



IMPA

ISSUE 04 | VOLUME - 29 | APRIL 2025

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT
MEDICAL PRACTITIONERS ASSOCIATION

NEWS

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FROM THE PRESIDENT'S PEN...



It is with great pleasure that I present the April edition of the Independent Medical Practitioners Association newsletter. With Sinhala and Tamil New Year unfolding, the local health setting is hit by an outbreak of **Chikungunya**. Authorities note that Sri Lanka is experiencing a re-emergence of the virus, particularly in urban areas. Therefore, I believe the month of April is very unique when considering the variety of events.

This month's issue of the IMPA e-newsletter has captured very important topics. Once again, I would like to brief you on the importance of sharing the latest updated medical information.

As council members affiliated with a veteran medical organization, sharing medical articles in the monthly e-newsletter holds immense importance in fostering a culture of knowledge, exchange, and continuous professional development. It allows us to disseminate the latest clinical findings, public health updates, and evidence-based practices to a wide readership of healthcare professionals. By contributing to this initiative, we uphold our commitment to medical excellence, encourage critical thinking, and help bridge gaps in knowledge across various specialties. Moreover, it reinforces the organization's role as a thought leader and trusted source of medical insight in an ever-evolving healthcare landscape.

As previously discussed, the upcoming Presidential Induction is scheduled in June 2025 as planned and it will be a significant event for our association. We are pleased to inform you that an exciting lineup of medical upgrade programs are planned for the year 2025. These sessions will provide valuable opportunities for professional development and knowledge sharing. I look forward to your continued participation and support in all our initiatives.

Best regards,

Thank you,

Yours Sincerely,

Dr. Sanath Hettige MBBS, DFM, MD, FCGP

President, Independent Medical Practitioners Association of Sri Lanka

Board Certified Specialist in Family Medicine,

Honorary Senior Lecturer, Faculty of Medicine, University of Colombo,

Chief Scientist, Oil of Dermae Laboratories & Dermae Research Medical Center

Chairman, Health & Nutrition Committee, Organization of Professional Association of Sri Lanka

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IMPA Monthly CPD Programme

The Independent Medical Practitioners Association had the CPD program on the 23rd of April
at the IMPA Office, 275/75, Prof. Stanley Wijesundara Mawatha, Colombo 7.

An eminent speaker made the following presentation

“Stress Related Disorders”

By

Associate Professor Sunera Fernando

Consultant Psychiatrist, Northern Sydney Local Health District,
Clinical Associate Professor, Macquarie University, Sydney and
Clinical Associate Professor, Graduate School of Medicine,
University of Wollongong, NSW



Chikungunya viral infections

Prof Suranjith L Seneviratne

Professor and Consultant in Clinical Immunology and Allergy

In recent weeks, there has been an increase in the number of cases of chikungunya viral (CHIKV) infections in Sri Lanka. This short account would outline some important aspects about this condition, including its clinical features, diagnosis, treatment, prevention and control.

What is the Chikungunya virus?

Chikungunya-pronounced chik-n-gunya, with the accent on the first syllable-is a mosquito-borne viral disease caused by the chikungunya virus (CHIKV). This is an RNA virus in the alphavirus genus and Togaviridae family. The name chikungunya is derived from the Makonde (or Kimakonde) word meaning “that which bends up.” This is in reference to the stooped posture that develops from the arthritic symptoms of the disease.

When was this condition first described and where does it occur?

Chikungunya viral disease (CHIKVD) was first described in Tanzania in 1952 to 1953. Since then, outbreaks have been reported from the Americas, Africa and many parts of Asia. In 1958, the virus was first isolated in Asia, from Bangkok, Thailand. During the first three months of 2025, approximately 80,000 cases of CHIKVD and fifty CHIKVD-related deaths have been reported from the Americas, Africa and Asia. Most of the cases were from the Americas, whilst cases have also been reported from Pakistan, Sri Lanka and Senegal. Most of the CHIKVD-related deaths have been in Brazil.

How is the Chikungunya virus transmitted?

The CHIK virus is transmitted by infected female mosquitoes, most commonly *Aedes aegypti* and *Aedes albopictus*. These mosquitoes also transmit the Dengue and Zika viruses and are widely distributed in several South and South Asian countries. They bite primarily during daylight hours and *Aedes aegypti*

feeds both indoors and outdoors. They lay eggs in containers with standing water.

