SLMA NEWS

THE OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

NOVEMBER 2019, VOLUME 12, ISSUE 11

Cover story

Narrative Competitions

SLMA Expert Committee on Communication In Healthcare

Page 07

Inside

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CONTENTS

SLMA Theme 2019

Facing the challenges and forging ahead for better health outcomes

OFFICIAL NEWSLETTER OF THE SRI LANKA MEDICAL ASSOCIATION

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President's Message:

Elimination of Ragging and Violence in Universities in Sri Lanka

When I entered the medical faculty in 1969, (50 years ago!) none of the girls were subjected to any ragging. In 1970, when we were the immediate senior batch, we received all the girls in the junior batch with open arms. However, the boys who entered the faculty with us were subjected to ragging. This was in a friendly manner, spreading fun and merriment all around.

The scenario has now changed over the past 50 years. In the past decades, ragging has been transformed into cruel and sadistic activities and thus ragging can now be renamed as "Violence" in many universities in Sri Lanka. Today, violence in universities is a very serious problem resulting in students being subjected to physical, mental and sexual violence at the hands of the aggressors.

Definition of ragging

"Ragging is a deliberate act by an individual student or group of students directed at another student or group of students, which causes physical or psychological stress or trauma. Ragging results in humiliation, harassment and intimidation to the other person. Ragging is a criminal act under the law".

(Prohibition of Ragging and Other Forms of Violence in Educational Institutions Act No. 20 of 1998).

Over the past 2 years, violence in universities has resulted in over 2000 students withdrawing from their undergraduate courses. As many as 18 students have committed suicide consequent to the violence they were subjected to. Many students have been left partly or totally paralyzed by jumping out of windows attempting to escape from the violence of the aggressors. The students who were victims of violence become the aggressors in the following year. This vicious cycle continues, and needs to be stopped forthwith.

At the National Awards Ceremony 2019 held at the BMICH, I had the good fortune to meet Dr Tara De Mel, former secretary at the Ministry of Education. At this meeting Tara lamented profusely about the violent ragging of university students and the unacceptable corporal punishment presently carried out in some schools. She mentioned about the lack of public awareness and concern and apathy among the professionals regarding these serious activities. I immediately offered the assistance of the SLMA to help reduce this malady, subject to approval by the council of the SLMA.

The council of the SLMA unanimously agreed to the formation of an expert committee on elimination of violence in universities and ending corporal punishment in schools. The council invited Dr Tara De Mel to serve as the chairperson of the expert committee and recommended Professor Rasnayaka Mudiyanse and Professor Saroj Jayasinghe to serve in the committee with me as the convener.

"In the past decades, ragging has been transformed into cruel and sadistic activities and thus ragging can now be renamed as "Violence" in many universities in Sri Lanka. Today, violence in universities is a very serious problem resulting in students being subjected to physical, mental and sexual violence at the hands of the aggressors."

The following members were invited to serve in this committee as founder members:

Representative of chairman UGC, Professor Hemantha Senanayake, Vice Chancellor of Ruhuna Professor Sujeewa Amarasena, President, SLMC, Professor Harendra De Silva, Professor Piyanjali de Zoysa, Dr Ruvaiz Haniffa, Dr Kalyani Guruge, Dr Aruni Samarakoon, Dr Enoka Wickramasinghe and Dr Buddhini Withana.

The expert committee has met every fortnight since October and much headway has been made.

The terms of reference of the expert committee is as follows:

1. Identify accurately the nature of violence taking place in universities and schools and assess the extent of spread.
2. Assess the toll it has taken on the entire higher education system.
3. Identify the measures that the authorities have taken to stem the existing situation.
4. Identify the reasons why universities have failed to eradicate this problem.
5. Identify impediments to implementing action against the perpetrators of violence in schools and universities.
6. Identify measures that have been taken to prevent recurrence of violence in the next year.
7. Delegate responsibility of eliminating violence to all academics of universities at all levels. (eg. VCs, Deans, Lecturers, Administrators etc.) Similar responsibility for eliminating corporal punishment in schools to be given to principals and senior teachers.

We have had a very informative meeting with Professor Mohan De Silva, Chairman University Grants Commission and Professor Uma Coomaraswamy, Chairperson of the Center for Gender Equity/ Equality, Prevention of Sexual and Gender-based Violence and Ragging of the UGC.

Professor Uma Coomaraswamy's presentation contained the statistical data of violence and the narrations of the victims in the universities. According to research findings, 12% physical violence, 13% verbal violence and 13% sexual violence took place in the university. Many disturbing pictures of victims in the process of being 'ragged' and several letters from parents and students were tabled by the Chairman UGC.

Contd. on page 05

Contd. from page 04

President's Message...

Examining the nature of violence, the research findings showed that violence happens in all universities and that it's a systematic and organized crime and that the university entrants are subjected to violence even before entering the universities. University academics including Deans either neglect, ignore or accept this as a normal occurrence or are complicit in this situation.

In the light of this grave situation, SLMA expert committee has sent two open letters to all main presidential candidates requesting their attention on establishing zero violence in universities. The SLMA will meet the new President in due course and discuss important problems that affect the people of this country among which will be elimination of violence in universities.

You all will agree with me when I say that universities should be free of violence, intimidation and harassment if they are to become institutions of creativity, innovation and dissemination of knowledge. Each one of us has a responsibility to ensure that our universities are safe and comfortable for all those who work and study in them.

