



neiaadvl

NEWSLETTER

Official mouthpiece of N.E. States Branch of IADVL



NEWSLETTER EDITORIAL

Respected and dear members,

Men are called social animal or creature. Our social skill and feel are the two main driving force of society, where we do live. We the doctors are also an integral and important part of our society playing a key role in social changes and upliftment. We can not restrict our role merely as a treatment provider in various health problems, though that is the primary duty of ours. We must look beyond our horizon and contribute for the society whatever the way possible, by virtue of our knowledge, vision and work. We have to develop that insight in us, which can guide us to deliver our best for the common people and the society in totality. Our profession is not meant only for earning our living, but also it is an honoured and able means of establishing better social values and social changes. Being Dermatologist we can get ourselves involved in that mission and think and act in a broader perspective. "Chalo gaon ke ore" is one of the big step in this direction. We live in a country where majority of the common people are unaware and unable to seek proper dermatological care. They can not reach the handful of dermatologist by their own and as a result get trapped in the hands of so many quacks and inefficient person. We have to reach them, teach them and convince them the importance of scientific ways of dealing with skin conditions and their prevention. We must contribute through our ways, to transform our society into one with as minimal as possible of disease, disability, depression and death due to skin related ailments. Ignorance is always a temporary phenomenon which can be overcome by sincere effort. We can not keep on confining us in our clinic and hospital all the time. This is the demand of time to put our steps a bit outward towards the needy section in our society. We have to unmask our social responsibility in a more defined and distinct manner. For that we need not to devote our all the time and energy. We need only a humanitarian gesture from bottom of our heart and spare little time. For example we can go to the remote areas, arrange awareness and treatment programme and public speech to educate the people about various skin problems and misbelief associated with them. We can incorporate local population in that venture for mass acceptance and better attendance. We can keep our points via different print and electronic media. Writings on skin health issues in local languages would be meaningful way in this regard. We can work with local

administration in public issues related with our subject like steroid mis-use and hazard, fraud dermatology practitioner, social abuse and assault on Leprosy and AIDS patient, etc. We should not do these things as an one man army. Leaving aside all egos and narrow-mindedness, we must get together and work collectively. Not for name or fame, but honestly on behalf of the people who deserve.

Humanity should be our prime concern. Life is bigger than anything else. To keep a permanent imprint in the sands of time, we can not live for self alone. Let's look into the sky. Let's take our beloved subject and its impact into the soul of the common people. That will be the proper way for us to serve the society. Many of our legendary Dermatologist showed that glorious path in past. It is the time to push us through that divine route and carry forward the golden legacy. We get one life, one opportunity to make it beautiful and worth living.

At last I wish CUTICON NE STATES, 2015, Annual conference in Agartala a grand success.

Long live IADVL, Long live NE-IADVL

Pranjal Jyoti Dutta
Dr. Pranjal Jyoti Dutta
Editor
N. E. State Branch, IADVL

Message from the President,
North East States Branch of IADVL



Dear friends

It is a matter of immense pleasure to see the CUTICON-NE 2015, annual conference being organized at Agartala in Tripura, a truly magnificent location known for its beauty and brain. I do hope, this time the occasion will be a full of life display of academics and togetherness for all the participating members of NE-IADVL. I do wish the event to be a bigger success bearing memories of pride for all of us. Long live NE-IADVL

Regards,

Sd/-
Dr. S. K. Bhattacharya

SECRETARY'S COLUMN

Dr. Nasiur Rahman,
Branch Secretary,
NE States branch, IADVL

Message

Dear reader,

It gives me immense pleasure to scribble a few lines on the cover page of our esteemed newsletter, the only functional medium in our hands that highlights the various activities undertaken by the different units of our branch and the personal achievements and endeavours of our talented members. As always, our editor Dr. Pranjal has poured in all his efforts to make this current issue an interesting read.

Being a past editor of the same newsletter I understand how taxing a job can be when the contributors fail to submit their reports within the deadline fixed for them. Over and above this, as in any other project, there may be unforeseen issues that tend to surface at the nick of time and shake the very confidence of the editor. My request to all members would be to contribute contents generously to the newsletter and submit their reports and other write-ups in time so that the editor can put together the matter with peace of mind and come out with a laudable edition.

Happy reading!

Research Methodology Workshop

The IADVL Research Methodology Workshop was organized at Gauhati Medical College Hospital, Guwahati on the 8th and 9th day of August, 2015 by the Department of Dermatology in association with the Medical Education Unit of Gauhati Medical College Hospital, Guwahati and the NE States branch of IADVL. It was one of a series of four similar workshops held elsewhere in India.

With registration of 114 participants across Medical Colleges and Dental colleges of Assam and other states of the North-eastern region as well as a few corporate sector hospitals of Guwahati the workshop saw an encouraging attendance of doctors including a sizeable number from the preclinical departments as well. Inaugurated by Dr. Kabul Saikia, Principal-cum-Chief Superintendent, Gauhati Medical College and Hospital, Guwahati, the workshop was well conducted by the able team of Dr. Avijit Hazra, Dr. Soumya Panda, Dr. Manindra Singh Setia and Col. (Dr.) Manas Chatterjee, which invited a lot of interaction among the participants. Retired doctors, departmental heads and professors were seen participating in the discussions with as much vigour as the young PGTs.

The local coordinator of RMW, Dr. Rajib Kumar Gogoi and the organising team comprising of Dr. Pankaj Adhikari (President), Dr. Chayanika Kalita (Secretary) and Dr. Analjyoti Bordoloi (joint Secretary) in association with the entire faculty, PGTs and supporting staff of the Department of Dermatology as well as the Office of the Principal-cum-Chief Superintendent of the hospital played a very proactive role in scripting a success story.

I like to thank all concerned for their efforts in making this workshop a grand success. I would specially like to thank IADVL Academy and the parent organisation for letting our branch host this prestigious workshop in this part of the country and expose our doctors to the wonderful domain of research methodology.