What clinical features are found in chikungunya viral disease (CHIKVD)?

In some, the infection may be asymptomatic, whilst others develop a range of symptoms. Symptoms typically occur 4–8 days (range 2–12 days) after the bite of an infected mosquito. These include an abrupt onset of fever, frequently accompanied by severe joint pain. The joint pain is often debilitating and usually lasts for a few days. In some, they become more prolonged, lasting for weeks, months or even years. Other features include joint swelling, muscle pain, headache, nausea, fatigue, rash, sore mouth or mouth ulcers. Many of these symptoms overlap with other infections, including dengue and Zika virus infections. CHIK can cause a range of complications including chronic arthritis, encephalitis, encephalopathy, myelitis and a variety of skin, eye, cardiac and liver problems. Newborns, those older than 65 years, people with diabetes, hypertension, heart disease or immune related disorders are at risk for more severe complications. Persistent joint pain has been found to be associated with elevated levels of some immune chemicals such as Interleukin-6 (IL-6) and Granulocyte Macrophage Colony Stimulating Factor (GM-CSF).

How is Chikungunya diagnosed?

During the first week of illness, the reverse transcriptase–polymerase chain reaction (RT–PCR) test for CHIKV may be done on a blood sample. IgM Antibody tests to assess the immune response to the CHIKV infection may be used, typically at or after the first week of infection. These antibodies may persist for about 2 months, post-infection.

What treatment is available for chikungunya virus disease?

Currently, there is no specific antiviral therapy for

Cont. on page 04

CHIKVD. However, a number of treatment options are under investigation. Symptomatic treatment includes adequate amounts of rest, drinking sufficient amounts of fluid, and the use of analgesics and antipyretics (medicines to reduce pain and fever). Although, Nonsteroidal anti-inflammatory drugs can be used to help the fever and joint pain, in dengue-endemic countries such as Sri Lanka, paracetamol (acetaminophen) is the preferred first treatment for such symptoms. This is until dengue has been ruled out, so as to reduce the risk of haemorrhage, if the diagnosis is actually dengue. Patients with suspected CHIKVD should be managed as dengue until dengue has been ruled out. For patients with persistent joint pain related to CHIKVD, the use of nonsteroidal anti-inflammatory drugs, corticosteroids including topical preparations, and physical therapy might help reduce the intensity of symptoms.

How is Chikungunya prevented and controlled?

Avoidance of mosquito bites is the best protection against CHIKV infections. To prevent further transmission, those suspected of having a CHIKV infection should avoid getting bitten by a mosquito during the first week of illness. Reduction of mosquito breeding sites (through emptying and cleaning containers that contain water on a weekly basis, disposing of waste, and supporting local mosquito control programmes) is important.

According to the WHO, during outbreaks, insecticides may be sprayed to kill flying adult mosquitoes, applied to surfaces in and around containers where the mosquitoes land, and used to treat water in containers to kill the immature mosquito larvae. People living in or visiting areas with CHIKV transmission are advised to wear clothing that minimizes skin exposure to the day-biting mosquitoes. Window and door screens should be used to prevent mosquitoes from entering homes. Repellents (containing DEET, IR3535 or icaridin) can be applied to exposed skin or to clothing. For those who may sleep during the daytime (young children, sick patients or older people), insecticide-treated mosquito nets should be used.

The United States (US) Food and Drug Administration approved a vaccine for CHIK called IXCHIQ, in late 2023. It was approved for those older than 18 years, with an increased risk of exposure to the virus. The vaccine is also authorised in the European Union, but access to the vaccine remains very limited in CHIK endemic areas. Those who are infected with CHIK, are likely to be protected from future infections.

Conclusion

A basic knowledge of the clinical features, diagnosis, treatment and prevention of CHIKV infections by both the general public and healthcare staff, would help achieve optimal management of CHIKV-infected patients.

Preliminary meeting of the Consortium of Accredited Healthcare Organizations CAHO, SRI LANKA

Dr Palitha Abeykoon
Dr Hazari Akthar Hussain

The Consortium of Accredited Healthcare Organizations (CAHO) is a pioneering body based in India, with outreach throughout South and Southeast Asia, dedicated to fostering quality and patient safety within healthcare institutions. Formed in 2012, CAHO serves as a vital link between accredited hospitals, general practitioners and healthcare organizations, helping them maintain the highest standards of care through collaboration, education, and quality improvement initiatives.

