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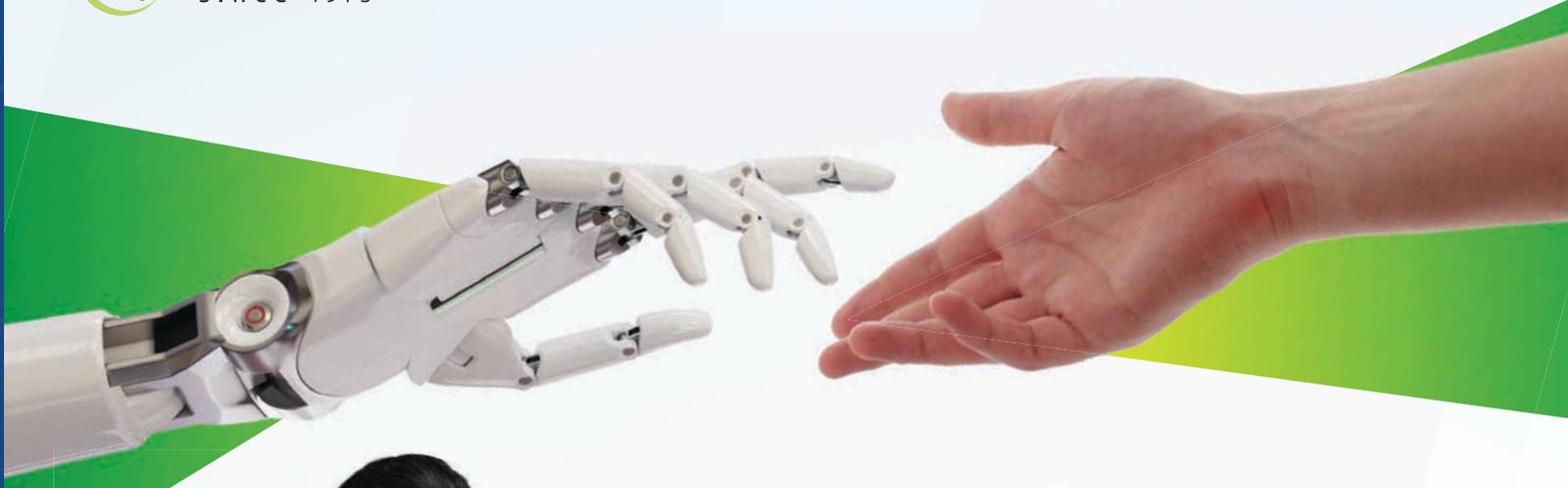


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# Robotics and Genetic Testing

As artificial intelligence and robotic technologies become a bigger part of our everyday lives, including healthcare. Dr. dr. Ivan Rizal Sini, MD, FRANZCOG, GDRM, MMIS, Sp. OG said "In BMHS we believe mother and child deserves the best health services, and we utilize advanced medical technology to significantly improves healthcare standard and medical outcomes".

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**Robotic & Laparoscopy**

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**Genetic Testing**

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**Fertility Centre**

Morula IVF Indonesia, with 25 years of experience become the most trusted IVF clinic in Indonesia; with International Certification Reproductive Technology Accreditation Committee (RTAC) from the Joint Accreditation System of Australia and New Zealand (JAS-ANZ).

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## LETTER FROM THE EDITOR

A lot of anxiety surrounds the future of male fertility these days, enough so that a number of commentators and researchers have begun to sound the alarm about a supposed drop in sperm counts they say has been occurring over the last several decades. Some scientists see a looming fertility crisis on the horizon, a Brave New World where most people will need assisted reproductive technologies in order to conceive. Others are not so sure.



So in this issue, we delve into sperm count research and explain why such apocalyptic anxieties may be overblown. We also shed light on the need for improved research around male reproductive health, a new paradigm shift that can produce the same kind of medical advances we see in female fertility. Until that shift happens, however, the burden of contraception and fertility treatment, as well as the responsibility for poor offspring health and mediocre fertility outcomes, will continue to fall mostly on women. This is because the limited research on male reproductive health and the various cultural misconceptions about reproduction reinforce the idea that fertility is solely a female issue. A better understanding of male reproductive health will likely improve men's health and that of their children while lifting the unfair burden placed on women.

In our Q&A on the role of artificial intelligence (AI) in fertility treatment, two embryologists offer their perspectives on how the technology is advancing the field, in particular AI's ability to select healthy embryos free of genetic abnormalities, a sign they are more likely to end up in a successful pregnancy. Both experts believe AI will be a game changer in fertility medicine.

We also highlight the danger of listening to loud music and share the findings of a World Health Organization (WHO) report that cautions that more than one billion young people are at risk of hearing loss due to unsafe listening that can damage hearing cells over time. We also offer some advice on how to protect your ears while still enjoying your favourite music.

Gabriele Bettinazzi  
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# A Shot at Preventing Cancer– Why Not?



Written by  
**Dr. Teh Beng Hock**  
Gynaecological Oncologist,  
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Cancer that grows on a woman's cervix ('neck of the womb') is called 'Cervical Cancer'. It often does not cause any symptoms until at an advanced stage when one can experience abnormal vaginal discharge, bleeding or pelvic pain. Cancer of the cervix is the fourth commonest cancer amongst women worldwide and in Malaysia (Globocan 2020). It is a major threat to the quality of life and longevity of women in Malaysia. Fortunately, it is one of the very few gynaecological cancers that can easily be screened, detected, treated and cured at an early stage. How can this be done?

**Pap smear** services started in Malaysia over 40 years ago but its uptake remains appallingly low. Cervical cancer remains one of the main reasons for hospital admissions and radical treatments. The aim of performing a pap smear is to detect cells from the cervix that are abnormal but have not yet become cancerous. This is termed 'precancerous' cells. It can easily be done by any trained health care worker or yourself. It is a quick and almost always painless procedure.



**WHO?** Pap smears should be offered to all women between ages of 20 and 65 years who have been or are currently sexually active regardless of marital status. It should also be done even if you have had the Human Papilloma Virus (HPV) vaccination.

**HOW?** You would be asked to undress from the waist down and lie on the examination bed with your knees bent. A device called a speculum will be inserted into the vagina and this device helps hold the vaginal wall apart so that your doctor can easily visualise the cervix. Samples of your cervical cells will be taken using a soft brush. Inserting a speculum may cause a slight pressure sensation in the pelvic area but usually does not hurt. The cells collected are then sent to the laboratory for examination. There are no restrictions to your daily activities after the procedure is done.

**WHEN?** To ensure that your pap smear is most effective and the results are accurate, you should try to avoid having it done during your menstrual period. In addition, try to avoid intercourse, douching or using any vaginal medications/creams for at least 2 days prior to the procedure.

**RESULTS?** If only normal cells were detected during your Pap smear, you are said to have a negative result. You would not need any further testing and will only need to repeat your Pap smear at the recommended intervals. If abnormal cells were detected, you are then said to have a positive result. A positive result DOES NOT mean you have cancer. What it means depend on the type of cells detected. It is also common for test results to return as unsatisfactory/unclear/inconclusive. They all mean the same thing: that your cervical cells are inadequate for proper assessment or may look like they could be abnormal. This could be due to various factors like pregnancy, menopause and drying artifact during cell collection. Your doctor would generally repeat the smear in these circumstances.



**THEN WHAT?** If you have abnormal cells in your Pap smear, you may be asked to see a doctor with more experience at cervical examination and to undergo further testing. This usually involves examining the cervix with a special microscope and a small piece of cervical tissue (biopsy) may be taken to make a more definitive diagnosis. If your Pap smear was negative, then you to repeat the smear at three to five yearly intervals depending on the type of pap smear performed. However, your doctor may advice you for a more frequent Pap smear examination if your results were abnormal.

### **SPECIAL CONSIDERATIONS:**

Stopping Pap smears: If you have had a total hysterectomy for a non-cancerous disease, Pap smears can be ceased. However, it should be continued if your hysterectomy was for a precancerous/cancerous disease or if you had a partial/subtotal (where the cervix is left behind) hysterectomy. Generally, Pap smears can also be stopped after the age of 65 if you have had 2 previous negative smears (with no abnormal smears in the last 10 years) and are not at high risk of cervical cancer. **HPV testing: some authorities may recommend a longer interval of 5 years for Pap smear testing if you had a concurrent negative Pap smear and HPV test.**

### **WHAT ELSE CAN I DO TO PREVENT CERVICAL CANCER?**

- Remember to keep to your doctor's appointment for regular Pap smears.
- Comply for further testing if your doctor tells you to.
- Do not smoke. Smoking weakens your immune system which in turn increases your risk of cervical cancer (apart from many other cancers).
- Consider HPV vaccination. It does not cure existing HPV infection or related problems but can protect you from getting new ones in the future.

### **SOMETHING ABOUT THE HPV VACCINE-**

The HPV vaccine protects women from getting infected by the Human Papilloma Virus (HPV). It is a very common virus with many subtypes and some of these subtypes ('high risk' subtypes) are an essential trigger to the evolution of cervical cancer. The current available vaccine is the Gardasil 9 which protects you from nine HPV subtypes and are generally given to girls from 9 years of age before their sexual debut and hence to HPV exposure. They are believed to be safe and are given in 3 doses over a period of 6 months. It is not recommended for women who are pregnant. Ideally females should get the vaccine before becoming sexually active to obtain maximum protection. Females who are already sexually active may also receive the vaccination but may benefit less from it. This is because they may have already been exposed to the HPV. Ask your general practitioner for more information about HPV vaccination.



### **Book an appointment today.**

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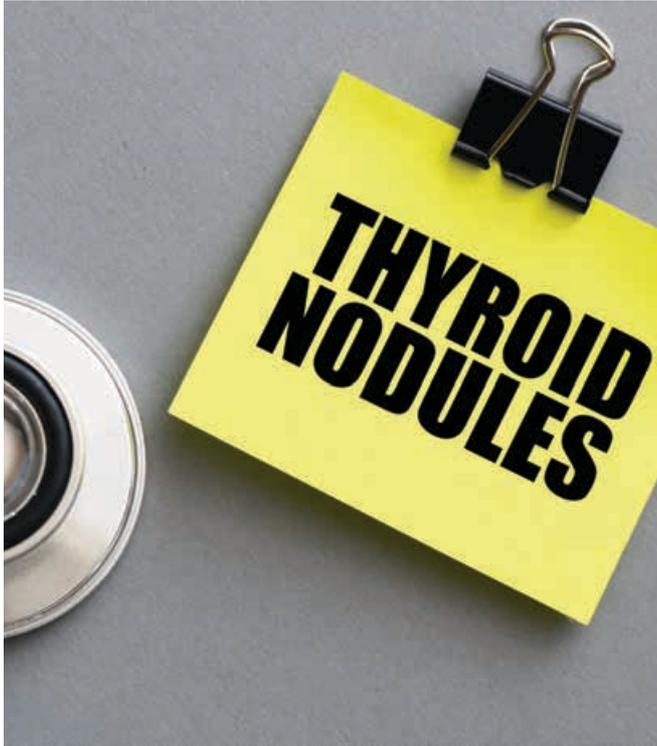
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**Q** : What are thyroid nodules and which risks are associated with them?

**A** : A thyroid nodule is an abnormal growth of cells in the thyroid gland, a butterfly shaped gland in the lower front of the neck. Most thyroid nodules are not cancerous (benign). They can be solid, cystic (fluid collection), or mixed solid-cystic.

Thyroid nodules are more common in women than in men (ratio of 4 to 1). There may be a single nodule or more than one nodule called a multinodular goitre. The frequency of thyroid nodules increases with age, with 50 percent of people having at least one thyroid nodule by the age of 60.

Thyroid nodules may be associated with hyperthyroidism (high thyroid hormone levels) or hypothyroidism (low thyroid hormone levels), but the majority of people with thyroid nodules have normal thyroid hormone levels.

**Q** : How can people spot them and when should they see a doctor for a potential thyroid nodule?

**A** : Symptoms of hyperthyroidism include palpitations, loss of weight, and increased appetite. People can also feel tired, hot and sweaty, have difficulty falling asleep, and/or wake up often. Some experience hand tremors, while women have light and/or irregular periods. Other symptoms include muscle weakness or pain, shortness of breath on exertion, and

a hot temper, anxiety, agitation, and mood swings.

Symptoms of hypothyroidism include tiredness, weight gain, constipation, and feeling bloated or cold. People can also have dry, coarse skin and brittle hair and increased hair loss. Poor memory and slowness of thought are other symptoms, as are heavy periods and/or shorter menstrual cycles. Muscle aches, weakness, and cramps, as well as depression, are also possible.

Thyroid nodules often do not cause any symptoms, and many do not realise they have them. Sometimes they are found on palpation of the thyroid gland by a doctor or on an ultrasound scan of the thyroid when patients show symptoms of high or low thyroid hormones. Thyroid nodules are often detected incidentally either by examination of the thyroid gland or during imaging of the neck or chest with an ultrasound or CT scan for entirely different conditions. If the thyroid nodule is large enough, a lump in the lower part of the neck may be noticeable. Some nodules grow large enough to cause a hoarse voice or problems with swallowing or breathing.

As around five percent of thyroid nodules are malignant, they need to be evaluated by ultrasound to determine the risk of malignancy.

**Q** : Can thyroid nodules resolve on their own or do they always require treatment?

**A** : Sometimes small thyroid nodules, especially those that are cystic, may slowly decrease in size or disappear. Thyroid nodules that are due to iodine deficiency may slowly disappear when salt is iodinated.

People with low-risk thyroid nodules and normal thyroid hormone levels do not need any treatment but need follow-up with an ultrasound of their thyroid glands and thyroid hormone measurement. If the thyroid nodules are large enough to cause trouble swallowing or breathing, are cancerous or have a high suspicion of cancer, then treatment may include partial or total thyroidectomy either by open surgery or keyhole surgery (no scar in the neck), following current clinical practice guidelines.

In summary, although most thyroid nodules are non-cancerous and do not cause any symptoms, please see a doctor if you notice a lump in your neck. Thyroid nodules should be evaluated for risk of cancer.

## Dr Leslie Charles Lai Chin Loy

Dr Leslie Charles Lai Chin Loy is an endocrinology specialist at Gleneagles Hospital Kuala Lumpur.

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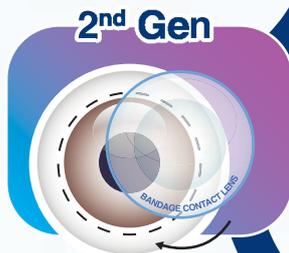
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# You Ask, They Answer



**Q: What's dry eye disease and what are its symptoms?**

**A:** This is a disease where the quality or quantity of the tear fluid is abnormal and causes decreased health of the surface of the eye. More commonly, some component of the tear (quality) is affected.

The tear fluid is the liquid mixture that coats the front of the surface of the eye. This protects the eye by rinsing or clearing away insults like dust, microbes, and foreign material. Tears nourish the living cells in the front of the eye, and when there's a severe lack of tear, these cells suffer and die.

Tear quality can be affected by surgery, viral infection, inflammation, poor hygiene of the eyelids, or hormonal disturbances.

Symptoms of dry eye disease include irritation (heaviness, redness), light sensitivity, especially the glare of headlights when driving at night, and watery eye. This last condition seems paradoxical in 'dry eye', but actually dryness leads to reflex secretion of tears, which is actually a very common presentation of 'dry eye'.

**Q: Which are the main health risks associated with the condition, especially if it isn't treated promptly?**

**A:** The main problem is reduced quality of life and reduced work productivity. It affects work in areas such as computer use, cosmetics, and air conditioning. Patients find it difficult to drive at night and incur problems because of time off work due to hospital visits and other issues, while medications are costly.

Only severe cases have sight-threatening issues or infection,

but these are generally due to other medical conditions (such as autoimmune disease and bone marrow transplant) rather than late treatment. Infections are usually related to total surface breakdown in severe dry eye and lack of hygiene, for example, concurrent inappropriate contact lens care or in-growing lashes that impact the area with breakdown and poorer defence.

**Q: Which remedies and treatments are available against it?**

**A:** The vast majority of people who suffer from dry eye do not need prescription eyedrops. They just need artificial tears which are over-the-counter and generally very safe.

Primary care for dry eye disease consists of five pillars described by the acronym LEARN:

1. Lubricants or artificial tears: The most common reason for lack of response is insufficient frequency. In general, newly diagnosed cases should be treated at least four times a day for two months.

2. Eyemasks such as USB powered eye masks for eyelid warming: This unblocks the oil glands and also increases a sense of wellbeing. It needs to be done once a day for at least eight minutes at 40-45 degrees Celsius over the long term.

3. Augmenting health such as omega-3 fatty acid supplements and vitamin D3: There is evidence that in some patients these reduce inflammation of the eye.

4. Restore general health: Patients should seek treatment for acne, thyroid, anxiety, and insomnia as all these can increase the severity of dry eyes.

5. Non-standard therapy: This includes Traditional Chinese Medicine, acupuncture, and other treatments.

Specialist therapies include immunosuppressive eyedrops, mucus secreting eyedrops, punctal plugs (tiny devices to place in the tear ducts), and blood-based eyedrops. Only a small percentage of community dry eye cases requires specialist care.

**Q: Can people prevent or reduce the risk of dry eye disease?**

**A:** They could follow the care strategy above (LEARN) and also pay attention to their general health, avoid allergens like preservatives in creams and cosmetics, exercise, get sufficient sleep, and avoid excessive use of cosmetics and exposure to video display monitors.

## Professor Louis Tong

Professor Louis Tong is an eye specialist at Singapore National Eye Centre.



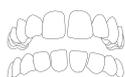
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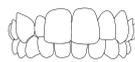


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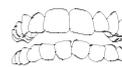
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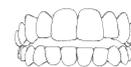
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# You Ask, They Answer



**Q : What's a deviated nasal septum and what can lead to it?**

**A :** The nasal septum is a structure in the nasal cavity dividing the left and right sides. It is primarily made up of hyaline cartilage and bone and covered by nasal mucosa. The nasal septum is deemed deviated if it is not straight, with curvature to either side or spurs which protrude from it. This results in narrowing of the airway passages on either side of the nasal cavity and can impede airflow through the nasal cavity.

Trauma can lead to a deviated nasal septum, usually resulting from an impact to the nose. It can also be developmental in nature, occurring as one grows from infancy to adulthood. Microfractures sustained during the birth process and in infancy can cause weakness of the nasal septal cartilage on either side, resulting in curvature and an irregular surface of the septum as the person grows.

**Q : Can it create health risks, especially among those who have had it for several years?**

**A :** Most people with mild deviated nasal septum do not experience any symptoms. However, those with more severe deviated nasal septum may be at risk or experience the following:

- Frequent nose bleeds
- Recurrent episodes of sinusitis
- Worsened severity of snoring and/or obstructive sleep apnoea

**Q : Should a deviated nasal septum always be treated? And is surgery the only option?**

**A :** The short answer is “no”; a deviated nasal septum need not always be treated. As many as one-third to 80 percent of the population may have a nasal septum that is deviated

to a certain degree. Treatment should be initiated in patients who exhibit symptoms resulting from a deviated nasal septum such as persistent and recurrent nasal obstruction or any of the symptoms mentioned earlier.

If the severity of the septal deviation is mild, the patient may respond well to medical therapy such as with the use of intranasal steroid sprays or nasal decongestants. Surgical intervention can be considered should the patient fail to improve with medical therapy or if he would like a permanent solution without having to rely on medications in the long term.

**Q : What does surgery involve, what are the risks, and how long does it take to recover?**

**A :** Surgical treatment for deviated nasal septum is called “septoplasty” and involves correcting the curvature or irregular protrusions, such as spurs in the nasal septum. The procedure is usually done under general anaesthesia, and a plastic splint is usually placed to hold the corrected septum in position post-operatively.

The risks of septoplasty are bleeding, infection, perforation, and weakening of the external nose support causing a “saddle-nose” deformity. However, these are rarely encountered when performed by an experienced surgeon. Most patients are discharged on the day after the procedure and will be on medical leave for 1-2 weeks.

## Dr Harold Heah

Dr Harold Heah is an otolaryngology (ENT) – head and neck surgeon at Farrer Park Hospital and was the first to utilise the Medrobotics' Flex® Robotic System in Asia.

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# You Ask, They Answer



**Q**: What's asthma and its telltale signs? Can you advise on when parents should suspect their children have it?

**A**: Asthma is a long-term condition affecting children and adults. The air passages in the lungs become narrow due to inflammation and tightening of the muscles around the small airways. This causes asthma symptoms such as cough, wheeze, shortness of breath, and chest tightness. These symptoms are intermittent and are often worse at night or during exercise. Certain common triggers can make asthma symptoms worse. These vary from person to person, but can include viral infections (colds), dust, smoke, fumes, changes in the weather, grass and tree pollen, animal fur and feathers, strong soaps, and perfume.

Parents should suspect their children have asthma if they are manifesting typical asthma symptoms like shortness of breath, wheezing episodes, prolonged dry cough that gets worst at night, and chest tightness.

**Q**: What are the treatment options, and can patients with the condition reduce the risk of an asthma attack?

**A**: Asthma cannot be cured, but good management with inhaled medications can control the disease and enable people with asthma to enjoy a normal, active life.

There are two main types of inhaler:

- bronchodilators (such as salbutamol), that open the air passages and relieve symptoms; and
- steroids (such as beclometasone), that reduce inflammation

in the air passages. This improves asthma symptoms and reduces the risk of severe asthma attacks and death.

People with asthma may need to use their inhaler every day. Their treatment will depend on the frequency of symptoms and the different types of inhalers available.

It can be difficult to coordinate breathing using an inhaler, especially for children and during emergency situations. Using a spacer device makes it easier to use an aerosol inhaler and helps the medicine reach the lungs more effectively. A spacer is a plastic container with a mouthpiece or mask at one end and a hole for the inhaler in the other. A homemade spacer, made from a 500ml plastic bottle, can be as effective as a commercially manufactured inhaler.

Patients with asthma can reduce their risk of having asthmatic attacks by being compliant to their inhaler and medications and avoiding environmental triggers. Proper inhaler technique is crucial to ensure good medication delivery into the lung airways.

**Q**: Since asthma can be life-threatening, when should patients who receive a diagnosis see a doctor?

**A**: Patients with asthma need to see the doctor as soon as the diagnosis is made to ensure proper asthma control and proper medication prescription and prevent a life-threatening asthma attack. If the asthma attacks are frequent and not relieved by regular inhaler usage, it is important to see the doctor in an emergency hospital setting. Poorly controlled asthma may lead to death.

**Q**: How should people with asthma exercise to avoid triggering an attack?

**A**: People with asthma can exercise according to their capabilities and asthma control. Some asthma patients may benefit from using a prophylactic inhaler 20 minutes before exercise. They should also have their inhaler on standby in case they develop an asthma attack during exercise.

**Q**: Are there preventative measures against asthma?

**A**: Asthma patients need to be compliant to their inhaler and medications and should try to avoid environmental triggers at their level best.

## Dr Nurul Yaqeen

Dr Nurul Yaqeen is a consultant respiratory, internal medicine physician and sleep disorders specialist who runs a chest clinic at Sunway Velocity Medical Centre.

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by **Ms Ng Wei Yee,**  
Cervical Cancer Survivor



**100%**

The 5-year relative survival rate of women with Stage 1 Breast Cancer in SJMC\*

*\*Source: Asian Pacific Journal of Cancer Prevention Vol.16, 2015*

*<http://dx.doi.org/10.7314/APJCP.2015.16.18.8513>*



**100%**

The 5-year relative survival rate of patients with with Stage 1 NPC in SJMC\*

*\*Source: Asian Pac J Cancer Prev. 2019 Jun 1;20(6):1701-1708. doi: 10.31557/APJCP.2019.20.6.1701*

## How to prevent workplace bullying and harassment

*The first global survey suggests these practices are rife across countries*

**V**iolence and harassment on the job are a global scourge that can make workers' lives miserable while affecting their psychological and physical health. Strategies to prevent and deal with them are badly needed.

Soma Gosh told the BBC the constant bullying by a colleague who criticised and humiliated her while blaming her for others' mistakes led her to develop anxiety and depression. She had trouble sleeping, recurring flu symptoms, and pain in her fingers, hands, and shoulders due to working long hours without breaks.

We now know that Soma's experience is not unique but part of a larger trend. The first global survey on the issue has found that more than one in five persons in employment (22.8 percent) has experienced at least one form of violence and harassment at work, which includes physical (e.g., hitting or spitting), psychological (e.g., insults, threats, bullying), and sexual violence (e.g., unwanted sexual touching and sexual requests). Even more worrying, 6.3 percent of respondents had to endure all three of them.

Published in 2022, the survey was conducted by the International Labour Organization, together with Lloyd's Register Foundation and Gallup, to provide global insights that could help address the problem. The findings are based on 74,364 interviews done across 121 countries.

"For too long, companies and organizations have been unaware or unwilling to tackle violence and harassment in the workplace," said Andrew Rzepa, a Partner at Gallup, in a press release. "This dataset provides a baseline that we can all use to track much-needed progress on this vital safety issue."

Youth, migrants, salaried workers, and especially women are the groups at greater risk of violence and harassment. Slightly more than half of the people surveyed talked about their experiences, usually with friends and family, while many others decided to stay silent for different reasons, including thinking it was a waste of time, fear for their reputation, unclear procedures at work, and lack of trust in the police.

