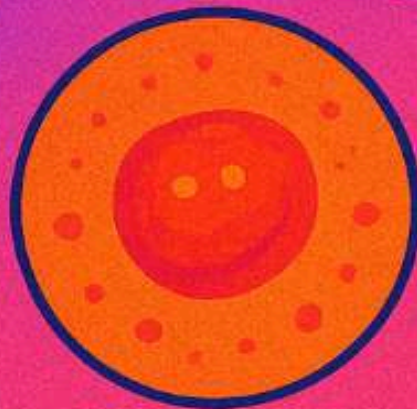


# yuvaderma



VOL VIII, ISSUE 1, JUNE 2025



**YUVADERMA  
NORTHEAST STATES**

## INTRODUCTION

Yuvaderma has always been an honest endeavour to provide a creative outlet for young Dermatology residents across the country.

Yuvaderma's first issue was published in 2016, thanks to the tireless work of Karnataka's Resident Connect Committee. It was then expanded to include every state covered by IADVL. Similarly, the Northeast edition of Yuvaderma was developed in 2019 under the guidance of renowned Dermatologist, Dr Indrani Dey, and has since endeavoured to support and foster the unique abilities of dermatology residents, thus validating the magazine's name, "YUVADERMA."

The magazine and those involved in its conception and growth have worked tirelessly throughout the years to achieve the single objective of developing emerging talent. They have worked relentlessly to achieve the single goal of polishing the skills of young dermatologists from all over the country and creating an easily accessible venue for exchanging ideas on a variety of themes linked to the ever-changing field of dermatology. The current issue follows in the footsteps of its predecessors, and we hope that its diversified content captivates and intrigues its readers while remaining loyal to its objective of uniting the diverse regions under IADVL under the protection of the universal banner of Dermatology

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# ಪ್ರತಿ Dermo

**VOL VIII, ISSUE 1, JUNE 2025**

# From the EDITOR'S DESK



Dear Reader,  
Greetings to you!!

We are delighted to present you with the latest issue of Yuvaderma North East States. We recognise that everyone of us has a distinct voice and perspective, and we motivate residents to contribute their opinions through this platform, adding to the rich fabric that distinguishes our community. And indeed, it is the enthusiastic participation and extraordinary contributions of all of our residents that have made this possible. We express our heartfelt gratitude. This publication is a monument to our collaborative commitment to creativity. Dr. Manashi Das, the Advisor of Yuvaderma NE states, has been a great mentor to me. Her continuous encouragement and advice meant the world to me since I could always turn to her with even the most trivial questions, knowing that she would warmly welcome me with a patient ear. I am equally grateful to our associate editors, Dr Indrani Das, Dr. Tasnim Fatima, Dr. Gitartha Boruah, Dr. Kaustav Sarkar, and Dr. Aniket Goswami for their remarkable and passionate contributions. Their persistent dedication to capture the spirit of our experiences serves as the lifeline of this issue.

I also like to thank Dr. Shyamanta Barua, President of NEIADVL, and Dr. Gautam Mazumder, Secretary of NEIADVL, for their unwavering support. A special mention to Dr Lily Singha and Dr Nalla Rakesh for guiding me always.

A centerpiece of this issue is an engaging interview, delivered by Dr. Padmaja Saikia, HOD Department of Dermatology, Gauhati Medical College and Hospital, Guwahati. We extend our deepest gratitude to her for graciously accommodating us in her demanding schedule, allowing us to present her invaluable insights.

This edition celebrates the spirit of art - the written word, with its armoury of metaphors and similes, grammar and semantics; paintings, that emit creativity one brush stroke at a time; and photography, which capture time in a still frame. Let us accept our positions as doctors, magicians, and artists. We welcome you to immerse yourself in the pages of this publication. It was a lot of fun bringing it to life, and we truly hope you enjoy every page!

Have fun exploring!

A handwritten signature in blue ink that reads "Abinaya S". The signature is written in a cursive, flowing style.

Dr. Abinaya S  
Editor-in-chief,  
NE Yuvaderma 2025

## Message from PRESIDENT, NE IADVL



Dear NEIADVL YUVA Members,

It gives me great pleasure to write this message for YUVADERMA North East Newsletter May 2025 issue, the first in my tenure as the Branch President.

My congratulations to the editor – Dr. Abinaya S – who has worked hard to curate a delightful volume of interesting articles and captivating artwork that reflect the passion and dedication of our budding dermatologists.

Nelson Mandela had proclaimed - "The youth of today are the leaders of tomorrow". All of you in your early years of dermatology training and practice - the YUVAs - are the future of our specialty and of our association. Your wholehearted and enthusiastic participation in the activities of our branch will shape and strengthen our association and be its driving force in the years ahead.

I hope all our members would love to flip through the colourful pages of this bulletin and share and encourage the talent, enthusiasm and zeal of our youngsters. Happy Reading!

Long live NEIADVL! Long live IADVL!

Warm regards

A handwritten signature in black ink, appearing to be 'S. Barua'.

Dr. Shyamanta Barua

President, NEIADVL

## Message from SECRETARY, NE IADVL

Dear readers,

It fills me with immense joy and excitement to learn that Yuvaderma will be released during this Midcuticon, scheduled to be held on 14th June at Itanagar, Arunachal Pradesh. As a platform for young and aspiring Dermatologists, Yuvaderma serves as a mouthpiece to showcase their talents and achievements in the field of Dermatology as well as their skills in literature, art, sports, photography, and more. I am confident that the contributions from these young talents will make this publication a resounding success and a delightful read for all. I would like to extend my heartfelt congratulations to Dr. Abinaya S, editor, Yuvaderma & her entire team for their untiring efforts in making this publication a huge success. I wish the team behind Yuvaderma all the best and look forward to its release.

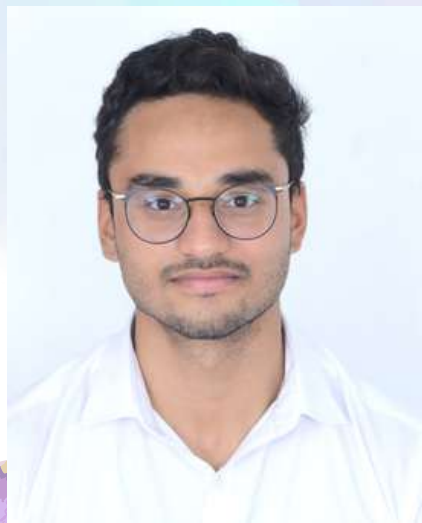
Long live NEIADVL! Long live IADVL

A handwritten signature in blue ink, appearing to be 'G. Mazumder'.

Dr. Gautam Mazumder  
Secretary, NEIADVL



## Message from CONVENOR, NRC



Dear Friends, it is a matter of great pride to witness the vibrant enthusiasm and academic excellence reflected in Northeast Yuva Derma. As the National Convener of the IADVL National Resident Committee, I am heartened to see the residents of the Northeast region actively contributing to the growth and dynamism of Indian dermatology. Resident engagement forms the backbone of our specialty's future. Platforms like this not only showcase talent but also build the future of Indian dermatology. Keep the passion alive, keep learning, and keep leading. Wishing the team and all contributors continued success!

Long live IADVL!

Best wishes,

A handwritten signature in black ink, appearing to read 'Rahul Nayak'.

Dr. Rahul Nayak

Convener,

IADVL National Resident Committee 2025

## Message from ADVISOR, NE IADVL

Dearest readers, as the news reaches the release of the 1<sup>st</sup> issue of the 8<sup>th</sup> volume of Yuvaderma North-east, my heart fills with immense joy. Looking back, I am grateful to have witnessed the journey of this bulletin as it followed the footsteps of its predecessors and kept improving significantly. The concerted and dedicated efforts of the entire editorial team is quite commendable. My heartfelt congratulations go to the editorial team, Dr Indrani Das, Dr. Tasnim Fatima, Dr. Gitartha Boruah, Dr. Kaustav Sarkar, and Dr. Aniket Goswami, led by Dr Abinaya S, the editor-in-chief, who has been outstanding. I congratulate all the residents whose articles fill up the pages of this beautiful and engaging magazine. Lastly, I wish good luck to the editorial team for their future endeavours. Regards,

A handwritten signature in blue ink, appearing to read 'Manashi Das'.

