



ONCE-MONTHLY
Bonviva[®]
Ibandronic Acid

9 out of 10

Over 9 out of 10 women with postmenopausal osteoporosis, respond positively to treatment with Bonviva.^{1,2}

one tablet, once a month. Building bones with one tablet, once a month. Building bones with one table, once a month.



Composition: Ibandronic Acid, Monosodium salt, monohydrate. **Indications:** Treatment of postmenopausal osteoporosis, to reduce the risk of fractures. Efficacy on femoral neck fractures has not been established. **Dosage:** One 150 mg film-coated tablet once a month. For further information on dosage and administration, please see full product information. **Contraindications:** Patients with known sensitivity to ibandronic acid or to any of the excipients, in uncorrected hypocalcemia. **Warnings and Precautions:** Hypocalcemia and other disturbances of bone and mineral metabolism should be effectively treated before starting therapy. Discontinue if patients develop symptoms of esophageal irritation such as worsening dysphagia, pain on swallowing, retrosternal pain or heart burn. Caution during concomitant treatment with NSAIDs. Not recommended for patients with a creatinine clearance below 30 ml/min. No adequate data for use in pregnant women. Not indicated during lactation. Osteonecrosis of the jaw has been reported primarily in patients suffering from cancer, anemia, coagulopathy, infection, pre-existing dental disease. **Side effects:** Common adverse reactions – dyspepsia, nausea, abdominal pain, diarrhoea, gastritis, reflux, oesophagitis, headache, influenza-like syndrome, myalgia, arthralgia, rash, muscle cramp, musculoskeletal pain / stiffness. **Interactions:** Calcium supplements, antacids and other oral medications containing multivalent cations (such as aluminium, magnesium, iron) can interfere with bisphosphonate absorption. **Packs:** Film coated tablets 150 mg 1's; 3's. Full details on composition, indications, contraindications, side effects, dosage and precautions are available on request. **Reference:** 1. Bonviva Prescribing Information. 2. Register JY et al. Ann Rheum Dis 2006;65:654-661.

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**LET'S
ROCK
& ROLL**

**The Next
Transformation :
2010 – 2012**

The 25th Annual General Meeting saw a change in the dynamics of the Committee in charge. Dr. Koshy after helming this great Association of ours for four years; nominated yours truly to the seat of the Presidency; which as always in true Manipal fashion was uncontested.



A few of the old guard were arm twisted to stay back; this was a strategic move to mentore the new recruits for the next two years of our tenure.

The transformation of MAAM was initiated in 2005 when the AGM was held in Kuala Lumpur. Significant changes to the constitution were tabled and this was successfully voted in favour. It was a milestone change as far as I was concerned; because it gave room for centric administration and opportunity for a greater cross section of the membership participation.

During the last four years, we were faced with many challenges, expanding the membership base and actively trying to pursue new areas which were never ventured before. At this stage, I must acknowledge that during Dr. Koshy's stewardship, he brilliantly crafted the blend between the Seniors and Juniors. This gave us the much needed boost to pursue our objectives.

Today, we embark our 2nd phase of the Transformation Plan (not the government cliché branding under Jala's team) which I had alluded before was mooted in 2005.



MANIPAL CONVENTION 2010 - Details Inside

This Transformation is based on feedback, outcome of internal discussions and the needs of the new generation of Alumnus.

Innovative ideas and Creativity generated by human capital available in this dynamic team will ensure MAAM's growth and branding. These key elements (I&C) will be essential in our Transformation Plan.

Continuing Professional Development

This we have been conducting over four years, on a quarterly basis throughout the country. Differing scales of interest and low attendance during some of this CPDs call for immediate remedial measures. A think tank team has been set up to revamp the programme. If all goes well, next year will see the rebranding of the CPD in July; in conjunction with International Alumni Convention; to meet international standards.

Community Projects

A Special Committee will work on our most prized project and look into the continuity in Medical and Dental service to the hardcore poor. We at times have been obliging to do Ad hoc work to certain NGOs. A feedback survey from the Doctors involved (60 pax) was found to be not target sensitive.

Many of the Pharma Companies are now willing to tie up with us as CSR (Corporate Social Responsibility) has become part of their corporate mantra.

Information Technology and Administration

This will see a new level of involvement especially in the way we interact with the Members and with the social media especially facebook, I am sure we will be able to tap the other potential non-Members to the fold. The Committee intends to use this, to its full potential in the run-up to the 25th Anniversary celebration / International Alumni meet next year. We have renovated the Administrative Office and



that does not mean we will be sitting pretty. A total revamp is on the cards to establish Continuous Interaction with the Committee and Membership.

Annual Alumni Meet

Everyone looks forward to this mega event – “year in and year out”. Especially for the Generation X (born in 70's) whose kids are pre teen. I guess we have won them over. The Parents have no choice but to attend the Annual Convention on their children's insistence. The family concept has worked extremely well and we will continue to improve on it.

