



neiadvl NEWSLETTER

Official mouthpiece of N.E. States Branch of IADVL

Words from the editor



In my maiden attempt as an editor of the NEIADVL newsletter, I would at the outset, thank all my esteemed seniors who have considered me capable of shouldering the responsibility. It is because of the constant support and guidance received from my seniors and teachers that this has been possible..

My first attempt into editing, started with the souvenir of the last Cuticon, and it was then that I realised, that collecting articles for publication is indeed a mammoth task! So, I wholeheartedly express my gratitude to all those who have managed to scoop out time from their busy schedule to contribute something for the newsletter.

The newsletter, in addition to briefing us with the activities of the north east branch of IADVL, has also acted as a platform through which thoughts and views have echoed in the form of concise articles. In keeping with this trend, I have included a few articles and snippets.

However, change is the spice of our lives. Attitudes change, perceptions change, fashions change and even people change! This time, I have attempted to slightly change the layout and added a few new sections. I hope this comes as a welcome change. It is for the members of the NEIADVL to explore, and nudge me with your constructive criticism. Your active participation can make us sail for the better.

The very thought that this newsletter will be released in a boat house in a national park in Dibrusaikhowa, while we will be blissfully having our share of knowledge in the conference, amidst mother nature, is fuelling me with enthusiasm! Away from the bustle of city life and the monotony of routine work, I hope the conference, the venue and the also newsletter would provide you a memorable melange of news, knowledge and enjoyment. Happy reading!

Nazheen Jahan
Editor, Newsletter, NEIADVL

President's Message



I am very happy to know that Mid CUTICON NE STATE BRANCH of IADVL, 2017 is being organized at Dibru-Saikhowa Tinsukia of 3rd June, 2017.

I hope the occasion will be very successful and the members of the IADVL NE STATE BRANCH will enjoy the meeting. The "NE IADVL NEWSLETTER" of this issue will be very good.

I wish the success of the News letter as well mid CUTICON, 2017.

LONG LIVE NE IADVL

Pankaj Adhicari
10.5.17
Dr. Pankaj Adhicari
President, IADVL NE State Branch

Secretary's Message



It is a matter of great pleasure to present before you yet another edition of the NEIADVL Newsletter, the mouthpiece of the North East States Branch of IADVL at the MIDCUTICON 2017 held in Tinsukia.

The newsletter has served as a coveted platform for the exchange of views & knowledge amongst the members of the NEIADVL and I am sure Dr. Nazneen Jahan in her maiden venture as the Editor has not left a single stone unturned in giving it the shape & honour that it deserves.

Wishing all success to the Newsletter as well as the MIDCUTICON NEIADVL 2017.

With Warm Regards

Dr. Anal Jyoti Bordoloi
Secretary, NEIADVL

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Message from the Secretary, Organizing Committee, Mid-Cuticon NE States 2017

It is a great pleasure for us to invite all members of our NE IADVL family to MidCuticon NE States, 2017. This year we are organizing the event in Dibrusaiakhowa National park, so that, apart from sharing our thoughts, we can also spend some time with our mother nature. We are doing our best to make the conference as a memorable one. Your active participation can make this conference a successful endeavour. Looking forward to your gracious presence.

With warm regards,

Dr. Ronjon Bhattacharyya

• Upcoming events-

1. 4th June 2017- Workshop on Dermatotomy, to be held in Assam Medical College, Dibrugarh.
2. September 2017- Workshop on Pediatric Dermatology at Guwahati (exact dates to be finalized)
3. 27th and 28th October 2017- Cuticon NE States 2017, The 28th annual conference of NEIADVL to be held in NEIGRIHMS, Shillong.



Located 12km north of Tinsukia town, Area- 350 km²

Declared a wildlife sanctuary in 1986 by Govt of Assam and national park in 1999

Bounded by Brahmaputra and Lohit Rivers on the north and Dibrugarh on the south

**DIBRU
SAIKHOWA
NATIONAL
PARK
A
GLIMPSE**

Main attractions: white winged Wood duck, bright coloured wild Horses known as Feral horses

Safe haven for a wide range of animals and birds, many of which are migratory birds. River dolphin is also popular and often sighted

Scientific publications by NEIADVL members, (from Nov 2016 to May 2017):

