

HOWZIT



Manipal Alumni Association Newsletter

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NOSTALGIA

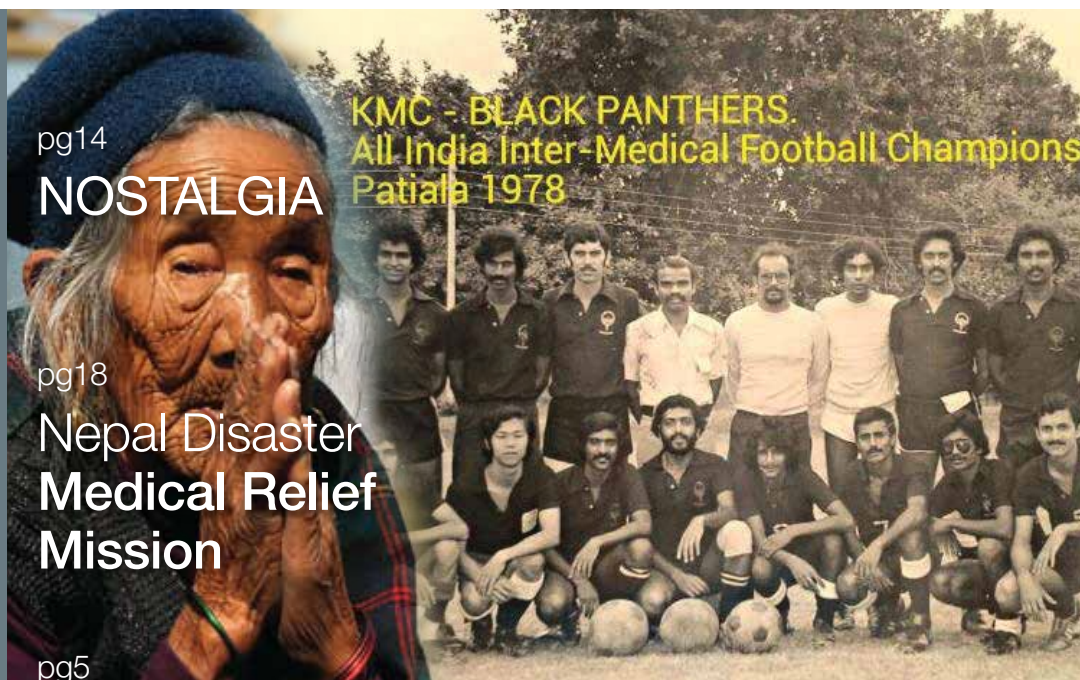
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Nepal Disaster Medical Relief Mission

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MAAM-MMMC 2015 Convention Novotel, Melaka 4 - 6 December 2015

KMC - BLACK PANTHERS.
All India Inter-Medical Football Champions.
Patiala 1978



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Follow us on Twitter @ManipalMAAM

President's message



As decided, our focus for MAAM during this committee's term has been to streamline and designate duties in several areas for the Alumni Association including CPDs, Social and Sport events, website/IT, Howzit Newsletter, Membership and also the newly launched MASH Scientific Journal. As part of our efforts to streamline and organise our budget, it was decided that to cut cost, we will give up renting an office space. There are numerous options for physical meeting spaces and most of our work and discussion is already being done online. We are conducting regular CPDs and this ties in well with our vision for the Association.

MAAM conducted a donation drive following the recent tragedies including the flooding in the East Coast states and in Perak as well as the Nepal earthquake. MAAM helped to mobilise healthcare volunteers for missions working with other NGOs such as MERCY Malaysia and MEDRF (Malaysian Emergency Disaster Relief Foundation) to both these disaster zones. Donations amounting to almost MYR\$7000.00 were received from MAAM members and Manipal Alumni from around the world who heard of the disaster.

In August, 2015, we successfully concluded the 3 day 2 night Manipal Alumni trip to the Rainforest Festival in Kuching. Dubbed 'The Hangover 4', it sure made some facebook headlines! The 1st MASH (Manipal Alumni Science & Health) Journal, supplementary issue is on our website for members to view. The 1st volume is expected out in December and the Editor, Dr. Premkumar is busy compiling articles as we speak. Please submit your articles to masheditor@gmail.com and it will be peer reviewed. Our website is updated regularly and so too our mobile application. The application is compatible with iPhone and android so please download it from the App Store and Google Play store. In this day of IT and technology, information is better and more efficiently sent via applications or online.

Finally our Convention this year is in Melaka from 4th to the 6th of December, 2015. It is co-organised with Melaka Manipal Medical College and activities will be conducted both at the MMMC campus, grounds and the all new, Novotel Hotel, Melaka. It includes a half day of CPDs, activities for children and spouses, games with the MMMC students and then themed dinners – Salsa Night on the 4th of December and Ebony & Ivory on the 5th of December. Register online or contact our Secretary at 016-2238079 for details.