In order to improve the experiences of workers,



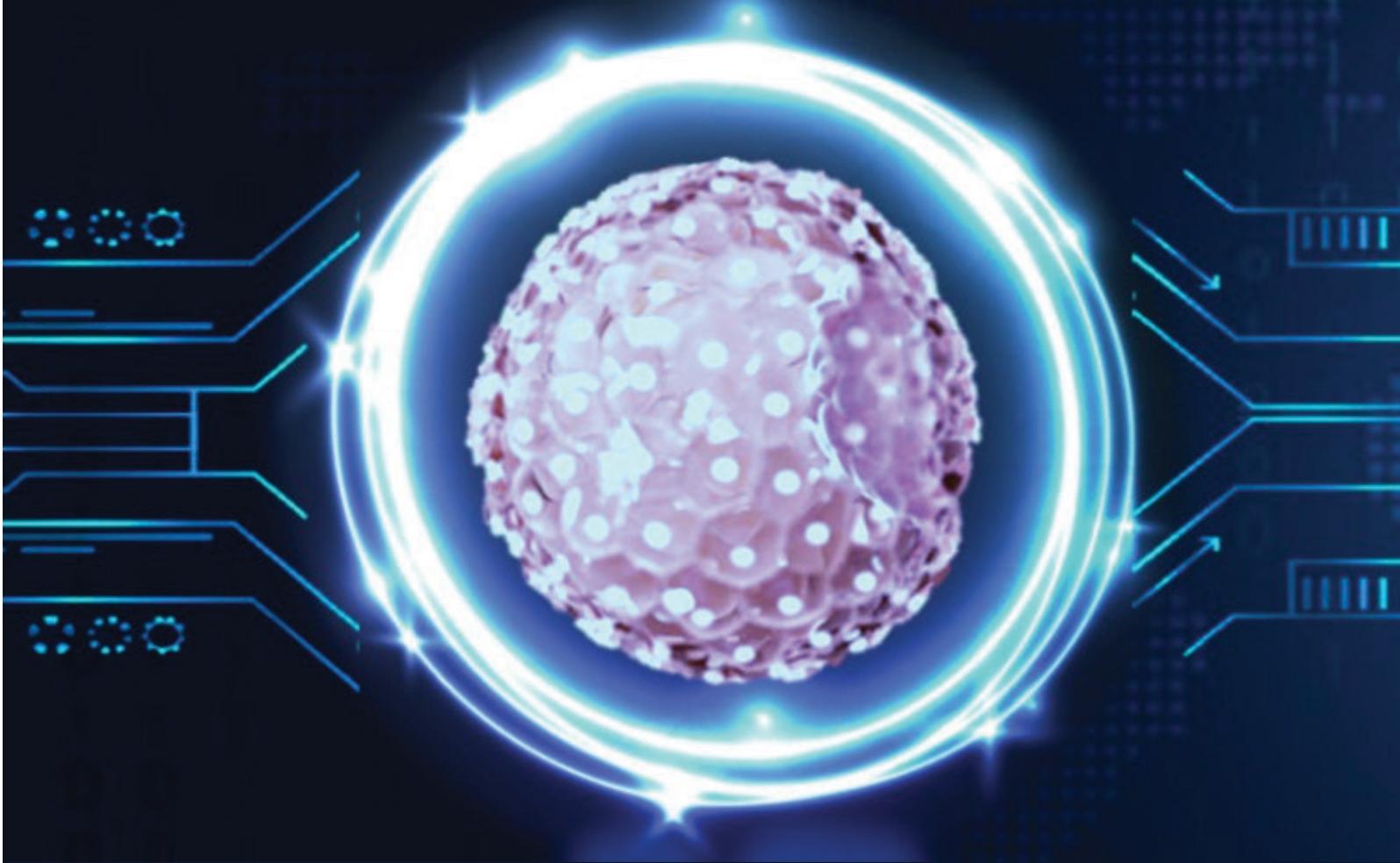
the report recommends regular collection of robust data on workplace violence and harassment to devise remediation laws and programmes as well as research and advocacy; prevention mechanisms like occupational safety and health management (OSH) systems; raising awareness about violence and harassment at work to encourage victims to speak up; and improving capacities of institutions at all levels to effectively prevent, remedy, and support victims.

"There is no denying that it is challenging to develop and implement successful and effective strategies and measures to prevent and remedy violence and harassment at work. Doing so requires the involvement of all levels of government, employers and workers and their respective organizations, as well as society in general and relevant international actors," reads the report.

In Malaysia, for instance, verbal bullying, ignoring a subordinate, and cyber bullying are common in the manufacturing and services sectors, Simon Benjamin, President of the Malaysian Institute of Human Resource Management (MIHRM), told *FMT Business*, adding that employees should help each other so that colleagues could act as whistleblowers when a worker is bullied.

"The victim should submit a complaint in writing to the human resource department or even directly to the CEO, if necessary," he advised.

**Youth, migrants, salaried workers, and especially women are the groups at greater risk of violence and harassment.**



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## Supervised injection sites can reduce harm from drug use

*While not a panacea, they should be one component of a comprehensive strategy against drug abuse and death*

Illegal drug use is responsible for thousands of deaths every year, while ravaging the lives of many others by exposing them to chronic infections like hepatitis and HIV in almost every corner of the world. While the fight against drug addiction may seem futile, supervised injection sites can contribute to making drug use safer by reducing both overdose and infectious disease risks in people who use illegal substances.

The World Health Organization says half a million deaths are caused by drug use every year, with 30 percent due to overdose. Supervised injection sites are places where people can use their own drugs safely under the supervision of trained personnel who can provide immediate life-saving care in case of an overdose as well as sterile needles and injection equipment to prevent the spread of chronic diseases like hepatitis C and HIV/AIDS. These are two life-threatening conditions that can transmit through contaminated blood in needles used by multiple people.

One example is Insite, a supervised injection facility in Canada that carried out 6,440 overdose interventions without any deaths from its inception in 2003 to 2019, according to *Vancouver Coastal Health*, the regional health authority. In a similar vein, a 2010 analysis estimated that Insite prevented 35 new cases of HIV and almost three deaths each year.

People in overdose caused by opioids like heroin can often be saved by administering the drug naloxone that reverses the effects of an opioid overdose. But access to naloxone is still limited in many countries, even in healthcare settings, according to the WHO.

Despite research backing up the positive results observed at Insite, some critics are unconvinced supervised injection sites are a good strategy against drug abuse.

“Are we actually saving lives?” asked Dr David Murray, co-director of the Center for Substance Abuse Policy Research at the Hudson Institute in the US, in *MedPage Today*. He argued that people often injected drugs multiple times a day in several locations, meaning that saving them once didn’t necessarily ensure they had been saved.



And while simply offering a safe place to inject drugs may not be a comprehensive strategy against drug abuse, it can still make a difference by reducing the chances of death by overdose and nudging some people who use drugs to start a rehab programme. Insite, for example, has a detox facility that was visited by 443 people in 2017.

“Prevention sites are certainly not the long-term answer to this public health emergency, but when it comes to saving lives, there is no doubt they make a meaningful impact,” Lee Lax, the public engagement chair for Vancouver Fire Fighters, wrote in the *Boston Globe*.

“It takes true leadership to incorporate safe, supervised environments into a comprehensive treatment plan for those addicted to opioids. To the uninformed, safe injection sites may appear to encourage drug use. In Vancouver, we’ve proved that supervised injection sites save lives. As firefighters, that’s what we care about most.”

**“Prevention sites are certainly not the long-term answer to this public health emergency, but when it comes to saving lives, there is no doubt they make a meaningful impact”**

## The End is not far Together let's eradicate cervical cancer!



**C**ervical cancer is the fourth most common cancer among women globally, with about 90% of the new cases and deaths occurring in low- and middle-income countries, causing a huge social and economic impact.

In Malaysia, Cervical cancer is the third most common cancer among women. It is also the second most common female cancer among Malaysian women aged 15 to 44. Though cervical cancer is one of the most preventable and treatable forms of cancer, we still lose many precious lives to this disease as at least 40% were detected only in stages 3 and 4, due to lack of awareness. The recent pandemic has further worsened the scenario. Let's address some basic questions on cervical cancer and its screening.

### What causes cervical cancer?

The main cause of cervical cancer is infection with genital Human Papilloma virus or HPV.

### What is cervical cancer screening?

Cervical cancer screening is a procedure by which changes in the cells of the cervix that could lead to cancer are detected. It is usually done by two methods namely,

- Cervical cytology (also called the *Pap test* or *Pap smear*)
- HPV (Human Papilloma Virus) DNA testing

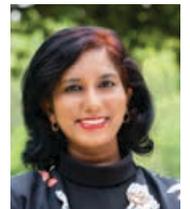
### Why is cervical cancer screening needed?

Screening is done to detect pre-cancer changes that can occur years before the actual cancer develops. This is one of the very few cancers that can be diagnosed at the precancerous stage which means that it can be diagnosed years before the actual cancer appears and can be treated thus preventing the formation of cancer.

### How do I lower my risk of getting cervical cancer?

- Taking HPV vaccine ( ideally, before onset of sexual activity)
- Get regular Pap tests and follow up, if necessary
- Limit your number of sex partners
- Choose a sex partner who has had no or few prior sex partners
- Do not smoke cigarettes
- Keep a healthy diet and lifestyle
- Use condoms consistently and correctly during sexual activity

With an increased awareness and appropriate implementation of key strategies like HPV vaccination and regular screening, ending this cancer is well within our reach. Together, let's do it!



By Dr Vinodhini  
Bhaskaran,  
Consultant  
Obstetrician and  
Gynaecologist,  
ParkCity Medical  
Centre.

## Coconut water is healthy but regular water is still your best choice

*It can be part of a healthy diet but should never replace water*

The slightly sweet fluid inside coconuts is a powerful thirst quencher with lots of important nutrients like vitamins and minerals that can optimally replenish electrolytes, substances essential for several body functions that are lost with sweat.

“Because of the electrolytes some studies indicate that it can help with hydration specifically related to exercise,” said Maxine Smith, a dietitian at the Cleveland Clinic, on its website. She added, however, that those studies were done with coconut water enriched with sodium, which is a good option only for people who exercise for an hour or more. “It can be helpful doing long exercise sessions,” she said. “However, the electrolytes vary in coconut water. A sports drink is a more reliable bet for these situations.”

Other research suggests coconut water might help lower blood pressure because it contains potassium, a mineral that can lessen the effect of sodium by flushing it out through urine. Sodium is well known for raising blood pressure. However, people who are on medications to lower blood pressure may need to avoid coconut water as their blood pressure might decrease too much.

In some animal studies, coconut water was able to prevent high blood sugar, a condition linked with diabetes that can be life-threatening if it isn't treated promptly. This might be due to magnesium, a mineral found in coconut water that “may be particularly beneficial in offsetting risk of developing diabetes among those at high risk,” said a 2013 study published in *Diabetes Care*.

Since good hydration plays an important role in preventing kidney stones, coconut water could also help avoid the condition. A 2018 study published in *BioMed Research International* showed that coconut water could increase the removal of the chemical citrate in urine, resulting in a decreased risk of calcium stones as citrate binds to calcium and inhibits stone formation.

“There are many different types of stones,” said Smith, “but if your physician recommends you get more potassium into your diet, coconut water could be beneficial.”

On top of that, coconut water is low in calories,



making it a healthier option compared to many other fruit juices that may have a higher sugar content. “It has about 40 to 60 calories in 8 ounces — about ½ that of orange juice,” said Smith. “If you enjoy the taste, it can be part of a healthy diet.”

For all its pros, some experts caution that coconut water can't compare to the healthiest drink on earth, plain water.

“While coconut water is lower in sugar than other juices and probably fine as a treat from time to time, it still contains unnecessary liquid sugar and calories so I would recommend sticking with plain water for both rehydration and everyday drinking,” Dr Sandro Demaio, Professor at the Melbourne School of Population and Global Health, told *The Conversation*.

Similarly, senior lecturer in food science and human nutrition Dr Emma Beckett told *The Conversation* that some selling points of coconut water included enzymes, antioxidants, and phytonutrients, “but our bodies make the enzymes they need, and fruit and vegetables have antioxidants and phytonutrients. Bottom line — drink water and eat food, don't get distracted by expensive beverages.”

**Coconut water was able to prevent high blood sugar, a condition linked with diabetes.**



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## Skip the gym, your body is all you need

*Using your body as a weight can deliver significant health benefits*

**B**ody-weight exercises are an effective, comprehensive, and convenient option to break a sweat that can be done at home, or anywhere else, without special machines and away from the judging eyes of gym buffs and instructors.

Some popular examples include push-ups that strengthen the shoulder and arm muscles, squats for training the legs, lower back, and core, and burpees — a demanding exercise combining push-ups, squats, planks, and jumps in one single movement that improves both strength and cardiovascular conditioning and exemplifies the functionality of body-weight exercises because they use more muscles and joints than machine and dumbbell exercises.

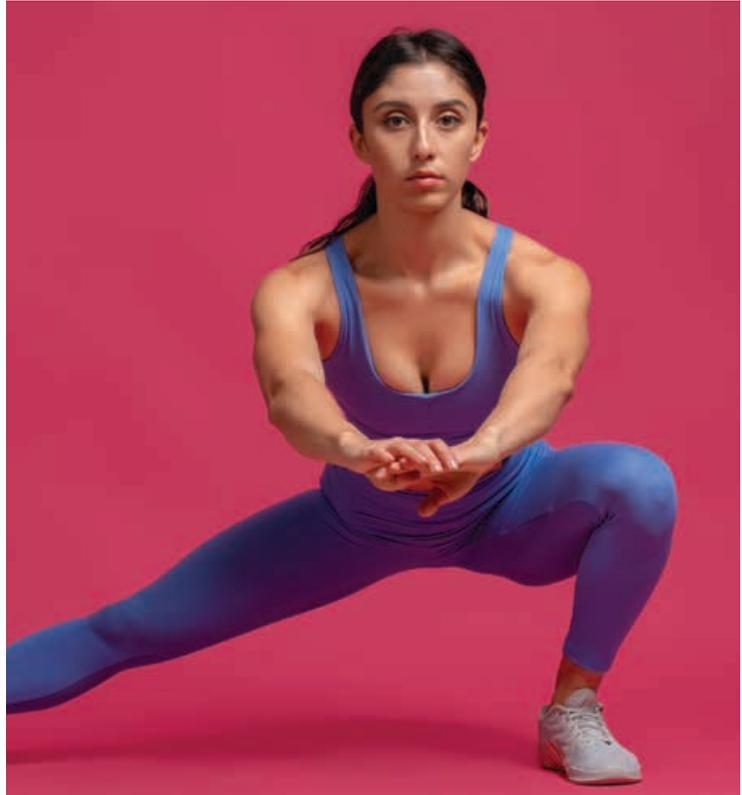
“Body-weight training boosts metabolism, fitness and endurance. This type of exercise also challenges several muscle groups at once and offers more variety than a solitary exercise machine can,” Daniel V. Gaz, an exercise specialist with the Mayo Clinic, wrote on its website.

He also recommends activities that increase the heart rate like jumping jacks, where you raise your arms to the sides and over your head while jumping up and spreading your feet out on landing, or mountain climbers, which involve staying on the floor with your hands and toes while alternately bending each knee toward your chest.

Research published in the *International Journal of Exercise Science* showed that an 11-minute session of body-weight training that doesn't require specialised equipment could enhance cardiorespiratory fitness in inactive adults. After working out for six weeks, participants upped their endurance by about seven percent and improved their leg power.

“It was good to see our expectations confirmed,” study author Dr Martin Gibala, a professor of kinesiology at McMaster University, told the *New York Times*, adding that having evidence of the benefits provided by basic body-weight exercises “can make a meaningful difference” in fitness. Regardless of the types of body-weight exercise, “the key is to push yourself a bit,” he said.

Another advantage of body-weight exercises is that they are able to improve strength for daily tasks because they tend to mimic the way we usually use muscles, like lifting a box from the floor and putting it



on a shelf, according to the Cleveland Clinic.

“These functional exercises improve mobility, balance, coordination and flexibility, which can help prevent falls and injuries as you go about daily life,” said sports medicine physician Dr Michael Dakkak on the Cleveland Clinic’s website, adding that this type of workout could keep the joints healthy.

People who have been inactive for some time are advised to see a healthcare professional before starting to do body-weight exercises. “A provider’s OK is especially important if you have chronic or acute injuries that affect your range of motion or balance,” he said. One suggestion is for people to work with a physical therapist to ensure they exercise safely and their injuries don’t get worse.

Even if body-weight exercises seem easy and quick to do, they can still offer the full health benefits of working out, including lower risks of heart disease, diabetes, several cancer types, and Alzheimer’s disease, while reducing stress and lifting your spirits.

**“Body-weight training boosts metabolism, fitness and endurance.”**

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The first ever **GlobalHealth Asia-Pacific Philippine Summit** will be held on the 24th of June 2023 at the Grand Hyatt Hotel. The summit will host prominent speakers from the APAC Region, covering topics from the current trends in the healthcare industry to groundbreaking initiatives and innovation in the Asia-Pacific region.

The summit will feature in-depth perspectives from thought leaders within healthcare on the most critical trends and issues covering accreditation and safety, artificial intelligence, innovation, digitalization, and medical tourism.

GlobalHealth Asia Pacific is a multidimensional healthcare company aimed at promoting medical tourism in the Asia-Pacific region. It is a regional player with several initiatives such as conferences and awards held in countries such as Singapore, Malaysia, Thailand, and Cambodia. Now entering the Philippine market, the organization aims to provide a quality approach to medical tourism in the country and elevate it to the global market.



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Island Hospital's recent expansion in the last quarter of 2022 added a new 12-storey block named Peel Wing, making it Penang's first 600-bed private hospital while adding another 14 operating theatres.

New and expanded services include Nuclear Medicine, Rehabilitation & Physiotherapy, as well as Dentistry.

Peel Wing's full-fledged Health Screening Centre, located on Level 2, is the first stop and most important step for patients to maintain good health and detecting abnormalities at an early stage.

## What happens after a health screening?



As health screenings at Island Hospital is highly personalised, the next course of action depends on the screening outcomes. Every patient's journey will end up being different from one another. For example, following a medical check-up, a patient's cancer markers

are found to be out of the normal range, he/she will be referred to the hospital's medical, surgical or Oncology team for further consultation.

Being equipped with a full suite of diagnostics technology, the ability to detect diseases in the early stages is now made safer, faster, and more accurate. The hospital's imaging department, which includes X-rays, CT Scans, MRIs, and Ultrasounds, is further enhanced by its Nuclear Medicine capabilities with the addition of the Siemens Biograph mCT PET/CT scanner.

Apart from imaging, a completely equipped laboratory is crucial in diagnosing diseases. With a fully-equipped laboratory, and an in-house pathology team, turnaround time can well be under 24 hours for complete results to be produced.

Following full diagnostic results, treatment plans can then be put into place. An addition to the full suite of Cancer treatment at Island Hospital includes the Varian TrueBeam radiotherapy system with HyperArc. Should surgery be an option, the hospital's team of experienced surgeons, who subspecialises in adult as well as paediatric surgery, are readily available.

## Providing Options for Complicated Diseases

Island Hospital prides itself to be at the cutting edge of technology, embarking on surgeries which are minimally invasive, robotic-assisted, and guided by Artificial Intelligence (AI) to treat complicated diseases especially in Orthopaedic and Spine, Neurosciences, Cardiac Health and Cancer.



Coronary Artery Bypass Surgery (CABG) is taken to the next level, being performed as a minimally invasive surgery (known as the Minimally Invasive Direct Coronary Artery Bypass or MIDCAB). To complement recovery, the hospital's new Rehabilitation & Physiotherapy centre is equipped with the complete DAVID Solution - machine-based exercise machines for musculoskeletal therapy. This A.I. guided system is an advanced way to aid patients in rehabilitation and physiotherapy treatments. It also completes the post-treatment journey for patients by rehabilitating them towards full recovery and to rebuild their core strength.

## Quality Above All

To retain its reputation as a trusted healthcare provider, Island Hospital is committed to continuously improve the standards and quality of care provided to its patients. In addition to its on-going accreditation by the Malaysian Standards and Quality in Healthcare (MSQH), the hospital is also recognised by the Australian Council on Healthcare Standards (ACHS) since October 2022 for its commitment to deliver the highest quality of care to its patients, based on international standards of healthcare assessment. The hospital is also accorded with Stage 5 certification in HIMSS Electronic Medical Record Adoption Model (EMRAM) which measures clinical outcomes, patient engagement and the use of electronic medical record technology within the organisation.

## Future Forward Hospital

In line with its expanding expertise, facilities and services, the hospital's value proposition and brand identity has also evolved. The hospital's chief executive officer said the expansion marks a metamorphosis into Island Medical City, a first-of-its-kind medical hub. Since its inception, Island Hospital has matured from and a home-grown value for money healthcare centre, to being the best in its class, serving patients from around the region, and now towards a Regional Quaternary Care hospital which offers advanced level of specialised and niche treatments.



The hospital's expansion does not just end at the Peel Wing. Medical suites, related ancillary facilities and a medical tourist hotel are in the pipeline to be built in later stages and will all form part of the eventual Island Medical City.

**ISLAND HOSPITAL SDN. BHD.** (Company No. 199401038023)

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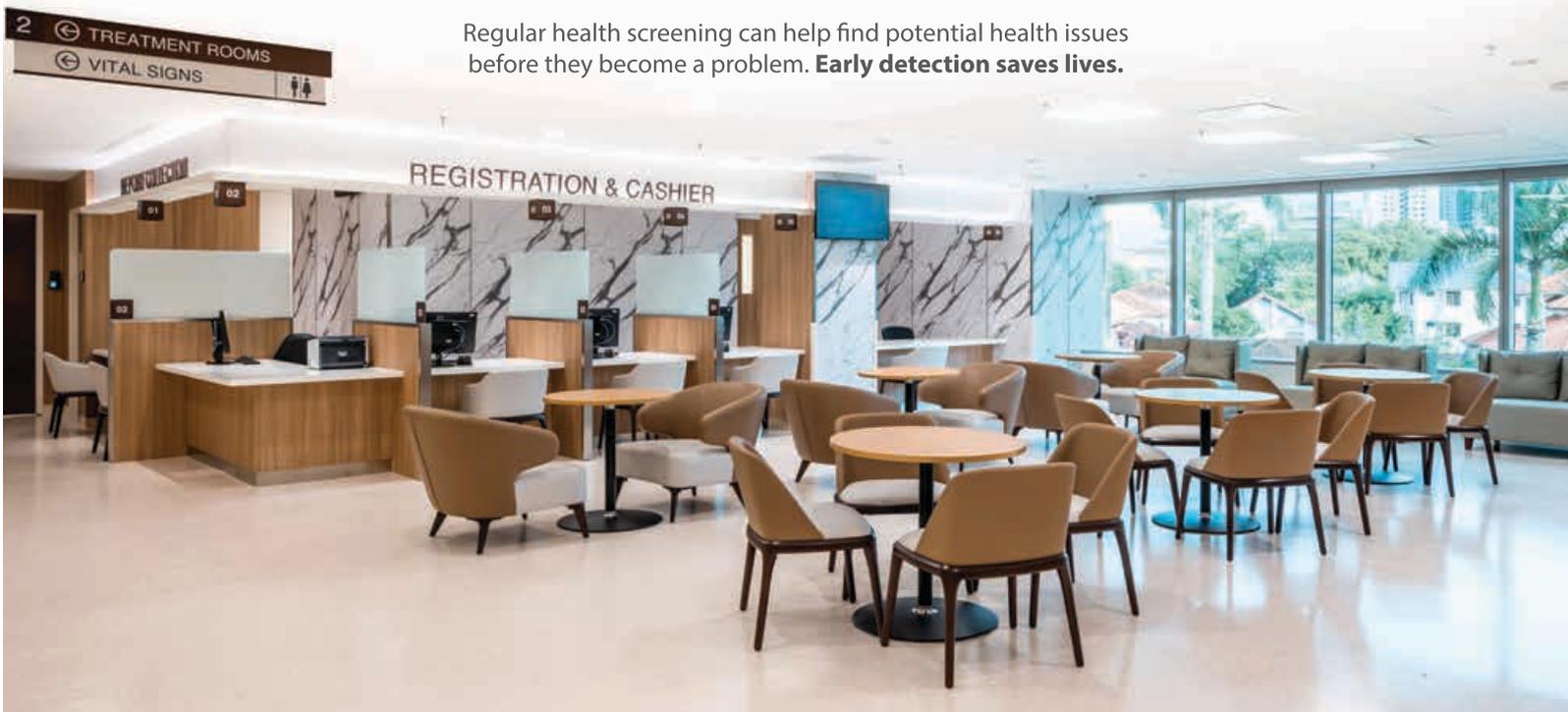
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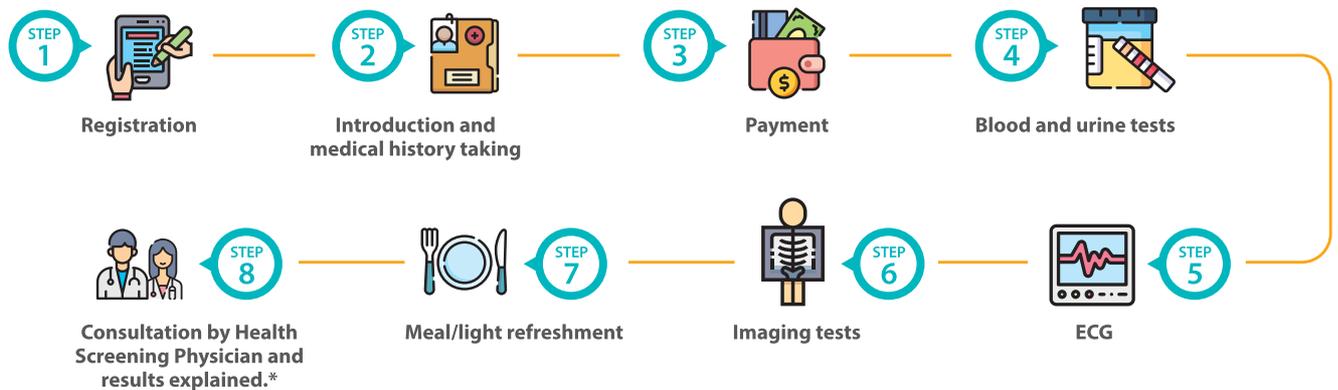
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Regular health screening can help find potential health issues before they become a problem. **Early detection saves lives.**



## WHAT IS A TYPICAL HEALTH SCREENING JOURNEY LIKE?



\*You will be referred to a specialist should there be a need for further investigation based on your results.



## Rheumatoid arthritis drug lowers risk of heart disease

*Anti-inflammatory medication suppresses arterial inflammation*

**R**heumatoid arthritis (RA) medications may help reduce the risk of heart disease, according to researchers at Brigham and Women's Hospital in Massachusetts.

RA is an autoimmune disorder that affects joint tissue, leading to symptoms such as painful joints, swelling, and stiffness. Doctors usually prescribe methotrexate, the standard medication for this condition, as well as drugs that reduce tumour necrosis factor (TNF) levels. TNF is a type of protein that causes inflammation. A third type of treatment is called triple therapy, which combines methotrexate with other common anti-inflammatory drugs, such as sulfasalazine and hydroxychloroquine.

In their study, the researchers recruited 115 participants diagnosed with moderate to severe RA who were intolerant to methotrexate. They then compared the efficacy of TNF-inhibiting drugs, such as etanercept or adalimumab, and triple therapy to methotrexate in terms of their effects on arterial inflammation, a key indicator for heart disease. The participants were randomised into two groups for six months.

They found that both groups experienced significant reductions in arterial inflammation and rheumatoid arthritis after undergoing an F-fluorodeoxyglucose (FDG) PET/CT scan. They suggest that future research investigate the mechanisms of arterial inflammation reduction by RA treatments regardless of their effect on RA.



