Presidential Address

Sri Lankan Dermatology – the tale of two cultures

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I wish to commence my presidential address by showing you this slide of Lord Buddha, the Compassionate One, attending on a bhikku suffering from a loathsome skin disease. The offensive odour that emanated from his skin kept most of his lay supporters aloof. The patient's robe was drenched with the malodorous purulent discharge, and he was covered with maggots. The bhikku was in severe pain. The 'Compassionate One' arrived at the bedside of this hapless bhikku, and with the help of a few other bhikkus, cleaned and bathed him, anointed his skin with medicament and covered him with fresh robes. The bhikku's pain eased and he felt comfortable. At this juncture, the Buddha comforted him and preached a sermon. The bhikku, then in a better frame of mind, was able to comprehend Lord Buddha's discourse and attained arhathood before passing away peacefully, at the end of the discourse.

I show you this slide to impress upon you that moribund skin patients whose lesions are offensive and malodorous, could deter even the most faithful from attending on them.

A person who enters the noble profession of healing, should inculcate his or her mind with the virtue of compassion, which should constitute the single most driving force in a physician.

At this juncture, I wish to draw your attention to the topic closer to my heart, that is dermatology.

Though dermatology was not a popular specialty amongst the prospective specialists during early 1970's, I, like the colleagues of my vintage, had the courage to select dermatology as my career.

Skin diseases are either seen or smelt. Only the afflicted know the extent and degree of mental and physical agony and suffering he or she undergoes. Those with extensive skin disorders such as psoriasis or exfoliative dermatitis are virtual outcasts of society. People tend to shun them and the sufferers themselves tend to shun society. They are also a problem to their own families.

If any one could ameliorate, at least to a certain extent, such mental and physical suffering and get them back into the fold of their families, back into the society to which they rightfully belong, that physician's mission would be at least partially accomplished.

I distinctly remember how a friend used to jibe at me for selecting dermatology as a career, and one unfortunate day he himself was afflicted by a chronic skin disorder. We remain good friends, but we have never discussed the unpleasant topic again, particularly because he appeared to have realized the value of a friend who is a dermatologist. If one suffers from the ignoble cognition that skin diseases are incurable and chronic, then what about diseases such as ischaemic heart disease, diabetes mellitus and hypertension. Aren't they chronic too? Won't they often become life long?

The extent of the skin disorders prevalent amongst the Sri Lankan population is evident by the fact that 15-20% of a general practitioner's practice is constituted by cases of dermatology and a sizable proportion is managed by the Ayurvedic physicians as well.

I am happy that I acceded to the higher calling of this worthy specialty despite its unpopularity in the early 1970's, and now I am proud to say that dermatology has become a much sought-after specialty among young medical graduates, here and abroad.

We are an island nation bestowed with nature's bounties in abundance. We have a stupendously rich culture and heritage. The existence of monuments such as stupas or dagabas, monastic settlements, royal palaces, vast irrigation works as well as rock paintings and sculpture amply testify to the engineering, architectural and cultural achievements of our forefathers. We are proud to be the custodians of a rich cultural heritage that belongs to humanity as a whole.

We take pride in our ancient system of medicine, Ayurveda. This system was introduced from India about three centuries before Christ, and our ancestors practised the unadulterated and uncorrupted Ayurveda system in the past, efficiently, and effectively.

The Mahavamsa, the chronicle which was committed to in the 6th Century AD by a Buddhist monk named Mahanama, at the Mahavihara gives us a

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chronological record of the history of Sri Lanka from the time of the advent of Prince Vijaya from India. It states that Sri Lanka was ruled by many benevolent monarchs, who dispensed their compassion towards the sick and the disabled by erecting hospitals, convalescent homes and other such conveniences for those afflicted by diseases.

