

August 2020
Volume 20
Issue 2

NEWSLETTER

ISSN 2550 - 3316

GALLE MEDICAL ASSOCIATION

FAR YET NEAR

Staying connected in the time of COVID 19.....



COVID 19 pandemic continues to rampage the world since its first appearance in December 2019. As the worst pandemic to hit the human population in the recent history, it forced the world to come to a stand still and Sri Lanka was no exception.

CONTENT

GOOD FORENSIC PRACTICES ON INVESTIGATION OF DEATHS DUE TO SURGERY, INVASIVE PROCEDURES AND ANAESTHESIA	2
• REGISTRAR EXCELLENCE FORUM • COMMUNITY OUTREACH PROGRAMME	4
• GMA LECTURES • RESEARCH HELP DESK	5
ILLICIT DRUG USE AND COVID 19 TRANSMISSION	6
GMA RESPONSE TO COVID-19	8
ANCIENT BUDDHIST MONASTERY COMPLEXES IN SRI LANKA	9
BOOK NOOK	17
• GMA E-MAGAZINE • BHAKTHI GEE	18

Minimizing human movement is the primary strategy adopted by many countries including Sri Lanka to control the spread of this deadly virus. Strict social control measures such as civil curfew and restriction of inter-district travel enforced following the reporting of the first local case of COVID 19 were later relaxed as the country gradually shifted towards 'normalization'.

In this backdrop, GMA was compelled to abandon some of its activities planned for the 2nd Quarter of the year 2020 such as the New Year festival 'Suriya Wasanthaya' and the research workshop series, to comply with the social control measures. However, the unbeatable spirit of GMA found means to reach out in other ways, sharing knowledge, guidance and entertainment while maintaining the distance. The cover page of this issues is dedicated to the 'tech-savvy' face of GMA that made staying connected in the time of COVID 19 not only possible but also enjoyable!

GOOD FORENSIC PRACTICES ON INVESTIGATION OF DEATHS DUE TO SURGERY, INVASIVE PROCEDURES AND ANAESTHESIA

According to the Criminal Procedure Code of Sri Lanka, deaths which occur during or within a short time after a surgery, invasive diagnostic procedure or anaesthesia are subjects of a medico legal investigation by an Inquirer into Death. In the category of these deaths include the deaths that had occurred even after a long interval, if there is a plausible and causal relationship between procedure and the death. The death investigation includes a medico legal autopsy by the forensic pathologist, which is often a difficult and a professionally sensitive task.

According to the cause of death, the deaths due to surgical operations, invasive procedures and anaesthesia can be further classified into four subgroups, which is possible only after full investigation. The four subgroups are:

1. Direct causes by the disease or injury for which the surgical operation, invasive procedure or anaesthesia was performed
2. Disease or any abnormality other than for which the surgical operation, invasive procedure or anaesthesia was performed
3. Mishaps during or as a complication of the procedures

4. Mishaps during, or as a complication of the administration of an anaesthesia

The forensic pathologists face specific problems of conducting such autopsy and interpretation of finding on deaths associated with surgery and anaesthesia. There may be few or no morphological findings at the autopsy and the autopsy may be technically difficult because of the surgical intervention and its sequelae such as the oedema, pus, haemorrhage and adhesions. Numerous surgical and anesthetic devices may have been introduced into the patient during the procedure. The above factors may have distorted the normal anatomy and altered the existing pathology or the injuries for which the surgery, invasive procedure or anaesthesia was performed.

Some of these problems can be avoided by a thorough review of the case before starting the autopsy. The clinical records should always be obtained before starting the autopsy and radiographs may add useful information particularly if any diagnostic imaging have been performed during the surgery. In the present days, video recording of surgical procedures are common and viewing of such recordings may be useful. The

records should be read carefully concentrating on the indications for current admission to the hospital, surgical notes, anaesthetic records, other specialists' referral notes and the laboratory reports. If any clarifications are required it is prudent to contact the relevant consultant or alternatively seek technical advice or expert opinion of an independent consultant before starting the autopsy. Ante mortem blood samples which are retained in the laboratories, blood bank can be retained. The ante mortem blood samples have immense value to determine the cause of death in suspected diffuse intravascular coagulation, blood transfusion errors, or in assessment of creatinine phosphokinase activity in malignant hyperthermia. Obtaining the results of the laboratory tests requested during the life but not available at the time of autopsy is also useful. Such reports which were very useful in the author's practice in determining the cause of death were cardiac Troponine, serum Triptase levels and blood cultures.

The medical and anaesthetic devices which have been introduced into the body should not be removed before the autopsy. The clinical staff in the ward, surgical theatres, intensive care

units and the imaging departments has the duty to make sure to prevent removal of such devices from the dead bodies. If malfunction of the anaesthetic apparatus is suspected, which is rare in practice the pathologist should obtain the report of the examination of the apparatus by an expert.

