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For the treatment of CKD-related anaemia

Achieves stable Hb levels **Fewer dose adjustments**
Maintains Hb in tight target range **Once-monthly maintenance dosing**
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Maintains Hb in tight target range
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The benefit is
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Achieves stable Hb levels
Maintains Hb in tight target range
Reduced storage burden

Innovation leading the way to simplified patient care

Full details on composition, indications, contraindication, side-effects, dosage and precautions are available on request.

References:

1. Aranesp® Summary of Product Characteristics. Amgen, 2006. 2. Data on file. F. Hoffmann-La Roche Ltd, 2008. 3. Eprex® Summary of Product Characteristics. Janssen-Cilag Ltd, 2006. 4. Levin NW, Fishbane S, Cañedo FV, et al; for the MAXIMA study investigators. Lancet. 2007;370:1415-1421. 5. Macdougall IC, Walker R, Provenzano R, et al; for ARCTOS Study Investigators. Clin J Am Soc Nephrol. 2008;3:337-347. 6. Mann J, De Francisco A, Nassar G, Beyer U. 45th European Renal Association / European Dialysis and Transplant Association Congress; May 10-13, 2008; Stockholm, Sweden. Abstract SP369. 7. Mircera Malaysia Prescribing Information. 8. Recormon Malaysia Prescribing Information. 9. Sulowicz W, Locatelli F, Ryckelynck J-P, et al; for PROTOS Study Investigators. Clin J Am Soc Nephrol. 2007;2:637-646.



Roche (Malaysia) Sdn.Bhd.
(Co. No. 11792-H)
Level 58, The Intermark,
102, Jalan Tun Razak,
50400 Kuala Lumpur, Malaysia.
Tel: +603-2173 5000
Fax: +603-2161 1805

MCR.35.110.RM



HOWZIT

MANIPAL ALUMNI ASSOCIATION NEWSLETTER



EXECUTIVE COMMITTEE 2010-2012

PRESIDENT

Dr T.S. Jeyalan
H/P: 012-3717012
Clinic: 03-22845228
Fax: 03-22843103

VICE PRESIDENT

Dr. Nirmal Singh
H/P: 012-3031428

SECRETARY

Dr. Thomas John
H/P: 012-2137 759

ASST. SECRETARY

Dr. Simon Martin
Clinic: 03-22744868
H/P: 017-6218856

TREASURER

Dr. S. Nagarajan
H/P: 012-2878012
Clinic: 03-22845228

COMMITTEE MEMBERS

Dr. Saravanan
H/P: 012-2333350

Dr. Sivaroshan
H/P: 012-3736815

Dr. Bala Appoo
H/P: 016-2203766

Dr. Kewaljit Singh
H/P: 012-2205590

Dr. Arun Kumar
H/P: 019-3192009

Dr.K.Vijilakshmi
H/P: 012-3907012

AUDITORS

Dr. Kugananthan Rajah
Dr. Manoharan
Muthuthamby

Secretariat Address

7A, Jalan Telawi Lima,
Bangsar Baru,
59100 Kuala Lumpur
Tel: 03-2282 7355
03 2201 1555
Fax: 03-2282 8355
email:
manipalmaam@gmail.com
www.manipal.org.my

STORMBREAKER AGM

The 26th MAAM AGM was held on 21st May 2011, a typically rainy KL day. The rain was so heavy that many of our delegates got stuck in massive traffic jams. Quite apart from that, for the second year in a row, our AGM coincided with the Tourism Ministry's annual Citrawarna show, which was held at the Selangor Club Padang. The show is normally very noisy, and we were quite happy that the rain was so heavy, because it spoilt the show, and we had some peace for the important business of the AGM!



Eventually we managed to start the AGM after a 30 minute delay, with around 67 members present. Unfortunately, we found that it was even raining in our hall, thanks to a leaking ceiling!

The President started the proceedings by calling for 3 minutes of silence in honour of 3 departed members of our Alumni namely Dr Loganathan, Dr Thilaganathan and Dr Eugene Nicholas. And then the next thing I knew, the President's voice was coldly



Manipal Alumni Association Malaysia
25th Anniversary Convention

14-17 July 2011
Subang Jaya, Malaysia.

announcing that the Hon. Gen. Secretary would now conduct the AGM. I started to get nervous: for a person not used to speaking in public, this was quite an ordeal, and the butterflies were raging in my stomach! Thankfully, after the initial hiccups and tension, I slowly began to feel more comfortable, and the experience got better.

The AGM went very smoothly. The delegates behaved very well, and didn't hassle us too much. The Treasurer was relieved that he was able to tackle all the queries put forward. But he did hint that this was to be his second-last stint as Treasurer. He also mentioned the very healthy bank reserve the Alumni has at present. Elections were also held for new Auditors, and Dr Kugananthan Rajah and Dr Manoharan Muthuthamby were elected for one year. The President also proposed that Honorary membership be conferred on three members, namely Dr V. Surendranathan, Dr Jagjit Singh Hullon, and Mr Muphindra Singh Badsha, for their immense contributions and distinguished



service to the Manipal Alumni all these years. Honorary memberships were duly conferred on the three.

The meeting finally ended at 7.40 p.m. Our Vice-President Dr. Nirmal Singh then took the stage, to woo all the members who had not yet registered for the Convention in July. His presentation was excellent, with lots of visuals of the hotel. He also explained that even for Klang Valley delegates, it would make financial sense to stay in the hotel, because of the fantastic package being offered.

