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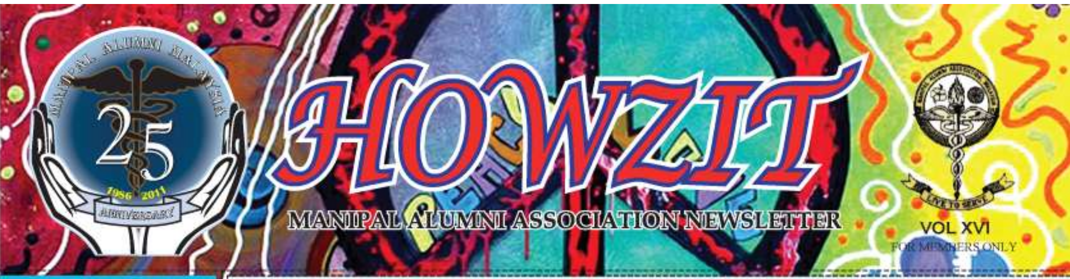

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CHAKADAE MAAM

As they have always said in this business:

When all good things come to an end, it is time to write a wrap-up article for Howzit – Dr. John George, Kasturba, Mangalore, 1943

And time it is, especially so as this good thing was not just a good thing. It was an exceptional and great thing: MAAM's 25th Alumni supersized into the 1st Global Manipal Alumni Convention.

Rewind back to the May 2010 AGM where the new committee was elected into place and the decision was made to hold the grandest version of our alumni convention yet. Upon which the mayhem began: "where to hold it", "when to hold it", "what to do", "why us", "how to execute it" and "who is going to run it"?

As the dust settled, it was yours truly who had been appointed to run the show by President Jeyalan. It was to my shock truth be told. I still feel today that he threw a wild card with that decision. But I think all of us did alright in the end.

Many many many meetings were held after that AGM, not to iron out details but entire concepts. The ambience and feel of these meetings were truly varied except for one constant: availability of alcoholic beverages. Committee 25 debated, rationalized and yelled at each other in many a pub and many a home. One such was the meeting held on the 1st innings of the Quarterfinal of the Cricket World Cup 2010 between India and Australia. We had two laptops unsuccessfully attempting a live stream off the web in the secretariat while three feet deep in discussion. Common sense then took over. We shut the computers down, blazed through the topics – forcing all of us to discard any unimportant discussion elements and focus on what was core – and jaunted over to the nearest new "Sports Bar". India pulled off a win at the very death of the innings. Just a light anecdote on the quality of the Manipal spirit and objective setting (finish the bloody meeting) with

suitable incentive scheme (slam a few beers down at the pub). It was at that meeting that we settled on Subang Jaya as the venue and mid-2011 for timing.

Then came the job of sorting out the rest. First port of call: we had more people coming in this time, complete strangers unknown to our usual network. Second port of call: how do we get the money from them? The young, energetic, tireless and IT-savvy Dr. Sivaroshan took control of the website, our cheapest medium with the biggest reach. Subsequently, our instrumental promotions were plastered all over the site along with online payment methods. We had hiccups with the online payment system but we improve over time, just like cask aged whisky. On a related note, FYI only basic details are available on the site as a visitor. Do register as a member and log on to get more information, announcements, promotions and pictures. This is easily done – please read Dr. Sivaroshan's article or follow the steps on the website.

Anyway, I rather skip detailing the work that went into the convention. Big picture wise, for the Global Convention we had an inaugural Welcome Night for the foreign delegates to break the ice. Of course we had bigger and more diverse numbers which allowed greater hotel booking and consequently more sweeteners thrown in (but I will return to this hotel thing later on). The games were expanded to account for diverse participation, nerds (ping-pong; bowling; badminton and many more) and kids (new robotics). And we made sure the food and booze were tip-top shape for both the Informal and Formal Nights.

Drs. Thomas John and Kewaljit took over my role as sports liaison and did a sterling job. Kewaljit also was in charge of the CPD where some 40 stethoscopes were given away to those who attended. Dr Santiago as usual crept up silently and anaesthetized all with an intoxicating menu. Drs. Saravanan and Mohan did a splendid job with the bar and the trade booths arrangements. And none of us will ever forget the spell bounding presentation of our editor in chief's presentation of "The Years That Were" by Dr Simon Martin to open the finale gala dinner. Not forgetting the almost 100 foreign Manipalites who came in to grace this wonderful occasion. Delegates from 12 nations graced this event: India, Australia, South Africa, Kenya, Saudi Arabia, Oman, UAE, USA, Scotland, England, Brunei and Malaysia. Last but never least, a big thank you to all sponsors who really went out of their way to assist us.

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Talking points:

- The committee was just about able to handle the record 750 pax strong Manipal alumnus. We had to turn away a few at the door due to hall capacity. Perhaps time to build our own Convention Centre?
- What grudge does the weather hold against us? Six times the heavens opened up in an attempt to wash us out. Attempt I say as I remember partying till the break of dawn on Woodstock Night. I'd suggest holding our next outdoor event in a desert but I think the rain would just follow us. You can keep trying Mr. Rain.
- And what about that Woodstock Night huh? 3 bands, DJ Gandhi-lookalike, poolside, wet dance floor, copious amounts of alcohol. WHAT YOU SAY? PARTY TILL THE BREAK OF DAWN? HELLZ YEAH SON!

