Transparent medical billing plan needs more time

"What matters is implementing a good initiative effectively."

Datuk Seri Dr Dzulkefly Ahmad

KUALA LUMPUR: The delay in implementing the long-anticipated Diagnosis-Related Group (DRG) payment system for private healthcare services is due to the need for stronger institutional capacity and comprehensive data collection, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

He said the government must ensure all key components are in place before rolling out the system, which aims to standardise billing practices and improve transparency across the healthcare sector.

"There's no need for assumptions or negative perceptions. What matters is implementing a good initiative effectively, one that requires careful preparation and sound execution so it achieves its intended purpose.

"We need capacity-building and adequate data sharing from private medical practitioners. It's not about pressure from anyone," he told the Dewan Rakyat yesterday.

Dzulkefly was responding to a supplementary question from Tan Kok Wai (PH–Cheras), who asked whether the delay of the DRG was due to lobbying by private hospital groups concerned about its impact on profit margins.

Initially scheduled for phased implementation beginning in late 2025, the Health Ministry announced in August that the DRG system is now expected to be formally launched in 2027.

The DRG framework will provide a standardised and transparent mechanism for healthcare payments, in which billing is based on defined categories such as diagnosis, procedure and complications rather than itemised charges to prevent overcharging.

In response to Tan's initial query on the main challenges in implementation, Dzulkefly cited tight timelines, rising public demand for affordable healthcare and medical cost inflation as pressure points.

"We need comprehensive data because patient care standardisation relies on actual treatment data from private practitioners.

"Data sharing is essential in determining treatment rates, not just averages, but also consistency," he added.

He said this information would be critical to building the national framework tailored to Malaysia's healthcare landscape – to be known as the Malaysian DRG System.

Dzulkefly also emphasised the need for skilled personnel and proper medical coding, adding that implementation success depends on a trained workforce with the capacity to manage and execute the system effectively.

The Star 14/10/2025 MS/4

NST 14/10/2025 MS/5

CANCER PREVALENCE

79,384 new cases detected in 2022-2023

MALAYSIA recorded 79,384 new cancer cases in 2022 and 2023, said Health Minister Datuk Seri Dr Dzulkefly Ahmad.

The figure, he said, was based on data from the National Cancer Registry.

"Malaysia recorded 40,570 new cancer cases in 2022, followed by 38,814 new cases in 2023.

"The 10 most common cancer cases reported during this period were breast, colorectal, lung, lymphoma, liver, prostate, leukemia, corpus uteri, thyroid and ovarian," he said in response to Datuk Seri Ismail Abd Muttalib (PN-Maran).

Ismail had asked about the ministry's measures to reduce cancer cases and number of patients by type of cancer.

Among women, Dzulkefly said breast, colorectal, lung, corpus uteri and ovarian remained the leading types of cancer.

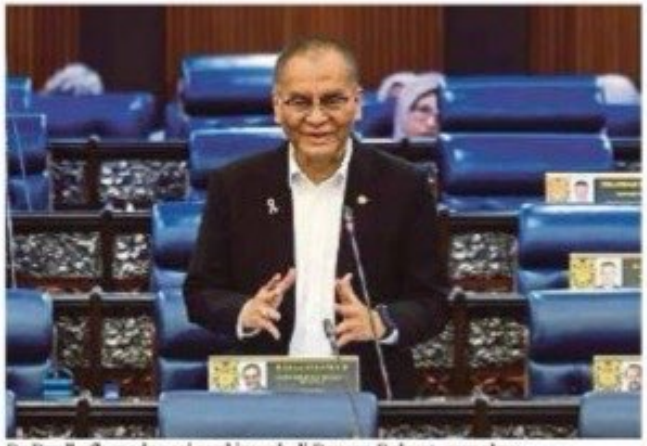
In men, colorectal, lung, prostate, liver and lymphoma topped the list.

Dzulkefly said the ministry had outlined a plan to prevent and control cancer through strategic initiatives.

These include the National Strategic Plan for Cancer Control Programme 2021–2025, the National Strategic Plan for Colorectal Cancer Control 2021–2025, the Action Plan for the Elimination of Cervical Cancer 2021–2030, and the National Guidelines for Early Detection of Breast Cancer at Primary Health Facilities 2024.

Tunda DRG bukan kerana desakan hospital swasta

Sistem bayaran rawatan patut dilaksana hujung tahun perlu masa buat persiapan rapi


Dr Dzulkefly pada sesi soal jawab di Dewan Rakyat, semalam.

(Foto SERNAMA)

Kuala Lumpur: Kementerian Kesihatan (KKM) tidak tunduk kepada pengendali hospital swasta sehingga menyebabkan sistem pembayaran rawatan kesihatan berdasarkan Kumpulan Berkaitan Diagnosis (DRG) bagi sektor kesihatan yang dijangka dilaksanakan hujung tahun ini ditangguhkan.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata pelaksanaan itu memerlukan persiapan rapi oleh kerajaan, termasuk dari segi pembinaan kapasiti dan data yang mencukupi sebelum dilaksanakan.

Katanya, andaian kononnya sistem DRG yang pada asalnya dijadual dilaksanakan sebelum akhir tahun ini, ditangguhkan kerana tekanan daripada pengendali hospital swasta tidak benar.

Katanya, Kementerian Kesihatan memerlukan lebih masa untuk memastikan aspek yang perlu tersedia supaya DRG dapat dilaksanakan dengan berkesan.

"Saya ingat tidak perlu kita terlalu membuat andaian atau buruk sangka. Apa yang penting adalah melaksanakan satu inisiatif yang baik dan memerlukan persiapan rapi serta pelaksanaan berkesan, dengan sistem yang akan dapat memberikan hasil dan tujuan mengapa ia dilaksanakan.

"Itulah sebabnya kita perlukan pembinaan kapasiti, data cukup yang kita kongsi daripada pengamal perubatan swasta. Ia bukan disebabkan tekanan sesiapa (sehingga ditangguhkan), bukan itu sebabnya.

"Sebabnya apabila mahu melaksanakan inisiatif penting seumpama ini, kita mesti laksanakan dengan persiapan rapi, cermat dan menguruskan apa pun kesan tidak baik supaya dapat menghasilkan sesuatu berdasarkan nilai kepada sistem penjagaan kesihatan," katanya pada sesi soal jawab di Dewan Rakyat, semalam menjawab soalan tambahan Tan Kok Wai (PH-Cheras).

Dirangka lima tahun

Ogos lalu, KKM memaklumkan sistem pembayaran rawatan kesihatan berdasarkan DRG yang dirangka selama lima tahun, dijangka dilancarkan secara rasmi pada 2027.

DRG akan mewujudkan kerangka imbuhan lebih standard, adil dan telus dalam ekosistem penjagaan kesihatan negara dalam memastikan tiada caj berlebihan dikenakan kerana pembayaran dibuat berdasarkan kumpulan yang ditakrifkan dengan jelas seperti diagnosis, prosedur dan komplikasi.

Menjawab soalan asal Kok Wai mengenai pertimbangan dan cabaran utama yang dihadapi dalam melaksanakan DRG, Dr Dzulkefly menjelaskan, cabaran yang sedang ditangani KKM, antara lain adalah garis masa yang singkat, ketika rakyat mahu isu inflasi dan kos rawatan dalam perkhidmatan kesihatan serta perubatan segera ditangani.