CAHO Sri Lanka was launched on the 18th January 2025 with an inaugural Patient Safety Conference - CAHO LANKACON - at the College of Surgeons premises in Sri Lanka. It brought together over 120 healthcare professionals, including a few from the CAHO parent body in India, who deliberated on Quality of Care and Patient Safety.

The First CAHO Sri Lanka organizing committee meeting was held on the 1st of April 2025 with the participation of Dr. Sanath Hettige, President IMPA,

Dr. Sarath Samarage, Dr. A. Hazari (past President IMPA), Dr. Palitha Abeykoon, Dr. Shani De Silva, Director Medical Services Kings Hospital Colombo and Professor Samuel Ravi, from Christian Medical College, Vellore and Director of Nursing Kings Hospital Colombo. The IMPA has kindly consented to serve as the nodal point for CAHO Sri Lanka. It is of high potential value for the private health care sector.

CAHO Sri Lanka hopes to focus on technically support to independent practitioners as well as interested hospitals as the organization will be able to offer a plethora of support for these healthcare organizations to assure quality of care and possibly offer recognition and accreditation opportunities.

CAHO hopes to give these organizations access to educational resources, training and support needed for establishing Quality and Patient Safety initiatives in their practice; a long-term goal is to collaborate work with the PHSRC and develop a quality framework for the private sector.

World Health Day 2025

Healthy beginnings, hopeful futures

World Health Day, celebrated on 7 April 2025, will kick off a year-long campaign on maternal and newborn health. The campaign, titled Healthy beginnings, hopeful futures, will urge governments and the health community to ramp up efforts to end preventable maternal and newborn deaths, and to prioritize women's longer-term health and well-being.

WHO and partners will also share useful information to support healthy pregnancies and births, and better postnatal health.

Helping every woman and baby survive and thrive

This task is critical. Tragically, based on currently published estimates, 260 000 women lose their life due to pregnancy or childbirth each year, while over 2 million babies die in their first month of life and around 2 million more are stillborn. That's roughly 1 preventable death every 7 seconds.

Based on current trends, a staggering 4 out of 5 countries are off track to meet targets for improving

maternal survival by 2030. 1 in 3 will fail to meet targets for reducing newborn deaths.

Listening to women and supporting families

Women and families everywhere need high quality care that supports them physically and emotionally, before, during and after birth.

Health systems must evolve to manage the many health issues that impact maternal and newborn health. These not only include direct obstetric complications but also mental health conditions, noncommunicable diseases and family planning.

The health of mothers and babies is the foundation of healthy families and communities, helping ensure hopeful futures for us all.

References: <https://www.who.int/campaigns/world-health-day/2025#:~:text=World%20Health%20Day%2C%20celebrated%20on,on%20maternal%20and%20newborn%20health>.

Links to Interesting Articles

IMPA

Link : impa-sl.com

Sri Lanka Medical Council (SLMC) WhatsApp Channel

Link : <https://whatsapp.com/channel/0029Vaiyk9XATRSqzGdJSr44>

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Link : <https://www.youtube.com/watch?v=JjOgeZMg7XE>

WHO Chikungunya facts

Link : <https://www.who.int/news-room/fact-sheets/detail/chikungunya>

Chikungunya facts (Epid Unit)

Link : https://www.epid.gov.lk/storage/post/pdfs/en_6798b863abfb0_Chikungunya.pdf

Hydroxychloroquine for the management of chronic chikungunya arthritis

Link : <https://search.app/NteyjrBhVbfbkCMhV7>

Secret to Success - Prof. Sanath Lamabadusuriya

Link : https://youtu.be/pNMtb_62DFU?si=Y6rGOzqqn0mslHuJ

Malaria

Link : <https://youtu.be/JjOgeZMg7XE?si=moZY4LgsRKcDXG7u>

The Importance of Having Vitamin D Sufficiency By Sunil J Wimalawansa, MD, PhD, MBA, DSc. Prof. Medicine, Endocrinology & Human Nutrition

Link : https://imahealth.substack.com/p/understanding-the-health-benefits?utm_source=substack&utm_medium=email&utm_campaign=email-restack-comment&r=1qncdx&triedRedirect=true