My sincere prayers for the wellbeing and all-round success of IADVL and the North-east states branch of the same.

Chala Gaon Chala Gaon ke Ore

The NE States branch of IADVL launched the first phase of the much awaited "IADVL Chala Gaon Ke Ore" programme by arranging a daylong free health-cum-awareness camp at SOS Village, Azara, a rural locale 28 kilometres off Guwahati city on Friday, the 18th day of September, 2015. The main intention of this series of camps was to create an awareness on dermatological disorders among down-trodden people, institutional inmates and ignorant rural masses who would either choose to neglect them until they are severe enough or fall prey to quacks and word-of-mouth medications.

The medical team comprised of nine doctors that included 5 faculty members and 4 post-graduate trainees. The supporting team comprised of members from Sun Pharma who arranged all logistics including three Innova cars and working lunch for the team, and personnel from Palsons Drugs, Systopic, Wallace Rivela and Zuventus who provided free samples of dermatologic preparations as well as multivitamin syrups and systemic antibiotics besides the much needed manpower.

The template provided by IADVL for the printing of banners, standees and posters was slightly modified into an Anglo-Assamese version for easy comprehension by the masses. The posters were pasted at strategic locations for easy visibility one week in advance of the camp. Besides smaller banners were also attached to the bonnets of the cars carrying the team so as to create a festive ambience.

The response of the public was satisfactory. About 200 patients attended the camp but being a children's institution the majority were children, most of them being girls. Almost all attendees could be provided with medicines that they needed and an overall sense of satisfaction seemed to prevail among the patients. The medical team also expressed satisfaction at the conduct of the camp both in terms of treatment and patient education that could be provided, and the logistics offered by the supporting team.

Similar camps are seriously planned for the near future and the programme "IADVL Chala Gaon Ke Ore" is here to stay. The problem of floods and insurgency precludes holding of camps in remote areas but the association is committed to arranging of bigger and more elaborate camps in accessible areas.

I like to thank the medical team who wholeheartedly stepped into the mission at my gentle behest and the pharmaceutical companies who worked out of the way to deliver the expectations.

Thanking you.

Regards,

Dr. Nasiur Rahman,

WELCOME MESSAGE

Dear colleagues,

On behalf of the organising committee, CUTICON NE STATES 2015, it's my pleasure and privilege to invite you all to CUTICON NE STATES 2015, the most awaited 26th annual conference of NE States Branch of IADVL at Agartala, Tripura on 13th&14th of November, 2015. It's a great opportunity to network with your colleagues, friends and seniors to exchange views, learn new skills, and share the experiences and making long lasting relationship. Tripura is going to host this conference for the first time and we are trying our level best to make this conference a memorable and enjoyable one. Speakers from different parts of the country of national and international repute have been invited to deliver in the conference and efforts have given to cover the burning issues of the Dermatological sciences.

Tripura is a small picturesque state in the north east India. The beauty of the erstwhile princely state of Tripura stands from the splendour of its natural setting and dazzling heritage. The panoramic tiny state is inhabited by 19 ethnic tribes, Bengali and Manipuri. The climate and mood of the city is very pleasant during these festive months of October and November. We planned to serve you the best of local cuisine and entertain with the best of local cultural and musical sensations of Tripura in your days of stay.

We, once again, cordially welcome one and all to Agartala, Tripura to attend CUTICON N.E. STATES 2015 & to be a part of this scientific, cultural and culinary extravaganza. We sincerely hope you will join us and make this endeavour to a grand successes.

Thanking you.

With Warm Regards,



Dr. Gautam Mazumder
Organizing Secretary,
CUTICON NE STATES 2015.
Agartala, Tripura.

Places of tourist attractions:



The gleaming white Ujjayanta palace located in the capital of Agartala evokes the age of Tripura maharajas.



Sepahijala Wildlife Sanctuary is truly the biodiversity heaven of Tripura with an area of 18.54 sq. km.



The 11th century old Tripura style of Temple architecture is located on the hilltop situated at Udaipur.



Unakoti is an important site of archaeological wonder. It is a Shiva Pilgrimage attraction and dates back to 7th-9th century's A. D.



Melagar is important tourist spot in Tripura which is famous for Neermahal (water place) located picturesquely in the midst of the scenic Rudrasagar Lake built in 1930.



Pilak is a place of attraction for its archaeological remains of 8th- 9th centuries.

Report on the activities of Guwahati City Chapter



The Guwahati City Chapter met on the 12th of September, 2015 after a long gap at Hotel Kiranshree Portico, Guwahati. The programme included a CME on a 'Case report of Hyper IgE Syndrome' presented by Dr. Rashmi Agarwal, a 2nd year PGT student of Gauhati Medical College & Hospital. The presentation took about 20 mins. which was followed by a discussion actively participated by all the members.

The CME was followed by the General Body Meeting (GBM) to discuss the proceedings of the upcoming ACDI Meet (Association of Clinical Dermatologists of India) to be held from 19th to 21st February, 2015 at the Gauhati Medical College. Prof. K.N.Barua,

the Organizing President, gave an update on the venue, the organizing committee and the a brief plan on the scientific sessions to be undertaken.



The house also felicitated Dr. Sherina Nasreen Lashkar for the one year fellowship programme that she was going to undertake at the King's College, London, U.K.

The meeting concluded with a vote of thanks from the Secretary, Guwahati city Chapter.

Dr. Anal Jyoti Bordoloi
Secretary, Guwahati City Chapter

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LIFE IS A RIVER

Dr. Pranjal jyoti Dutta



River flows and flows. Through all twists of time, through all ups and down, river flows with its unique colour and mystery, leaving behind dense shadows of past and deepening memories. Waves know no halting. River can reflect life and time. River can reflect momentum, river reflect celebration. Sometimes I do feel, if I could keep the shiny waves of life with me forever. I discover myself carried away in that stream not

knowing where and how far to go. The wave thrushes me back sometimes and sometimes glitters my soul with divine melody. The river is my own, it teaches me to ride through all odds. The river sings the song of truth and beauty of life. The life itself is a river, river is a mirror life.