After this, there was a sit-down dinner for all delegates, in the Chinese Restaurant. We thought that a formal dinner such as this would deter our Manipalites from drinking too much. The plan was successful to a certain extent, but of course the usual suspects ended up in the bar next door, having a merry time with the music and dancing.

On the whole the event went off successfully, but I really hope that I will only have to conduct one more AGM, and that there will be fewer butterflies next time round!

Cheers!

TJ



CPD @ Holiday Villa

We had our first CPD for 2011 on 3rd April. This time we had it at Holiday Villa, Subang Jaya for 2 reasons. The first reason was to try out the facilities and services of Holiday Villa as we will be having our 25th Anniversary celebrations there in July 2011.



Secondly, we thought for a change we make it easier for our alumni brothers and sisters from Petaling Jaya, Shah Alam, Puchong, Subang and Klang.

As usual we had a great line up of speakers. The first speaker was Associate Prof. Dato Dr K. Selvakumar-a fellow Manipalite. He is a consultant orthopaedic and spine surgeon and Head of Department at UPM. He spoke on new methods in treating lower back pain. He showed us the new minimally invasive techniques that can be used to treat back pain.

The next speaker was Dr Shanti Viswanathan, another Manipalite. She is a consultant neurologist at HKL. She spoke on the diagnosis and management of Parkinsons disease. Her talk provided the participants with an understanding of Idiopathic Parkinsons - it's diagnosis and and treatment of motor and non motor symptoms.

The third and final speaker for the evening was Dr Jayendran Dharmaratnam. He is a consultant clinical oncologist at Mahkota Medical Centre, Melaka. He gave us an overview of head and neck cancers. He also spoke on some of the advances that



have led to new paradigms in the management of head and neck cancers.

There was also a brief introduction and preview of our 25 Anniversary Celebrations by Dr Thomas John - our honorary secretary. He did quite a good job as quite a few Manipalites made decisions to take the full 3 day/2night in house package. For you Die hard MANIPALITES who have not registered do so immediately. You wouldn't want to miss this 25 Anniversary Celebrations because we will be talking about this for years to come. It's going to be GREAT.

I would like to take this opportunity to thank all our speakers who took their precious Sunday off to update us with the latest developments in their respective fields. And to the participants Thank You to for making this CPD a success.

The talk was followed by buffet dinner and great fellowship - Manipal style. See you guys at our 25 anniversary for more CPD and fellowships .

*Kewajit Singh
(Charlie)*



Aesthetic Dentistry and a Dose of Apnea

The Inaugural dental series Continuing Professional Development (CPD) kicked off at the Royal Lake Club.

This programme had been initiated in a strange manner. Dr. Manjul Vasant a reknowned speaker himself from United Kingdom was coming to meet his classmates from Nair College, Bombay for a reunion. The group was too small to legitimize a Dental CPD lecture to assist his tax deduction. I was approached and having heard Manjul speak before; took the opportunity to have him avail to the Manipal Dental fraternity. The formalities were done in terms of official invitation, stating venue, lecture topics and synopsis. To infuse a Medical related topic Dr. Puravi, a Consultant ENT Surgeon from Sime Darby Medical Centre, Subang Jaya, through his Sleep Lab Centre sponsored and gave a lecture on "Oral Cavity A Possible Gateway to Obstructive Sleep Apnea".

We had a sixty (60) odd strong crowd that evening. Manjul began his first lecture "Current Trends in Ceramic Crown Restorations" by handing out a MCQ leaflet to all present. Well, he put us at ease by reaffirming that it wasn't a test but referral guide to his lecture topic. All the answers were made visible during the lecture. Most thought it was an excellent way of not only listening but keeping the lecture relevant and retentive.

His second lecture on "In Office Bleaching – Pros and Cons" gave us an excellent insight to the current trends on tooth whitening and new products available that have effects of longevity and predictability.

Dr. Puravi's very eloquent lecture combined with an excellent Power Point presentation kept us mesmerized and captured without even anyone dozing off. It was tailor made for Dentist as he felt they were relevant in aiding to diagnose the problems of Sleep Apnea which is slowing gaining awareness among the public at large.



The night rounded off with a fellowship dinner at the Chinese Restaurant of the Royal Lake Club. Interestingly enough the excellent camaraderie and banter did not stretch too late in the night as the usual suspects had some other plans for the Saturday Night.

Our heartfelt thanks to our other two sponsors; Dr. Radhakrishnan M.D. of Silverfill Dental and Mr. PL Velautham – Managing Director of IST Dental Supplies Sdn. Bhd.,

Through a general consensus those who attended did indicate that they looked forward to further Dental CPD lectures. Next on the cards is Mini-Implants:- Predictable and Retentive device.

{ I hope to have these lectures published in the Howzit Newsletter so as to include learning material as part of Newsletter contents }

Jeyalan



A Myanmar Escapade in April/May 2011

Initially I was supposed to travel to Myanmar with a group of 3 ladies, but unfortunately 1 member of the group had to urgently leave to battle demons in the typical Don Quixote style so I was left planning a solo trip to Myanmar. But not for long – true to the Manipal spirit, Viji, Parames and gang decide that we should all go together and party in Beautiful Burma – a decision that translated to an amazing trip with some awesome company!