Dear members, the final message to you is that ragging and violence in universities is an outdated legacy inherited from the British Raj. It is a totally unacceptable form of behaviour and must be eliminated from our universities. It is indeed a violation of human rights. So members, please inform your siblings, relatives and your children who may be entering universities **to abstain from ragging and express a firm no to ragging and not be a silent witnesses to ragging.**

Dr Anula Wijesundere

The SLMA Monthly Clinical Meeting for October

Dr. Sajith Edirisinghe,
Assistant Secretary - SLMA

The Monthly Clinical Meeting of the SLMA for October 2019, organised in collaboration with the Sri Lanka College of Dermatologists, was held on 15th October 2019 at the Lionel Memorial Auditorium of the SLMA. The Monthly Clinical Meeting was based on "Tuberculosis -What is visible to our naked eye?". The first session was 10 Multiple Choice Questions and Answers by Dr. K. Anushan, Senior Registrar in Dermatology, Colombo North Teaching Hospital, Ragama. A slide presentation on Cutaneous Tuberculosis was conducted by Dr. Amila Wickramasinghe, Senior Registrar in Dermatology, Colombo North Teaching Hospital, Ragama. The discussion was conducted Dr. Ahamed Uwyse Consultant Dermatologist, Colombo North Teaching Hospital, Ragama. The meeting was chaired by Dr. Anula Wijesundere, President, SLMA and was well attended by Medical Officers, Postgraduate Trainees and medical undergraduates.

Prescribing Without Evidence: Coenzyme Q10

Sri Lanka Association of Clinical Pharmacology and Therapeutics (SLACPT)

Substances with little or no evidence of efficacy are bring prescribed, dispensed, used, advertised and marketed in Sri Lanka. As such, there is a need to bring out the real evidence (or rather the lack of evidence) about these products by conducting a detailed literature search and publish the findings in a series of articles under the caption "Prescribing Without Evidence". It is hoped that this continuing series will be useful to both the prescribers and the consumers.

Coenzyme Q10

- Coenzyme Q10 is not a vitamin as the body produces its own supply
- Coenzyme Q10 is found in most cells of the body, with high concentrations in the heart, liver, kidney, and pancreas. It seems to have antioxidant properties and functions as a cofactor in multiple metabolic pathways.
- There is no valid evidence to support the therapeutic use of Coenzyme Q10 in any condition.
- Calling coenzyme Q10 as supplement is a misleading terminology
- Dietary supplements are not intended to treat, diagnose, cure, or alleviate the effects of diseases.
- The global Coenzyme Q10 market is valued at 370 million US$ in 2018 and is expected to reach 540 million US$ by the end of 2025. Over decades, the Coenzyme Q10 advocates, particularly the vendors, have been recommending it as a panacea for just about anything: They were in fact „working hard" to find an "ill" for this "pill".
- In general, most of the studies on Coenzyme Q10 have been poorly designed, under powered and had small sample sizes limiting the validity of the results
- A study published in 2014 (Q-SYMBIO) claimed that "Our results demonstrate that treatment with CoQ10 in addition to standard therapy for patients with moderate to severe HF is safe, well tolerated, and associated with a reduction in symptoms and major adverse cardiovascular events. BUT:

➤ The trial took over 10 years to complete (2003- 2012)

➤ Though the planned sample size was 550 (relatively a very small sample size for cardiovascular diseases trials), the trial was closed (N= 420) before reaching the planned sample size as a result of a low recruitment rate

➤ Sponsors of this trial included the International Coenzyme Q10 Association (the advocacy organization), Kaneka Corporation of Osaka (the manufacturer) and Pharma Nord (the marketer) which sells products containing Coenzyme Q10.

➤ Editorial on the Q-SYMBIO study published in the same issue of the Journal summarizes the irony very crisply:

"If 1% of the estimated $1 billion annual market for CoQ10 was reinvested into an adequately powered, appropriately designed, academically led trial to demonstrate the efficacy and safety of CoQ10, then perhaps we would have a scientific advance worth being excited about"

- Coenzyme Q10 has not been shown to be of value in treating cancer. However it may reduce the risk of heart damage caused by cancer chemotherapy drug.
- The small amount of evidence currently available suggests that Coenzyme Q10 probably does not have a meaningful effect on blood pressure.
- Though Coenzyme Q10 has been "advocated" as "possibly effective" in preventing migraines, there is no evidence for this claim
- Although results of few small individual studies have produced some varying results, the overall scientific evidence does not support the use of Coenzyme Q10 to prevent or treat statin associated muscle symptoms
- A major National Institutes of Health-funded study showed that Coenzyme Q10, even in higher-than-usual doses, didn't improve symptoms in patients with early Parkinson's disease. A 2017 evaluation of this study and several other, smaller studies concluded that Coenzyme Q10 is not helpful for Parkinson's symptoms.
- Coenzyme Q10 has also been studied for a variety of other conditions, including amyotrophic lateral sclerosis (Lou Gehrig's disease), Down syndrome, Huntington's disease, and male infertility, but the research is too limited for any conclusions to be drawn.
- No statistically significant results achieved in mitochondrial myopathies. Hence Coenzyme Q10 is not recommended as a treatment.
- Idebenone is a synthetic analogue of co-enzyme Q10. It is licensed for the treatment of visual impairment in adolescent and adult patients with Leber's Hereditary Optic Neuropathy.
- Adverse effects are rare and include nausea, diarrhoea, heartburn and rarely headache, irritability, agitation and dizziness, may reduce insulin requirements in people with diabetes and may enhance or reduce the anticoagulant effect of warfarin, blood count abnormalities, abnormal liver function and hepatitis.
- A recent study published in Indian Heart Journal (a systematic review of systematic reviews) concluded "CoQ10 supplement may be a useful tool for managing patients with heart failure". However, all seven systematic reviews included in this review had been very critical about the methodology of the primary studies and recommended strongly the necessity for well conducted studies before any valid conclusions can be made.
- To conclude – There is no evidence based indication for the use of coenzyme Q10 in clinical practice.

Further Reading

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Narrative Competitions

SLMA Expert Committee on Communication In Healthcare

Dr. B. J. C. Perera
Member, SLMA Expert Committee on Communication in Healthcare

The SLMA Expert Committee on Communication in Healthcare successfully conducted two Narrative Competitions for healthcare personnel in October 2019. These were unique pioneering efforts, hosted by the Sri Lanka Medical Association for the very first time.