Dr. Manashi Das

Advisor,

NE Yuvaderma 2025





## La Grande Dame

Dr. Padmaja Saikia is a distinguished clinician and a leading figure in dermatology. Currently, she is the Head of the Dermatology Department at Gauhati Medical College and Hospital. Rather than a traditional Q&A session, Dr. Indrani Das, Junior Resident at Gauhati Medical College and Hospital, takes a walk with her to delve into her thoughts and experiences. In this candid interview, Dr. Saikia shares her passion for dermatology, life stories, and heartfelt advice for aspiring dermatologists. Let the trailblazer in dermatology tell her tale.

**Q: Ma'am, what drew you to dermatology?**

**Ans:** Actually, I did not plan on becoming a dermatologist. In our times, there was a system of junior residency after completion of internship, which was called 'housemanship' or 'house-job'. I did my 'house-job' in Medicine as well as Dermatology. Even during my internship, I did my elective posting of one month in Dermatology. Initially, I wanted to join Medicine. But owing to my period of housemanship in Dermatology, I developed a keen liking towards the subject. Hence, at the very last moment of our interview (there was no system of entrance exams during our time), I decided to keep my first option as Dermatology and got a seat. Back then, Dermatology was not as competitive as it is now. Presently, I am happy to be a Dermatologist and have no regrets.

**Q: Looking back at your post graduation days, is there a moment or memory that still stands out to you?**

**Ans:** We had two years course of post graduation and one year of junior residency. In our batch, there were three students and ours was the third batch of the post graduation course in Dermatology in GMCH. I did my post graduation from 1991 to 1993. Things were very different during our time. As I recall my post graduation days, I am mostly reminded of how we presented our seminars by writing in our notebooks, making charts. And also the fear and anxiety that we had before our case presentations. I am also reminded of our professors and their valuable teachings which are still helpful to me in my practice.

**Q: Over the years, you must have met so many patients- is there one experience that has stayed with you?**

**Ans:** I joined as a registrar in GMCH in 1997. I did my registrar period for about 11 yrs. As registrars are the one who mostly comes in close contact with the patients while managing them- I still remember few patients who have come in a very serious condition. But have shown a great deal of improvement following treatment in our department. There are a few other patients who I have come across during that period of my career and who I still remember. One such patient is Shila. She was being repeatedly admitted. And at first she came in a very severe condition. And now she is in remission. Even now she comes to our department for follow up. There was another patient from Dibrugarh. I had treated her for Vitilligo. I was posted as Assistant Professor in AMCH, Dibrugarh in 2008. During that time, her husband helped me a lot. He even gave me a gas cylinder from his own house and carried it to my quarter. I believe these small acts of kindness and gratitude from your patients give one immense satisfaction as a doctor.

**Q: Balancing a medical career and family life is no small feat- how did you navigate that journey, especially as a woman in the field?**

**Ans:** Before joining as a registrar in 1997, I did around 3yrs of service as a Medical Officer. I have two children. My first child was very young during that time. And my second child was born while I was working as a registrar in GMCH. In the early part of my career, I was not able to dedicate myself fully. Being a part of nuclear family with lack of regular household helper, and my children being too young- all created a lot of pressure, as a result of which I was not able to focus on my career entirely. These kind of hurdles, I feel are being experienced by almost all working women be it in medical sector or elsewhere. However, I believe the most important challenge is to be a mother. Keeping a balance between motherhood and career is very tough. We have to prioritize our children. During their early part of life, it is very important to take good care of them and spend quality time with them. On top of that, household management is still considered to be a woman's job. These are some of the reasons why I could not devote much time to my profession. It was only after my children started schooling and became a little independent that I could gradually begin to get more involved in my profession. Yet, I would say that women still have to sacrifice a great deal. However, we should not compromise and should not give up on our careers. After a certain phase, there comes a time when you are again able to dedicate yourself to your profession. And at this point, I must mention that my husband and my children have been my constant pillar of strength and support throughout my journey.

**Q: Finally, ma'am, what advice would you give the young dermatologists just stepping into this profession?**

**Ans: Nowadays, a lot of discussions about how to lead a healthy and happy life are available on social media. But as a dermatologist, I would like to convey to the young new dermatologists that dermatologic diseases are very common in society. Nearly every family has at least one member suffering from one skin condition or another. So, being a dermatologist is a great opportunity to provide service to the society. Besides, it is always advisable to take care of yourself first. Try to utilize every moment of your life and stay positive.**



## “Traces within the skin”

**There is no beginning, only touch.**

**A weightless breath against the newborn skin, then cold, so cold. A thousand tiny injuries rushing in through invisible seams. Before thought, there is an ache. Before memory, there is the slow singing of the nerves.**

**Later, names are assigned: fear, desire, shame, longing. As if naming could tame them. As if the mind could command the tides that rise and fall against the soft shore of the body.**

**The skin learns distrust first. It flinches before the mind understands why. It stiffens against a gaze, against a voice, against the sudden flare of anger in a stranger’s hand. Invisible wounds bloom in the flesh before they flower in words. The mind hurries after, late, breathless, trying to explain away what the body already knows.**

**There are years when sensation is war. Hands pulling, mouths pressing, the body becoming a thing negotiated and spent. The mind floats above it, observing, a detached witness. Skin tears in silence. Bruises blossom like sickly flowers where no one can see. The body, it seems, is a battlefield without treaties.**

**In those days, the mind builds walls. Heavy ones. It draws itself inward, wraps itself in armour stitched from forgotten dreams. The skin goes quiet, too. Numbness spreads like a winter over a field.**

**Yet even numbness is a kind of pain.**



**One becomes a ghost inside one's own body, trailing fingers against surfaces just to feel something. Concrete, bark, stone: anything rough enough to rouse the sleeping nerves. Skin hungers for touch and fears it in the same breath.**

**Then slowly comes the breaking. The hairline cracks. A brush of sunlight against the wrist. A child's laughter caught in passing. The slip of water between fingers. Small, almost ridiculous things. The mind protests: it is dangerous to hope. It is foolish to open the gates.**

**But the skin, treacherous yet faithful, leans toward them anyway.**

**It is not an epiphany. There are no trumpets. No sudden forgiveness. Only this: the body remembering that it is alive. The arms that once shielded are now opening, tremulous. The breath drawn deeper, as if the air itself were new.**

**The skin, after everything, remains. Ragged, stitched, tender.**

**It bears the palimpsest of every grief, every joy, every wild unspoken need and yet still it dares. Still, it sings its silent song beneath the noise of thought. Yet somehow, without quite knowing when, the world softens again. A warm mug against the palm. The loose, affectionate touch of a friend's hand brushing the back. Rain sliding down the wrist. These small mercies slip through before the mind can cast suspicion upon them. And the skin, faithful and aching, dares to feel them; each one a tiny resurrection.**

**In the end, it is the skin that teaches the mind to trust again. Not in great declarations, not in brilliant revelations, but in the slow weaving of countless small threads. The silent strength to cradle pain without collapsing. The fierce, stubborn will to remain porous, to remain vulnerable. The skin remembers even what the mind tries to forget.**

