

## Bakal jemaah haji gagal ujian kesihatan boleh kemuka permohonan semula tahun depan

**SHAH ALAM** - Bakal jemaah haji musim 1447H/2026M yang gagal melepasi ujian pemeriksaan kesihatan seperti ditetapkan kerajaan Arab Saudi boleh membuat permohonan semula untuk tahun berikutnya jika tahap kesihatan mereka bertambah baik.

Menteri di Jabatan Perdana Menteri (Hal Ehwal Agama), Datuk Dr Mohd Na'im Mokhtar berkata, setakat ini tiga peratus daripada 31,600 bakal jemaah haji Malaysia dilaporkan gagal ujian saringan kesihatan untuk menunaikan rukun Islam



MOHD NA'IM

kelima musim 2026.

"Sekiranya mereka gagal untuk tahun tersebut, tidak bermakna peluang terus tertutup. Kalau mereka berusaha pada masa hadapan untuk mengubah diri dan jaga kesihatan, surat tawaran akan diberikan kepada mereka apabila benar-benar layak.

"Saya percaya peraturan diperkenalkan kerajaan Arab Saudi telah mengambil kira hasil kajian dan hakikat yang

berlaku apabila jemaah mempunyai penyakit kronik menyebabkan catatan kes kematian agak tinggi setiap kali musim haji," katanya kepada pemberita selepas

merasmikan Konvensyen Muallaf Madani (Kemudi) Peringkat Kebangsaan 2025 di sini pada Khamis.

Mohd Na'im berkata, Malaysia komited untuk mematuhi syarat melibatkan elemen kesihatan susulan kes kematian akibat serangan jantung yang direkodkan dalam kalangan jemaah hari negara pada setiap musim haji.

Beliau berkata, bagi tujuan itu, Tabung Haji (TH) akan bergerak senada dengan Kementerian Kesihatan (KKM) dalam konteks memperkukuh sistem pemeriksaan kesihatan memandangkan peraturan haji akan ditambah baik hampir setiap tahun.

"Selepas ini, sudah tentu TH akan melihat serta menilai semula semua peraturan terkini yang telah ditetapkan bagi me-

ngemas kini dan menghasilkan modul baharu dalam kursus haji pada masa akan datang.

"Usaha itu sangat diperlukan berikutan penekanan diberikan kerajaan Arab Saudi baru-baru ini, secara jelas bertujuan memastikan tahap kesihatan setiap jemaah berada pada tahap terbaik sepanjang musim haji," katanya.

Pada Isnin lepas, Kementerian Haji dan Umrah Arab Saudi mengumumkan syarat kesihatan yang perlu dipatuhi untuk menunaikan haji bagi musim 1447H/2026M, antaranya bebas daripada penyakit berjangkit, penyakit serius atau penyakit kronik tidak terkawal dan berupaya menjalankan ibadat haji dengan sendiri. - *Bernama*

# Tak tinggal rutin senaman ringan

**IPOH** - Syarat kesihatan baharu kerajaan Arab Saudi bagi musim haji menjadi cabaran tersendiri bagi warga emas, terutama mereka yang ingin menunaikan ibadah walaupun usia lanjut.

Bagi Zainal Abidin Ibrahim, 78, cabaran itu dijadikan motivasi untuk memastikan tubuh sentiasa sihat dan ber-

sedia menghadapi perjalanan fizikal ibadah haji.

Bukan sahaja tidak pernah meninggalkan rutin senaman ringan setiap hari, malah beliau menekankan kepentingan pemeriksaan kesihatan secara berkala.

Menurutnya, dalam keadaan usia lanjut, mempunyai penyakit itu biasa, tetapi perlulah mendisiplinkan diri dengan pengambilan ubat mengikut jadual dan mengambil makanan tambahan bagi mengekalkan stamina.

"Nak menunaikan ibadah melontar di ketigatiga jamrah bukan perkara mudah, kita perlu berjalan kaki. Kalau tak sihat, sampai bila pun saya tak boleh pergi," katanya kepada *Sinar Harian*.

Sejak muda, Zainal Abidin aktif menjaga diri dan sehingga kini, masih berjemaah di masjid dengan menunggang motosikal.

"Aktiviti harian sebegini bukan sekadar menjaga tubuh, tetapi juga menyemai ketenangan rohani, sebagai persediaan mental untuk perjalanan panjang ibadah haji," katanya.

Bercakap mengenai syarat baharu itu, Zainal Abidin mengakui ia mungkin menyukarkan sebahagian warga emas.

"Memang agak ketat, tetapi kalau kita tak bersedia, haji pun tak sempurna. Jadi, saya ambil ini sebagai cabaran," katanya.

Dia turut berkongsi pengalaman menguruskan rayuan haji melalui Lembaga Tabung Haji (TH).

"Tahun-tahun sebelum ini rayuan saya gagal, tetapi semangat nak pergi tetap membara. Kali ini saya akan cuba lagi. Usia bukan alasan untuk berhenti berusaha," katanya.



