



CoMSAA

COLOMBO MEDICAL SCHOOL ALUMNI ASSOCIATION

NOVEMBER 2025

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MEDICAL
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ASSOCIATION**

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COUNCIL OF THE COLOMBO MEDICAL SCHOOL ALUMNI ASSOCIATION 2025



Standing left to right

Dr. Aysha Ziyad, Dr. Nilanka Wickramasinghe, Dr. Thushan Gooneratne
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Dr. D. K. D. Mathew, Dr. Anula Wijesundere, Prof. Sanath P. Lamabadusuriya,
Dr. Sarath Gamini De Silva, Dr. Kalyani Guruge

Absent

Dr. Mahanama Gunasekera, Prof. Pujitha Wickremasinghe, Dr. Kaushi Attanayake,
Dr. Don Indika Karunamunni, Dr. Vipula Bataduwaarachchi, Prof. Saroj Jayasinghe,
Prof. Mohan De Silva, Dr. Chiranthi Liyanage

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MESSAGE FROM THE PRESIDENT CoMSAA 2025



Prof. MIM de Zoysa

MBBS (Colombo) MS (Colombo) FRCS (England),
FRCS (Edinburgh)
Senior Professor in Surgery,
Department of Surgery,
Faculty of Medicine, University of Colombo

It gives me great pleasure to send this message at the end of a very successful year.

This year we had a multitude of diverse activities with the active participation of our members.

We had a series of cricket matches between as many as 19 different batches who graduated from our faculty. That night we had a musical show where our alumni had an opportunity to showcase their talents.

A back to the faculty event and fundraising was organized for the 1984/85 (AL 83) batch. The funds raised were utilized for digital enhancement of the cadaveric laboratory of the anatomy laboratory and to meet all the student needs. The MFSU deeply appreciated the support given to them by COMSAA this year.

We had our annual reunion at Jie Jie Beach Hotel after a gap of two years which gave an opportunity for the interaction between alumni belonging to different generations. Those who attended enjoyed themselves to the fullest.

Our next event for this year is the Colombo medical congress which we are organizing in collaboration with our medical faculty. This event which will be an excellent opportunity to share knowledge, showcase research and meet in fellowship. I look forward to cochairing this event with our dean who has been a tower of strength to COMSAA.

We have planned the COMSAA oration and closing ceremony on the last day of the congress.

The final event for this year is the much awaited COMSAA night which will be an enjoyable event for our members.

Organization of all these diverse activities would not have been possible without the support of our young and dynamic team. I extend my gratitude to them.

Finally, I wish to convey my best wishes to the incoming president of COMSAA and his council.

MESSAGE FROM THE DEAN OF THE FACULTY OF MEDICINE, UNIVERSITY OF COLOMBO



Vidya Jyothi Prof.

Vajira H. W. Dissanayake

MBBS, PhD, FNASSL, FIAHSI, FCMA, FRCP
Dean, Faculty of Medicine

Chair and Senior Professor of Anatomy, Genetics
and Biomedical Informatics

Faculty of Medicine, University of Colombo

It is with deep appreciation and respect that I extend my warm greetings to the Colombo Medical School Alumni Association (COMSAA). The enduring relationship between the Faculty of Medicine, University of Colombo, and its alumni is one of our greatest strengths. COMSAA has consistently demonstrated a profound commitment to the well-being of our students and the continued advancement of our institution.

Over the past year, we have witnessed significant progress in several areas of faculty development. Much of this has been made possible through the generous support of our alumni community. COMSAA's contributions towards improving our physical and learning infrastructure have had a meaningful impact on the daily experience of our staff and students. Re-furbishment of key spaces, enhancement of teaching facilities, and support for digital upgrades have strengthened the environment in which we learn, teach, and innovate.

Equally important has been COMSAA's steadfast support for student activities. Through your encouragement and financial assistance, our students have been empowered to lead, create, and serve – whether through academic societies, sports, community outreach, or cultural initiatives. These experiences play a vital role in shaping compassionate and well-rounded medical professionals.

I also wish to express my sincere gratitude for the financial assistance provided to students facing economic challenges. By helping ensure that no student is left behind due to financial hardship, COMSAA continues to uphold the spirit of equity and solidarity that has long defined our school.

As we look ahead, we remain committed to strengthening this partnership. Together, we will continue to nurture excellence in medical education, research, and service. I thank all members of COMSAA for your ongoing dedication, generosity, and unwavering loyalty to our alma mater.

MESSAGE FROM THE CO-SECRETARIES OF CoMSAA



Dr. Thushan Gooneratne
Co-Secretary, CoMSAA 2024/2025



Dr. Akhila Nilaweera
Co-Secretary, CoMSAA 2024/2025

It is with great pleasure that we extend our warmest greetings to all members of the Colombo Medical School Alumni Association (CoMSAA) as we present this year's annual newsletter in conjunction with the Annual General Meeting. The past year has been one of renewed energy, collaboration, and meaningful progress as CoMSAA continued its efforts to strengthen the bond between alumni and the Faculty of Medicine, University of Colombo.

Under the leadership of our President, Prof. Ishan De Zoysa, the council worked together to advance several key initiatives that enriched both the alumni community and the current students. The year began with a clear vision, and each milestone reflected the collective spirit of our members. The Founders' Day celebrations held in June brought together alumni across generations for the inter-batch softball cricket tournament and the musical evening, a day filled with friendship, joy, and nostalgia. The success of these events has led to their establishment as annual traditions within the CoMSAA calendar.

The annual CoMSAA Lecture, delivered this year by Mr. Rohan Pethiyagoda, provided an inspiring platform for intellectual exchange, while the CoMSAA Reunion held at the Jie Jie Beach Hotel further strengthened friendships and fostered collaboration among our graduates. The Colombo Medical Congress 2025 will conclude with the CoMSAA Oration, to be delivered by Prof. Muditha Vidanapathirana, on which day this newsletter will also be launched.

In addition to these academic and social events, CoMSAA has continued to support the Faculty through donations and student welfare initiatives. The Smart Classroom Project, ongoing scholarship support, and sponsorships for student activities such as MEDFEST, Wassana Diyawara are a testament to our enduring commitment to the next generation of medical professionals.

We take this opportunity to express our heartfelt gratitude to all alumni, donors, and well-wishers whose unwavering support has made these achievements possible. We also wish to extend our sincere appreciation to the CoMSAA Council and Executive Committee for their tireless dedication, teamwork, and guidance throughout the year, which have been instrumental in making every activity and initiative a success.

As we look ahead, we remain dedicated to fostering stronger ties within our alumni network and continuing CoMSAA's proud legacy of service, unity, and excellence.

MESSAGE FROM THE FOUNDER PRESIDENT OF CoMSAA



A.H.Sheriffdeen
FRCS, DSc Colombo(Hony)
Emeritus Professor of Surgery and
First President of CoMSAA

When two busy clinicians took over as President and Secretary of CoMSAA this year, I wondered how they would cope considering the heavy burden of work they already had, one as a Gastroenterological and the other as a Vascular and Transplant surgeon. This was in addition to their teaching and other commitments to the Faculty! I must mention that my fears were totally unfounded as they, ably supported by a young and vibrant (and a few old and not so vibrant!) General Committee, have taken the Association to a different tier.

The Founder members envisioned that CoMSAA would serve as a platform for Alumni to help the Medical school with facilities to produce a higher grade of Doctors, to help needy medical students with financial and other forms of support, to enlist more Members to the Association, to promote camaraderie amongst members and to encourage overseas members to form Chapters with the same objectives.

We saw this year that most of these objectives were fulfilled, more money was contributed by certain batches towards Faculty development, a large number of members were recruited during a unique inter-batch Cricket tournament and musical get together that followed thereafter.

We are often asked “what is there in it for me if I join the Association?” One would see from this short account how we could contribute and what is there to benefit from, apart from of course supporting one’s Alma Mater.

Whilst congratulating the outgoing Committee for a magnificent job done, I wish the new Committee every success.

AN OVERVIEW OF THE EVOLUTION OF THE MEDICO-LEGAL SYSTEM AND ITS CURRENT STATUS IN SRI LANKA

Abstract Of CoMSAA Oration 2025

This analytical overview of the evolution and contemporary status of the medico-legal (ML) system in Sri Lanka, traces its progression from prehistoric origins to the modern scientific and ethical framework. Forensic medicine, the scientific intersection of medicine and law, encompasses five principal domains—Forensic Pathology, Forensic Clinical Medicine, Forensic Toxicology, Forensic Science, and Forensic Law and Ethics. Collectively, these fields contribute to criminal justice, public health, and ethical governance, positioning Sri Lanka as a potential forensic hub in South Asia.

Evidence of early medical practice in Sri Lanka, such as fracture alignment observed in the Balangoda Man (15,000 BC), parallels global prehistoric interventions like trephination. Written records from the ancient period (4000 BC–500 AD) reveal organized medical and legal traditions, including the establishment of hospitals by King Pandukabhaya in the Anuradhapura Kingdom. Ethical conduct and compassion were integral even before the introduction of Buddhism in 243 BC, while the emergence of “Voharas” signified the beginnings of legal expertise.

During the medieval period (500–1250 AD), administrative officers such as Disaves and Vidanes maintained justice. The Kandyan Kingdom (1593–1815) marked a milestone with the “Sakki Balanda” tribunal, an early coroner-like institution investigating sudden deaths. Dutch colonization (1602–1796) introduced Roman-Dutch law, which continues to influence the present legal framework. The British colonial era (1815–1948) institutionalized medico-legal services through the establishment of the Coroner’s Court and the Office of the Colonial Surgeon in 1817, followed by the introduction of forensic medicine education at the Colombo Medical School in 1873.

