By HANIS MAKETAB lifestyle@thestar.com.my

ARTIST Anas Afandi grew up in Taiping, Perak, known as the "wettest town" in Peninsular Malaysia, and fondly recalls the cool, pristine beauty of his hometown.

"Taiping's abundant rainfall once nurtured lush flora and fauna, but recent visits show changes – less mist, higher temperatures, and a shifting landscape," says Anas, 33, whose debut solo exhibition *I Love God, Gold, & Glory* is on display at Wei-Ling Gallery, Brickfields in Kuala Lumpur until Oct 19.

"You could say global warming inspired my work," he added. Anas' artwork *Climate Crisis* – a

leaky, hole-riddled bucket labelled Rain Catchment Taiping – greets visitors at the gallery entrance. In this show, he examines the colonial legacy's lasting impact on Malaysia's environment and cultural identity.

The exhibition title *I Love God*, *Gold*, & *Glory* also nods to the three main motives behind European colonisation during the Age of Discovery: gold, gospel, and glory.

"Throughout this series, I viewed the natural world as its own institution, profoundly influencing our culture – our idioms, motifs in handicrafts and architecture, and dances, all inspired by nature," says Anas.

"I consider what might happen if we keep damaging the environment. Without a shift in values and a true appreciation for nature, Malaysia risks losing its cultural uniqueness," he adds.

Untangling the **colonial past**

Anas Afandi's debut show explores the legacy of colonialism and its impact on the environment, culture and identity.

Remnants left behind

Anas points out that Malaysians are often shown Western images of melting glaciers and polar bears as symbols of climate change.

"But these are images that I cannot relate to. So this led me to wonder if I could attempt to portray environmental degradation from the perspective of a South-East Asian.

"As Malaysians, we tend to romanticise our connection with nature, but do we really walk the talk or is it a mere superficial 'branding' effort? That was one of the things I wanted to explore," he says.

The exhibition features 44 pieces created with acrylic, watercolor, and coloured pencil, along with two installations. Much of it resembles museum displays or textbook diagrams, using a primary colour palette of red, blue, and yellow to reflect the Malaysian flag, as Anas notes.

He reveals that he read many scientific papers during the two years he spent researching this series. "I'm particularly fascinated by archaeology and scientific methodology, so I think I subconsciously adopted that look and feel into my work," he shares.

Although many pieces address environmental issues, the series explores more than just that.

"That's just one part of it. The more I looked into our relationship with the environment, the more I realised that it goes beyond that. As a result, a new question emerged: what is the role of the environment and how does it intersect and affect the construction of culture, identity, and nation?" he says.

Anas adopts a satirical perspective on colonial history and its influence on contemporary Malaysian society.

"Our colonial past is marked with a legacy of economic exploitation, environmental harm, and social disruption. So I used humour as a critical tool to highlight the nonsensical, absurd nature of the situation where destruction and conservation always seem to go hand in hand," says Anas.



'Without a shift in values and a true appreciation for nature, Malaysia risks losing its cultural uniqueness,' says Anas. – Photos: KAMARUL ARIFFIN/The Star



The Irony Of Merbau (acrylic, watercolour, coloured pencil on paper, 2024).

In one of his installations, a random collection of objects are laid out on a table as if they had been unearthed in an archaeological excavation taking place in the future.

The make-believe "artefacts" consist of tools used in oil palm cultivation, spare parts of a chainsaw, fragments of an axe and hunting knives, and that all-too-familiar touristy heart sign that you'll find in many towns and cities, to name a few.

"In this work, I am offering the audience an understanding of our actions and a glimpse of what our culture and nation will be known for in the future," concludes Anas.

I Love God, Gold, & Glory is showing at Wei-Ling Gallery in Kuala Lumpur until Oct 19. The exhibition is available by appointment only. More info: weiling-gallery.com.

BORN WITH A BROKEN HEART

By PAUL YEOH

IN PREGNANCY, by the end of the first trimester, a foetus will already have a beating heart, functioning kidneys, and the beginnings of a nervous system.

By term, a single cell would have transformed into a fully formed baby – that's the miracle of life.

However, this delicate process can be disrupted, and one of the possible consequences is congenital disease, anomalies that are either structural or functional that develop in the womb.