**ZAINAL ABIDIN**



# 'Identify red flags early to address **toxic masculinity** issue'

➤ Boys absorb early cues about power and control from families, peers and digital spaces, distorting understanding of consent and normalising aggression as strength: NGO

■ BY T.C. KHOR

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**PETALING JAYA:** Malaysia is facing a generational crisis rooted in toxic masculinity, emotional detachment and a deepening youth mental health emergency, said Pertubuhan Kebajikan Snehām Malaysia president Datuk Dr Florance Sinniah.

Snehām, a welfare organisation based in Selangor, focuses on community wellbeing and social development programmes that promote emotional health, family support and youth empowerment.

Florence said toxic masculinity does not emerge overnight but is learned, reinforced and rewarded over time.

"Boys and teenagers absorb early cues about power, control and gender roles from families, peers, popular

culture, schools and digital spaces," she told *theSun*.

She said rigid beliefs such as "real men don't cry" or "boys must dominate" continue to normalise aggression as strength while discouraging empathy from a young age.

"When empathy and emotional intelligence are dismissed as weakness, boys grow up equating masculinity with dominance rather than responsibility."

She added that peer pressure further cements these attitudes in groups, in which violent or sexualised talk is cheered instead of challenged – often escalating from verbal harassment to physical violence and sexual aggression.

Florance warned that repeated exposure to such content could desensitise young people to violence,

distort their understanding of consent and equate control with power.

"When this exposure goes unfiltered and uncontextualised, it can override moral reasoning and empathy, shaping behaviour in deeply troubling ways."

She added that when young perpetrators appear calm, indifferent or even boastful about their actions, it signals emotional detachment, early desensitisation to violence or underlying personality disorders.

"Metal detectors, CCTVs or gender segregation might provide temporary deterrents, but they are not root-cause solutions. This crisis demands a multi-layered, long-term response."

She said parents often miss early signs of distress or aggression, mistaking behaviours such as withdrawal, irritability or fascination with violence as typical adolescence.

Florance urged Malaysians to move beyond outrage to systemic, compassionate action, and called for comprehensive sexuality and consent education from an early age.

"Teach respect, empathy and boundaries, not just biology."

She also called for school-based mental health programmes with

trained counsellors to identify early red flags, adding that parents must be empowered to recognise behavioural changes, foster open communication and model healthy masculinity.

She said accountability must go beyond punishment to include rehabilitation, therapy and community responsibility.

Florance also expressed support for government efforts to regulate harmful digital content while promoting media literacy among youths so they can "critically question, not passively absorb, what they consume".

She pointed to social-media algorithms that reward outrage and amplify extreme content, creating echo chambers in which toxic ideas go unchallenged.

"These incidents are not isolated. They are symptoms of a larger mental health crisis among Malaysian youths. Toxic masculinity is not inevitable. With the right cultural, psychological and policy interventions, it can be unlearned."

She added that the problem reflects not only individual failings but a wider ecosystem that normalises violence and neglects emotional development.



By CAMILLA FOSTER

COUGHS and colds are rife this time of year, but how can you tell when they might be a sign of something more serious, like pneumonia?

Recognising the difference between an ordinary cough and a potentially dangerous lung infection can play a crucial role in ensuring timely treatment and a smooth recovery.

To help clarify the signs, we spoke to British consultant general practitioner (GP) Dr Claire Agathou, who explained exactly what pneumonia is, what its key symptoms are, and when to seek medical advice.

#### What is pneumonia?

"Pneumonia is an infection of the lungs which causes inflammation in the tiny air sacs in

the lungs, which are called alveoli, which then fill with fluid or pus," Dr Agathou explains.

"This makes it much harder for oxygen to pass into the bloodstream, which leads to coughing, breathlessness and fever.

"It can affect just one lung, or sometimes both, and ranges from mild to life-threatening."

According to British charity Asthma + Lung UK, there were 518,525 hospital admissions for pneumonia alone in England last year and almost a fifth of these patients were readmitted again after 30 days.

#### What causes it?

"Pneumonia is most often caused by bacteria called *Streptococcus pneumoniae*, but viruses, and less commonly, fungi, can also trigger it.

"We often call this an atypical pneumonia," says Dr Agathou.

"Pneumonia can develop after a viral illness like a flu when the immune system is really run down or when bacteria is inhaled into the lungs."

#### How can I tell if my cough is likely to be from pneumonia versus from a viral infection or allergies? Are there any key differences to look out for?

"Typically, a more viral or an allergic cough tends to be on the drier side.

"Sometimes, if it's viral, it's also linked to a sore throat or feeling a bit congested, and usually improves itself after a week or two," she says.

However, Dr Agathou highlights that pneumonia coughs are typically "productive", i.e. bring up mucus or phlegm.

"If you're bringing up green, yellow or rusty-coloured phlegm, start to feel very feverish and experiencing any breathlessness, those would be the sort of things that would start to make you think it might be pneumonia," she says.

"You will generally feel more unwell and weak with a pneumonia than you would with a simple cold or hay fever-like symptoms if it was allergy-related."

#### Are there any other key symptoms to look out for?

"Another big thing to look out for is chest pain, or pain when breathing in," highlights Dr Agathou.

