

Orang muda dapat penyakit tua

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KUALA LUMPUR – Orang ramai yang terlalu banyak menggunakan bahan kimia dalam industri seperti plastik dan produk penjagaan peribadi tercedah kepada hormon berbahaya xenoestrogen.

Hormon itu diserap secara berterusan menerusi penggunaan kosmetik, plastik, petroleum dan bahan pencuci sehingga menyebabkan seseorang itu menghadapi masalah kesihatan tanpa disedari.

Pengerusi Eksekutif Pusat Perubatan PrimaNora, Datuk Dr. Nor Ashikin Mokhtar mendedahkan, ia menjadi punca ramai orang muda yang berusia seawal 15 tahun terdedah kepada penyakit dan ketumbuhan yang biasanya dihidapi golongan dewasa. "Sekarang ramai remaja yang menjadi pesakit saya sudah ada fibroid dalam pe-



ASHIKIN



PAUZI

rut, ketumbuhan di payu dara, gangguan hormon malah lelaki pula ada masalah kesuburan," jelasnya ketika ditemui *Kosmo!* di pejabatnya di sini baru-baru ini.

Beliau yang juga pakar obstetrik dan ginekologi menambah, jika penggunaan bahan-bahan itu tidak diawasi dan dikurangkan ia menyebabkan xenoestrogen semakin berleluasa dalam badan dan mendorong kepada berlakunya masalah hormon tidak seimbang.

"Contohnya, semakin ramai bayi sudah terdedah dengan plastik yang ada BPA (Bisphenol A). Apabila remaja, mereka menggunakan pula produk kosmetik dan pencuci yang banyak bahan kimia, akhirnya tanpa disedari mereka mendapat penyakit orang dewasa lebih awal," ujarnya.

Antara masalah yang beliau bangkitkan ialah datang haid lebih awal, remaja hadapi masalah kesuburan, putaran haid terlalu banyak dan kadang-kad-



PRODUK kegunaan harian yang diperbuat daripada plastik boleh mendatangkan masalah kesihatan jika ia mengandungi BPA atau polikarbonat. – Gambar hiasan

dang terlalu sedikit, fibroid, tiroid dan masalah reproduktif lain," jelasnya. Nor Ashikin memberitahu, masalah itu sudah lama disedari tetapi seolah-olah tidak disebar.

"Ramai juga pesakit saya ada masalah sukar untuk tidur, kembung perut, banyak jerawat, berat badan sentiasa turun naik, haid tidak datang, sengugut dan rambut gugur. Sebenarnya semua itu adalah masalah gangguan hormon.

"Gangguan hormon akibat xenoestrogen itu hasil

penggunaan produk harian dan diburukkan lagi dengan makanan yang kita makan turut terdedah kepada hormon asing itu," jelasnya.

Sebagai penyelesaian kepada pesakitnya yang mempunyai masalah hormon tidak stabil, beliau menyarankan orang ramai mengambil langkah awal membuat pemeriksaan darah.

Penyelaras Pusat Kecemerlangan Forensik Alam Sekitar, Fakulti Pengajian Alam Sekitar, Universiti Putra Malaysia, Prof. Dr. Mohamad Pauzi Zakaria

INFO Xenoestrogen

- Juga dikenali estrogen alam sekitar atau asing, ia terbentuk daripada sumber bahan kimia dalam kompaun industri seperti plastik yang ada BPA
- Penggunaan kompaun estrogen kini meningkat dalam makanan yang diberikan kepada ayam untuk membesar, telur dan pengeluaran susu
- Paling teruk penggunaan bekas makanan plastik yang boleh dimasukkan dalam ketuهار dan bekas syampu

Penyelesaian masalah xenoestrogen

- Guna gelas atau seramik dalam penyimpanan makanan
- Elak panaskan makanan daripada pembungkus pastik atau bekas 'Selamat Ketuهار' dalam ketuهار kerana ia boleh menyebabkan 500,000 kali minimum jumlah xenoestrogen stimulasi sel kanser payudara
- Guna pencuci yang kurang bahan kimia
- Guna syampu herba
- Elak penggunaan bahan kimia sintetik
- Guna produk organik

