JULY 2025

Official Newsletter of the Sri Lanka Medical Association

Registered at the Department of Posts under no. DOP/NEWS/62/2025

JUNE 2025 I VOLUME 18
ISSUE 07
ISSN: 1800-4016 (PRINTED)
2550 - 2778 (ONLINE)

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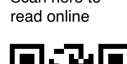

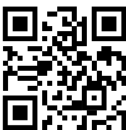

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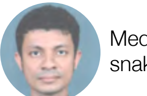

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From the Editors

Dr Lahiru Kodithuwakku
Co-Editor

Dr Kumara Mendis
Co-Editor

This month Sri Lanka Medical Association (SLMA) celebrated its 138th Anniversary International Medical Congress, an epitome of knowledge exchange, research dissemination and promotion of scientific excellence in medical sciences. It was not only a forum for researchers, academia, practitioners and students to showcase their work but also an annual gathering of comradeship that unites the medical fraternity in Sri Lanka. Among the plethora of medical conferences held throughout the year, SLMA medical congress stands out special and the reasons are to be seen, in the pages of this month's newsletter.

From thought provoking orations, deep dives into core medical knowledge, discourse on contemporary public health concerns to policy dialogues, SLMA Congress brought out the best that Sri Lankan medical fraternity has to offer. Hopefully in the near future, the messages conveyed loud and clear during the congress, will be transformed into tangible results for the betterment of the health services in Sri Lanka. The SLMA invites the entire medical fraternity to join hands in this endevour of national significance.

After all, in the end, it is not the talk, but the walk that matters!

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COVER STORY

Dr Lahiru Kodituwakku
Co-Editor, SLMA Monthly Magazine

Dr Kumara Mendis
Co-Editor, SLMA Monthly Magazine

HONOUR, TRADITION AND INNOVATION: SLMA STRIVES FORWARD WITH NEW VIGOUR

As the curtain falls on yet another successful medical congress organized by the SLMA, its time to reflect on three days of in-depth scientific deliberations, knowledge exchange and a discourse on issues of public health significance. No doubt, the array of orations, guest talks, symposia, plenaries, quizzes and debates enriched the medical fraternity both local and foreign alike. Echoing the SLMA's pivotal position regionally and globally, delegates from many countries including the United Kingdom, India, Thailand and Indonesia attended the conference.

Diverting from the format of a conventional medical congress, the agenda this year included several policy forums on contemporary issues of public health concern like climate resilient health systems, financing renal services and transplant, Comprehensive Sexuality Education, medicinal drug quality assurance, general wellbeing and road safety etc. Technical collaboration towards this innovative approach from UN agencies, reputed think tanks, civil society organizations and academia reiterated the critical role played by the SLMA in policy formulation and advocacy in the health sector.

However, the spotlight of the colourful inauguration ceremony of the congress was the honour bestowed upon two medical luminaries, past Presidents of the SLMA, for their yeoman service to the country. Vidyajyothi Professor Rezvi Sheriff, Emeritus Professor of Medicine, Faculty of Medicine, University of Colombo was awarded the prestigious SLMA Fellowship for his services to the Nephrology and Transplant Medicine in Sri Lanka. He initiated the country's first Dialysis Unit and Kidney Transplant Programme, a vision that forever transformed renal care services and paved the way for other organ transplantations in Sri Lanka. He was a member of the first National Health Policy Formulation Team, the University Reforms Committee, the National Education Commission and the Sri Lanka Medical Council. He was the Director of the Postgraduate Institute of Medicine from 2006 to 2011, providing an exemplary service to medical education in Sri Lanka.

Dr. Lalitha Mendis, Emeritus Professor of Microbiology, Faculty of Medicine, University of Colombo was also awarded the much-coveted Fellowship of the SLMA for her pioneering role as the first lady director of the Postgraduate Institute of Medicine (PGIM) and establishment of the Medical Education and Research Centre (MERC) at the PGIM, which to date benefits medical postgraduate students,l lecturers and medical educationists alike. She was also the first Lady President of the Sri Lanka Medical Council (SLMC).

One reason why SLMA's medical congress stands out among rest of the conferences is its defining role as the guardian of Sri Lanka's medical traditions, honour and comradeship. We at the SLMA honour our pioneers, preserve our rich traditions and look beyond the horizons for our fraternity to grow and shine!

We thank you all for being witness to this transformative journey and we invite each and every one of you to join us as we strive forward with honour, tradition and innovation!

(Excerpts of the SLMA Fellowship Citations, 2025 by Dr. B J C Perera was referenced to draft this article)

PRESIDENT'S MESSAGE

Dr Surantha Perera

131st President of Sri Lanka Medical Association

WELCOME ADDRESS AT THE 138TH ANNIVERSARY INTERNATIONAL MEDICAL CONGRESS

Dear members, I wish to present to you the welcome addresses by myself at the inauguration of the 138th Anniversary International Medical Congress as this month's President's message.

It is a great pleasure and a singular privilege to welcome all of you to this historic occasion of the Inauguration Ceremony of the 138th Anniversary International Medical Congress of the Sri Lanka Medical Association. I extend a warm welcome to our Chief Guest, Professor Steve Turner, President of the Royal College of Paediatrics and Child Health (UK); our Guest of Honour, Dr. Anil Jasinghe, Secretary to the Ministry of Health and Mass Media; and our Special Guests, Dr. Asela Gunawardena, Director General of Health Services, and Dr. Dilip Bhanushali, President of the Indian Medical Association.

I also affectionately welcome the Chairman and members of the Board of Trustees of the Sri Lanka Medical Association, Past Presidents, Council Members, and our distinguished guests representing government ministries, state institutions, academia, UN agencies, statutory bodies, national and international civil society organisations, professional organisations and associations, medical colleges, as well as all other invitees who have graced this occasion.

This gathering is not only a celebration of the Association's legacy but a reflection of the enduring commitment of Sri Lanka's medical fraternity to advancing knowledge, improving care, and serving the Sri Lankan public. Founded in 1887, the SLMA stands as the oldest academic medical association in Asia and Australasia, which encompasses the largest landmass in the world. For 138 years, the SLMA has united doctors across disciplines to promote scientific excellence and national wellbeing. This evening, we proudly carry that legacy forward.

The theme of this year's Congress, *"Health Equity Across the Life Course: Resilient Pathways, Empowered Lives,"* captures the essence of our vision for 2025 and the future. It embodies our pledge to make healthcare accessible, systems resilient, and individuals empowered at every stage of life. Health is a fundamental right. Our task is to safeguard it by creating suitable and sustainable schemes and programmes that can endure adversity and support people to thrive, from infancy to old age.

To bring this vision to life, we have adopted a life-course approach. In early childhood, we strive to provide every child with a "head start" by nurturing their cognitive, emotional, and social development. During adolescence, we promote mental well-being and healthy behaviour to foster resilience. For adults and older people, we prioritise preventive care and lifelong wellness, supporting healthy ageing and contributing to the 'silver economy'.

The theme of this year's Congress, "Health Equity Across the Life Course: Resilient Pathways, Empowered Lives," captures the essence of our vision for 2025 and the future.

It embodies our pledge to make healthcare accessible, systems resilient, and individuals empowered at every stage of life.

Cross-cutting priorities complement these age-specific interventions. These would include climate-resilient healthcare, prevention of road traffic accidents, and addressing neglected, emerging, and non-communicable diseases, all guided by a holistic, equity-focused strategy that spans across generations.

In our role as a bridge between science and policy, the SLMA continues to advocate for progressive, evidence-based health reforms. With the introduction of a new national health policy in 2026, we have seized this opportunity to make a meaningful contribution through the **SLMA Health Policy Forum, which was created in 2025**. The Forum has already addressed critical areas, including care for the elderly, protection of healthcare workers and road safety. In August 2025, we will shift our focus to one of the most pressing challenges: strengthening the human resources of the healthcare sector. Our policy work also champions wellness as a cornerstone of national health. Wellness, as we see it, is more than the absence of illness. It is tied to purpose, satisfaction, and the quality of life. At this Congress, we will launch a public wellness toolkit and a symbolic birthday card, marking our 50th anniversary, to deliver preventive health messages to the population. We will continue to engage the Ministry of Health in promoting this agenda.

We are also advocating the establishment of a **parliamentary oversight committee** to develop a **Charter for Healthcare Workers**, a critical step in protecting and empowering our professionals. After two years of sustained dialogue, we are proud to say that the Cabinet has approved the **Charter on Patients' Rights and Responsibilities;** a milestone shaped by SLMA leadership and consensus-building.