"Another common symptom that we see, particularly in older adults, is confusion.

"In addition, when you've got pneumonia, you may pass much less urine and tend to be dehydrated, so these are some other things to look out for."

#### Who is more at risk?

"It is possible for anyone to develop pneumonia and many healthy adults recover well with antibiotics," says Dr Agathou.

"However, the rates are much higher in vulnerable communities, so, in the elderly or people with reduced immune function or respiratory conditions.

"It's really important that babies, the elderly or those with chronic conditions, weaker immune systems or respiratory conditions displaying symptoms are seen to very promptly."

#### When should you go to a GP about your symptoms?

"If you've got a cough that's

just lingering and persisting after five to seven days, you should be seen by a doctor," she advises.

"But, irrespective of time frame, if you have a really severe cough, feel really unwell and start to feel that your breathing is off the norm, then I would get checked out very quickly by a GP.

"If there is a pneumonia there, we want to treat it as soon as possible when it's mild, to prevent you from getting much worse."

#### How is pneumonia diagnosed?

"When you go to a GP, we check your oxygen levels, your breathing rate, your temperature, your pulse and all of these things that can indicate to us how severe the infection is," explains Dr Agathou.

"We also listen to your chest to see if we can hear anything unusual and if we are very concerned, we can organise an X-ray."

#### How is pneumonia treated and managed?

"If it's a typical pneumonia, antibiotics and fluids are the primary sources of management," she says.

"Oral antibiotics are usually prescribed, provided that the person is able, is not vomiting, and is in a suitable condition to be managed at home.

"However, the most severe cases need hospital care, oxygen support and fluid."

#### Why are people more susceptible to pneumonia in the colder months?

"In the colder months, our immune systems are working harder because of the stress from a cold response, and also because infections tend to spread more," says Dr Agathou.

"We also know that flu is more common in the winter months, and when people have flu or viruses, it means their immune systems can be weaker and that's why you're more susceptible to getting pneumonia."

#### Are there any ways to prevent yourself from getting pneumonia?

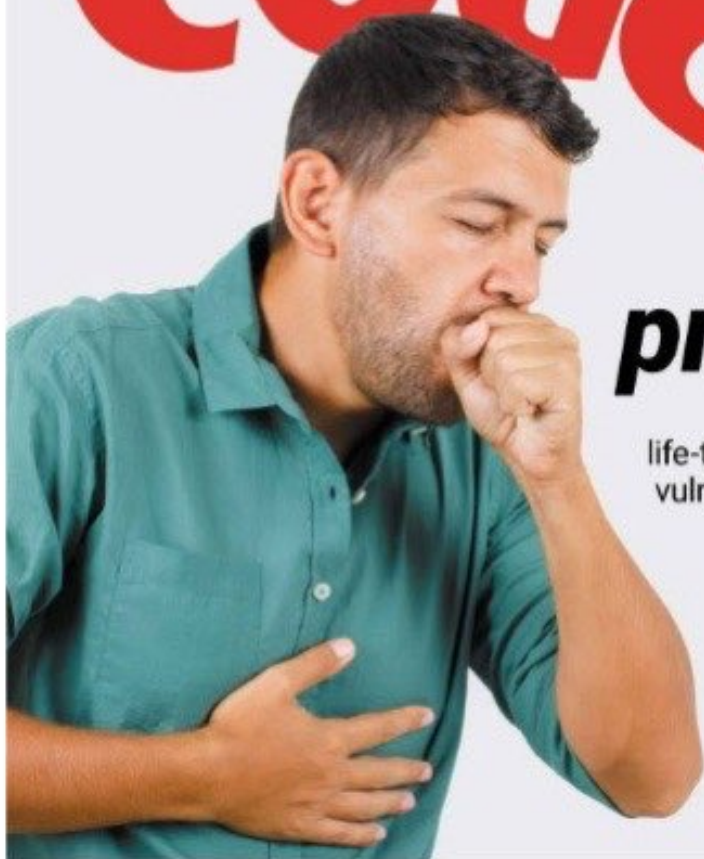
"It is all about making sure that your immune system is kept as strong as possible," she says.

"For example, doing things that can help us fight infection better, like making sure you're dressed warmly and taking multivitamins.

"In addition, if you are eligible for the flu and/or Covid-19 vaccine, you should consider having these." — PA Media/dpa

# Is my cough pneumonia?

Pneumonia can be a potentially life-threatening infection, especially for vulnerable groups, and a cough is one of its common symptoms.





# Johor Health Dept to boost schools' mental health efforts

By **MOHD FARHAAN SHAH**  
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**BATU PAHAT:** The Johor Health Department is prepared to work closely with schools to strengthen mental health support for students as part of the state's wider push to improve access to mental healthcare across all levels of society.

State health and environment committee chairman Ling Tian Soon (*pic*) said the department is ready to collaborate with the Johor Education Department to provide counselling and psychological support services for schools that require assistance.

"If any school needs counselors or psychological support from the Health Department, we are always ready to cooperate with the Education Department to conduct programmes and engagement sessions with students," he said.