  * Related note to younger people: that's what you call Twilight Breaking Dawn.
- It looked like the United Nations during the "Roll Call of Nations" flag parade. But at least we get the drinking done (burn!).
- 12 trade booths from our pharmaceutical sponsors, BMW, Alliance Bank and sexy promoters from Moet Hennessey Diageo. Great job guys.
- Outdoor games washed out. Therefore indoor games took priority and the nerds ruled the roost. We will get you back one day nerds.
- Successful makeover session for the ladies although none of you really needed the session. Some men participated as they needed it (I'm looking at you Dr.).
- The kids had a whale of a time with water games, movie marathon, robotics themed parties and robotics workshop over the 3 day period. None were disappointed.
- The CPD with Kewaljit & Pat at the helm was no push over, despite the heavily ketotic brain cells.
- The grand gala dinner was awesome in black and silver. The huge, never seen before crowd – many of who have never been to our functions had a grand time.
- Three were bestowed with honorary membership – Dr Surendranath, Dr Jagjit Singh Hullon and Mr Mupindra Singh Badsha.
- All Past Presidents were honoured in a special ceremony on the night with a cake cutting ceremony led by the only rose among the thorns.

And of course thanks to all you participants for making this the bestest convention yet. See you next year.

Yours truly,

Dr. Nirmal Singh @ JJ,

Organising Chairman

Committee 25

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*IMS MIDAS - MAT March 2007 Data - 51 countries

ROLL CALL OF NATION'S

As usual I was fooling around on the MAAM Website and Facebook, getting the flyers and information out for the 25 Anniversary Convention. We were having frequent meetings at the Secretariat as the event was nearing. I was working on a presentation called Roll Call of Nation's for the 1st night when I was suddenly bestowed the position of PIC(person in charge) for the Welcome Dinner.

Now, where do I start ? ……… Came up with a checklist and started making some calls. On the morning of the 14th of July, having emailed the checklist and floor plans to the respective people much much earlier, I expected to walk into a perfectly arranged and decorated hall. Surprise, Surprise ……. it was a mixture of chaos. But I guess that's where the fun is, untangling all the mistakes and making more calls and being extra nice to people even though the bungled up. Slowly but surely, things started to fall into place.

As night fell, the guest arrived and the place came alive, It was beautiful, so many different things happening and everything went on as they were planned. To see everyone mingle and have a great time gives a satisfaction that can't be described, only experienced. Can't wait to see what the 26 Convention has in store……

On a separate note, I would like to take this opportunity to introduce everyone to our new and upgraded website, " www.manipal.org.my " . The features are pretty much the same, we have simplified the Registration page, and it is now open to foreign members as well. The site is more user friendly, with only the key information highlighted. The Howzit Publication, Photo Gallery and Forum pages, have be password protected for member protection and privacy. The Advertisement banner at the bottom of the frontend of the website has also been password protected, i.e. only when you log in and click on the pharma company logo, will the advert page open. This fulfills the pharmacy code of advertising only to doctors. We have also created a Forum page where members can have dialogues and share information. I hope that the MAAM members will utilities this page and make it beneficial for all. We also hope to start forums on medical and dental topics that will be moderated by specialists. I've tried to make the website compatible to all gadgets, iPhone, iPad, Safari, Mozilla, Chrome and Internet Explorer friendly. If you do have any difficulty, please drop us a comment or email us………

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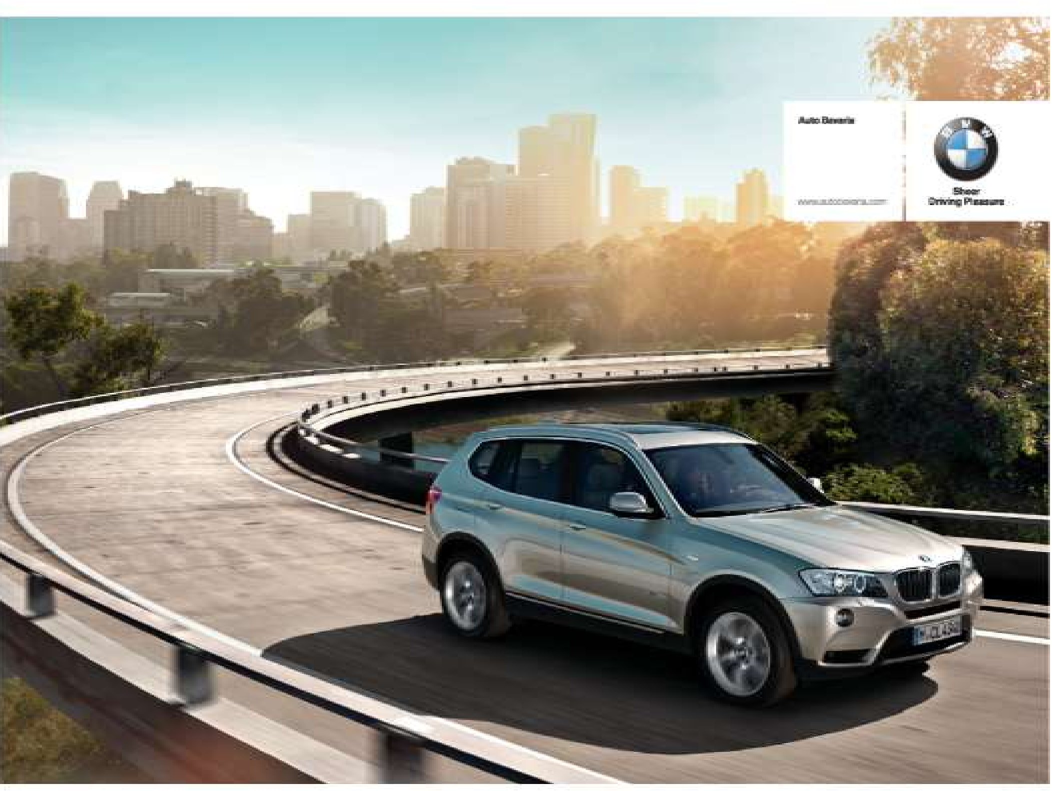

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Manipalympics 2011

The sporting carnival for the 2011 convention was an entertaining and well-subscribed programme. The first event, which went on during the informal night, was the exciting, intense, and very hard-fought arm-wrestling match. The light but persistent drizzle did not deter our muscular men and buff babes from showing their toned biceps. The women's champion was our very own Meera, while the men's champion was Dr. Fenil Raju Abraham, a youngster from Muscat.

