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The **SLMA** Monthly

Official Newsletter of the Sri Lanka Medical Association

MARCH 2026

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Striving for a worthy cause

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FROM THE EDITORS



Dr Lahiru Kodituwakku
Co-Editor



Dr Kumara Mendis
Co-Editor

As we present the latest edition of The SLMA Monthly, we reflect on a period defined by both immense challenge and extraordinary unity. The landfall of Cyclone Ditwah in late 2025 left a trail of devastation across Sri Lanka, impacting over 2.2 million lives and severely damaging the very infrastructure of our healthcare system. Yet, in the face of such adversity, the medical fraternity has demonstrated why we are often called the backbone of this nation.

The centerpiece of this month's issue is the coverage of our Inaugural Charity Dinner and Dance. Beyond the elegance of the evening at the Cinnamon Lakeside, the event served a vital humanitarian purpose, raising over 27 million rupees. These funds are being directed into the SLMA Relief Fund to support the emergency repair of damaged hospitals and to provide a lifeline for colleagues within our fraternity

who were personally affected by the storm.

As we move forward, we also look towards our future, strengthening the Forum for Research Ethics Committees (FRECSL) under the leadership of the SLMA. Sri Lanka Medical Library founded in 1840 celebrates its 182nd anniversary in 2026. To commemorate this historic occasion the library will launch the inaugural conference titled "History of Medicine in Sri Lanka". SLMA will continue to support the Sri Lanka Medical Library ensuring that while we rebuild our present, we remain anchored in our heritage.

We thank every member who contributed to the charity dinner and those who continue to serve on the frontlines of recovery. Your dedication truly embodies our motto: "Lankadipassa Kiccesu Ma Pamajii" – to act without delay for the betterment of our nation.

The SLMA Monthly
Official Newsletter of the Sri Lanka Medical Association

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COVER STORY

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Co-Editor, The SLMA Monthly Magazine



HEALING HEARTS AND RESTORING HOPE: THE SLMA INAUGURAL CHARITY GALA

In a spectacular fusion of philanthropy and elegance, the Sri Lanka Medical Association (SLMA) marked a historic milestone on February 21, 2026, hosting its first-ever Charity Dinner and Dance. The Imperial Court at the Cinnamon Lakeside Hotel was transformed into a beacon of hope, welcoming nearly 475 guests for an evening dedicated to a singular, urgent cause: the relief of those devastated by the Cyclone Ditwah.

A Night of Unity, Comradeship and Elegance

Under the leadership of SLMA President Dr. Manilka Sumanatilleke, the evening was designed to do more than just entertain; it was a call to action for the medical fraternity. The organizing team—comprising Social Secretaries Dr. Pramilla Senanayake and Dr. Nilanka Wickramasinghe, alongside Dr. Isshani Fernando—curated an experience that blended high-

society glamour with heartfelt purpose.

The atmosphere was electric as the legendary De Lanerolle Brothers took to the stage, followed by the vibrant rhythms of the band Misty, which kept the floor filled long into the night. Between the gourmet courses provided by Cinnamon Lakeside, the spirit of camaraderie was palpable, proving that when the medical community unites, its impact reaches far beyond the hospital walls.

Turning Art into Compassion

The true triumph of the night lay in its fundraising success. Through a series of high-profile auctions and generous contributions from individual donors and professional colleges, the event raised a staggering 27 million rupees.

The auction was a highlight of the evening, featuring:

- A captivating painting donated by Marie Alles Fernando.

- An iconic drawing by the world-renowned painter Senaka Senanayake.
- Four evocative photographs by Dr. Lalith Ekanayake.

These contributions, born of artistic talent and professional generosity, provided the foundation for the night's philanthropic success.

Rebuilding After the Storm

The timing of this gala was critical. Following the landfall of Cyclone Ditwah on November 28, 2025—which displaced millions and crippled healthcare infrastructure, the SLMA recognized an immediate need for a humanitarian intervention.

The funds raised is earmarked for two vital missions:

- Restoring Hospitals: Providing the necessary infrastructure and equipment to medical facilities that were damaged by the cyclone.

- Supporting Our Own: Offering a lifeline to members of the medical fraternity and larger community of healthcare workers who suffered personal losses, ensuring that those who care for the nation are themselves cared for in times of crisis.

A Legacy of Compassion

As the final notes of the music faded, the message of the night remained clear: the SLMA is not only a professional body but a humanitarian force. The inaugural Charity Dance has set a new gold standard for medical philanthropy in Sri Lanka, proving that even in the wake of a natural disaster, the spirit of "Healing Hands" remains unbroken.

"Lankadipassa Kiccesu Ma Pamajii"

"To act without delay for the betterment of our nation"



PRESIDENT'S MESSAGE

Dr Manilka Sumanatillake

132nd President of Sri Lanka Medical Association



SERVING THE PROFESSION, SERVING THE NATION

It is with great pride and a profound sense of responsibility that I address our esteemed members. The Sri Lanka Medical Association (SLMA) continues to stand as a strong pillar of professional excellence and humanitarian action, guided by our motto: *“To act without delay for the betterment of our nation.”*

Our recent Inaugural Charity Dinner and Dance at the Cinnamon Lakeside was a resounding testament to this spirit. Thanks to the tireless efforts of our organizing committee headed by none other than Dr.

Pramila Senanayake and the overwhelming generosity of our 475 guests, we raised over 27 million rupees. These funds are already being deployed to rehabilitate hospitals devastated by Cyclone Ditwah and to provide much-needed relief to colleagues within our medical fraternity and the larger community of healthcare workers who suffered personal losses during the disaster.

Beyond immediate relief efforts, the SLMA remains committed to establishing standards of our profession. A key pillar of this is

the FRECSL (Forum for Research Ethics Committees in Sri Lanka). By fostering collaboration between ethics committees nationwide, FRECSL ensures that medical research in Sri Lanka meets the highest international standards of safety, ethical conduct and integrity. We continue to champion this forum to protect both our researchers and the public we serve. I wish to extend my sincere thanks to Dr. Malik Fernando who was spearheading this effort from the SLMA front.

Looking ahead, I am pleased to announce our upcoming

conference, History of Medicine in Sri Lanka, Reimagining a New Discipline, organized by the Sri Lanka Medical Library. This inaugural conference will trace the evolution of healthcare in Sri Lanka, celebrating the milestones that have defined our journey and honoring the pioneers who paved the way for the modern medical landscape we navigate today.

I invite you all to remain engaged as we balance our duties to the present, our respect for the past, and our commitment to the future.



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OPINION

Emeritus Professor Siri Hettige

Emeritus Professor of Sociology,
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COMMUNITY EMPOWERMENT THROUGH MULTIFUNCTIONAL COMMUNITY CENTRES IN SRI LANKA

Background:

Steady population growth in the first few decades following political independence in Sri Lanka, particularly in the south, western and central regions, created increasing population pressure on land resources and the employment market. While successive governments took measures based on the Land Development Ordinance of 1942 to redistribute state land among the landless, Sri Lanka Bureau of Foreign Employment was established in 1985 to facilitate labor migration to the Middle East and other countries. On the other hand, the structural changes in the economy brought about by the open economic policies led to a steady expansion of the urban informal sector creating livelihood opportunities in urban centers encouraging rural urban migration.

All of the above and other related changes led to increasing spatial mobility of people of all walks of life leading to a significant weakening of traditional networks of exchange relations and social support in rural areas. This has also created a sense of isolation and loneliness among many individuals in such communities.

Moreover, economic and social policies adopted by successive governments of Sri Lanka in recent decades resulted in not only unprecedented income inequality in the country but also significant rural urban disparities in education, health and transport services, making life difficult for low income families in all parts of the country. In response, many people began to migrate to urban centers, the Middle East and elsewhere looking for better income opportunities. Yet, people who were left behind in peripheral regions and plantation areas continued to live under difficult economic and social circumstances with decreasing access to good income opportunities, quality education, good health and transport services. While families with

considerable resources constantly move around accessing diverse services away from their places of residence, less fortunate ones with limited or no financial resources often remain deprived. This is particularly so in remote rural areas where public transport facilities are not easily accessible. This situation has remained virtually unchanged, demanding a coordinated response to provide

some relief to people living under such adverse circumstances.

