

Sri Lanka Association for the Advancement of Science (SLAAS)

Section A Newsletter

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Unlocking Smiles Early: Benefits of Early Orthodontic Treatment

#### By: Dr. Amirthavarshini Rajaganesh Senior Lecturer in Orthodontics Faculty of Dental Sciences, University of Sri Jayewardenepura

Imperfect or irregular alignment of teeth is referred to as Malocclusion. The worldwide prevalence of malocclusion is 56%, with Africa and Europe having the highest prevalence followed by America and then Asia<sup>1</sup>. Malocclusions are not only exceedingly common, they manifest as countless variations as well. This widespread prevalence and diversity in humans makes us wonder why such malocclusions are so distinctive to our species compared to non-human primates. One factor could be that the normal period of postnatal cranio-facial growth in humans is unusually long compared to other primates, spanning over 12 years. This extended development period makes it possible for many external influences to affect the development of the dentition, which is clearly evident in the diverse dental occlusion observed in modern humans.

Malocclusions need correction by orthodontic treatment. Orthodontics is a specialised field in dentistry that deals with the management of malpositioned teeth and jaws. Orthodontics is far from a modern concept, and its roots can be traced back to ancient civilizations. Archaeological discoveries reveal that Egyptian mummies had rudimentary metal bands encircling individual teeth, suggesting early attempts to manage dental crowding. The earliest record of dental irregularities dates back to around 400 BC, with Hippocrates (460–377 BC) providing the first descriptions of such conditions<sup>2</sup>.

The vast majority of orthodontic treatments are performed after the age of 12 years, or once the child is in the permanent dentition stage.

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However, many malocclusions, if detected early, can be influenced and corrected through simple methods during the mixed dentition phase, which spans from ages 6 to 12 years. This phase, characterized by the transition from milk teeth to permanent teeth and marked by rapid growth, is an ideal time for orthodontic intervention in certain malocclusions. Known as "Interceptive Orthodontics", early treatment during this critical period can significantly minimize or eliminate the severity of developing malocclusions, preventing the need for more complicated and costly treatments later on.

When encountering a young patient with a malocclusion, it is crucial to conduct a triage process. This process helps to differentiate issues that require immediate intervention from more routine problems that can be addressed later during comprehensive orthodontic care in the permanent dentition. This ensures that urgent dental concerns which may hinder the normal development of the occlusion are prioritized appropriately. This can help to identify simple from complex problems and helps to determine which can be treated by the general dentist and which are most appropriately referred to a specialist orthodontist.

One simple but important condition that should be identified early is asymmetric eruption, where one side of the dentition is ahead of the other by six months or more. This condition often requires early intervention. Retained primary teeth present significant concern in such instances. Ideally, a permanent tooth should replace its primary predecessor when



approximately three-fourths of the root of the permanent tooth has formed. If a primary tooth is retained beyond this developmental milestone, extraction becomes necessary to avoid further dental issues. If early intervention is not done, a retained primary tooth can lead to several adverse effects, including gingival inflammation and hyperplasia, pain, and a deflected eruption path for the permanent teeth. This can subsequently result in dental irregularities, crowding, and cross bites.

Supernumerary teeth are teeth that form in addition to the normal series of deciduous or permanent teeth. Removal of the supernumerary tooth is necessary if it causes aesthetic issues, prevents the eruption of permanent teeth, leads to



diastema or displacement or causes pathology such as cysts. If the supernumerary tooth does not present any associated pathology, does not impede the satisfactory eruption of related teeth, and if its removal might compromise the vitality of adjacent teeth it can be kept in situ and monitored regularly, ensuring that the supernumerary tooth does not cause future complications. It is important to note that generalised spacing between teeth in the primary dentition is no cause of concern. Spacing suggests that the likelihood of future crowding is negligible.