As we look ahead, the challenges posed by climate change demand urgent attention. Sri Lanka is increasingly vulnerable to floods, droughts, and heatwaves, all of which have profound health impacts. In response, the SLMA convened the **Expert Committee on Planetary Health and Climate Effects**, which has led concerted efforts to build a climate-resilient healthcare system. Our flagship **"Climate-Smart Green Hospitals"** initiative is already underway, and during this Congress, we will present our policy framework to the Ministry of Health.

Our commitment to road safety remains unwavering. The **SLMA Prevention of Road Traffic Crashes Committee** has outlined a comprehensive plan that includes forming a Presidential Task Force, introducing a national surveillance system, and ultimately establishing a Road Safety Commission. Our Annual Health Walk, held this year from Galle Face to Town Hall to raise awareness of road safety, drew widespread acclaim. This event, supported by the Tri Forces and the Sri Lanka Police, was a resounding success. This week, we will formally present our policy document *"Safe Roads – Safe Communities"* to key stakeholders, including the Trauma Secretariat and the Ministry of Transport.

In line with our commitment to early childhood development, we recently launched the **Reach Out and Read** programme at the base hospital level, in paediatric wards, beginning with Panadura. Building on this, one of our flagship initiatives for 2025 is **"Pathway to Potential"**. This transformative programme supports children living in poverty, aiming to build resilience, unlock potential, and offer a sustainable

route out of adversity and poverty. It is scheduled to be launched following this Congress.

Recognising the mental health crisis among adolescents, the SLMA is working with schools, families, and healthcare providers to improve access to care, integrate services into primary health systems, and reduce stigma through education. A dedicated Congress session, in partnership with the World Health Organisation, will highlight this pressing issue and propose actionable solutions.

Equity also means acknowledging conditions that are often overlooked. Diseases such as **snakebite envenomation** continue to harm rural populations. Through our expert committees, we are enhancing access to antivenom, training frontline workers, and conducting public education campaigns to reduce the burden of these neglected tropical diseases.

At the heart of excellence is continued learning. The SLMA strongly supports revalidation and continuous professional development for doctors and consultants to ensure the highest standards of care. We endorse the creation of an independent body to oversee this effort, alongside our existing CPD programmes. Our **Saturday Talks**, Monthly Clinical Meetings, capacity-building workshops, and regional outreach scientific sessions in Sabaragamuwa and Kalutara have fostered peer-to-peer learning. Visits to Jaffna and Kurunegala are scheduled for August 2025.

To sustain these efforts well into the future, we have launched the **Sri Lanka Medical Advancement Trust**. This permanent endowment will support professional development, medical research, leadership scholarships, heritage preservation, and public health innovation. Structured around one million digital blocks, with an initial target of 100 million rupees and an ultimate goal of one billion, this Trust would hopefully provide a stable and independent foundation for the SLMA's long-term vision. It is our collective legacy, a declaration that our pursuit of excellence will endure beyond our current term of office.

In parallel, we recognise the power of public communication. The SLMA continues to lead media engagement on critical topics such as road safety, healthcare worker protection, medicinal drug procurement, the impact of Dengue and Chikungunya, substance misuse, and vaping. We actively collaborate with the media to promote healthy behaviours and amplify vital public health messages.

This Medical Congress is a testament to our dedication to innovation and collaboration. Over the next three days, we will engage with leading voices from Sri Lanka, as well as experts from various other regions of the world, discussing topics ranging from cutting-edge biomedical research to community-based health solutions. I thank all our speakers and invite every participant to contribute actively. It is through the sharing of diverse perspectives that lasting, transformative solutions emerge.

I extend my heartfelt gratitude to all who contributed to the success of this Congress, including the members of my Council for their steadfast support.

I want to extend my special appreciation to Professor Sachith Mettananda for his exemplary leadership as Congress Chair, and to the Academic Committee for their invaluable contributions.

I am deeply appreciative of Dr. Asiri Hewamalage for her unwavering commitment as Secretary, and of Dr. Udana Rathnapala and the Finance Committee for strengthening our CME partnerships.

I also thank our dedicated SLMA staff for their tireless efforts, and our industry partners for their continued support in advancing medical education.

I urge everyone in the global medical community to lead with tremendous compassion and courage. The challenges ahead, from post-pandemic recovery to climate resilience, are formidable, but so should our resolve be to overcome them.

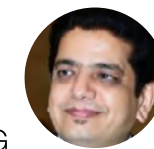
Let us remember the immortal words of Albert Einstein: '*In the middle of every difficulty lies opportunity.*'

Let this Congress be more than an exchange of ideas. Let it be a catalyst for action. May we leave here not only with new knowledge, but with renewed purpose; to heal, to advocate, and to lead. Together, we can build resilient health systems, empower lives, and shape a healthier, more equitable world for future generations.

I thank you all for your attention and kind wishes.

From the bottom of my heart, I wish you a splendid evening and a meaningful and inspiring Congress tomorrow.

OPINION



Dr Milind R. Shah
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President of ISPAT (Indian Society of Prenatal Diagnosis & Therapy)
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SLMA MEDICAL CONGRESS: REINFORCING THE ROLE OF A PREMIERE PLATFORM FOR MEDICAL ADVANCEMENT IN SRI LANKA AND THE REGION

The 138th Anniversary International Conference of the Sri Lanka Medical Association (SLMA), held on 23-25th July, 2025, was a landmark event that brought together medical professionals, researchers, and policymakers from across the globe. Celebrating over a century of medical excellence, the conference upheld its legacy by delivering a high-caliber academic and networking experience.

The scientific sessions were rich and diverse, covering current global health challenges, advancements in clinical practice, and innovations in public health. Keynote addresses by both local and international experts provided deep insights into emerging trends in medicine and healthcare policy. Noteworthy was the session on Policy Statement on “Climate stress to health risks: Building resilient system” & “Reducing preventable perinatal mortality in South Asia: A roadmap for regional collaboration & accountability”, which sparked engaging discussion and highlighted practical solutions.

The conference also emphasized interdisciplinary collaboration, with sessions tailored to encourage dialogue between clinicians, researchers, and health administrators. The exhibition showcased cutting-edge medical technologies and research initiatives from Sri Lanka and beyond. Organizationally, the event was managed with professionalism—smooth registration, excellent facilities, and a well-paced schedule. The cultural events and networking opportunities added a warm, personal dimension to the academic rigor.

Overall, the SLMA’s 138th conference was an outstanding success, reinforcing its role as a premier platform for medical advancement in Sri Lanka and the region.

Dr. Milind Shah was part of the foreign faculty and invited guests for the SLMA Medical Congress 2025, from India.

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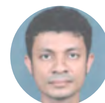
SPECIAL ARTICLE

Dr RMMK Namal Rathnayaka



MBBS, PhD, MPhil, MSc (Tox), MSc (Clin.Pharm), MMEd, MA
Secretary, Expert Committee on Snakebites, SLMA.
Senior Lecturer, Department of Pharmacology, Faculty of Medicine, Sabaragamuwa University of Sri Lanka

MEDICALLY IMPORTANT SNAKES IN SRI LANKA

Currently, there are 109 species of snakes in Sri Lanka; the majority are nonvenomous and few are medically important because they cause envenoming effects. There are two categories of medically important snakes, including highly medically important and lesser medically important snakes. The foundation of this classification is based on the clinical effects of the envenomation. Highly medically important snakes cause systemic envenoming effects with or without local manifestations (Table 1) whereas lesser medically important snakes cause local effects only. These local manifestations are local pain, swelling, bleeding, blistering, necrosis at the bite site, bruising and regional lymphadenopathy. There are 7 highly medically important land snakes in Sri Lanka, including cobra (*Naja polyocellata*), 2 kraits - Ceylon krait (*Bungarus ceylonicus*) and Common krait (*Bungarus caeruleus*) and 4 vipers- Russell's viper (*Daboia russelii*), saw-scaled viper (*Echis carinatus*), hump-nosed viper (*Hypnale* spp.) and Green pit viper (*Peltopelor trigonocephalus*).

