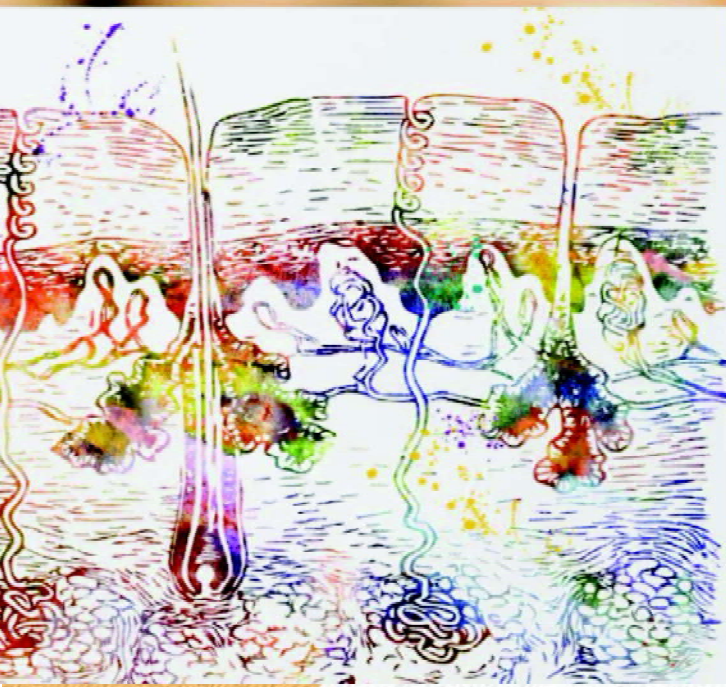
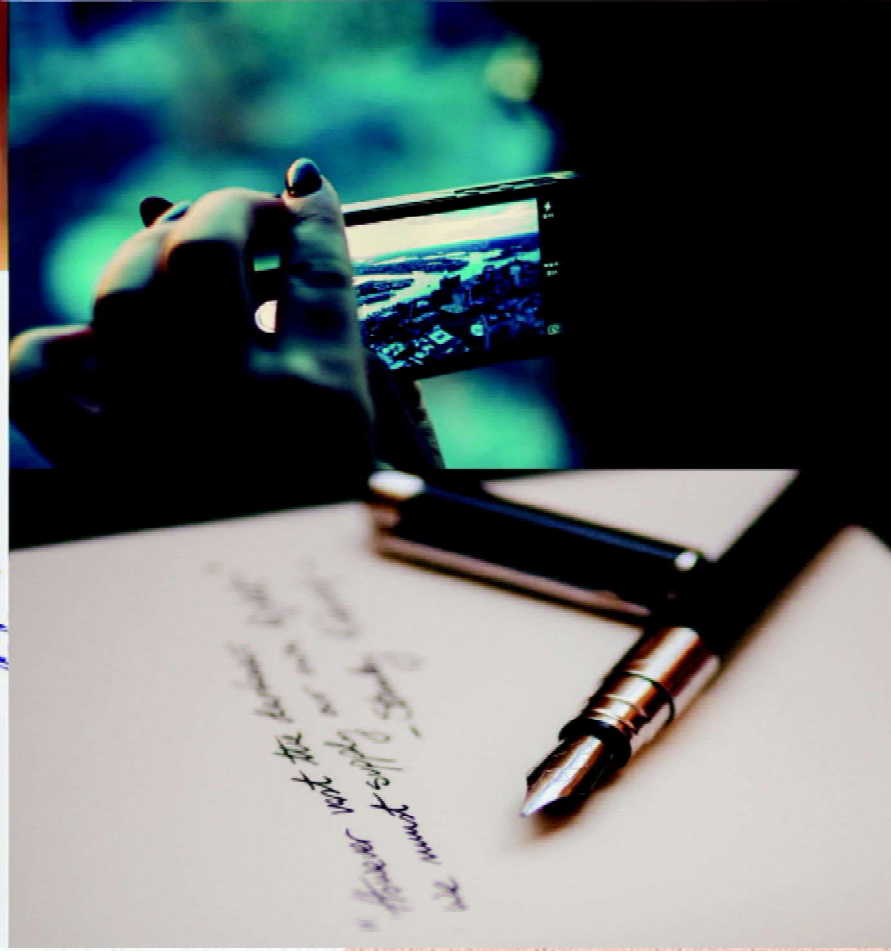