Dr. Arun Kumar
President,
Manipal Alumni Association Malaysia

Welcome to another edition of HOWZIT

This year has seen a lot of reunion activities as well as gatherings and excursions for our Manipalites, MAAM members or not. All these have been due to the advent of social media apps like Whatsapp, Viber, Facebook, Twitter and the likes of it.

Suddenly, we find that long lost friends and class mates are being found and rounded up into the various chat groups. Sharing of gossips and life stories is suddenly the in thing with many senior Manipalites venturing into the ownership of smart phones.

Many healthcare professionals were initially reluctant to own a mobile phone, saying that they do not want to remain tethered to their work the moment they step out of their clinics or hospitals. But the scenario now is different. A great number of Manipalites are lost without their phones on hand, and it is the norm to see their eyes glued to that rectangular piece of technological marvel through out the day in the fear of losing track of notable events of the day.

It has its downside as well, with lots of misinformation being spread around as unverified postings are forwarded with glee the moment it is received. Many of us used to believe in the contents of whatever is forwarded to us, as it came from people that we know. But I guess, most of us know better now, and it is becoming a trend to ask if the forwarded message is true before assimilating it.

Now that more and more lost Manipalites are being "found", it is our hope that they will join MAAM as a natural progression to their new found involvement with Manipalite activities.

The generous sharing of photos by our Manipalites is much appreciated by the exco members of MAAM as it is these memory triggering pictures which give life to HOWZIT and is the spawn of the various activities of our alumni.

Dr. Koh Kar Chai

NOTICE

Dear Members,

Manipal Alumni Association Malaysia (MAAM's) Secretariat is going virtual

WE WILL CEASE OPERATION AS OF 31st DECEMBER 2015. However, our postal and

email addresses will remain the same.

The phone number will be **012-366 1760**

The land lines and fax numbers will no longer be in use after 31st December 2015.

Email: manipalmaam@gmail.com

Website: www.manipal.org.my

Secretary

Manipal Alumni Association Malaysia

MAAM-MMMC CPD Programme, Melaka at “MELAKA MANIPAL MEDICAL COLLEGE”

4 December 2015

9.30am - 10.00am

Registration

10.00am - 10.40am

Measuring Vitamin D: Clinical Applications Beyond Classical Conditions by **Dr. Vicknesh Krishnan, M.D.**

10.40am - 11.20am

The Role Of Single Pill Combination in Management of Hypertension: When Two is not enough?

11.20am - 11.40am

Tea Break

11.40am - 12.20pm

Advances in GERD Management. by **Dr. Mohd Hanizam Bin Jaafar**

12.20pm - 1.00pm

HCV, Race Towards Cure by **Dr. Shanthi Palaniappan**

1.00pm - 2.00pm

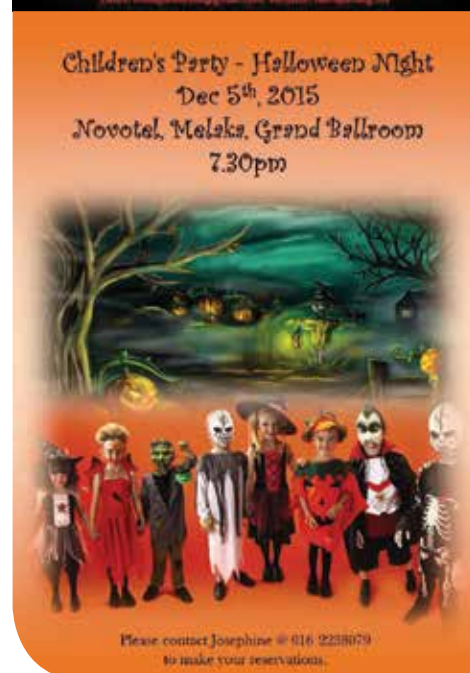
Lunch

2.00pm - 2.30pm

Dental Awareness for Medical Professionals by **Prof. Dr. Eswara Uma**

2.30pm - 3.00pm

Yesterday, Today and Tomorrow by **Prof. Dr. M.V. Kumar**



MAAM - MMMC Convention
Dec 4th to 6th, 2015
Novotel, Melaka.

Greetings Manipalites,
This year the Manipal Alumni is taking the 3D-2N Convention to Melaka! We welcome our young and new Alumnis from MMMC, and are excited to have them on board.
They will have an active part in organizing this year's Convention!

Proposed Program:

Dec 4th, - (Friday)	# Morning CPD Lecture at MMMC
	# Basic Life Support course for Spouses and Children.
	# Check-in at Novotel after 3P.M.
	# Dinner at Novotel (Salsa Night)
Dec 5th, - (Saturday)	# Breakfast at Novotel
	# Games on MMMC grounds (Shuttle buses from Novotel to MMMC)
	# Lunch at MMMC.
	# Dinner at Novotel (Ebony & Ivory)
Dec 6th, - (Sunday)	# Breakfast at Novotel
	# Check out

RM 600 per pax 3 days & 2 nights

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It's the time of the year again when we will gather for a fun-filled, yet educational weekend with our fellow Manipalites from all around the country. This time, we are glad to inform everyone that for a change, we have decided to go to the historical city of Malacca. By the way, let me introduce myself for those who do not know me yet. I am Dr. Eugene Tan, Batch 8, Ex-MMMC who was unanimously voted by the committee to chair this event for all of you. For your info, I was born and bred in Malacca.