The first event was for students from medical faculties from all universities in the country. It was held on 18th October 2019 in the Professor N. D. W. Lionel Memorial Auditorium of the SLMA. There were 22 presentations from the students of 7 medical faculties. In the second initiative, the Expert Committee held an identical competition for students of Allied Healthcare Sciences from all round the country on 25th October 2019 at the same venue. In that instance there were 32 presentations from 9 such institutions.

The competitions were judged by a panel of competent personnel with proven track records. The assessments were made on a marking scheme designed on the basic principles of communication skills. The marks were electronically tabulated and a trimming procedure was employed to weed out marks way above or way below those of the other judges. The competitors and the judges were initially briefed on the intricacies of the procedures to be followed. The presentations were allocated 5 minutes for each performance and strict time-keeping was employed.

The programme started with a brief Welcome Address by the President or President-Elect of the SLMA, followed by a stimulating address by the Chairman of the Expert Committee Professor R. Mudiyanse or his nominee. At that stage on both days a member of the Expert Committee, Dr. B. J. C. Perera recounted in an attractive graphic storyline format, his recent personal experience with extensive spinal surgery to demonstrate the remarkable value of communication in healthcare. All these were very well received by the contestants and the audience.

Then the actual competition commenced. All narratives were based on real-life situations in healthcare that the presenters had come across with patients that they were called upon to attend on. There was a lot of interest among the contestants as well as the audience in the content as well as the various presentation techniques employed by the performers. For us in the audience it was quite a revelation to see the very high quality of the presentations and the finest principles of narration and communication that were employed by extremely competent raconteurs. Most of the presentations evoked a variegated plethora of many emotions in the narrators as well as in the members of the audience. Empathy and genuine feelings that were generated right round was absolutely striking and even breath-taking in its excellence. Those of us in the audience could sit back and savour the delights of presentations of sublime quality.

At the end of the competition, one of the Judges, Dr. Kapila Sooriyaarachchi, an award winning dramatist and an internationally acclaimed film producer, entertained the audience with some personal experiences of his own. These were mingled with some analyses of the presentations and much valued advice offered by him to the contestants. The audience thoroughly enjoyed that component of the proceedings.

The winners were then announced. They would go through to make presentations at the Inaugural Congress of the SLMA on Communications in Healthcare on the 13th of December 2019.

All in all, these were magnificent examples of innovative efforts of the very young Expert Committee on Communication in Healthcare of the Sri Lanka Medical Association. The fare served was enjoyed by everybody and it went on to show that our young Sri Lankan trail-blazers in healthcare too have talent which is of supreme quality. There is no doubt whatsoever that they would be able to hold their own and would be on par even with those of any other profession, both locally and internationally.

Contd. on page 08

Contd. from page 07

Narrative Competitions...

Contd. on page 09

Contd. from page 08

Narrative Competitions...

ANNUAL GENERAL MEETING: 20TH DECEMBER 2019

The Annual General Meeting (AGM) of the Sri Lanka Medical Association will be held at 7.00 p.m. on Friday, 20th December 2019, at the Lionel Memorial Auditorium, Wijerama Mawatha, Colombo 7.
All members are cordially invited to be present.

Any proposals or resolutions to be taken up at the AGM should reach the Honorary Secretary, SLMA on or before 29th November 2019.

The agenda of the AGM is given below.

Dr. Kapila Jayaratne
Honorary Secretary, SLMA

Agenda for the Annual General Meeting: 20 – 12 – 2018

1. **National Anthem**
2. **Reading of the notice calling for the Annual General Meeting**
3. **Observation of one-minute silence for departed members of SLMA**
4. **Adoption of the minutes of the last Annual General Meeting held on 21st December 2018**
5. **Confirmation of new members of the SLMA who joined in 2019**
6. **Resolutions**
7. **President's address**
8. **Secretary's Report for 2019**
9. **Treasurer's Report for 2019**
10. **Election of Office Bearers and Council Members for the year 2020**
11. **Appointment of Auditors**
12. **Address by the new President**
13. **Any other business**

Peniculus, Pencil, Penicillin

Prof. Colvin Goonaratna
Consultant Physician and Chancellor, Open University of Sri Lanka

During the hegemony of the mighty Roman Empire fashionable housewives carried a rather stylish little brush made of ox tails or horse tails, termed pēniculus (ē as in pet) in Latin, to flick real or imaginary specks of dust and flying insects away from their faces. Pēniculus literally meant a "little tail" – a diminutive of another Latin word pēnis (ē as in pet), that originally meant "tail". I trust that we need not tarry here to explain how or why this Latin word was soon extended to denote the mammalian male organ of copulation and urination, and in this sense, was borrowed into English, but pronounced with the letter e as in "penal".

However, artists and painters needed brushes with points finer than ox tails or horse tails for their work, so pēnicillum (ē as in pet), a derivative of pēniculus, came into use for a painter's brush. Later pēnicellum, a common conversational form of this Latin word, entered Old French as pincel, and Old English as pēnsel. Pencel appeared in fourteenth century English and the spelling pencil emerged in the seventeenth, to mean an artist's fine brush. This connotation lasted until the late nineteenth century, although a working writing instrument in which a stick of graphite was enclosed in a wooden cylinder, in other words a pencil, had been designed by Conrad Gesner, a German-Swiss botanist as early as in 1565.

"…In the rest of this article allusion will constantly be made to experiments with filtrates of a broth culture of this mould, so for convenience and to avoid the repetition of the rather cumbersome phrase "mould broth filtrate", the name 'penicillin' will be used. This will denote the filtrate of a broth culture of the particular Penicillium with which we are concerned."