Periksa nombor kod produk plastik

- Boleh diperiksa di bawah setiap bekas plastik yang tertera nombor seperti 1, 2, 3, 4, 5, 6 atau 7
- Nombor 3, 6 dan 7 biasanya mengandungi polikarbonat yang lazimnya mengandungi BPA
- Ia kerap ditemui di bawah botol susu dan bekas air
- Produk itu akan mengeluarkan unsur BPA apabila dipanaskan atau terkena panas

Sumber: www.medicinenet.com

berkata, penggunaan plastik dalam pembungkusan makanan dan minuman boleh mendedahkan kanak-kanak lelaki kepada banyak hormon perempuan. Katanya, pendedahan kepada BPA dan bahan kimia

dalam minuman, Di (2-ethylhexyl) Phthalate (DEHP) menjadikan kanak-kanak lelaki mempunyai jumlah hormon estrogen yang biasanya ada pada perempuan melebihi daripada hormon testosteron lelaki.

Dilema graduan farmasi

BIDANG farmasi adalah bidang yang luas prospek kerjayanya. Di negara maju seperti Amerika Syarikat, United Kingdom dan Jepun, bidang farmasi adalah profesion yang penting dan dihormati dalam memastikan aspek kesihatan masyarakatnya berada dalam keadaan terbaik dan terpelihara.

Di Malaysia, bidang farmasi adalah bidang yang baru menempah nama sekitar lima hingga 10 tahun lalu.

Keperluan ahli farmasi yang terlalu tinggi dalam sektor awam mendorong ramai pelajar memilih bidang farmasi sebagai kursus pilihan mereka di universiti kerana bidang ini menjanjikan prospek kerjaya yang cerah.

Sekitar 2006, diuar-uarkan jumlah ahli farmasi berdaftar masih sedikit dan negara memerlukan lebih ramai ahli farmasi untuk berkhidmat kerana ahli farmasi yang ada belum mencukupi menjelang 2020.

Dalam usaha meningkatkan jumlah ahli farmasi berdaftar di Malaysia, banyak institusi pengajian tinggi swasta (IPTS) yang mula menawarkan kursus Sarjana Muda Farmasi sehingga jumlah kursus farmasi yang ditawarkan di IPTS melebihi jumlah kursus farmasi yang ditawarkan di institusi pengajian tinggi awam (IPTA).

Statistik mengenai Maklumat Kedudukan Perjawatan Kementerian Kesihatan Malaysia bertarikh 1 Januari 2011 menunjukkan kekosongan ahli farmasi di Kementerian Kesihatan Malaysia hanya sekitar 91 orang yang mewakili peratusan kekosongan sebanyak dua peratus.

Ini jelas menunjukkan jumlah ahli farmasi dalam perkhidmatan awam mulai penuh dan kekosongan yang ada terlalu sedikit untuk menampung graduan farmasi yang terlalu ramai.

Selaku graduan farmasi dari IPTA dan pemegang biasiswa Jabatan Perkhidmatan Awam (IPA), saya terfikir risau dan takut dengan perkembangan ini.

Saya dan rakan menerima surat tawaran lantikan sebagai pegawai farmasi U41 dari Suruhanjaya Perkhidmatan Awam (SPA) dan kini menunggu surat arahan 'posting' Kementerian Kesihatan Malaysia.

Bagaimanapun, daripada berita yang kami terima, sebahagian daripada kami terbahit dalam 'pembekuan' oleh IPA dan sehingga kini kami belum dapat kepastian bila kami dapat memulakan langkah pertama kami sebagai ahli farmasi berdaftar di negara ini.

Menurut maklumat yang diterima daripada Amalan Perkhidmatan Farmasi, 'posting' untuk kami terpaksa ditangguhkan ke satu tempoh yang belum dapat dipastikan tarikhnya.

Pembekuan ini amat mengecewakan kami kerana sebahagian daripada rakan kami dari universiti yang lain jauh meninggalkan kami dari sudah memulakan kerjaya mereka.

Kami tidak pasti sama ada langkah ini disebabkan pekeliling IPA mengenai pembekuan pengawalan/pemansuhan semua jawatan dalam jabatan kerajaan yang berkuat kuasa 1 Jun 2011 atau pembekuan ini disebabkan tiada tempat kosong menampung jumlah kami dalam hospital kerajaan seperti mana desas-desus yang hangat dipercakapkan ketika ini.

