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Dr Dzulkefly (centre) sharing Malaysia's integrated lung health initiatives during a high-level session at the WHO headquarters.

(From left) WHO director-general Dr Tedros Adhanom Ghebreyesus, Prime Minister Datuk Seri Anwar Ibrahim and Dr Dzulkefly during a strategic courtesy call in March 2026 to strengthen M[illegible]'s WHO global health diplomacy and pandemic preparedness. — Photo by Mokhriz Aziz/ Health Minister's Office

TURNING GLOBAL HEALTH RESOLUTIONS INTO NATIONAL REALITIES

AS I lead the Malaysian delegation at the 79th World Health Assembly in Geneva this week, my focus extends far beyond the high-level negotiations at the Palais des Nations.

My true objective is to ensure that the global mandates forged here translate into tangible benefits for every Malaysian – from the patient in a Kuala Selangor clinic to the families in the remote reaches of Kapit.

For Malaysia, our presence in Geneva this year is the culmination of a deliberate, strategic journey.

If our efforts over the previous two years were about establishing intellectual authority and global influence, our current mission is about the final translation: "From Resolution to Action."

The architecture of continuity

Our recent global engagements have been anchored in the principles of equity and health sovereignty.

Two years ago, Malaysia signaled its leadership in the digital frontier, with the World Health Organization (WHO) recognising our national digital tools, most notably MySejahtera, as world-class case studies for pandemic management.

It proved that Malaysia is no longer merely a "rule taker" in global health, but an active "rule maker" in the digital health ecosystem.

This momentum accelerated last year when we assumed the responsibility of the Asean Chair. We made history by spearheading the first-ever Integrated Lung Health Resolution at the global level.

This demanded a holistic approach to asthma, Chronic Obstructive Pulmonary Disease (COPD) and lung cancer; a critical move given the mounting burden of Non-Communicable Diseases (NCDs) on our healthcare system.

Each year was a building block, leading us to the threshold of implementation we find ourselves at today.

Dr Dzulkefly (centre) with international delegates during a session on mainstreaming behavioural science in healthcare at the World Health Assembly in Geneva this week (May 18-23).

The strategic sidelines

While the plenary sessions provide the stage for global consensus, it is the bilateral meetings held on the sidelines, where the heavy lifting of healthcare reform truly happens.

These engagements allow us to bypass standard bureaucratic inertia, engaging in direct G2G exchanges that yield immediate technical and strategic dividends.

Looking back at 2024 and 2025, these sidelines were highly productive.

We forged ties with Indonesia on genomic mapping and Oman on digital surveillance, while opening doors for our specialists to provide training to nations like the Maldives.

We also initiated a crucial dialogue with Brunei on "pooled procurement" for rare disease medications, a concept that has now matured into a regional priority.

This year, we are elevating this strategy with a very specific hit-list. Our engagement with Spain is a calculated move to solve a chronic national bottleneck: our organ donation and transplant rate.

Spain holds the "Gold Standard" in this field and by seeking to adapt their operational model, we aim to transform our transplant system and shorten the agonising wait for thousands of Malaysian patients.

Simultaneously, our dialogues with Singapore, Vietnam and Bangladesh are about building a "Regional Shield."

We are moving beyond the rhetoric of health security to establish actual data-sharing frameworks and digital health interoperability. This ensures that Malaysia remains the anchor of the Asean health agenda, fostering a regional ecosystem that is resilient against future cross-border health threats. These meetings are not just "courtesy calls"; they are the engines of our national health policy.

A fiscal tool for wellness

Our mission in Geneva also marks a significant milestone with the global showcase of our National Blueprint for Behavioural Sciences. This is the practical outcome of the global resolution Malaysia previously co-sponsored.

We are shifting the state's role from "sermonising" to "designing." By understanding that human choices are often governed by the path of least resistance, we are using Choice Architecture to make healthy living the default option. This is the fundamental backbone of our "War on 5S" Strategy, targeting sugar, smoke, salt, stigma and sedentary lifestyles.

From a macroeconomic perspective, this is a vital tool for long-term fiscal sustainability.

By leveraging behavioural "nudges" to prevent NCDs, we are protecting our national budget from the runaway costs of long-term sick-care.

We are essentially using social science to ensure that the Health Ministry remains a ministry of wellness, focused on value-based outcomes rather than just the volume of treatments.

