



# IMPA

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT  
MEDICAL PRACTITIONERS ASSOCIATION

# NEWS

www.impa-sl.com

ISSUE 02 | VOLUME - 30 | FEBRUARY 2026



## FROM THE **PRESIDENT'S PEN...**



Dear Members,

I hope this message finds you well.

**F**ollowing our positive start to the year, I am pleased to reflect on the successful CME programme held on 15<sup>th</sup> February 2026 at Kings Hospital. The programme was well attended and demonstrated once again the strong commitment of our members to continuous professional development and academic excellence.

The evening commenced with registration at 7.00 p.m., followed by the National Anthem and welcome addresses. I was pleased to deliver the welcome address on behalf of IMPA, and we were honoured by the address delivered by the team at Kings Hospital.

The academic sessions were highly informative and clinically relevant.

Dr. Upali Banagala, Senior Consultant Orthopedic Surgeon, delivered an engaging presentation on "Tech Neck," highlighting the growing musculoskeletal challenges associated with modern lifestyle and digital device use.

Prof. Srinath Chandrasekera, Consultant Urological Surgeon and Professor of Surgery at the Faculty of Medical Sciences, University of Sri Jayewardenepura, presented on "Men's Wellness," providing valuable insights into preventive strategies and holistic management approaches in men's health.

We were also privileged to listen to Prof. Thamara Perera, Consultant Liver Transplant and Hepatobiliary Surgeon, who shared the inspiring "Success Story of 14 Successful Liver Transplant Surgeries." His presentation highlighted the remarkable progress being made in advanced surgical care in Sri Lanka and underscored the importance of multidisciplinary collaboration.

The lively discussion that followed reflected the enthusiasm and academic spirit of our members. The evening concluded with a vote of thanks and fellowship over dinner, providing an opportunity for professional interaction and collegial bonding.

I extend my sincere appreciation to all speakers for their excellent presentations, to Kings Hospital for hosting the event, and to all members who participated and contributed to its success.

Cont. on page 02

## *Inside the Issue*

- ◆ IMPA CPD Program February 2025
- ◆ The National Medicines Regulatory Authority (NMRA) Liaises with the Department of Pharmacology, Faculty of Medicine, Colombo
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Looking ahead, our next meeting will be held on 29<sup>th</sup> March 2026 at the Auditorium of Asiri Surgical Hospital, kindly sponsored by Asiri Hospitals. I encourage all members to mark their calendars and continue to actively engage in our academic activities.

As we move forward, IMPA remains committed to strengthening continuing medical education, fostering professional unity, and supporting excellence in primary care and specialist practice across Sri Lanka. Your continued participation and support are vital as we work together to elevate professional standards and serve our community with dedication.

Warm 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

# Congratulations



“

Heartiest Congratulations and Good wishes from the Council and the Members, to the IMPA President **Dr Sanath Hettige**, for achieving the membership status at the National Chamber of Exporters of Sri Lanka for Oil of Dermae Laboratories.

”

# IMPA CPD Program February 2025

The Independent Medical Practitioners Association held its CPD program on 15<sup>th</sup> February at the Auditorium of Kings Hospital.

Three eminent speakers made presentations:

1<sup>st</sup> Delivered by **Dr. Upali Banagala**, Senior Consultant Orthopedic Surgeon on **“Tech Neck”**

2<sup>nd</sup> Delivered by **Prof. Srinath Chandrasekera**, Consultant Urological Surgeon. Professor of Surgery at the Faculty of Medical Sciences, University of Sri Jayewardenepura on **“Men’s Wellness”**

3<sup>rd</sup> Delivered by **Prof. Thamara Perera**. Consultant Liver Transplant & Hepatobiliary Surgeon on **“Success Story of 14 Liver Transplant Surgeries”**

*The event was sponsored by Kings Hospital*



## The National Medicines Regulatory Authority (NMRA) Liaises with the Department of Pharmacology, Faculty of Medicine, Colombo

The National Medicines Regulatory Authority (NMRA) signed a Memorandum of Understanding (MoU) on 16 January 2026 to establish a collaborative Quality Assurance Programme aimed at strengthening the safety, efficacy, and quality of medicinal products in Sri Lanka. The MoU was signed with the participation of Dr Ananda Wijewickrama, Chairman of the NMRA, and Professor Indika Mahesh Karunathilake, Vice-Chancellor of the University.

Through this partnership, the NMRA will provide test samples, technical guidance, and regulatory support,

while the Department of Pharmacology, Faculty of Medicine, will conduct laboratory testing, implement quality management systems, and ensure compliance with national and international standards. The initiative addresses growing testing backlogs, reduces reliance on costly overseas laboratories, and leverages academic and regulatory expertise to ensure timely, accurate, and reliable pharmaceutical quality control, ultimately safeguarding public health across the country.