"Kita memerlukan data kerana penyeragaman rawatan pesakit adalah berdasarkan data rawatan sebenar daripada pengamal perubatan swasta.

"Justeru, perkongsian data sebenar rawatan amat penting dalam menentukan kadar rawatan atau pembayaran, bukan saja purata tetapi juga ada keseragaman.

"Penyeragaman ini juga akan digabungkan kepada DRG kebangsaan yang disesuaikan dengan konteks tempatan dan akhirnya kita akan ada sistem DRG Malaysia.

Menjawab soalan Datuk Seri Dr Ismail Abd Muttalib (PN-Maran), Dr Dzulkefly berkata, pesakit kanser kebiasaannya membuat saringan lewat sehingga mereka mengetahui sudah berada pada tahap tiga dan empat.

"Andainya saringan ini berjalan lancar, insya-Allah kita dapat mengesan lebih awal," katanya.

Dr Dzulkefly berkata, berdasarkan Pendaftaran Kanser Kebangsaan, sebanyak 40,570 kes kanser baharu dilaporkan pada tahun 2022.

Bagaimanapun, katanya, angka itu mengalami sedikit penurunan pada 2023 dengan 38,814 kes dilaporkan.

Katanya, 10 kanser utama yang dilaporkan di negara ini bagi tempoh 2022-2023 adalah kanser payudara (13,088), kanser kolorektal (11,629), kanser paru-paru (8,091), kanser limfoma (3,905), kanser hati (3,590), kanser prostat (3,475), kanser leukemia (2,849), kanser korpus uteri (2,742), kanser tiroid (2,220) dan kanser ovari (2,146).

Pembangkang dakwa ada maklumat kes murid mati di Senawang

Seorang Ahli Parlimen pembangkang mendakwa mempunyai maklumat berhubung kematian murid lelaki Tahun Empat yang ditemui tidak sedarkan diri di sebuah sekolah di Senawang.

Datuk Seri Takiyuddin Hassan (PN-Kota Bharu) mendakwa beliau memperoleh maklumat itu tetapi tidak mendedahkan sumber berkenaan.

Ketika mencelah perbahasan Rang Undang-Undang (RUU) Perbekalan 2026 oleh Ketua Pembangkang, Datuk Seri Hamzah Zainudin di Dewan Rakyat semalam, beliau mendakwa murid berkenaan ditemui mati dalam keadaan tergantung dengan skaf pengakap digunakan sebagai 'tali gantung'.

Dengan pendedahan itu, beliau memikul tanggungjawab sepenuhnya dan akan memberi kerjasama sekiranya dipanggil pihak polis.

"Satu kejadian kematian pelajar berusia 10 tahun, pelajar Tahun Empat di sebuah sekolah rendah di Negeri Sembilan. Saya dapat maklumat, pihak polis mendapati murid ini meninggal dunia di klinik setelah dibawa.

"Siasatan dibuat di bawah Seksyen 503c iaitu kes bull. Saya mahu siasatan dibuat (berdasarkan) maklumat saya dapati pelajar ini ditemui mati atau ditemui dalam keadaan tergantung dengan skaf pengakap digunakan sebagai tali gantung.

"Skaf itu tergantung di penyangkut baju tandas tersebut. Guru menurunkan murid tersebut. CPR (prosedur resusitasi kardio-pulmonari) dimulakan tak berhasil. Guru bawa murid ini ke klinik disahkan meninggal dunia di klinik itu," dakwanya.

BARAH: RAMAI LEWAT BUAT SARINGAN

Sudah sakit tahap 4

Oleh Mohammad Khairil Ashraf Mohd Khalid
khairil.ashraf@hmetro.com.my

Kuala Lumpur

Dewan Rakyat semalam dimaklumkan kelewatan membuat saringan menyebabkan pesakit hanya mengetahui mereka menghidap kanser ketika sudah berada pada tahap ketiga dan keempat.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, keadaan itu kemudiannya mendorong kepada kesukaran untuk pesakit menguruskan penyakit dialami.

"Andainya saringan ini berjalan lancar, insya-Allah kita akan dapat mengesan lebih awal," katanya sewaktu pertanyaan bagi jawab lisan.

Beliau berkata demikian menjawab pertanyaan **Datuk Seri Dr Ismail Abd Muttalib (PN-Maran)** mengenai langkah kementerian bagi mengurangkan pertambahan pesakit kanser dan jumlah penghidapnya di negara ini.

MENTERI Kesihatan Datuk Seri Dr Dzulkefly Ahmad ketika sesi pertanyaan pada Mesyuarat Ketiga Penggal Ketiga di Bangunan Parlimen semalam.

Mengulas lanjut, Dr Dzulkefly berkata, berdasarkan Pendaftaran Kanser Kebangsaan, sebanyak 40,570 kes kanser baharu dilaporkan tahun 2022.

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Menurutnya, 10 kanser utama yang dilaporkan di negara ini bagi tempoh 2022-2023 adalah kanser payudara (13,088), kanser kolorektal (11,629), kanser paru-paru (8,091), kanser limfoma (3,905), kanser hati (3,590), kanser prostat (3,475), kanser leukemia (2,849), kanser korpus uteri (2,742), kanser tiroid (2,220) dan kanser ovari (2,146).

"Kanser payudara, kanser kolorektal, kanser paru-paru, kanser korpus uteri dan kanser ovari merupakan lima kanser utama dalam kalangan wanita, manakala lima kanser utama dalam kalangan lelaki adalah kanser kolorektal, kanser paru-paru, kanser prostat, kanser hati dan kanser limfoma," katanya.

Beliau berkata, antara langkah utama diambil Kementerian Kesihatan adalah pencegahan primer melalui aktiviti promosi amalan gaya hidup sihat merangkumi pemakanan sihat, aktif secara fizikal, tidak merokok dan tidak mengambil alkohol.

"Program Imunisasi HPV yang telah bermula pada tahun 2010 sebagai langkah pencegahan kanser servik.

"Pencegahan sekunder meliputi aktiviti saringan bagi tujuan pengesanan awal kanser," katanya.

Jabatan kecemasan penuh pesakit influenza, pegawai farmasi kongsi hospital tambah stok Tamiflu

SHAH ALAM - Jabatan Kecemasan (ED) di hospital awam dilaporkan sesak dengan pesakit, terutamanya kanak-kanak yang mengalami simptom influenza sejak beberapa hari lalu.

Seorang pegawai farmasi di sebuah hospital awam, Fatin Nasuha Aziz berkata, lonjakan kes yang mendadak memaksa pihak farmasi hospital menambah stok ubat antivirus Tamiflu secara besar-besaran bagi memenuhi permintaan.

Menurutnya, peningkatan kes berlaku secara tiba-tiba melibatkan ramai ibu bapa yang membawa anak-anak mereka untuk mendapatkan rawatan segera.

"Hari ini kami tambah Tamiflu banyak sangat. Semua pesakit datang bawa anak ke ED. Hampir semua kena influenza," katanya menerusi video di TikTok pada Khamis.