Extraordinary standards in eye health

Malaysia is also expanding its leadership into Integrated Eye Health. It is an extraordinary fact that Malaysia is now regarded as a global benchmark in this field, particularly for the quality and volume of our cataract operations through our mobile and static clinic networks.

In Geneva, we are co-hosting the Global Summit for Eye Health alongside partners like Nigeria and Antigua.

While our partners lead the formal representation, Malaysia's role is one of "hosting the standard." By setting these surgical and care benchmarks globally, we ensure that our domestic ophthalmology services remain at the cutting edge, benefiting every Malaysian who seeks vision care back home.

Regional solidarity and rare diseases

The work we began in previous years on "pooled procurement" is now culminating in the Asean Declaration on Rare Diseases. For too long, families dealing with rare conditions have been hampered by the astronomical costs of specialised care.

By leading this regional declaration, we are moving toward a framework where Asean nations can negotiate drug prices collectively and share diagnostic expertise. This is a matter of regional justice; ensuring a child in a Malaysian village has the same access to life-saving innovation as one in a global metropolis.

Sovereignty in access

Finally, the recognition of Malaysia by the Medicines Patent Pool (MPP) serves as a powerful testament to our Medical Sovereignty. The MPP has selected Malaysia as a global case study for our leadership in the national human immunodeficiency virus (HIV) response, specifically our success in navigating complex patent landscapes to secure affordable, life-saving drugs.

This recognition proves that Malaysia has the strategic acumen to protect its citizens' health without being held hostage by exorbitant global drug pricing.

It reinforces our stance that life-saving innovation must be accessible to all, not just the highest bidder. It is a blueprint of resilience that we are proud to share with the developing world.

Healthcare as a strategic investment

In my view, healthcare must be seen as a strategic investment in human capital, not merely a cost centre.

During our current mission in Geneva, we are championing the "Economics of Health for All" narrative. We are build[illegible] Madani healthcare syste[illegible] is inclusive, future-focused, future-proofed and future-ready, as well as financially sustainable through pro-health policies.

The reform of our healthcare system is a journey of persistence, a relay race where each year hands off a more robust baton to the next. Our progress over the last three years shows a consistent plan: from establishing digital leadership to spearheading global resolutions and finally acting on them.

The true success of our diplomacy in Geneva is measured by the tangible improvements in our clinics and hospitals.

We remain committed to translating global mandates into the reality of the rakyat, ensuring a Malaysia that is healthier, more equitable, and more dignified.

"Once, we started with a resolution; now we move into action."

Datuk Seri Dr Dzulkefly Ahmad
Health Minister

PM: Energy supply is sufficient

Govt acts to bolster vital resource reserves

By QISTINA SALLEHUDDIN
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KUALA LUMPUR: Malaysia's energy supply remains secure [illegible] global uncertainties [illegible] the ongoing Middle East conflict and its impact on global markets, says Prime Minister Datuk Seri Anwar Ibrahim.

"God willing, it is sufficient," he said briefly when met after Friday prayers at the Al-Muttaqin Mosque in Wangsa Maju here yesterday.

The assurance comes as Malaysia intensifies efforts to safeguard the country's energy security and extend available supply reserves, amid concerns over the impact of ongoing geopolitical tensions on global markets.

Anwar also visited Hospital Kuala Lumpur (HKL) to observe its operations while meeting patients and members of the public receiving treatment at the hospital, Bernama reported.

Anwar expressed his prayers for the recovery and ease of all patients in a Facebook post.

"I took the opportunity to observe operations at HKL while greeting and checking on members of the public receiving treatment.

"My prayers are with them for recovery, ease in all matters; and continued strength," he said.

Anwar also expressed appreciation to HKL healthcare workers for their dedication and sacrifices in delivering services to the people.

"Thank you to all HKL healthcare personnel who continue to serve with patience, compassion and great sacrifice in safeguarding the lives and welfare of the rakyat every day," he added.

On Tuesday (May 19), Economy Minister Akmal Nasrullah Mohd Nasir said the impact of the global supply crisis is expected to become more significant in the third quarter of this year, particularly in terms of price stability, industrial operating costs, and the labour market.

Akmal said this was because the impact of the global crisis in the previous quarter had remained limited, supported by strong gross domestic product (GDP) growth and overall resilient domestic economic performance.

He added that global energy conditions remained relatively stable, with gas prices rising only slightly while coal prices eased.

"The average price of liquefied natural gas (LNG) increased slightly by 1.7%, from US$17.41 per million BTU to US$17.71 per million BTU.