# yad Derma

**YUVADERMA NORTHEAST STATES**  
Volume V, Issue 1, May 2023





## INTRODUCTION

Yuvaderma has always been a modest effort to establish a creative channel for young Dermatology residents nationwide. The inaugural issue of Yuvaderma was published in 2016, owing to the fervent efforts of the Resident Connect Committee in Karnataka. It subsequently expanded to include every state under IADVL. Likewise, the Northeast edition of Yuvaderma was conceived in 2019 under the tutelage of esteemed Dermatologist, Dr Indrani Dey and has since aimed to encourage and nurture the diverse talents of dermatology residents, justifying the very name of the magazine, "YUVADERMA."

Over the years, the magazine and the people associated with its inception and development have strived towards achieving the singular goal of honing young talent. They have worked tirelessly to achieve the singular goal of refining the abilities of young dermatologists from all states and providing an easily accessible platform for exchanging ideas on various topics related to the ever-changing field of Dermatology. The present issue follows in the footsteps of its predecessors, and we hope it captivates and fascinates its readers with its diverse content while also remaining true to its purpose of amalgamating the diverse regions under IADVL under the aegis of the universal banner of Dermatology.

## THE IADVL EXECUTIVE COMMITTEE 2023

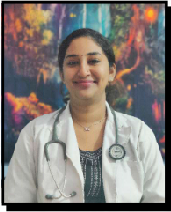
President	: Dr. Krishna Talukdar
Vice President	: Dr. Ashimav Deb Sharma Dr. Sentila Longkumer
Secretary	: Dr. Anushree Baishya
Joint Secretaries	: Dr. Angshuman Bhattacharjee Dr. Binod Thakur
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## NATIONAL RESIDENT CONNECT COMMITTEE

Convenor	: Dr. Vignesh Narayan
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Advisor	: Dr. Lily Singha
Editor in Chief	: Dr. Ann John Kurien
Associate Editors	: Dr. Abinaya Sivaraman Dr. Pallabi Hatikakoty Dr. Shromona Kar Dr. Priyanka Goswami
Representative (NEIGHRIMS)	: Dr. Sakshi Singh



## From the Editor's Desk

Hello there, kindred spirits,

It is with sheer happiness that we present to you the newest issue of Yuvaderma North East States. We recognize that each one of us has a unique voice and perspective and through this platform, we encourage residents to share their thoughts, contributing to the rich tapestry that defines our specialty. And indeed it is the passionate engagement and exceptional contribution from all our residents that have made this possible. We convey our profound appreciation. This magazine is a testament to our collective dedication to the pursuit of collaboration and innovation.

I am deeply grateful to Dr. Lily Singha, the Advisor of Yuvaderma NE states for her exceptional mentorship. Her unwavering support and guidance have meant the world to me, as I could always turn to her, even with the most insignificant questions, knowing that she would warmly welcome me with a patient ear. In equal measure, I am grateful for the exceptional and heartfelt contributions of our associate editors, Dr Pallabi Hatikakoty, Dr Shromona Kar, Dr Abinaya Sivaraman and Dr Priyanka Goswami. Their wholehearted commitment and unwavering devotion in capturing the essence of our experiences serve as the lifeblood of this issue. I also thank Dr. Krishna Talukdar, President, NEIADVL and Dr. Anushree Baishya, Secretary, NEIADVL for their steadfast encouragement. Also, I cannot adequately express my thanks to Dr Angshuman Bhattacharjee, President, Barak Chapter, NEIADVL for his exceptional support and generosity.

A centerpiece of this issue is an engaging articulate discourse which we have squeezed in, instead of a traditional interview, delivered by Dr. Bhaskar Gupta. Amidst his multifaceted journey as Head of Department, Superintendent, Vice Principal, and now, Principal, Dr. Bhaskar Gupta has showcased exceptional prowess in every role he has undertaken. We extend our deepest gratitude to him for graciously accommodating us in his demanding schedule, allowing us to present his invaluable insights.