The chronicle Chulavamsa, which is a continuation of the Mahavamsa in two consecutive parts, was written by Dhammakiththi, in the twelfth century. It states that King Sena the 2nd (853 - 887 AD) built a monastic hospital at Mihintale which is extant. Inscriptions dated in the 10th Century refer to a hospital attached to the Thuparama and Medirigiriya monasteries. Undoubtedly there would have been many more during the reigns of other monarchs. The interesting thing to note is, to what extent, Dermatology was practised in the distant past.

In 1896, H.C.P. Bell, founder and the first head of the Department of Archeology, discovered a "Theloruwa", a granite oil bath, i.e. a cavity scooped out in the shape of a human body, in a block of stone.

Oil baths of different sizes could accommodate an adult human or a child comfortably, in the supine position. This, he found amongst the ruins of Thuparama monastery in Anuradhapura. Later in 1901, a second "Theloruwa" was found by him in the Mihintale monastery. He also found a third one, ten years later at Mihintale. These "Thel oru" or medicinal troughs had been made use of, for immersion therapy or oil baths, which was primarily a method of fomentation or application of heat and anointing.

Immersion therapy had been mainly used for the treatment of diseases caused by 'vatha' or 'wind'. According to Ayurveda, all diseases are caused by either 'vatha' or wind, 'pitha' or bile and 'sema' or phlegm, or by any combination of these three humours. Though these terms seem simple, the Ayurvedic concept of the three humours is more profound.

In Ayurveda, most of the skin disorders are considered to be caused by 'raktha vatha' an admixture of bad blood and the malfunctioning humour vatha. There is evidence that "Theloru" have been made use of to treat skin diseases during those times.

According to ayurveda, all skin disorders are divided into two main compartments, major ('maha kushta') and minor ('kshudra kushta'). There are seven major and eleven minor skin disorders.

Out of the major skin disorders, ayurveda has mentioned eczema as the commonest, which is so even today. During the yester-years *Tinea versicolor* or "Aluham" was considered a providential embellishment rather than a skin disorder. It was called "pethigomara", and that Sinhala classic 'Salalihini Sandeshaya' has vividly described how the young lasses of the day considered pethigomara as an enhanced feature of beauty that helped them to attract the attention of young men. Ayurveda has given an important place to the prophylactic aspect of therapy too. It has described many types of medicines for the improvement of the health of the skin. They not only treated the manifestation of a disease, but always made it a point to treat the causative humour, the aetiological factor.

In 1970, Pundit R. R. Pathak of India, who was once the Director of Ayurveda Research Institute at Navinna, in his book titled "A Therapeutic Guide to Ayurvedic Medicine" has listed thirty six skin disorders described in Ayurveda along with their present day nomenclature.

There is a well known granite rock in Weligama in southern Sri Lanka, which bears a peculiar name "Kushtarajagala", literally translated "Leper King Rock". It is so named not because it has any of the Maha or Kshudra Kushtas. There are many versions to its history. Bennett in 1843 wrote that a Sihala King who was afflicted with an extensive skin disease, 'maha kushta' was cured of the disease by eating coconut, which until then was not known as an edible nut in Sri Lanka. The king had commemorated the benevolence by having commissioned the sculpture of a deity, considered to be that of Bodhisatva Avalokitheshvara, whom he credited with his cure. Avalokitheshvara the Bodhisatva par excellence, is the Mahayana lord of compassion and the Saviour of the world of the present age. He is also thought to be the deity invoked for the cure of skin diseases. There is a closely resembling deity, Padmapani Bodhisatva, colourfully painted in Cave 1 at Ajanta in Maharashtra in India. A golden statue of Bodhisatva Avalokitheshvara has been discovered at Veheragala.

Robert Knox in his compilation "An Historical Relation of Ceylon" in 1681, wrote of the local inhabitants clapping a leaf called "Mokinacola", probably Mukunuwenna (*Alternanthera sessillis*), on skin sores, as treatment. He also wrote that the locals sliced the fruit of "Coudouru" i.e. Kaduru (*Pagiantha dichotoma*), fried it in coconut oil and anointed the body for 'the itch', probably scabies.