Myanmar is so vast and 5 days did not give us much time to discover the country as much as we would like to so our tour was a whirlwind one confined to Yangon, Mandalay and Heho and involved 3 internal flights. The timing was planned to take advantage of the Labour Day holiday. We were extremely fortunate as we were warned that the weather would be stifling hot around 40C. The stars were shining our way as the temperature hovered around 32C throughout our stay. But in spite of all the hype about Yangon City there were limited things to do and to see in Yangon, the main attraction being the Swedagon pagoda. This famous landmark in Yangon is a magnificent sight any time of day, and even when you leave Yangon at night, one can see the golden stupa standing majestically with serenity atop a hill overlooking the city. Our first night in Yangon we had an opportunity to relish the local cuisine at Karaweik Hall, a restaurant resembling a Myanmar mystical bird, located on a lake. We stayed at the very strategically located Traders hotel but being in Myanmar has its limitations – we were unable to get reception on our cell phones – a total communication blackout – and the only currency that was accepted was “crisp” US dollar notes! Credit cards were just a figment of our imagination.

A visit to Myanmar cannot be complete without a cruise down the famed Irrawaddy River now known as the Ayerwaddy River. We took this from Mandalay, a private cruise for the 6 of us – ah.....to just dissociate ourselves from the stress of work for a while. The 90 minute cruise takes us to Mingun to visit the Mingun Bell, the biggest hanging bell in the world and the Pahtodawgyi Pagoda, built in 1791 and known to be the biggest brick pile in the world. We visited quite a few places, the most memorable being the visit to monastery in the morning to see the monks line up for their daily meal and the visit to



As monotherapy or in combination with other widely prescribed agents

JANUVIA® delivers substantial glucose reductions for a broad range of patients with type 2 diabetes

In clinical studies²:

- Substantial HbA_{1c} reductions through a physiologic mechanism of action
- Generally weight-neutral therapy with a low risk of hypoglycemia
- Generally well-tolerated therapy
- Always once-daily dosing



As initial therapy or for patients not controlled on metformin

JANUMET® provides powerful HbA_{1c} reductions to help more patients with type 2 diabetes get to goal

In clinical studies,

- Powerful HbA_{1c} reductions to help more patients get to goal (HbA_{1c} goal <7%)²
- Weight loss and less hypoglycemia (with sitagliptin 100 mg + metformin) vs a sulfonylurea + metformin²
- Comprehensive mechanism that targets 3 key defects of type 2 diabetes²

References: 1. IMS Health, NPA Plus™, October 2006 – December 2009; 2. Data on file, MSD Malaysia; 3. Neukirch WA, Weinberger G, Sheng Z, et al, for Sitagliptin Study Group 024. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor, sitagliptin, compared to the sulfonylurea, glipizide, in patients with type 2 diabetes inadequately controlled on metformin alone: a randomized, double-blind, non-inferiority trial. *Diabetes Care* 2007;30:194–205.

Before initiating therapy, please consult the full Prescribing Information.

Important Information for JANUVIA

Indications:

JANUVIA is indicated as an adjunct to diet and exercise to improve glycemic control in patients with type 2 diabetes mellitus as initial therapy, alone or in combination with metformin, or as an add-on to metformin, PPAR γ agonist, sulfonylurea, sulfonylurea + metformin or PPAR γ agonist + metformin when the current regimen, with diet and exercise does not provide adequate glycemic control. JANUVIA can also be used as an adjunct to diet and exercise to improve glycemic control in combination with insulin (with or without metformin).

Selected Safety Information about JANUVIA:

JANUVIA is contraindicated in patients who are hypersensitive to any components of this product. JANUVIA should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis.

A dosage adjustment is recommended in patients with moderate or severe renal insufficiency or with end-stage renal disease requiring hemodialysis or peritoneal dialysis.

As with other antihyperglycemic agents, when JANUVIA was used in combination with a sulfonylurea or with insulin, medications known to cause hypoglycemia, the incidence of sulfonylurea- or insulin-induced hypoglycemia

was increased over that of placebo. To reduce the risk of sulfonylurea- or insulin-induced hypoglycemia, a lower dose of sulfonylurea or insulin may be considered.

There have been postmarketing reports of serious hypersensitivity reactions in patients treated with JANUVIA, including anaphylaxis, angioedema, and exfoliative skin conditions including Stevens-Johnson syndrome. Because these reactions are reported voluntarily from a population of uncertain size, it is generally not possible to reliably estimate their frequency or establish a causal relationship to drug exposure. Onset of these reactions occurred within the first 3 months after initiation of treatment with JANUVIA, with some reports occurring after the first dose. If a hypersensitivity reaction is suspected, discontinue JANUVIA, assess for other potential causes for the event, and institute alternative treatment for diabetes.

In clinical studies as monotherapy and in combination with other agents, the adverse experiences reported regardless of causality assessment in >5% of patients and more commonly than placebo or the active comparator included hypoglycemia, nasopharyngitis, upper respiratory tract infection, headache, and peripheral edema. For additional adverse experience information, see the product circular.

Important Information for JANUMET

Indications:

JANUMET can be used to improve glycemic control as an adjunct to diet and exercise as initial therapy, in patients inadequately controlled on metformin or sitagliptin alone, in patients using sitagliptin + metformin in combination, in combination with insulin, in combination with a sulfonylurea in patients inadequately controlled with any 2 of the 3 agents, metformin, sitagliptin, or a sulfonylurea and in combination with a PPAR γ agonist in patients inadequately controlled with any 2 of the 3 agents, metformin, sitagliptin or a PPAR γ agonist.

Selected Safety Information about JANUMET:

JANUMET is contraindicated in patients with renal disease or renal dysfunction, e.g., as suggested by serum creatinine levels ≥ 1.5 mg/dL (males), ≥ 1.4 mg/dL (females), known hypersensitivity to any component of JANUMET, or acute or chronic metabolic acidosis, including diabetic ketoacidosis, with or without coma. Temporarily discontinued JANUMET in patients undergoing radiologic studies involving intravenous administration of iodinated contrast materials.