Introduction:

In view of the above background, it is clear that there is an urgent need to introduce an innovative program aimed at bringing about a significant change in the prevailing situation and empower grassroots communities. The establishment of multifunctional community centres at a village or neighbourhood level in all parts of the country providing a range of basic services can be expected to significantly improve quality of life and life chances of all segments of the community, in particular, the disadvantaged. This can be done through a public-private and civil society partnership, making effective use of many public officers stationed at local level in diverse fields such as social work, child protection, poverty alleviation, vocational training, non-formal education, food production, elderly care and primary healthcare, beside mobilizing volunteers of diverse backgrounds.

Objectives:

The main purpose of the community center is to create an easily accessible public space to bring together all members of the community and enable them to not only engage in a range of activities reading, physical exercise, etc. but also enable them to access certain basic services.

1. Provide adequate space and facilities to conduct diverse activities such as meetings, training sessions, cultural performances, public education, etc.
2. To provide a range of basic services to benefit pre-school children, pregnant mothers, school children, youth, working adults, senior citizens, persons with disabilities and chronic diseases.
3. Mobilize community members to work together to improve their living environment,

support each other, support local institutions to identify and address local issues, support state institutions to improve local social and physical infrastructure,

4. Organize community education programs in collaboration with relevant partner institutions targeting different groups in such areas as personal health, social and psychological wellbeing, skills development, digital literacy, performing arts, nutrition and food production, small industries, etc.
5. Establish a community association to bring together all adult members of the community as a CBO to work in collaboration with state and other institutions, public officers and corporates to address local issues such as quality of school education, pre-school education, environmental sanitation, food security, neighborhood security, and primary healthcare. These interventions can also be expected to promote social cohesion within the community creating a sense of security, togetherness and belonging, thereby improving their quality of life.
6. Promote team work among children, youth and others helping them to understand and relate to each other while engaged in collective endeavors to achieve shared goals.

Conclusion:

While the immediate beneficiaries of the Community Centre program would be the local community members, if implemented across the country, the expected overall social and economic improvement at the grassroots level is more than likely to reflect in the social and economic indicators at a national level. The benefits to the community at local level can also be monitored through a community- based monitoring system.



...While successive governments took measures based on the Land Development Ordinance of 1942 to redistribute state land among the landless, Sri Lanka Bureau of Foreign Employment was established in 1985 to facilitate labor migration to the Middle East and other countries. On the other hand, the structural changes in the economy brought about by the open economic policies led to a steady expansion of the urban informal sector creating livelihood opportunities in urban centers encouraging rural urban migration.



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FEATURE ARTICLE

Dr Achala Balasuriya

Consultant Physician

Editor, Sri Lanka Journal of Geriatrics and Gerontology



WHY SRI LANKA MUST INTEGRATE GERONTOLOGY INTO GERIATRIC CARE

Sri Lanka is ageing more rapidly than many of us may fully appreciate. Today, nearly one in five Sri Lankans is over the age of sixty, and projections suggest that by 2041, one in four citizens will be an older adult. As a nation, we take rightful pride in our achievements in public health, increasing life expectancy, and the strength of our primary healthcare system. Yet living longer does not necessarily mean ageing well.

In our clinical practice, we increasingly encounter older patients whose needs extend far beyond prescriptions, investigations, or hospital admissions. The demographic transition now unfolding before us calls not only for strong geriatric medicine, but also for a deeper integration of **gerontological thinking** into healthcare practice, education, and national planning.

Understanding the Difference

Geriatric medicine focuses on diagnosing and managing illness in older adults. It deals with multimorbidity, frailty, falls, dementia, polypharmacy, and end-of-life care. These areas are essential and continue to evolve within Sri Lanka's healthcare system.

Gerontology, however, is the broader study of ageing. It explores the biological, psychological, social, economic, and environmental dimensions of later life. It examines how people age, how families adapt, how communities respond, and how policies shape dignity, independence, and wellbeing. Put simply, **geriatrics treats disease, while gerontology helps us understand ageing itself.** Without integrating this wider perspective, our healthcare system risks becoming technically competent but socially incomplete.

The Changing Face of Ageing in Sri Lanka

The older population in Sri Lanka is far from homogeneous. In daily

practice we see a wide spectrum of circumstances:

- Retired professionals with financial security and strong family networks
- Rural elders who depend heavily on informal community support
- Older women without pension coverage
- Individuals living alone due to migration of children
- Increasing numbers living with frailty and dementia
- These differences are not purely medical; they are deeply social and structural.

A 75-year-old who repeatedly misses clinic appointments may not be "non-compliant". She may simply lack money for transport. An elderly widower frequently admitted with heart failure may not lack medical advice; he may lack adequate support at home.

Understanding these contexts is central to meaningful and compassionate care.

A Clinical Reflection

Allow me to share a simple scenario that many clinicians may recognise.

Recently I encountered two women of similar age. One attended follow-up regularly. Her chronic illnesses were well controlled, and she remained socially active and independent.

The other presented late with complications of poorly controlled diabetes. She had been rationing her medication in order to make it last longer. Widowed and living alone, she apologised repeatedly for "not being compliant". Both women were 74 years old. Both were Sri Lankan. Yet their ageing journeys were profoundly different — not because of biology alone, but because of their life circumstances.

This is where gerontology becomes indispensable.

Beyond Disease: What Older Adults Value

Older adults often prioritise independence over laboratory values. Many simply want to walk safely, attend religious activities, care for grandchildren, and participate meaningfully in family life. Healthy ageing is not merely the absence of disease. It is the **preservation of functional ability.** Functional ability depends not only on intrinsic health capacity but also on housing, transport, community safety, and opportunities for social participation. If we focus solely on glycaemic targets without addressing fall risk, social isolation, or unsafe living environments, we are providing only partial care.

Gerontology shifts the lens from disease-centred care to **person-centred systems.**

The Feminisation of Ageing

Women in Sri Lanka live longer than men, a pattern seen globally. However, longevity does not always translate into security or wellbeing. In fact, longer life often exposes older women to a range of social and economic vulnerabilities that may not affect men to the same extent.

Many older women lack independent income or adequate pension coverage, particularly those who spent much of their lives engaged in unpaid domestic work or informal employment. Widowhood, which is more common among women due to differences in life expectancy, frequently results in financial insecurity and social isolation. For some women, the loss of a spouse also means the loss of the primary decision-maker within the household, leaving them dependent on children or relatives.

At the same time, caregiving responsibilities often continue well into later life. Grandmothers frequently play central roles in caring for grandchildren or

supporting family members, even while managing their own health challenges. This dual burden of ageing and caregiving can lead to physical exhaustion, emotional stress, and neglect of their own healthcare needs.

The feminisation of ageing therefore raises important questions that extend beyond clinical care. Issues such as pension adequacy, social protection policies, community support systems, and access to healthcare must be examined through a gender-sensitive lens. A gerontological perspective encourages us to recognise these structural realities and advocate for policies that ensure older women can age with dignity, independence, and social security.

Rural-Urban and Socioeconomic Gaps

Specialist geriatric services remain concentrated in urban centres, while rural elders rely heavily on primary care clinics. Transport difficulties, limited rehabilitation services, and financial hardship widen these disparities.

Community-based solutions — such as home visits, caregiver education, rehabilitation services, and elder support groups — are often practical and sustainable responses rooted in gerontological thinking. These are not high-technology solutions; they are system-level requirements that need to be aligned with local realities.

Caregiver Burden

Sri Lanka has traditionally depended on family-based care. However, migration, smaller families, and economic pressures are gradually weakening these support systems.

Caregivers of individuals with dementia or disability frequently experience burnout, depression, and financial strain. Yet caregiver wellbeing is rarely addressed systematically. A gerontological approach recognises that

supporting caregivers is an essential component of patient care. Most urban families have working females and hence caring for ageing parents is becoming increasingly difficult. Even in rural setting with migration of women to Middle East and European countries like Italy the older adults are often living in isolation and during ill health finding a carer becomes financially challenging. Proper gerontological assessment and policies to prevent care giver burden has to be identified and implemented.

