



MIRCERA
methoxy polyethylene glycol-epoetin beta

ONCE-MONTHLY

Continuous activity. Targeted stability.

For the treatment of CKD-related anaemia

Achieves stable Hb levels Fewer dose adjustments
Maintains Hb in tight target range Once-monthly maintenance dosing
Smooth and steady rise

Achieves stable Hb levels
Maintains Hb in tight target range
Reduced storage burden
Achieves stable Hb levels
Less pain

The benefit is simplification.¹⁻⁹

Fewer injections
Easily portable
Smooth and steady rise
Proven safety profile
Reduced storage burden
Achieves stable Hb levels
Maintains Hb in tight target range

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 5B, The Intermark,
182, Jalan Tun Razak,
50400 Kuala Lumpur, Malaysia.
Tel: +603-2173 5000
Fax: +603-2161 1805



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. Mano (Melaka)
Dr. Kuga (KL)

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

THE LONG & WINDING ROAD.....

I pen this Article as the outgoing President of MAAM; believing that I have left this great Association in capable hands. Here I would like to share with you my journey and thoughts:

In 1997 when a group of very enthusiastic group of friends successfully organised the Alumni Convention in PD, they were thrown a challenge to revamp the Association. It's after a good 9 years we made the plunge to take the Alumni to uncharted waters. Over these years after having witnessed and attended most of the year end functions perennially, learning and gathering from the experiences of the past leaders, we felt we had enough mettle to deliver; in my mind to make it the most active and to help evoke a great sense of camaraderie.



All what is expected of the Association has now been put in place and it definitely meets the aspiration of the members. The six challenging years of mooting new ideas and concepts has made profit, most importantly was to keep the Association's records right by inculcating good governance through transparency and accountability. Finance is the most important aspect and we have outdone ourselves and secured an extremely healthy bank balance.

The Constitution which is the bedrock of any Association has been revisited over two Annual General Meetings and put in proper perspective. The Constitution Book will be made available to all members.

The membership has grown exponentially and there are more waiting out there to invited to join. A challenge to the incoming

executive committee will be to increase the membership database by another thirty percent. This part of the road map should be given the highest priority. We are lacking in delivering the numbers as far as the 40 year old and below Manipalites are concerned. A major challenge is the getting into the fold, the Melaka Manipal graduates. Their disinterest being no fault of theirs, stems from the lack of opportunity to assimilate into the Uni atmosphere in Manipal, taking into account that their classes and hostels were segregated from the rest. They never were part of the culture which the rest of us cherish and always rave about. Never the less it's our duty and responsibility to bridge the gap and see to their participation. There are many batches from Manipal who meet informally but have shied away from joining their Alma mater. It's at these occasions I urge the incoming committee to proactively pursue to make your presence felt even if it means for a few minutes. This has been done on many occasions including attending the Melaka Manipal preConvocation gathering and has paid dividends. Sensitising the Alumni as a body does not suffice but awareness of our multiple activities will catch their attention.

Continuous Professional Development shall be an integral part of the Health Professional as it will dictate ones right to practise. We had to enshrine this as one of the objectives of the Association in our Constitution. As the original premise was as a social networking of Alumnus; we felt this would not take us far in terms of membership development and partnering with the Pharma companies.

Increasing the attendance in CPD programmes is actually a challenge; as we have so many of other Associations running programmes concurrently and has caused a dent in our commitment to sponsors. Thinking out of the box; introducing hands on workshops to break the monotony, to revamp the format of CPD's such as to inject renewed

interest, has to be addressed. Currently some members of the committee favour outsourcing the CPD to professional companies. We have had several meetings with them and i would urge to tread very carefully to make sure it does not impact us negatively .

A crucial aspect of monthly expenditure is the upkeep of the secretariat. The facilities we have in our modern SoHo with up to date information communication technology is indeed state of art for a small association, serves its purpose for the activities we undertake. A room that could accommodate 20 pax for a CPD with a screen and projector. Secretariat room equipped with UniFi, High speed photocopying machine for our flyers and other information brochures. A check writer hooked to the computer which automatically streamlines the accounts and a cabinet with the filling system up to date. The basic cost of upkeep is rising. The monies from non traditional sponsors are used for this management and upkeep. I believe over time even this may dwindle and a fund, such as sinking fund as used in the management of condominiums should be explored.

An across the board contribution of Rm 50 from each member biannually should be considered to help maintain the office. Of course this entails a proper and detailed discussion at an AGM followed by a Constitutional Amendment.

We now embarked and adopted a hard core poor settlement in Bukit Rotan, Sungai Buloh. A first project of medical and dental health screening was successfully conducted. Without continuity we would not be able to achieve anything meaningful and I stress that a full fledged team headed by the Executive member of the Association to see the fruition of this noble project.

From a A4 page black and White flyers that we have been receiving before; the Howzit has gained ground as a 4 page colour print to a blockbuster 24 page infotainment periodical in its 18 publication. The website has seen changes over the last 4 years and it's constant updates are responsible for its encouraging hits.

Finally I must say its been a most rewarding experience being part of the group of 1997 (thanks Naga, Simon and my dear wife Viji) who have stayed with me all throughout thick and thin with full Commitment, passion and most importantly Humility, the essence of our Maniplal motto : Live to Serve

Cheers and God Bless

Jeyalan



ING Insurance - With you for life™



We're with you at every stage of your life.

At ING, we pride ourselves in being in the people business. Which is why we go the extra mile to keep you feeling secure and protected. We design easier solutions to meet your protection and financial needs at every juncture of your life. It's because we believe you come first, everything else next.

26 MAAM Convention

Howzit Manipalites,

This year I have been given the honor as Organizing Chairman for the 26 MAAM Convention at Bayview Beach Resort, Penang. We have decided to have it on the Merdeka weekend, 31st August to 2nd September 2012. For me, this is something new. Instead of wasting my free time reading up on our never ending Malaysian politics, I now have something more interesting to do.