Ideally, antivenom should be available for the envenoming of highly medically important snakes. However, currently used Indian polyvalent antivenom is only indicated for the 'Big four' (Russell's viper, saw-scaled viper, cobra, and common krait), but not for the other 3 snakes (hump-nosed viper, Green pit viper and Ceylon krait). However, without any proven evidence of effectiveness, Ceylon krait bites are also treated with Indian Polyvalent antivenom considering the structural similarities of different toxins present in krait venoms. Thus, species-level identification is important when deciding to administer antivenom to snakebite patients. Particularly, the identification of Russell's viper from the hump-nosed viper is crucial. The features shown in Table 2 can be used to identify highly medically important snakes in Sri Lanka. Table 3 shows lesser medically important snakes in Sri Lanka. Currently, although the Sri Lankan keelback ('Nihaluwa') is considered a snake of lesser medical significance, a case of coagulopathy has been reported following its bite [1]. Therefore, it is important to closely monitor these patients.

"Ideally, antivenom should be available for the envenoming of highly medically important snakes. However, currently used Indian polyvalent antivenom is only indicated for the 'Big four' (Russell's viper, saw-scaled viper, cobra, and common krait), but not for the other 3 snakes (hump-nosed viper, Green pit viper and Ceylon krait)

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Table 1: Clinical profile of highly medically important snakes in Sri Lanka

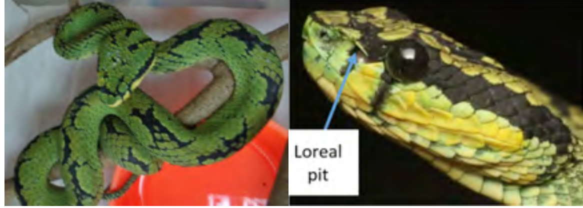
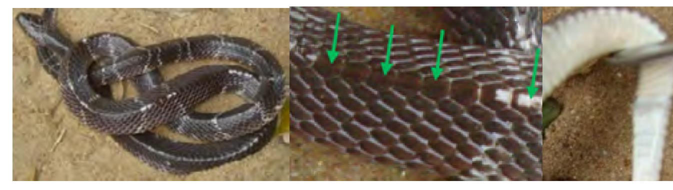
Species	Local effects	Acute systemic effects
Russell's viper	yes	Neuroparalysis, venom-induced consumption coagulopathy (VICC), Acute kidney injury (AKI), thrombotic microangiopathy (TMA), microangiopathic hemolysis, strokes (ischemic and haemorrhagic), myocardial infarction
Saw-scaled viper	yes	VICC, AKI, TMA, microangiopathic hemolysis, microangiopathic hemolysis
Hump-nosed viper	yes	VICC, AKI, TMA, cardiac effects (myocardial infarction, atrial fibrillation & heart failure), ischemic strokes, compartment syndrome
Green pit viper	yes	VICC, compartment syndrome
Cobra	yes	Neuroparalysis
Common krait	No	Neuroparalysis
Ceylon krait	No	Neuroparalysis

Table 2: (Next Page)

Table 3: Lesser medically important snakes in Sri Lanka.

English name	Sinhala name	Scientific name
Sri Lankan blossom krait/ Sri Lankan keelback	Nihaluwa/Mal Karawala	*Rhabdophis ceylonensis*
Cat-eyed snake	Mapila	*Boiga* spp.* *There are 5 species
Slender coral snake	Depath Kaluwa	*Calliophis melanarus*
blood-bellied coral snake	Bada Rathu Depath Kaluwa	*Calliophis haematoetron*
Green vine snake	Ahatulla	*Ahaetulla nasuta*
Brown vine snake	Henakandaya	*Ahaetulla pulverulenta*
Ornate Flying snake	Mal Sara	*Chrysopelea ornate*
Sri Lankan Flying snake	Dangara Danda	*Chrysopelea taprobanica*
Dog-faced water snake	Kunudiya kaluwa	*Ceberus rynchops*
Gerard's water snake	Kadolana Diya Bariya	*Gerarda prevostiana*
Rainbow water snake	Dedunu diyabariya	*Enhydris enhydris*

Table 2: Identifying features of highly medically important snakes in Sri Lanka [2],[3]

Species	Identifying features	
Russell's viper (*Daboia russelii*) 'Thit Polonga'	• 'viperine' body (short and robust body with triangular head and prominent neck • three rows of oval-shaped markings with clear margins in the dorsum • inverted V-shaped thin, white mark on the head	
Saw-scaled viper (*Echis carinatus*) 'Weli Polonga'	• 'viperine' body (short and robust body with triangular head and prominent neck • white blotches connecting the two rows of white arches running on either side of the body • bird foot mark on the head	
Hump-nosed viper (*Hypnale spp.**) 'Kuna Katuwa'/ 'Polon Thelissa' *The genus includes 3 species	• 'viperine' body (short and robust body with triangular head and prominent neck • two rows of triangular blotches over the dorsum • prominent snout (hump) • presence of Loreal pit between the eye and the nostril • Five enlarged head shields	
Green pit viper (*Peltopelor trigonocephalus*) 'Palaa Polonga'	• 'viperine' body (short and robust body with triangular head and prominent neck • green/yellowish green/bluish green body with or without black markings • presence of Loreal pit between the eye and the nostril	
Ceylon krait/ Sri Lankan krait (*Bungarus ceylonicus*) 'Mudu Karawala'	• long and slender body • no prominent neck • oval head • enlarged hexagonal vertebral scales row on the midline of the dorsum • scales under the tail (sub-caudals) are not divided (uniserial) • dorsal scales are smooth and non-keeled • thick single white bands in the dorsum • black and white appearance on the ventral side	
Common krait (*Bungarus caeruleus*) 'Thel Karawala'	• long and slender body • no prominent neck • oval head • enlarged hexagonal vertebral scales row on the midline of the dorsum • scales under the tail (sub-caudals) are not divided (uniserial) • dorsal scales are smooth and non-keeled • thin double white bands in the dorsum • uniform white appearance on the ventral side	
Cobra (*Naja polyocellata*) 'Nayaa'	• no prominent neck • prominent hood in live and defensive snakes • whitish marking ('letter Pa') in the neck • thin white bands in the dorsum • few black lines on the upper lip ('teardrop') • blackish bands on the ventral side	

FEATURE ARTICLE

Dr Manilka Sumanatilleke
Consultant Endocrinologist-NHSL

Dr Athri Samidini Wanninayake
Senior Registrar in Endocrinology- NHSL

PHARMACOLOGICAL MANAGEMENT OF OBESITY

Obesity is defined as “An abnormal or excessive fat accumulation that presents a risk to health”. In 2023 World Obesity Federation projected that 51% of the global population will be living with overweight and obesity within 12 years if prevention, treatment and support do not improve. And in keeping with global trends, Sri Lankan prevalence data follows same trajectory with 2021 STEPS Survey depicting 6.4% and 25.6% of men found to be obese and overweight respectively. Among the females 12.6% and 29.6% are found to be obese and over-weight. According to Renuka Jayathissa et al. among the pregnant population 27.4 % and 5.6% were obese and overweight at their first trimester.

Obesity can be categorized according to the etiology and the severity. BMI offers an objective way of defining obesity. Asian populations have more body fat relative to weight than white populations. Higher body fat and higher morbidities at a relatively lower BMI is seen in Asians.

Since the BMI has limitations in the diagnosis of obesity, measurement of body fat percentage is considered the best method to assess severity of obesity. Body fat percentage cut off points of 25% for men and 35% for women are proposed by the World Health Organization (WHO) for south Asians.

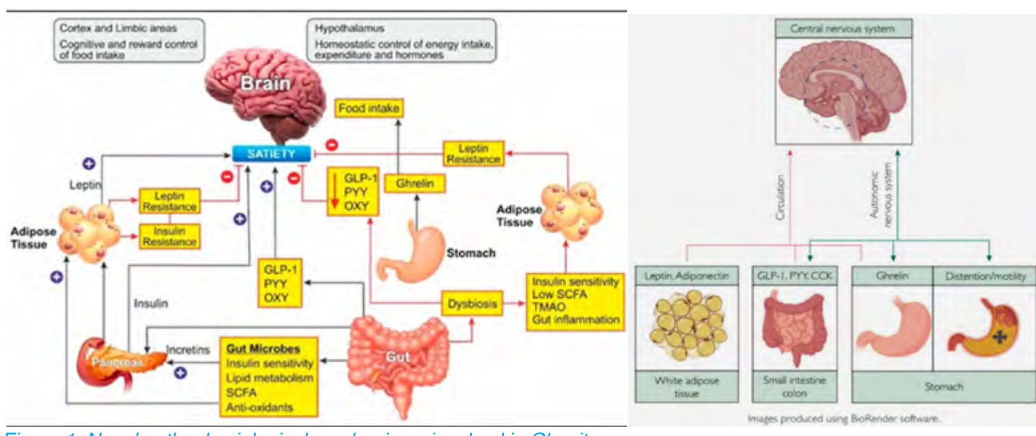


Figure 1: Novel pathophysiological mechanisms involved in Obesity

The new classification of obesity includes pre-clinical obesity and clinical obesity. The patients have preserved function of other tissues in preclinical obesity while functional abnormalities are found in clinical obesity.