WHO Global vaccine market report 2024

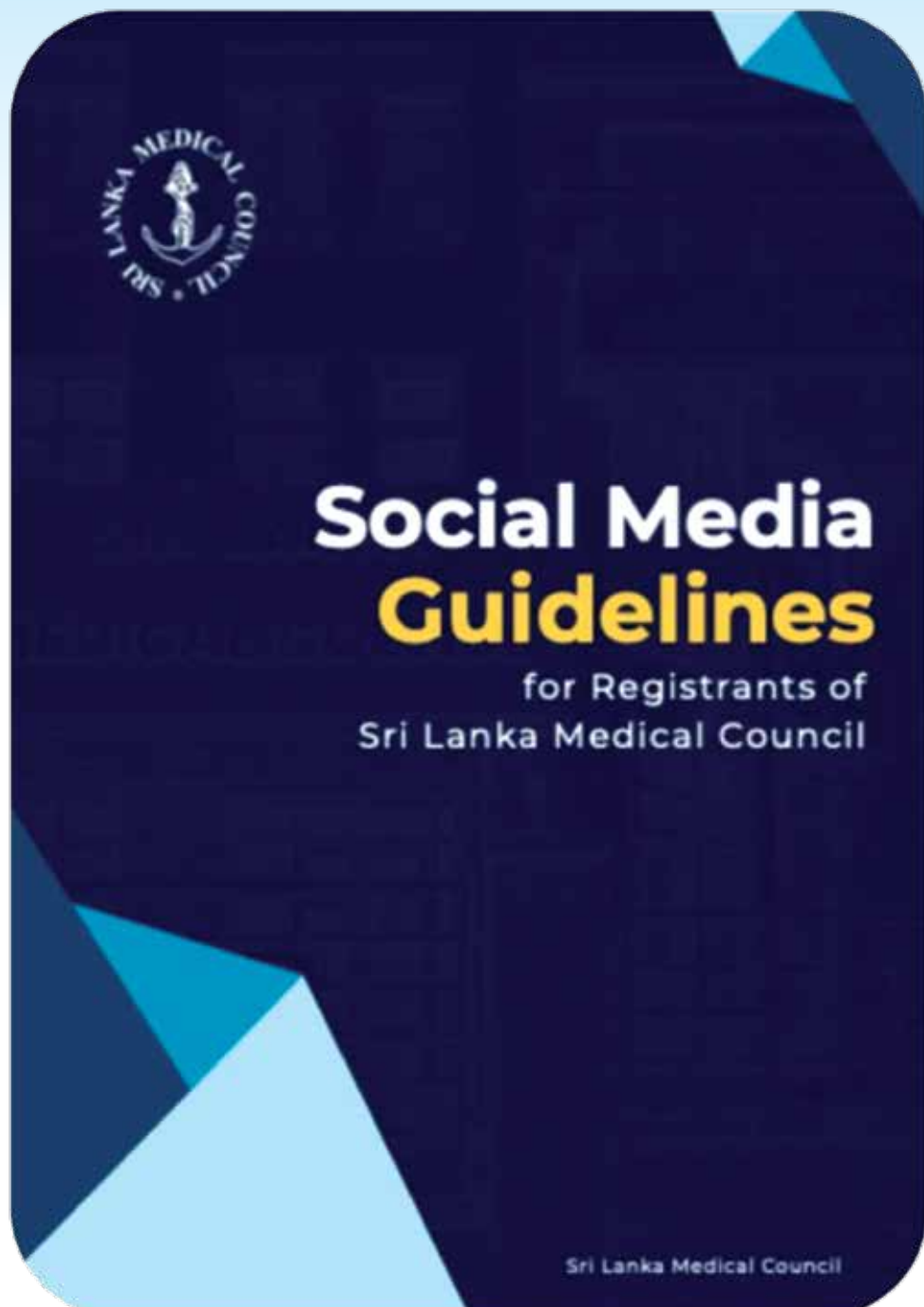
Link : <https://www.who.int › Publications › m › item>

Diabetes Association of Sri Lanka's Post

Link : <https://www.facebook.com/share/p/15KvCHfNd2/>

Webinar Series on Dengue Outbreak Control in the South-East Asia Region

Link : <https://www.dengue.health.gov.lk/web/index.php/en/publication-and-resources/publications/category/28-webinars>



https://slmc.gov.lk/images/2025/Social_Media_Guidelines.pdf



SRI LANKA MEDICAL ASSOCIATION
in collaboration with
SRI LANKA COLLEGE OF CARDIOLOGY
138th Anniversary International Medical Congress 2025