Median diastema is spacing between upper dental incisors. In the deciduous and mixed dentition stages, no immediate treatment is recommended as the cause is physiological and once the permanent canine erupts into the arch the space closure may happen spontaneously. However, median diastema can also be due to various other issues such as pathological conditions and trauma. When identified, the underlying cause must be removed before commencing treatment. Some children may require upper labial frenectomy to remove fibrous frenal attachments.

Milk teeth/ deciduous teeth are very important in maintaining space for the permanent teeth until it is time for them to erupt. The premature loss of milk teeth due to caries and improper oral hygiene can lead to crowding and issues with arch symmetry later on. Space maintenance is often indicated to prevent these complications as the appliance will maintain the space until the permanent successor erupts.

In cases where space has already been lost due to drifting, space regaining becomes essential to facilitate proper dental alignment. Several techniques can be employed to achieve space regaining and to provide adequate space for the permanent tooth to erupt in the correct path. Proper management of space-related problems in young patients is essential for ensuring optimal dental development and minimizing the need for extensive orthodontic interventions in the future.

Cross bite is a common dental misalignment, among preadolescent orthodontic patients. The prevalence is notably higher, accounting for 26.7% of cases<sup>3</sup>. Cross bite can arise from various factors, including skeletal class III discrepancies, dental anomalies such as crowding, lingually inclined incisors, supernumerary teeth, and the retention of primary teeth beyond their expected exfoliation. Traumatic



displacement of permanent tooth buds can also contribute to the development of cross bite. Early intervention is crucial in the management of cross bite to address functional issues, eliminate occlusal trauma, and create space for erupting permanent teeth. When overbite is not yet established, extraction of primary teeth may be performed to create space and allow for natural alignment. In cases where overbite has already developed, removable appliances or partial fixed appliances may be utilized to gradually correct the misalignment and achieve proper occlusion.

Anterior open bite (AOB) is a common dental condition characterized by a lack of vertical overlap between the upper and lower front teeth. In the mixed dentition phase it is commonly associated with prolonged digit/thumb sucking habit, which is more commonly observed in females.

The severity of AOB depends on various factors including the patient's age, the intensity, frequency, and duration of the sucking habit, with durations exceeding 6 hours/day being particularly concerning as it can cause significant changes to the occlusion. In addition to AOB, the prolonged sucking habit can lead to proclination of upper incisors, increased overjet, retroclination of lower incisors, narrowing of the maxillary arch, and buccal cross bite. Continuation of

these habits into the permanent dentition can lead to irreversible damage which may require comprehensive orthodontic treatment. However, self-correction is possible if the habit is stopped before the age of 9 years. Non-dental interventions such as straightforward discussions, reminder therapy, using waterproof tape to discourage sucking behavior, implementing reward systems, and wearing elastic bandages around the elbow during nights can be helpful in habit cessation. In cases where non-dental interventions prove ineffective, appliance therapy may be necessary. Habit breakers are commonly used to discourage sucking behaviors by creating discomfort or hindrance. These appliances aim to deter oral habits and facilitate natural correction of the malocclusion over time.

Excessively proclined upper incisors, poses various risks and challenges, warranting early orthodontic treatment. Studies, have demonstrated that 45% of 12 year olds with an over jet more than 9mm have experienced trauma to the incisors. Early intervention becomes crucial in reducing this risk and preventing potential dental injuries. In addition to being at risk of traumatic injuries proclined teeth can profoundly impact a child's psychological wellbeing. The risk of bullying is significantly elevated in individuals with pronounced overjet. Approximately 12% of patients with excessive overjet, experience bullying due to their dental appearance<sup>4</sup>. Excessively proclined

upper incisors, poses various risks and challenges, warranting early orthodontic treatment. Studies have demonstrated that 45% of 12 year old's with an over jet more than 9mm have experienced trauma to the incisors. Early intervention becomes crucial in reducing this risk and preventing potential dental injuries. In addition to being at risk of traumatic injuries proclined teeth can profoundly impact a child's psychological well-being. The risk of bullying is significantly elevated in individuals with pronounced overjet. Approximately 12% of patients with excessive overjet, experience bullying due to their dental appearance<sup>4</sup>. Early orthodontic treatment during the mixed dentition phase can positively influence a patient's self-esteem, potentially mitigating the emotional toll associated with dental malocclusions<sup>5</sup>. Patients with overjet greater than 9mm, protruding teeth, incompetent lips, or a history of previous injury are prime candidates for intervention.