The 20th century witnessed several landmark cases—Duff House Death (1933), Porawagama Case (1948), and Sathasivam Murder (1951)—that reinforced the forensic foundation of justice. The establishment of the Department of Forensic Medicine at the University of Colombo in 1951 under Prof. G. W. de Saram further

strengthened medico-legal education and research. Later decades saw remarkable progress in DNA profiling, forensic anthropology, and psychology, evidenced by cases such as Rita Johns Manoharan (1998) and the Hokandara Murder (1999).

In conclusion, Forensic Medicine must continue to evolve in response to contemporary challenges, including artificial intelligence, nanotechnology, and demographic transitions, ensuring that the discipline remains central to justice, ethics, and societal wellbeing.



Senior Prof. Muditha Vidanapathirana
Chair Professor of Forensic Medicine, University of
Sri Jayewardenepura, and
Dean, Faculty of Medicine, Uva Wellassa University

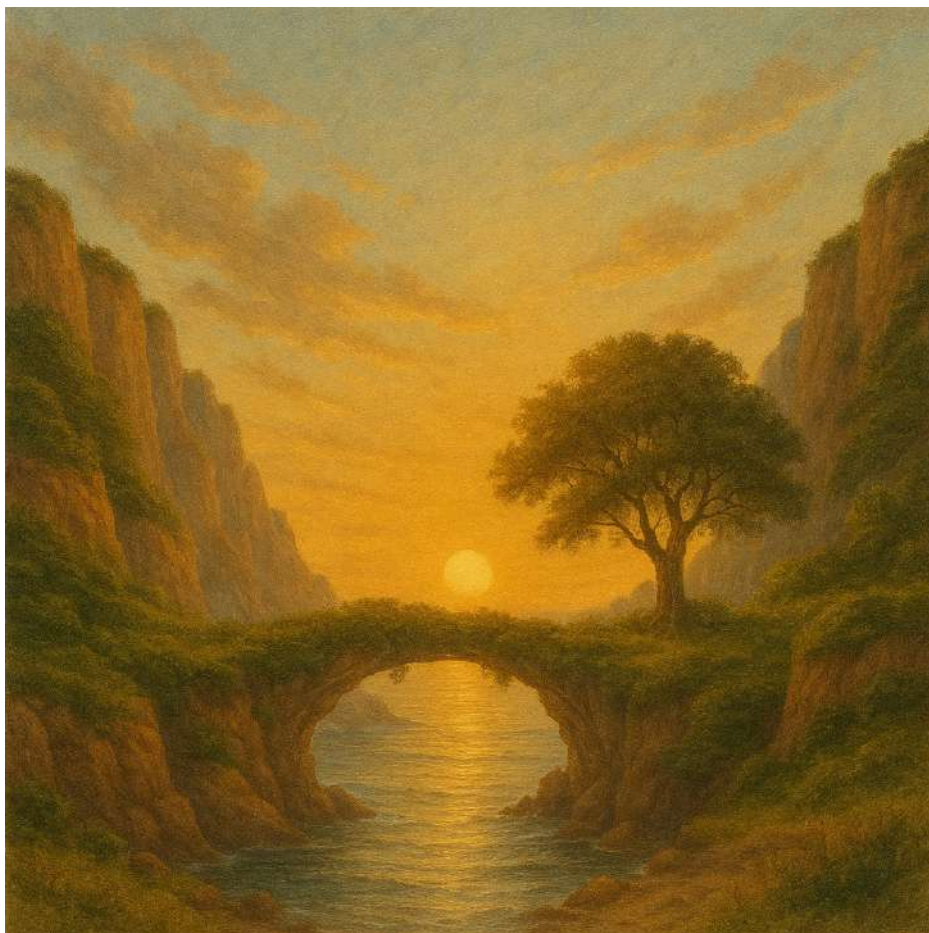
EDITORS' NOTE

A YEAR OF RECONNECTION: CELEBRATING UNITY ACROSS GENERATIONS

Dr. Anusha Fernando & Dr. Aysha Ziyad

This year's CoMSAA Newsletter arrives at the close of a chapter that has been extraordinary in its warmth, energy, and togetherness. As we look back on 2025, one message resounds above all else – this was a year of reconnection, a year in which the threads that bind us as Colombo medical graduates were drawn closer than ever before.

What made this year particularly special was not only the events we celebrated or the milestones we achieved, but the spirit behind them – a spirit shaped by a unique blend of experience, seasoned wisdom and youthful dynamism. This infusion of young blood added a renewed rhythm to the Association – not replacing what came before, but beautifully complementing the foundation laid by those who served over the years.



As you turn these pages, you will see this spirit reflected throughout the newsletter. Each contribution – whether a personal reflection, a story from the wards, a memory from student days, or an update on alumni initiatives – carries a piece of our shared identity. Together, they form a tapestry of who we are as a community: diverse, compassionate, accomplished, and deeply connected to our alma mater.

This edition brings together voices across generations. It captures the wisdom of our senior teachers, the experiences of mid-career clinicians, and the perspectives of our younger alumni who represent the evolving face of our profession. Their stories remind us why the Faculty of Medicine, University of Colombo, remains such a powerful anchor long after graduation.

Putting this newsletter together has been a privilege – a moment to pause, reflect, and appreciate the many

journeys that make up CoMSAA's vibrant family. We hope that as you read, you not only revisit cherished memories but also discover new inspirations, new connections, and new reasons to feel proud of the community we belong to.

Thank you to all the writers, photographers, contributors, and committee members who brought this edition to life. And thank you to our alumni, near and far, whose loyalty and enthusiasm continue to enrich this Association year after year.

May this newsletter serve not only as a record of a wonderful year, but as a reminder of the enduring spirit that unites us – across batches, across continents, and across time.

MY JOURNEY AS A MEDICAL STUDENT: LESSONS, LAUGHTER, AND LIFE IN THE MEGA BATCH

Dr Sumithra Tissera

University Medical Officer, University of the Visual & Performing Arts

'Medical school is not just about learning medicine; it's about learning endurance, empathy, and the art of caring for humanity while discovering the limits of your own patience and resilience'

Anonymous

Looking back at my years as a medical student in the 'Mega Batch – MFC 90/91, I am overawed by the vibrancy of those memories. All in all, it was a kaleidoscope of laughter, mischief, nerves, camaraderie, and, of course, learning. Every experience, from most formal lecture halls to dissection rooms, from night casualty adventures to Freshers' Night antics, feels timeless, but vividly stored in my cerebral cortex. Entering the Faculty of Medicine on the 6th of January 1992 as a batch of 264 students was like stepping into another galaxy in its own right: a world of rigorous knowledge, great academic teachers, and endless clinical appointments, together with friendships that would last a lifetime.

Being part of such a massive batch brought unique challenges and unforgettable experiences. Our sheer numbers reshaped the faculty itself. The existing lecture halls in Pathology and Physiology could not accommodate all of us, so we held lectures primarily in the main Administrative Building and the old Anatomy Lecture Hall. A new lecture hall in the Anatomy block, located in the area now housing the UCFM Tower, was constructed in record time as a temporary lecture facility. The canteen was expanded to satisfy the hunger of hundreds of students, and these logistical adjustments became milestones in our own journey.

Freshers' Night

Freshers' Night at the New Town Hall was an event none of us would ever forget. Excitement mixed with nervous anticipation as the seniors welcomed us with playful chaos. One unforgettable ritual was being bucketed with coloured water - a shock at first, but soon we were laughing, drenched and sticky, forming instant bonds with our fellow freshmen in the process.



Ragging in our batch within the faculty was never physical but filled with friendly teasing, pranks, and guidance. Senior boys often shared advice with junior girls in a humorous, mischievous way, fostering camaraderie rather than fear.

As part of this playful culture, every student was given a nickname by the seniors. Mine was 'Mama Oyage Surathalee'. To this day, I have no idea why this name was chosen; perhaps it was purely whimsical, but it stuck. My friends say that the reason is perhaps obvious!! A close friend of mine was named 'Kirimandalaya' because she lived on Kirimandala Mawatha. Although I travelled everywhere with my parents in a motor car, as advised by our seniors, I very soon got used to travelling by bus either from Narahenpita or Borella with a friend. Many seniors also took this route. One day, while travelling back home, we were accosted by some seniors, and when my friend refused to say her given name, as a punishment, her nickname was changed to 'Api Kiri Bomuda', a far more difficult name to say publicly. I always answered my nickname proudly in front of other bystanders, a small act of defiance and resilience that became part of the ritual of initiation.

Early Lectures and Quirky Teachers

Lectures were an adventure. Professor Rohana Haththotuwa famously threw chalk at students who dared to sleep in class, ensuring no one wanted to sit in the

front row. Professor Jerry Jayasekara's eccentric but ever-so-attractive humour made even surgery engaging; he once joked about creating electricity by connecting wires to the legs of students who were always shaking their legs in class! Professor Colvin Gunaratne exemplified strict punctuality, locking the lecture hall doors for anyone even two minutes late. Professor Cyril Randeniya, in contrast, delivered short but captivating lectures that left us totally inspired.

Some memories were downright hilarious. One clinical appointment with Professor Udaya Ranawaka, when he was just an SHO at Dr Selvie Perera's ward, involved a man bitten by a snake on his penis. He wanted us to share with him how such a thing could have happened! While blood was being drawn from one of the patients whose history was being discussed, a tall, hefty batchmate of ours suddenly fell over with a loud thud, leaving everyone in stunned silence and suppressed laughter.

Photocopying notes from Dr Kapila Jayaratne (Kapjay) became a ritual, forming a shared bond among us. Romantic Crushes on lecturers, pre-interns, and consultants added another layer of amusement and human warmth to our academic life.

Clinical Life and Ward Adventures

Clinical appointments were a world of excitement and awe. We were diligent in getting our signatures for every session, while some boys skipped appointments and relied on a senior in Bloemfontein Hostel, who could forge signatures so authentically that even the faculty staff mistook them for genuine articles. Dr S S Jayaratne was a favourite among us girls in our clinical group; we never missed a single day in his ward or theatre, eager to observe procedures and endoscopies. Even when he asked if we had already seen everything, we returned, insatiably curious.