"This increase indicates that the global gas market remains under control, with sufficient inventories available across major markets worldwide.

"In the energy sector, coal prices recorded a decline of 1.3%, from US$133.19 per metric tonne to US$131.50 per metric tonne, indicating that global coal supply and demand remain balanced, particularly for the electricity generation sector in Asia," said Akmal.

Personal touch: Anwar taking the opportunity to meet with patients and staff during a visit to the hospital.— Photo from Anwar Ibrahim's Facebook page

Park shut longer due to more rat urine cases

SEREMBAN: The full closure of the Ulu Bendul Forest Eco Park in Kuala Pilah has been extended until June 23 for public safety and health control purposes following an increase in leptospirosis cases in the area.

Negri Sembilan Forestry Department director Mohd Yussainy Md Yusop said the extension would allow the management to carry out sanitation works, thorough cleaning and water quality monitoring to ensure visitor safety in the future.

"The Kuala Pilah health office (PKD) received an additional seven confirmed leptospirosis cases on May 18 involving individuals with a history of bathing in the area on May 10.

"This brings the total number of confirmed cases to 11.

"The closure period takes into account the incubation period from the onset date of the last symptomatic case, with the latest recorded on May 15," he told Bernama yesterday.

Mohd Yussainy said that during the closure, the public is strictly prohibited from trespassing into the area and failure to comply with the directive may result in action under existing regulations.

The recreational park was previously closed until May 24.

Ministry to expand scope of treatment in private clinics

KUALA LUMPUR: The Health Ministry plans to expand the scope of treatment at private clinics as part of measures to improve existing policies to empower general practitioners (GPs).

The ministry said the measures include allowing ultrasound and Occupational Health Doctor (OHD) services to be offered effectively and safely.

"The step is taken to acknowledge the competencies and additional training by GPs.

"The ministry is reviewing policy improvements by drafting implementation directives for specific service scopes at private clinics," the ministry said.

It was reported that a Malaysian Medical Association study had found that private clinics were seeing a decline in patients following an increase in the number of general practitioners.

The surge in medication costs had also caused a large portion of the country's 10,000 private clinics to face difficulties.

The study, which involved 2,000 clinics nationwide, stated that 70 per cent of the GP clinics were earning below RM60,000 per month, which made it a struggle to keep operations afloat.

MMA president Datuk Dr R. Thirunavukarasu called on the ministry to ease the congestion at government clinics by referring basic healthcare cases to GP clinics.

As part of the its improvement efforts, the second measure currently pursued by the ministry includes expanding the scope of Skim Peduli Kesihatan untuk Kumpulan B40 (Peka B40) and the Madani Medical Scheme programmes to include treatments for non-communicable diseases.

However, it said the expansion of the programme was subject to approval of future financial allocations.

Peka B40 and the Madani Medical Scheme are private-public partnership models designed specifically as a collaborative platform for private GPs.

According to the ministry, the third measure currently pursued is a collaboration between the Finance Ministry, the Employees Provident Fund as well as private consultants to review and improve its system and service delivery aspects in processing applications for the opening of private clinics.

Sawan berulang bukan sihir: Rawatan tradisional undang risiko lebih teruk

DR SHERRINI

"Itu tanggapan salah kerana ubat diperlukan untuk mengawal sawan. Ada juga pesakit takut mengambil ubat sedangkan semua ubatan moden telah melalui proses penyelidikan dan penilaian keselamatan."
- Dr Sherrini

Oleh MUKHRIZ MAT HUSIN

SUBANG JAYA - Tahap kesedaran masyarakat terhadap rawatan penyakit sawan berulang atau epilepsi masih membimbangkan apabila dianggarkan kira-kira 40 peratus rakyat Malaysia cenderung memilih rawatan tradisional berbanding perubatan moden.

Pakar Saraf Pusat Perubatan Subang Jaya (SJMC), Dr Sherrini Bazir Ahmad berkata, keadaan itu menjadi cabaran utama dalam usaha meningkatkan penerimaan terhadap rawatan moden bagi mengawal penyakit berkenaan.

Menurut beliau, epilepsi yang tidak dirawat dengan ubat moden boleh menyebabkan sawan menjadi lebih kerap dan berpanjangan sehingga mengakibatkan kerosakan otak kekal atau kematian.