All patients aged nine years and above must be inspected for clinical signs that may indicate potential impaction of a canine. Specific signs to look for include the absence of a normal canine bulge in the buccal sulcus by the age of ten, delayed eruption of the permanent canine, prolonged retention of the deciduous canine, and any asymmetry in the exfoliation and eruption between the right and left canines. Additionally, the presence of a palatal bulge and distal tipping or migration of the lateral incisor should be carefully monitored, as these signs can indicate that the permanent canine may be taking the wrong path and may need intervention to normalise the path of eruption. If such anomalies are detected, extracting the primary canine between the age 10-13 years can in the majority of cases help the permanent canine to erupt in the correct location. If intervention is not done at the correct time the canine



Palpating the canine buldge



may continue in its abnormal pathway leading to damage to the other teeth and warranting complicated surgical and orthodontic treatment procedures.

For pre-adolescent orthodontic treatment fewer options are available due to biomechanical differences as they tend to have few permanent teeth that have erupted into the mouth. Anchorage control is more difficult, and caution is needed with unerupted teeth during space closure. Careful selection is necessary between removable and fixed appliances. Removable appliances offer flexibility and convenience, making them suitable for mild to moderate cases. On the other hand, fixed appliances provide precise control over tooth movement and are often preferred for more severe malocclusions.

It is important to recognize that early orthodontic intervention in the mixed dentition phase does not entirely indicate the need for further treatment later in adolescence or adulthood. However, it often facilitates subsequent phases of treatment, making them less complex and, in some cases, reducing the necessity for interventions such as extractions or surgical procedures. It is necessary to carry out careful case selection and to provide thorough information to parents, including obtaining proper informed consent and discussing the potential for a second phase of treatment.

To effectively navigate this stage of treatment, the clinician must possess a set of essential skills and qualities. They should be adequately trained in Orthodontics, capable of eliciting the cooperation of young patients, and stay updated with current research and techniques.

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### Enhancing Workers' Quality of Life through Occupational Health Physiotherapy

By:

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Physiotherapy plays an integral role in occupational health by providing a vast array of services including health promotion, disease prevention, acute care, and rehabilitation of diverse health conditions.

### **Occupational injuries**

The World Health Organization (WHO) reveals that every year, 26 out of every 100 000 working-aged people in Sri Lanka die from illnesses/diseases due to occupational risks ranking the country as the 3rd highest for occupational risks among South-East Asian Region countries. This situation has worsened further as majority of the workers (67%) belong to the informal work sector, and 12% of the working population works for more than 8 hours per day and 40 hours per week, due to poor economic status and high work demands respectively.

Whether the employee is a desk worker, construction worker, or sanitation worker, occupational injuries and diseases remain one of the most under-reported health hazards, despite the availability of health guidelines. Major reasons include lack of knowledge, low wages, poor working environment, and poor socio-economic status. Independent clinical investigations reveal a substantial number of occupational injuries, as workers tend to be more open when they are away from their workplaces.

#### Physiotherapy in occupational health

The fast-paced work environments in today's world can cause various physical and psychological health problems. Physiotherapy is recognised as one of the major health services that help prevent and reduce occupational injuries and diseases.

### Preventive strategies

Scaling-up primary prevention is one of the key strategies proposed by the WHO to promote a healthy workforce. In line with this, ergonomic awareness programmes are conducted in view of improving awareness regarding adhering to correct postures, using and handling proper tools, and following health guidelines to reduce occurrence of possible injuries and diseases.