Sad to say our annual events have earned some flak and have been Stereotyped as the “Club of Old Boys and Beer Bellys”. This Stereotyping which is unfair, not only from external sources but also from within. I fully subscribe that each to his own and as long as you Enjoy Responsibly, lets' celebrate the Fellowship and Camaraderie.

The basic tenet in this transformation is **CSR – Commitment Synergising with Responsibility.**

Commitment is synonymous with the will to perform and this without doubt is enshrined with all the Committee Members in my team. Each and everyone has his or her level of commitment but the score card would not be used to rank them. In every aspect of the running this Organization, if we do not

uphold this commitment we are doomed to recoil into complacency and finally fail the membership. The membership is vital for any organization and the activities organized are varied to cater to fulfil your aspirations.

Synergistic and cohesive work force will definitely ensure this co-relation between Commitment and Responsibility to work hand in hand. The differing views in an Association creates synergism to work. If one is to consent to every word of the leader, it may not allow room for creativity and further progress. It is imperative that meetings held periodically must be well subscribe by the Committee Members; this will ensure the personal engagement on issues are thoroughly well discussed.

Responsibility is our final tenet that ensures we definitely undertake our projects with utmost care. Every undertaking of this committee is taken with full responsibility and we shall adhere to the constitution and deliver its objectives to the best of our ability.

Cheers,
Jeyalan



Live To Serve - Our Motto

Preamble- GAB(Guinness Anchor Bhd) & MAAM have always had close working ties. When Ms. Renuka who is in charge of GAB Foundation requested assistance a SOS was sent out to our "Batman" Dr. Sandrakumar who graciously agreed to give a Oral Health Lecture. Ms. Renuka is of course the spouse of a Manipalite namely Dr. Surendra an Orthopaedic Surgeon practicing in Kajang. Thank you Kumaran and heres his brief report. Anyway his pictures should do the talking

On the 23rd of July, 2010, Manipal Alumni Association Malaysia (MAAM) in collaboration with GAB Foundation, held an outreach program to help educate the students of the Amber Tenang Tamil School on the importance of dental hygiene. Dr. S. Sandrakumar, a senior member of the alumni, represented the association. The

talk was given in the students' mother tongue, Tamil. The students were taught the proper way of brushing their teeth and maintaining a good oral hygiene. The students were interested in knowing about dental health and the profession of Denistry. They were also given sample toothpaste and toothbrush provided by Colgate Palmolive.

Sandrakumar (Kumaran)



1ST CPD LECTURE SERIES - 2010

The first CPD lecture series for this year was held on the 13th of June. It was held at the prestigious Hilton Kuala Lumpur for the very first time.

It was also for the first time the CPD lecture series had an international flavour with two world class speakers on board from the land Down Under, Australia. This would not have been possible without the tireless effort of Dr. Nirmal Singh.

This was also the very first time members had to pay a nominal sum of RM 30.00 to attend the CPD for obvious reasons. In spite of this, there was an encouraging turn out of 40 members on a Sunday evening.

The following were the speakers with their designation and topics presented:-

1. Dr. Sally McCarthy

Specialist Emergency Physician
Director of Emergency Medicine
Prince of Wales Hospital
Sydney, Australia.

Topic: Resuscitation refresher



2. Assoc. Professor Dr. Anthony Joseph

Specialist Emergency Physician
Director of Trauma (Emergency)
Royal North Shore Hospital
Sydney, Australia.

Topic: Updates in Trauma



3. Dr. P. Manohar

Consultant General & Colorectal Surgeon
Pantai Klang Hospital
Klang, Selangor.

Topic: Haemorrhoids, what you should



4. Dr. Azam B. Mohd Nor

Consultant Paediatrician / Paediatric Cardiologist
Hospital Pantai Kuala Lumpur.

Topic: Preventing Pneumococcal diseases in children with vaccination



After 2 hours of excellent presentation from all 4 distinguished speakers, the participants adjourned for a hearty dinner and fellowship. All in all, it was an evening well worth the time and money spent.

Cheers to the CPD chairperson and organizing committee for a successful CPD lecture series.



Saravanan

Destination: Kuantan – CPD Lecture Tour

It was a hot Saturday afternoon and exactly at 12.30 pm, the six of us began our three hour odd journey to Kuantan, for another of our regular CPD series. Next pit stop was at the Temerloh Rest Area and just like some of the other folks we brought along our Dispenser filled with Tea and some excellent Sandwiches – courtesy of Kulen. Our thoughts were on the number of attendees, we did not want to disappoint the speakers if the numbers were less than the visitors from Kuala Lumpur.

Brilliant, at 5.30 pm we had twenty four Kuantanites. We were thrilled to pieces. The Speakers – Dr. Kewaljit Singh, Dr. Prem Kumar, and Dr. Jacob Abraham did a brilliant job in their niche specialities; optho, psychiatry and orthopaedic respectively.

The Q and A saw some active participation with Dato Dr. Satha in his usual spirited manner engaging all the speakers with a myriad of questions.