LIFE CAN ONLY BE UNDERSTOOD BACKWARDS - BUT IT MUST BE LIVED FORWARD

At the completion of our compulsory internship, after many years of interval I was returning home. I had left as a student and returned being a doctor, a responsible and respected figure in the eyes of our society. In our village I have been alone in our profession till date. For my tiny achievement all were happy. One sunny morning I was leisurely sitting in the veranda enjoying the scenic beauty of the surroundings. Unending paddy field full of crops were swimming in sunlight with calm breeze running all around. I was listening to the flute at heart. Opening the front gate, an old man of eighties came in with his trembling steps. I saw Nalia koka, (grandfather) was that person. Time changed him totally. I loved him for his devotional prayer in the early hours of morning, which used to wake up us every morning in our childhood days. He looked ill with

those red eyes and cough. He had apparently some breathing problem. He was coming for my advice as a doctor. His financial condition did not allow him to go to the town for check up. I examined him with my little experience. Gave some sample medicine. He blessed me and left. After few days Nalia koka came again. This time little fresh and healthy with his childish smile more flourishing. I understood he was getting better with my medicine. He touched my head with his hand and reluctantly gave me a packet. He was bringing a bunch of ripened banana for me. He said: I am unable to pay you fee Bopai, please accept it as a token of blessing as well as your charge. I dissolved in utter emotion. I told him his blessings were my fee. I got first consultation of my service in the form of a bunch of banana from Nalia koka. He is no more. After nearly twenty years of my professional life as a doctor, I do still remember my first fee, with a touched soul with immense proudness. These are the real joy or gem of life. Abraham Lincon once said "And in the end, it's not the years in your life that count, it's the life in your years" I feel very true.

TALK TO YOURSELF ONCE A DAY... OTHERWISE YOU MAY MISS MEETING AN EXCELLENT PERSON IN THIS WORLD: VIVEKANANDA

Things are felt more intensely when they are lost. They get more meaningful and bright, when they are not around us any more. As if we would wrap them around us, that no force in the world can snatch them away from us. That evening I got into the bus for home in the afternoon for the final time. I was euphoric to reach home and stay there with my family for indefinite time. I was sitting next to the window. The bus was just passing by the Jalan temple. I was looking into the trees and the blue sky. I felt, am I not going to leave behind the most memorable gift in my life? I closed my eyes. The old fashioned hostel buildings, the football field, the dissection hall, the roads and class rooms, the canteen, the evergreen face of Madhukai, the paan shop, all passed in a moment around my eyes. For my whole life I am going to be separated from my beloved Assam Medical College. I may not see them again, I may not walk on these roads, I may not look in to the autumn sky from my hostel window. If the auditorium would be silent, road would be empty, nights would be gloomy, in my absence? In search of a new future, I was

TREASURER'S REPORT

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N. E. states branch of IADV L (FROM JULY TO NOV 2015)

INCOME AND EXPENDITURE ACCOUNT

TOTAL COLLECTION	AMOUNTS	TOTAL EXPENDITURE	AMOUNTS
Collected money (Provisional life membership fees 7000x4)	28,000/-	Money sent to central committee as provisional life membership fee	22,120/-
Annual membership fees		Web.com Pvt. Ltd.	7,980/-
Collection from CUTICON 2014, Kaziranga		To Avishek Media (for newsletter printing)	28,000/-
Surplus money	60,000/-	Travelling Expenses for Excutive Committee Meeting given to Vice-President and Branch Secretary	46,284/-
Stall money	6,00,000/-	Amount given to Dr. Kanak Talukdar for ACDIMEET 2016, Guwahati	2,00,000/-
Total collection from Mid-Cuticon 2015, Nagaon	1,14,460/-	Total expenses at Mid-Cuticon, Nagaon 2015	1,09,590/-
		Miscellaneous	350/-
Total money collected	3,32,125/-	Grand total expenditure	4,14,324/-

Surplus amount = Rs.8,02,460/- Rs. 4,14,324/-
= Rs.3,88,136/-

In our General Savings A/C till July 2015 there was Rs.5,78,745/-

Now the amount in the same A/C is Rs.5,78,745/- + Rs.3,88,136/- = Rs.9,66,881/-

Fixed deposits

1. Rs. 15,500/- (Matured on July 2014)
2. Rs.1,30,000/- (Matured on Sept. 2014)
3. Rs.1,08,605/- (Matured on July 2014)
4. Rs. 45,158 /- (will be matured in August

2015)

Total Rs.2,99,263/-

Amount of money in the name of association Rs.8,78,008/-

+ Rs. 9,66,881/- = Rs. 12,66,144/-

Dr. Chayanika Kalita
Treasurer
N. E. States Branch, IADV L

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LIFE IS A RIVER

going to be detached from my soul. Every moment I was heading towards home, I felt leaving behind myself in the soil of AMC. "Do not let me go ,do not get me drowned in memory lane. I want to live and die with you." I whispered in me. Nothing is static in life and world. We meet to depart. Dark shades of evening sky poured few drops of tear in my eyes. Men live in pieces. We are not one all our way. We move leaving behind some portion of us in our path of life. That is a river, we call life.