#### Management of occupational injuries

Workers referred for physiotherapy may present with a range of conditions, from sudden onset acute pains to chronic pains that have persisted for months or years, to those who struggle at intensive care units. The duration of injury exposure can vary based on the work environment. The worker may be conscious or unconscious; nevertheless, along with other medical management procedures, physiotherapists can restore/improve heart and lung function, activate limb movements, restore muscle actions, and joint functions to help workers to live better lives.

The workers undergo rigorous assessments of their health condition and the work environment to diagnose the exact injury/disease and its causative factors. Assessment includes subjective examination, observation, palpation, performing special tests to exclude any complicated pathology, and a detailed ergonomic assessment to determine the cause/s for the worker's complaints. The management plan is decided based on assessment findings and is tailor-made to each patient, considering their capabilities and available support systems.

Evidence-based physiotherapy management helps workers feel better from their pains, aches, and disabilities. Early mobilization is highly emphasized over bed rest unless it is contraindicated. The management includes, but is not limited to, passive, assisted, and active exercises, pain management strategies and various manual techniques. These are followed by strategies to change or modify worker's behaviours while communicating with the employer whenever necessary.

Although physiotherapy helps the worker to move faster and better, ultimately improving their quality of life, the advantages of physiotherapy services in preventing and managing occupational injuries and diseases have been poorly identified or established. In addition to reducing the burden of health costs in the workplace, preventive physiotherapy strategies can significantly reduce socio-economic burden on workers. The lack of evidence and data are major barriers to implementing preventive primary physiotherapy care strategies and therefore, more research into occupational health physiotherapy is a timely need.

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By:

#### Dr. S.M.D.N.P. Senaratna Registrar Ayurveda Prasutitantra Streeroga

Among the various facets of health promotion and the adaptation of lifestyle during the post-menopausal period, nutritional habits are of paramount importance as they encompass all women and possess the potential for modification, thereby exerting an influence on both longevity and the quality of life. This discourse aims to discuss a case which looks at existing evidence about the correlation between dietary patterns and clinical endpoints in post-menopausal women, including body composition, bone mass, and risk indicators for cardiovascular diseases. It has been proposed that adhering to a low-fat, plant-based diet may yield favorable outcomes in terms of body composition, irrespective of one's socioeconomic standing within society.

A 57-year-old woman presented with symptoms of fatigue, loss of libido, sudden episodes of hot flushes, and multiple joint pains. Additionally, she had experienced difficulty in sleeping at night and irregular bowel movements occurring every three days, coinciding with the cessation of her menstrual cycle. These symptoms have significantly affected her ability to function both at work and at home, despite her previous use of estrogen supplements and hormone replacement therapy. As a result, she sought nonpharmacological treatment options and inquired regarding lifestyle modifications that would alleviate her symptoms. Following the implementation of prescribed treatment for over one month, this woman observed an improvement in her overall quality of life.

The comprehensive healthcare of women experiencing menopause should thus be prioritized and their lifestyle evaluated and thereafter they should be provided guidance in-order to mitigate the adverse impacts of decreased estrogen levels in-order to improve their overall wellness and reduce the likelihood of metabolic syndrome, osteoporosis, bone fractures, and cardiovascular diseases.

This case study mainly focuses on key points such as diet, lifestyle, meditation, and yoga. For this particular female, a dietary plan including special foods such as increased soluble fiber for a daily bowel elimination by feeding microbiome and optimizing hormones was introduced.