Finally addressing the group after the session, the dialogue with members present was refreshing and I am happy to note that some even volunteered their houses to host a dinner, post lectures if we returned to organize in Kuantan. On that note, too, I would like to thank Dr. Priya an H.O. the only representative from MMMC who took the time off even though her parents from Sabah were down (or was it because her Paeds Boss was also around?) My dental colleagues Dato Dr. Darshan Singh, Dr. Sabdeve and my classmate Dr. M. Rajaswary for being present withstanding the fact the lectures were non dental. We were never short of high profile personalities in our midst, for the record; three past and one current chairperson of MMA Pahang, two past Rotary Presidents, two WM's (from the lodge) and not forgetting two Physicians who are currently the Sultan's Consultants; mind you there were only twenty four pax from Kuantan.

Dinner followed with the usual Manipal banter and great fellowship. We arrived in Kuala Lumpur at 3.00 am but guess what – no one slept through the journey, the banter continued in our hired van.

Jeyalan



Melaka-Manipal Medical College Convocation 2010

The 8th Graduation Ceremony of the Melaka-Manipal Medical College was held on the 12th of June 2010 at the Dewan Seri Negeri for the second year running. This is the main hall for all the Melaka State official functions and events.

The graduates were from Batch 15 and Batch 16. The numbers of graduates from batch 15 were 166 and from batch 16 were 138 which totaled up to 304 from both the batches.

This was the first time the Director General of Health, Malaysia, Tan Sri Dato' Seri Dr. Haji Mohd Ismail Merican was attending the ceremony as the Guest of Honour and personally hand over the degrees to all successful graduates of Batch 15 and 16.

Representing Manipal Alumni Association Malaysia for this graduation ceremony were Dr. T.S. Jeyalan, Dr. Koshy Thomas, Dr. K. Vijayalakshmi and Dr. S. Saravanan.

The ceremony went on smoothly thanks to one of our very own Dr. Jaspal Singh Sahota who was there to oversee any shortcomings.

The following are the recipients of MAAM awards:-

1. MANIPAL ALUMNI ASSOCIATION OF MALAYSIA BOOK PRIZE FOR BEST MEDICAL STUDENT-DR. CHENG SIEW KUAN (BATCH 15)
2. MANIPAL ALUMNI ASSOCIATION MALAYSIA GOLD MEDAL FOR BEST STUDENT IN OPHTHALMOLOGY-DR. CHUA LAUSANNE (BATCH 15)
3. MANIPAL ALUMNI ASSOCIATION OF MALAYSIA BOOK PRIZE FOR BEST MEDICAL STUDENT-DR. VANESSA LOUIS A/P LIONEL LOUIS (BATCH 16)
4. MANIPAL ALUMNI ASSOCIATION MALAYSIA GOLD MEDAL FOR BEST STUDENT IN OPHTHALMOLOGY-DR. TAN YEN PENG @ ANNA TAN (BATCH 16)

The MAAM would like to congratulate the new graduates of batch 15 and batch 16 of MMMC. Syabas and well done.

Saravanan



COMMUNITY SERVICE IN BATANG BERJUNTAI

MAAM's 5th community project was held in Batang Berjuntai, Kuala Selangor, on 14th March 2010. We went on a winding journey through the hills and estates and, after almost 1 ½ hours, finally reached our destination. It was about 8.30 a.m., and our volunteers were busy arranging the tables and chairs. We were able to start seeing patients at around 10 a.m. We had a strong force of ten medical doctors, seven dentists, and eight medical specialists to help us see the tide of patients who soon came flooding through the gates – 638 in all! Although they came for routine checkups, we diagnosed quite a few with hypertension and diabetes. About 60 patients also underwent Pap smear screening. Those patients for whom we prescribed medicines then went to our team of five pharmacists, who were kept busy dispensing medications for the throng. Our busy but fulfilling day finally came to an end at around 3 p.m. By the time we left Batang Berjuntai at 4 p.m., we were exhausted but happy with our efforts. We were really encouraged by this strong response to our community service efforts, as it allowed us to provide medical services for a lot of elderly people, as well as babies and young children.

We were encouraged not only by the number of patients who showed up, but also by the number of doctors who volunteered their valuable time to help us. Many others also called us to enquire about our next project, asking to be included in it. Having more medical personnel on board, will allow us to expand the scope of our project, thus helping even more people.

We would especially like to thank Dr. Tommy for once again organizing and coordinating this community project so efficiently. Our heartfelt appreciation also goes to the auxiliary staff and volunteers from Klang GH for their continued help and support for all the community projects we have held so far.

Overall, the Batang Berjuntai project was a wonderful experience. Our hope is that we will be able to do at least two community projects each year, as part of MAAM's commitment towards helping the community.

Thomas John (79)



SPORTS CARNIVAL 2010

We are just about 6 weeks away from another convention in Port Dickson. Has anyone thought why the alumnus keeps going back to the same resort?

Well at least we all get our monies worthyessssss

October has been a bad month.....within a span of a week we lost two good friends – Dr Loganathan & Dr Tilaga Nathan –from the Dental fraternity. They were well known and very strong supporters of the Alumni. May their souls rest in peace.

2010

Get ready to rumble.

Major changes are lined up for 2010.