Pathophysiology of obesity has led to new horizons beyond the old concept of imbalance in energy consumption and energy expenditure. Genetic and environmental factors, dysregulation of gut microbiome and hormonal imbalances involving leptin, ghrelin pathways exerting orexigenic and anorexigenic signals regulating hypothalamic satiety center are the new concepts involved in causation of obesity

CNS
Vision loss, recurrent headaches, or both (due to raised intracranial pressure)

Respiratory system
Hypoventilation, breathlessness, wheezing, or any combination of these (due to reduced lung compliance, diaphragmatic compliance, or both)

Metabolism
The cluster of hyperglycaemia, high triglyceride levels, and low HDL cholesterol

Liver
Metabolic dysfunction-associated steatotic liver disease with fibrosis

Renal
Microalbuminuria with reduced eGFR

Reproductive
Anovulation, oligomenorrhea and polycystic ovary syndrome, male hypogonadism

Limitations of daily activities
Substantial, age-adjusted limitations of daily living

Upper airways
Apnoea or hypopnoea during sleep (due to increased upper airways resistance)

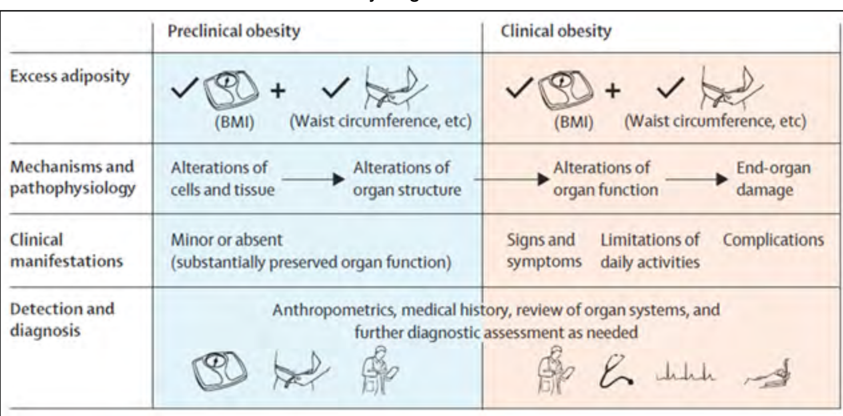
Cardiovascular system
- Heart failure with reduced ejection fraction (due to reduced left ventricular systolic function)
- Chronic fatigue and lower limb oedema (due to impaired diastolic function—heart failure with preserved ejection fraction)
- Chronic or recurrent atrial fibrillation
- Pulmonary artery hypertension
- Recurrent deep-vein thrombosis or pulmonary embolism
- Raised arterial blood pressure

Urinary system
Recurrent or chronic urinary incontinence

Musculoskeletal system
Chronic, severe knee or hip pain (associated with joint stiffness and reduced range of motion)

Lymphatic system
Lower limb lymphoedema (causing chronic pain, reduced range of motion, or both)

Figure 2: Complications of obesity



	Preclinical obesity		Clinical obesity	
Excess adiposity	✓ (BMI) + ✓ (Waist circumference, etc)		✓ (BMI) + ✓ (Waist circumference, etc)	
Mechanisms and pathophysiology	Alterations of cells and tissue →	Alterations of organ structure →	Alterations of organ function →	End-organ damage
Clinical manifestations	Minor or absent (substantially preserved organ function)		Signs and symptoms; Limitations of daily activities	Complications
Detection and diagnosis	Anthropometrics, medical history, review of organ systems, and further diagnostic assessment as needed			

Management of obesity is of utmost importance since it can give rise to a wide spectrum of disorders including the metabolic syndrome which is the harbinger for multiple metabolism related disorders. Also, the increasing prevalence of obesity carries with it increased risks for diabetes, nonalcoholic fatty liver disease, heart disease, and cancer among other comorbidities.

Clearly the measures that prevented the rapid increase in

FEATURE ARTICLE
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obesity with diet alone in early 90s no longer works effectively. New preventive strategies are needed to halt the medical consequences of increasing prevalence of higher BMI. However, no matter how effective preventive strategies are, there will always be people who need treatment for the potential hazards of excessive weight.

The management options in the management of obesity include, lifestyle modifications with dietary, exercise and behavioral modifications, pharmacotherapy and bariatric surgery in patients who fail to achieve satisfactory weight reduction by lifestyle modification and pharmacotherapy. Endoscopy assisted gastric balloon insertion, endoscopic gastroplasty, endoscopy assisted magnetic bypass are the newly evolving therapies world over.

Drugs used for management of obesity can be categorized as centrally acting and peripherally acting according to their site of action. Drug classes of Phentermine/ Topiramate, Locaserin, Naltrexone/ Bupropione, GLP-1 agonists and GLP/GIP combined therapies are centrally acting while, Orlistat is the only peripherally acting drug available.

Leptin analogues, POMC inhibitors, Ghrelin antagonists, NPY inhibitors, GLP/GIP and glucagon receptor agonist (Ritatrutide) are the way forward in the management of obesity. Additionally, new drug Setmelanotide which is a Melanocortin 4 (MC4) inhibitor acting at the gate way of the appetite center was introduced in 2020 mainly for the obesity associated with syndromes and hypothalamic obesity.

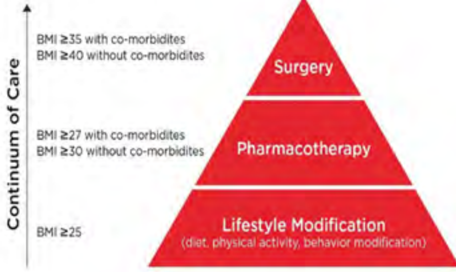


Figure 3: Management options for Obesity

Table 1: FDA Approved drugs and their mechanism of action and doses available

Drug	Mechanism of action	Doses available
Orlistat (Xenical)	Gastric lipase inhibitor	120mg tds before meals
Naltrexone/ Buproprione (Contrave)	Nor-epinephrine/ dopamine reuptake inhibitor	8mg/90mg, 32mg/360mg once daily
Phentermine/ Topiramate (Qysmia)	Sympathomimetic/ GABA receptor activation	3.75/ 23mg, 7.5/46 mg, 11.25/69mg, 15/92mg
High dose Semaglutide (Wegovy)	GLP-1 agonist	Ranging from 0.25 mg to 2.4 mg once weekly.
Dulaglutide (Trulicity)	GLP-1 agonist	0.75 mg subcutaneously once a week Titrate up to 4.5mg/once a week
Low dose Semaglutide (Ozempic)	GLP-1 agonist	0.25mg titrated up to 1mg/once a week or 1.7mg/once a week (if no Diabetes)
Tirzepatide (Mounjaro)	GLP/GIP agonist	once weekly doses of 5mg, 10mg and 15mg
Setmelanotide (Imicivree)	Melanocortin 4 (MC4) receptor agonist	2mg or 3mg once weekly

Orlistat

Orlistat, is a pancreatic and gastric lipase inhibitor, which prevents absorption of fat up to 20-30%. It binds the lipase molecule at the lumen and prevent degradation of the fat by the lipases preventing digestion and absorption. It is available in the doses of 60-120mg and can be prescribed up to a frequency of three times per day. Patients need to be advised on intake of the medication just before during or at least within one hour after meals to prevent side effects and they need to take multivitamins one hour after the drug. Patients may experience flatulence, fecal incontinence, steatorrhea and vitamin malabsorption following the medication and therefore, it is contraindicated in chronic malabsorption, pregnancy, cholestasis and when co-prescribed with drugs like warfarin or cyclosporin.

Phentermine/ Topiramate (Qysmia)

Phentermine is a sympathomimetic which enhances secretion of nor-epinephrin, epinephrin and dopamine whereas topiramate is an anti-seizure medication which modulate GABA receptors.

The weight loss is achieved by increased energy utilization via stimulating hedonic input of rewarding and appetite suppression at appetite center.