## Mild congenital heart disease may not hinder fertility

*Study shows no link between heart defects and childbearing*

**A**Danish study reveals that women and men with simple or moderate congenital cardiovascular problems are no more likely to experience infertility as adults than others.

The nationwide study of 1.4 million individuals in Denmark between 1977 and 2000 provides clarification to patients who are concerned about how the condition may influence their fertility if they choose to start a family.

Published in the *Journal of the American Heart Association*, it found that less than one percent (8,679 individuals) of the population was diagnosed with congenital heart disease (CHD). Among this small group, detailed findings showed that 3.2 percent of men with heart defects were infertile compared to 3.6 percent without heart defects, and 4.7 percent of women with heart defects were infertile compared to 5.6 percent who had no heart defects. These statistics show men and women with basic or moderate CHD did not have a higher incidence of infertility than the general population.

While there was a tendency for a higher incidence of infertility in persons with complex defects, the numbers were small and showed no correlation. The study also found that patients with CHD were significantly more likely to remain childless, but those who became parents had the same number of children as parents without CHD.

The research team is optimistic that their findings will provide reliable data to CHD specialists who provide pre-pregnancy counselling, alleviating some potential concerns associated with living with CHD.

# INFERTILITY AND CAUSES

Many couples are currently faced with infertility, making it impossible for a successful and natural pregnancy. What is infertility? Why are some couples unable to naturally have a child as they desire? \_\_\_\_\_ +



**PORRAWAN TANGTHAM , M.D.**  
Obstetrics-Gynecologist Specialized  
in Reproductive Medicine  
GFC Clinic

## Knowing about infertility

Medically, infertility refers to a couple having sexual relationship regularly without contraceptives at least 2-3 times a week for a period of 1 year, but no pregnancy.

## Causes of infertility

Infertility can be caused by many factors, such as physical health, way of life and understanding about pregnancy of the couples. A research showed that about 20-30% of infertility cases is caused by males. Meanwhile, 40-50% and 10-20% resulted by female issues and unknown causes, respectively.

## Common causes of infertility in males

- Hormonal abnormalities such as hypogonadism or hypothyroidism
- Undescended testes which results in lower sperm production
- Erectile dysfunction
- Varicocele
- Diseases related to reproductive organ infections like gonorrhea, herpes or behavior with negative effects to the body, such as alcohol drinking, smoking and overworking

## Common causes of infertility in females

- Abnormalities of female hormone, resulting in anovulation or ovarian dysfunction
- Abnormalities of the fallopian tubes, such as obstruction of the fallopian tubes due to pelvic infection, endometriosis
- Uterine and cervical factors due to congenital abnormalities, uterine fibroids or cervical stenosis
- Stress and anxiety problems from work, family or lifestyle



## Infertility of unknown causes

At present, about 10% of married couples suffer from infertility from unknown causes.

For couples experiencing infertility, they will be examined by an obstetrician for primary causes with advice on appropriate treatment to each couple. In the meantime, technology in reproductive medicine can be helpful, such as IUI or the injection of selected semen into the uterine cavity so that the sperm can mix with the eggs more easily. In case of about 3-6 cycles of unsuccessful IUI, the IVF or ICSI may be recommended.

For couples who wish to have a child but are faced with infertility problems, the Genesis Fertility Center is ready to give advice on a suitable treatment, either IUI or IVF/ICSI, for each couple to increase to the utmost the chances of a successful pregnancy.

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## Female reproductive factors increase risk of cardiovascular disease

*Genetic data reveals link between sex-specific factors and heart complications*

**A** recent study has revealed a correlation between a woman's risk of cardiovascular disease (CVD) and her age at first birth, the total number of births, and age at first menstrual cycle.

Experts at Imperial College London have found links between female reproductive attributes and various heart disorders, including atrial fibrillation (irregular heartbeat), coronary heart disease, heart failure, and stroke. Their research analysed genetic data from the UK Biobank associated with various reproductive milestones in a woman's life, including age at menopause, as well as previous studies involving over 100,000 women.

In looking at observational studies to determine the relationship between reproductive factor-predicting genes and the risk of multiple CVDs, the researchers found links between an earlier age at first birth, a higher number of live births, and earlier menstruation and an increased risk of various CVDs such as atrial fibrillation, coronary artery disease, heart failure, and stroke. However, there was no indication of a relationship between menopausal age and CVD.

The study also found that an increased risk of CVD due to first birth at a young age and early menstrual cycle was related to cardiometabolic risk factors such as a high body mass index (BMI), high cholesterol levels, and high blood pressure.

Researchers hope that the findings will help healthcare providers better understand and monitor women's risk factors and provide medical intervention and targeted prevention strategies to mitigate this growing health risk.



## Spinal nerve cell stimulation helps stroke patients move again

*Electrical current restores arm and hand mobility*

**N**eurologists and engineers from the University of Pittsburgh and Carnegie Mellon University have developed a device that can stimulate the spinal cord's nerve cells to help stroke patients regain movement in their upper limbs.

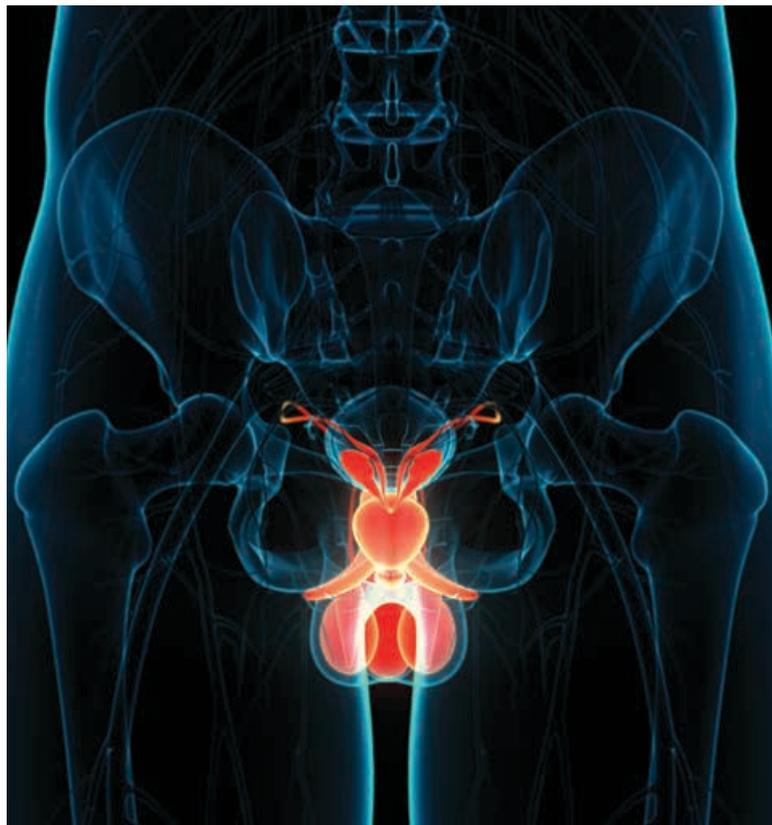
Given that a stroke can cause loss of neural connections between parts of the brain and the spinal cord that control arm and hand movement, the device could represent a major breakthrough.

The study involved two female patients in their early 30s with upper limb impairment caused by a stroke. Researchers used a device to implant a set of thin metal electrodes onto the surface of the spinal cord. Electrical impulses were then channelled into the neural circuits in the spinal cord, sufficiently stimulating the motor neurons to resume receiving signals from the brain for limb movement.

According to the study, published in the *Nature Medicine* journal, the participants who underwent this spinal cord stimulation (SCS) showed significant improvement in strength, arm movement, and performance of tasks that require more skills and dexterity, such as eating with cutlery and opening a lock. Both also showed some long-term improvements in motor function that continued even without SCS by the final week of the study.

The researchers believe that, with these findings, existing technology can be modified to treat upper-limb paralysis after a stroke. They also call for additional research on combining SCS with conventional upper limb rehabilitation, which could lead to a real post-stroke restorative benefit.

# Prostate cancer prevalence



**A**s per Singapore Cancer Annual Registry report 2019, prostate cancer was the second most common cancer diagnosed in men in the period from 2015 till 2019. It accounted for 5875 new cases or 15.4 percent of all cancers diagnosed in men during that time-period. Prostate cancer more commonly affects older men, but can be diagnosed in younger men as well.

## Detecting prostate cancer at an early stage

Early-stage prostate cancer has few or no symptoms as the cancer develops relatively slowly. If symptoms appear, they may include difficulty in passing urine, slow urine flow, frequent urination and blood in urine.

There is currently no established screening programme for the early detection of prostate cancer in Singapore. Screening usually utilises the prostate specific antigen (PSA) blood test to determine the risk of having prostate cancer. Men who may benefit from screening after counselling include those at elevated risk of having prostate cancer:

- Men from 50 years or age.
- Men from 45 years of age and a family history of prostate cancer;
- Men of African descent from 45 years of age;
- Men carrying BRCA2 mutations from 40 years of age.

## Treatment options for early-stage prostate cancer

In early-stage prostate cancer, or cancer localised to the prostate, the treatment options are mainly influenced by the grade (or aggressiveness) of the cancer.

In active surveillance, patients are monitored closely and treatment such as surgery or radiation therapy is deferred unless there is growth or progression of cancer. This approach is only applicable to a small proportion of low-grade cancers.

Surgery involves removing the prostate and the surrounding tissues completely. This includes removal of the surrounding lymph nodes, especially for high-grade cancers. The gold standard surgical option nowadays is robot-assisted radical prostatectomy. Two of the main long-term side effects of surgery are erectile dysfunction and urinary incontinence.

Radiation therapy involves utilising high doses of radiation to kill prostate cancer cells. The most commonly used type of radiation therapy for prostate cancer is called external beam radiation therapy (EBRT), in which a machine aims radiation at the cancer from outside the body. It is considered as effective as surgery for the treatment of localised prostate cancer, and is the standard alternative in all the prostate cancer treatment guidelines. Potential downsides to radiation therapy include longer treatment duration and risk of damage to surrounding organs.

With the advent of more accurate MRI-targeted prostate biopsies in the last few years, some patients are diagnosed with cancer only involving a small proportion of the prostate. In these men, the logical thought is whether treatment can be focused only on these areas of cancer without needing whole gland treatment. This is also known as focal therapy as only the region of the prostate where the cancer is located is treated. This approach can potentially improve the functional outcomes of treatment (i.e., lower the risk of urine incontinence and erectile dysfunction) without sacrificing control of the cancer that is achieved with whole gland treatment. Focal therapy is a new approach to treating prostate cancer, and as such the studies have follow up of less than 10 years after treatment. However, it is still not considered standard of care and more information is needed about long term outcomes from this approach.

Dr Akhil Chopra is a senior consultant in medical oncology practicing at the OncoCare Cancer Centre (Singapore). He has a special interest in Genitourinary oncology, especially prostate cancer.

Dr Tan Teck Wei is a Senior Consultant Urologist at Urohealth Medical Clinic (Singapore). He has a special interest in the management of urological cancers, and completed a fellowship in Robotic surgery and Uro-oncology at Guy's and St Thomas' Hospitals in London, United Kingdom.

## WHO unveils new breast cancer blueprint

*Framework addresses healthcare access issues and quality of care*

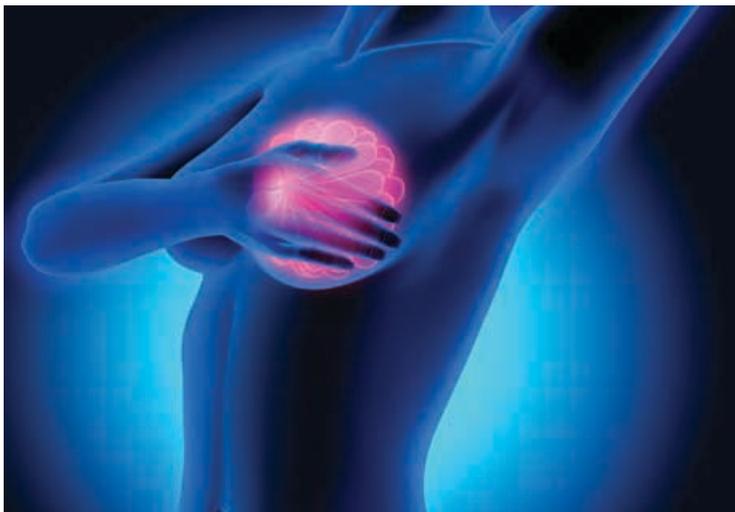
The World Health Organization (WHO) has released a Global Breast Cancer Initiative Framework outlining a strategic plan to save 2.5 million lives from breast cancer. Launched a few days before World Cancer Day on February 4, the new programme comprises three pillars of health promotion to meet the framework's objectives — early detection, timely diagnosis, and comprehensive breast cancer management.

Breast cancer is currently the most common cancer among adults, with more than 2.3 million cases detected annually. It is the first or second leading cause of female cancer deaths in 95 percent of countries. Statistics show that breast cancer survival rates vary significantly between and within countries, with around 80 percent of breast and cervical cancer deaths occurring in low- and middle-income nations.

Women's cancers, notably breast cancer, also have terrible effects on future generations. A 2020 study by the International Agency For Research on Cancer stated that approximately 4.4 million female deaths due to cancer cause up to one million children to become orphans, with 25 percent of those deaths caused by breast cancer.

The framework's three pillars of action emphasise early breast cancer detection programmes to enable up to 60 percent of breast cancer cases to be treated early. Breast cancer outcomes can be improved if the disease is diagnosed within 60 days of onset, while proper management ensures that at least 80 percent of patients complete their recommended treatment.

WHO Director General Dr Tedros Adhanom Ghebreyesus stressed that governments and ministries of health should prioritise managing the burden of breast cancer due to its detrimental impacts on individuals, families, communities, health systems, and economies. "We have the tools and the know-how to prevent breast cancer and save lives. WHO is supporting more than 70 countries, particularly low- and middle-income countries, to detect breast cancer earlier, diagnose it faster, treat it better and give everyone with breast cancer the hope of a cancer-free future," he remarked.



## Sri Lanka's upcoming palliative care clinic focuses on child cancer patients

*Centre prioritises children from impoverished families*

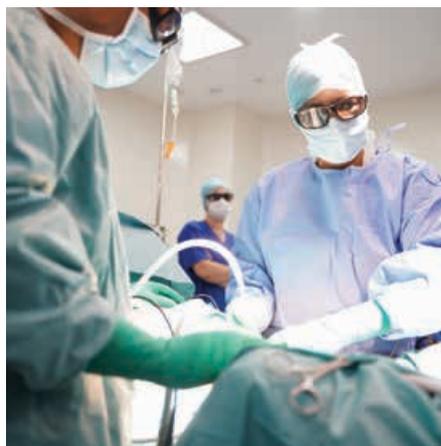
Sri Lanka is set to open its first palliative care centre for children diagnosed with cancer, specifically those from poverty-stricken families.

The centre, which aims to improve the country's abysmal child cancer survival rate, has been greeted with relief by low-income families who can't afford local treatment facilities due to the country's ongoing economic crisis and insufficient medical resources.

Known as Suwa Aruna, which translates to "place of healing", the centre is scheduled to open in June as part of a national strategy to reduce the cancer mortality rate by 60 percent following World Health Organization (WHO) standards. In addition, the clinic provides end-of-life care and accommodations for families who travel far to access the country's already limited oncology care services in the capital city of Colombo.

The centre is financed by the Indira Cancer Trust, a local charity that carries out various initiatives to reduce cancer prevalence. These range from supporting the National Cancer Control Programme in implementing evidence-based cancer prevention and treatment strategies to improving the social, mental, and general quality of life of cancer patients and families through counselling, relaxation therapy, and financial aid.

Strategically located next to the Apeksha Cancer Hospital, the clinic consists of 32 ensuite rooms and a rooftop garden designed for the relaxation of patients and their families. Construction has been funded by foreign organisations such as the Sri Lanka Medical Association of North America, Tennessee's St Jude children's hospital, and technical support from the WHO.



## Endometriosis and Infertility

By: *Dr. Sharifah Halimah Jaafar, MD, M.Med O&G (Mal) AM (Mal), Consultant Gynaecologist, Advanced MIS & Endometriosis Specialist, Gleneagles Hospital Medini Johor.*

**E**ndometriosis is a common cause of infertility, affecting 10-15% of women of reproductive age. It is a condition in which the tissue that lines the uterus grows outside the uterus, usually in the pelvic area, and causes chronic pain, and infertility.

According to the literature, almost 35% – 50% of women with pain, infertility, or both have endometriosis. The lesion of endometriosis can be found on the peritoneal surfaces, and on the ovary as well as deeply infiltrating the surrounding organs like the rectum, the bladder, and the ureters. Some studies have reported that almost 40% of women living with endometriosis have an ovarian endometriotic cyst, which is a cyst formation on one side or both sides of the ovaries that contained old blood collection. Approximately about 50% of those with the cyst have concomitant deeply infiltrating endometriosis.

### How endometriosis affects the reproductive potential

There are several ways by which endometriosis can affect fertility. Besides painful intercourse that might reduce the frequency of coitus, adhesion, and fibrosis resulting from the chronic inflammation may distort the pelvic anatomical structure. This mechanical disruption might impair egg release from the ovary and its pick-up by the fallopian tubes, and increase the contraction of the uterine muscle which would eventually fail fertilization and implantation to happen. Furthermore, the inflammatory response triggered by the endometriosis lesions releases some chemical mediators, creating a hostile environment in the pelvis which slows down and kills the sperm and embryo. In the case of ovarian endometriosis, the effect of stretching by the cyst wall upon the ovary tissue could damage its cortex and the follicles, altering ovulation and in the long term it reducing egg production by the ovary.

### The options of treatment for endometriosis with infertility

Women who have endometriosis with infertility

and wish to get pregnant have few options for treatment depending on their age, the severity of the endometriosis, duration of infertility, and previous surgery if any. If she is ready to get pregnant anytime soon, she will be highly recommended to undergo medically assisted conception and invitro-fertilization (IVF). Several studies in the literature have reported that IVF improves the pregnancy rates in women with endometriosis by 30-40%. The earlier they decide to get pregnant, the better because endometriosis can progressively affect the ovarian reserve and the quality of eggs as long as the disease is still active.

Another option the patient can consider is a surgical intervention especially if she has large ovarian cysts or deeply infiltrating endometriosis. Minimally invasive surgery or laparoscopy has become a standard surgical approach to endometriosis as it not only causes a minimal scar on the abdomen, less painful wound, and shorter recovery time but most importantly it improves surgical visualization, better staging, and clearance of the disease with minimal adhesion as compared to the conventional approach. It has been reported that almost 50% of women who have had surgery for endometriosis conceive naturally and for those who had IVF soon after the surgery about 40% of them successfully conceived. However, this surgery has to be done by a fully-trained laparoscopic surgeon for a better outcome.

Currently, there is a technology that supports fertility preservation. If the facility is available in the hospital, for older women with endometrioma who want to postpone their pregnancy to the future, there is an option for ovarian tissue or egg preservation. This will allow her to get proper treatment for endometriosis and stabilize the disease without affecting her future chances to have a baby.

Endometriosis is an enigmatic disease that affects young women and their reproductive capacity. Fortunately, the availability of advanced technology and endometriosis specialist have significantly improved the reproductive outcome for women who are severely affected by endometriosis.

**The availability of advanced technology and endometriosis specialist have significantly improved the reproductive outcome for women who are severely affected by endometriosis.**

## Researchers develop accurate prostate cancer blood test

*Promising results pave the way for improved diagnosis*

Scientists have recently invented a blood test that identifies prostate cancer with greater accuracy than conventional screening methods.

The Prostate Screening EpiSwitch (PSE) test, conducted by researchers at the University of East Anglia (UEA) in England, has a 94 percent accuracy rate compared to the standard prostate-specific antigen (PSA) test, reflecting its potential as a precise and rapid cancer diagnostics method. Oxford Biodynamics, Imperial College London, and Imperial College NHS Trust worked alongside UEA to devise the test.

A related study, recently published in the journal *Cancers*, is examining whether combining the Episwitch PCa test focusing on genetic changes with the standard PSA test can improve its diagnostic accuracy. Continuous advances in genetic testing have enabled scientists to link genetic alterations, such as DNA methylation and histone acetylation, to the development of prostate cancer. Apart from improving accuracy, researchers are also devising a diagnostics test that is less invasive and cost-effective.

The PSE test was administered to 147 patients who either participated in the PROSTAGRAM pilot study managed by the local non-profit group Prostate Matters, individuals diagnosed with prostate cancer, or comprised the control group of healthy subjects. Comparing its results to those of the standard PSA test, they discovered that PSE significantly improved the overall accuracy of detection for men at risk.

Due to its high accuracy, non-invasive nature, and low cost, the PSE test can be used for diagnostic and screening purposes, reducing the need for costly and invasive MRI or biopsy testing.



## Frequent drug purchases may indicate ovarian cancer

*Loyalty card data enables early diagnosis*

Consumers with increased purchases of over-the-counter medications using a loyalty card are more likely to be diagnosed with ovarian cancer early, improving the chances for a successful treatment.

According to a study published in the journal *JMIR Public Health and Surveillance*, purchases of painkillers and indigestion medications, such as antacids, were higher in women diagnosed with ovarian cancer than in those who were not.

The study, funded by Cancer Research UK, was the first of its kind involving cancer and involved researchers from Imperial College London, University College London, and the University of Birmingham. Researchers examined data from two loyalty cards provided by UK high street retailers, which included purchase records for 273 women who had at least one of the loyalty cards in the past six years. It was determined later that 153 of them were diagnosed with ovarian cancer.

Early symptoms of ovarian cancer include indigestion, abdominal pain, loss of appetite, and frequent urination. However, these symptoms were not severe enough for some women to consult a doctor. This oversight frequently resulted in a late diagnosis, by which time the cancer had spread and the chances of recovery were slim.

The researchers also reported that 93 percent of patients diagnosed with stage 1 ovarian cancer survive for five years or more, whereas only 13 percent of patients detected at stage 4 survive for five years. This highlights the significance of loyalty card data as a tool for early diagnosis and further suggests that the data could be used to establish an alert system to encourage individuals to seek medical attention for symptoms that may be linked to cancer.



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## GHQIA Quality Improvement Programs



### Hospital Accreditation

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- Assignment of a local partner who can offer accurate, localised feedback and continuous guidance.
- Option to conduct regular mock assessments and readiness diagnostics of processes, procedures, and outcomes to gear up for the actual audit.
- Overall cost-effectiveness through a localised engagement structure.



### CoE Accreditation

The Centre of Excellence (CoE) Accreditation is a first-to-market initiative allowing GHQIA members to undertake accreditation in niche areas of clinical expertise.

GHQIA will apply the ACHS International standards in a focused manner, conducting a deep-dive assessment of the organisation on those selected fronts.

As part of the excellence requirements and to ensure stand-out achievements in the identified specialty, the organisation is required to participate in the ACHS International Clinical Indicator Program (CIP) to benchmark themselves against best-in-class providers and strive for continuous improvements during the time they are accredited.



### Clinic Accreditation

With specialist clinics taking on an increasingly critical role in the patient journey, the accreditation serves as a tool to help clinics communicate their commitment to care excellence and differentiate themselves in a saturated market.

Through the accreditation program, members can tap on the expertise of industry experts for advice and guidance on all aspects of clinical operations, including digital health adoption and other innovative healthcare practices.

The GHQIA member network also offers a platform to facilitate knowledge and best practice sharing amongst fellow providers, opening doors to potential creative collaborations.

## Who Should Get Accredited?

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CoE



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Day Surgery Centres



Chronic Care Facilities



Alternative Care



Imaging and Radiology



Diagnostic and Laboratory

# New Life Centre @ Pantai Hospital Kuala Lumpur:

## A Complete Set of Modern Solutions for Modern Fertility Needs

One of the most intriguing statistics about delayed parenthood is that the average age of first-time mothers is rising around the world. The average age of first-time mothers rose from 22.6 years in 1980 to 28.0 years in 2017, according to the World Bank data.

This trend has been observed in both developed and developing countries and is attributed to a variety of factors. We could also infer that large cities and more urban geographical locations would see a higher average age for first-time mothers due to socio-economic profiles.

The top most debated topics around the trend of delayed parenthood have been around access to education and job opportunities for women, changing social norms, the high cost of child-rearing, and the availability of medical technology. The advancements in reproductive technology and fertility therapies have supported and enabled women to conceive later in life for decades but the need for fertility preservation options has become paramount with corresponding studies of the ageing population.

When it comes to in vitro fertilisation (IVF), the first thing that many people think about is infertility but IVF may also be the answer to couples who wish to preserve fertility.

Nestled cosily in an urban pocket of Kuala Lumpur, New Life Centre @ Pantai Hospital Kuala Lumpur (PHKL) is a cutting-edge facility that provides a full variety of IVF services.

The centre almost resembles a boutique hotel, designed mainly to make couples feel at home with peace of mind, so that they could really focus on the possibly difficult questions that revolve around family planning and delaying parenthood. New Life Centre @ PHKL understands that making life-changing decisions as such can be a complex process but it does not have to be.

On top of providing excellent clinical services, the centre focuses primarily on three areas, which we understand from couples have been the most unnerving when it comes to delaying parenthood.

.....





### Understanding Options

The first thing one would realise about the New Life Centre @ PHKL is that the centre is heavy on education and information. The aim is to give the clearest understanding possible about each step of the process so that patients feel informed and empowered throughout their IVF journey.

### Personalised Journey For Everyone

While medical cases can be similar but never the same, because patients truly come from all walks of life. Like it should be for all medical treatments, the centre personalises treatment plans and care to each patient and their specific needs.

### Emotional Support

By offering comprehensive emotional support to patients, the centre has been able to provide patients a holistic approach to fertility treatments that addresses both their physical and emotional needs.

The trend of delayed parenthood is a global phenomenon that will only continue to rise with socio-economic pressures.

At the heart of New Life Centre @ PHKL, it is to offer clinical expertise and options as well as support, empowerment, and community togetherness that an IVF journey should have from its very beginning.



**NEW LIFE**  
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## Winter makes us sleep longer

*Scientists identify factors that may alter sleep behaviours*



**A** combination of cold weather and reduced daylight are prompting us to sleep more during the winter season.

Researchers from the St Hedwig Hospital and Berlin Institute of Health in Germany recently conducted a retrospective study on the changes in sleep patterns according to season. Study participants presented with longer sleeping time and increased rapid eye movement (REM) during winter. REM is one of the phases of sleep where eyes move in all directions before progressing to deep sleep and is closely linked to the circadian clock that characterises a person's wake-sleep pattern for 24 hours. Specifically, the participants slept one hour longer, with REM sleep lasting 30 minutes longer in winter compared to summer. REM sleep comprises enhanced brain activity, and dreaming occurs. Normal sleep begins with three stages of non-REM sleep, followed by a brief period of REM sleep.