TIME TAKES IT ALL, WHETHER YOU LIKE IT OR NOT : STEPHEN KING

I was looking some old photos in the album. A young, energetic man with a black shining moustache with his other half so beautifully gazing to the beholder with a mesmerizing smile. All dreams were twinkling in their eyes. They were the happiest couple in the world. Even in that black and white image, their moments seemed so colourful, that I paused for a while and swimed back to those moments. A long and beautiful life, full of dreams and pleasant surprise was waiting for them. Hand in hand they were beginning a journey with a Sky, so red and blooming. A faint sound occurred in the front gate. I found an old man, with grey thin hair, and all those scratches of time over his coarse face entering . He is the same man in that photo, my father. Not so stronger as ever. Time snatched the glaze from his skin, he kept so long. I always wanted to look my father as the strongest person in the world. Over the years I have been trying to accept the transformation, but could not. I do try very often to rediscover the sweet and soft charms on my mother,s face, for which I craved. In stead, I am pricked with pain, when I see an aging queen , with her flowering smile still intact. I have started to fear to look into the album. We do expect our loved ones remain as ever always. Time distorts everything. Sun rises to hide in shadows of night, flowers bloom to fall off ,autumn ends in winter. This is the truth , this is the rule of nature. Everytime I look myself in the mirror, I feel the power of time. As if a violent river swept all on its way. We are simply helpless, giving our everything to time. Time is nothing but a river , landing in infinity. As said by Benjamin Franklin "You may delay, but time will not"

We must go, we must flow. Floating in the mighty river we must look to the blue infinity and talk to our inner soul. Joy lies in the journey, never in the destination.

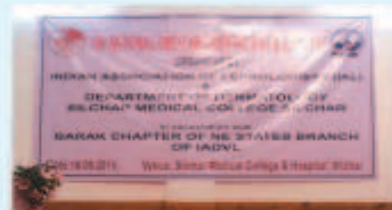
Report on the activities of Silchar Chapter

Being the Asst. Gen. Secy. of Barak Chapter of NE States Branch of IADVL, I am submitting the Annual Report of the Chapter. This is simply not the report but consider it as our perception also. Our chapter was established in 2011 under the leadership of President Prf. Dr. S. K. Bhattacharjee and Dr. N. Chakraborty as the Gen. Secy. In this year i. e. in 2015 we organized three CMEs out of which two CMEs were organized in the month August and September. In August our topic was on "Abuse of Topical Steroids" and in September the topic was on "Scar Management". In both the CMEs speakers were from Deptt. of Dermatology & STD, Silchar Medical College & Hospital, Silchar. On 18th September 2015 we organized 6th National Level CME cum Orientation Programme on Leprosy where Faculties, PGTs, Junior Doctors of all the Deptts, B.Sc. Nursing staffs and Paramedical workers of SMCH participated along with Doctors and Paramedical workers of Hailakandi and Karimganj districts. In that CME speakers were from Delhi, Allahabad, Kolkata, Lukhnow, Dibrugarh and Silchar like Dr. R. N. Dutta, Dr. Swapan Samanta, Dr. U. K. Sen, Dr. (Mrs.) S.

Saha, Dr. R. Bhattacharjee, Dr. Shyamanta Baruah, Dr. R. N. Chaubey, Dr. (Mrs.) Smriti Dutta, Dr. Bhaskar Gupta et. all. In that CME PG Quiz was also organized. Approximate three hundred participants were there on that CME. Under the leadership of Dr. Bhaskar Gupta as Organizing President I am being the Organizing Secy. we conducted the CME with patronization of Principal of Silchar Medical College & Hospital, Silchar Dr. (Mrs.) Silpi Rani Barman with team effort of Dr. Debajit Das, Dr. Joydeep Roy, Dr. Darsana Patoa, Dr. Arup Paul and Dr. Rimjhim Saha. We, on behalf Barak Chapter of NE States Branch of IADVL, are thank full to her.

Now our perception is that you all the respected members of NE States Branch of IADVL are reluctant to approach to Silchar. We know we have communication problem here in Silchar, but if we along with you can reach to Coimbatour then why not in Silchar?

We are trying to organize "DERMAZONE" here in Silchar. To you all, a cordial appeal, If we get the opportunity will you help us to make it a success.....????



Dr. Ashis Dey
AGS, Barak Chapter,
NE States Branch, I.A.D.V.L



LAUGHING IS GOOD FOR HEALTH: JOKE OVERDOSE



An applicant was filling out a job application. When he came to the question, "Have you ever been arrested?" He answered, "No." The next question, intended for people who had answered in the affirmative to the last one, was "Why?" The applicant answered it anyway: "Never got caught."



An English professor wrote the words :
"A woman without her man is nothing"
on the chalkboard and asked his students to punctuate it correctly.
All of the males in the class wrote:
"A woman, without her man, is nothing."
All the females in the class wrote:
"A woman: without her, man is nothing."



If a tiger attacks ur mother-in-law and ur wife at the same time, whom would u save?

SANTA : Ofcourse,
The tiger ... very few are left...!!

Chemistry Teacher: Oxygen ki King (R)B me hai shu.

Santa: Thank God mera jaiam usse pehle nahi hua warna mai to ghat ghat ke mar jata..!!

After an Accident,

A very Angry Driver: I showed u the headlights & told u to go by side.

Santa: I also started the wipers & said :No, no...:No no. :)

PSYCHODERMATOLOGY

Dr. Adinath Sarmah MD (Psychiatry)

Introduction:-

In view of definite relationship between some skin diseases and mental illnesses a new specialty has been evolved and is known as Psycho dermatology or psycho cutaneous medicine. It encompasses disorders prevailing on the boundary between psychiatry and dermatology. Approximately 30-40% patients seeking treatment for skin disorders have an underlying psychiatric or a psychological problem that either causes or exacerbates a skin complaint

In several ways Skin and psyche is related to each other in manifestation of each other illnesses. The influence that these psychological, psychosocial and sometimes psychiatric factors play can be conveniently assessed as:

Psoriasis like multi factorial dermatological disorders which can be substantially influenced by psychological factors.

Factitious dermatoses, body dysmorphic disorder are some the demarcated psychiatric disorder where manifestation is though primarily in the skin but their causes remain buried in psychic spheres.

Some Psychiatric illness developing as a result of skin disease, e.g. depression, adjustment disorder etc.