Fueled by my childhood dream of becoming a writer, I always seize every writing opportunity that graces my path, finding solace and catharsis in the magic of words. Today, as I make my editorial debut, it is a pinch-me-moment as I stand humbly proud and nostalgic, reminiscing all those moments of jotting down my thoughts in Yuvaderma and Residream during my postgraduate days.

This bulletin honours the spirit of art – the written word with its arsenal of metaphors and similes, syntax and semantics; paintings that unleash creativity one brush stroke at a time and photographs – the art of frozen time. Let us embrace our roles as physicians and magicians and artists. We invite you to dive into the pages of this magazine. It was an absolute blast bringing it to life and we genuinely hope you enjoy every page!

Happy exploring!

**Dr. Ann John Kurien**

Editor-in-chief, NE Yuvaderma 2022

## Message from PRESIDENT, NE IADVL



It gives me immense happiness to know that NEIADVL is going to publish its Vol. 5, Issue 1 of YUVADERMA for the year 2023-24.

At the very outset, a specific thought that I would like to share with the budding dermatologists is the importance of developing a clear vision on what they aspire. Because a clear vision is an important pre requisite for achieving excellence in the field of dermatology.

It is attributed towards sustaining motivation and channelizing efforts. In order to strive for excellence, conviction in medical professionals especially in dermatologists is needed to be inculcated from deep within.

The necessity of various skills including technological has become important for doctors. Hence, our focus must remain on skill based topics to benefit dermatologists with competence.

My best wishes to all those who are associated with the fraternity of YUVADERMA so that it can emerge to be the finest platform for sharing of knowledge and vision. Many congratulations to the editorial board and NEIADVL for contributing to the contents and offering a professionally enriching read.

I am sure that in coming years, YUVADERMA will scale greater heights and glory!

Long live IADVL

Long live NEIADVL



**Dr. Krishna Talukdar**  
Honorary President, NEIADVL

## Message from SECRETARY, NE IADVL



It is a matter of great pride that yet another issue of YUVADERMA, the newsbulletin of dermatology residents of NEIADVL is going to be published this year.

YUVADERMA, is a great platform for exchange and sharing of ideas and talent of all of you, our young dermatology friends, to bring out the best in you, present innovative ideas and knowledge in the field of dermatology as well as showcase your talents in diverse fields like art and poetry.

I thank Dr. Ann John Kurien for her hard work and am sure she has left no stone unturned to make this issue a success and interesting read.

Happy reading!



**Dr. Anushree Baishya**  
Secretary, NEIADVL

## Message from CONVENOR, NRC

Dear readers,

I am delighted to extend my heartfelt congratulations to the North East States Branch on the successful completion of this new edition of the YUVA Derma magazine. It gives me immense pleasure to see the incredible work that the team has put forward in the field.

I would like to extend my gratitude to the team for their dedication and passionate efforts in making this edition a standout achievement. Dr Lily, the Advisor, has been the backbone of the magazine and has ensured that this edition becomes a comprehensive guide for residents.

The Editor-in-Chief, Dr Ann John Kurien, has done an excellent job of editing and polishing the articles to ensure that the readers get access to top notch content. The Associate Editors, Dr Shromona, Dr Abinaya, Dr Priyanka, Dr Pallabi and Dr Sakshi, representative from NEIGHRIMS have also played a crucial role in adding value to this edition and have gone beyond their duties to make it the best one yet. I would also like to appreciate them for their valuable contribution in ensuring that the magazine puts forth valuable insights.

I want to congratulate the team once again on the successful completion of this edition. I wish them all the best in their future endeavors and hope to see more such impactful contributions from the North East States Branch.

Best regards,



Dr. Vignesh Narayan R  
Convenor,

IADVL National Resident Committee, 2023



## Message from ADVISOR, NE IADVL

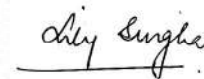
Dearest residents,

Yuvaderma Northeast has always remained close to my heart and knowing that Volume 5 issue 1 is all set for its unveiling fills me with immense happiness. I feel greatly honored and delighted to have witnessed the journey of Yuvaderma Northeast since its inception back in 2019.

I extend my hearty congratulations and best wishes to the talented team of young residents, Dr Abinaya Sivaraman, Dr Pallavi Hatikakoty, Dr Priyanka Goswami, Dr Sakshi Singh, Dr Shromona Kar led by the editor-in-chief, Dr Ann John Kurien, who has been exceptional and dedicated in bringing out an enthralling edition of Yuvaderma Northeast.