Over the last few years I got my training from the best, Koshy Thomas, Simon Martin, Nirmal Singh and Jeyalan. So I now have my task cut out for me.

Our Convention theme for this year, 2012 is "Take It Easy" inspired by Eagles. And that's exactly my idea. I want everyone to just sit back relax and enjoy themselves with their family and friends. As you know we at the MAAM always try to have something for everyone.

As for our infamous informal night, the theme this year "Luau Party", (A luau (in Hawaiian, lū'au) is a Hawaiian meal. It may feature fish and wine, such as poi, poke, lomi salmon, opihi, haupia, and beer; and entertainment, such as Hawaiian music and hula. Among people from Hawaii, the concepts of "luau" and "party" are often blended, resulting in graduation luaus, wedding luaus, and birthday luaus.)

What do you wear for such a theme.....?????. I leave it up to your imagination, freak out, be wild, be daring or be conservative, just have fun.

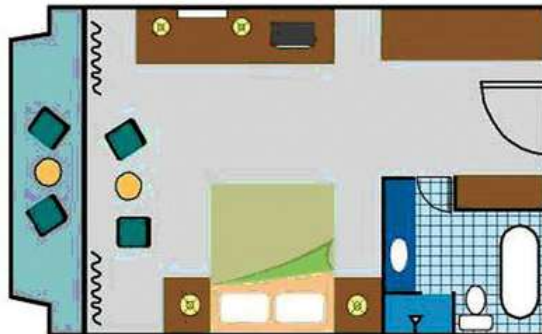
We are back to our 3 days and 2 nights package, so you check in on August 31st and check out on Sept 2nd. For all you regulars, you know the flow. For the first timers, here is a brief summary.

Friday 31st August 2012

Check in at 2.00pm, followed by Lunch

3.00pm to 5.00pm, Fun Activities for Men, Ladies and Children.

7.30pm onwards, Informal Night "Luau Party"



4

THE BIG DROP

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

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

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

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

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

EXFORGE®

Film-coated tablets
Presentation: EXFORGE®: Amlodipine and valsartan 5 mg/80 mg, 5 mg/160 mg and 10 mg/160 mg film-coated tablets. **Indications/Posology:** Treatment of essential hypertension in patients whose blood pressure is not adequately controlled on anti-hypertensive monotherapy. Recommended dose is one film-coated tablet per day (5 mg amlodipine and 80 mg valsartan, or 5 mg amlodipine and 160 mg valsartan, or 10 mg amlodipine and 160 mg valsartan). **Contraindications:** Hypersensitivity to any component of EXFORGE®. **Pregnancy:** Recommended dose is one film-coated tablet per day (5 mg amlodipine and 80 mg valsartan, or 5 mg amlodipine and 160 mg valsartan, or 10 mg amlodipine and 160 mg valsartan). **Precautions/Warnings:** Risk of hypotension in sodium- and/or volume-depleted patients. **Side-effects:** Severe renal impairment (creatinine clearance < 10 mL/min) and dialysis. **Caution:** Use with caution in patients with unilateral or bilateral renal artery stenosis, stenosis to a solitary kidney or after recent kidney transplantation. **Caution:** In patients with hepatic impairment or biliary obstructive disorders. **Caution:** Use with caution in patients suffering from aortic or mitral stenosis, or obstructive hypertrophic cardiomyopathy. **Caution:** when driving or operating machines. **Alcohol:** Use in women planning to become pregnant and while breast-feeding. Not recommended in patients below 18 years of age. **Interactions:** **Caution:** and monitoring of serum potassium levels when used concomitantly with potassium sparing diuretics, salt substitutes containing potassium, or other drugs that may increase potassium level. **Adverse reactions:** The most common adverse reactions are: Nasopharyngitis, influenza, headache, oedema peripheral, oedema, fatigue, flushing, asthenia, vertigo, tachycardia, palpitations, orthostatic hypotension, cough, pharyngolaryngeal pain, diarrhoea, nausea, abdominal pain, constipation, rash, erythema, joint swelling, back pain, arthralgia. **Rare adverse reactions but potentially serious:** are: Hypersensitivity, **Additional potentially serious adverse experiences reported in clinical trials with amlodipine monotherapy are:** Dizziness, gingival hyperplasia, gynaecomastia, ischaemic optic neuropathy, paronychia, hepatitis, thrombocytopenia, vasculitis. In a long-term, placebo controlled study (PRAISE-2) of amlodipine in patients with NYHA III and IV heart failure of nonischemic aetiology, amlodipine was associated with increased reports of pulmonary oedema despite no significant difference in the incidence of worsening heart failure as compared to placebo. **Additional potentially serious adverse experiences reported in clinical trials with valsartan monotherapy are:** Neutropenia, heart failure patients: >50% increases in creatinine in 3.9% of valsartan-treated patients compared to 0.9% of placebo-treated patients. >20% increases in serum potassium in 10% of valsartan-treated patients compared to 5.1% of placebo-treated patients. >50% increases in SGOT in 16.9% of valsartan-treated patients compared to 5.3% of placebo-treated patients. Post-myocardial infarction patients: doubling of serum creatinine in 4.2% of valsartan-treated patients and 3.4% of captopril-treated patients. **Packs:** 28 tablets per pack. **Note:** Before prescribing, please read full prescribing information. (BSS Oct 2006)

EXFORGE®
amlodipine besylate/valsartan

GREAT DROPS JUST GOT BETTER

For full prescribing information, please contact:



Novartis Corporation (Malaysia) Sdn Bhd (company no. 10920-H)
Level 15, CREST, 3 Two Square, No 2, Jalan 19/1,
46300 Petaling Jaya, Selangor Darul Ehsan, Malaysia.
Tel: (603) 7948 1888 Fax: (603) 7948 1818 www.novartis.com

EXFLUNBADMAL



Saturday 1st Sept 2012

Breakfast

9.30am to 12.30pm, CPD

10.30am to 12.30pm, Children's Tele-match

Lunch

2.30pm to 5.00pm, Fun and Competitive games
for everyone.