Scheduled for the next day was the eagerly anticipated Malaysia vs. the Rest of the World cricket match, which was meant to start at 8 a.m. There was great disappointment when, at 10.45 a.m., the match had to be called off due to bad weather. Perhaps at the next convention, MAAM should consider engaging the services of a bomoh to control the weather…

The rest of the games began at about 3 that afternoon. The tennis champions were Dr. Thomas Alexander and his wife Maria, who looked composed and prepared, and worked well as a team.

The bowling event was well attended, with the competition being fairly evenly matched. The surprise winner was none other than Dr. Kewaljit Singh. I think that from next year, sports organisers should not be given medals, though they can participate for the fun of it. (No cronyism, folks!).

The table tennis players took a bit of time to warm up, so the games were quite hilarious to begin with, as no one could manage any long rallies. As the matches progressed however, and players got into the swing of things, it became really difficult to pick a winner. But the honours eventually went to Dr. Jacob Verghese and Dr. Sunil Koshy from India.

Badminton only attracted a few participants – apparently people were scared off by the fearsome

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reputations that some of those who signed up used to have during college (just a note, folks: that was a LONG time ago). Dr. Loke used a newly-designed badminton racket, which had an extra-long handle to make up for his lack of mobility. Finally, after a tough battle, Dr. Loke and Dr. Senthuran won the match. Special thanks are due to Dr. M. M. Smith for volunteering his help to conduct the event.

Perhaps Nicol Ann David's international success has inspired us, because the squash event was the most challenging and hard fought of all. The players were fit, and they seemed to have trained really hard for the event! Dr. Daljit Singh was the eventual winner, but he was pushed to the limit by both the younger and the older participants.

Both darts and pool were won by the same team, composed of Dr. Cosmo and Dr. Anoop Kumar. They took the honours on the basis that they were the most sober participants in the group!

The final showdown was the futsal match, played between the Seniors and the Juniors. The Juniors, being young, were full of stamina and spirit. The Seniors, not surprisingly, lacked both speed and stamina. But they more than made up for this with their superior skill and experience. They prevailed this time, but in a year or two, they are bound to be surpassed by the Juniors.

Finally, my thanks go to Dr. Kumar Rajah and to Dr. and Mrs. Mano (Melaka), who were a great help in organising the sporting events.

It should be noted that many of the games were held at the same time (badminton, bowling, and table tennis, for example); this meant that participation in each event was not very good, with people having to decide which event they wanted to take part in. On the whole, however, everyone enjoyed the games, and as usual promised a much better showing at the next convention.

Thomas John aka TJ

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GREETINGS FROM THE BAR

Hi folks….This is your friendly barman here giving you a report on how the bar was managed this year at the recent 25th silver jubilee convention held at Holiday Villa Subang.

This time around I was fortunate enough to be assigned an assistant and he was none other than the ever ready and willing man whom all of you would have known by now Dr. Mohan Nair.

Instead of being the first person to sit in the bar and to order his drink year in and year out, this time he was the first person at the bar to ensure that the bar was up and running accordingly to the specified timings. In fact, the bar was opened much earlier in the day and it opened till late….really, really late and we ended up paying our volunteers overtime.

There were many complains from the pubs in the surrounding areas in Subang due to the extended timing in our operating hours but the biggest complain was that they were not able to match the price that we had to offer on our exclusive range of drinks including the famous, popular and the mouth savouring Gold Label and Blue Label which was directly sourced from the sole distributors, Moet Hennessy Diageo Malaysia Sdn. Bhd.(Formerly known as Riche Monde Sdn. Bhd.).

This ensured that the spirits were of the original stuff as they were not purchased from other sources that at times provide us with the 'bootleg' stuff and the credit for this goes to our organizing chairperson Dr.Nirmal Singh and Dr.Arun. In fact, the Star Probe team was inspired by us MAAM that they sent out a team to investigate this 'bootleg spirits' industry in this country and came up with some astounding figures and findings which was published in The Star recently.

So, this time there were more attendees for the CPD as there were no casualties of hangover and our CPD chairperson Dr.Kewaljeet @ Charlie was a relieved and a happy man. There were also more attendees to the booths but I am sure you guys could do better next year to please our sponsors.
Since our members had done a good job in purchasing a reasonable amount and quantity of products from Moet Hennessy Diageo Malaysia Sdn. Bhd., they have given us some great promotions and deals that will be too good to resist….please refer to our official website at www.manipal.org.my. So, all you guys out there who are not members yet please get yourselves and your friends to register as a member to get more benefits and updates as certain contents and information in the website are for members only.

As Mohan and myself strive hard to make the bar more convenient and user friendly for you guys, we are trying to get some innovative and reliable gadgets for the bar to get going from next year onwards. All of you are free to give some bright ideas and suggestions on how we could improve the bar but please don't suggest for the prices to come down even though the price of alcohol was not increased at this years budget.

I would like to take this opportunity to thank all of you for being understanding, patient, kind and above all being orderly patrons of the bar which the crew that was on duty really appreciated. I would like to also thank wholeheartedly the volunteers especially Ashvin, Rakesh and Anu for their tireless and backbreaking effort that they put in to ensure that the supply, sales and collection at the bar went on smoothly.

