



NEIADVL NEWSLETTER

Volume: XXX • June 2025

Official Mouthpiece of N. E. States Branch of IADVL

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From the Editor's Desk

Dear NEIADVLites,
Warm greeting to all

It is with immense gratitude and pride that I have been given the honour of being the editor of the **NEIADVL Newsletter**. This will be released in the **ITANAGAR, ARUNACHAL PRADESH**, on 14th of June, 2025 during **"MIDCUTICON", NE States**.

First and foremost, I would like to sincerely thank the NEIADVL family for entrusting me with this responsibility. This issue of newsletter will highlight the various activities of NEIADVL chapters and also it will focus on the various articles of different dermatological diseases and on the personal development and economic growth of medical practitioners. And also for the first time, we have included the names and photos of all the EC members, sub-committee members and chapter executives. Lastly, Thank you everyone who have contributed their writings towards me and looking forward to meet everyone in the next upcoming "MIDCUTICON".

Regards,
Dr. Sagarika Gogoi
Editor, Newsletter, NEIADVL



Message from President

Dear Colleagues,

It has been an honour and privilege to lead our state branch over the last few months. I must express my heartfelt thanks to my fellow members of the Branch Executive and all Committees who have lent their experience and inputs and worked cohesively to plan and execute the programs of our association.

It gives me immense pleasure to welcome all of you to MIDCUTICON North East States 2025 to be held for the first time in Itanagar. I must acknowledge the efforts and cooperation of the members of Arunachal Pradesh for taking up this responsibility with such aplomb. It is befitting that the Arunachal Chapter of our branch is taking formal shape here and we can look forward to its contribution towards the branch and specialty in the years to come.

The scientific program has been curated to address issues that plague our specialty beyond hard core academics. The highlight of the event is expected to be the session on quackery featuring a legal luminary of the region that should give us fresh perspectives and counsel in fighting the menace.

The NEIADVL newsletter is the official mouthpiece of our branch and provides a window into all its activities. This 30th volume encapsulates a broad spectrum of topics that should captivate and enrich our readers. I am proud that the Editor – Dr. Sagarika Gogoi – has put in huge efforts to edit a comprehensive yet engaging issue.

I hope to connect with each one of you as we in the State Executive strive to take our branch to greater heights in the days to come. Long live NEIADVL! Long live IADVL!

Dr. Shyamanta Barua
President, NEIADVL



Message from Secretary

Dear colleagues,
Warm greetings!

It's an extreme pride and pleasure to announce that the NEIADVL Newsletter will be unveiled at "MIDCUTICON" going to be held on the 14th of June, 2025 at Itanagar, Arunachal Pradesh.

As the official organ of NEIADVL, this newsletter will facilitate the exchange of ideas, knowledge, views, skills in dermatology & beyond, and achievements among the dermatology community in the north eastern states of India.

I sincerely convey my heartfelt congratulations to Dr. Sagarika Gogoi & her entire editorial board for their tireless efforts in bringing this initiative to life.

Wishing all readers an engaging and informative experience.

May this newsletter strengthen our community's bonds and foster collaboration.

Long live NEIADVL! Long live IADVL!

Dr. Gautam Mazumder
Secretary NEIADVL





North East States Branch of IADVL(NEIADVL) Activity Report From December 2024 to June 2025

MEMBERSHIP DETAILS

TOTAL MEMBERS: 255 | LIFE MEMBERS 186 | ASSAM: 130 | ARUNACAHAL PRADESH: 7 | MEGHALAYA :13
MIZORAM: 7 | NAGALAND: 15 | SIKKIM: 2 | TRIPURA: 12 | PLM MEMBERS 69 | E VOTERS: 181

ACADEMIC ACTIVITIES

AGARTALA CHAPTER: 22.02.2025 - CME on “Clinical relevance of hair serum in alopecia by Dr. Rakesh Biswas” at hotel Noah Spire.

29.03.25 - CME on “Leptosomes: biological natural carrier in skincare and Beauty” by Dr. Rakesh Biswas at hotel polo Tower.

10.05.2025: CME on “Role of lactic acid in sunscreen for prevention and management of melasma” by Dr. Subrata Kumar Das.

BARAK CHAPTER: 28.01.25 - CME on “Interesting cases in dermatology & leprosy” by Dr. Sudip Kumar Ghosh, Prof. & HOD, R.G Kar medical college. Senior most member of Barak chapter, Dr. S. K Bhattacharjee chaired the session.

26.04.25 - CME on “Three-in-one Breakthrough: Ushering in an Era of Acne-Free Skin” by Dr. Shromona Kar.

World Lupus Day, May 10, 2025, was observed in the Department of Dermatology, Silchar Medical College in collaboration with the Department of Internal Medicine. A concise yet informative scientific session was presented by two, third year postgraduate trainees, Dr. Hemangi Narula (Dermatology) and Dr. Sushweta Chakrabarty (Internal Medicine). The session was moderated by Dr. P. Bhattacharjee, Vice President, Professor, and Head of the Department of Medicine.

DIBRUGARH CHAPTER: Assam medical college in association with Dibrugarh chapter of NEIADVL organized a workshop on Dermoscopy on 01.03.2025. Dr. Manas Chatterjee was the guest faculty & trainer in the program. The workshop was very informative, interactive & a fruitful learning session amongst the attendees. It was attended by post graduate students, senior residents, medical college faculties & practicing dermatologists.

Assam medical college in association with Dibrugarh chapter of NEIADVL hosted its second hands on workshop on basics of injectables. The trainer was Dr. Surajit Gorai who talked in depth on the injection techniques, tips & tricks of injection procedure. The program was well attended, interactive & engaging amongst PGs, senior residents and practicing dermatologists.

GUWAHATI CHAPTER: Guwahati city chapter organized an integrated CME on 25.01.2025 at hotel Arista by Ambition, Guwahati with pathologist as invited speaker. Dr. Naushad Shah, consultant pathologists delivered a talk on the topic “Clinical &

histopathological insights into skin diseases: a case based approach.” Dr. V.Thangam, dermatologist delivered a talk on the topic “Emerging trend in moisturizer.” This program was attended by 37 participants.

29.03.25: CME on “Unraveling Granulomatous diseases: A case series” & “Advancements in sunscreen formulations” by Dr. Abinaya S, MD.

NAGALAND CHAPTER: Nagaland chapter of NEIADVL organized a workshop on aesthetic peels & nano- pore pen on 22.02.2025 at CIHSR, Dimapur. The program was well attended & appreciated.

10.05.2025: CME on “What impacts patient satisfaction in Dermatology” by Dr. Leishiwon Kumrah & “Vitiligo management today: Exploring newer treatment modalities and therapeutic Advances” by Dr. Ruopfukhrietuo Tetso.

SHILLONG CHAPTER: Shillong chapter conducted hands on workshop on “Skin booster: tips & tricks” on 22.02.2025 at HOPE clinic, Shillong. Dr.Jagjeet Sethi was the chief resource person & trainer. The program was well attended and appreciated by all.

27.03.25: CME on “Glucocorticoids: Mechanism of Action Clinical Applications, Safety and the Emerging Trends in Glucocorticoid use” by Dr Abigail Syiemlieh & “A brief overview on a new formula of Sunscreen” by Dr Twinkle Patel, IADVL observer at Hope Clinic.

24.04.25: CME on “Approach and management of sexually transmitted diseases” by Dr K A Sangma & “Oral minoxidil” by Dr Biswas SRD NEIGRIHMS. Also, few interesting case presentation was done by 2 post graduate students from NEIGRIHMS.

IADVL DAYS & COMMUNITY ACTIVITIES

AGARTALA CHAPTER: On the occasion of World Leprosy Day Tripura medical college in association with Agartala chapter of NEIADVL organized a sensitization & awareness program on leprosy myths & facts amongst patients & attendants in the OPD complex with distribution of leaflets.

Agartala government medical college also observed the day by organizing awareness talks amongst patients & their relatives in the hospital complex.

Dr. Gautam Mazumder attended a live interactive radio session on leprosy awareness at Akashbani Agartala. A Good number of live



phone calls were attended & various doubts, myths & facts about leprosy were clarified on air.

BARAK CHAPTER: Raising Awareness, Breaking Stigma! Together, let's pledge to create a leprosy-free society through awareness, early detection, and compassion! On the occasion of anti-leprosy day 2025, Sakham—a dedicated group of social workers—organized a Nukkad Natak (street play) at Rangirkhari Point, Silchar, and Silchar medical college OPD complex to spread awareness about leprosy, its treatment, and the importance of eradicating stigma under Barak chapter, NEIADVL. The event was graced by Dr. Bhaskar Gupta, Principal, Silchar medical college, and initiated by Dr. Sandip Roy, DLO, NLEP ensuring a powerful and informative session for the public.

Dr. Joydeep Roy had written & published two articles on leprosy titled “Leprosy then & now” & “Current perspective of national anti-leprosy day” in the widely circulated Bengali dailies, the Bartalipi & the Samayik Prasanga respectively.

GUWAHATI CHAPTER: National Leprosy Day 2025 was observed in GMCH OPD on 30.01.25. To mark the occasion, a meeting under the aegis of Sparsh Leprosy Awareness Campaign (SLAC) was organized in association with UULC, GMCH which was presided over by Prof (Dr.) Padmaja Saikia, Prof. & HOD, Dept of Dermatology, GMCH and attended by faculties, senior residents, PG students, staff and patients visiting the outpatient department. Prof (Dr) Padmaja Saikia delivered an excellent talk regarding the presentation and treatment of leprosy and the Do's and don'ts in leprosy. This was followed by ceremonial distribution of leprosy footwear and other essentials to some of the Hansens disease patients. The meeting concluded with a vote of thanks by Dr Animesh Sarkar, Assistant Professor, Dept of Dermatology GMCH and light refreshments were provided at the end to all the attendees.

A sensitization program was organized in view of anti-leprosy day at Bezera CHC by departments of Dermatology and Community and Family medicine, AIIMS, Guwahati. Dr. Neerita Hazarika delivered a talk on various aspects of leprosy treatment, disability & deformities, & its prevention in the community amongst the attendees. Around 60 health care workers attended the program.

DIBRUGARH CHAPTER: On 18.05.2025 a mega health camp was held at Sadiya (Tinsukia dist.) by Dibrugarh chapter under the banner of Community Dermatology NEIADVL in collaboration with IMA and Lions Club. The camp started at 9.30am and ended at 3.30pm. Dr. Debajit Dutta, Chairperson, community dermatology NEIADVL with PGTs from AMCH and physicians from various specialties were present to deliver services to the community. Along with health check up, awareness about skin care, myths about various skin diseases, and importance of early consultation with physicians for disease control were done. Leaflets regarding daily skin care, leprosy, vitiligo and dermatophytosis were distributed to the attendees. A total of

750+ people benefitted from the camp. The camp was inaugurated by local MLA and electronic media were also present to spread the message of the camp among the people of the entire region. This was the first camp organized by the NEIADVL Community Dermatology committee.