Night casualty visits were equally adventurous. A friend, now a Consultant Pathologist, wore a cheeky pink T-shirt with 'You Attract Me' written in bold black letters, just to impress the SHO in our first medical ward appointment; a humorous testament to the interplay of youth, nerves, and ingenuity in our formative years. Diversity within the batch added colour: two Maldivian students navigated cultural adjustments during clinical appointments, including the male student wearing casual tropical shirts that had to be replaced with formal attire following firm advice from teachers in the faculty.

During our OPD surgical appointment with Dr SYLS Wickramasinghe, a male student was asked to examine a patient who presented with scrotal swelling. The student requested the patient to remove his trousers but did not ask him to remove his undergarments, attempting instead to examine the scrotum through them. Dr Wickramasinghe, who was attending to another patient at the time, noticed this and reprimanded the student for not following proper examination protocol.

I also clearly remember the human solidarity in our Dissecting Room Number 03, where we were with our Tamil colleagues, as our faculty life was during the war years. Whenever someone did not return after the weekend, we would worry and constantly check in with those who were present, reflecting the empathy and concern that defined us.

Political Adventures

Our batch also experienced lively student politics. We had two parties - Moderators and Pioneers. Initially clueless, we voted for Pioneers simply because they invited a particularly charming speaker, Dr Prasanna Gunasena, to give a lecture to the freshers. Political engagement, often confusing and humorous, became another shared memory of our collective life as a mega batch.



Nicknames, Crushes, and Music

Nicknames were everywhere. In addition to my own, many others received whimsical monikers reflecting quirks, addresses, or mishaps. This naming culture even extended into personal relationships, romantic crushes, as well as daily interactions. One of our friends even had an infatuation for Professor Ishan de Zoysa, now our own CoMSAA President, while another



er admired a Physiology Lecturer. Even demonstrators were subjected to being playfully nicknamed during our time in the Anatomy block, like Mickey Mouse, Teddy Bear and Donald Duck.

Outside the academic sphere, we expressed ourselves in cultural and sporting activities. I participated in Bakhti Gee from our second year through to the final year, despite never having had any talent or training in singing. This has not changed even after being associated with so many singers at the university where I work now. The first year was a miss because the seniors scared us, saying that Professor Nandadasa Kodagoda insisted that each student sing individually in front of him. This was just a white lie, as I found out later. I also played badminton, partnering with Mr., now Professor, MC Weerasinghe, in mixed doubles. Though we never won even a single match, it proved the adage that participation and joy were more important than victory.

Protests and Faculty Life

During our time, there were also moments of political unrest. We once participated in a protest in front of the Administrative Building, holding placards as instructed, without knowing exactly what we were protesting about. Our role was to act as a shield for seniors in case tear gas was used, a surreal experience for many of us. The faculty closed temporarily to prevent spill-over from unrest in other faculties, and this added an unusual, tense dimension to our academic life.

Exams, Results, and Celebrations

Exam results were dramatic. Sheets of marks were thrown from the windows of the administrative build-

ing while we craned our necks below, trying to see when they would be thrown down. I still remember how the first inter-batch love affair was celebrated by the seniors with balloons and flowers just like a real wedding. Night casualty adventures, photocopying notes, and endless canteen queues became part of our daily life, punctuated by laughter, mischief, and shared companionship. The “showmen” in front of the girls’ hostel was also a novel experience for us. The “showmen” appeared mainly around the time of dusk.

After completing our Second MBBS examination, my friends and I, who were spending time around the faculty, were invited by Dr Tara de Mel to assist in organising the 125th Anniversary Celebrations of the Colombo Medical School. This valuable opportunity allowed us to interact and work closely with many eminent teachers of the Faculty of Medicine and distinguished consultants.

Professorial Appointments and Lasting Lessons

Professor AH Sheriffdeen was one of my most influential mentors. During our appointment, Dr. Srinath Chandrasekara, whom we jokingly called ‘Bat Ears’, was a registrar. And had passed his MS Surgery, topping his batch. My own Clinical Professorial Appointments in the wards of Teaching Hospitals and interactions with other Consultants reinforced my values of discipline, curiosity, and empathy.

Retrospective Reflections

Medical school in the Mega Batch was more than an academic journey. It was a journey of personal growth, resilience, humour, and learning the value of being humane. We did not just learn anatomy, physiolo-

gy, and clinical skills, but we also learned about life: about friendship, loyalty, shared suffering and joy, and the bonds that develop in the most unlikely places. We laughed, cried, schemed, admired, and occasionally fell for those guiding us. We were drenched in coloured water, shouted at on buses, scolded by professors, cheered by our peers, and exhilarated by every clinical adventure.

Even decades later, the echoes of those days remain. The laughter, the friendships, the quirky academics who taught us, the nicknames, the clinical dramas, the subtle rebellions, and the small acts of courage and kindness. Those memories are timeless, a living testament to the unforgettable adventure of being a medical student in the Mega Batch at the Faculty of Medicine, University of Colombo.

We have a diverse group of students who have studied medicine and are now living in Sri Lanka and abroad, practising medicine while also excelling in various other fields such as politics, agriculture, business, beauty, and music.

Interestingly, I never initially wanted to be a doctor. Like my father, I dreamed of becoming a history professor, immersing myself in the stories and lessons of the past. Yet life led me down a different path. Despite this, I have grown to enjoy my work and the immense responsibility it carries. Every day, I try to honour the lessons instilled in me by my faculty and hospital teachers; to be diligent, compassionate, and conscientious. The education I received was not only about medicine but about becoming a thoughtful human being, capable of caring for others with integrity and empathy.

Being a doctor may not have been my first choice, but that variegated journey through medical school and the guidance of extraordinary mentors has shaped me into the person I am today. For that, I am profoundly grateful. There is no question about it, I simply love medicine, as it reminds me of the immortal words of Hippocrates, **'Wherever the art of Medicine is loved, there is also a love of Humanity'**.

THE MAN WHO SAID, "I HAVE DONE SOMETHING WORTHWHILE WITH MY LIFE"

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), Hony. FCGP(SL)



In the late 1950s, as an eleven-year-old boy, I had a frightening experience. My mother had been feeling unwell for a few days, and one morning, we found her unconscious with noisy and gasping breathing. All kinds of things, including various Ayurveda remedies, were tried but to no avail. By midday, she was obviously at death's door and was admitted to Ragama Hospital. She was seen by the doctors in the

ward, and a gloomy outcome was predicted. We were told that it was far too late. However, they were not able to tell us what was wrong with her.

My father took me with him and we went to see the specialist in charge of the ward. This was lunch time and we found the doctor in what was called "Specialists Quarters", in a dilapidated building down the Ragama Hospital Road. He was relaxing in a short-sleeved banyan and sarong. My father explained the problem to him and offered him an envelope containing the usual "21 rupees", which was the standard fee for a private consultation at that time. During those bygone days, it was a lot of money. The doctor took the envelope and carefully counted the money in it. He inquired as to what my father was doing for a living

and was told that he was the Chief Clerk in the Government Telecommunication Department. Then the doctor said, "Mr Perera, I am a public servant like you. Your wife has been admitted to my ward, and it is my duty to treat her. You do not have to pay any money for me to treat her. I have not seen her yet, and I do not know what is wrong with her or whether I will be able to help her. But I will certainly go and see her immediately". Then he handed the envelope with all the money back to my father. On our way back to the hospital, my father, a man of rather few words, told me in Sinhala, "That is a gem of a man".

The Specialist doctor, true to his word, was there in the ward even before we could get back to the hospital. He was examining my mother in great detail. She was then given saline and all kinds of injections, and over the next five days, she very gradually recovered, and did so without any lasting ill effects. The final diagnosis was diabetic coma. I know for sure today that in that era, not many patients with diabetic ketoacidosis of such a severe degree survived. Obviously, the Specialist Doctor had worked a miracle with his golden healing hands. My mother lived for another 25 years after that. If she had left us forever in that illness, it would have been the end of the road for us. She was the ever-so-strong pillar on whom our lives rested.

Fast forward to another decade or so, and for me, as a medical student, the introductory appointments in the Colombo Medical School were just starting. These were designed to give us a reasonable basic grounding in clinical subjects. We learnt the intricacies of history taking and clinical examination of the patients. Then started the very serious business of learning these subjects in greater detail. I was posted to one Dr Ernest Victor Pieris for my first proper clinical medicine appointment. He was affectionately called "Ernie" by everybody, including the students. I instantly recognised the gentle and kind soul who treated and saved my mother at the Ragama Hospital all those years ago. By that time, he had been transferred to the position of a Visiting Physician in the Colombo General Hospital. Over the next month, I saw clinical brilliance at its very best. He was an exceptionally gifted and kind human being for whom his medical duties were absolutely sacrosanct. He never left the ward without seeing every one of his patients and also never left the wards without teaching the medical students. He would treat with the greatest concern, the mightiest of the land, as much as he would give of his best to the poorest of the poor. To him, the philosophy was apparently quite simple..., they were all his patients.

Numerous are those of mankind who benefited from the magic of his wonderful healing hands. He was a great teacher who could make the most complicated of subjects look ever so simple. He would also bring in a wonderful sense of humour into his teaching sessions. The impish look on his face, together with the twinkle in his eye during these gatherings, endeared him to many a generation of medical undergraduates. It was indeed a great lesson for all of us to see his clear and razor-sharp brain analysing a delicate and complicated clinical problem.

I, for one, practically worshipped the ground he walked on and considered myself to have been extremely fortunate in being able to learn my fundamentals of medicine at the feet of such a superlative master. It is indeed true to say that the basic principles of internal medicine that I learnt from him so long ago remain very vividly in my mind even to this day. In his own gentle way, he taught us the fact that doctors were there to save human lives and that we should not let anyone die without a fight. Moreover, the cardinal principles of empathy, honesty and integrity that he taught me, initially in treating my mother and later in his ward where I was a lowly medical student, perhaps laid the foundation for how I treated my patients later on.