Although advised to take fresh vegetables and fruits every time to reduce inflammation and oxidative stress, especially soya/soy, hingurala yam, and asparagus these foods are rich in certain plant estrogens named isoflavanes. It was also suggested to drink plenty of one of the following plant materials such as Iramusu, hibiscus, nelli, kottamalli, ranawara, or beli flowers throughout the day to alleviate symptoms such as hot flushes, insomnia, and vaginal dryness. This helps in maintaining a balanced body constitution and in promoting bone strength. Additionally, incorporating omega 3 fatty acids into the diet, from fish such as Kelawalla (tuna), Salmon, Thora (Mackerel), Parau (Trevally), Thalapath (Sailfish), Karalla (Pony fish), Keeramin, Salaya (Sardinella), Haalmassa (Commeson's anchovy) etc. as well as from vegetarian sources like flax seed and chia seeds, can be beneficial. Consumption of dairy products containing high-quality proteins and whole grains may also help in reducing menopausal symptoms.

Furthermore, she was advised to avoid processed foods, refined carbohydrates, spicy foods, and fast foods.

If a woman attends to her well-being by maintaining a harmonious body constitution and adhering to a nutritious diet, obtaining sufficient rest, engaging in regular physical activities, and effectively managing stress, she can enhance her overall quality of life during the post-menopausal phase.

# New Section A Committee Member for 2024, with Effect from June 2024



Dr. Nalaka Kulathunge

## List of activities of SLAAS Section A from April to July 2024

April 2024		
Date	Activity	
5 <sup>th</sup> April 2024	A webinar on "Artificial Intelligence in Medical Imaging" was held at 2 pm. The resource person was Dr. P. Sathyathas (PhD), Teaching Associate, Faculty of Health, Queensland University of Technology. There were around 50 participants. Activity coordinators: Dr. Dushyanthi Jayawardena and Dr. Cinthuja Pathmanathan	
8 <sup>th</sup> April 2024	A mental health awareness programme named 'Niwunu Sithayi, Suwathi Gathayi' was conducted in collaboration with the Colombo Public Library to commemorate World Health Day from 10 am to 12 pm at the Colombo Public Library premises with Prof. Wasantha Gunathunga from the University of Colombo as the resource person. The programme was well attended by the public with around 50 attendees. Activity coordinator: Dr. Dushyanthi Jayawardena	
20 <sup>th</sup> April 2024	A programme on responsible pet ownership titled 'If I get a pet dog or cat' was held for children in collaboration with the Colombo Public Library, at 3 pm at the Colombo Public Library. The resource persons were Dr. Chandika Wickramaisnghe, Veterinary Surgeon, Crown Pet Animal Hospital, Colombo 7, Ms. Shilpa Samaratunge, Founder of the Little Island Sanctuary and Dr. Chamari Kannangara, Deputy Director, Livestock Planning, Ministry of Livestock Development, Govijana Mandiraya, Battaramulla and Vice President of the Sri Lanka Veterinary Association. Around 20 children attended the programme. <b>Activity coordinators: Dr. Chamari Kannangara and Dr. Dushyanthi Jayawardena</b>	
22 <sup>nd</sup> April 2024	A lunch time talk on "Services and Community Care available for Children with Special Needs" was conducted in collaboration with the National Ayurvedha Teaching Hospital Borella at 1 pm with Ms. T H R Samanmalee, Lecturer, in Social Work, Faculty of Medicine, University of Colombo as the resource person. It was attended by around 35 doctors and medical students and around 15 parents of differently abled children. Activity coordinators: Dr. Nirmala Senaratna, Dr. Jeewani Dahanayake and Dr. Dushyanthi Jayawardena	
May 2024		
Date	Activity	
3 <sup>rd</sup> May 2024	A webinar on 'Evidence -based practice for medical and allied healthcare professionals' was conducted from 12.00 pm-1.15 pm with Dr. Thusharika Dissanayaka, an Adjunct Research Associate from Department of Physiotherapy, Monash University, and Lecturer Torrens University, Australia as the resource person. There were 25 participants for this webinar. <b>Activity coordinators: Dr. Dushyanthi Jayawardena and Dr. Cinthuja Pathmanathan</b>	
11 <sup>th</sup> May 2024	An interactive session for children on 'Road Safety' was conducted in collaboration with the Colombo Public Library and the Western Province (South) Traffic Police Division from 10 am to 12 pm at the Colombo Public Library premises. The resource persons were police officers from the Western Province (South) Traffic Police Division. The programme was well attended by the children with around 25 attendees. Activity coordinator: Dr. Dushyanthi Jayawardena	
16 <sup>th</sup> – 25 <sup>th</sup> May 2024	A webinar series on Research Methodology for undergraduates of the Faculty of Indigenous Medicine (FIM), University of Colombo was conducted in collaboration with SLAAS Section A. The series was delivered as follows. <b>16th May 2024:</b> 3pm - 4pm - 'How to write an effective research proposal' by Dr. Dushyanthi Jayawardena, President – SLAAS Section A and Senior Lecturer in Community Medicine, Department of Community Medicine, Faculty of Medicine, University of Colombo, 4pm - 5.30pm - 'Obtaining ethical Clearance for undergraduate research projects' by Dr. M.W.S.J Kumari, Senior Lecturer and Chairperson-Ethics Review Committee-FIM, Department of Basic principles, Ayurveda Anatomy and Physiology, Faculty of Indigenous Medicine, University of Colombo	

