

The HEALTH

The young ones!

Young. Fit. Healthy. And still at risk. Malaysians are suffering heart attacks about a decade earlier than those in developed countries. Consultant cardiologist Datuk Dr Rosli Mohd Ali warns that when it comes to heart disease, youth is no longer the protection we think it is. **p08-09**

Innovation with purpose

True innovation delivers meaningful clinical benefits that improve comfort, vision quality and patients' everyday lives.

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Unpacking healthcare cost

Rising healthcare costs are exposing weaknesses across Malaysia's private medical system.

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Beyond Big Data

Big Data alone is no longer enough to meet the realities of modern clinical care.

- P25

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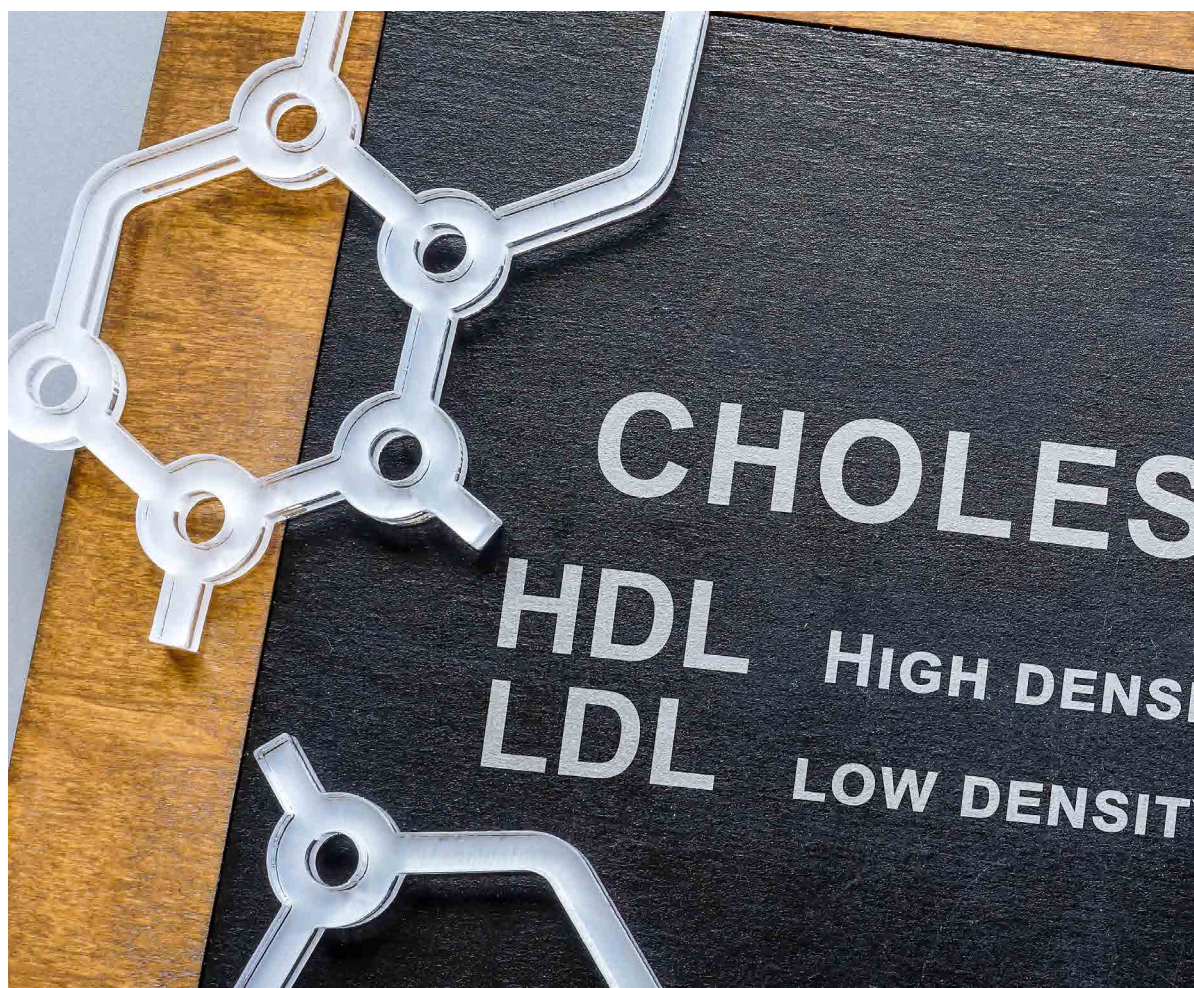
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The changing face of heart disease

Malaysians are experiencing cardiovascular disease at comparatively young ages, making early awareness increasingly important

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Droopy eyelids are not always a cosmetic issue and may indicate an underlying medical condition requiring professional assessment.