A meticulous autopsy examination should be performed with a detailed external examination of the body. The external features of the pathology, injuries, site and the type of anaesthetic and surgical devices should be recorded preferably on a body diagram chart. Evisceration and dissection of all organs should be done. Special dissection procedures such as demonstration of pneumothorax, air embolism, pulmonary thromboembolism, spinal cord dissection and musculoskeletal dissection have to be conducted when indicated. During the musculoskeletal dissection it is important examine the surgical site for significant haemorrhage, infections and displacement of inserted devices.

When the ancillary investigations are concerned, the toxicology is not very much useful because of several reasons. The analysis of volatile inhalation anaesthetics like Halothene is impossible. If the person has survived for some time after the anaesthesia, it is difficult to interpret the reports

due to the metabolism of the drugs.

Sections for histology should be taken to diagnose pathology which may have led to death as well as to assess the type, severity and the extent of the disease for which the surgery was performed.

Generally in forensic practice, communication with clinicians in certain hospital deaths is very important. The examples of such deaths are maternal deaths and deaths during surgery, invasive procedures and anaesthesia. Some clinicians are keen to be present during the autopsy examination and he could explain the procedures he had performed which may not be familiar to the pathologist. Also the clinician could contribute to the discussion of the further possible investigations needed to be done to determine the cause of death. If such clinician plans to be present at the autopsy, the forensic pathologist has a courtesy to fix a mutually acceptable time to conduct the autopsy. Nowadays many hospitals have clinico-pathological meetings where the forensic pathologists contribute with gross finding of the autopsy, cause of death and findings of the ancillary investigations.

The autopsy report is written in a pre-typed form and contains several sections of information including the deceased identification data, detailed external and internal examination findings, additional investigations performed and the cause of death which is formulated according to the WHO guidelines. In some instances the forensic pathologist finds problems in determining the cause of death when the autopsy and the ancillary investigation becomes negative or unclear and in such situations the terms 'undetermined' or 'multifactorial' may be used. However, the post mortem report should be detailed, objective and impartial.

References

Roger D Start, Somon S Cross. Pathological investigation of deaths following surgery, anaesthesia, and medical procerdures. J Clin Pathol 1999; 52: 640 – 652.

Antonina Argo, Stefano Zebro, Antoniette Lanzarone, Roberto Buscemi, Roberta Rocuzzo, Steven B Karch. Perioperative and anaesthetic deaths: Toxicological and medico-legal aspects. Egypt. Forensic Sci. 2019; 9: 20.

Janaki Warushahennadi

***Senior Lecturer, Department of Forensic Medicine
Faculty of Medicine, University of Ruhuna***

REGISTRAR EXCELLENCE FORUM

The Registrar Excellence Forum (REF), which was initiated to support the professional development of the Registrars of all specialties, successfully continued during the past 4 months despite the COVID 19 pandemic. Eleven sessions of REF were conducted during this period with the participation of Dr. Ganaka Senaratne, Prof. C K Bodinayake, Dr. Krishantha Jayasekera, Dr. M K Ragnathan, Dr. Sathyajith Ambawatte, Dr. Priyankara Gunaweera, Dr. Arosha Abeywickrama, Prof. Sarath Lekamwasam, Dr. Kalum Deshapriya as the resource persons.

Initial sessions were conducted via zoom in compliance with the social distancing recommendations. GMA is now able to conduct the sessions at the GMA lecture theatre as usual, while it is also possible to join via zoom.



COMMUNITY OUTREACH PROGRAMME

Second successful community outreach programme was held on 16th June 2020 at RDHS office, Unawatuna with the participation of 100 Medical Officers from primary health care institutions of the Galle district.



GMA LECTURE



The second GMA lecture for the year 2020 titled "**How to appraise an article on a clinical trial**" was delivered by Prof. Sarath Lekamwasam, Professor of Medicine, Faculty of Medicine, University of Ruhuna on 23rd June 2020 as a zoom lecture.

RESEARCH HELP DESK



Research Help Desk was able to provide methodological guidance for the postgraduate trainees and other doctors engaged in research from Teaching Hospitals, Karapitiya and Mahamodera despite the social control measures. Its services were available through telephone and electronic communications even during the period of lockdown.

GALLE MEDICAL JOURNAL: CALL FOR PAPERS

The *Galle Medical Journal* is published quarterly in March, June, September and December each year.

GMJ welcomes high quality review or leading articles, original research papers and case reports. Submissions are accepted throughout the year and are subjected to external review before publishing.

Your submissions can be e-mailed to gmjgalle@gmail.com

Please refer instruction to authors for further details.