Well, how many of you people attended the last event, "1st Global Convention of Manipal Alumni" which was held in the Royale Chulan Hotel, Kuala Lumpur in August last year? Hmm... I hope many of you attended and did have a memorable and unforgettable time with your old friends.

The response from our Alumni members at the Convention was unmistakably enormous. I hope that the next event which we have proposed to be held from 4 till 6, December, 2015 will bring us much closer than ever. I suggest to you that you block those dates in your phone or diary now so that you will not miss the chance to experience the wonderful atmosphere of being a Manipalite.

Let me take this opportunity to brief you guys about the proposed program so that you will have a rough idea on what will be going on in Malacca this time. Let's rock Malacca with a big bang, the Manipal way!

For those from outstation, I hope that you could arrive in Melaka, to be exact, in the Melaka-Manipal Medical College campus that Friday morning as we are going to begin the CPD lectures from 10.00am sharp. Registration will begin from 9.45am onwards. We will have local guest speakers from Malaysia to speak on current medical issues and a special memorial lecture from one of the senior lecturers of MMMC.

Lunch will be provided in the campus and the talks will continue until 4.00pm. Lucky draw prizes will be given away on that day too. Spouses and children can participate in activities which will be held around the Sports Complex. There will be an MAAM EGM after the CPD session.

to our needs for the convention. It is a free-and-easy session after the check-in process. At night, we will have our informal dinner and dance event at the rooftop of the hotel. It has a nice view of Malacca town on one side and Straits of Malacca on the opposite side.

After that, all the participants will proceed to drive and check-in to the hotel in Malacca town. We have chosen Novotel for our lodging comfort this time as it is a brand new hotel and it is able to cater

On the next day, which is Saturday morning of 5 December, after breakfast in the hotel, there will be a chartered bus service from the hotel to the college at 9.00am for the sports event. We will have fun and games for everybody, old and

MAAM-MMMC 2015 Convention

Book the dates
4 - 6 December 2015
in advance!

young. There will be the traditional North-South games of cricket, football, badminton, squash, and tug-of-war, also if there are enough golf enthusiasts, we may arrange for a tee-off session at a nearby golf resort. Return transport to the hotel will be provided at the end of the sports activities. The moment that everybody is waiting for, the Gala Dinner, will take place in the hotel ballroom starting from 6.00pm till late night.

This will be a tentative program which was proposed during one of the meetings and it is subject to changes when deemed appropriate. I hope you will keep watch of this upcoming annual event and confirm your participation as soon as possible so that we can make the necessary arrangement for you and your family. More updates will come along on Facebook and in our mobile app. Be on the look-out for it. Thank you for reading this article and hope to see you there in Malacca!

Sunday morning, after all the enjoyment on Saturday night, I have arranged for a ride on the Malacca Duck Boat for a light excursion for those who are interested at a discounted price from the hotel. The ride will take about an hour. Check-out time will be at 12 noon and then bon voyage, till we meet again!

See ya in December!



16 May 2015
MAAM 30th AGM
 @Holiday Inn



14 June 2015
PLUS Symposium
 @Hilton

(MAAM endorsed CPD activity,
 courtesy of Mundipharma Sdn Bhd)



Social Gatherings of Manipalites



Hey Guys and Gals, when you do meet up, do take pictures and submit them to Howzit with a short write up for publication. However, we do reserve the right to edit your photos to weed out undesirable elements and the juicy parts.



Manipal Alumni South Africa Get-together

How could I not have attended? WHAT WAS I THINKING ?!! The last time I had seen some of my colleagues from Manipal was when we all separated to return to our respective countries after our final year exams, in 1982/1983. Some had kept in touch regularly throughout the years, and others moved to different cities to continue their careers, and contact fell away, slowly but surely.

There were times when they would come to mind... and always with a tinge of nostalgia. It would be fleeting, as dwelling in that moment could lead to the dredging up of too many memories and emotions which we might not have the courage to revisit. Some of these memories were happy and joyous, others difficult and challenging but they were all there, part of the fabric of our being.

When the decision was made to attend the reunion (after much persuasion!) and tickets booked and bag packed, the anticipation mounted. Who would be attending? What would they look like? Would I recognise them? Would they recognise me? Would I remember their names? What would we talk about after so many years of minimal or no contact?



I needn't have worried. My fears were groundless. Recognition was instantaneous when we met friends who had been close to us. The joy felt on seeing them and sharing our life stories kept us talking late into the evening. We took photos, we danced to a couple of old disco hits, we laughed, hugged, shook hands, exchanged cards, and remembered the old days.

We filled our spirits with affection and laughter that night.

Next reunion?
SURE! BRING IT ON!

by Dr. Jitinder Roalkvam

If only we don't sweat the small stuff

Ling constantly sweats, even it's over small stuff. She simply has no control over it. The sweaty palms and the constant perspiration of soles, resulting in the yucky wet feeling in her shoes were such turn offs that she became a social recluse, just keeping to herself and staying away from the social scene.