1. Lichen striatus in children: A clinical study of ten cases with review of literature... by Dr. Seujee Das, Dr. Pankaj Adhicari from the Dept of Dermatology, Gauhati Medical College, Guwahati, in the Indian Journal of Pediatric Dermatology. (Das S, Adhicari P. Lichen striatus in children: A clinical study of ten cases with review of literature. Indian J Paediatr Dermatol 2017;18:89-93.)
2. Clinicoepidemiological study of tinea incognita with microbiological correlation.. by Dr Bornali Dutta, Dr. Bobita Boro, Dr Elmy Samsul from Fakhruddin Ali Ahmed Medical College and Hospital, Barpeta, Assam, published in the IJDVL. (Dutta B, Rasul ES, Boro B. Clinicoepidemiological study of tinea incognita with microbiological correlation. Indian J Dermatol Venereol Leprol 2017;83: 326 -331.)
3. Pemphigus and ovarian neoplasm: a case report.... by Dr. Bornali Dutta, Dr. Bobita Boro et al, from Fakhruddin Ali Ahmed Medical College, Barpeta, Assam, published in the New Indian Journal of OBGYN, July-Dec 2016 issue. (Dutta B, Mahela S, Barman K, Bhuyan K, Boro B, Datta B. Pemphigus and ovarian neoplasm: a case report. The New Indian Journal of OBGYN ; 2016: 51-54).
4. Multifocal sebaceous carcinoma of vulva by Dr. Binod K Thakur, Dr. Shikha Verma, Dr. Yookarin Khonglah, Dr. Ankit Jitani from NEIGRIHMS, Shillong, published in the IJDVL. (Thakur BK, Verma S, Khonglah Y, Jitani A. Multifocal sebaceous carcinoma of the vulva. Indian J Dermatol Venereol Leprol 2017;83:221-4)
5. Tattoo practices in North East India: A hospital based cross sectional study by Dr. Binod K Thakur and Dr. Shikha Verma in the Journal of Cutaneous and Aesthetic Surgery (Thakur BK, Verma S. Tattoo practices in North East India: A hospital based cross sectional study. J Cutan Aesthet Surg 2016;9:172-76)

Activity Report NEIADVL (November '16 – May '17)

Membership drive:

The present strength of the branch is 138 members of which 109 are Life members & 29 are Provisional Life Members. Out of 29 PLMs 21 are pursuing their PG courses. 3 PLMs were converted to LMs 2LMs have shifted from other Branches namely Odisha and West Bengal State Branch.

6 PLMs were given NOCs for transfer to other branches.

Academic Activities:

CUTICON 2016:

The 27th CUTICON NEIADVL 2016 was held on the 11th & 12th of November at the NEDFi Convention Centre, Guwahati. It was a conference with a unique touch as the entire organizing committee consisted of female dermatologists of the branch. The team had Dr. MadhusmitaLahkar as the Organizing President, Dr. Anita Baruah as the Organizing Secretary, Dr. Jahnavi Gogoi as the Joint Organizing Secretary, Dr. Aruna Devi as the Treasurer, Dr. BornaliRaiBaruah as the Scientific Chairperson and Dr.IndraniDey as the Scientific Secretary.

The conference started at 5.00pm on the 11th of November with an opening ceremony graced by Mrs. Nirupama Borgohain, noted writer and Litterateur from Assam as the Chief Guest and Dr. Biju Basudevan, Joint Secretary IADVL as the Guest of Honour.

The prestigious Dr.T.C.Saikia Memorial Oration was deliberated by Dr. ShyamVerma, eminent Dermatologist from Vadodara, Gujarat, who spoke on the topic "Practising Privately & Publishing Publicly" stressing on the importance of publishing ones findings even from a private setup. He also dealt on some important clinical findings documented by him which were published in various national and international journals.

The scientific programme on the next day, the 12th of November, started with the post graduate quiz with Dr. Chandra SekharSirka from Bhubaneswar as the Quizmaster and Dr. Arup Paul from Silchar as the Assistant Quiz Master. Gauhati Medical College represented by Dr.Mehek Singh &Dr.RashmiAgarwal, came out as the winners. This was followed by the scientific sessions consisting of lectures from both clinical as well as aesthetic dermatology. The lectures were quite informative and served the purpose of fulfilling the academic needs of the delegates.

The Annual General Body Meeting (AGBM) of the NEIADVL was held in the Pre-lunch period where a new Executive Committee was formed under the Presidentship of Dr.PankajAdhicari. The venues for the next year's MIDCUTICON 2017 & CUTICON 2017 were decided to be held at Tinsukia&Shillong respectively. Besides a number of other decisions were also taken pertaining to activities of the branch.