The drug is available in combined preparations with a starting dose of Phentermine/ Topiramate 3.75mg/23mg and the recommended doses of 7.5mg/46mg. Higher dose regimens of 15mg/92mg are also available. The drug carries minor side effect profile of headache, nausea, dry mouth, dysgeusia, dizziness and fatigue. Sometimes constipation and insomnia. It's contraindicated in pregnancy and breast feeding, Uncontrolled hypertension & heart disease, hyperthyroidism, glaucoma and when MAOi (Mono-amine oxidase inhibitors) or sympathomimetic drugs are co-prescribed.

Naltrexone/bupropion

Naltrexone/bupropion is a combined preparation of naltrexone which is an opioid receptor antagonist and Bupropion an inhibitor of nor-epinephrine and dopamine uptake. The combination suppresses the hunger center at hypothalamus.

It's available at the dose of 8mg/90mg extended-release preparation, with the recommended treatment dose at 32mg/360mg per day. The side effects are similar to above mentioned medications and it is contraindicated in cases of uncontrolled hypertension, seizure

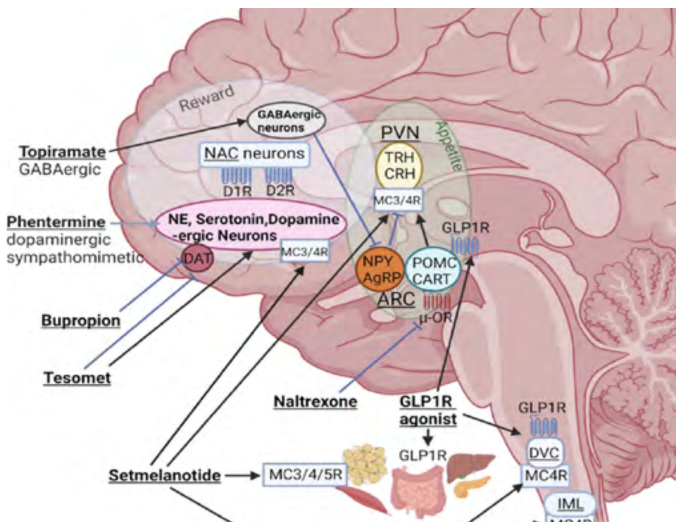
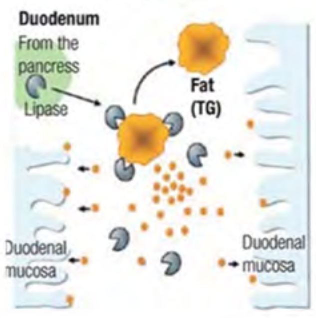


Figure 4: Centrally acting drugs in obesity and their site of action



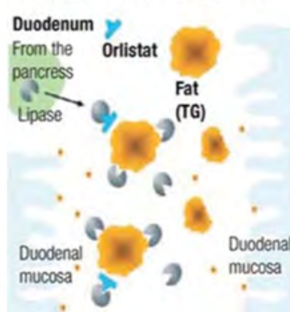


Figure 5: Orlistat mechanism of action

FEATURE ARTICLE

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disorder, anorexia nervosa or bulimia nervosa, drug or alcohol withdrawal or MAOi treatment.

GLP-1 agonists (Glucagon like receptor agonists)

GLP-1 agonists in the names of Dulaglutide (Trulicity), Low dose Semaglutide (Ozempic) and GLP/GIP combination therapy- Tripeptide (Mounjaro) are the newest therapy in the market for management of obesity. Initially Liraglutide (Saxenda) was introduced to the market in 2014 and the degree of weight loss with Liraglutide 3mg QDS was not beneficial compared to other therapies. Therefore, it was not approved for weight reduction specially in type 2 diabetic patients.

Thereafter the introduction of once weekly semaglutide and once daily oral semaglutide treatment revealed promising results in weight reduction over a few weeks of use. Once weekly subcutaneously administered semaglutide (Ozempic) with initial dose of 0.25mg titrated up to 1mg/once a week subsequently depending on patient response for patients with diabetes and obesity. Higher doses like 1.7mg/once a week can be prescribed for those with obesity without Diabetes

Oral semaglutide once daily initial dose of 3mg titrated up to 14mg/day can be prescribed.

Wegovy another GLP-1 agonist preparation specifically approved for chronic weight management. Wegovy comes in higher doses, ranging from 0.25 mg to 2.4 mg, administered once weekly. The higher doses are specifically tailored for weight loss. Clinical studies show that Wegovy can lead to an average weight loss of 15-18% of body weight over 68 weeks, while Ozempic may result in weight loss as a secondary benefit for diabetes management, averaging around 12-14%.

Medullary thyroid carcinoma risk has being described in rodent models, but human evidence is lacking.

Tirzepatide(GLP/GIP agonist)

Tirzepatide which is a GLP/GIP combination was proven to be beneficial in weight loss in recent SURMOUNT-1 trial, in once weekly doses of 5mg, 10mg and 15mg doses. The side effect profile of these drugs are very minimal with no reported hypoglycemia despite been diabetic medications is an important property to highlight.

The below table describe the amount of expected weight loss with the use of individual drug therapy . When considering the efficacy of semaglutide, it lowers HbA1c levels by 1.5-1.8%, which is higher than liraglutide (1.0-1.4%) and dulaglutide (1.0-1.5%).

Table 2: Effect of drugs on weight loss

Drug name	Percentage of weight loss
Tirzepatide	14-21%
Semaglutide Wegovy Ozempic	15-20% 15-18 % 12-14%
Liraglutide (Saxenda)	6-10%
Naltrexone/ Buproprione	5-8%
Phentermine/ Topiramate	7-10%
Orlistat	3-5%

Additionally, semaglutide has demonstrated greater weight loss effects, with some trials showing an average reduction of 12-15% body weight in a year.

Semaglutide, leads to an average weight loss of 15-20% over 68 weeks. Whereas Tirzepatide shows greater weight loss than semaglutide, with 42.3% of patients losing at least 15% of their body weight within a year.

Several factors influence the success rates of weight-loss medications.

Key Factors like, medication Type & dosage as higher doses of GLP-1 drugs like semaglutide tend to result in greater weight loss. Also, the treatment duration as in patients who persist with treatment for at least a year, has shown better outcomes.

Individual biological factors like genetics, metabolism, and initial body weight impact effectiveness.

Those using GLP-1 agonists for obesity tend to lose more weight than those using them for diabetes management.

Also, lifestyle & diet combining medication with healthy eating and exercise, significantly improves results.