NEIADVL MEDIA CELL ACTIVITIES

The first meeting with EC & Media cell was held on 27.03.25. The media cell has opened an official NEIADVL Instagram handle. Awareness reels and informative posts are all shared there for the benefit of our members and the general public at large. Till date, six creative posts and reels have been shared, out of which four have been prepared by NEIADVL media cell and two are a part of awareness initiatives with IADVL & IADVL Karnataka. The uploaded content is primarily focused on antiquackery and awareness under the active & enthusiastic guidance of Dr. Jagjeet Sethi & Dr. Saloni Katoch. Also, a few of the videos have been translated into Hindi & Assamese languages for wider penetration in the community.

NEIADVL MEETINGS & MAJOR DECISIONS

The new EC NEIADVL led by Dr. Shyamanta Barua, President NEIADVL & Dr. Gautam Mazumder, Secretary NEIADVL took the office charge at annual GBM of Cuticon NE states 2024 held on 6th & 7th December at Rajiv Bhawn, Silchar.

The 1st NEIADVL EC meeting was held on 21.12.2024 on the zoom platform and was presided over by President NEIADVL; Dr. Shyamanta Barua and was attended by all the EC members.

A Zoom Meet Annual pack was subscribed for all official EC online meetings.

Two pharmaceutical companies agreed to sponsor the cost of approximately two lakhs for all the 4 editions of NEIADVL Yuvaderma & NEIADVL newsletter for the next two years.

A New Year video message along with the road map of NEIADVL was published & circulated amongst NEIADVLites by the President along with other EC members. Dr. Saloni and Dr. Dipak compiled & edited the video.

The 1st official NEIADVL branch council meeting was held on 13.01.2025 at NEIADVL office premises for the first time after its inauguration last year. The meeting was presided by Dr. Shyamanta Barua, President NEIADVL & Secretary, Dr. Gautam Mazumder. Dr. Abhijit Neog, Anti-quackery and Vigilance officer, Assam Council of Medical Registration, was invited as a special guest to discuss Anti-quackery measures.

Anti-quackery measures were actively discussed with Dr. Abhijit Neog. It was noted that SCIM - State council of Indian Medicine includes BAMS, Unani, Siddha, Yoga and Naturopathy. One can complain to SCIM if individuals from the above five courses are found practicing Dermatology.

Homeopathy council is separate and can be approached in case of Homeopathic doctors practicing Dermatology.

*The following categories of quacks were discussed, with areas where they are liable

1. Non doctors – Prescribing Schedule H drugs
2. Homeopathy, Ayurveda - Prescribing Schedule H Drugs
3. Dentists - Malpractice - To approach State Dental Council
4. MBBS - Malpractice - Ethics Committee - Criminal breach of interest (Advertising, Writing Skin, Hair on their sign board) - Misrepresentation of facts (Claiming to be a skin expert/ specialist on Social media).

We can take following course of actions to curb it down

Lodge an FIR (NEIADVL) - President and secretary to sign

- Inform State Medical Council
- Send notice to people doing it
- Warning followed by striking name off from State Medical Council register.

*For institutes running Quackery/ bogus courses, one can write to NMC or UGC. With a court order the courses can be stopped.

*For corporate hospitals in Assam employing unqualified individuals, one can directly mail Dr. Abhijit Neog (neogabhijit@yahoo.co.uk). One can tag sir on social media as well.

The following committees were constituted for the betterment & ease of organizational, administrative, academic & community services.

1. Finance Committee
2. Constitution Committee
3. Anti-Quackery Committee
4. NEIADVL Media cell
5. Community Dermatology Committee

There was a proposal to open individual bank accounts by the chapters of NEIADVL for better utilization of different funds for organizing community activities, skill training & academic activities.

It was discussed that a best chapter award is to be initiated.

The branch council authorized EC to get wall mounted PA system, inverter and WIFI, and to notify branch council during purchase of the same (65 inch TV monitor) for the conference hall of NEIADVL office.

The 1st NEIADVL finance committee meeting was held on 01.02.2025. Meeting was attended by seven members. Meeting was presided over by the President NEIADVL. It was suggested by the committee for each city chapter to open their own bank account by forming Association of Persons (AOP) with a separate PAN for each branch for ease of better financial utilization of different funds by the chapter. However, CUTICON and MIDCUTICON to be organized using the existing conference account as being done till now.

As per the suggestion of the committee, online banking rights were obtained for operating the NEIADVL Bank account.

The members appointed to operate the online banking were Dr Shyamanta Barua as President NEIADVL, Dr Gautam Mazumder as Secretary NEIADVL, and Dr Monali Sutradhar as Treasurer NEIADVL.

The 2nd NEIADVL EC meeting was held on 23.02.2024. Some important decisions were taken and updates regarding the previous meeting were discussed.

It was discussed that NEIADVL Newsletter is to mention the names of all the EC members, chapter executives of different chapters of NEIADVL, and all the sub-committee members along with their photographs.

It was decided that a DVL welfare trust committee is to be constituted.

We had applied for 3 SIGs & PGPDT to the IADVL academy; so far we have been allotted, SIG acne at Guwahati & Dermatopathology at Shillong in the scheduled calendar announced till September 2025.

NEIADVL OFFICE: The Renewal of Society registration for NEIADVL has been successfully done with change of address to the new office address.

The office is equipped with PA system with the following specifications: SAMSUNG led TV monitor | New D Series Brighter Crystal 4K Vision Pro (2024 Edition) 163 cm (65 inch) Ultra HD (4K) LED Smart Tizen TV with with 4K Upscaling | Multiple Voice Assistance Remote | Purcolor | HDR 10+ | Auto Game Mode | Q-Symphony | Knox Security

ZEBRONICS 120 Watts Party Speaker with 2 Wireless Mic, 7 hrs Playtime, Karaoke & Recording Function, Type-C Charging, TWS, Bluetooth, USB, AUX, mSD, RGB Modes (Thump 700) |

The office premise is now under full CCTV (FIVE CAMERAS) coverage with the following specification details 5MP DOME WITH COLOUR AND MIC (MODEL: CP-URC-DC51PL3CL-0360 5 PC) 4TB HDD SV (UPTO 30 DAYS BACKUP)

NEIADVL Website designing and updating is under process.

Achievements: NEIADVL has been awarded the best branch award for E voting by IADVL at DERMACON 2025, 53rd national conference of IADVL held at Jaipur from 6th to 9th of February, 2025.

International Achievements: Dr. Kinnor Das has been selected as Junior Editor of JEADV - Journal of the European Academy of Dermatology and Venereology.



Dr. Gautam Mazumder
Secretary, NEIADVL

Message from Organising Secretary of MIDCUTICON NE States 2025, Itanagar

Dear Colleagues,

It is with great enthusiasm that I welcome you to the 21st MIDCUTICON, Mid-Year Meet of NEIADVL. This gathering serves as a vital platform to exchange knowledge, foster collaborations, and stay abreast of the latest advancements in dermatological science and clinical practice.

Our Scientific committee lead by Dr. Saloni, has worked diligently to curate a comprehensive program featuring esteemed speakers, interactive sessions, and insightful case discussions. We hope this event not only enriches your professional journey but also strengthens the bonds within our dermatology fraternity.

Thank you for your continued support and participation. We look forward to an engaging and fruitful Meeting.

Warm regards,



Dr. Swapan Majumder
Organising Secretary



Conference Report from Organising Secretary of CUTICON NE States 2024, Silchar

The CUTICON NE States 2024, 35th Annual Conference of NE States Branch of IADVL, held on 6th and 7th December, 2024 at Rajiv Bhawan, SILCHAR was successfully conducted under the auspices of Barak City Chapter of NEIADVL. The conference served as a multidisciplinary platform for dermatologists, academicians, and post graduate trainees to deliberate on recent advancements and clinical innovations in dermatology.

The central theme of the conference, "Dermatology Diagnostics," emphasized the evolving landscape of diagnostic modalities in dermatology, focusing on early, accurate, and technology-driven approaches to skin disease identification.

The scientific program featured plenary lectures, keynote addresses, symposia, and delivered by nationally and internationally acclaimed faculty. The conference also featured a free hands on workshop on Injectable basics for postgraduate trainees providing them with practical exposure to techniques in aesthetic Dermatology under expert supervision.

The scientific sessions were well-attended and highlighted recent evidence-based updates, evolving therapeutic algorithms, and practical challenges in daily dermatological practice. Interactive case-based discussions and expert panels provided valuable clinical insights, particularly in areas such as biologic therapies, dermoscopy, pigmentary disorders, and dermatosurgical procedures.

A key highlight of the conference was the prestigious DR. T C SAIKIA oration delivered by Dr. B. S. Chandrasekhar who spoke on All Lasers for both therapeutic and Cosmetic Indication offering a comprehensive overview of Laser applications across clinical and aesthetic Dermatology

The conference also hosted oral and poster presentations by postgraduate trainees, fostering academic discourse and encouraging original research.

The active participation of 102 delegates and collaboration with pharmaceutical and device companies contributed to the success of the event. The organizing committee extends its gratitude to all contributors, sponsors, and volunteers for their dedicated support.

This conference reaffirmed the importance of continued medical education and interdisciplinary dialogue in strengthening dermatological care. As Organising Secretary, it was a privilege to coordinate this academic endeavour, and I look forward to future opportunities to facilitate such scientific engagements

Regards



Dr. Angshuman Bhattacharjee
Organising Secretary
CUTICON NE States 2024, Silchar





Treasurer's Report - NE States Branch of IADVL

STATEMENT FROM 1ST NOVEMBER 2024 - 31ST MAY 2025

GST No: 18AAA9928M1ZW (opened in Feb 2020)

OPENING BALANCE in NEIADVL Saving Account as on 1st NOVEMBER 2024 - Rs. 28,39,645.44/-

CLOSING BALANCE in NEIADVL Saving Account as on 31st MAY 2025 - Rs 14,02,464/-

Sl. No.	EXPENDITURE	AMOUNT in Rs.	TOTAL in Rs.
1.	EXPENDITURE ON NEIADVL OFFICE		1,63,452.72
	ELECTRICITY BILL (FEB 2024-FEB 2025)	12,727	
	SOCIETY FEES (APR 2024-MAR 2025)	37,300	
	CLEANING OF PREMISES300		
	MUNICIPALITY BILL (2024-2025)	7,669	
	WIFI INSTALLATION	2,474	
	CCTV INSTALLATION	27,440	
	PURCHASE OF TV AND SPEAKERS	75,542.72	
2.	REGISTRATION OF THE ZOOM PLATFORM	16,723	1,62318,3463
3.	WEBSITE RENEWAL BY WEBCOM	7,399	7,399
4.	MIDCUTICON NE States 2024 EXPENDITURE (FOOD BILL, CONFERENCE BOOKLET, BANNER, MEMENTOS, CERTIFICATES, STATIONARIES, ETC)	2,93,560	2,93,560
5.	CUTICON NE States 2024 ORATION EXPENSES (GAMOSHA, MEMENTO)	12,750 5,500	18,250
6.	INCOME TAX PAYMENT10,12,780 (FINANCIAL YEAR 2023-2024)	10,18,730 5,950	
7.	INCOME TAX FEES AND GST RETURN FEES	53,100	53,100
8.	AUDIT OR FEES FOR ACCOUNT FINALIZATION	50,004.72	50,004.72
9.	NEIADVL REGISTRATION RENEWAL	70,000	70,000
10.	MISCELLANEOUS (PURCHASE OF SEAL)	3,050	3,050
11.	BANK CHARGES 118	295 177	
TOTAL			Rs. 16,96,187.44/-

Sl. No.	INCOME	AMOUNT in Rs.
1.	CUTICON NE States 2023 SHARE	81,000
2.	MIDCUTICON NE States 2024 COLLECTION	73,990
3.	CREDIT INTEREST FROM SAVINGS ACCOUNT	39,413
4.	TRANSFER FROM IADVL (SHARE ON MEMBERSHIP FEES OCT 2024- MARCH 2025)	64,603
TOTAL		Rs. 2,59,006/-

FIXED DEPOSITS – THREE FIXED DEPOSITS AT SBI, GMCH BRANCH.