6.30pm to 7.30pm Pre Cocktail

8.00pm onwards, Gala Dinner.

8.00pm onwards, Children's Party "Disco Night"

It's no fun if I give you a detailed itinerary now, so a few little hints is all you are going to get. Let see now, Informal night done, what next?

As for parents with children, you can be rest assured that your children will be in good hands, during the children's activity and the Disco Night. Charu and I spoke to the lady in charge of the Children's play area, the moment I mentioned Manipal, she got so excited and went on to tell me how much of fun she had with all the kids in 2007, before I could say anything, she told me that she would personally make sure all the kids would be taken care off and told me not to worry, she just wanted to know who she would be working with, it was just such a good vibe.

A reminder for all those who want to participate in the games, please bring your appropriate footwear. We have not finalized the games yet but they have a Tennis court, Volleyball/Basketball court and a small football field. The rest of the games are all indoor.

We also hope to get a good panel of speakers for our Saturday morning CPD, please feel free to email me (poliklinikroshan@gmail.com) or Kewaljit Singh (kewaljits@gmail.com) if you have any ideas or suggestions for our CPD, lets us know what you want. It does not have to be medically related. Bayview Beach Resort has a nice rustic setup, the hotel has been recently refurbished, the rooms are very spacious and clean, I like the idea of natural lighting in the courtyard area.

Please log on to our website from time to time for the latest updates. We have a few more events before the 26 Convention. Remember, if you register on our website then I can add you to our email list and you will be updated on a regular basis, you will even get a copy of our e-howzit from time to time. It's easy, www.manipal.org.my , click Register and go with the flow.....

So call up all your friends, block off those dates 31st Aug to 2nd Sept 2012, come and join us and we can all just *Take it easy.....Roshan*



Auto Bavaria

www.autobavaria.com



Sheer
Driving Pleasure

JOY IS JUST AROUND THE CORNER.

When it comes to delivering Joy, Auto Bavaria is always there for you.

Bringing you the latest range of BMW models, and equipped with state-of-the-art service centres along with highly-trained professionals, Auto Bavaria is the preferred BMW Authorised Dealership.

Founded upon 23 years of dedication to BMW, we are committed to delivering the first-class service that you deserve.

For a test-drive, simply call Auto Bavaria Sungai Besi at 03-9223 3200.

AT AUTO BAVARIA, WE DELIVER JOY.

BMW EfficientDynamics
Less consumption. More driving pleasure.

Auto Bavaria
For everything BMW

AUTO BAVARIA Glenmarie Tel: 03-5566 3800 Sungai Besi Tel: 03-9223 3200 Segambut Tel: 03-6251 2599
Kuala Lumpur Tel: 03-2056 4288 Penang Tel: 04-238 7888 Johor Bahru Tel: 07-232 2288
Kuching Tel: 082-412 351 Kota Kinabalu Tel: 088-383 789 www.autobavaria.com

Sino Darby
A member of the
Sino Darby Group

MAAM GLOBE TREKKING

Welcome to the 'Shaking City'.....This is how we were greeted as soon as we arrived after the long 13 hour flight at Christchurch on 24/11/2011. Our friendly tour guide was John and our equally friendly bus driver was Willie. Ironically, both their names had the same meaning if you know what I mean.

After checking in to our rooms and a quick shower we were on our way to an early dinner which was also hurriedly gobbled down as we guys were eager to know or rather taste how the Kiwi beers would be like.....Aaahhhhhh.....!!!! It was refreshing but I personally believe that our Malaysian beers are much better. We got back early to catch up on some sleep as we were going to be having a long day the next day.

The next day (25/11/2011) we left Christchurch for Fox Glacier. We passed through Greymouth and Punakaiki and I could only pronounce the first and the last syllables of the

latter town because it has been in my vocabulary since my secondary school days. We made a stop at Hokitika Glassblowing studio and greenstone factory and mind you it was one hell of a blow job that we witnessed. Finally, we arrived at Heartland Hotel Fox Glacier late in the evening and after an early dinner all of us retired to bed early to prepare ourselves for the big challenge ahead the next day.

We were up early ahead of the scheduled time the next day (26/11/2011) so much so

that it surprised our tour guide. He was thrilled to see the enthusiasm in us and there was so much of energy in the hotel. I guess this was all due to the muchly anticipated and talked about Fox Glacier Walk that was to be one of the highlights of the trip. As we went along the walk, we found that this glacier was so scenic as it is only one of the two glaciers in the world that is surrounded by greenery. A glacier is actually a frozen river and to walk on the glacier is an once in a lifetime experience and one can only describe the feeling if one has walked on it.

After the glacier experience all of us were looking for isotonic drinks rather than the usual beers for once in this tour as all the energy that was there in the morning had drained out. Soon we were on our way to



Is there a safer way to look inside our bodies?

The new record-breaking Computed Tomography scanner from Siemens – combining the fastest scans in the world with the lowest dose.

For the first time, a thorax can be scanned in less than one second, a heart even in a quarter of a second. While revealing the most intricate vessels, radiation dose is far lower than with conventional methods, for a heart scan even below annual natural exposure levels. Thanks to this breakthrough technology, patients experience faster, easier and safer imaging.

siemens.com/answers

SIEMENS

Queenstown and we made a stop at Wanaka Lake and at this point of time I thought I was hallucinating due to dehydration because I believed that the sky had fallen down. The lake was crystal clear and there was a mirror image of the sky in the lake and hence I was mistaken. This was the first of many other lakes that were to come on the way including Lake Wakatipu made famous by our very own Malaysian lawyers and judges. I think I am correct, correct, correct in this information as it looked like it and it was definitely Lake Wakatipu and no I am not 'tipu-ing'. We arrived at our hotel in Queenstown just before dinner and checked in to our rooms for a well deserved rest.