Multimorbidity in Older Age

Multimorbidity is almost inevitable in later life. Many older adults live with several non-communicable diseases simultaneously, such as hypertension, diabetes, chronic kidney disease, stroke, and cancer. In addition, age-specific conditions including mobility impairment, falls, urinary incontinence, sensory loss, frailty, and dementia frequently coexist, making clinical management considerably more complex.

The presence of multiple illnesses often leads to fragmented care. Patients may attend several clinics, receive prescriptions from different specialists, and accumulate complex medication regimens. Polypharmacy therefore becomes a major concern, increasing the risk of drug interactions, adverse effects, and poor adherence.

From the patient's perspective, the burden of illness is not only medical but also practical. Frequent hospital visits, transport costs, caregiver dependence, and medication expenses can overwhelm families, particularly in lower-income households. For many older adults, the challenge is not merely controlling disease but maintaining independence and dignity despite multiple health limitations. Inter-sectorial collaborations are important between the curative sector and the social service department for smooth functioning of a age friendly community.

Dementia prevalence is also rising steadily in Sri Lanka as life expectancy increases. Pharmacological interventions alone cannot address the full burden of dementia. Public awareness programmes, caregiver education, respite services, and stigma reduction are equally important components of care. Dementia-friendly communities require coordinated efforts that extend beyond the

healthcare sector. As WHO identifies Age friendly city concept should be given priority when we consider the demographic profile of the country.

A gerontological perspective encourages clinicians to look beyond disease-specific targets and instead consider overall functional capacity, quality of life, and patient priorities. In many situations, the most meaningful goal may not be aggressive disease control but preserving mobility, preventing falls, or supporting the ability to live safely at home.

This shift from disease-centred management to **function-oriented care** is central to effective healthcare for an ageing population.

The Digital Divide

The rapid expansion of telemedicine, digital health platforms, and mobile health applications offers enormous promise for improving healthcare access. In theory, these technologies could reduce travel burdens for older adults, allow remote monitoring of chronic illnesses, and facilitate communication between patients and healthcare providers.

However, the benefits of digital healthcare are not evenly distributed. Many older Sri Lankans face significant barriers to using digital technologies. Limited digital literacy, visual or hearing impairments, reduced cognitive capacity, and unfamiliarity with smartphones or online platforms can make technology-based healthcare difficult to navigate.

Economic factors also play an important role. Access to smartphones, internet connectivity, and digital devices cannot be assumed, particularly among rural elders or those living on limited incomes. Even when devices are available within the household, older adults may depend on younger family members to operate them, creating additional layers of dependency.

There is also an emotional dimension to consider. For many older patients, face-to-face consultations provide reassurance, trust, and the opportunity to discuss concerns in a supportive environment. Digital consultations, while efficient, may sometimes feel impersonal or intimidating.

If healthcare systems become increasingly technology-driven

without inclusive planning, there is a real risk that vulnerable older adults may be left behind. Digital innovation must therefore be accompanied by strategies that ensure accessibility and inclusivity.

Possible approaches include simplified digital interfaces, community-based digital literacy programmes for older adults, and hybrid models of care that combine telemedicine with traditional in-person services. Training healthcare workers to assist older patients in navigating digital platforms may also help bridge this gap.

Gerontology reminds us that innovation should not simply pursue technological advancement, but should remain **human-centred, inclusive, and sensitive to the needs of ageing populations.**

The Role of SLAGM and SLMA

The Sri Lankan Association of Geriatric Medicine (SLAGM) has played a crucial role in advancing geriatric practice, training, and research in Sri Lanka. Its contributions have significantly strengthened the development of geriatric medicine nationally. However, population ageing is not confined to a single specialty. It intersects with internal medicine, family practice, psychiatry, surgery, rehabilitation, and public health.

In this broader context, the **Sri Lanka Medical Association (SLMA)** holds an important complementary role.

As the national professional body representing multiple disciplines, SLMA can help mainstream ageing into general medical consciousness. Through interdisciplinary academic forums, continuing professional development programmes, and policy dialogue, SLMA can help ensure that ageing is viewed not as a niche specialty issue but as a **national priority.**

In doing so, SLMA does not replace SLAGM's leadership — rather, it strengthens and amplifies it.

Cross-Sector Collaboration

Ageing is not solely a Ministry of Health issue. Income insecurity, social isolation, elder abuse, housing safety, and caregiver strain lie within broader social domains.

Closer collaboration with the **Ministry of Social Services and the National Secretariat for Elders** is therefore essential. A coordinated framework — where health services, social services, and community organisations work together — would ensure that older persons receive not only medical care but also security, protection, and social inclusion. Integrating gerontology does not dilute clinical excellence; it enhances it. When we understand social context, caregiver strain, environmental barriers, and economic vulnerability, our medical decisions become more meaningful.

After all:

- A prescription cannot cure loneliness.
- A hospital admission cannot resolve poverty.
- A medication adjustment cannot replace social support.

Sri Lanka still has an opportunity to act proactively. By integrating gerontological thinking into healthcare planning, education, and policy, we can build systems that preserve dignity, independence, and equity for our older population. As medical professionals, we must ask ourselves a simple question: **Are we preparing our healthcare system merely to treat older adults — or to truly understand them?**

In essence, **geriatrics identifies and treats disease, while gerontology helps us understand the broader realities of ageing.** Sri Lanka needs both if we are to move forward as a nation that genuinely cares for its senior citizens.

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CLARITYSENSE: AN AI-DRIVEN SYMBOLIC VIBROTACTILE AUDITORY SUBSTITUTION SYSTEM FOR SPEECH PERCEPTION ENHANCEMENT

Introduction

Hearing loss affects more than 466 million people worldwide and is associated with significant deficits in speech development, education, employment, and social integration. While hearing aids and cochlear implants provide important benefits, their effectiveness remains limited by cost, invasiveness, anatomical eligibility, and persistent challenges in speech perception in noisy environments. Sensory substitution research demonstrates that auditory perception can be partially restored through intact modalities such as touch, leveraging cortical neuroplasticity and multisensory integration. Recent advances in electro-haptic stimulation and AI-driven signal processing have shown improvements in speech-in-noise performance, phoneme discrimination, and spatial hearing.

This work introduces **ClaritySense**, a wearable vibrotactile auditory substitution system that shifts from continuous frequency-based encoding toward symbolic phoneme-based tactile communication to enhance learnability and robustness.

Methodology

The ClaritySense pipeline integrates personalized audio capture, transformer-based phoneme recognition, symbolic haptic encoding, vibrotactile delivery, and structured user training. Speech is processed using a wave2vec model fine-tuned for phoneme recognition, achieving a character error rate of 0.09.

Detected phonemes are mapped into a Braille-inspired six-bit symbolic representation and delivered via eight vibrotactile actuators embedded in a wearable back-belt. Six actuators encode 41 phonemes through

spatial binary patterns, while two additional nodes represent environmental sound attributes such as loudness and spatial location. Actuator spacing of 50 mm was selected based on tactile discrimination thresholds. A staged training protocol grounded in cognitive psychology progresses from rhythm detection to conversational simulation to accelerate perceptual learning.

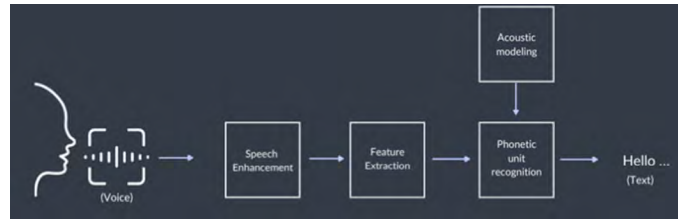


Figure 1: Phonetic recognition pipeline

Results

Prior research demonstrates that vibrotactile augmentation can improve speech reception thresholds by 6 dB pre-training and up to 14–16 dB post-training. Multi-channel tactile vocoders improve phoneme discrimination by up to 10%, while amplitude envelope expansion enhances noise robustness by ~9.6% at 5 dB SNR. Deep learning-based noise reduction restores



Figure 2: Vibrotactile vest, Six actuators to send phonemes through spatial binary patterns and two additional actuators to represent environmental sound attributes

approximately half of noise-induced performance loss in tactile speech recognition.