'Malabar itch' or scabies was rampant in the colonial 19th century. Sir Robert Brownrigg, the English Governor had an extensive eruption which lasted several years. It was probably scabies and was treated by Dr. John Davy who was a medical officer of the British Army in Ceylon from 1808.

In 1845, Dr. Henry Marshall referred to 'The Itch' that did not respect social barriers, probably scabies, that spread like wild fire during that time.

Another landmark in the history of dermatology in Sri Lanka was the beginning of the leprosy hospital at Hendala, initially and for several years called the Leper Asylum. Work in the hospital building was started during the time of the Dutch governor Corneli Joan Simmons (1703-1707), but was completed by his successor, Henricus Von Becker in 1708. In 1880's Dr. W. H. Meier, a leprologist who had completed his medical specialisation in Europe, took charge of the Hendala asylum. Several years later, in 1923, another leprosy hospital was built and started functioning, in the island of Mantivu in Batticaloa.

Another skin disease that prevailed during that time was frambesia, or yaws or 'Parangi', and Dr. Marshall in 1921 described several morphological varieties of this disease.

In 1871/72 period, Dr. Boake of the Ceylon Civil Service wrote in detail about this disease. The Portugese who once colonised this country, named this disease 'Parangi' in their language. The native people who despised Portuguese called the invaders Parangi, the name of this loathsome disease. Dr. Boake believed that, though this disease got the name 'Parangi' after the advent of the Portugese, in fact it had been prevalent in Sri Lanka before the Portugese period. Vanni District had the highest prevalence of yaws but it died down during the twentieth century. Some members of the older generation in these endemic areas including Dimbulagala still manifest telltale deformities such as *sabre tibia*. Yaws has been mentioned by Dr. R. L. Spittle too, in his writings.

Certain food items were considered 'heaty' and were taboo for skin patients. As described by Dr. Uragoda in his book Traditions of Sri Lanka, fish like 'balaya' (skip jack), 'kelawalla' (yellow finned tuna), 'hurulla' and 'kumbalawa' all contain the protein histidine which converts to molecular histamine with deterioration and this chemical histamine tends to cause erythematous eruptions. Ayurveda prohibited so called 'acidic' vegetables and fruits such as tomatoes and pineapples for skin patients. There is a belief, which many people adhere to even today, that skin diseases, specially eczemas, should not be cured. Oozing eczema's are considered as places made use of by the body, to expel the 'heatiness' of the body. If such exit points are blocked by healing 'the lesions', the heatiness of the body would surge and cause maladies such as asthma, headache and even insanity'.

Cases of papular urticaria especially in children were considered to be due to evil eye. As a remedy, those patients were bathed with chanted water. In fact this practice is followed even today.

Most of the methodologies of treatment in Ayurveda went hand in hand with the various rituals, especially in the cure or management of infectious diseases such as measles, chickenpox, and mumps. It was thought that these diseases were 'deiyange leda', or diseases handed down by offended deities. So the elders strictly confined the affected patients to their residences, and organised 'thovil ceremonies' or ritual dances in villages to appease those offended gods, and perhaps the devils too.

I have tried to give you a brief resume of the historical aspects of dermatology in ancient Sri Lanka, but as you know, our country's history is replete with rich literature describing many other aspects and facets of Ayurveda and ritualistic methods of treatment.

I would now like to take you back to the era when the modern dermatology started in Sri Lanka.

Around 1949, a physician by the name of J.D.T. Liyanage returned to Sri Lanka. He had obtained his MRCP (London) specialising in medicine and on his own, he had further training in dermatology, while in Britain.

As a consultant physician at the General Hospital, Colombo, his wards, along with the other medical wards, were situated in the so-called 'Ragama Section', which consisted of buildings that were only temporary structures erected to accommodate patients who were rushed from the Ragama Hospital, which was devastated by a fire and hence the name Ragama Section.