**And from this tender ruin, life insists on continuing.**

**Dr. Aniket Goswami  
PGT-2, NEIGRIHMS**

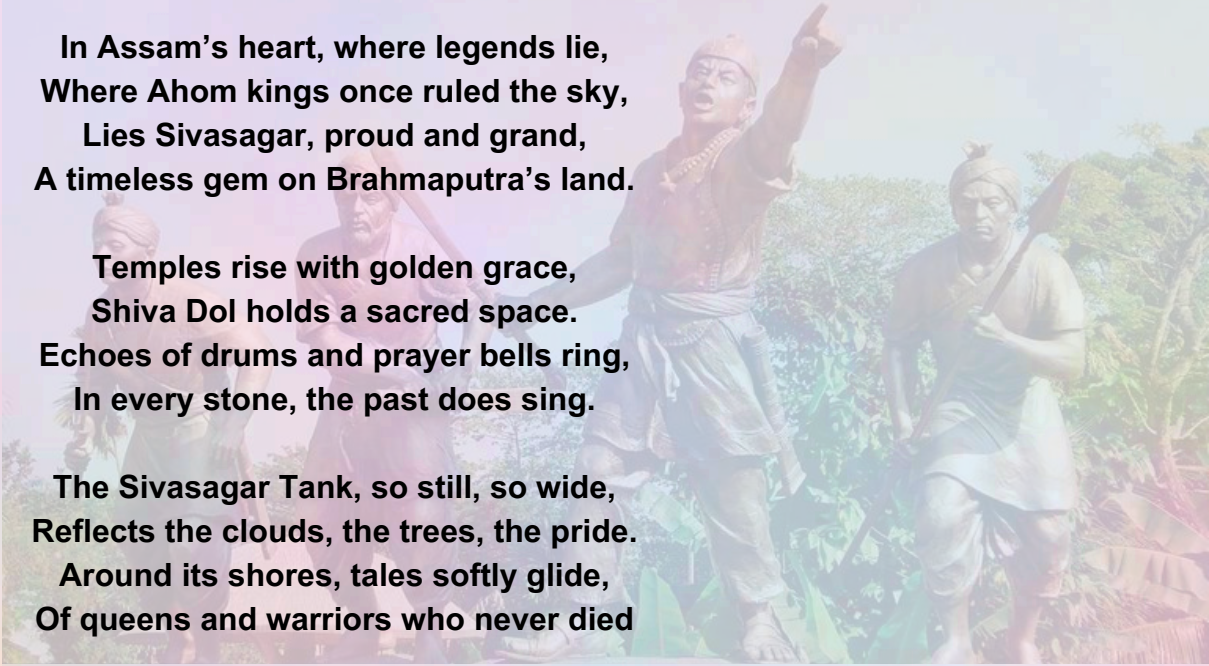


## **“Sivasagar – Jewel of Assam”**

**In Assam’s heart, where legends lie,  
Where Ahom kings once ruled the sky,  
Lies Sivasagar, proud and grand,  
A timeless gem on Brahmaputra’s land.**

**Temples rise with golden grace,  
Shiva Dol holds a sacred space.  
Echoes of drums and prayer bells ring,  
In every stone, the past does sing.**

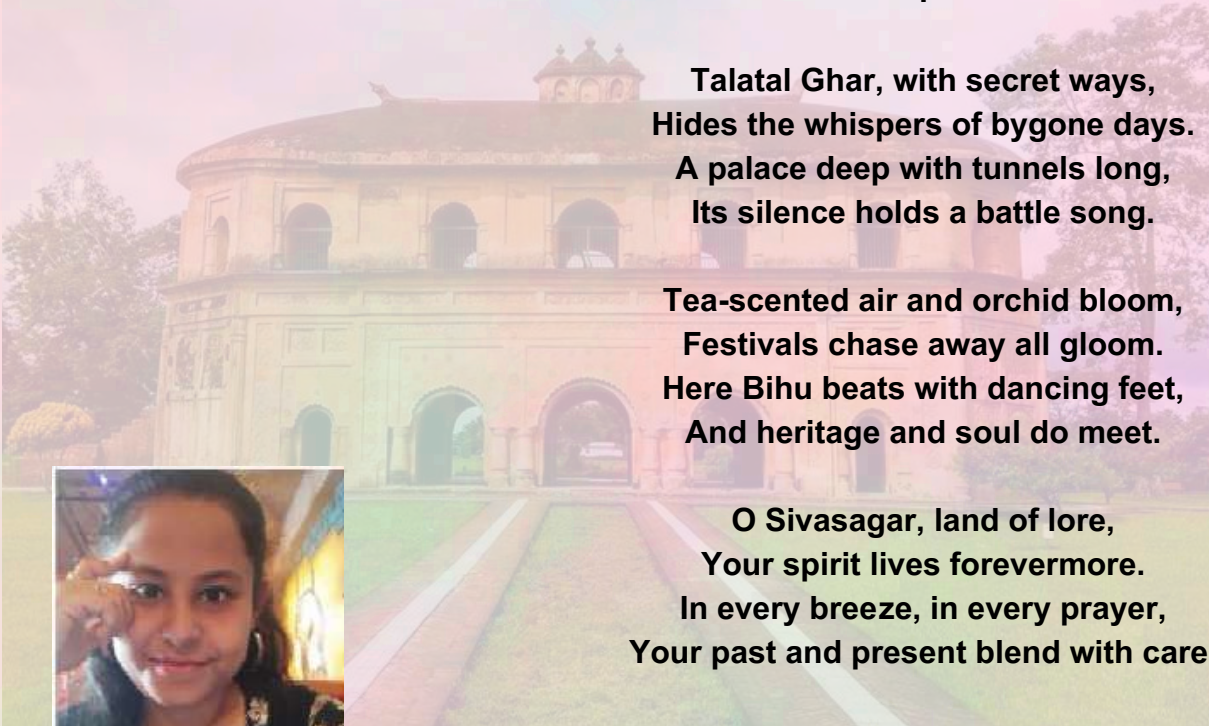
**The Sivasagar Tank, so still, so wide,  
Reflects the clouds, the trees, the pride.  
Around its shores, tales softly glide,  
Of queens and warriors who never died**



**Talatal Ghar, with secret ways,  
Hides the whispers of bygone days.  
A palace deep with tunnels long,  
Its silence holds a battle song.**

**Tea-scented air and orchid bloom,  
Festivals chase away all gloom.  
Here Bihu beats with dancing feet,  
And heritage and soul do meet.**

**O Sivasagar, land of lore,  
Your spirit lives forevermore.  
In every breeze, in every prayer,  
Your past and present blend with care.**



**Dr. Pallabi Hatikakoty  
PGT-3, JMCH**

## **“In the Silence They Speak”**

**Beneath the rubble, beneath the cries,  
Lie broken dreams and silent goodbyes.  
In streets once golden, laughter fades,  
Replaced by sorrow’s endless parade.**

**They were the songs, the hopes, the light,  
Stolen away by terror’s night.  
Mothers, fathers, daughters, sons,  
Torn apart by merciless guns.**

**Yet from the ashes, voices rise,  
Carried on winds through darkened skies-  
Whispers of love, of strength, of grace,  
Of every cherished, smiling face.**

**No blade can silence what they gave,  
No bomb can desecrate the brave.  
In every heart that dares to mend,  
Their story beats and will not end.**

**For though they fell to hatred’s hands,  
They rise in every peaceful stand.  
And in the silence, clear and deep,  
The victims lost still fight—and speak**



**Dr. Gitartha Boruah  
PGT-2, JMCH**

## **“The Road of Hard Work”**

**Before the sun lights up the skies,  
While others sleep and close their eyes,  
A quiet worker, brave and true,  
Begins to build a dream anew.**

**No lucky breaks, no easy flight,  
Just tired hands and long, hard nights.  
Through doubts and fears, through cold  
and rain,  
The heart keeps pushing through the pain.**

**For dreams are made with sweat and  
tears,  
By facing work, by fighting fears.  
Each step you take, each goal you chase,  
Brings you closer to your place.**

**So work with hope, and stand up tall  
Success will come to those who call.  
The seeds you plant, the work you give,  
Will shape the life you want to live, and  
quote.**



**Dr. Abhinav Tiwari  
PGT-1, NEIGRIHMS**

## “A Quiet Flame”



She walks the world with gentle grace,  
A tender smile upon her face.  
Yet in the crowd, she feels apart,  
A misfit with a beating heart.

Her voice is soft, her spirit bright,  
But kindness hides in plainest light.  
While others chase the loud and bold,  
She offers warmth, more rare than gold.

They overlook the love she gives,  
Not knowing how a true heart lives.  
She bends, not breaks, through every storm,  
Still holding on to her true form.

In silence, she will plant her seeds,  
In quiet ways, she meets their needs.  
And though the world may not yet see,  
She's just the light it longs to be.

So let her bloom at her own pace,  
A wildflower in a crowded place.  
The world may rush, but she will find  
Her strength was always being kind.



Dr. Monidipa Pegu  
PGT-1, SMCH



## ☀️ “The Song of Summer” ☀️

Where did you learn this sorcery?  
Weaving yarns of dreams into ivory pillow cases.

And is it true that the night flowers  
Have stolen your fragrance?

That the night is nothing  
But a cloak of your shadow;  
The darkest black, the shallowest hollow.

I hear a thousand moths  
Plunged to their death.  
Was it in the light of your eyes?

That which runs in your veins,  
Bleeds onto everything you touch,  
Painting it red, the colour of love.

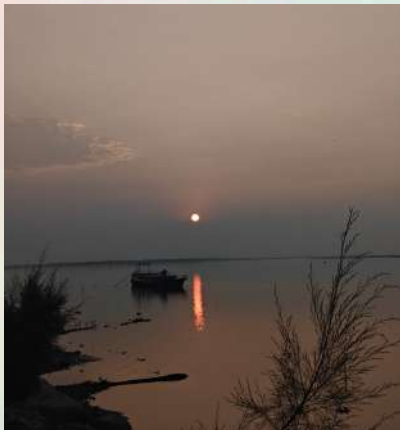
And the song of summer;  
Tangled into your hair.