JANUMET should not be used in patients with type 1 diabetes or for the treatment of diabetic ketoacidosis. Before initiating therapy with JANUMET and at least annually thereafter, assess for renal function and verify as normal. In patients for whom development of renal dysfunction is anticipated, assess renal function more frequently. Discontinue JANUMET if evidence of renal impairment is present. JANUMET should generally be avoided in patients with clinical or laboratory evidence of hepatic disease. As with other antihyperglycemic agents, when sitagliptin was used in combination with metformin, and a sulfonylurea or insulin, medications known to cause hypoglycemia, the incidence of sulfonylurea- or insulin-induced hypoglycemia was increased over that of placebo in combination with metformin, a sulfonylurea or insulin. To reduce the

risk of sulfonylurea- or insulin-induced hypoglycemia, a lower dose of sulfonylurea or insulin may be considered.

There have been postmarketing reports of serious hypersensitivity reactions in patients treated with sitagliptin, one of the components of JANUMET including anaphylaxis, angioedema, and exfoliative skin conditions including Stevens-Johnson syndrome. Because these reactions are reported voluntarily from a population of uncertain size, it is generally not possible to reliably estimate their frequency or establish a causal relationship to drug exposure. Onset of these reactions occurred within the first 3 months after initiation of treatment with sitagliptin, with some reports occurring after the first dose. If a hypersensitivity reaction is suspected, discontinue JANUMET, assess for other potential causes for the event, and institute alternative treatment for diabetes. Promptly evaluate a patient who develops laboratory abnormalities or clinical illness for evidence of ketacidosis or lactic acidosis. If acidosis occurs, discontinue JANUMET immediately and initiate appropriate corrective measures.

In clinical studies with sitagliptin and metformin as initial therapy and as add-on combination therapy with other agents, the most common adverse reactions reported, regardless of investigator assessment of causality, in >5% of patients and more commonly than in patients treated with placebo were diarrhea, upper respiratory tract infection, headache, hypoglycemia, nasopharyngitis and peripheral edema. The most common adverse experience in sitagliptin monotherapy reported regardless of investigator assessment of causality in >5% of patients and more commonly than in patients given placebo was nasopharyngitis. The most common (>5%) established adverse experiences due to initiation of metformin therapy are diarrhea, nausea/vomiting, flatulence, abdominal discomfort, indigestion, asthenia, and headache. For additional adverse experience information, see the product circular.

U Bein wooden bridge. The visit to the monastery was a humbling sight. The U Bein Bridge, constructed in 1849 is about ¾ mile long. Many of our visits were to superlative sights - including the largest book in the world at the Kuthodaw Pagoda Complex.

Our last night in Myanmar was on Inle Lake. The 6 of us took a flight to Inle Lake and we stayed at this beautiful Myanmar Treasure Resort on the Lake – a half hour boat ride from the jetty. The jetty was about 1 hour from the airport at Heho! The whole day was spent visiting sights on the lake and a unique sight in this lake is the boatmen who paddle the boats with their leg. We were in 2 boats – 3 each in a boat and our guide as well. The sights here included some pagoda, cottage industries, and also the famed monastery of the jumping cats through the loops. With great expectations and with varying thoughts of what the jumping cats were all about, we were quite disappointed to see that it was just some cats literally jumping through hoops that were held by one of the residents at the monastery! But we did get to see “Padaun” or the “Long-necked Karen hill tribe” people working on one of the weaving industries. The whole day was just spent cruising on the lake and visiting places. The weather was also perfect. We loved Inle Lake and the resort so much that we actually were planning to return with our spouse on another trip here. Our chalets overlooked the lake and from our balconies could watch the fishermen at sunrise and sunset going about their business.

However no trip can be complete without some retail therapy and Myanmar is a great place for just that - silver, precious and semi-precious stones, handicrafts, and silk, just to name a few. Unfortunately the days passed all too soon and it was time to head back home – but the main conversation was where and when our subsequent trip was to be! But I guess I came home just in time too – the very next day I broke my leg!

I have had the opportunity to travel a bit recently, and if anything I conclude from his tour is that having great company to travel with makes a world of a difference and Manipalites (and friends and associates!) are well known to have a great sense of humour and fun. So Viji, Parames, Shiwani, Shanti and Bavani – thanks ladies for a great holiday!!

Bina Rai



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
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| | • ANKYLOSING SPONDYLITIS | • ACUTE GOUTY ARTHRITIS |
| | | • PRIMARY DYSMENORRHEA |
| 30 mg once daily | 60 mg once daily | 90 mg once daily |
| | | 120 mg^b once daily |

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)

^aA 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 and point was TOPAR. 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.¹

References: 1. Data on file, MSD Malaysia. 2. Meisstrom K, Sapre A, Doughlin 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



Getting to know the Dean

Preamble- Sometime in November we had a get together @The Legend Hotel KL to felicitate Prof. Dr.Jaspal's promotion as Dean of Melaka Manipal Medical College. We were very proud that a member of our Alumnus had achieved such a distinguished post. Instead of writing about the event I decided on a simple interview.

Good Evening Dr.Jaspal-

1) Firstly a sneak peek of your family. (wife & kids- when you met your wife, names age occupation etc.)

I met my beautiful wife Ebbydra in Sarawak. She works as an Operation Theatre Nurse at Melaka Hospital. We have two lovely girls, Anuva and Aneira, who at 4 & 2 keep us wonderfully occupied.