Dr. Liyanage set apart a portion of his ward for dermatology patients, and he was the 'unofficial dermatologist' at the General Hospital. At that time all the physicians and surgeons treated skin diseases like the plague and they were delighted to dump their dermatology patients in Dr. Liyanage's ward.

The charming and compassionate personality that he was, he accepted all of them without a whimper. His versatility was manifest in his capability to treat medical, as well as dermatology cases equally well. He was the pioneer in introducing modern dermatology to Sri Lanka.

In Dr. Liyanage's era psoriasis and exfoliative dermatitis were treated with sodium thiosulphate iv, Neo Arsenic B (NAB) in dextrose, in small doses orally. Some of these patients who got NAB subsequently developed skin cancer, about 10 years later. Liq. asenicalis was given orally, started with two drops per day and, the dose was increased by a drop or so every week. For pemphigus like bullous eruptions, one method of treatment was to tap and remove 4-5 ml. of the spinal fluid. This was repeated daily for a few days.

Despite those seemingly gruesome therapies, some of the patients got well and most others too lived to tell the tale.

These details were obtained from his one time house officer, Dr. Percy de Sliva, who himself is a renowned practitioner of dermatology in Sri Lanka. He resigned his post in the department of health and proceeded to the United States of America after obtaining a Fullbright and Smith Mundt double scholarship in 1951.

In the meantime Dr. T. Chelvarajah MRCP, FRCP (Glasgow) who had been working as the Physician OPD of the General Hospital in Colombo, was also appointed part-time dermatologist which was the first such appointment in the department of health. Later the post of dermatologist was officially advertised and Dr. Chevarajah was appointed the first Dermatologist in the health service of Sri Lanka in 1954. At that time he was the sole dermatologist for a population of 10 million in the island. He served at the General Hospital, Colombo for a long period. His first house officer was Dr. G. M. Heennilame, who is a founder member of the Sri Lanka Association of Dermatologists.

Dr. Percy de Silva came back from the United States with a fellowship from the University of Pennsylvania in 1953. He joined the department of health again, but later resigned to start his own practice at Lauries Road, Bambalpitiya. With the demise of Dr. Liyanage, he was the flag bearer of dermatology in the private sector at that time. He is also a founder member of our asssociation. He has devoted a span of about fifty years of his life to the cause of dermatology in Sri Lanka. One of his best contributions to this speciality has been his son who himself has chosen a career in dermatology and now partners his father in his clinic at Bambalapitiya.

Dr. G. M. Heennilame is a household name when it comes to dermatology in this country. When he resigned his post under Dr. Chelvarajah, he established his private clinic at Deans Road, Maradana. 'Heeni', as he is affectionately called by his friends, practised, almost all branches of medicine at the start, from obstetrics to dermatology. There are many firsts to his credit, the well-known one being the establishment of the private medical school in Ragama, Colombo North. It was his brainchild, and this college was later taken over by the Government. It was a very successful venture and this medical school has produced many excellent medical graduates.

He also was the first dermatologist to be appointed a member of the University Grants Commission. One of Dr. Heennilame's sons also has taken a keen interest in dermatology.

Dr. T. Chelvarajah retired and later worked in the private sector. He was succeeded by Dr. V. T. Ratnayake, MD, MRCP in 1966. Dr. Ratnayake was formerly a registrar to Professor Rajasuriya and he took to dermatology through conviction. An excellent clinician and gentleman par excellence, he trained the next generation of dermatologists. Two of his illustrious house officers were Dr. D.N.Atukorala FRCP, Dip. Derm. FCCP, FAAD and Dr. Mrs. Keerthi Weerasekara FRCP. Both are founder members and past presidents of our association and both have reached the top rung in the field of dermatology in Sri Lanka. Dr. Ratnayake worked for many years as the consultant dermatologist at the General Hoslpital, Colombo but retired prematurely and migrated to Australia.