Pre Congress Workshop on

Acute Cardiovascular Care

2nd May 2025 @ N D W Lionel Memorial Auditorium

Registration from
8.15am - 8.45 am

Registration fees
Non Members - Rs.4000
Members - Rs.3000

First 100 registrations
will be accommodated



Certificates and
CPD points
will be awarded



Program Lineup

| | |
|-------------------|---|
| 08.45am - 08.50am | Lighting the Oil lamp |
| 08.50am - 08.55am | Welcome address by President SLMA Dr Surantha Perera |
| 08.55am - 09.00am | Address by President SLCC Dr Sampath Withanawasam |
| 09.00am - 09.25am | Acute chest pain & NSTEMI care at Emergency Department Dr. Tanya Pereira |
| 09.25am - 09.45am | ACS - STEMI care at Emergency Department Dr. Ajith Wanniarachchi |
| 09.45am - 10.05am | Acute Heart Failure at Emergency Department Dr. Zacky Hanifa |
| 10.05am - 10.25am | Hypertensive Emergencies - Management Dr. Amila Walawwatta |
| 10.25am - 10.40am | Tea |
| 10.40am - 11.15am | ECG Quiz in ACS Dr Gamini Galappaththi |
| 11.15am - 12.00pm | ECG Quiz in Arrhythmias Dr. Asunga Dunuwille |
| 12.00pm - 12.45pm | Focus Echo - Lecture Demonstration Dr. Prakash Priyadharshan |
| 12.45pm - 02.00pm | Focus Echo - Hands on Dr Prakash Priyadharshan and Dr Ajith Wanniarachchi |
| 02.00pm | Lunch |

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Sri Lanka Medical Association, Wijerama House, 06 Wijerama Mawatha, Colombo 07.

Thyroid Day 2025

26th May 2025

Prof. Rezvi Sheriff Auditorium, NHSL

09:00 am - 09:30 am

Approach to Graves' Disease

Vidya Jyothi Prof Prasad Katulanda

*Professor in Medicine & Consultant Endocrinologist, Faculty of Medicine
University of Colombo, Sri Lanka*

09:30 am - 10:00 am

Challenging Cases in Thyroid Disease

Dr Shani Dilrukshi

Consultant Endocrinologist, District General Hospital, Matara, Sri Lanka

10:00 am - 10:30 am

Thyroid Disease in Early Life

Prof Sumudu Seneviratne

*Professor in Paediatrics & Consultant Paediatric Endocrinologist, Faculty of
Medicine, University of Colombo, Sri Lanka*

10:30 am - 11:00 am

TEA BREAK

11:00 am - 11:30 am

Evaluation of Thyroid Nodule

Prof Sanjeewa Seneviratne

*Professor in Surgery & Consultant Surgeon, Faculty of Medicine, University
of Colombo, Sri Lanka*

11:30 am - 12:00 noon

Ablative Therapy in Thyroid Nodule

Dr Chinthaka Appuhamy

Consultant Radiologist, Colombo South Teaching Hospital, Sri Lanka

12:00 noon - 12:30 pm

Thyroid Disease in Pregnancy

Dr Dhulashiha Jegavanthan

Consultant Endocrinologist, Teaching Hospital, Anuradhapura, Sri Lanka

12:30 pm - 01:00 pm

Subclinical Hypothyroidism

Dr Chandrika Subasinghe

Consultant Endocrinologist, Colombo North Teaching Hospital, Sri Lanka

CPD Points are Awarded. Registration Free.

**To reserve seats, Please Whatsapp
your name, designation, station, phone number and
program name (Thyroid Day) to 077 498 3829**

GP Sri Lanka '25

50th Annual Academic Sessions
College of General Practitioners of Sri Lanka

4th May 2025

Pre-Congress

*"Bridging Intimacy & Well-being:
A Holistic Approach to Sexual and
Reproductive Health"*

From 9.00 am
to 1.00pm
@ UCFM Tower

24th & 25th May 2025

Main-Congress

*"Transforming Primary Care:
General Practitioners at the
Heart of the Community"*

From 9.00 am
to 4.00pm
@ Galadari Hotel

1st June 2025

Post-Congress

*"Movement Matters:
Enhancing Musculoskeletal Recovery in
Primary Care"*

From 9.00 am
to 1.00pm
@ UCFM Tower

*Early bird deadline:
30th April 2025*

Register Now....!!



