



# IMPA

## NEWS

THE OFFICIAL NEWS LETTER OF THE INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION

### FROM THE PEN OF THE PRESIDENT...



Dear Members of the IMPA ,

I thank you for placing your confidence in me once again and appointing me as the President of this association at the AGM held on Sunday the 12<sup>th</sup> of December 2021.

I sincerely hope that I will be able to carry out my duties of leading the association and taking it to the helm.

Though we are restricted by the Covid pandemic i hope to continue with the monthly CPD programmes which are looked forward to by the members and hold the council meetings as scheduled every month.

I also take this opportunity to welcome all the new office bearers and council members and look forward to their support for a very interactive year with full participation at all the programmes of the IMPA.

We will have the monthly news letter, annual journal and if possible the updated version of the IMPA directory published on schedule.

The IMPA will cooperate with other stakeholders and take an active role in matters of mutual interest.

The new state of the art updated website which was designed under the guidance of immediate Past President Dr Ananda Perera also includes the Sri Lanka drug index and could be accessed by anyone free of charge. Any new product registered at the NMRA will be uploaded immediately to the drug index..

I implore the members to vigorously campaign to get eligible medical practitioners to join the association so that all matters relating to them could be collectively addressed..

I also Thank the ministry of health for the generous grant of Rs 500,000/= and all other sponsors for their support to the IMPA .

I request the members to bring up any other relevant matters that need to be addressed to the council so they could be resolved..

**Dr A H A Hazari**  
President IMPA

# Librax<sup>®</sup>

chlordiazepoxide 5mg + clidinium bromide 2.5mg

You won't  
miss your  
daily routine



**Librax<sup>®</sup> is a reliable treatment  
for GI & GU Disorders**

## Clidinium bromide

- Irritable or Spastic COLON
- Gastric and Duodenal Ulcer

## Chlordiazepoxide

- Anti - Secretory
- Anti - Spasmodic

**MEDA**

**Baurs**  
Established 1897



A. Baur & Co. (Pvt.) Ltd.  
62, Jethawana Road, Colombo 14  
Tel: +94-11- 4728770

**INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION OF SRI LANKA  
OFFICE BEARERS - 2021/2022**

<b>Patron</b>	Dr. Joe Fernando
<b>President</b>	Dr. A.H.A. Hazari
<b>Immediate Past President</b>	Dr. Ananda Perera
<b>Vice Presidents</b>	Dr. S.M. Goonesekera Dr. Palitha Abeykoon Dr. S.A.P. Gnanissara
<b>Hony. Joint Secretaries</b>	Dr. S.M. Samarage Dr (Mrs) I. Abeyawickrema
<b>Hony. Treasurer</b>	Dr. H.L. Pathirajamudali
<b>Asst. Treasurer</b>	Dr. D.W. Weerasooriya
<b>Editor</b>	Dr. A.L.P. de S. Seneviratne
<b>Council Members</b>	Dr. Kanthi Ariyaratne Dr. A.K. Black Dr. Maxi Fernandopulle Dr. N.P.S. Gunaratne Dr. A.A.M. Haroon Dr. Sanath Hettige Dr. Lucian Jayasuriya Dr. B.Karunaratne Dr. L.D.L.P. Liyanage Dr. D.K.D. Mathew Dr. M.S.R. Mihilar Dr. Sarath Paranavitane Prof. Jennifer Perera Dr. Kayathri Periyasamy Dr. F.A. Rajakulendran Dr. Seneth Samaranayake Dr (Mrs) I.S. Samarakoon Dr. Tilak Silva Dr. Jayantha Weeraman Dr. Hector Weerasianghe
<b>Past Presidents</b>	Prof. I. Joel Fernando Dr. S.L.G. Jayasuriya Dr. B.G.D. Bujawansa

## EDITOR'S COLUMN

Firstly, may I wish all our readers a very happy new year. Here is a brief account of our activities and progress in 2021 under the leadership of Dr Ananda Perera. In spite of the covid pandemic we managed to conduct some of our monthly CME programs and council meetings. The IMPA web site was relaunched with easy access and updated Sri Lankan drug index with the latest information of newly registered drugs. This has helped most of our members to update their knowledge related to the pharmaceutical products. We also received a grant of Rs. 500000.00 from the MoH. Our IMPA journal with clinically important medical topics was published. Another important mile stone was the Whats app educational program by our members who volunteered to be on call to advice needy patients regarding post covid symptoms.