Many skin diseases have its Co-morbidity with another psychiatric disorder, e.g. alcoholism. Congenital naevae, e.g. port-wine stain, acquired deformities from developmental disorders, e.g. tuberose sclerosis widespread inflammatory skin disease and surgical or post-traumatic deformities are some commonest dermatological situations where stigma is encountered in society, in some societies they are disqualified from full social acceptance and such victims very often encounter psychological disorder.



Impediments in recognition –

it has been seen that most of the time dermatologists find it difficult to label some skin diseases which falls under their territory but when such diseases has another tag of mental illnesses. Sometimes even though they are recognized but dermatologists find it difficult to treat because of various reasons.

A case of Down's syndrome has limited emotional capacity to respond to their dermatosis, when it is co- existed.

A case of Depressive psychosis will not adhere to treatment provided by a dermatologist for co-morbid skin lesions as he or she lacks overall interest in day to day activities hence their drugs compliance will be poor.

Due to lack of personal hygiene and lack of concern about the health most often a case of alcoholism and drug dependence either do not report to dermatologist for their cutaneous manifestations, or they incline to report even after advice given to them.

Unemployment is a psycho- social problem, skin diseases in such personal get less attention due to burden of expenditure for treatment.

Classification

The different disorders within psycho dermatology can be categorized in 2 ways: by the type of psycho dermatologic disorder or by the underlying psychiatric disorder. The types of psycho dermatologic disorders include psycho physiological, primary psychiatric, secondary psychiatric, and cutaneous sensory disorder. The psychiatric disorders include anxiety, depression, obsessive-compulsive disorder, and psychosis. Among the psycho dermatology conditions, there are 4 subcategories: psycho physiological disorders, primary psychiatric disorders, secondary psychiatric disorders, and cutaneous sensory disorders. The subcategories of psycho dermatologic disease are not mutually exclusive. For example, acne can be precipitated by stress, a psycho physiologic condition. Acne can also cause social anxiety and depression due to disfigurement, which would be categorized as a secondary psychiatric condition

Psycho physiological Disorders

These are bona fide skin disorders that appear to be exacerbated by stress and/or emotional factors. The most common examples are psoriasis, eczema, and hyperhidrosis. Several studies have been conducted to know whether emotional factors worsened the skin conditions. One study showed that emotional triggers vary with different skin conditions, ranging from 0% for nevi to 100% for hyperhidrosis

Primary Psychiatric Disorders

These are conditions in which psychiatric disorders cause self-induced skin signs and symptoms. There are no primary skin lesions. This category is the most typical psycho dermatology disorder that gets dermatologists' attention. Some examples of the primary psychiatric disorders include trichotillomania, delusions of parasitosis, and neurotic excoriations.

Secondary Psychiatric Disorders

These are psychiatric conditions, such as depression, anxiety, and social phobia that are the consequence of skin disease. Some skin disorders, such as acne and alopecia areata, although not life-threatening, may have severe psychosocial impact on patient's quality of life.

Cutaneous Sensory Disorders

These are abnormal skin sensations that patients may experience without having a primary skin lesion or identifiable diagnosis responsible for the abnormal sensation. Different types of sensation may include itching, burning, biting, stinging or crawling.

Underlying Psychiatric Disorders

Psychocutaneous disorders can be categorized by the underlying psychiatric disorder that contributes to the skin condition. Some dermatologists do not feel comfortable making psychiatric diagnoses in their patients. Fortunately, there are only a few common underlying psychiatric diagnoses that can significantly impact the skin. These conditions are also usually quite noticeable and difficult to overlook. The 4 most common psychiatric disorders seen in a dermatological setting are anxiety, depression, obsessive-compulsive disorders (OCDs), and psychosis

Anxiety

Anxiety is characterized by excessive worry over events or activities that the patient finds difficult to control. The associated symptoms may include frequent urination, shortness of breath, restlessness, irritability, fatigue, difficulty concentrating, muscle tension and sleep disturbance. When a patient comes in with a complaint of being "stressed" or "tense," it is important to screen for an underlying anxiety disorder.

Depression

Depression is characterized by depressed mood, which may be associated with loss of interest or pleasure. Associated symptoms of depression may include change in appetite, changes in sleep, fatigue,

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PSYCHODERMATOLOGY

psychomotor retardation or agitation, feelings of hopelessness, helplessness and worthlessness, difficulty concentrating, and recurrent thoughts of death/suicidal ideation. These symptoms of depression usually cause significant impairment in social and occupational functioning.

Obsessive-Compulsive Disorder

OCD is characterized by obsession and compulsion. Obsession refers to persistent and intrusive thoughts that are experienced as foreign and inappropriate, causing much distress for the patient. Typically, the patient attempts to suppress the undesirable thoughts through rituals or other behaviors. Compulsions are defined as repetitive behaviors or physical acts that the person feels driven to perform with or without associated obsessions. A hallmark of OCD is that the patient has insight into the inappropriateness of his or her obsessions and compulsions. If the patient entirely lacks this insight, a different diagnosis, such as delusional disorder or psychosis, should be considered.

Psychosis

Psychosis is defined by a false ideation or delusion upon which the patient fixates and accompanying hallucination where the patient lost reality touch. In a true delusion, the patient has no insight that his or her idea is false. By definition, the patient with delusions cannot be talked out of his or her belief system. Patients with OCD may resemble delusional patients due to the preoccupation of their skin condition. However, the difference is that OCD patients have more insights in to the irrational nature of their thoughts and behaviors

Some researchers like to categorize these illnesses in a different way though some of the entities fall under the categories mentioned above but they have come with some other new entities, they can be categorized as follows.

Psychiatric disorders without significant dermatological disease:-

In this category of illnesses there is enormous symptoms pertaining to skin and mucous membrane but there are no definite visible signs. Here pathology entirely lies in the psychic sphere. They are – Delusion of parasitosis, smell, impregnation and contamination, Folie a deux, other hypochondriasis etc. Phobias and obsessive compulsive disorder Body dysmorphic disorder Concern about body size as seen in eating disorder: - e.g. anorexia nervosa, bulimia nervosa.