MANAGING STRESS & ANXIETY WITH MINDFULNESS

Today, let's dive a little deeper into how we can manage stress and anxiety using mindfulness as a tool. While we've touched on this in earlier articles and presentations, today's focus is more in-depth – because stress and anxiety are part of life. As long as we're alive, they're unavoidable. Think of it like this: whenever a mechanical system is running – say, a lever machine – friction naturally occurs. You can't expect 100% efficiency from any mechanical activity. There's always some wear and tear, heating, and energy loss due to friction. To keep the machine running smoothly, we use lubrication. We maintain it regularly so it doesn't break down or waste energy. Life is no different. As we go through our daily routines, challenges and pressures create stress and anxiety – the "friction" of life. But the key difference lies in how we respond. If we react impulsively to stress and make decisions while anxious, those decisions often don't last or serve us well in the long run. That's why we must prepare for stress and anxiety just as we prepare for any other natural force – like learning about friction in physics. Whenever something is moving, friction develops and other repercussions can happen. So it is not your mistake – that's the main issue. Don't think of stress and anxiety as your personal mistake or as something that

diminishes your worth. If you carry that kind of backward or negative mindset, everything you do will feel difficult, unenjoyable, full of resistance – like moving through friction. You may have already gone through such experiences. But instead of repeating those patterns, try looking at them with a fresh, vigilant mind – through the lens of mindfulness. If you're prepared for the presence of stress and anxiety, you'll begin to see that they are natural aspects of human life. They're not signs of weakness, but simply part of how we experience the world. Stress is a day-to-day reality for every human being. However, if you become arrogant – if you say, "I am a successful person, I work in a perfect, pedantic way, so I shouldn't feel any stress" – then you are expecting something unnatural. That way of thinking is more like artificial intelligence than human nature. In real life, we must accept human error – not just in ourselves, but in society as a whole. The key is this: if you don't forgive yourself, if you don't take time to understand your own stress, you'll end up judging others harshly too. You'll expect others to function like robots. And when they don't, you won't be able to handle their stress either – which leads to conflict and misunderstanding. But, the moment you start accepting that anxiety and stress are part of life – when you truly prepare yourself with mindfulness –

Whether you know it or not, if you're constantly fighting stress and reacting impulsively, you will attract similarly anxious people. But if you become calm, accepting – like a shock absorber – you can handle others' stress without it disturbing your own peace

something changes. You develop a sense of inner friendliness: a kind relationship with yourself, with the present moment, here and now. That kind of friendliness, that peace, cannot be expected from outside sources. It must come from within. I'll put it this way – if you're not friendly with yourself, you'll start to see the world as unfriendly too. Everything around you will feel like resistance, like friction. You'll begin to think that others are harsh, that they never accept you, that they're always pointing out your faults. But some of my teachers taught me this important lesson: the

day you become friendly with yourself is the day you'll begin to see how rare it is to find truly noble people in the outside world.

That same feeling is reflected everywhere – in newspapers, in novels, in newsreels, even in video games. We see dissatisfaction, conflict, and struggle. How many stories truly carry messages of positive thinking or happy endings? Why is it so hard to find contentment?

It's because many people are not happy within themselves. If you're unhappy with yourself, the way you see the world will also be filled with friction and conflict. But this change – the shift to a more peaceful, mindful way of being – doesn't happen overnight. It can't be fixed just by reading this article or making a sudden decision. Yes, that moment might become a turning point for you, but real change starts when you begin to live each day with a fresh understanding of stress and anxiety.

The moment you accept it – instead of resisting it – you'll begin to feel a magnetic energy. You'll become more attractive to others, not because of appearances or success, but because of the inner peace you radiate. That's why it's often said: mindfulness is like super glue. It connects you to yourself, to the present moment.

If you want to reach that level of awareness, the first step is to become friendly with yourself. Forgive yourself.

Forget the past. The main thing is: don't worry. Each moment in mindfulness is new. It's not influenced by past disappointments or future anxieties, because mindfulness exists only in the present. When you come face-to-face with that present moment – fresh, alive – you'll find that everything can be forgotten & forgiven. This is how you develop a fresh perspective. This is what we call regeneration – becoming mentally younger, day by day. Otherwise, if you carry the burden of stress and anxiety continuously, it begins to affect you physically, even at the neurological and cellular level.