By replacing waveform transmission with discrete phoneme-level symbolic encoding, ClaritySense is expected to reduce cognitive load, improve learning speed, and enhance real-world usability compared with traditional frequency-based tactile systems.

Future work will include pilot testing and clinical evaluation in deaf and hard-of-hearing participants to validate real-world performance and user adaptation.

Conclusion

ClaritySense presents a non-invasive, AI-driven vibrotactile auditory substitution platform designed as a scalable adjunct or alternative to conventional auditory prostheses. Built within an FDA Class II wearable device pathway, the system provides a translational foundation for clinical evaluation. This work advances intelligent sensory augmentation by introducing a linguistically structured tactile representation of speech, offering a promising pathway toward accessible, low-cost auditory assistance for deaf and hard-of-hearing populations.

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SPECIAL ARTICLE

Prof. Saroj Jayasinghe



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RE-IMAGINING THE FUTURE: SRI LANKA MEDICAL LIBRARY LAUNCHES A NEW CHAPTER IN THE HISTORY OF MEDICINE

This 1st of June 2026 marks a significant milestone for the Sri Lanka Medical Library, as it celebrates its 182nd anniversary. Founded in 1840 as the Colonial Medical Library, it stands as one of the first institutions of its kind in all of Asia, Australia, and the Pacific region—a testament to the island’s long and distinguished role in the pursuit of medical knowledge.

To commemorate this historic occasion, the library is launching an ambitious new initiative: a dedicated effort to advance the field of the History of Medicine in Sri Lanka. The centerpiece of this launch will be the inaugural conference titled “**History of Medicine in Sri Lanka**” a pioneering event designed not only to explore the rich tapestry of our medical past but also to forge a clear roadmap for its future as a formal academic discipline.

The conference will be held on the very grounds where this history feels most alive: the historic Wijerama House on Wijerama Road, which also houses the Sri Lanka Medical Association (SLMA). This setting is a deliberate choice, a way to pay profound respect to the pioneers who built the library’s legacy and laid the groundwork for medical scholarship in the country.

A Foundation Built by Legends

Any exploration of medicine’s past in Sri Lanka must begin by acknowledging the giants upon whose shoulders we stand. The initiative is deeply indebted to

the pioneering work of luminaries such as Dr. C.G. Uragoda, whose seminal volume on the *History of Medicine* is considered a classic in the field published by the SLMA. He dedicated his life to documenting, analysing, and disseminating research, effectively charting a course for this field long before it was formally recognised.

Reimagining a Discipline: Six Lenses to View the Past

The conference aims to build on this foundation by embracing the diverse, modern methodologies that have transformed the study of medical history worldwide. The goal is to move beyond a simple chronology of discoveries and instead examine how medicine has been shaped by—and has shaped—society, culture, and technology.

History of Medicine as a sub-discipline has a variety of analytical lenses, including:

- **The Biographical Approach:** Honoring the foundational work of local pioneers and examining the contributions of key figures in medicine.
- **The Social History Approach:** Investigating the experience of health and illness within Sri Lankan society, looking at how factors like class, gender, and the professionalization of medicine have played out.
- **The Cultural History Approach:** Delving into the meaning of illness and healing.

- **The Global & Transnational Approach:** Placing a country’s medical history in a global context. For example, how did colonial medicine shape local systems?
- **The Materialist Approach:** Examining the role of technologies, from the humble stethoscope to modern imaging, and the impact of pharmaceuticals on the practice of medicine.
- **Gender and Feminist Approaches:** Critically examining the role of gender in medicine, from the history of midwifery and traditional healers to the professionalisation of male-dominated medical institutions.

By combining these approaches, a richer, more nuanced picture of a country’s past can be viewed as a picture that includes not just the “great doctors,” but also the experiences of patients, the role of traditional healers, and the influence of culture and power.

A Day of Exploration and Dialogue

The one-day program on 1 June 2026 is designed to foster this multi-faceted exploration. It will feature a series of lectures covering distinct periods and themes in Sri Lankan medical history. A vibrant poster session will allow for the presentation of new research, offering a visual journey through the themes, trends, and transformations of healing systems in our country, as well as the crucial role of

institutions in preserving this heritage.

A special discussion, sponsored by the National Science Foundation, will tackle the urgent and vital topic related to the role of libraries in the digital age and their role in archiving our heritage for future generations. The conference will also feature a keynote lecture by a distinguished professor of history, who will look to the future, outlining the steps required to formally establish the History of Medicine as a respected sub-discipline within Sri Lankan academia. This vision will be the foundation for developing a strategic roadmap to guide research, teaching, and collaboration over the next several years.

A Call for Abstracts

The Sri Lanka Medical Library is collaborating with the SLMA to extend a warm invitation to a wide audience. Doctors, nurses, and allied health professionals; medical, nursing, and allied health students; academics and professionals from the arts and humanities—all are encouraged to attend and contribute.

Abstracts are now being accepted for poster presentations on topics relevant to the conference’s themes. For more details please visit www.medicallibrary.lk

This is a unique opportunity to be part of a historic event that will honour our past and actively shape the future of medical history in Sri Lanka.



VOICES FROM THE PERIPHERY

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BEHIND CLOSED DOORS: INTIMATE PARTNER VIOLENCE IN SRI LANKA

Voice that must be heard

Intimate Partner Violence (IPV) is a serious human rights abuse that is considered a global health concern. Around 26% of women globally have been exposed to physical or sexual violence by a current and/or former male intimate partner at least once in their lifetime (1) The burden of IPV is highest in developing countries, though in Sri Lanka, it remains a widespread yet highly under-reported public health issue.

IPV (IPV) is defined by the World Health Organization as “behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors,” and the perpetrator could be a current or former spouse or partners (1). Violence within the home erodes the physical and mental well-being of the family itself, breaks the social structures, and creates a vicious cycle of effects that could extend to future generations.

Tip of the iceberg - Presence of IPV in Sri Lanka

IPV is common across Sri Lanka, yet the true burden remains obscured by underreporting and cultural norms that discourage disclosure. A national Demographic and Health Survey reported that 17% of ever-married women aged 15–49 years had experienced domestic violence by a partner, where 2% of women were exposed to IPV daily (2). More recent studies report that exposures to IPV is prevalent among 20% to as alarmingly high as 72% of women during their lifetime (3,4). Presence of IPV is comparatively higher among women living in rural areas and tea estate populations, where 15.9% of pregnant women in the plantation sectors were

being exposed to IPV (5,6) Poor economic status, alcohol use by the spouse, children’s problems,

(0.08) of women had disclosed their lifetime exposure to IPV to healthcare workers (6). Despite

children often keep victims from seeking help or disclosing their experiences.



Beyond the bruises - consequences of IPV

Victims of IPV are frequently hospitalized with physical trauma, often compounded by delayed care due to cultural barriers and fear of reporting (7) Survivors are also at increased risk of mental health problems such as depression, anxiety, post-traumatic stress disorder (PTSD), and even suicidal ideation. Violence experienced does not stop in pregnancy, and those mothers are affected by maternal complications and poor neonatal outcomes. The effects of IPV do not end at the individual level survivors; they extend to the entire family, especially the children. A recent study revealed that close to 85% of children in affected houses were involved in interparental violence, either physically or psychologically, with no significant gender difference either in exposure or involvement (8). Children who are exposed to violence at home are at increased risk of mental health problems such as depression and PTSD, as well as a range of emotional and behavioral problems. Moreover, violence within the home can become a learned behavior, perpetuating a cycle that affects future generations. Boys exposed to IPV among parents learn to assert control through violence and have a higher chance of ending up as perpetrators, while girls learn to accept violence as an unpreventable helplessness and are more likely to become silent survivors of IPV in adult life (3). Thus, when dominance and obedience are normalized through traditional gender roles, it ultimately leads to more violence with lesser disclosure and trans generational transmission of violence, which affects societal development as a whole.