At 23, Ling feels that her world is crumbling around her. "Why? Why? Why?"... she asks herself. "Why did I have to develop such a condition? Why me? Why can't I lead a normal life?". These have been the persistent questions tormenting her since her secondary school days when she started to be self-conscious of her condition.

Each time, it was an important occasion for her – like the girls' night out with the boys, her first date, the first job interview – the sweating would get really excessive as if a sweat tap had been turned on at maximum for the gushing sweat flow.

Yes, she was constantly worrying about what other people would think of her and that prevented her from doing everyday tasks like shaking hands, holding hands, dancing... If it weren't for her excessive sweating, she would probably be more outgoing but instead, she ended up being shy and withdrawn, simply afraid of what other people would think of her.

Although Ling does not suffer a major illness, excessive sweating or Hyperhidrosis is far from trivial. It is a common condition that affects 3% of the population. Excessive sweating can take a serious toll on a person. In addition to causing embarrassment and frustration, it takes a toll on one's quality of life and ability to carry out simple chores. Handshakes become unpleasant, intimacy difficult and some types of work impossible. People with hyperhidrosis may have to change their blouses/shirts/socks etc two to three times a day. Any part of the body may be affected but most commonly the underarms (axillae), palms, feet, face and groin are involved.

But, it's not all gloom and doom. Hyperhidrosis can be treated.

Normal Sweating

First, let us understand sweating, which itself is both normal and necessary. It's one of our body's main ways of shedding the heat that is a byproduct of our metabolism. We all need to sweat to keep the body cool and regulate body temperature.

Our sweat glands are activated by nerves and these nerves respond to stimuli that include hormones, emotions and physical activity

There are between two and four million sweat glands distributed all over the human body. The two types of sweat glands are the "eccrine" and "apocrine" glands.

The eccrine sweat glands are responsible for hyperhidrosis. The main function of eccrine sweat glands is thermoregulation, a process that cools our body by evaporation of eccrine sweat. These glands are found all over the body with highest density on the palms, soles, axillae and scalp. The sweating mechanism is controlled by a segment of the nervous systems known as the sympathetic nervous system, which controls the body's reaction to emergencies and other forms of stress. This sympathetic nervous system activates the eccrine glands through the chemical messenger acetylcholine. People with hyperhidrosis have eccrine sweat glands that overact to the acetylcholine stimulation and are generally overactive. More sweat than necessary is produced.

The role of the apocrine sweat glands is less well understood. They are thought to play a role in scent. The apocrine gland secretions are related to body odour and pheromones. The highest density of apocrine sweat glands are found in the axillae, breasts, ear canal, eyelids, nostrils, the external genitalia and the area around the anus.

Causes

Hyperhidrosis may be **primary** (meaning its cause is not another medical problem) or **secondary** (meaning it results from another existing medical problem or a side effect of medication). In primary hyperhidrosis, the excessive sweating is the medical problem.

Excessive sweating may occur in a focal (occurs only on certain areas of the body e.g. the palms, soles, and or generalized (large areas of body affected) pattern.

The two main types of Hyperhidrosis are Primary focal hyperhidrosis and Secondary generalized hyperhidrosis.

- **Primary focal hyperhidrosis** often begins in childhood and adolescence and most often affects the feet, hands, underarms, head and face. Both sides of the body are equally involved usually. Interestingly, people with this condition do not usually sweat when they are sleeping. It's also been shown that this type of hyperhidrosis maybe be inherited with members of the same family suffering from this condition.
- **Secondary generalized hyperhidrosis** is excessive sweating that is caused by another medical condition or is a side effect of a medication. Unlike Primary focal hyperhidrosis,

sweating involves large areas of the body, can start at any age and may occur during sleep. Conditions that may cause hyperhidrosis include infection, an overactive thyroid gland, menopause, obesity, diabetes, gout, heart failure and stroke. Some medications such as certain antidepressants and antihypertensives (blood pressure pills) can also cause this type of sweating.

Hyperhidrosis affects the quality of life of sufferers more than any other disease that dermatologists treat. It may cause discomfort and skin irritation, such as in the feet or skin folds. The sweaty areas are also prone to bacterial and fungal infections and infections which may lead to bromhidrosis (foul smelling sweat).

It is important to get a medical evaluation to ensure proper diagnosis is made and appropriate treatment is instituted. Treatment depends on the cause. The underlying cause in secondary hyperhidrosis must be addressed completely before other forms of treatment are considered.

Treatments

- **Antiperspirants**
This is the first line of treatment as they are the least invasive, inexpensive and easy to use. The most common ingredient is aluminium chloride hexahydrate.