Menurut Kementerian Kesihatan Malaysia (KKM), influenza atau selesema bermusim bukanlah penyakit ringan, sebaliknya boleh menyebabkan komplikasi serius seperti radang paru-paru, sawan dan dalam kes tertentu, kematian terutamanya dalam kalangan kanak-kanak kecil, warga emas dan individu yang mempunyai sistem imun lemah.


FATIN NASUHA

Influenza menular dengan cepat melalui titisan pernafasan apabila seseorang yang dijangkiti bersin atau batuk. Ini menjadikan tempat-tempat awam seperti sekolah, pusat beli-belah dan pengangkutan awam sebagai kawasan berisiko tinggi.

Tambah Fatin Nasuha, langkah pencegahan masih menjadi kaedah terbaik untuk membendung penularan.

Antara saranan yang dikemukakannya termasuk memakai pelitup muka di tempat awam, kerap mencuci tangan dengan sabun atau bahan pembasmi kuman, menjaga penjarakan fizikal serta menutup mulut dan hidung ketika batuk atau bersin menggunakan tisu atau sapu tangan.

"Vaksinasi influenza juga digalakkan, terutamanya menjelang musim penularan. Vaksin influenza perlu diambil setiap tahun kerana virus ini mengalami perubahan genetik secara beransur-ansur, menjadikan vaksin tahun sebelumnya kurang berkesan terhadap varian baharu.

"Vaksin mengambil masa kira-kira dua minggu untuk membina imuniti dalam tubuh selepas suntikan. Ia membantu sistem imun menghasilkan antibodi khusus yang mampu mengenal pasti dan menyerang virus influenza jika tubuh terdedah kepada jangkitan.

"Meskipun vaksin influenza tidak menjamin perlindungan sepenuhnya, ia mampu mengurangkan risiko jangkitan teruk, mengelakkan kemasukan ke hospital dan paling penting, mengurangkan kadar kematian akibat komplikasi selesema," katanya.

Upamanya lagi, orang ramai dinasihatkan agar mendapatkan vaksin influenza setiap tahun sebagai perlindungan berterusan selain mengambil langkah pencegahan asas dalam kehidupan seharian.

"Lindungi yang tersayang. Jangan tunggu sehingga anak dimasukkan ke ED baru mahu bertindak," tegasnya sambil menyeru masyarakat agar tidak mengambil mudah terhadap penyakit ini.

KPM edar garis panduan, elak aktiviti interaksi ramai murid

6,000 murid di seluruh negara dijangkiti influenza - KPM

Oleh TUAN BUQHAIRAH TUAN MUHAMAD ADNAN
PUTRAJAYA

Kementerian Pendidikan Malaysia (KPM) mengesahkan 6,000 murid di seluruh negara dijangkiti wabak influenza setakat ini.

Ketua Pengarah Pendidikan, Dr Mohd Azam Ahmad, beberapa sekolah telah diarahkan tutup sementara atas nasihat Pejabat Kesihatan Daerah (PKD) antaranya sebuah sekolah di Johor.

"Setakat hujung minggu lalu, lebih kurang 6,000 murid dilaporkan dijangkiti influenza namun ia tidak berlaku di satu kawasan sahaja, sebaliknya melibatkan sekolah-sekolah berbeza di beberapa negeri," katanya pada sidang media di sini pada Isnin.

Menurutnya, kementerian telah mengedarkan garis panduan pengurusan penyakit berjangkit kepada semua sekolah, institusi pendidikan guru (IPG), kolej matrikulasi dan institusi vokasional bagi memastikan semua warga sekolah mengambil langkah pencegahan segera.

"Kita sudah berikan panduan kepada sekolah agar menggalakkan pemakaian pelitup muka dan mengurangkan aktiviti berkumpulan buat sementara waktu.

"Sekolah juga diminta merujuk kepada pejabat kesihatan daerah (PKD) masing-masing jika berlaku peningkatan kes," katanya.

Beliau menegaskan bahawa nasihat dan arahan Kementerian Kesihatan Malaysia (KKM) akan terus menjadi panduan utama dalam menentukan tindakan lanjut termasuk penutupan sekolah sekiranya perlu.

"Kalau KKM atau Pejabat Kesihatan Negeri arahkan sekolah ditutup, kita akan akur serta-merta," ujarnya.

Menjelang peperiksaan Sijil Pelajaran Malaysia (SPM), Mohd Azam memberi jaminan bahawa KPM telah bersiap siaga menghadapi sebarang kemungkinan wabak itu yang akan menjejaskan pelaksanaan peperiksaan yang akan bermula pada 3 November ini.

"Saya telah arahkan pegawai di Lembaga Peperiksaan supaya bersedia dengan cabaran ini.

"Kita sudah ada pengalaman mengendalikan peperiksaan semasa pandemik Covid-19, jadi kita tahu bagaimana menyesuaikan pelaksanaan peperiksaan jika keadaan memerlukan," katanya.


KPM mempunyai SOP khas untuk menguruskan calon yang sakit termasuk membenarkan mereka menduduki peperiksaan di hospital atau lokasi alternatif dengan pemantauan rasmi.

Beliau menjelaskan bahawa KPM mempunyai SOP khas untuk menguruskan calon yang sakit, termasuk membenarkan mereka menduduki peperiksaan di hospital atau lokasi alternatif dengan pemantauan rasmi.

Dalam masa sama, KPM menasihatkan semua sekolah supaya lebih peka terhadap simptom influenza dalam kalangan murid dan guru serta mengambil tindakan segera sekiranya terdapat tanda-tanda penularan.

"Sekiranya ada murid bergejala, pihak sekolah boleh benarkan mereka berehat atau mendapatkan rawatan.

"Tidak semua kes perlu bawa kepada penutupan sekolah ada yang cukup dengan cuti sakit individu," jelasnya.

Beliau menegaskan bahawa kementerian tidak akan berkompromi terhadap aspek keselamatan murid dan menganggap isu kesihatan sebagai sebahagian daripada usaha berterusan memastikan sekolah kekal sebagai persekitaran selamat dan kondusif.

"Keselamatan dan kesejahteraan murid adalah keutamaan kita. Kami akan terus pantau situasi ini bersama pihak kesihatan," katanya.

Laksana sistem pencegahan ketat elak sekolah jadi sarang influenza

• Berkaitan kluster sekolah, semua sekolah seharusnya menyediakan pelan kecemasan kesihatan termasuk penetapan prosedur pemantauan simptom, penyediaan bilik pengasingan serta sistem pelaporan kepada Pejabat Kesihatan Daerah

• Sekiranya langkah pencegahan tidak dilaksanakan dengan konsisten, negara mungkin berdepan dengan gelombang jangkitan berterusan memberi kesan kepada sektor pendidikan, kesihatan dan ekonomi keluarga

Oleh Prof Madya Dr Haliza Abdul Rahman
hbrencana@bh.com.my

Fakulti Perubatan dan Sains Kesihatan, Institut Pengajian Sains Sosial, Universiti Putra Malaysia

Beberapa minggu kebelakangan ini menyaksikan berlaku peningkatan ketara kes jangkitan influenza khususnya dalam kalangan kanak-kanak dan pelajar.

Influenza atau selesema bermusim adalah penyakit pernafasan disebabkan virus influenza A dan B. Gejala biasa jangkitan ini termasuk demam, batuk, sakit tekak, sakit badan dan kelelihan.