Perkara yang lebih menyedihkan kami adalah kerana sebahagian daripada rakan kami dari universiti lain dikucualikan daripada 'pembekuan' ini dan diterima untuk berkhidmat sedangkan kami masih menunggu jawapan yang belum pasti.

Justeru itu, saya dan rakan menyeru IPA atau pihak berwajib tampil menjangka dan menyelesaikan isu ini dengan cepat serta berhemah kerana hal ini membabitkan masa depan kami.

Kedudukan kami tidak seperti graduan universiti lain kerana ijazah yang kami miliki tidak akan laku selagi kami tidak mendapat lesen khas ahli farmasi dan nombor pendaftaran penuh dari Lembaga Farmasi Malaysia.

Sekiranya sudah tiada tempat untuk kami dalam perkhidmatan awam, cukuplah sekiranya IPA dan Kementerian Kesihatan Malaysia memberi ruang untuk kami menjalankan 'housemanship' dan mendapatkan lesen sebagai ahli farmasi berdaftar.

Pandanglah kami di sini, kerana kami juga mempunyai cita-cita dalam merealisasikan impian kami.

Langkah itu selaras pelaksanaan jadual waktu kerja anjal (sistem syif) yang akan dilaksanakan secara berperingkat.

Timbalan Menteri Kesihatan, Datuk Rosnah Abdul Rashid Shirlin, berkata sebab kerana jangkamasa latihan pegawai perubatan siwazah adalah dua tahun, pihaknya menandatangani elau itu dibayar secara te-

GRADUAN FARMASI
Kuala Lumpur

METRO 5/1/2011

[Handwritten signature]

THE STAR 5/1/2012 Ambulance took too long, says dead man's friend

TAIPING: A friend of a motorcyclist who died in an accident along Jalan Kota (Jalan Raja) Suling is claiming that the ambulance from the Taiping Hospital, located just 300m away, took too long to reach the scene.

Lim Guan Soon claimed he called for an ambulance at 11:38am on Saturday. However, there was no sign of the ambulance after more than 20 minutes.

"I called the hospital again and a telephone operator said she was aware of the accident as two other people had also called," he said.

Lim also claimed he and several onlookers managed to flag down an ambulance which was heading towards Simpang, hoping it could help send victim Ng Eng Hua.

"But the driver had to attend to another emergency in Simpang and refused to pick up Ng," Lim told a press conference organised by Bukit Gantang MCA chairman Datuk Ho Cheng Wang yesterday.

Ng was later picked up and sent to the hospital by an ambulance, but he was pronounced dead at about 2.40pm.

Ho, who is also Pokok Assam Barisan Nasional coordinator, visited the bereaved family in Taman Raja Idris, Pokok Assam, and donated RM1,000 for funeral expenses.

Taiping Hospital director Dr Mohd Yassin Abdul Rahman could not be reached for comment.

BERITA MINGGU 4/9/2012 Elau khas doktor pelatih secara bulanan

KUALA LUMPUR: Kementerian Kesihatan mencadangkan elau khas doktor pelatih yang diperkenalkan bermula 1 September ini dibayar secara tetap setiap bulan sepanjangan dua tahun tempoh latihan pegawai perubatan siwazah atau doktor pelatih yang mengikuti 'housemanship' di hospital kerajaan dan universiti di seluruh negara.

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tap setiap bulan, ia masih perlu mendapat kelulusan kerajaan.

"Arahan pelaksanaan waktu kerja anjal (sistem syif) sudah dikeluarkan Ketua Pengarah Kesihatan, Datuk Dr Hasan Abdul Rahman dan pihak pengurusan hospital sedang membuat pelarasan waktu kerja," katanya ketika dihubungi *Berita Minggu*, semalam.

Dalam laporan media sebelum ini, seramai 7,614 doktor pelatih akan menerima pampasan berupa elau khas kerana bekerja di luar waktu pejabat secara tetap mengikut syif ketika menjalani 'housemanship' atau latihan pegawai perubatan siwazah di 41 hospital kerajaan dan universiti di seluruh negara.

