnya bagi artritis, perhubungan antara doktor dan pesakit juga perlu mengambil kira bantuan penjaga, ahli fisioterapi, jururawat dan ahli farmasi. Pesakit kini tidak boleh mengharap maklumat sentiasa diberikan mengenai keadaan mereka tetapi mereka mestilah mempunyai inisiatif sendiri untuk mendapatkan maklumat. Pada zaman sekarang, di mana maklumat mudah diperolehi, seseorang yang menghidapi penyakit kronik itu hendaklah mempunyai minat untuk mendapat maklumat sebanyak mungkin mengenai keadaan mereka. Dengan itu, penjagaan untuk pesakit yang mempunyai pengetahuan akan menjadi lebih mudah dan kawalan jangka panjang untuk mengelakkan komplikasi boleh menjadi sasaran yang realistik. Sebahagian daripada bidang kuasa AFM sudah tentunya menyediakan maklumat, di mana pesakit di Malaysia yang ingin mengetahui lebih lanjut boleh memperolehnya sendiri dengan mudah atau dengan panduan daripada pembekal penjagaan kesihatan.

Beban penyakit kronik sememangnya ketara. Dalam soal selidik yang dijalankan baru-baru ini di Hospital Kerajaan di Malaysia, Pendaftar Keradangan Artritis Kebangsaan mendapati bahawa hanya 32% pesakit Rheumatoid Arthritis (RA) yang bekerja sepenuh masa, manakala mereka yang menganggur, iaitu lebih daripada separuh, disebabkan oleh ketidakupayaan untuk bekerja kerana penyakit tersebut. Sakit belakang pinggang kronik, iaitu keadaan biasa, mengakibatkan banyak hari cuti sakit, lalu memberi kesan terhadap tahap produktiviti pesakit secara keseluruhan.

Untuk meningkatkan kesedaran, kami tahu bahawa kesedaran awam adalah langkah pertama. Perangka dasar perlu sedar supaya keputusan yang dibuat memberi kesan kepada penjagaan penyakit kronik. Syarikat-syarikat insurans perlu sedar bahawa merawat penyakit kronik dengan baik akan mengurangkan kos komplikasi, dan membawa kepada lebih penjimatan untuk jangka panjang. AFM akan terus memberi sokongan dalam isu berkaitan artritis dan memerlukan sokongan anda untuk terus berbuat demikian.

Saya harap anda semua menikmati edisi Joint Efforts kali ini.

Dr Amir Azlan Zain
PRESIDENT AFM

读者们，大家好！

随着国家日益成长和发展，卫生医疗的重心会从严重疾病短期危机管理（例如以抗生素治疗严重感染），转换到长期慢性疾病的期待管理，以改善预后。糖尿病、心脏病、肾脏病还有关节炎，都属于长期慢性疾病，而它们的情况也各不相同。

国内的慢性疾病护理，需要多方面的合作方能达成。就以关节炎为例，医生与病人的简单关系里，还需要有看护人、物理治疗师、护士和药剂师们的协助才算完整。此外，病人也不该局限于只是依赖由医生告知所有与其疾病有关的事情。相反的，病人应该自发主动了解更多有关疾病的详情。如今资讯科技发达，要查看这方面的资讯一点不难，只要慢性疾病患者有心就可以办到，而且是应有尽有。如果病人了解自己的病情加上对本身疾病认识够多，疾病护理和长期控制也变得容易，这样一来避免往后出现并发症的目标就可以达成了。大马关节炎基金会的其中一个职务，就是要向马来西亚的普罗大众传达关节炎资讯，方便患者可以随时自行、或在医疗服务人员的指导下，找到相关信息。

慢性疾病造成的负担很显著。全国性关节炎病例登记不久前在马来西亚公家医院进行的一项调查显示，在患上类风湿性关节炎人口当中，全职上班的只占32%，至于失业的关节炎患者，有半数以上是因病无法继续工作下去。就以很常见的下背部痛为例，它导致患者因背痛而告病假，减少了上班天数，对整体生产力造成一定的冲击。

在我们推动疾病意识的努力下，提高全民意识只是当中一部分，重要的是政策制定者们也必须要有这方面的认知，以制定对慢性疾病护理有正面影响的决策。保险公司也需知道，慢性疾病护理得好，并发症就少发生，长期下来医疗开销也省了许多。大马关节炎基金会将继续当治疗关节炎的倡导者，并需要各位继续大力支持我们做下去。

祝您阅读愉快。

Dr Amir Azlan Zain
大马关节炎基金会主席

EXERCISE YOUR OPTIONS!

Here's a list of some of the best exercises for arthritis management. With this list, we have left you with no excuses not to exercise...

Some of the exercise options that tend to work well for people with arthritis are walking, Yoga, Tai Chi, Pilates, rebounding, swimming and cycling. You can either pick one or you could engage in any combination of these for variety and a more balanced exercise plan, or even just to keep boredom at bay. We start with the most accessible form of exercise.

WALKING

More cardiovascular

We start with walking because when you have arthritis pain and stiffness, finding proper exercise can be difficult. Walking may be a good exercise choice for those with arthritis as it seems the most accessible and one that you already know how to do.

Running or jogging may still be a good exercise option if you run on softer surfaces. Walking or more gentle forms of exercise may be a better option though, if you already have arthritis in your lower extremities. Contrary to popular belief, running does not cause osteoarthritis in people who have with normal, uninjured knees.

Walking helps build strength and maintain joint flexibility, aids in bone health and reduces the risk of osteoporosis. It also helps boost your mood, making you feel better about yourself and the world around you. Walking is also the easiest exercise you can do to give you a sense of control over your arthritis. It is said to improve significantly the symptoms of arthritis.

Furthermore, if done on a consistent basis – at least five times a week for 30 minutes per session – walking will help you maintain, or even reduce when done in tandem with controlled caloric intake, your weight over time. This in turn will go a long way in easing the stress of extra bodily weight on your joints.

Start gradually and wear a good, sturdy pair of walking shoes. If you have never performed any form of structured exercise, start by walking as briskly as possible for five minutes every day. Walk as if you are very late for the most important meeting or event of your life. The next week, add another minute to your session and so on for the next few weeks until you are able to walk for 30 minutes.

If you do not have a 30-minute time span, walk for three 10-minute sessions throughout the day. In fact, this might prove the better, more convenient option for you. And if it rains, why not switch on the TV or your favorite dance tunes and march in place while swinging your arms up and down or from side-to-side?

Hot on the heels of Joint Effort's feature on exercise last December, we will be providing, in detail, in this issue and the next, how exactly you can take your health into your own hands, and hopefully, improve your health and enjoyment of life.

This issue, we take a closer look at walking, for better cardiovascular health, and tai chi and yoga, for range of motion and strength. Read on, try it out and enjoy the results!

(Byline Merina Hew)

TAI CHI

Range-of-motion and strength

Tai Chi is a gentle martial arts exercise with origins in ancient China. The Chinese characters for "Tai Chi" can be translated as the 'Supreme Ultimate Force'. Tai Chi, as it is generally practiced today, can be said to be a moving form of yoga and meditation combined.

There are a number "forms" (sometimes also called "sets") consisting of a sequence of movements. Many of these movements are originally derived from the martial arts (and perhaps even more ancestrally than that, from the natural movements of animals and birds) although the way they are performed in Tai Chi is slowly, softly and gracefully with smooth and even transitions between them.

For many practitioners, Tai Chi is a meditative exercise for the body. In Chinese philosophy and medicine the concept of 'chi' is that of a vital force that animates the body. One of the main aims of Tai Chi is to foster the circulation of this 'chi' within the body, the belief being that by doing so the health and vitality of the person are enhanced.

This 'chi' circulates in patterns that are close related to the nervous and vascular system and thus the notion is closely connected with that of the practice of acupuncture and other oriental healing arts.

For the arthritic, performing Tai Chi's fluid and flowing circular movements, can relax, maintain mobility, and improve range of motion. Tai Chi is a versatile activity that can be easily incorporated into people's daily activities.

In his 2010 study, Leigh Callahan, PhD and associate professor in the University of North Carolina at Chapel Hill School of

Medicine and a member of UNC's Thurston Arthritis Research Center found that Tai Chi eased the discomfort of arthritic joints considerable.

"Our study shows that there are significant benefits of the Tai Chi course for individuals with all types of arthritis, including fibromyalgia, rheumatoid arthritis and osteoarthritis," he said. Usually preformed in a group, Tai Chi can also be practiced individually, which differs from traditional exercise therapy approaches in clinics.

YOGA

Range-of-motion and relaxation with some strength, depending on posture

Yoga can provide pain relief, relax stiff muscles, and ease sore joints. With controlled movements, pressures, stretches and deep breathing relaxation, yoga can also improve range of motion of stiff joints.

The word "yoga" is Sanskrit for "union", generally referring to the union or yoking of mind, body and spirit through the practice, both of the physical poses (or "asana") and through the mental and spiritual observations of yogic principles.

An author named Patanjali wrote Yoga-sutra, the first text on the subject of yoga about 2,500 years ago. In it, Patanjali defined Yoga as the "cessation of the turnings of the mind", what we might refer to these days as the "stilling of the mind" or even "de-stressing".

However, as the concept of "stilling the mind" can be difficult to achieve, yoga poses help us do so as a starting point to this otherwise intangible goal. By starting with the body, the yoga practitioner starts from a known place, using your body and your breath with the postures, you open your mind and become receptive to the profound experience of inner stillness and peace.

As a physical practice, yoga poses can assist a person with arthritis can reap many rewards from practicing yoga. For those not to familiar with yoga, this may seem strange as the very mention of yoga brings to mind images of complicated poses requiring great flexibility and balance.

This, however, is only true of advanced yoga, while yoga for beginners and therapeutic yoga is generally extremely simple. Yoga for arthritis patients only requires simple and gentle flowing postures that help the practitioner gradually increase and enhance strength, equilibrium, and flexibility. This makes it one of the most beneficial disciplines for any arthritis patient. Practicing yoga as an arthritis alternative or complimentary treatment offers many benefits. It significantly improves circulation, enhancing blood flow to the joints, while flushing out toxins and other wastes. Arthritis is normally so debilitating because of the nature of the disease.