Thank you.

Warm Regards,



Dr. Lily Singha

Advisor, NE Yuvaderma 2023

Ex-editor in chief, NE Yuvaderma, 2022

Ex- associate editor, NE Yuvaderma, 2019 & 2020



# The Mind of a Maestro



Dr Bhaskar Gupta is a gifted clinician and a brilliant academic from Barak valley. Throughout his career, he has juggled multiple roles – Head of the department, Vice principal and Superintendent. He is currently the distinguished Principal of Silchar Medical College and Hospital. In this articulate discourse, Dr Ann John Kurien, Senior resident, Silchar medical College, instead of a standard Q&A session, takes a stroll with him, to accommodate his jam packed schedule. Dr Gupta, in this candid conversation delves into his passion for his work, life experiences and his heartfelt message to up and coming dermatologists. Let's hear it from the dermatology alchemist.

**Q: Sir, what advice would you offer to young dermatologists starting their careers?**

Ans: To all the young dermatologists embarking on their professional journey, first and foremost, I encourage you to work hard and be dedicated to your studies. The field of dermatology requires a strong foundation of knowledge and continuous learning is crucial.

However, I also want to stress the importance of finding joy and fulfilment in what you do. Medicine, including dermatology, can be demanding and challenging. It's essential to cultivate a genuine passion for your work and develop a love for the art of healing. This will not only sustain you during difficult times but also make your professional journey more rewarding.

While your primary purpose in pursuing dermatology is to become a skilled dermatologist, it is equally important to become a well-rounded individual. Engaging in extracurricular activities outside of your studies, such as sports, arts or community service, can enhance your personal growth and contribute to your overall well-being. Additionally, I encourage you to boost your general knowledge by exploring diverse topics and staying informed about current affairs. This broadens your perspective and equips you to connect with patients on a deeper level.

Lastly, I want to emphasize that being an exceptional dermatologist goes beyond technical skills. It involves embodying qualities of compassion, empathy and humility. Always treat your patients with kindness and respect and strive to provide holistic care that addresses their physical and emotional well-being. Remember that your impact as a dermatologist extends far beyond diagnosing and treating skin conditions. You have the power to make a significant difference in people's lives and I urge you to embrace that responsibility with utmost dedication.

**Q: Could you share an unforgettable patient experience that has stayed with you?**

A: Certainly. One patient experience that has left an indelible mark on me is from my early years of post-graduation. During that time, a woman came to our hospital

who had delivered for the ninth time and was suffering from Stevens-Johnson syndrome (SJS). It was a heartbreaking case because the condition had been misdiagnosed as chickenpox in her village, leading to delayed and inadequate treatment. Despite our team's best efforts to manage her condition and provide the



necessary care, her health deteriorated rapidly and unfortunately, we couldn't save her. This experience deeply affected me, reminding me of the importance of accurate diagnosis, timely intervention and the need for proper awareness among communities regarding rare and serious conditions like SJS. This patient's story serves as a reminder of the challenges we face as healthcare providers and the weight of responsibility we bear. It underscores the significance of continual education, improving diagnostic skills and raising awareness to prevent such misfortunes in the future. This experience has reinforced my commitment to delivering the best possible care to my patients and continually striving to improve medical practices.

**Q: How did you come to choose dermatology as your specialty?**

**A:** Choosing dermatology as my specialty was a conscious decision based on a combination of factors. During my MBBS days, I developed a keen interest in medicine and the fascinating world of human physiology. I have a personal inclination away from surgical procedures, as I find the aspects involving blood and the visceral nature of the operations rather unappealing. At that time, specialized training opportunities were limited and the demanding lifestyle of the average physician made me contemplate my options. Dermatology emerged as an attractive choice due to its unique blend of medical expertise, diagnostic challenges and the opportunity to directly impact patient's lives. It offered a perfect balance between my passion for medicine and my desire for a fulfilling work-life balance.

While some may associate dermatology solely with skin conditions, it is much more than that. This broad scope of practice appealed to me, as it allowed me to encounter a diverse range of cases and continually expand my knowledge base.