Recently published in the journal *Frontiers of Neuroscience*, the study also suggested that prolonged REM sleep in winter and reduced deep sleep in autumn persist in urban settings with low natural light exposure and high light pollution. Moreover, daylight savings practice, which involves setting the clock one hour forward during the beginning of summer and reverting in the fall, is also a factor in the seasonal changes in sleep patterns. The researchers also suggest that improvements to winter sleep behaviour can be made by going to bed earlier.

The study model involved 188 hospital patients,

aged between 17 and 81 years old, who were subjected to a sleep study called polysomnography used to diagnose sleep disorders. The patients were required to sleep in special laboratories with no alarm clocks. With patients encouraged to sleep at a time of their preference and with their sleep sessions during the weekends and holidays as a baseline, researchers determined their quality, type, and duration of sleep. Patients with sleeping patterns that skipped the first REM phase and who took sleep-disrupting medications, such as antidepressants, were excluded from the study.

Dr Carleara Weiss, an expert in behavioural sleep medicine, said that healthy adults tend to sleep between 1.75 to 2.5 hours more during winter. "Although the sleep need does not change during winter, environmental changes such as short days, early sunset, and cold temperatures tend to make people more tired and sleepy," she remarked on her blog. The circadian rhythm is synchronised with the light in the environment, so environmental changes during winter can disrupt this timing.

Reduced exposure to sunlight also leads to low vitamin D production in our skin. According to an article in the *Nutrients* journal, vitamin D deficiency is linked to fatigue and daytime sleepiness. The vitamin controls the production of melatonin, a hormone that helps control sleep and circadian rhythms, so low levels can cause melatonin to drop, potentially causing sleep problems.

**"Although the sleep need does not change during winter, environmental changes such as short days, early sunset, and cold temperatures tend to make people more tired and sleepy,"**

# Heal Your Mind and Body with Regular Use of Infrared Sauna Therapy

Infrared sauna therapy has gained popularity in recent years as a means of improving overall health and wellness. Infrared saunas operate at lower temperatures and allow for a more comfortable experience, unlike the traditional sauna. In this article, we will explore the potential health benefits of regular use of infrared sauna therapy:

## Improved circulation

One of the main benefits of infrared sauna therapy is to improve circulation. The heat from the infrared sauna helps to dilate blood vessels, which increases blood flow to the muscles and other tissues in the body. This increased blood flow can help to reduce muscle soreness, improve recovery after exercise, and may even help to reduce the risk of cardiovascular disease.

## Detoxification

Infrared sauna therapy may also help with detoxification. The heat from the sauna can help to increase the body's core temperature, which in turn can lead to sweating. Sweating is one of the body's natural mechanisms for detoxification, as it helps to eliminate toxins and other harmful substances from the body.

## Reduction of Body Weight

Some studies suggest that regular use of infrared sauna therapy may lead to modest reductions in body weight, body fat percentage, and waist circumference. Infrared sauna therapy can raise your core body temperature, which can increase your metabolic rate and calorie burn. This may help create a calorie deficit and promote fat loss over time.

## Reduced inflammation

Inflammation is a natural response to injury or infection, but chronic inflammation can lead to a range of health problems. Infrared sauna therapy may help to reduce inflammation in the body, which can lead to a range of health benefits. Research has shown that regular use of infrared saunas can help to reduce markers of inflammation in the body, which may help to improve overall health and wellbeing.

## Improved skin health

Regular use of infrared sauna therapy may also help to improve skin health. The heat from the sauna can help to improve circulation to the skin, which can help to reduce the appearance of fine lines and wrinkles. Additionally, the sweating that occurs during sauna use can help to eliminate toxins from the skin, which can lead to a clearer complexion.

## Stress relief

Infrared sauna therapy may also be helpful for stress relief. The heat from the sauna can help to relax the muscles, which in turn can help to reduce stress and tension in the body. Additionally, regular use of sauna has been shown to increase the production of endorphins, which are the body's natural "feel-good" chemicals.

At sweatspa®, we offer Full Spectrum Infrared Sauna Therapy that emit a range of wavelengths of infrared heat, including near, mid, and far infrared. This allows for deeper penetration into the body, which can result in a more powerful detoxification effect. Our knowledgeable staff can guide you through your session and help you maximize the benefits of infrared sauna therapy for your overall health and wellbeing.

If you're interested in supporting your body's natural detoxification process, we invite you to experience the many benefits of infrared sauna therapy at our outlets. Contact us today at **+6017-947 6088** to learn more and schedule your session.



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## Pregnancy-related deaths occur every two minutes

*A woman dies somewhere in the world every two minutes from complications associated with pregnancy or childbirth, according to a report by UN agencies*

**T**hese disturbing findings were recently reported in a new UN report entitled, “Trends In Maternal Mortality.” It highlights the failure of global healthcare to reverse this alarming trend despite a one-third drop in maternal deaths over the past 20 years. In 2020, over 287,000 women died during or after pregnancy and childbirth, only a slight decline from 309,000 in 2016, the year the UN Sustainable Development Goals (SDGs) were implemented. One of these is to reduce the global maternal death rate from 223 to below 70 per 100,000 live births by 2030.

According to the report’s findings, nearly 95 percent of all maternal deaths in 2020 occurred in low and lower middle-income countries, with almost 70 percent, or 202,000, taking place in Sub-Saharan Africa. These figures demonstrate that maternal mortality is disproportionately concentrated in poor and conflict-ridden nations. Vulnerable countries such as Somalia, South Sudan, the Syrian Arab Republic, the Democratic Republic of the Congo, the Central African Republic, Chad, Sudan, and Afghanistan suffer from an average maternal mortality rate (MMR) of 551 per 100,000 live births, more than twice the global average. In these states, a variety of factors impede women’s access to healthcare, including affordability, inadequately trained personnel, and limited medical supplies.

In comparison, developed regions such as Australia and New Zealand, as well as Central and Southern Asia, saw significant reductions in maternal mortality rates of 35 percent and 16 percent, respectively. The high number of maternal deaths in certain regions of the world underlines inequities in access to high-quality health care and highlights the disparity between the rich and poor.

The UN report also cites factors that contribute to increased maternal mortality, such as severe bleeding post-delivery, high blood pressure, infections, complications from unsafe abortions, and underlying illnesses such as AIDS and malaria. The majority of these complications are either preventable or treatable. For example, post-delivery bleeding can be managed by administering oxytocic drugs, while infections can be prevented by practicing good hygiene. And a combination of early detection and magnesium sulphate medication can prevent pre-eclampsia, when severe high blood pressure during pregnancy causes seizures.

Dr Tedros Adhanom Ghebreyesus, director of the World Health Organization (WHO), voiced alarm over these findings and the fact that pregnancy, which is supposed to be a joyful experience for women globally, has become a perilous event for them. “These new statistics reveal the urgent need to ensure every woman and girl has access to critical health services before, during and after childbirth, and that they can fully exercise their reproductive rights,” he said.

Based on these findings, the WHO should make maternal health a top priority by establishing additional community-based primary healthcare facilities that provide vital medical services, such as pre- and post-natal care, vaccination, nutrition, and family planning. It also needs to find a comprehensive solution to healthcare inequity in countries with failing health systems, provide universal healthcare coverage, and adopt evidence-based policies that will ultimately reduce maternal mortality in accordance with goals of the UN SDGs.

**Nearly 95 percent of all maternal deaths in 2020 occurred in low and lower middle-income countries**

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## Hot weather affects foetal health

*Study reveals another harmful effect of global warming*

**R**ising temperatures can cause health complications in the foetus of pregnant women, who are particularly vulnerable to climate change.

A study in the *International Journal of Environmental Research and Public Health* reveals that maternal exposure to heat negatively impacts the baby's health and is linked to an increased risk of adverse birth outcomes such as premature birth, low birth weight, and stillbirth. This finding is similar to that of another study by the University of Sydney on nearly 920,000 mothers from 2005 to 2014 where over three percent of the study group delivered their babies prematurely. Pregnant women typically display higher temperatures, making them more prone to heat exhaustion which can adversely affect foetal development.

Another study by *The Lancet Planetary Health* showed that severe heat exposure causes foetal distress in the form of elevated blood pressure and decreased blood flow from the placenta. The research involved a sample group of pregnant agricultural workers who displayed foetal stress due to extreme weather and strenuous labour. Researchers theorised that foetal distress was attributed to the mother's increased sweating, leading to dehydration and more blood and oxygen from the placenta being diverted from the foetus to reduce the mother's body

temperature. Research in the *Journal of the American Heart Association* also showed a high prevalence of congenital heart defects among foetuses due to maternal heat exposure.

The latest finding reaffirms conclusions from past research on the effects of hot weather on babies' health. Births in hot environments are also associated with rapid weight gain, which puts the infant at risk of obesity later in life, according to an Israeli study. It speculated that infant weight gain was due to the rapid production of fatty tissues that regulate body temperature during foetal growth.

Research cited in *Current Environmental Health Reports* similarly indicates that continuous maternal exposure to heat produces adverse pregnancy outcomes such as high blood pressure, eclampsia, and early cervical opening that can lead to premature birth. Babies born prematurely are likely to develop health complications such as childhood brain disorders, immunological problems, and cardiovascular diseases.

Given the growing body of evidence connecting climate change and maternal health declines, policymakers, public health bodies, and clinical researchers need to work together on a comprehensive plan to lessen the impact of climate change on pregnant women and their children.

**Continuous maternal exposure to heat produces adverse pregnancy outcomes such as high blood pressure, eclampsia, and early cervical opening that can lead to premature birth.**

# Secret Life Of Datuk Dr Inder

CEO & FOUNDER KLINIK DR INDER



## Hair, Face & Body doctor

Though coming from a family where her siblings have established a number of General Practitioner Clinics, Datuk Dr Inder decide to take a separate path to pursue her dream and passion In Aesthetic Medicine and Hair Transplant.



Datuk Dr Inder took some bold steps to move away from setting up a typical clinic which is normally seen as a dull and cold place to go where people only go when they are unwell. Klinik Dr Inder from the very beginning change this perception.

We decided to change how a patient will feel when they visit our centre where we focus on lifestyle design and ambience. The Clinic environment is trendy in line with what patient wants. Lots of attention is paid to ensure our patients' comfort and privacy, operation workflow ensuring good communication is always possible between patient and staff.



SCAN ME

## Contaminated cough medications cause multiple child deaths

*WHO urges action to reduce risk*



**T**he World Health Organization (WHO) issued a Medical Product Alert on January 11 in response to a series of child deaths attributed to the use of substandard over-the-counter cough medicines.

In the previous four months, a number of countries have recorded up to 300 poisoning deaths of children under the age of five caused by cough syrups and paracetamols containing high quantities of ethylene glycol and diethylene glycol. The first cases of cough syrup poisoning were detected in Gambia in late October 2022, followed by similar cases in Indonesia the following month. The most recent incident occurred in Uzbekistan in January this year.

Early investigations of the incidences in Gambia indicated that Maiden Pharmaceuticals Limited, based in India, manufactured the contaminated medicine products. The compromised products are Promethazine Oral Solution, Kofexmalin Baby Cough Syrup, Makoff Baby Cough Syrup, and Magrip N Cold Syrup. In Indonesia, the local regulatory authority discovered several substandard cough syrup and paracetamol-based products causing child poisoning nationwide, such as Termorex syrup, Flurin DMP syrup, Unibebi Cough Syrup, Unibebi Demam Paracetamol Drops, Unibebi Demam Paracetamol Syrup, Paracetamol Drops, and Paracetamol Syrup (mint) which was manufactured by PT Afi Farma. The Uzbekistan Ministry of Health identified AMBRONOL syrup and DOK-1 Max syrup, consisting of abnormal quantities of ethylene glycol.

Ethylene glycol and diethylene glycol, which comprise the contaminants in substandard products, are widely applied as industrial solvents and antifreeze

agents. Clinical findings indicate that high dosages can be fatal, especially to children. Symptoms include abdominal pain, vomiting, diarrhoea, inability to urinate, headache, and acute kidney damage.

The WHO's Medical Product Alert system was set up to officially warn member states about the existence of hazardous medical products and push for stringent enforcement by health and pharmaceutical-related authorities. The WHO has also proposed several measures for governments, regulators, and manufacturers to implement in the event of mass contaminated medicine poisoning.

For example, governments and regulators need to identify and remove contaminated medicine products from circulation at hospitals and pharmacies as well as ensure that all medical products are approved for sale by the relevant authorities and distributed by licensed suppliers. Furthermore, governments should enhance their observation of medicine product supplies by ramping up risk-based inspections on manufacturing sites and conducting risk-based targeting testing on the product sold in the intended market. Enforcement of local laws and regulations is also crucial to curb the spread of substandard and falsified medicine.

The WHO also urges manufacturers to improve product quality testing and documentation of records involving material purchases, testing outcomes, manufacture, and distribution details to simplify incident investigation traceability. Suppliers and distributors of medical products must be vigilant for signs of medicine falsification, distribute certified medicines, maintain sales records, and deploy competent personnel to engage with the public on the proper use of medication.

**A number of countries have recorded up to 300 poisoning deaths of children under the age of five caused by cough syrups and paracetamols containing high quantities of ethylene glycol and diethylene glycol.**

**GHQI**

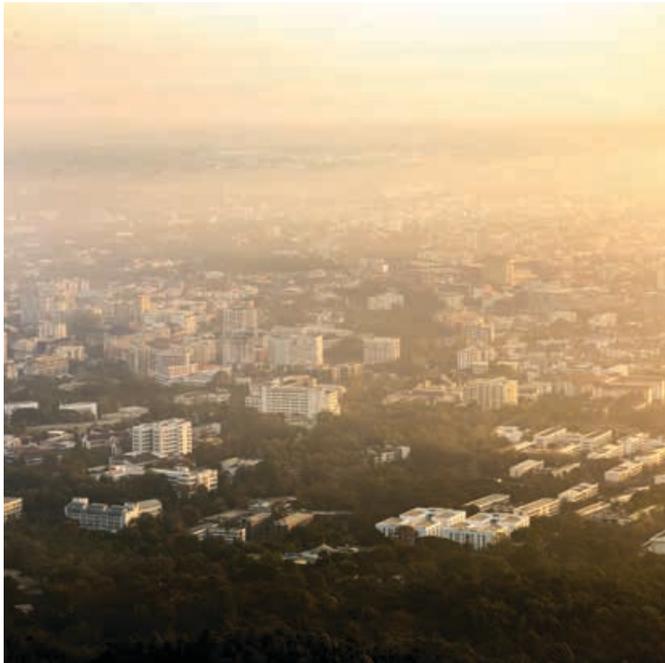
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## Thailand's hazy skies forecast gloomy tourism sector

*Air pollution may force tourists to consider neighbouring countries*

The resurgence of Thailand's tourism economy following the pandemic is being hampered by the country's worsening air pollution.

Popular tourist destinations such as the country's northern Chiang Mai region have recorded air quality index readings exceeding 200 throughout February, a level deemed unhealthy by public health standards. Additionally, Bangkok's particulate matter (PM) 2.5 concentration is fourteen times higher than the World Health Organization's recommended levels. A variety of respiratory issues, including eye and nose discomfort, coughing, and sneezing, can be brought on by high levels of PM 2.5.

The deteriorating air quality is attributed mainly to the dry season, when farmers burn sugar cane fields to remove leaves before harvesting, and vehicle carbon gas emissions. This has prompted locals to continue public masking despite the lifting of COVID-19 restrictions.

The poor air quality is expected to continue until April, prompting the chairman of the Federation of Thai Industries, Kriengkrai Thiennukul, to predict a bleak outlook for the country's tourism sector. "International tourists may postpone their travel to Thailand, or worse, choose instead to go to a different country with cleaner air," he told *Nikkei Asia*.

Government measures to curb air pollution have been marred by delays in deploying cloud-seeding aircraft to induce rainfall and installing air purifiers in urban settings. While several legislative initiatives to combat air pollution have been discussed, they have yet to pass due to resistance from enterprises that would be subject to the stricter rules.

## Malaysia will join global healthcare information group to raise its profile

*Agreement aims to facilitate digital transformation of local hospitals*

The Malaysian Healthcare Travel Council (MHTC) has signed a Memorandum of Understanding (MOU) with the Healthcare Information and Management Systems Society (HIMSS) aimed at helping Malaysia become a leading destination for healthcare tourism in the Asia-Pacific.

HIMSS, a nonprofit consultation group in health system transformation with an extensive membership globally, will participate in Malaysia's Flagship Hospital Initiative as a strategic partner in elevating the worldwide profile of the country's most prestigious hospitals. The group will work with these hospitals to reach HIMSS Electronic Medical Record Adoption Model (EMRAM) Stage 7 capacity building by 2025.

The EMRAM evaluates clinical outcomes, patient engagement, and clinician utilisation of EMR technology to improve organisational performance and health outcomes across patient groups. The MHTC will then suggest the EMRAM system be applied to all its 73 member hospitals and further develop its digital infrastructure.

The key strategies of the MOU for promoting innovation and sustainable growth of the healthcare sector include knowledge-sharing and capacity-building efforts to promote digital transition. Strategic thought leadership to establish a value proposition for Malaysia by using both parties' healthcare travel and wellness resources and experience will also feature prominently, as will use of HIMSS' regional and global network to boost Malaysian healthcare's visibility among target markets.





## Mayo Clinic to open first patient information office in India

*The new facility aims to streamline patient registration*

**T**he Mayo Clinic has set up a patient information office in Mumbai to help patients schedule appointments at Mayo Clinic facilities worldwide.

Staff will process appointment requests directly from patients, family members, and physician referrals for the numerous Mayo Clinic institutions in the United States, including Minnesota, Arizona, and Florida, as well as Mayo Clinic Healthcare in London. Office personnel who are bilingual in English and Hindi are accessible at no additional cost to facilitate communication between patients and healthcare providers in different languages. The team will also assist with travel, accommodations, billing, and insurance arrangements for patients' convenience.

The Mumbai office, however, will not offer medical services but can provide general clinic orientation, collaborate with clinics in reviewing medical records, and handle future appointments. "Our international patient information offices help us provide patients with a seamless experience when seeking care at Mayo Clinic," said Dr Mohamad Bydon, a Mayo Clinic neurosurgeon and executive medical director of academic affairs, in a press release.

In addition to the new Mumbai office, the Mayo Clinic has patient information offices in Canada, Colombia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, and Peru.

Established in 1864, the Mayo Clinic is a nonprofit academic medical centre based in Rochester, Minnesota, USA, and is dedicated to advancing integrated healthcare, medical education, and research. *Newsweek* magazine ranks Mayo Clinic as the top hospital in the world, while *US News & World Report* ranks it as the best hospital in the United States.

## UN tourism body seeks new global chapter as China reopens

*China's comeback is "The Final Piece in Post-Pandemic Tourism Recovery"*

**T**he UN World Tourism Organization (UNWTO) anticipates that China's reopening will promote a worldwide tourism revival.

UNWTO Secretary-General Zurab Pololikashvili, who led a delegation attending an official border reopening ceremony in Huangzhou, China, hailed the auspicious event as "the moment we have all been waiting for." As the first UN Head of Agency to visit China after COVID travel restrictions were lifted, Pololikashvili said that the country's reopening would significantly boost economic growth and social opportunities throughout Asia and the Pacific and the world.

"The significance of China to global tourism is widely recognised and appreciated," he said in an interview with China Global Television Network (CGTN). UNWTO data showed that, in 2019, China became the most significant source of tourism globally, with Chinese tourists having spent a total of US\$255 billion on international travel. With over six billion trips that year alone, domestic tourism was a pillar of growth and employment, supporting jobs and businesses nationwide.

The Huangzhou event also saw China's Minister of Culture and Tourism Hu Heping and Pololikashvili agree to extend their cooperation in placing tourism on the agenda for international development cooperation, tourism education, and tourism for rural development.

The UNWTO's efforts in strengthening China's tourism industry include recognising rural tourist attractions like Yucun Village as the "Best Tourism Villages" and engaging with Chinese public and private sectors in discussing the industry's future regarding sustainability, equality, and resilience.





# I am 30: Should I freeze my eggs?



Dr. V. Mohan Raj  
Fertility Specialist  
KPJ Damansara Specialist Hospital

Studies have shown that a woman's body age affects the quality of her eggs, lowering her chances of having a baby. With the "race against the clock" mentality, many women used to marry earlier to avoid the risks of late-life pregnancies. However, with more advanced medical technology, women have decided to beat the clock by freezing their eggs.

Dr. V. Mohan Raj, Fertility Specialist at KPJ Damansara Specialist Hospital, has shared some insights about Egg Freezing treatment as one of the alternatives to support the current demand and need, particularly for those suffering from a medical condition.

"Egg freezing is a rapidly developing field in assisted reproductive technology that allows women to preserve their reproductive potential for the future, allowing them to delay childbearing until a more appropriate time," Dr. Mohan explained.

Age is one of the most important factors influencing the quality of a woman's eggs and ovarian reserve, which declines gradually until the age of 35, while the reproductive organs retain their ability to carry a pregnancy. When a woman's egg quality deteriorates, her chances of becoming pregnant decreases, and her risk of miscarriage and genetic abnormality rises.

For women facing medical conditions that may affect their fertility, such as cancer or other medical treatments that can harm the ovaries, egg freezing can be a valuable option. It can also help women who want to focus on their careers, or who are looking for a suitable partner by allowing them to control their biological clock.

Typically, the egg-freezing procedure entails stimulating the ovaries to produce multiple eggs, retrieving the eggs, and freezing them in a controlled-rate freezer.

### Ovarian Stimulation (7 to 10 Days)

On Day 2 of the Menstrual Cycle, fertility medications are prescribed to stimulate the growth of multiple follicles in the ovaries. Ultrasound scans and blood tests are used to monitor follicular growth and hormone levels. 36 to 40 hours before the scheduled egg retrieval, a hCG "trigger" shot (a hormonal injection used in fertility therapy) is given to induce maturation of the eggs within a scheduled timeframe.

### Egg Retrieval (OPU)

Eggs are retrieved by using a thin ultrasound-guided needle (transvaginal ultrasound-guided aspiration) during a minor procedure under sedation and are then frozen using a controlled-rate freezer, which slowly lowers the temperature of the eggs to prevent damage for later use.

### Future IVF Cycles

When you are ready for pregnancy, your eggs are thawed (defrosted) and fertilised using Intracytoplasmic Sperm Injection (ICSI), an IVF technique in which an individual sperm cell is injected into an egg cell.

"The success rate of egg freezing and subsequent pregnancy is determined by a number of factors, including the woman's age at the time of freezing, the quality of the eggs, and the freezing and thawing process. In general, the younger a woman is when she freezes her eggs, the better her chances of later pregnancy. Furthermore, the quality of the eggs is important in the procedure's success, and women with a history of infertility may have a lower success rate," added Dr. Mohan.

KPJ Healthcare Berhad is Malaysia's largest private healthcare provider, with a network of 29 hospitals across the country. In addition to having an experienced specialist and medical team, as well as the most up-to-date technology to meet the needs of patients, KPJ Damansara Specialist Hospital and KPJ Johor Specialist

Hospitals focus on Fertility Services as "Centre of Excellence" (COE). Due to their strategic location within the hospital, both fertility centres provide a full range of fertility treatments available internationally, comparable to IVF centres in the region, with support for other specialists when needed.

KPJ, which has been named one of Malaysia's best hospitals for several years in a row, also ensures that the quality of its services meets international standards through collaborations with international brands such as Monash IVF.

**"The success rate of egg freezing and subsequent pregnancy is determined by a number of factors, including the woman's age at the time of freezing, the quality of the eggs, and the freezing and thawing process."**



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# Is male fertility plummeting?

*It's a conundrum dividing experts, one that's screaming for more research on male reproductive health and its neglected role in human fertility*

**"If you follow the curve from the 2017 sperm-decline meta-analysis, it predicts that by 2045 we will have a median sperm count of zero."**

In the dystopian novel *The Handmaid's Tale*, author Margaret Atwood imagines an authoritarian society facing a devastating fertility crisis where few babies are born and women have been stripped of their rights to the point where those who are still fertile are forced to bear the children of powerful and prominent men, at least from those few still able to father offspring.

Beyond reaffirming today's reality that women suffer the most from social attempts to engineer human reproduction, the book has popularised a growing anxiety over whether the human species will be able to reproduce itself in the future — a fear that isn't just found in fiction but is also the conclusion of scientific research pointing to the dramatic drop in global male sperm counts over the last decades.

A review of medical studies first published in 2017 and then updated last year found that the number of sperms, or the male cells that combine with female eggs to produce offspring, have more than halved since 1973 in countries all around the world, from America and Europe to Africa and Asia. In light of the essential role played by sperm in human reproduction, some experts have sounded warning bells about a potential threat to humanity.

"If you follow the curve from the 2017 sperm-decline meta-analysis, it predicts that by 2045 we will have a median sperm count of zero," study author Dr Shanna Swann, a professor of environmental medicine and public health at the Mount Sinai School of Medicine, told the *Guardian*. "It is speculative to extrapolate, but there is also no evidence that it is tapering off. This means that most couples may have to use assisted reproduction."

But while fertility doctors can now help many couples conceive with assisted reproductive technology (ART), success rates are still low, meaning that the approach is nowhere near being able to replace natural conception. For instance, the US CDC reports that 330,773 ART cycles were performed in the US in 2019, but these resulted in only 77,998 live births. Overall, roughly two percent of all babies are born through ART every year in the US.

Other researchers, however, caution that we shouldn't jump to conclusions about plummeting sperm counts and their apocalyptic implications, pointing to several assumptions and variables that may be confounding the apparently alarming research findings.

"We identify weaknesses and inconsistencies in the SCD [Sperm Count Decline hypothesis], and propose an alternative framework to guide research on sperm count trends: the Sperm Count Biovariability hypothesis (SCB)," wrote a team of researchers in a 2021 critique of the review published in *Human Fertility*.

One of the paper's lead authors, Marion Boulicault, told *Global Health Asia-Pacific* that, though the 2017 meta-analysis was methodologically rigorous, its authors didn't consider or test alternative explanations for the variation in sperm count numbers recorded over time.

