

# 天下郭林是一家



马来西亚郭林气功研究会会讯 NEWSLETTER 2018 APRIL

## 郭林气功 与 乳癌

### 精彩内容

曾宪园 一能奉献就是幸福  
余素梅 一十九年郭林气功抗癌  
总会长 一热忱，谦卑，青涩的组合

特别鸣谢赞助会讯经费芳名：

林秀华女士：RM1000

林采融女士：RM600 许铭烽女士：RM500

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转眼，马来西亚郭林气功研究会已成立了二十四年。感谢全国各分会会长，站长，辅导老师们过去默默无闻的在教功，关怀和在辅导工作上所付出的爱心和努力。你们的爱心，道德模范是榜样！是灯塔！更是癌症患者的力量。

第十二届的理事会是一群青涩的组合，没有组织管理或前辈的实质体验，有的是一股热诚，一颗谦卑好学的心。我们战战兢兢的展开了一系列的工作，希望能把组织带上与时俱进的步伐，让郭林气功组织能继续更全面更稳健发展。

## 善用资讯网络共享抗癌新知识和信息

首先，我们推动并展开了对上，平行及对外的多重通讯管道 (Multi Channels)。

- 尽力改进对外及对本会会员传播讯息的原有郭林气功网站的操作与曝光率。
- 平行对内则采用了WhatsApp讨论群组把全国各分会分站联系起来以期达到把最新和及时的消息分享给大家。
- 对外通过面子书Facebook的Guolinqigong Malaysia网页(Page)分享，发放本会各站各种关于郭林气功活动及癌症相关的有用信息。同时也发放各分会分站教功地点的GPS坐标以方便新学员能够利用手机的导航系统顺利快速并准确的找到各地的教功练功地点。

通过以上的种种管道，希望总会与各站联系更紧密，有更好的互动和合作。也冀望能将郭林气功的触角延伸至各种媒介平台，让更多人认识郭林气功，分享郭林气功抗癌的优异功效。

## 电子书的应用

总会通过一群热心会员的帮助下顺利地把现有的“癌症病友康复新路”一书成功的转换成方便使用的电子书，它的好处有以下：

- 方便实用又不容易被破坏
- 有搜寻功能；能更广泛快速的搜索联系有关连的课题
- 容易更新版本，增加有用的功能。
- 价钱廉宜

## 电子季刊

岁月变迁，刊物的印刷成本逐年增加，科技应用也相对提高，时至今日，人手一机。宣传组在策划继续出版本会“季刊”时萌起“电子会讯”这概念，以便省去高昂的印刷费，也可把会讯通过手机更快速、广泛的传达到人人手里。第一季的“电子会讯”内容着重于郭林气功与乳癌患者的种种干系；其中包括Sumi医生对乳癌的种类，检查，预防及治疗的分析，坚持操练郭林气功的乳癌患者的见证，康复存活概率等。

## 扩展气功新视野，回归初衷

总会也听取了会员们的反映和心声，决定举办北京生命绿洲之旅以期达到以下的目的：

- 拜访北京抗癌乐园及参观生命绿洲石碑
- 与北京郭林气功交流及签署关于气功培训和认证
- 参考，参观中国抗癌医学技术和知识
- 癌症病人与家属的支持，亲情关怀之旅。

## 团结与关怀，集思广益，迸出一股新力量

总会扮演着大家长的角色，背负着团结，引导各分站的责任；所以今届理事会也会秉承先前的领导前辈，造访全国各站，关怀并了解各站运作情况；或给予及时协助，或分享表现杰出的各站。理事会也会尽其所能举办各项活动，拉近各站会员的亲密接触，集合练功教功的经验交流。



▲ 第12届理事于28-05-2017在总会会所进行宣誓就职礼。这届理事来自全马多个分站：有太平，怡保，冷甲，昔加末，雪兰莪及吉隆坡。成员偏向于新近年轻会员。虽是年轻，各方面经验不足，但每位成员都表现兴致勃勃，勇于尝试边学边做，并不时请示于长辈们的指导提醒。大家都希望能把郭林组织继续顺利的发展，发扬郭林精神，帮助更多的癌患者，这样才不负何平老师和全体会员的期望。

## 2018 大型活动

### 生命绿洲之旅



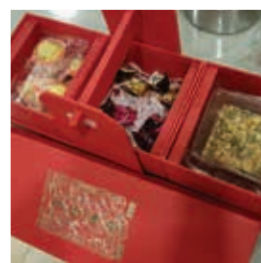
12天10夜北京/内蒙旅游团

此行将涵盖：

1. 与北京抗癌乐园交流，签署备忘录
2. 旅游北京著名景点
3. 旅游内蒙古著名景点



### 戊戌年新春礼盒促销活动







## 马六甲分站20周年纪念

出席马六甲分站20周年纪念暨抗癌勇士庆生会晚宴7月22日，本会数位理事代表出席了马六甲分站20周年纪念暨抗癌勇士庆生会晚宴；会上还迎来了本会医药顾问庄光日医生，太平分会的大队伍，东甲分会站长和其会员，八打灵站长曾宪园老师，莎亚南分会会长和站长，马六甲会员及许多的热心善士，场面热闹非凡。晚宴除了有美食，更有马六甲分站特设的娘惹迎宾舞，太平分会呈献两支活力四射的舞蹈；办喜庆做慈善一直是马六甲站坚持的态度；马六甲站把部分喜金捐出给孤儿院，弱势团体，本会也是受益的团体。