Phobias :-

mole phobia, venereophobia, wart phobia, erythrophobia, electrophobia and steroid phobia

Obsessive – compulsive behaviors :-

hand washing, hair plucking

Atypical pain disorders:-

glossodynia, vulvodinia and scrotodynia, anodynia Pruritis sine materia

Other dermatologic hypochondriases :- botoxophilia, tanorexia**Mental disorders and dermatological disorders:-**

These are classical psychosomatic disorders dermatoses in which emotional precipitating or perpetuating factors may be important as in vesicular eczema of palms and soles, seborrheic dermatitis, psoriasis, some cases of localized or generalized pruritus, aphthosis, flushing reactions and rosacea. hyperhidrosis, urticarias.

Dermatoses primarily factitious in origin: -

dermatitis factitia, artefact by proxy witchcraft syndrome, dermatitis simulate, malingering, compensation neurosis, münchhausen's syndrome, deliberate self-cutting, self-mutilation,

Dermatoses in association with harmful habits and compulsions:-

Lichen simplex neurotic excoriations, acne excoriée, hair plucking Trichotillomania, Trichophagia, Nail destruction Onychotillomania, Lip-licking cheilitis, Knuckle biting. The psychogenic purpura syndromes, Psychogenic purpura (idiopathic) Stigmata, Drug-dependence syndromes, Alcohol-related syndromes, Substance abuse.

Mental disorders due to dermatological treatment

Cortisone psychosis, Interferon depression.

Dermatological disorders due to psychopharmacological treatment:-

Lithium-induced psoriasis, Tranquillizer hyper pigmentation,

Anti-depressant hyperhidrosis,

Dermatological patients with psychic symptoms not amounting to a disorder:-

'Troublesome patients', Dysthymic responses to illness Cosmetology associated worries etc. Short description of some of members of psycho-dermatology

Delusions of parasitosis

Patients suffering from Delusion of parasitosis usually present with symptoms of visual and tactile hallucinations of parasites crawling, burrowing, and biting all over their body that his/ her skin is infested by parasites. Excoriations are usual and, sometimes, extensively produced in an attempt to extricate organism. Sufferer held his/ her belief with strong conviction and cannot be corrected by any amount of reasoning. Such patients before coming to psychiatrist usually visits dermatologists and general physicians for its remedy. The causes of this sorts of illness usually lies in mental sphere, although in some of them pathology lies in other systems also as co-morbidity.

Monosymptomatic hypochondriacal psychosis.

Usually middle aged/elderly females are the sufferer, where the symptomatology are almost similar to delusion of parasitosis, symptoms are at delusional level and usually confined to single symptom.

Management

Patients usually respond to small doses of anti psychotic but some times in chronic patients it may require mild doses of antidepressant and anti anxiety drugs where there is co existing secondary depression and anxiety.

Bromidrosiphobia:-

Patients suffering from Bromidrosiphobia usually complain that smell comes from groin or sometimes armpit. Like delusion of parasitosis they also held their belief as real and cannot be dislodged by argument.

Besides this some patients may held other beliefs as real like flatus, halitosis, it may come alone or in combination. Simply it is a kind of delusion of olfaction. Male suffers more than female. It may sometime co-exist with certain organic syndromes like cerebral tumours, epilepsy, alcoholism and substance abuse

Psychotherapy, antidepressants and antipsychotics are the mainstay of its treatment.

Morgellons syndrome

It is also a type of delusional disorder where the victim beliefs that fiber-like filaments, granules and crystals that appear on or under the skin and held it firmly in absence of its existence.

Antipsychotics, psychotherapy and antidepressants are the mainstay of its treatment

BODY DYSMORPHIC DISORDER –

This type of disorder comes under disorder of body image a patient is preoccupied and distressed with an imagined defect in appearance or an excessive concern over a trivial defect. BDD is defined in DSM-IV and classified as a somatoform disorder. There is an underlying comorbid mental disorder including mood disorders such as depression, OCD, social phobia, and/or avoidant personality disorder. Most patients are females in their 30's. These patients are rich in symptoms, while poor in signs of organic skin disease. Complaints related to mainly face, breast, hair, nose, and stomach, while men presented with concern related to hair, nose, ear, genitals, and body build. Distress, poor self esteem, and impairment in social, occupational, and domestic functioning. Repetitive compulsive behavior to hide their imaginary/trivial defect. BDD patients are doctor shoppers, they repeatedly undergo procedures to find solution for their flaws and majority are dissatisfied with results and consultation. Suicidal ideation and suicide attempts are common in BDD patients.

Treatment:-

Psychopharmacology like antidepressants (SSRIs, TCAs etc.) and CBT

Anorexia nervosa and bulimia

Definitions:- Anorexia nervosa must satisfy the criteria for:-An inability to maintain the normal or minimum weight for age and height coupled with an intense fear of gaining weight; the BMI is less than 17.5 kg/m² A distorted perception of weight, size and body configuration essential features amenorrhea,

Bulimia nervosa is defined by the following: recurrent and compulsive overeating episodes (binge eating) recurrent and inappropriate compensatory behaviour in order to avoid gaining weight; these include induced vomiting and abuse of diuretics and laxatives binge eating and weight reduction behaviours occurring at least twice per week for 3 months Self-esteem affected by weight and body configuration.

Harmful cutaneous habits

Lichen simplex and neurodermatitis:-

Lichenification describes characteristic pattern of response of predisposed skin to repeated rubbing.

Continued from page -7

PSYCHODERMATOLOGY

Treatment :- antihistamines, TCA (doxepin)

Pathological skin picking(Dermatotillomania):-recurrent picking accompanied by visible tissue damage and functional impairment.