**Dr. Pushpita Choudhury**  
PGT-1, AMCH

## “Oh Assam!”

In Assam's heart, the rivers gleam, Through fields that hold a golden dream.  
The tea leaves whisper in the breeze, Beneath the shade of ancient trees.  
The kopou blooms in monsoon's song, The wild birds weave their music long.  
The Kaziranga's gentle plain, Hums with the dance of life and rain.  
Majuli floats on silver streams, Cradling a thousand sacred dreams.  
And hills of Haflong kiss the skies, Where morning mists in silence rise.  
O Assam! Land of rain and sun, Of songs and dreams and rivers run. Your spirit,  
like your forests, free- Forever beats inside of me.



**Dr. Sanchi Mehta**  
PGT-1, JMCH

## **“The Meadow”**

**The morning sun filtered through the pine canopy as Riya and Karan rode ponies toward Baisaran Valley.**

**It was their long-awaited escape from Delhi’s chaos—a peaceful honeymoon in the heart of Kashmir.**

**The air smelled of deodar and fresh snow, and wildflowers peeked through melting frost.**

**Dozens of other tourists were on the trail—families with children, couples holding hands, young photographers chasing the light.**

**Their pony guide, Yousuf, a soft-spoken local in his early twenties, talked about his village nearby and his dreams of opening a homestay someday.**

**Then it happened.**

**Gunfire cracked through the trees—sharp, echoing, unnatural.**

**Panic tore through the valley. People screamed. Some fell. Others ran blindly. Three men, armed and masked, emerged from behind boulders. One shouted in a harsh voice: “Identify yourselves!”**

**Men were pulled aside, interrogated, asked for names, castes, and prayers. Two were shot when they couldn’t respond fast enough.**

**Karan stepped forward, shielding Riya.**

**“I’m Hindu,” he said.**

**A shot rang out.**

**He collapsed at Riya’s feet.**

**Yousuf rushed forward, grabbing at one of the attackers in a desperate attempt to stop the bloodshed.**

**The gunman turned and fired.**

**Yousuf fell silently.**

**One of the militants looked at Riya, eyes cold.**

**“Tell your leaders what happened here.”**

**Then they disappeared into the forest as suddenly as they’d come.**

**In the aftermath, the world learned of the attack in Pahalgam: 26 killed, many more scarred.**

**Responsibility was murky—claimed, denied, politicised.**

**But for Riya, there were only two names that mattered: Karan and Yousuf.**

**She returned to Delhi hollowed by grief, yet she spoke at vigils, in interviews, in courtrooms.**

**She spoke of courage, not vengeance.**

**Of Yousuf’s sacrifice.**

**Of Karan’s final act of love.**

In time, the meadow healed.  
Grass grew where blood had soaked.  
But a plaque was placed at the trail's edge with 26 names—  
and two lines beneath: "Hate killed them. Love remembered them."



**Dr. Githartha Boruah**  
PGT-2, JMCH

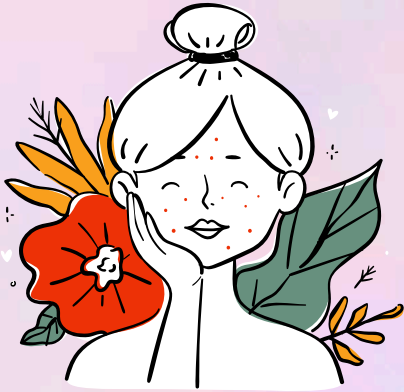
## প্রাপ্তি

### প্রাপ্তি

এই মৃত্যুর আবর্জনায় আমি নিজেকে ভেঙেছি,  
জানিনা কীভাবে এর নিরাময় করবো-  
সব কিছু যাতনার আজ হবে নিবারণ,  
এই মনজিল এ খুব জ্বলছে আগুন,  
আসবো ভেবেছি আজ নতুন দিনের আলিঙ্গনে,  
কিছু হারানোর পরিকল্পনা নিয়েছি,  
আজ এই মৃদুমন্দ্য ঝর্ণায় অল্প জ্বলা-  
দিনের শেষে যন্ত্রণার নিকষ চিৎকার,  
আর দুপুরের কুজনে কিছু অন্ধ প্রচেষ্টা,  
সেদিন আমি বলবোনা তুমি আমার শিকার করো,  
বলবো শেষ লড়াইয়ের প্রচেষ্টা সফল করো,  
এসো আমরা হেরে যাই সবার আড়ালে-  
তুমি একবার হেসো আমার যন্ত্রণায়,  
আমরা হাসবো সব চিন্তার উৎকর্ষে,  
যদিও ভুল ভাবনা আমাদের নিয়তি,  
তুমি আমায় ক্ষমা করো,  
হেঁটে চলার ক্ষুধা আজ হওয়ায় নিন্দা জানায়,  
তুমি হাত টা বারিও এক শেষ নিঃশ্বাসের দমে,  
সেটাই শেষ প্রাপ্তি।



**Dr. Kaustav Sarkar**  
PGT-2, SMCH



**Dr. Poulami Karmakar**  
PGT-1, SMCH

## “Acne”

Upon the canvas of my lace,  
Small battles bloom in fiery grace,  
Red constellations, raw and bright,  
Emerge by day, persist by night.  
They rise with stress or a chocolate sin,  
Or hormones surging deep within,  
And though I wash and scrub with care,  
Still, blemishes erupt from air.

The mirror holds a ruthless truth,  
A war—torn map from tender youth,  
Each mark a tale, each scar a name,  
A quiet ache. a silent flame.

But skin is just a weathered shell,  
Where storms may rage and raindrops dwell—  
Beneath the surface, strong and wise,

A soul untouched by outer lies.  
So let the pimples come and go,  
They do not dim the light I show.  
For beauty isn't smooth or clear,  
It's every flaw we choose to wear.

## “Worn Soles”

They don't see the cracks beneath my smile,  
The weight I carry in silence,  
Like bricks in a bag no one offers to lift.  
Each morning, I lace up shoes with worn soles,  
Walk roads that blister my hope,  
And still—I walk.

Dreams threadbare, heart calloused,  
I've learned to breathe through storms,  
To plant seeds even in drought.

This life is tough—  
But so am I



**Dr. Angshu Kafle**  
PGT-2, SMCH



## **“The Garden We Share”**

**Beneath one sky, beneath one sun,  
We walk the earth, each day begun  
With breath and hope, with dreams to sow-  
More alike than we may know.**

**The rivers do not ask our name,  
The stars above shine just the same.  
The trees don't care what flag we raise,  
They only stretch toward warmer days.**

**Yet still we build our walls of pride, And let  
our fears and doubts divide. But peace is  
not a distant shore-  
It waits within, and asks for more.**

**More listening ears, more open hearts,  
More healing hands to mend the parts Of  
broken worlds and broken ties,  
To lift our gaze from hurt to skies.**

**So plant a word of love today,  
Let kindness bloom where shadows stay.  
For in the garden we all tend,  
Harmony grows- world without end.**



**Dr. Nabin Pegu  
PGT-2, SMCH**



## **“Scars”**

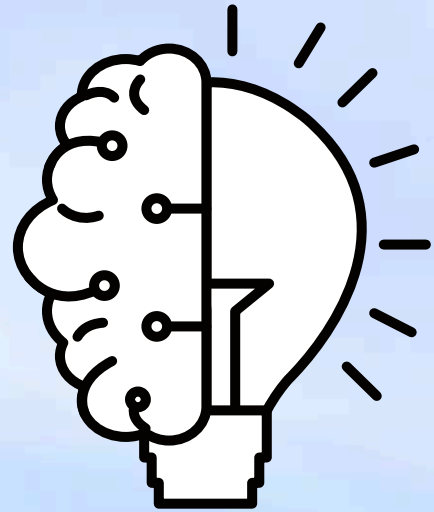
**The way I saw it  
Her scars were beautiful  
With my eyes lit  
The fierce emotions in her eyes  
Made me see the tide  
Tide of anger, waves of sadness, ocean of  
expectations  
And struggle surfing through them all  
What makes her even more beautiful  
Is her effortless way of going through  
them all  
With a belief that every problem is small  
When she compares it to others' overall  
The veins appearing on her forehead  
Slowly relaxing with very blossom she  
sees  
The wrinkles around her eyes  
fainting into smiles  
Are all what I have seen  
From my perspective because I was keen.**



**Dr. Rahul Barman  
PGT-1, AMCH**



## RIDDLE TIME!



**1. I COME WITH AGE OR TOO MUCH SUN, ON FACE OR HANDS, NOT MUCH FUN. A SIGN OF DAMAGE, NOT OF DOOM- UNLESS I START TO CHANGE OR BLOOM. WHAT AM I?**