# The Silent Shadow: The threat of the Nipah virus in Asia



## Dr B J C Perera

MBBS(Cey), DCH(Cey), DCH(Eng), MD(Paediatrics), MRCP(UK), FRCP(Edin), FRCP(Lond), FRCPC(UK), FSLCPaed, FCCP, Hony. FRCPC(UK), Hon. FCGP(SL)  
Specialist Consultant Paediatrician and Honorary Senior Fellow, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.  
Joint Editor, Sri Lanka Journal of Child Health  
Section Editor, Ceylon Medical Journal

In the quiet woods of West Bengal and the lush countryside of Kerala, a lethal pathogen is once again testing the limits of modern biosafety. The Nipah virus (NiV), a shadow that has flickered across South and South-East Asia for decades, is currently the subject of heightened international surveillance. With a case fatality rate that can soar up to 75%, this virus Nipah is not just a regional concern; it is a priority pathogen on the World Health Organization (WHO) Research and Development Blueprint, alongside Ebola and COVID-19, due to its epidemic potential.

To understand the much-justified fear Nipah inspires in the scientific community, one needs to look at its molecular machinery. Nipah is a negative-sense, single-stranded RNA virus belonging to the genus *Henipavirus*. In a kind of "Instruction Manual" analogy, Positive-Sense (+RNA) arrive with an instruction manual already written in the cell's language. As soon as they enter the cell, the cell can start reading the RNA and "printing" viral proteins immediately. In contrast, Negative-Sense (-RNA) viruses like Nipah, Influenza, or Rabies, arrive with an instruction manual that is written backwards or as a "mirror image." The cell's machinery cannot read it directly. It cannot dictate terms to the cell. It needs a "translator" to get the cell to do what the virus wants. If the translator is deactivated, the virus becomes inert. However, with the help of the active translator, a replication pathway is created. This specific replication pathway is a major area of study for antiviral drugs. If we can find a way to "jam" that specific viral translator without hurting the host cell's own functions, we can effectively stop the virus, so to speak, in its tracks.

Nipah is a "Biosafety Level 4" agent; the highest risk category requiring maximum containment. The virus targets the host's cells lining of blood vessels and the nerve tissues. Once it enters the human body, typically through the binding of its attaching glycoprotein to

host receptors, it initiates a devastating cascade. The infection often presents as a dual-threat, namely acute respiratory problems with features of severe "atypical pneumonia," and potentially fatal involvement of the brain. In its most sinister form, the virus crosses the blood-brain barrier, which routinely protects against invasion of the central nervous system by infective organisms, causing massive inflammation of the brain. Symptoms progress rapidly from fever and headache to drowsiness, disorientation, and seizures, often culminating in a coma within 24 to 48 hours.

As of January 2026, the epidemiological map of Asia shows several distinct hotspots. India is currently managing two distinct geographical risks. In West Bengal, a recent cluster in Kolkata and Barasat involving healthcare workers has triggered a massive "trace and test" operation. This region, bordering Bangladesh, has a history of outbreaks dating back to 2001. Simultaneously, Kerala in Southern India has become a recurrent epicentre, with four confirmed cases and two deaths reported in mid-2025 across the Malappuram and Palakkad districts.

Bangladesh remains the most consistently affected nation. In 2025 alone, four fatal, unrelated cases were reported across the Barisal, Dhaka, and Rajshahi divisions. Unlike the hospital-based transmission often seen elsewhere, Bangladesh's outbreaks are frequently linked to a cultural staple, which is the consumption of raw date palm sap.

The current clusters have sent warning currents across the continent. Airports in Thailand (Suvarnabhumi and Phuket), Nepal, and Singapore have reinstated COVID-style health screenings for travellers arriving from affected Indian states. Taiwan has gone a step further, proposing to categorize Nipah as a "Category 5" notifiable disease; the highest level of public health alert.

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The natural reservoir of Nipah is the *Pteropus* genus of fruit bats, commonly known as flying foxes. These bats carry the virus without falling ill themselves, shedding it in their saliva, urine, and excrement. The “spillover” to humans typically occurs via three routes:

1. **Contaminated Food:** Eating fruit partially consumed by bats or drinking raw date palm sap where bats have urinated into the collection pots.
2. **Intermediate Hosts:** In the 1998 Malaysia outbreak, pigs acted as “amplifying hosts” after eating contaminated fruit, later passing the virus to farmworkers.
3. **Human-to-Human:** This is the greatest concern for urban centres. Close contact with the bodily fluids or respiratory droplets of an infected patient, often enough in a home care or hospital setting, can trigger secondary clusters.