Movement of the joints can be extremely painful, which is why most patients tend to minimize movement of the affected joint. Ironically, this only increases the stiffness and even increasing joint deterioration. Yoga encourages slow, steady, controlled and deliberate movements that exercise the joints as far as possible. Practice of yoga for arthritis has two distinct aspects. Asanas or poses are crucial for the patient, but these postures should not be held for too long. Pranayamas or breath exercises are the other area of yoga practice.

Some of the poses included in yoga for arthritis exercise include:

- The Pond Pose or Tadasana
- The Gas Release Pose or Pawanmuktasana (2 legs),
- The Crocodile Pose or Makarasana,
- The Auspicious Pose or Swastikasana,
- The Cobra Pose or Ekpadsahajhasta Bhujangasana,
- The Warrior Pose or Veerasana,
- The Triangle Pose or Trikonasana,
- The Tree Pose or Vrikshasana
- The Pranayamas or breath exercises that are recommended are generally simple and involve deep breathing.

EXERCISE GUIDELINES FOR THE PATIENT WITH ARTHRITIS

To obtain the maximum benefits from an exercise program:

Be consistent

Exercise should be performed daily. In order to see results and obtain full benefits from exercise, it cannot be done sporadically.

Build up gradually

The best exercise program is one which begins at a low intensity and builds up gradually as symptoms permit. Too much exercise, especially initially, can worsen symptoms.

Exercise when symptoms are least distressing

The best time to exercise is when pain and stiffness are at a minimum. Some people with arthritis prefer exercising after morning stiffness subsides. Others dislike afternoon exercise sessions because they grow more tired as the day progresses. It's a matter of personal preference.

Do not overdo

Many strengthening and range-of-motion exercise programs suggest performing the exercises in sets of three to 10 repetitions, with each set repeated one to four times. No set number works for everyone. The number of repetitions is dependent on how well you feel. Too much activity, especially during a flare, can aggravate or worsen symptoms.

Listen to body signals

A certain amount of discomfort during exercise is acceptable and expected. If pain lasts two hours or more after exercise, the body is signaling that the exercise session was too strenuous. Fewer repetitions should be performed until symptoms subside.

If the joint feels hot, avoid exercise

Exercise can worsen swollen, tender, or warm joints. Modify your activity until arthritis symptoms are once again under control.

Set realistic goals

Begin the exercise program with reasonable goals and the determination to gradually increase over time. Too much, too soon, can be harmful.

Smooth, steady rhythm

Exercising and breathing should be coordinated. Avoid bouncing or jerky motions which can add stress to joints. Exercise in a smooth, steady rhythm and relax between repetitions.

Alternate rest with activity

While activity is important in maintaining healthy joints, so is getting the appropriate amount of rest.

SENAMAN PILIHAN UNTUK ANDA!

Berikut adalah senarai beberapa jenis senaman terbaik untuk pengurusan artritis. Dengan senarai ini, kini tiada sebab untuk anda tidak bersenam.....

Sesetengah jenis senaman yang sesuai untuk orang yang menghidapi artritis adalah berjalan, Yoga, Tai Chi, Pilates, senaman pantulan, berenang dan berbasikal. Anda boleh memilih satu atau melakukan sebarang kombinasi pilihan tersebut untuk kepelbagaian dan perancangan senaman yang lebih seimbang, atau hanya untuk menghilangkan kebosanan. Kita mulakan dengan senaman yang paling mudah dilakukan berbanding senaman yang memerlukan peralatan.

BERJALAN

Lebih kardiovaskular

Kita mulakan dengan berjalan kerana apabila anda mengalami kesakitan artritis dan kekakuan, memilih senaman yang sesuai mungkin sukar. Berjalan mungkin adalah pilihan yang baik bagi mereka yang menghidapi artritis kerana senaman ini mudah dilakukan dan semua orang tahu melakukannya.

Berlari atau berjogging juga mungkin sesuai sekiranya anda berlari di atas permukaan lembut. Berjalan atau senaman yang lebih lembut mungkin adalah pilihan yang lebih baik sekiranya anda mempunyai artritis pada bahagian bawah badan. Bertentangan dengan tanggapan ramai, berlari sebenarnya tidak mengakibatkan osteoarthritis pada mereka yang mempunyai lutut normal tanpa kecederaan.

Berjalan membantu membina kekuatan dan mengekalkan kelenturan sendi, membantu kesihatan tulang dan mengurangkan risiko osteoporosis. Berjalan juga membantu merangsang mood anda, membuat anda merasa lebih baik tentang diri dan dunia di sekeliling anda. Berjalan juga adalah senaman paling mudah yang boleh anda lakukan untuk anda mengawal artritis anda. Berjalan dikatakan dapat mengurangkan simptom artritis anda dengan ketara.

Selain itu, sekiranya dilakukan secara konsisten – sekurang-kurangnya lima kali seminggu selama 30 minit setiap sesi – berjalan dapat membantu anda mengekalkan, atau mengurangkan berat badan setelah beberapa lama, sekiranya senaman tersebut dilakukan bersama dengan kawalan kalori. Seterusnya, ini akan memberi manfaat jangka panjang dalam melegakan tekanan berat badan berlebihan terhadap sendi anda.

Mulakan secara berperingkat dan pakai kasut berjalan yang baik. Sekiranya anda tidak pernah melakukan sebarang bentuk senaman berstruktur, mulakan dengan berjalan selaju mungkin selama lima minit setiap hari. Berjalan seolah-olah anda terlambat untuk

Selepas terbitan Joint Effort bulan Disember lepas yang memberi tumpuan kepada senaman, terbitan kali ini dan terbitan seterusnya akan menerangkan kepada anda bagaimana anda boleh menjaga kesihatan diri sendiri untuk kehidupan yang lebih sihat dan bermakna.

Pada terbitan ini kita akan menyentuh tentang senaman berjalan untuk system kardiovaskular yang sihat, serta tai chi dan yoga, untuk pergerakan dan kekuatan tubuh. Teruskan membaca, mencuba dan menikmati hasilnya!

mesyuarat atau acara penting dalam hidup anda. Pada minggu berikutnya, tambahkan seminit lagi dan seterusnya selama beberapa minggu yang berikut sehingga anda boleh berjalan selama 30 minit. Sekiranya anda tidak mempunyai tempoh selama 30 minit, berjalanlah untuk tiga sesi 10-minit sepanjang hari. Malah, cara ini mungkin lebih baik dan merupakan pilihan yang lebih mudah untuk anda. Sekiranya hari hujan, pasang TV atau lagu tarian kegemaran anda, goyangkan tangan anda ke atas dan ke bawah atau ke tepi.

TAI CHI

Range-of-motion dan kekuatan

Tai Chi adalah senaman seni mempertahankan diri berasal dari Negara China purba. Huruf Cina untuk “Tai Chi” boleh diterjemahkan sebagai ‘Kuasa Tertinggi yang Unggul’. Tai Chi, seperti yang diamalkan hari ini boleh dikatakan satu bentuk gabungan yoga bergerak dan meditasi.

Terdapat beberapa “bentuk” (kadang kala digelar “set”) yang merangkumi siri pergerakan. Kebanyakan pergerakan ini berasal daripada seni mempertahankan diri (atau mungkin daripada pergerakan semulajadi haiwan dan burung) walaupun cara ia dilakukan dalam Tai Chi adalah perlahan, lembut dan gemalai dengan transisi yang lancar dan sekata antara pergerakan.

Bagi kebanyakan pengamal, Tai Chi adalah senaman meditasi untuk badan. Dalam falsafah dan perubatan China, konsep ‘chi’ adalah kuasa penting yang menghidupkan badan. Salah satu tujuan Tai Chi adalah untuk merangsangkan pengaliran ‘chi’ dalam badan. Mereka mempercayai bahawa dengan melakukan Tai Chi, kesihatan dan tenaga seseorang itu akan dipertingkatkan.

‘Chi’ ini bergerak dalam corak yang menyerupai sistem saraf dan vaskular, maka ia berkait rapat dengan amalan akupunktur dan seni perubatan timur yang lain.

Bagi penghidap artritis, gerakan Tai Chi yang gemalai boleh memberi ketenangan, mengekalkan mobiliti dan mempertingkatkan had jarak pergerakan. Tai Chi adalah aktiviti yang mudah digabungkan ke dalam aktiviti harian seseorang.

Menurut kajian yang dijalankan oleh Leigh Callahan, PhD dan professor madya Fakulti Perubatan, di University of North Carolina at Chapel Hill dan ahli Pusat Kajian Arthritis Thurston UNC pada 2010, mendapati Tai Chi mengurangkan mampu ketidakselesaan sendi artritis dengan ketara.

“Kajian kami menunjukkan terdapat manfaat yang besar daripada Tai Chi untuk individu yang menghadapi pelbagai jenis artritis termasuk fibromyalgia, artritis reumatoid dan osteoarthritis,” katanya.

Tai Chi berbeza daripada kaedah terapi senaman tradisional di klinik dan selalunya dilakukan di dalam kumpulan, namun Tai Chi juga boleh dilakukan secara berseorangan.

YOGA

Range-of-motion dan pengenduran dengan kekuatan, bergantung kepada postur

Yoga melegakan kesakitan, mengendurkan otot yang tegang dan meredakan sendi yang sakit. Dengan pergerakan terkawal, tekanan, regangan dan relaksasi pernafasan yang mendalam, yoga juga boleh memperbaiki had pergerakan sendi yang kaku. Perkataan “yoga” adalah perkataan Sanskrit untuk penyatuan, selalunya merujuk kepada penyatuan minda, tubuh dan semangat melalui amalan, postur fizikal (atau “asana”) dan melalui pengamatan prinsip-prinsip yoga secara mental dan spiritual. Seorang penulis bernama Patanjali menulis Yoga-sutra, iaitu teks pertama mengenai yoga 2,500 tahun dahulu. Di dalam penulisan tersebut, Patanjali menyebut Yoga sebagai “berhenti berfikir”, atau apa yang dikatakan sekarang sebagai “menenangkan fikiran” atau “membuang stres”.