We appreciate the interest and motivation of our readers. I wish our new president Dr.A.H.A.Hazari who will definitely lead us to great success.

Best wishes

**Dr A L P De S Seneviratne**

## LADY WITH UNEXPLAINABLE LEFT ARM PAIN

**Dr Achala Weerasinghe** MB, BS, DFM, MCGP, MRCGP(Int), MD (Family Medicine)

Mrs Siriyawathi is a 68 years old married lady with 3 children. One of her daughters is a nurse at the local hospital. She presented with episodic severe pain in her left arm which is associated with sweating and increased warmth of the hand. In between the episodes of pain, she is fine and could carry on her daily activities. The pain is burning and stabbing in nature. She couldn't point to any place, it is a diffuse pain. She had taken treatment from several doctors, without any improvement.

There is no history of chronic illnesses or on any long-term medications.

She has had surgery on the left shoulder about 15 years ago for a recurrent shoulder dislocation which improved after surgery.

Full physical examination including a complete neurological examination was normal.

Her symptoms were alleviated to a greater degree with Pregabalin 75 mg twice a day and a capsicum cream local application.

This is the typical presentation of complex regional pain syndrome (CRPS) or reflex sympathetic dystrophy (RSD),

### What is Complex regional pain syndrome (CRPS)

Complex regional pain syndrome (CRPS) is a form of chronic pain that usually affects an arm or a leg. CRPS typically develops after an injury, a surgery, a stroke or a heart attack. The pain is out of proportion to the severity of the initial injury. In this lady it could have been due to her shoulder surgery or due to the pain she had due to recurrent dislocations.

CRPS is uncommon, and its cause isn't clearly understood.

### Signs and symptoms of CRPS include:

- Continuous burning or throbbing pain, usually in your arm, leg, hand or foot
- Sensitive to touch or cold
- Swelling of the painful area
- Changes in skin temperature - alternating between sweaty and cold

Cont. on page 05

- Changes in skin color, ranging from white and blotchy to red or blue
- Changes in skin texture, which may become tender, thin or shiny in the affected area
- Changes in hair and nail growth
- Joint stiffness, swelling and damage
- Muscle spasms, tremors, weakness and atrophy
- Decreased ability to move the affected body part

Symptoms may change over time and vary from person to person. Pain, swelling, redness, noticeable changes in temperature and hypersensitivity (particularly to cold and touch) usually occur first. Over time, the affected limb can become cold and pale. It may undergo skin and nail changes as well as muscle spasms and tightening. Once these changes occur, the condition is often irreversible. CRPS occasionally may spread from its source to elsewhere in your body, such as the opposite limb. In some people, signs and symptoms of CRPS go away on their own. In others, signs and symptoms may persist for months to years. Treatment is likely to be most effective when started early in the course of the illness.

### Causes

The cause of CRPS isn't completely understood. It's thought to be caused by an injury to or an abnormality of the peripheral and central nervous systems. CRPS typically occurs as a result of a trauma or an injury.

CRPS occurs in two types, with similar signs and symptoms, but different causes:

**Type 1.** Also known as reflex sympathetic dystrophy (RSD), this type occurs after an illness or injury that didn't directly damage the nerves in your affected limb. About 90% of people with CRPS have type 1.

**Type 2.** Once referred to as causalgia, this type has symptoms similar to those of type 1. But type 2 CRPS

occurs after a distinct nerve injury.