Sistem kerja berkenaan bertujuan meringankan beban kerja dan membolehkan doktor pelatih mendapat cukup rehat kerana hanya bekerja purata 12 jam sehari, sekali gus tidak layak menuntut elau tugasan atas panggilan (on call) yang dibayar kepada doktor bertugas lebih 15 jam sehari pada kadar RM100 sehari bagi hari biasa dan RM150 pada hari minggu.

Kementerian Kesihatan memutuskan untuk melaksanakan jadual kerja mengikut syif bagi doktor pelatih sebagai syarat dalam Perintah Am Kerajaan yang menetapkan jumlah jam berpagu perkhidmatan awam siwazah kurang-kurangnya 48 jam seminggu, tidak melebihi 72 jam seminggu, selain tugas harian tidak melebihi 12 jam sehari.

* Rekod dan had jualan asid di premis terbuka

KOSMO 5/9/2011

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KUALA LUMPUR - Selepas Biro Aduan Komuniti UMNO mahu para peniaga yang menjual asid wajib didaftarkan kini Persatuan Pengguna Subang dan Shah Alam (CASSA) pula mahu pihak berkuasa supaya mewujudkan satu sistem pangkalan data.

Presiden CASSA, Datuk Dr. Jacob George berkata, langkah itu perlu bagi menyenangkan sebarang transaksi penjualan asid dapat direkodkan.

Ia juga akan memudahkan data dapat direkodkan bagi menyenangkan pihak berkuasa mengesan sekiranya bahan kimia itu digunakan bagi tujuan jenayah.

"Kita takut kejadian tersebut berulang lagi memandangkan orang ramai boleh mendapatkan asid dengan mudah dan menyalahgunakan sebagai senjata.

"Jadi, satu jawatankuasa khas yang bertanggungjawab merekodkan pembelian asid harus diwujudkan dalam memantau penjualan di kalangan pengguna," katanya ketika dihubungi

Peniaga jual asid perlu daftara



KERATAN Kosmo! 3 September 2011

Kosmo! semalam.

Jacob seterusnya menyarankan kerajaan supaya segera mencari jalan agar perkara tersebut dapat dielakkan daripada berulang kembali.

Bagi Pengarah Komunikasi Gabungan Persatuan Pengguna Malaysia (FOMCA), Mohd. Yusof Abdul Rahman pula, satu peraturan khusus perlu diwujudkan bagi mengehendakkan penjualan bahan pencuci yang mengandungi asid penghakis.

FOMCA, katanya, mencadangkan pembelian asid dihadkan di tempat-tempat tertentu dan tidak dijual secara terbuka supaya segala urusan dapat dipantau secara menyeluruh.

"Pembelian bahan itu perlu direkodkan. Jika pembelian direkodkan, pen-



JACOB GEORGE



DR. MAAMOR

jenayah pasti fikir dua kali dan takut untuk melakukannya," ujarnya lagi.

Sementara itu, Setiausaha Agung Persatuan Pengguna Islam Malaysia, Datuk Dr. Maamor Osman berkata pihak hospital juga perlu menubuhkan satu pasukan yang dapat mengenalpasti pelaku jenayah asid itu dari aspek sejarah sakit mental sama ada mereka masih atau sudah dirawat.

"Ia perlu kerana beberapa pesalah yang ditahan bagi kesalahan menyimpan asid sebelum ini adalah di kalangan pesakit jiwa. Mereka ialah individu yang berpotensi untuk menyerang dalam keadaan tidak waras," katanya.

* Tindakan tegas jika jual produk beracun

KOSMO 2 SEPTEMBER 2011

PAPAR - Kementerian Kesihatan akan mengambil tindakan tegas terhadap peniaga dan pengedar yang didapati menjual produk kecantikan yang mengandungi racun berjadual.

Timbalan Menteri, Datuk Rosnah Abdul Rashid Shirlin (gambar) berkata, para pegawai penguat kuasa Kementerian itu sentiasa turun padang untuk memantau dan membuat pemeriksaan di premis-premis yang menjual produk kecantikan dan pelangsing badan.



"Kalau kita dapati ada laporan, kita akan ambil tindakan. Di Sabah, pihak kita ada menerima laporan

namun jumlahnya agak rendah berbanding negeri-negeri lain.