Everyone will be involved in this year's games –young & old, man or woman, adult or child, able bodied or not. Some will play the rough & tough and others will have it easy. Don't sweat guys, I promise you loads' of fun. Kewaljit has his eye on some tricky games.

The schedule				
Date	Event	Venue	In charge	Phone Number
Friday -17/12/10				
Morning – 8 am	Golf	Golf & Country club	Dr. Naga	012 2878012
Afternoon				
1 pm to 5 pm	Squash	Yacht Club	Dr Mano	019 6273797
	Table tennis	Yacht Club	Dr Nirmal	012 3031428
	Tennis	Yacht Club	Dr Jaendran	012 4825548
	Foosball	Hotel grounds	Dr T. J.	012 2137759
	Darts	Hotel grounds	Dr T. J.	012 2137759
	Snooker	Hotel grounds	Dr T. J.	012 2137759
	Children's activity	Hotel grounds	Ms. Charu	012 2789450
Friday Night				
	Arm Wrestling	Reggae Night	Dr Mano	019 6273797
	Boat Race	Reggae Night		
Saturday–18/12/10				
12 noon till 5 pm	Telematch – adults	Hotel grounds	Dr Nirmal	012 3031428
	Telematch - kids	Hotel Grounds	Ms. Charu	012 2789450
	Football	Hotel grounds	Dr Kewaljit	012 2205590

Please register early & indicate on the forms the events you would like to participate in. This is to allow for proper organization of the events.

Also please bring your own "apparatus".....like tennis & squash rackets, ping pong bats, etc.

The added feature for this year is the break up of everybody into groups – colour coded (as what we used to do in our school days). And we have friendly competition among our selves for all events, including beer drinking competition. A point system will used for participation and winners. Thus, the importance of participation.

Beach activities / games will commence at noon on Saturday. Beach football & volley ball are only 2 of them. There will be many more games. The beach games will be short and family teams are encouraged.

The traditional North – South football game will be on a lesser scale and will be slotted after the telematch concludes.

Lunch will be served on the beach.

Just remember the party starts at high noon, Saturday the 18th of December.

Everybody will have a chance to play some game – even the smallest contribution will go a long way – **for the ultimate championship of the event.**

Come prepared with beach wear, hats, caps, sun tan lotion, goggles, migraine medications and any thing else you deem fit. **Do not forget - footwear.**

"GET READY" – our slogan for the year applies to the sports event very aptly.

Pump it up guys. Get the muscles moving and the stamina drooling..... you will need it.

NORMAL SMOGH



KOSHY'S APPRECIATION DINNER

Koshy & Liz graciously hosted a sumptuous dinner in Tai Thong Klang for the Committee members during his tenure at office for their remarkable & historical contributions.

Thank God & PKR?? for completing the Klang Bridge flyover in the nick of time. Our sponsors Mupin & Nada from Roche & Novartis respectively also graced the occasion.

Sorry...can't really report on the dinner because most of mine & members recollection seems to be a very hazy and blur kaleidoscope.

Now what could be the reason for that.....guess we must be overworked with MAAM duties.

Koshy on the other hand after dinner was very proudly showing off his new car that talks to him....hmmm...poor man. That's what happens when you retire as President of MAAM.

Liz please take care of him like we use to do @MAAM & don't forget to invite us to your hot party in July 2011.

Valera Nanni (TQ) Koshy & Liz.



FAST AND LONG-LASTING POWER^{1,2}

In a 24-hour clinical study of acute postoperative dental pain^{2,a}

ARCOXIA® (etoricoxib) 120 mg^b relieved pain in as early as 24 minutes after dosing

Analgesia persisted for as long as 24 hours



ARCOXIA is approved for a broad range of indications¹
For patients with pain and inflammation caused by

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • OSTEOARTHRITIS | <ul style="list-style-type: none"> • RHEUMATOID ARTHRITIS • ANKYLOSING SPONDYLITIS | <ul style="list-style-type: none"> • ACUTE PAIN • ACUTE GOUTY ARTHRITIS • PRIMARY DYSMENORRHEA |
| <p>30 mg
once daily</p> | <p>60 mg
once daily</p> | <p>90 mg
once daily</p> |
| | | <p>120 mg^b
once daily</p> |

The dose for each indication is the maximum recommended daily dose, except for osteoarthritis, which has a maximum recommended daily dose of 60 mg.¹

^a ARCOXIA 120 mg should be used only for the acute symptomatic period (maximum use 8 days).¹

Before prescribing, please refer to the full Prescribing Information.