IPV (IPV) is defined by the World Health Organization as “behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviors”.

Photo by Tarun Savvy on Unsplash

poor family relationships, being employed, and ethnicity were associated with exposure to IPV in Sri Lanka (5–7) However, it was revealed that among the exposed victims, only a small fraction

the reported higher prevalence in the country, the majority of cases go unreported. Cultural norms that frame violence as a ‘family matter’, social stigma, economic dependence, and concern for

VOICES FROM THE PERIPHERY

Continued...

Response to IPV – where we stand today

Sri Lanka's legislative framework includes the Prevention of Domestic Violence Act (PDVA) No. 34 of 2005, enabling survivors to seek protection orders. Additionally, the Penal Code also makes acts such as rape, sexual harassment, and incest criminal offences. The Women's Charter (1993) and the more recent National Action Plan to address Sexual and Gender Based Violence (GBV) (2024–2028) reflect policy commitments to eliminate violence against women. In practice, support services operate through a multi-sectoral approach led by the Ministry of Women, Child Affairs, and Social Empowerment. The Ministry of Health also plays a key role in controlling gender-based violence in Sri Lanka. Gender and Women's Health Unit of the Family Health Bureau (FHB) is the National-Level focal point under the Ministry of Health for GBV prevention care for survivors. This work includes the capacity building of both preventive and curative health staff and establishing a network of dedicated service points of Gender Based Violence Care Centres named Mithuru Piyasa /Natpu Nilayam all over the country. They are as outlined in the *National Action Plan for Health Sector Response on Prevention and Management of Gender Based Violence (GBV) in Sri Lanka*, 2017. At present, nearly 90 centers operate all over the country providing medical care, counselling, and referral. In addition, we have Women's Help Desks at police stations, a 24-hour helpline (1938), and government- and NGO-run shelters helping survivors. Public advocacy efforts—such as the 2024 United Nations walk themed "Towards a GBV-Free Sri Lanka: Safe Public Spaces for All"—have further strengthened awareness and collective engagement. However, turning these promises into real protection for survivors needs continuous funding, better coordination between different agencies, and community programs that respect local cultures across the country.

Hidden hurdles

It is well recognized that women who present themselves to formal service delivery points such as health institutions or police

posts represent a minority, while many victims suffer in silence. This is particularly true for Asian women, due to many reasons such as cultural values, fear, lack of knowledge, negative attitudes about appropriate support services, stigma, and many other social constraints related to gender. At the same time, system-level challenges make support difficult. Primary healthcare services may not be fully equipped to respond, policies can be unclear, staff may lack protection and guidance, and coordination with police and higher authorities may be weak. These gaps limit access of those affected to timely and effective assistance.



IPV damages bodies, minds, and the very foundation of society. However, acknowledging the true scale of the problem, understanding the root causes, and providing a voice to those who suffer in silence is the first step toward sustainable prevention, healing, and social transformation.

The Road Ahead

Sri Lanka needs to gain a clear understanding of the problem, strengthen the existing services, better connect the fragmented, uneven service provision, and implement new strategies to effectively address gender-based violence in the society. First, large-scale population-based studies on IPV should be conducted to capture the full picture in the country and to identify the risk factors specific to our context. Meanwhile, screening either opportunistic or routine should be implemented for all women who seek medical care,

especially antenatal care, to support and identify victims.

Currently, though, there are gender-based violence clinics conducted at larger healthcare institutions in Sri Lanka, accessibility especially in rural areas are limited. Thus, accessibility to support services, including psychological care and legal aid, should be improved through primary care centers for women. Further, it is imperative for more safe shelters to be established for women to stay with the children if the home is not a safe space to go back to. Such victims should be supported and empowered to start a new life with opportunities for stable employment, continuing the education of the children, and relocating to safe, permanent premises with confidentiality.

In addition, the awareness and literacy on IPV among healthcare professionals need to be strengthened to enable them to identify hesitant victims, through training programs and increasing the weight of the IPV component in the medical school curricula. Further, healthcare personnel, especially Public Health Midwives, should be trained to provide basic psychological support for hesitant and unwilling victims in the community settings.

Since social stigma plays a major role in barring women from seeking relief, increasing community awareness about harmful norms is crucial. Programs can be included in pre-conceptual care sessions, antenatal educational sessions, and well-woman clinics to increase awareness among women. Further, incorporating IPV into the school curriculum and creating open discussions would reduce the stigma and enable the girl child to prioritize their safety in the future. Such interventions would also help boys to refuse violence as a medium of communication as adults. Further, by taking the message back home, the children would be able to educate their respective families.

IPV damages bodies, minds, and the very foundation of society. However, acknowledging the true scale of the problem, understanding the root causes, and providing a voice to those who suffer in silence is the first step toward sustainable

prevention, healing, and social transformation.

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NOVICE

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A DOCTOR'S CHRONICLE OF JAFFNA



In a literary space where the North of Sri Lanka is often framed through the binaries of conflict and recovery, "Uthuru Kone Arumesiya" - the wonder of the northern Sri Lanka emerges as a gentle yet powerful departure. Written by Viduni Basnayake, a medical doctor shaped by nearly

a decade in Jaffna, a proud alumnus of Jaffna medical faculty later worked as a demonstrator at the same faculty and currently working as an intern medical officer at Teaching Hospital Jaffna. This work does not attempt to define the North. Instead, it listens to it.

This is not a history book, nor a political narrative. It is something quieter and perhaps more enduring. A chronicle of lived experience.

For decades, Jaffna has existed in the national imagination as a place marked by war, displacement, and reconstruction. While these narratives are undeniably part of its history, they often overshadow the present the ordinary, continuous, and deeply human life that unfolds daily.

Uthuru Kone Arumesiya resists this reduction. Through reflective prose, Basnayake repositions Jaffna not as a subject of analysis, but as a space of encounter. Her writing invites readers to witness everyday life: a roadside food stall, the rhythm of temple rituals, the quiet dignity of people navigating routine. These are not grand moments, yet they carry emotional and cultural depth.

In doing so, the book aligns with a growing body of contemporary writing that values micro-narratives the idea that understanding a place comes not from sweeping generalizations, but from attention to detail.