The next day (27/11/2011) we boarded the TTS Earnslaw Cruise which was a steam ship fuelled by coal to Walter Peak Farm to join the farmyard walking tour which included dog handling and sheep shearing demonstrations which was done in speed breaking times. I believe the world record for sheep shearing is currently held by a Kiwi who resides in Australia which by the way is known as the West Island of New Zealand by the Kiwis.

An awesome BBQ lunch was served at the Farm restaurant and we were transferred to Gibbston Valley for wine tasting where for the first time I was thought to roll my tongue to taste and appreciate the wine instead of rolling it for other purposes. Now I know that my tongue has multiple uses. After exercising those tongue muscles and swiping our plastic cards to purchase the various wines in the house, we were soon on our way to Kawarau Bungy Centre, home to the world's first and most famous of leaps to witness some bungy jumping. We were not disappointed as there were many people jumping. Seeing all those people jumping got all my hair standing despite of me not taking a single pill of Viagra or Cialis. Later that evening we made our way back to Queenstown and had a sumptuous buffet dinner at Skyline Gondola which was a few hundred metres above sea level.

The next morning (28/11/2011) we headed to Milford Sound. We passed by Lake Manapouri and then were driven along Lake Te Anau before finally reaching Milford Sound. We totally enjoyed the scenic cruise on the Sound which is dominated by the grandeur of Mitre Peak and the Bowen Falls which I believe is one of the highest falls in the world. After the mesmerizing scenic cruise we visited the Te Anau Glowworm Caves located on the western shores of Lake Te Anau which is New Zealand's second largest lake. These caves are legendary to the Maori folks. The glowworms are interesting creatures themselves as the only time it eats during its life is during the larval phase because as an adult it has no mouth. The



**MANIPAL
INTERNATIONAL
UNIVERSITY**

Stir up your
passion



Manipal International University

With a fundamental understanding of the human capital needs of industry, government, and society at large, Manipal Education has embarked on an ambitious journey to establish an international university – Manipal International University (MIU) in Malaysia.

Now available at MIU:

School of Science and Engineering

- Bachelor of Chemical Engineering
- Bachelor of Civil Engineering
- Bachelor of Computer Engineering
- Bachelor of Electrical & Electronics Engineering
- Bachelor of Electronic Engineering (Communication)
- Bachelor of Mechanical Engineering

School of Life Sciences

- Bachelor of Science (Biotechnology)

School of Business

- Bachelor of Business Administration



(for alumni children)



*'We'll work towards first-day,
first-hour productivity'*

Dr. M P Ravindra,
Vice Chancellor, Manipal International University

for more info contact us at:

Address :
Manipal International University
No.2, Jalan SS 7 / 13, Kelana Jaya,
47301 Petaling Jaya, Selangor,
Malaysia
Tel : +603 2174 3500
Email : info@miu.edu.my

www.miu.edu.my

hungrier a glowworm,the more brightly it glows and believe it or not glowworms are able to somehow hear as they don't like loud noises!

We departed Te Anau to Dunedin the next day(29/11/2011) and we arrived at Dunedin during lunch time.After lunch,we were taken on a brief Dunedin city tour which included a lookout over Dunedin harbor and city,New Zealand's first botanical garden,New Zealand's first University,Dunedin's classic old railway station and courthouse precinct. There was also a Cadbury's factory in Dunedin and some of the chocoholics visited the factory.The world's steepest street with a gradient 1 in 2.86 as authenticated by the Guinness Book of Records is Baldwin Street and I am proud to say that many of us managed to walk up this street and some even tried running up the street to burn the extra calories that had been consumed in excess throughout the journey.

We left Dunedin the next day(30/11/2011) to make our way to Mount Cook.Never in my wildest dreams I thought that I will make it to this mountain after reading about it during school days in Geography which by the way was never my favorite subject.Coming to think of it,none of the subjects were my favorite subject.On the way,we passed along Totara Estate Centennial Park where we saw restored 1860's farm buildings.As we went along the final stretch up to Mount Cook,the road was at the edge of Lake Pukaki and it was a breathtaking view that was too good to be missed.

Once we were at the foot of Mount Cook,many of us decided to take the helicopter to fly up to the mountain.The chopper ride up was exciting but I got to admit it was a bit scary too.The ariel view of the lakes,glaciers and the mountains were superb.After about 15 minutes in the air,we finally arrived at Mount Cook that was filled with thick white snow which was a first time experience for some of us.Being in the snow brought the kid out in us as we were running,jumping and throwing snowballs at each other.

After the adventurous trip to Mount Cook we proceeded to Twizel and checked in to Mackenzie Country Inn and later in the night we were lucky to have a clear sky to gaze at the stars.Some of us who had a bit too much to drink were seeing extra stars.The children were excited as they got to see some of the cast and crew of Harry Potter who were putting up at the same hotel as us.This was because a part of the movie was being shot in Twizel.

The following morning(1/12/2011) we headed back to Christchurch.Soon after leaving Twizel,we came to the settlement of Lake Tekapo which is New Zealand's highest large lake(710m above sea level) and over here was the Church of the Good Shepard that was built in 1935 as a memorial to the pioneers of the Mackenzie Country.The church offers awe- inspiring views of Lake Tekapo and mountains through the altar window and has been host to thousands of weddings since its dedication.These are scenes that are usually only seen in the movies and it will be a perfect wedding scene for any romance movies if it was to be taken here.



MAKING MEDICINES THE PRIORITY

At AstraZeneca, we consider the value of our medicines to patients and society to be at the core of our corporate responsibility effort



MNE Solutions (M) Sdn Bhd

(773909-T)



your partner in total health solutions...