Ling was speaking to reporters after launching the state-level Mental Health Day at the Health Ministry's Batu Pahat Health Training (Nursing) Institute here yesterday.

During the event, he also launched the Mental Wellbeing Community Programme (K-Mindset), which is an initiative to make mental healthcare more accessible.

The Yong Peng assemblyman said the programme aims to equip community leaders with basic

mental health knowledge so they can identify early signs of distress and guide individuals towards professional help.

"The Health Department has developed a training module for community leaders to increase awareness and provide basic understanding of mental health issues.

"These trained leaders can then act as frontliners in their communities, connecting people in need to the right services such as counselling or therapy," he added.

Ling said this year's theme, "Access to Mental Health Services in Times of Crisis", highlights the importance of making mental healthcare more accessible both in Johor and throughout the country.

"We want to ensure the public can easily seek help at health facilities, not only for physical conditions but also for mental or emotional stress.

"Our healthcare staff are

trained and have the expertise to handle such cases with care and professionalism," he added.

Ling also said mental health services are not limited to medication or psychiatric treatment, but also involve emotional and social support from the community.

"Sometimes, people facing mental strain just need someone to listen to them or show care. Building a social safety network within the community is essential so that everyone can play a part in offering support," he said.

Ling also said mental health facilities in Johor have expanded beyond Hospital Permai, with specialised clinics now available at UTC Johor Baru, Pekan Nanas and Batu Pahat.

"In addition, we have set up wellness hubs where individuals can meet health staff or participate in healthy activities to strengthen their mental well-being," he added.



# Extra screening for dense breasts

NEARLY half of all women who have had a mammogram to screen for breast cancer have been identified as having dense breasts.

This makes it more challenging to detect breast cancer because dense tissue and tumours both appear white on a mammogram.

That's one reason why it's recommended to have an additional screening done.

But which one?

Mayo Clinic radiologist Dr Richard Sharpe Jr says it's crucial to talk with your healthcare team to find the screening method that is right for you.

An MRI (magnetic resonance imaging) is one option.

"The first thing to know if you get notified is that dense breast tissue is completely normal.

"Half of all women will have dense tissue," says the American doctor.

He notes that dense breasts

are identified through a mammogram.

Additional testing is the next step.

"The most widely available supplemental screening test for women with dense tissues is probably an ultrasound of the breast or an MRI," he says.

"There have been lots of studies showing that MRI is the most sensitive test for finding breast cancer."

An MRI is meant to be used along with a mammogram, not instead of a mammogram.

"MRI is the most sensitive test we have for finding breast cancer.

"It can see through density.

"It can find hard-to-see, small cancers," says Dr Sharpe Jr.

But it's not for everyone.

You'll lie face down on a table and then guided into the MRI machine.

"Some patients that have challenges with claustrophobia

might struggle to be comfortable in the smaller space of the MRI scanner," he explains.

However, the benefit is clear, he says.

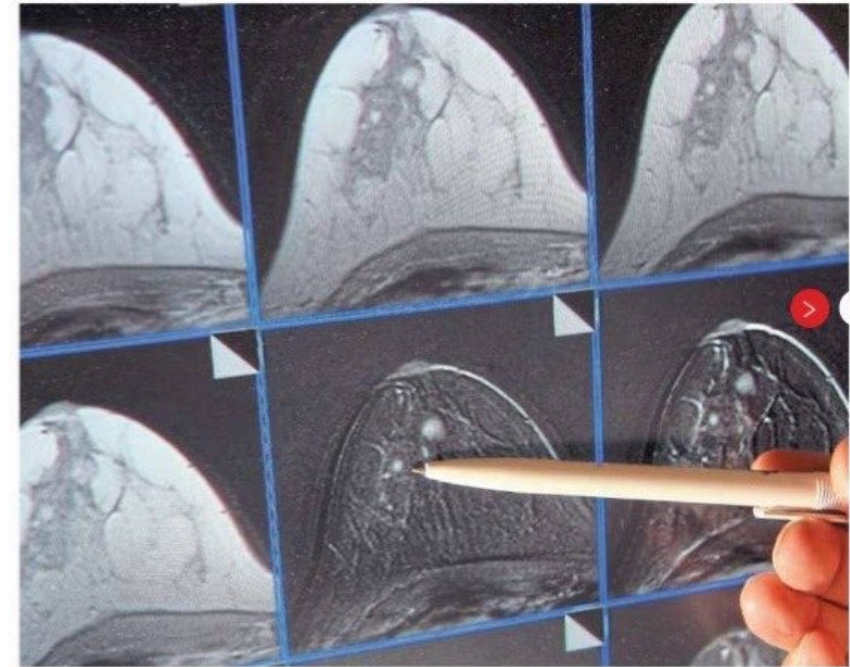
"(For) women with dense tissue or high risk for breast cancer that undergo breast MRI, we are able to see cancers that would be hiding from the mammogram."

Other supplemental screening options include molecular breast imaging (MBI), ultrasound and contrast-enhanced mammography.

Dr Sharpe Jr says choosing what screening method works for you is an individual decision that should be made with your healthcare team, but he notes that it's important to start with your annual screening.