The post lunch session consisted of a panel discussion on "Challenges in Dermatology" moderated by Dr. Vinod Thakur, Assistant Professor, Deptt. of Dermatology, NEIGRIMS, Shillong with Dr. Aruna Devi, Dr. Biren Kr. Nath, Dr. Montu Deka & Dr. Ruby Jain as the panellists. This was followed by the Award Paper session consisting of presentations by the post-graduate students of the Medical Colleges of the North-Eastern Region. Dr.RashmiAgarwal from GMCH, Dr. Ellis Khowbung from AMCH &Dr.BhaswatiMadhab from SMCH bagged the first, second & third prizes respectively.

Chapter Activities

Guwahati City Chapter:

23rd December 2016: A CME on the topic "Skin& Sensitivity" was held on the 23rd of December, 2016. It was presented by Dr. Anal Jyoti Bordoloi.

25th February 2017: A CME on the topic "Sunscreen & the current scenario" was presented by Dr.Ashi, PGT from Gauhati Medical College.

18th April 2017: A CME on the topics" Fungal Infections in Paediatric Age Group" &" Acne in Children" was presented by Dr. Deepak Parikh, Consultant Dermatologist from Mumbai.

Barak Chapter:

7th January 2017: A CME onthe topic"Minocycline in Acne" was presented by Dr.VaswateeMadhab, PGT, Silchar Medical College.



Dr. Deepak Parikh as guest speaker in Guwahati city chapter meet

18th February 2017: A CME on the topic "Cyclosporine in Dermatology" was presented by Dr. Arup Paul, Registrar, Silchar Medical College.

Shillong Chapter:

11th March 2017: A talk on "Melasma" was presented by Dr. Pihu Sethi, Observer IADVL.

28th March 2017: A talk on "Ageing Skin"was presented by Dr. Pallavi, Observer IADVL.

29th April 2017 :

- "Management of Acne Scar" by Dr. Mitanjalisethi
- "Chemical Peeling" by Dr. Vidhi Bhatia

Dibrugarh Chapter:

8th April 2017: The Dibrugarh Chapter organised the following CMEs on the 8th of April, 2017 –

- Management of Urticaria –a video presentation by Dr. Frank Siebenhaar
- The Autoimmune Triad – a case report by Dr. P. Siva Subramaniam, PGT, Asam Medical College
- Concurrence of Mycetoma & Cutaneous Tuberculosis in a case of Hansens Disease by Dr. Ellis Khawbang, PGT, Assam Medical College

Psoriasis IMPACT Programme:

The NEIADVL in association with the SIG-Psoriasis & IADVL Academy organised a Psoriasis IMPACT Programme on the 25th of March, 2017 at Hotel Taj Vivanta, Guwahati. The programme was organised as a part of a series of similar CMEs being organised all over India to discuss practical issues & the latest modalities in the management of psoriasis. The programme consisted of four scientific deliberations namely Epidemiology & pathogenesis, Topical modalities & Phototherapy, Conventional Systemic Therapy and Biologics which were presented by Dr. Nasiur Rahman, Dr. Binod Kr. Thakur, Dr.Shyamanta Barua & Dr. Biju Basudevan respectively. This was followed by a panel discussion which was moderated by Dr. Biju Basudevan while the panellists consisted of the other three speakers along with Dr. Gautam Mazumdar. The programme was attended by about 40 delegates & discussions were quite informative which catered to the academic demands of the delegates present.

Community Activities:

Observation of World Leprosy Day (30th January 2017):

Guwahati Chapter:

The Guwahati Chapter of the NEIADVL observed World Leprosy Day at the OPD of the Deptt. of Dermatology, Gauhati Medical College. A public awareness programme was organised where the faculties of the department highlighted the need to initiate treatment in leprosy as early as possible to prevent disabilities. The people were also appraised about the availability of corrective measures at the tertiary level centres to reduce disabilities associated with the disease.

Barak Chapter :

A seminar cum orientation programme on deformity prevention and stigma elimination was organised by Department of Dermatology, Silchar Medical College in collaboration with Saksham, a NGO & Gandhi SmritiDarshanSamiti. The programme was graced by the Leprosy Incharge of Cachar District, Dr. Ibrahim Ali Lashkar & President of Saksham, Dr. D. J.Nath. The programme emphasized on the rehabilitation of leprosy patients & how best to prevent disabilities. The programme was attended by multipurpose workers of primary health centres as well as medical & paramedical students.