Penyakit ini mudah merebak melalui titisan udara apabila seseorang batuk atau bersin dan sering berlaku secara bermusim.

Walaupun kebanyakan kes adalah ringan dan boleh sembuh tanpa rawatan khusus, influenza boleh membawa komplikasi serius terutama bagi golongan berisiko tinggi seperti warga emas, kanak-kanak, wanita mengandung dan mereka dengan penyakit kronik seperti asma atau diabetes.

Menurut laporan Kementerian Kesihatan (KKM), sebanyak 97 kluster influenza dikesan pasti dalam Minggu Epidemiologi Ke-40 (ME40) meliputi tempoh akhir September hingga awal Oktober 2025. Ini lonjakan mendadak berbanding hanya 44 kluster dilaporkan pada minggu sebelumnya.

Sebahagian besar kluster ini membabitkan institusi pendidikan seperti sekolah menengah (33 kluster), sekolah rendah (26 kluster), tadika (15 kluster) dan sekolah swasta (3 kluster).

Terbaharu, 34 Maktab Rendah Sains MARA (MRSM) ditutup dan diarahkan melaksanakan pengajaran dan pembelajaran di rumah (PDPR) kepada pelajar bagi mengekang penularan influenza.

Negeri mencatatkan kadar kesakitan penyakit seperti influenza (ILI) tertinggi adalah Selangor (14.6 peratus), Melaka (13.49 peratus), Pulau Pinang (12.46 peratus), Kuala Lumpur dan Putrajaya (11.02 peratus) serta Sabah (8.71 peratus).

Punca peningkatan kes influenza dalam tempoh ini boleh dikaitkan dengan beberapa faktor seperti tempoh peralihan cuaca daripada musim panas ke musim hujan menyumbang kepada keadaan persekitaran lebih lembap dan sejuk seterusnya memudahkan virus merebak.

Pembukaan semula sesi persekolahan selepas cuti panjang juga menyaksikan peningkatan aktiviti sosial dalam kalangan pelajar dan guru. Banyak institusi pendidikan belum melaksanakan saringan suhu atau pemeriksaan gejala secara konsisten.

Sekolah dan tadika adalah lokasi sesuai untuk penyebaran virus kerana kepadatan populasi, interaksi rapat, penggunaan bilik darjah bersama dan kemudahan tertutup.

Kluster dikesan membuktikan sekolah menjadi 'medium' utama jangkitan komuniti ke dalam kalangan pelajar dan staf. Salah satu contoh penularan dapat perhatian ialah di Sekolah Kebangsaan (SK) Taman Permas Jaya 2, Masai, Johor.

Sekolah diarahkan tutup selama 10 hari bermula 8 Oktober selepas beberapa pelajar, seorang guru dan seorang pembantu pengurusan pelajar disahkan positif Influenza A, manakala lebih ti lagi menunjukkan simptom.

Sebuah sekolah berasrama penuh di Kota Bharu, Kelantan misalnya terdapat lima kluster jangkitan dikesan dalam seminggu membabitkan lebih 100 pelajar, mendorong pihak sekolah menubuhkan bilik isolasi sementara, melaksanakan prosedur operasi standard (SOP) ketat serta menangguhkan aktiviti ko kurikulum selama dua minggu.

Satu lagi faktor penting ialah rahap liputan vaksinasi influenza yang masih rendah dalam kalangan penduduk. Vaksin influenza tidak terpolong dalam Program Imunisasi Kebangsaan dan ramai tidak menyedari vaksin ini disarankan diambil setiap tahun, terutama golongan berisiko tinggi.

Rentetan itu, kebanyakan ibu bapa tidak mendapatkan vaksin influenza untuk anak mereka, malah ramai guru serta staf sekolah juga tidak divaksin. Situasi ini menyukarkan kawalan penularan dalam komuniti sekolah.

Malah, influenza juga tidak digolongkan sebagai penyakit wajib dilaporkan, menjadikan pengumpulan data lengkap dan masa sebenar alami kesukaran, menyukarkan pemantauan trend sebenar jangkitan dan respon pantas.

Tindakan responsif daripada pihak berkuasa kesihatan amat penting dalam mengawal penularan influenza. KKM mengeluarkan garis panduan kepada semua Pejabat Kesihatan Daerah untuk mempertingkatkan pengawasan ILI dan jangkitan pernafasan teruk (SARI), menjalankan siasatan lapangan dengan segera jika terdapat kluster mencurigakan serta memastikan pengasingan individu bergejala.

Di samping itu, kempen kesedaran awam turut dipertingkatkan melalui media sosial, televisyen dan radio dengan penekanan kepada langkah pencegahan seperti menutup mulut ketika batuk, kerap mencuci tangan, memakai penutup muka di tempat awam serta mengelakkan tempat sesak jika tidak sihat.

Perlu proaktif dapat vaksinasi tahunan

Dalam hal ini, masyarakat perlu lebih proaktif mendapatkan vaksinasi tahunan, mematuhi amalan kebersihan diri dan bertindak secara bertanggungjawab apabila mengalami gejala.

Walaupun peningkatan kes influenza membimbangkan, situasi secara keseluruhan masih dianggap terkawal. Tiada mutasi virus baharu dikesan dan virus dominan adalah virus Influenza A sub jenis H3N2, strain lazim dan disasarkan dalam vaksin musiman tahun ini.

Namun, pihak berkuasa memberi amaran peningkatan kes boleh terus berlaku jika masyarakat tidak bekerjasama dan mengambil langkah pencegahan sewajarnya.

Situasi ini memerlukan kerjasama menyeluruh antara masyarakat, institusi pendidikan, sektor kesihatan dan media dalam mengekang penyebaran penyakit.

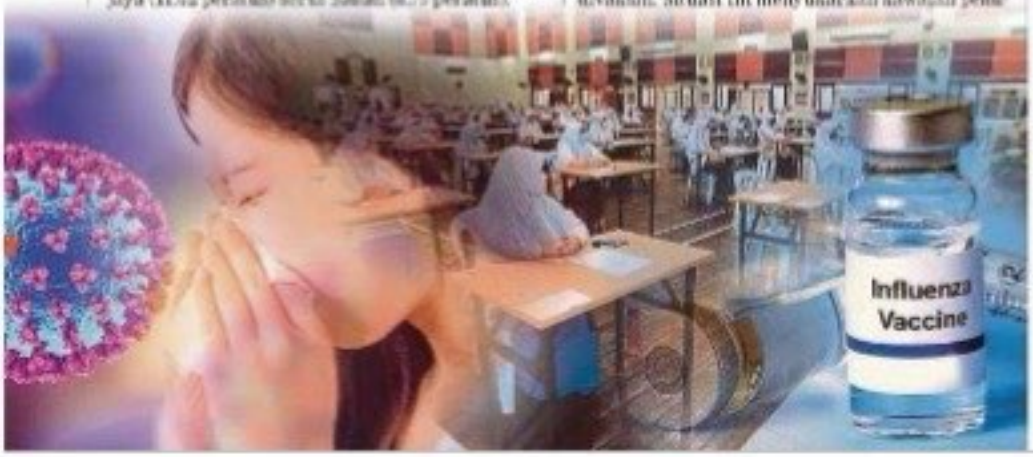
Berkaitan kluster sekolah, semua sekolah sebaiknya menyediakan pelan kecemasan kesihatan termasuk penetapan prosedur pemantauan simptom, penyediaan bilik pengasingan serta sistem pelaporan kepada Pejabat Kesihatan Daerah.