We were back in Christchurch that evening and after dinner some of us tried to explore the night life in Christchurch as it was our last night in New Zealand but sadly there was nothing much to shout about as almost all the bars and restaurants close by 11pm unlike in Kuala Lumpur where the action starts only after 11pm.



We spent our final day(2/12/2011) by going to watch the whales in the sea just outskirts of Christchurch. The speedboat ride to the middle of the sea was traumatic as some of us ended up having motion sickness but it did not matter at the end because after about waiting for half-an-hour or so, one whale decided to emerge. All our prayers were answered and everyone got excited and almost simultaneously started saying....whale!whale! It was about a 20 foot long whale and it was a sight to behold. We had a good view of the whale for about 15 minutes.

After the whale watching, we got back to Christchurch for a brief city tour where among the places that we visited were Riccarton House and Riccarton Bush, Mona Vale, Hagley Park, Antigua Boat Sheds, Botanical Gardens, Upper Worcester Boulevard (area of Museum and Art Centres), Victoria Clock Tower, Mount Pleasant. It was nice to see all those historical sites but at the same time sad to see some of the destruction of various other buildings especially the Cathedral as Christchurch was hit by two major earthquakes within 5 months. Part of the Cathedral was restored and was reopened to the public when we were there.

Exactly 3 weeks after returning to Malaysia, there was another earthquake that hit Christchurch. Thankfully I was not around or else I would have been singing the popular 'I Feel The Earth Move Under My Feet' song made famous by Carole King and Martika.

Anyway, none of us were disappointed with what the South Island had to offer. It was indeed a Scenic South Island tour that will forever be cherished in my memory. It was money and time well spent for the trip even though I had to open the clinic for extra hours to recover my expenses after I came back so much so it got my nurses irritated and they almost boycotted me!!!

That is all I have to share with you and I hope you guys enjoyed reading it as much as I enjoyed reporting it to all of you. I hope someone else will volunteer to contribute the next travelogue article. I can't wait for the next Manipal Alumni Adventure Trip this year. I hope Mr. President and the committee will come up with the place and the dates soon so that I can start arranging for my locums. So, keep your eyes and ears open to lookout and hear for more updates real soon as I am sure tickets for our next trip will be snapped up faster than the tickets for the Russell Peters show. Book your tickets early by hook or crook to avoid disappointment and don't me that I did not warn you guys!!!



See you guys soon at the AGM and at the next convention. Take care and Adios Amigos!!!

MAAM Community Service - Live to Serve

The journey to Kg Aman in Kuala Selangor was a pleasant drive along the old road to Ijok. I was lucky as I was driven by one of our volunteers, Mr. Victor who, being a taxi driver, was quite confident about the way to the Kg Aman Community Hall. We managed to reach there by 8.25 a.m. All arrangements at the community hall (tables, chairs, tents outside) had been entrusted to Mrs. Wasanthee, who did an excellent job of seeing to it that everything we needed was ready.

A lot of eager volunteers helped us out, among them Mr. Nikhil; Raymond, who registered the patients and also took their height and weight; and Remy, who did glucose testing for patients above 40 years of age. Staff of Gribbles Pathology also helped us to take blood from patients, for FBS and Lipid profiles. Sponsorship came from Sanofi (M) Sdn Bhd and Roche (M) Bhd.

A total of 5 medical doctors, one ortho specialist, and 2 dental doctors volunteered their services for the community camp. While most of the adult patients were quite healthy, several of them were diagnosed with arthralgia and malnutrition; a few DM cases were diagnosed. Younger patients were malnourished; nearly all also received deworming treatment there and then. Almost all had to have their oral hygiene checked by the dentists; they were quite happy with the gifts they received after the checkups – toothpaste and toothbrushes.



The dispensing of medicines provided for the camp was handled superbly by our resident pharmacists Mrs. Meera and Mr. Arasu, with assistance from volunteers from Dr. Nirmal's clinic as well as nurses from Mr. Arasu's pharmacy. The medicines for the camp were sponsored by Mr. Arasu, and we would like to thank him specially for the very generous gesture.

On a lighter note, we also conducted a futsal tournament for village children aged from 8-15 years. Despite this restriction they fielded a total of 6 teams! Mr. Victor and Mr. Stanley ran the whole tournament, and also acted as referees for all the games. The winners and runners-up were given medals sponsored by the alumni. The children had a wonderful time, and have asked when the next medical camp is going to be held.

The association would like to specially thank Mr. Arvinjit Singh of Akar Security and Squad Security for providing free security for the doctors' cars, which were parked in the vicinity of the community hall. We are also very grateful to Mrs. Wasanthee for making the arrangements for the camp, and also for organising the food for the villagers, doctors and volunteers.

We finally managed to wind up the camp at around 1.15 p.m. We were pleased to have been able to offer our services to this community. Special thanks to the Women's Aid Organisation (Mrs. Meera and her team) for helping us to identify this village. The association has agreed to adopt this village, and we plan to make regular visits every 2-3 months.