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Activity Report NEIADVL (November '16 – May '17)

Shillong Chapter:

To Mark World Leprosy Day, a CME on Leprosy was organized by the Dept. of Dermatology & Community Medicine in collaboration with the State NLEP (Meghalaya), AIFO, DFIT and Shillong Chapter, NE IADVL at NEIGRIHMS, Shillong. A total of 140 Participants attended the CME including State and District Leprosy Program official from Meghalaya and faculty members from NEIGRIHMS. Poster competition was also held among the medical students. Dr. N. Manimozhi, Consultant NLEP & Head Medical Coordination, AIFO, Bangalore delivered a lecture on the Epidemiology of Leprosy Disease in India as the chief guest of the day.

Dr. R. R. Lanong, Consultant NLEP & N E Coordinator, AIFO talk about the burden of Leprosy in North East India and Dr. Suk Ryntathiang, State Leprosy Officer, Meghalaya talked on the burden of Leprosy in Meghalaya. A total of 33 cases of Leprosy were detected and diagnosed last year in Meghalaya and the alarming issue was that about 30% of those cases were having disabilities which indicate that they were diagnosed late due to different reasons. Dr. Ashish Wagh, Consultant NLEP, Bihar spoke about Reconstructive Surgery for Leprosy patient with disability.

Free Skin Camp :

A free skin camp was held on the 27th of May (Saturday) at Chaygaon, South Kamrup District under NEIADVL. A total of around 300 patients with various skin ailments were seen and free medicines were distributed.

Other Activities:

• Draft against malpractices in Dermatology:

A draft against the growing menace of unqualified doctors practising as dermatologists which was formulated by the EC, NEIADVL & approved in the GBM at CUTICON, Guwahati was presented to the Registrar, Assam Medical Council with copies to the Director of Health Services, Assam & Medical Council of India, New Delhi in order to look into the matter & take proper disciplinary actions.

Leprosy Day An awareness programme in Gauhati Medical College & Hospital



Treasurer's Report N. E. states branch, IADVL (from 1st November, 2016 to 30th April, 2017)

INCOME AND EXPENDITURE ACCOUNT FROM 1st November, 2016 to 30th April, 2017

INCOME	AMOUNTS	TOTAL EXPENDITURE	AMOUNTS
From Central Committee (quizmaster allowance and membership fees)	35,800.00	To Dr. Indrani Dey as Quizmaster allowance for CUTICON, 2016	16,641.00
Seed money from CUTICON Guwahati 2016	1,00,000.00	To Dr. Binod Thakur for expenses of CUTICON, 2017, Shillong	1,00,000.00
Amount from Central Committee as membership fees	5,400.00	Web.com Pvt. Ltd.	4,427.00
Amount received from Dr. Jyoti Nath as surplus from Pulse CME November, 2014	1,00,000.00	To Avishek Media (for newsletter printing)	25,000.00
Interest credit	690.00	To Dr. C. S. Sirka (Quizmaster Allowance)	14,561.00
TOTAL INCOME	2,41,890.00	Total expenditure	1,60,629.00

Surplus amount = Rs. 2,41,890.00 – Rs. 1,60,629.00 = Rs. 81,261.00

In our General Savings A/C till 31st October, 2016 there was Rs. 15,42,800.00

Now the amount in the same A/C is Rs. 15,42,800.00 + Rs. 81,261.00 = Rs. 16,24,061.00

Fixed deposits	1.	Rs.	(Matured in)
	1.	15,500/-	July 2014
	2.	1,30,000/-	Sept. 2014
	3.	1,08,605/-	July 2014
	4.	58,703/-	June 2014
	5.	45,158 /-	August 2015

Total Rs. 3,57,966/-

Amount of money in the name of association

Rs. 3,57,966.00 + Rs. 16,24,061.00 = Rs. 19,82,027.00

Dr. Chayanika Kalita
Treasurer,
N.E. States Branch, IADVL

Details of NEIADVL office bearers

Designation	Name	Address	Mob. No.	Email id
President	Dr. PankajAdhicari LM/NE/2935	House No. 10A, Rupnagar, Guwahati - 781032	9864015376	pankajadhicari@yahoo.com
Vice-Presidents	Dr. BasobBarua LM/NE/3309	House no.3, Chitra Ban Path, R.G.Barua Road, Ghy-781003	9864040320	skincentre@sify.com
	Dr. JagjeetSethi LM/NE/4271	Hope Clinic, Pinewood Ridge, Baric, Shillong-793001	03642228784 9863060477	Jagjeet-gaggy@yahoo.com
Secretary	Dr. Anal JyotiBordoloi LM/NE/5599	Prasanta Residency, Flat G1, Harabala Road, Byelane-2, Ghy-781007	9957575941	ajbordoloi@gmail.com
Joint Secretaries	Dr. Binod Kumar Thakur LM/NE/4958	Deptt. of Dermatology, NEIGRIMS, Mawdiangdiang, Shillong-793018	9774165590	binod.k.thakur@gmail.com
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DVL trust