1. **RS. 30,00,000** (VALUE DATE 21-10-2024 AND MATURITY DATE 06-01-2026)
2. **RS. 20,00,000** (VALUEDATE 21-10-2024 AND MATURITY DATE 06-01-2026)
3. **RS. 01,00,000** (VALUE DATE 20-05-202 4AND MATURITY DATE 24-06-2026)

Total **CREDITS** from1st NOVEMBER 2024 To 31st MAY 2025=

Rs. 2,59,006/-

Total **DEBITS** from1stNOVEMBER 2024 To 31ST MAY 2025=

Rs. 16,96,187.44/-

Opening Balance in our Savings Account as on 1stNov 2024

Rs. 28,39,645.44/-

Closing Balance in our Savings Account as on31st May2025

Rs. 14,02,464/-

(Rupees Fourteen Lakhs ,Two thousand ,four hundred sixty-four only.)

Sd/-

Dr. Monali Sutradhar - Treasurer, NE States Branch IADVL



DERMAZONE EAST & CUTICON NE STATES 2025



INVITATION

Dear Colleagues,

On behalf of the organizing committee, we extend our warm & cordial invitation to you to participate in **DERMAZONE EAST 2025, 31st East Zone Conference of IADVL & CUTICON NE STATES 2025, 36th Annual Conference of NE States Branch of IADVL**, scheduled to be held from 11th-13th December, 2025 at Agartala, Tripura.

The conference theme “**Dermatology: Bench to Bedside**” highlights our commitment in bridging the gap between basic research and clinical practice. We have curated a comprehensive scientific program that includes workshops, keynote addresses by renowned experts in the field of dermatology, orations, and plenary sessions on cutting-edge topics, E-posters, quiz competitions, and free paper presentations. It will be an honour for us to have you onboard with the faculties & delegates not only from the member states of east zone IADVL comprising **Bihar, Jharkhand, Odisha, West Bengal, Manipur and North East States**, but also from other parts of the country.

Tripura boasts a scenic landscape with lush greenery, vibrant hills, and winding rivers. The state is known for its rich cultural heritage, including various indigenous tribes, and its historical significance. Moreover, its culinary scene is a delightful blend of Bengali and Tribal influences, featuring unique dishes like Mui Borok, Gudok, and Chakhwi. The diverse landscapes and historical sites make Tripura a captivating destination. The state capital, Agartala is well connected by air and train with Kolkata, Guwahati, Delhi, Chennai and the rest of India. Our venue **Agartala International Fair Ground, Hapania** is located just 10 minutes away from the heart of the city, which offers a delightful blend of modern amenities.

We look forward to welcoming you all in this scientific, cultural & culinary extravaganza for an enriching & memorable experience.

Warm regards,

TEAM DERMAZONE EAST & CUTICON NE STATES 2025



Dr. Nirmalya Malakar
Organizing President
Dermazone East &
Cuticon NE States 2025



Dr. Gautam Mazumder
Organizing Secretary
Dermazone East &
Cuticon NE States 2025



POETRY

What defines you?

DR. LEISHIWON KUMRAH

Senior Consultant Department of Dermatology,
Venereology, Leprology & Cosmetology
Christian Institute of Health Sciences
and Research (CIHSR), Chumukedima Nagaland



Your words don't define me
Your actions don't define me
Your attitudes don't define me

I am defined
By what God has made me
By what is inside of me

I am defined
By what I believe in
By what I put my hope on
By what I built my foundations on
By what I've become
Because of my faith in my God

You don't define me

I am glad

You don't!



ARTICLE SECTION

Our Ecosystem

DR. SALONI KATOCH

Consultant Dermatologist,
Dr. K N Barua Institute of Dermatological Sciences,
Guwahati, Assam

With the invention of smart phones, capturing moments has been easier than ever. Coming from a generation that has witnessed the best of both the worlds, real and digital, I do value living in the moment, absorbing what nature has to offer and sometimes clicking the beauty that surrounds us. A photograph always has a story to tell, these images represent the ecosystem of our household balanced by birds, insects, rodents and us humans. They say, "A picture is worth a thousand words", each of the following images has a wonderful and interesting story behind it.

THE LITCHI ENTHUSIAST

As May arrived, so did our hopes of eating juicy, sweet litchis adorning our 25-year-old litchi tree. As we admired the litchis day and night, they grew in size and went from a raw green to a lovely pink. We also witnessed the likes of monkeys, bats, birds and rodents frequenting our backyard. To our surprise, the litchis went from many to a few...to none in a span of a few days. As detectives we set out to find this Litchi thief, and indeed found a furry little squirrel enjoying its prized catch!

THE ART AND THE ARTIST

My little one came home with a lot of excitement one day from school. She had just learnt about the life cycle of a butterfly. We were asked to work on the topic as a project and make models of the eggs, caterpillar and chrysalis with play dough. One morning while strolling in our garden and examining our flowering lemon tree, I noticed that some of the leaves were artistically bitten off. My search for the artist of the leafy artwork began. And, there it was.... a beautiful green larva, ready to nibble and create another masterpiece. I quickly took a photograph to show my little butterfly admirer, her project coming to life!

THE BLUE KING ARRIVES

We have many birds living in and around our household namely sparrows, mynas, spotted doves, crows, woodpeckers and magpie robins. We call it our own bird sanctuary; they keep our surroundings lively and chirpy. The one avian visitor that we all keep waiting for during the months of August and September is a bright blue Kingfisher. I had the privilege of capturing an image of this beautiful bird adorning our trees in September last year. The bird has been visiting us for 2-3 years now and we await its bright blue arrival into our garden and lives every year!

Nature nurtures and heals us, hence it is very important to remain connected to it in whatever way we can. With industrialization and rapid urbanization, we need to conserve trees, our ecosystem and the microenvironment that sustains us.



Echoes of the Earth: The Enduring Timeless Wisdom of Tribal Culture

~Perspective as a tribal girl from
the Karbi community

DR. BONNYMA RONGPHARPI

Assistant Professor Department of Dermatology,
Nagaon Medical College

In the quiet corridors of my dermatology clinic, people walk in carrying skin complaints like itching, rashes, hair fall, etc. But often, they leave having revealed something far deeper: invisible wounds. Unspoken pain. The quiet ache of anxiety. A longing not just to be healed but to be seen, to be understood.

Every day, I witness how the body reflects what the soul cannot say. And it has made me ask myself: What is really happening to us? Why, in this age of instant communication, do so many feel unheard? Why, despite the flood of information and abundance of possessions, do we feel so empty?

Science tells us mental health struggles stem from a web of biological, genetic, and environmental factors. But perhaps, somewhere in that web, we've lost an essential thread the one that ties us to the Earth itself.

One day, I stumbled upon a quote by Leo Tolstoy that stayed with me:

"One of the first conditions of happiness is that the link between man and nature shall not be broken."

And I wondered, isn't that the very cord we have severed in this so called modern world? We no longer hear the voice of the wind, nor wait for the silence of the stars. We do not speak the language of rivers or move to the rhythm of the seasons. We live in glass boxes lit by artificial suns, chasing goals we don't understand, forgetting the simple art of being. We are not suffering because we are poor but because we are disconnected. We scroll through hundreds of faces but miss the warmth of a single gaze. We speak in texts, but silence grows louder in our rooms. Aren't we drifting far from our roots as we dive into development?

As a tribal girl from the Karbi hills, I often think of this contrast. In my village, loneliness is a word rarely spoken because its rarely felt. Our homes do not shut the world out; they invite it in. Children grow under the watchful eyes of seniors and elders. Elders sit under trees, offering wisdom to anyone who will listen. Life here isn't fast but it is slow yet beautiful and peaceful.

Community: The Heart of Tribal Life

In tribal culture, hardship is not a private burden but is a collective experience. When storms tear through a roof, the village becomes a construction crew. When weddings happen, the celebration is not one family's responsibility but it belongs to everyone.

From firewood to folk songs, from cooking to dancing, everyone brings something to the table. Here, we do not count riches in coins or cars. We count them in laughter shared, in hands held, in burdens lifted together. In my opinion, this kind of wealth is something that any market cannot measure.

Contrast this with modern urban life, where people live stacked on top of each other in high-rise buildings, yet don't know the names of those next door. Success is worn like armor, and failure is hidden like shame. We have glorified self-sufficiency, forgetting that humans were never meant to walk alone.

Someone wise rightly said - "The need for connection and community is primal, as fundamental as the need for air, food and water."

The Patience That Nature Teaches

In the lush green hills and gentle stream beside my village, where I spent most of my beautiful memories of my childhood. As a child, I remember being happiest amidst those trees, birds, clear blue sky, smell of the earth, Everything seems to be at a perfect pace – slow and steady.

Nothing is rushed because nothing can be rushed. The seed knows when to rest in the soil. The monsoon knows when to arrive, unhurried by clocks. The tree sheds its leaves not out of panic, but with quiet grace. This is the rhythm we are born into.

Our elders never spoke of productivity as the measure of a life well-lived. They spoke of timing, of listening, of waiting. When to sow, when to harvest. This is patience not the kind that simply waits, but the kind that trusts.

But in my humble opinion, the so called modern world tend to lean to opposite. It rushes. It demands. It glorifies urgency. It pushes us to bloom in winters, to harvest without planting, to smile when we are breaking. No wonder we are anxious. No wonder we are tired. We are living out of rhythm with the earth, and out of rhythm with ourselves.

Harmony with Nature: A Way of Being, Not an Idea

In tribal life, the forest is considered as a mother, a teacher, a sacred presence. We take what we need and never what we desire. We offer our thanks to the river before we drink, to the animal before we hunt, to the tree before we cut. To the outside world, these may look like rituals. But to us, they are relationships. Nature is not a resource. It is kin. We walk barefoot not just because we always have, but because we believe the Earth feels us. We light fires not just for warmth, but because flame connects the human spirit to the cosmic one. In the modern world, the Earth is extracted, packaged, and sold. But in tribal wisdom, the Earth is respected. And perhaps, this is what we are forgetting most - how to be part of the living world, rather than its conqueror.