Walau bagaimanapun, konsep “menenangkan fikiran” mungkin sukar untuk dicapai, maka, postur yoga bertindak sebagai titik permulaan untuk membantu kita mencapai tujuan yang sukar ini. Dengan bermula pada badan, pengamal yoga melangkah dari tempat yang dikenali, menggunakan badan dan pernafasan anda dengan postur, dan membuka minda anda untuk menerima pengalaman ketenangan dan kedamaian dalaman yang menakjubkan.

Sebagai amalan fizikal, postur yoga boleh membantu penghidap artritis mendapat banyak manfaat dengan mengamalkan yoga. Bagi mereka yang tidak biasa dengan yoga, ia mungkin nampak pelik kerana yoga selalunya membuatkan orang membayangkan postur-postur pelik yang memerlukan kelenturan dan keseimbangan yang besar.

Walau bagaimanapun, perkara ini hanyalah benar bagi yoga peringkat tinggi. Yoga untuk pengamal baharu dan yoga terapeutik selalunya sangat mudah. Yoga untuk pesakit artritis hanya memerlukan postur yang mudah dan lembut yang membantu pengamalnya menambah dan meningkatkan kekuatan, keseimbangan dan kelenturan. Ini menjadikan yoga sebagai suatu disiplin yang paling berfaedah bagi pesakit artritis.

Mengamalkan yoga sebagai rawatan alternatif atau berpadanan memberi banyak faedah. Ia memperbaiki pengaliran darah dengan ketara, mempertingkatkan aliran darah ke sendi, di samping mengeluarkan toksin dan bahan buangan lain. Artritis selalunya melesukan kerana sifat penyakit tersebut.

Pergerakan sendi boleh menyakitkan, itulah sebabnya kebanyakan pesakit mengurangkan pergerakan sendi yang terbabit. Walau bagaimanapun, ini hanya akan meningkatkan lagi kekakuan dan memburukkan lagi keadaan sendi. Yoga menggalakkan pergerakan yang perlahan, stabil dan terkawal yang melatih sendi sebanyak mungkin. Mengamal yoga untuk artritis mempunyai dua aspek berbeza. Asana atau postur penting untuk pesakit, tetapi postur tersebut tidak boleh dilakukan terlalu lama. Pranayama atau senaman pernafasan adalah cabang lain untuk amalan yoga.

Beberapa postur yoga untuk artritis termasuklah:

- Postur Tasik atau Tadasana
- Postur Melepaskan Gas atau Pavanamuktasana (2 kaki),
- Postur Buaya atau Makarasana,
- Postur Tuah atau Swastikasana,
- Postur Tedung atau Ekpadsahajhastha Bhujangasana,
- Postur Pahlawan atau Veerasana,

Postur Segi Tiga atau Trikonasana,

Postur Pokok atau Vrikshasana

Pranayamas atau senaman pernafasan yang disyorkan selalunya mudah dan melibatkan pernafasan mendalam.

GARIS PANDUAN SENAMAN UNTUK PESAKIT ARTRITIS

Untuk mendapatkan manfaat maksimum daripada program senaman:

Konsisten

Senaman hendaklah dilakukan setiap hari. Untuk mendapatkan hasil dan manfaat sepenuhnya, senaman hendaklah dilakukan secara konsisten.

Membina secara berperingkat

Program senaman terbaik adalah program yang bermula pada intensiti rendah dan bertambah secara berperingkat apabila keadaan membenarkan. Senaman terlalu banyak, terutamanya pada peringkat permulaan boleh memburukkan lagi keadaan.

Bersenam apabila simptom kurang mengganggu

Masa terbaik untuk bersenam ialah apabila kesakitan dan kekakuan adalah pada tahap minimum. Sesetengah orang yang mempunyai artritis lebih gemar bersenam selepas kekakuan waktu pagi berkurangan, manakala yang lain pula tidak suka sesi senaman tengah hari kerana mereka menjadi semakin letih. Waktu senaman adalah pilihan peribadi.

Jangan keterlaluan

Kebanyakan program senaman yang menguatkan dan range-of-motion mengesyorkan senaman dilakukan dalam set antara 3 hingga 10 kali ulangan dan setiap set di ulang antara satu hingga empat kali. Tiada set tertentu yang ditetapkan tetapi bergantung kepada bagaimana anda rasa. Aktiviti yang terlalu banyak, terutamanya ketika keradangan boleh memburukkan lagi simptom.

Ikut rentak badan anda

Sedikit ketidakselesaan semasa melakukan senaman adalah perkara biasa dan adalah dijangka. Sekiranya kesakitan berlanjutan selama dua jam atau lebih, badan anda memberi petunjuk bahawa sesi senaman tersebut terlalu sukar. Kurangkan ualngan senaman/pergerakan sehingga simptom hilang.

Sekiranya sendi berasa panas, jangan bersenam

Bersenam boleh menjadikan sendi bengkak, sakit atau panas. Ubah aktiviti anda sehingga simptom artritis dapat dikawal.

Tetapkan sasaran yang realistik

Mulakan program dengan sasaran yang munasabah dan lama kelamaan tingkatkan senaman secara berperingkat. Terlalu banyak senaman dalam masa yang singkat boleh memudaratkan.

Ritma yang lancar dan sekata

Senaman hendaklah dikoordinasikan dengan pernafasan. Elakkan pergerakan melompat atau menarik-narik yang boleh menambah tekanan pada sendi. Lakukan senaman dalam ritma yang lancar dan sekata dan rehat antara ulangan.

Selangkan rehat dengan aktiviti

Aktiviti itu penting dalam mengekalkan sendi yang sihat, namun jumlah rehat yang mencukupi juga tidak kurang pentingnya.

去年十二月份的会讯，我们专题探讨了运动的好处。紧接下来，我们会一连两期跟读者谈不同的运动种类，提供合适的运动选择，让你把增进健康的保健工作操控在自己手上，透过运动享受美好人生。

这一期，我们先仔细探讨有益心血管健康的步行运，以及有益关节活动幅度及体力锻炼的太极和瑜伽，看看它们所能带来的好处。阅读过后不妨亲身试一试，增进健康！

推荐合适健身运动 任你挑选！

本文介绍多项非常适合用来管理关节炎的运动锻炼，当中定有一项适合你，挑一项来锻炼吧，不要再找借口推搪了…

有效且适合关节炎患者的运动有步行、瑜伽、太极、彼拉提斯、反弹运动、游泳和骑脚车。你可以从中选一，也可混合几项轮着做以求均匀效果，或使运动锻炼更添乐趣。

我们先由最容易做到的运动谈起，然后才谈需要特别器材才能进行的运动锻炼，比如要有游泳池才能做到的游泳。

步行

有益心血管健康

我们首先向你介绍步行，原因是患者很难在关节发痛，且有僵硬感的时候决定哪一种运动才适合。所以，步行会是这个时候的最好选择，因为它容易，而且人人会做。

在不太硬的表面上跑步或慢跑，也是挺好的运动锻炼。假如下肢已经有关节炎，步行或做一些较温和的锻炼会比较适合。人们普遍认为跑步会引发退化性关节炎，但相反的，正常、不曾受伤的膝关节，并不会因为跑步而患上退化性关节炎。

步行会增强体力并维持关节灵活、促进骨骼健康并降低骨质疏松的风险。步行可使心情开朗，让人觉得身心、以及身边事物都很美好。步行也是锻炼身体，控制关节炎的最简易运动。据说，步行能够有效减少关节炎症状。

如果持之以恒每周步行至少五次、每次30分钟，再加上控制饮食卡路里，是可以达到维持理想体重，或者瘦身减肥的功效。保持理想体重可以减轻关节承受体重的负担。

步行锻炼需依循序渐进方式进行，同时记得穿上一双舒适、牢固的轻便鞋。如果之前没做过任何有规划的运动锻炼，开始的第一周每天尽可能急速行走5分钟，要急得好像你要赶去开一个重要会议而且就快要迟到了，或似要急着赶去办一件人生大事一般。第二周开始每天增加一分钟步行时间，几周之后你便会达到每天步行30分钟的目标。

如果你一天内很难有机会可以一次过步行30分钟，那么就把它分成三个10分钟时段来锻炼。这做法到后来可能会比较适合



你，也比较有效。如果是下雨天，可以边看电视边在原地踏步，同时上下、左右摆动双手；不然，随着喜爱的舞蹈音乐来活动身躯也可以。

太极拳

关节活动幅度及体力锻炼

发源自中国的太极拳，是柔美的武术体操运动。人们今天所练的简化太极拳，有点像行动瑜伽和禅的结体。

太极拳有许多招式和套路，虽然当中不少是源自武术招式（也有根据鸟兽自然动作而创的招式），不过它动作缓慢、轻柔、优雅，而且招式之间连贯流畅。

对于许多练太极拳的人而言，太极是一种充满禅味的体操运动。中国的学说和医药，都认为“气”是活动身体的重要能量。太极的其中一个主要功能，就是提高“气”在体内的运行效果，促进健康和增强生命力。

“气”的运行跟人体神经和血管系统关系密切，因此也是针灸和其他东方传统疗法里的重要依据。

关节炎患者练太极拳，可以借由它那行云流水般的轻柔动作，得到松弛身心、保持行动能力并增进关节活动幅度的益处。太极拳的动作功能多，有些甚至可以融入日常生活，轻松派上用场。

北卡罗来纳大学医学院副教授雷卡拉汉博士，在他2010年的研究中发现，练太极能有效舒缓关节炎带来的不适。

他说：“我们的研究显示，太极拳运动能够给各种类的关节炎者，例如患纤维肌炎、类风湿性关节炎及退化性关节炎者，带来明显良好效益。”