Furthermore, dermatology offered the opportunity to engage with patients on a personal level. Skin conditions often have a visible impact on individuals, affecting their self-esteem, confidence and overall well-being. As a dermatologist, I have the privilege of not only diagnosing and treating these conditions but also providing emotional support and empowering patients to regain their self-confidence. This holistic approach to patient care resonated deeply with me.

Additionally, during my formative years, dermatology presented itself as a specialty with a promising future. The advancements in technology and treatment modalities

were rapidly transforming the field, opening up new possibilities for improving patient outcomes and enhancing quality of life. Being part of this dynamic and ever-evolving field excited me and motivated me to pursue a career in dermatology.

Ultimately, my decision to specialize in dermatology was driven by a combination of intellectual curiosity, personal preferences and a genuine desire to make a meaningful difference in people's lives. It has been a gratifying journey thus far and I continue to be inspired by the remarkable impact dermatologists can have on their patients.

**Q: Can you share some memorable moments from your post-graduate days?**

A: Certainly. While I did not reside in the hostel during my post-graduation, I had the privilege of developing strong relationships with my colleagues and teachers. The camaraderie we shared and the support we provided each other were instrumental in shaping my growth as a dermatologist. I have fond memories of that time, exchanging knowledge and experiences, and challenging each other to strive for excellence. These interactions fostered a sense of camaraderie and a shared commitment to advancing dermatological knowledge and patient care.

Moreover, my seniors and teachers played a pivotal role in mentoring me and guiding me on my professional journey. Their unwavering support, wisdom and encouragement provided me with invaluable lessons that I carry with me to this day. They instilled in me a passion for lifelong learning, a dedication to evidence based medicine, and a deep sense of empathy towards my patients.

The collective experience of my post-graduate days, the collaborative learning environment and the mentorship I received have had a lasting impact on my approach to dermatology. I am immensely grateful for the friendships I forged and the guidance I received during that formative period of my career.



Dr. Bhaskar Gupta with his student & interviewer Dr. Ann John Kurien



# My Experience of Visiting the Cellular Jail or KalaPani:



**Dr. Manaswita Kashyap**  
PGT 2, SMCH

In 2019, my family decided to visit the Andaman and Nicobar Islands. Besides it being a vacation spot, the island held a greater importance to me because of a specific place Kala Pani. In our schedule, we chose two places to visit, namely– Kala Pani or The Cellular Jail and Corbyn’s Cove Beach. I’ll explain why visiting the Cellular Jail was important to me as I write- a place which made me contemplate on visiting it ever since I was a child.

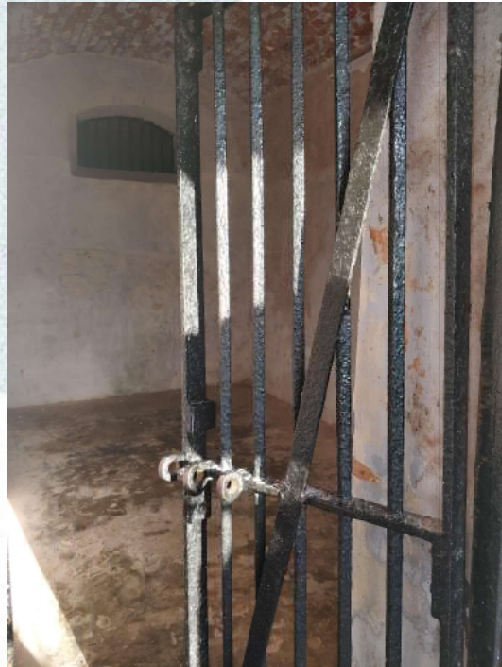
We started our journey from Dibrugarh, Assam on 1<sup>st</sup> December, 2019 and stayed one night in Kolkata. Next day, we started from the Netaji Subhash Chandra Bose International airport at 9 in the morning and reached at 12 noon in Port Blair, the capital city of the Andaman and Nicobar Islands. It was a three hours flight after which we decided to rest as we were tired after the continuous travelling. On the 3<sup>rd</sup> of December, we started our tour of the city. Perhaps I was the one who was most excited at the prospect of visiting Kala Pani for real, rather than through pictures.