Once an antiperspirant is applied on the skin, the sweat dissolves the antiperspirant particles and pulls them into the sweat pores. Plugs are then formed just below the surface of the skin in the sweat duct. When the body senses that the sweat duct is plugged, a feedback mechanism then stops the flow of sweat. The plugs can stay in place for about 24 hours.
- **Iontophoresis**
This is a treatment especially useful for hyperhidrosis of the palms and/or soles in people who have tried prescription or clinical strength antiperspirants but not improved. Iontophoresis entails using a medical device that sends low voltage current through water. The patient is required to immerse his hands or feet in a shallow pan filled with water and the low-voltage current is passed in this water. This process temporarily shuts off the sweat glands. It takes about 8-10 treatments done on alternate days to decrease sweat production. The treatments must be maintained for sustained results.
- **Botulinum Toxin Type A**
Botulinum Toxin Type A may be injected into the palms, soles or underarms. This medication is a protein with the ability to temporarily block the secretion of the chemical that is responsible for “turning on” the body’s sweat glands. This chemical is known as acetylcholine. By blocking, or interrupting, this chemical messenger, botulin toxin “turns off” sweating at the area where it has been injected. This treatment is effective and may last for up to 8 months. Repeated injection is necessary to maintain the effect.
- **Oral Medication**
The most commonly used medications for managing excessive sweating are medications that belong to the anticholinergic group. Anticholinergic medications such as oxybutynin, glycopyrrolate and propantheline work by blocking the transmission of the chemical messenger

(acetylcholine) to the receptors on the sweat glands that are responsible for triggering sweating. Because similar receptors are located in multiple areas of the body, there can be a range of side effects from these medications such as: dry mouth, constipation, impaired taste, blurred vision, urinary retention, and heart palpitations. As all medications have possible side effects, the benefits must outweigh the potential risks.

- **Surgery**
Mainly for underarm hyperhidrosis. The sweat glands may be removed by various methods like surgical excision (cutting), liposuction and curettage (scraping). All of the techniques mentioned above have the same goal: to remove or injure the sweat glands so that they can no longer produce perspiration. Sweat glands are located just beneath the skin (where the skin and the underlying fat meet) and are thus accessible for these types of interventions. For a number of reasons (including the dispersal of sweat glands and scarring) local surgeries are not done for palmar hyperhidrosis (excessive hand sweating) and plantar hyperhidrosis (excessive sweating of the feet). Other treatments such as iontophoresis and botulinum toxin are better choices for these areas.
- **Symphactectomy**
This is a surgical procedure performed under general anesthesia. The nerve pathway associated with the overactive sweat glands is destroyed. It is mainly used to treat palmar hyperhidrosis. A common side effect of this procedure is “compensatory sweating” in a different part of the body. Compensatory sweating is excessive sweating that occurs on the back, chest, abdomen, legs, face and/ or buttocks as a result of this surgery. It may even be more extreme than the original sweating. Therefore, this procedure should be limited as an option in patients in whom all other treatments have failed.
- **Newer emerging therapies**
The MiraDry device is a relatively new treatment that uses microwave energy to destroy the eccrine sweat glands in the axillae. Other emerging therapies that may prove beneficial in the future include laser, ultrasound and devices that utilize radiofrequency. More research and published data is needed on these modalities.

Hyperhidrosis is a physically, emotionally, physically and socially disabling condition that has a profound negative impact on sufferers’ quality of life. This problem is often underreported and hence undertreated. The diagnosis and treatment of patients with hyperhidrosis leads to a great improvement of patients’ quality of life and confidence. There is no need to suffer in silence anymore! It can be treated!

Dr. Priya Gill is a Consultant Dermatologist. This article is courtesy of Manipal Hospitals Klang. The information provided is for educational and communication purposes only and it should not be construed as personal medical advice. Information published in this article is not intended to replace, supplant or augment a consultation with a health professional regarding the reader’s own medical care.

Names mentioned in this article have been changed to protect the real identity of the patients.

The incidence of non communicable diseases in Malaysia is on an upward trend in recent times, as evidenced by the National Health and Morbidity Surveys conducted by the Institute of Public Health. One of the concerns among primary health care doctors is the prevalence of Diabetes Mellitus which stands at 15.2% of adults above the age of 18 years (NHMS 2011).

Though prevention is the main stay of management by primary health care doctors, they do however face the complications of diabetes in their day to day practice of medicine. One of the common complications is diabetic foot ulcer in various stages of neglect or mismanagement.

According to the National Orthopaedic Registry Malaysia (NORM) Diabetic Foot 2009 out of all diabetic foot ulcer cases that were admitted, as much as 33.8% underwent foot amputation.

The aim of primary health care doctors is to prevent all cases of diabetic foot ulcers from reaching a stage whereby admission is needed. This will then hopefully reduce the incidences whereby amputation is needed.

There is high morbidity as well as mortality that is noted in cases of limb amputation among diabetic patients.

In line with the Ministry of Health’s desire to increase the care of patients with non communicable diseases and it’s complications by the private sector primary health care doctors, the Society of Scientific Studies of the Manipal Alumni Association Malaysia is undertaking the task of creating an awareness on the need to manage diabetic foot ulcers effectively as an initial step. A series of CME/CPD activities is ongoing to ensure that doctors in the primary care setting are armed with the knowledge and expertise to manage the scourge of diabetic foot ulcers and it’s complications.