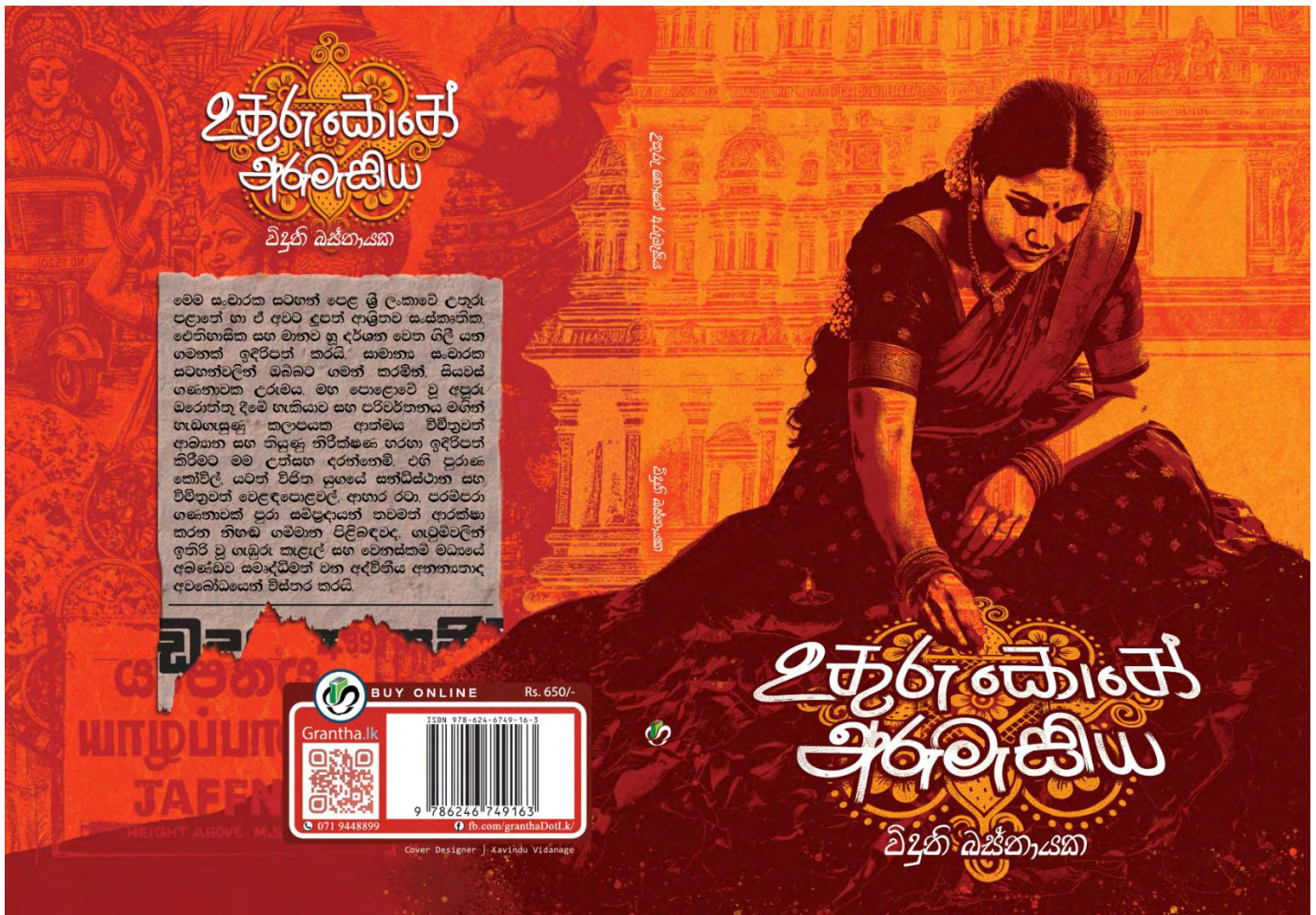
What distinguishes this work is the author's dual identity as a clinician and observer. Medicine, particularly in regions shaped by social and structural inequalities, is not limited to diagnosis and treatment. It becomes a form of witnessing. Patients bring stories layered with economic hardship, cultural nuance, and personal resilience.

Basnayake's writing reflects this sensitivity. Her encounters in hospitals and communities across Jaffna, Mullaitivu, Kilinochchi, Mannar and all islands of Northern Sri Lanka inform a narrative voice grounded in humility. She does not claim authority over the North's story.



NOVICE

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Instead, she positions herself as a listener someone aware that understanding is always partial, always evolving.

This approach echoes principles in narrative medicine, where storytelling becomes a means to bridge clinical knowledge with human experience.

One of the most striking features of Uthuru Kone Arumesiya is its commitment to the ordinary. In a world driven by spectacle, the book deliberately slows down. It lingers on the walk to the Jaffna Public Library, conversations with local families, observations of attire, rituals, and daily routines, the textures of food, language, and landscape. These details create an intimacy that larger narratives often miss.

There is a quiet philosophy underpinning this choice that truth is often embedded in the mundane. By focusing on these moments, Basnayake allows readers not just to learn about Jaffna, but to feel it. At its core,

the book is also about encounter between South and North, Sinhala and Tamil, outsider and insider.

Basnayake's journey from Kandy to Jaffna is not just geographical; it is cultural and intellectual. Her engagement with Tamil literature, Hindu practices, and local histories reflects a process of learning that is both respectful and self-aware.

Importantly, the narrative avoids romanticization. Jaffna is not portrayed as an exotic "other," nor as a place frozen in trauma. It is shown as layered, evolving, and inhabited by individuals negotiating past and present simultaneously. This nuanced portrayal challenges readers to reconsider their own assumptions.

“
This is not a history book, nor a political narrative. It is something quieter and perhaps more enduring. A chronicle of lived experience.
 ”

Sri Lanka's post-war reality continues to grapple with questions of understanding, reconciliation, and coexistence. Literature has long played a role in bridging these divides not through argument, but through empathy. So this contributes to this space by offering a personal, accessible narrative. It does not attempt to resolve complexities. Instead, it opens a door.

For readers who have never visited Jaffna, the book becomes an entry point. For those who have, it offers recognition of places, emotions, and shared humanity.

What makes this work particularly compelling is that it does not feel final.

It reads as part of an ongoing journey one where medicine and writing move together. Both demand attention, patience, and a willingness to listen.

Basnayake's reflections suggest that there are still many stories from the North waiting to be told. Not necessarily dramatic ones, but meaningful ones. Stories that exist in everyday life, often unnoticed. Uthuru Kone Arumesiya does not claim to capture Jaffna in its entirety. That would be impossible.

Instead, it offers something more honest: a record of how a place reveals itself over time to someone willing to observe, question, and reflect. In an era of fast narratives and fixed opinions, this book reminds us of the value of slowness, of attention, and of humility in storytelling. It is, ultimately, not just a chronicle of Jaffna but a meditation on how we come to understand any place at all.

EBM CORNER



Dr Kumara Mendis

Co-Editor, The SLMA Monthly Magazine

EVIDENCE BASED MEDICINE CORNER ISSUE 1: APRIL 2026

Effect of multivitamin-mineral supplementation versus placebo on cognitive function: results from the clinic subcohort of the COcoa Supplement and Multivitamin Outcomes Study (COSMOS) randomized clinical trial and meta-analysis of 3 cognitive studies

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11103094/>

Clinical implication: For older adults without cognitive impairment, daily multivitamin-mineral may slow age-related cognitive decline, particularly in memory

Analysis of COSMOS-Clinic (n=573, in-person neuropsychological testing over 2 years) plus a meta-analysis combining three COSMOS cognitive substudies (total n=5,203; mean age ≥60 years). In COSMOS-Clinic, MVM showed modest benefit for global cognition (effect size +0.06 SD units; not statistically significant) and significant improvement in episodic memory (+0.12 SD units; 95% CI: 0.002–0.23). No benefit was seen for executive function or attention. In the meta-analysis, MVM significantly improved global cognition (+0.07 SD units; p=0.0009) and episodic memory (+0.06 SD units; p=0.0007). The effect on global cognition equated to reducing cognitive aging by ~2 years. Daily MVM supplementation over 2 years produces small but statistically significant benefits for global cognition and episodic memory in community-dwelling older adults. While effect sizes are modest, the consistency across three substudies supports potential utility as a low-risk, accessible intervention for preventing cognitive decline. Not a treatment for dementia, but reasonable to consider for general brain health in aging patients, especially those concerned about memory changes.



Photo by Jakub Žerdzicki on Unsplash



EBM corner brings together important research findings around the world in clinical medicine and public health practice to you. This month we focus on three important research findings from reputed journals that will enrich your clinical practice

Comparison of topical permethrin 5% vs. benzyl benzoate 25% treatment in scabies: a double-blinded randomized controlled trial

<https://pubmed.ncbi.nlm.nih.gov/38112640/>

Clinical implication: In settings where permethrin resistance is suspected, benzyl benzoate may be a more effective first-line option for scabies.

This double-blind RCT compared topical permethrin 5% with benzyl benzoate (BB) 25% for the treatment of dermoscopy-confirmed scabies, addressing concerns about emerging permethrin resistance. A total of 110 patients were randomized equally to receive either permethrin 5% cream or BB 25% emulsion, applied daily for three consecutive days using the same treatment protocol and hygiene measures. Cure was assessed objectively by dermoscopy at 3 weeks.

The results showed a marked difference in efficacy: cure rates were 27% with permethrin versus 87% with benzyl benzoate. Permethrin was very well tolerated, while BB caused a burning sensation in 43% of patients, but this was generally manageable. Despite lower tolerability, BB demonstrated substantially superior effectiveness.

Blood pressure targets for hypertension in people with chronic renal disease

<https://pubmed.ncbi.nlm.nih.gov/39403990/>

Clinical implication: Intensifying BP targets below standard thresholds (e.g., aiming for ≤130/80 mm Hg) in CKD patients does not provide clear benefits for hard outcomes (death, cardiovascular events, or ESRD) but increases treatment burden. Standard targets (systolic 140–160 mm Hg) remain reasonable for most patients with hypertensive CKD.