Alexander Fleming wrote these momentous lines in the British Journal of Experimental Pathology, in 1929. Quite apart from the clarity, brevity and precision of his words, budding medical authors may benefit from studying the exemplary style of Fleming's writing. A number of moulds are categorised as Penicillium. The specific mould used by Fleming for his greenish broth was Penicillium notatum, because that is the one he had identified in one of the petrie dishes he had inadvertently left unattended when he went away on a holiday with his family, in which, when he returned, growth of staphylococci in the culture had been apparently inhibited by the mould. And why are these moulds termed Penicillium? That was the name given to them in the nineteenth century because of their appearance resembling a bunch of hairs stuck on a painter's brush, which was called, as you will clearly recall, penicillum during Roman Empire days.

Fleming enrolled at St Mary's Hospital Medical School in Paddington in 1903; he qualified with an MBBS degree from the school with distinction in 1906. In 1908 he gained a BSc degree with the Gold Medal in Bacteriology and became a lecturer at St Mary's until 1914. After war service he returned to St Mary's Hospital in 1918, where he was elected Professor of Bacteriology of the University of London in 1928.

At St Mary's Hospital Fleming continued his research on antibacterial substances. There he discovered the enzyme lysozyme from nasal secretions of a patient having a heavy cold. Although his findings were published, and lysozyme was found in many secretions such as tears, saliva and mucus, its antibacterial effect was slight with little therapeutic potential. However, Fleming had ignited a little spark of interest in the search for other antibacterials.

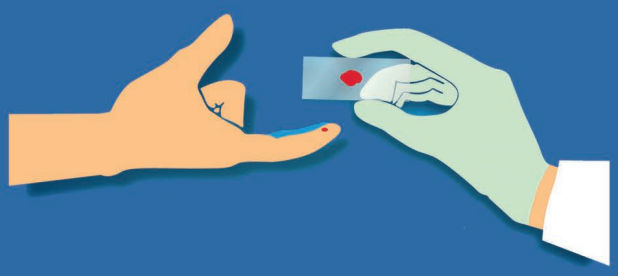
By 1927 Fleming was widely recognised as a brilliant researcher for his many important publications, and his attention was getting more focused on the biology of staphylococci. Fleming's accidental discovery and isolation of penicillin in September 1928 transformed the world of modern medicine, and introduced the era of powerful antibiotics. Penicillin has saved and continues to save millions of lives worldwide. He showed that it had a positive antibacterial effect on staphylococci and many other Gram-positive pathogens that cause scarlet fever, pneumonia, meningitis and diphtheria, but not typhoid or paratyphoid which are caused by Gram-negative bacteria. It was effective against Neiseria gonorrheae although it is Gram-negative. Fleming grew the mould in pure culture and discovered the substance that killed a wide variety of disease-causing bacteria, and identified the mould as belonging to the genus Penicillium. After several months of calling it "mould juice" or "mould broth filtrate" he named it penicillin on 7 March 1929.

Fleming received, deservedly, a large number of honorary degrees, and British and foreign honorary awards. To give a few examples, he received FRCS (Eng), FRS and FRSE in the early 1940s, and the Nobel Prize in Physiology and Medicine in 1945, sharing it with Howard Florey and Ernst Boris Chain at the Radcliffe Infirmary in Oxford whose research led to the mass production of penicillin. Fleming had largely ceased work on penicillin in the 1930s because cultivating Penicillium was very difficult, isolating the antibacterial product even more so, and mass producing the product almost impossible. Besides, Fleming had come to the conclusion that the action of penicillin was too slow to be effective, because of some inconclusive clinical trials of its use as a surface antiseptic. But after Edward Abraham – also of Oxford – had proposed the correct structure of penicillin, Chain and Florey solved the problem of mass production.

Meanwhile, Fleming continued to receive awards for a very long time. A few of the more memorable ones include, being included in the 1999 Time magazine's list of "100 Most Important People of the 20th Century" in 1999, the BBC's 2002 nationwide poll of the "100 Greatest Britons", and being voted the third "Greatest Scot", behind only Scotland's national poet Robert Burns and national hero William Wallace in a poll conducted by STV in 2009. An asteroid in the Asteroid Belt, 91006 Fleming, is named after him.

Several tomes have been written about Fleming and the early days of penicillin, and umpteen myths about them have also had their heydays. I wish to end this essay by recounting one of the more enduring myths. During World War II Winston Churchill became ill in Carthage in Tunisia in 1943.

Contd. on page 12



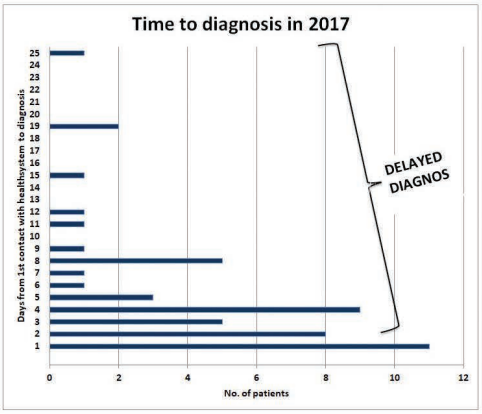
Reduce the Delay in diagnosing imported Malaria

Every single day that a malaria patient is left untreated,

* **His/her chances of survival decreases, &**

* **He/she can transmit the disease to others & re-introduce malaria to Sri Lanka**

Therefore malaria should be diagnosed within 24 hours of onset of fever



Your role:

For all fever patients, always check **travel history** at first interview. If patient has travelled to a malaria endemic country recently, **test for malaria.**

Anti Malaria Campaign Headquarters
Public Health Complex, 3rd floor, 555/5,
Elvitigala Mawatha, Colombo 05
Tell: 011 2 588 408/ 011 2 368 173/ 011 2 368 174
Email : antimalariacampaignsl@gmail.com

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www.malariacampaign.gov.lk

Contd. from page 10

Peniculus, Pencil, Penicillin...