"Various semen analysis parameters, including sperm count, change in response to factors like the season, changes in diet, incidence with which men take a hot bath — so essentially there's a whole range of other factors that could potentially play a role in explaining the drop in sperm count, and what we were noting is that potential alternative hypotheses weren't fully acknowledged or explored in the meta-analysis," said Boulicault, who's the Director of Interdisciplinary Research at the Harvard GenderSci Lab.

Another data point that should give pause to those concerned about a global fertility crisis is that sperm count concentration averages calculated in the meta-analysis are above 40 million per millimeter, surpassing the normal sperm count threshold that is usually a sign of healthy fertility.

"They assume the 1970s' average sperm count concentration among men from so-called 'Western' countries constitutes the optimum concentration, and that today's lower average concentrations are necessarily a sign of pathology. But they don't consider alternative assumptions. Could it be that 1970s concentrations were potentially abnormally elevated?" posits Boulicault. "That may not be the case and the authors may very well be right that today's sperm count concentrations are signs of a crisis for male health, but it's irresponsible to make those claims without carefully acknowledging and considering alternatives, especially given their significance."

Some sperm analysis experts are also sceptical about the alarming conclusion that humanity is at risk because there are different sperm counting methods that have changed over time, potentially leading to varying results that are hard to compare. "Counting



**Anxiety over the drop in sperm counts may be overblown**

sperm, even with the gold standard technique of [the laboratory process] haemocytometry, is really difficult,” Dr Allan Pacey, Professor of Andrology at the University of Sheffield, told the *Guardian*. “I believe that over time we have simply got better at it because of the development of training and quality control programmes around the world. I still think this is much of what we are seeing in the data.”

Sceptics also point to other studies on specific populations that buck the trend observed in the meta-analysis, such as one conducted on men in Copenhagen that showed sperm counts actually went up over time, while suggesting that more research was needed to reach a solid conclusion.

Setting aside the various interpretations of these decades-long trends, many researchers agree it's now paramount to gain a broader understanding of male fertility — an area of medicine that hasn't seen as many advances as those made in female fertility.

“We can argue forever about whether sperm counts were higher in the past, and although I am reasonably convinced they were, no one can prove this definitely. Therefore what we should focus our efforts on is trying to understand what's the status of male reproductive health now,” Professor Richard Sharpe, a male reproductive health researcher at the University of Edinburgh, told *Global Health Asia-Pacific*.

He explained that roughly one in six men of reproductive age across northern Europe already had a sperm count low enough to impact their fertility, meaning that it will take them longer to impregnate their partners, especially for couples trying to conceive in their 30s and 40s, which is becoming the norm in high-income nations where most people face large financial and work burdens.

“This does not bode well for future fertility,” he said, stressing that there's been gross underfunding of research into male reproductive health and sperm

One of the first places where researchers are looking is in the womb, where sperm damage is believed to start.

production over many decades, while one key goal should be investigating whether any environmental factors (diet, lifestyle, exposure to chemicals) have been affecting sperm health.

### What affects male reproductive health?

The authors of the meta-analysis have yet to identify any clear-cut causes for the supposed drop in sperm count but have suggested certain substances, obesity, unhealthy diets, and lack of physical activity may play a role.

One of the first places where researchers are looking is in the womb, where sperm damage is believed to start. “We know that stress of the mother, maternal smoking and especially exposure to manmade chemicals that are in plastic, such as phthalates, disrupt the development of the male reproductive system,” Dr Hagai Levine, author of the meta-analysis and an epidemiologist at the Braun School of Public Health and Community Medicine, told CNN.

Several studies have shown an association between chemicals that are commonly found in many products, including bisphenol A and phthalates, and damage to male reproductive health. A common theory is that these substances can disrupt the production of hormones, chemicals produced in the body to develop reproductive functions (like testosterone), while the foetus is growing in the mother’s womb.

Though most research has focused on the potential effects of disruption by environmental chemicals, they are unlikely to be the biggest or only cause of damage to male reproductive health, including abnormal sperm count, Professor Sharpe believes. He stresses that exposure to chemicals such as bisphenol A and phthalates may just be proxies for unhealthy diets, which are the biggest source of exposure to these chemicals. “I think it’s much more likely that it’s going to be things like our changes in diet that are responsible [for disruption to male reproductive health],” he said. Some studies have shown, in particular, that “the higher the saturated fats in the diet the lower the sperm count.”

Similarly, the detrimental role played by common medicines hasn’t been adequately researched, despite the fact that these compounds are regularly taken by many people, including pregnant women, and some research points to their harmful effects.

“There’s very good evidence that paracetamol at human therapeutic levels could interfere with the production of testosterone by the foetal testes early in gestation,” he said. He cautioned, however, that we didn’t know how long the exposure would have to last to cause problems like the reduced ability to produce sperm later in adulthood, as this was a piece of information that was hard to get because of the great

difficulty in determining what is happening inside the testes of the early foetus and relating this to events, such as sperm production, two to three decades later.

Equally challenging is identifying a solid link between maternal diets around pregnancy and sperm count in offspring because that requires a study to check people from birth until adulthood and “nobody is going to fund you to do that.”

For this reason, researchers tend to do retrospective studies where they analyse different groups of people with and without reproductive health problems while comparing their past exposure to potentially harmful substances or lifestyles. “Then it becomes much more difficult to tie things down and become absolutely sure that you are measuring the right thing and at the right time and you are not mistaking the effects of one thing for something else,” Professor Sharpe said.

### Even the score with female reproductive health

Other research goals that are equally paramount include investigating how male reproductive health affects both fertility and offspring health to match what we already know about the reproductive system in women — an objective that also requires greater awareness about the fact that women aren’t the only ones responsible for declining fertility and poor offspring health.

Historically, there’s been little attention paid to male reproductive health compared to that of women, with medical specialities like obstetrics and gynaecology having quickly gained currency to cater to the reproductive needs of women while also emphasising their role in reproduction. No comparable area of medicine has played a similar role for men.

This has created a culture where women are encouraged to have their reproductive systems



More research on sperm production and male reproductive health is needed

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regularly checked and are constantly reminded of how their lifestyle choices around pregnancy could affect their babies, as highlighted in Yale sociologist Rene Almeling's book, *Gynecology: The Missing Science of Men's Reproductive Health*.

"In contrast, there is still no cohesive medical specialty devoted solely to men's reproductive health, no recommendations that men have their reproductive organs examined regularly, no public health campaigns about the male biological clock, and no government labels warning men about the toxic effects of alcohol and drugs on sperm," she wrote, highlighting that the men she interviewed were mostly unaware of the risks.

Yet recent research has indicated male health plays a significant role in reproduction as it affects both children's health and the chances of conceiving.

A 2019 study published in the *European Journal of Preventive Cardiology* shows that the risk of congenital heart defects in babies increases by 74 percent if fathers smoke. Similarly, men who drink alcohol in the three months before pregnancy expose newborns to a 44 percent increased risk of defects, according to another study.

Advanced paternal age is also a factor that increases the chances of health problems, with fathers older than 35 putting their babies at a higher risk for low birth weight, seizures, and the need for ventilation after birth, according to researchers at the Stanford University School of Medicine. In addition, men older than 40 are less likely to conceive through assisted reproductive technology, such as in vitro fertilisation (IVF).

"I think it's important to pay more attention to men's reproductive health because it has the potential to improve men's lives and the lives of their children," Almeling told *YaleNews*. "I also want to call attention to these issues so that scientists and clinicians make it a point to include men in their research on reproductive outcomes. If they continue to concentrate solely on women's health and women's behaviors, then we are missing some unknown amount of reproductive risk associated with men's bodies."

This disparity in medical knowledge is also evident in the lack of a contraceptive pill for men who can only rely on more invasive forms of contraception, like condoms and vasectomy, often leaving the birth control burden to women who have to take a daily pill that can lead to a string of side effects.

While we have "come up with a very good understanding of what governs female egg development, maturation, and ovulation" in a way that allows doctors to both suppress and enhance the process when there's a dysfunction or the need for contraception, "there's virtually no treatment to improve sperm production for men who have low sperm count or poor semen quality," said Professor Sharpe.



**Male age and health matter when it comes to reproductive outcomes.**

He added that the absence of therapies for low sperm count was partially due to the success of assisted reproductive technologies like intracytoplasmic sperm injection (ICSI) where a sperm and an egg are harvested, fertilised in the lab, and then implanted back into the womb. ICSI is often a treatment for men with low sperm counts or quality and has effectively reduced the need for improving sperm production as it simply requires obtaining one good sperm.

"This has resulted in us not bothering to understand what causes low sperm count or what we might do to correct it," he stressed. "And so we have ended up in the strange situation that, to manage male fertility problems, we are actually manipulating and treating female partners and making them go through a very invasive and bruising procedure. I think it is largely unrecognised that women actually have to bear the brunt of male infertility or subfertility by undergoing these invasive procedures."

Boosting the science of the male reproductive system will obviously help people of all genders improve their health while lifting the unfair fertility burden that has been placed on women for such a long time. But when it comes to the chances of conceiving, we should also realise that it isn't simply in the hands of prospective parents.

"In addition to emphasizing that both women's and men's age and health matters, we can also move away from stigmatizing and blaming individuals for reproductive outcomes. COVID-19 is providing us with a deadly reminder that any one person's health is not solely a matter of their individual choices. It is also shaped profoundly by structural and environmental conditions, including rampant racism and deep economic inequalities," wrote Almeling. ■

# UNIT FERTILITI

## FERTILITY UNIT

Avisena Fertility is Shah Alam's only full-service, state-of-the-art fertility care centre with a team of fertility experts, including a fertility doctor, embryologist, and trained nurses. We provide extraordinary fertility care to our patients, from maintaining the highest medical, scientific and academic standards in our practitioners to supporting patients through every stage of their journey to parenthood.

### List of Services



Fertility Assessment



Frozen Embryo Transfer (FET)



Intra-Cytoplasmic Sperm Injection (ICSI)



Intra-Uterine Insemination (IUI)



In-Vitro Fertilisation (IVF)



Ovulation Induction



Semen Analysis



Sperm/egg/embryo freezing



Surgical Sperm Retrieval (PESA/TESE)

### Q: What is the difference between IUI and IVF?

**A:** Intrauterine insemination (IUI) is the placing of sperm into a woman's uterus when she is ovulating. This is achieved with a thin flexible tube (catheter) that is passed into the vagina, through the cervix, and into the uterus. However, in vitro fertilization (IVF) is the process of fertilization by extracting eggs, retrieving a sperm sample, and then manually or by intracytoplasmic sperm injection (ICSI), combining an egg and sperm in a laboratory dish. Fertilised embryo(s) is then transferred to the uterus five days later or defer the transfer.

### Q: What are the typical side effects of IVF?

**A:** Although you may need to take it easy after the procedure, most women can resume normal activities the following day. Some side effects after IVF may include:

- Passing a small amount of fluid (may be clear or blood-tinged) after the procedure
- Mild cramping
- Mild bloating
- Constipation
- Breast tenderness



### **Q: What type of infertility does IVF treat?**

**A:** IVF is the treatment of choice for a wide variety of infertility cases. This treatment can treat infertility in the following patients:

- Blocked or damaged fallopian tubes or women who have had their fallopian tubes removed
- Male factor infertility including decreased sperm count or sperm motility
- Women with ovulation disorders, premature ovarian failure
- Individuals with a genetic disorder
- Unexplained infertility

### **Q: How is ICSI different from IVF?**

**A:** IVF and ICSI are forms of assisted reproductive treatment (ART) in which eggs are fertilised with sperm outside the body. IVF is used for female infertility and unexplained infertility, and ICSI is used when there is a male cause of infertility. Your personal circumstances and medical history may affect your chance of having a baby with IVF or ICSI.

### **Q: How does ovulation induction work?**

**A:** Ovulation induction is the process of taking medication to stimulate the ovaries to make eggs be released mid-cycle. This can be done by taking oral medications or injectable medications. Clomid or Femara are oral medications often prescribed to be taken days 2 through 10 of the cycle followed by transvaginal ultrasound to monitor the ovarian response to the medication. Timed Intercourse or artificial insemination (IUI) is the typical treatment option when taking these oral medications.

Gonadotropins (FSH) are injectable (subcutaneous) medications used to stimulate the ovaries to mature eggs. Serial ultrasounds and hormone levels are performed during the course of treatment. This allows the prediction of the number of mature eggs developing. When appropriate, human chorionic gonadotropin (hCG) injection will be given to trigger ovulation and IUI or IVF will be planned.

For more information about fertility services at Avisena Fertility Unit, kindly contact us at 03-5515 1888. The fertility unit is located on the 8th floor at Avisena Women's & Children's Specialist Hospital.

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# Artificial intelligence in *in-vitro* fertilisation: Renewing hope in starting a family

AI has already gained some currency as a selection tool for the best embryos to implant as people who undergo IVF may have several embryos to choose from.

**I**n-vitro fertilisation (IVF) is the standard assisted reproductive treatment for couples unable to conceive a child. Despite its successes, most couples who rely on it still cannot conceive due to a number of challenges, including genetic abnormalities that often affect embryos created in the lab.

The standard method for embryo genetic screening is called pre-implantation genetic testing for aneuploidy, or PGT-A. While an accurate tool, it's also invasive and expensive, especially for people who have several embryos to test. To address these drawbacks, artificial intelligence (AI) is now emerging as an important tool to help fertility experts select the healthiest embryos that are more likely to end up in a successful pregnancy.

AI has already gained some currency as a selection tool for the best embryos to implant as people who undergo IVF may have several embryos to choose from. Picking the right one is often challenging as embryologists still rely on subjective assessments based on embryo shape and structure. Although some fertility doctors tend to implant more than one embryo in the womb, this practice is controversial because it can lead to multiple pregnancies and increased risks



AI may be a game changer in fertility medicine

of complications. The hope is that AI can improve the selection of embryos in a way that will speed up fertility treatment while reducing its cost.

According to the World Bank, fertility rates around the world have been declining for several years, with 2022 recording 2.148 births per woman, which is half the rate of the 1950s. In Malaysia, the current fertility rate is 1.924 births per woman. A number of factors is contributing to this decline, ranging from social issues like delayed marriage and financial constraints that necessitate a small family to health problems like genetic complications that result in infertility. Other specific factors that lead to infertility include being 40 years of age and above, fallopian tube damage, disruption of the ovarian cycle, impaired uterus function, and uterine tumour growth.

All of this is fueling the demand for IVF treatments among those who want to start a family. IVF involves the collection of mature human eggs from the ovary that are then fertilised with sperm in the laboratory. The fertilised eggs, or embryos, are then transferred into the uterus. This represents one complete IVF cycle, which can take up to three weeks.

We sat down with two fertility experts, Tee Sze Tian and Adelle Lim, for some insights into the application of AI in both fertility medicine and genetic screening. The former is Group Chief Embryologist at TMC Fertility Centre while the latter is Chief Embryologist at Alpha IVF & Women's Specialists in Kuala Lumpur.

### How is AI applied in fertility medicine and which problems can the technology help to solve?

Tee Sze Tian: Traditionally, embryo analysis and selection were performed with direct visualisation of embryos under light microscope or timelapse imaging. The limitation of these methods is a high degree of variation between operators due to the subjective nature of these assessment. In contrast, AI works through deep machine learning, where it learned to differentiate viable embryos from non-viable ones by studying more than 20,000 pictures and videos of embryos that previously led to pregnancy. The AI system assists the embryologists in identifying which embryo should be transferred for implantation, decreasing the possibility of inconsistency due to human variation and ensuring the best potential patient outcome.



**AI is also gaining currency as an alternative to the standard approach to detecting embryo abnormalities, PGT-A. Can you compare the two approaches?**

Tee Sze Tian: In PGT-A, we have to take some cells from the embryo and subject them to genetic testing. This makes it the most accurate method to identify genetic abnormalities, claiming close to 99 percent accuracy rates, because it tests embryos directly. However, it's highly skill dependent and any minimal error in the procedure can compromise the embryo's viability, increasing the risk of a failed pregnancy.

By contrast, AI is a non-invasive approach that selects embryos whose shapes are more likely to be genetically normal and lead to a pregnancy. We hope the technology will become a better alternative to PGTA, making genetic testing less harmful for embryos and equally, if not more, accurate. The genetic assessment algorithm is still in the research

phase, and we need solid evidence to prove its accuracy and benefit before we make it a feasible therapy option for patients.

Even if AI provides 100 percent accuracy in identifying genetically normal embryos, it will remain an embryo selection tool. It will not rectify embryo abnormalities or eliminate the risk of producing abnormal embryos, which increases with age and medical history, resulting in genetic complications. So, advancements in AI should not perpetuate the culture of wanting to have a child later in life or continuing an unhealthy lifestyle that can disrupt your fertility health.

**Beyond advances in genetic screening, what's the promise of AI in the near future?**

Tee Sze Tian: Another aspect AI could also make a difference by offering a more accurate and personalised treatment. Despite constant improvement in fertility treatment regime and

**I believe AI will be a game changer in the future, not just on embryo selection and genetic screening, but in fertility medicine in general because it will help us get at the right answers in a faster and safer way, ultimately ensuring patients a shorter and easier journey towards a successful pregnancy.**

laboratory technologies, the success rates for IVF have remained stagnant without noticeable changes for the past decade. Part of the reason is because every patient has different conditions and there's no one treatment that works for all. The planning of IVF treatment regime relies heavily on a clinician's input. There are a lot of decision makings throughout the entire treatment and they are often affected by clinician's experience, difference in training and in house practice. That's where AI can come in, as it can reduce those variables by offering a reliable system built from huge size of evidence-based data collected worldwide. In short, it can offer the best treatment option with better accuracy and consistency.

AI also has the potential of taking over repetitive and routine tasks such as managing medical record, health monitoring, etc. This will help to reduce financial cost and time lost due to human error and practice variations.

I believe AI will be a game changer in the future, not just on embryo selection and genetic screening, but in fertility medicine in general because it will help us get at the right answers in a faster and safer way, ultimately ensuring patients a shorter and easier journey towards a successful pregnancy.

#### **Do you think the use of AI in fertility medicine should be an important component of an embryologist's training?**

Tee Sze Tian: Yes, upcoming scientists should be trained more on how to operate the AI system as AI will inevitably become an integrated part of fertility medicine. The benefits of AI to improve the productivity and efficacy in the IVF lab can only be maximised when the operators are very familiar with its functions.

#### **Reports highlight that Malaysia currently has a limited number of certified embryologists. Do you think the greater use of AI will reduce the demand for embryologists in the country?**

Tee Sze Tian: I do not anticipate the demand for experienced embryologists to decrease for the next twenty years, as embryology is a highly skill dependent role. The most important tasks of the embryologists are being performed at microscopic level and turning them into AI-driven automated process is still a challenge at the moment. A significant portion of an embryologist's role also involves dealing directly with patients to understand more about their pathology, medical history, and mental condition. In addition, the AI system requires human participation to input patient information accurately and comprehensively. Any error in the data input will risk incorrect prediction generated by the system.

#### **Is Malaysia's healthcare sector, particularly in fertility medicine, ready for widespread use of AI?**

Tee Sze Tian: The fertility professionals in Malaysia

always keep themselves updated with the latest advancements in assisted reproductive technology. We are dedicated to ensuring Malaysian couples who need fertility assistance have access to the latest technologies and treatment options, like what TMC Fertility did with the application of AI. A challenge we may face with the use of AI in Malaysia is the limitation of the population size. As the accuracy of AI relies on the dataset it was trained with, the algorithms currently available may be limited to the population or community which the platform was designed for. We may need a little longer to establish algorithms that would work best for Malaysians as we have a smaller population size and we need more time to acquire a good size dataset.

#### **How is AI applied in fertility medicine and which problems can the technology help to solve?**

Adelle Lim: Embryologists are still using morphology to assess embryos, meaning that they look at them and select those that look nice. But this is a very subjective and sometimes biased process as different embryologists can provide different scores for the embryos involved.

In contrast, AI is more objective and unbiased in providing a score for the embryo image from 1 to 10, with a higher score indicating higher chances of a successful pregnancy.

#### **How often do embryos produced through IVF develop genetic abnormalities and which are the most common?**

Adelle Lim: We cannot deny that embryos grown in the lab have a high incidence of abnormalities. For example, healthy young patients who undergo IVF will have a 30 percent chance of getting abnormal



AI can help select the best embryos fertilised in the lab

embryos. But the risk will go up as patients age and will double after 37 years of age.

The most common abnormalities are aneuploid ones, meaning that the embryos have different copy numbers of chromosomes than normal ones. For example, embryos with Down syndrome have an extra copy of chromosomes.

**Is the standard screening method (PGS or PGT-A) able to pick up these abnormalities, and can it lead to false positives where an embryo that might lead to a healthy pregnancy is flagged as abnormal?**

Adelle Lim: In medicine, we cannot have a 100 percent guarantee. PGT-A is a comprehensive but invasive screening tool that is 99 percent accurate and can give three types of results: normal (euploid), abnormal (aneuploid), and mosaic, which is in the middle between normal and abnormal. But if there are no other embryos available, sometimes we advise patients to go for mosaic embryo transfer because we can have healthy live births from mosaic embryos. In fact, during PGT-A, we test the cells that form the placenta, which can be abnormal even if the inner cells forming the foetus are genetically normal. This means that the cells tested during PGT-A are not always reflective of the foetus' cells. We will not biopsy the cells that are going to form the foetus because we don't want to harm them.

**What are the positives of using AI as an alternative to PGT-A?**

Adelle Lim: AI is non-invasive because it just processes the embryo images and gives you a prediction, but it's less accurate than PGT-A which takes cells from embryos to count chromosome numbers.

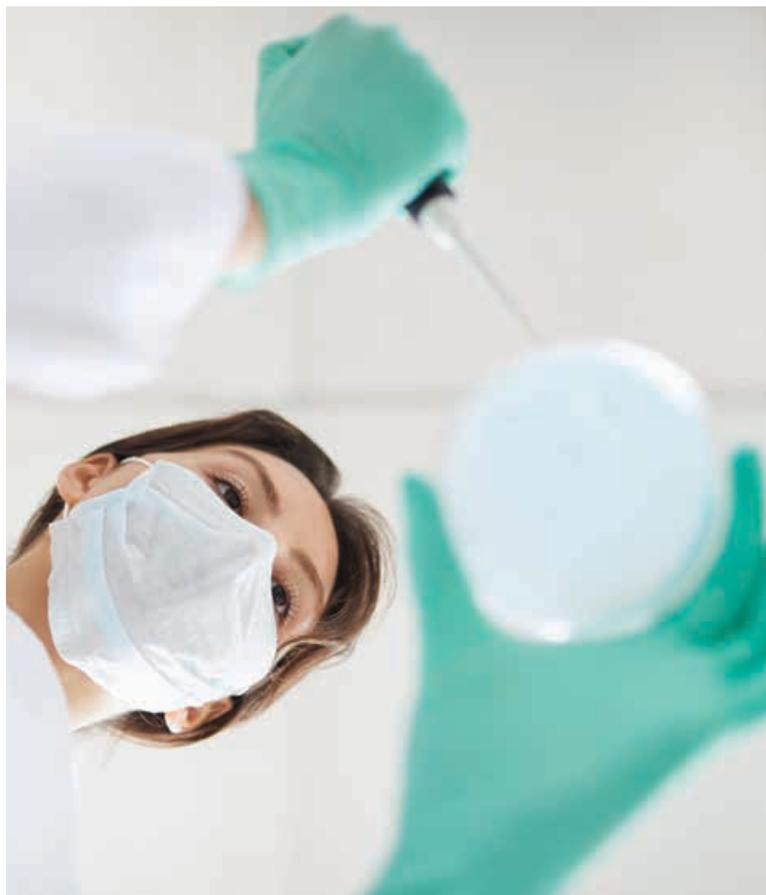
AI is also cheaper than PGT-A because anything involving DNA analysis is very costly. That's why at Alpha we use AI to preselect the best embryos to test with PGT-A to save patients a lot of money.

So we can say that AI gives assistance to embryologists and clinicians to make a better decision. It can be considered a complementary tool to assist fertility experts in speeding up the decision-making process.

**What's been the initial reception to this procedure from your patients?**

Adelle Lim: AI procedures are still a new thing in Malaysia. A lot of people still don't understand what it is but actually in their every day life they are using it without realising it. So the awareness about AI in IVF is still premature. That is why at Alpha we offer AI services at zero cost to our patients.

**Do you believe that AI will be a game changer in embryo genetic screening and in fertility medicine in general?**



**Embryologists are still needed despite the advances made by AI**

Adelle Lim: I believe AI will revolutionise treatment by helping us prioritise which embryos to transfer, thus giving patients the fastest time to pregnancy, which means couples won't need to undergo repeated embryo transfer procedures.

This will also decrease the need for the transfer of multiple embryos. Doctors tend to insert multiple fertilised embryos to achieve a higher success rate. But this practice will lead to multiple pregnancies, which can cause complications, such as preterm labour, further culminating in premature delivery and low birth weight.

**Can the use of AI be extended to other areas of fertility medicine in the future?**

Adelle Lim: I believe AI can provide a single assistant tool for the whole IVF journey, from ovulation stimulation for egg selection to sperm selection and embryo selection.

Over time, the technology may even improve its accuracy because in AI systems the larger the data the more accurate the prediction. ■





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# Deliver your baby safely: What expecting mothers should know

**E**xpectant mothers commonly anticipate their first child's delivery with a mixture of joy and anxiety. Amidst those diverse emotions, they also need to make a crucial decision — choosing the best way to deliver their baby safely.

## Increasing prevalence of C-sections

According to Dr Vigneswaran Ramakrishnan, an Obstetrician and Gynaecologist at Prince Court Medical Centre in Kuala Lumpur, there are two types of delivery options generally practised at hospitals: vaginal delivery and delivery via caesarean section (C-section). “Generally, we encourage mothers to choose vaginal delivery unless clinical factors or personal preference led them to consider a C-section,” he told *Global Health Asia-Pacific*.

While public hospitals prefer vaginal delivery unless specific medical conditions necessitate a C-section, couples in private hospitals can choose either approach depending on various factors. “Expecting mothers, specifically those who conceive in their later years, choose C-section for various reasons, mainly for protecting their perineal area which consists of the urethra (where you pass urine), vagina and rectum and also because they want to deliver their baby at a certain time,” Dr Vigneswaran added.

This trend correlates with reports from the Organisation for Economic Cooperation and Development (OECD) and the National Obstetrics Registry indicating the increasing practice of C-sections at healthcare facilities at local and international levels in the past decade. In Malaysia, this may be attributed to the rising maternal age among women, where the average childbearing age increased from 26.6 years in 2001 to 27.9 years in 2019, according to the Department of Statistics.