While Sri Lanka has not yet recorded a human case of Nipah, the island cannot afford complacency. The risks are grounded in both biology and regional connectivity. Surveillance studies have confirmed that *Pteropus* bat species are indigenous to Sri Lanka. While the presence of the bat does not guarantee the presence of the virus, the ecological apparatus for a spillover event exists on the island. Environmental changes, such as deforestation, can drive these bats closer to human settlements in search of food, increasing the probability of contact.

Sri Lanka’s proximity to South India, particularly Kerala and Tamil Nadu, creates a constant flow of people and goods. With direct flights and maritime links to regions currently monitoring outbreaks, the risk of an “imported case” is quite considerable. A single undetected traveller in the incubation period, that is, the period between the infection and production of the disease, which can last from 4 to 14 days, and in rare cases up to 45, could theoretically introduce the virus into a local clinical setting.

The primary challenge for Sri Lanka lies in looking at what doctors call a “differential diagnosis”, which looks at all possible conditions that have a similar clinical presentation. Early symptoms of Nipah mimic common tropical illnesses like dengue, Japanese encephalitis, or even severe influenza. Without high-level biocontainment labs (BSL-3 or BSL-4) and rapid Polymerase Chain Reaction (PCR) testing protocols

specifically tuned for *Henipaviruses*, a localized outbreak could gain significant momentum before it is correctly identified. Incidentally, PCR is a sort of molecular photocopier which allows scientists to take a tiny, almost undetectable amount of viral genetic material (RNA or DNA) from a patient’s swab or blood sample and amplify it millions of times until there is enough to be detected and identified.

Currently, there is no licensed vaccine or specific antiviral drug for Nipah. Management is limited to intensive supportive care. However, the “One Health” approach offers a roadmap for prevention:

- **For the Public:** Ensure all fruits are thoroughly washed and peeled, and discard any fruit that shows signs of bird or animal bites (“bat-bitten” fruit).
- **For Healthcare Workers:** Strict adherence to Infection Prevention and Control (IPC) measures. Wearing personal protective equipment (PPE) when treating patients with unexplained encephalitis or respiratory distress is vital.
- **For Authorities:** Strengthening surveillance of bat populations and enhancing the diagnostic capacity of national laboratories.

Nipah virus is a reminder of the permeable borders between the wild and the urban. As Asia watches the current clusters in India and Bangladesh, the lesson for Sri Lanka is clear: preparedness is the only antidote to a virus that currently has no cure.

We need to make the general public well aware of preventive guidelines for travellers to other countries, most particularly for those travelling to or from Kerala, West Bengal, or Bangladesh. Before travel, it is necessary to monitor the Sri Lankan Ministry of Health (Epidemiology Unit) website for travel advisories. Currently, screening is focused on passengers arriving from Kolkata and Kerala. It is essential to ensure that travel insurance covers medical evacuation and high-intensity supportive care, as Nipah management requires ICU facilities.

During the stay in an area of another country that is a high-risk area, avoid “Bat-Bitten” Fruit and do not purchase or consume fruit that has visible puncture marks, scratches, or missing chunks. In regions where fruit bats (*Pteropus*) are active, they often taste fruit and

Cont. on page 07

discard it, leaving saliva and virus behind. It is essential to only eat fruit that you have washed thoroughly with clean water and peeled yourself. Avoid pre-sliced fruit platters in street markets. Stay away from pig farms and bat roosting sites such as large trees where “flying foxes” gather. If you visit rural areas, do not touch surfaces under these trees, which may be contaminated with bat urine.

Once a traveller returns to Sri Lanka, the authorities at the ports of entry have to be most vigilant. As for the traveller, it is best to self-monitor for about a month. The incubation period can be long. If you develop a fever, severe headache, or cough within three weeks of returning, isolate yourself immediately. If you seek medical care, the very first thing you should tell the doctor is: “I have recently returned from a region where Nipah cases were reported.”

Healthcare workers have to be extremely careful. This is crucial for doctors and nurses in Sri Lankan Outpatient Departments (OPD) and Emergency Treatment Units (ETUs). Careful medical triage of sorting out possible cases is mandatory. It is necessary to maintain a High Index of Suspicion: In any patient presenting with **Acute Respiratory Distress Syndrome (ARDS)** or **Encephalitis** (confusion, seizures, or coma), immediately check their travel history or contact with travellers. It is essential that the health staff do not rule out Nipah just because a patient has a “simple” cough or a “sore throat” as these often precede the neurological crash by 24–48 hours.

Infection Prevention and Control (IPC) measures have to be employed compulsorily. Because Nipah has a high rate of nosocomial (hospital-acquired) spread, the following “Standard Plus” precautions are mandatory for suspected cases:-

- Meticulous hand hygiene before and after patient contact.
- Use of medical masks and eye protection (goggles or face shields).
- Double gloving and the use of fluid-resistant gowns.