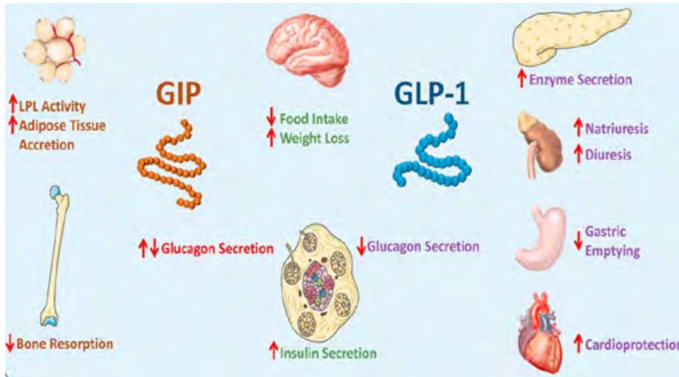


Figure 6: Effects of GLP-1 and GIP " Dual

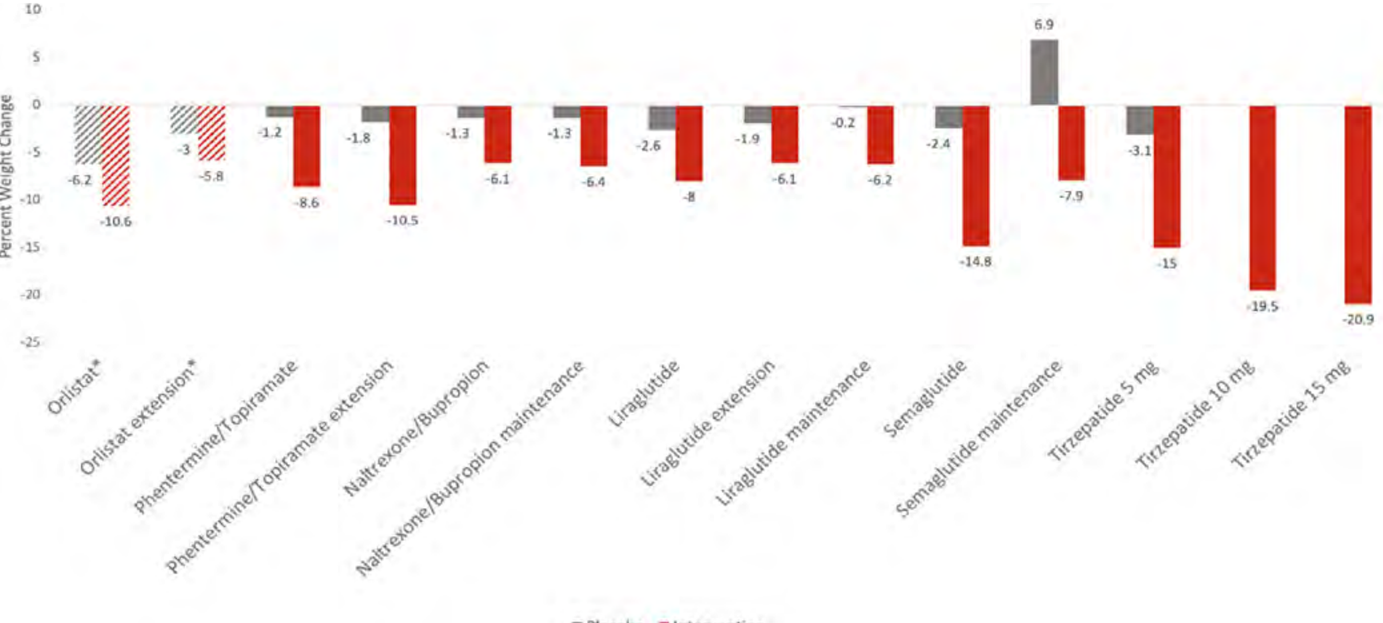


Figure 7 : Effect of drugs on weight loss

VOICES FROM THE PERIPHERIES

Dr Viduni Basnayake
MBBS
Temporary Demonstrator, Faculty of Medicine, University of Jaffna

INVISIBLE SCARS AND UNFINISHED HEALING AT NORTHERN SRI LANKA

"I have been waiting for a long time".

"Varani, located in Chavakachcheri of the Jaffna Peninsula, is a beautiful rural area in the Thenmarachchi division. Many old houses, scattered among the palm groves, have not undergone any renovation or repairs for decades. Some of the gates of these homes, which were once closed and tied with iron wires, have not been opened for years. The red clay tiles on the roof, loosened by the strong winds blowing from the direction of Meesalai, have fallen and scattered across the compounds. The intricately carved doors and windows of these deserted houses hang on rusted nails, as if waiting for their masters to return someday. In a corner of a courtyard, a squirrel nibbles on a ripe "vellai kolomban" mango, perhaps wondering where the children who once played in this yard have gone. For the cows wandering around with empty bellies, the freshly fallen palmyra fruits are a small feast. The sweet, distinctive aroma from the golden palmyra fruit oozing with syrup, and scattered under the palm trees on either side of the road, is simply exquisite.

Selvarathnam Aiya's life is one of waiting; waiting that stretches over years. His wife and two children left him during a time of intense crisis, fleeing Varani by boat to India. However, ever since then, there has been no news of them. This lingering uncertainty has taken root deep within his heart, leaving him clinging to countless reasons to keep waiting. Each day, Selvaratnam Aiya wakes up and tends to his small business ventures, which are barely enough to sustain him. He never openly speaks of the war or the injuries it inflicted on his body. But the scars are visible as the missing lower leg, the damaged eye, and the way he leans heavily on his crutch as he moves about the compound. These are unspoken narratives of a life disrupted, reflecting how individuals continue to endure the lasting physical and psychological scars of conflict."

Fifteen years after the conclusion of Sri Lanka's prolonged civil conflict, the Northern Province continues to struggle with an unresolved mental health crisis. Despite significant efforts in post-war reconstruction and development, the psychological aftermath of the three-decade-long conflict remains deeply embedded in the lives of the local population. The war inflicted not only physical destruction and mass displacement but also left profound emotional and psychological scars on individuals, families, and communities. Grief, unresolved loss, fear, and emotional distress continue to disrupt daily life, lingering as invisible wounds long after the cessation of armed hostilities.The post-war environment in Northern Sri Lanka illustrates a complex relationship between the direct impacts of war and the long-term deterioration of social determinants of health. Forced displacement, chronic poverty, high unemployment, and the collapse of traditional community networks have collectively intensified the mental health burden. Depression, anxiety disorders, PTSD, psychosis, and trauma-related somatic symptoms are alarmingly higher than global figures for conflict-affected populations, highlighting the magnitude of the mental health crisis facing the region.

Despite the current advancements of today, numerous critical gaps persist. One of the most pressing issues is the severe shortage of human resources in the mental health sector. The available number of psychiatrists, clinical psychologists, psychiatric social workers, and trained counselors is grossly inadequate to address the complex and widespread needs of a population deeply affected by war-related trauma. The lack of multidisciplinary mental health teams has restricted the range and depth of services, particularly for individuals requiring specialized trauma-focused care. Moreover, there are no comprehensive rehabilitation programs specifically designed for ex-combatants, torture survivors, or families of the disappeared, leaving these highly vulnerable groups with limited access to targeted psychosocial support.

"Despite the emptiness that echoes in the abandoned homes and deserted roads of Varani, Selvarathnam Aiya continues to live with quiet dignity. His days are simple: tending to his tasks, observing the changing seasons, and occasionally speaking to visitors like me, who come not just to take a medical history, but to listen and to see the person behind the case notes. Later I realized that the questions I asked are not just part of a clinical checklist. They are the keys to understanding his resilience, his loneliness, and his unwavering hope that somewhere, somehow, his family might return. His pain is not just the physical ache in his chest; it is the ache of memories, of loss, and of waiting for closure that may never come. In a region like this, where the past lingers in every broken tile and overgrown path, people like Selvaratnam Aiya live on, quietly carrying the weight of history within their bodies. His story is not unique, yet it remains deeply personal etched into the landscape of a post-war Jaffna that is still healing. Even as I completed my clinical history as a medical student and prepared myself to present it at the morning ward rounds , his words stayed with me. Words filled with simple wishes not for grand solutions or compensations but for a day when he would no longer have to wonder about his loved ones."

Therefore the long-lasting psychological effects of war have become deeply embedded in the social fabric of Northern Sri Lanka. Families of the disappeared live in hope, in a continuous state of unresolved grief, unable to engage in traditional mourning practices or achieve closure due to the lack of acknowledgment and formal commemoration. An additional concern is the intergenerational transmission of trauma. Many families impacted by the war face significant challenges in parenting, resulting in emotional neglect, behavioral issues, and psychological vulnerabilities among children. These children, growing up in environments of unresolved trauma, exhibit symptoms of emotional detachment, social withdrawal, aggression, and cognitive impairment. The cumulative effect of these factors threatens to perpetuate cycles of trauma and emotional instability across future generations if comprehensive interventions are not implemented.

Further the region continues to experience increasing rates of substance abuse, domestic violence, suicide, and child abuse, all of which are symptomatic of untreated psychological trauma. Addressing these complex and multifaceted challenges requires a holistic and culturally sensitive strategy that extends beyond conventional clinical care. A comprehensive public mental health policy is essential for post-conflict recovery in Northern Sri Lanka. This must integrate mental health services into broader social and economic development, while expanding the workforce through targeted training and capacity-building. Specialized rehabilitation for ex-combatants, survivors, and families of the disappeared is crucial to support psychosocial recovery and social reintegration. Strengthening community-led healing, peer-support networks, and linking mental health with livelihood programs will foster resilience and restore dignity. Combating stigma requires a coordinated effort from media, civil society, nongovernmental organisations, religious institutions, and political leadership to ensure mental health is recognized as a fundamental human right.

While the journey of mental health recovery in Northern Sri Lanka is still ongoing, the dedication of psychiatrists, medical officers, counselors, and multidisciplinary teams deserves the highest recognition. Their tireless efforts in restoring and sustaining mental health services, often under challenging conditions, reflect not only professional excellence but also deep compassion and commitment to healing. Their work lays a crucial foundation for long-term recovery, national reconciliation, and a future where mental well-being is recognized as a fundamental human right.

Finally until that day arrives, he will continue to wait.

The name used in this story is a pseudonym to protect the privacy and confidentiality of the individual.