A Visit to Askina Healthcare Center

The treatment of diabetic foot ulcer includes the debridement of necrotic tissue, control of infection as well as revascularisation of the wound when indicated. Hyperbaric oxygen therapy is known as an adjunctive treatment for diabetic foot ulcers. By reducing wound tissue hypoxia, healing of diabetic foot ulcers is improved and it may lead to a reduction in the incidence of lower extremity amputation. However, I would like to add that while such therapy has been shown to improve foot ulcer healing, more studies may be needed to conclusively say that the rate of amputations in cases of diabetic foot ulcers will be reduced by adjunctive therapy with hyperbaric oxygen.

Facilities offering hyperbaric oxygen therapy are far and between due to the high cost involved. Askina Healthcare Center is one such facility that is being set up to offer such a treatment. The soon to be opened establishment features a multichamber hyperbaric chamber which allows them to treat multiple patients in a single session.

My visit to Askina Healthcare Center brought me face to face with the hyperbaric chamber which reminds me of a mini submarine. The chamber here is of the multiplace type which can accomodate 10 persons including an accompanying healthcare personnel. The role of the healthcare personnel is to observe and assist the patients undergoing treatment. It allows for the administration of 100% oxygen to the patients via a mask whilst in a pressurised atmosphere.

I am hopeful that our doctors who are interested in diabetes foot ulcer management be allowed to use this facility to broaden their knowledge on how to deliver state of the art treatment for lower limb ulcerative diseases. Negotiations are ongoing to allow limited referrals of charitable cases from member doctors of Manipal Alumni Association Malaysia to this center once it is fully operational.





From Sringeri to Manipal

Nostalgia, nostalgia, nostalgia.

For those who have made a trip back to your Pre-University Colleges as well as Kasturba Medical College (as we know it in those days), you will definitely miss life as how it was in then. Leave aside the stress of past examinations or failed love affairs and reminisce on the fun filled college days of yore. Much has changed in Sringeri, Moodibidri, Karkala, Manipal etc and what is missing will never come back but will still remain forever etched in our minds.



MADRAC- Malaysian Adverse Drug Reactions Advisory Committee

Healthcare professionals are encouraged to report adverse drug reactions encountered in their care of patients. Though there has been a steady rise of reports annually, it still leaves much to be desired. More than half of the reports were submitted by Ministry of Health Pharmacists (MOH) followed by MOH doctors. The rest are made up of mainly product registration holders. Reports submitted by private healthcare professionals remain low.

Reporting is easy.

Online:

1. Visit www.bpfk.gov.my
2. Click on ADR Reporting.
3. Click to report as a healthcare professional online or via hardcopy.
4. Submit the form once completed.

Mail:

1. Print out and complete the ADR form available from the website.
2. Mail or fax to:
The Drug Safety Monitoring Centre, Centre for Post Registration of Products, National Pharmaceutical Control Bureau, Ministry of Health, PO Box 319, Jalan Sultan, 46730 Petaling Jaya, Selangor.

Telephone: 03-7883 5400 (ext. 8460/8461/8463)
Fax: 03-7956 7151

Alerts:

Allopurinol is associated with Stevens Johnson Syndrome; DRESS Syndrome. Healthcare professionals are reminded to be judicious in their use of Allopurinol. A reminder is given that routine serum uric acid level testing in asymptomatic patients is not encouraged.

Use of Syrup Promethazine in patients younger than two years of age. It has been noted that some private healthcare facilities affixes their own labels on top of the original label on the prepacked bottles or repack the Syrip Promathazine in new bottles without the original label Information. Healthcare professionals are reminded of the contra indication of such products for cough and cold in children below two years of age.



KMC Veterans Football Club Reunion 4-7-2015 At The Centro Mall Klang
 Standing From Left To Right---Peter Yeow, Lau Ing Hoong, Mahadevan, Peter Richards, Ratnasingam, Vijaykumar, Ow Peng Cheng, Donald Christie, Jagjit Singh, Jeyalan, Novelend, Muthukumaraswamy, Indran, Kewaljit Singh.
 Sitting From Left To Right---Mogan Charlie, Herman Pereira, Balachandran, Heenie Lee, Rajasingam, Rajeswaran.

KMC VETERANS North-South Football



HATS off to our Super seniors. I had the privilege of being invited to take part in our super seniors North vs South Football match in Klang in mid 2015. The other "juniors" with me were Thomas John (TJ) and Jeyalan. It was fun playing with these 64 year old veterans. Made us feel young .

On arrival at the field, I was very impressed with these veterans. They came from all over Malaysia-Penang, Ipoh, Cameron Highlands, Tampin and Johor. Field was booked. Nets at the goals. Referee and 2 linesman. Wow...

The match was a close fought and very entertaining one. Final score was 4-4 . It went to Penalties. Who won?? Both teams were the winners. Post match - Listening to these veterans talking about the Manipal days. How fast and skillful so and so was. Jipmer intermedics etc. Great memories for them.