太极有异于物理治疗诊所的传统治疗运动锻炼，太极一般是群体进行练习，但也可以单独进行。

瑜伽

关节活动幅度及放松运动，某些姿势需稍微使力

瑜伽有舒缓疼痛、使僵硬肌肉放松以及减轻关节痛的效果。随着有致的动作、具压迫感和伸展作用的姿势，加上深呼吸的放松步骤，瑜伽还能加大僵硬关节的活动范围。

“瑜伽”这个词在梵文里是“合一”的意思，指通过锻炼瑜伽姿势（即体位瑜伽或asana）以及在思想和精神上奉行瑜伽原则，来达到身、心、灵合一的境界。

2500年前，印度作家帕坦加利创作了瑜伽经。他形容瑜伽为“停止思考”，以今天的话来说，是“让思想沉淀”，或者“消减精神压力”。

然而，这个“让思想沉淀”的层次也许不容易达到。刚开始练瑜伽的人，可以透过练习瑜伽姿势来达到这无形的目标。人人都熟悉自己的身体，修练瑜伽者透过自己的身体、自己的呼吸和所做的瑜伽姿势，把心胸敞开，深入感受内心沉淀和安宁的感觉。

如果关节炎患者以练习瑜伽来锻炼体能，它的姿势可以带给人很多益处。不熟悉瑜伽的读者们一定会对此感到奇怪，因为每当提起瑜伽，我们就不免想到各种的艰难动作，它似乎只适合身躯非常灵活、平衡控制能力很强的人来进行。

这不过只说对了一半，因为专供初学者练习的入门瑜伽以及有治疗效果的瑜伽姿势，都很容易做到。专供关节炎患者练习的瑜伽，只要求练瑜伽者做到简单、轻柔的连续动作，透过这些动作逐渐增强体力、改善平衡能力及身体的灵活。因此，瑜伽是适合每个关节炎患者练习的有益运动之一。

练习瑜伽来辅助治疗关节炎，或把瑜伽当成治疗关节炎的另类疗法，好处良多。它可以有效的改善血液循环、使流在关节的血液流量增加，在滋养关节的同时也排出关节内的毒素和其他废物。

关节炎这个病本身非常折磨人，动一下关节也会引起许多疼痛，结果很多患者都尽量少活动发炎的关节。到最后，这只会使僵硬的情形更加严重，甚至使关节损坏加剧。瑜伽那缓慢、平稳、有规律且具意念的动作，正可以为关节提供很好的运动效果。

修练瑜伽有两个重要方面，即体位和调息。患者练习体位瑜伽固然重要，但是这些姿势不宜维持太久。

以下所列是几个适合关节炎患者锻炼的瑜伽姿势：

- 池塘式 (Tadagasana)
- 放气式 (Pavanamuktasana, 双脚)
- 鳄鱼式 (Makarasana)
- 吉祥式 (Swastikasana)
- 眼镜蛇式 (Ekpadsahajhasta Bhujangasana)
- 英雄式 (Veerasana)
- 三角式 (Trikonasana)
- 树式 (Vrikshasana)

至于适合关节炎患者练习的瑜伽调息法，一般上都是一些比较简单的深呼吸方法。

关节炎患者运动须知

要从运动锻炼获得最大效益，请务必留意以下数点：

持之以恒

运动锻炼需要每天进行才会有效。如果一曝十寒，那就很难见效。

循序渐进

最好的运动锻炼计划应该是从低难度动作做起，然后再看症状的许可而逐步增加难度。锻炼得太频繁，尤其是在刚开始阶段，会使症状加剧。

症状比较不严重的时候才做运动

疼痛和僵硬感都很少的时候，是运动的最佳时刻。有些人喜欢在上午僵硬感消退之后做运动，有些则不喜欢把运动锻炼排在下午，因为一天下来到了下午他们会感到越来越疲倦。不过，这都是个人的喜好问题。

切勿过量

许多增强型和关节活动锻炼计划都建议锻炼者每个动作做一至四下，并重复三至十次不等。这些要求不是每个人都做得到，做多做少要看个人的舒适感来决定。做太多运动会使症状加重，尤其是当关节炎活跃的时候。

留意身体发出的信号

身体在运动锻炼的时候若感到些许不适，是可以接受而且是意料中的。可是如果运动后两小时或更久还是感到痛的话，那是身体在表示刚才做的运动太剧烈了。应该减少锻炼时动作的重复次数，直到症状消退为止。

关节发热时不要做运动

运动会使关节的肿胀、触痛感或温热情形加重，改变运动计划，待发炎症状受到控制之后才恢复原来的锻炼模式。

目标要实际

开始运动时目标要实际，要有决心逐渐提高运动量。操之过急反而对身体有害。

节奏要顺畅、平稳

动作和呼吸要协调。避免做一些会加重关节负担的弹跳或急促猛烈动作。锻炼时节奏要顺畅、平稳，重复动作之间要有短暂歇息。

劳逸交替

虽然活动身体对关节健康有益，但是足够的休息也一样重要。

As Seen
On TV



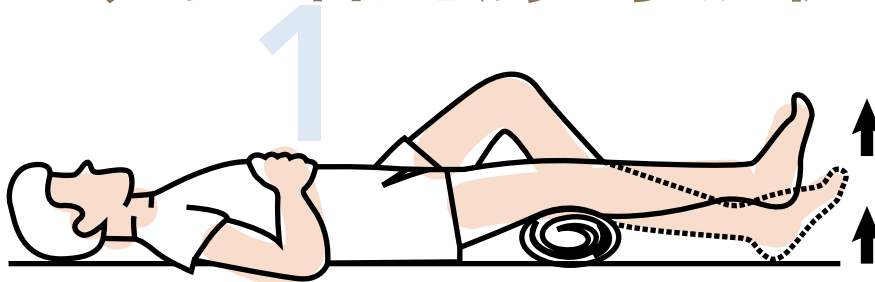
Don't let joint pain interfere with your lifestyle!

Glucosamine sulphate and Chondroitin sulphate are the 2 key nutrients used by the body to rebuild and repair joint cartilage. The recommended dose of 1,500mg of Glucosamine sulphate and 1,200mg of Chondroitin sulphate daily helps create better support for the joints and repairs damaged cartilage.

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.

SOME SIMPLE KNEE AND HIP STRENGTHENING EXERCISES!

简易运动，增进膝与髋健康



Place a large rolled towel under the back of your knee as shown. Straighten your knee by tightening the muscles on the front of your thigh. Push the back of your knee into the roll.

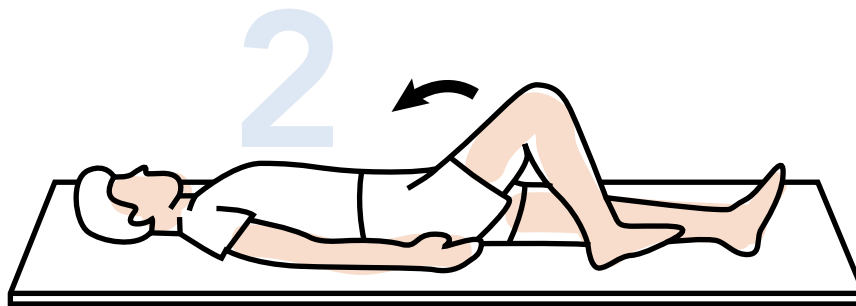
Letakkan tuala besar yang digulung di bawah bahagian lutut. Tegakkan kaki dengan menggunakan otot di bahagian depan paha, sambil menekan bahagian belakang lutut ke atas tuala yang digulung

把一条大毛巾卷起放在膝盖后方，如图所示。收紧大腿前方肌肉将膝盖伸直，膝盖后方按压在卷起的毛巾上。

保持姿势10秒钟，然后重复3至5次。

Hold.....10 seconds.
Repeat.....3-5 times.

Tahankan.....10 saat
Ulangi.....3-5 kali



Lie on your back. Slide one heel up and lift foot slightly off the bed (to ~60° of hip flexion).

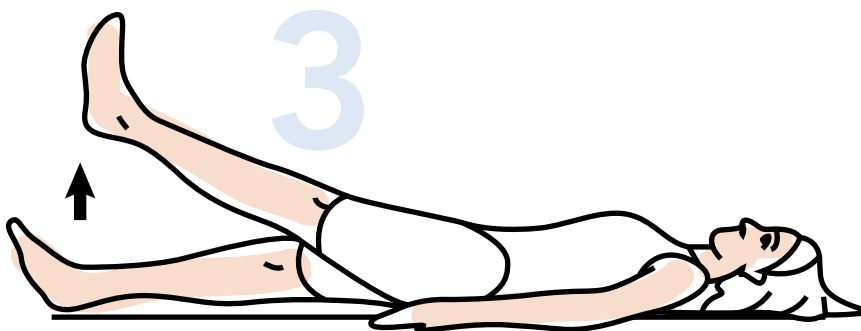
Baring. Gerakan buku lali sambil melipat lutut, dan angkat tapak kaki dari aras katil (sehingga pinggul berbentuk sudut ~60°)

仰卧平躺。将脚跟缓缓往身体方向滑动，直到屈起的脚与髋之间呈六十度斜角为止。

保持姿势10秒钟，然后重复3至5次。

Hold.....10 seconds.
Repeat.....3-5 times.

Tahankan.....10 saat
Ulangi3-5 kali



With your toes pointed to the ceiling, keep your knee straight & lift your leg up to about 45 deg. Slowly lower your leg back down.

Baring dan arahkan jari kaki ke siling, tegakkan lutut dan angkat kaki kanan sehingga 45 darjah. Letakkan kaki dengan perlahan, kemudian tukar ke kaki kiri.