"Bagaimanapun, ini tidak bermakna kita tidak sentiasa turun padang untuk membuat pemantauan di kedai-kedai yang menjual produk kecantikan," katanya kepada pemberita pada majlis rumah terbuka Hari Raya anjuran beliau di Dewan Masyarakat Papardi Sabah semalam.

Rosnah yang juga Ahli Parlimen Papar turut menasihati orang ramai supaya berhati-hati sebelum membeli dan mengguna-

kan sesuatu produk kecantikan bagi mengelak kesan sampingan yang boleh memudaratkan kesihatan.

"Kita minta para pengguna supaya sentiasa meningkatkan kesedaran dan sebelum menggunakan sesuatu produk, sila dapatkan nasihat daripada para doktor.

"Ini kerana kadang-kadang penjual atau pengedar mendakwa produk itu berunsurkan kesihatan tetapi sebenarnya mengandungi racun berjadual yang boleh memudaratkan kesihatan," katanya. - Bernama

Use herbs wisely

In reference to the article "Herbs are good for health but must be taken cautiously" (*Sunday Star*, Sept 4), I think we need to create awareness among the general population on the safe and quality use of herbal preparations.

In Malaysia, the herbal based industry is a lucrative business and there are many local and international industry players who would like to get a market share for such products.

In my observation, the use of herbs is not only confined to true herb based pharmaceutical products such as capsules, tablets and creams but is also widely used in food supplements and beverages such as coffee and tea.

To my surprise, some local herbs are also used in products such as sanitary napkins and condoms.

The practice of 'medical pluralism' in which both conventional and alternative therapies are widely used in treating ailments has also created a massive demand for such products among the general population.

As there are many herbal based products entering the Malaysian market lately, the healthcare professionals and general public need to understand that, compared to the registration of an allopathic or conventional modern medicines, herbal

based products do not need to undergo any human clinical trial to show its efficacy.

In most cases for the herbal product registration process, the manufacturers of such products just need to provide evidence on the safety (e.g. the products are free from any contamination of heavy metals and other poisonous substances) and quality (e.g. compliance to good manufacturing standards) aspect of the product to the drug regulators for registration purpose.

The public also needs to understand that herb based preparations do not mean that they are free from any toxic effects.

Some herbs can interact with modern medicines or other food based substances and this can cause more harm than good if taken concomitantly. Besides, the manufacturers also need to comply with the advertising law for such products so that no exaggerated claims about the product efficacy are made, for example, curing chronic diseases and cancers, for instance.

The problem in Malaysia is that many herbal product manufacturers overclaim their products efficacy and use testimonials to market their products.

I would like to suggest to the

Health Ministry to work with experts in local universities to publish a simple guideline on how to use herbal products effectively.

In my experience, I have found that many consumers are confused on what herbal preparations they need to take and most of them are influenced by irrational marketing tactics by some unscrupulous manufacturers and direct selling companies.

The developed guideline should be made available to all health premises and media so that it can really empower the consumers on safe and effective use of herbal preparations.

In this regard, healthcare professionals such as pharmacists and medical doctors also need to play a greater role in advising their patients on quality use of herbal preparations.

I believe a 'Quality Use of Herbal Preparations' awareness campaign is a way forward to keep the tradition going and this definitely needs proactive measures from all the interested stakeholders.

ASSOC. PROF. Dr MOHAMED AZMI AHMAD HASSALI,
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XX METRO 20/8/2011

Daftar pusat lepas bersalin

Kementerian Kesihatan ambil langkah elak kecuaiian terhadap bayi

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KOTA BHARU: Kementerian Kesihatan akan mengkaji unit mengawal pusat penjagaan selepas bersalin bagi memastikan ia berdaftar dan bukan hanya wujud sebagai satu perniagaan semata-mata.

Menterinya, Datuk Seri Liow Tiong Lai berkata buat masa sekarang pusat berkenaan tidak pernah mendapat kebenaran kementerian dan hanya mendapat lesen daripada pihak berkuasa tempatan (PBT).

Katanya, pihaknya juga tidak menolak berlakunya pelbagai kes kecuaiian ter-

hadap bayi yang mendapatkan khidmat penjagaan di situ.

"Ini susulan daripada kes yang dilaporkan berlaku baru-baru ini apabila seorang bayi diberikan ubat batuk.