In 1967, Dr. D A Gunawardene, MD, MRCP, took up the post of Dermatologist, at the General Hospital, Kandy. A stern disciplinarian and a good clinician, Dr. Gunawardene, popularly known as 'Dago', practised for several years in Kandy. Later he functioned as the consultant dermatologist at the General Hospital Colombo. 'Dago' has been the only dermatologist who has maintained his ward and clinic registers of patients in phonetic Sinhala rather than the English alphabetical order. After retirement he went over to Liverpool and practised there as a consultant dermatologist for several years.

Two of his house officers, Dr. Gamini Katugampola and myself, both founder members of the SLAD opted for dermatology. Today Dr. Katugampola is in Wales where he has found very fertile grounds at Bridgend General Hospital, a reputed academic centre for Dermatology.

Dr. P. Abeywickrama MD, MRCP returned to the island after his membership in 1967 and was sent to Galle General Hospital as the Dermatologist. He was an excellent teacher and a gentleman. The eminent Dermatologist Dr. W.D.H. Perera, FRCP, FCCP, a founder member and a past president of our association and who is currently the chairman of Board of Study in Dermatology at the Post Graduate Institute of Medicine in Sri Lanka, was his house officer. After about five years in Galle, Dr. Abeywickrama resigned and left for Australia.

There has been another flag bearer of Dermatology in the private sector since the late 1960's. He is Dr. P. De S. Jayasinghe; He is a founder member of our association. He is a well known practitioner in dermatology in Wellawatta and areas south of Colombo.

Another towering figure, in the arena of dermatology in Sri Lanka is Dr. Lakshman Ranasinghe FRCP, DCH, FCGP the Founder President of the Sri Lanka Association of Dermatologists. The idea of forming the Association of Dermatologists was conceived by him, together with Dr. W. D. H. Perera. After obtaining DCH and MRCP, he returned to the

island in June 1967. He was posted to the Lady Ridgeway Hospital where he functioned as the Resident Paediatrician and Visiting Physician OPD. He resigned his post in the department of health in December 1971 and started his own paediatric and dermatology practice at Kynsey Road. Dr. Ranasinghe has several feathers in his cap. He has been the President of the Paediatrics Association, Sri Lanka Medical Association, College of Physicians, Sri Lanka Association of Dermatologists and his last presidency was that of the Organisation of the Professional Associations of Sri Lanka. Also, he was the joint editor of the Ceylon Medical Journal for ten years in the eighties. His most cherished achievement in medical writing has been editing and publishing in December 1985 of a monogram issue of the Ceylon Medical Journal (which was first established in the year 1887). This volume 30 No: 04 issue included a symposium on paediatric and adult dermatology in Sri Lanka, a report on the founding of the Sri Lanka Asociation of Dermatologists and the minutes of its inaugural meeting in 1985. This versatile personality has devoted 32 years of his life to the cause of dermatology in Sri Lanka.

Dr. M. Nadarajah returned to Sri Lanka after obtaining his membership in 1971. He was appointed Dermatologist at the General Hospital, Badulla. Later he worked in general hospitals of Jaffna and Kandy. Finally he replaced Dr. Gunawardana at the General Hospital, Colombo from where he retired.

The MRCP in Dermatology was conducted in Edinburgh only upto 1970. With the establishment of the MRCP (UK) covering the three colleges of Physicians of Great Britain namely London, Edinburgh and Glasgow, the MRCP in specialties including paediatrics, dermatology, haematology, endocrinology etc ceased to be conducted. The local dermatologists who were successful in the MRCP of Edinburgh in dermatology were Dr. Y. T. Ratnayake, Dr. D. A. Gunawardene, Dr. Lakshman Ranasinghe and Dr. Palitha Abeywickreme.