SELECTED SAFETY INFORMATION ABOUT ARCOXIA® (etoricoxib) The decision to prescribe a selective COX-2 inhibitor should be based on an assessment of the individual patient's overall risks. **CONTRAINDICATIONS** ARCOXIA is contraindicated in patients with hypersensitivity to any component of this product and in patients with the following: • Congestive heart failure (New York Heart Association II-IV) • Established ischemic heart disease, peripheral arterial disease and/or cerebrovascular disease (including patients who have recently undergone coronary artery bypass graft surgery or angioplasty). **PRECAUTIONS** • Selective COX-2 inhibitors may be associated with an increased risk of thrombotic events (especially myocardial infarction and stroke), relative to placebo and some NSAIDs (naproxen). As the cardiovascular risks of selective COX-2 inhibitors may increase with dose and duration of exposure, the shortest duration possible and the lowest effective daily dose should be used. Fluid retention, edema, and hypertension have been observed in some patients taking ARCOXIA. ARCOXIA may be associated with more frequent and severe hypertension than some other NSAIDs and selective COX-2 inhibitors, particularly at high doses. • When using ARCOXIA in the elderly and in patients with renal, hepatic, or cardiac dysfunction, medically appropriate supervision should be maintained. Serious hypersensitivity reactions (such as anaphylaxis and angioedema) have been reported in patients receiving ARCOXIA. **SIDE EFFECTS** The following drug-related adverse experiences were reported in clinical studies in patients with OA, RA, or chronic low back pain treated for up to 12 weeks. These occurred in ≥1% of patients treated with ARCOXIA at an incidence greater than placebo: asthenia/fatigue, dizziness, lower extremity edema, hypertension, dyspepsia, heartburn, nausea, headache, ALT increased, AST increased.

PATIENT IMPACT

Following surgery, patients experiencing acute pain often require analgesia, ideally with rapid onset and sustained effect.²



THE POWER TO MOVE YOU **ARCOXIA**[®]
(etoricoxib, MSD)

^a A randomized, double-blind, placebo- and active-comparator-controlled, parallel-group, dose-ranging trial enrolled 398 men and women 16 years of age and older with moderate-to-severe pain following extraction of 2 or more third molars, at least 1 of which was partially embedded in mandibular bone. Treatment consisted of ARCOXIA 60 mg (n=75), 120 mg (n=76), 180 mg (n=74), and 240 mg (n=76) once daily, ibuprofen 400 mg once daily (n=48), or placebo (n=49). Patients reported pain intensity and pain relief for 24 hours after dosing on a diary card. Onset of analgesia was determined with 2 patient-controlled stopwatches: the first stopwatch was stopped when patient achieved perceptible pain relief, and the second was stopped when patient achieved meaningful pain relief. The primary end point was TOPA88. Onset of analgesia occurred as early as 24 minutes after dosing in at least 50% of patients taking ARCOXIA 120 mg. Analgesia persisted as long as 24 hours after dosing in 72% of patients taking ARCOXIA 120 mg.²

References: 1. Data on file, MSD Malaysia. 2. Malmstrom K, Sapre A, Coughlin H, et al. Etoricoxib in acute pain associated with dental surgery: a randomized, double-blind, placebo- and active comparator-controlled dose-ranging study. *Clin Ther.* 2004;26(5):667-679

Howzit Everyone,

The President & Committee convey their warmest greetings. Hope you guys had a wonderful Deepavali. It has been a bad day @ the office as far as MAAM is concerned due to the sad demise of two of our beloved members and friends Loga & Nathan in a span of 1 week.



Our deepest condolences to Kamala, Thilaga & their respective families.



Ok then lets get down to business as usual which usually ends up unusual....confused?...don't look at me. Firstly I would like to thank all the contributors to this 13th issue of Howzit namely Jeyalan, Nirmal, TJ, Sara, Roshan & Kumaran. Great job guys.

The AGM held in May, albeit the usual changing of guards but also witnessed changes at the helm. Needless to mention that it was also a great fellowship night with a record attendance that ended at 2am. MAAM is proud to welcome our 10th President Jeyalan a veteran of some sorts and if you know him well...various sorts. I am still waiting for my KPI results in our newly refurbished Secretariat. We are now proud owners of a projector and are capable of holding mini CPD's & seminars. Please drop by and pay us a visit but sorry we don't serve refreshments.

We did an amazing Community service project under the auspices of our very own Selangor Exco YB Dr. Xavier Jayakumar's office. We had a record turnout of doctors & patients in Batang Berjuntai. Hope you enjoy TJ's very brief /thong report.

Sara (The Gunner) similar to Jeya never misses attending the MMMC Convocation in Melaka annually for reasons best known to themselves. Wished they had paid the same commitment & dedication to their classes in College. Meanwhile MAAM would like to congratulate our member Dr.Jaspal on his recent promotion as Dean of MMMC. Will report on his felicitation dinner in the next issue.

The 2 CPDs organised by us in KL & Kuantan showcased excellent speakers & verbal intercourse but somehow seemed to lack that Viagra & Priligy punch....if you know what I mean. When push comes to shove there must be something wrong with our strength & timing. Lucky man Kewaljji (Charlie) was awarded the enviable task of coordinating future CPDs. Hope you guys come in full force and keep his spirits high.

Our website underwent a total anatomical uplift from our nip & tuck computer guru Roshan. Please visit the page, register and leave your flattering encouraging comments & compliments. This guy has done an amazing job but does not accept brickbats. He has friends in Banting...need I say more.