"Jika diikutkan, tindakan pusat penjagaan itu menyalahi undang-undang kerana memberi ubat batuk dan ia juga melanggar syarat kerana kita sendiri tidak galakkan bayi berumur dua tahun ke bawah mengambil ubat batuk.

"Saya sudah arahkan Ketua Pengarah Kesihatan melihat dan mengkaji bagaimana kementerian boleh mengawal pusat ini. Sekurang-kurangnya mempunyai jururawat

untuk menjaga bayi terabit," katanya ketika ditemui selepas menghadiri Mesyuarat Agung Tahunan MCA, di sini, semalam.

Akhbar baru-baru ini melaporkan seorang ibu berusia 28 tahun mendakwa bayi perempuan yang baru saja dilahirkan, dikatakan diberi sejenis ubat batuk yang tidak sesuai selepas mendapatkan khidmat sebuah pusat penjagaan selepas bersalin.

Dalam kejadian di Seberang Perai, Pulau Pinang itu, ibu terabit mendapat tahu kejadian terabit hanya selepas menghantar bayinya ke hospital.

Sementara itu, dalam perkembangan lain, Liow ber-

kata pihaknya juga tidak menafikan kes kecuaiian memabitkan doktor di hospital semakin serius kerana menunjukkan peningkatan.

Katanya, kementerian juga sudah mewujudkan jawatan kuasa keselamatan pesakit bagi melihat kes kecuaiian yang berlaku.

"Kes kecuaiian dalam negara ini memang ada peningkatan dan kita memang memandang serius dengan memastikan doktor itu diambil tindakan.

"Namun kebanyakan kes sudah dirujuk kepada Lembaga Perubatan Malaysia (MMC) untuk diambil tindakan disiplin selain amaran," katanya.

EST 20/8/20

Puji layanan Hospital Batu Pahat

SAYA Anggiat Tambunan Nordin, bapa kepada Turmilda Tambunan binti Anggiat Tambunan ingin mengucapkan penghargaan kepada kakitangan Hospital Batu Pahat di atas kerjasama dan bantuan di salurkan sepanjang anak saya menjalani pembedahan tonsil di hospital berkenaan pada 11 Ogos lalu.

Kami sekeluarga amat berterima kasih di atas layanan diberikan. Semoga kerjasama yang sama dapat diberikan kepada pelanggan lain.

Ucapan penghargaan dan terima kasih khususnya ditujukan kepada Dr Azimah A. Aziz (Pengarah), Dr Imah Ahmad (Timbalan Pengarah), Dr Muhammad Yousaf Mairaj (doktor pakar ENT), Dr Noraini Amir (pegawai perubatan), Dr Mohd Rusdy Ali Warno (pegawai perubatan), Dr Harnizah Haironi (pegawai perubatan), Dr Azizal Hisham Bahari (doktor pakar bius), KJ Lee Son Ai (Ketua Jururawat wad I) dan semua jururawat wad I.

A CAI berry, cumin, herbal tea, turmeric and long-term use of garlic - all herbal supplements commonly believed to be beneficial to your health - may negatively impact chemotherapy treatment, according to a new report presented at the American Society (Clinical Oncology (ASCO) meeting in Chicago, United States.

Researchers from Northwestern Memorial Hospital say there is growing evidence that these popular supplements may intensify or weaken the effect of chemotherapy drugs, and in some cases, may cause toxic, even lethal reaction.

"With the Internet, patients have better access to information about alternative products, and often turn to dietary and herbal supplements to treat their illness because they think they're natural and safe," said Dr June M. McKoy, geriatrician at Northwestern Memorial Hospital and lead investigator on the ASCO presentation. "What people don't realise is that supplements are more than just vitamins and can counteract medical therapies if not taken appropriately".

Dr McKoy, who is also director of geriatric oncology at the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, says more research is needed to understand which supplements interact with chemotherapy drugs, and the extent of those interactions, and encourages patients to openly communicate with their physicians about the use of supplements.

Supplement warning



Doctors urge cancer patients to discuss supplements with their doctors before beginning treatment.

"Patients need to tell their doctors what medications they are taking - including vitamins and supplements - to avoid any possible interaction," said Dr McKoy, who is also an assistant professor of medicine and preventive medicine at

Northwestern University Feinberg School of Medicine.