	<b>17th May 2024:</b> 3pm - 4pm - 'Sampling and sample size calculations' by Dr. Yasaswi Walpita, Secretary SLAAS Section
	A and Senior Lecturer, Department of Community Medicine, Faculty of Medicine, University of Colombo.
	4pm - 5.30pm – 'Referencing styles' by Dr. N.D Kodithuwakku, Senior Lecturer, Department of Ayurveda Pharmacology, Pharmaceutics and Community Medicine, Faculty of Indigenous Medicine, University of Colombo <b>25th May 2024</b> :
	3pm -4pm – 'Selecting a research topic and Research Report Writing' by Dr. Jeevani Dahanayake, Vice president of SLAAS Section A and Senior Lecturer, Faculty of Indigenous Medicine. The programme was well attended by the students with over 150 participants.
	Activity coordinator: Dr. Jeewani Dananayake
28 <sup>th</sup> May 2024	An oral health awareness session was conducted in collaboration with the Ministry of Agriculture from 11.00-12.30 pm at the Ministry of Agriculture premises, Battaramulla aiming at the Development Officers of the Ministry. Dr. Nilantha Rathnayake, Consultant Community Dental Surgeon at Dental Institute Maharagama and Dr. Rasika Ekanayake and Dr. Amirthavarshini Sriskanthan, both senior lectures from the Faculty of Dental Sciences, University of Sri Jayewardenepura participated as resource persons. There were around 50 participants. Activity coordinator: Dr. Chamari Kannangara
30 <sup>th</sup> May 2024	A lunch time talk on "Important medicinal plants used in Ayurvedha for allergic conditions" was conducted in collaboration with the National Ayurvedha Teaching Hospital Borella from 1 pm-2.15 pm with Dr. Jeevani Dahanayake, Senior Lecturer, Faculty of Indigenous Medicine, University of Colombo as a resource person. The session was attended by 50 doctors. Activity coordinators: Dr. Nirmala Senaratna and Dr. Jeewani Dahanayake
June 2024	
Date	Activity
05 <sup>th</sup> June 2024	A Webinar on 'How to Write an Effective Abstract' was conducted at 7 pm for all undergraduate and postgraduate students with Dr. Yasaswi Walpita, Senior Lecturer, Department of Community Medicine, Faculty of Medicine, University of Colombo as the resource person. The webinar was well attended with 200 participants. Activity coordinator: Ms. Thakshila Adikari
20 <sup>th</sup> June 2024	A lunch time talk on 'Role of Physiotherapy in the Health Care System' was conducted in collaboration with the National Ayurvedha Teaching Hospital Borella at 1 pm with Dr. KRM Chandrathilaka, Lecturer, Department of Allied Health Sciences, Faculty of Medicine, University of Colombo as a resource person. The programme was well attended with over 60 participants. Activity coordinators: Dr. Nirmala Senaratna, and Dr. Jeewani Dahanayake
20 <sup>th</sup> June 2024 23 <sup>rd</sup> June 2024	A lunch time talk on 'Role of Physiotherapy in the Health Care System' was conducted in collaboration with the National Ayurvedha Teaching Hospital Borella at 1 pm with Dr. KRM Chandrathilaka, Lecturer, Department of Allied Health Sciences, Faculty of Medicine, University of Colombo as a resource person. The programme was well attended with over 60 participants. <b>Activity coordinators: Dr. Nirmala Senaratna, and Dr. Jeewani Dahanayake</b> A webinar on 'Presenting Your Research Orally How best to do it' was conducted at 7.30 pm with Dr. H.M.B.H. Denuwara, Acting Consultant Community Physician, RDHS Office Colombo as the resource person. The webinar was well attended with 100 participants. <b>Activity coordinators: Ms. Thakshila Adikari/ Dr. Dushyanthi Jayawardena</b>