## 丁酉年新春大团拜



2017年2月12日本会假吉隆坡康乐小学礼堂举行“丁酉和睦一家亲；新心相聚我和你”新春大团拜。这项活动迎来了200多名来自全马的郭林会员，会上有全体理事手持贺词向来宾拜年，有各站精彩歌舞表演，猜灯谜游戏，画作拍卖等。场面新春气氛浓郁，大家欢聚一堂，互相贺年送祝福，热闹异常。



## 拜访北马区各分站



在7月14至17日，本会署理会长许铭烽，理事余秀群和蔡青燕驱车前往大山脚分站，檳城分站，太平分会，实兆远分站及怡保分会等作亲善拜会；了解各站活动状况。

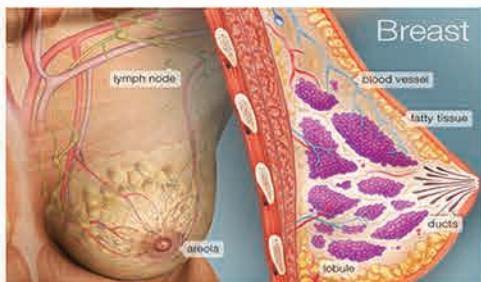


本会前功理功法主任许业国老师令慈不幸于6月4日仙逝。总会与瓜拉登嘉楼分站，梳邦分站及武吉加里尔分站纷纷献上花篮敬挽。本会同仁包括第12届多名理事代表也到孝恩馆治丧处吊唁慰问，并于次日出

席了公祭仪式，向许谢琴兰老夫人作最后的致敬。热爱郭林气功的许老师居丧不忘公益，为仙逝母亲大人慈悲立德，认捐本会1000令吉。



# GET EDUCATED ON BREAST CANCER



## BE BREAST AWARE THIS OCTOBER (Breast cancer awareness month)

There is a lot of information available nowadays on breast cancer and breast related health topics. This information is available on the Internet, magazines, newspapers, TV and radio talk shows. Despite all this available information, a lot of women are still unaware of this disease. Unfortunately in Malaysia there are a lot of women who still present to their doctors at a very late stage. We must stress the importance of empowering ourselves with information on breast cancer.

## WHAT IS BREAST CANCER?

Cancer is a disease in which cells in the breast grow out of control. A breast is made up of three main parts: glands, ducts and connective tissue. Breast cancer is a malignant tumour in the breast. It forms when cells undergo abnormal growth and become cancerous, invading normal healthy tissue and organs and spreading throughout the body. There are different kinds of breast cancer and they begin either in the ducts or lobules of the breast. Common cancers are Ductal carcinoma or Lobular carcinoma.

## INCIDENCE OF BREAST CANCER

Breast cancer is still the number one cancer killer among women in Malaysia and worldwide. Lifetime risk of being diagnosed with breast cancer in UK is 1 in 8 and 1 in 19 in Malaysia. It is estimated that more than 1.68 million women were diagnosed with breast cancer in 2012 with incidence rates varying across the world. In the years 2003 to 2005 11952 cases of breast cancer were reported in Malaysia, making up 31.3% of total female cancers. The commonest histological type was Infiltrating ductal carcinoma (84.5%). Breast cancer does not discriminate races or age group, it can occur in any race or age. However, now we are seeing younger women affected by breast cancer i.e. early 30s and 40s. In Malaysia, about 30-35% women still present at the advanced stage which is upsetting since we have advanced technology and skills to treat breast cancer.

# CONTRIBUTING FACTORS OF BREAST CANCER

There are many common factors:

- 1.Genetics – high risk if you have the BRCA gene
- 2.Age
- 3.Early menarche and late menopause
- 4.Being a woman – men also get breast cancer 1in100
- 5.Alcohol
- 6.Obesity
- 7.Smoking

Please take note that there is no single cause or prevention for breast cancer. Women should take charge of their own health. Breast cancer is a potentially curable disease if detected early. With appropriate screening programmes and treatment, cure rates are high. One should not delay treatment or seek alternative therapy.

There are more and more younger breast cancer patients these days. Many factors can influence risk of getting breast cancer. However, we can help lower the risk of breast cancer in the following ways:

- 1.Keep a healthy weight
- 2.Exercise regularly
- 3.Get enough sleep
- 4.Limit alcohol and smoking
- 5.Regular breast screening

## BE BREAST AWARE

This refers to knowing your breast well so that you can detect any abnormalities early. Breast cancer screening means checking a woman's breast for cancer before there are signs or symptoms of the disease. All women should do Breast Self Examination, and need to start early as young as 16 or 17 years old. By doing BSE monthly, one will know her breast well and will be able to recognise anything abnormal. BSE should be done 7 to 10 days after the first day of the period. We should look for lumps, changes in the skin colour and texture, changes in the nipple and any abnormal discharge from the nipple. If there are any new changes we should seek medical attention immediately. Consult your doctor and request for imaging. Breast cancer screening programmes have the potential to diagnose early breast cancer with a better chance of survival. Three modalities of screening are:

Mammogram/ Ultrasound breast  
Self Breast Examination  
Clinical breast examination