Available from <https://gma.lk/eng/publications-and-guidelines-gma/galle-medical-journal-gma/submissions-instructions-for-the-authors-gma.html>

*The 1st and 2nd issues of
Galle Medical Journal
are now available from GMA website
(www.gma.lk)*



ILLICIT DRUG USE AND COVID 19 TRANSMISSION

Coronavirus disease (COVID-19) is an infectious disease caused by the newly discovered coronavirus SARS-CoV-2. It has severely affected many countries throughout the world for more than six months and still the whole world is struggling to control the COVID 19 pandemic. Sri Lanka was able to handle this pandemic situation successfully in the past few months, minimizing community transmission. Up to now, around over 2800 cases were reported in the country and among them majority were imported cases. However, three significant clusters of COVID 19 cases were reported within past four months, placing people at risk of community transmission. Interestingly, among them, two clusters were reported among group of drug addicts in an urban slum area in Western province and the drug rehabilitation center located in the North Western Province. Other cluster was reported among a group of navy officers and later it was found that they were also infected from the cluster of drug addicts reported in the urban slum area in Western province. This emphasizes the need of identifying the association between COVID 19 infection and illicit drug use and its role in transmitting this deadly disease.

People mainly get infected with COVID 19 virus, through droplets

of saliva or discharge from the nose when an infected person coughs or sneezes. Hence, it is required to practice and maintain respiratory etiquette to prevent disease transmission. According to Center for Disease Control and Prevention, smoking is identified as a risk factor for COVID 19 transmission and increasing disease severity (1). Smoking of tobacco products is widespread among illicit drug users in Sri Lanka according to literature. As they constantly touch their hands on their lips during smoking, there is no wonder in identifying them as a vulnerable group for COVID 19 infection, causing its spread through contaminated hands. Also, sharing of contaminated cigarettes can be responsible for initiating clusters of infection among drug addicts.

Apart from that, cannabis and heroin are considered as two main illicit drugs used by drug addicts in Sri Lanka and it is a common practice to smoke cannabis and use Chinese method¹ for heroin. Therefore, smoking places drug addicts at risk of getting COVID 19 infection.

Further, drug addicts are in the habit of using illicit drugs as gangs and this prevents social distancing, thereby facilitating COVID 19 transmission.

The COVID 19 pandemic had affected drug trafficking in many countries in the world including Sri Lanka. It was difficult to find evidence for impact of COVID 19 on drug trafficking in local context but according to National Dangerous Drug Control Board (NDDCB), 2597 persons were arrested for drug related offences during April (1185) and May (1412) in 2020. That implies that drug addicts use to continue their drug use behaviors even in pandemic situation in the country, constantly putting them at risk of COVID 19 infection. These figures imply that drug use behavior is not affected due to COVID 19 pandemic as expected, to the extent of preventing drug use in the country.

According to a systematic review done by Dubey MJ et al., the drug users are at a greater risk of worse COVID-19 outcomes (2). They found that COVID 19 pandemic can lead to a surge of addictive behaviors (both new and relapse) due to disruption of psychological wellbeing of the people. Emergencies due to withdrawal symptoms including deaths are being increasingly reported due to disruption of drug trafficking system (2). Many drug users in the country are addicted to illicit drugs and are able to purchase drug directly from drug suppliers within their living areas to continue their

drug use behavior. This easy accessibility for drugs enables them to avoid withdrawal symptoms even during COVID 19 pandemic in the country. On the other hand, drug addicts who were on rehabilitation process were evacuated from rehabilitation centers in order to maintain social distancing during the curfew period. Thus, many drug addicts lost the chance of completing the rehabilitation process increasing their risk into relapse. It was proven that service functions for drug addicts are disrupted during disaster and pandemic situations according to literature (3-5).

Disruption of psychological wellbeing will further drive people to use psychoactive substances or illicit drugs during disaster situations further increasing risk of addiction. Therefore, exposing to a surge of addictive behaviors is not surprising during COVID 19 pandemic.

Under these circumstances, it is clear that COVID 19 is closely associated with illicit drug use. In summary, illicit drug use leads to increase risk of getting infected with COVID 19 and COVID 19 affects service functions for drug users, mainly rehabilitation

activities, leading to a surge of addictive behaviors. As COVID 19 and illicit drug use affects the whole world without consideration of geographical boundaries, they can be considered as two pandemics which are on the verge of collision causing a major public health threat. Hence it will be essential to pay more attention to stop drug trafficking system of the country while controlling COVID-19 pandemic to minimize the risks of illicit drug use and spread of COVID 19 infection among the community.

References

1. *Center for Disease Control and Prevention. Coronavirus Disease 2019, (COVID 19) United States,,: Center for Disease Control and Prevention; 2020 [cited 2020 17.07.2020]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>.*
2. *Dubey MJ, Ghosh R, Chatterjee S, Biswas P, Chatterjee S, Dubey S. COVID-19 and addiction. Diabetes & Metabolic Syndrome: Clinical Research & Reviews. 2020.*
3. *Rutkow L, Vernick JS, Mojtabai R, Rodman SO, Kaufmann CN. Legal challenges for substance abuse treatment during disasters. Psychiatric services. 2012;63(1):1-9.*
4. *Cepeda A, Valdez A, Kaplan C, Hill LE. Patterns of substance use among hurricane Katrina evacuees in Houston, Texas. Disasters. 2010;34(2):426-46.*
5. *Dewart T, Frank B, Schmeidler J. The impact of 9/11 on patients in New York City's substance abuse treatment programs. The American journal of drug and alcohol abuse. 2006;32(4):665-72.*