20 <sup>th</sup> June 2024 23 <sup>rd</sup> June 2024 24 <sup>th</sup> June 2024	A lunch time talk on 'Role of Physiotherapy in the Health Care System' was conducted in collaboration with the National Ayurvedha Teaching Hospital Borella at 1 pm with Dr. KRM Chandrathilaka, Lecturer, Department of Allied Health Sciences, Faculty of Medicine, University of Colombo as a resource person. The programme was well attended with over 60 participants. <b>Activity coordinators: Dr. Nirmala Senaratna, and Dr. Jeewani Dahanayake</b> A webinar on 'Presenting Your Research Orally How best to do it' was conducted at 7.30 pm with Dr. H.M.B.H. Denuwara, Acting Consultant Community Physician, RDHS Office Colombo as the resource person. The webinar was well attended with 100 participants. <b>Activity coordinators: Ms. Thakshila Adikari/ Dr. Dushyanthi Jayawardena</b> A webinar on 'Navigating the Research Grant Application Process: Strategies for Success' was held in collaboration with the General Research Committee of SLAAS at 9 pm with Dr. Inoka Sandanayake, Scientific Officer of the Research Division of the National Science Foundation and Coordinator of the Competitive Research Grant Scheme of the National Science Foundation as the resource person. The webinar was well attended with 100 participants. <b>Activity coordinator: Dr Dushyanthi Jayawardena</b>
20 <sup>th</sup> June 2024 23 <sup>rd</sup> June 2024 24 <sup>th</sup> June 2024 June 2024	A lunch time talk on 'Role of Physiotherapy in the Health Care System' was conducted in collaboration with the National Ayurvedha Teaching Hospital Borella at 1 pm with Dr. KRM Chandrathilaka, Lecturer, Department of Allied Health Sciences, Faculty of Medicine, University of Colombo as a resource person. The programme was well attended with over 60 participants. Activity coordinators: Dr. Nirmala Senaratna, and Dr. Jeewani Dahanayake A webinar on 'Presenting Your Research Orally How best to do it' was conducted at 7.30 pm with Dr. H.M.B.H. Denuwara, Acting Consultant Community Physician, RDHS Office Colombo as the resource person. The webinar was well attended with 100 participants. Activity coordinators: Ms. Thakshila Adikari/ Dr. Dushyanthi Jayawardena A webinar on 'Navigating the Research Grant Application Process: Strategies for Success' was held in collaboration with the General Research Committee of SLAAS at 9 pm with Dr. Inoka Sandanayake, Scientific Officer of the Research Division of the National Science Foundation and Coordinator of the Competitive Research Grant Scheme of the National Science Foundation as the resource person. The webinar was well attended with 100 participants. Activity coordinator: Dr Dushyanthi Jayawardena An article for the second newsletter of SLAAS Section A titled "Unlocking Smiles Early: Benefits of Early Orthodontic" was compiled and submitted by Dr. Amirthavarshini Sriskanthan. Activity coordinator: Dr. Amirthavarshini Sriskanthan