He recovered, and several reports averred at the time that he recovered due to penicillin administered by Fleming himself. Fleming did not treat Churchill; nor was penicillin the drug that cured him. Churchill was saved in this instance by Lord Moran, his personal physician from 1945 to Churchill's death in 1965, using sulphapyridine, a new sulphonamide discovered and produced by May & Baker Ltd in Dagenham Essex. Lord Moran, President of the Royal College of Physicians from 1941 to 1945, and after Churchill's death his controversial biographer, apparently did not have experience with penicillin in 1943.

EM Wijerama Endowment Lecture

The EM Wijerama Endowment Lecture was delivered by Vidyajyothi Senior Professor Rezvi Sheriff, Senior Professor of Medicine, Sir John Kotelawala Defence University and Emeritus Professor of Medicine, University of Colombo. The lecture was titled "Reminiscences from a personal odyssey of a 50 year medical career: an opportunity to reflect". The event was held on 25th October, 2019 at the NDW Lionel Memorial Auditorium, SLMA. The lecture was preceded by the presentation of SLMA research prizes and awards. The Immediate Past President of the SLMA, Dr. Ruvaiz Haniffa graced the occasion as Chief Guest and delivered an enlightening speech on 'The arrogance in medicine and the identity crisis in the medical profession in Sri Lanka'.

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Contd. from page 12

EM Wijerama...

Media and Public Seminar on World No Alcohol Day

Dr. Anula Wijesundere
President, SLMA

The World No Alcohol Day, declared by the WHO as 01st October each year, was commemorated at the SLMA with a seminar for the media & the public on the 24th September 2019 at the Professor N.D.W. Lionel Memorial Auditorium.

The speakers and the topics of presentations were as follows.

Medical complications of alcohol dependence – **Dr. Anula Wijesundere**

Psychological complications of alcohol dependence – **Dr. Jayamal De Silva**

Industry influence on alcohol control – **Dr. Sajeewa Ranaweera**

Dr. Anula Wijesundere, President SLMA welcomed the members of the audience and highlighted the magnitude of the problem of alcohol dependence in Sri Lanka. She mentioned that about 18,000 men die annually in Sri Lanka as a consequence of alcohol related diseases. She mentioned that 40% of Sri Lankan males consume alcohol and that low-income families spend a third of their income on alcohol expenditure. The per capita consumption of alcohol in Sri Lanka is 3.5 litres, which is the highest rate amongst the SAARC countries. She also mentioned that the per capita consumption among males alone was 7.4 litres. The government health expenditure on diseases related to alcohol was a staggering Rs. 140 billion annually.

The consequences of alcohol dependence resulting in the following diseases were highlighted –

Cirrhosis, pancreatitis, neuropathy, gastritis, cardiomyopathy and dementia etc.

Psychiatric disorders – depression, suicide, convulsions, pathological jealousy

Morbidity and mortality from road traffic accidents.

Violence, homicide and committing crimes.

Sexual harassment and violence against children and women.

Social problems - poverty, family disputes and social deprivation

The measures that should be implemented to reduce the burden of alcohol dependence in Sri Lanka were highlighted. These included stopping the issue of new licenses to sell alcohol immediately and cancellation of all liquor licenses issued to outlets situated within half a mile radius of schools and places of worship. The minimum age for purchase of alcohol was recommended to be increased to 21 years. Further recommendations were made to restrict hours and days that alcohol is sold in outlets and to close all liquor outlets by 11 pm daily.

Further recommendations were for the Excise Department to actively search and destroy all illicit alcohol producing dens. Revision of the excise policy of the government, stopping all tax concessions given to distilleries and avoidance of reduction of the price of alcohol at all costs was strongly recommended. Furthermore, conduction of health education programmes advising the public and the school children about the physical, mental and social hazards of alcohol were strongly advocated.

Dr. Jayamal De Silva (Consultant Psychiatrist) made the following presentation.

Psychological aspects of alcohol use

Contrary to what most doctors believe, there was no correlation that could be demonstrated consistently, with the blood alcohol levels and the behavioural manifestations. For example, when alcohol was given under experimental conditions which prevented them identifying the substance as ethanol, to people who did not use alcohol regularly, they did not demonstrate the "expected" effects of alcohol.

Contd. on page 15

Contd. from page 14

Media and Public...

Likewise, the so called euphoric and anxiety relieving properties of alcohol were found mainly when there was hardly any alcohol in the brain. This was due to the fact that it takes alcohol about half an hour to one and half hours to reach the brain in adequate quantities after ingestion. Yet the behavioural effects were shown well before that and mostly when only a small amount of alcohol was ingested and still remained in the stomach. The information which we receive on receptors, pathways and metabolism conceals this important finding of behavioural sciences. Dr. De Silva stated that it would be of paramount importance for us as doctors to be aware of the real effect and real harm of alcohol in order to help our patients effectively. One of the best examples is the so called "self-medication hypothesis" in social anxiety. Most socially anxious persons would feel relaxed with a small amount of alcohol and they feel relaxed within minutes. This was very unlikely as there was not enough alcohol in the brain at the time they felt well.

He stated that the real harm from alcohol was missed as we concentrated too much on the medical (including psychiatric) aspects of alcohol abuse. The user lost the ability to enjoy normal cheerful events in his life due to conditioning to the presence of alcohol in all such occasions well before he became independent. He further explained that the dependent patient lived a life of misery as his whole life was centered around obtaining and using the substance to the extent that he excluded all other pleasures.

Dr. Jayamal further stated that the psychological treatments of alcohol misuse should incorporate education on real effects of alcohol rather than concentrating on dopamine pathways and medical problems. The information that is currently available for the scientific community and for the patients via internet specially focuses on reward pathways. This extremely restrictive model of alcohol use prevented patients from identifying alcohol as a substance that mediated its action through placebo effect or expectations. He further explained that alcohol gives rise to expected effects later due to conditioned learning and dependence.