"Dalam kes serius, pesakit boleh mengalami status epilepticus iaitu sawan berterusan yang berbahaya. Terdapat juga risiko *sudden unexpected death in epilepsy* (SUDEP), di mana pesakit boleh meninggal dunia secara tiba-tiba ketika tidur," katanya kepada *Sinar Harian* pada Khamis.

Beliau berkata, kajian menunjukkan ubat moden berkesan mengawal sawan dan kira-kira 70 peratus pesakit epilepsi boleh dirawat dengan baik menerusi kaedah tersebut.

Namun, sekitar 30 peratus lagi dikategorikan sebagai *refractory epilepsy* atau sukar dirawat.

Katanya, rawatan tradisional pula banyak diamalkan berdasarkan adat, budaya dan agama tanpa melalui kajian klinikal terkawal bagi membuktikan keselamatan serta keberkesanannya.

Stigma dan ketakutan jadi penghalang rawatan

Dr Sherrini berkata, stigma masyarakat turut menjadi penghalang apabila ada yang percaya ubat moden menyebabkan ketagihan.

"Itu tanggapan salah kerana ubat diperlukan untuk mengawal sawan. Ada juga pesakit takut mengambil ubat sedangkan semua ubatan moden telah melalui proses penyelidikan dan penilaian keselamatan," katanya.

Beliau turut mendedahkan terdapat pengamal perubatan tradisional yang meminta pesakit menghentikan pengambilan ubat hospital atas alasan detoksifikasi atau tidak mahu ubat moden bercampur dengan herba.

"Itu cabaran paling sukar kerana pesakit perlu diyakinkan supaya tidak berhenti mengambil ubat yang diberikan doktor," ujarnya.

Menurut beliau, masyarakat di Malaysia mengamalkan pelbagai bentuk rawatan tradisional mengikut latar budaya dan agama masing-masing.

"Antaranya penggunaan herba tempatan seperti daun pegaga dan saffron, bijirin kaya omega-3 seperti chia seed dan biji rami, rawatan tradisional Cina menggunakan ubatan herba dan akar kayu, Ayurveda yang merangkumi herba, urutan, yoga dan diet seimbang.

"Dalam kalangan masyarakat Islam pula, ada yang mengamalkan air zam zam, madu, minyak zaitun, kurma, rawatan spiritual seperti ruqyah dan zikir. Terdapat juga amalan urutan, meditasi, akupunktur dan bekam," kata Dr Sherrini.

Bagaimanapun, Dr Sherrini mengingatkan terdapat rawatan tertentu yang boleh mendatangkan bahaya.

"Antaranya ketum yang dipercayai sesetengah pihak mampu merawat sawan sedangkan ia boleh meningkatkan risiko serangan sawan," katanya.

Beliau turut menjelaskan bahawa penggunaan minyak *cannabidiol* (CBD) di luar negara dikawal ketat mengikut piawaian tertentu dengan kandungan *tetrahydrocannabinol* (THC) yang rendah atau tiada.

Namun, penggunaan ganja di Malaysia adalah menyalahi undang-undang dan minyak CBD masih belum mendapat kelulusan sah daripada Pihak Berkuasa Kawalan Dadah (DCA).

Menurutnya, sehingga kini tiada bukti saintifik yang menyokong penggunaan rawatan tradisional semata-mata untuk merawat epilepsi.

Hanya ketogenic diet didapati boleh membantu, namun perlu diamalkan bersama rawatan moden.

Beliau berkata, penggunaan bahan seperti halia, bawang putih, kayu manis, madu, kurma dan minyak zaitun biasanya tidak mendatangkan masalah, tetapi risiko timbul apabila kandungan serta dos ubatan tradisional tidak diketahui.

"Kita bimbang berlaku interaksi dengan ubat moden atau menyebabkan rawatan hospital menjadi kurang berkesan," katanya.

Kepentingan pendidikan awam

Dr Sherrini menegaskan pendidikan awam perlu dipertingkatkan supaya masyarakat memahami bahawa epilepsi bukan berpunca daripada sihir, gangguan mistik atau penyakit mental, sebaliknya disebabkan aktiviti elektrik tidak normal dalam otak.

"Apabila kefahaman itu diperbetulkan, pesakit dan keluarga akan lebih terbuka menerima rawatan moden. Pendidikan adalah kunci utama," katanya.

Dalam masa sama, beliau tidak menolak sepenuhnya rawatan tradisional terutama amalan yang membantu menenangkan emosi seperti zikir, meditasi dan yoga kerana tekanan serta kurang tidur boleh mencetuskan sawan.