What We've Left Behind... and What We Can Still Recover

I have always instinctively felt the need to share the timeless wisdom of our ancient forefathers.

It is something deeply alive, deeply real - A way of being that the modern world is searching for, in therapy rooms, in mindfulness apps, in silent retreats.

Our forefathers, the so-called simple people, have known these truths for generations. And have passed these wisdom through generations. As a tribal girl, I feel truly blessed to be a part of those experiences and a way of life

Now, as the world trembles under the weight of climate crises, mental health struggles, and spiritual fatigue, perhaps the time has come to listen again. Not to the noise of machines, but to the echoes of the earth.

To the songs sung around tribal fires. To the wisdom held in wrinkled hands and weathered faces. The Earth is not silent. She is whispering through forests and floods, through droughts and dreams, Calling us back to a balance we were never meant to lose.

A wise man once said – "The earth has music for those who listen."

Will we listen?

Encouraging the Dermatology Community to Embrace Sports: A Path to Better Health and Professional Fulfilment

DR. DEBAJIT DUTTA

Senior Consultant Dermatologist, Dibrugarh

In the fast-paced world of dermatology, where long hours and patient care often take centre stage, it's essential for us as professionals to prioritize our own health and well-being. One powerful way to achieve this is by engaging in regular sports and physical activity. Here's why the dermatology community should actively incorporate sports into our lives and how it can benefit us both personally and professionally.

The Importance of Sports for Dermatologists

1. Promoting Physical and Mental Well-being

Regular participation in sports helps reduce stress, improve mood, and boost mental clarity—crucial benefits given the demanding nature of our profession. Physical activity releases endorphins, helping us manage work-related pressures and prevent burnout.

2. Enhancing Skin Health

Active lifestyles improve circulation, which promotes healthier, more radiant skin. Exposure to fresh air and sunlight (safely managed) can also boost vitamin D levels, supporting immune function and overall skin health.

3. Building Community and Collaboration

Participating in team sports fosters camaraderie beyond the clinic or hospital. It creates opportunities for networking, sharing experiences, and building supportive professional relationships, enriching our practice environment.

4. Setting a Positive Example for Patients

As dermatologists, we serve as role models for healthy habits. Demonstrating the importance of physical activity encourages our patients to adopt similar routines for their skin and overall health.

5. Personal Growth and Discipline

Engaging in sports requires commitment, discipline, and goal-setting—qualities that translate into our professional lives, enhancing our focus and dedication to patient care.

Overcoming Barriers to Playing Sports

Time Constraints

Prioritize short, high-efficiency workouts or weekend sports activities. Schedule them like appointments to ensure consistency.

Lack of Motivation

Find a sport you enjoy—whether tennis, running, swimming, or group fitness classes—and set achievable goals to stay motivated.

Limited Access or Facilities

Start with simple activities at home or in local parks. Join community sports clubs or online groups to stay connected and committed.



Practical Tips for the Dermatology Community

Incorporate Movement into Daily Routine: Take short breaks for stretching, brisk walks, or desk exercises.

Participate in Local or Virtual Sports Events: Engage in charity runs, virtual cycling challenges, or local leagues.

Advocate for Wellness: Encourage colleagues and staff to join sports activities, fostering a culture of health within your practice.

Protect Your Skin: Remember to use sun protection during outdoor sports and choose skin-friendly gear to prevent injuries or dermatitis.

Final Thoughts

As dermatologists, our passion is skin health - yet, maintaining our own health is equally vital. Embracing sports and physical activity not only benefits our physical and mental well-being but also enriches our professional lives through improved focus, resilience, and community engagement.

Let's challenge ourselves to step onto the field, court, or trail regularly. By doing so, we set a powerful example for our patients and colleagues alike: a healthy, active lifestyle is the foundation of a thriving, vibrant dermatology community.

Get moving today—your skin and your mind will thank you!

Personal Financial Planning for Medical Professionals in India

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Tinsukia

Doctors dedicate years to mastering their profession and caring for the health of others, but their own financial well-being often receives less attention. Yet, personal financial planning is crucial for medical professionals, given their unique career trajectories, income patterns and risk exposures. A thoughtful financial plan not only ensures long-term security but also empowers doctors to focus on their patients without the distraction of financial stress.

I was pretty late myself in opening up to the world of financial planning, partly due to lack of finances at the early stage of my career and partly due to lack of knowledge about the same. The Covid break which affected all our lives so severely had this one small silver lining for me at least. I somehow developed the interest in personal finances and spent more than a couple of months learning about the same. It was an eye opener for me and it opened a world of possibilities which I did not know existed. I have tried to summarize the salient features of safe personal financial planning to the best of my abilities.

Doctors face a set of financial challenges and opportunities distinct from many other professions:

- **Irregular and Delayed Income:** Medical professionals often experience a delayed start to their earning years due to extended education and training. Additionally, income can be irregular, especially for those in private practice or consultancy roles, making budgeting more complex.

- **Unique Risks:** Physicians are exposed to specific risks, such as malpractice claims and health-related liabilities, which require robust insurance and risk management strategies.
- **Late Retirement Planning:** Because doctors start earning later, they have less time to build a retirement corpus, making early and efficient investment planning essential.

Most Common Financial Mistakes Doctors Make

Doctors often face unique financial challenges due to delayed earnings, high student debt, and demanding work schedules. Despite high incomes, many physicians make avoidable financial mistakes that can undermine their long-term security and wealth-building potential. Here are the most common financial missteps doctors make:

1. Delaying Financial Planning

Many doctors postpone financial planning, focusing instead on their medical careers and assuming their high salaries will automatically lead to financial success. However, delaying budgeting, saving and investing means missing out on the benefits of compound growth and early wealth accumulation. Early planning—even with small steps—can make a significant difference over time.

2. Lifestyle Inflation

After years of training and sacrifice, doctors often upgrade their lifestyles rapidly once they start earning substantial incomes. This can lead to overspending on luxury items, expensive homes and cars, leaving little room for saving and investing. Maintaining modest fixed costs early on helps build a stronger financial foundation.

3. Poor Debt Management

Doctors frequently accumulate significant student loans and may also take on additional debt to establish practices or purchase equipment. Failing to manage or consolidate these debts can lead to high interest payments and financial strain. Ignoring student loans or paying them off without a clear strategy—such as not considering loan forgiveness programs—can be costly.

4. Insufficient Savings and Investing

Some physicians neglect to save adequately for emergencies or retirement, often because their high incomes create a false sense of security. Others delay investing until debts are fully paid off, missing out on years of potential market growth. Regular contributions to diversified investments are crucial for long-term wealth.

5. Inadequate Insurance Coverage

Doctors are at particular risk for career-disrupting events like illness, injury, or malpractice claims. Many either lack essential insurance (such as disability or malpractice coverage) or overpay for inappropriate policies. Proper coverage tailored to individual needs is critical for protecting both income and assets.

6. Neglecting Tax Planning

Failing to optimize tax strategies can result in a significant loss of income. Many doctors overlook deductions, credits, or specific tax planning opportunities available to them, leading to higher tax bills and reduced take-home pay.

7. DIY Approach to Complex Financial Decisions

While doctors are highly educated, financial planning involves

complexities-like investment management, tax strategy, and estate planning-that benefit from professional guidance. Attempting to handle everything alone can result in missed opportunities and costly errors.

8. False Belief That High Income Is Permanent

Some physicians assume their high earnings will last indefinitely, leading to complacency in saving and risk management. Unexpected events-such as health issues, economic downturns, or regulatory changes-can quickly impact income.

A comprehensive financial plan for doctors should address the following areas:

- **Budgeting and Cash Flow Management:** Track income from all sources and manage expenses to ensure consistent savings, even with fluctuating earnings.
- **Debt Management:** Prioritize repayment of high-interest loans, especially student debt, using strategies like refinancing or structured repayment plans.
- **Emergency Fund:** Build a safety net covering at least 3–6 months of essential expenses to cushion against income gaps or unexpected events.
- **Insurance:** Secure adequate health, disability, and especially medical indemnity insurance to protect against career-specific risks.
- **Investment Planning:** Invest in tax-advantaged retirement accounts and diversify investments to grow wealth and prepare for retirement.
- **Tax Planning:** Take advantage of deductions and credits available to medical professionals, and optimize tax strategies for both personal and practice income.
- **Estate and Succession Planning:** For high net worth doctors or those owning practices, estate planning and business succession strategies are vital to protect and transfer wealth.
- **Professional Guidance:** Given the complexity and time demands of the medical profession, working with a financial advisor experienced in physician finances can provide tailored strategies and peace of mind.

Benefits of Financial Planning for Doctors

- **Peace and Security:** A well-structured financial plan mitigates risk and provides a sense of control over the future, reducing anxiety about money.
- **Freedom to Focus on Medicine:** With finances in order, doctors can devote more attention to their patients and professional growth, minimizing burnout.
- **Achievement of Life Goals:** Financial planning enables doctors to intentionally direct their wealth toward personal and family goals, such as home ownership, children's education, or early retirement.

Conclusion

Personal financial planning is not a luxury but a necessity for doctors. By proactively managing their finances-through budgeting, debt management, insurance, investments and professional advice-doctors can secure their own futures while continuing to serve their patients with dedication. Taking charge of financial health today lays the foundation for a prosperous, stress-free tomorrow.

Combating Quackery in Dermatology: A Call to Action for Medical Professionals

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Introduction

The rapid growth of aesthetic dermatology has expanded opportunities for advanced care but it has also opened the door for widespread quackery. From unqualified practitioners offering invasive procedures to the promotion of unverified skin treatments online, the threats to patient safety and professional integrity are mounting.

As dermatologists, we must lead the charge in combating quackery. This article outlines actionable strategies that dermatology professionals and associations can adopt to uphold the standards of our specialty.

1. Advocate for Stronger Regulation and Licensing

Quackery thrives in regulatory grey zones. Dermatologists must:

- Collaborate with health authorities to ensure that only qualified professionals are licensed to perform dermatologic procedures.
- Push for routine inspections of aesthetic centers, spas and salons offering medical treatments.
- Demand strict penalties and public listing of those found guilty of malpractice or impersonation.

Medical associations can play a crucial role by lobbying for such reforms and offering expert consultations to regulatory bodies.

2. Lead Public Education Initiatives

Misinformation is a major enabler of quackery. Dermatologists should:

- Engage with the media through expert interviews, columns and awareness campaigns.
- Use clinic platforms (websites, social media, waiting room materials) to educate patients on the risks of unlicensed care.
- Counter viral misinformation by publishing evidence-based insights on skincare trends and procedures.

Empowering patients with accurate knowledge reduces their vulnerability to quack practices.

3. Promote Credential Transparency

Trust builds when patients know who to trust. Consider:

- Advocating for national certification seals for verified dermatologists.
- Supporting digital tools like QR codes on clinic materials that link to credential profiles.
- Promoting a public registry of qualified dermatologists through our association.

These measures reinforce the value of verified expertise and set clear standards for the public.