Dr. I L A N Darshana & Prof. P V De Silva
Department of Community Medicine
Faculty of Medicine
University of Ruhuna

GMA RESPONSE TO COVID-19

In response to the need for sharing knowledge on COVID 19, GMA organized this webinar, which was held via zoom on Saturday, the 25th April 2020. A panel of experts from Teaching Hospital, Karapitiya including Dr. Krishantha Jayasekera (Consultant Physician), Dr. Nayomi Danthanarayana (Consultant Virologist), Dr. Bhagya Piyasiri (Consultant Microbiologist) and Dr. Ganaka Senaratne (Consultant Physician) and Dr. Chandima Siritunga (Provincial Director of Health Services, Southern province) participated in the webinar and shared their experience related to COVID-19 in Galle.



To support the health care personnel attached to Teaching Hospital, Karapitiya (THK), GMA launched a fund raising project and the members contributed generously towards this fund. The funds were utilized to donate face masks for the staff. The donations were handed over to the Director, THK and Emergency Treatment Unit.



ANCIENT BUDDHIST MONASTERY COMPLEXES IN SRI LANKA

Prince Siddhartha's birth occurred under the shade of a Sal tree in Lumbini (present Nepal). He attained enlightenment under an Esathu (Bo) tree. His first dhamma sermon i.e. "Dhammacakka Pawaththana Sutta" was at Isipathana, Migadaya. It was a forest. There were a lot of deers. It was a sanctuary for them. Whenever there was a conflict among the monks He went to a forest. e.g. Pari Leiya forest. His Parinibbana (extinction) was at Kusinara, under the shade of two trees. He loved nature. He advised his acolytes to love not only the animals; even the trees and nature. Tranquilizing breeze, fragrance of flowers, enchanting singings of birds were all loved by Lord Buddha. Nonetheless, there is no attachment. It is dispassion. Weluwanaya Kalandaka Niwape (a Bamboo forest) made by King Bimbisara was a beautiful park with a monastery complex with a lot of squirrels. Even in "Mahaparinibbaba Sutta" (Deegha Nikaya) where He highlighted the nature was explicated.

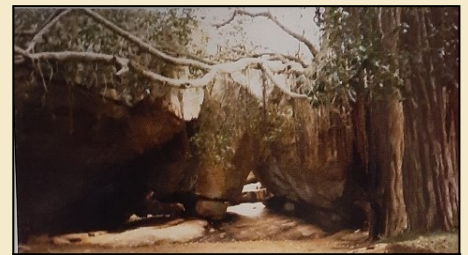


Natural pond near a monastery

In Thripitakaya – Sangyukta sect, there is a sutta called "Wanarupa sutta" where he recommended the value of planting trees, forests and parks. The people who adhere to this will get merit during day and night in accordance with the above sutta.

It is pathetic that most of the so called Sri Lankan Buddhists do not know the value of forests. Instead of conservation they destroy. Ipso facto mother Lanka has become the

4th higher country in the world in deforestation according to a recent world wide study. It is infrangible to have at least one Bo tree in every monastery complex.



Shade of Na trees at Wessagiri



Tissa wewa at sunset; splendour

In "Vinaya Pitakaya" (book of discipline) "Upali sutta" and also in "Sangyuktha sect" the Blessed One has told the Buddhist monks not to contaminate water by throwing garbage, urine and stools. Constructing wells, ponds and lakes are also recommended by Lord Buddha in "Wanarupa sutta".



Jungle surrounding Pilikuttuwa

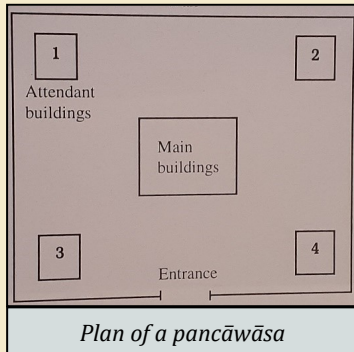
That is why in each and every Buddhist monastery complex there is a lot of ponds either natural or manmade. There are several mechanisms to conserve rain water and to use it without wasting after purifying.

There are four recognized monastery complexes in Sri Lanka.

- Pancāwāsa (Five residencies)
- Pabbatarama (Mountain monasteries)
- Padhanaghara (Meditation house)
- Rock Caves (Meditation caves and Cave temples)

Pancāwāsa system (5 residences)

There is a large building at the centre of the complex. This was used for discussion of “dhamma” and also for the use of the chief monk. There are four attendant buildings. These are the residencies for the other monks.



A strong wall which has been constructed with bricks and plaster surrounds the entire complex. There is only one entrance to the entire “pancāwāsa” complex.

“Pancāwāsa” buildings can be seen at Abhayagiriya and Jethawana complexes at Anuradhapura and at Mihinthale. There are several other “pancāwāsa”s at Dematamal Vihara, Buttala, Monaragala District.