July 2024		
Date	Activity	
17 <sup>th</sup> July 2024	A webinar on "Introduction to Qualitative Research: A Primer on Core Approaches" was held from 8.30 pm to 10 pm with Dr. Supun Wijesinghe, Consultant Community Physician and Head of Family Health, Nutrition and Behaviour, Research Unit, Health Promotion Bureau, as the resource person. The webinar was well attended with 100 participants. Activity coordinator: Dr. Dushyanthi Jayawardena	
18th July 2024	A programme was held to commemorate the National Early Childhood Care and Development week at Yatinuwara DS office. This was organized by Ministry of Women and Child affairs and Dr. Yasaswi Walpita participated as the main resource person representing SLAAS section A. ECCD officers of Kandy District, GramaNiladahris of Yatinuwara DS division, Probation officers, women development officers of Kandy district participated and there were 250 such participants. Activity coordinator: Dr Yasaswi Walpita	
24 <sup>th</sup> July 2024	A webinar on "Validity of Study Instruments" was held from 8.30 pm to 10 pm with Dr. Shreenika Weliange, Board Certified Specialist in Community Medicine and Senior Lecturer, Department of Community Medicine, Faculty of Medicine, University of Colombo as the resource person. The webinar was well attended with 80 participants. Activity coordinator: Dr. Dushyanthi Jayawardena	
26 <sup>th</sup> July 2024	A programme on "Suwabara Diviyakata Ayurvedhaya" was conducted in collaboration with the Ministry of Agriculture from 11.00-12.00 pm at the Ministry of Agriculture premises at Battaramulla aiming the Development Officers of the Ministry of Agriculture. Dr. Jeevani Dahanayake Senior Lecturer, from the Faculty of Indigenous Medicine was the resource person. There were around 50 participants. Activity coordinator: Dr. Chamari Kannangara	
27 <sup>th</sup> July 2024	A hands on "Data Entry and Data Analysis Workshop Using SPSS Software" was carried out in Collaboration with the College of Dentistry and Stomatology and the General Research Committee of the Sri Lanka Association of the Advancement of Science from 8.30 am to 1 pm at the Hector Kobbekkaduwa Agrarian Institute with Prof. Carukshi Arambepola (Professor), Dr. Yasaswi Walpita (Senior Lecturer), Dr. Nadeeka Chandraratne (Senior Lecturer) and Dr. Dushyanthi Jayawardene (Senior Lecturer) all from the Department of Community Medicine, Faculty of Medicine, University of Colombo as the resource persons. There were 18 participants. Activity coordinator: Dr Dushyanthi Jayawardena	
July 2024	An article for the second newsletter of SLAAS Section A titled "Enhancing Workers' Quality of Life with Occupational Health Physiotherapy" was compiled and submitted by Dr. KRM Chandrathilaka. Activity coordinator: Dr. KRM Chandrathilaka	
July 2024	An article for the second newsletter of SLAAS Section A titled "A Case study: The Role of Diet in Managing Post-Menopausal Symptoms" was compiled and submitted by Dr. SMDNP Senaratna. Activity coordinator: Dr. SMDNP Senaratna	





Lunch Time Talk on 'Services and Community Care Available for Children with Special Needs'









Webinar Series on Research Methodology for Undergraduates of the Faculty of Indigenous Medicine, University of Colombo

















Lunch Time Talk on 'Important Medicinal Plants Used in Ayurveda for Allergic Conditions'





### Lunch Time Talk on 'Role of Physiotherapy in the Health Care System'













#### Webinar on 'Presenting Your Research Orally... How Best to Do it'



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### Programme on "Suwabara Diviyakata Ayurvedhaya'













Programme on Early Childhood Care Developemnt



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