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Keeping practitioners ahead

Continuous innovation is helping practitioners meet evolving patient expectations with greater confidence and improved clinical solutions.

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Real-world testing allowed eye care professionals to evaluate the lenses in everyday settings before sharing honest feedback.

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Unpacking healthcare cost

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First-hand experience allows surgeons to better understand injury mechanisms, athletic movement, and the functional demands of different sports.

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FCPAAM's 4th Golden Physician Awards recognise practitioners while highlighting the changing landscape of traditional Chinese medicine (TCM)

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The age of endless alerts
The expectation of being permanently reachable is blurring the boundaries between work, home and rest, contributing to stress, poor sleep, reduced concentration and long-term physical and mental health risks.

The **HEALTH** says...

Healthcare reform cannot wait

FOR many Malaysians, private healthcare has long been seen as a safety net when the public healthcare system is overstretched. People pay insurance premiums year after year, expecting that if illness strikes, they will be able to receive timely treatment without facing overwhelming financial hardship.

That expectation is becoming harder to sustain.

In recent years, many families have found themselves paying more for medical insurance while also worrying about the rising cost of treatment. For retirees and those on fixed incomes, the situation is even more difficult.

Some are forced to reduce their insurance coverage, while others may have to give it up altogether. This raises an important question: is private healthcare becoming too expensive for the very people who depend on it most?

The answer cannot simply be to point fingers at hospitals, insurers or regulators. Healthcare is a complex system where every decision affects someone else. Hospitals face rising operating costs. Insurers must manage increasing claims.

Regulators work within existing laws and responsibilities. Yet, if every part of the system focuses only on its own challenges, it is ultimately patients who bear the greatest burden.

What Malaysians need is not another debate over who is responsible, but a shared commitment to solving the problem. Greater transparency would be a good place to start. Patients deserve to understand what they are paying for and why.

Medical bills should be clear, easy to understand and consistent. Healthcare is not like buying an ordinary product. Patients are often making decisions under stress and have little opportunity to question charges or compare prices.

Affordability should also become a national priority. Good healthcare should not become a privilege reserved only for those who can absorb repeated increases in premiums or medical bills. A system that forces people to choose between financial security and health does not serve the public well.

At the same time, reforms must recognise that hospitals and insurers also need to remain financially sustainable. Medical technology continues to advance, healthcare professionals must be fairly rewarded, and quality services require continued investment.

Sustainable healthcare does not mean keeping costs artificially low. It means ensuring that every ringgit spent delivers genuine value for patients.

The challenge ahead is therefore not simply about reducing costs. It is about building trust. When patients believe pricing is fair, when insurers communicate openly, and when regulators provide effective oversight, confidence in the healthcare system will naturally grow.

Meaningful reform will not happen overnight. It will require cooperation, political will and a willingness from every stakeholder to place patients at the centre of decision-making. Malaysians are not expecting healthcare to become inexpensive.

They are asking for something far more reasonable: a system that is transparent, fair and affordable enough to provide peace of mind when they need it most.

The Resveratrol paradox

- Once hailed as a breakthrough anti-ageing compound, human clinical trials have not demonstrated that it extends lifespan, largely due to its poor bioavailability.
- Current research is exploring improved formulations of resveratrol to support healthier ageing by targeting conditions such as metabolic syndrome, Type 2 diabetes, fatty liver disease, vascular health and cognitive decline.
- Resveratrol helps establish geroscience as a legitimate field of medicine, paving the way for new therapies that target the biological mechanisms of ageing rather than simply treating age-related diseases.



NEURO
NUGGETS

BY DR MOHD WAEI

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"Resveratrol taught us that longevity medicine must always be judged by tangible patient outcomes, not seductive laboratory biomarkers."