2) Could you briefly tell us your road trail from Manipal to Melaka?

The road trail from Manipal to Melaka has been an amazing one, peppered with towering personalities and institutions. After graduating from Manipal as a doctor, I continued my postgraduate studies in the field of Otorhinolaryngology, Head and Neck surgery and subsequently joined the staff in KMC for five years.

On returning to Malaysia, I was posted to Sarawak General Hospital, Kuching as the State ENT Surgeon and also taught medical students of University Malaysia Sarawak. In 2001 I visited MMMC and the academic fire rekindled in me and without hesitation I joined MMMC as the Head of ENT, Head, and Neck Surgery Department. In 2010 and 2011, I was promoted to the posts of Vice Dean and Dean of the Medical Faculty respectively.

3) Why did you choose an academic career as opposed to a clinical one? The influencing factors- who? What? Why? When?

I find that an academic career can be as satisfying as a clinical one. Besides from Taylor's College in Kuala Lumpur, the public schools in India have been the most deciding factors of my academic life, beginning from:

- Hampton Court, Mussoorie, Uttarakhand
- St. George's College, Mussoorie, Uttarakhand
- Vijaya College, Mulki, Mangalore.
- Kasturba Medical College, Manipal, India

The love of learning and the intensity of students have been endless sources of inspiration and fascination to me.

4) What were the most challenging moments in your present position?

The most challenging moments in my present position are the overall welfare of the students, and the academic aspirations of the college and Manipal University.

5) What advice would you give our members who would like to pursue a similar career?

Dedication and perseverance are two words that cannot be said enough of. They hold the key to whatever we want to excel in; therefore, to those who would like to pursue a similar career, one needs to be dedicated and persevering to achieve one's goals.

6) What do you do in your leisure hours? Give brief detail.

Leisure time is spent at the gym or the swimming pool, and being with friends from here and overseas, as well as with family.

7) Finally your favorite food, restaurant, book, movie & song. (why, where & when)

Malaysia has such a diversity of restaurants and foods that it is difficult to select just one, but if I must, I could name the Golden Coast restaurant as my favorite because of its awesome Baba Nyonya fish curry. My favorite author is John Grisham. The trilogy of Lord of the Rings is my best movie due to its plot and cinematography. My favorite evergreen song is "Careless Whisper" by George Michael, but my current favorite song is "Singh is King."

Ed: Thank you very much



APPEAL TO RAISE FUNDS FOR AUTISM

My son Gopin was diagnosed with Autism at the age of 3. From a very intelligent child he slipped into autism. He lost his speech, his memory and did not even know his own name any more. Today he is 27 and we have worked vigorously with him for 24 years. He is still non verbal, but his understanding is 25%, he is less aggressive and less hyperactive compared to before but he still need 24 hours care. If he had received early intervention, which was unknown that time in this country, I am sure he would have been much better today.

Today with the early intervention programme, many autistic children are able to have a more quality life and some have been able to integrate into the normal school programmes.

When Gopin was diagnosed with severe autism, it broke our home. Each of us struggled to cope with it in different ways. My dad who was nearing his 70's joined a meditation group to look for a cure for his grandson and find solace. But this meditation brought him a totally different gift. He became poetic and started writing poems which became the lyrics to his songs. For twenty years he tried putting music to his lyrics, but in vain. Then like a miracle, in October 2010, it just happened. It was like a divine gift. When Suresh Rogen, a famous Malaysian musician heard this, in au he said, uncle I can do wonders with you and thus the first CD title GEETON KA GULDASTA was produced. With the support of Persatuan Karyawan and from Kementerian Penerangan, Komunikasi dan Kebudayaan dad was awarded by the MALAYSIA BOOK OF RECORDS as THE OLDEST TO COMPOSE AND PRODUCE A MUSIC ALBUM.

Dad was given this divine gift at the golden age of 91 and now we would like to share the profits of this with Autism and under privileged children. It is my hope that MAAM help me with this cause.

Thank You

Anita Joardar

Editors Note- Anita is a Manipalite & the spouse of Siva. They reside & run a Dental Practice in Seremban.



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LADIES & KIDDOS

Dear children,

It's 'Robotronics' this time, all about having fun with robots and electronics!

We have prepared a very exciting course of events for you, starting with a Robotics workshop conducted by Creative Robotix (CR8) on Friday, 15th July from 3.00pm to 5.30pm held at the Ivory rooms, Convention centre. You will be given a short presentation on robots.



Then, you will actually learn how to assemble one! Using a microprocessor, you will be able to actually control it's movement.

And, of course, no event is complete without a competition!

Join your parents at the 'Woodstock' party Friday night, but don't worry, we have a movie marathon specially prepared for you!

Saturday, 16th July is a new day, with more special events for you! We will start off with two and half hours of fun filled water games at the children's pools specially conducted by the kids event planners 10am onwards. Dress code- any kind of swim wear, lots of sun screen!

Parents not to worry, we have arranged for a life guard to be present there throughout the course of the event. And we would love to have the parents join in the fun after your CPD lectures are done.

Kids, make sure that you rest for a while in the afternoon, for the night shall unveil 'Robotronics' - a special party for you! Dress code- anything that is black, white or silver (metallic) in colour, we shall do the rest to make you look like special robots! There will be lots of stuff, let's keep that as a surprise! The party shall begin at 7.30pm and will go on for about two and half hours. Parents, the children's party shall be held at the 'Ivory Court' room, which is just below the grand ball room (where the Gala Night shall be held).