Pancāwāsa at the base of Mihinthale

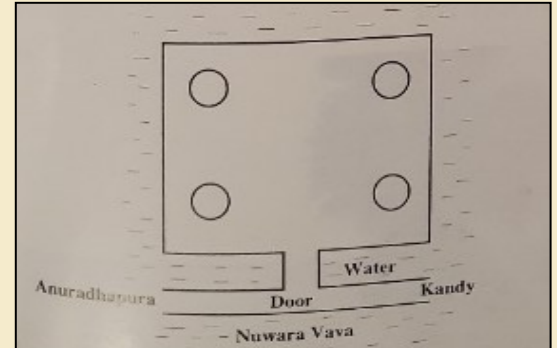
The entrances to “pancāwāsa” have been ornamented with guard stones, moonstones, reinforcement stones and flights of steps carved with figures of dwarfs “Bahirawa”.

PABBATARAMA (MOUNTAIN MONASTERY)

There is one “pabbatarama” opposite “Nuvara vewa” near Pullayar Junction on the Anuradhapura- Kandy road.

This is the best place for a study of various features of a “pabbatarama” (Mountain monastery).

Among the ruins are the moat, a door path, “Bodhighara” (Bodhi house), “Patimaghara” (Image house) for a statue of Lord Buddha, “Chethiyaghara” (Stupa house) or stupa and residences of monks.



Pacina Tissa pabbatarama at Nuvaraveva



Nuvaraveva

WESSAGIRIYA

There is a similar “pabbatarama” (mountain monastery) opposite Isurumuniya, Anuradhapura, called “Wessagiriya”. There are caves with Brahmi Characters belonging to 3rd century BC. Brahmi characters were at the drip- ledges.



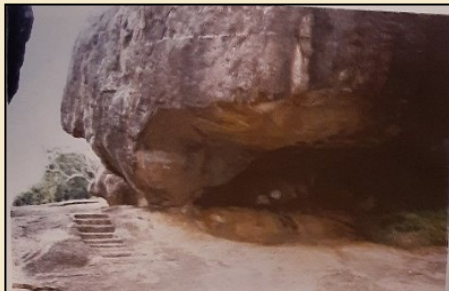
Wall painting

There is a marvelous wall painting in a wall of one of the caves. In this picture, the hands, breasts, hip, thighs and feet of a woman can be observed faintly.

Another peculiar feature of “Wessagiriya” is the featureless moonstone. There are a lot of meditation chambers carved out of rock spread in this area. The stone slabs have been well polished to serve as beds. The “Na” trees around provide a cool shade for the resident monks.



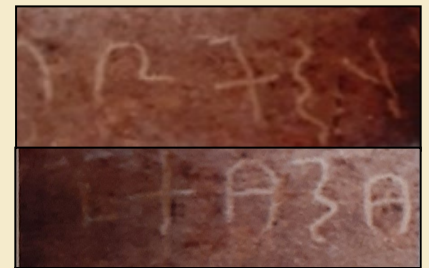
Featureless moonstone



A cave and stairs Wessagiriya



Ranmasu uyana near Tissa wewa



Brahmi characters - drip- ledges

Pascimarama (padhanaghara) (piyangala)

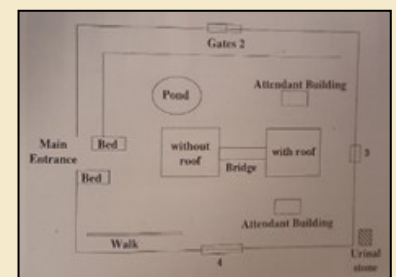
In a piyangala there are two buildings at the centre. One is without a roof while the other has a roofless building. It might have been used for meditation on sky. The stone ridges show that the other building had a roof. The two buildings were surrounded by water. The buildings were linked together by a stone slab serving as a bridge.



In a piyangala there is a stone bridge connecting the buildings

The building with a roof might have been used for discussion of “dhamma” and for receiving meditation instructions (kamatahan)

The pond surrounding the building has been carved out of a natural rock. There is a flight of steps leading to the bottom of the pond, so that during the drought the monks can go down the staircase to get their water.



Plan of a Padhanagara



A pond in a piyangala

Surrounding the “padhanaghara” runs a wall. Interior to the wall there are signs of the existence of a walking path (sakman bhawana, walking meditation).



Padhanaghara



Stone bed

There are four entrances at four cardinal directions. On either side of the main entrance there are two stone beds. There is a urinal stone at the opposite side of the pond. It is decorated with attractive carvings. The only place in the “padhanaghara” where motifs are found is the urinal stone. Some scholars see these urinal stones as reminders to the people that lovely objects are even baser than worldly happiness and capable of pondering upon the futility of worldly (materialistic) things.