The role of the industry in promoting alcohol as a way of life needed to be brought up with the patients as well as communities in order to let them understand the psychology of alcohol use. This was of paramount importance as one of the most important factors contributing to initiation of alcohol among the young is the attraction created around its use, he concluded.

Dr. Sajeewa Ranaweera, Member, Expert Committee on Tobacco, Alcohol and Illicit Drugs made the following presentation.

Industrial influence on alcohol control

Dr. Ranaweera stated that alcohol caused significant health and social harm throughout the world. Contrary to popular belief, the liver disease contributed less significantly to this. According to the World Health Organization, worldwide, the most significant harm caused by alcohol were injuries, both intentional and unintentional. Cardio vascular diseases, cancers and infectious diseases also contributed considerably to morbidity and mortality caused by alcohol. This profile of harm also illustrates the myth propagated by the alcohol industry related to the "protective" effects of alcohol on the heart, citing selected research. Such a protective effect or any evidence that using alcohol will increase the lifespan of humans has not been demonstrated in populations similar to those in Sri Lanka, he stated.

He stated that according to the latest STEPS survey, in 2015, the overall current use of alcohol was less than 1% in females and less than 35% among males. This showed that around 80% of the population did not use alcohol currently (past 30 days). Those who benefited from making alcohol use appear normal, which promoted consumption, tried to hide this. They have been quite successful in Sri Lanka, as most of the population, including the professionals, believe that alcohol use is widespread and that we have a high per-capita consumption.

Dr. Ranaweera stated that the high rate of abstention from alcohol use was one of the most important factors that we should strive to maintain. It was because there was still a huge potential for the alcohol industry to increase sales and thereby the harm. The alcohol industry attempts to reduce the rate of abstention from alcohol use through various strategies. These include different types of marketing and promotional activities and interfering with public policies. There was evidence that the alcohol industry used lobbyists in many parts of the world to prevent implementation of policies that will reduce alcohol consumption and harm.

It was revealed that the taxation of alcohol was reduced in Sri Lanka in 2017. This led to a significant reduction in the prices of alcohol products. This was perhaps the most harmful measure adopted in relation to alcohol in this country for several decades. This resulted in consumption increasing over the long term. Research has shown that once prices are reduced, consumption will increase among those who had less disposable income – the young people and those with lower incomes, he stated.

The justification given both by the government and the alcohol industry for the tax reduction was the availability of illegal alcohol. Addressing illegal alcohol was an enforcement issue. Price competition could not eliminate illegal trade. According to available reports, illegal alcohol use in Sri Lanka has been static or declining due to enforcement efforts, during the past decade. Therefore, further strengthening of enforcement should be the most productive path taken, rather than reducing price, which will only benefit the alcohol industry at the expense of all Sri Lankans.

Dr. Ranaweera confirmed that internationally, the alcohol industry also controlled research on alcohol directly and indirectly. The largest alcohol companies in the world have funded and formed two research agencies the Portman Group and the International Alliance for Responsible Drinking. These agencies funded alcohol research throughout the world and published results which would obviously be biased. Therefore, great care was needed when interpreting studies on different aspects of alcohol use, he concluded.

Contd. on page 16

Contd. from page 15

Media and Public...



Maternal Suicides

Dr. Kapila Jayaratne
Secretary - Sri Lanka Medical Association
National Programme Manager - Maternal & Child Morbidity & Mortality Surveillance
Family Health Bureau - Ministry of Health

Maternal mortality continues to be a public health priority in national and international communities. Maternal mortality ratio is a composite index of a country's health infrastructure and the socio-economic status. If a country cannot safeguard at least the health of pregnant women, that country would not be doing very well from the point of view of health of the populace. This is the rationale for considering maternal mortality as a public health priority in any country. Sri Lanka has reduced maternal mortality over the years to reach a value that is the region's best. But over the last 10 years we are struggling to further reduce it from 30 deaths per 100,000 live births.

As Sri Lanka moves towards lowering its Maternal Mortality rates to lower levels, its success in that endeavour has been universally praised by health organisations of the world. Ending preventable maternal mortality from various forms of self-harm inflicted on themselves by mothers during and immediately after pregnancy, is still a subject for concern.

In-depth analyses done over the years by the Maternal & Child Morbidity & Mortality Surveillance Unit of the Family Health Bureau (FHB), Ministry of Health, bear evidence of this fact, where it was found that the tendency for attempted suicides by pregnant or recently delivered women is a persistent problem.

Suicide is the 4th leading cause of death for women aged 15–49 years worldwide. In the year 2017, Sri Lanka reported 2586 suicides. Out of this 677 (26%) were female suicides. The number of maternal suicides is fluctuating. However, every year a significant number of maternal suicides are reported throughout the country.

A maternal suicide is defined as a 'Death caused by self-directed injurious behaviour with any intent to die as a result of the behaviour in a woman who is pregnant or has recently delivered (one year period after termination of pregnancy)'. Sri Lanka implements a National Maternal Death Surveillance and Response System. According to the notification criteria, all public health midwives and hospitals in the country should inform "deaths of all women of reproductive age (15 - 49 years) during the pregnancy or within one year after termination of pregnancy irrespective of the cause of death", to the Family Health Bureau (FHB) within 24 hours.

Contd. on page 18

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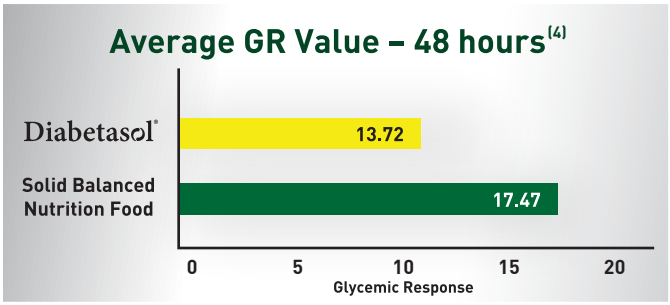

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*Glycemic response is the change in blood glucose concentration that occurs after food consumption.