In my childhood days, my father used to share stories of the great freedom fighters of India and how they were punished and tortured in there by the British rulers. They were kept as prisoners in that very Cellular Jail which we were going to visit. The stories of their hardships, sacrifice, endurance and punishment used to deeply wound my young mind. I felt sympathy for them because I felt their punishments were not justified. Why did they suffer even though they were fighting for the right cause? This question frustrated me to no end! They fought for the freedom of their country despite the inhuman treatment and torture they received from their oppressors. As a child, just thinking about how much pain they had to bear, that too without proper treatment of those wounds and this made me pity their souls. Since then, there was a desire in me to visit this place located in the Andaman and Nicobar Islands and finally, this longing to know more about this place was coming true.

Before describing my experience, let me share some facts and figures about the island and about how Kala Pani came into being. The Andaman and Nicobar Islands is a union territory of India consisting of 572 islands, of which 37 are inhabited, at the junction of



the Bay of Bengal and the Andaman Sea. In 1789, the British set up a naval base and penal colony on Chatham Island next to Great Andaman, where now lies the town of Port Blair. Two years later the colony was moved to Port Cornwallis on Great Andaman, but it was abandoned in 1796 due to disease. In 1858, the British established a colony at Port Blair, the purpose being the establishment of a penal colony for 'criminal convicts' from the Indian subcontinent. This creation, the Cellular Jail in Andaman and Nicobar Islands – stands as a nightmarish establishment representing the horrors met out to Indian freedom fighters by the British rule in the Indian subcontinent. This most dreaded and exhausting colonial prison situated in the remote archipelago was used by the British particularly to exile Indian political prisoners. Isolated from the mainland, this jail, also referred to as Kala Pani (where 'Kala' means 'death' or 'time' and Pani means 'water' in Sanskrit), witnessed the most dreadful punishments imposed on prisoners. India's struggle for independence saw imminent freedom fighters like Batukeshwar Dutt and Veer Savarkar being imprisoned in this jail. The jail is now open to public viewing as a National Memorial, and its museum gives one a glimpse of years of India's struggle for freedom. Although the Andaman Islands were used by the British as a prison soon after the Indian Rebellion of 1857 (the Sepoy Mutiny), the foundation of this jail was laid in 1896. The prisoners dreaded the waters of Andamans and being isolated from the mainland there were no way out for them to escape. The island became an appropriate place for the British to punish the freedom fighters. The prisoners were chained and made to work - constructing buildings, prisons and harbour facilities in pursuit of colonising Andaman for the British. With the increase of Indian independence movement in the late 19th century, several prisoners were sent to Andaman that necessitated for a higher security prison.

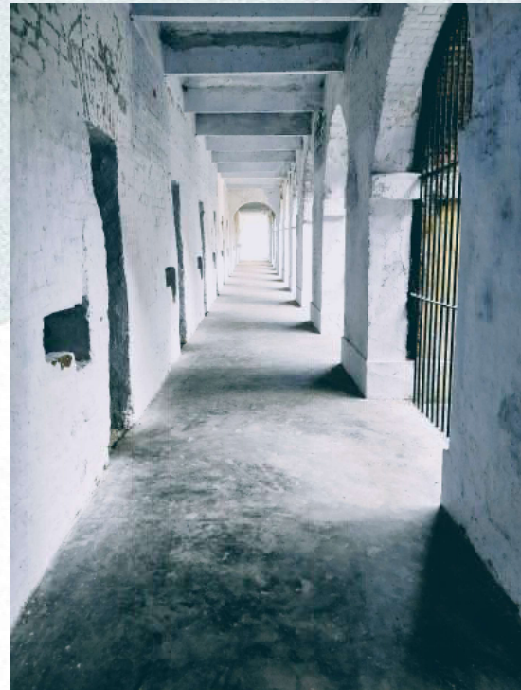


The building of the Cellular Jail originally had seven straight wings each connected to a tower in the middle giving the whole construction, a look of something like a bicycle wheel with each wing attached with the centre tower, like a spoke of the wheel. This design was based on English philosopher and social theorist Jeremy Bentham's concept of the panopticon (a circular prison with cells arranged around a central well, enabling the prisoners to be observed at all times). Puce coloured bricks were brought from Burma to construct the building. The tower in the centre that formed the point of intersection of all the seven wings served as a watch point for the guards of the jail to keep vigil on prisoners. It had a large bell for raising alarm. The wings, each of which had three floors, were constructed in such manner that the front of one wing faces the back of another so that one inmate in a wing cannot see or communicate with another inmate in any of the adjacent wings. Each cell housed only one prisoner ensuring minimal chance of communication among inmates, thus isolating them from each other. This feature of solitary confinement in individual cells earned the jail its name, "Cellular". There were a total of 693 cells, each measuring 4.5 m by 2.7 m with a ventilator located at a height

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of 3 m. There were no dormitories in the jail.