If a patient is suspected of suffering from Nipah virus infection, the patient needs to be moved to a dedicated isolation ward immediately. Do not “cohort” (group) them with other encephalitis or flu patients until Nipah is ruled out by PCR. Treat all bodily fluids (blood, urine, saliva) as highly infectious biohazards. Use 0.5% sodium hypochlorite for surface disinfection. Under the Infectious Diseases Act, Nipah is a notifiable disease in Sri Lanka. Contact the regional Medical Officer of Health (MOH) or the Epidemiology Unit immediately upon suspicion. **DO NOT WAIT FOR LAB CONFIRMATION.**

One final but absolutely vital and life-saving declaration and truism is that the Nipah virus is very sensitive to common soaps and detergents. Regular handwashing with soap for at least 20 seconds is one of the most effective ways to break the chain of transmission, even for a virus that is this lethal.

## Links to Interesting Articles

### IMPA

Link : [impa-sl.com](http://impa-sl.com)

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#### Prof. Tissa Vitarana: A scientist–statesman who changed the course of Sri Lanka’s innovation journey

Link : [island.lk/prof-tissa-vitarana-a-scientist-statesman-who-changed-the-course-of-sri-lankas-innovation-journey/](http://island.lk/prof-tissa-vitarana-a-scientist-statesman-who-changed-the-course-of-sri-lankas-innovation-journey/)

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#### Sri Lanka’s home for allergy and immunology

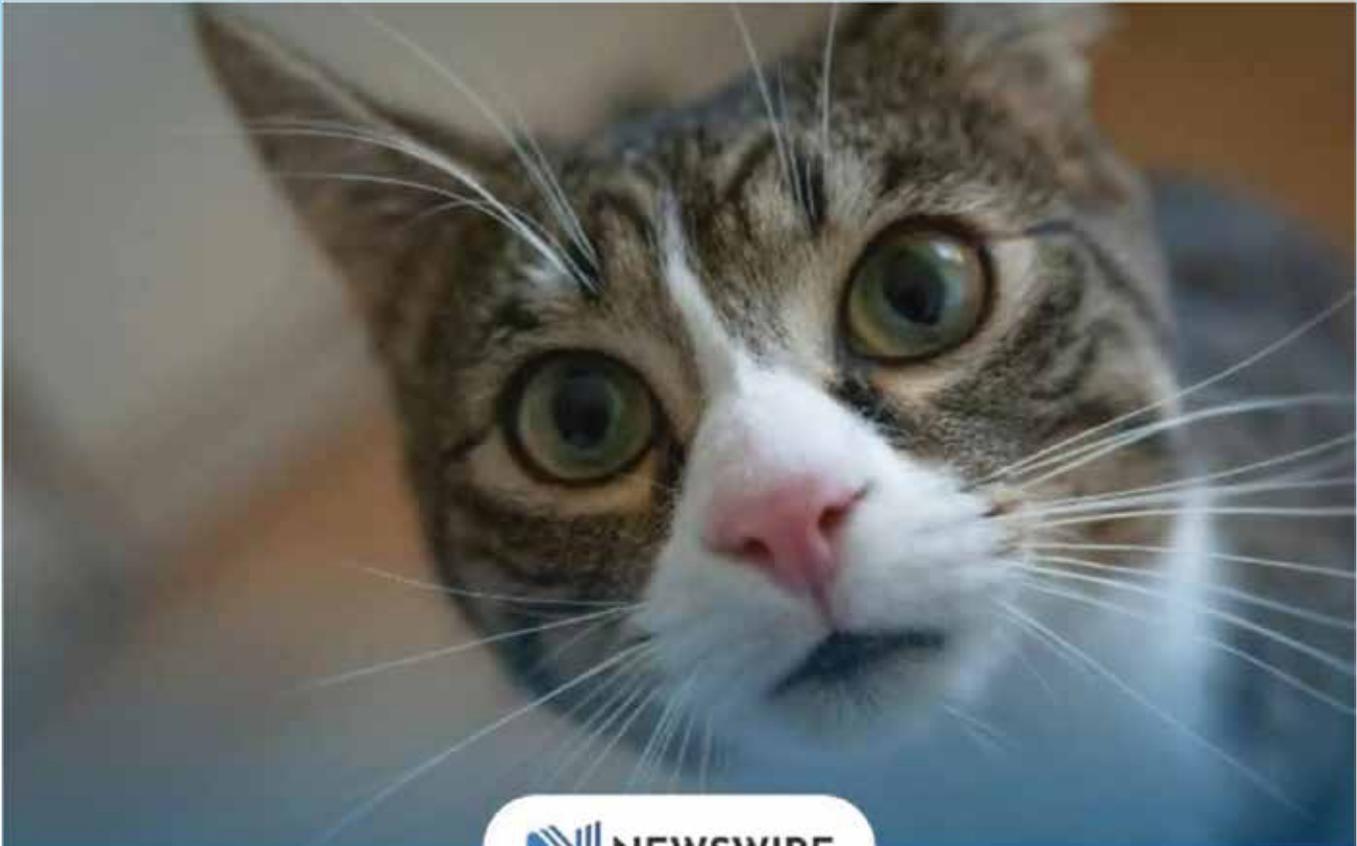
Link : [https://www.sundaytimes.lk/260222/news/sri-lankas-home-for-allergy-and-immunology-632379.l?fbclid=IwDGRzaAQIEeFjbGNrBAGRzWV4dG4DYWVtAjExAHNydGMGYXBwX2IkDDM1MDY4NTUz-MTcyOAABHjxN74l00nE2ksIffYG\\_KmlqHUR3Ps73IRP0qxvZ9dYPaEZU7M3ljLiAXQ46\\_aem\\_ah7G-tlNiSzeEM\\_9iVMYoTQ&sfnsn=wa](https://www.sundaytimes.lk/260222/news/sri-lankas-home-for-allergy-and-immunology-632379.l?fbclid=IwDGRzaAQIEeFjbGNrBAGRzWV4dG4DYWVtAjExAHNydGMGYXBwX2IkDDM1MDY4NTUz-MTcyOAABHjxN74l00nE2ksIffYG_KmlqHUR3Ps73IRP0qxvZ9dYPaEZU7M3ljLiAXQ46_aem_ah7G-tlNiSzeEM_9iVMYoTQ&sfnsn=wa)