- Dr Wael



KPJ For over two decades, a single plant defence molecule held the entire anti-ageing research community captive. Resveratrol — a natural polyphenol found in the skins of red grapes, blueberries, and peanuts — was widely heralded as the ultimate longevity miracle.

It promised a tantalisingly simple premise: mimic the profound cellular benefits of calorie restriction without ever having to skip a meal. Early preclinical animal studies yielded jaw-dropping data.

When given to yeast, worms, flies, and mice, resveratrol consistently extended lifespan, supercharged mitochondrial function, and protected against age-related decline.

Thousands of papers were published, millions of supplement bottles were sold, and the era of modern geroscience was officially born.

The biological blueprint behind this hype was elegant. In vitro models demonstrated that resveratrol directly activated SIRT1, a vital deacetylase enzyme often dubbed the "longevity gene".

This activation triggered a powerful downstream cascade: Resveratrol SIRT1 Activation Improved Mito-

chondrial Function Stress Resistance.

Theoretically, this chain reaction would shield human tissues from the slow-burning chronic inflammation and metabolic decay.

HUMAN CLINICAL TRIALS

Yet, as the science transitioned from rodent cages to human clinics, the narrative took a sharp turn. Human clinical trials failed spectacularly to replicate the profound longevity effects seen in mice.

The primary culprit? Human pharmacology. Resveratrol suffers from notoriously poor bioavailability; our bodies metabolise and eliminate the compound so rapidly that only a microscopic fraction ever reaches the bloodstream intact.

A definitive meta-analysis officially confirmed that standard resveratrol does not significantly increase SIRT1 activity in humans. To date, no clinical trial has proven that the compound can extend human lifespan.

We learned a harsh lesson in translational medicine: an intriguing cellular mechanism does not automatically guarantee a meaningful clinical outcome.

Despite resveratrol's having failed in its original mission to make us immortal, resveratrol's story is far from over. Today, the research has pivotally shifted from extending lifespan to optimising healthspan - the period of life spent free from chronic disease.

Dozens of contemporary clinical trials are underway globally, moving away from crude supplement powders toward bioengineered delivery platforms (such as the micronised formulation JOTROL®) designed to bypass the human digestive system.

When bioavailability is corrected, resveratrol shows genuine, context-specific therapeutic potential. It is currently being investigated for its ability to manage metabolic syndrome, improve insulin sensitivity in Type 2 diabetes, reduce inflammation in nonalcoholic fatty liver disease, and support endothelial health.

LOCALISED DEFENSE

Furthermore, its neuroprotective properties offer promising pathways for cognitive ageing research, providing localised defence against the neuroinflammation that drives neurodegenerative diseases.

Ultimately, resveratrol's greatest contribution isn't what it does in a pill, but what it did for the laboratory.

It served as the ultimate pioneer molecule, compelling the medical establishment to view ageing not as an inevitable slide into decay, but as a malleable biological process.

The frantic race to understand how red wine molecules interact with our cells mapped out the entirely new therapeutic frontiers we rely on today, including NAD⁺ boosters, AMPK activators, and mTOR inhibitors.

Resveratrol taught us that longevity medicine must always be judged by tangible patient outcomes, not seductive laboratory biomarkers.

It wasn't the silver bullet we were promised, but it successfully built the target range for the next generation of geroscience.

While it won't keep you alive until the year 2150, it has completely transformed how we protect the health of the ageing global population, grapefully (pun intended).

CONCLUSION

Ultimately, resveratrol's greatest contribution may not be what it does in a capsule, but what it inspires in the laboratory.

It challenged researchers to view ageing not as an unavoidable consequence of time, but as a biological process that can potentially be understood, influenced and, perhaps one day, slowed.

In doing so, it helped lay the foundations for today's rapidly expanding field of geroscience, from NAD⁺ metabolism and AMPK signalling to mTOR inhibition and other promising therapeutic pathways.

The lesson from resveratrol is both simple and enduring: elegant laboratory findings must always be validated by meaningful clinical outcomes. Scientific excitement alone is never enough.

Resveratrol may not have become the longevity breakthrough many once imagined, but it succeeded in something equally important. It changed the questions scientists ask about ageing - and in doing so, it helped shape the