Sekolah turut disaran menyediakan ruang pengudaraan baik, menjalankan sesi kawalan secara berjadi dan menyediakan penutup muka untuk pelajar atau guru yang memerlukannya.

Walaupun menurut KKM tidak ada mutasi baharu virus influenza kerana strain dominan adalah influenza A, bermakna wabak ini adalah sebahagian daripada corak tahunan biasa iaitu bukan varian baru agresif, tetapi menuntut langkah pencegahan segera bagi mengekang terjadinya wabak.

Justeru, langkah pencegahan konsisten dan berterusan adalah kunci utama mengurangkan beban influenza serta melindungi kumpulan rentan.

Sekiranya langkah pencegahan tidak dilaksanakan dengan konsisten, negara mungkin berdepan dengan gelombang jangkitan berterusan memberi kesan kepada sektor pendidikan, kesihatan dan ekonomi keluarga.



lokal

Suara Anda, Kami Dengar

SUSULAN PREMIS MAKANAN KOTOR DI PULAU PINANG

27 premis diberi notis penutupan

Georgetown: Pelbagai usaha turut dilakukan Pihak Berkuasa Tempatan (PBT) di Georgetown bagi memastikan negeri ini kekal dengan jolokannya sebagai 'syurga makanan' dalam kalangan pengunjung tempatan dan antarabangsa.

Usaha itu dilakukan sejak sekian lama dan diakui bukan mudah bagi memberi kesedaran kepada pemilik premis, pengendali makanan dan orang awam bagi menjaga kebersihan serta kualiti makanan.

Pengerusi Gantian Jawatankuasa Tetap Kesihatan Awam Majlis Bandaraya Pulau Pinang (MBPP) Tan Soo Siang berkata, sebanyak 27 premis makanan diberikan notis penutupan menerusi operasi kebersihan yang dijalankan sepanjang Januari hingga Ogos tahun ini.

Katanya, operasi kebersihan berkenaan dijalankan di sekitar daerah Timur Laut dan Barat Daya negeri ini.

"Sepanjang Ogos sahaja, sebanyak tujuh premis makanan diberi notis penutupan berikutan faktor kebersihan yang berada pada tahap tidak memuaskan.

"Bagi aspek kebersihan premis dan tandas, pemeriksaan dijalankan setiap hari," katanya ketika dihubungi Harian Metro.

Tan berkata, kriteria pemeriksaan premis masakan juga merangkumi semakan di tempat atau dapur masak, ruang penyediaan, pekerja atau pengendali makanan.

"Sekiranya markah pengredan kurang daripada 50 peratus, MBPP menerusi pegawainya, diberi kuasa menutup premis selama tempoh 14 hari"

Pengerusi Gantian Jawatankuasa Tetap Kesihatan Awam Majlis Bandaraya Pulau Pinang, Tan Soo Siang

Selain kebersihan tandas, Tan berkata, semakan turut dibuat ke atas perangkap minyak.

"Merujuk kepada Undang-undang Kecil (UUK) Establisymen Makanan MPPP 1991, Seksyen 38(1), penutupan premis boleh berlaku sekiranya terdapat penemuan vermin membiak seperti urungan najis tikus dan haiwan berbahaya yang boleh menyebabkan pencemaran makanan.

"Selain itu, sekiranya markah pengredan kurang daripada 50 peratus, MBPP menerusi pegawainya, diberi kuasa menutup premis selama tempoh 14 hari," katanya.

Menurutnya, bagi pembukaan semula premis selepas tempoh penutupan itu, pemilik diminta memastikan tahap kebersihan berada pada tahap baik.

Katanya, syarikat kawalan serangga perlu dilantik bagi menjalankan kerja pembersihan premis untuk memastikan sekitar kawasan bebas daripada pembiakan vermin.

"Menerusi pemeriksaan secara berkala dan sosial media juga, PBT turut selitkan kesedaran mengenai tahap kebersihan premis establisymen makanan.

"Orang ramai juga boleh salurkan maklumat menerusi platform aduan di web rasmi MBPP," katanya.

Sebagai negeri yang terkenal dengan jolokan syurga makanan, Tan berkata, pemeriksaan yang kerap dan berkala akan dilakukan MBPP ke atas establisymen makanan bagi mencapai tahap yang memuaskan kepada pelancong dan pelanggan.

"Ia bagi mengelak berlaku keracunan dan perbuatan yang tidak menyenangkan.

"MBPP menerusi kempen kesedaran akan pastikan tahap kebersihan premis bagi aktiviti *establishment* makanan bersih dan tidak mendatangkan kacau ganggu," katanya.

Sebarang masalah di kawasan anda boleh dikongsi ke e-mel ke Suara Anda, Kami Dengar di am@hmetro.com.my

FPMPAM urges govt to revisit fee cap

THE government's decision to raise the upper consultation fee cap for private general practitioners (GP) to RM80 while maintaining the outdated lower cap of RM10 is concerning and raises questions about its potential impact on the sustainability of private primary care services in Malaysia.

For over three decades, private GPs have operated under an outdated Schedule 7 fee structure that does not reflect rising inflation, regulatory compliance costs, staff wages or medical indemnity premiums. The newly revised range also remains below the rates in Schedule 13, which has had a ceiling of RM125 since December 2013.

This decision – made despite repeated representations to the Health Ministry, Parliamentary Select Committees and even direct memoranda to the prime minister – shows that economic modelling has overtaken practical healthcare realities.

While the government may have acted on advice from health economists seeking to preserve affordability by maintaining a low floor price, this logic fails completely in a third-party administrator (TPA)-dominated market.

The RM10 "floor" immediately becomes a corporate anchor for reimbursement, handing managed care organisations (MCO) and TPA a ready-made tool to suppress fees and dictate terms – undercutting consultation time, continuity and patient safety.

The Federation of Private Medical Practitioners Associations, Malaysia (FPMPAM) urges the government to immediately revisit and rectify this decision by:

- Synchronising Schedule 7 fees with Schedule 13, which itself was last reviewed 12 years ago.
- Prohibiting TPA and MCO from pegging reimbursement rates to the statutory minimum.
- Aligning community GP fees with Schedule 13 to remove the two-tier disparity between clinics and hospitals.

FPMPAM will take the following steps:

- Call for deregulation of all consultation fees.
- Advise GP to unbundle charges in line with transparent costing.
- Advise medical practitioners to continue rejecting any TPA instructions or guarantee letters (GL) that restrict or compromise patient care.
- Publish, based on verifiable evidence, a list of TPA with contracts that contravene the Private Healthcare Facilities and Services Act 1998 or Malaysian Medical Council Code of professional conduct.
- Launch a national campaign for change.

FPMPAM will remain open to working with TPA that respect professional autonomy, transparency and the law. However, any GL that compromises clinical judgement, limits treatment options or endangers patient care will continue to be unacceptable.

There may be political implications if the government continues to prioritise the interests of TPA over the sustainability of primary care. Should this trend persist, the impact will be felt by patients – through clinic closures, longer waiting times and fewer treatment options – and public accountability will inevitably follow.