This was followed by dinner in a chinese restaurant in Klang. Fellowship and old memories with good food and drinks. There were even medals awarded to both teams. It was a nostalgic evening. Kudos to the organisers Hennie Lee, Bala and the rest of the gang.



Below is some more information about how these guys got started. Contributed by Dr. Hennie Lee

KMC VETERANS FOOTBALL CLUB

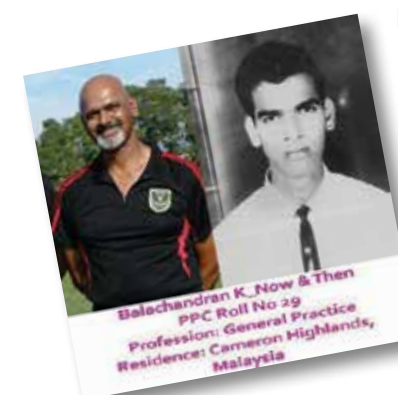
In the first quarter of 2014, I met my colleague, Balachandran in Klang whereby we decided to form a KMC Veterans Football Club, comprising of our fellow batch mates. We included our other "half," the dentists as well. However, we also added in others from junior batches to get a better crowd.

I created a WhatsApp Chat group under the same name, and slowly added in the names of not only ardent footballers, but those who were interested in a once-a-year social dinner meet and "Happy Hours."

Our Veterans Club consisted of players from as far north as Langkawi (Ratnasingam), Penang (S. Indran aka "Mafia"), Brinchang (Vijayakumar aka "Carrot,"), Taiping (Vasudevan), and South (Herman, "Charlie" Mogan, Peter Yeow) and our Johor Bahru (Lau Ing Hong, an authority in pairing "Present" and "Past" photos of KMC graduates)\. Lately we welcomed Roy Ng Kok Weng (Singapore) and Patiala Subramaniam (Coimbatore, India) into our chat group.

The Inaugural Football match (22 players) was played at Pandamaran Sports Grounds, Klang on the 16th August 2014, followed by a nine-course Chinese Dinner and free flowing whisky and beer at The Klang Palace Restaurant, Centro Mall, Klang. There was also a prize presentation for both teams and our guest of honour was Rajasingam. There were nine non- players who attended the dinner, including two ladies, Mrs. Nirumal Kumar and Mrs. Vijayakumar. Outstation players were given free hotel accommodation at the Crystal Crown Hotel, Port Klang.

Because it was so enjoyable, we decided to host a similar event this year, at the same venues for the match, dining and accommodation. The match was played on 4th July, 2015, but we had fewer players mainly due to injuries. However we also had new footballers including Donald Christie, Jeyalan , TJ and Kewaljit Singh. Next event is planned for Penang in 2016.



Nepal Disaster Medical Relief Mission

On Friday 22nd May 2015

16 volunteers left from KLIA to Kathmandu, Nepal. The team comprised 3 Doctors including the Secretary of Manipal Alumni Association Malaysia, 6 Year 4 medical students and 7 other non-medical volunteers. All volunteers were briefed a week before the mission and explained that this was not a holiday and that they needed to prepare themselves for a difficult few days with the only purpose to serve those in need. Items for distribution to the victims of the deadly earthquake were prepared 1 week prior to departure. Manipal Alumni Association Malaysia had collected donations from members and well-wishers from all over the world for the disaster fund which totalled to RM\$7000.00. Of this \$6000.00 was utilised for this mission which included;

\$4400.00	22 bacteriological grade water filters
\$1128.00	Medications to be used at the clinic
\$620.00	Art Therapy material & personal care



At the airport on the day of departure, we were given a pre-mission briefing and then roles and responsibilities were designated. All volunteers had to pay part of their flight ticket and were also encouraged to donate money or items of necessity for victims there. Our check-in luggage included 300 kilos of medicines, 200 kilos of tarpaulin, bacteriological grade water filters, and other items.

Arriving at midnight that same day, we were met at the airport by the Secretary General of MEDRF who helped us through immigration without the need for visa and then through customs as well. K. C. Chia, the general secretary, had already made contacts with the Ministry of Health and Education and had the required letters to show that we were coming as volunteers. Arriving at Heritage Hotel that night, we were greeted by the owner of the hotel, Mr. Siddhartha and members of Team 3 who were starting the inventory of all medications and so we continued to help them with the medications we had just brought till about 4am. We catalogued and labelled them and separated the ones we were taking the following day. Siddhartha had made the hotel lobby available for all the stocks we had brought.



Waking up at 6am the next day and after breakfast at the rooftop of the hotel, we left in 3 4-wheel drive vehicles to Barpak. Barpak is a village situated in the northern part of the Gorkha district of Nepal and is inhabited by Ghailes, Gurungs, Sunwars and others. There are more than 1,200 houses in the village. Barpak is situated upon the hilltop about 1,900 m (6,200 ft) above sea level. It was cut off due to the earthquake as the roads were made impassable for 2 weeks but tractors helped to change that. We were one of the first medical teams to reach after the road was made passable. Saying that, the road was really scary and we owe our lives to the grit and skills of the drivers of our 4-wheel drive vehicles. The journey lasted 12 hours and by the time we arrived, it was dusk. It started raining heavily with thunderstorms and lightning and it was slowly getting very cold.