4. Establish Reporting Channels for Quackery

Many patients and professionals witness malpractice but lack avenues

to report it. Associations can:

- Create anonymous reporting systems on their websites.
- Provide legal and ethical support to whistleblowers.
- Partner with authorities to take swift action against verified reports.

Establishing a structured, safe reporting mechanism empowers patients and clinicians to take action.

5. Collaborate with Online Platforms

Digital misinformation is a major driver of quackery. Dermatology bodies should:

- Partner with social media and e-commerce platforms to verify medical advertisers and flag misleading content.
- Provide content review services or algorithmic guidance to reduce the reach of fake treatments.
- Promote dermatology content from verified sources in digital health spaces.

As more patients turn to the internet for skincare advice, your presence in that space is essential.

Conclusion

Defending the Integrity of Dermatology

Quackery is more than a nuisance—it is a threat to the health of our patients and the credibility of our profession. Dermatologists must take a united stand: advocate, educate, regulate, and protect. By doing so, we not only safeguard our patients but also uphold the honor and trustworthiness of dermatologic care.

#StopQuackery #DermatologyMatters

Skin and Fitness

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The skin is the largest organ in the body and acts as the primary barrier against infection and disease. Moreover, the skin constitutes neuroendocrine system, so the skin is not only the target of neuroendocrine factors but also a source of hormones and neurotransmitters in response to extrinsic and local stress. Skin aging is associated with a deterioration in the dermis that results from extracellular matrix (ECM) degradation and is caused by extrinsic factors, such as sun exposure and air pollution and intrinsic factors, such as age-related hormonal changes, neuroendocrine system and increased levels of inflammatory cytokines; the cytokine changes are referred to as the senescence-associated secretory phenotype. In addition, dermal thickness decreases with aging and ECM degradation. Exercise is a key strategy for achieving a longer healthy lifespan because it has beneficial effects on physical and physiological health.

Regular exercise can positively impact skin health by increasing blood flow, promoting detoxification through sweat, and boosting collagen production, leading to a healthier, more youthful complexion. It also helps reduce stress, which can trigger skin issues like acne and eczema.

Working out regularly can help maintain your weight, boost your overall mood and self-esteem, motivate you to eat healthier, and do wonders for your skin. Exercise is known to reverse age-related deterioration in neurogenesis and cognitive function in the brain and improve stem cell function and muscular regeneration in muscle. However, the effects of exercise on skin aging are poorly understood, although one study showed that aerobic exercise stimulates release of interleukin 15 (IL-15), which regulates skin aging by enhancing mitochondrial biogenesis in the skin. Exercise training alters the circulating levels of cytokines and hormone and these changes may be involved in the anti-aging effects of exercise. Recently, research has focused on myokines, i.e. cytokines produced by skeletal muscle cells that are often released into the circulation, as mediators between exercise and various beneficial effects of exercise on health because the secretion of myokines, including IL-15, is mainly induced by exercise. Interestingly, aerobic training (AT) and resistance training (RT) have different effects on circulating levels of various factors and consequently, its hypothesized that they may have different effects on skin aging.

Regular exercise can positively impact skin health by increasing blood flow, promoting detoxification through sweat, and boosting collagen production, leading to a healthier, more youthful complexion.

Several yoga asanas, particularly those that stimulate blood flow and reduce stress, can contribute to a natural skin glow. These include poses like Halasana (Plow Pose), Sarvangasana (Shoulder Stand), Dhanurasana (Bow Pose), Matsyasana (Fish Pose), and Bhujangasana (Cobra Pose), as well as pranayama techniques like Kapalabhati (Breath of Fire).

Another way fitness improves our skin's appearance is through stress management and sleep regulation. Because burning calories also burns off anxiety, it can decrease the likelihood or severity of skin conditions like acne, eczema, or psoriasis, since stress can play a role in those conditions. Working out regularly can help maintain your weight, boost your overall mood and self-esteem, motivate you to eat healthier, and do wonders for your skin. However, not taking the right precautions while working out can cause acne to flare, skin infections, and other skin issues. As much as we benefit from those feel-good endorphins, all of that sweat can clog our pores, cause breakouts, chafing, and more.

How to protect our skin during after a workout

1. **Skip makeup:** Sweat and heavy foundation don't mix well, it can clog pores and lead to breakouts. If you must wear makeup, choose lightweight, noncomedogenic, sweat resistant products.
2. **Never skip sun protection:** Any time you work up a sweat outdoors, it's essential to protect your skin from the sun by staying in the shade whenever possible and wearing sun-protective clothing.
3. **Choose the right fabrics:** The next time you're updating your workout wardrobe, look for synthetic fabrics like nylon or polyester or garments that say "moisture-wicking" on the label. These materials "wick" sweat away from your skin and dry quickly, which help prevent clogged pores and even cool down your overall body temperature
4. **Prevent blister:** While working out include wearing nylon or moisture-wicking socks and if needed, applying soft bandages as extra protection to areas on your feet, like your heels, that are prone to blistering.
5. **Stay clean:** Avoid contact with equipment or towels that aren't clean. Use a clean towel to gently pat sweat from your skin while working out
6. **Shower:** Post workout

- 7. Deodorant/antiperspirant:** While antiperspirants reduce sweating applying deodorant after your shower on dry skin and then again before the workout for the best

CONCLUSION

Regular workouts don't just boost your strength and stamina—they're also a natural way to achieve healthy, glowing skin. Increased blood circulation during exercise delivers oxygen and nutrients to skin cells, promoting collagen production and a clearer complexion. With a mindful skincare routine, you can maximize these benefits and keep your skin radiant, refreshed, and resilient. Let your fitness journey reflect not just in your body, but on your skin too!

Superfood for Healthy Skin, Hair & Nails

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There is a popular saying “Beauty starts from within” and rightfully so. What we eat apparently reflects in one's appearance.

A diet focused on high quality lean protien, fibre, healthy fats and oils, seasoned fruits and vegetables and spices is best for supporting healthy skin, hair & nails.

Key reasons why Dermatologists recommend supplements for patients looking to improve skin hair and nail health are:

Firstly, supplements provide essential nutrients that our body needs to function properly. This includes vitamins, minerals & antioxidants that can help protect the skin from damage.

Second, supplements can help improve the overall health of the body which in turn can help one achieve healthy skin , hair & nails.

Furthermore, supplements can help target specific skin conditions such as Acne, Wrinkles, Xerosis.

Below are the highlighted food items one ought to include in one's diet to achieve the coveted supple skin, lustrous hair & nails.

These food items contain high quality amino acids – the building blocks for firm skin – along with anti-inflammatory & anti-oxidant rich ingredients that promote optimal skin metabolism and defence against environmental stressors. Some might be sitting at your pantry right now.

- 1. GREEN LEAFY VEGETABLES:** Spinach, broccoli, kale, brussel sprouts are all rich in vitamin K which improves blood circulation and coagulation. Spinach is loaded with ZINC which has been shown to help reduce inflammation and help prevent acne breakouts. In addition, spinach contains ZEAXATHIN , a naturally occurring antioxidant that protects skin and helps even out skin tone.
- 2. TOMATO:** this salad staple is one of the best sources of LYCOPENE, an anti-aging antioxidant that combats against the damaging free radicals. Research shows that lycopene is better absorbed by the

body when consumed in cooked form; tomato soups and stews thus provide more than just warmth.

- 3. CARROTS, SWEET POTATO:** these are packed with beta- Carotene (vitamin A precursor), an antioxidant that fights aging by offering significant protection against ultraviolet radiation from the Sun.
- 4. BERRIES:** Blueberries, blackberries, cranberries and all the other varied colored berries are high in antioxidants including Vitamin A & C. They protect against free radical damage and aid in skin renewal.
- 5. KIWIS:** This fruit is leading source of Vitamin C which keeps skin young & vibrant. Kiwis also provide vitamin E and antioxidants which keep skin firm, help prevent wrinkles.
- 6. CITRUS FRUITS:** Oranges, tangerines, grapefruits contain Ascorbic acid which helps regenerate Collagen which in turn maintain skin elasticity.
- 7. AVOCADOS:** This one is a frequent in celebrity diets owing to the high levels of healthy oils & vitamin E. Both provide building blocks for healthy skin cell function. They may also improve barrier function and skin hydration.
- 8. FISH:** Fatty fish like WILD SALMON, SARDINES, MACKEREL are enriched with Omega 3 & 6 fatty acids which contribute to the production of collagen, a protien that helps keep the skin firm and wrinkle-free. Sardines are an excellent source of vitamin B12 and Selenium. Vitamin B12 plays a major role in skin cell reproduction while Selenium is necessary for in vivo glutathione production. Mackerel is loaded with omega-3 fatty acids, selenium and vitamin E.
- 9. EGG WHITES:** In addition to giving our body a daily dose of healthy protien that it requires, Egg whites are high in both lysine & proline (amino acids) as well as Collagen. Adding egg whites to our diet could help support our body's natural production of collagen to help prevent or delay the appearance of fine lines.
- 10. PROBIOTICS:** Having enough probiotics in our diet can help heal the gut and maintain a healthy gut bacterial flora which aid in digestion and in turn maintains healthy skin. Yogurt, anything pickled, kombucha, miso, kefir are good additions to our diet.
- 11. PREBIOTICS:** Garlic, asparagus are good sources of prebiotic fiber which help to feed the healthy flora and restore our gut microbiome.
- 12. SEEDS:** Chia seeds are rich in plant-based Omega 3s, protien and soluble fiber. One can add them to smoothies or sprinkle them over soups or stews. Pumpkin seeds contain high levels of squalene and vitamin E which protects the skin from UV damage and other radiation.
- 13. NUTS:** Almonds are rich in magnesium, riboflavin, vitamin E and are a good source of fiber, phosphorous and protien. Almonds have abundant mono-unsaturated fatty acids which help protect the skin barrier and are thus a frequent ingredient in beauty potions. Walnuts are rich in polyunsaturated fatty acids, omega-3 fatty acids and vitamin B Complex.
- 14. GOOD OILS:** The healthy mono unsaturated fat in OLIVE OIL is good for skin health, moisture and elasticity.
- 15. GREEN TEA:** it has a niche consumer group and is detested by many for its bitterness. However, some East Asian cultures have been aware of its skincare benefits for centuries. It slows down DNA damage, is anti-inflammatory and even protects against sun damage.
- 16. DARK CHOCOLATE:** This particular treat is certainly good for you when consumed in moderation. The flavonoids in dark chocolate absorb UV light, help protect and increase blood flow to skin and improve skin's hydration and complexion.

AI in Dermatology – a boon or bane?

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The field of dermatology embraces digital transformation and AI (Artificial intelligence) has emerged as a groundbreaking force. From early skin cancer detection to personalized skin care recommendation and managing chronic skin conditions, AI promises faster, more accurate and accessible solutions.

As AI's potential in dermatology grows, the line between revolutionary progress and unforeseen pitfalls blurs- is it a breakthrough or a potential liability?