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#### Excruciating tropical disease can now be transmitted in most of Europe, study finds

Link : <https://www.theguardian.com/science/2026/feb/18/tropical-disease-chikungunya-transmitted-europe-study>

.....



February 19, 2026

# Health officials warn of rise in rabies transmission from cats

Read the full story in the comments section or on [www.newswire.lk](http://www.newswire.lk)

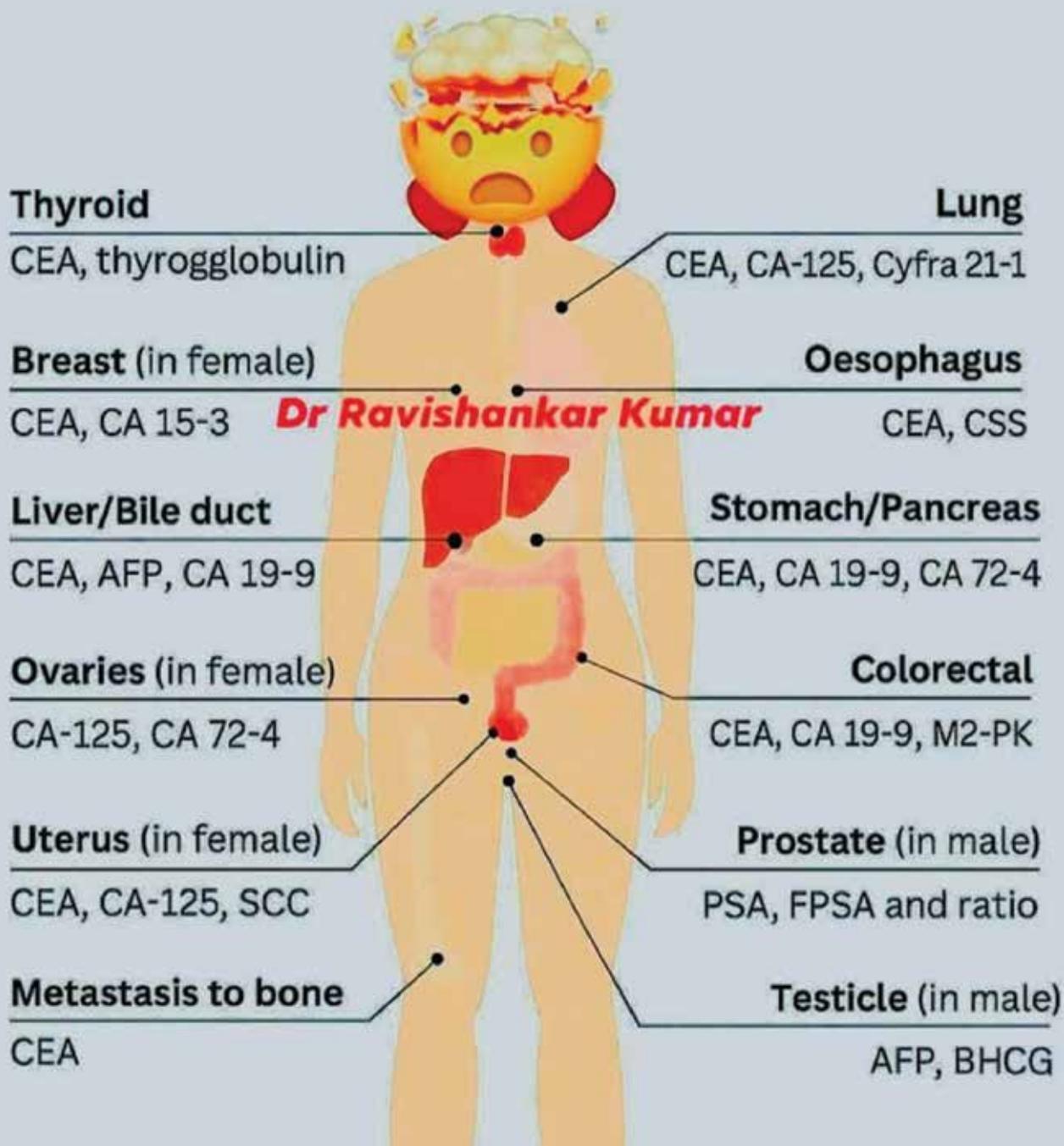