Thomas John (TJ)



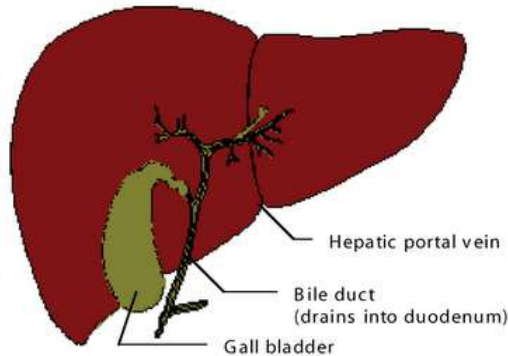
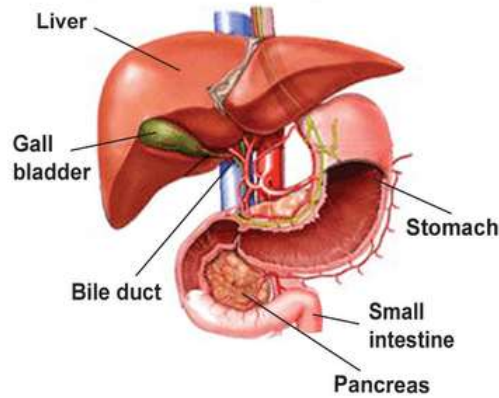
Liver Disease in Clinical Practice (2012)

Dr Lakshumanan Sanker

MBBS (Manipal) FRCP(Ireland) MAMM
Fellowship in Hepatology, Storr Liver Unit,
Sydney
Consultant Gastroenterologist
KPJ Selangor, Shah Alam

Most patients with liver disease are not aware of their illness until late in the disease. The liver is an organ capable of coping very well for many years without any symptoms. In this review we will discuss briefly on common diseases affecting the liver, namely Hepatitis B & C, fatty liver disease (NAFLD) and cirrhosis.

Hepatitis B, affects over 350 million people worldwide, most of them in Asia. The main mode of infection seems to be mother-child infections at birth (in Asia). However, with extensive vaccination programs the incidence of new cases have fallen drastically. Most patients have inactive infection, but about 5% have chronic complications like, active hepatitis, cirrhosis and cancer. Two major forms of active disease are prevalent. The traditional HbeAg positive patients, who are being 'replaced' with HbeAg negative patients. The complications can be devastating. Patient present to emergency units at hospitals with gross oedema, deep jaundice or vomiting blood and in coma. These are signs of advanced liver disease/cirrhosis or hepatomas (liver cancer). Over the years with new breakthroughs in testing, we are better able to manage patients. These tests revolve around HBV DNA PCR levels and HbsAg titres which can help guide us with response to therapy. Treatment results remain modest. Several oral medications (nucleoside and nucleotide analogues) or pegylated interferon therapy remain the backbone of therapy. Patients require to be on expensive long-term therapy with frequent clinic/hospital visits and testing. Encouraging results from long-term clinical trials show that any form of therapy, even if the patient does not respond completely, may delay the onset of serious disease by several years.



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

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

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

Analgesia persisted for as long as 24 hours

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

• **OSTEOARTHRITIS**

30 mg
once daily

60 mg
once daily

• **RHEUMATOID ARTHRITIS**

• **ANKYLOSING SPONDYLITIS**

90 mg
once daily

• **ACUTE PAIN**

• **ACUTE GOUTY ARTHRITIS**

• **PRIMARY DYSMENORRHEA**

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

^aARCOXIA 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=48). 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 TOPASS. 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, Saper 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



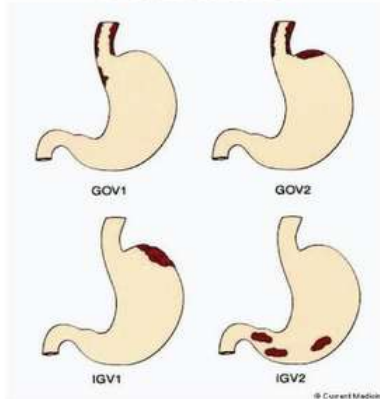
T2-9, Jaya 33, No. 3 (Lot 33), Jalan Semangat, Sekayen 13, 46100 Petaling Jaya, Selangor Darul Ehsan, Malaysia. T: (603) 7718 1600 F: (603) 7718 1700 www.msd-malaysia.com 10-11-ACX-10-MY-0018-J Created: 07-10-2010

Complications of cirrhosis - seen as :

Ascites



Varices



Hepatitis C, remains less prevalent in Asia. The main mode of transmission seems to be in intravenous drug users sharing needles. The complications of chronic disease remain similar to chronic hepatitis B infection, but with more aggressive outcomes. The mainstay of treatment include pegylated interferon with ribavirin therapy. Treatment duration depends on what genotype the patient is – in Malaysia most patients are Genotype 1 or 3. Treatment outcomes have improved in the last 15 years with several patients achieving ‘cure’ or SVR (sustained viral response). In the near future, new generation of oral therapy will be introduced (DAA’s-directly acting antivirals) to further enhance ‘cure’ rates for patients who ‘fail’ initial therapy.

Fatty liver disease (non alcoholic fatty liver disease, NAFLD) is an epidemic. It is now the commonest form of chronic liver disease, in most parts of the world. The pathology is closely related to obesity, inactive lifestyle leading to liver disease stemming from insulin resistance. There is no good therapy for this lifestyle disease. Essentials of treatment include diet, exercise and gradual weight loss, especially central obesity.

Many diseases are associated with concurrent liver damage. As we learn more of this large organ we will better grasp how to manage patients in the future

HCC with Cirrhosis



Once-daily
Januvia®
(sitagliptin, MSD)

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 studies,²

- 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

Janumet®
(sitagliptin/metformin, MSD)

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 + metformin³
- 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. Neuck MA, Weininger G, Sheng D, et al, for Sitagliptin Study Group 024. Efficacy and safety of the dipeptidyl peptidase-4 inhibitor, sitagliptin, compared to the sulfonylurea, gliclazide, in patients with type 2 diabetes inadequately controlled on metformin alone: a randomized, double-blind, non-inferiority trial. *Diabetes (Oxf 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 discontinue 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.

ENT QUIZ



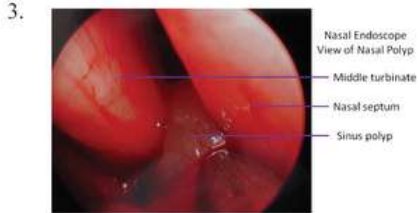
3 years old boy comes with decrease hearing for last 3 weeks. Due to the dull, tympanic membrane and foreshortening of the handle of malleus, the diagnosis of right Medial Ear Effusion was made.