The story goes on. In December 1991, my wife Sarojini and I attended a banquet in honour of Professor Priyani Elizabeth Soysa, our illustrious teacher, on her retirement. During the pre-dinner cocktails, I was talking to some friends and Sara had got into a little conversation with none other than my revered 'guru' Dr Ernie Pieris. My wife, too, had been one of his favourites as a student. In fact, as the realities have it, whenever she agreed with him during a clinical session, he had got used to saying "Peeris supporting a Pieris". Sara had introduced herself as my wife, and Ernie had said that Dr B. J. C. Perera was quite well known in the medical circles. Suddenly, she came running to me and dragged me by my arm, took me to Dr Ernie Pieris and gently commanded, "Tell him, please". She wanted me to tell him about the saga of how he saved my mother all those years ago. When your wife sort of commands you to do something, you cannot, and you do not, decline, and I told Ernie the complete story with all the trimmings. Anyway, I was extremely pleased to have had the opportunity to tell him the story, although the opening was something that just came out of the blue. He listened very carefully, but he admitted that he could not remember the incident at all. He then said, "I am so very glad that you told me this today. You know., life is short; I have already had a bypass

operation. At least now I know that I have done something worthwhile with my life". I thought that, really, was the classical understatement of the century, in view of the yeoman service that he had rendered to suffering humanity and to the medical profession of this land. His wife told me very much later that he had been extremely happy that night. Sadly, and tragically, just a couple of weeks later, he was no more. He left us forever on the 23rd of December 1991. He passed away in another country. I made it a point to be there at his residence when his mortal remains arrived.

The demise of Dr Ernie Pieris was a personal tragedy for me. He was one of my role models. I felt that I had lost a person who was intensely responsible for what I came to be, as a doctor and a Specialist. He was like a second father to me, a thing which he was totally unaware of. In fact, my real father and Dr Ernie Pieris shared the second name 'Victor'. I was terribly and visibly upset when Dr Ernie Pieris was finally laid to eternal rest. My sorrow knew no bounds whatsoever, and tears streamed down, freely and unashamedly.

I was nominated to write an encomium on Dr Ernest Victor Pieris to be printed in Munk's Roll of the Lives of Fellows by the Royal College of Physicians of London. It was Dr Philine Pieris, Dr Ernie Pieris's wife, who wanted me to write it and took all the necessary steps to arrange it through the Royal College of Physicians of London. The article was also reproduced in the Ceylon Medical Journal in Sri Lanka.

Ten years later, in 2001, I submitted a script for an oration to the Ceylon College of Physicians and was

awarded the Dr E. V. Pieris Memorial Oration for that year. I made that presentation on 28th September 2001 during their Annual Scientific Congress. I must confess that I had quietly harboured a magnificent obsession which I had most carefully kept under wraps up to that time. That was to, someday, somehow, deliver that oration dedicated to the eternal memory of the man that I considered to be 'my second father'. That preoccupation became a fantastic reality that day.

The oration was titled 'Inhaled steroids in childhood wheezing: Efficacious and cost-effective, but is it forever?' I started the delivery of the oration with the story of my mother being admitted to Ragama Hospital and concluded the preamble with a description of the occasion when I told Dr Ernie Pieris about the entire saga in December 1991. I ended the oration with some of his own words to add lustre to the presentation. It went as 'This oration, in memory of Dr E.V. Pieris, is hereby dedicated to the undying memory of a man who was, first and foremost, a guiding second father to me. I hope that just about now, when I am through with it, he will be able to look down from his heavenly abode and exclaim with that marvellous twinkle in his eye, "My son, you too have done something worthwhile with your life". These were a slight modification of his own words when I told him the entire story about my mother in 1991. At the end of the oration, a very senior and much-admired physician came up to me and said, "Congratulations BJC. Superb presentation. It brought tears to my eyes. I hope someday, someone will say similar things about me."



Dr B.J.C. Perera

MBBS(Cey), DCH(Cey), DCH(Eng), MD(Paediatrics), MRCP(UK), FRCP(Edin), FRCP(Lond), FRCPCH(UK), FSLCPaed, FCCP, Hony. FRCPCH(UK), Hony. FCGP(SL)
Specialist Consultant Paediatrician and Honorary Senior Fellow, Postgraduate Institute of Medicine, University of Colombo, Sri Lanka.

The author declares that it involved the assimilation of some excerpts from his autobiography, "A Trek Known Only to a Few."

FROM MEDICAL SCHOOL TO LIFELONG PATIENT CARE: REFLECTIONS ON A PROFESSION I LOVE

Emeritus Professor Mohan de Silva
Consultant Surgeon

In 1973, I had the privilege of entering the Colombo Medical School - at the time, regarded as the premier medical school in Sri Lanka. Like thousands of students before and after me, I was shaped by a remarkable group of dedicated teachers whose influence extended far beyond the lecture halls and wards.

After five years of rigorous training and the best years of our youth, we stepped into the world as newly minted doctors, ready to serve one of the most respected professions. Our teachers were not merely instructors; they were true role models who instilled in us the essential skills and values of "doctoring." Today, many of us continue to draw upon that foundation, and still many of us are guided by them, practising medicine with passion, compassion, and integrity—both at home and abroad. The trust and mentorship they imparted remain enduring links in our lifelong professional journey. The link that continues to bind us is the trust we built during this continuing journey.

Now our clients are patients.

What do our clients expect from us?

Years ago, during my private practice, a middle-aged school teacher came to see me. She placed several medical documents on my desk, including a diagnosis card indicating an inoperable pancreatic cancer following an "open and close" laparotomy.

As I prepared to ask gentle, probing questions, she anticipated my hesitation and said, "Sir, I know you what is in your mind? You want to know how much I know about my condition. Let me be frank—I know I have cancer, and it is advanced. My surgeon explained everything clearly. I was well cared for. But that is not why I came.

She continued. During ward rounds, my consultant is often accompanied by a group in white coats—doctors or medical students, I presume. When he reaches my bed, he says, 'Ah, this is that inoperable patient,' and

moves on. I hated being treated that way. To all of them, I was invisible—already written off."

Her words were humbling. Although her diagnosis card was dated over a year prior, she looked remarkably well for someone who was diagnosed with an inoperable pancreatic cancer that long ago. Further evaluation later revealed a benign pancreatic adenoma rather than cancer. But that is not what I want to tell you.

Why did she come? The real lesson was not in the diagnosis. Also, she did not come for treatment either. She came seeking dignity, kindness, and human connection as she faced what she believed to be her final days.

To say that my patient was under stress is an understatement. In our day-to-day routine as surgeons, we too are inundated with many stresses and challenges. Surgical practice, like all fields of medicine, carries immense responsibility. We manage patients' physical and emotional struggles, lead teams, teach trainees, and constantly update our skills—moving from open surgery to laparoscopic and now to robotic techniques. Every day we encounter complex problems, and now and then we have to deal with complications of surgery. Amidst these pressures, it is easy to forget that our patients, too, live with their own fears, pain, and uncertainty.

As we progress, there comes a time for some, we may not be sure of our limits. We may develop reluctance to ask help from colleagues. We like all others have to earn a living.

But patients know nothing of these. They have big problems. Some are fighting to get another lease of life. Sometimes we tell them that it is not possible. We call that situation "breaking bad news". Philosophically speaking, both parties have the same problem, but ours becomes pale in comparison to theirs.

I am addressing the question: What do the patients expect from surgeons? and reflecting on how we could respond to their expectations.

So, what do they expect from us?

Any patient would tell us they would like to get their surgical problem sorted out, if possible, without surgery, but if surgery is the only available option to sort out the problem, then to go ahead safely, but in the process, to treat them and their loved ones with kindness, care and respect.

Their expectations are simple yet profound: to have their problem addressed safely and effectively-preferably without surgery, but if surgery is necessary, with

competence, compassion, and respect. They want a surgeon who listens, cares, and walks beside them through their most vulnerable hours.

They expect us to become their most trusted friend at the hour of need and to expect our help to gain complete physical and emotional healing not only to them but also to their loved ones.

In simple terms they expect 'Quality Care and a Caring Surgeon'.

It is that 'ABSOLUTE TRUST' again that binds us with our clients that makes both parties happy. Innate happiness enhances longevity.

WHAT DOES IT MEAN TO HAVE AN ALUMNUS, AND WHAT IS IT TO BE AN ALUMNI? : A PERSPECTIVE FROM A JUNIOR MEMBER

by **Thushan Gooneratne**
Joint-Secretary, CoMSAA (2025)

If you've ever glanced at a CoMSAA newsletter or received an event invitation, you might have asked yourself the same questions many of our colleagues whisper: "Why should I bother? What does this association—often seen as a gathering of senior consultants—offer me amid my hectic internship, demanding family commitments, or fledgling private practice?"

These are valid questions. For too long, alumni associations have been perceived as passive entities for reminiscence or fundraising channels for the faculty. I joined the CoMSAA executive committee with similar suspicions. A year into my role as Secretary, I want to reframe the conversation, starting with the fundamental question in our title.

The Two Sides of the Coin: A Resource and a Responsibility

The Latin word *alumnus* means "foster son" or "pupil," derived from the verb *alere*, "to nourish." An *alumnus* (or *alumna*) is a single graduate. *Alumni* is the plu-

ral, referring to the collective. This distinction reveals a dual relationship.

To have an *Alumnus* is what the faculty experiences. It means our Medical School has a living, global network of skilled professionals who have walked its halls. We are its legacy; our successes are its successes. A strong *alumni* body is a testament to the institution's quality.

CoMSAA was founded on July 1, 2011, with Professor A.H. Sheriffdeen as its founding president. It took 141 years since the faculty's foundation to form this association. In Professor Sheriffdeen's vision, CoMSAA is our opportunity to "rejoin his/her medical school, revive memories and friendships, and contribute to its development and success."