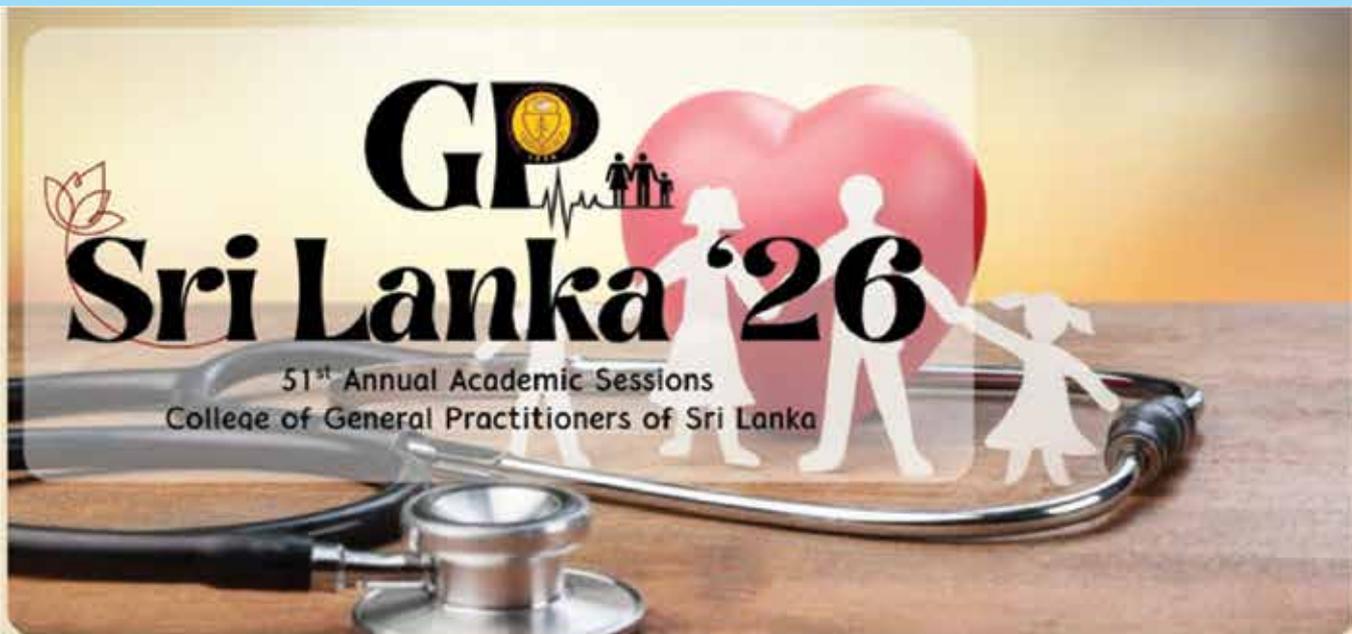
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# Cancer Biomarkers





*"Compassion, Continuity, and Advocacy in the Digital Era:  
GP-Led Primary Care"*

20<sup>th</sup> & 21<sup>st</sup> June 2026 @ Hotel Galadari

## Calling for Abstracts

- Open to all local and foreign doctors, medical students, allied health professionals and allied health students.
- Should be based on innovative work related to Family Medicine & Primary Care.