NOVICE

Dr Prashani De Silva
MD (Georgia), MSc App. Psych. (UK),
LLM Int. Human Rights Law (UK)

THE UNSEEN STRUGGLES: HEALTH INEQUALITIES, SOCIAL DETERMINANTS OF HEALTH AND POLICY CHALLENGES OF SRI LANKA'S ESTATE SECTOR

Sri Lanka, celebrated for producing some of the world's finest and most coveted tea, which stands as a cornerstone of the nation's economy. As the primary agricultural export, tea contributes significantly to the nation's foreign exchange earnings. In fact, it is one of the largest sources of export revenue, vital to Sri Lanka's economic stability. Tucked away in the island's misty highlands, expansive tea plantations stretch across the landscape, their neat rows of greenery concealing more than just the nation's prized export. Beneath this serene exterior, lies a harsh reality; decades of social exclusion, entrenched poverty, persistent health disparities, and systemic marginalization faced by the communities of the estate sector, highlighting the unseen struggles of the workers who form the backbone of Sri Lanka's tea industry.

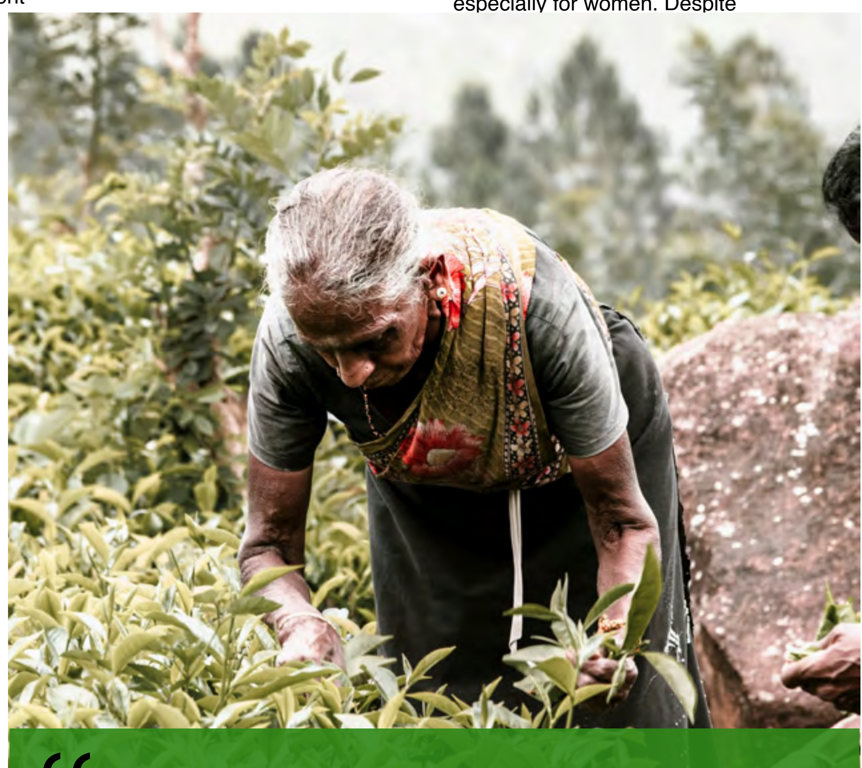
This article explores the health inequalities and social determinants of health that contribute to these struggles, highlighting the urgent need for comprehensive health and public policy changes that need to be made in order to address the varied needs of these marginalized communities.

Historical Marginalization and Social Exclusion

The roots of marginalization run deep, stretching back to the colonial era when Indian Tamil laborers were brought to the island to work on the plantations. These workers, stripped of citizenship, were pushed to the fringes of society and were subjected to legal and political exclusion, a condition that unfortunately persisted long after Sri Lanka's independence. The Grant of Citizenship to Stateless Persons Act in 1986 [1], eventually granted recognition to some of these workers and their descendants, but systemic barriers, especially for women, resulted in continued discrimination and disenfranchisement for years. Today, this historical exclusion still manifests in the limited access to education, healthcare, minimal political representation, and an enduring poverty, exacerbating the inequalities the estate workers face.

Economic Disparities: A Core Social Determinant of Health

Economic status is perhaps the most significant determinant of health in the estate sector. The estate sector remains one of the country's most economically disadvantaged, with 58.5% of estate sector households falling within the poorest 40% of the country's population [2]. The mean monthly income for estate workers, Rs. 46,865 in 2019, is significantly lower than the national average of Rs. 76,414 [3]. This persistent income inequality is compounded by limited employment opportunities, especially for women. Despite higher female labor force participation in the estate sector in comparison to the national average, recent years have seen a decline, with only 39% of women in the estate sector employed in 2023 [4], compared to 50% in 2012 [5]. The lack of skilled jobs and low wages further entrenches poverty, making it difficult for workers to break free from the cycle of economic hardship. Economic deprivation directly impacts housing, healthcare, and nutrition, all of which are critical determinants of health.



> Health disparities in the estate sector are staggering. Studies indicate that approximately 30% of children under five years of age in estate communities are underweight, and one in three newborns has low birth weight

Health Inequalities and Nutritional Deficiencies

Health disparities in the estate sector are staggering. Studies indicate that approximately 30% of children under five years of age in estate communities are underweight, and one in three newborns has low birth weight [5]. These rates are alarmingly higher than national averages, pointing to a significant gap in nutrition and healthcare access. The nutritional challenges are not confined to children. Around 33% of women in the estate sector suffer from undernutrition, a rate twice as high as in rural areas and three times higher than in urban regions in the rest of the country. Thisj poor nutritional status has long-term consequences, including higher rates of anemia (39%), stunting (17%) and complications during pregnancy [5], all of which perpetuate cycles of poor health for future generations.

The health challenges are further exacerbated by limited access to

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healthcare. Estate workers often face barriers such as geographic isolation, lack of transportation, and insufficient healthcare personnel [6]. Only 61% of estate mothers are reported to have received visits from public health midwives, compared to 83% nationally [5]. Healthcare service delivery challenges persist, particularly for working adolescents in estate areas, where high female labor participation rates complicate clinic compliance. This gap in healthcare access contributes to the high prevalence of preventable diseases, complications during childbirth, and overall poor maternal and child health outcomes.

Sexual and Reproductive Health Challenges and Gender Based Violence (GBV)

In addition to the general health disparities, women in the estate sector face particular challenges in accessing sexual and reproductive health (SRH) services. The lack of Tamil-speaking healthcare providers and culturally relevant SRH education limits women's access to reproductive health information and services [6]. Teenage pregnancy rates have been reported to be notably higher in the estate sector, with nearly 10% of adolescent girls becoming mothers, which is significantly higher than the national average of 6.4% [5]. These early pregnancies not only jeopardize the health of young mothers but also deepen the cycle of poverty, as young mothers often lack the resources or support to care for their children and continue their education or employment. The absence of comprehensive SRH education and services exacerbates these issues. Young women often have limited knowledge of family planning options, leading to unintended pregnancies and increasing the risk of maternal complications, sexually transmitted infections, and other reproductive health issues.

The crisis doesn't stop there. Domestic violence in estate communities is rife, often fueled by alcohol abuse and illicit liquor production [7]. The consequences are severe; resulting in psychological, physical, and economic harm to women and children. The cycle of trauma, financial dependence, and social disempowerment extends across entire families. And, tragically, estate communities see the highest rates of sexual violence by partners, with 8.5% of women reporting such abuse, 1.8% higher than the national average [8]. This epidemic of gender-based violence is a stark reminder of the need for urgent and comprehensive policy interventions to protect and empower these women.

The Role of Education and Housing as Social Determinants of Health

Education is the cornerstone of progress, but in the estate sector, its potential remains stifled. Approximately 50% of women have not progressed beyond primary school, and high dropout rates persist at secondary and collegiate levels [5]. Estate communities face limited access to secondary schooling, inadequate infrastructure, and financial constraints, severely affecting educational outcomes [9]. This educational disadvantage severely limits opportunities for economic mobility and, consequently, worsens health outcomes. Poor educational attainment is linked to lower income levels, reduced health literacy, and limited access to healthcare services.

Housing conditions in estate communities also play a crucial role in health outcomes. Many estate workers live in overcrowded, inadequate housing with limited access to clean water and sanitation facilities. Approximately 64% of estate households live in line rooms with limited amenities, while 17% lack access to safe drinking water [5]. These substandard living conditions contribute to the poor health conditions and spread of infectious diseases, respiratory illnesses, and gastrointestinal infections, which disproportionately affect children and the elderly. Furthermore, these living conditions contribute to higher rates of domestic violence and abuse. The lack of access to clean water, sanitation, and proper waste disposal exacerbates these health risks, further undermining the overall well-being of estate communities.