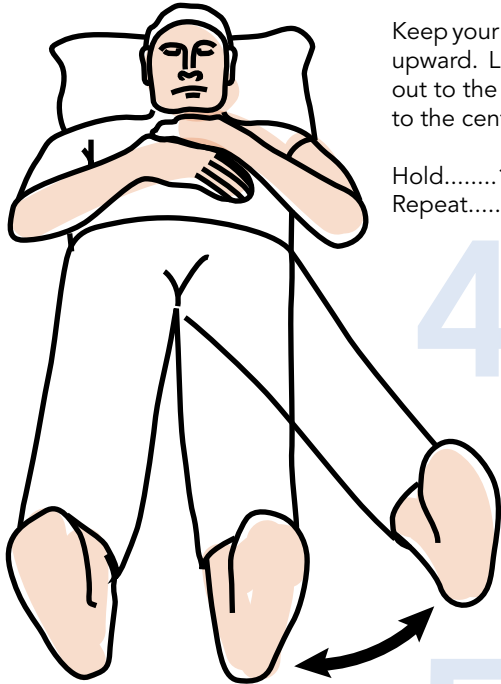
脚趾头指向天花板，脚维持直线，慢慢提高脚，直至达到四十五度斜角的位置为止。过后缓缓放下。

保持脚举起的姿势10秒钟，然后重复3至5次。

Hold.....10 seconds.
Repeat.....3-5 times.

Tahankan.....10 saat
Ulangi.....3-5 kali

SENAMAN UNTUK MENGUATKAN LUTUT DAN PINGGUL



Keep your knee straight and toes pointed upward. Lift up your leg and bring leg out to the side and then back to the centre and down.

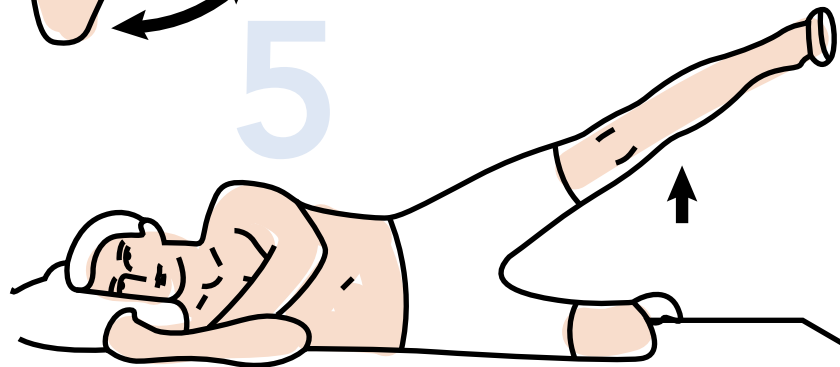
Hold.....10 seconds.
Repeat.....3-5 times.

Tegakkan lutut dan halakan jari kaki ke atas. Angkat kaki ke kanan, pulang ke tengah dan letakkan. Ganti ke kaki kiri pula.

Tahankan.....10 saat
Ulangi.....3-5 kali

双脚平放，脚趾向上。提起平直脚，把脚向外移，然后再移回刚才的出发点，放下。

保持脚在外的姿势10秒钟，然后重复3至5次。



Lie on left side with lower knee bent, Raise top leg. Keep knee straight and toes pointed forward. Do not let top hip roll backward.

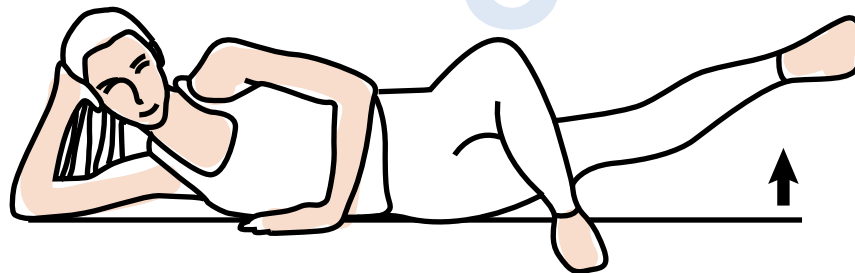
Hold.....10 seconds.
Repeat.....3-5 times.

Baring pada sebelah kiri dengan membengkokkan lutut kiri, angkat kaki kanan dari pinggul, sambil menegakkan lutut dan menghalakan jari kaki ke hadapan. Jaga yang pinggul tidak teroleng ke belakang. Ganti ke kaki kiri pula.

身体左侧躺下，左边膝盖弯曲，右脚抬高并保持笔直，脚趾向前。注意不要让抬高的脚往后挪动。

保持此姿势10秒钟，然后重复3至5次。

Tahankan.....10 saat
Ulangi.....3-5 kali



Lie on left side with top leg bent. Slowly raise the bottom leg up.

Hold.....10 seconds.
Repeat.....3-5 times.

Baring pada sebelah kiri dengan membengkokkan lutut kaki yang di atas. Angkat kaki di sebelah bawah dengan perlahan, dengan lutut yang lurus.

身体左侧，右脚弯曲。缓缓将左脚抬起。

保持姿势10秒钟，然后重复3至5次。

Tahankan.....10 saat
Ulangi.....3-5 saat

NORTHERN TRAILS

For this year's National Rheumatoid Arthritis day celebrations, AFM made its way to picturesque Ipoh, surrounded by its trademark majestic limestone hills.

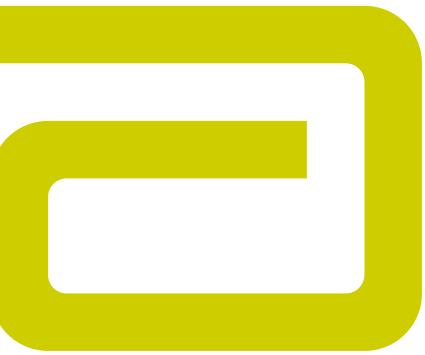
This 6th National RA Day, saw AFM seeking members for the establishment of an RA Support Group (RASG) in Ipoh. This year, AFM's celebration dinner was held at Ipoh's Heritage Hotel on July 15th, and was attended by a mix of members, some 30 members who had bus-ed up from AFM KL, as well as more than 40 members from AFM's Ipoh Chapter.

Highlights of the day's programme included a talk and cooking demonstration Ms Kellen Law, proprietor of an organic restaurant cum produce store, as well as a public forum conducted by Dr Loo Kok Lim, Consultant Physician & Rheumatologist of Hospital Pantai, Ipoh. Dr Loo spoke on the topic "Dealing with RA". There were attentive ears all round as Dr Loo answered questions following an informative and entertaining talk on RA. Unsurprisingly, many listeners wanted clarifications on differences between Rheumatoid Arthritis and Osteoarthritis, and there were others who wanted to know how to recognise symptoms of RA. Members welcomed the innovative addition of the cooking demonstration, making it different from previous RA Day events which have thus far centred on the public forum as the main event for the day.

Members were glad that the event provided a chance for AFM to build awareness of the existence of RA, and how the disease affects those who suffer from it, and more importantly, how RA patients cope with their illness.

It was heartening to note that there was a new category of participants in AFM's event this time round, as it was noted there was an increase in teenaged participants in the Ipoh event, a number of whom were children accompanying their mother, who was the RA patient. This shows familial support and an interest in learning more is what AFM seeks to establish as part of its efforts to raise the quality of the support available to RA patients.





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LALUAN KE UTARA

北马行踪



Sempena sambutan Hari Rheumatoid Arthritis Kebangsaan kali ini, AFM telah bergerak ke Ipoh, sebuah bandar raya indah yang dikelilingi dengan bukit-bukit batu kapur yang menarik.

Hari RA Kebangsaan ke-6 ini menyaksikan AFM mencari ahli untuk membentuk Kumpulan Sokongan RA (RASG) di Ipoh. Pada tahun ini, majlis makan malam sambutan AFM telah diadakan di Hotel Heritage Ipoh pada 15hb Julai dan dihadiri oleh pelbagai ahli, termasuk anggaran 30 orang ahli yang telah datang dengan menaiki bas dari AFM KL, serta lebih daripada 40 orang ahli dari AFM, Cawangan Ipoh.

Acara kemuncak dalam program hari tersebut termasuklah ceramah dan demonstrasi memasak oleh Ms Kellen Law, pengusaha restoran dan kedai organik, serta forum awam oleh Dr Loo Kok Lim, Doktor Pakar Reumatologi, Hospital Pantai Ipoh. Dr Loo bercakap tentang "Menangani RA". Para hadirin mendengar ceramah dan jawapan kepada soalan-soalan yang dikemukakan selepas ceramah yang penuh informasi dan menarik mengenai RA dengan penuh minat. Ramai pendengar mahu penerangan lanjut mengenai perbezaan antara Rheumatoid Arthritis dan Osteoarthritis, dan ada antara mereka yang mahu tahu bagaimana caranya mengenali simptom-simptom RA. Ahli-ahli mengalu-alukan acara tambahan, iaitu demonstrasi masakan, menjadikan acara Hari RA kali ini berbeza daripada yang sebelumnya yang banyak menumpukan kepada forum awam sebagai acara utama.

Ahli-ahli berasa lega kerana acara tersebut memberi peluang kepada AFM untuk membina kesedaran mengenai kewujudan RA dan bagaimana penyakit tersebut menjejaskan kehidupan mereka yang menghidapinya, dan yang paling penting, bagaimana pesakit RA menghadapi penyakit mereka.

Acara AFM kali ini juga menyaksikan kategori peserta baharu, iaitu lebih ramai peserta remaja di Ipoh, serta beberapa orang kanak-kanak menemani ibu mereka yang merupakan pesakit RA. Ini menandakan sokongan keluarga dan minat untuk mempelajari lebih banyak lagi, iaitu apa yang AFM inginkan sebagai sebahagian daripada usahanya untuk meningkatkan kualiti sokongan yang ada kepada pesakit RA.