Boon- Revolutionizing Diagnosis and Patient experiences

1. Enhanced diagnostic accuracy: AI algorithms, especially deep learning models can analyze conditions like melanoma, psoriasis, eczema, acne etc. with exceptional precision comparable to Dermatologists. Tools like Dermoscopy-based AI are enhancing early melanoma detection.
2. Bridging gaps in access: AI can provide preliminary assessments through tele dermatology platform, especially benefiting people in remote areas who may not have easy access to specialist.
3. Streamlined clinical workflows: AI is automating task such as image sorting, lesion tracking and documentation reducing clinician burnout and improving time management.
4. Personalized treatment: AI can analyze patient history, skin type and response patterns to tailor treatment plans of chronic skin conditions more accurately.
5. Continuous learning: Medical students and researchers benefit from AI's ability to simulate rare cases and mine large datasets, accelerating learning and new discovery.

Bane – Where is falters

1. Diagnostic limitations (Data bias and inequity): A significant issue with many AI models is the lack of diversity in their training data. AI tool may struggle with dispensing rare diseases or atypical presentation, particularly in under presented skin tones due to bias in training data.
2. Diagnostic over-reliance: Over-reliance on AI may erode clinical skills and judgement, as it may overlook crucial contextual information and nuanced observations that human expertise provides and may lead to misdiagnosis.
3. Privacy and data security concern: Dermatological AI systems rely heavily on sensitive patient imagery and health data, raising concerns about consent, storage and potential misuse.
4. Accountability crisis: Who is liable when AI gets it wrong? When AI misdiagnoses or misses a critical condition, the legal system is still scrambling for answers – and patients may suffer and pay the price in the meantime.

Conclusion

The emergence of AI in dermatology has sparked a dual-edged response, blending optimism with caution. AI in dermatology is a powerful tool, not a replacement for human expertise. When guided by human oversight, ethical standards and diverse datasets, AI can be a powerful ally in advancing skin health.

The Poisonous Pursuit of Beauty Through Time

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Beauty comes with a price – sometimes measured in pain, and sometimes in poison. As we turn the pages of history, we discover that many once - popular beauty trends, widely embraced, were in fact deadly. From lead- based powders to arsenic skin lighteners, and from mercury based creams to radioactive face masks, numerous toxic substances were used in the name of beauty. The historical allure of snow white skin, bright doll- like eyes, blonde hair, rosy cheeks and lips came at the devastating cost of the wearer's health.

The obsession with fair skin among women dates back to antiquity, and persisted through many historical eras, often tied to nobility, purity and wealth. To attain this ideal, women indulged in various toxic cosmetics. One particularly infamous product was Venetian Ceruse, aka the Spirit of Saturn - a white paste made from white lead and vinegar. It was applied to the face to achieve a pale, white complexion and conceal blemishes. However, prolonged use of Ceruse could cause lead poisoning. It affects all organs, with the central nervous system being the most severely impacted, and may cause anaemia, hypertension and infertility and in some cases death. Visible signs include pale or bluish gray skin, blistering, scarring, photosensitivity, lividity in the extremities, ulcers on lips, gingival pigmentation, the characteristics Burton line, eroded teeth and hair loss. The harmful effects of long-term use of lead-containing cosmetics did not go unnoticed in history. A notable example is The Virgin Queen, Elizabeth 1 contracted small pox, which left severe scars on her face. To mask her scars, she used Venetian Ceruse for years, possibly contributing to her declining health in later life. Long before Elizabethan era, men and women in ancient Egypt used kohl eyeliner and eyeshades made from lead-based minerals, not just for cosmetic appeal but also for religious purposes. Even today, despite safety limits – 10 ppm of lead in the U.S. and 20 ppm in India, trace amounts of lead may still be present in some beauty products. While these levels are considered safe for topical use, prolonged exposure can still pose health risks.

Yet another defining beauty ideal that emerged during the Victorian era was Consumptive chic, a look inspired by emaciated and pale appearance of individuals afflicted with tuberculosis. Women took arsenic wafers, which were sold under the name of Dr. James P. Campbell's Safe Arsenic Complexion Wafers at the time. These tablets claimed to give the skin porcelain- like glow, but in reality, they worked by damaging red blood cells, reducing hemoglobin levels, which resulted in paler complexion. However, chronic arsenic exposure came with serious health risks. Skin related effects included pigmentary changes described as a raindrop or rain drops in dusty road appearance, arsenic keratoses on palms & soles, and skin cancers. Other visible signs were hair loss and Mees' lines of nails, indicative of systemic poisoning. It could cause damage to major organs such as the kidneys, liver and both central and peripheral nervous system. In severe cases, it could even be fatal.

Mercury was another toxic substance that captivated Victorian women. Bichloride of Mercury was revered at the time for the treating blemishes, while mercury sulfide, the key compound in the bright red mineral Cinnabar, was a popular pigment used in blushes and lipsticks to give a



rosy glow. However, the prolonged use of mercury based products came at a steep cost. Mercury is well known for its hazardous effects, including kidney damage, skin rashes, discoloration, and scarring, and compromised skin immunity.

Though the cosmetic industry is now more regulated, the ghost of these toxic trends still lingers in the market. Several recent cases of kidney damage have been linked to mercury – based cosmetic products, despite existing safety standards. Today, both mercury and arsenic are banned in cosmetics except in trace amounts - less than 1ppm for mercury and less than 2-3ppm for arsenic - only when their presence is unavoidable under good manufacturing practices. Nevertheless, such products continue to be sold through illicit channels, posing a persistent health threat to consumers.

To this list of toxic beauty aids, one must add belladonna – also known as deadly nightshade. During the Renaissance, Italian women used atropine, extracted from the plant *Atropa belladonna*, to dilate their eyes. Dilated pupils were seen a symbol of beauty and sensuality and women pursued this practice despite the potential risks, including blurred vision, increased heart rate and long term eye damage. This cosmetic use is also the origin of the plant's name, 'belladonna', which means 'beautiful lady' in Italian.

Centuries later, in the early 20th century, beauty trends took a radioactive turn. Radium, discovered by Marie and Pierre Curie in 1898, captivated the public with its mysterious, glowing properties. It was soon added to a wide range of products, including face creams, powders, soaps, nail paints, mascaras, hair tonics, toothpastes, and even energy drinks. In the beauty market, products like Tho-Radia boldly claimed to radiate the skin from within. These products were sold widely; capitalizing on the belief that radium could rejuvenate skin and produce a youthful, glowing complexion. However, the long-term health risks were severe—radiation exposure caused burns, anemia, and increased cancer risks. The deaths of the "Radium Girls," workers exposed to radium in factories, brought attention to the dangers, leading to stricter regulations and the eventual removal of radium from consumer products by the 1940s.

Toxic substances in beauty products, however, were not limited to radioactivity. Potassium nitrate, now known for its use in rocket fuel and fireworks, appeared in a 1776 hair removal recipe. While it could break down hair, it also released poisonous gases and posed a serious firehazard near open flames like oil lamps. Similarly, in the 1930s, Lash Lure, an eyelash dye containing paraphenylenediamine (PPD), promised longer, darker lashes but caused severe allergic reactions and blindness. These dangerous ingredients reflect a time when beauty often came at the cost of health—and regulation was nearly nonexistent.

While the definition of beauty has evolved, the pursuit of it remains unchanged. From the age-old desire for fair skin to today's obsession with Korean glass skin, modern beauty ideals continue to influence women across the globe. In today's world, the pressure to attain an "Instagrammable" face and body—with perfectly smooth skin, sculpted features, and a flawless appearance—drives many women to conform to these unrealistic beauty standards, all in search of social media validation. In this ongoing quest, many turn to a wide range of beauty hacks, often without fully understanding the risks involved. The rampant use of steroid-based creams, bleaching agents like hydroquinone, DIY chemical peels, self-microneedling, and homemade beauty concoctions—the lists goes on, with new trends constantly emerging—often promise instant results but fail to consider the potential long-term consequences.

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PDRN and PN: Extracts from the Marine World

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AGEING - is one of the most natural processes we know. Often associated with decay and damage, it is a gradual and continuous phenomena but an inevitable one. While preventing and reversing the changes of ageing has been an ancient pursuit, the past few decades have witnessed remarkable advancements. With each passing day – perhaps more accurately, each passing second -- there's always something new developing in these fields.

Among the various modalities used for skin rejuvenation and anti-ageing treatments are antioxidants, hyaluronic acid, retinoids, alpha hydroxy acids, chemical peels, microdermabrasion, botulinum toxin, fillers, thread-lifts, MNRF, laser therapies, PRP and growth factors, etc to name a few.

A class of emerging agents in this domain includes PDRN or polydeoxyribonucleotide and PNs or Polynucleotides. These are DNA extracts that hold significant promise in regenerative medicine and skin rejuvenation. Originally, investigated for radiation-related treatments following the Chernobyl disaster, their use has now expanded considerably. Their potential applications span various dermatological aspects, including anti-ageing, wound healing, anti-inflammatory, anti-melanogenesis, scar prevention and even, hair regeneration.

What are PDRN and PN?

These are biopolymers composed of several units of

deoxyribonucleotides, typically weighing between 50 to 1500kDa (though recent works cite a range from 1 kDa to 10,000 kDa). While these terms are often used interchangeably, PDRN generally refers to small to medium polymer chains and PN to longer polymer chains.

These DNA fragments are naturally broken down by endogenous nucleases. The resulting components selectively bind to and activate A2A adenosine receptors in fibroblasts, triggering a cascade of cellular pathways. This activation leads to collagen production and extracellular matrix synthesis, and a reduction of inflammatory cytokines, such as TNF α , and IL6.

Additionally, the released purines and pyrimidines serve as substrates for the salvage pathway of DNA and RNA synthesis, which accelerates cellular repair, particularly under oxidative stress conditions like UVB damage or ROS exposure. Furthermore, these nucleotides exhibit hydrating properties as each phosphate group binds to 10-30 water molecules during interaction of the DNA.

PDRN and PN also enhance microcirculation by promoting angiogenesis via VEGF activation. A study by Noh et al demonstrated anti-melanogenic effects with reduction of the levels of MITF and the activity of tyrosinase enzyme, thereby decreasing the melanin production. These combined properties make PDRN and PN a promising therapeutic option in wound healing, scar reduction, anti-ageing, aesthetic dermatology.

In 1994, Placentex became the first drug with PDRN as the active principle approved for treating wounds and scars, originally derived from the human placenta. Today, with more refined and controlled techniques, PDRN and PN are now extracted from the germ cells of salmon, particularly rainbow trout (*Oncorhynchus mykiss*) and chum salmon (*Onchorhynchus keta*).

Salmon spermatozoa are considered ideal due to their ability to yield highly purified DNA with minimal impurities. Two interesting facts about Salmon DNA -- the first one is that the DNA of *Oncorhynchus mykiss* shares a similarity of 64.1% with human mitochondrial DNA. Secondly, a study by Proskurina et al observed that the DNA extracted from salmon sperm induces a lower immune response than the DNA from human or porcine placenta, while maintaining comparable effects on dendritic cells maturation and functions (ex vivo).