Clinical features:-

Lesions are polymorphic, newer lesions are angular excoriated erosions with a serosanguineous crust. Healing with erythematous, white and atrophic centrally and commonly hypertrophic and hyperpigmented at the periphery

Site :- face, hair margins, sides of neck, chin, upper chest, shoulders, upper arms and thighs.

Management

supportive psychotherapy Cognitive behavioural therapy in case of compulsive nature of disorder antidepressants mostly SSRIs

Trichotillomania:-

Term was first used by Hallopeau in 1889 derived from the Greek thrix hair, tillein pull out and mania madness. Morbid craving to pull out hair.

Revised DSM-IV diagnostic criteria :-

An increasing sense of tension immediately before pulling out hair or when attempting to resist behaviour Pleasure, gratification or relief when pulling out the hair Disturbance is not better accounted for by another mental disorder and Disturbance provokes clinically marked distress and/or impairment in occupational, social or other areas of functioning. C/F:-short, irregular, broken and distorted hair.plucking activity are centrifugal from a single starting point or linear, in wave-like activity.

Trichobezoar and the Rapunzel syndrome

Ball-like aggregations of fibre-like materials(hair) in stomach and small intestine.Swallowed hair is retained within folds of gastric mucosa.

Investigations:-

Scalp biopsy:-normally hairs amongst empty hair follicles in a non-inflamed dermis. Follicular plugging with keratin debris is evident deep distortion and curling of hair bulb.

Barium contrast and CT scan:-gastrointestinal bezoars

Management:-cognitive behavioural therapy (CBT) is effective alone and combined CBT and TCA or SSRIs. Clomipramine more useful than SSRI alone.

Psychogenic Pruritus

Psychogenic pruritus (PP) is a poorly defined entity in which the patient has intractable or persistent itch, not ascribed to any physical or dermatological illness. Pruritic episodes are unpredictable with abrupt onset and termination, predominantly occurring at the time of relaxation. PP can be generalized or localized. The commonest sites of predilection are legs, arms, back, and genitals. A significant number of patients have associated anxiety and or depression. Detailed cutaneous and systemic examination and routine baseline investigation should be performed to rule out cutaneous and systemic causes of pruritus before diagnosing PP.

Cutaneous phobias

Fear of contamination, e.g. dirt phobia, germ phobia, wart phobia Fear of malignancy, e.g. cancer phobia, mole phobia, fear of emotional display, e.g. blushing, sweating

Factitious skin disease DSM-IV-TR criteria:-

Intentional feigning of physical or psychological signs or symptoms Motivation is to assume the sick role External incentives for behaviour (such as economic gain, avoiding legal responsibility, or improving physical well-being, as in malingering) are absent.

Secondary Psychiatric Disorders

Skin problems, especially chronic skin diseases, affecting exposed body parts because of the visibility and resultant disfigurement lead to embarrassment, depression, anxiety, poor self image, low self esteem, and suicidal ideation in the patients. Also, patients have to commonly face social isolation and discrimination and, at times, have difficulty getting jobs. Many patients are able to cope up with the disease while few develop secondary psychiatric morbidity. Dermatologist should look into this aspect of chronic disfiguring dermatoses. If the dermatologist suspects significant secondary psychological morbidity then interrogation, counseling, psychiatric referral should be done.

Management of Psychocutaneous Patients

Most of the patients with psychocutaneous disorders can be broadly

categorized under four diagnoses:

(a) Anxiety (b) depression (c) psychosis (d) OCD.

The choice of a psychotropic medication is based primarily on the nature of the underlying psychopathology

Anxiety

Therapeutic modalities for anxiety include anxiolytics in adequate dose with CBT. Anxiolytic should be always use for short duration as these are habit forming drugs. Alternatively there are many non-benzodiazepine preparations which are less addictive and anti depressant in mild doses are very good anxiolytic.

Depression

In mild symptoms, watchful waiting or CBT is recommended. Moderate symptoms can be managed with SSRI and CBT. In cases with severe symptoms and suicidal ideation admission, antidepressants with possibly electroconvulsive therapy (ECT) are recommended.

Psychosis

Antipsychotics are used in the therapy of psychocutaneous disorders such as delusions of parasitosis, dermatitis artefacta, and monosymptomatic hypochondriasis. The goal of the dermatologist is not to relieve the patients of their delusion, but to help them function better with the delusion.

Obsessive Compulsive Disorder

Disorders like BDD and impulse control disorder (acne excorée, trichotillomania, onychotillomania, neurodermatitis) are treated on the lines of OCD. Develop insight into the etiology of their problem, they are more amenable to see a psychiatrist and engage in non-pharmacological management (CBT).For patients who are unwilling or unable to initiate behavioral modification, pharmacological therapy can be helpful. Currently, three SSRIs-fluoxetine, fluvoxamine, paroxetine, and sertraline-are the first-line therapy for the management of OCD.

Non-Pharmacological Treatments There is a significant psychosomatic / behavioral component in many dermatologic conditions hence complementary non-pharmacological psychotherapeutic interventions biofeedback, CBT, hypnosis, placebo Have positive impacts on many dermatologic disorders.

Conclusion

Psycho dermatology is a quite new concept, all dermatologists as well as psychiatrist should understand its immense importance and should work combinely to lessen the sufferings of the patients fall under the new category of Psychodermatology which were remain undiagnosed earlier or were not recognized.

Compiled with the help of following books and articles

1. Wiley Psychiatry 2nd edition Allan Tasman, Jerald Kay , Jeffrey A. Lieberman
2. Oxford Textbook of Psychiatry Michal Gelder , Dennis Gath , Richard Mayou
3. Comprehensive Text Book of Psychiatry by Kaplan and Sadock
4. Psychodermatology: An Overview Argentina Leon, MD,* Ethan C. Levin, MD,* and John Y.M. Koo, MD
5. Psychodermatology: A comprehensive review Savita Yadav, Tarun Narang, M. Sendhil Kumaran

An Appeal

Dear Members

Very sincerely I do appeal to you all to contribute your valuable writings on academic or non-academic topics to our Newsletter.