Next stop is the highly anticipated 24th Manipal Convention in PD. Since we are on a austerity drive and have to minimize printing expenses please treat this as the 2nd & final flyer. Lets take a look at the Preliminary Itinerary:-

Friday 17-12-10

- 12 noon - Check in
- 1pm-2pm - Lunch
- 12noon-5pm - Hospitality Lounge
- 3pm-4 pm - Children Activities (Save our Planet Painting session & more)
- 3pm-5 pm - Games @ Yacht Club
- 7pm- 1am - Reggae Night- Hawker Buffet dinner by the beach
- Mark Renesh & Friends
- Party Games
- DJ Music

Sunday 19-12-10

- 7am-10am- Breakfast
 - 12 noon - Checkout & Bye for now.
- NB-All times & events TBC

Please refer to Nirmals Sports Article for details on the Sports.
Also note that the Inaugural Sports Carnival has been meticulously planned by Nirmal, TJ, Charlie, Charu & Roshan.
The kids are in for a special treat with various interesting activities that Charu (Mrs.Roshan) has planned for them.
We are not going to dwell on the hotel facilities as most of you have been here before.
We will like to inform you that all the rooms have been refurbished 2 months ago.

As far as the food is concerned Santiago will wave his magic wand again. We appreciate the fact that you guys realize that fellowship is still the priority & order for the day.

The Informal Reggae Theme Night will be picturesque with hawker stalls fringing the beach with reggae deco and lights. The band will rock you with a combination of Reggae & Rock music on our custom built stage and accompanied by one of the best sound systems from KL. It will be a night to remember forever even if you are brave enough to venture & drink our very own "Reggae Patta" punch concoction. Don't forget to take part in the Boat Race & Arm Wrestling competition after that.

The Gala dinner will also boast top class entertainment & we have some surprises for you on the floor. Well to be honest people- we really don't need to convince you, if you have attended any of the previous Conventions..organised by us of course. To the newbies - don't take our word -just consult your predecessors.Hope you like my limited edition Reggae T-Shirt. MMMC students are mandatorily requested kindly to stay in the Hotel after dinners. We will not allow you to drive back.

On behalf of the Committee & as the Organising Chairman this year I promise you another fun-filled memorable nostalgic time.
Please keep in touch with our Website & Facebook for the latest updates, details and enquiries.
If the map to the Hotel is not enclosed please call Kulen to fax you one.

Enough said. To my late brotheroos Loga(old man) & Nathan- **THIS ONE'S FOR YOU!**

Drive carefully & see you in PD

GET READY

Simon Martin

Editor & Organising Chairman MAAM Convention 2010

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www.manipal.org.my

Saturday 18-2-10

- 7am-10am - Breakfast
- 10am-12 noon - CPD
- 10am-12 noon - Children's Telematches- Gunny sack race
- Leg Tie & Balloon burst
- Tug of war
- Giant Slipper race
- Rally Race
- Commando Run
- 12noon- 5pm - Lunch
- Sports Carnival with DJ Music
- 6pm-8pm - Cocktails
- 8pm- 2am - Gala Dinner
- The Easy Jazz band
- Allan & Indi Comedy Hour
- DJ Music
- 7pm-10pm Children's Party
- Face Painting
- Temp. Tattoo
- Coconut Bowling
- Golf Putting
- Flight Maze
- Plant a Tree & more
- Children Dinner Menu



Manipal Convention 2010 - T-shirt

THE BIG DROP

EXFORGE®: Powerful BP drops for patients who need to get to goal

- Up to **43 mm Hg SBP** reductions^{1*}
- Powerful SBP drops across **all stages** of hypertension^{1,2}
- **9 out of 10** patients achieve BP goal³
- **38% less peripheral oedema** than amlodipine monotherapy⁴

Powerful efficacy and excellent tolerability from 2 proven and well-studied agents in 1 convenient tablet

* based on a posthoc analysis in a subgroup of patients with MSSBP ≥180mmHg at baseline.

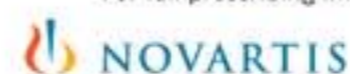
References: 1. Poldermans et al. Tolerability and Blood Pressure-Lowering Efficacy of the Combination of Amlodipine Plus Valsartan Compared with Lisinopril Plus Hydrochlorothiazide in Adult Patients with Stage 2 Hypertension. *Clin Ther* 2007; 29(2):279-289. 2. Smith et al; *J Clin Hyperten*, 9:5(355-364). 3. Allemann et al. EXFAST study. *J Clin Hypertension*, Mar 2008. 4. Philipp T et al. Two multicenter, 8-week, randomized, double-blind, placebo-controlled, parallel-group studies evaluating the efficacy and tolerability of amlodipine and valsartan in combination and as monotherapy in adult patients with mild to moderate essential hypertension. *Clin Ther* 2007;29:563-580,2007;369:1431-9.