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*ADA - American Diabetes Association **EASD - European Association for the Study of Diabetes

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KALBE

Contd. from page 16

Maternal Suicides...

This includes maternal suicides. All such probable maternal deaths are notified, data collected and reviewed at field, hospital and national levels.

The FHB has comprehensive surveillance data reported by field healthcare teams on all the maternal suicides. Because of the growing number of suicides in the recent years, with the support from Sri Lanka College of Psychiatrists, a Psychological Autopsy tool for Maternal Suicides (PAMS) was introduced to gain a better understanding of maternal suicides from the year 2016. A psychiatrist visits the household with the field healthcare team to collect data and interpret the findings. Sri Lanka is the only country in the world having such a methodological approach to study maternal suicides.

The surveillance data shows that every year 25 -30 maternal suicides are reported throughout the country. The country reported 448 maternal suicides during the period 2002 – 2018. In the year 2018 alone, there were 38 deaths, amounting to a maternal suicide rate of 11.7 per 100,000 live births. The majority of them are due to sudden impulsive acts arising out of complex social scenarios, inter-personal conflicts and lack of family support. A significant proportion (1/3) is also attributed to underlying mental illnesses. Poisoning is the commonest method of suicide. Hanging, burning and drowning are the other forms of suicides. A majority (>75%) were <30 years of age, with a peak in the 26-30 year age group. Sri Lankan data shows that only a few older women committed suicides during pregnancy. Many of the victims were married women.

The Family Health Bureau has done in-depth explorations into these deaths and disseminated to major stakeholders. However, prevention of suicide is complex and difficult. Preventive strategies go beyond health boundaries. FHB is working collaboratively with many agencies to minimize maternal self-harm. Experts advocate planned pregnancies both physically and mentally. The need of proper contraceptives is crucial. Women should be aware of emergency contraceptives following unprotected sexual encounters to prevent conceiving. Focus on prevention of gender-based violence is also important. FHB introduced the RED BOOK to capture women in danger of dying due to any factor, mainly targeting complex social scenarios. The general principles of preventing all suicides are also employed in preventing maternal suicides.

Awareness about maternal self-harm by women of reproductive age, their partners, relatives, caregivers and the general public is crucial. Ensuring optimal psycho-social wellbeing of the mothers-to-be is indispensable in addressing this problem.

(Several newspaper articles formulated on maternal suicides in line with World Suicide Prevention Day and World Mental Health Day are shown in the pictures).

Monthly Clinical Meeting of the SLMA with the Sri Lanka College of Obstetricians and Gynaecologists

Dr Anula Wijesundere,
President, SLMA.

The Monthly Clinical Meeting of the SLMA with the other clinical societies and colleges for the month of September was held on the 17th September at the Professor NDW Lionel Memorial Auditorium. A case presentation followed by a lecture discussion on "Patho-physiological approach for management of cardiac disease complicating pregnancy" was presented.

Dr S Madugalle, Registrar, Professorial Unit, De Soyza Hospital for women presented a case study of a mother with hard disease complicating pregnancy. This was followed by a lecture discussion on Patho-physiology of cardiac failure in pregnancy by Dr Prabhodana Ranaweera, Senior Lecturer, Faculty of Medicine, University of Colombo. The clinical meeting concluded with the presentation of 10 MCQs related to the topic presented by Dr Rashanthi Perera, Senior Registrar, Professorial Unit, De Soyza Hospital for women.

The meeting was very well attended by Postgraduate Trainees, medical officers and undergraduates of the Faculty of Medicine. The meeting was chaired by Dr Anula Wijesundere, President, SLMA.

Contd. on page 20

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Tablets

Contd. from page 18

A patho-physiological approach to managing a pregnancy complicated by a heart disease

Dr AKP Ranaweera
Dr TMSSB Madugalle

Rising maternal age, unhealthy lifestyles and obesity increase the mortality and morbidity of cardiovascular diseases while better access to healthcare and better diagnostics detect more and more such cases at earlier stages. This provides a unique opportunity to improve maternal and foetal outcome by applying evidence-based practices with a clearer understanding of the patho-physiological principles behind them.

Key physiological changes during pregnancy

Maternal cardiac output rises from early pregnancy, plateaus out from 16th week until 28th week of gestation and rises again up to term. Peripheral vascular resistance drops to a nadir around 16-20 weeks and rises slightly towards 34 weeks where it stabilizes till delivery. The heart enlarges, the blood volume expands and haemoglobin content increases, thereby improving oxygen transport. Pain and Valsalva manoeuvre during delivery further increases demand on the heart. An abnormal heart can rapidly decompensate when faced with these extreme stressors. Therefore, the aim of modern obstetrics is to support the heart during these stressful times.

Management guided by patho-physiology

Identification of the cardiac lesion is paramount. A clear history, examination and investigations like ECG, 2DEcho will enable categorization of pregnant women with cardiac diseases into WHO modified cardiovascular risk classes. Involvement of a multi-disciplinary team is essential for comprehensive care. Some cases may require therapeutic termination and these are time-sensitive decisions governed by physiological principles (ex. 16 and 28 weeks). Correcting the haemoglobin level, administering oxygen via face mask, diuresis to reduce plasma volume, vasodilatation to reduce peripheral vascular resistance, treating infections rigorously and limited bed rest significantly reduce demands on the heart. The cardiac lesion must be treated wherever possible. Hydration, compression stockings and prophylactic anticoagulants reduce the risk of deep vein thrombosis and pulmonary embolism in the hypercoagulable environment of pregnancy. Regular foetal monitoring is essential in preventing foetal complications like miscarriages, intrauterine death and prematurity. Vaginal delivery is not contraindicated in cardiac diseases. The increase in cardiac work due to labour pain and Valsalva manoeuvre can be minimized by instrument assistance of second stage of labour and adequate pain relief. In rare instances where there is significant cardiac compromisation, caesarean section may be the preferred mode of delivery. Steps must be taken to reduce postpartum strain on the maternal heart due to auto-transfusion of blood from uterus to the systemic circulation. Reliable contraception must be agreed upon according to WHO medical eligibility criteria.