Personally if I can not contact you kindly apologise for that.

Thanks

Warm regards

Dr. Pranjali Jyoti Dutta
Editor, Newsletter, NEIADVL

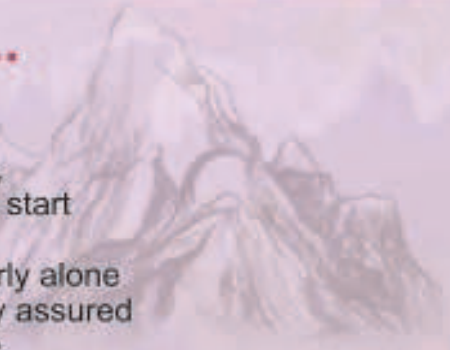
Please send your materials at this email :

duttapranjaljyoti@yahoo.in

My phone number is 7578068318



Recollections...



Somewhere in a dream,
Serene and blissful from the start
It comes to me again
The two of us in love, and eagerly alone
Breathlessly naive', and blissfully assured
that we would be as one,
that nothing in the world outside could ever be compared.

Two bikes took rest against a tree
We climbed the nearest hill,
Through foxtails, deep and thickest, high
Along a creek bed, far and wide,
Wading through warm granite stones
Slick and wet, with velvet moss
Littered deep with autumn leaves, and the urgent tender years

My darling, do you remember?
We were like children, we marveled and swooned
at the shapes of the clouds in the lavender sky
Changing their forms in a wink of the eye
We were wild with love that stirred the stones
Discovering firsts, and thirsts unknown

Layers of years, now whisper here,
Imprisoned in this hidden place, with every breath of air

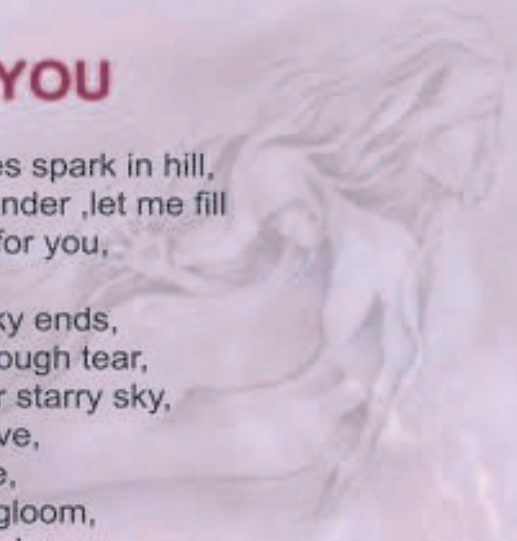
Not a fluent time that bends or moves
But time fully reasoned, with ancient wisdom
Unwound of its youthful eyes and loves
Where the words plucked out of space
Have not been tinged by autumn's breath
And innocence is scattered like leaves upon the breeze
And lingers with a sweet wistful sigh

We who once made love a thousand skies ago
Have slept with tossing shadows and little cries
Still tremble with the memory

Oh, I know the subtle ways of empty dreams
And I shall go by silent lanes and leave this day and you timeless here

Dr.Kaushik. J. Katakai

I SEE ME IN YOU

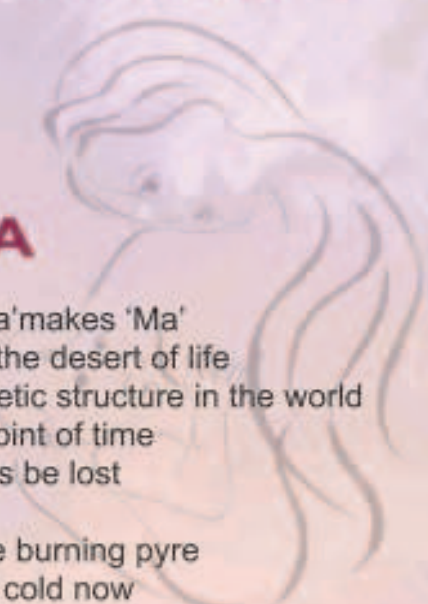


You touched the leaf, greeneries spark in hill,
You touched with a smile, a thunder, let me fill
A thousand nights I wait for you,
Dawn still far,
Never knew, where the sky ends,
I dream you, all my way through tear,
I dream you, like the river for starry sky,
You taught me, to love,
And meaning of life,
Stand still in fright, and gloom,
You touched me once and ever,
To remain a king in dust
You touched me so hard and deep,
I see me in you.

Mrs. Olee Dutta Saikia

POEM OF DR. PRAYAG SAIKIA
(translated by Mr.Bibekananda Chaudhury)


MA



An 'M' and an 'a' makes 'Ma'
Ma is the oasis in the desert of life
It's the most adorable phonetic structure in the world
Can at any point of time
Its shadows be lost

Ma said from the burning pyre
It's freezing cold now
Come nearer
Warm your body
From the morrow
You have so many responsibilities to shoulder.

LIGHT




I had been in your body
I had
been in your shadow
Said Kahlil Gibran

I am the offspring of longing of life
I have come through you
This thought came once

You gave me affection
Told the thought waves to be yours
Made me aware that
My future home
Would be unfamiliar for you

Is it true
The doubtful mind
Asks repeatedly

You're the first audience
Of my waves of thoughts
The flame of thoughts burns
In your assurance
Let a thousand storms lash
Who breaks the bridge between you and I



On the path of your departure
The flame of Ahura Mazda burns
I behold you
In the light
Only through the light.

neadvi NEWSLETTER

GLIMPSES OF CUTICON, NOGAON, 2015

CHALA GAON KE ORE



MID-CUTICON 2015



WORLD PSORIASIS DAY OBSERVATION