**2. A BUTTERFLY I WEAR WITH PRIDE, BUT MY DAMAGE DAI RUNS INSIDE PHOTOSENSITIVE, RASH I BRING, AND ORGANS TOO. WHAT'S THIS DISEASE?**

**3. IN CHILDREN, I BEGIN WITH FLARE, BEHIND THE KNEES OR ARMS I STARE! ITCH PRECEDES MY SCALY SHOW- A FILLAGRIN GENE MIGHT MAKE ME GROW. WHAT AM I?**

**4. I MIMIC MANY, I MISLEAD MY PATCHES NUMB, MY NERVES I FEED. A SLOW BACTERIA IS MY CAUSE AND STIGMA ONCE MY HARDEST CLAUSE. WHAT'S THE DISEASE?**

**5. FROM HAIR I FALL, SMOOTH AS SILK, NO INFLAMMATION, NO CRUST, NO ILK. AUTOIMMUNITY TAKES IT'S TOLL . GUESS THIS PATCHY BALD PATROL.**

**6. I FLARE WITH HEAT, STRESS, AND WINE, WITH FLUSHING CHEEKS, I LOVE TO SHINE. TELANGIECTASIAS MARK MY PATH – DON'T MISTAKE ME FOR ACNE'S WRATH. WHAT AM I?**

**7. I STING, I ITCH, YET I AM NOT A BUG, I STRIKE WITH WHEELS, BUT VANISH SMUG. I AM TRANSIENT, PINK, WITH NO CLEAR CAUSE — AN ALLERGIST'S PUZZLE THAT GIVES ONE PAUSE. WHAT AM I?**

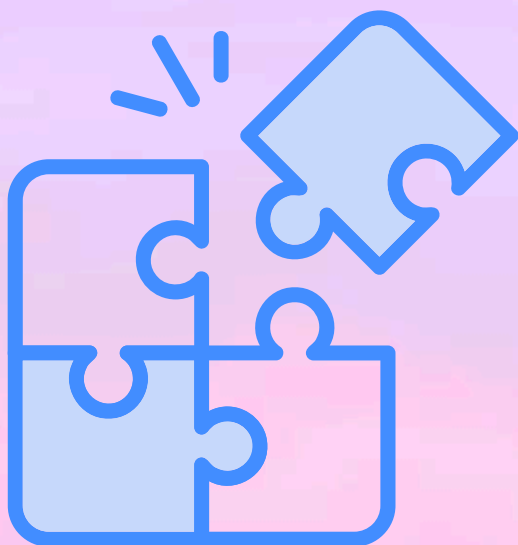
8. MY SURFACE IS SMOOTH, MY PIGMENT LOST, AUTOIMMUNE — AT MELANOCYTES COST. I STRIKE YOUNG OR OLD, IN PATCHES STARK, SOMETIMES LEAVING HAIR WITHOUT A DARK.  
WHAT AM I?

9. I SHOW IN FOLDS, YET I AM NOT FROM SWEAT, VELVET WITH TAGS — A METABOLIC THREAT. INSULIN'S HIGH WHEN I ARRIVE, CHECK THE SUGARS TO SURVIVE.  
WHAT AM I?

10. I AM SUDDEN, PAINFUL, AND PURPLE-RED, YOU'LL FIND ME WHERE NEUTROPHILS TREAD. SUGARY BY NAME, AGGRESSIVE BY FAME, I OFTEN COME WITH FEVER AND FLAME.  
WHAT AM I?

11. MY BLISTERS ARE TENSE, MY AGE IS OLD, AUTOANTIBODIES MAKE ME BOLD. HEMIDESMOSOMES I TARGET WITH MIGHT, IN THE ELDERLY, I AM A BLISTERING SIGHT.  
WHAT AM I?

12. I COME IN CHILDHOOD, I AM HONEY-GOLD, HIGHLY CONTAGIOUS, I TAKE HOLD. BULLOUS OR CRUSTED, I CAUSE A FUSS— YOU'LL OFTEN SEE ME IN THE SCHOOL BUS.  
WHAT AM I?

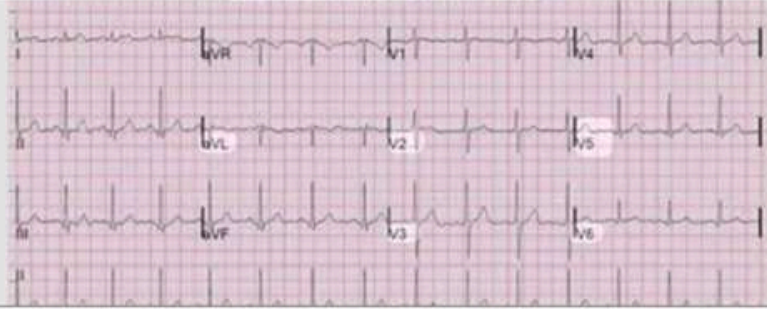


For answer: Refer next page



Dr. Nashida P  
PGT-1, SMCH

When patient comes to receive penicillin



When patient comes to receive biologics



When patient comes for podowart application



## MEME CORNER



Dr. Natasha Bhattacharjee  
Dr. Manjari Chakravarty  
PGT-1, GMCH

ANSWERS FOR RIDDLE:

- 1) ACTINIC KERATOSIS.
- 2) SYSTEMIC LUPUS ERYTHEMATOSIS
- 3) ATOPIC DERMATITIS
- 4) LEPROSY
- 5) ALOPECIA AREATA
- 6) ROSACEA
- 7) URTICARIA (HIVES)
- 8) VITILIGO
- 9) ACANTHOSIS NIGRICANS
- 10) SWEET'S SYNDROME
- 11) BULLOUS PEMPHIGOID
- 12) IMPETIGO

derma



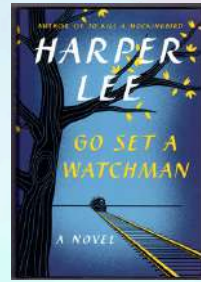
ortho



derma pgt- hey, do you know how hectic my day was! 🤔

le ortho friend- beeeeeeep, beeeep, beeeeeeep

## THE BEST RELATIONSHIP



**"As you grew up, when you were grown, totally unknown to yourself, you confused your father with God. You never saw him as a man with a man's heart, and a man's failings—I'll grant you it may have been hard to see, he makes so few mistakes, but he makes 'em like all of us."**

The above mentioned quote is from "Go Set a Watchman" by Harper Lee, which is the second and last novel by her which has been published recently. I came to know about her after reading "To Kill a Mockingbird", which was life-changing for me. Its characters and the storytelling changed my perspective towards people, and thus I decided to read all of her works and came across this book.

What's surprising in "Go Set a Watchman" is that you get to see the very same characters of her previous book, but in a very different light. You see Atticus and Scout, and get to relate with them, which was not the case in Mockingbird. You see a father-daughter relationship, which is quite natural and the story of every other household. This quote taught me that in the end, it's all us and our thoughts that build our personalities. We idealise our parents so much that we fail to realise that our parents and we are different people. We cannot be the same. Our parents can be wrong, and it is quite normal. Their being wrong neither changes their love for us nor gives us the right to be hateful. We can continue looking up to them or seeking their help while not taking into consideration what we think is wrong, and that can be anything.

We can be disappointed, but if we try, we may not repeat the same mistakes that our parents did, and at the same time keep loving them. We can learn from their mistakes, and so will our children learn from ours. This book is a must-read for every youngster and is, therefore, a book very close to my heart. It helps me have a healthy relationship with my parents, whom I love a lot.



**Dr. Tasnim Fatima  
PGT-2, AMCH**

# “DERMAFLUENCER”- DERMATOLOGISTS AS SOCIAL MEDIA INFLUENCERS



Due to their credibility, dermatologists have become sought-after influencers. A common marketer’s recommendation to brands is to use them over others to build customer trust.

White coat bias- wearing a lab coat increases public perception of authority and trustworthiness, that they are receiving information from a board-certified dermatologist.

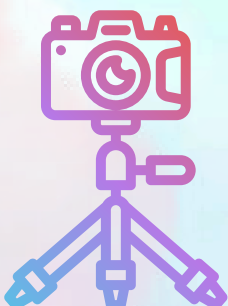
This brings an intense amount of responsibility to the table of a dermafluencer. They gain quick trust compared to any other influencer promoting a random brand. And this is legit, as a certified dermatologist can give the public the information and the knowledge from their years of experience.