大马关节炎基金会本年度的全国类风湿性关节炎日宣扬活动，在7月间于风景如画、群山环抱的怡保市举行。

基金会也趁这次的第六届全国类风湿性关节炎日，呼吁会员在怡保成立类风湿性关节炎互助小组。今年的宣扬餐会乃于7月15日假怡保市的Heritage Hotel 举行，大约有七十人出席，除了来自怡保的四十多人，另外还有约三十人是乘旅游巴士专程从吉隆坡北上的基金会会员们。

当天的节目重点是讲座和烹饪示范。前者由怡保班台医院的风湿专科顾问医师卢国林医生主讲，讲题是“处理类风湿性关节炎”；后者则由有机餐厅兼有机食品店业主Kellen Law女士呈献。卢医生的讲座不但生动有趣，而且信息丰富。卢医生在讲座后回答听众提问时，每个听众都聚精会神聆听，希望对疾病能有更深入的了解。当中，有人要求卢医生讲解类风湿性关节炎和退化性关节炎之间的分别；另外则有人想知道怎样辨认类风湿性关节炎的症状。烹饪示范赢得许多好评，大家都认为这次的创举带来新意，有别于以往只将重点放在讲座会上的做法。

大马关节炎基金会透过这次活动，让许多人知道有关类风湿性关节炎这种疾病，并知道它如何影响着患者的生活，更重要的是，明了患者们如何调整生活作息来应付他们的疾病。

出席今次活动的人士当中有不少是青少年，他们多数是陪伴着患类风湿性关节炎的母亲到来。这点不但显示了家庭成员对患者的关怀，而且亦表示他们想对疾病了解更多。这种现象，正是基金会在推动为类风湿性关节炎患者提供优质支援的努力上所乐于见到的情形。

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ROTTAPHARM-SPONSORED PUBLIC FORUM

Sabah, Hotel Novotel, Kota Kinabalu, 19 May 2012

This public forum was attended by about 30 people. There were three speakers, Dr Racheal Joshua, Mr Ady Kim and Mr Kent Chau. Dr Racheal Joshua gave an overview of arthritis and she focussed on osteoarthritis. Mr Ady Kim, a physiotherapist at Biorehab Physiotherapy Centre, gave an interactive talk with an interesting title, "Bend, Stretch, Pull and Hold!" He got the audience to move their joints through an exercise session. The last speaker was Mr Kent Chau, the General Manager of Rafflesia Medical Centre. He introduced Gerontology to the audience. The audience was attentive and asked questions pertaining to their personal medical conditions and the treatment options available to them.



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FORUM AWAM TAJAAN ROTTAPHARM

Sabah, Hotel Novotel,
Kota Kinabalu, 19 Mei 2012

Forum awam ini dihadiri oleh anggaran seramai 30 orang peserta. Tiga orang penceramah, iaitu Dr Racheal Joshua, Encik Ady Kim dan Encik Kent Chau telah memberi taklimat yang menarik. Dr Racheal Joshua memberi tinjauan mengenai artritis dan tumpuan beliau adalah kepada osteoarthritis. Encik Ady Kim, seorang ahli fisioterapi di Pusat Fisioterapi Biorehab memberi ceramah interaktif bertajuk "Lentur, Regang, Tarik dan Tahan!" Beliau menyuruh hadirin menggerakkan sendi mereka semasa sesi senaman. Penceramah terakhir, Encik Kent Chau, Pengurus Besar, Pusat Perubatan Rafflesia, memperkenalkan topik Gerontologi kepada hadirin. Para hadirin mendengar dengan penuh minat dan menanyakan soalan berkaitan keadaan perubatan peribadi mereka dan pilihan rawatan yang ada.



ROTTAPHARM赞助

公众讲座

沙巴阿庇, Hotel Novotel, 5月19日, 2012

这场讲座会在沙巴首都阿庇的 Hotel Novotel 举行, 出席者约有三十人。讲座会有三位主讲人, 他们是 Racheal Joshua 医生、Ady Kim 先生和 Kent Chau 先生。Racheal Joshua 医生向听众们概述关节炎这个疾病, 然后把焦点放在解说退化性关节炎上。来自 Biorehab 物理治疗中心的物理治疗师 Ady Kim 先生的 "Bend, Stretch, Pull and Hold" 讲座是互动性的, 听众不但听, 而且还要动起来, 做做关节运动。Rafflesia 医药中心总经理 Kent Chau 先生是当天的第三位主讲人, 他向听众讲解什么是老年病科, 听众当中有不少人向他询问该医药中心提供哪些跟自己健康状况有关的医疗选择。



What every arthritis sufferer NEEDS TO KNOW

a physician's perspective

When a person is first diagnosed with a disease, there will be a feeling that life has suddenly become different. There will be a change, though there is great variability in the amount of change that takes place.

For instance, a person newly diagnosed with diabetes, will now have to monitor his or her meals carefully. The amount of calories, the amount and type of nutrients (carbohydrates, proteins and fats), even the timing of meals will become extremely important from the moment of diagnosis. Exercise will also be a factor to consider.

This constitutes an important change in lifestyle. Gone are the days of carefree eating that is so typical of the Malaysian lifestyle.

Another example, is cancer. This will require a change that even physicians occasionally find hard to describe. Will it involve a change in lifestyle? Most definitely. Should a person think of end of life issues? Perhaps. There will also be countless trips to the hospital, the endless waiting hours to see the oncologist for consultation and treatment. Side effects of drugs are also a major issue.

The above examples will give a perspective to the new patient of arthritis. Any disease will bring with it change. In arthritis, what are the changes or challenges that arise? The previous issues of Joint Efforts have looked into various aspects, and here I would like to summarize key points that might help in accommodating the change.

Arthritis treatment begins with awareness of the disease and its progression history

The Internet is now an important source of information, and many patients along with their families have already looked into the available information and received fine knowledge of the condition involved. This is to be encouraged. However, be certain that sometimes you will become alarmed by some of the information – such as the side effects of drugs and that may deter a patient (and sometimes family members) from seeking appropriate treatment. However, learning about the disease and how it progresses is key to tackling the problem intelligently. Look for reliable sources, and these days even medical textbooks are available online.

Medication is only one part of the equation

There are many medicines to treat arthritis. I think many people now know that this alone will not suffice. A person with osteoarthritis may be very regular with his daily Glucosamine for 6 months, but if he is not concerned about losing weight to achieve the ideal body weight, then there will be no relief. Exercise alone may not be enough, careful dietary planning is also important. How often does an osteoarthritis patient check his or her weight? The expectation that medications alone will

alleviate the problem, will lead to disappointment. Rheumatoid Arthritis patients who are keen observers of their biologics and methotrexate schedules, may find that their sedentary lifestyle and persistence of smoking a huge hindrance to their progress.

Hospital visits and blood tests are not only necessary, they can be life saving

Many patients are burdened with the prospects of regular trips to the hospital, to endure long waiting hours but short consultation times (in public institutions, mostly) but these are unfortunately, extremely important. Adverse events can be picked up early through blood tests, and frequently, side effects are reversible. Hence these tests can be life saving. It is also important to monitor if the treatment is sufficient and working properly. Hence these visits are important. Frequently many patients, who feel well, may do away with the visits. This is understandable, given the long waiting hours which can be very frustrating. However, the time can be put to good use. Get to know your fellow patients and share experiences. Bring a book or a tablet computer. Arrange for some activity that can keep you occupied during your long wait. Ask your doctor for a slip of attendance that you can provide to your workplace. Frequently your colleagues will be understanding and provide support. Many good things can come out of the inconvenience of these tests and visits.

Educate others about arthritis

I always believe that the best source of information about arthritis is the patients themselves. This could be your opportunity to educate others about the disease. While many people are fine and in the peak of health, but with the current statistics, the information you provide them is bound to be relevant sooner or later, when a friend or family member is afflicted with the disease. While preventing arthritis is probably a myth right now, knowledge can help early detection. When detected early, treatment outcomes will be better. So, embrace your role as an educator, and by all means become a part of the solution.

Be mindful of people offering cure

It is a sad fact that there are many opportunists in the community. Arthritis patients are frequently victims of scams. Unsympathetic people prey on patients, knowing that they are in a vulnerable state. They offer, for a price of course, a guaranteed cure. There will be websites which speak of this wonder treatment, testimonies from people who have achieved total cure. Most physicians would not have heard of the treatment recommended to you by your relative in the UK or the US, and we may not have heard about Dr. Sure Okay's amazing oxidizing stem cell treatment, hence our blank expression when we are asked about this. What I can say is that any therapy must go through a strict process of scrutiny. This involves clinical trials and the primary role of these trials is to address safety issues along with effectiveness of the drug. There are important regulatory bodies such as the FDA which provide clearance for any therapy. Do feel free to discuss with your doctor, as we too need to be aware of "what's out there."

APA YANG PERLU DIKETAHUI

oleh setiap pesakit arthritis

pandangan seorang doktor

Apabila seseorang didiagnosis dengan penyakit, dia akan merasakan yang kehidupannya tiba-tiba berubah. Sememangnya akan wujudnya perubahan walaupun tahap perubahan tersebut adalah berbeza-beza.

Sebagai contohnya, seseorang baru sahaja didiagnosis dengan diabetes kini perlu memantau pemakanannya, jumlah kalori, jumlah dan jenis khasiat yang diambil (karbohidrat, protein dan lemak), malah waktu makannya juga akan menjadi sangat penting dari saat dia mula didiagnosis. Senaman juga merupakan faktor yang perlu dipertimbangkan. Ini adalah perubahan penting dalam gaya hidup. Tiada lagi gaya makan bebas yang sering diamalkan oleh kebanyakan orang Malaysia.

Satu lagi contoh ialah kanser. Ia memerlukan perubahan yang kadangkala sukar untuk diterangkan oleh doktor. Adakah ia melibatkan gaya hidup? Semestinya. Adakah seseorang itu patut memikirkan perkara berkaitan akhir hayatnya? Mungkin. Pesakit akan ke hospital berulang kali dan menunggu berjam-jam lamanya untuk berjumpa pakar onkologi untuk rundingan dan rawatan. Kesan sampingan daripada ubat-ubatan juga merupakan isu yang penting. Contoh-contoh di atas akan memberi perspektif kepada pesakit baru arthritis. Penyakit akan membawa perubahan. Untuk arthritis, apakah perubahan dan cabarannya? Terbitan Joint Efforts sebelum ini telah meninjau beberapa aspek dan di sini saya ingin menyimpulkan perkara-perkara penting yang dapat membantu dalam menyesuaikan diri kepada perubahan.