He painted a vivid picture of the "sacred duty" our teachers performed—from Professor Ranasinghe correcting scripts in a hotel room, he rented in Mount Lavinia Hotel, at his own expense, to meet a 3-day

deadline to mark an entire batch of students' papers, to all-night assessment sessions at Professor Navaratne's house. They did this out of love, without a thought for extra payment.

This is the heritage we inherit. The call to action from our founders is not one of mere nostalgia, but of purposeful continuity.

To Be Alumni is our active, lifelong identity as graduates. It is the recognition that we are part of a unique tribe, bound by a shared, formative experience that few others can understand.

The university-alumni relationship is a strategic partnership. The university provides the foundational education and brand; we, the alumni, become its "living endowment."

We are its ambassadors, mentors, and innovators. We fuel a "virtuous cycle": a more prestigious faculty attracts brighter students, who become more successful graduates, and who further enhance the faculty's prestige. We are co-investors in a shared asset: our professional identity.

Addressing the Room: Your Concerns Are Valid

Let's speak frankly about the common perceptions: "It's just for the old and retired." This was a risk. But look at events like our recent Founders' Day, which brought together, probably for the very first time in its history, batches from the last 40 years. The vibrant mix of experience and fresh energy, the stories shared between a senior consultant and a junior house officer on the cricket pitch, the songs sung between two alumni 2 decades apart on the musical night stage. This is the lifeblood of our community.

"I'm too busy; it doesn't give me anything." This is the most critical point to address. An alumni association is not a service provider; it is a network. Its value isn't delivered passively; it is activated by your participation. What can you gain? Career guidance, job opportunities, professional collaborations, advice on overseas training, or simply a sympathetic ear from someone who understands the unique pressures of our profession.

"It's just the faculty's bank account." While the faculty benefits from our support—often in agile ways that bypass bureaucracy—this is not CoMSAA's sole purpose. Our role is to be strategic partners.

Professor Sheriffdeen highlighted the challenges our faculty faced at its founding: "Student intake that had jumped from 125 to 200 (now over 240), a cramped library space, and students struggling with the cost of living. These are some thoughts that the Alumnus could reflect upon. We must also help" he said.

And indeed, we have. Batch after batch of alumni have raised funds to refurbish the UCFM tower, floor by floor, department by department, unit by unit. They have gotten together to renovate the older, majestic, nostalgic building as well. Scores of alumni support needy students. For some students, coming to Colombo, perhaps for the first time in their lives, it is your generosity that helps them find a decent boarding place, have three square meals for a day, and allow them to proudly adorn and showcase their own stethoscope.

Our partnership has a direct, tangible impact.

So, Why Should You Bother? The Junior Member's Case

As junior doctors building our careers and reputations, CoMSAA is one of the most powerful tools at our disposal.

Your Professional Network is your Net Worth: In medicine, who you know can be as important as what you know. Need a referral? Considering a sub-specialty? Moving abroad? The connection you make over coffee at a CoMSAA event can open doors no LinkedIn message ever could.

Mentorship Beyond University: Our training gives us the science; our alumni can give us the wisdom. Navigating hospital politics, achieving work-life balance, managing finances—these are lessons best learned from those who have been there.

Influence the Future of Medicine: You are on the front lines. You know what's broken and what works. By being part of CoMSAA, you can channel that insight to influence curricula, advocate for better student resources, and ensure our Medical School remains a leader.

Reclaim Your Community: Medical training can be isolating. CoMSAA is a chance to reconnect with your batchmates and form cross-generational bonds. It is your professional family.

We, the “more junior members”, are not just the future of CoMSAA; we are its most urgent present. We bring fresh perspectives, digital fluency, and an understanding of contemporary challenges. We build the “weak ties” crucial for discovering new opportunities and learning the unwritten rules of career advancement. Most importantly, we can ensure the legacy we inherit is one we are proud to pass on, updated for the challenges of 21st-century medicine.

Our Shared Path Forward

My journey as Joint Secretary with our beloved President and Ex Co has been focused on one goal: to make CoMSAA relevant to its entire membership. The creation of batch-based forums is just the beginning. We are building a platform for all alumni—the univer-

sity academic, the surgeon in Colombo, the medical officer in Ingiriya, and the researcher in Melbourne. Everyone!

The role of the alumnus is not to live in the past, but to build the future together. It is to ensure the bond we formed within the faculty becomes a lifelong asset for every single one of us.

So, I leave you with this challenge: let’s ask ourselves not what CoMSAA can do for you. Ask what we, as alumni, can do for each other. Your energy, your ideas, and your voice are not just welcome—they are the essential catalyst for our shared success.

Let’s build this legacy together.



KATARAGAMA AND RURAL HEALTH: EVOLUTION OF A NEW FIELD OF RESEARCH?

Tucked away in a rural part of Kataragama is a lesser-known research facility affiliated with our alma mater. Its history is a lesson to us all...

In 1988, Professor Kamini Mendis (now an emeritus professor of our Faculty) established the Malaria Research Unit (MRU) within the Faculty of Medicine’s Department of Parasitology at the University of Colombo. The MRU functioned as a center for postgraduate research training and malaria studies in immunology, molecular biology, epidemiology, and genetics. Its work continues to be among the most cited research from Sri Lanka.

The MRU’s main collaborators were Prof. Richard Carter from the University of Edinburgh, UK, and Dr. Peter David from the Institut Pasteur, France. The unit was

linked to a Malaria Field Research Station (MRS) in Mailagama, Kataragama, established in collaboration with Dr. Pushpa Herath, who was then the Senior Entomologist of the Anti-Malaria Campaign in the Ministry of Health. This research station served as the base for several major epidemiological studies, including a project on insecticide-impregnated bed nets and pioneering work on models for village-based malaria diagnosis and treatment centers. In 2016, to meet growing needs in the broader field of parasitology—including the study of Leishmaniasis—the station became the Parasitic Diseases Research Unit (PDRU) of the Faculty of Medicine.

With the decreasing incidence of malaria, the work at the field station shifted to Leishmaniasis. It was later rejuvenated and developed from 2015 to 2018

under a Quality Improvement Grant from the World Bank for Higher Education for the Twenty-First Century (Window 3 - HETC/W3). It is now known as the Rural Health Research Centre and is governed by a management committee of the Faculty of Medicine. The centre features a conference hall that can accommodate approximately 50 participants, four guest rooms, and ample green space bordering the Menik Ganga.

As a faculty that has pioneered many academic areas, we are increasingly interested in using the centre to develop the field of Rural Health in Sri Lanka. Currently, the Centre provides clinic facilities for physiotherapy.

Its potential for development is immense! We envisage it becoming a Centre of Excellence in Global Health. It is ideally suited for establishing a rural health cohort and conducting research. We could provide services to local hospitals and clinics during the pilgrim period. The centre could also host clinical or community attachments in rural health, which would be very attractive for local and foreign student electives. It could serve as a hub for teaching rural health and health management during mass gatherings, such as the Kataragama Festival. Furthermore, it could facilitate student-led rural-community outreach programmes, such as Wassana Diyawara.

We kindly request our alumni to help develop this Centre to reach its full potential. There are many

things we could do like building more hostel space for students (both local and those on overseas electives), constructing a basic laboratory, enhancing IT facilities, and forming a community health education centre. Your ideas and financial support, whether through endowments or donations, are most welcome! Please feel free to contact any one of us, or the Dean Senior Prof Vajira Dissanayake.

The article was compiled by a team on behalf of their Batch (year of entry 1974). Our batch had the good fortune of having a very diverse mix of students from all corners of our beautiful island who enriched each other. We thank you for your friendship.

Authors in alphabetical order of first name:

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Link to webpage
www.med.cmb.ac.lk/rhrc/

IT'S NOT A FANTASY ANYMORE: FUTURE DIGITAL DOCTORS

Dr Vipula Bataduwaarachchi

For generations, the archetype of a doctor has been a person with a stethoscope around their neck. However, a new kind of physician is emerging, one who never sleeps, has instant access to the entire body of medical literature, and can analyse terabytes of data to identify patterns invisible to the human eye. The future digital doctor will be a blend of artificial intelligence, big data, and human-centred design, poised to transform healthcare. When I was in the UK, the research associate next to me was a doctor with a PhD

in machine learning. At that time, it was odd to me, but not anymore. Digital doctor won't be a single entity but an integrated ecosystem of technologies working together. It's not about replacing human clinicians, but about enhancing their capabilities and creating a new, more proactive and personalised model of care.

At the heart of the digital doctor is an advanced AI engine. Patients will describe symptoms to a chatbot that doesn't merely follow a flowchart but engages in



a conversation, asking clarifying questions just as a doctor would. This AI can cross-reference symptoms with global disease databases, recent local outbreaks, and patients' personal medical histories within milliseconds. Beyond conversation, it excels at pattern recognition. It can analyse investigation reports, including scans, at a speed and accuracy that surpasses human experts, highlighting early signs of serious diseases such as cancer, diabetic retinopathy, and neurological conditions long before they become critical. This isn't science fiction; such AIs are already in use today, and their role will only grow. The future of medicine is shifting from reactive to proactive, and the digital doctor is the catalyst. Through wearable devices such as smartwatches, continuous glucose monitors, smart rings, and even implantable sensors, it will have a constant, real-time stream of patients' physiological data. Instead of waiting for the worst, it can detect subtle deviations such as an irregular heartbeat, a slight dip in blood oxygen, or changes in sleep patterns and alert the patient and the human doctor to potential issues. It becomes a personalised health coach, nudging patients to move more, guiding their nutrition, and helping them manage chronic conditions like diabetes or hypertension with daily, data-driven insights.