Notable freedom fighters confined in the jail included Batukeshwar Dutt, Diwan Singh Kalepani, Fazl-e-Haq Khairabadi and the Savarkar brothers - Babarao Savarkar and Vinayak Damodar Savarkar among others. Many freedom fighters in the jail went through inhumane and unimaginable tortures, the very thought of which brings chills down the spines. The jail drew attention when its inmates observed hunger strikes in the early 1930s. Bhagat Singh's associate in the freedom movement, Mahavir Singh went on a hunger strike in protest of such cruel treatment but died when authorities tried to feed him milk forcibly which went to his lungs. In 1937-38 following intervention by Mahatma Gandhi and Rabindranath Tagore the government decided on repatriating the freedom fighters.



When I learnt that Mahavir Singh's dead body was thrown into the sea, I couldn't help but feel numb. His body was discarded just like the carcass of an animal. The British did not even give him the dignity of a proper burial, a right which I believe every individual is entitled to, just because that they are born a human. Sometimes, it felt unnatural that humans could be so cruel. But after witnessing the jail and the chambers with my own eyes, it seemed that indeed it was true.

In the Cellular jail we visited the National Memorial houses, several galleries consisting of photos of great freedom fighters and the Exhibition Gallery in the ground floor, an Art gallery and Netaji gallery. We watched 'Light and Sound Show' a show on Indian freedom struggle. Light and sound show is a show of historic events, by narration, sound effects and music without any performer. This further put my mind and soul in unrest. I felt connected to them as an Indian and felt pity and sorrow for the injustice they had to go through. The fact that now people like me and my family are able to enjoy a free life, was at the expense of their blood, sweat and tears made me all the more emotional. I was proud as a citizen of a country with such great fighters, but also sad at what they had to bear.

After visiting Kala Pani, we visited Corbyn's Cove Beach in the evening. However, the beauty of it was lost to me as I could not shake the gloom brought to me by Kala Pani. The salty breeze and the cold waves did nothing to take away the hollowness I felt. What would our fate have been if we were still under the British? Just thinking about it brings chills down my spine. The visit to the Cellular Jail and the Light and Sound show still echoed in my mind as we retired for the day. Such a dystopian reality is only felt by us in our nightmares, but to think that our past national heroes had to endure it in real is tragic. We take the freedom we enjoy in our daily life for granted. But experiences like this remind us of all those who struggled and made it possible.

# THE DIAGNOSTIC DILEMMA



**Dr. Aarushi Mittal**  
PGT2, GMC

Some patients are like a ticking time bomb. The other day a haematology resident came to our ward and told us that there is this concept of golden hour in sepsis. Your septic patient needs prompt administration of antibiotics or they will succumb to death; but what lead to the conversation is a very interesting story.

We had a patient coming in at 7 pm in the evening with SJS-TEN. He had oral and genital ulcers with a diffusely purpuric rash. The patient had a small rise in his temperature and otherwise looked absolutely fine for a SJS case. He was interacting with us nicely and told us that he has been receiving chemo from haematology for the past few months and had recently started anti-epileptics as well. He also said that he had an episode of normal cough and cold two weeks ago. Everything was fitting with SJS or alas so we thought!

His routine reports were supposed to come the next day but didn't since the sample had clotted. The patient's temperature also became 103 degree Fahrenheit in the morning.

We had a seminar that day and just after that everyone gathered at the bedside and our most senior and experienced faculty told us that our diagnosis was completely wrong. The conjunctival redness was a micro haemorrhage and we were asked to get an urgent CBC for the patient. The platelet count returned as 1000. It was just 1000!!