Dr Vigneswaran explained that the C-section delivery rate in Malaysia has steadily increased and now accounts for up to 30 percent of hospital deliveries. “These statistics are likely due to the experience of attending doctors and maternal preference which opted for C-sections,” he said. The choice of C-section is also influenced by maternal indications, such as active genital infection and cardiac disease, as well as foetal conditions like multiple pregnancies, placenta covering the uterus, which can obstruct the baby's delivery, and foetal distress where the baby is not receiving adequate oxygen from the placenta.

C-sections also offer pregnant women advantages

in terms of speed and convenience, allowing them to deliver the baby at any time, which does not apply to vaginal delivery. “Some mothers want to deliver the baby at a preferred time specifically based on horoscope. In addition, the mother experiences minimal anxiety due to the planning of delivery time, reducing the risk of injury to the perineal area, rectum, bladder, and anus, and maintaining vagina integrity,” Dr Vigneswaran elaborated. But expectant mothers delivering their first child via C-section should be aware that it can alter subsequent birthing procedures. “Once you've delivered via C-section, you are 30-40 percent more likely to deliver in the same manner for future pregnancies,” he said.

Moreover, a C-section increases the risk of uterine rupture during labour which can endanger the mother and child. And because continuous C-section deliveries can increase this risk, Dr Vigneswaran suggests that mothers who have undergone three consecutive C-sections consider a tubal ligation, a birth control procedure that involves cutting or obstructing the fallopian tubes to prevent future pregnancies. While surgical incision during C-section is generally painless due to the mother being administered with an epidural, the recuperation period post-delivery can take up to one month compared to vaginal delivery, which can take just days or weeks.

## Home birth: A risky tradition

In Malaysia, births occur not only in hospitals but also in homes, following a practice known as home birth. This option is normally preferred by pregnant women who want to deliver at a comfortable and familiar environment with minimal medical interventions as well as for cultural or religious purposes. But Dr Vigneswaran cautions that, while home births are deeply rooted in pre-hospital times, they still pose several complications. “In every ten pregnancies, nine produce no difficulties. Our concern is the one pregnancy with high mortality risk that requires medical intervention in a hospital setting,” he said.

He explained that the health complications that can occur in a home birthing setting include extensive injury, lacerations to the vagina extending to the rectum, excessive bleeding, and a large size baby that can have trouble passing through the vagina. “I have seen couples who attempted home birth and presented conditions such as umbilical cord prolapse, a condition where the cord comes out of the uterus before the baby, prompting us to conduct an

While public hospitals prefer vaginal delivery unless specific medical conditions necessitate a C-section, couples in private hospitals can choose either approach depending on various factors.



C-sections are becoming a common birth delivery method

emergency C-section within 30 minutes. You can't do this at home," Dr Vigneswaran warned.

### Science on water birth is murky

Water birth is another option considered by expectant mothers admitted to private hospitals. This delivery method requires pregnant women in the labour phase to enter a warm water pool where they give birth. Doctors who have overseen the process suggest that the technique alleviates labour pain, reducing pharmacological interventions such as an epidural and the risks of severe vaginal tears. However, the Ministry of Health banned water births in 2016 due to lack of scientific evidence indicating they produce clinical benefits compared to vaginal and C-section deliveries.

Dr Vigneswaran concurs with the ministry's decision, highlighting two types of problems that can occur during water births: the baby's health and potential contamination. "Any form of newborn distress or nonresponse, from blood in the pool water to a tangled umbilical cord, can cause medical attention to be thrown into disarray," he said while emphasising the importance of sterile birthing pool water, which poses a risk of infection to both mother and child. Moreover, bacterial exposure is significantly higher if the baby has difficulty coming out of the vagina. "Complications such as cord prolapse and a large foetus unable to pass through the birth canal,

which can result in a C-section, raising the risk of infection transmission even further," Dr Vigneswaran explained.

### Balanced nutrition and exercise to ease childbirth

Regardless of the birthing option, pregnant women need to stay healthy to ensure a smooth delivery. Dr Vigneswaran suggested sufficient nutrition and diet intake, specifically folic acid. "It is recommended to take a proper diet and a few supplements such as multi-vitamin which has all the minerals, vitamins, and iron essential for pregnancy," he said, adding that adequate folic acid and vitamin D were required to promote healthy foetal development. At the same time, calcium supplementation, such as calcium carbonate and calcium lactate, is also necessary to reduce the risk of pre-eclampsia, a pregnancy complication characterised by high blood pressure.

Besides a balanced diet, Dr Vigneswaran recommended pre-delivery physical exercise. "If a mother prefers vaginal delivery, she can perform Kegels exercises to strengthen the pelvic floor muscles, followed by a pelvic and perineal massage to stretch the muscles and tissue surrounding the vagina at around 36/37 weeks onwards for allowing the baby to come out safely and reduce complications during the delivery process." ■



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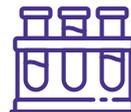
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# The sound of music can be deafening

*The threat of hearing loss looms over one billion people, especially youngsters who often listen to loud music without realising its dangers*

**“Hearing loss has often been referred to as an ‘invisible disability’**

**T**he careless way many young people listen to loud music, either in clubs or through headphones, illustrates the poor understanding of the risks of ear damage caused by noise and loud sounds, a disregard that can lead to serious hearing loss unless precautions are taken.

This risk-taking attitude among the young reflects a wider lack of awareness about how to protect our ears that is widespread across many communities. A problem highlighted by the first-ever World Report on Hearing compiled by the World Health Organization (WHO) in 2021, hearing loss is now considered an ‘invisible disability’.

“Hearing loss has often been referred to as an ‘invisible disability’, not just because of the lack of visible symptoms, but because it has long been stigmatized in communities and ignored by policy-makers,” said Dr Tedros Adhanom Ghebreyesus, the Director-General of the WHO, in the report.

The scale of the problem is enormous, with the WHO estimating that more than one billion young people are at risk of permanent hearing loss, often unknowingly, due to unsafe music listening.

Loud sounds can destroy the sensory cells in the ear that allow the hearing system to function, and the damage can’t be reversed, leading to permanent loss of hearing.

If not addressed, hearing loss can create communication challenges that vary according to the severity of the condition. This means some people may struggle to understand quiet speech while others won’t hear even loud sounds like alarms. Some may often need to ask others to repeat what was said.

A prime example is 22-year-old university student Matt Brady who has permanent ear damage from regularly listening to music with earphones while exercising, according to the WHO report. His level of damage makes it difficult for him to have a conversation when there’s background noise.

Hearing loss can also affect performance at school, with those affected having a higher risk of dropping out or not pursuing higher education. Adults with

the condition are also more likely to be unemployed or underemployed. One study conducted in Finland showed that 25 years olds with hearing loss were twice as likely to be unemployed.

Another negative consequence is increased social isolation and loneliness, likely due to reduced participation in social activities. It’s not surprising then that people suffering from the condition report experiencing a lower quality of life compared to peers with normal hearing.

More than 430 million people in the world currently have a form of disabling hearing loss. By 2050, estimates suggest this number could skyrocket to about 700 million who will require rehabilitation services, while 2.5 billion will be living with some degree of hearing loss. Roughly 30 million people are already suffering from profound or complete hearing loss in both ears. Most people affected by a form of hearing loss live in low- and middle-income countries.

Loud noise, however, isn’t the only culprit, as hearing loss can also be the result of other factors. These include genetic syndromes (including Usher’s, Alport, and Pendred syndromes), the ear condition otitis media, infections common in childhood (measles, mumps, and meningitis), certain medications, and nutritional deficiencies. In addition, smoking increases hearing loss risk, though this wears off quickly after kicking the habit. In particular, genetic causes are responsible for more than 50 percent of hearing loss cases in newborns and about 40 percent of cases in children. Suppurative otitis media, one form of the condition, is estimated to have caused hearing loss (mild or greater) in almost 100 million people.

The good news is that most cases are preventable through better awareness and measures that minimise the risk posed by loud sounds.

The WHO report says that 60 percent of hearing loss among children is due to preventable causes, with the simple implementation of rubella and meningitis immunisation estimated to be able to prevent over 19 percent of cases. Vaccination can



More than 430 million people in the world currently have a form of disabling hearing loss.

also effectively prevent measles and mumps. Similarly, hearing loss could be avoided in about a billion people who regularly listen to loud music and for prolonged periods of time.

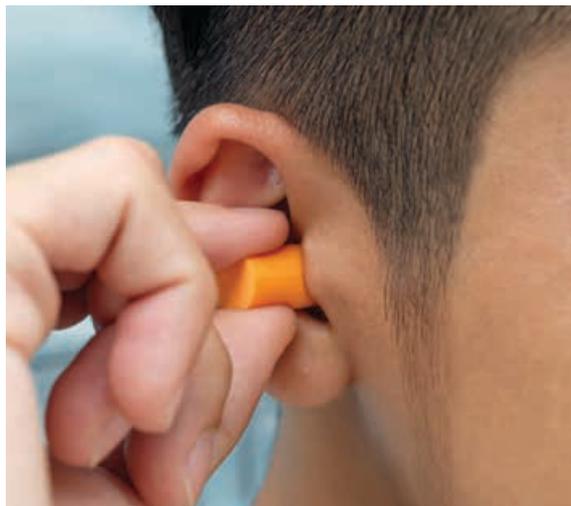
#### **New international standards to prevent hearing loss**

One important measure that the WHO has introduced to tackle the high risk of ear damage from loud sounds is a safety protocol for music venues and events which comprises six recommendations that make up the gold standard:

- A maximum average sound level of 100 decibels
- Live monitoring and recording of sound levels using

- calibrated equipment by designated staff
- Optimising venue acoustics and sound systems to ensure enjoyable sound quality and safe listening
- Making personal hearing protection available to audiences including instructions on use
- Access to quiet zones for people to rest their ears and decrease the risk of hearing damage
- Provision of training and information to staff

“Millions of teenagers and young people are at risk of hearing loss due to the unsafe use of personal audio devices and exposure to damaging sound levels at venues such as nightclubs, bars, concerts and sporting events,” said Dr Bente Mikkelsen, WHO



Using earplugs is one way to protect your ears against loud sounds

The WHO is also calling on governments to pass legislation to protect people from hearing loss while raising public awareness about the importance of prevention against the condition.

Director for the Department for Noncommunicable Diseases, in a press release. “The risk is intensified as most audio devices, venues and events do not provide safe listening options and contribute to the risk of hearing loss. The new WHO standard aims to better safeguard young people as they enjoy their leisure activities.”

The WHO is also calling on governments to pass legislation to protect people from hearing loss while raising public awareness about the importance of prevention against the condition.

“Governments, civil society and private sector entities such as manufacturers of personal audio devices, sound systems, and video gaming equipment as well as owners and managers of entertainment venues and events have an important role to play in advocating for the new global standard,” said Dr Ren Minghui, WHO Assistant Director-General, in the press release. “We must work together to promote safe listening practices, especially among young people.”

The benefits from such standards are evident in Switzerland which has the longest-standing sound regulations for entertainment venues in the world. These include limiting the average hourly sound levels to 100 decibels, measuring and recording sound levels, providing free earplugs to audiences, displaying information on safe listening, and providing quiet areas for events lasting more than three hours.

“Since implementation, each Swiss canton has enforced these regulations. As a possible consequence, 39 percent of attendees at festivals in Switzerland now wear hearing protection – a considerably higher percentage than reported in other countries,” says the *World Report on Hearing*.

Awareness campaigns can also play an important preventive role as evidenced by one initiative in the northern part of Belgium where the Flemish

government provided high school students with information on the detrimental effects of recreational noise and how to prevent them through hearing protection. The result was that the use of hearing protection increased from 3.6 percent before the campaign to 14.3 percent.

### How to protect your ears

Sound volume, exposure time, and frequency are all aspects to consider in gauging the risks of listening to loud sounds. Naturally, the louder the volume and the longer the duration, the higher the risk for hearing loss.

Decibels (dB) are the unit of measurement for sound, with a whisper measuring about 30 dB, normal conversation standing at roughly 60 dB, and a motorcycle reaching around 95 dB.

The US CDC says that noise above 70 dB over a prolonged period of time can start to damage your hearing while loud noises above 120 dB can cause immediate harm to your ears. Dr Samuel Couth, a researcher in hearing science at the University of Manchester, wrote in *The Conversation* that, “if the sound in a typical concert is around 105 dB, a person would exceed their daily noise dose within approximately five minutes of being there.”

If you have to speak louder to be heard at an arm’s length, environmental noise is likely above 85 dB and could harm your hearing over time. Another telltale sign that the sound you are listening to is harmful is when you feel pain or a ringing sensation in the ears. But if you want to be sure and accurately gauge your risk, you can use a sound level metre (SLM) to measure the noise around you. These are free as smartphone apps.

The WHO advises young people to keep the volume down on audio devices, using well-fitted and noise-cancelling earphones and headphones as well as earplugs at noisy places and having hearing check-ups on a regular basis. People who are in noisy environments should take short breaks by moving to a quiet area. “This could help the sensory cells to recover from the fatigue caused by noise exposure and reduce the risk of hearing loss,” reads the WHO report.

For music listeners, Dr Couth recommends musicians’ earplugs “as these are designed to evenly balance noise reduction across all frequencies, which preserves the quality of the music.” He adds that people should get their hearing tested once in their 20s, as a baseline, and then have a check-up every five years to detect any potential damage. People who are regularly exposed to noise should test more frequently.

Dr Cory Portnuff, an audiologist at the University of Colorado Hospital, told the *New York Times* that both earbuds and headphones could damage the ears and offered some basic guidelines for keeping volume at a safe intensity. If you want to prevent hearing damage



Usually, if you listen at 60 percent of the maximum volume, “you can safely listen all day”

while using headphones, “there’s an easy rule of thumb,” he said. “It’s called 80 for 90 — you can safely listen at 80 percent of the max volume for a total of 90 minutes a day.” You can listen for longer stretches of time if the volume is lower while the opposite is true with higher volume. Usually, if you listen at 60 percent of the maximum volume, “you can safely listen all day every day.”

But Dr Daniel Fink, an internist and board chair of The Quiet Coalition, a nonprofit aiming to reduce the effects of noise on health, told the *New York Times* that headphone use was often unsafe because people tended to turn up the volume to a dangerous degree to cover noise from the environment. Rather than amping up the volume, he recommends devices that block background noise.

“Listen at the lowest level possible that allows you to hear the content that you want to listen to,” he said. “If it sounds loud, it’s too loud.”

#### **There’s hope for people with hearing loss**

Though most hearing loss is irreversible, the WHO report stresses that regular rehabilitation can improve both function and quality of life.

Hearing aids and implants are one important component of rehabilitation. These devices can usually address mild and moderate hearing loss by helping people to improve their listening ability.

Auditory training and other measures can teach people how to make the most of their residual hearing, while counselling and instructions will teach the appropriate use of hearing technologies.

The use of sign language or speech reading can also be useful for people with hearing loss, as shown in this one case study cited in the report.

Orianda Martin was abused by members of his community in Kumi District, Eastern Uganda because of miseducation about his deafness and his struggle to communicate. By learning to communicate with sign language and touch communication, though, he managed to obtain a degree in farming and weaving in Kenya. Upon his return to Uganda, his community welcomed him and celebrated his achievement while recognising it misunderstood his condition.

A leader from Deaf Link Uganda, an organisation that helped Orianda pursue his education, said: “Deaf people can do all the things you can do, and must be included.” ■

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**The best way is to look for a quality hallmark that assures them their choice healthcare provider has instituted processes, procedures, and standards that meet the following criteria and are constantly monitored for improvement.**

Choosing the right doctor and hospital can often be a tough call for patients as they struggle with questions of safety, cost, and expertise.

One simple thing to look for is the type of healthcare accreditation your doctor or hospital has. This is a key parameter that can reassure people they're going in the right direction.

Luckily in Asia, we have a number of quality improvement consultation and accreditation services that set the standards for specialist clinics in the region, providing a rigorous framework that guides the delivery of safe, high-quality, and innovative healthcare.

Driven by high rates of economic and population growth, healthcare demand in Asia has been soaring, with many new providers springing up throughout the region to cater to the surging number of patients. As a result of this growth, increased oversight of clinical practices will become a top priority, especially at a juncture when digitised medicine and new technologies are transforming the patient experience and informed patients are now having more say in their

treatment options.

When choosing a healthcare provider, patients are no doubt looking for the best and most trusted. But how do they know if a hospital or specialist clinic deserves their confidence?

The best way is to look for a quality hallmark that assures them their choice healthcare provider has instituted processes, procedures, and standards that meet the following criteria and are constantly monitored for improvement:

- **Meet quality and safety standards:** The provider's service conforms to global standards, best practices, and local regulatory requirements.
- **Responsible staff:** The provider's staff are accountable for the patient's safety and care.
- **Appropriate care:** The provider will respond to the patient's needs with appropriate care to ensure the best possible outcome.
- **Patient collaboration:** The provider will keep the patient informed and involved in their healthcare planning.

- **Data security and privacy:** The patient's healthcare data is secure, and patient privacy is maintained.
- **Patient safety:** The provider places utmost priority on minimising errors and overall patient safety.
- **Safe and effective medication:** Prescribed medication is within guidelines. There is no over- or under-treatment.

With these criteria as a guide, accreditation then can cement trust in medical institutions by facilitating the following goals:

#### Improve patient outcomes

- Strive for error-free healthcare operations with accreditation. It's not just about following processes and meeting standards. It's also about self-examination and continuous improvement.
- Gain access to expert consultation and independent assessments in setting up better structures, implementing standard operating procedures, and streamlining processes, allowing the clinic to minimise variability, mitigate risk, and reduce overall costs.
- These efficiencies translate to greater patient engagement, better treatment, and improved outcomes, strengthening the community's trust in healthcare providers.

#### Innovate for the future

- In today's intelligence age, falling behind in technology adoption can be unforgiving. Accreditation helps members keep up with the transformation of healthcare delivery. Through clear advice and guidance, accreditation inspires and supports efforts to innovate.

#### Having a competent team and confident leadership

- Empowers to improve care delivery. With every employee aligned with the standards, it can boost teamwork, communication, and productivity.
- Staff will take pride in knowing that the organisation is working according to international best practices.

#### Access to resources and expert network

- Steers the practice in the right direction by examining itself against established global standards within an identified clinical specialty. Helps a clinic identify areas of improvement and monitor its progress.
- Benefit from discussions with advanced industry experts and tap into a broader expert network, sharing best practices and forging collaborations with fellow providers.

#### Strengthen recognition and reputation

- Healthcare accreditation helps the clinic communicate information focused on patient safety, quality of care, and commitment to continuous innovations.
- Strengthen the community's trust in providers.



#### A new accreditation player for healthcare providers in Asia

*Global Health Asia-Pacific* has recently launched a parent company that will help medical institutions improve their standards of care by providing quality improvement consultation and accreditation services.

Named GlobalHealth Quality and Innovation Accreditation (GHQIA), the new company is a licensed partner of Australia Council on Healthcare Standards (ACHS) International and aims to set the standards for healthcare institutions in Asia by providing a rigorous framework to guide the delivery of safe, high-quality, and innovative healthcare in the region.

The company offers hospitals access to the well-established standards of ACHS International and assigns a local partner to offer localised feedback and guidance as well as the option to conduct regular mock assessments of procedures to gear up for the actual audit.

Specialist clinics can benefit from the accreditation programme by tapping into the vast GHQIA member network, a platform that facilitates knowledge and best practices sharing among providers in the region, potentially paving the way for win-win collaborations.

The company also provides accreditation services for centres of excellence, giving providers the chance to get recognised for care quality in niche areas of medicine. GHQIA will apply the ACHS International standards in a focused manner, conducting a deep-dive assessment of the organisation on those selected fronts.



GlobalHealth Quality and Innovation Accreditation (GHQIA)



ACHS International accreditation

# Malaysian Healthcare Funding: System reform needed to prepare for an ageing society

*The country has to increase healthcare funding to ensure good quality care for everyone*

You can have even 10 doctors to every 400 citizens, but healthcare access is limited because the doctors are all in urban areas

**W**ith the Malaysian government expected to finalise its Health White Paper by mid-year, public discourse on future healthcare funding and its significance in transforming the healthcare system will be critical.

Malaysia's healthcare sector is currently divided into public and private components. Public healthcare is funded primarily by government revenue from the Ministry of Health (MOH) and national and state agencies. Private healthcare is funded by the Employees Provident Fund (EPF), Social Security Organisation (SOCSO), private health insurers, and medical fees paid by patients. Yet the sector is perpetually underfunded, resulting in problems ranging from an unsustainable healthcare system due to a lack of resources to limited medical staff overworked as a result of high numbers of patient admissions.

## Overwhelming patient turnout, underwhelming healthcare roster

Recent reports of patient overcrowding at outpatient clinics and complaints of long waiting times due to the lack of doctors stem from various factors that have accumulated over several years, even before the COVID-19 pandemic. Dr Khor Swee Kheng, who

headed the Malaysian Health Coalition, an apolitical organisation of health professionals, remarked that the recent surge of patients to outpatient clinics is due to the backlog of appointments caused by the movement control order (MCO) imposed during the pandemic.

With COVID numbers dropping, the high vaccination rate among the populace, and travel restrictions lifted, patients believe that it is safe once again to come to the hospital, he said.

But he also attributes the overworking of hospital staff to ongoing fundamental structural challenges in the healthcare system. Underfunding, unclear policies on procurement capital and healthcare delivery planning, specifically disparity between the number of public hospitals, private hospitals, and primary care clinics are structural issues that contribute to the current healthcare problem, he explained.

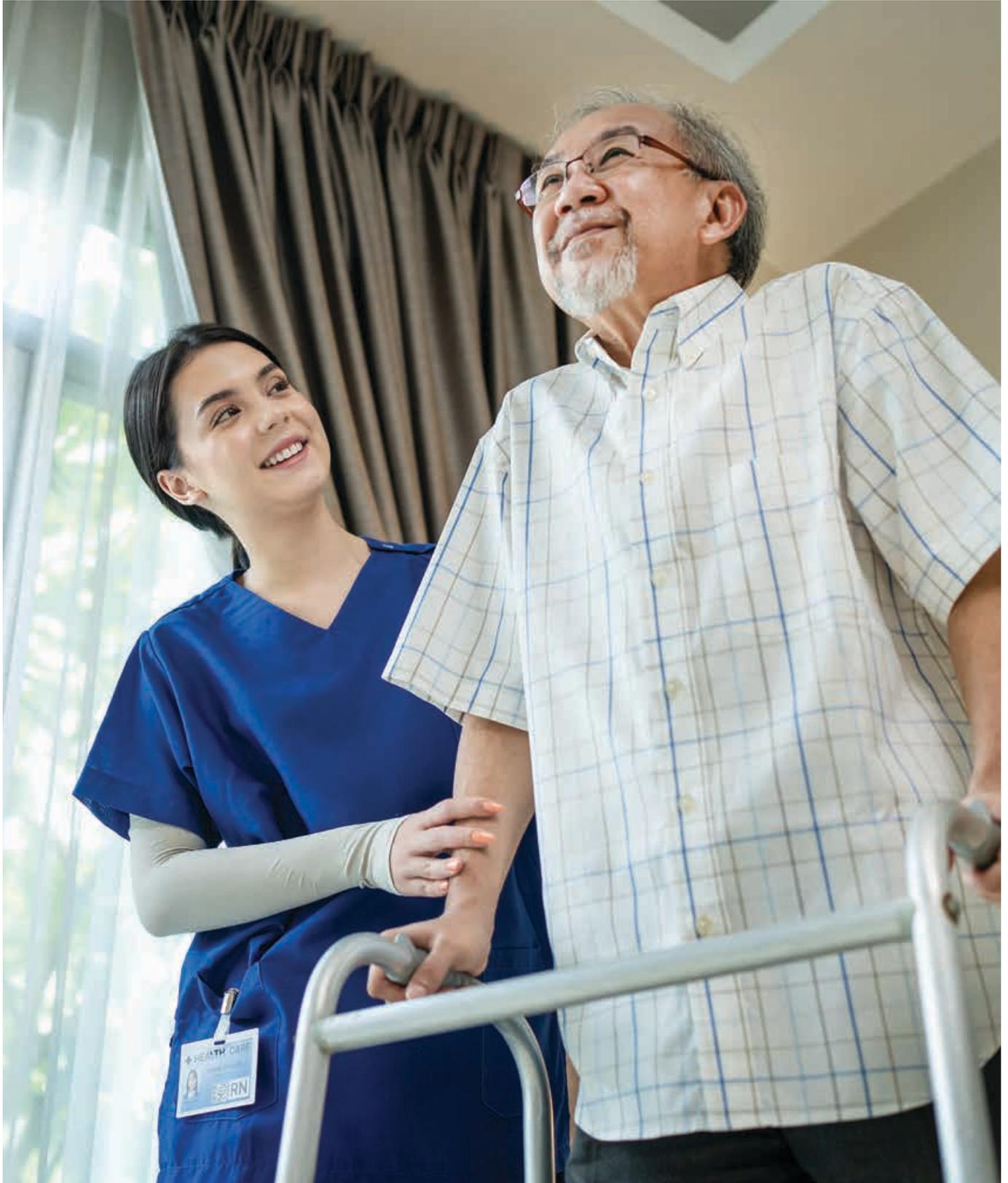
In 2020, Malaysia's doctor-population ratio was 1:454, slightly below the World Health Organization's (WHO) recommendation of one doctor to 500 patients. The country is also experiencing an overproduction of medical graduates in the market but insufficient workforce in the healthcare sector due to a lack of permanent posts, specifically in emergency departments. Dr Khor, however, stressed that the total numbers of healthcare professionals are helpful performance metrics but they can also be misleading because "you can have even 10 doctors to every 400 citizens, but healthcare access is limited because the doctors are all in urban areas (none in rural areas), all in lucrative specialities (none in primary care or public health), all in hospitals (none in clinics) or all in private healthcare (none in public healthcare)."

## Increased taxation and prudent spending needed to sustain healthcare

Another WHO benchmark is that countries should spend around 5-6 percent of their gross domestic product (GDP) on healthcare. Currently, Malaysia is at nearly 2.6 percent of its GDP, prompting queries about how it can reach this WHO benchmark. The Galen Centre for Health and Social Policy in Kuala Lumpur suggested that the Malaysian government



Malaysia healthcare is underfunded



**“The government should also ruthlessly cut wastage, corruption, fraud, and abuse from the healthcare system and redirect these cost-savings back into healthcare spending.”**

consider several revenue-increasing measures to alleviate the financial burden on its healthcare sectors, including expanding tax collection mechanisms such as the Goods and Services Tax (GST), while the World Bank has proposed removing fossil fuel subsidies and increasing taxes on products that negatively impact health, such as alcohol, cigarettes, and sugar-sweetened beverages.