Herbal supplements, defined as plant or plant parts used for therapeutic purposes, can interact with chemotherapy drugs through different mechanisms. Some herbs can

interfere with the metabolism of the drugs, making them less effective while other herbs such as long-term use of garlic may increase the risk of bleeding during surgery.

While culinary herbs used in small quantities for flavoring are generally safe, consuming large amounts for prolonged periods of time may have a negative effect on the body when going through chemotherapy.

Recent research shows that 50% of patients undergoing chemotherapy did not tell their doctor they were taking alternative therapies. "Some believe it's not important, while others are uncomfortable admitting they are pursuing alternative therapies," said Dr McKoy. "The truth is, integrative approaches can be beneficial for cancer patients, but it's important to take these approaches at the right time and under the supervision of your doctor."

Dr McKoy urges patients to stop taking herbal supplements while receiving chemotherapy until more is known about possible interactions, but encourages those who are interested in complementary approaches to have a conversation with their doctor about other

approaches that may be beneficial.

"Integrative therapies such as massage, acupuncture and meditation can address important patient needs by alleviating stress, addressing pain and helping patients cope," said Dr Melinda Ring, medical director for the Northwestern Memorial Physicians Group's Center for Integrative Medicine and Wellness.

No matter the course of treatment, Dr McKoy stresses the importance of physicians and patients being more cognisant of this potential interaction and encourages communication about all herbal supplement intakes. "Patients should bring in labels and bottles to their appointments. This can help the doctor calibrate drug dosage with other supplements in mind in order to prevent toxicities," stated Dr McKoy.

Dr McKoy plans to launch a pilot study this fall to examine how frequently conversations about supplements come up between cancer patients and their doctors. "By identifying communication barriers, we can take steps to improve doctor-patient communication in order to prevent potentially dangerous drug interactions," she said. - HealthNewsDigest.com

Closer collaboration can curb medicine waste

WITH reference to "Return the pills" (The Star, Aug 14), we laud the Pharmaceutical Service Division of the Health Ministry for implementing the return medication programme to cut waste at government hospitals.

Medication waste in our society is not a new problem. Some patients do not realise how lucky they are and take things for granted because in the Malaysian public health system, the cost of medication is highly subsidised. In a study conducted in 2009 among 100 hypertensive patients on medication wastage, we found that on average, each patient wasted about RM47 worth of medicine per month.

Two main causes for medication wastage are irrational prescribing and patient non-adherence to the medication prescribed. In an open healthcare system like Malaysia's, doctor-pharmacist hopping among patients also

contributes to medication wastage, as there is personal overstocking of medication.

We also found that the present system of patient management and referral from one centre to another further contributes to the overstocking of medication by patients.

To illustrate this point, take a patient who has been hospitalised in a public hospital. Upon discharge, he will be given take-home medication and for the next follow-up, he will be referred to the nearest available public health centre, where he will be supplied with additional medication.

And a patient whose condition deteriorates before his next follow-up, may be re-hospitalised and again, following discharge, will be given medication.

Some of this medication may be similar to that which he had been supplied with before and this will again result in overstocking

by patients, as their previously prescribed medication is still with them.

As for patients in the primary care setting, sometimes due to their health changes, doctors will prescribe different medicines and if no proper information is given, patients tend not to adhere to their prescribed medication and just add on to the existing stock of medication in their homes.

In many developed countries, a good medication reconciliation programme is in place to avert medication wastage. Each healthcare practitioner in the medication-use process, irrespective of whether they are from the private or public sector, can easily monitor their patients' medication profile on a computerised system.

While this system is not yet available in Malaysia, some simple solution needs to be found. To start off, we suggest that a simple medication reconciliation card

or booklet be issued to all patients in either public or private hospitals as well as clinics to prevent duplication or unnecessary medication prescribing or dispensing.

Medication wastage can also be reduced if prescribers are more cost sensitive and rational in their prescribing habits.

The incidence of unnecessary polypharmacy prescribing is rampant in Malaysia, and this really needs to be addressed at policy levels.

Prescribers' education in rational prescribing should start early as this has often not been given priority in medical schools.

Traditional teaching of clinical pharmacology needs to be changed from science-based to a more system-based method and there must be integration of problem-based learning.