EXFORGE®

Film-coated tablets

Presentation: EXFORGE®: Amlodipine and valsartan 5 mg/160 mg, 5 mg/160 mg and 10 mg/160 mg film-coated tablets. **Indications/Posology:** Treatment of essential hypertension in patients whose blood pressure is not adequately controlled on anti-hypertensive monotherapy. Recommended dose is one film-coated tablet per day (5 mg amlodipine and 80 mg valsartan, or 5 mg amlodipine and 160 mg valsartan, or 10 mg amlodipine and 160 mg valsartan). **Contraindications:** Hypersensitivity to any component of EXFORGE®. **Pregnancy:** EXFORGE® is contraindicated in pregnancy. **Precautions/Warnings:** •Risk of hypotension in sodium- and/or volume-depleted patients. •Beta-blocker withdrawal should be gradual. •Severe renal impairment (creatinine clearance < 10 mL/min) and dialysis. •No data available in patients with unilateral or bilateral renal artery stenosis, stenosis to a solitary kidney or after recent kidney transplantation. •Caution in patients with hepatic impairment or biliary obstructive disorders. •As with all other vasodilators, special caution in patients suffering from aortic or mitral stenosis, or obstructive hypertrophic cardiomyopathy. •Caution when driving or operating machines. •Avoid use in women planning to become pregnant and while breast-feeding. Not recommended in patients below 18 years of age. **Interactions:** •Caution and monitoring of serum potassium levels when used concomitantly with potassium supplements, potassium sparing diuretics, salt substitutes containing potassium, or other drugs that may increase potassium level. **Adverse reactions:** •The most common adverse reactions are: Nasopharyngitis, influenza, headache, oedema peripheral, oedema, fatigue, flushing, asthenia, vertigo, tachycardia, palpitations, orthostatic hypotension, cough, pharyngolaryngeal pain, diarrhoea, nausea, abdominal pain, constipation, rash, erythema, joint swelling, back pain, arthralgia. •Rare adverse reactions but potentially serious are: Hypersensitivity. •Additional potentially serious adverse experiences reported in clinical trials with amlodipine monotherapy are: Gastroitis, gingival hyperplasia, gynecomastia, leucopenia, myalgia, pancreatitis, hepatitis, thrombocytopenia, vasculitis. In a long-term, placebo-controlled study (PRAISE-2) of amlodipine in patients with NYHA III and IV heart failure of nonischemic aetiology, amlodipine was associated with increased reports of pulmonary oedema despite no significant difference in the incidence of worsening heart failure as compared to placebo. •Additional potentially serious adverse experiences reported in clinical trials with valsartan monotherapy are: Neuroptenia. Heart failure patients: >50% increases in creatinine in 3.9% of valsartan-treated patients compared to 0.9% of placebo-treated patients. >20% increases in serum potassium in 10% of valsartan-treated patients compared to 5.1% of placebo-treated patients. >50% increases in BUN in 16.6% of valsartan-treated patients compared to 6.3% of placebo-treated patients. Post-myocardial infarction patients: doubling of serum creatinine in 4.2% of valsartan-treated patients and 3.4% of captopril-treated patients. **Packs:** 28 tablets per pack. **Note:** Before prescribing, please read full prescribing information. (BSS Oct 2006)

For full prescribing information, please contact:



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GREAT DROPS JUST GOT BETTER



*IMS MIDAS - MAT March 2007 Data - 51 countries

Surfing MAAM

Manipal Alumni Association Malaysia is proud to unveil its new improved tool to communicate with all Manipalites. <http://www.manipal.org.my>. We have been hard at work and with all the brainstorming sessions, have created something that we hope will make browsing our new website a pleasure.



The website can be viewed by all, but members will be allowed to participate in our forums and will have contact access of other members, you will also be able to make comments on the info published and can give feedback to the association.

All members are requested to go to the login page for the first time and will have to fill up some basic information; this exercise will help bring the alumni up to speed with the member's information. Let me take you for a tour of our website.

1) HOME - Like all websites we start with our homepage, members can get a quick summary on the latest happenings of the alumni. We've linked our Facebook account for easy access, advertisement spaces for our sponsors and a polling area for future consensus.

2) ABOUT MAAM - New members can read up on the history of the association, current committee and the constitution of the association.

3) ALUMNI CONNECTION - We then move on to our Alumni connection, this gives access to registered members to partake in our future forums, we hope that with the corporation of our members we can make this area of our website beneficial to all of us in updating our medical knowledge.

Our Facebook link is next followed by links that the alumni has gathered over the years that maybe useful to the members. Then we have the polls page where the breakdown of our polling topics can be viewed.

4) NEWS & UPDATES - Gives members the latest announcements and updates. Howzit has been the pride of the alumni and we have created a separate section just for it...howzit? We have also added an archive column, where all our previous post can be stored for members to walk through the streets of nostalgia.

5) EVENTS & MEETINGS - Has minutes of our two previous AGM, information on meetings held by the existing committee and the current most event being organized by the Alumni.

6) MEMBERSHIP - We are trying very hard to make new member registration a walk in the park, so a guide on how to become a member and the application forms has been made available.

7) MULTIMEDIA Our multimedia section allows for all the thousands of photos that we have amassed to be viewed by our members, our video section is for future plans of bringing the CPD lectures to the members, we are working out the ethical and technical issues of this part, member suggestions are greatly welcomed.