Well, what are you waiting for? Make sure you get your parents to sign up soon!

Dear Ladies, This year we wanted to do something special for you! So, on Friday 15th, while kids are busy at their Robotics workshop, we have invited two companies, who will pamper you. While one will provide you with delicious organic facial treatments from Switzerland, the other shall do special natural mineral based make-up from USA.



Please do take advantage of this free session to look ravishing for the Woodstock night! Do take note, to come without make-up and a cleansed face for these treatments. Venue- Ivory rooms. See you there, gorgeous!

Charu & Roshan



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* 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 Hypertens*, 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.

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For full prescribing information, please contact:



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EXPANDED



*IMS MIDAS - MAT March 2007 Data - 51 countries

SUGAR & SPICE

Pathma's Picks!

By Pathma Vigneswaran
Class of 1983



Hello fellow manipalites! I promised my good friend Simon Martin that I would share some of my super-secret recipes from our group's days at the Yellow Block Mess. To this day, my family knows how crazy I am about cooking. In fact whenever I go on holiday, I pick up a local recipe book to add to my collection. During my last visit to India with my family, we enjoyed a delicious dry chilli chicken recipe. After experimenting with the recipe I found in the local cookbook I picked up, I think I have found the magic combination. I hope you all enjoy this dish as much as my husband and kids do!

DRY CHILLI CHICKEN

Ingredients

- 500 grams boneless chicken breast or thighs
- 6-8 green chillies
- 1-2 red chilli padi (bird's eye chillies) – optional only if you like it very spicy.
- 1-2 spring onions
- 3tbsp. oil



MARINADE

- 2 tbsp. ginger-garlic paste
- 4 tbsp. soya sauce
- 1 tbsp. white vinegar
- 1 tsp. red chilli powder

- 1 tsp. sugar
- ½ tsp. Ajinomoto (MSG)
- ½ salt
- 1 tbsp. Lee KumKee oyster sauce

Method

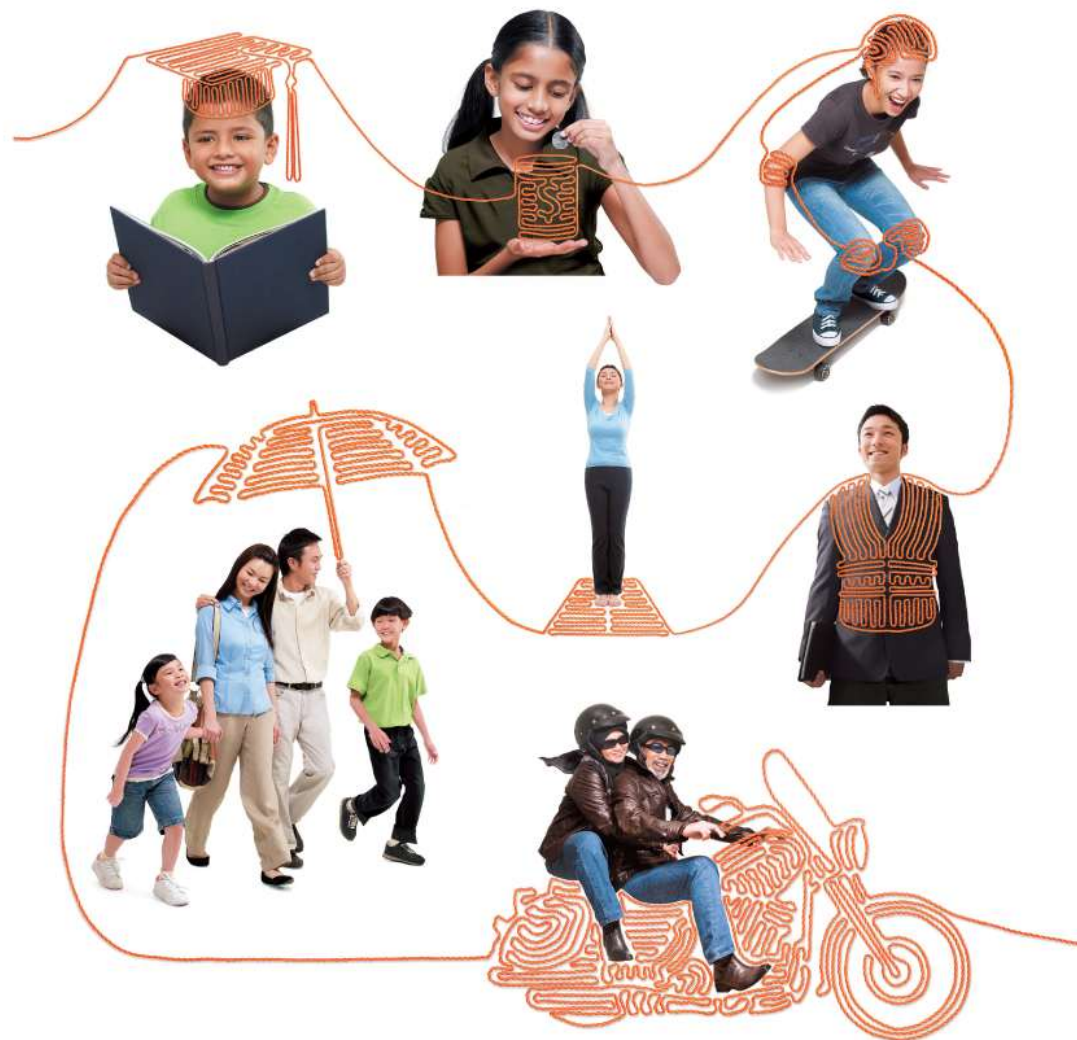
- Cut the chicken into bite size pieces and marinate them ideally for an hour (you can shorten this time to 20 minutes if you are in a hurry)
- Slice green chillies lengthwise and slice red chillies into 2mm pieces
- Slice spring onions into ½ inch pieces
- Heat oil in a non-stick saucepan. Wait for the pan to be really hot before adding green chillies. Fry these lightly and then move them to one side of the saucepan
- Add the marinated chicken pieces, making sure to add the marinade from the bowl as well. Continue to toss chicken until marinade has dried and coated the chicken thoroughly.
- Mix in the chilli padi and the oyster sauce and the spring onions.