One such anomaly affects the heart, and this group of conditions is collectively called congenital heart disease (CHD).

Sunway Medical Centre Penang consultant cardiologist Dr Ng Rui Lun, who specialises in diagnosing and treating congenital diseases, explains that CHD refers to a range of structural defects in the heart that are present at birth.

"These abnormalities can involve the walls of the heart, the valves, and the arteries or veins near the heart, disrupting the normal flow of blood."

Dr Ng notes that CHD is one of the most common birth defects in Malaysia.

While some forms of CHD are relatively minor and may not require intervention, Dr Ng stresses that others can be life-threatening and necessitate urgent medical treatment.

Children with untreated severe CHD may experience difficulty breathing, poor weight gain, fatigue, frequent lung infections, or swelling in the legs or abdomen, he explains.

"They also have a higher risk of developing endocarditis, an infection of the inner lining of the heart. Over time, untreated CHD can lead to heart failure, and its consequences."

Why, who, how

Dr Ng adds that CHD is a complex condition with a variety of causes. While the exact reason for many cases of CHD remains unknown, genetic and environmental factors play key roles.

"Certain families are at higher risk of having babies with CHD, such as those with a family history of congenital heart defects or chromosomal abnormalities.

"If a parent or sibling has CHD, there is a 3%-6% chance that a newborn will also be affected by a heart defect."

According to him, mothers exposed to factors like rubella, flu, lupus, poorly controlled diabetes, substance abuse (alcohol, drugs), or radiation during pregnancy significantly increase the likelihood of their babies being born with CHD.

Diagnosis, early intervention

Early screening and diagnosis, particularly foetal diagnosis during pregnancy, is critical, Dr Ng says, as it allows cardiologists to monitor the condition and make timely decisions, preventing irreversible complications.

It also helps doctors prepare

for the birth, ensuring the required specialised care immediately after birth.

However, not all defects are detected before birth, and some are diagnosed only after birth through physical examination or specialised tests like echocardiograms, electrocardiograms, and chest X-rays.

Paediatric cardiologists can detect heart defects soon after birth or during infancy by listening to the baby's heart sounds, shares Dr Ng, adding that further tests will then be carried out to confirm the diagnosis.

"In fact, from the 18th week onwards, obstetricians or cardiologists can detect potential CHDs in high-risk pregnancies."

Early detection allows the medical team to plan for the necessary treatment and monitoring.

Although about one-third of CHD cases are mild and may resolve without intervention, over half of the cases will require medical treatment or surgery to correct the defect.

Treating CHD

In the past, the primary method of treating many types of CHD was through open-heart surgery. Now, Dr Ng points out that advances in medical technology allow many heart defects to be treated using minimally invasive catheterisation techniques, which do not require open-heart surgery.

"Cardiac catheterisation can help repair holes in the heart,



such as atrial or ventricular septal defects, using special devices.

"It can also widen narrowed heart valves or blood vessels through balloon angioplasty or place stents to keep them open. These techniques are less pain-

ful and offer quicker recovery." These methods are continually

improving as new instruments and technologies are developed every few years.

What the future holds

"The timing of treatment for CHD depends on the type and severity of the heart defect. Minor defects may heal on their own as the child grows," says Dr Ng.

Most children with mild or well-managed CHD can live normal, active lives and attend school like their peers, while more complex conditions often require multiple stages of surgery.

However, he adds, the main concern is the highly specialised requirements for treating CHD. A patent ductus arteriosus (a common congenital heart defect) closure procedure at Sunway Medical Centre Penang.

"The challenge lies in ensuring we have enough specialised cardiologists and medical teams trained in these complex procedures."

Dr Ng emphasises that hospitals must also be equipped with the latest technology to perform advanced CHD treatments. Sunway Medical Centre Penang is one such hospital leading the way, offering comprehensive care for children with congenital heart disease.

Dr Ng notes that due to the growing number of CHD cases nationwide, there is still a gap in the overall healthcare system.

This sometimes leads to longer waiting times for treatment, particularly in areas with fewer resources.

He calls for greater collaboration among stakeholders to ensure that families across the country have timely access to the specialised care their children need, regardless of location.

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