Katanya, kerajaan menerusi Kementerian Kesihatan Malaysia (KKM) dan Bahagian Perubatan Tradisional dan Komplementari (BPTK) juga perlu memperkukuh kawalan serta penilaian terhadap produk dan pengamal rawatan tradisional bagi memastikan keselamatan pesakit terjamin.

Berita Harian M/S 26

Makan daging berpada-pada, elak risiko penyakit

Perlu bijak kawal jumlah, kekerapan, kaedah masakan

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Aidiladha semakin menghampiri. Seperti kebiasaan, ramai akan menerima agihan daging korban untuk disimpan sebagai stok makanan di rumah hasil ibadah korban yang penuh keberkatan dan mengeratkan ukhuwah sesama masyarakat.

Namun dalam kita menikmati juadah berasaskan daging, jangan lupa untuk berhati-hati dalam pengambilannya.

Timbalan Dekan (Akademik Sains Kesihatan dan Hal Ehwal Pelajar & Alumni), Fakulti Perubatan dan Sains Kesihatan, Universiti Putra Malaysia, Prof Dr Barakatun Nisak Mohd Yusof, berkata pengambilan daging merah secara berlebihan tanpa kawalan boleh memberi kesan kepada kesihatan, terutama bagi individu yang mempunyai penyakit kronik.

Dr Barakatun Nisak Mohd Yusof

Bagaimanapun, beliau yang juga pakar pemakanan dalam bidang metabolik obesiti menegaskan, orang ramai tidak perlu 'takut' untuk makan daging, tetapi perlu lebih bijak mengawal jumlah, kekerapan, kaedah masakan dan makanan yang digandingkan bersama daging.

Katanya, berdasarkan saranan World Cancer Research Fund (WCRF), pengambilan daging merah disarankan sekitar tiga hidangan seminggu atau kira-kira 350 hingga 500 gram (g) berat masak seminggu.

Ini bersamaan sekitar 100 hingga 150g daging masak setiap kali makan, iaitu lebih kurang sebesar tapak tangan orang dewasa.

"Daging korban boleh dinikmati sebagai sumber protein, zat besi, zink dan vitamin B12. Namun masalah timbul apabila ia diambil secara berlebihan, terutama jika tinggi lemak, garam dan kurang serat," katanya.

Risiko makan daging setiap hari

Barakatun Nisak berkata, pengambilan daging merah setiap hari sepanjang musim perayaan boleh menyebabkan beberapa kesan jangka pendek seperti senak, kembung, sembelit, refluks dan rasa mengantuk selepas makan.

Katanya, bagi individu yang mempunyai gout atau asid urik tinggi, pengambilan organ dalaman, sup tulang pekat dan kuah daging yang banyak juga boleh mencetuskan serangan gout.

"Dalam jangka panjang pula, pengambilan daging merah berlebihan dikaitkan dengan peningkatan risiko kolesterol LDL tinggi, obesiti, diabetes jenis 2, tekanan darah tinggi, penyakit jantung, penyakit buah pinggang serta kanser kolorektal.

"Menurut WCRF, terdapat bukti kukuh yang mengaitkan pengambilan daging merah dan daging proses seperti sosej dan burger dengan kanser kolorektal.

"Namun, risiko kesihatan bukan berpunca daripada satu hidangan daging korban semata-mata, sebaliknya dipengaruhi keseluruhan corak pemakanan dan gaya hidup," jelasnya.

Beliau berkata, gabungan makanan seperti daging berlemak, rendang bersantan, lemang, kuah kacang dan minuman manis dalam satu hidangan boleh meningkatkan beban metabolik badan.

Justeru, kaedah memasak memainkan peranan penting dalam menentukan tahap kesihatan sesuatu hidangan daging.

"Antara kaedah yang disarankan ialah rebus, sup jernih, singgang, stew rendah minyak, kukus atau panggang pada suhu sederhana tanpa hangus.

"Sup boleh menjadi pilihan lebih baik jika kuahnya tidak terlalu berminyak dan masin manakala lemak yang terapung di permukaan sup disarankan dibuang selepas memasak," katanya.

Malah, kaedah memasak secara rebus dan sup turut membantu melembutkan daging, sekali gus sesuai untuk warga emas dan kanak-kanak.

Sebaliknya, kaedah bakar atau BBQ pada suhu terlalu tinggi hingga menyebabkan daging hangus boleh menghasilkan bahan yang tidak baik untuk kesihatan.