BUT, there’s a grey side too. A few new generation dermatologists are also becoming prey to the attention economy. As the brands keep on requesting, a few dermafluencers do not disclose that some products are purely for advertisements, and they are promoting a brand's PR.

Secondly, there is an ethical concern too. Diagnosing strangers on social media raises privacy, medical, and professional ethics issues. Plus, there may be a fallacy in diagnosing the cases over online platforms, plus compliance with the treatment is also questionable.

One story from our OPD, a young 18 year old girl with acneform eruptions had already tried capsule doxycycline, cap isotretinoin for 10 days and 2 months respectively, on her own (just by watching a video on acne management, without understanding anything about grades of acne or the side effects of the drugs.) Sigh! I am sure you must also have similar stories to tell.

So, as a responsible group of dermatologists /dermafluencers, we should understand both the pros and cons of this. And how far can we share the treatments over social media platforms, because we would never want questions on our credibility, or never want the consumers to take the term “BOARD CERTIFIED DERMATOLOGIST” as a red flag for questionable information.



Share

SUBSCRIBE



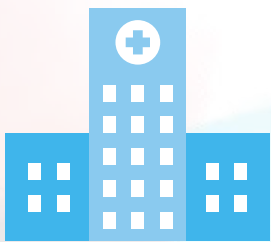
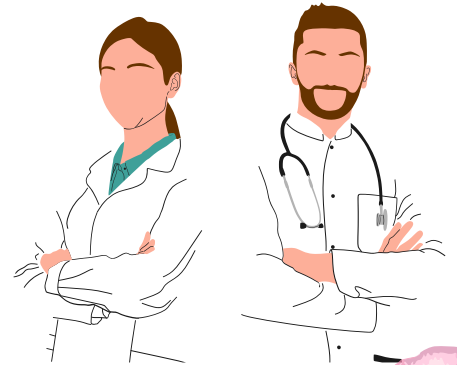
Dr. Manjari Chakravarty  
PGT-1, GMCH



# THE SURPRISE DOCTOR



It was Dr. Priya's first night duty in the Emergency Room. Around 2 AM, a man in a tattered shirt, dusty jeans, and messy hair stumbled in, groaning loudly and holding his chest. Everyone assumed he was a poor drunk from the street — even the senior nurse whispered, "Ma'am, don't waste too much time... probably just alcohol." Still, Priya insisted on a proper check-up. She ordered an ECG, blood tests, chest X-ray — everything! The results shocked her. The man was having a real, serious heart attack! She immediately rushed to treat him, started life-saving interventions, and called the cardiology team. By morning, the man was stable and conscious. He smiled warmly and said, "Thank you, Doctor. You treated me like gold when others nearly ignored me." Then he reached into his torn pocket... and pulled out a gold-plated hospital ID card. Turns out, he was Dr. Rajiv Khanna, a retired famous cardiologist and once the founder of that very hospital! He had been living simply and humbly after retirement, often dressing casually to see how the system treated people without money or power. Everyone, including the senior nurse who had judged him, stood red-faced. Dr. Priya became the star of the hospital for following ethics and saving a legend — and Dr. Rajiv gifted her his own stethoscope with a note: "A real doctor sees beyond appearances. Welcome to the real world, Dr. Priya."



**Dr. Oviya SA  
PGT-1, JMCH**





## KOREAN BEAUTY SECRETS BUSTED!

Korea is known for many things, including beauty. Korean beauty hacks and secrets are now a trending topic amongst dermatologists and skin care influencers. Here's a sneak peek into a few Korean beauty secrets:

### 1) Facial massages:

They help decrease puffiness and improve circulation, potentially improving the appearance of skin and facial structure. There are various tools and techniques to partake in the practice, like Gua sha, Jade rollers, Ice rollers, Kyung rak or lymphatic deep tissue massage.



### 2) A Stringent skincare routine:

Korean beauty revolves around a multistep skincare routine. Key elements include double cleansing, hydration, exfoliation, layering toners and essences, using sheet masks, and religiously applying sunscreen. It is advisable not to skip any of the steps in the routine.



### 3) Application methods:

Korean skincare comes with specific application methods. Tapping (or patting) skincare products onto the skin is a common application method. Toners, essences and serums can be tapped onto skin rather than rubbed. Spatulas are commonly used to apply both skincare and makeup products. Thicker formulas like creams, balms and masks are often advisable to be applied with a spatula.



### 4) Pimple patches:

Pimple patches are an enduring and popular method in Korea to treat blemishes.





### 5) Double cleansing:

It is a huge part of Korean skincare. Although everyone doesn't have to double cleanse, it is recommended for those who wear makeup and sunscreen, as well as those with oily or acne-prone skin.

The first step is to cleanse with an oil-based cleanser, which will help emulsify makeup, oil, and residue from skincare products to facilitate their removal.

The next step is to apply a water-based cleanser, which will help remove all remaining impurities on the skin, such as dirt and sweat.



### 6) Rice-based products:

Ingredients derived from rice, such as rice bran extract, fermented rice bran extract and rice water, are known for their moisturising, antioxidant, brightening and anti-ageing properties.

### 7) Essence water:

It is a lightweight, hydrating liquid used to moisturise the skin. It helps to replenish moisture and enhance the absorption of subsequent products.



### 8) Hydrating sheet masks:

The occlusive properties of a sheet mask trap moisture in the skin, which can help skin stay hydrated and improve the appearance of fine lines.



### 9) Snail mucin:

Snail mucin has multiple potential benefits to skin, including skin hydration, skin repair, soothing effects, and improved skin texture. It is rich in hyaluronic acids, glycoproteins, copper peptides, antioxidants and antimicrobial peptides.



Dr. Indrani Das,  
PGT-2, GMCH

# THE IMPORTANCE OF FINANCIAL EDUCATION AMONG DOCTORS



Doctors are among the most respected and hardworking professionals in society, dedicating years to mastering medicine and saving lives. However, despite their high earning potential and societal stature, many physicians struggle with financial management. This paradox is largely due to the lack of financial education in medical training.

## Why Financial Literacy Matters?

### 1. Delayed Earning Curve:

Medical professionals typically begin earning substantially later than their peers due to prolonged education and training. This delay and high student debt require careful financial planning to ensure long-term stability.

### 2. High Risk of Burnout:

Financial stress significantly contributes to physician burnout. Doctors may overwork to meet lifestyle expectations without sound financial knowledge, leading to mental and physical fatigue.

### 3. Lifestyle Inflation:

With a sudden rise in income post-residency, many doctors fall prey to lifestyle inflation—spending more as they earn more—without setting aside enough for savings, investments, or retirement.

### 4. Lack of Investment Knowledge:

Many doctors are unfamiliar with basic concepts like compounding, taxation, insurance, and investments. This makes them vulnerable to poor financial advice, scams, or mismanagement by third parties.

## Common Financial Pitfalls:

- Overspending or accumulating unnecessary debt early in their career.
- Underinsurance or reliance on employer-provided policies alone.
- Poor retirement planning, often starting investments too late.
- Ignoring tax planning and legal structures for private practice.

## **Solutions and Recommendations:**

### **# Integrate Financial Education:**

Medical colleges and training institutions should offer basic financial education modules, including personal budgeting, debt management, and investment strategies.

### **# Professional Financial Advisors:**

Doctors should consider engaging certified financial planners (CFPs) who understand the unique financial trajectory of medical professionals.

### **# Peer Learning and Workshops:**

Creating spaces for open discussions and workshops led by financially savvy doctors can bridge the education gap and normalise conversations about money.

### **# Start Early, Think Long-Term:**

The earlier a doctor starts saving and investing, the more secure their financial future will be. Learning about mutual funds, SIPs, PPFs, and insurance early on is essential.

Financial literacy is not a luxury—it is a necessity for doctors. A financially educated doctor is not only more secure personally but is also more focused and fulfilled professionally.

Empowering doctors with financial knowledge is an investment in their well-being and, by extension, in the healthcare system itself.



**Dr. Hosni Pasil R**  
**PGT-2, SMCH**

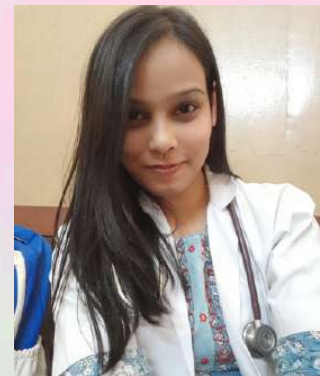
## **‘FAT COUNTRY’- THE UPCOMING EPIDEMIC**

The ambitious and positive-minded youth sees the country as an “economic powerhouse.” As India continues to grow economically, the progression towards this epidemic is also gaining pace. As every coin has two aspects, so is this growth. With increasing purchasing power of an individual and lesser awareness regarding healthy eating, India faces its next big challenge, “obesity”. The increased consumption of packaged and processed fast food, along with a sedentary lifestyle, is contributing to this issue. Also, there is a genetic predisposition in the Indian population for metabolic disorders.