Urinal stone

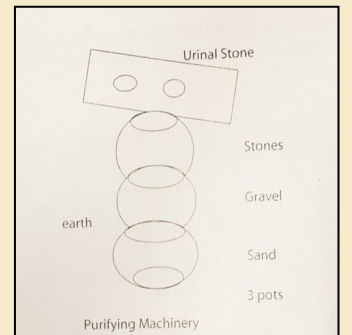


Lavatory stone at western monastery

Excavations at Abhayagiriya complex have shown that there are 3 to 5 pots beneath the urinal stone. This is for the purification of urine. Only the clean water will get into the environment.



Lavatory stone



Water purification system

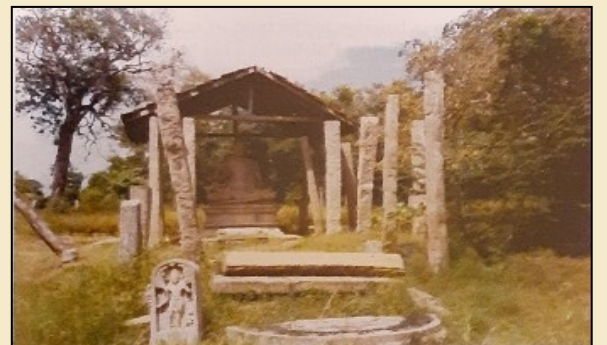
There are about 14 “padhanaghara” near “Bulankulama Wewa”. This is called Western monasteries. There is one at “Kaludiya pokuna” (black water pool), Mihinthale. Another one at Medirigiriya, watadageya.

ASHOKARAMAYA

This also belongs to pabbatharama system, comprising a Buddha statue, a moonstone, guard stones, reinforcement stones, staircases and residential houses for the monks.



Buddha Statue - Asokarama



Asokarama

JANTHAGHARA

A stone made tank is situated at Asokaramaya. Janthaghara means a bathing place especially for warm water baths. A similar janthaghara can be seen at Jethawanaramaya complex near the alms hall. Basins carved out in stone might have been used for placing hot water bowls. The drainage system can also be seen.



Jantaghara at Jethawana



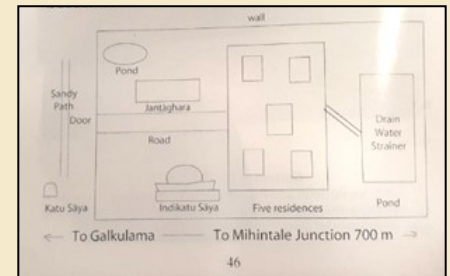
Jantaghara at Asokarama



Natural pond

INDIKATUSEYA AND KATUSEYA

It is situated in Mihinthale-Galkulama road. That is about 700 m from the Mihinthale junction on the right. This also belongs to the pancāwāsa system. The entire complex is surrounded by a wall constructed of bricks and plaster.



Indikatuseya

Within the premises there is a pond, janthaghara, stupa and 5 residences “pancāwāsa”. There is a drainage system towards the North. There is another pond to collect the rain water. So it shows how ancient Lankans were concerned about water conservation.

Stupa in Indikatuseya is much similar to Wijayarama of Anuradhapura. The stupa has been constructed on a strong platform; it is quadrangular in shape. There is a flight of steps to climb to the platform. No moonstones or guard stone can be seen.

The second ring of the lower part of the dageba (stupa) is decorated with the carving of lotus petals. A copper sheet on which dhamma is inscribed has been found here. This speaks of the Mahayana influence expounded by “Abhayagiriya sector (nikaya) during the 8th and 10th century AD.

The stone built wall around the pancāwāsa to conserve rain water.



Entrance to Pancāwāsa



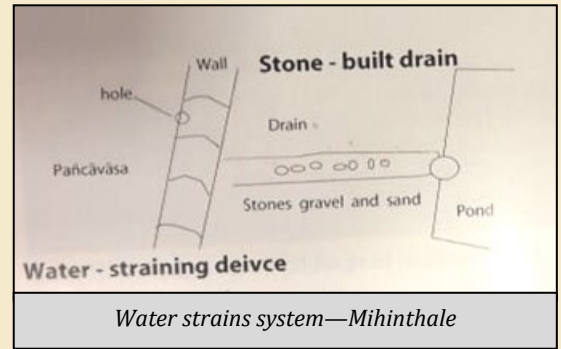
Pancāwāsa Building



The wall made up of stone surrounding the pancāwāsa to conserve rain water

WATER STRAINING SYSTEM

The water straining device is paved with stones, gravel and sand so that only the clean water is collected in the pond.



PONDS IN MONASTERY COMPLEXES

There are three types of ponds in most of the Buddhist monasteries in the ancient kingdom of Anuradhapura

- Natural ponds
- Manmade ponds
- Natural-manmade ponds

Indikatuseya has a large sized artificial pond paved with stone columns. The ruins look like a swimming pool similar to twin pond in Abhayagiri complex.

Twin pond is also a manmade pond. The best example of natural-manmade pond is Kaludiyapokuna at Mihinthale.