Contributed by - Dr. Rajib Gogoi

You all are probably aware of IADVL's flagship Social Security cum Professional Indemnity scheme that was launched way back in year 2011 and is known as DVL welfare trust. It is one of the important financial benefit schemes aimed at securing financial security for the family members of our association. A trust named "DERMATOLOGISTS VENEREOLOGISTS & LEPROLOGISTS WELFARE TRUST (DVL trust)", formed by IADVL, manages the scheme and the trust is functioning from its registered office at Vadodara, Gujarat. This "Trust is by IADVL, of IADVL and for IADVLites".

Objectives of the scheme

- To provide financial assistance to the family of a member of the scheme in the event of his/her death.
- To inculcate a habit of savings among the members for their own benefit.
- An option to provide comprehensive indemnity cover in the event of litigant situations arising out of alleged professional negligence by the members.
- To educate the members, including clinic staff, to prevent any litigant situation and to guide them, how to deal with it in the event of such a situation.

Who can avail this benefit by becoming a member?

1. Any life member of IADVL, irrespective of age is eligible to become a Regular Member of the scheme. Life membership certificate issued by IADVL is a must.
2. Family members of Life members of IADVL can also join the scheme as Beneficiary Members. Separate forms are needed to be filled for each member of a family.

Benefits for IADVL members of DVL Trust

1. Social security to family members: A member starts enjoying financial benefits after ONE year of joining the scheme. In case of death of a member, his/her nominee will get Rs. 450 x N, where N = No. of members of DVL trust. In other words, when more IADVL members join this scheme, fraternity benefit to the family members of a deceased trust member increases.
2. Professional legal protection for those members opting for it: Legal help is extended in all types of lawsuits like civil and criminal, cases in labour courts & in consumer forums. LegalMD Global Consulting Services Pvt. Ltd. is the law firm employed by the trust to render legal services to its members all over India.

The special features of the scheme are:

- It is run by our association.
- Amount of help is decided by us, the members.
- Amount of help increases as number of trust members increases.

IADVL observership in Aesthetic Dermatology started at the HOPE Clinic, in Shillong, where the first batches joined from March – April 2017.



- Benefit will continue till death of member
- Profits of the scheme remains with us and can be redistributed among members by other benefit as deemed suitable by members themselves.

Total Amount Payable at the time of admission:

- Admission Fees (as per age, please visit www.dvlwelfaretrust.org for details).
- Annual Membership Fees Rs. 600/- as in year 2017. This increases by Rs.50/- every year.
- Advance Fraternity Contribution (AFC): Rs.2,000/- (Rupees Two thousand only) is the minimum amount kept with DVL trust towards members future fraternity contributions.

Optional amount payable at admission:

Member can deposit additional amount of his choice as deposit for future annual contribution. An interest @ 4% p.a. is credited to his deposit amount.

Optional Legal fees for professional indemnity:

Life members of IADVL who are members of DVL trust can opt for Professional indemnity under the same scheme. This is not offered to beneficiary/family members. Annual legal fee is based on the type of Dermatology practice the individual member does:

- a) Consultants with only office practice have to pay Rs. 1000/- per year
- b) Consultants with practice of Dermatotomy have to pay Rs. 2000/- per year
- c) Consultants with practice of Cosmetic, Laser & other procedures have to pay Rs. 3000/- per year. The indemnity coverage is of Rs. 7,00,000/- (Rupees Seven Lakhs) per case and a total of Rs. 15,00,000/- (Rupees Fifteen Lakhs) per year. If member wishes, the indemnity coverage can be doubled by paying double the annual legal fees.

Member's annual contribution (renewal):

- a) Annual membership fee of Rs. 600/- (for year 2017 with increment of Rs. 50/- every year).
- b) Fraternity contribution Rs. 500 x N, where N = No. of death of members of the trust during the past year.
- c) Optional Annual Legal fees for Professional Indemnity, to be paid by those members who opt for professional indemnity.