So, till we meet up again next year at a venue that will be announced soon, Mohan and myself will like to wish all of you a Happy New Year 2012 and remember to stay safe and drink responsibly.

Have a Beer-y Good Day!
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MANIPAL - A DÉJÀ VU

Manipal 1973 – A typical frontier town in the middle of nowhere, which housed 4 to 5 hostels, a football field with the Anatomy and Physio blocks in the periphery, a library and a canteen. Tiger circle, with Iceland adjacent to the main bus stand, and a "Patta Joint" dispensing local brew, located down the valley. Life was simple then because it revolved around these places, within a radius of one kilometre.

Manipal at that point of time was the "Melting Pot". Freshy Malaysians, South Africans, Americans, along with those from all corners of India were packed into this small space called Manipal. We all woke up together, ate together, studied together and drank together everyday for a period ranging from one and a half years to five and a half years. This kind of living created strong bonds between us. We were exposed to diverse cultures and thinking. Since we did not have T.V, cell phones and computers, we did not have a choice but to interact with one another. That was a blessing in disguise, though students today don't think so. Those days we had sizable populations of students from Malaysia, both of Indian origin and Chinese origin. We locals got along well with them, since they were very friendly and mixed freely with the local population. They were fun loving too. I remember the annual football matches between the Malaysians against the rest of the world. The Malaysians were considered as good footballers. It used to be played during the monsoons. Immaterial of the results everybody used to get drunk with Arrack, which used to be popularly called as Patta those days. Drunken brawls were common too, which usually involved some girl. Some were lucky to have girl friends, but the bottle was the best friend for many. Emotions ran high after a couple of stiff ones, and frustrations too would surface along with it, resulting in a black eye and broken bones for some. But the bonds that were formed were very solid. We didn't realize it then. The foreign students wanted to finish their courses and get back to their respective countries. I guess most were home sick and the phrase "Back home la" was used in every second sentence. Time went by quickly. Those with girl friends and doing combined studies usually passed within the stipulated time, because most of the girls had an iron grip on their boy friends and made sure that their guy studied. Those without girl friends and those making frequent trips down the valley took more time to clear their subjects and became what is known as "Casuals". Some became "Chronic Casuals" and they stayed back for periods ranging from the stipulated five and a half years to as long as fifteen years in some cases. They formed the strongest bonds, which was usually unbreakable. They even formed these bonds with the Dhobi', Cart wallahs, restaurant owners, patta joint owners etc. The bonds usually became even stronger, when they owed money to these people. My money coming tomorrow la….. Was usually heard on month ends from these poor broke souls.

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[b] 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

[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 TOPAR8. 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

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By the year 1979-80 most of the Malaysians from my batch had completed and started going back home. The send off parties were a riot before each departure and we all used to troop down to the railway station with a bad hangover to see our best friends leave. Of course promises were made about coming back to Manipal for old time's sake, but it was excused since they were made under the influence of alcohol. The worst part was that I was not going anywhere and I had to bear the agony of seeing my best friends leave. Soon it dwindled down and then I realized that even the chronic casuals too had left. Suddenly, there was nobody left in Mangalore/Manipal. I never thought that I would face such a situation. There was no communication too. No phone calls, no mail, nothing at all. Memories start fading. Faces get blurred and get wiped out eventually. Names cannot be remembered. Names cannot be matched to the faces. Finally you remember only those persons with whom you spent the maximum time. It has been 38 years since we first stepped into Manipal. I suppose from then on we were all busy with building our careers and families. But now most of us have settled down comfortably and some in my batch have already retired.

I suppose that at some point in our lives we yearn to meet some long lost friends. We get curious about our class mates of yester years. This urge to see my old class mates has been building up for a couple of years now. We don't make new friends at this age. Our lives revolve round a few friends and a few social activities. Our time is taken up by our work and our families, mainly children. Educating them takes a top priority at some point in our lives. We worry about unnecessary things most of the time. We don't realize that most problems resolve over time. Life becomes a routine and we become slaves to this routine. We shun change, unless it is absolutely essential.

I was caught in this net for twenty years. Suddenly last year things started easing up. I used to think about my long lost friends in Malaysia very often. I used to say to myself that someday I must make a trip to the "back home la country" and see my friends. But how many of them can you meet? Maybe half a dozen. Then suddenly out of the blue I receive this email from Nirmal Singh. 25th year MAAM Celebrations. Voila! This is what I had been waiting for. I called up my old roomie Shashidharan and he too was very keen and we just registered. One more issue cropped up. Do we come along with our wife's? Simple, our wife was not around in Manipal those days. They will never understand the camaraderie that we enjoyed those days. Unanimously we resolved to come solo. We wanted to enjoy each moment.

So then the long wait began. The excitement started mounting as the D day got nearer. I then started mining names and faces from deep down my rusty brain. Only a few faces and names could be remembered. What if I don't recall most of my old classmates? All of us have aged and our appearances too would have changed. Will I be making a fool of myself.? My wife usually tells me that my memory cells has become a rarity in my brain. What if my remaining M cells fail?

References: 1. IMS Health, NPA Plus™, October 2006 – December 2009. 2. Data on file, MSD Malaysia. 3. Nauck MA, Meininger G, Sheng D, 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 Obes Metab* 2007;9:194–205.

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, PPARγ agonist, sulfonylurea, sulfonylurea + metformin or PPARγ 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 PPARγ agonist in patients inadequately controlled with any 2 of the 3 agents: metformin, sitagliptin or a PPARγ 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 intravascular 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 ketoacidosis 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.