We unloaded our luggage and the local villagers helped to set up the MSF tent that the men were going to use for the night. The ladies stayed in the only available unfurnished room in a 'so called hotel' in the village. There was no electricity as it was cut-off by the earthquake. We had some dinner at the hotel restaurant lit up by our torch lights. We discussed the next day's program and roles of each volunteer. Later the men went into their tents and snuggled into their sleeping bags and tried to sleep. Sleep was difficult for some. It was freezing cold as we were right next to the Himalayas and the snoring made sure I hardly slept. Getting to the toilet was tough because it was a public squatting toilet and again the water was freezing cold too. Most of us didn't bathe in the 2 days we were there! On the first night, while trying to sleep lying next to the stacked boxes of medicines, a drunk local entered the wrong tent and came right up to me and shone his torch-light on my face. If that was not enough, at about 3am, the boxes fell on me making sure I was not going to sleep anymore!

The following day, we set up clinic from 8am and saw close to 450 patients from infants to adults and the elderly. There were numerous conditions treated among which the most common were respiratory conditions, diarrhoea, back pain, URTI, oral conditions, chronic pain, mal-union and chronic wounds as well as skin conditions. Our service included a 4 station model which was a registration table manned by non-medical volunteers, the preliminary medical examination manned by 4th year medical students, a diagnostic and prescribing station manned by the 3 doctors in the team and finally the pharmacy and dispensing station manned by students and non-medical volunteers.



While this was going on, there was a children engagement activity and goodies were distributed to all children who attended. After the clinic which ended at 6pm, the teenagers of the village and Team 4 volunteers played a basketball match – Malaysia vs Nepal.

The next day the team donated several items to the village officials including water filters, art material for children, snacks, and medications. The team was honoured by the Village leader Mr Veer Bahadur Singh; we were all garlanded with a silk scarf and given flowers. We travelled back the same day reaching Kathmandu by night and left the following afternoon to Kuala Lumpur via Dhaka. 4 volunteers remained back to continue working for a further 4 days and came back a week later.

We thank all our supporters and benefactors including Manipal Alumni Association Malaysia and all of you for your blessings and prayers. We are still hoping to support the victims of the Nepal Earthquake and currently the focus is on rebuilding and psychosocial support.

Dr. Philip
On Behalf of Team 4
IMU Cares, Manipal Alumni Association Malaysia & MEDRF
Medical Mission to Nepal



Attending this festival for many is one of their “To Do List” or “Bucket List”. This happened as a result of the good work of MAAM.

Very aptly dubbed as --“The Hang Over 4” – after the movie series – Hang Over. We had all the elements of the movie. It all started the night before on the 6th at Dr Pat’s house with a “Get to know each other Party”. It was a party typical of Manipal which ran to the wee hours of the morning. The next day was as such very predictable with our flights – staggered throughout the day -- One group missed their flight and had to re buy their tickets. Through the course of the 3 days one got injured in the water polo match but recovered to dance the night away. Another developed a swollen knee. One hit the jackpot and had enough money to buy beers and wine for all. One group got completely lost and was not seen until the last day of our return flight. Getting stoned / drunk was un-paralled with the availability of intoxicating drinks available at the flick of the fingers. Not forgetting the afterhours reunion. There was a tattoo shop who did permanent and temp tattoos – 2 of our group had permanent tattoos done and I do hope they are not living in regret!

RAINFOREST MUSIC FESTIVAL KUCHING, 7 – 9 August 2015

Traditionally this festival is held on the 2nd weekend of July but due to the Fasting month of Ramadhan it was held from 7th to 9th August. Surprisingly it did not rain during the 3 days which left some disappointed as the traditional “mud pool” dance floor was nonexistent. The hotel was in a sorry state with everything that could be wrong with a venue being there including the stories of haunted rooms but nobody cared as the ambience outside was out of this world. The company and new friends that we made was incomparable.

The village was perfectly nestled between the sea and a mountain. There were 2 stages for the musicians and there was no break in the performances. Dancing in the open, with the smell of the lush green jungle and enough broth saturating the gastric lining is something difficult to come by in this era. Resembling the concerts at KMC Greens, it was nostalgic that we were dancing to the vibes and smooth sounds of music you would not otherwise hear on Hitz FM!

The music was an amazing mix from various parts of the world including Malaysian groups from Penang, Sarawak and Melaka. I dare say that some of them gave us the opportunity to go take a break and put some food into our bellies and replenish our chilled drinks.

Overall, put like-minded Manipal Alumni anywhere and they gel and have a marvelous time. We had Manipal Alumni from USA, India, Australia and all parts of Malaysia and they, like me had a blast to last in our memories forever! On the last day, plans were afoot to see if we can arrange to meet again in Krabi next year!

by Dr. Nirmal Singh