Current status and scope of expansion:

- Till date 2 members have expired and beneficiaries have received the fraternity contributions.
- As on 15.05.2017, DVL trust has 324 regular members and the death benefit to any member's nominee now stands at Rs.450/- x 324 = Rs. 1,45,800/-
- IADVL has 7692 Life members as on 15.05.2017. If all of them were members of DVL trust too, the death benefit to nominee would have stood now @ Rs. 450/- x 7692 = Rs. 34,61,400/-. Isn't it a big amount that you would have kept aside for your family almost unknowingly and by paying a very minimum yearly premium of Rs.1,100/- (as in year 2017; Annual fee Rs.600/- + FC Rs.500/- for one member expired during the last year)? Note that if no death is reported during the year, members need to pay the annual fee only. If you think deeper, it will surely give you a sense of satisfaction that you are contributing a token amount of Rs.500/- toward the bereaved family members of your colleague/fellow IADVL member who died recently.
- Only you can make DVL trust stronger by joining it and roping in your friends and colleagues within IADVL.

How to become a member:

Contact our state coordinator for N.E. States branch of IADVL Dr. Anupam Agarwal @ 9207142473 / anupam.agarwal24@gmail.com Or, You can download application form from www.dvlwelfaretrust.org

You can make online payment there too.

In case of claim, claim form may be downloaded from the same site.

Contact details of Registered Office:

DVL Welfare Trust

Shreeji Chambers, Brahmपुरi, DandiaBazar, Vadodara - 390001, Gujarat, India.

Phone : 0265 2431085, E-mail : dvlwelfaretrust@gmail.com

Contact persons in Central IADVL:

Dr. Chetan N. Patel, Chairperson, DVL Trust @ 9426378078

Dr. Jayadev Betkerur, Vice Chairperson/ EC Coordinator, DVL Trust @ 9448270612

New Age vagaries of Private Practice



Dr. Basobi Barua
Skin Centre, Guwahati

As I sit down to pen this, deciding on the title first, I try to remember my early days of practice after resigning from the Medical College job. It strikes my mind that over the years I have seen a definite change in behaviour of many of my patients and their attendants. Earlier, when one writes and explains a prescription, patients attentively listen to what you have to say and follow the instructions to the last letter. Nowadays, no sooner some patients leave the chamber, they will plonk down in the lobby and immediately start googling, and then drive you mad by coming back and questioning you over and over again! Not that I get sick and tired of answering them, but what gets my goat is the all-knowing smirk in their face, trying to show off that five minutes of googling have made them more of an expert than you and me!

I have noticed that parents are nowadays becoming too protective of their children. It will be the parents, more often than not, who will answer your queries, promptly, in spite of their children being an adolescent or a teenager, not allowing them to utter a single word. Sometimes I find that the child (more often a young adult, rather than a child), would look so disinterested in the whole proceedings, tap-tapping on his FB page or on Whatsapp in the mobile all the time, when it is he or she who is the patient while it is the parents who keep on describing symptoms or answering all queries. Parents want their children to be 'doodhpeenewalabacche', even when the son or daughter is 18 or above, and who probably is more adept at drinking something else rather than milk by this time!

Sometimes I shudder when I see mothers bring their grown-up sons with *tinea cruris* and proceed to tell you with graphic detail about the extent of the disease, after having done a good inspection of their genitalia at home, which I cannot imagine a lay woman doing. That day an adult girl came to my chamber with her father. She had some problem under her breasts. She was fidgeting and hesitating on removing her blouse, but he sat on non-chalantly. I finally told him to wait outside, but he retorted back, 'She is my daughter!' I had to point out to him that though she may be his daughter, she is a grown-up girl now, she could no longer undress in front of him. Then only he finally went out. What kind of parenting is this? I remember innumerable instances when I had to use harsh words on parents when they would not allow their children to describe their symptoms or unnecessarily intervene when they were doing so. I also remember instances when I had to rebuke a child for continuing to play with their mobiles in the chamber, only looking up when you ask a question, replying in monosyllables, and going back to their mobiles with no interest in anything though it is their own disease or condition we were talking about!

We have a tendency to always blame the millennium children for being disinterested in family and relationships and for having bad social behaviours. Being a mother of 3 young adult boys myself, I know how parenting in these NextGen times can be so difficult. But I strongly believe that the onus lies on the parents, rather than the children, on how they bring up their wards, and what they turn out to be as adults in the future.

A nine-year-old's narrative on the highest office in Paradise



Dr. Nasiur Rahman

My son and I were lazily basking in the sun one Sunday forenoon. I was not quite well after an episode of severe IBS problem the previous evening and was reclining on a chair with my legs resting on another chair. Dua, my nine-year-old son, came up to me, placed himself comfortably on my stretched legs and tummy and started conversing.

I said, "If you press me like that I shall die and go to heaven!"