Cochrane meta-analysis of 6 RCTs (N=7,348; mean follow-up 3.6 years). Moderate- to low-certainty evidence. Key Results (lower vs. standard target):

- Total mortality: No significant difference (RR 0.90; moderate certainty)
- Serious adverse events: No difference (RR 1.01; moderate certainty)
- Cardiovascular events: No difference (RR 1.00; moderate certainty)
- Cardiovascular mortality: No difference (RR 0.90; low certainty)
- Progression to end-stage renal disease (ESRD): No difference (RR 0.94; low certainty)
- Kidney function decline (doubling creatinine or ≥50% GFR drop): No difference

Lower targets required more antihypertensive medications and achieved slightly lower BP at 1 year, but did not improve survival, cardiovascular outcomes, or delay ESRD.

SLMA IN MARCH

Highlights

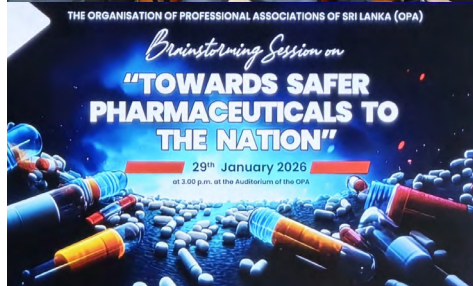
FRECSL Inaugural Assembly Highlights Ethical Research and Honours Leadership

The Forum for Research Ethics Committees in Sri Lanka (FRECSL) held its Inaugural General Assembly and ethics update, emphasizing ethical research practices anchored in core values. During the event, Dr. Malik Fernando was awarded Honorary Membership for his long-standing service as the longest-serving member of the FRECSL's Management Committee.



Advancing Pharmaceutical Safety: SLMA Contributes to National Dialogue

The Organization of Professional Associations (OPA) hosted a brainstorming session titled "Towards Safer Pharmaceuticals for the Nation." The session aimed to establish best practices for pharmaceutical safety. Representing SLMA, Dr. Christo Fernando presented five key proposals to be included in OPA's forthcoming concept paper on the subject.



Strengthening Partnerships: SLMA Strategic Vision for 2026 Gains Government Support

A delegation from the Sri Lanka Medical Association (SLMA), led by President Dr. Manilka Sumanatilleke, met with Secretary of Health Dr. Anil Jasinghe to discuss the SLMA's strategic programme for 2026. Dr. Jasinghe commended the SLMA for its steadfast leadership of the medical fraternity and invited the association to convene its Intercollegiate Committee to address critical public health issues. The Secretary further assured his full support for the SLMA's 2026 initiatives.



SLMA IN MARCH

Highlights

Healing Hands in Action: SLMA Charity Gala Raises Rs. 27 Million ▶

The inaugural Sri Lanka Medical Association (SLMA) Charity Dinner and Dance, held at the Cinnamon Lakeside Colombo, successfully brought together over 475 guests for an evening of philanthropy. Featuring premier entertainment by the De Lanerolle Brothers and the band Misty, the event raised more than 27 million rupees. These vital funds are dedicated to the "Healing Hands" initiative, supporting health sector reconstruction efforts following the devastation of Cyclone Ditwah.





SLMA IN MARCH

Highlights

The Therapeutic Update ▼

The Therapeutic Update for the month of March was conducted by Prof. Shehan Williams, Professor of Psychiatry, Faculty of Medicine, University of Kelaniya under the title 'Depression and Anxiety Disorders'.



Sri Lanka Medical Association
Therapeutic Update on
"Depression and Anxiety Disorders"

Organized by the Medicinal Drugs Committee of SLMA

Speaker:
Professor Shehan Williams
 MBBS (Jaffna), MPhil (Kelaniya) MDPsych (Colombo), FRCPsych(UK), FSLCOP
 Professor in Psychiatry
 Department of Psychiatry,
 Faculty of Medicine
 University of Kelaniya

19th March 2026
 12.00 noon - 1.30 p.m.
 Lionel Memorial Auditorium,
 6, Wijerama Mawatha, Colombo 7
 0112693324
 www.slma.lk

MEETING ID: 876 7863 7472
 PASSCODE: 392867

Clinical Insights in Haematology: SLMA March Monthly Clinical Meeting Highlights ▼

The Sri Lanka Medical Association (SLMA), in collaboration with the Sri Lanka College of Haematologists, hosted its Monthly Clinical Meeting on March 13th at the SLMA Auditorium. Thematic Presentations include;

- "Approach to Persistent Fever with Cytopenias" – Dr. Vindhya Neelawathura, Consultant Clinical Haematologist, DGH Kegalle.
- "Red Flags of HLH: When Fever Signals a Life-Threatening Condition" – Dr. A.M. Piumanthi Karunarathne, Consultant Clinical Haematologist, TH Polonnaruwa.
- "Decoding the Full Blood Count: An Interactive Session on Rational Investigation Pathways" – Dr. Nadeeshani Ediriwickrama, Consultant Clinical Haematologist, Colombo East Base Hospital, Mulleriyawa.



Sri Lanka Medical Association
 in collaboration with
 Sri Lanka College of Haematologists

PRESENTS
Monthly Clinical Meeting

12.30 PM to 2.00 PM
 13th MARCH
 @SLMA AUDITORIUM

Approach to Persistent Fever with Cytopenias.
 Dr Vindhya Neelawathura
 Consultant Clinical Haematologist,
 DGH Kegalle.

Red Flags of HLH: When Fever Signals a Life Threatening Condition.
 Dr A.M. Piumanthi Karunarathne
 Consultant Clinical Haematologist,
 TH Polonnaruwa.

Decoding the Full Blood Count: An Interactive Session on Rational Investigation Pathways.
 Dr Nadeeshani Ediriwickrama
 Consultant Clinical Haematologist,
 Colombo East Base Hospital, Mulleriyawa.

Join via Zoom US
 Meeting ID : 813 5023 1868
 Passcode : 676238

SLMA life membership can be obtained onsite.
 For online registration visit <https://slma.lk>

CPD Points Awarded
 Refreshments will be provided

SLMA Saturday Talks ▼

Three Saturday Talks were held in March.

- "Dyslipidemia: Clinical Approach." by Dr. Gayana Amiyangoda, Consultant Endocrinologist and Senior Lecturer in Pharmacology, University of Peradeniya
- "Thyroid Nodules" by Professor Sanjeewa Seneviratne, Consultant Surgeon and Professor in Surgery, University of Colombo.
- "Case based approach to Dengue management" by Prof. Chamara Dalugama Professor in Medicine, Faculty of Medicine, University of Peradeniya.



SLMA
 in
 MARCH



Sri Lanka Medical Association
 Presents
Saturday Talk Series
Case-based Approach to Dengue Management
 Date : 21st March 2026 | Time : 6.00 pm to 6.45 pm

Speaker
Prof. Chamara Dalugama
 Professor in Medicine,
 Department of Medicine, Faculty of Medicine,
 University of Peradeniya.

Moderator
Dr Nilanka Wickramasinghe
 Senior Lecturer in Pathology,
 Faculty of Medicine, University of Colombo

Meeting ID : 811 0267 6572
 Passcode : 308061



Sri Lanka Medical Association
 Presents
Saturday Talk Series
Thyroid Nodule
 Date : 14th March 2026 | Time : 6.00 pm to 6.45 pm

Speaker
Professor Sanjeewa Seneviratne
 Consultant Surgeon
 Professor in Surgical Oncology of Surgery,
 Faculty of Medicine, University of Colombo

Moderator
Dr Maheshi Wijayabandara
 Consultant General Internal Medicine, Senior Lecturer

Meeting ID : 850 2794 9880
 Passcode : 464867



Sri Lanka Medical Association
 Presents
Saturday Talk Series
Dyslipidemia: Clinical Approach
 Date : 7th March 2026 | Time : 6.00 pm to 6.45 pm

Speaker
Dr Gayana Amiyangoda
 Senior Lecturer in Pharmacology
 Consultant Endocrinologist,
 Faculty of Medicine, University of Peradeniya

Moderator
Dr Sangeetha Wickramaratne
 Consultant Haematologist,
 Senior Lecturer in Pediatrics,
 Faculty of Medicine, University of Kelaniya

Meeting ID : 822 4269 6909
 Passcode : 487786



EXTENDED LIPID PROFILE

(COMPREHENSIVE HEART HEALTH CHECK)

✓ What is Extended Lipid Profile

The Extended Lipid Profile provides a detailed assessment of cardiovascular risk beyond the routine lipid panel. In addition to total cholesterol, LDL, HDL, triglycerides, it includes advanced markers such as,

- Apolipoprotein B (Apo B),
- Apolipoprotein A1 (Apo A1),
- Lipoprotein(a).