**Deadline: 7<sup>th</sup> April 2026**

**FOR MORE INFORMATION: [WWW.CGPSL.LK](http://WWW.CGPSL.LK)**

**TEL: +94 11 269 88 94**

**EMAIL: [OFFICE@CGPSL.LK](mailto:OFFICE@CGPSL.LK)**





Sri Lanka Medical Association

139<sup>th</sup> Anniversary

# International Medical Congress

In Collaboration with

**International Diabetes Federation**  
South East Asia Region

**“Wellness in the Nation through Local and Global Partnerships”**

## *Save the Dates*

22

23

24

25

**July 2026**

Cinnamon Life  
at City of Dreams  
Colombo





COLOMBO MEDICAL SCHOOL ALUMNI ASSOCIATION  
ANNUAL LECTURE



# Cosmic Dust To Mortal Man

By Dr. Sanjeewa Bowatta

Consultant Physician in Internal Medicine &  
Dean, Faculty of Medicine  
University of Wayamba



**MARCH 4TH | 5:00 PM**  
**MINI AUDITORIUM, LEVEL 1,**  
**FACULTY OF MEDICINE,**  
**UNIVERSITY OF COLOMBO**

For further Inquiries : 0776300793 Zainab

**You were Stardust...!**  
**This is your story** 🖐️  
**13.8 Billion Years in ONE**  
**evening!!!**



Expert Committee on Birth Defects

# 10<sup>th</sup> RARE DISEASE DAY SYMPOSIUM

Organised by Rare Disease Forum of SLCP in collaboration with Expert Committee on Birth Defects, SLMA



6<sup>th</sup> March 2026

New Auditorium, Lady Ridgeway Hospital



Time	Topic	Speaker
08:20 am	Welcome Address: President, Rare Disease Forum	Professor Ruwanthi Perera
08:30 am	Keynote Address: Founder President, Rare Disease Forum	Professor Harendra De Silva
08:40 am	Address: President, Sri Lanka College of Paediatricians	Professor Pujitha Wickramasinghe
08:50 am	Address: Co-chair, Expert Committee on Birth Defects of the SLMA	Dr Kapila Jayarathne
09:00 am	Genetic Metabolic Liver Disorders: A Lifelong Journey Starting in Childhood	Professor Meranthy Fernando
09:25 am	Inherited Metabolic Disorders Presenting with Recurrent Rhabdomyolysis: A Diagnostic Approach	Dr Arthavan Selvanathan
09:50 am	Early Diagnosis and Timely Intervention: Navigating Congenital Cytopenias	Dr Shanika Vitharana
10:15 am	Birth Defects: The Extent of Developmental Genetics' Responsibility	Dr Vindya Subasinghe
10:40 am	Tea Break	
11:00 am	Free Papers	
12:00 pm	Recognising Dysmorphic Features: A Practical Guide for Paediatricians	Dr Elizabeth Wall
12:30 pm	Role of Patient Support Groups in Rare Diseases	Ms Kirsty Hoyle
12:50 pm	Vote of Thanks: Secretary, Rare Disease Forum & SLCP	Dr Imalke Kankanararachchi
01:00 pm	AGM & Lunch	



IN PARTNERSHIP WITH



HYBRID EVENT

SLCP: 0777 508 218

www.slcp.lk





CME Programme organized by the CPD Committee of the  
College of General Practitioners of Sri Lanka (CGPSL)

## Frontline to Finish Line: The role of General Practitioners in Ending Tuberculosis in Sri Lanka

Sunday, 01st March 2026  
@ 8.00pm

Expected CPD Points  
Awarded: 1 CPD point



### Speaker:

**Dr Mizaya Cader**

Consultant Community Physician,  
National Programme for Tuberculosis Control and Chest Diseases,  
Ministry of Health, Sri Lanka



### Moderator:

**Dr Nirukshi Fernando**

Family Physician





# Smart Prescribing in Mothers and Children: Tackling Infections in the Era of Resistance



**Sunday,  
8<sup>th</sup> March 2026  
9.00 pm**

CME Programme  
organized by the  
Women's and Children's Affairs  
Subcommittee of the  
College of General Practitioners  
of Sri Lanka



## **Speaker:**

**Dr Kushlani Jayatilleke**

Consultant Microbiologist,  
Sri Jayewardenepura General Hospital  
Honorary Senior Lecturer, Faculty of Medicine,  
University of Sri Jayewardenepura



Expected CPD Points  
Awarded:  
1 CPD point



## **Moderator:**

**Dr Nirukshi Fernando**

Member  
Women's and Children's Affairs Sub  
Committee CGPSL  
Family Physician



**Postgraduate Institute of Science  
University of Peradeniya**

# SHORT COURSE IN COSMETIC SCIENCE

*"Unlock the Science Behind Beauty"*

**Organized by  
Board of Study in Biomedical Sciences**

Target Audience:

Graduates, Professionals, Entrepreneurs, and Enthusiasts in Cosmetics, Chemistry, and related fields

Delivery Mode: Hybrid (Lectures, Practical Sessions, Online Quizzes)

Duration: 250 Notional Hours | Credit Value: 5

Includes: A product formulation competition!