"The most important thing for women to know is that you should get your annual mammogram, starting at age 40.

"Also, if you have dense tis-



Dense tissue and tumours both look alike on a mammogram, hence the need for an additional screening method for women with dense breasts. — dpa

sue, consider a supplemental screening, i.e. another imaging test looking at the breast tissues in a different way – and you

should get that exam regularly as well," he says. – Mayo Clinic News Network/Tribune News Service



# A new law for the ages

## Calls mount for Maintenance of Parents Act ahead of ageing population shift

By FAZLEENA AZIZ  
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**PETALING JAYA:** Malaysia is expected to become an "ageing population nation" in 2030, with more than 15% of its population over 60 years old – and the welfare of senior citizens has become a crucial issue.

Many are now calling for a possible Maintenance of Parents Act to ensure the young take care of their elders.

"It should be made a must for adult children to support their ageing parents," says Association for Residential Aged Care Operators (Agecope) president Delren Terrence Douglas.

However, he adds that it should be fair and not punitive. Children should not be punished if they genuinely cannot afford to pay.

Delren also questioned how the law would address cases where elderly individuals have no family support.

"If there are no children, is the next of kin legally obligated? How about single, unmarried elderly without siblings – will the government step in?" he asked.

Delren pointed out that Agecope has long called for a framework similar to Singapore's Maintenance of Parents Tribunal.

"Agecope has actually been asking for this," he said, adding that

the system must be transparent and fair to protect seniors while not punishing children who are struggling or who have experienced past abuse.

He warned that bureaucracy and fragmented policymaking continue to hinder progress.

"The government is too slow, too tied up in bureaucracy," he said.

Malaysia, he said, only has eight government-run elder care centres under the Social Welfare Department, while most private or charity homes operate without proper licensing due to red tape.

"Even if the children do pay – do they pay to legal centres? Or pay to stay at a home where they are abused? Who cares for them?" he asked.

The shortage of caregivers and nurses remains a critical issue.

"As the elderly get older, many will need nursing care, but our country lacks nurses, too.

"The Home Affairs, Human Resources, Housing, Health and Women ministries, along with Agecope, need to be under one roof, under one leader who can cut away all the red tape," he said.

Malaysia Coalition on Ageing chairman Cheah Tuck Wing agreed that such a law was needed, but said it must be part of a broader ecosystem of elderly support.

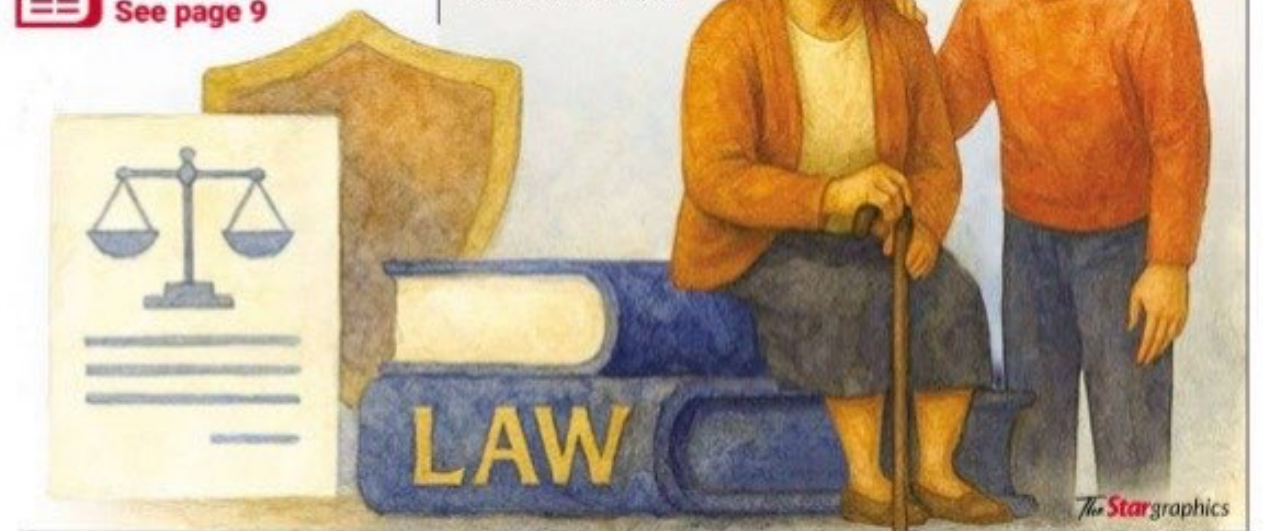
"There must be legal aid and clear grounds for claims, and children should be allowed to appeal if they suffered parental abuse or neglect," he said.

Overly strict enforcement could strain family relationships and be difficult to manage.

"Tracking down non-compliant children and assessing financial status can be a bureaucratic nightmare.

"It can also be unfair to struggling middle-income families 'sandwiched' between supporting young children and ageing parents," he said.