A government that loses the trust of doctors and patients will also lose the moral legitimacy to speak for healthcare reform.

The government must decide whether it stands with patients and doctors or with corporate intermediaries who profit from their suffering.

Dr Shanmuganathan Ganeson
President
FPMPAM

COMMENT by Dr Ika Faizura Mohd Nor

Live healthy before it's too late

THE message for this World Heart Day was clear: "Don't Miss a Beat." It is more than a slogan; it is a wake-up call for every Malaysian to take charge of the health of their hearts before it's too late.

Heart disease is Malaysia's number one killer, claiming over 20,000 lives in 2022, and alarmingly, nearly one in three deaths occur in adults under 60.

Many of these lives could have been saved if risk factors had been detected and managed earlier.

Too many people wait for a warning sign, such as chest pain, breathlessness or even a first heart attack, before taking their health seriously. The whole point of "Don't Miss a Beat" is to prevent that first attack from ever happening.

> "Heart disease is Malaysia's number one killer, claiming over 20,000 lives in 2022, and alarmingly, nearly one in three deaths occur in adults under 60. Many of these lives could have been saved if risk factors had been detected and managed earlier."

Walking for 20 to 30 minutes daily can strengthen your heart, improve circulation and lift your mood. – BERNAMAPIC

Why you must act now

Modern lifestyles are putting more strain on our hearts than ever before. Long working hours, stress, fast food, smoking and lack of exercise all combine to silently damage blood vessels and raise the risk of heart disease.

But there is hope because according to the World Heart Federation's 2025 "Don't Miss a Beat" campaign, up to 80% of early heart attacks and deaths from stroke are preventable through regular health checks, early detection and simple lifestyle changes. This means most of us have the power to rewrite our health story and protect our hearts starting today.

Heart-health action plan

Caring for your heart doesn't require drastic changes or expensive treatments; just small, consistent steps that can add years to your life.

Here's how you can start today:

- ***Quit smoking:*** Your heart will thank you immediately. Every cigarette you don't light is a gift to your heart. The moment you quit, your blood pressure starts to drop and within a year, your risk of a heart attack is cut by half. Don't wait for a scare, choose life now.
- ***Move for just 20 to 30 minutes a day:*** You don't need a gym membership or fancy equipment – a brisk walk after dinner, taking the stairs or cycling in the park is enough. Just 20 to 30 minutes daily (100 to 150 minutes weekly) can strengthen your heart, improve circulation and lift your mood.
- ***Eat smart, not perfect:*** Heart-healthy eating doesn't mean giving up everything you love. Start small: add a serving of vegetables to lunch, swap sugary drinks for water and limit fried foods. Little changes lower cholesterol and blood pressure over time.
- ***Know your numbers, own your health:*** High blood pressure, diabetes and high cholesterol are silent – you won't feel them until they cause damage. Get regular check-ups and screening tests. Don't miss a beat by missing your annual health review. Early detection gives you the power to make changes before a heart attack ever happens.
- ***Don't ignore warning signs:*** One of the strongest messages of this year's theme is knowing when to act fast. If you notice chest pain, shortness of breath or other unusual symptoms, seek medical help right away. Prompt treatment can save the heart muscle and save your life.
- ***Manage weight, stress and sleep:*** Even losing five to 10% of body weight can ease strain on your heart. Pair this with seven to eight hours of sleep and stress-busting habits, like deep breathing or a hobby you enjoy – and your heart will thank you for years to come.

Never ignore:

- Chest pains or pressure;
- Pain spreading to arms, jaw, neck or back;
- Shortness of breath;
- Cold sweating or sudden clamminess;
- Nausea, vomiting or light-headedness;
- Sudden extreme tiredness or unexplained weakness; and
- Indigestion-like discomfort, especially in women.

If these symptoms last more than a few minutes, call 999 or head to the nearest emergency department immediately. Acting quickly can save your life.

Choose change

World Heart Day challenges every Malaysian to start small but meaningful steps towards a healthier life. Schedule your screening, take an evening walk, prepare a balanced meal and encourage your loved ones to do the same.

Don't wait for a crisis. Your heart deserves attention today. If you make one healthy change this week, whether it is putting out that last cigarette or going for your first 30-minute walk, you are already protecting your future.

Dr Ika Faizura Mohd Nor *is a consultant cardiologist at Ampang Puteri Specialist Hospital. Comments: letters@thesundaily.com*

Covid changes sperm in mice

COVID-19 infection causes changes to sperm in mice that may increase anxiety in their offspring, according to a recently released study, suggesting the pandemic's possibly long-lasting effects on future generations.

Researchers at the Florey Institute of Neuroscience and Mental Health in Melbourne, Australia, infected male mice with the virus that causes Covid, mated them with females and assessed the impacts on the health of their offspring.

"We found that the resulting offspring showed more anxious behaviours compared to offspring from uninfected fathers," the study's first author Elizabeth Kleeman said.

The study, published in the peer-reviewed journal 'Nature Communications', found that all the offspring from Covid-infected fathers exhibited those changes.

In particular, females showed "significant changes" in the activity of certain genes in the hippocampus, the part of the brain that regulates emotions.

This "may contribute to the increased anxiety we observed in offspring, via epigenetic inheritance and altered brain development", co-senior author Carolina Gubert said.

The researchers said their work was the first of its kind to show the long-term impact of Covid infection on the behaviour and brain development of later generations.

It found that the virus altered molecules in RNA in the fathers' sperm, some of which are "involved in the regulation of genes that are known to be important in brain development", the institute said.

"These findings suggest that the Covid-19 pandemic could have long-lasting effects on future generations," lead researcher Anthony Hannan said.

But further research was needed, including on whether the same changes occur in people, he added.

"If our findings translate to humans, this could impact millions of children worldwide and their families, with major implications for public health," Hannan said.

The Covid pandemic, which took hold in early 2020, is known to have caused more than seven million deaths worldwide, according to the World Health Organisation. The true toll is likely far higher.

Findings from a study suggest that the Covid-19 pandemic could have long-lasting effects on future generations. PICTURE CREDIT: VECTORJUICE — FREEPIK

UTM's teddy helps autistic kids

It's a robot equipped with AI technology, smart cameras and applications

By YEE XIANG YUN
xiangyun@thestar.com.my

JOHOR BARU: This cuddly teddy bear is no ordinary stuffed toy – it is powered by artificial intelligence (AI) to give children with autism a better quality of life.

The robot, known as "TeddyTherapy", was designed by a team of researchers from Universiti Teknologi Malaysia (UTM) to help children with autism improve their gross motor skills through guided movement exercises.

Project leader Assoc Prof Dr Asnida Abdul Wahab said the robot, equipped with AI, smart cameras and a set of custom-built applications, can automatically record and assess a child's movements.

She said this enables occupational therapists and parents to monitor progress more effectively.

"We wanted to create something tangible and friendly for the children.

"The robot teddy guides autistic children through various exercises such as mirror movements and coordination, making the process more engaging, standardised and accessible," she said.

The innovation earned a gold medal at the 26th International Innovation and Technology Exhibition last year, enhancing its role as a promising tool in rehabilitation technology.

Asnida said the idea began several years ago before Covid-19 after researchers observed therapy sessions at the Penawar Special Learning Centre, which caters to children with autism.