Dermatologists play a crucial role in recognising these cutaneous manifestations of metabolic syndrome and referring patients for appropriate evaluation and management.

### **Some dermatological aspects of these disorders are as follows**

- **Psoriasis-** Raised, red plaques covered with silvery white scales, typically on elbows, knees and scalp. Nail shows thickening, irregular pitting and separation from nail bed.
- **Acne vulgaris-** It manifests in the form of comedones (black heads and white heads), papules, pustules, nodules and cysts. Severe cases can lead to scarring and hyperpigmentation.
- **Hirsutism and androgenetic alopecia-** Excessive, dark, coarse hair growth in women, especially over the face, chest, lower abdomen and inner thighs. This is associated with acne, acanthosis nigricans & androgenetic alopecia.
- **Acanthosis nigricans-** Darkening, thickening and velvety texture of skin typically appearing in skin folds like the neck, armpits & groin. It marks the presence of insulin resistance.
- **Hidradenitis suppurativa-** Nodules, abscesses and draining sinus tracts, often leading to scarring in the axilla/groin.
- **Skin tags(acrochordons)-** Benign, soft, skin coloured or slightly darker growths hanging from the skin by a thin stalk.
- **Atopic dermatitis-** Red, itchy, dry/cracked skin with fluid-filled bumps or crusting. Chronic itching can lead to lichenification.



**Dr. Natasha  
Bhattacharjee  
PGT- 1, GMCH**

# PHYSICAL EDUCATION AND SPORTS IN DAILY LIFE

Human evolution began with movement and physical activity, essential for survival in early times. Primitive humans engaged in physical activity to search for food and shelter. Over time, as humans developed culturally, emotionally, and socially, physical activity evolved into an organised and supervised form of education—Physical Education (PE). Today, PE is recognised academically and plays a key role in personality development and education. A sound body is essential for a sound mind, and PE contributes to overall well-being, promoting health, fitness, strength, and vitality. The term "physical education" means systematic training involving physical activities for human body development and maintenance.

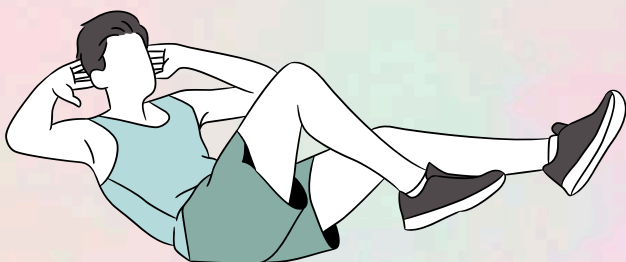
**Role of Physical Education:**

## For Health, Fitness, and Wellness

Physical education promotes health and is vital in preventing obesity and related disorders. Regular physical activity enhances cardiovascular, metabolic, mental, and musculoskeletal health. Health includes physical, mental, social, and emotional well-being. Physical fitness refers to performing daily tasks with energy and alertness. Wellness, a broader concept, includes emotional, intellectual, spiritual, and social health. Exercise and sports help achieve overall wellness and are key components of a healthy lifestyle.

## For Leisure

Play is crucial for children's healthy development, enhancing motor skills, social behaviours, and emotional well-being. It offers joy, satisfaction, and personal growth. Recreation, chosen freely, provides entertainment and stress relief, helping people cope with modern life's pressures. Sports and games are ideal recreational activities that not only entertain but also guide youth energy positively.



### For Education

Physical education is “education through the physical.” It builds physical competence, safety awareness, and supports an active lifestyle. Activities like running, jumping, and throwing help children explore their environment and support reflective thinking. PE fosters behavioural growth through movement, supporting physical, mental, and social development. Participation in sports improves decision-making, concentration, and teamwork.

### For Disease Prevention

Regular activity and exercise benefit people of all ages. Even older adults can improve mobility and function through moderate physical activity. Exercise reduces the risk of chronic diseases such as diabetes, heart disease, cancer, depression, and dementia, while improving quality of life.

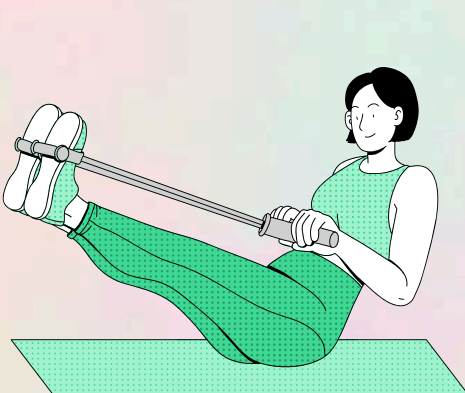
### For Cultural and Social Values

Sports bring people from different cultures together, fostering understanding and unity. PE develops leadership, cooperation, team spirit, and discipline. Participation in sports instils social values like fairness, generosity, and ethics, enriching personal and societal character.

### For National and International Integration

PE promotes unity across communities and nations. Sports events bring together people of different backgrounds, encouraging mutual respect and understanding. They foster national harmony and international peace, building bridges beyond cultural and religious differences.

Physical education today focuses not only on fitness but also on self-discipline, mental focus, and emotional strength. It teaches the importance of balancing body and mind. In today’s world, incorporating PE into daily life is essential for maintaining a healthy lifestyle and achieving overall well-being.