A large part of a doctor's day is spent not on patient interaction but on paperwork: updating Electronic Health Records (EHRs), processing prescriptions, and handling insurance claims, at least in other coun-

tries, not in Sri Lanka. The digital doctor will automate these tasks. Using natural language processing, it will transcribe patient-doctor conversations and automatically populate EHRs. It will manage prescription refills and check for medication interactions instantly. By relieving this administrative workload, the digital doctor frees human doctors to focus on what they do best: exercising complex judgment, providing empathetic care, and building the deep, trusting relationships that are crucial for healing. The most successful health-care systems of the future will be based on a collaborative model. Patients' first point of contact will be the digital doctor, accessible 24/7 via an app. It conducts initial assessments, answers routine questions, and directs patients to the appropriate level of care. When they see a human doctor, they will not have to start from scratch. Patients will arrive with a comprehensive report from the digital doctor, highlighting potential risks, proposing differential di-

agnoses, and recommending personalised treatment options based on the latest clinical evidence. After the appointment, the digital doctor continues to monitor patients' adherence to the treatment plan, responds to follow-up questions, and provides ongoing support. This promising future is not without its challenges. Critical issues such as data privacy and security, algorithmic bias, and especially the empathy gap must be addressed.

However, the digital doctor is not a distant fantasy; its early versions are already here, integrated into medical devices and healthcare systems. As the technology develops, it promises a future where healthcare becomes more accessible, personalised, and proactive. It will democratise expertise by bringing top-tier diagnostic capabilities to remote and underserved areas. A powerful algorithm may accompany the future human doctor. By embracing this partnership, we can create a healthcare system that is not only smarter and more efficient but, ultimately, more human, allowing doctors to focus on the art of healing. At the same time, their digital counterparts provide strong scientific support. From the Sri Lankan perspective, we must look decades ahead and plan our education and health policies. I believe even a digitalised system powered by AI could be the solution to some of the critical, inherent problems faced by developing countries, such as the shortage of skilled manpower.

A LIFE SAVED, A LEGACY REMEMBERED

Dr Gamini Goonetilleke FRCS
Consultant Surgeon

On the morning of June 22, 1986, my House Officer at the Base Hospital in Polonnaruwa rushed in, urgency in his voice. A young Army officer with a gunshot wound to the chest had just been admitted. I hurried to the ward, where I found him pale, gasping for breath. He was in shock. There was no doubt he was bleeding into his chest cavity.

With no time for X-rays, I inserted a chest tube, and three liters of blood drained out. We transfused blood, but he continued to bleed. The only option was an emergency thoracotomy. The nearest chest surgeon was 200 kilometers away, and transferring him would be fatal. The responsibility fell on me. In that resource-limited Base Hospital in Polonnaruwa, I

opened his chest, removed the blood clots, tied off the bleeding vessels, and excised the damaged portion of his right lung (Figure 1). He survived. Not only that—he went on to serve in the Army for 33 more years, mostly in conflict zones, before retiring in 2019.

In 2020, we met again. He stood before me, now a Major General (Figure 2). With a smile and a salute, he asked, “Sir, do you remember me? You saved my life.” Of course, I remembered him—Dharmasiri, the young officer I had operated on all those years ago. I wished him good health and happiness in retirement. The joy I felt in that moment was immeasurable, something no money could buy. It was a testament to the power of surgery, a moment of pride I will cherish forever.



Figure 1. 1986 - Army Officer (2nd Lt)



Figure 2. 2019 – Major General (Retd)

A FIRST FOR SRI LANKA: HYDROGEN–METHANE BREATH TESTING FOR FOOD INTOLERANCE NOW A REALITY

By Dr. Nilanka Wickramasinghe

Department of Physiology, Faculty of Medicine, University of Colombo

Food intolerances – adverse reactions to certain foods that do not involve the immune system – are an under-recognized yet growing cause of chronic gastrointestinal (GI) distress in Sri Lanka. For decades, patients suffering from bloating, abdominal discomfort, diarrhoea, and unexplained fatigue have navigated a maze of misdiagnoses, costly tests, and unnecessary dietary restrictions. This long-standing gap in diagnosis and management is finally being addressed with the establishment of Sri Lanka's first Gastrointestinal Physiology and Diagnostics Laboratory at the Faculty of Medicine, University of Colombo – now equipped with a state-of-the-art hydrogen–methane breath analyzer, known commercially as the Gastrolyser.

A Gift That Sparked a Breakthrough

This milestone was made possible through the extraordinary generosity of Dr. Anula Wijesundere, Consultant Physician, and Dr. Ajita Wijesundere, Obstetrician and Gynaecologist, – both distinguished alumni of the Faculty of Medicine, University of Colombo. Dr. Anula Wijesundere is also a past president of the Colombo Medical School Alumni Association. Their donation of Rs. 8 million enabled the procurement of the Gastrolyser device, transforming a long-envisioned research project into a fully functional diagnostic and teaching facility.

The funding was offered by them when Dr Anula was contacted to give her many connections to reach out for funding. Their generosity has not only made this project possible but has also paved the way for the first non-invasive diagnostic testing of carbohydrate intolerances in Sri Lanka.”

The refurbished laboratory was formally opened on June 21, 2025, marking a new chapter in medical diagnostics, education, and research. The lab now per-



forms daily clinical investigations including tests for lactose, fructose, and sorbitol intolerance, small intestinal bacterial overgrowth (SIBO), exocrine pancreatic deficiency, and oro-cecal transit time. Professor Indika Karunathilake, Vice Chancellor of the University of Colombo, and Professor Vajira Dissanayaka, Dean, Faculty of Medicine, University of Colombo graced this occasion.

Understanding Food Intolerance

Food intolerances differ from food allergies. They do not involve immune reactions but rather result from enzyme deficiencies or malabsorption in the digestive tract. Among these, lactose intolerance is the most common. It occurs when the enzyme lactase – needed to digest the milk sugar lactose – is deficient. The undigested lactose is fermented by gut bacteria, producing hydrogen and methane gases that lead to bloating, pain, and diarrhoea.

Other common carbohydrate intolerances include fructose malabsorption (difficulty digesting natural fruit sugars), sorbitol intolerance (inability to digest a common sugar alcohol used in processed foods), and FODMAP sensitivities (intolerance to fermentable carbohydrates).

In Sri Lanka, awareness and diagnosis of such conditions remain minimal. The last and only published study on lactose intolerance dates back to 1977, when Lactose Tolerance Tests (LTT) conducted on 200 healthy Sri Lankan adults showed a lactase deficiency prevalence of 66–79%. Despite these alarming figures, no national-level study has since revisited the topic.

The National Need for Data and Diagnostics

In the absence of validated diagnostic tools, many Sri Lankans adopt restrictive diets based on guesswork, social media advice, or unverified “food sensitivity” kits. This not only risks nutritional deficiencies but also leads to unnecessary healthcare spending.

Patients with simple intolerances often undergo multiple imaging studies or endoscopies. These investigations are costly and invasive – but with hydrogen–methane breath testing, we can now identify the true cause non-invasively, at a fraction of the cost.

The new laboratory aims to bridge this diagnostic void.



The project's objectives include:

- Establishing validated, low-cost breath test protocols suited for Sri Lankan patients.
- Creating a national database of food intolerance data for research and public health policy.
- Developing clinical guidelines for physicians and dietitians.
- Promoting public awareness and evidence-based nutrition education.

These initiatives will strengthen Sri Lanka's health economy by reducing trial-and-error treatments, preventing unnecessary tests, and improving productivity through timely diagnosis and dietary management.

The Science Behind the Test

The hydrogen–methane breath test is a simple, non-invasive procedure. After fasting for 8–12 hours, a patient blows into a small tube connected to the analyzer to establish a baseline reading. The patient then consumes a specific sugar (e.g., lactose or fructose), and breath samples are collected at regular intervals.

If the sugar is poorly absorbed, gut bacteria ferment it, producing hydrogen or methane, which can be detected in the exhaled breath. A rise in these gas levels on the analyzer's digital graph indicates intolerance.

The Gastrolyser device used in the Colombo laboratory features dual-sample technology, laser sensors, and real-time analysis displayed on a colour touchscreen – a standard used internationally for gastrointestinal diagnostics.

A Vision for the Future

The establishment of Sri Lanka's first GI Physiology and Diagnostics Laboratory is more than a technical achievement – it's the beginning of a movement toward precision nutrition and patient-centred gastrointestinal care.

The lab's long-term vision includes developing Sri Lanka's first national registry on food intolerances, collaborating with the Ministry of Health to create standardized protocols, and training healthcare professionals in evidence-based dietary management.

Food intolerance is a silent burden. With this laboratory, we now have the opportunity to identify, understand, and manage these conditions systematically, rather than relying on assumptions or outdated practices.

A Grateful Acknowledgement

We express our profound gratitude to Dr. Anula and Dr. Ajita Wijesundere for their visionary contribution to medical education and patient care. Their donation has not only equipped a new generation of medical professionals but also established a landmark resource for clinical research and public health in Sri Lanka.

The GI Physiology Laboratory, located at the Faculty of Medicine, University of Colombo, now welcomes referrals for breath testing from any registered medical practitioner.



CoMSAA ACTIVITIES

ANNUAL GENERAL MEETING

The annual general meeting of CoMSAA 2024/2025 was held on the 12th of December 2024 on the 14th floor of the UCFM Tower. The meeting preceded by the CoMSAA oration delivered by Prof Suranjith Senviratne on the last day of the Colombo Medical Congress 2024. The meeting was chaired by Dr Darryl Mathew, President, CoMSAA 2023/2024.

The new executive committee 2024/2025 was appointed under the leadership of Prof Ishan De Zoysa. Prof Ishan detailed his plan for the coming year.

The Mrs. Sumi Moonesinghe Award for the best student in Basic Sciences stream



The Mrs. Sumi Moonesinghe Award, carrying a cash prize of Rs. 50,000, is presented to the student who achieves the highest aggregate marks at the end of the Basic Sciences Stream examination in each batch. In 2025, this prestigious award was conferred upon Ms. W.P.P.A.N. Jayalath of the 2021 A/L batch during the Commencement Lecture held for the 2023 A/L batch.