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The D day finally arrived. Suddenly I found myself in KL airport. Param was there to pick me up. Along with him was a grey bearded gentleman. He had a broad smile on his face as he announced, I am Ramesan laaa, and don't you recognise me? I started sweating. I had no clue who Ramesan was. I just couldn't place him.(Ramesan was intelligent enough to get some old photographs the next day), when I went OMG, you have changed completely. Frankly, if not for the photographs, I wouldn't have recalled. It looked like my ordeal had just begun right at the airport itself. How many more times will I be making a fool of myself? Maybe I should take the next flight and go back home. The next day at the registration counter I met Simon and he went Shorty how are you la? I said, wait a minute, give me some more time. It took me a few minutes and I started recollecting. Funny, how I recognised Muruga Vadivale after I got back to Mangalore. As I was going through Simons pictures on fb, I suddenly came across Muruga's name below his picture. That triggered the recall. Even though I met him several times during the meet, I couldn't place him. At another time I approached a bespectacled middle aged gentleman, and I told him that he looked familiar and enquired about when he passed out from Manipal. He told me politely that his name was Gandhi, and that he was the DJ for the night! He had never seen Manipal in his life!!

Surprisingly, I had no trouble recollecting the girls. The recognition was instantaneous, like instant coffee! What happened to the rusty brain theory? I told myself; maybe some parts of the brain never rust at all! I think the guys have changed much more than the ladies. I must say that the ladies have retained their beauty and charm even after all these years. Maybe alcohol has taken its toll on the men – sorry guys, but that is the acid truth, whether one likes to accept it or not. But we had no problem of picking up the strings even after 30 years. Soon my apprehensions vanished and I was at ease with my old pals. I couldn't have had a better chance to catch up with the whole lot in one go for 3 full days. Dream cum true. If I had missed this, I would have missed the golden opportunity to get reunited with my old pals.

But what had not changed was the style of partying and the Manipal spirit. The Woodstock night was mind blowing. Even the rains couldn't dampen the Manipal spirit. The music was out of the world. Everybody was dancing and having such a fun time. Saturday night was reunion time with photographs being clicked by the hundreds and everybody looking their best. Great moments come once in a life time and I was glad that I didn't miss it. Now I am connected to most of these long lost friends through face book and I don't intend losing touch with my wonderful Malaysian friends for the rest of my life. Long live KMC Malaysian Alumni.

Gopalakrishna Hebbar.

Abbreviated Prescribing Information. Based on full International Prescribing Information IPI 03Mal and prepared to meet the requirements of the GSK International Pharmaceutical Promotional and Marketing Policy. Brand name: AVAMYS™ NASAL SPRAY. **Active Ingredient:** Fluticasone furoate. **Indications:** Adults/Adolescents (12 years and older) – Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) and ocular symptoms (itching/burning, tearing/watering, and redness of the eye) of seasonal allergic rhinitis. Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) of perennial allergic rhinitis. Children (2 to 11 years) – Treatment of the nasal symptoms (rhinorrhea, nasal congestion, nasal itching and sneezing) of seasonal and perennial allergic rhinitis. **Dosage and administration:** AVAMYS™ Nasal Spray is for administration by the intranasal route only. For full therapeutic benefit regular scheduled usage is recommended. Onset of action has been observed as early as 8 hours after initial administration. It may take several days of treatment to achieve maximum benefit. An absence of an immediate effect should be explained to the patient. **Populations:** For the treatment of seasonal allergic rhinitis and perennial allergic rhinitis: **Adults/Adolescents (12 years and older)** – The recommended starting dosage is two sprays (27.5 micrograms per spray) in each nostril once daily (total daily dose, 110 micrograms). Once adequate control of symptoms is achieved, dose reduction to one spray in each nostril once daily (total daily dose, 55 micrograms) may be effective for maintenance. **Children (2 to 11 years)** – The recommended starting dosage is one spray (27.5 micrograms per spray) in each nostril once daily (total daily dose, 55 micrograms). Patients not adequately responding to one spray in each nostril once daily (total daily dose, 55 micrograms) may use two sprays in each nostril once daily (total daily dose, 110 micrograms). Once adequate control of symptoms is achieved, dose reduction to one spray in each nostril once daily (total daily dose, 55 micrograms) is recommended. **Children (under 2 years of age)** – There are no data to recommend use of AVAMYS Nasal Spray for the treatment of seasonal or perennial allergic rhinitis in children under two years of age. **Elderly** – No dosage adjustment required. **Renal impairment** – No dosage adjustment required. **Hepatic impairment** – No dosage adjustment is required in patients with mild to moderate hepatic impairment. There are no data in patients with severe hepatic impairment. **Contraindications:** Hypersensitivity to to any of the ingredients. **Warnings & Precautions:** Fluticasone furoate undergoes extensive first-pass metabolism, therefore the systemic exposure of intranasal fluticasone furoate in patients with severe liver disease is likely to be increased. This may result in a higher frequency of systemic adverse events. Caution is advised when treating these patients. Concomitant administration with ritonavir is not recommended because of the risk of increased systemic exposure of fluticasone furoate. Systemic effects of nasal corticosteroid may occur, particularly at high doses prescribed for prolonged periods. These effects vary between patients and different corticosteroids. Fluticasone furoate has a negligible (0.50 %) systemic bioavailability at intranasal doses of up to 24 times the recommended adult daily dose (2640 micrograms per day). Treatment with higher than recommended doses of nasal corticosteroids may result in clinically significant adrenal suppression. If there is evidence for higher than recommended doses being used, then additional systemic corticosteroid cover should be considered during periods of stress or elective surgery. Fluticasone furoate 110 micrograms once daily was not associated with hypothalamic-pituitary-adrenal (HPA) axis suppression in adult, adolescent or paediatric subjects. However the dose of intranasal fluticasone furoate should be reduced to the lowest dose at which effective control of the symptoms of rhinitis is maintained. As with all intranasal corticosteroids, the total systemic burden of corticosteroids should be considered whenever other forms of corticosteroid treatment are prescribed concurrently. Results from a placebo controlled knemometry study of fluticasone furoate 110 micrograms once daily observed no clinically relevant effects on short-term lower leg growth rate in children. However, growth retardation has been reported in children receiving some nasal corticosteroids at licensed doses. It is recommended that the height of children receiving prolonged treatment with nasal corticosteroids is regularly monitored. If growth is slowed, therapy should be reviewed with the aim of reducing the dose of nasal corticosteroid if possible, to the lowest dose at which effective control of symptoms is maintained. In addition, consideration should be given to referring the patient to a paediatric specialist. If there is any reason to believe that adrenal function is impaired, care must be taken when transferring patients from systemic steroid treatment to fluticasone furoate. **Interactions** – Fluticasone furoate is rapidly cleared by extensive first pass metabolism mediated by the cytochrome P450 3A4. In a drug interaction study of fluticasone furoate with the potent CYP3A4 inhibitor ketoconazole there were more subjects with measurable fluticasone furoate plasma concentrations in the ketoconazole group (6 of the 20 subjects) compared to placebo (1 of the 20 subjects). This small increase in exposure did not result in a statistically significant difference in 24-h serum cortisol levels between the two groups. Co-administration with ritonavir is not recommended because of the risk of increased systemic exposure of fluticasone furoate. The enzyme induction and inhibition data suggest that there is no theoretical basis for anticipating metabolic interactions between fluticasone furoate and the cytochrome P450 mediated metabolism of other compounds at clinically relevant intranasal doses. Therefore, no clinical studies have been conducted to investigate interactions of fluticasone furoate on other drugs. (see Warnings and Precautions, and Pharmacokinetics). **Effects on Ability to Drive and Use Machines:** Based on the pharmacology of fluticasone furoate and other intranasally administered steroids, there is no reason to expect an effect on ability to drive or to operate machinery with AVAMYS Nasal Spray. **Pregnancy and Lactation:** Adequate data are not available regarding the use of AVAMYS Nasal Spray during pregnancy and lactation in humans. AVAMYS Nasal Spray should be used in pregnancy only if the benefits to the mother outweigh the potential risks to the foetus. **Fertility:** There are no data in humans. **Adverse Reactions:** Clinical Trial Data.