Dua said "Heaven is a nice place. I have been there".

"You? How on earth could you do that!", I snapped back.

"Yeah, before we were born we babies were living with God. I remember that quite well. We lived in a big bright hall, next to God's room, where we spent most of our time playing.

"How does He look like?", I asked inquisitively.

"He is shaped like a cube and wears a dark robe with golden designs from which light emanates. He does not have any legs or arms."

Quite shaken by his absurd description of our Creator I said, "That's quite a terrible shape! Were you not afraid of Him?"



'But mum, I'm nearly seventeen'

"Not at all. He was very friendly with us. Besides, Archangel Azrail, the Angel of Death was always there to entertain us. He's quite a lovely angel."

Receiving a second shock I said, "The Angel of Death entertained you! Isn't he a terrible creature?"

"He's a handsome young man in white robes. He played with us so often. We were all fond of him."

"Have you met Archangel Gabriel, or any of the other Archangels like Michael and Israfil?"

"Gabriel is a boring person. He remains busy with his works. He would frequent God in his room but hardly has any time or interest to play with us. Archangel Michael is the junior doctor there looking after the babies, and Archangel Israfil the senior doctor. Under them we have nurses with wings who take good care of us; they are angels. I didn't see any wings on the Archangels; they might have small wings which could have been hidden under their robes."

"What else did you do there?"

"We would often be shown on a TV-like gadget pictures of ladies from Earth whom we'd love to have as mothers when we shall be born. We get to select our mothers. When Mamu's face was flashed on the screen I immediately raised my arm to have her as my mother."

Dua addresses his mother by her pet name, Mamu just as he calls me Baeboo.

"What made you choose Mamu as your mother?", I asked, amused over his statement.

Dua replied, "As soon as I saw her face I understood by intuition that she would be the one who shall love me the most."

"You don't get to choose your fathers?"

"No".

"Well, you noisy creatures must have been disturbing God at his work! Did He often need to come out and ask you to keep quiet?"

"We don't speak or make sounds there. We communicate by telepathy. We can read each other's minds and that does the talking."

"Did you and your friends remain confined to your hall until you were born to some mother on Earth, or were you taken on trips too?"

"We were often taken on trips to Heaven and Hell. There are different gates for the two sites and you can get to see the words "Heaven" and "Hell" mentioned on the top of the gates."

"But you were babies there and could hardly even walk properly. How could you go on trips like those?"

"Whentaken on these excursions we were made to grow older so that we could walk properly and understand what we were being shown. We were taken in a school bus-like vehicle but the wheels faced upwards."

"A funny vehicle you have! Well, what did you see in Heaven and Hell?"

"In Hell, we saw bad people getting punishment for the wrongs they committed on earth. I have seen tongues being pulled out, and people thrown into fire. Once they die they are made alive again and once more thrown into fire. Heaven is like a beautiful park. We used to play around. There are tables spread all over, labelled by our names, each loaded with six bottles of milk. The milk is from our chosen mothers-to-be and we drank them whenever we felt like. There is also a Super-Hell for the very bad people and a Super-Heaven for the very good people. They are within the same campuses of Hell and Heaven respectively but in separate enclosures".

"Are there other places to see?"

"Yes, there is a hall where the souls of people who have died come to stay for a while before God decides to put them into Heaven or Hell. We were sometimes taken there too. I met Paathere."

Dua never met my sister. She passed away a year before he was born. He saw her pictures since babyhood and when he came of age he nicknamed her Paa. Even as a baby he would stare at his Paa's picture and smile or mutter something in his own words as if he had seen her before. He would often kiss her picture too.

Quite intrigued I continued, "How could you recognize your Paa when you had never seen her?"

"Over there we can recognize our own people right away. Paa loved me a lot. Whenever I visited her in her hall she would hug me and kiss me."

Bombarded with unexpected information, I decided to delve further.

"Well, what did you use to wear when you were with God?"

"Since we were kept as babies in our hall we were wrapped up in white sheets. When we were taken out on trips we were made to grow up a little bigger, around 12 years or so, and then we would automatically see ourselves in white trousers and a flowing shirt like a kurta. No one wore jeans there."

"What about girls?"

"We didn't have any girls with us. Probably they are kept separately".



"Sorry, you'll have to go back-- they're resuscitating you down there."

Continued from page -6

A nine-year-old's narrative on the highest office in Paradise

By now it was time for lunch, and Dua had to leave for his art classes soon after that. As soon as my wife sent our maid to call us for lunch we hastily climbed down the stairs still submerged in the images of God's office.