Certain scientists, like Dr Elizabeth Blackburn from Australia, discovered that stress affects the structure of our DNA. It shortens the protective caps at the ends of DNA strands, called telomeres, limiting their ability to renew. But during periods of relaxation, these telomeres are preserved. Certain enzymes even help them regenerate. So stress doesn't just affect your mood – it alters your brain structure and impacts your cells on a chromosomal level. If you want to be truly healthy, to stay young and energised, you need to relax. And that means not fighting stress and anxiety, but understanding them. See them as natural. Don't think of them as personal failures or reasons for self-accusation. Instead, be ready to accept them. Once you do, the negative impact of stress

and anxiety will lessen. You'll begin to see them as part of the day-to-day discomforts of life – nothing more.

That's why early teachers used to say: if you can't cope with daily dissatisfaction, it can eventually grow into deeper psychological trauma. Then you may need medication or therapy, and a cycle of dependency may begin. But, if you understand the nature of stress and anxiety, you can live with it as a natural part of daily life.

From today onward, let your life become a lifelong experiment – learning how to live in the midst of stress, how to find stillness within. That stillness is what we call the relaxation response. Many people will offer quick solutions and impressive techniques, but the real key is something known as the placebo effect. If you truly believe you can relax, you will relax.

Whether you know it or not, if you're constantly fighting stress and reacting impulsively, you will attract similarly anxious people. But if you become calm, accepting – like a shock absorber – you can handle others' stress without it disturbing your own peace. Believe in the placebo effect. Believe in your own inner potential. You already have the resources to handle life. If you trust in that, you may very well become your own success story.

Thank you
www.sattipasa.org

"Mindfully Empowered Nation"

Venerable Udairiyagama Dhammajiva



PUBLIC NOTICE

I would like to draw the attention of the public to Section 56 of the National Medicines Regulatory Authority Act No. 05 of 2015;

"56. (1) Every Medical Practitioner, Dentist or Veterinary Surgeon shall write the generic name of the medicine in every prescription issued by him.

(2) Where the Medical Practitioner, Dentist or Veterinary Surgeon so requires, he may in addition to the generic name, write a particular brand name of the medicine in the prescription.

(3) A Medical Practitioner, Dentist or Veterinary Surgeon may write only the brand name of a medicine in the prescription where the medicine prescribed is a combined medicine for which the generic name is not available.

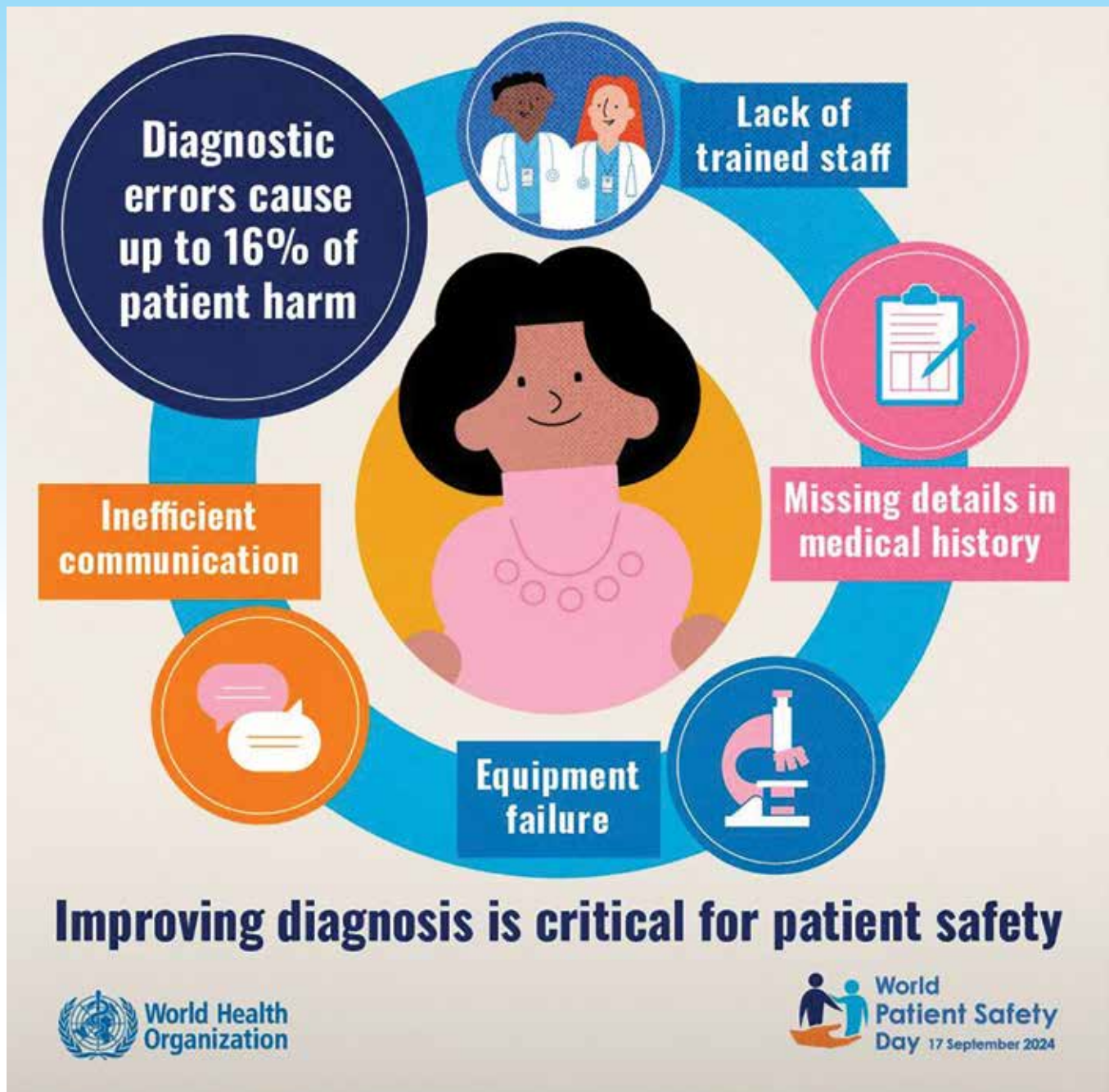
(4) Where the brand name of the medicines which is in the prescription is not available or affordable to the customer, the Pharmacist may dispense any other generic medicine with the consent of the customer.