Additional Notes

- This can be eaten as a starter for drinks or as a main
- I prefer to use chicken with the bone in, it adds a better flavour, but boneless chicken is easier!
- If you are vegetarian, use Paneer instead of chicken and Oyster Flavoured Sauce (made from mushrooms) available at most Chinese grocers
- You can omit the MSG

Enjoy!!

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SUGAR & SPICE

Pathma's Picks!

By Pathma Vigneswaran
Class of 1983



Hello again fellow manipalites! The Easter holidays are coming up, and I am hoping my kids can take some time off from their hectic University schedules and come home! I try and cook their favourite dishes when they are back. My daughter, Pavithra, is particularly fond of my Chocolate Indulgence cake, so I thought I would share this all with you!

CHOCOLATE INDULGENCE CAKE

Ingredients

- 2 cups water
- 3 cups caster sugar
- 250 grams butter, chopped
- 1/3 cup cocoa powder
- 1 tsp. bicarbonate of soda
- 3 cups self raising flour
- 4 eggs, beaten lightly



FUDGE FROSTING

- 1/2 cup water
- 1/2 cup caster sugar
- 1 1/2 cups icing sugar
- 1/3 cup cocoa powder
- 90 grams butter

Method

- Preheat the oven to 180degrees. Line a deep 26.5cm by 33cm baking dish with baking paper and grease the paper with butter or oil spray
- Shift the cocoa and baking powder into a bowl.
- Combine the water, sugar and baking powder into a saucepan over a medium heat.
- Add the sifted flour mixture to the liquid mixture that is over the heat, stirring constantly to dissolve the sugar and to remove any lumps. Bring this mixture to a boil then, reduce to a low heat and leave to simmer uncovered for 5 minutes. Once this is done, transfer this mixture into a mixing bowl to cool to room temperature.
- Once cooled, add flour and the eggs to the bowl. Beat with electric beater until the mixture is smooth and changes to a paler colour. Pour mixture into the prepared baking dish.
- Bake the cake in moderate oven for 50 mins and remove from oven after testing the centre of the cake with a skewer. If the skewer comes out clean remove from oven and let it stand in the dish for 10 minutes. Then turn onto a wire rack, top side up to cool.

FUDGE FROSTING

- Combine butter and water and the caster sugar in a saucepan; stir over heat without boiling, until sugar dissolves. Sift icing sugar and cocoa powder into a small bowl, then gradually stir in hot butter mixture. Cover and refrigerate about 20 mins or until frosting thickens. Once cooled, beat with a wooden spoon until spreadable.

Additional Notes

- Make sure you do not add the eggs to a hot mixture; this will cause you to have scrambled chocolate eggs! Not a good outcome!

Enjoy!!

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K.L.L.L.U. 0129/2009/ADP

Howzit everyone,

The President & Committee convey their warmest greetings.

Everyone at the Secretariat are extremely busy in empire states of mind finalising preparations for the proudest moment in the history of the alumni. As for me with all the tensions running high I wish I was counselling @ the OW Club instead or maybe with the Lynas team dumping radioactive thorium in someone else's backyard.

Well anyway this issue of Howzit was hastened to meet sponsorship advertisement datelines & also to disseminate some final important Convention information....so please do pardon any mistakes that were overlooked unintentionally.

I would like to thank my various contributors starting with my occasional correspondent :-

Nikhil - his hilarious sarcastic juvenile satirical imagination of our Convention got me in stitches. Please don't mind his vile language because he really doesn't care if you do & pardon him simply because he is Nirmal Junior & fantasises he is Thor.

Pathma - roped her in from Down Under to kick start a Cookery column where our members can share their immortal grandmother's secret recipes or their own original. It must be accompanied with a photograph of self & preparation to avoid any plagiarising from magazines which would land me in a lawsuit...anyway WTF (Welcome to Facebook lah....what were you thinking)

Bina - Well I'm sure most MMA members are already familiar with her travelogue & so I decided to recruit her in to add some wow factor to Howzit. Really enjoyed the Desperate Housewives House Call to Burma.

Printing costs are escalating & I was planning to engage a travel agent(or MAS hint hint Daljit) to sponsor Bina's column.If any of you can help me out & also a sponsor for our Cookery column....will be very very obliged.....maybe Babas hahaha.

BMW will also be advertising in future issues & If any motor maniacs out there could come up with a nice article for me on cars I will be eternally grateful.



TJ - Thanks for your very nervous, perspiring experience on our recently concluded AGM. Bro have you ever heard of the Toastmasters? It was simply mind blowing that Mahinder Yogam was the last to check out from the AGM@ 3am & spotted @ Mungo Jerrys at the break of dawn. Somebody call the cops.
Charlie & Jeya- We conducted 2 CPDs & what was really encouraging was the fact that Vicky & Prema came all the way from JB. Thank you guys for the support & please get a life Vicky or move to Bangsar KL.