Both preventive and curative health systems have major roles in detecting and initially assessing pregnancies complicated by cardiac diseases at field clinics and referring them to a dedicated team for further management.

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Dear Candidate,

An appeal to Include Effective Tobacco, Alcohol and Drug Control in Your Election Manifesto

Let us send greetings to you in your run up to the Presidential Elections 2019. We hope that you can find a few minutes to read out letter while you are busy preparing your election manifesto.

Centre for Combating Tobacco (CCT) is the Sri Lankan tobacco observatory established under the Article 5.3 of the World Health Organisation's (WHO) Framework Convention on Tobacco Control (FCTC). Hosted by the Faculty of Medicine, University of Colombo, our implementation partners are National Authority on Tobacco and Alcohol (NATA), Expert Committee on Tobacco, Alcohol and Dangerous Drugs of Sri Lanka Medical Association (SLMA), Alcohol and Drug Information Centre (ADIC) Sri Lanka and the WHO Country Office for Sri Lanka. The aim of the CCT is to monitor tobacco industry activities related to implementation of Article 5.3, which translates to preventing interference of the tobacco industry in public health policy in Sri Lanka and the region. Please visit our official website (www.cct.lk) for more details on our mandate and activities.

The election manifesto is a comprehensive cohesive document of serious statements and pledges, which effectively is the plan for the entire country in the years to come, if not for decades. It reflects the character and the vision of your good self and the party you represent. Your election manifesto should make sense to every mother, father, man, woman and child in this country coming from all ethnic, religious backgrounds irrespective of their gender, caste, age and socioeconomic status.

Sri Lanka, as a signatory to the WHO FCTC, has pledged to protect the public health policies from commercial and other vested interests of the tobacco industry. Therefore, we believe it is opportune to include your planned contribution to effective prevention and control of tobacco, along with alcohol and other drugs, in your manifesto, under your plans for health, child and family wellbeing and economic development.

We are certain that you are aware that the history has taught us the lesson that such plans to effectively uplift the quality of the life of the common man, woman, youth and child, has shown a positive effect reflected on the election results in this country. Hence, we earnestly suggest and plead that you include a phrase in your manifesto similar to the one below, and your plan on how to achieve it:

"I accept, support and endorse the high priority need of this country on effective tobacco, alcohol and other drug control, while taking every step to protect the legislation and the policy framework and their making in this country from the interference of the tobacco and alcohol industry or any other entity behind other drug dealings."

Partners of CCT and other leading organisations working on prevention of tobacco, alcohol and other drugs have endorsed this letter with their signatures below.

Thanking you,

.....

Dr. Mahesh Rajasuriya
Director
CCT

.....

Prof. Jennifer Perera
Dean
Faculty of Medicine

Anula Wijesundere
.....

Dr. Anula Wijesundere
President
Sri Lanka Medical Association (SLMA)

.....

Mr. Pubudu Sumanasekara
Executive Director
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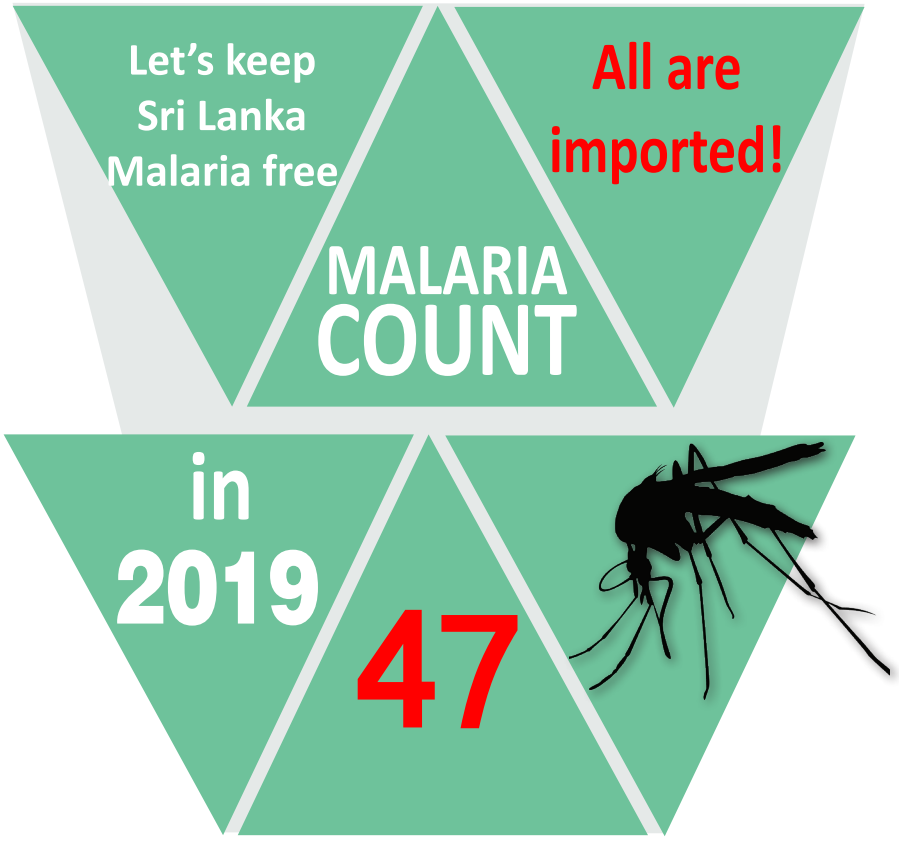

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