(5) The Pharmacist shall inform the customer the range of generic medicines with or without brand names available in the Pharmacy and their prices enabling the customer to buy the medicine according to his choice.

(6) A Pharmacist who fails to disclose the generic medicines with or without brand names available in the Pharmacy and their prices to the customer at the time of sale, commits an offence."

Chairman

National Medicines Regulatory Authority



1. Scope and Focus

IMPA Journal is published annually by the Independent Medical Practitioners Association of Sri Lanka. The Journal will be released at the AGM of that particular year. This is a Medical Journal with the ISSN 2465-6135. The journal welcomes submissions that contribute to the advancement of knowledge and practice in independent medical practice, including but not limited to:

- Clinical case studies and research
- Health policy and regulation analysis
- Practice management and innovation
- Ethics, law, and patient care
- Continuing medical education
- Experiences from practice
- Any Other relevant articles and news

2. Article Types

- Original Research Articles (1000-3000 words)
- Case Reports (800-1500 words)
- Review Articles (2000-3500 words)
- Opinion / Commentary (500-1200 words)
- Practice Pearls (300-500 words)
- Letters to the Editor (up to 500 words)
- Book/Resource Reviews (up to 800 words)

3. Formatting Guidelines

- Submit in MS Word (.doc/.docx) format.
- Use 12 pt Times New Roman, double-spaced.
- Include title, author name(s), credentials, and affiliation.
- Abstract (150-250 words) for original research and reviews.
- Use Vancouver style reference.
- Images, charts, and figures should be high-resolution and captioned.

- Avoid plagiarism. All sources must be properly cited.

4. Ethical Considerations

- Patient consent must be obtained for identifiable case reports/images.
- Conflict of interest and funding sources must be disclosed.
- Submissions must comply with ethical standards for medical publishing.

5. Submission Process

Submit articles via email to [champa.impa@gmail.com]

- Each submission undergoes editorial review, and selected articles are sent for peer review.
- Authors will be notified of acceptance, revisions, or rejection

6. Copyright and Permissions

- Authors retain copyright but grant the journal the right to publish.
- Reproduction of previously published content must have appropriate permissions.

7. Contact

For inquiries, reach out to:

Dr Neelamani Sandhaya Rajapaksa Hewageegana

[MD(Timisoara, Romania), MSc, MD (Colombo, Sri Lanka), PhD (Sheffield Hallam, UK)]

Editor IMPA (Independent Medical Practitioners Journal) Email: drneelamani@yahoo.com



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**Thank you Sri Lanka for your unwavering trust placed
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