Like other countries, Malaysia faces the perennial dilemma of whether to spend more on healthcare worker salaries or invest in healthcare facilities, infrastructure, and medical equipment to ensure optimal delivery of quality care. Dr Khor has suggested that the government consider a gradual and planned increase in the MOH budget in both absolute terms and as a percentage of GDP.

“A gradual increase is better than a sudden increase because the current system needs to build the absorptive capacity and governance to receive, spend, and govern the money properly,” he explained. “The government should ruthlessly cut wastage, corruption, fraud, and abuse from the healthcare system and bring these cost-savings back into healthcare spending.”

#### **Establishing a national health insurance plan**

Healthcare affordability among the Malaysian populace is vital to ensure equal access and avoid

exorbitant out-of-pocket spending. Recently, Azrul Mohd Khalib, CEO of the Galen Centre, proposed rolling out a national insurance scheme involving monthly contributions in the form of salary deductions similar to Malaysia’s EPF for retirement savings. He also suggested that, with less than 10 percent of workers paying income tax, all employees, including those in the bottom 40 percent income group, needed to contribute to the national insurance fund. Dr Khor concurs with these suggestions, emphasising that the scheme’s introduction should be conducted systematically. “Implementing this scheme follows in the footsteps of the OECD’s developed countries and our middle-income neighbours, such as Thailand, the Philippines, and Indonesia,” he said.

#### **Reexamine clinical fees rate structure**

According to the World Bank health spending per person in Malaysia increased from RM497 (US\$111) in 2000 to RM1,957 (US\$437) in 2019, recording a drastic 293 percent hike. Local public healthcare relies significantly on subsidised payments, where patients are charged RM 1 (US\$0.23) for a clinical appointment and RM5 (US\$1.13) for specialist checkups. The consensus among health professionals is that this practice, conducted since 1986, is outdated and should be changed to help alleviate the financial burden on the healthcare system.





The ageing population requires more healthcare resources.

In a statement published by the Code Blue news portal, Azrul explained that the clinical charges were inadequate for meaningful cost recovery and misled the public regarding the actual cost of healthcare. This is reaffirmed by former health minister Khairy Jamaluddin who stated in a parliamentary sitting last year that the revenue from patient fees covers only one percent of public healthcare expenditures.

#### **Public-private hospitals collaboration**

High patient congestion at public hospitals, which reached a breaking point during the COVID-19 pandemic, has been managed through the public-private partnership (PPP) initiative. This coordination involves redistributing public hospital patients so that public hospitals primarily focus on COVID patients while private hospitals handle other cases. Former president of the Association of Private Hospitals of Malaysia (APHM), Dr Jacob Thomas, believes this arrangement should now be a permanent practice. He also proposed implementing the practice of the casemix system that classifies patients according to their treatment and estimated costs, according to Code Blue. This initiative improves collaboration between medical professionals and cost-effectively streamlines patient deployment among public and

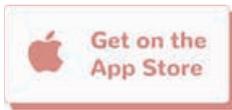
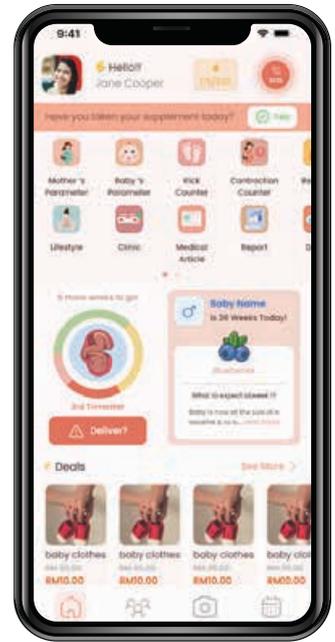
private hospitals, thereby reducing the public-private hospital gap.

#### **Long-term planning for an ageing nation**

Malaysia has achieved “ageing nation” status, with individuals aged 65 and above making up 7.3 percent of the country’s population, according to the latest Economic Outlook Report by the Ministry of Finance. Additionally, the National Healthcare and Morbidity Survey (NHMS) 2019 findings indicated that the risk of non-communicable diseases (NCDs), such as diabetes and hypertension, increases with age. These reports emphasise the need for sufficient spending to ensure the healthcare sector is adequately equipped and staffed to meet the increasing prevalence of non-communicable diseases and the rise of an ageing population. In his opening speech at the Health Policy Summit last year, former minister Khairy stressed the urgency of a long-term solution for healthcare funding in which all parties share responsibility for the population’s health. “The various healthcare funding mechanisms in the country need to undergo transformation, including private health insurance, employment-based health benefits, and government funding for health and social care,” he said. ■



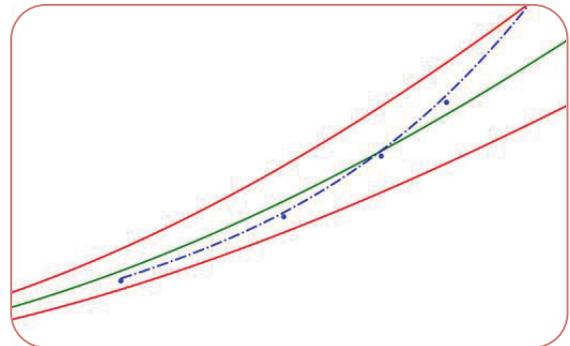
Moirai Momcare® is the first and only pregnancy app with patented medical AI functionality own by Moirai Tech Sdn. Bhd. that provides services to pregnant women, doctors, and related business providers. We are the regional pioneer to digitalize obstetric/medical care with AI analysis and aim to expand on a global stage into industrial revolution 4.0. Moirai Momcare® offers medical/obstetric analysis and prediction to pregnant women throughout their pregnancy. It provides a 'Grab-like' function between doctors and pregnant women to meet their needs. It also allows doctors to publish evidence-based articles to promote patients' education. Related business companies or providers are able to advertise and share their promotion or coupon at this platform to the pregnant women.



The user's data is represented by the blue points, while the red lines depicts the abnormally large or small fetal weight and the green line showing the 50th percentile fetal weight trajectory.

The analysis performed by a manual process or a simple computer program (represented by the red line) determines that data is considered normal as long as it falls within the specified range with minimum and maximum values. While it may be possible to visually observe an increasing trend in the data, it can be challenging to accurately predict a specific value at a specific point in time. In contrast, the MoirAI system (represented by the blue line) has been designed to self-calculate, analyze, and predict the development of both the mother and fetus, and continuously update its predictions with new patient data inputs. The MoirAI system is capable of accurately predicting specific values at future points in time.

Consider the following data showing the relationship between Fetal Weight & Gestational Age.



Fetal Weight against Gestational Age

	Doctor	Simple System	MoirAI
<b>Precision of Feedback</b>	<ul style="list-style-type: none"> <li>● High</li> </ul> Able to give detailed feedback depending on patient's case-by-case needs.	<ul style="list-style-type: none"> <li>● Medium</li> </ul> Able to calculate precise risks and thresholds.	<ul style="list-style-type: none"> <li>● Medium</li> </ul> Able to calculate precise risks and thresholds.
<b>Computational Breadth</b>	<ul style="list-style-type: none"> <li>● Medium</li> </ul> Able to intelligently deduce which variables are more important.	<ul style="list-style-type: none"> <li>● Low</li> </ul> Rule-based system. Can compute many variables but only superficially.	<ul style="list-style-type: none"> <li>● High</li> </ul> Can consider the trajectories of >50 variables and their interactions via AI.
<b>Predictive Power</b>	<ul style="list-style-type: none"> <li>● High</li> </ul> Has some human intuition formed over years experience.	<ul style="list-style-type: none"> <li>● Low</li> </ul> Has no way to predict novel situations that are "out-of-books".	<ul style="list-style-type: none"> <li>● High</li> </ul> Able to extrapolate based on huge database and predict trajectories.

In December 2022, Moirai Tech established a medical R&D division in collaboration with the Faculty of Medicine at UiTM under the guidance of Professor Jamiyah Binti Hassan (Obstetrics & Gynecology) and Dr. Fathi Ramly (Obstetrics & Gynecology). This division is critical to Moirai Tech, UiTM, and Malaysia, as it will play a key role in advancing digital health, medical AI, and the fourth industrial revolution. Currently, the division is conducting research on the usability, efficacy, and efficiency of the Moirai Momcare® AI app for personal antenatal care and health education during pregnancy among end-users, including pregnant mothers and doctors.



Recently, Moirai Momcare® had the opportunity to introduce itself to the Johor Exco, Yang Berhormat Tuan Ling Tian Soon, Chairman of the Johor State Health and Unity Committee. He is known for his visionary and supportive nature, and was willing to organize and discuss further collaboration with his team to bring benefits to the people of Johor.

Moirai Momcare® beta version currently is available for free download at Apple Store and Google Play in Malaysia and extending to ASEAN in near future.

Besides looking forward collaborating with hospitals, doctors, confinement centres, and related medical business companies, we are providing medical related app development services as well to build up this wonderful medical AI eco-system for the benefit of our women and babies.



Moirai Momcare® was recognized for its uniqueness and awarded the ASEAN Chinese Outstanding Entrepreneur Award (Medical AI) 2022 and the Global Health Asia Pacific Award 2022 for being the Creative and Innovative Medical AI Provider of the Year in the Asia Pacific. These accomplishments serve as a strong endorsement and recognition of Moirai Tech's efforts, and provide a boost as the company continues to advance.



Starting in 2023, Moirai Tech Sdn. Bhd. is proud to announce that its founder and director, Dr. Quek Yek Song, has been nominated and listed in the upcoming 5th edition of the "Successful People in Malaysia Encyclopaedia" published by British Publishing House LTD. This encyclopaedia features authentic personal data and exclusive information about individuals who have achieved significant accomplishments and have gained recognition through their achievements.

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# Kourtney Kardashian's 'vaginal health gummies': here's what the evidence shows

Author: Ina Schuppe Koistinen, Associate Professor, Karolinska Institutet

This article was published in *The Conversation* in February 2023: <https://theconversation.com/kourtney-kardashians-vaginal-health-gummies-heres-what-the-evidence-shows-199620>

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**E**ven if I fully agree with Kourtney Kardashian that vaginal health is an important but not sufficiently talked about part of women's wellbeing, we may have a strikingly different view on how to tackle the problem.

The reality TV star recently launched a vitamin sweet called Lemme Purr to boost the health of your vagina. On her Instagram channel, she says these gummies use pineapple, vitamin C and probiotics

to target vaginal health and pH levels that "support freshness and taste".

Kourtney continues with the selling words "Give your vagina the sweet treat it deserves (and turn it into a sweet treat)". One of the claims she makes is that the vitamin sweet supports a healthy vaginal microflora. As a researcher specialising in the role of vaginal microflora for women's health, I was curious and wanted to find out which active ingredients this claim

**A healthy vaginal microflora is composed of lactobacilli that keep the pH low and protect us from infections.**



CREDIT: LEMME

is based on.

Lemme Purr contains pineapple extract (probably for its taste), vitamin C (not really needed if you have a balanced diet) and a clinically tested probiotic (*Bacillus coagulans*). According to the product description, the probiotic has been shown in clinical studies to support vaginal health, freshness and odour. This surprised me – I should know about these studies and effects as this is my primary research field.

A healthy vaginal microflora is composed of lactobacilli that keep the pH low and protect us from infections. My colleagues and I never identified *Bacillus coagulans* as being important for the health of vaginas, even though we have analysed thousands of samples during recent years. From other research groups and our own results, we know that *Lactobacillus crispatus* is the species that is associated with vaginal health and female fertility.

As I may have missed something important, I immediately checked what has been published on that probiotic in scientific journals. I found one systematic review and meta-analysis (a type of analysis where many individual studies are taken together) that mentions *Bacillus coagulans*. Apparently, it may improve stool frequency and symptoms of constipation, although the authors conclude that more research is needed.

On the topic of women's vaginal health, I could only find a single study. There, 70 women with vaginal discomfort reported symptom relief after direct vaginal administration of the probiotic. There is nothing published on the oral administration of the probiotic that could support the claims made by Kourtney.

### Vaginas don't need fixing

So it seems likely that vaginal microflora isn't influenced by so-called vaginal gummies. But I must share another concern. The statement that our vaginas are not good as they are but need to be fixed to please our partner is deeply worrying.

A healthy vagina has its unique odour based on the discharge that contains cells from the mucosal layer of the vaginal walls and the microbes that thrive there.

Also, our hygiene, sweat and underwear can influence this odour. It can be slightly acidic, because of the lactobacilli producing lactic acid, or have a distinctive metallic smell of blood during menses. Still, this individual odour is not unpleasant or something we have to be ashamed of. It is our personal signature that we do not have to hide.

I also need to dispel the myth that pineapples can affect the taste of a vagina. This statement shows a staggering ignorance of how our bodies function. Like any other foods we eat, pineapple will be digested in our gut into the smallest components, such as carbohydrates, amino acids, lipids, vitamins, minerals and other small molecules that are absorbed into our bloodstream and reach all cells and organs in our body. Sorry, but there is no shortcut of pineapple-derived sugars and fragrances to our vagina.

It is also important to note that our vaginas do not need any special care; they are self-cleaning with a



continuous discharge. If this discharge has a strong and unpleasant odour, it might be a sign of a vaginal infection that can have serious consequences on your health and fertility.

After I have read up on the content and checked the scientific research, I feel confident to say that vaginal gummies do not add any health benefits for women. It is yet another example that money can be made from women's insecurity about their bodies.

If you notice that your vaginal discharge has an abnormal smell, you should seek advice from your GP or gynaecologist – not a reality TV star. ■

# Patients continue to turn to telemedicine in Asia

*As pandemic-related needs subside, telemedicine has a new purpose: improving access to care in the region*

**C**OVID-19 was a key catalyst for digital healthcare adoption in Asia. As shutdowns and virus concerns kept patients at home, telemedicine app usage soared. Recent Bain analysis confirms that those high usage levels persisted in 2022 and remain well above 2020 levels.

But telemedicine adoption may have significantly more headroom in some countries. Usage in Malaysia, Thailand, and the Philippines, while fast growing, considerably lags usage in Singapore, India, and Indonesia (see Figure 1).

Digital-native companies continue to lead the telemedicine market in Asia, though provider-owned apps have recently started gaining share (see Figure 2). Traditional healthcare providers have the advantage of offering digital and in-person services to an existing, trusting patient base.

In mature healthcare markets, such as the US and Europe, service providers have scaled up digital health services in the

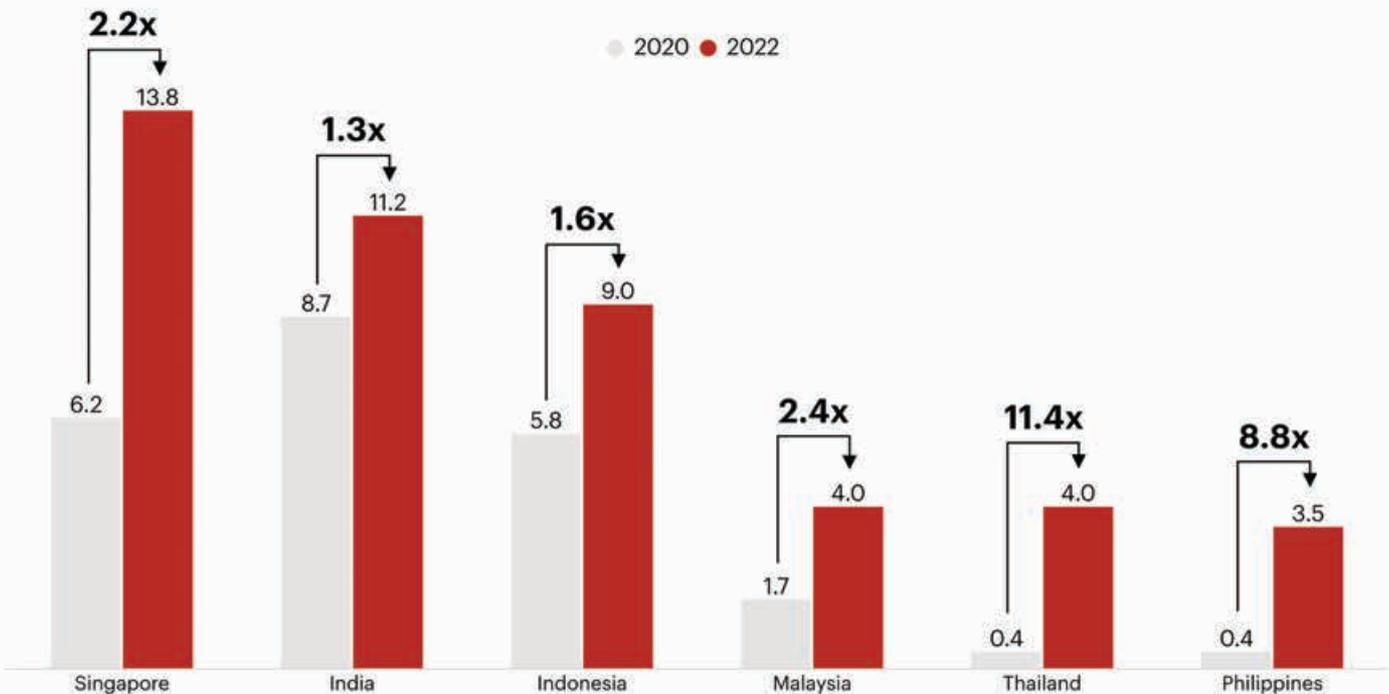
existing B2B ecosystem. In emerging Asian markets, where private health insurance coverage remains low, and private provider groups are fragmented, digital natives have been able to play a more meaningful role.

To capture the opportunity, both providers and digital natives can offer a wide range of end-to-end services across digital and in-person care. Digital natives can establish themselves as a first touchpoint of care through telemedicine apps. And providers can, and should, invest aggressively in digital capabilities to deliver more holistic access to care.

*This article was written by Alex Boulton, Southeast Asia Head of Healthcare & Life Sciences Practice in Singapore, and Vikram Kapur, Partner and APAC Head of Healthcare & Life Sciences at Bain & Company in Singapore.*

**Figure 1: Digital health adoption in 2022 was high in some markets, while others are poised for growth**

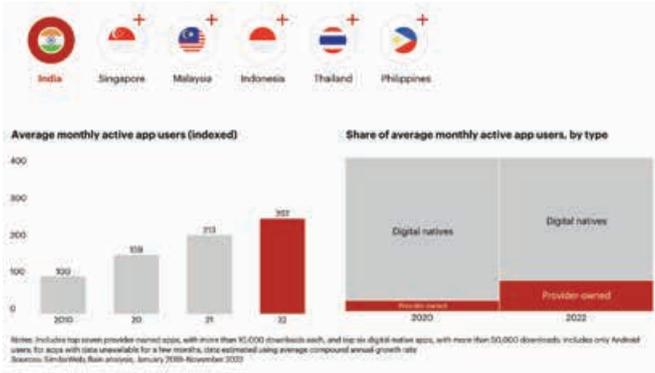
Average monthly active app users per thousand population



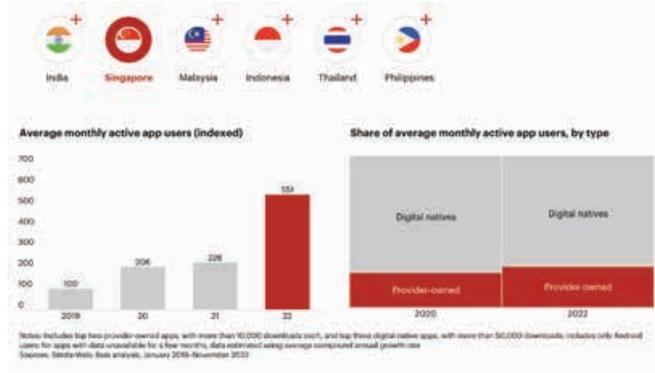
Notes: Includes digital-native apps with more than 50,000 downloads and provider-owned apps with more than 10,000 downloads; total population calculated with share of Android users; numbers are rounded  
Sources: SimilarWeb; Bain analysis, January 2019–November 2022

**Figure 2: Telemedicine usage remains above prepandemic levels, as provider-owned apps gain ground**

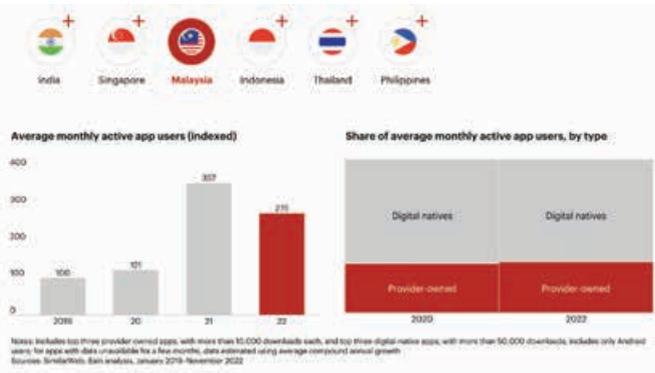
**India**



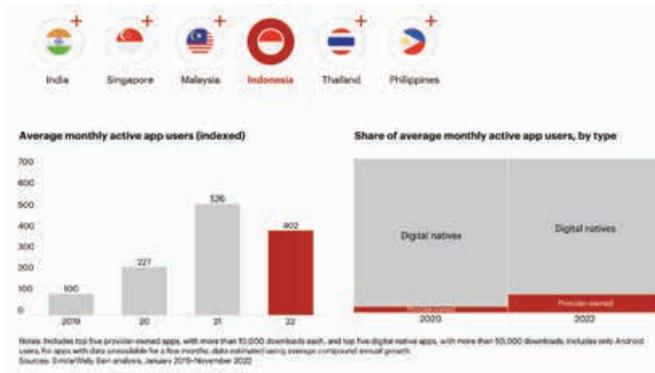
**Singapore**



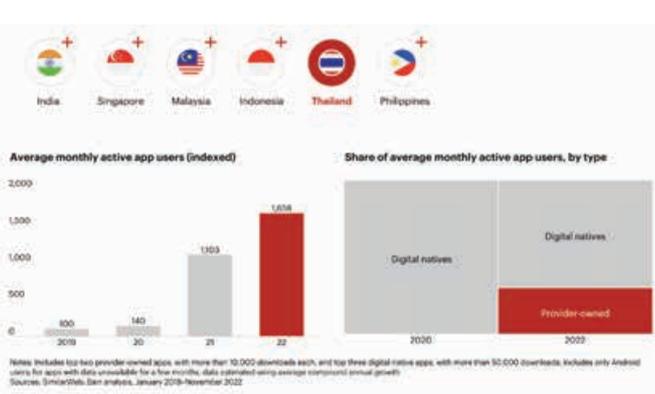
**Malaysia**



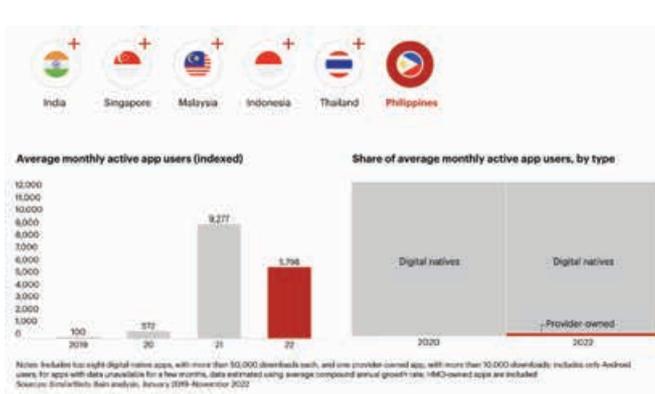
**Indonesia**



**Thailand**

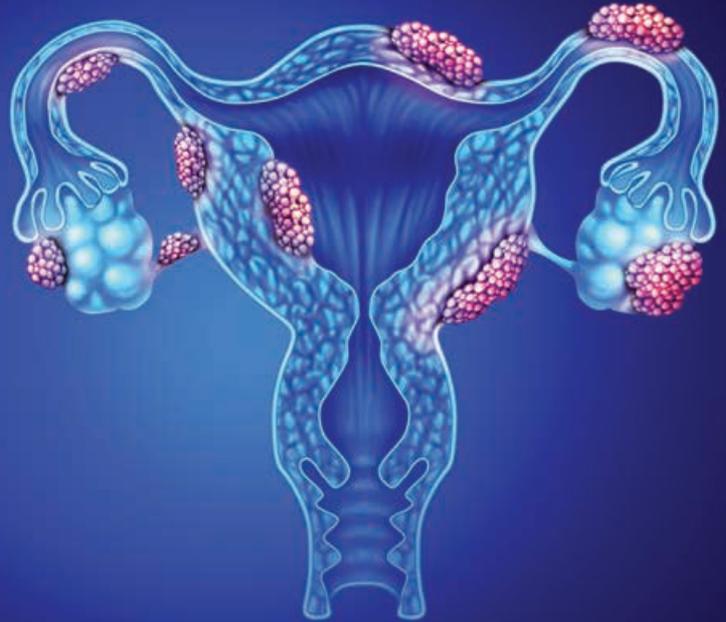


**Philippines**



# Why Endometriosis Matters

By Dr Sharifah Halimah Jaafar



Despite being a common illness, endometriosis has historically been under-recognised by both the medical fraternity and the public, leading to subsequent underdiagnosis.

**E**ndometriosis is a disorder that affects a large percentage of women of reproductive age, yet it is rarely discussed in mainstream media and often goes unrecognised. A chronic and debilitating condition, it develops when the tissue that normally lines the uterus grows outside of it, in areas such as the ovaries, fallopian tubes, and bladder. It can cause severe pain, infertility, and other related issues such as headaches. Some research indicates the condition is more common than breast cancer, prostate cancer, and diabetes.

Despite being a common illness, endometriosis has historically been under-recognised by both the medical fraternity and the public, leading to subsequent underdiagnosis. The average delay between the onset of the disease to diagnosis is between seven and twelve years, leaving young women affected by the disease in pain and confusion without a legitimate diagnosis of their symptoms. One of the most common early symptoms is dysmenorrhoea or menstrual-related pain, which is often not taken seriously and is either dismissed or frequently perceived to be normal as part and parcel of being a woman, which she is expected to live with it. As a consequence, this common narration hampers early detection of the disease and delays timely intervention before endometriosis progresses further into a severe form of the disease with complications.

According to a recent understanding of the

pathophysiology of endometriosis, the onset of the disease could be as early as adolescence. As soon as women attain menarche (first menstrual period), they are exposed to a series of oxidative stress brought on by the backflow of menstrual flow and changes in microbiomes and flora in the vaginal and peritoneal fluids that trigger the development of the endometriosis of different clones or variants in susceptible individuals. This new understanding gives hope for the possible prevention of severe disease if those modifiable factors that lead to the sustenance of the growth of endometriosis could be managed effectively and in a timely manner.