Besides that, the behavioural aspect of medication use among

patients needs to be included in the curriculum.

To the best of our knowledge, none of the Malaysian medical institutions are currently teaching this subject.

Most clinical educators believe that students can learn prescribing during their training as house officers but this is a bit too late for producing competent prescribers.

We need to go back to the basic concept of rational use of medicines as advocated since the late 70s by the World Health Organisation, which is still very relevant for all of us to enhance the quality use of medicine among Malaysians.

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Practising shared care of patients *

THE "return medication programme" implemented by the Health Ministry is indeed laudable.

As stated in *Sunday Star*, Aug 14, the Health Ministry wants to find out why some patients do not use the medicine dispensed by government hospitals.

There are many patients who, besides their regular follow-up in government hospitals, also consult private physicians. They would like to have the best of both worlds.

Private physicians have greater freedom when it comes to prescribing original medicine and combination pills.

For patients who have cardiovascular diseases, diabetes, hypertension

and high cholesterol, combination pills can greatly reduce the number of tablets they have to take each day.

It is understandable why government hospitals use the cheaper generic medicine.

When a patient who is under regular follow-up at a government hospital consults a private physician, if necessary, the physician may make changes to his medicine to fine-tune his treatment regime.

It is the experience of many private physicians that often such patients are afraid to return the excess or unused medicine for fear of been penalised.

They would rather take the medicine dispensed by the government

hospital and not jeopardise their follow-up arrangements at the government hospital.

Sometimes, the doctor in the government clinic may tell the patient to stop coming to the government hospital for follow-up since they are "rich enough" to consult a private physician.

Government hospitals and the private sector should complement one another, practise shared care of patients like in many developed countries and not view each other as antagonists. This is one way to reduce wastage.

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Krim Derma-RX Arbutin-R beracun

KUALA LUMPUR Pengguna dinasihatkan tidak menggunakan krim jenama Derma-RX Arbutin-R Cream yang didapati mengandungi racun yang berbahaya kepada kulit.

Pengarah Kanan Perkhidmatan Farmasi, Kementerian Kesihatan, Datuk Eisah Abdul Rahman berkata, produk keluaran Sepanyol itu tidak lagi dibenarkan dijual di Malaysia setelah ujian menunjukkan ia mengandungi racun berjadual, tretinoin dan hydroquinone.

Penggunaan tretinoin dan hydroquinone adalah tidak dibenarkan dalam produk kosmetik. Produk yang mengandungi bahan-bahan itu boleh membawa pelbagai kesan sampingan kepada pengguna dan hanya boleh digunakan dengan nasihat profesional kesihatan, katanya dalam satu kenyataan serahan.

Tretinoin boleh menyebabkan kemerahan pada kulit yang kerap, ketidakefesean, kulit mengelupas dan hipersensitif kepada cahaya matahari.

Hydroquinone juga boleh menyebabkan kemerahan pada kulit, ketidakefesean, perubahan warna kulit yang tidak diinginkan, malah kulit menjadi hipersensitif.

Eisah berkata, syarikat yang bertanggungjawab terhadap produk itu telah diarahkan mem-benarkan peredaran dan pembekalannya serta merta selain memanggil balik kesemua stok dari pasaran dalam tempoh 72 jam.

Bernama



PRODUK Derma-RX Arbutin-R

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* THE STAR 20/8/11

Scientists: Ecstasy could be used to treat cancer

LONDON: Researchers in Britain revealed they are exploring whether the nightclubbers' drug ecstasy could be effective in treating blood cancers.

Scientists at the University of Birmingham in central England said its ability to destroy cancerous cells by 100 times.

Six years ago, researchers found that cancers affecting white blood cells appeared to respond to certain "psychotropic" drugs.

These included weight loss pills, Prozac-type antidepressants, and amphetamine derivatives such as MDMA - commonly known as ecstasy.

The Birmingham scientists said their discoveries since then could lead to MDMA derivatives being used in patient trials.

The derivatives could be effective in treating blood cancers such as leukaemia, lymphoma and myeloma.

"This is an exciting next step towards using a modified form of MDMA to help people suffering from blood cancer," said Prof John Gordon, from the university's School of Immunology and Infection.

"While we would not wish to give people false hope, the results of this research hold the potential for improvements in treatments in years to come." - AFP