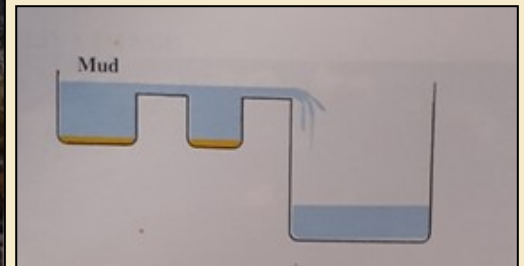
Twin pond



Pond at Jethawana



Black water pool



Water straining system at twin pond



Elephant pond witch has a capacity of 5 times of the modern Olympic swimming pools witch was supposed to be used by Arahath Bikkhus



A pond made from stone at Monaragala- Pothuwil road Constructed by Princes Sugala 12th century AD

WIJAYARAMA

Wijayarama is another monastery of pabbatharama style. There are ruins of an image house and a stupa. The other striking features are the yanthagala of the image house, beautiful carvings on the monastery walls and the guard stones with pots which symbolize security and prosperity respectively. Copper plates found have parts of "Pragna Paramita Sutta" inscribed. Wijayarama also supposed to be constructed in the 8th century AD.



Image house



Carvings at Wijayarama



Stupa

ROCK CAVES



68 caves

During King Dewanampiyatissa (250-210 BC) there were 68 rock caves in mountain of Mihinthale. Drip-ledges have Brahmi inscriptions. This shows that the cave dwellings are at least 2270 years old. These rock-caves had been used as living quarters of monks of Mihinthale.



Brahmi inscription above the drip-ledges

PILIKUTHTHUWA

Similar rock caves can be seen in Pilikuththuwa complex in Attanagalla, Gampaha District. There are 99 rock caves with drip-ledges some with Brahmi characters. Inside one of these rock caves, there are wall paintings belonging to Kandyan era, after revival of Buddhism in Ceylon which was pioneered by Weliwita Saranankara Thero (1753). The painting of a Portuguese soldier reflexes the influence of Portuguese during the 15th and 16th centuries.

There is a bridge made of wood connecting the monastery complexes belonging to the Dutch and Portuguese eras.

The amazing fact about this bridge is during the construction metal nails were not used.



A Portuguese soldier

According to some scholars Pilukuththuwa monastery complex has an irrigation system which is only second to the one found in Sigiriya. Sigiriya belongs to the era of 5th century AD (which was built by king Kashyapa I 477-495 AD - Sigiri Kingdom). Whereas Pilukuththuwa belongs to the era before Christ. There are 99 rock caves used by Buddhist monks to meditate. That is the biggest number of rock caves in one complex so far identified in Sri Lanka.

The most of the rock caves are damaged. There is another monastery complex in Buttala-Katharagama road (Raja Mawatha) called Budu Gal Lena. There are a lot of meditation caves and residencies belonging to that complex.



Wooden bridge at Pilikuththuwa

WALL PAINTINGS



A woman with a British flag - Old Sunandaramaya 1770 AD - Karapitiya



Bayrunda bird era of Kandyan Kingdom
Budumuththagala , Badulla



Hindu influence depicted in a picture of
God Vishnu in Budumuththagala 18th AD



Wall paintings belonging to Kandyan
Era - Pilikuttuwa 18th Century AD



Frescoes, Sigiriya, King Kashyapa I 477-495 AD



Soliun Mendis - Kelaniya Temple

Prince Dantha and Princes
Hemamala with the Sacred Relic



Charcoal paintings depicting hell (Niraya)
in Budumuththagala Cave Temple



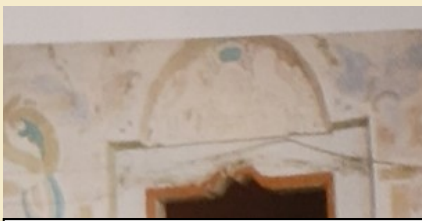
A Dutch soldier with a gun indicating a
"Yamapalla" in Hell at Degaldoruwa cave
temple Kandy-Mahiyangana road.
Degaldoruwa monastery complex was built
by King Keerthi Sri Rajasinghe 1747 - 1782
AD. It was completed by King Rajadhira-
jasinghe 1782-1789 AD. The wall paintings
are done by using natural products (herbal
and clay). The colours are predominantly
red and green. Rarely blue and black are
also used for the wall painting.



A Dutch lamp, Bogoda Temple,
Badulla



Wooden bridge, Bogoda



Dutch emblem or the insignia at
Rakkhitha Kanda Cave Temple,
Wellawaya-Ella road

SUDHIRA HERATH

නිබ්බුත පද

ජීවක සිහිනය අරගෙන
ගමෙන් එන්න පෙර දවසක
නිබ්බුත පද මට කියාපු
කියා ගෝතමී.....