Rawatan arthritis bermula dengan kesedaran akan penyakit tersebut dan sejarah penyakit

Internet kini merupakan sumber maklumat yang penting dan ramai pesakit serta keluarga mereka telah melihat maklumat yang ada dan mempunyai pengetahuan mengenai keadaan pesakit. Mencari maklumat ini sememangnya digalakkan. Walau bagaimanapun, kadangkala anda menjadi bingung dengan sesetengah maklumat tersebut – seperti kesan sampingan ubat-ubatan yang mungkin akan menghalang pesakit (dan kadang kala ahli keluarga) daripada mencari rawatan yang sesuai. Sungguhpun begitu, mempelajari tentang penyakit dan bagaimana penyakit bermula adalah punca untuk menangani masalah secara bijak. Carilah sumber yang boleh dipercayai, malah buku-buku teks perubatan kini boleh diperolehi dalam talian.

Pengubatan adalah sebahagian daripada rawatan keseluruhan

Terdapat banyak jenis ubat untuk merawat arthritis. Saya tahu ramai yang sedia maklum bahawa ubat sahaja tidak mencukupi. Seseorang yang menghadapi osteoarthritis mungkin perlu mengambil Glucosamine setiap hari selama 6 bulan, tetapi jika dia tidak mengambil kisah tentang berat badannya untuk mencapai berat badan yang ideal, maka pesakit tidak akan mendapat kelegaan. Senaman sahaja tidak mencukupi kerana rancangan diet yang teliti juga penting. Berapa kerap seorang pesakit osteoarthritis perlu memeriksa berat badannya? Mengharapkan ubat-ubatan sahaja untuk meredakan masalah bakal memberi kehampaan. Pesakit Rheumatoid Arthritis yang mematuhi jadual biologi dan methotrexaten akan mendapati bahawa yang

gaya hidup sedentari serta tabiat merokok mereka akan menjadi penghalang kepada kemajuan diri.

Lawatan hospital dan ujian darah bukan sahaja perlu, ia mungkin menyelamatkan nyawa

Ramai pesakit dibebankan dengan lawatan ke hospital yang kerap dan masa menunggu yang lama tempoh rundingan yang singkat (kebanyakannya di hospital kerajaan), tetapi semua ini sangat penting. Tanda-tanda buruk boleh dikesan di peringkat awal melalui ujian darah dan selalunya kesan sampingan boleh dibalikkan. Maka, ujian-ujian ini boleh menyelamatkan nyawa. Pemantauan untuk memastikan sama ada rawatan mencukupi dan berkesan juga penting. Selalunya, ramai pesakit yang rasa agak sihat ponteng lawatan hospital. Keadaan ini difahami kerana waktu menunggu yang panjang sangat mengecewakan. Walau bagaimanapun, anda boleh menggunakan masa dengan bijak. Inilah masanya untuk berkenalan dengan pesakit lain dan berkongsi pengalaman. Bawa buku atau komputer tablet. Lakukan aktiviti yang boleh mengisi masa semasa menunggu. Minta slip kehadiran daripada doktor untuk diberikan kepada majikan. Selalunya, rakan sekerja akan memahami keadaan anda dan memberi sokongan. Banyak perkara baik boleh diperolehi daripada kesulitan yang timbul daripada ujian dan lawatan tersebut.

Didik orang lain tentang arthritis

Saya sentiasa percaya bahawa sumber maklumat terbaik tentang arthritis adalah daripada pesakit itu sendiri. Ini adalah peluang anda untuk mendidik orang lain tentang penyakit ini. Walau pun ramai orang berada dalam keadaan sihat, namun statistik semasa menunjukkan lambat laun nanti maklumat yang anda berikan adalah relevan apabila kenalan atau ahli keluarga mereka menghadapi penyakit ini. Sungguhpun penyakit ini masih belum boleh dicegah, pengetahuan dapat membantu pengesanan awal. Pengesanan awal membolehkan hasil rawatan yang lebih baik. Maka, jadilah pendidik dan sebahagian daripada penyelesaian.

Hati-hati dengan orang yang menawarkan rawatan

Memang sedih kerana terdapat banyak orang yang suka mengambil kesempatan. Pesakit arthritis selalu menjadi mangsa penipuan. Orang-orang yang tidak bersimpati mengambil kesempatan atas pesakit kerana mengetahui keadaan mereka yang lemah. Mereka menjamin penawar, semestinya pada harga tertentu. Terdapat lama web yang menceritakan tentang rawatan ajaib dan bukti daripada orang yang telah berjaya diubati. Kebanyakan doktor tidak pernah mendengar tentang rawatan yang dicadangkan oleh anda atau ahli keluarga anda, yang terdapat di UK atau di US, dan kami mungkin tidak pernah mendengar tentang rawatan pengoksidaan stem sel hebat Dr. Sure Okay. Apa yang boleh saya katakan adalah, setiap terapi mestilah diteliti terlebih dahulu. Ia melibatkan ujian klinikal dan peranan utama ujian ini adalah untuk memeriksa perkara-perkara yang berkaitan dengan keselamatan serta keberkesanan ubat-ubat tersebut. Terdapat badan pengawalseliaan seperti FDA yang meluluskan mana-mana terapi. Berbincanglah dengan doktor anda kerana kami juga ingin tahu apa yang terdapat di luar sana.

医生认为每个关节炎患者都应该知道的几件事

当一个人刚被确诊患上某种疾病时，他会觉得人生突然间变了。变化肯定会有，程度也不同，而且差异也很大。

就以一个刚刚被医生诊断患上糖尿病的人为例，他现在变得需要小心饮食。从他被确诊那一刻开始，食物所含的卡路里，所含的营养成分和种类（碳水化合物、蛋白质及脂肪）以及用餐的时间等，马上就变得非常重要。另外，他还应该考虑做运动，因为这也很重要。

这会令他的生活方式经历重大改变。患者已经不能再像每个典型马来西亚人那样，过着随心所欲享受美食的日子了。

另一个例子是癌症。对抗癌症必须在生活上做出很多改变，有些改变连医生有时也觉得很难解释。生活方式需要改变吗？答案是肯定的。患者应该考虑到生命就要结束这个问题吗？也许应该。此外，患者还得无数次的进出医院，经历冗长的候诊时间，等待给肿瘤科医师复诊和治疗。然后，还必须面对药物副作用带来的问题。

以上的几个例子，足以给新的关节炎患者一个概念。任何疾病都会给生活带来改变。在关节炎方面，会有些怎样的改变或挑战呢？过去，我们曾在会讯的文章内谈到各不同方面的改变，让我在这里总结一下几个关键点，好帮助新的患者适应变化。

关节炎的治疗始于认识它、懂得它的演进历史

互联网是一个重要的资讯来源，很多患者连同他们的家人，都已经从网上查看到很多关于关节炎这个疾病的资料，因而对自己的病情有了很好的了解。这是一件值得鼓励大家去做的事。但是，当中的一些资讯有时会使你惊慌，例如关于药物副作用方面的资讯，这样的资讯有时会令一些患者（有时是家人）不敢进行适当的治疗。不过，多认识这个疾病并了解它的演进，是解决问题的明智做法。翻查资料要确定来源的可靠性，时下即使是医药教科书，也能在互联网上找到。

药物只是治疗的一部分

治疗关节炎的药物有很多种。我想现在很多人都知道单靠药物是不够的。一个患上退化性关节炎的人，或许能做到一连六个月坚持每天定时服用氨基葡萄糖硫酸盐，但是如果他根本没有下决心减重以达到理想体重的话，那么他的情况并不会改善到哪里。单单做运动也许还不够，实行谨慎的饮食计划也同样重要。一个退化性关节炎患者多久才测量一次体重？假如只期望单靠药物就能把病痛减轻的话，结果肯定是失望。进行生物制剂以及氨甲喋呤疗程，并非非常在意按时注入药物的类风湿性关节炎患者，也许会发现他们那种久坐不动和照样继续抽烟的生活方式，是阻挠治疗进程的大障碍。

上医院复诊和做血液检验非但必要，而且还能救人一命

不少病人由于必需频繁上医院，必需忍受经过冗长等候只换来短暂会诊时刻的事实（特别是政府医院），因而觉得上医院看医生是一种负担。很遗憾的，它正是患病生活里一件很重要的事。病情上的不良变化会因为做血液检验而及早被发现，或最常见的好处是可以及时将不良副作用逆转过来。所以说，这类的检验可以救人一命。复诊能让医生监控治疗的效果，所以说上医院复诊很重要。

我们经常看到的情况是，很多觉得自己已经没有什么不妥的患者，都不回医院复诊。这点完全可以理解，因为费时的候诊确实有点烦。不过，如果可以好好利用候诊时间来做些事情，那就不会觉得烦了。我们可以跟其他同样在候诊的病人交朋友，互相分享患病的经验。又或者带本好书去阅读，或带平板电脑去看电子书。尽量为自己安排一些东西来做，让枯燥的候诊时光过得充实。每次复诊都请医生为你写一张看病便条，方便你呈交雇主证明你上医院复诊。由于你经常需要请假复诊，同事们都会理解并会在工作上支援你。复诊的过程虽然有点麻烦，但是却可以促成不少美事。

教育他人认识关节炎

我一直都认为，关节炎病人本身就是最好的关节炎资讯来源。这是你教育他人，使其认识关节炎的机会。虽然目前身边认识的人都健壮平安，但说不定日后一旦他们的任何一位家人或朋友患上关节炎时，那你今天给他们的关节炎教育就能派上用场了。虽然目前还没有预防关节炎的法子，但是只要具备关节炎知识，万一患上就能及早察觉。患病初期就诊断出问题，会有比较好的治疗预后。因此，你就好好扮演教育者的角色，尽你所能成为解决关节炎问题的一分子。

要提防能治好关节炎的人

社会里不缺投机份子的事实确实令人感到可悲，而关节炎病人也经常会上当受骗。不少存心不良的人利用病人的脆弱心理向他们行骗，骗他们以高价换取灵药，而且都轻易得逞。你会在互联网上见到这类自吹自擂的网站，以及自称病愈者推销此类灵丹妙药的见证。每当病人向我们谈起他们在英国或美国的亲戚所推荐的治疗法，或什么“包治病”医生惊人的氧化性干细胞疗法的时候，我们都会一脸愕然，因为我们对这些一无所知。我能说的是，任何治疗法都必须经历严格的监审过程，这过程包括临床试验。临床实验的主要目的是要探讨药物的治疗效果，以及解决可能会引起的安全问题。任何治疗法都必需通过重要监管单位（例如美国的食物与药物管理局）的验证，才能够安全采用。请随时跟你的医生商谈，我们做医生的也有需要知道一下外头到底有些什么新鲜事物。

THE ARTHRITIS FUND

The Arthritis Foundation Malaysia administers the Arthritis Fund, a charitable fund dedicated to the assistance of needy arthritis patients.