CoMSAA WEBSITE REVAMPED

The official website of the Colombo Medical School Alumni Association – www.comsaa.org – has been completely revamped this year by the editorial team. The redesigned site features a refreshed look, improved navigation, and updated content, making it easier than ever for alumni to stay connected with CoMSAA's latest news, events, and initiatives. The upgrade reflects our commitment to keeping the alumni community informed and engaged through a modern, accessible online platform.



150TH COUNCIL MEETING OF THE CoMSAA

The 150th Council Meeting of CoMSAA was held on 19th February 2025 at the senior common room of the UCFM, marking a significant milestone in the association's journey. The occasion was celebrated with the cutting of a special cake by the Founder President of CoMSAA, Prof. Sherifdeen, to commemorate this remarkable achievement.

CoMSAA AUSTRALIA CHAPTER



The dean of the faculty of medicine and the president of CoMSAA were invited to attend the Biannual Reunion of CoMSAA Australia. This event consisted of a softball cricket match, a walk and a banquet. The Dean and president of CoMSAA were invited to speak at the banquet and the president of CoMSAA was also invited to deliver the after dinner speech. These events were organized under the leadership and guidance of Dr Ruwan Wijesooriya President CoMSAA Australia and Dr Mahi Ranasinghe Secretary CoMSAA Australia. The proceeds from these events will be donated to CoMSAA for award of a CoMSAA Australia scholarships and for a student research grant.

FOUNDERS' DAY ACTIVITIES

FOUNDERS' CUP 2025

CoMSAA Hosts Its First-Ever Softball Inter-Batch Six-a-Side Cricket Tournament in Commemoration of Founders' Day.

The Colombo Medical School Alumni Association (CoMSAA) proudly hosted its first-ever Inter-Batch Six-a-Side Cricket Tournament for alumni on June 1st, 2025, at the Bloomfield Cricket Club. The event brought together generations of Colombo Medical Faculty graduates for a memorable day filled with sportsmanship, nostalgia, and camaraderie.

Batches spanning from 1973 A/L to 2011 A/L took to the field, representing nearly four decades of alumni – an inspiring reflection of the enduring friendships and lifelong connections forged within the halls of the Colombo Medical Faculty. The teams competed under a variety of creative and spirited names, including 82–90 Warriors, The 87 Strikers, Norty Forty, Mega Titans 90/91, Legacy 1973 Team, Dahaya Tourniquet Tigers (2010 Batch), Murmurs (2005 Batch), Y2K Warriors (98/99 Batch), and Sexy Six (2001 Batch). Each team brought its own unique energy and flair, showcasing both competitive spirit and the lighthearted fun that comes from playing for pride and friendship rather than trophies alone.

What began as a day threatened by June's typical gloom transformed beautifully into one of clear skies and sunshine, much



to everyone's delight. The pleasant weather set the stage for an uninterrupted day of cricket and celebration. Alongside the matches, food and drink stalls catered to the crowd, ensuring players and supporters alike were well-fueled. The lively atmosphere was amplified by a papare band, whose infectious rhythms kept spirits high and feet tapping throughout the day – turning the sidelines into a dance floor and the tournament into a true celebration of fellowship.

The event was graced by several distinguished alumni and past presidents of CoMSAA, as well as numerous members who travelled from across the island and beyond to reconnect with old friends and mentors. The tournament not only celebrated cricket but also rekindled the cherished bonds that unite generations of Colombo Medical graduates.

As the sun set over the Bloomfield grounds, the closing ceremony was held amidst much excitement and applause. It was a moment of immense pride for all in attendance to welcome Master Blaster Sanath Jayasuriya, Sri Lanka's legendary World Cup-winning cricketer, whose presence added a special sparkle to the occasion. Also gracing the ceremony were Prof. Indika Karunathilake, Vice Chancellor of the University of Colombo; Prof. A.H. Sheriffdeen, founding president of CoMSAA; and members of the CoMSAA committee, whose dedication made the event possible.

After a series of closely contested and entertaining matches, Team Norty Forty emerged as the champions of the inaugural tournament, lifting the trophy amidst cheers and celebration

- ❑ **Best batsman: Dr. Dharshana Somirathne**
- ❑ **Best Bowler: Dr. Nalika Karunarathne**

A Special Award for the Legacy Team was presented to the side led by Prof. Mohan de Silva, recognizing them as the senior-most batch to participate and honoring their continued enthusiasm and commitment to the CoMSAA community.

The tournament concluded on a heartwarming note – filled with laughter, gratitude, and renewed fellowship. As dusk settled, one sentiment echoed among all who attended: this was not merely a cricket tournament, but a celebration of shared history, friendship, and the enduring spirit of the Colombo Medical Faculty. There is little doubt that this inaugural event has laid the foundation for what promises to become a cherished annual CoMSAA tradition.





A NIGHT OF MELODY AND MEMORIES: CoMSAA MUSICAL NIGHT 2025

The Colombo Medical School Alumni Association (CoMSAA) hosted its much-anticipated Musical Night- 2025 on the 1st of June at the Senior Common Room, Faculty of Medicine, University of Colombo. The event, held from 7.00 p.m. to midnight, brought together generations of alumni for an evening filled with music, dance, and camaraderie.

Alumni from batches dating back to the 1973 A/L intake participated enthusiastically, creating a vibrant blend of experience and youthful energy. The evening was graced by the presence of several distinguished guests, and the alumni were deeply honoured to host the Vice Chancellor of the University of Colombo, Professor Indika Karunathilake, the Dean of the Faculty of Medicine, Prof. Vidya Jyothi Vajira H.W. Dissanayake and the founder President of CoMSAA; Professor AH Sherifdeen. The venue buzzed with conversation, laughter, and the unmistakable spirit of reunion as old friends and colleagues reconnected in a warm and festive atmosphere.

The musical segment of the evening featured around 20 performances, highlighting the diverse talents of the alumni community. The line-up included solo, duet, and group items, spanning a wide repertoire of classical and contemporary songs. Performers from various batches captivated the audience with soulful renditions and lively numbers that kept the room alive throughout the night.

In addition to the vocal performances, the event also included two dance items, which added color and rhythm to the evening's entertainment. The performances were met with loud applause, setting the tone for what became a



spirited night of celebration. Soon after, the dance floor opened, and alumni of all ages joined in, dancing with infectious enthusiasm and reliving the carefree joy of their student days.

Adding to the festive atmosphere were food stalls set up at the venue, offering a range of refreshments and local favorites. The aroma of delicious food, combined with the music and laughter, created an atmosphere that was both nostalgic and joyous.

The CoMSAA Musical Night 2025 was not only a showcase of artistic talent but also a celebration of enduring friendships and the shared legacy of the Faculty of Medicine. It served as a reminder of the close-knit community that continues to thrive long after graduation. As the clock struck midnight, the melodies may have faded, but the memories of the evening remained—echoing the timeless bond among the Colombo Medical School alumni.

CoMSAA REUNION 2025

A WEEKEND OF CAMARADERIE, REFLECTION, AND FUN

The Colombo Medical School Alumni Association (CoMSAA) hosted its much-anticipated Reunion 2025 on the 4th and 5th of October at the scenic Jie Jie Beach Hotel, Panadura. The two-day event brought together alumni from across generations to relive cherished memories, reconnect with old friends, and celebrate the enduring spirit of the Colombo Medical Faculty community.



The reunion began on a relaxed note, with participants checking into their rooms by the afternoon. After a refreshing afternoon tea and snack session at 4.00 pm, alumni gathered to catch up and reminisce about their student days.

As evening approached, the group enjoyed the local blockbuster “Nelum Kuluna”, setting the tone for a cozy and nostalgic evening. The day culminated with a sumptuous dinner at the Pearl Hall, where laughter and conversation flowed freely. Post-dinner, the celebrations continued late into the night with a lively sing-along, karaoke, and a spontaneous dance-off, showcasing the vibrant energy and camaraderie that defines the CoMSAA family.

Sunday began leisurely, with alumni enjoying breakfast at their own pace while taking in the ocean breeze. The session opened with a welcome address by Prof. Ishan De Zoysa, President of CoMSAA, followed by Prof. Prasad Katulanda, Acting Dean of the Faculty of Medicine, Colombo who had a message delivered in writing as he was unable to be present at the event; shared updates from the faculty and inspiring words about the alumni’s continued role in its growth.

A much-anticipated talk by Prof. Ranil Fernando, titled “Teaching, and the Rubbish Taught to Medical Students,”

brought humor and reflection in equal measure, resonating with every alumnus in the audience. Dr. Chiranthi Liyanage then took the stage with an engaging session, “Posture Perfect: The CoMSAA Survival Guide to Ange Pathe Rudawa,” which combined practical wisdom with light-hearted insights.

The academic morning gave way to laughter and competition with Games and a Fun Quiz at 10.30 am, followed by one of the most entertaining segments of the reunion – “Ten Teachers – Guess Them All,” courtesy of Prof. Ishan De Zoysa. Skits depicting ten memorable teachers from the Faculty had the crowd in fits of laughter as they raced to identify each one for a prize.

The reunion concluded with a relaxed lunch at noon, after which participants checked out and departed at their own pace, carrying with them hearts full of nostalgia and renewed bonds of friendship.

CoMSAA Reunion 2025 was more than just an event – it was a joyful celebration of shared history, lifelong friendships, and the unwavering spirit of Colombo medical alumni. With laughter, learning, and plenty of fun, the weekend proved that no matter how far life takes us, the bond formed within the walls of the Colombo Medical Faculty remains timeless.



THE CoMSAA LECTURE

The CoMSAA Lecture 2025 was held on the 30th of July at UCFM tower, and featured the distinguished scientist and conservationist Dr Rohan Pethiyagoda as the keynote speaker. He delivered a thought-provoking presentation titled “Why Are So Many Smart People Irrational?”, inviting the assembled alumni and students to reflect on the paradox of intelligence intertwined with irrationality. Drawing on his vast experience as a scientist, conservationist, and public policy advocate, Dr Pethiyagoda explored how even highly educated individuals can fall prey to cognitive biases, ideological blind spots, and the allure of unexamined narratives. He challenged the audience to uphold intellectual humility and evidence-based reasoning not only in medicine but in all aspects of professional and personal life. The lecture inspired meaningful discussion and reflection, resonating strongly with CoMSAA’s mission of fostering leadership, critical thinking, and excellence beyond the clinical sphere.