**FOR MORE:**  
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### Filial laws in other countries

**Singapore:** The Maintenance of Parents Act (1995) states that adult children must pay each parent who is aged at least 60 years a monthly allowance for maintenance.

**China:** The Law for the Protection of the Rights and Interests of the Elderly (2013) mandates that adult children must support their parents. This includes visits for those who live separately.

**India:** The Maintenance and Welfare of Parents and Senior Citizens Act (2007) mandates that adult

children and grandchildren are under obligation to maintain at least one parent or grandparent.

**Bangladesh:** Parents' Maintenance Act (2013) states that if adult children do not provide their parents' maintenance without any "logical reason", the parents may get remedy.

Source:  
Various



# Spread of drug-resistant superbugs surging, WHO warns

One in six laboratory-confirmed bacterial infections worldwide in 2023 showed resistance to antibiotic treatments.

PICTURE CREDIT: JCOMP



THE World Health Organisation (WHO) has sounded the alarm over soaring numbers of drug-resistant bacterial infections, compromising the effectiveness of life-saving treatments and rendering minor injuries and common infections potentially deadly.

The United Nations health agency warned that one in six laboratory-confirmed bacterial infections worldwide in 2023 showed resistance to antibiotic treatments.

"These findings are deeply concerning," said Yvan J-F. Hutin, head of WHO's

antimicrobial resistance department.

"As antibiotic resistance continues to rise, we're running out of treatment options and we're putting lives at risk."

Bacteria have long developed resistance against medicines designed to fight them, rendering many drugs useless. This has been accelerated by the massive use of antibiotics to treat humans, animals and food.

Antimicrobial-resistant superbugs directly cause more than a million deaths and contribute to nearly five million deaths a year, according to WHO.

In a report on antimicrobial resistance surveillance, WHO examined resistance prevalence estimates across 22 antibiotics used to treat infections of the urinary and gastrointestinal tracts, the bloodstream and those used to treat gonorrhoea.

In the five years leading up to 2023, antibiotic resistance increased in more than 40 per cent of the monitored antibiotics, with an average annual rise of five to 15 per cent, the report found.

For urinary tract infections, resistance to commonly used antibiotics was typically higher than 30 per cent globally, it showed.

The report looked at eight common bacteria pathogens, including *E. coli*

and *K. pneumoniae*, which can lead to severe bloodstream infections that frequently result in sepsis, organ failure and death.

WHO warned that more than 40 per cent of *E. coli* infections and 55 per cent of *K. pneumoniae* infections globally are now resistant to third-generation cephalosporins — the first-choice treatment for these infections.

"Antimicrobial resistance is outpacing advances in modern medicine, threatening the health of families worldwide," WHO chief Tedros Adhanom Ghebreyesus warned in a statement.

The WHO hailed improvements in surveillance, but warned that 48 per cent of countries were still not reporting any antimicrobial resistance data.

"We are definitely flying blind in a number of countries and regions that have insufficient surveillance systems for antimicrobial resistance," Hutin said.

Judging from the available data, most resistance was found in places with weaker health systems and less surveillance, WHO said.

The highest resistance was found in the Southeast Asia and East Mediterranean regions, where one in three reported infections were resistant. In Africa, one in five infections was resistant.



As antibiotic resistance continues to rise, lives will be put at risk. PICTURE

CREDIT: FREEPIK

NST 24/10/2025 MS/11



# Cancer girl gets lifeline

➤ RM300,000 needed for liver transplant received in five days after public donations pour in

■ BY FAIZ RUZMAN  
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**PETALING JAYA:** In just five days, Malaysians rallied together to help 16-year-old Meera Bernadette (*pic*) hit her RM300,000 fundraising goal for her life-saving liver transplant in India.

Her mother Mariamma Govindan, 50, said the family reached their target on Tuesday following an overwhelming wave of public support from across the country after Meera's plight was highlighted by *theSun* on Oct 18.

"We reached the full amount Tuesday night.

I truly didn't expect it to happen this quickly.

"Our target was by the end of the month, or maybe the first week of November. But the response was incredible," she told *theSun*.

With the funds secured, the family is now preparing to fly to New Delhi on Nov 12 for the procedure at Indraprastha Apollo Hospital.

Mariamma said she and her husband will accompany Meera, while her other children will remain in Malaysia under the care of her mother.

"We have already made the arrangements. For the first few days, we will stay at a hotel near the hospital before moving to a small apartment or bed-and-breakfast nearby.

"I'll be staying at the hospital with Meera throughout her recovery, while her father will commute daily," she said.

Meera, a childhood liver cancer survivor, was first diagnosed with hepatoblastoma at the age of six. Since then, she has undergone three major surgeries and several rounds of chemotherapy.

In recent years, her condition worsened into biliopulmonary and biliogastric fistula, a rare complication that caused liver failure, cirrhosis and portal hypertension.

Doctors at several hospitals, including the Universiti Malaya Medical Centre, advised that her case was too complex to be treated locally.

The family launched a donation drive earlier this month to raise RM300,000 for surgery, travel and post-transplant care.

Mariamma said she has been deeply moved by the generosity of the public.