Question:
What is the single most important investigation you would do, to confirm the diagnosis?



7 years old school girl presented with this red 3 to 4 chronic tonsillitis. (brudency classification)

Question:
Which is the most common indication to refer to ENT Specialist for surgery?



Nasal Endoscope View of Nasal Polyp
Middle turbinate
Nasal septum
Sinus polyp

23 years old, Indian, Female, came with blocked nose and Rhinorrhea for past 3 years. she has tried over the counter oral Antihistamines but her nasal symptoms have not improved. On examination, moderately sized nasal polyps are present.

Question:
Which is the most appropriate initial treatment to be instituted by your kind self?

- Beclomethasone Nasal Spray
- Betametasone Nasal Drops
- Oral Prednisolone for short course
- Referral for surgery
- Nasal Corticosteroids

Consistent NASAL and OCULAR relief for Allergic Rhinitis^{1,2}

An ADVANCED, PATIENT-PREFERRED^{1,4} Device^{3,4}

No smell⁴, minimal or no aftertaste³

SMALLER SPRAY VOLUME (50µL)³
fine mist, no or little drip down throat/nose³

SIDE ACTUATION

SHORT NOZZLE

VIEWING WINDOW

AvamysTM fluticasone furoate
27.5 Micrograms Per Spray
Aqueous Nasal Spray

In a study involving 107 patients with (SAR)RA, patients preferred AvamysTM over fluticasone propionate nasal spray overall (80% versus 20%, p = 0.0003).⁴

References: 1. Kim PK et al. *Ear, Nose and Throat J* 2009;88(10):2011-2014. 2. Scadding DK et al. *Expert Opin Pharmacother* 2008;8(12):2707-2715. 3. Steiner W et al. *Expert Opin Drug Deliv* 2007;4:889-901. 4. Matzke ED et al. *Clin Ther* 2008;30(2):271-278.

Hyper-sensitivity 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 corticosteroids 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 (2840 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 pharmacovigilance study of fluticasone furoate 110 micrograms once daily observed no clinically relevant effects on short-term bone growth 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 ritonavir, patients were more subjects with measurable fluticasone furoate plasma concentrations in the venous blood 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 urinary 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:	Epiatitis
--------------	-----------

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 irritation

Very common: Epistaxis

Post Marketing Data

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

Overdose: 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 (3277-0) 8th Floor, Menara Linn Hoe, 8 Persiaran Tropicana, 47110 Petaling Jaya, Selangor Darul Ehsan, Malaysia. Abbreviated prescribing information prepared locally August 2010 based on IP20M24.**

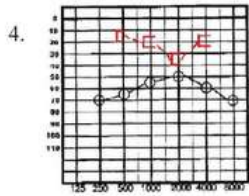
For medical and healthcare professionals only.
Full prescribing information is available upon request from:



GlaxoSmithKline Pharmaceutical Sdn Bhd, 8th Floor, Menara Linn Hoe, 8 Persiaran Tropicana, 47110 Petaling Jaya, Selangor Darul Ehsan, Malaysia. Tel: (603) 7661 6400 Fax: (603) 7666 5812



ENT QUIZ



The above is a PTA (Pure Tone Audiogram) of a 32 years old Indian lady diagnosed to have Otosclerosis. Otosclerosis is an autosomal dominant disorder found mostly amongs Caucasian females, however here in our country, strangely enough very common among Indian females.

Question :
As a GP, what would you advise the patient.?



The above is a familiar photo seen in cigarette boxes in this country. (Obviously the smokers among us are quite familiar with it). This man had surgery done for cancer of the larynx and quite clearly seen are the recurrences which are appearing.

Question :
What was the surgery that was done for him?



This 3 month old baby comes to your clinic and mother complaints of stridor while sleeping, crying, and gets excited. Incidentally, this is the most common cause of congenital stridor.

Question:
What is the diagnosis of the above situation?

Datuk Dr. Sathanathar KS
Dr. Mohd Izani Shiyuti

ANSWERS:

Q.1 ANSWER : Impedence Audiometry otherwise known as Tympanometry

Q.2 ANSWER : Approximately 7 attacks of sore throat in 2 consecutive years
(CPG Revisedzoll Boston – Massun)

Q.3 ANSWER : C.

Q.4 ANSWER : Refer to Audiologist to be fitted with an appropriate hearing aid.

Q.5 ANSWER: Laryngectomy (end tracheostomy)

Q.6 ANSWER : Laryngomalacia

CASH MANAGEMENT

Better efficiency, greater returns



I need a bank

that helps me manage my cash flow efficiently
to achieve maximum returns.

We understand.

 **ALLIANCE SME**

To find out how we can take your business further,

☎ 1300-88-0880 | Visit our branches | www.alliancebank.com.my

✉ businessinfo@alliancebg.com.my



ALLIANCE BANK

Banking Made Personal



Manipal Alumni Association Malaysia 25th Anniversary Convention



*Winning with
Quality, Affordability and Exclusivity*



Good patient care means more than just an accurate diagnosis and a correct prescription. Winthrop offers you affordable quality medicine, thus helping your patients to gain access to optimal treatment. Make Winthrop your winning choice today for better patient care in Malaysia.



sanofi aventis

Because health matters

Winthrop Pharmaceuticals (M) Sdn. Bhd., (116227-V)

8th Floor, PNB Damansara, No. 19, Lorong Dungun, Damansara Heights, 50490 Kuala Lumpur. Telephone: 03-2089 3333 Fax: 03-2089 3338/9

For healthcare professional use only.

MY WIN 11 124 01

The President and Committee would like to convey their warmest regards to all the members of our beloved alumni.



We have conducted some interesting events over the past few months namely the Community Service Project and two CPD's in Penang and KL respectively. The rhythm of the turnout for the CPD's unlike BERSIH was not something that got us really excited but we hope the response gets better as time goes on.