Today, PDRN and PN are commercially available in various formulations including gels, creams, serums, masks and injectables. However, their high cost and limited availability – dependent on the fish breeding seasons and geographic sourcing – poses challenges.

Despite their immense potential, PDRN and PN face multiple limitations, including inconsistent outcomes across different studies, the lack of standardization in dosage and administration routes as well as incomplete understanding of the full mechanism of action. Long-term, controlled clinical trials are essential to address these gaps. Still, one cannot deny that PDRN and PNs represent a foundational shift targeting the root causes and thus offering a more comprehensive approach in dermatology and regenerative medicine.

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Dermatology through India

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The history of Indian dermatology dates back to ancient times, with significant contributions from

Indian scholars and philosophers. The Vedic period saw documentation of skin diseases in the

Rigveda, one of the oldest Hindu scriptures. Ayurvedic texts like Charaka Samhita and Sushruta

Samhita described various skin conditions, including leprosy, vitiligo, acne and fungal

infections. The Sushruta Samhita also detailed surgical procedures, including skin grafting and

cosmetic surgery. Indian dermatologists have made significant contributions to the field.

- Dr. Ganapati Panja: Described the association between seborrheic dermatitis and *Malassezia ovale* in 1927.

- Dr. A.K. Dutta: Classified vitiligo into different types in 1969.

- Dr. L.K. Bhutani: Described lichen planus pigmentosus in 1974.

Several dermatological signs were first described by Indian researchers, including:

- Premalatha Sign: Cerebriform changes on the tongue in pemphigus vegetans patients.

- Patrick Yesudian Sign: Multiple melanotic macules on palms in neurofibromatosis Type 1 patients.

- Pavithran's Nose Sign: Sparing of the nose in exfoliative dermatitis.

Indian researchers have described several skin conditions, including:

- Kangri Cancer: A type of squamous cell carcinoma caused by ceramic pot use.

- Madura Foot: A fungal infection described in ancient Indian texts.

- Gopalan Syndrome: A condition characterized by burning sensations in the feet.

obscure people and their contribution in discovery of a disease process.

3. Double and triple Eponyms help us acknowledge researchers who were co-workers. Eg: Chediak- Higashi Disease was described at the same time by Chediak MM in France and Higashi O in Japan. Disadvantages of EPONYMS

1. Most of the Eponyms is in Greek or Latin which is not commonly understood by the masses.

2. Inaccuracy in eponyms- It is named for German surgeon Edmund Leser and French surgeon Ulysse Trélat. It has been suggested that Leser and Trélat were observing angiomas and not seborrheic keratoses, and so the credit should properly go to Eugen VonHollander for his 1900 publication.

Microneedling with 5-fu Solution for Treatment of Stable Vitiligo

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Vitiligo denotes an acquired primary, usually progressive, melanocytopenia of unknown etiology, clinically manifested by circumscribed depigmented macules often associated with leukotrichia and histologically by degeneration and disappearance of melanocytes. Highest incidence in India and Mexico. In India incidence is upto 8.8%. (avg 3-4%). worldwide .5-2%

Regarding etiopathogenesis, multiple hypotheses are proposed including immune, neural, melanocyte growth factor reduction, antioxidant deficient, due to production of free radicals etc. Inheritance is suggested to be polygenic. Approximately 30% of the patients have positive family history.

There are many modalities for the treatment of stable vitiligo, with variable response that depends on multiple factors. We have tried a new technique using a dermaroller for microneedling and topical sprinkling of 5-fluorouracil solution, achieving good response in terms of repigmentation.

TECHNIQUE

The recipient area was cleansed with povidone iodine solution and half an hour before the procedure, the topical anaesthetic cream (lidocaine/prilocaine 2.5%/2.5%) was applied to the affected area to anesthetize it. We use a sterile standard dermaroller with 192 needles (diameter, 1.5 mm) to microneedle the area until the appearance of pinpoint bleeding. Simultaneously, 50 mg/mL of 5-fluorouracil solution was sprinkled using a 30-gauge insulin syringe on the area with pinpoint bleeding. The maximum dose of 5-fluorouracil solution used in 1 session was 10 mL in our procedure. The patient was called for the next session after a gap of 15 days, with 6 sessions in total. Photographs were taken before and during follow up session. We receive excellent response in the form of repigmentation of the area affected site. No other topical or systemic treatment was given simultaneously.

It is a comparatively fast and reproducible technique for the management of stable vitiligo without the need of extensive surgical procedures providing the patient a clinically effective and cost-effective treatment.



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A case report of Nail Psoriasis treated with Topical Tazarotene gel

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Nail psoriasis is a type of psoriasis—a chronic, inflammatory skin condition that can also impact the joints. It may be the first sign of psoriasis, occur alongside skin lesions, or develop after skin involvement. The condition manifests with different nail abnormalities depending on which part of the nail unit is affected. Common features include discoloration (notably the “oil drop” sign), subungual hyperkeratosis, pitting (tiny indentations in the nail), and onycholysis (separation of the nail from the nail bed).

An 11-year-old boy presented with nail dystrophy affecting all toenails, characterized by distal onycholysis, yellow discoloration, pitting, longitudinal ridging, and dystrophy. His fingernails were unaffected, and there were no visible skin lesions. A biopsy of the nail matrix confirmed the diagnosis of nail psoriasis.

Treatment involved topical application of tazarotene 0.1% gel twice daily. Follow-up assessments were done at 2nd and 6th month, included photographic documentation. At 2nd month, mild improvement was observed, with marked clinical improvement noted at 6th month—reduced pitting, discoloration, onycholysis, and overall nail dystrophy.

This study showed the efficacy of only topical treatment for nail Psoriasis.



Initial Pic



after 2 months



after 6 months

Ayurvedic texts like the Sushruta Samhita (600 BC) and Charaka Samhita (300 BC) describe

leprosy, its causes and treatment. However, leprosy was understood to have both moral and

material causes, with moral causes attributed to actions like stealing, infidelity and disrespect.

The National Leprosy Fund was established in the 1890s to investigate leprosy in India and the

Indian Leprosy Commission was appointed to study the disease.

Sir Leonard Rogers developed chaulmoogra oil-based injections, a treatment for leprosy and

founded the Calcutta School of Tropical Medicine in 1921.

India, therefore, has been a major contributor and continues to be so in the field of dermatology.

Eponyms in Dermatology

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In our daily lives, we often encounter places and things named after people. Streets, airports and towns are often named after individuals. So are commonly used machines such as Diesel engine and clothings like MacIntosh raincoat. This form of naming

honours a person who contributes to it's invention or discovery. The term eponym is derived from Greek word epi meaning upon and onyma meaning name. Thus an eponym is a person from whom something is said to take it's name.

Dermatology is known to be the branch of medicine with most exuberant use of EPONYMS contributed by medical professionals as well as patients. The meticulous observations of paramedical staff have made important contributions too like Sister Mary Joseph nodules. Some patients have been immortalised by having their names or initials incorporated too.

Eg: anti-Ro, anti-La, anti-Sm antibodies each of which has been derived from initials of patients name.

List of a few EPONYMS used in Dermatology

1. Hansen's Disease - Named after Dr. Gerhard Armauer Hansen in 1874, a Norwegian physician who discovered *Mycobacterium leprae* as the causative organism of leprosy defying the age old hereditary affliction theory of Leprosy.
2. *Kaposi sarcoma -* named after Moritz Kaposi, a Hungarian dermatologist who first described the condition in 1872. He initially referred to it as "idiopathic multiple pigmented sarcoma of the skin".
3. *Kyrle's disease -* named after Josef Kyrle, an Austrian dermatologist and pathologist who first described the condition in 1916. He coined the original name "hyperkeratosis follicularis et parafollicularis in cutem penetrans".
4. **Hartnup disease* -named for the Hartnup family of England, who were featured in a 1956 study of the condition. Four out of eight family members were found to have excessive amounts of amino acids in their urine. They also had skin rash and a lack of coordination of their voluntary muscle movements, known as ataxia.

5. *Fabry's disease-* named after two medical professionals, Dr. Johannes Fabry and Dr. William Anderson, who independently described the condition in 1898. Fabry's initial reports focused on the characteristic skin lesions (angiokeratomas) and kidney involvement. Anderson also contributed to the initial descriptions, leading to the disease also being known as Anderson-Fabry disease.

6. *Darier's disease* - named after French dermatologist Ferdinand-Jean Darier, who first described the condition in 1889. He also independently described the condition with James Clarke White in 1889. While Prince A Morrow had described similar findings earlier, Darier's work was more comprehensive and led to the condition being named after him. Darier was a well-regarded dermatologist of the time who was the head of the medical department at the Hôpital Saint-Louis.

7. *Hailey-Hailey* *disease* - named after the Hailey brothers, specifically William Howard Hailey and Hugh Edward Hailey, who first described the skin condition in 1939. The brothers, both dermatologists, identified the disease and provided a comprehensive description of its characteristics. The disease is also known as benign familial pemphigus.

8. *Nevus of Ota* , also known as oculodermal melanocytosis, is named after Japanese dermatologist Masao Ota, who first described the condition in 1939. He documented its clinical presentation and provided a detailed description of the blue-gray hyperpigmentation along the first and second branches of the trigeminal nerve.

9. *Nevus of Ito,* first described by Ito in 1954, has the same features as the nevus of Ota except that the pigmentary changes occur in the distribution of the posterior supraclavicular and lateral cutaneous brachial nerves and involve the shoulder, supraclavicular areas, sides of the neck, upper arm, and scapular and deltoid regions.

10. *Becker Nevus -* named after American dermatologist Samuel William Becker who first described the condition in 1949. He characterized it as "concurrent melanosis and hypertrichosis in the distribution of nevus unius lateris".

11. *Takayasu's arteritis* is named after Mikito Takayasu, a Japanese ophthalmologist, who first described the disease in 1908. He noted coronary anastomosis (abnormal connections) of the retinal vessels in a young woman. The disease was named after him by Yasuzo Shinmi in 1939.

12. *Kawasaki disease* is named after Dr. Tomisaku Kawasaki, the Japanese pediatrician who first described the condition in 1967. He initially reported 50 cases of a distinctive illness in children seen at the Tokyo Red Cross Medical Center. Prior to this, he had observed the first case in 1961.

13. *Behçet's disease* owes its name to the Turkish physician professor Hulusi Behçet, who, in 1937, described the classic trisymptom complex of hypopyon, iritis, and orogenital aphthosis.

14. The most acute and extreme form of pustular psoriasis is *von Zumbusch* ; the condition has been given this name after Leo von Zumbusch who described the disease in 2 siblings, caused by some topical treatment.

Advantages of Eponyms

1. Natural protection against plagiarism.
2. EPONYMS remind us that science and scholarship is the work of dedicated people and helps us immortalise sometimes

Mango Dermatitis

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The mango; sweet, golden, and dripping with nostalgia is the undisputed king of Indian summers. We relish its juicy pulp with childlike joy. For some, a bite into a mango can end not in delight, but in dermatitis. As dermatologists, we should look beyond the fruit's charm and recognize its potential to provoke allergic contact dermatitis.