Respiratory, thoracic and mediastinal disorders	
Very common:	Epistaxis
In adults and adolescents, the incidence of epistaxis was higher in longer-term use (more than 6 weeks) than in short-term use (up to 6 weeks). In paediatric clinical studies of up to 12 weeks duration the incidence of epistaxis was similar between AVAMYS Nasal Spray and placebo.	
Common:	Nasal ulceration

Post Marketing Data

Immune system disorders	
Rare:	Hypersensitivity reactions including anaphylaxis, angioedema, rash, and urticaria

Overdosage: Symptoms and Signs: In a bioavailability study, intranasal doses of up to 24 times the recommended daily adult dose were studied over three days with no adverse systemic effects observed. Treatment: Acute overdose is unlikely to require any therapy other than observation. **Full Prescribing Information is available on request. Please read the full prescribing information prior to administration, available from: GlaxoSmithKline Pharmaceutical Sdn Bhd (3277-U) 8th Floor, Menara Lien Hoe, 8 Persiaran Tropicana, 47410 Petaling Jaya, Selangor Darul Ehsan, Malaysia. Abbreviated prescribing information prepared locally August 2010 based on IPI03Mal.**

For medical and healthcare professionals only.
Full prescribing information is available upon request from:

GlaxoSmithKline Pharmaceutical Sdn. Bhd.
8th Floor, Menara Lien Hoe, 8 Persiaran Tropicana,
47410 Petaling Jaya, Selangor Darul Ehsan, Malaysia.
Tel: (603) 7801 6400 Fax: (603) 7806 5912