8) CONTACT - If you have any ideas or questions, please feel free to contact us by using the format given or call the secretariat directly. Guestbook was adopted from our previous website and we wanted to retain it for the benefit of all.

9) YOUR ACCOUNT - And last but not least is the login and registration page. It has been simplified to gather only the most useful information, once this page has been filled up and submitted, the alumni secretariat will have to verify the member, if everything checks out a confirmation email will be sent with the username and password. If for whatever reason we are unable to verify your details, our secretariat will contact you to expedite the registration.

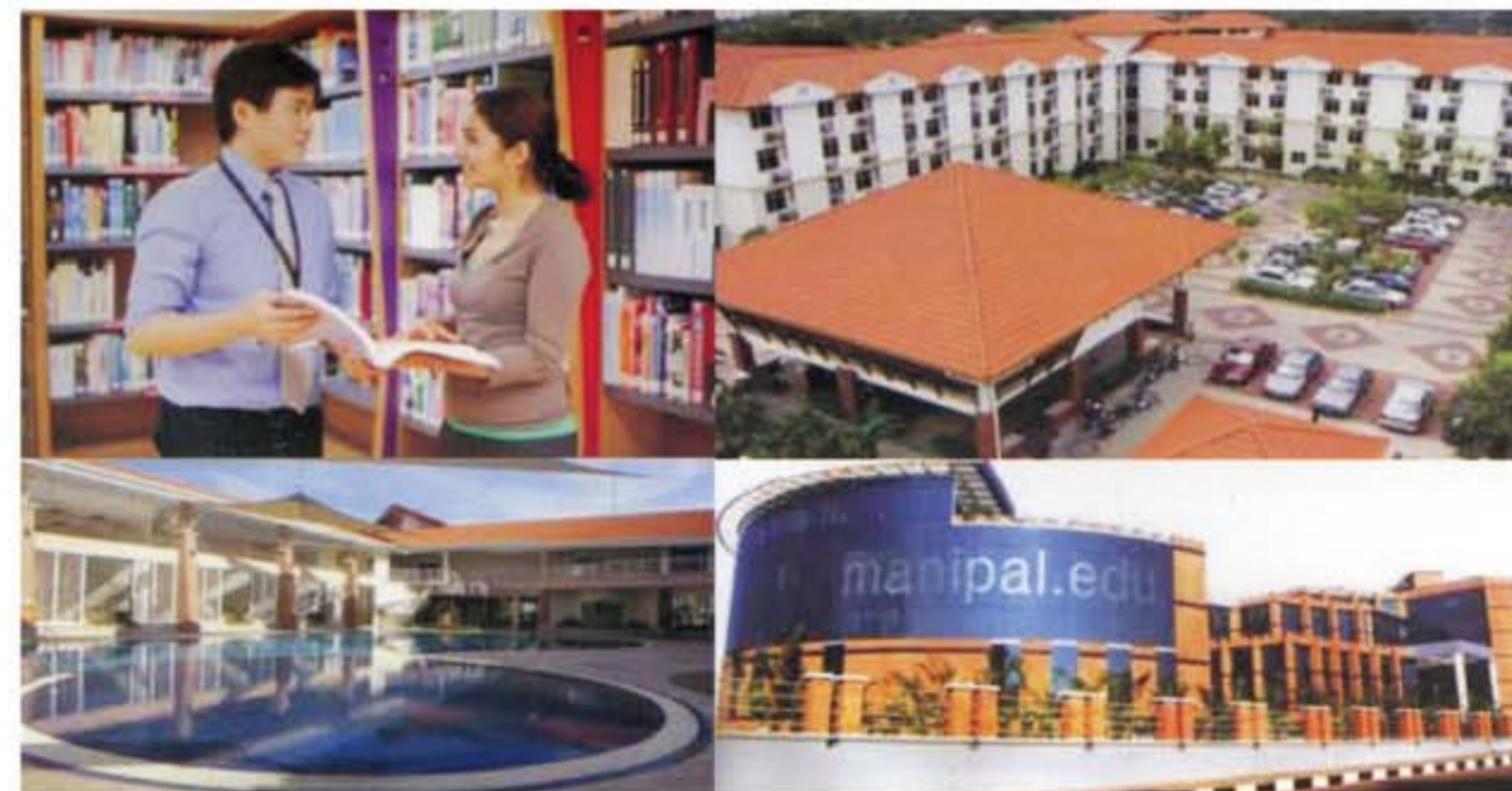
Now all you have to do is log in and SURF.....

Roshan.

MELAKA-MANIPAL MBBS TWINNING PROGRAMME



Students selected for the programme do 2^{1/2} years of pre-clinical training in Manipal, India, Followed by 2^{1/2} years of clinical teaching and training based at the Melaka and Muar Hospitals of the Ministry of Health Malaysia. There are two intakes per academic year; March and September. Applicants with suitable grades in any three subjects out of Physics, Chemistry, Biology and Mathematics in their STPM or equivalent examinations will be considered for admission.



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