The third generation of dermatologists consisted of doctors W. Chularatne, Keerthi Weerasekara, D. N. Atukorale, W. D. H. Perera, T. T. Kasturiratne and Mahinda Gunawardene. I must specially mention here the invaluable services rendered by Dr. Keerthi Weerasekara, Dr. D. N. Atukorale and Dr. W. D. H. Perera, three senior consultants at the National Hospital Colombo for the cause of teaching and practice of dermatology in this country. It is their foresight, hard work and firm resolute that have steered this specialty to what it is today.

The Postgraduate Institute of Medicine was first established in 1979 and the local MD qualification was made a necessary pre-requisite for a medical officer to be promoted to consultant grade. Dermatology was under the purview of Board of Study in Medicine and with passage of time, the need for a separate board for dermatology was felt and it was due to the pioneering efforts of Dr. W. D. H. Perera, who was the President of our association at that time, that we were able to secure our demand. Thus the 'Board of Study in Dermatology' was founded on the 12th of August 1994, and Dr. D. N. Atukorala (President), Dr. W. D. H. Perera, Dr. Mrs K. Weerasekara, Dr. M. Gunawardene, Dr. T. T. Kasturiratne and Dr. Mrs. Ganga Sirimanna (Secretary) were appointed to the first Board.

During its first official meeting, in recognition of the yeoman service rendered to the cause of dermatology in Sri Lanka, Dr. D. N. Atukorala was unanimously elected its first chairman. Dr. Ganga Sirimanna was appointed by the board to be its secretary.

A detailed curriculum was formulated by the board and postgraduate trainees were instructed to adhere to this curriculum. In December 1999, the Board of Study in Dermatology was able to secure approval to hold its own MD examination in dermatology. Currently the trainees are following the new curriculum, which would culminate in their sitting the MD Dermatology Examination in the year 2002.

Ladies and Gentleman now I must digress a little to trace the history of our association. The idea of an association for Dermatologists was first mooted by doctors Lakshman Ranasinghe and W.D.H Perera. The two of them convinced their colleauges of the necessity to form an association of our own. On the nineteenth of October 1985, at 7.30 p.m., nine dematologists, three from the department of health and six from the private sector met in the council room of Wijerama House and inaugurated the first meeting of the Sri Lanka Association of Dermatologists. Dr. Lakshman Ranasinghe was unanimously elected as the founder president with Dr. M. Nadarajah as the vice president, who could not attend the inaugural meeting due to personal reasons. The guest of honour at that meeting was Dr. Gunter Schwenzer, a Consultant Dermatologic Surgeon from Hamburg, Federal Republic of Germany. He stated that the German Dermatological Association was ready to assist their Sri Lankan colleagues in every way possible to further the cause of teaching and practice of Dermatology in this country.

Thus we saw the birth of a brand new academic body, the Sri Lanka Association of Dermatologists.

Over the years, this association evolved rapidly under the guidance of different Presidents and councils and today we have a mature association with international affiliations. We have held joint sessions with the Dowling Club of England, consisting of world-renowned Dermatologists and also held two joint sessions with the German Association of Dermatologists, a body representing the cream of dermatologists in Germany. We have visits by various eminent

dermatologists, some foreigners and others our own academics living abroad. Our membership has risen from 9 to 58 and we have formulated a very busy plan of activities throughout this year. In an endeavour to educate the public, we have had dialogues with the public using the electronic media and also planned to print educational pamphlets, which will eventually be made available to the public. We have started a research fund in order to promote research in dermatology. There is a journal; The Sri Lanka Journal of Dermatology, totally devoted for the advancement of this specialty in Sri Lanka. We are also planning to move into our own office in the SLMA building fairly soon. We also have signed a historic memorandum of understanding with the German Association of Dermatologists to implement an exchange programme. We have scheduled to hold the SAARC conference of Dermatology in Sri Lanka in the year 2003. Our members have presented papers and chaired sessions at international fora. We have a very active membership. Today we stand on our own but as equals amongst the Dermatological Associations and Colleges throughout the world.

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