Many cases of CRPS occur after a forceful trauma to an arm or a leg. This can include a crushing injury or a fracture. Other major and minor traumas - such as surgery, heart attacks, infections and even sprained ankles - also can lead to CRPS.

It's not well understood why these injuries can trigger CRPS. Not everyone who has such an injury will go on to develop CRPS. It might be due to a dysfunctional interaction between your central and peripheral nervous systems and inappropriate inflammatory responses.

### Complications

If CRPS isn't diagnosed and treated early, the disease may progress to more-disabling signs and symptoms. These may include:

Tissue wasting (atrophy). Your skin, bones and muscles may begin to deteriorate and weaken if you avoid or have trouble moving an arm or a leg because of pain or stiffness.

Muscle tightening (contracture). You also may experience tightening of your muscles. This may lead to a condition in which your hand and fingers or your foot and toes contract into a fixed position.

### Prevention

These steps might help you reduce the risk of developing CRPS:

Early mobilization after a stroke. Some research suggests that people who get out of bed and walk around soon after a stroke (early mobilization) reduce their risk of developing CRPS.

Some studies have shown that vitamins (Mainly vitamin C) may reduce the occurrence of CRPS.

Cont. on page 06



## Diagnosis

Diagnosis of CRPS is based on a physical exam and your medical history. There's no single test that can definitively diagnose CRPS, but the following procedures may provide important clues:

**Bone scan:** This procedure might help find bone changes. A radioactive substance injected into one of your veins allows your bones to be seen with a special camera.

**Sweat production tests:** Some tests can measure the amount of sweat on both limbs. Uneven results may indicate CRPS.

**X-rays:** Loss of minerals from your bones may show up on an X-ray in later stages of the disease.

**Magnetic resonance imaging (MRI):** Images captured with an MRI test may show tissue changes that rule out other conditions.

## Medications

### Pain relievers.

**Over-the-counter (OTC) pain relievers:** - such as aspirin, ibuprofen and naproxen sodium may ease mild pain and inflammation.

**Opioid medications might be an option:** Taken in appropriate doses, they might help control pain.

### Antidepressants and anticonvulsants:

Sometimes antidepressants, such as amitriptyline, and anticonvulsants, such as gabapentin, are used to treat pain.

**Corticosteroids:** Steroid medications, such as prednisone, may reduce inflammation and improve mobility in the affected limb.

**Bone-loss medications:** such as alendronate and calcitonin.

## Sympathetic nerve-blocking medication:

Injection of an anesthetic to block pain fibers in the affected nerves may relieve pain in some people.

**Intravenous ketamine:** Some studies show that low doses of intravenous ketamine, a strong anesthetic, may substantially alleviate pain.

## Therapies

**Heat therapy.** Applying heat may offer relief of swelling and discomfort on skin that feels cool.

**Topical analgesics:** Various topical treatments are available that may reduce hypersensitivity, such as capsaicin cream, or lidocaine cream or patches (Lidoderm, LMX 4, LMX 5).

**Physical or occupational therapy:** Gentle, guided exercising of the affected limbs or modifying daily activities might help decrease pain and improve range of motion and strength. The earlier the disease is diagnosed; the more effective exercises might be.

**Mirror therapy:** This type of therapy uses a mirror to help trick the brain. Sitting before a mirror or mirror box, you move the healthy limb so that the brain perceives it as the limb that is affected by CRPS. Research shows that this type of therapy might help improve function and reduce pain for those with CRPS.

## Transcutaneous electrical nerve stimulation

**(TENS):** Chronic pain is sometimes eased by applying electrical impulses to nerve endings.

**Biofeedback:** In some cases, learning biofeedback techniques may help. In biofeedback, you learn to become more aware of your body so that you can relax your body and relieve pain.

**Spinal cord stimulation:** By inserting tiny electrodes

Cont. on page 07

along the spinal cord. A small electrical current delivered to the spinal cord results in pain relief.