**Dr. Divya J N**  
**PGT-3, SMCH**



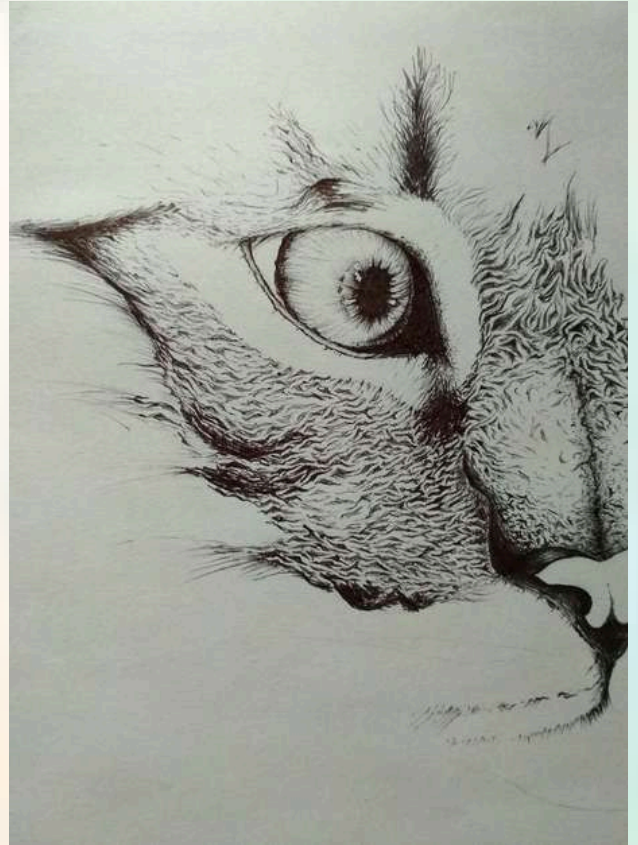
# CANVAS CORNER



**Dr. Arijit Das**  
**PGT-1, SMCH**



# CANVAS CORNER



**Dr. Ankur Biswas**  
PGT-1, GMCH



**Dr. Ananya Khan**  
PGT-1, NEIGRIHMS

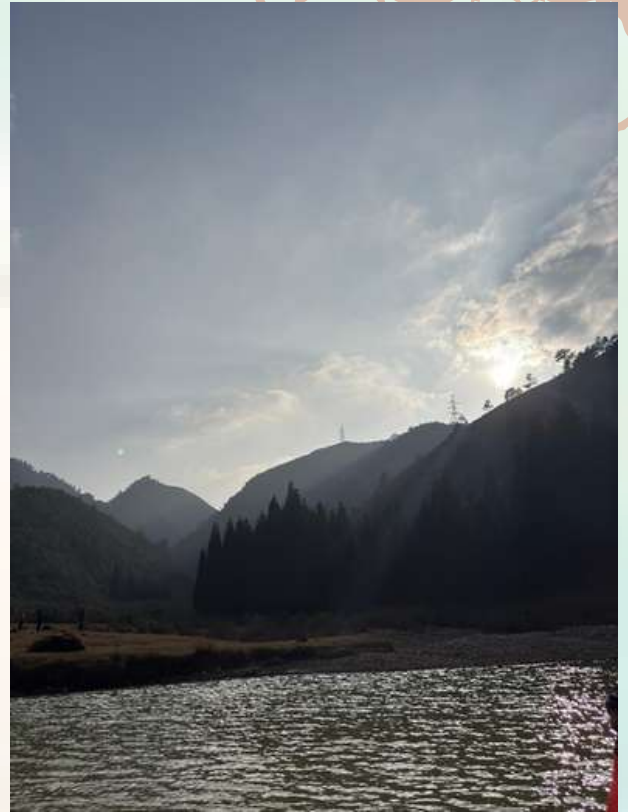
# CANVAS CORNER



**Dr. Jyotismita Hazarika**  
SR, JMCH



# PHOTOGRAPHY CORNER



**Dr. Anindita Baruah**  
PGT-2, AMCH



**Dr. Anushika Jain**  
PGT-1, GMCH

# PHOTOGRAPHY CORNER



**Dr. Karnika Vivek M**  
**PGT-1, GMCH**

# PHOTOGRAPHY CORNER



**Dr. Bidisha Barman  
PGT-1, GMCH**



**Dr. Saumya Jha  
PGT-2, AMCH**

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3RD YEAR PGT



**DR PARASHABINA SHYAM**  
3RD YEAR PGT



**DR DEEP PRAKASH PAUL**  
3RD YEAR PGT



**DR ANINDITA BARUAH**  
2ND YEAR PGT



**DR SAUMYA JHA**  
2ND YEAR PGT



**DR TASNIM FATEMA**  
2ND YEAR PGT



**DR PUSHPITA CHOUDHURY**  
1ST YEAR PGT



**DR AAKANKSHA**  
1ST YEAR PGT



**DR RAHUL BARMAN**  
1ST YEAR PGT

## JORHAT MEDICAL COLLEGE AND HOSPITAL



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3RD YEAR PGT



**DR PALLABI HATIKAKOTY**  
3RD YEAR PGT



**DR HARMEET SINGH**  
3RD YEAR PGT



**DR GITARTHA BORUAH**  
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**DR MOON DAS**  
2ND YEAR PGT



**DR SATYENDER SINGH**  
2ND YEAR PGT



**DR OVIYA S A**  
1ST YEAR PGT



**DR MONISH BORGOHAIN**  
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**DR MEHJABIN RAHMAN**  
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**DR INDRANI DAS**  
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**DR BIDISHA BARMAN**  
1ST YEAR PGT



**DR MANJARI CHAKRAVARTY**  
1ST YEAR PGT

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3RD YEAR PGT



**DR HEMANGI NARULA**  
3RD YEAR PGT



**DR DIVYA JN**  
3RD YEAR PGT



**DR HEMOLOTA DAIMARY**  
3RD YEAR PGT



**DR ANGSHU KAFLE**  
2ND YEAR PGT



**DR NABIN PEGU**  
2ND YEAR PGT



**DR HOSNI PASIL R**  
2ND YEAR PGT



**DR KAUSTAV SARKAR**  
2ND YEAR PGT



**DR ARIJIT DAS**  
1ST YEAR PGT



**DR NASHIDA P**  
1ST YEAR PGT



**DR MONIDIPA PEGU**  
1ST YEAR PGT



**DR POULAMI KARMAKAR**  
1ST YEAR PGT

## NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCE



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**DR GURUDHARSHANE R**  
3RD YEAR PGT



**DR ANIKET GOSWAMI**  
2ND YEAR PGT



**DR SAQIB RAZA H K**  
2ND YEAR PGT



**DR ANANYA KHAN**  
1ST YEAR PGT



**DR ABHINAV TIWARI**  
1ST YEAR PGT



In dryness associated with  
**ACNE TREATMENT**

# OLESOFT —lite—

Adding Smiles



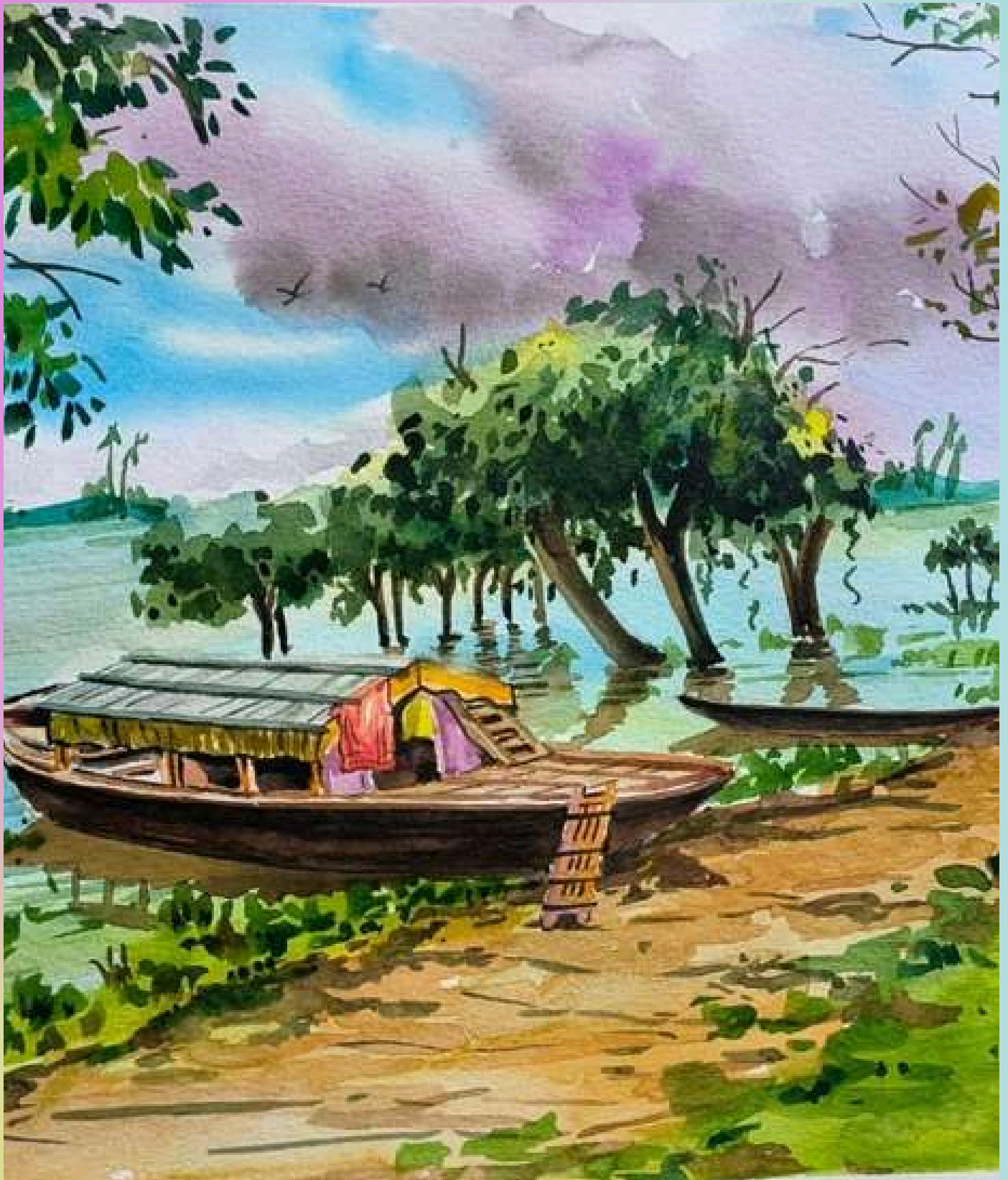
In Facial Hyperpigmentation & Erythema

India's **1<sup>st</sup>** Liposomal Serum<sup>1</sup>

# KOJIGLO<sup>+</sup> SERUM

Liposomal Azelaic acid 10% & 4-butylresorcinol 0.5%, Tranexamic acid 3%, Alpha arbutin 2%, Niacinamide 5% and hyaluronic acid 0.3%.





## **YUVADERMA**

**VOL VIII, ISSUE 1, JUNE 2025**

**COVER DESIGN, EDITING DONE BY DR ABINAYA S ON BEHALF OF YUVADERMA NE STATES  
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