Policy Recommendations

To address these health inequalities, a multifaceted policy approach is essential. Key recommendations include:

- Economic Empowerment: Wage reforms, vocational training programs, and microfinance schemes can empower estate workers economically, improving their living standards and health outcomes. Establishing minimum wage standards that account for inflation and regional costs would help reduce poverty.
- Healthcare Access: Strengthening healthcare infrastructure in remote estate regions is vital. This includes investing in maternal, child, and reproductive health services, recruiting Tamil-speaking healthcare workers, and establishing mobile health units to overcome geographic barriers.
- Sexual and Reproductive Health (SRH) and Gender-Based Violence (GBV): Implementing community-based SRH outreach programs, providing culturally relevant education, and establishing support services for GBV survivors are crucial. Training healthcare workers, police, and community leaders on GBV response protocols would ensure a survivor-centered approach.
- Education and Housing: Expanding access to quality education, providing scholarships, and improving housing infrastructure are critical for long-term health improvements. Investments in housing, sanitation, and clean water will help reduce disease transmission and improve overall living conditions.
- By tackling these health inequalities and social determinants of health through thoughtful and targeted policy interventions, Sri Lanka can bridge the gap in health disparities, foster economic mobility, and empower estate communities. In doing so, the nation will pave the way for a more just, equitable, and sustainable future, where every citizen has the opportunity to thrive.

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SLMA IN JULY
Highlights

INVITATION

Join us for a brainstorming session on

"Creating Demand for Wellbeing among Young Persons"

20th of July 2025
2.30pm onwards
at the
Lionel Memorial Auditorium
Sri Lanka Medical Association
No.06, Wijerama Mawatha, Colombo 07

Due to availability of limited slots persons who are 18 - 25 year old will be prioritised

REGISTER NOW
https://forms.gle/TyVNUUsGdf1IZIPXk8

For Inquries
Young Professionals Alliance for Health
077 703 5268
youpahsl@gmail.com

Youth Action for Health and Wellbeing

YouPAH , a collective of young professionals and practitioners working towards empowering youth on health action organized a brainstorming session on “Creating Demand for Wellbeing Among Young Persons”, in collaboration with the Sri Lanka Medical Association (SLMA). Youth from different professional backgrounds and ground experiences in youth mobilization and community engagement actively participated in the session, which would feed into future youth engagement programmes conducted by YouPAH and SLMA.

Pre-Congress Session: ‘Stoma & Wound Care’

A pre-congress workshop on Stoma, Incontinence and Wound Care was organized by the SLMA which was enthusiastically attended by nearly 200 medical doctors and nurses. SLMA wishes to acknowledge the efforts of Prof. Ishan de Zoysa and our industry partners in planning and organizing this successful workshop.

ETNA Sri Lanka 2010

138th Anniversary International Medical Congress
SRI LANKA MEDICAL ASSOCIATION

WORKSHOP ON STOMA, INCONTINENCE AND WOUND CARE

9th July 2025

FROM 8 AM TO 3 PM

Auditorium SLMA

CPD POINTS AND CERTIFICATES WILL BE AWARDED

- Limited seats available
- Open to Doctors and Nurses
- Registration fee
  - Doctors : 2500 LKR
  - Nurses : 1000 LKR
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Bank Name : Hatton National Bank PLC
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8.00 AM – 8.30 AM
Registration

8.15 AM – 8.45 AM
Welcome speech
Dr Surantha Perera
President, Sri Lanka Medical Association

8.45 AM – 9.00 AM
Introduction to the workshop
Professor Ishan De Zoysa
Consultant Surgeon - NHSL

9 AM – 9.30 AM
Overview of Types of Stomas and Indications for Intestinal Stomas
Professor Ishan De Zoysa
Consultant Surgeon - NHSL

9.30 AM – 10 AM
Overview of Urinary Stomas: Indications and Construction
Professor Neville D Perera
Consultant Genito Urinary Surgeon

10 AM – 10.30 AM
Post-operative Stoma Care
Ms. Geethani Ratnayake

10.30 AM – 11 AM
Tea Break

11 AM – 11.30 AM
Complications and Management of GI & GU Stomas
Ms. Madhupa Samarasekara

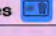
11.30 AM – 12 PM
Management of Faecal Incontinence
Professor Dhakshitha Wickramasinghe
Consultant Surgeon - NHSL

12 PM – 12.30 PM
Principles of Chronic Wound Management and Appropriate Use of Dressings
Dr Thushan Gooneratne
Consultant Vascular and Transplant Surgeon NHSL

12.30 PM – 1 PM
Nutrition in Patients with Stomas and Chronic Ulcers
Dr Malika Udagedara
Consultant Nutrition Physician
Teaching Hospital Peradeniya

1 PM – 1.15 PM
Importance of Accessories to Manage Difficult Stomas
Mr. Arfien Dane
Surgipharma Pvt Ltd

1.15 PM – 2.15 PM
Hands on Session
Madhupa (NHSL), Dinusha (CSTH), Geethani (J'Pura), Lekah (LRH), Geethani (Kings Hospital)

2.15 PM – 3 PM
Distribution of Certificates 

3 PM
Lunch

Highlights of the day

SLMA IN JULY

Highlights

SLMA Saturday Talks

Three Saturday Talks were held during the month of July,

- "Navigating the Gallstone Disease Spectrum; Surgical Pearls for the Young Clinician" by Dr. Duminda Subasinghe Consultant Gastroenterologist and Hepatobiliary Surgeon, NHSL Colombo
- "How to face the long case in clinical examinations" by Prof. Chamila Mettananda, Professor in Pharmacology and Specialist in General Medicine, Faculty of Medicine, University of Kelaniya
- "Diabetes in Pregnancy" by Prof. Madura Jayawardena, Professor and Consultant Obstetrician and Gynaecologist, Faculty of Medicine, University of Sri Jayawardenapura

Monthly Clinical Meeting for July

Monthly Clinical Meeting for the month of July was held in collaboration with the College of Surgeons of Sri Lanka. Following topics were discussed:

- Resuscitation in trauma; lessons learned by Dr. Kamal Jayasuriya, Consultant Surgeon at District General Hospital, Kegalle
- Doing it right; Ensuring quality breast cancer care in the local setting by Dr. Minoli Josseph, Consultant Cancer Surgeon, Colombo North Teaching Hospital, Ragama

GLOBAL FOCUS

JULY 2025

Scientists propose a novel way of treating mosquitos for Malaria

A team of researchers from Harvard University has found a pair of drugs which can successfully kill the parasite in the vector when absorbed through their legs. Previous attempts to control the disease have been largely targeting the vector through insecticides and through vaccines to protect the children living in high risk areas.

Scientists have tested nearly 22 drugs that have the potential to kill the parasite when absorbed through the vector and identified two drugs as being highly efficacious and killed 100% of the parasites. The next step is to test the drug on bed nets to see the effectiveness and explore the possibilities of making it a cheap and long lasting alternative to insecticides.cines and enable equitable access to vaccines.

Exercise improves colon cancer survival: A major study reveals

Researchers from Queen's University Belfast have conducted a trial involving 889 patients, half of them were included in a three-year exercise programme , started immediately after chemotherapy while other half was involved in health education programme on the same. Their results published in the New England Journal of Medicine reveal that after five years, 80% of people enrolled for the exercise programme remained cancer fee compared with 74% from the other group. Further eight years after the initial cancer treatment only 10% of the patients enrolled in the exercise programme died as opposed to 17% of the patients in the health education programme.

Exactly why exercise has this beneficial effect is still unknown, but assumptions include the impact on growth hormones, inflammation levels in the body and how the immune system functions. Researchers believe this trial has the potential to transform clinical practice related to colon cancer care.

Source: BBC Health

138TH ANNIVERSARY INTERNATIONAL MEDICAL CONGRESS

Inauguration Ceremony

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Orations

The SLMA Oration by Dr Padmapani Padeniya

Prof N D W Lionel Memorial Oration by Dr Ananda Wijewickrama

Dr S Ramachandran Memorial Oration by Prof Randula Ranawaka

Dr S C Paul Memorial Oration by Dr Bingumal Jayasundara

138TH ANNIVERSARY INTERNATIONAL MEDICAL CONGRESS

A few snapshots along the way

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A few snapshots along the way

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A few snapshots along the way

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TheSLMAMonthly
Official Newsletter of the Sri Lanka Medical Association

Registered at the Department of Posts under no. DOP/NEWS/62/2025

JULY 2025 I VOLUME 18 I ISSUE 07
ISSN: 1800-4016 (PRINTED) 2550 - 2778 (ONLINE)
ISBN: 978-624-5972-13-5

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