Our sincere gratitude to the Sponsors & Speakers.

Jaspal - Our Dean for taking time off to do that interview.Hope you will continue to support our upcoming Convention as always. A couple of sponsored tables & free packages for your students would be nice.

Charu- Her Duracell energy never fails to fascinate me. It was painstaking effort organising all those activities for the children & spouses. Kids you are going to have a great time. Ladies you will never forgive yourselves if you miss this silver opportunity to upgrade & update the Anatomy....unless of course you prefer enrolling @ the OWC.

Anita - Hope you guys support her noble cause by purchasing the CDs which should be available during the Convention.

Ok now for a quick round up of the Convention.

July 14 -

Foreign delegates Check-in

City Tour & Jungle Trekking (any difference?)

All full Convention package members are invited for the **Welcome Dinner** - Person in charge - Roshan. Simple Cocktail style buffet dinner. Light entertainment. Hosted by our very own babe....err sorry member Nimmi Menon & ING.

July 15

MAAM delegates check-in

Games - Cricket, Golf, Badminton, Tennis, Darts, Pool, Bowling, Arm Wrestling, Children & Ladies Activities

7.00pm - 2.00am **WOODSTOCK NITE** (Theme- Psychedelic Colours) Yours truly in charge...Hope you like my backdrop.

Buffet Barbecue & Grill Dinner by the Lake & Poolside.

7.30pm - 8.30pm - **THE STROLLERS**

9.00pm - 10.00pm - **BALA**

10.30pm - 12.00mn - **HYDRA**

12.00mn - 2.00am - **DJ Gandhi**

July 16

CPD Seminar. Children Telematches.

Futsal

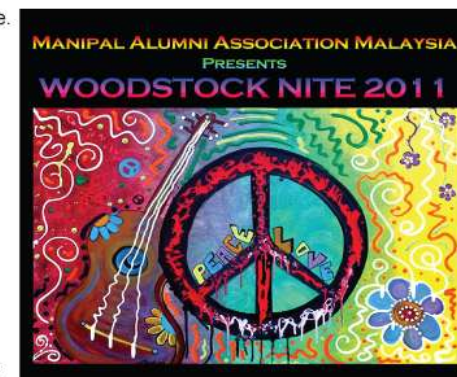
6.30pm - 2am

- **SILVER LEGACY NITE**
(Theme- Black & Silver) - TJ in charge

- **Jazz Razzmataz**

- **INSTANT CAFE THEATRE**

- **CHILDRENs ROBOTIC THEME PARTY**



There will be a Photo Booth Shoot on both the nites. We have also instructed a boutique shop from Central Market to set up @ the Convention so that you will be able to purchase the necessary gadgets & accessories for Woodstock Nite. Prizes for the best dressed male & female. Kindly be patriotic & maintain Malaysia's world record as No10 alcohol consumer. I digress.

Please call us at the Secretariat if you have any enquiries. I am sure most of you have already made up your minds about coming by now so I will stop repeating the same old mantra viz- Manipalites, You are **definably** going to experience one of the most surreal moments in your life. Don't regret by



abstaining & then get stuck for the rest of your lives listening to your machas reminding you what a great time they had. You will wish you could plead temporary insanity & turn back that clock or just simply shoot yourself.

Finally we would like thank all our sponsors esp. Roche(Mupin) & you guys who are going to make it **HAPPEN.**

As for me & the Committe all we can say is- **BRING IT ON!**

Drive Carefully & See you soon.

Simon Martin
Editor. howzitnews@gmail.com



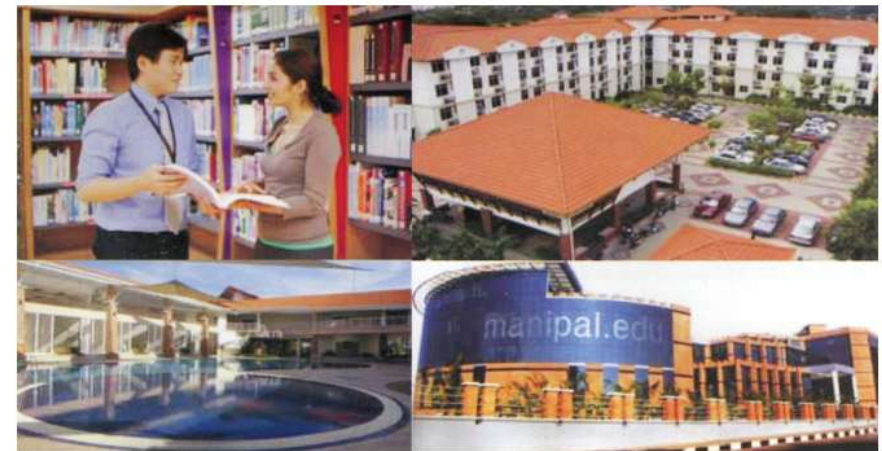
IMPORTANT INFORMATION

1. Due to an overwhelming response Golf tourney has been added on as one of our activities. Tee off at 8 am on 15th July 2011. Register with our secretariat. RM200.00 for green fees.
2. There will be non medical vendor promotions at the convention. BMW (Auto Bavaria) promises special pricing for all categories of their vehicles. Test drive a Beamer today.
3. Alliance Bank is coming in with a long term relation ship in mind. Meet their officers for some great offers.
4. Alcoholic beverages will be sold for RM5.00 per drink (with coupons). Complimentary pre dinner cocktails will be served for an hour. Coupons will be sold from the time of registration at RM20.00 per booklet.

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