"Jika ingin membakar daging, orang ramai disaran mengelakkan api terus, membuang bahagian hangus serta memerap daging dengan bawang, halia, herba atau rempah bagi mengurangkan risiko pembentukan bahan berbahaya.

"Kaedah menggoreng pula menambah kandungan minyak dan kalori, terutama jika menggunakan bahagian daging berlemak," katanya.

Konsep suku-suku-separuh

Barakatun Nisak berkata, golongan yang mempunyai gout, diabetes, darah tinggi, kolesterol tinggi, penyakit jantung dan penyakit buah pinggang kronik perlu lebih berhati-hati dalam pengambilan daging merah.

Pesakit gout disaran mengurangkan pengambilan organ dalaman, kuah daging pekat dan sup tulang.

Begitu juga pesakit darah tinggi perlu mengawal penggunaan garam, kicap, sos tiram, kiub pati dan bahan perasa.

"Bagi individu yang mempunyai kolesterol tinggi atau penyakit jantung, pemilihan daging tanpa lemak dan mengelakkan tetel, santan serta organ dalaman amat penting.

"Pesakit diabetes masih boleh menikmati daging, namun perlu mengawal keseluruhan hidangan termasuk nasi, ketupat, lemang, kuih raya dan minuman manis," katanya.

Bagi memastikan pengambilan daging lebih seimbang, orang ramai disaran mengamalkan konsep suku-suku-separuh.

Suku pinggan diisi dengan daging tanpa lemak, suku lagi dengan nasi, ketupat atau lemang dalam jumlah terkawal manakala separuh pinggan diisi dengan sayur, ulam atau salad.

Antara pilihan terbaik ialah ulam raja, pegaga, timun, salad, sawi, kobis, bendi, tomato dan brokoli.

Menurut Barakatun Nisak, buah-buahan tinggi serat seperti betik, jambu batu, oren, epal dan pir juga membantu penghadaman serta memberi rasa kenyang lebih lama.

Beliau turut mengingatkan, daging tidak mengandungi serat, justeru pengambilan sayur dan buah amat penting untuk membantu kesihatan usus dan mengelakkan sembelit.

"Bahagian daging yang lebih rendah lemak biasanya ialah isi pejal seperti paha, batang pinang, topside dan silverside. Sebaliknya, bahagian seperti tetel, lemak putih, organ dalaman, sumsum dan kuah berminyak perlu dikurangkan.

"Lemak putih yang jelas kelihatan juga digalakkan dibuang sebelum memasak bagi mengurangkan pengambilan lemak tepu," katanya.

Mengenai cara penyimpanan, Barakatun Nisak berkata, daging mentah boleh disimpan dalam *chiller* selama satu hingga dua hari sebelum dimasak.

Jika ingin disimpan lebih lama, daging perlu dibekukan dalam *freezer* dan sebaiknya digunakan dalam tempoh tiga hingga empat bulan untuk mengekalkan kualiti terbaik.

Beliau turut menyarankan, daging dibahagikan kepada bahagian kecil mengikut keperluan memasak, dibungkus kedap udara dan dilabel tarikh simpanan bagi mengelakkan proses cair dan beku berulang kali.

"Untuk nyahbeku, kaedah terbaik ialah menyimpan daging dalam *chiller* semalaman.

"Selain itu, daging juga boleh direndam dalam air sejuk menggunakan plastik kedap udara atau menggunakan microwave jika mahu terus dimasak.

"Jangan nyahbeku daging pada suhu bilik terlalu lama kerana keadaan itu boleh menggalakkan pembiakan bakteria," katanya.

info

Tip elakkan rasa berat atau senak lepas makan daging

- Ambil daging dalam portion kecil dan jangan tambah berkali-kali
- Kunyah perlahan kerana daging memerlukan proses penghadaman yang lebih lama
- Elakkan makan daging bersama terlalu banyak lemang, ketupat, kuah kacang, rendang bersantan dan air manis dalam satu hidangan
- Selepas makan, jangan terus berbaring
- Berjalan perlahan selama 10-15 minit, ia boleh membantu penghadaman dan kawalan glukosa selepas makan
- Jika mudah sembelit, pastikan cukup air kosong, tambah sayur dan buah, serta ambil makanan berserat pada hari yang sama
- Daging tidak mengandungi serat, jadi jika makan banyak daging tetapi kurang sayur dan air, sembelit lebih mudah berlaku