A/L 83 BACK TO THE FACULTY

A reunion and a back to the faculty event was organized by the 1984/85 (AL 83) batch on 8th August 2025. This batch also did a major fundraising project. The main focus of this project was to digitally enhance the cadaveric laboratory of the medical faculty. Accordingly 3 state of the art smart screens and a state of the art camera were provided. These facilities are currently being used by the teachers and students.

The remaining funds collected by this batch were used to provide other facilities for medical students.

A camcorder worth Rs. 349,000 was provided to the ECHO unit of the medical faculty. In addition a large freezer was provided to the faculty canteen.

A Water Filter, 50 Cups & Saucers for the Faculty Canteen, 10 Canteen Chairs and a Sofa & a Coffee Table for Students' Common Area were also provided based on the requests of the medical students. Funds was also provided to paint the wall of the De Saram Place Female Medical Students Hostel.

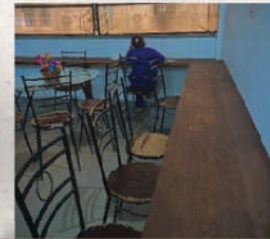


Project Thrive

New additions to our faculty



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A STUDENT WELFARE INITIATIVE



Project Thrive



PROJECT BY MFSU/MSWS
DONATED BY COMSAA
WITH GENEROUS CONTRIBUTION OF 84/85 BATCH



MEMBERSHIP DRIVE

The Founders' Day activities provided an excellent opportunity for many new alumni of the faculty to join CoMSAA. During the year 2025, a total of 29 new members were welcomed. Dr. Nilanka, Dr. Mario, and Dr. Anusha were commended by the Executive Committee of CoMSAA for their invaluable contributions towards recruiting new members to the association.

CoMSAA ORATION

The CoMSAA Oration will be delivered during the Colombo Medical Congress 2025 by Senior Professor Muditha Vidanapathirana, Dean of the Faculty of Medicine, Uva Wellassa University. The oration, titled "An Overview of the Evolution of the Medico-Legal System and Its Current Status-quo in Sri Lanka," is scheduled to be held on the 27th of November 2025.

DONATION BY CoMSAA MEMBER ENABLES SRI LANKA'S FIRST HYDROGEN-METHANE BREATH TESTING LABORATORY

Sri Lanka's first Gastrointestinal Physiology and Diagnostics Laboratory was established at the Faculty of Medicine, University of Colombo, marking a major advancement in diagnosing food intolerances through hydrogen-methane breath testing. This milestone was made possible by the generous Rs. 8 million donation from Dr. Anula Wijesundere, Consultant Physician and past President of CoMSAA, and Dr. Ajita Wijesundere, Obstetrician and Gynaecologist. Their contribution en-

abled the purchase of the state-of-the-art Gastrolyser device, transforming a long-envisioned project into a functional diagnostic and teaching facility. The laboratory, opened in June 2025, now offers non-invasive testing for lactose, fructose, and sorbitol intolerances and aims to create national databases, develop clinical guidelines, and advance research and education in gastrointestinal health.

MUSIC ROOM



This year, the Colombo Medical School Alumni Association (CoMSAA) generously donated Rs. 300,000 towards the refurbishment of the Faculty Music Room, creating a vibrant and welcoming space for students to engage in musical activities and relaxation.

This contribution enabled the purchase of 30 stools, 3 large shelves, bean bags, personalized wallpaper, plaques, CCTV equipment, guitar stands, 3 fans, and carpets, transforming the room into a comfortable and functional hub for creativity and collaboration.

The upgraded facility now provides medical students with a much-needed outlet for artistic expression and stress relief, enhancing their overall university experience. The Faculty extends its heartfelt gratitude to CoMSAA for their continued support in fostering student well-being and extracurricular enrichment.

WASSANA DIYAWARA

Wassana Diyawara is an annual community development initiative organized by the Buddhists' Association of the Faculty, aimed at supporting and uplifting underprivileged rural schools and their surrounding communities. This year, the project focused on Ikkapallama Junior School in Hambantota, which underwent significant development under the Wassana Diyawara initiative. CoMSAA generously contributed Rs. 50,000 in support of this meaningful project.



MEDFEST 2025

MedFest is the annual inter-batch sports festival organized by the Faculty of Medicine Sports Association, providing the perfect platform for students to showcase and enhance their talents in sports. In keeping with its continued commitment to student welfare, CoMSAA generously donated Rs. 50,000 in support of this year's MedFest.



TABLE TENNIS TABLE

The 2014 A/L batch generously donated Rs. 157,000 towards the purchase of a new table tennis table, which will be installed at the new student recreational area in the UCFM Tower.





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FOR THE
COLOMBO MEDICAL CONGRESS 2025



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SRI LANKAN NIGHT

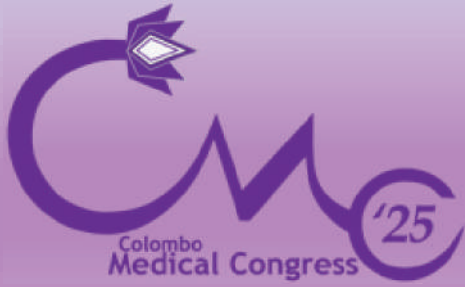
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Pre Congress: 25 th November 2025				
8.00 – 8.45 hours: Registration				
9 00 / 10 30 hours	Health in a Changing Climate: Research, Education, and Policy Pathways (Symposium)	Nature-Inspired Neuroprotection (Symposium)	Eye in the Digital Era (Symposium)	25 Years of Graduate Pharmacy Education and Beyond – Pharmacology symposium [Main Auditorium] [Invitation-only]
10 30 – 11 00 hours: Refreshments				
11 00 / 12 30 hours	Climate Change and NEXTGEN (Symposium)	Mindful Workplaces: Cultivating presence, compassion and well-being for institutional sustainability (Symposium)	Use of Gastrointestinal Physiology Investigations in diagnosis (Symposium)	
12 30 – 13 30 hours: Refreshments				
13 30 / 15 30 hours	Planetary Health hackathon	Art based expressions on the ritualistic healing culture of Sri Lanka on 'sanni masks'		
15 30 – 16 00 hours: Refreshments				

Inauguration: 26 th November	
09 00 hours	Academic procession
09 10 hours	National Anthem & Faculty S
09 20 hours	Lighting of the oil lamp
09 30 hours	Welcome address by Dean, F of Colombo Vidya Jyothi Professor Vajira
09 45 hours	Introduction to scientific ses Dr. Maduka de Lanerolle Dias
09 55 hours	Address by CoMSAA Presiden Prof Ishan de Zyosa
10 05 hours	Address by the Vice Chancel Professor Indika Karunathilak
10 15 hours	Keynote address: Doctors in Dr. Muditha Darshana Senara Chief Innovation Officer National Innovation Agency
10 45 hours	Address by the Chief Guest: Prof. Chrisantha Abeysena Minister of Science and Tech
10 55 hours	Faculty Oration: Empowerin Role of Viral Diagnostics in and Eradication Efforts Dr MAY Fernando Lecturer and Specialist in Vir Microbiology and Immunolog University of Colombo
11 35 hours	Vote of thanks, Secretary CM Dr. Dilusha Fernando
11 45 hours	Cultural event
12 00 hours	Reception



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November 2025

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H.W. Dissanayake

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Main congress: DAY 01: 26th November 2025

13 00 – 14 30 hours	Symposium 01: Pearls in Geriatric medicine
14 30 – 16 00 hours	Symposium 02: Will AI replace Doctors?
17 00 hours	Refreshments

Main Congress Day 02: 27th November 2025

8 00 – 8 45 hours: Registration	
9 00 – 10 30 hours	Symposium 03: Evidence to action: Enhancing diet quality for optimise nutrition
10 30 – 11 00 hours	Refreshments
11 00 – 12 30 hours	Free Paper sessions
12 30 – 13 30 hours	Refreshments
13 30 – 15 00 hours	Symposium 04: Medical Humanities

Closing Ceremony & CoMSAA Oration

15 00 – 16 00 hours	Closing Ceremony
16 00 – 17 00 hours	CoMSAA Oration: An Overview of the Evolution of Medico-legal System and Its Current Status-quo in Sri Lanka Senior. Prof. Muditha Vidanapathirana Chair Professor of Forensic Medicine Dean, Faculty of Medicine, Uva Wellassa University
17 00 – 17 30 hours	Refreshments & Fellowship
17 30 – 18 00 hours	CoMSAA Council Meeting
18 00 – 19 00 hours	CoMSAA AGM

Post Congress: 28th November 2025

8 00 – 8 45 hours: Registration	
9 00 / 16 00 hours	Non academic day 2025. "Empowering membership: improving career growth and efficiency"



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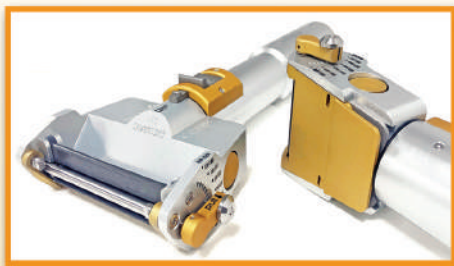
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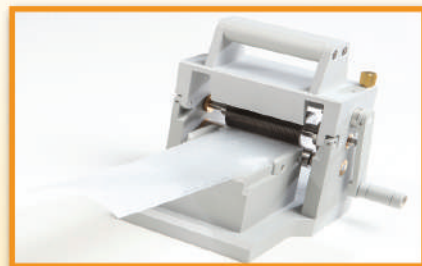
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