A comforting face: Asnida (left) and project member and senior lecturer Dr Muhammad Faiz Md Shakhih (centre) monitoring the movements of the AI-powered robot teddy on her laptop as student and project member Qistina Balqis Zaidi (right) gives a demo.

"Through feedback from occupational therapists, we learned that children with gross motor challenges struggle with walking, balancing or using larger muscle groups, and often participate less in physical therapy sessions.

"Occupational therapists usually work one-on-one and demonstrate every movement physically.

"By the end of the day, the therapists are exhausted, and the autistic child can sense that fatigue. This affects their response and participation in the rehabilitation process," she said.

TeddyTherapy mimics the actions of a therapist using mirror-based therapy, encouraging children to copy the robot's movements such as lifting their arms, balancing or walking in place.

The built-in AI technology compares each movement against set modules and generates reports that can be shared between centres or with parents, said Asnida, who also heads UTM's Department of Biomedical Engineering and Health Sciences.

The technology can reduce families' financial and time burden, as it allows for some therapy sessions to be carried out at home under parental supervision, she added.

To ensure the design suits children's needs, her team paid attention to sensory sensitivity and safety features.

The robot's "teddy suit" comes in bright, interchangeable colours, and the stand is designed with a stable base to prevent injuries.

"Parents have even suggested a miniature plush version of the robot for children to use as a comfort toy and this is an idea we are considering for future development.

"Presently, we are working on hardware upgrades and voice-command capabilities, supported by a recent RM30,000 grant from UTM," she said.

She added that they are also conducting clinical studies to compare therapy outcomes between sessions using the robot and traditional methods.

The team hopes to eventually commercialise TeddyTherapy as an affordable, home-friendly device compatible with regular laptops or smartphones.

"At the end of the day, our goal is to help children with autism become more independent and reduce the burden of parents.

"Early intervention can make all the difference, and if a teddy bear can help them move and grow, then that is a big step forward," she said.

More child abuse cases reported due to higher awareness, vigilance

HIGHER public awareness and increased intervention efforts have led to a surge in the number of child abuse cases being reported in Penang, says state Welfare Department director Rozita Ibrahim.

She said a total of 697 child abuse cases were reported between January and August this year, reflecting a growing trend across all districts.

This compares with 578 reported cases last year and 398 cases in 2023.

Rozita said the recorded cases fell into four main categories.

"The first category is children in need of protection and care, such as those abused, exploited or trafficked.

"The second group is children requiring protection and rehabilitation, including victims of sexual abuse, prostitution or pregnancies.

"Then there are minors involved in crimes who cannot be sentenced as adults, and last but not least, children who are beyond their parents' control," said Rozita.

She told reporters at Komtar, George Town, that the increase was partly due to greater public awareness through various campaigns and intervention programmes, as well as population growth.

"Currently, there are 9.8 million children in the country.

"Reports can be made through the Welfare Department, the police or schools.

"There are sometimes discrepancies between police and Welfare Department statistics, as some cases are first reported to the police and only referred to the department after being verified as genuine.

"Each case requires a thorough process, including medical checks for confirmation," she said.

The north Seberang Perai district recorded the highest number of cases among districts in Penang.

Rozita attributed this mainly to lower levels of awareness in some less-developed areas compared to urban districts.

Rozita: A total of 697 child abuse cases were reported between January and August this year.

She explained that children aged seven to 12 were the most vulnerable, accounting for the highest number of reported abuse cases.

"Most of them are cases of neglect under Section 17 of the Child Act, involving parents who are unable to provide sufficient care.

"Resolving child abuse cases can be a lengthy process, often taking more than three years.

"We need to monitor the progress of each victim closely and in some cases, the children are handed over to their closest guardians, such as other family members, for care," she said.

Penang social development, welfare and non-Islamic religious affairs committee chairman Lim Siew Khim said the high number of reports also reflected improved community vigilance.

"Many victims in the past did not know where to seek help and were afraid to come forward.

"Now, we have many non-governmental organisations actively engaging communities to raise awareness," she said.

Some cases are still under investigation or being monitored, while others involve children who have been moved to safe places, Lim added.

"The rise in numbers shows that more people are aware and willing to report.

"This is a positive sign, but it also shows the work we still need to do to address the issue within society."

Lim said there was a need to create a safe environment that encourages people to come forward and make reports.

The First Support Point initiative serves as the initial help line for victims, especially women and children, offering a safe and supportive environment for them to seek assistance, she said.

The public can reach out to Talian Kasih 15999, or 019-261 5999, a 24-hour helpline provided by the Women, Family and Community Development Ministry, for immediate counselling or to report any suspected abuse.

She encouraged neighbours and community members to take action if they witness abuse cases.

"This is not nosy, but being caring. Protecting children is everyone's responsibility, and every report or concern can make a real difference in saving a child's life," she added.

The Star 14/10/2025 MS/7

Men's ticking clock — get your prostate checked

ACROSS Southeast Asia, many men delay seeking help for prostate cancer because they are afraid of the implications to their masculinity and relationships when diagnosed.

This is one of several misconceptions about prostate cancer but a huge hurdle to early detection.

The risk of prostate cancer increases with age and while it predominantly affects older men, younger men can also get the disease, says National Cancer Centre Singapore (NCCS) division of radiation oncology chairman and senior consultant Dr Michael Wang.

The risk of prostate cancer increases with age and while it predominantly affects older men, younger men can also get the disease, says National Cancer Centre Singapore division of radiation oncology chairman and senior consultant Dr Michael Wang.

"Early-stage prostate cancer is often asymptomatic. Likewise, some men with advanced-stage prostate cancer may also have no symptoms," he explains.

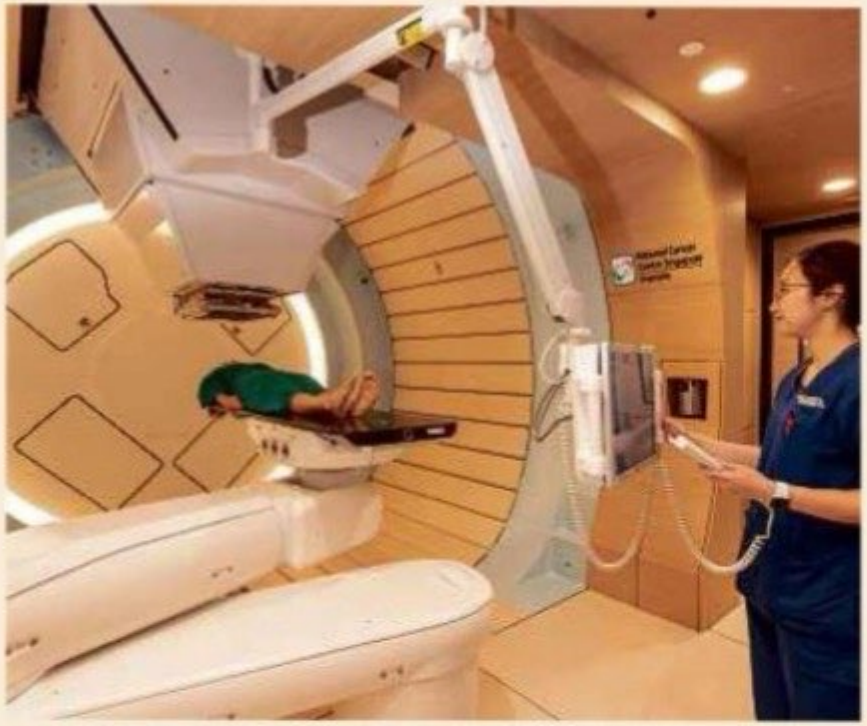
Symptoms of advanced-stage prostate cancer include urinary difficulties, frequent urination and blood in the urine, signs also seen in men with benign prostate hypertrophy (BPH).