I asked Dua on our way down, "Are you telling the truth? Or did you just confound me with a story?"

"It was all lies!" shouted Dua as he rushed past me to hug his mother.

When Dua left for his art classes with his mother I pondered. Could this narration with all its intricate details be pushed aside as only a figment of imagination by a nine-year-old? With practically no lessons on religion either at home or at school can a child of his age compose a story with ideas that are to be found in the Abrahamic religious books plus their details that are not be found anywhere. The cuboid nature of God with black robes embellished with golden designs could well be an impression left in the brain during Dua's pilgrimage to Makkah at age 1 year and 2 months, where he saw the cuboid shaped Kaaba covered in dark tapestry with golden motif. But how do you explain the rest of the details complete with Archangels, choosing of mothers, the purgatory, heaven and hell?

Today when I was typing this article on my computer Dua looked over my shoulder and saw that it was about what he had said the other day.

He said, "Why are you typing all that I said? Will you publish it?"

"Yeah", I said, "I thought I should share this information with other people too. Well, just tell me again, did you tell a lie or the truth?"

Dua quipped, "The other day I was just fooling you by saying that I told lies! I actually spoke the truth. You will realize this later when you will die and go to God!"



● **Thread Lift**

Dr. Jagjeet Sethi
Hope Clinic, Shillong

Thread lift is a minimally invasive technique to lift the skin on the face or other parts of the body when it starts to sag, without making surgical incisions and without removing any part of skin, fat or tissue. Thread lift can be done using free floating threads which do not need to be suspended in order to hold the lift unlike suspension threads which need to be anchored to a stable structure like face or bone. The other known threads are Aptos threads, Contour threads, Silhouette Lift and Silhouette soft threads.

PDO threads

Polydioxanone first developed in 1970, used as a stitching fibre is a colourless, crystalline, flexible monofilament. It is almost without any side effects. It has the advantage of good lifting, good skin stimulation, fast recovery time and few complications. The PDO threads may be the commonly used Monofilament, Tornado, Screw and Cog which may be blunt or sharp



USES

- 1- Lifting effect on face, for eg, jowls, double chin, face contour and mandibular profiling
- 2- Rejuvenation, wrinkle improvement skin tightening and pore reduction
- 3- Lifting effect on body, for eg, buttocks, knees, thighs and breast
- 4- Less commonly used for body slimming and involution of muscles, for eg , square jaw, calves.

MECHANISM OF ACTION

Immediate effect shows instant plumping and erythema, after 15-30 days there is activation of wound healing, with resultant collagen formation around the implanted thread. By the end of 180 days the threads get absorbed into the skin and the vector of pull is formed with the fibrotic scar which maintains the lift long after the absorption of the threads. The threads get hydrolysed to CO₂ and H₂O and are removed in urine.

The threads are placed at the level of lower dermis, subcutis or the muscle layer. The insertion techniques used are serial, parallel, fanning, cross hatch and pull and cut.

LIMITATIONS

Thread lift can be considered as a preliminary procedure combined with other non- surgical procedures rather than a substitute to surgical facelift . It may also be indicated for those who have undergone a surgical facelift and want a lift again but without surgery.

PRE TREATMENT COUNSELLING

Mechanism of action, goals, how long the effect lasts, re- treatment, time taken to see the results, complications and post-operative advice.

CONTRAINDICATIONS

Those with platelet disorders or metabolic disorders of Vit K, history of keloids, scars and idiosyncratic skin, pregnancy, inflammatory disorders, anti-convulsants, implants, psycho-neurotic patients, non-compliance, unrealistic patients, systemic diseases like diabetes, hypertension.

FACTORS PREDICTING OUTCOME

The unfavourable factors- improper choice of threads, improper choice of vector, Cost prohibition, wrong candidate selection

The favourable factors- Low BMI, strong underlying bone, good quality skin

PREPARATION

- 1- Photographs, 2- Cleansing 3- Anaesthesia/nerve block
- 4- Disinfection 5- Design/markings

RISKS AND COMPLICATIONS

- 1- Asymmetry
- 2- Rippling, puckering due to over tightening of threads
- 3- Infection
- 4- Granuloma formation
- 5- Thread loss, thread breakage and thread protrusion
- 6- Less commonly haematoma, nerve damage, sensory impairment, chronic pain and palpability may be observed.

CONCLUSION

Optimal results can be obtained by proper patient selection, using PDO as adjuvant and not monotherapy and following retreatment protocol.





neadvl NEWSLETTER



Glimpses of CUTICON, Guwahati 2016