හය වසරක් විඳ පිරිපත
වළඳා අත දිග ආහර
උගත් ඇත්ත සතරක් නැත
බොරුවක දිවි ගෙවුම මිසක

පොඩි එකාට බේත් ගන්න
සල්ලි නැතුව උඹ ආවම
සල්ලි දීල අත පිහිදන්
උඹ වගේම අම්ම කෙනෙක්
යැව්වා මම ෆාමසියට
අබ අහුරක් අරන් යන්න

ගෙදර ඇවිත් බලපුවාම
උඹ කියාපු නිබ්බුත පද
දැන් ඔක්කොම ඇත්ත වෙලා

අම්මා නිස්කාන්සුවේ
තාත්ත නම් තව්තිසාවේ
යසෝදරා හරි සතුටින්
රාහුල වත් තුරුළු කරන්

තාප්පයෙන් එහා පැත්තෙ
සතර පෙර නිමිති හරියට

“පොළොවෙන් ඉහළ කුටියක”
කෘතියෙන් උපුටා ගන්නා ලදී.

ජනක ගොඩේවිතාන
077 9040090
Janakagode@gmail.com

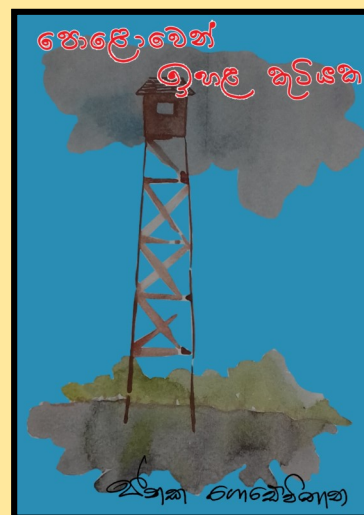
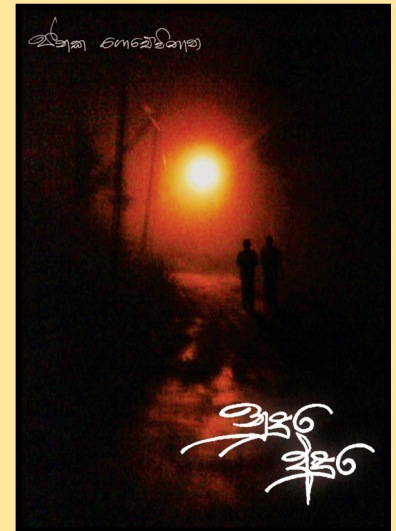
BOOK NOOK



Dr. Janaka Godevithana is a post-graduate trainee in MD (Community Medicine) attached to Department of Community Medicine, Faculty of Medicine, University of Ruhuna.

He has been involved in literary activities since undergraduate period and so far published two poetry books titled “NUDURA ANDURA” and “POLOWEN IHALA KUTIYAKA”. The latter has been awarded at Godage manuscript competition in 2018.

Further, he is a freelance writer for several newspapers and a guest writer for Roar website.



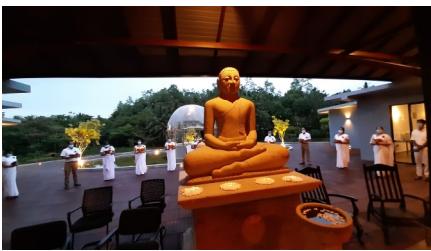
GMA E-MAGAZINE

GMA's latest creative endeavor "ශ්‍රී ලංකා වෛද්‍ය විචාර" (Galle Medical Digest) e-magazine was launched at the GMA Auditorium on 20th June, 2020 with a view to fill the void created by lack of social activities during the prolonged stay home period due to COVID-19 pandemic. The launching ceremony was webcasted live on Zoom for the benefit of the members who could not be there in person.

"ශ්‍රී ලංකා වෛද්‍ය විචාර" is one of the biggest achievements of GMA despite the challenging circumstances. The e-magazine will provide a platform to showcase the creative talents of the GMA membership and their family members and will publish poems, prose, songs, paintings, handcrafts, videos, innovations, etc.



BHAKTHI GEE



GMA, in keeping with its tradition celebrated the Vesak festival with the annual 'Bhakthi Gee' program on 11th May, 2020, bringing relief and happiness not only to the patients, but also to the health staff who worked tirelessly during the COVID-19 pandemic.

As the prevailing social control measures did not allow large gatherings, the GMA members visited the wards as small groups to sing Bhakthi Gee using music tracks that was aired live via GMA YouTube channel.





ලදු මෙර විසමාන

Galle Med Digest

THE FAMILY MAGAZINE OF GALLE MEDICAL ASSOCIATION

Request for submissions for the Second Issue

We are now collecting your submissions for the 2nd issue. This is open for Galle Medical Association members and their family members.

We cordially invite all our members of Galle Medical Association to contribute to this e-Magazine.

Click to the
Inaugural
Issue



How do we enter
articles ?

Very Easy!!!

Not only articles; we can publish
photographs, paintings, fictions, poems,
critical evaluations & reviews, anecdotes
& any other electronic materials.

You can submit below e-mail:
gallemeddigest@gmail.com

දෙවන
කලාපය