**Acupuncture:** The insertion of long, thin needles may help stimulate nerves, muscles and connective tissue to increase blood flow and relieve pain.

It's possible for CRPS to recur, sometimes due to a trigger such as exposure to cold or intense emotional stress. Recurrences may be treated with small doses of an antidepressant or other medication.

## References

1. Wilson, Peter R.; et.al; "Proposed New Diagnostic Criteria for Complex Regional Pain Syndrome". *Pain Medicine*. 8 (4): 326-331. doi:10.1111/j.1526-4637.2006.00169.x. ISSN 1526-2375. PMID 17610454.
2. Schwartzman RJ, Erwin KL, Alexander GM; "The natural history of complex regional pain syndrome". *The Clinical Journal of Pain*. 25 (4): 273-80. doi:10.1097/AJP.0b013e31818ecea5. PMID 19590474. S2CID 10909080.
3. Harden RN, Bruehl S, Stanton-Hicks M, Wilson PR; Proposed new diagnostic criteria for complex regional pain syndrome. *Pain Med*. 2007 May-Jun;8(4):326-31.
4. Marinus J, Moseley GL, Birklein F, "Clinical features and pathophysiology of complex regional pain syndrome". *Lancet Neurology*. 10 (7): 637-48. doi:10.1016/S1474-4422(11)70106-5. PMC 5511749. PMID 21683929.
5. Bruehl, Stephen: et.al, "Complex regional pain syndrome: are there distinct subtypes and sequential stages of the syndrome?". *Pain*. 95 (1-2): 119-124. doi:10.1016/s0304-3959(01)00387-6. ISSN 0304-3959. PMID 11790474. S2CID 20773804.
6. Veldman PH, Reynen HM, Arntz IE, Goris RJ, "Signs and symptoms of reflex sympathetic dystrophy: prospective study of 829 patients". *Lancet*. 342 (8878): 1012-6. doi:10.1016/0140-6736(93)92877-V. PMID 8105263. S2CID 39843988.

# BE SURE OF RELIEF FROM PAIN

**3X**  
EFFECTIVE  
PAIN RELIEF  
vs PLACEBO\*<sup>1</sup>



Panadeine

Voltaren



**Formulation:** With the combined strength of paracetamol and codeine, Panadiene offers relief from strong pain



**Penetrates deep through the skin and fights pain at the source,** by sensitising the pain receptors and inhibiting the activity of the pain-responsive nerve cells<sup>2</sup>



**Indication:** Used in backache and muscular pain



**Pain reduces by half, after 24 hours**<sup>†1</sup>

\*vs placebo in acute neck pain † Pain at rest in acute neck pain

References: 1. Predel HG, et al. efficacy and safety of diclofenac diethylamine 1.16% gel in acute neck pain: a randomized, double-blind, placebo-controlled study. *BMC Musculoskeletal Disord.* 2013;14:250. 2. Brune K. Persistence of NSAIDs at effect sites and rapid disappearance from side-effect compartments contributes to tolerability. *Curr Res Opin.* 2007; 23:2985-95.

Use as directed on pack. Do not exceed recommended dose and frequency, as excessive dosage could be harmful to the liver. If fever persists, consult your doctor. For adverse events reporting please call on 0112636341 or email on [pharmacovigilance@gsk.com](mailto:pharmacovigilance@gsk.com)

Trade marks are owned by or licensed to the GSK group of companies.

All rights reserved. **SmithKline Beecham (Pvt) Ltd.** Level 34, West Tower, World Trade Center, Colombo 01, Sri Lanka.

PUBLISHED BY  
INDEPENDENT MEDICAL PRACTITIONERS ASSOCIATION  
275/75, PROF. STANLEY WIJESUNDARA MW, COLOMBO 7. Tel: 0112 501 113 Fax: 0112 500 818  
E-mail: [champa.impa@gmail.com](mailto:champa.impa@gmail.com) | [info@impa-lk.org](mailto:info@impa-lk.org) Web: <http://impasl.com/>