Introduction

Mango (*Mangifera indica*), widely consumed as a tropical fruit across Asia, Africa, and Latin America, belongs to the Anacardiaceae family alongside notorious contact sensitizers including poison ivy (*Toxicodendron radicans*), poison oak (*T. diversilobum*), Pistachio (*Pistacia vera*), Indian marking nut (*Semecarpus anacardium*) and cashew (*Anacardium occidentale*) [1]. Despite its popularity as the "King of Fruits," mango possesses significant allergenic potential that remains poorly recognized in clinical practice. [1].

The clinical significance of mango dermatitis extends beyond individual cases, particularly given the widespread cultivation and consumption of mango globally. Systematic reviews indicate that while mango fruit consumption is frequent, mango-induced contact dermatitis remains relatively rare, with documented cases primarily reported from non-mango-cultivating countries where cross-sensitization with urushiol-containing plants may predispose individuals to reactions [1].

Botanical Classification and Allergenic Compounds

Taxonomic Position and Chemical Constituents

Mangifera indica belongs to the family **Anacardiaceae**, which encompasses over 600 species known for their allergenic properties [1]. The sensitizing substances suspected of inducing delayed hypersensitivity reactions to mango are alkyl catechols and/or alkyl resorcinol, collectively termed "Mango"[1].

These compounds include 3 primary resorcinol derivatives which have been identified as the principal mango allergens [1].

- hepta-decadienylresorcinol (I),
- hepta-decenylresorcinol (II), and
- penta-decylresorcinol (III),

The distribution of these allergenic compounds within the mango plant is not uniform. Mangol is concentrated within the skin, bark, leaves, and the first 5 mm of mango's pulp, explaining why contact with the fruit's exterior poses the greatest risk for sensitization [1]. Additional compounds present in mango plant tissues include cardol, beta-pinene, and limonene, which may contribute to the

overall allergenic potential of the plant [1].

Cross-Reactivity Mechanisms

The structural similarity between mango's alkyl-resorcinol and urushiol from poison ivy and poison oak forms the basis for cross-reactivity within the Anacardiaceae family [2]. Limited studies have demonstrated cross-hypersensitivity responses between urushiol and the mango compound 5-resorcinol, found predominantly in mango skin, leaves, and stems [2]. This cross-reactivity explains why individuals with prior exposure to poison ivy or poison oak may develop contact dermatitis upon first exposure to mango [1][2].

Pathophysiology and Immunological Mechanisms

Type IV Hypersensitivity Response

Mango-induced contact dermatitis operates through a classic type IV hypersensitivity mechanism, characterized by T-cell mediated delayed responses [2]. Following initial contact with mango allergens, antigens are presented to T helper cells by macrophages, leading to sensitization and subsequent cytokine and chemokine release upon re-exposure [1]. This inflammatory cascade damages keratinocytes and causes epithelial tissue disruptions, manifesting as the characteristic clinical features of contact dermatitis [1]. After initial sensitization to mango antigens, T-cells release damaging cytokines upon subsequent exposure to structurally similar compounds, creating a memory response that can persist for years [2].

Sensitization Patterns and Cross-Reactivity

Prior exposure to urushiol-containing plants appears to be a significant risk factor for developing mango dermatitis [2]. Cross-sensitization between urushiol and mango compounds occurs due to structural similarities between these allergens, allowing pre-existing T-cell memory responses to recognize mango antigens as familiar threats [1][2]. This mechanism explains why contact dermatitis can occur on first exposure to mango in individuals previously sensitized to poison ivy or poison oak [1].

Clinical Manifestations and Symptom Patterns

Acute Presentation Characteristics

The clinical manifestations of mango dermatitis vary significantly depending on the route of exposure, degree of prior sensitization, and individual host factors [1][3]. The most common clinical presentation is contact dermatitis, which can be localized or systemic, characterized by erythematous maculopapular lesions, pruritus, and minor vesiculations [1]. Usually, the onset of symptoms occurs within 8-12 hours after contact, initially presenting as rash and induration, followed by blister formation within 72 hours [1]. This delayed presentation can complicate diagnosis, as patients may not immediately associate their symptoms with mango exposure [3].

Localized Versus Systemic Reactions

Exposure patterns significantly influence the distribution and severity of clinical manifestations. Direct contact with mango components typically results in localized dermatitis at the contact site, presenting as pruritic and erythematous rash with occasional vesicles and bullae on the extremities, lips, or perioral area [1]. Perioral eczematous lesions and periorbital oedema represent common manifestations when mango juice contacts facial skin during consumption [1].

Ingestion of mango, particularly unpeeled fruit, can lead to more complex presentation patterns. Patients may develop either localized contact dermatitis with perioral skin lesions associated with lip and facial oedema, or disseminated dermatitis affecting areas not in direct contact with the fruit [1]. The presence of sensitizing compounds within the first 5 mm of flesh beneath the skin explains why even peeled mango can trigger reactions in highly sensitized individuals [1].

Diagnostic Approaches and Testing Methods

Clinical Diagnosis

Diagnosis of mango dermatitis relies primarily on clinical history and physical examination findings [1][3]. A thorough medical history should include detailed questioning about recent mango exposure, particularly contact with peel or sap, and any previous reactions to plants in the Anacardiaceae family [1]. The temporal relationship between exposure and symptom onset, typically 8-72 hours, provides important diagnostic clues [1].

Physical examination reveals characteristic features of delayed hypersensitivity reactions, including erythematous, pruritic lesions that may be macular, papular, vesicular, or bullous depending on severity and timing [1]. The distribution pattern often corresponds to areas of direct contact, though disseminated reactions can occur in highly sensitized individuals [1].

Patch Testing Methodologies

Patch testing can confirm the diagnosis of mango sensitization, though significant heterogeneity exists between testing reagents used across different studies [1]. Some cases have utilized mango peel or sap extracts prepared in petrolatum, while others have employed standardized concentrations of suspected allergens [1]. The lack of standardized patch test reagents represents a significant limitation in diagnostic approaches and highlights the need for further research to establish reliable testing protocols [1].

Cross-reactivity testing may provide additional diagnostic information. Patients with suspected mango dermatitis may test positive for urushiol at concentrations of 0.01% in petrolatum, even without known previous exposure to urushiol-containing plants [1]. This finding supports the cross-reactivity hypothesis and can aid in diagnosis when mango-specific testing is unavailable.

Treatment Strategies and Management Protocols

Acute Management Approaches

Treatment of mango dermatitis follows standard protocols for allergic contact dermatitis, with therapy selection based on severity and extent of involvement [2]. For localized reactions, topical corticosteroids represent first-line therapy [2]. Moderate to severe or widespread reactions may require systemic corticosteroid therapy [2].

Symptomatic relief can be achieved through antihistamines [2].

Long-term Prevention Strategies

The cornerstone of long-term management involves complete avoidance of mango allergens, particularly peel and sap contact [1][3]. Patient education should emphasize that sensitizing compounds exist within the first 5 mm of mango flesh, meaning even peeled fruit may trigger reactions in highly sensitized individuals [1]. For individuals who wish to continue consuming mango, having the fruit peeled and handled by non-sensitized individuals may reduce exposure risk [1].

Occupational considerations become important for individuals working in mango cultivation, processing, or people serving in food service industries. Protective measures including gloves, protective clothing, and proper hygiene practices should be implemented to minimize exposure risk [1]. Workers should be educated about the potential for cross-sensitization with other Anacardiaceae family members.

Conclusion

Mango dermatitis represents a clinically significant manifestation of Anacardiaceae family sensitization that requires greater recognition among healthcare providers. The delayed hypersensitivity mechanism underlying this condition, mediated by T-cell responses to alkyl catechols and resorcinol derivatives, creates a complex clinical picture that can easily be misdiagnosed without proper awareness.

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NEIADVL NEWSLETTER

Volume: XXX • June 2025

Official Mouthpiece of N. E. States Branch of IADVL

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Dr. Bornali Dutta



Dr. Anushree Baishya



Dr. Arup Paul

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Dr. Anupam Agarwal
Convener



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EC Coordinator



Dr. Pawan Bajaj
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Member



Dr. Atul Bothra
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Dr. Amlan Jyoti Sharma
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Agartala Chapter



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Dr. Sandip Roy
Secretary



Dr. Joydeep Roy
Tresurer

A GLIMPSE OF CUTICON NE STATES 2024



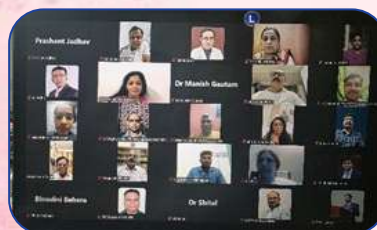
COMMUNITY SERVICE AND HEALTH CAMP



MEETING WITH THE PRESIDENT AND SECRETARY GENERAL OF IADVL, DERMACON 2025, JAIPUR



MEETING OF STATE PRESIDENTS AND SECRETARIES WITH THE PRESIDENT AND SECRETARY GENERAL OF IADVL:



WORLD LEPROSY DAY ACTIVITY BY MEMBERS OF NEIADVL

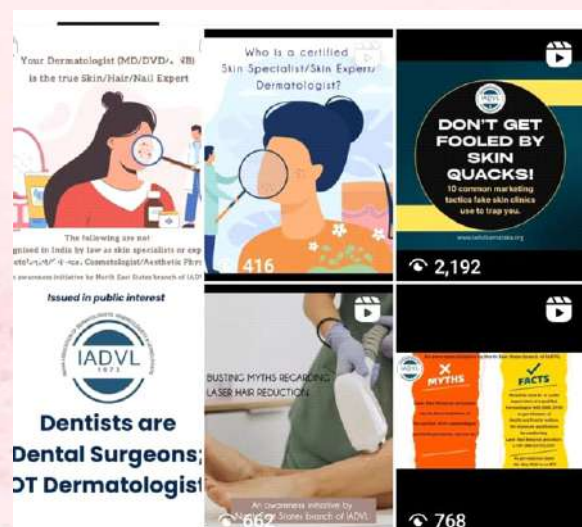


BRANCH COUNCIL MEETING



GLIMPSE OF MEDIA CELL ACTIVITY

FIRST EC MEETING ON THE ZOOM PLATFORM



ACHIEVEMENTS



VARIOUS CHAPTER ACTIVITIES OF NEIADVL

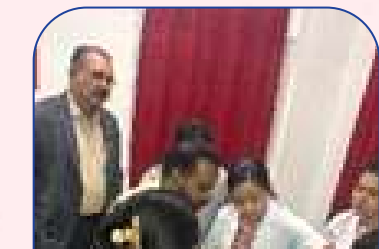
SHILLONG CHAPTER



AGARTALA CHAPTER



DIBRUGARH CHAPTER



VARIOUS CHAPTER ACTIVITIES OF NEIADVL

GUWAHATI CHAPTER



BARAK CHAPTER



NAGALAND CHAPTER





30

**GLORIOUS YEARS IN
DERMATOLOGY**