"I'm really grateful for all the donations and messages. Without everyone's help, we couldn't have made it this far. I'll continue updating everyone on Meera's progress on Facebook once we are in India," she said.

The campaign also drew support from Hamidi's Comrades in Charity (HCIC), a volunteer group that helped share Meera's story and mobilise contributions.

HCIC secretary Hamidi Mookkaiyah Abdullah, 66, said the group collected about



RM12,000, while most donations were sent directly to Mariamma's account.

"We stopped the collection after confirming the target was reached. It only took five days and the response was overwhelming," he said, adding that the outcome reflects the strength of collective goodwill.

"We thank everyone who contributed, including *theSun*, for helping to raise awareness. This shows how much good can be achieved when people come together," he said.



**RUAM gatal merupakan satu masalah kesihatan kulit yang kerap berlaku dalam kalangan masyarakat, tanpa mengira peringkat umur atau jantina.**

ia merujuk kepada keadaan kulit yang mengalami iradangan, kemerahan, gatal-gatal, dan kadangkala disertai benjolan kecil, gembung air, atau pengelupasan. Walaupun pada pandangan sesetengah orang, ruam gatal dianggap sebagai masalah ringan dan sementara, hakikatnya ia boleh menjejaskan kualiti hidup seseorang sekiranya tidak dirawat dengan segera dan berkesan.

Punca utama ruam gatal bergantung kepada keadaan individu. Antara punca yang paling lazim termasuk alahan terhadap makanan, ubat, ubatan, bahan kimia dalam produk penjagaan diri, serta gigitan serangga. Selain itu, ruam gatal juga boleh disebabkan oleh penyakit kulit seperti ekzema, psoriasis, kurap, atau jangkitan bakteria dan kulat. Faktor persekitaran seperti cuaca panas, debu berlebihan, pencemaran, dan habuk juga menyumbang kepada berlakunya ruam, terutama dalam kalangan individu yang mempunyai kulit sensitif.

Salah satu bentuk ruam gatal yang biasa berlaku ialah ekzema atopik, iaitu sejenis penyakit kulit kronik yang menyebabkan kulit menjadi kering, gatal dan mudah meradang. Keadaan ini kerap berlaku dalam kalangan kanak-kanak dan boleh berulang-ulang sekiranya tidak dikawal. Selain itu, ruam panas turut berlaku apabila peluh terperangkap di bawah kulit akibat cuaca panas dan lembap. Langkitan kulit pula boleh menyebabkan ruam yang melingkar, berisik dan amat gatal, terutamanya pada bahagian lipatan kulit.

Ruam gatal boleh memberi kesan yang signifikan terhadap kehidupan harian seseorang. Rasa gatal yang berpanjangan boleh

menyebabkan ketidakselesaan, mengganggu tidur, dan menjejaskan kemampuan ketika belajar atau bekerja. Dalam kalangan kanak-kanak, ruam boleh menyebabkan mereka menjadi resah, kerap menangis dan sukar tidur malam. Jika digara berterusan, ruam boleh bertambah tebal dan menyebabkan luka. Dalam kes yang lebih serius, ruam yang tidak dirawat boleh merebak ke bahagian tubuh yang lain dan meninggalkan parut.

Bagi mengatasi keadaan menjadi lebih buruk, langkah rawatan dan pencegahan perlu diambil dengan segera. Rawatan bagi ruam gatal bergantung kepada punca yang dikenal pasti. Sekiranya ruam disebabkan oleh alahan, antihistamin boleh digunakan untuk mengurangkan

ruam. Kulit juga sangat digalakkan bagi mengurangkan kekeringan dan mengelakkan iritasi.

Cara menguruskan ruam gatal ialah mengelakkan tabiat menggaru kawasan yang terlibat. Meskipun menggaru memberikan rasa lega sementara, ia boleh menyebabkan luka terbuka dan memperburuk keadaan kulit. Oleh itu, penggunaan krim penyejuk atau ubat anti-gatal boleh membantu mengurangkan

keinginan untuk menggaru. Jika ruam tidak sembuh selepas beberapa hari atau semakin teruk, adalah sangat penting untuk mendapatkan nasihat daripada doktor atau pakar kulit bagi rawatan lanjut.

Kesimpulannya, ruam gatal

menjadi masalah kesihatan kulit yang tidak boleh dipandang ringan. Meskipun ia mungkin kelihatan kecil pada permulaannya, jika dibiarkan tanpa rawatan, ia boleh menjejaskan kesejahteraan hidup dan kesihatan kulit secara keseluruhan. Oleh itu, pengetahuan

tentang punca, kesan, rawatan dan langkah pencegahan amat penting agar individu dapat mengambil tindakan segera dan bijak dalam menangani masalah ini.

Harian Metro 24/10/2025 ms/C40

# Ruam GATAL

Fahami Puncanya Lebih Awal



# STRENGTHENING CANCER SUPPORT IN M'SIA

ONCOCARE Cancer Centre Malaysia (OncoCare Malaysia) was officially launched on Oct 16, marking the first international expansion of Singapore's oncology provider.

The new centre, which began operations a year ago, takes an integrated approach to cancer management within a dedicated facility.