It was decided to include scientific articles to our newsletter to generate more interest from our members and also to create a more diversified and attractive profile for our loyal sponsors. If any of you would like to contribute to this section, please contact me or the Secretariat for details.

I would like to take this opportunity to thank the following members for their contribution to this issue:

Dr. Sanker & Dr.Satha - for their interesting scientific articles and quiz. I hope the information proves itself useful to you. If you have any comments please e-mail me and we will strive to keep improving as we go along.



TJ – for the coverage of the recently conducted Community Service Project. It was very endearing to note that MAAM is adopting a specific underprivileged community to render our expert services not only in the Medical, Dental & Pharmaceutical areas but also in some recreational activities. It would be wonderful to not only monitor the health progress but also build a strong rapport and relationship with both the residents of this particular area & also other relevant NGOs.

Saravanan – for his travelogue on the recent tour to NZ organized by MAAM. I hope you enjoy some of the hilarious and exciting adventures that they experienced. Members, who are keen in partaking in the next trip, please register yourself at the Secretariat to avoid any disappointments later.

Roshan- for the sneak preview of the upcoming Manipal Convention in Penang in August. He has stockpiled ideas and surprises up his sleeves and shorts for the whole function. Why? Because he is the Organising Chairman and also simply enjoys doing this with his elegant MIT wife Charu.

Please book early for room privileges in the accompanying idiot proof Registration Form.

MAAM FUTSAL TOURNAMENT
Date: 23rd June 2012 Venue : KL

The teams will be divided into MU, MC, Liverpool, Arsenal & Spurs etc. Players are required to play for the respective teams that they support only. More teams will be added if necessary. Contact Committee members for the details. Attractive prizes to be won.



ACCEPTING APPLICATIONS FOR SEPTEMBER 2011 INTAKE



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

PERDANA UNIVERSITY
Block B (Hall B) & D1 (Hall D Level 1), MAEPS Building, MARDI Complex,
Jalan MAEPS Perdana, 43400 Serdang, Selangor Darul Ehsan

Office: 03-8941 8646 Fax: 03-8941 7661 Email: enquiry@perdanauniversity.edu.my

www.perdanauniversity.edu.my

At the home front there has been a changing of guard at the Secretariat. We bid goodbye to Kulen who is retiring to join the Opposition Party ie. once he can identify which side he is on (just kidding). Thanks Kulen for all the services rendered and the patience during the water cannons and tear gas. We wish you all the best and keep in touch. Don't forget to return the office keys...hahahaha We have since then appointed our new administrator Suzanne Tan....Welcome to MAAM.

Finally on a closing note I would like to thank our outgoing President, Jeyalan for his mini memoirs. The man is gracefully stepping aside with 2 years still in term to make way for a fresh wind of change that he feels MAAM needs.

Naga another old stalwart who ran the treasury like Fort Knox faithfully for 6 years is also stepping down. The excellent record of his services is reflected in our bank balance, so I will say no more, and on behalf of MAAM I wish him all the best in his new career as a Golf caddy....sorry Pro.

Jeyalan renowned for his vision and diplomacy will be sorely missed but we may not have seen the last of him....so there will be no good byes here. To the both of you.....MAAM SALUTES YOU FOR DISTINGUISHED SERVICES.

As for yours truly I am also relinquishing my post and all responsibilities to more able hands. I will still hold the post of Editor till someone who shares the same passion comes along. Would like to share two memorable moments in service from the many with you guys:

1) When we were elected into office in 2006 Jagjit (Jag) immediately pledged RM10K to MAAM to show his immense confidence in our team and that was a great source of inspiration to me and the rest. Thank you Jag who went on to do much more for us.

2) In 2008 we ran into some problems with our Convention venue hotel just 5 days before the function and we had to work day and night to switch Hotels at the eleventh hour and still managed to pull off another very successful event.

Like Jeya, Vijilakshmi & Naga I leave with no regrets but rather very proud and glad to hand over the reins to the very responsible hands of Nirmal and his team.

I would like to wish them all the success in the future as they undertake MAAM to greater heights. My sincere appreciation to all the committee members past and present, past president Koshy, all the sponsors esp. Mupin from Roche, and last but not least all the members of MAAM....hope you enjoyed the ride as much as we did.

When my family and friends ask me why I do this...the answer is always the same...because I am PROUD TO BE A MANIPALITE.... and I hope you will always be too.

Bye for now
Simon Martin



Congratulations



for being awarded
**The BrandLaureate
SMEs BEST BRANDS Awards 2011**

in
**Corporate Branding
EDUCATION
- Medicine**



Professor Dr. Jaespal Singh Sahota receiving an award from YBty Datus Jajiah Baba at The BrandLaureate SMEs Best Brands Award 2011.



MELAKA-MANIPAL MEDICAL COLLEGE

Synonymous with high quality medical education, Melaka-Manipal Medical College (MMMC) continues to draw the plaudits.

MMMC was the first private institution in Malaysia given a 5-year accreditation for its MBBS in 2009. In November 2011, it was rated by the Ministry of Higher Education's MyQuest rating of Private Institutions as "6-Star" in its health & Welfare Cluster.

Now, to add luster to its already brilliant sheen, MMMC was awarded the The BrandLaureate SMEs Chapter Awards 2011-2012: Best Brand in Medical Education

The highly-rated flagship MBBS is complemented by the immensely successful Bachelor of Dental Surgery (BDS), launched in 2009, and the Foundation in Science to be launched in January 2012.

MELAKA-MANIPAL MEDICAL COLLEGE
Lot 463-1, Jalan Batu Hampar, Bukit Baru, 75150 Melaka
Telephone : (606) 292 5849 / 50 / 51 Fax : (606) 281 7977

www.manipal.edu