These parameters reflect the number and quality of lipoprotein particles, helping to identify hidden atherosclerotic risk even when standard lipid values appear normal.

💡 Who benefits the most & why?

- Individuals with a family history of heart disease detects inherited lipid abnormalities such as elevated Lipoprotein(a).
- Patients with diabetes/hypertension/metabolic syndrome identifies residual cardiovascular risk not seen in routine lipids.
- Individuals with normal lipid profile but high clinical risk reveals particle-related risk missed by standard tests.
- Patients on statin or lipid-lowering therapy helps monitor treatment effectiveness more accurately.
- Individuals with premature cardiovascular events supports advanced risk stratification and long-term management



More Info.

 Nawaloka Hospitals PLC ,
Deshamanya H K Dharmadasa Mawatha, Colombo2.

 +94 76 136 4118 | +94 11 557 7311

 Nawaloka hospital Colombo Laboratory

ANNUAL LAW - MEDICAL ENCOUNTER

21ST OF MARCH 2026

at Burgher Recreation Club, Colombo

9.00 AM ONWARDS

ORGANIZED BY
SRI LANKA BAR ASSOCIATION
IN COLLABORATION WITH
SRI LANKA MEDICAL ASSOCIATION

We Welcome All the **Doctors** and **Lawyers** Joining Us for the Match
Let's Make It an Epic Day!

REGIONAL MEETING MATARA 2026

SRI LANKA MEDICAL ASSOCIATION

In Collaboration with
RUHUNU CLINICAL SOCIETY
"Medicine for All"

27th March 2026 | 9.00 AM - 2.30 AM | CPD | Refreshments | Daily Leave

Time	Topic	Resource Person
8:30 AM	Registration	
9:00 AM	Lighting of the Oil Lamp & Welcome Address	Dr Manilka Sumanatilleke President, SLMA
09:15 AM - 09:40 AM	Cardiology for All: Practical Use of Advanced Cardiac Investigations	Dr Harshana Samarasinghe Consultant Cardiologist, DGH Matara President, Ruhunu Clinical Society
09:40 AM - 10:05 AM	Acute Medicine for All: Evaluation of Dyspnoea - Pearls for Primary Care and Beyond	Dr Ganaka Senarathna Consultant Physician President, Galle Medical Association
10:05 AM - 10:30 AM	Diabetes for All: Insulin Therapy for Type 2 DM	Dr Shani Apsara Consultant Endocrinologist DGH Matara
10:30 AM - 10:45 AM	Tea Break	
10:45 AM - 11:10 AM	Geriatrics for All: Understanding Frailty	Dr Lasantha Ganewatta Consultant Physician DGH Kamburupitiya
11:10 AM - 11:35 AM	Paediatrics for All: Paediatric Endocrine Emergencies: A Case-Based Discussion	Dr Dimarsha de Silva Consultant Paediatric Endocrinologist National Hospital of Galle
11:35 AM - 12:00 PM	Mycology for All: Fungal Infections of the Lungs	Dr Harshani Thalbrew Senior Lecturer and Specialist in Mycology Dept. of Microbiology, University of Ruhuna
12:00 PM - 12:25 PM	Humanities for All: Literature Enriching Medical Practice	Prof. Arusha Dissanayake Professor in Medicine & Consultant Physician Dept. of Medicine, Faculty of Medicine University of Ruhuna
12:25 PM - 12:50 PM	Psychiatry for All: Recognising and Managing Depression	Dr Rumi Ruben Consultant Psychiatrist National Hospital of Galle
12:50 PM - 1:15 PM	Gynaecology for All: Subfertility Made Simple - A Stepwise Approach	Dr Deepani Jayasinghe Consultant in Subfertility German Sri Lanka Friendship Hospital for Women, Galle
1:15 PM - 02:00 PM	Lunch	

REGISTRATION FREE
SCAN THE QR & REGISTER NOW!

Sri Lanka Medical Association
in collaboration with
Sri Lanka College of Microbiologists

One-Day Workshop

From Sample to Script

Practical Microbiology, Virology & Parasitology
for Clinicians

30th March 2026 | 9.00 AM to 2.00 PM | SLMA Auditorium

Programme

- 9.00 AM - 9.15 AM** **Welcome Remarks**
Dr Manilka Sumanatilleke, President-SLMA
- 9.15 AM - 9.30 AM** **Welcome Remarks**
Dr Jayanthi Elvitigala, President-SLCM
- 9.30 AM - 10.30 AM** **Session 1: Smart Microbiology**
"Sending the Right Sample, at the Right Conditions :
Role of Blood Cultures and Other Cultures in Infectious Diseases"
Dr Dharunee Narmadha Weerakoorn,
Consultant Medical Microbiologist/ Lecturer, Faculty of Medicine, University of Kelaniya
- 10.30 AM - 10.45 AM** **Tea Break**
- 10.45 AM - 11.45 AM** **Session 2: Viruses You See Every Week**
"Common Viral Infections in Primary Care: What to do?"
Dr Sevewandi Abeywardana
Consultant Virologist, Colombo North Teaching Hospital, Ragama
- 11.45 AM - 12.45 PM** **Session 3: Parasitology**
"Parasites You Cannot Afford to miss in Sri Lanka:
A Practical Approach for Clinicians"
Dr Lalindi De Silva
Senior lecturer and Specialist in Medical Parasitology,
Faculty of Medicine, University of Ruhuna
- 12.45 PM - 1.45 PM** **"Which Antibiotic Would You Choose? --> Empirical Antibiotic Use and Culture Guided Management"**
Dr Shirani Chandrasiri
Consultant Microbiologist
Dr Upul Dissanayake
Senior Consultant Physician
- 1.45 PM - 2.00 PM** **Conclusion and Lunch**

Registration fee **LKR 2500**

CPD Points & Certificates Awarded | Refreshments Provided | Duty Leave Approved

Scan QR Code & Register Now

Sri Lanka Medical Association
Serving the Profession - Serving the Nation

2026 WOMEN'S DAY CELEBRATIONS

Symposium organised by the Women's Health Committee

GIVE TO GAIN: SUPPORTING WOMEN IN HEALTHCARE IN THE AGE OF BURNOUT

CO-CHAIRS

- Dr. Manilka Sumanatilleke**
President, SLMA
- Prof. Anuruddhi Edirisinghe**
Chairperson
SLMA Women's Health Committee

SPEAKERS

- Dr. Dulani Kottahachchi**
Department of Physiology
Faculty of Medicine
University of Kelaniya
Topic: Women's health and burnout: Empowering through endocrine health
- Dr. Kaumudee Kodikara**
Department of Medical Education
Faculty of Medicine
University of Kelaniya
Topic: Burnout and wellbeing among women in healthcare: Evidence and implications
- Dr. Santhushya Fernando**
Senior Lecturer
Department of Medical Humanities
Faculty of Medicine
University of Colombo
Topic: Practical solutions for burnout and wellbeing

EVENT LOGISTICS

Date: 30th March 2026 | Time: 4.00 p.m. - 5.30 p.m.
Venue: SLMA Auditorium

Scan for Join Live on Zoom

For More Information
visit www.slma.lk or call 011 269 3324



30
Years of
Building Different



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where stories unfold.

You don't arrive here.
You're *Received.*

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Colombo 07

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