According to OncoCare Malaysia chief executive officer and senior consultant clinical oncologist Dr John Low Seng Hooi, the launch represents the group's ongoing commitment to advancing cancer care in Malaysia through stronger collaboration, particularly in early detection and access to specialised services.

Located within Thomson Hospital Kota Damansara and spanning 12,000sq ft, the centre houses 28 chemotherapy bays, seven consultation clinics and a multidisciplinary team comprising five resident oncologists and two visiting specialists in various medical fields.

By working in coordination with Thomson Hospital's surgical, diagnostic and radiotherapy departments, OncoCare Malaysia enables continuity of care across diagnosis, treatment and follow-up stages.

Cancer remains one of Malaysia's leading causes of death, with more than 50,000 new cases recorded annually – many of them detected at later stages.

In her speech, Selangor's Public Health and Environment Exco, Jamaliah Jamaluddin stressed that early detection



(From left) OncoCare Malaysia consultant clinical oncologist Dr Nur Adila Binti Mokhtar, consultant medical oncologist Dr Yugarajah Asokumaran, Tamarind Health chief strategy officer Lim Eng Seng, Tamarind Health chief executive officer Grace Chung, Selangor's Public Health and Environment Exco Jamaliah Jamaluddin, OncoCare Malaysia chief executive officer and senior consultant clinical oncologist Dr John Low Seng Hooi, Thomson Hospital Kota Damansara acting chief executive officer Dr Siva Kumaran, OncoCare Malaysia consultant clinical oncologist Dr Matin Mellor Abdullah and consultant clinical oncologist Dr Ben Yap Beng Khiong at the OncoCare Cancer Centre Malaysia launch. — ART CHEN/The Star

remains one of Malaysia's greatest public health challenges.

"The Health Ministry continues to urge Malaysians to take the necessary steps especially to regularly do screening and health checks, as late diagnosis limits treatment options and increases healthcare costs.

"In Selangor, which has the largest population in the country,

the impact of cancer is deeply felt across families and communities.

"Each diagnosis represents not just a statistic, but a person's story – a mother, father, spouse or child whose life is suddenly changed."

OncoCare Malaysia also works with research partners and pharmaceutical collaborators on clinical

studies as part of its efforts to expand clinical understanding in oncology.

"We currently have two ongoing studies – one in head and neck cancer and another in lung cancer – with more in the pipeline," said Dr Low.

He added that OncoCare Malaysia functions as a hub for patient coordination and

continuity, particularly for those who need to travel from other states.

"It's an unfortunate fact that many services, including health-care, are concentrated in urban areas. For patients who must travel long distances, we make necessary arrangements – stabilising patients, coordinating continued care at their local hospitals, and ensuring they are supported every step of the way. This includes patients from Sabah, Sarawak and overseas."

The centre has also put in place counselling and navigation services to help patients and their families better manage the treatment process.

"We have designated navigators who guide patients and families through the process.

"Cost is a universal concern, not only in cancer care but across healthcare. Our nurse educators also play a vital role in supporting patients through their journey," said Dr Low.

"Our mission has always been clear – no patient should face cancer alone.

"With the launch of OncoCare Malaysia, we hope to take a meaningful step forward in supporting patients and families affected by cancer," he concluded.

**OncoCare Malaysia is part of Tamarind Health, a regional network focused on integrated oncology care, and represents OncoCare Cancer Centre's first international facility.**



OTHER

The Star 24/10/2025 MS/13



## NEWS &amp; VIEWS

Compiled by C. ARUNO and SALMA FAIRUS IZDIHAR

# Doctor becomes activist after beating breast cancer twice

A DOCTOR who survived breast cancer twice is now actively raising awareness among women in the community, *Berita Harian* reported.

For Dr Alesha Asmadi, 41, the bitter experience only made her stronger.

It all started when she was a 21-year-old medical student.

Her instincts led her to perform a self-breast exam, which would ultimately save her life.

"I was shocked when I found a lump the size of a 50sen coin in my left breast.

"When I was confirmed to have early-stage breast cancer, I just kept quiet," she said when met at the Stop That Dot Together campaign recently.

She started her first treatment in 2006, and had to undergo three types of treatment, including surgery and radiotherapy.

"It was very painful. At a young

age, I endured physical as well as emotional pain as I had to postpone my studies and undergo a year of challenging treatment," she said.

After being declared cancer-free, she thought the storm was over.

But five years later, another lump appeared and this time it was in her right breast.

"I was really disappointed, but I had no choice but to fight back

again," said the doctor who now is a medical trainer.

After cheating death twice, she reminded other women not to be complacent about this health issue.

> Several members of the new Malaysian boy-band, Alpha, will leave for South Korea next month to undergo intensive training in singing and dancing in a country known as the birthplace of K-pop.

The training conducted by professional coaches there is expected to provide valuable exposure to the group, especially in improving their performances and vocal skills, *Utusan Malaysia* reported.

"We will be training there for a certain period. We want to study hard and bring that knowledge back to Malaysia to share with all our fans," said Ray-D, a member of the band.