Prostate cancer usually occurs in men over 50 and studies suggest that when it affects younger men, it may be more aggressive, with a higher risk of metastases and mortality, especially if diagnosed in later stages.

SCREENING AND TREATMENT

Dr Wang says the prostate-specific antigen (PSA) test has always been the gold standard for prostate cancer screening. It measures how much PSA is in the blood. Newer blood, urine or imaging tests may also be recommended for men with an abnormal PSA score.

"Advancements in prostate biopsy and imaging also ensure more accuracy and greater safety, reducing the risk of misdiagnosis and biopsy complications."



Proton therapy is an advanced form of radiation therapy that precisely targets tumours, reducing radiation risk to surrounding healthy tissues and organs. PICTURES CREDIT: SINGHEALTH

Heal

By Meera Murugesan

Prostate cancer treatment requires a multidisciplinary approach, with treatment options, including active surveillance, radical prostatectomy, external beam radiotherapy (EBRT), brachytherapy, proton therapy, hormone therapy, chemotherapy, and radionuclide therapy.

With EBRT, radiation beams are directed from the treatment machine to the cancer. It helps to reduce treatment duration from two months to less than two weeks.

Proton therapy, meanwhile, is a more advanced form of radiation therapy that targets tumours more precisely, reducing radiation risk to nearby healthy tissues and organs like the bladder, bowel and rectum.

Patients often experience fewer and less severe radiation-related side effects such as bladder and bowel dysfunction, incontinence, rectal irritation and bleeding.

At NCCS, patients will be reviewed by a multidisciplinary team to evaluate and recommend the most appropriate type of treatment and post-care treatment plan based on their condition.

meera@nst.com.my

PROSTATE CANCER — RISK FACTORS

AGE — men above the age of 50 are at risk and the risk increases with age.
ETHNICITY — Chinese men have a higher risk compared with Indian or Malay men.
FAMILY HISTORY — men with a father or brother with prostate cancer are more likely to get the disease.
DIET — men who consume large amounts of fat, particularly from red meat and other sources of animal fat, including dairy products, have a slightly higher chance of getting prostate cancer.

DIAGNOSING PROSTATE CANCER

Several tests can be used:

- Digital rectal examination (DRE)
- Prostate-specific antigen (PSA) blood test
- Transrectal Ultrasound Scan (TRUS)
- Biopsy

PERUT KEMBUNG & TIDAK SELESA

Tanda Perut Anda Tidak Hadam

MASALAH perut kembung dan rasa tidak selesa di bahagian perut merupakan satu keadaan yang sering dialami oleh ramai individu tanpa mengira umur. Keadaan ini biasanya dikaitkan dengan masalah sistem penghadaman yang tidak berfungsi dengan baik.

Dalam istilah perubatan, ia boleh dikaitkan dengan masalah dispepsia atau ketidakhadaman. Walaupun masalah ini kelihatan seperti sakit biasa, namun ia boleh menjejaskan rutin harian serta menurunkan kualiti hidup seseorang.

Perut kembung berlaku disebabkan oleh sistem pencernaan yang tidak berfungsi dengan lancar, menyebabkan makanan tidak dicerai dengan baik. Akibatnya, gas terkumpul di dalam sistem pencernaan, terutamanya di dalam perut dan usus. Gas yang terhasil daripada proses semula jadi penghadaman makanan ini, boleh menjadi berlebihan jika sesecorang mengambil makanan yang sukar dihadam seperti makanan berlemak dan pedas, bergula tinggi, minuman bergas, atau makanan yang mengandungi kandungan serat yang tinggi secara berlebihan. Selain itu, tabiat makan terlalu cepat atau menelan udara semasa makan juga boleh menyebabkan pengumpulan gas.

Selain faktor pemakanan, gaya hidup moden yang sibuk dan penuh tekanan ini juga turut menyumbang kepada masalah penghadaman. Tekanan emosi dan kebimbangan boleh mengganggu keseimbangan hormon dalam tubuh badan, termasuk hormon yang mengawal pergerakan otot dalam sistem penghadaman. Hal ini kerana, terdapat segelintir individu yang sering menjalani gaya hidup yang tidak sihat, seperti kurang bersenam, kualiti tidur yang tidak mencukupi dan tidak menjaga waktu makan. Pengambilan ubat-ubatan tertentu seperti ubat tahan sakit atau antibiotik juga boleh menyebabkan gangguan kepada sistem penghadaman. Justeru, amat penting untuk kita mengamalkan gaya hidup sihat agar sistem penghadaman dapat berfungsi dengan lebih efisien.

Tanda-tanda lain perut tidak hadam selain kembung perut, termasuklah sendawa berlebihan, loya, rasa panas di dada (pedih ulu hati), dan kadangkala rasa panas dalam perut. Ada kalanya, masalah ini bersifat sementara dan akan hilang selepas beberapa jam. Semua ini merupakan petanjuk bahawa sistem penghadaman sedang bekerja dalam keadaan yang tidak optimum. Jika gejala ini berlaku berulang kali dalam tempoh yang lama, ia boleh menjadi kepada masalah kesihatan yang lebih serius seperti gastrik atau ulser perut. Dinasihatkan untuk berjumpa dengan doktor untuk mendapatkan rawatan lanjut.

Bagi mengatasi masalah ini, langkah pencegahan amat penting, seseorang perlu lebih peka terhadap pemakanan harian mereka dengan mengamalkan pemakanan yang sihat dan waktu yang teratur. Makan dalam kuantiti sederhana, memperbanyakkan pengambilan makanan yang mudah dihadam seperti sup, buah-buahan segar, dan sayur-sayuran hijau amat baik untuk penghadaman. Elakkan makanan yang terlalu pedas, berminyak dan bergas. Minuman seperti air kosong, air barli dan air halia juga boleh membantu melegakan rasa tidak selesa pada perut. Ketika makan juga, perlu mengunyah makanan dengan perlahan-lahan bagi membantu sistem penghadaman memproses makanan dengan lebih cekap. Di samping itu, penting juga untuk melakukan senaman ringan seperti berjalan kaki selepas makan, yoga dan senaman pernafasan, bagi mengurangkan tekanan dan melancarkan sistem penghadaman.

Kesimpulannya, perut kembung dan rasa tidak selesa adalah antara tanda awal bahawa sistem penghadaman kita memerlukan perhatian. Jangan ambil mudah akan tanda-tanda ini kerana jika dibiarkan berlarutan, ia boleh membawa kepada masalah kesihatan yang lebih serius. Dengan mengamalkan pemakanan seimbang, gaya hidup sihat dan pengurusan stres yang baik, kita dapat memastikan sistem penghadaman berfungsi dengan baik dan kesihatan perut terjaga.

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