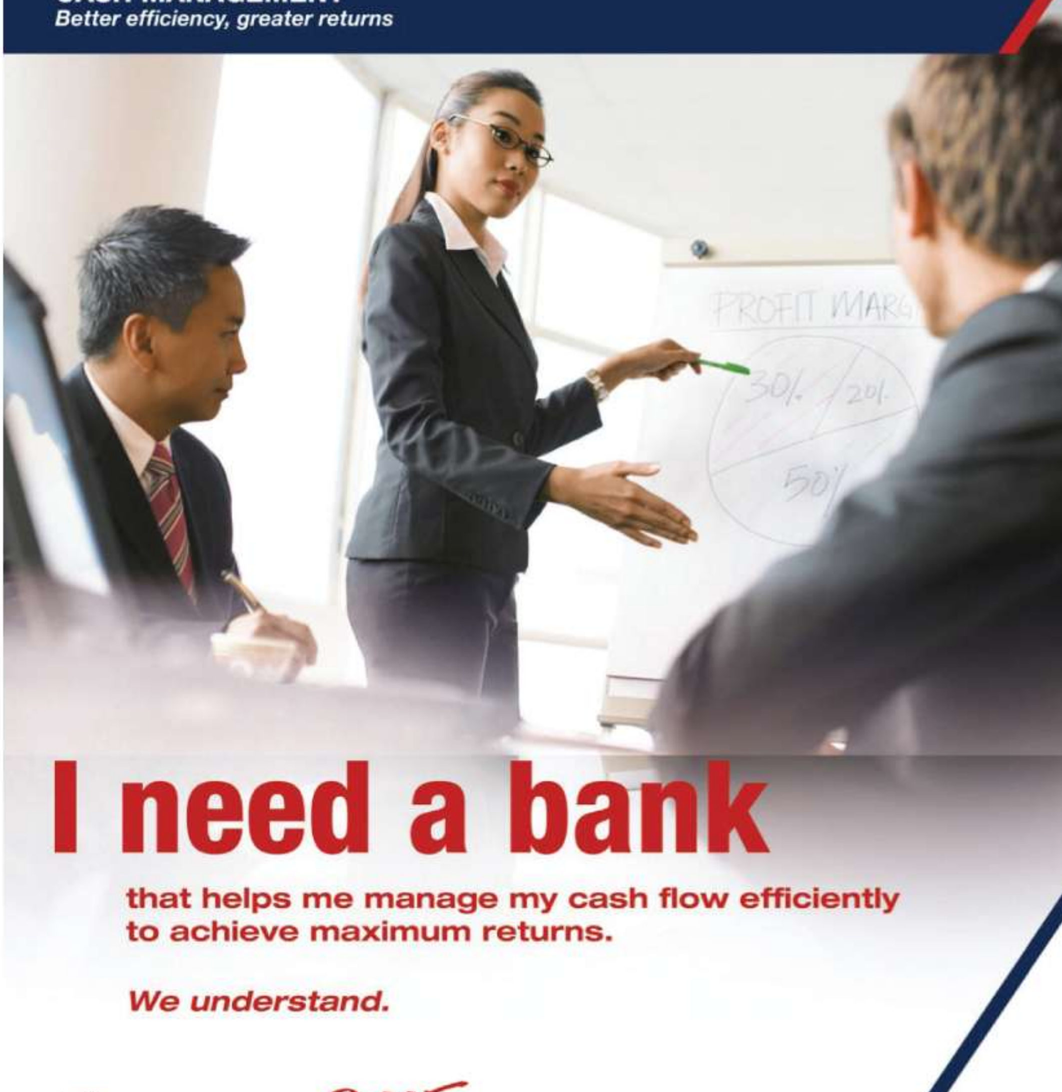
MY/AVM/1706/2011/A

CPD @ The Convention

The CPD was held on 16 July 2011. We had a good turnout considering the fact that most of us had partied (Woodstock night) until the wee hours of the morning. The first speaker for the day was Dr Jeevanan Jahendran .He graduated from Manipal in 1996 and presently is a senior lecturer and consultant in the Department of Otorhinolaryngology in UKM Medical Centre. He spoke on Updates in the Management of Allergic Rhinitis and Rhinosinusitis He mentioned that allergic rhinitis, rhinosinusitis and nasal polyposis are common inflammatory disorders of the nose that we routinely see in our general practice. There are many consensus and clinical practice guidelines that have been written for primary care doctors and physi cians in dealing with these inflammatory conditions of the nose. In his lecture he addressed us on the current guidelines and the latest updates in the management of allergic rhinitis. He also discussed common concerns, facts and fallacies in the treatment of the common nasal inflammatory conditions.

The second speaker Dr Daljit Singh was also a Manipalite. His topic was Aviation Medicine in your practice.His talk addressed some of the issues related to the peculiarities of the flight environment . He mentioned that unlike before, we are seeing an increase of the elderly travelling and the ill travelling, either for treatment or recuperation. Compounded to that, we are also having international travelers flying to more exotic destinations, often being ill prepared to exposure of local endemic conditions or illness. He also mentioned that there is an increase of in-flight illness and deaths causing diversions with disruption to airline operations. Therefore it is important that medical professionals involved know how to minimize the effect of this environment on the traveler. Travelling of the ill especially will require a lot of preparation , both preflight and during flight. He also briefed the doctors on the medicolegal aspects when they assist passengers in medical emergencies on flights. This subject drew a large amount of participation from the floor and the Q & A session was interesting and informative.

After this talk , our next speaker had a tough act to follow. Dr Philip Jeremiah who is presently a consultant physician and nephrologist at Ampang Puteri Hospital spoke on Chronic Kidney Disease. CKD is increasingly being recognized as an important non-communicable disease entity. Hence the importance for doctors and paramedical personnel to detect, diagnose and treat this early. He also mentioned about Renal Anemia , its causes



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and the benefits of early diagnosis and treatment with Erythropoietin Stimulating Agents.(ESAs) . Q & a was quite interesting as members took this oppurtunity to discuss clinical cases and clarify their doubts.

The final part of the CPD was the FORUM.- Ageing Gracefully - myth or fact
The panel consisted of

1. Dr. V. Surendranathan – Consultant Plastic & Cosmetic Surgeon,Sime Darby Specialist Center Megah
2. Dr. Ko Chung Beng – Consultant Dermatologist, Ko Skin Specialist Center
3. Dr. Rajbans Singh - Consultant Physician & Geriatrics,Pantai Medical Center, Bangsar
4. Dr. Louis Leh – Aesthetic Medical Practitioner,Penang/Kedah

Moderator for the forum was Dr. Patricia Alison Gomez and the CPD chairperson Dr Jeyanthi.

This forum had most of the members out of their seats.,each voicing their opinion. Our experts on the panel did not have to say much as the members did most of the discussion. However each of the experts gave a short summary of the benefits of their speciality in aging gracefully. All in all it was an exciting and entertaining forum.

Another exciting part of the CPD was the FREE GIFTS & LUCKY DRAW. A total of 20 REISTER stethoscopes were given away. The first member who came for the CPD got a stethoscope. As the saying goes ,the early bird gets the stethoscope. So be early at the next CPD. Then the Lucky Draw. Unfortunately a few members who were lucky to have their names pulled out of the basket for the prize were not so lucky as they were not in the room to claim it. So need to be in the room at all times. We would like to thank Biomeditech Systems and MNE Solutions for the stethoscopes.

We would also like to take this opportunity to thank all our speakers, the panel for the forum,moderator of the forum and the chairperson for taking their time off to make this CPD a success..