## Resource persons



Prof. Nimal Puriyasiri (Retired)  
Institute of Biochemistry, Molecular Biology &  
Biotechnology  
University of Colombo



Dr. Abhisheka Tennakoon (MBBS)  
Medical Officer  
National Hospital Kandy  
SLMC Reg. No. 32601  
MSc (Biomedical Informatics) University of Colombo  
Fellowship & Board Certified in Aesthetic &  
Regenerative Medicine - IEBDAMS, UK

## Course Highlights:

- Moisturizing creams, scrubs, anti-aging products
- Soap manufacturing & testing
- Hair care (Shampoos, Conditioners)
- UV care & natural cosmetic ingredients
- Cosmetic microbiology, regulations & nanotech
- AI-supported evidence-based formulation skills
- Laser procedures, HydraFacial, Microneedling, Chemical Peels, PRP/PRF, Fat Reduction & advanced skin treatments – with focus on safety and clinical application.

## Why Join This Course?

- Learn to formulate safe and effective cosmetic products
- Get hands-on experience with real formulations
- Explore career pathways or launch your own beauty startup
- Gain knowledge from industry experts and academics

**Starting Date**  
**MARCH, 2026**

Course Fee

**40,000/=**

## Coordinators

Prof. Priyanga Wijesinghe  
☎ 0812394529  
priyangaw@sci.pdn.ac.lk

Dr. Jayampathi Herath  
☎ 0812058311  
jayampathi@pgis.lk

SCAN ME





SRI LANKA ASSOCIATION OF  
CLINICAL PHARMACOLOGY AND THERAPEUTICS  
In collaboration with  
SRI LANKA COLLEGE OF INTERNAL MEDICINE



## SLACPT-SLCIM Joint CME Webinar on Clinical Toxicology

# CLINICAL TOXICOLOGY IN PRACTICE



### Approach to Management of Medication Overdose

**Dr Madhuwanthi Hettiarachchi**

Specialist in Internal Medicine  
Toxicology Unit, Teaching Hospital, Peradeniya

### Evidence-Based Management of Paracetamol Toxicity

**Professor Priyadarshani Galappathy**

Chair Professor of Pharmacology,  
Faculty of Medicine, University of Colombo



### Psychotropic Drug Toxicity:

**A Toxidrome-Guided, Mechanistic Approach**

**Dr Athula Kulasinghe**

Specialist in Internal Medicine  
Toxicology Unit, Teaching Hospital, Peradeniya

### Management of Recreational Drug Overdose

**Dr Sahan Mendis**

Senior Lecturer in Pharmacology  
Faculty of Medicine, University of Ruhuna



07th March 2026



10.30 AM - 12.30 PM

ZOOM WEBINAR



### TO REGISTER

Scan QR Code or visit link below  
<https://learn.zoom.us/meeting/register/2VJ3ti-RT2iF85IijGCHtg>

### FOR MORE INFORMATION

+94 77 312 4290 [info@slacpt.lk](mailto:info@slacpt.lk)



# “වටවල සුව දිවිය” කාන්තාවන් සඳහා වන චක් දින වෛද්‍ය කඳවුර

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මාර්තු  
**08**

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*"Compassion, Continuity, and Advocacy in the Digital Era:  
GP-Led Primary Care"*

## Calling for Orations

### Dr M P M Cooray (College) Oration

Open for both Sri Lankans and non-Sri Lankans.

### Dr Desmond Fernando Oration

Open for Sri Lankan Family doctors only.

Substantial amount of the Oration should be based on original research or work done in Family Medicine and/or Primary Care.



**Deadline: 7<sup>th</sup> April 2026**

**FOR MORE INFORMATION: [WWW.CGPSL.LK](http://WWW.CGPSL.LK)  
TEL: +94 11 269 88 94 | EMAIL: [OFFICE@CGPSL.LK](mailto:OFFICE@CGPSL.LK)**





**Paracetamol (Paracetamol Tablets BP 500 mg 10x10 & Oral Solution BP 120mg/5ml 100 ml)**



**EmpaMor (Empagliflozin Tablets 10 mg & 25 mg 10x3)**



**SalMor (Salbutamol Oral Solution BP 2 mg/5 ml 100 ml)**



**CilniMor (Cilnidipine Tablets IP 5 mg & 10 mg 10x3)**



**BisoMor (Bisoprolol Tablets BP 2.5 mg & 5 mg 10x3)**



**RivoMor (Rivaroxaban Tablets 10 mg & 20 mg 10x3)**



**Ros-10 (Rosuvastatin Tablets BP 10 mg 10x3)**



**MorSartan (Losartan Tablets BP 50 mg 10x10)**



**ChlorMor (Chlorphenamine Tablets BP 4 mg 10x10)**



**FoliMor (Folic Acid Tablets BP 1 mg 10x3)**




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**MAKING PREMIUM HEALTHCARE AFFORDABLE**

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