Endometriosis can manifest in many forms and spectra, from superficial and cystic lesions to deep infiltrating lesions at any stage of life. It is a highly individualised disease with varying symptoms, and its impact varies significantly from person to person. Some people have very little pain, while others have recurring debilitating symptoms that impact them on a daily basis. Unfortunately, to date, there is still no reliable screening method to detect endometriosis in its early stage.

Furthermore, diagnosing endometriosis in adolescence can be equally challenging as neither ultrasound nor advanced imaging can detect early lesions which are common in this age group. Diagnostic laparoscopy and biopsy are the gold standards for diagnosing endometriosis. An invasive



surgical procedure, it is recommended when the initial medical treatment has failed to reduce symptoms or there are suspicions of other co-existing diseases, especially in young women and adolescents.

Understanding what endometriosis is and involving more people in the conversation is key to meaningful progress. Spreading awareness of the condition and working to destigmatise it can help ensure more women get the treatment they need. Additionally, support and research into the condition are critically important so that the medical community can better diagnose, treat, and prevent it.

Endometriosis matters to us all — educating ourselves and advocating for those living with the condition are essential for progress and change.

Early recognition, assessment, and intervention are of paramount importance as they can lead to

better long-term management, thereby minimising the adverse impact of symptoms while improving quality of life and helping individuals live normal and healthy lives.

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# SO, SHALL WE DEBUNK SOME COMMON FERTILITY MYTHS?

**F**ertility myths are widespread beliefs that are not supported by scientific evidence, but they still persist in many cultures and communities. These myths can cause anxiety and stress to couples who are trying to conceive and may lead them to make decisions based on misinformation. Join me as we explore and dispel some of the more common myths.

**Myth 1: Women can get pregnant on any day of their menstrual cycle.**

The likelihood of conception is highest during a woman's fertile window which is limited to a few days each cycle. The fertile window occurs when an egg is released from the ovaries and travels through the fallopian tubes, where it needs to be fertilized by sperm for a pregnancy to occur. This is typically five days before ovulation, including the day of ovulation. The fertile window can be calculated if a woman has relatively regular menstrual cycles.

**Myth 2: A woman's age does not affect fertility.**

The truth is that a woman's fertility declines with age, and the decline becomes more pronounced after the age of 35 years. The decline in fertility is due to the reduction in the number of healthy eggs that a woman has, and this ovarian aging can make it more difficult for her to conceive as she ages.

**Myth 3: Couples have a very high chance of conception each and every cycle they try.**

Even in the very best of circumstances eg. in a healthy and young couple in their mid-20s, there is only a 25% chance of pregnancy for each month of trying. This percentage drops as the woman's age increases. Human beings are known to have one of the lowest fecundability among all mammals.

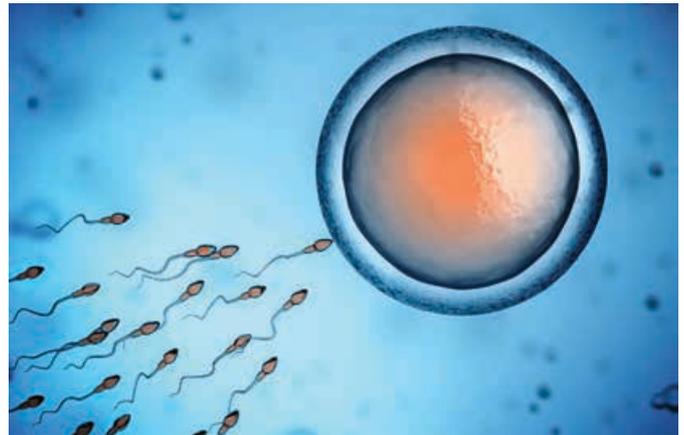
**Myth 4: Infertility is always caused by the woman.**

This is a common myth that often leads to unnecessary blame and stress for women who are struggling to conceive. Infertility is a complex issue that can be caused by a variety of factors, including problems with the sperm, the eggs, the uterus, or the fallopian tubes. In addition, infertility can also be caused by hormonal imbalances, lifestyle factors and underlying medical conditions. One-third of infertility cases are due to problems with the man's reproductive system. Therefore, it's important for both partners to be evaluated in order to identify the underlying causes of infertility and to develop an effective treatment plan.

**Myth 5: Women remain highly fertile as long as they haven't reached their menopause.**

A woman's fertility declines rapidly after the age of 35 years. Age-related declines in fertility makes it more difficult for women to conceive. This decline in fertility is due to a natural decline in the quality and quantity of a woman's eggs as she ages. On the other hand, complications during pregnancy increases with age.

**Myth 6: If you're having trouble conceiving but your menstrual cycles come like clockwork, you just have to relax and keep trying. You don't have to see a Fertility Specialist.**



The rule of thumb is, for women less than 35 years old, the couple should see a Fertility Specialist if it's been a year of fruitlessly trying. For women more than 35 years old, they should make their way to a Fertility Clinic if they've been trying unsuccessfully for 6 months. For those women 40 years and older, or in cases where the couple has a known factor that might impact fertility eg. irregular menstrual cycles, they should see a Fertility Specialist sooner rather than later.

**Myth 7: Stress does not affect fertility.**

Stress can alter the levels of hormones in the body that are necessary for conception and cause changes in the menstrual cycle, making it more difficult to determine the fertile window. Stress also has a negative impact on overall health and usually causes disinterest in sexual relations. While stress may interfere with ovulation and sperm production, there is no scientific evidence to suggest that stress on its own can cause infertility. One major hindrance to acquiring good quality data is that stress is very subjective and immeasurable.

**Myth 8: Specific sexual positions help improve pregnancy rates.**

Sexual positions during ejaculation do not have an impact on achieving pregnancy. Sperm that is ejaculated into the female reproductive tract can be found in the cervix and beyond within a few minutes of ejaculation, irrespective of the sexual position of the couple.

**Myth 9: The position and timing of sexual intercourse can help determine a baby's gender.**

There is no scientific evidence to support the idea that the position or timing of intercourse can affect the gender of an offspring.

**Myth 10: Women must have an orgasm for pregnancy to occur.**

This is incorrect. As long as sperm is deposited within the female reproductive tract, pregnancy can occur, despite the woman not having orgasms.

**Myth 11: Women should elevate the bottom half of their body after sexual intercourse to help sperm swim upwards.**

During ejaculation, when sperm is deposited within a woman's reproductive tract, close to her cervix, most of these sperms will be able to swim through the cervix and into the fallopian tubes, to look for an egg to fertilise, without the aid of acrobatics on the female partner's part.

**Myth 12: Douching improves women's reproductive health.**

On the contrary, douching can work against a woman in her quest for a pregnancy, as douching alters the normal microorganism make-up of the vagina and can lead to frequent infections.

**Myth 13: Briefs or boxers for men?**

No significant difference in sperm quality in relation to types of underwear used by men has been found. However, prolonged exposure in saunas or hot tubs can impact sperm quality negatively as they can raise scrotal temperature, which can potentially affect sperm production.

**Myth 14: Sperm quality remains the same at any age.**

In men, sperm starts to decline in quality especially after the mid-forties. This decline in sperm quality though, is not as apparent as seen with women's eggs. Decline in sperm quality might affect the ability to conceive, and it is important for men to be aware of the natural decline in their fertility as they age.

**Myth 15: Men should save up their sperm for prolonged periods until ovulation day.**

The quality of sperm that's stored for prolonged periods will deteriorate. A better option would be to have regular intercourse, which also increases chances of conception.

**Myth 16: IVF is always successful.**

While IVF is a highly effective treatment option, there is no guarantee of success. The success rate of IVF depends on many factors, including the age of the woman, the cause of infertility, and the overall health of both partners. In some cases, multiple IVF cycles may be necessary to achieve a successful pregnancy. Couples must have realistic expectations regarding the likelihood of IVF working for them. This in fact, goes for all the fertility treatment modalities that are available to them. One golden rule though, is that, the younger the female partner, the higher the likelihood of successful fertility treatment.

**Myth 17: IVF reduces ovarian reserve.**

Every menstrual cycle, a pool of follicles are selected, however, only 1 becomes the dominant follicle and ovulates. The rest will undergo atresia and degenerate. IVF aims to collect these group of follicles that have been selected for that particular month, which would otherwise, in a natural cycle, all have undergone atresia anyway.

**Myth 18: Certain foods can boost fertility.**

While it is true that a healthy and balanced diet can improve overall health and increase the chances of conception, there aren't specific types of food that have been proven to increase fertility more than others. It is therefore important to focus on eating a balanced diet that is rich in nutrients, such as fruits, vegetables, whole grains, and lean proteins, rather than relying on any one specific type of food to boost fertility.

**Myth 19: Consuming any caffeine at all can reduce fertility.**

Excessive caffeine consumption might reduce fertility, however, moderate caffeine intake has not been shown to have a significant impact on fertility. So, go ahead, enjoy your daily consumption of 2-3 cups of caffeinated beverages.

**Myth 20: Women can freeze their eggs at any age, for use later.**

Because the quality and quantity of a woman's eggs declines as she ages, the chance of success with egg freezing decreases as a woman approaches her 40s. Whilst egg freezing is still a valuable option, it is

important to understand the limitations brought on by age.

**Myth 21: Egg freezing guarantees a pregnancy.**

Egg freezing is a good option for women who might want to have a child at a later age and who are worried about the declining quality of their eggs, as well as the waning number of eggs as they age. However, this does not offer an absolute guarantee of a future pregnancy. Egg freezing does though, offer them the best opportunity to have their own biological children with their own eggs, instead of only resorting to donor eggs at an older age.

**Myth 22: All fertility clinics are the same.**

Each fertility clinic has its own unique approach, laboratory technology and success rates. It is important to research and compare different clinics to find the best fit for your specific needs and goals.

**Myth 23: Fertility clinics only offer IVF.**

Most clinics offer a full range of fertility treatments such as intrauterine insemination (IUI), ovulation induction, egg freezing and sperm freezing. It is advisable to consult a qualified Fertility Specialist who can provide accurate information and guidance on the best treatment options for each couple's individual needs and circumstances, as well as, their estimated success rates.

**Myth 24: Fertility treatment increases the risk of cancer.**

There is no scientific evidence to support the claim that fertility treatment increases the risk of cancer. Many studies have found no significant link between fertility treatment and cancer.

**Myth 25: Bed rest is necessary after an embryo transfer.**

Again, there is no scientific evidence to support the idea that bed rest is necessary or even beneficial after an embryo transfer. On the contrary, light physical activity is recommended.

**Myth 26: Staying at home is best after an embryo transfer.**

While it is important to avoid physically strenuous activities and minimize stress, it is not necessary to stay at home after an embryo transfer. Normal daily activities and work can generally be resumed safely after an embryo transfer.

**Myth 27: A couple who has had children can't possibly have problems having another child.**

Secondary infertility refers to the inability to conceive a second or subsequent child. This condition has been shown to affect as many as 1 in 10 couples. Both, the man and woman should be evaluated and treated if necessary, to determine the cause of their secondary infertility.

In conclusion, there are many myths surrounding infertility and fertility treatment which can be misleading. It is important to seek accurate information from qualified Fertility Specialists and debunk myths in order to be able to make informed decisions regarding one's own reproductive health and start working towards achieving the goal of starting a family.

At Sunfert International Fertility Centre, apart from dispelling myths, we offer fertility services ranging from consultation and basic assessment, to advanced fertility treatment, as well as fertility preservation for men and women. Call us at +603 7622 8688 or visit [www.sunfert.com](http://www.sunfert.com) to find out more.

*Dr Sumithra Devi Valiapand  
Fertility Consultant, Obstetrician & Gynaecologist  
Sunfert International Fertility Centre*

# Leadership in the post-pandemic era — Get Up-Close-and-Personal with your people

*Dr Timothy Low advises on how to become a good leader, especially in healthcare*

**The pandemic has taught leaders that there's plenty they won't know until they need to know it.**

**W**ise and confident leaders surround themselves with people smarter than they are. These professionals will help you rise to the occasion and balance out your strengths.

To be the very best leader in any organisation, especially in a hospital, embrace empathy and humility. The pandemic has taught leaders that there's plenty they won't know until they need to know it. Be open to new lessons, ideas, and perspectives because it will only make you a stronger leader. Seek to surround yourself with smarter, more talented people who can help you sharpen your knowledge and skills.

Get Up-Close-and-Personal – go down to the ground to feel the pulse. To be an effective leader, you need to know what's happening around you in the organisation. You need to build the culture and fully understand the nuances of your organisation. The only real, meaningful way to do that is to get to know your people. You need to be present with them in meetings and ask questions. The power of connection is the catalyst of great leadership.

The willingness to put yourself in a position of

vulnerability speaks volumes for true communication. It means admitting you don't have all the answers, which can be uncomfortable for some leaders. But making a commitment to share information when you have it, letting people know that you are always working to overcome challenges, will be helpful for the team.

People always seek clarity — we all want to know what the future is going to be. And that's impossible to foretell. But if we are consistently having a dialogue, constantly sharing information, we can work together to find better solutions with the team.

During the pandemic, we needed to ask ourselves how we could lead differently than before. We had to focus on how to support our people beyond their remuneration. It became about how we could show our gratitude. The greatest thing is really making sure that our people know they are being appreciated and that their efforts truly have made a huge impact on our success.

Before the pandemic, I am sure we looked at showing gratitude in small ways, but I'm not sure it was at the core of everyone's leadership plan. We've learned when you focus on the people on your team, great things can happen. You create an environment where people feel like they're a part of something bigger, and make sure they know that, no matter their role, they're making an impact.

We need to remember that we ourselves, as leaders, are human beings after all. We need to be honest with ourselves and have some humility when it comes to knowing our strengths and building on them. Embrace our challenges and surround ourselves with people who can help us be better at what we do. Empathy and humility are mission-critical for successful leadership, and it's important for all of us to recognise that we're riding on this journey together but we've not yet "arrived."

To level up our leadership skills, we need to take our work Up-Close-and-Personal, because it is Personal.

First, we need to realise that we often focus so much on taking care of others that we don't put ourselves in a place to receive care — even self-care. Don't be afraid to ask others around you about what they do to try to keep themselves balanced. We should put ourselves on a priority list sometimes.





As a leader in your organisation, encourage others to have those same conversations. As a person, your work life and your home life are interconnected. That's a reality. But I realised during the pandemic that we always should have been caring as deeply about the people on our team as we care about the people that we care for.

The second personal connection tip is to always know our "Purpose." That's essential to the work we do. Always remind ourselves why this work matters. Understanding our "Purpose" will keep us grounded, more positive, and passionate about the work we do — even when it's challenging.

Authenticity is a powerful tool for leaders. Value the power of authenticity. Organisations and leaders who encourage authentic behaviour are more likely to have teams that are engaged and motivated. To become more effective at guiding others, authentic leaders must first focus on improving themselves — which is why many authentic leaders are disciplined, mission-driven, and cultivate self-awareness.

Lead without a title in mind. Leadership is about action and outcomes; it's not about a title. I believe that everyone is a leader, and we should lead from the role we're in. Everyone and every role is important because what we do is always seen as a team sport. For me, getting rid of the idea of chasing a title was empowering, and it enabled me to focus on acquiring the knowledge and skills I

needed to make the biggest impact. Keep asking yourself, "How can I invest in myself today to better myself for tomorrow?"

Realise success is a journey and enjoy the ride. I believe people need to chase progress, not perfection. In any leadership job environment, if you focus on trying to be perfect, you'll most likely fail. Leadership is a journey, it's not a destination. As soon as you land where you think you should be, the world changes. The current VUCA (volatility, uncertainty, complexity, ambiguity) is so dynamic. If you want to be excellent and encourage others to be excellent, focus on always striving to be better than where you are now. It doesn't mean that where you are now isn't great, but it means we're always aiming for more. If we're standing still, we're falling behind in this work.

The true journey to successful leadership is personal. Challenge yourself to find someone — a leadership coach, peer, or mentor — who can reflect the mirror back on you, helping you identify areas of growth and opportunity and how to leverage your strengths for action and a successful leadership journey.

(Excerpts extracted from Becker's Hospital Review- leadership & Management 2023)

*Dr Timothy Low is the chief executive officer at Farrer Park Hospital in Singapore.*

**Authenticity is a powerful tool for leaders. Value the power of authenticity.**

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# RF Micro Needling: Beyond What You Have Imagined

**S**cientific and technological creativity in aesthetics is rapidly changing, and the efficacy of innovations and safety margins are improving. Novel ideas and modalities are being incorporated into facial, neck and body cosmetic care and trends and developments within these areas as well as perceptions of their probable significance, and how these modalities may impact future practice patterns is constantly being researched.

With patients demanding more natural therapies, the field is expanding exponentially, cost is coming down, and to some it can be overwhelming. Personalized and precise aesthetic medicine is quickly becoming a reality with the current knowledge regarding versatility of care not just at skin level but beyond that at molecular level.

Representing the continued popularity and advancements, the best-in-class Potenza™ RF micro needling system by Cynosure, the global leader in medical aesthetics is the world's first RF micro needling system that combines monopolar and bipolar radiofrequency at 1MHz or 2MHz frequencies in a single device, taking the technology to a new level offering clinicians unrivalled versatility and personalized treatments for patients. With four RF modes, nine different needle configurations and customisable energy settings to fine tune treatments based on patients' specific needs – all skin types, almost anywhere on the body and the best part, at any time of year. This ground-breaking device is also equipped with Tiger Tip™ technology, the first semi-insulated needles of its design which allows practitioners to expand the treatment zone and address more tissue per treatment, which translates to quicker sessions for patients without sacrificing the epidermis.

Fusion Tip™ is the first and only RF micro needling tip on the market designed to enhance the penetration of topicals deeper into the dermis by 67% to reach where it matters most, therefore improving the quality of the skin tremendously even with single session. When the Fusion Tip™ is used, air is trapped through enhanced tissue engagement and the needles create channels to deliver RF energy to the skin. Air is then released towards the skin, driving topicals deeper into the dermis, giving excellent results for dry skin and uneven skin tone problems.

I have always believed that there is beauty in simplicity, and this is an intuitive choice that makes sense to most laser practitioners. We use to rely on lasers to treat individual lesions, but Potenza™ offers a valid alternative for blemishes which can be resolved with single needle RF; it is a one-and-done treatment for those where we have limited success with lasers. This turns Potenza™ from a skin revitalizing unit into a precision instrument targeting stubborn acne cystic spots to reduce the risk of them scarring the skin.

Acne scars has always been a challenge in my clinical practice and with the advent of Potenza™ having the ability to set multiple needle depths per pass is definitely an advantage, allowing discrete



electrothermal coagulation at different layers of the dermis. Due to the damage to the reticular dermis, long-term dermal remodelling, ne elastogenesis and neocollagenogenesis results in dermal thickening and progressive improvement in the acne scars. The insulated needles prevent electrothermal damage from occurring anywhere in the dermis but at the very tip of the needle where its required and never in the epidermis giving excellent results without the usual downtime nor complications faced before with resurfacing lasers or deep chemical peels.

In my experience, the best area for skin laxity treatment is the jawline and neck, where it can make substantial improvements in the loose skin in this area. As an industry we are familiar with the concept of 'density' from fractional laser therapy, and different needle arrays give you density choices, but it works a little differently with RF than lasers. Higher needle density at the same energy output means less heat per needle, which I've found to be extremely useful to achieve the skin tightening through soft tissue coagulation and deep dermal heating

Melasma in another area of my interest in which I have started incorporating Potenza™ as one of my armamentaria of treatment modality. Potenza™ definitely ushers new hope for the treatment of resistant melasma. The device works on several fronts – breaking down melanin or pigment deposits from the superficial level to deep dermis and improve the transcutaneous elimination, coagulating over-proliferated feeder vessels and also strengthens and regenerates the basement membrane which is weakened due to UV rays and aging, to prevent the further formation of melanin. By solving the fundamental problems of melasma, Potenza™ minimizes the recurrence of these issues giving greater satisfaction for both the patient and the physician.

The point is that, anyone and everyone can benefit from Potenza™ –as it also targets and eliminates fine lines and wrinkles, as well as improve texture and tone disparity. While three to five treatments at roughly four to six weeks apart are recommended, patients may notice improvements in their skin after the first or second treatment and will continue to see improvements six to 12 months post-treatment.

Potenza™ is everything RF micro needling is supposed to be, in a single device, and I have only scratched the surface of what it can do. I am definitely intrigued and excited to explore and share more.



**Dr Usha Hoh**  
CEO & Senior  
Medical Director  
of MX Clinic and  
Key Opinion Leader  
and International  
Speaker for Rejuran  
(PharmaResearch  
Korea)

# WEIGHT MANAGEMENT

An introduction to Fat Reduction via multiple treatments. Datuk Dr. Alice Prethima shares her knowledge and provides a comprehensive overview on different ways and types of invasive and non-invasive fat reduction treatments.

Total prevalence of obesity among older adults was 15.8% (61.1% of females; 38.9% of males) in this present study, which is comparable to the NHMS 2015 study in Malaysia, which reported 17.7% of obesity among adults age 18 years and above, has been a worrying subject of the matter. Datuk Dr. Alice has been a big advocate in weight management issue and how to deliver standardised care to people living with obesity in wanting to achieve a healthy weight. Due to the fact that obesity has been found to reduce life expectancy and significantly increase on the risk of cardio-metabolic disease, non-communicable diseases, joint issues and even cancer.

Popular trends towards achieving physical beauty, has given rise to a demand for fat reduction and body contouring treatments that are affective, safe, affordable and have minimal downtime. Liposuction has been indicated in many studies to be very effective, however, it carries a relatively high risk of complications and side effects with reports of long-term and even fatal difficulties due to complications during and after the treatment, we at Ageless Medispa, offer Vaser Liposelection a more advanced technology and procedure. We also offer non-surgical aesthetic procedures which is cost effective and safer alternative with a shorter recovery time, as listed below:

In general, three types of patients undergo body contouring procedures:

- Patients wanting to treat stubborn fat in problem areas such as the abdomen, thighs or hips.
- Patients with skin laxity of the face, neck or arms wanting to tighten skin and deeper layers.
- Patients requiring treatment that combines both fat and skin tightening.

These treatments are most ideal for non-obese (body mass index of less than 30) patients seeking modest localised fat reduction. With a BMI of more than 30, patients often have visceral fat, which increases cardiovascular and other health risks. These patients benefit more from whole body weight reduction initially, followed by tightening of loose skin and contouring. Here's what some of the aesthetic device technology, that we carry in Ageless Medispa, Jalan Maarof Bangsar. From invasive to non-invasive with electro muscle stimulation (EMS).

1. Visceral fat management – most hard to focus and technologies are limited. We offer 'Sleeping Beauty' combination of technologies for body 360-degree contouring Bio-energetic field to stimulate fat burning, promote lymphatic circulation and NARL – Noradrenaline Release System for visceral fat loss (EMS).
2. Vaser liposelection – minimally invasive procedure precisely and efficiently removes unwanted body fat. An alternative to the harsh techniques of traditional liposuction, uses the state-of-the-art ultrasound technology designed to gently reshape your body. Vaser liposelection has the ability to differentiate targeted fat from other important tissues such as nerves, blood vessels and connective tissue. Most effective and recommended for patients to see vast differences.
3. Cryolipolysis – works by controlled cooling causing adipocyte apoptosis. One cryolipolysis device FDA approved for the treatment of flanks, abdominal area and thigh fat.
4. High-intensity focused ultrasound (HIFU) – uses high frequency focal acoustic energy to raise the temperature around adipose tissue and produce coagulative necrosis. HIFU has a focal point depth 1.3cm and therefore patients need adipose tissue depth of at least 1cm beyond the focal point. It handles the reduction of waist circumference.
5. Radiofrequency (RF) – causes thermal injury to targeted tissue layers using electrical energy. Monopolar and multipolar forms are available for fat reduction. In monopolar RF devices, energy is passed from a single electrode into the tissue and directed to a return pad in another area of the body.
6. Injection lipolysis – used for focal adiposity and skin tightening around the face, abdomen, hips, thighs and flanks. This causes fat cell destruction. This aims to prevent fat cells from refilling over time and reduces the number of treatments required.

There's increasing patient demand for non-invasive fat reduction and body contouring treatments, which offers a quicker, low-cost and safer alternative. However, as mentioned earlier it all depends on the focal point of patients target and expectations. Upon consultation in our centres, a thorough pre-procedural assessment is essential in order to select the optimal treatment strategy for the patient and achieve the best outcomes. All discussed therapies have a good safety profile, we also offer medical management of fats that can't be lost in other ways.

At Ageless Medispa, Datuk Dr Alice gives bespoke package and treatments for each patient addressing their concerns and offering combination treatments from non-invasive to invasive depending on their preference, leaving us with our tagline "Come As you Are, Leave as You Wish". For more information on treatments offered in our clinic please log into: [www.dralicemd.com](http://www.dralicemd.com) or contact us at +60103683521/+603 2095 0458 to book for an appointment.





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## GHQIA Quality Improvement Programs



### Hospital Accreditation

GHQIA provides hospitals access to the well- established standards of ACHS International, with notable added advantages to the accreditation process:

- Assignment of a local partner who can offer accurate, localised feedback and continuous guidance.
- Option to conduct regular mock assessments and readiness diagnostics of processes, procedures, and outcomes to gear up for the actual audit.
- Overall cost-effectiveness through a localised engagement structure.



### CoE Accreditation

The Centre of Excellence (CoE) Accreditation is a first-to-market initiative allowing GHQIA members to undertake accreditation in niche areas of clinical expertise.

GHQIA will apply the ACHS International standards in a focused manner, conducting a deep-dive assessment of the organisation on those selected fronts.

As part of the excellence requirements and to ensure stand-out achievements in the identified specialty, the organisation is required to participate in the ACHS International Clinical Indicator Program (CIP) to benchmark themselves against best- in-class providers and strive for continuous improvements during the time they are accredited.



### Clinic Accreditation

With specialist clinics taking on an increasingly critical role in the patient journey, the accreditation serves as a tool to help clinics communicate their commitment to care excellence and differentiate themselves in a saturated market.

Through the accreditation program, members can tap on the expertise of industry experts for advice and guidance on all aspects of clinical operations, including digital health adoption and other innovative healthcare practices.

The GHQIA member network also offers a platform to facilitate knowledge and best practice sharing amongst fellow providers, opening doors to potential creative collaborations.

## Who Should Get Accredited?

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