THANK YOU ALL ONCE AGAIN.

Dr.Kewaljit (Charlie)

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Howzit Manipalites,

The President & Committee would like to wish all our readers a very healthy, happy & prosperous New Year.

First and foremost I would like to express my sincere apologies for this very belated issue of Howzit. The back to back Conventions had taken a very serious toll on me and I needed some time to get back on my feet.

Anyway with that said I would like to thank all the contributors for this issue of Howzit namely, Nirmal, Hebbar, TJ, Sara, Roshan, & Charlie.

I hope you enjoy the front page hilarious coverage of the Convention by Nirmal our organizing chairman for the occasion. I would like to put on record here… a sentiment shared by all of us on the magnificent job he did in helming this Convention. I wish I could say the same for the staff of Holiday Villa who have yet to recover from their fractured toes.

Hebbar aka Shorty- Thanks for taking time off to do this article for me. I will never forget you dancing in the rain during Woodstock night and neither will all the girls on all your sexy dance moves.

TJ as usual did a very chemical & clinical organization of the games. I am sure everyone had a great time.
He was also responsible for gathering the most number of his Mallu countrymen outside of God's own country.

Our CPD maestro Charlie managed to pack the lecture hall with his interesting speakers and their equally interesting topics.

Sara & Mohan- hey guys according to my books… both of you are ready to open a Pub….maybe one nearby the Manipal International University. Interested investor parties please contact them. Great job during the Convention especially with those long legged beauties.

Roshan & Charu- This hot couple were in charge of the Informal cocktail night & the kid's activities and needless to say it was just another day @ the office and another feather in their caps for them. Just keep those innovative ideas flowing in.

Jeyalan & Naga- The men in black behind all the scenes were always there to lend a helping hand on all occasions, some of which are not printable.

Sentiago- Everyone please give this guy a standing ovation. He had the most difficult job structuring the menu and also the arduous task of the 700 seating arrangements for the dinner. As always instead of receiving praises for his efforts he received a lot of flak from the members but he never complained.
As far as most of us are concerned Sentiago….you da man.

I would also like to thank Viji, Dolly, Jeyanthi, our secretarial staff Kulen & Dasha, and the rest of you who helped by offering your services and making this occasion an outstanding success.

Roshan has spent quite abit of his valuable time painstakingly upgrading our webpage. Please visit the site as often as possible to update on our activities, partake in the forum and most of all keep Roshan's spirits & equipment up.

Two World Class Medical Schools under one roof

INTERIM FACILITIES

Convention buildings at the Malaysia Agro Exposition Park Serdang have been renovated into classrooms, teaching labs, discussion rooms, offices and lecture halls to serve as interim campus

PERDANA UNIVERSITY is a Public Private Partnership project of the Unit Kerjasama Awam Swasta (UKAS) at the Prime Minister's Department of Malaysia and Academic Medical Centre Sdn Bhd (AMC).

Its FIRST medical school – Perdana University Graduate School of Medicine (PUGSOM) – will offer, for the first time in Malaysia, a four-year graduate entry programme based on a US curriculum in collaboration with the Johns Hopkins University School of Medicine.

The SECOND medical school – PU-RCSI School of Medicine – will offer a five-year programme, conducted entirely in Malaysia, based on a conventional curriculum in collaboration with the Royal College of Surgeons in Ireland (RCSI).

The Life Sciences Research Centre of Perdana University is also affiliated with the Johns Hopkins Research Centre. The centre will not only enable local students to acquire the necessary skills of research early in their career but place Malaysia in the global research community. Once the centre is fully operational, its services will complement that of other Medical and Biotechnology Research Centres in Malaysia.

The 600-bed Perdana Teaching Hospital, affiliated with Johns Hopkins Medicine International, will be established. It will be the first private teaching hospital in Malaysia and will include a full complement of ambulatory care facilities, diagnostic capabilities and ancillary support services.

Plans are also underway to establish a Centre of Excellence for diseases prevalent in this region such as heart diseases, cancer, cerebrovascular diseases, diabetes and tropical diseases among others.

PLANNED FACILITIES

- Contemporary and high-tech medical education buildings with lecture halls, teaching labs, case-study rooms, a learning studio, academic computer centre, medical library, anatomy labs, reading rooms and a cutting-edge Simulation Centre
- A Chancellery Building
- A sophisticated teaching hospital providing primary, secondary and tertiary care to residents of Malaysia and visitors from abroad
- Ambulatory care facilities providing primary and specialty services
- Full range of facilities for diagnostic and ancillary services
- Residence hall for students
- Recreational facilities for students, staff and family
- A life science research centre and technological park

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Meanwhile our committee had embarked on two back to back CPDs which were held in KL and Penang recently. Reports in the next issue. Charlie is also planning to hold mini workshops in our secretariat to benefit housemen and GPs.

We are also making plans for our next Community service project to be held in the Klang valley in the near future. Volunteers are most welcome.

MAAM organized a very enjoyable holiday to New Zealand recently which will be featured in our next newsletter.

The tentative dates for the following:-

MAAM AGM- 12- May- 2012

26th MAAM Convention - Merdeka Weekend 2012. Penang. Please block dates.

Finally I would like to thank each and everyone of our members for making our 25th anniversary Convention a runaway success. A special thanks to all our foreign delegates who took the initiative to attend this function.

WE COULD NOT HAVE DONE IT WITHOUT YOU!

Our eternal gratitude to all our sponsors and our platinum partner Roche.

Before I take leave I would like to express our heartfelt condolences on behalf of MAAM to the family of Dr.Gulaindran who passed on recently. RIP bro….We will always miss you.

Bye for now,
Simon Martin
Editor

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 Septemper. 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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