Established in 2003 with the specific aim of helping underprivileged arthritis patients with their treatment, the Arthritis Fund has thus far extended help by funding up to 90 % of the cost of joint replacement surgeries for needy patients.

To date, some 60 patients have been helped by the Fund, and most of them had full disbursement of the costs of joint replacement. The demand for funding is ever increasing and AFM is attempting to reach more patients with refinements to the quantum of financial assistance.

Patients with severe arthritis sometimes experience irreparable joint damage. Such patients require total joint replacement, but this is an expensive solution.

Many patients forego surgery and continue to deteriorate and suffer pain because they are unable to afford the implant. The cost of each implant is about RM 7,000 for a knee, and about RM 6,000 for a hip. Implants for younger children cost more.

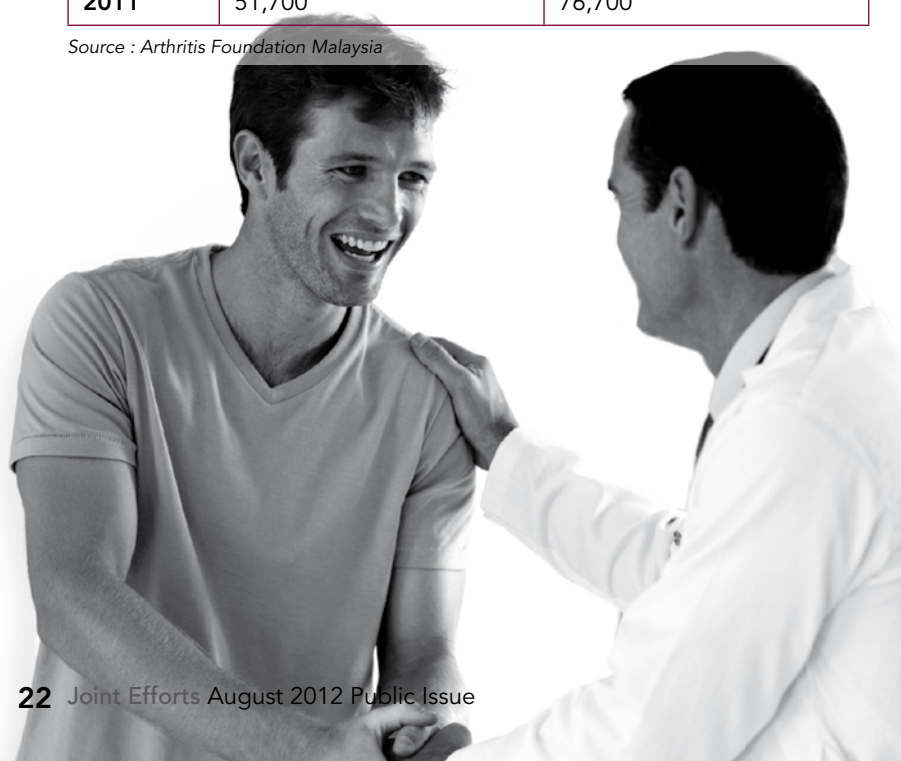
The Fund tries to help as many patients as it can. However, in order to ensure that its' objectives are met, the AFM has been strict in maintaining qualifying criteria for the help it extends.

It is the AFM's hope that benefactors, big and small, will continue to dig deep to contribute to the Arthritis Fund. Not only are all contributions to the Fund tax exempt, but donors would be assured that their donations will be used to improve the lives of patients ravaged by arthritis.

Funds approved and disbursed by the AFM's Arthritis Fund in the last five years

Year	Approvals (RM)	Disbursements (RM)
2007	52,395	56,495
2008	55,700	31,000
2009	29,500	45,650
2010	130,300	80,600
2011	51,700	76,700

Source : Arthritis Foundation Malaysia



WHO IS ELIGIBLE?

- The recipient (patient) must be a Malaysian citizen or permanent resident.
- The recipient's monthly income should not be more than RM3,500.
- The subsidy will cover the cost of the implant and incidentals. The surgery will have to be performed at a government hospital by an experienced Senior Orthopaedic Surgeon.
- No monies will be paid to the patient. Payments will be made directly to the supplier of the implants.
- All applications are reviewed and approved by the 'Arthritis Fund Committee' which consists of seven members. Approval will be based on eligibility and availability of funds. The decision of the Committee is final.

HOW TO APPLY?

- Obtain an Application Form from the AFM Secretariat (address on the cover) or call 03-5621 6177 to have it mailed to you, or download it from the AFM website: www.afm.org.my. Application forms are also available from the **UNIT KEBAJIKAN PERUBATAN** at the Government Hospitals.
- Complete the Application Form and give it to your attending medical team, who will provide details of your condition and your requirements. Every application requires references from 2 doctors.
- The social welfare worker will then evaluate your eligibility for sponsorship.
- The completed Application Form is sent to AFM, where it will be reviewed by the Arthritis Fund Committee.
- The Committee will revert within 2 months on whether or not your application has been approved.

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 Pusrawi, 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*

Pulau Pinang

- Hospital Pulau Pinang, Pulau Pinang*
- KPJ Penang Specialist Hospital, Bandar Perda, Seberang Prai

Melaka

- Hospital Melaka*

Johor

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

Kedah

- Hospital Sultanah Bahiyah, Alor Setar*

Negeri Sembilan

- Hospital Tuanku Jaafar, Seremban*

Perak

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

Kelantan

- Hospital Raja Perempuan ZainabII, Kota Bahru*

Terengganu

- Hospital Sultanah Nur Zahirah, Kuala Terengganu

Sabah

- Hospital Queen Elizabeth, Kota Kinabalu*

Sarawak

- Hospital Kuching, Kuching*

* 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

AFM'S LEADERSHIP

Patron : Toh Puan Dato' Seri Hj Dr. Aishah Ong
Trustees : Tan Sri Dato' Dr. Abu Bakar Suleiman
Tan Sri Dato' G. Hari Narayanan

Executive Committee 2011-2013

President : Dr. Amir Azlan Zain
Vice-President : Kunamony S. Kandiah
Hon. Secretary : Annie Hay Seow Ping
Hon. Treasurer : C. Shivanandha
Committee : Puan Sri Samaladevi Navaratnam, Dr. Tang Swee Ping,
Members : Ding Mee Hong, Esther Goh Foong Chin,
Dr. Cheah Tien Eang, Nagula Thambidurai,
Dr. S. Sargunan, Dr. Eashwary Mageswaran
Internal Auditors: Aminah Abdullah, Masako Kuroda

KEEPING CURRENT

AFM constantly updates its registry and routinely delists members whose subscriptions are persistently in arrears. The only notice of this to members will be when they fail to receive their copies of *Joint Efforts*. Please remember to check your subscription status and keep it current. Do note that Lifetime memberships, at a one-off payment of RM200, would eliminate the need to keep tabs on your subscription status, and would ensure uninterrupted receipt of *Joint Efforts*.

For further clarification, please call Ms. Yoges at +603 56216177 (Mon to Fri, 8.30 to 16.30 hrs).

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ARTHRITIS FOUNDATION, MALAYSIA Membership Application / Renewal Form

NAME: _____

I/C NO: _____

DATE OF BIRTH: _____ GENDER: _____

MEMBERSHIP NUMBER (IF RENEWAL) _____

MARITAL STATUS: _____

OCCUPATION: _____

E-MAIL: _____

HOME ADDRESS: _____

TEL NO: _____ FAX NO: _____

OFFICE ADDRESS: _____

TEL NO: _____ FAX NO: _____

I enclose herewith payment of RM _____

Cheque/Money order no. _____

BEING PAYMENT FOR:-

NEW MEMBER:

- Ordinary Member (RM35)
(Registration fee: RM 20, Annual Subscription : RM15)
- Life Member (RM200)
- Corporate Member (RM 1,500)
(Registration fee: RM 1,000, Annual Subscription: RM 500)

MEMBERSHIP RENEWAL

- Ordinary Member (Annual Subscription: RM15)
- Corporate Member (Annual Subscription: RM 500)

Signature of applicant _____ Date _____

Please cross your cheque and make it payable to:

ARTHRITIS FOUNDATION MALAYSIA
c/o Sunway Medical Centre, P.O. Box 60, Lower Ground Floor,
No. 5, Jalan Lagoon Selatan, Bandar Sunway,
46150 Petaling Jaya, Selangor

TRANSFORM YOUR LIFE



*Please consult your healthcare professional
on the new treatment approach to rheumatoid arthritis*



Roche (Malaysia) Sdn Bhd (Co. No. 11792-H)
Level 58, The Intermark,
182 Jalan Tun Razak,
50400 Kuala Lumpur.
Tel: 603-21735000 Fax: 603-21688948