I don't think I will ever see such a report again in my life and to make things even more difficult to predict, the patient was interacting completely normally and had no complaints. Sir also told us that since the patient had taken high doses of methotrexate for his chemo, it was a case of methotrexate toxicity. The haematology department was consulted and within seconds the patient was given leucovorin, filgrastim and broad-spectrum antibiotic coverage for the sepsis induced by his falling counts. The patient was with us for one more day till he finally had an episode



of hematemesis and we lost him. This taught me that the value of sound history, good clinical knowledge and an ability to think on your feet is the most inspiring combination in a doctor and this will remain with me forever.



## TENSED, ARE YOU?



**Dr. Priyanka Goswami**  
PGT2, AMCH

Amidst the humdrum routine, have you had the privilege to a moment  
To yourself, for your thoughts to take the upper hand?

Where do they take you to,  
To the faraway PAST - of bittersweet memories etched in your mind?  
Like an epitaph engraved on a tombstone.

Or,  
To the opaque FUTURE garbed in Utopia or dread?

Or,  
To the malleable PRESENT?  
How our minds construct the Past, Present and Future  
Has a great bearing on our perspective to life in general  
And to our very own existence in particular.

The PAST can be likened to a veteran warrior- worn down, calloused  
And yet has a wise word for anyone who cares to stop by.  
Sure, you do stop by and gather a few tricks up your sleeve,  
But you better not linger long; you have your own battle to fight.

That very battle is your PRESENT.  
Now is the time to incorporate all the tricks learnt from the Past.  
Now, is the place to be.  
FUTURE on the other hand, can be likened to the very last page of  
A spine-tingling novella.

It tempts you to have a quick glance at it  
And the moment you yield in, the very thrill of it is lost.  
We do not barge into our future overstepping our present.  
As the Sanskrit saying goes, "KarmanyeyWadhikarastey Maa Falesu Kadachan"  
Translates to "Just do your thing and the rest shall follow".  
Armed with the PAST, we are here to conquer our PRESENT demons to step into  
A beautiful tomorrow.

## WANDERLUST



**Dr. Abinaya Sivaraman**  
PGT 2, GMC

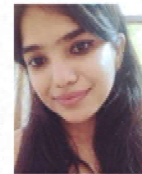
Why is my heart fluttering?  
Why is my mind winging?  
Why are my legs wafting?  
Is it because of the lively trees rushing towards me?  
Is it because of the verdant meadow surrounding me?  
Is it because of the alluring stream flowing beside me?  
Is it because of the divine daisies passing by me?  
Different kinds of people,  
Different kinds of language,  
Different kinds of food,  
Different kinds of flavours,  
The crisp scent of fresh air,  
Oh! The pleasure of traveling,  
To the lands, I have never seen.  
Why is my heart fluttering?  
Why is my mind winging?  
Why are my legs wafting?  
Why is my desire wandering?  
Why are my sorrows vanishing?  
And why is my soul content?



# Clicks & Strokes



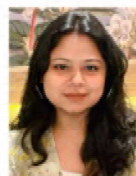
Dr Aparajita Roy  
PGT2, JMC



Dr. Arpita Yadav  
PGT1, GMC



Dr Farhin  
PGT2, SMC



Dr. Geetashree Haloi  
PGT1, GMC



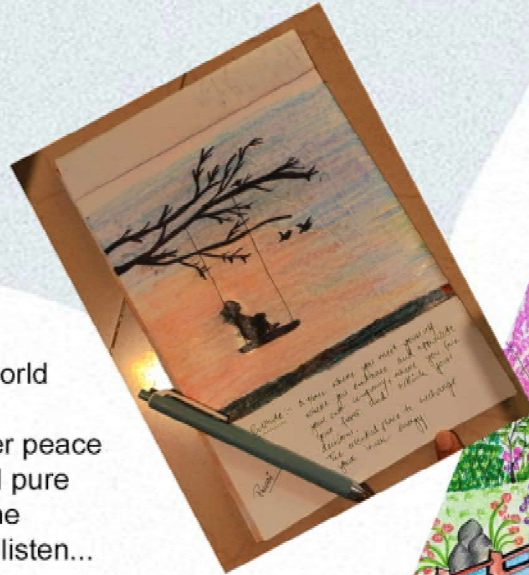




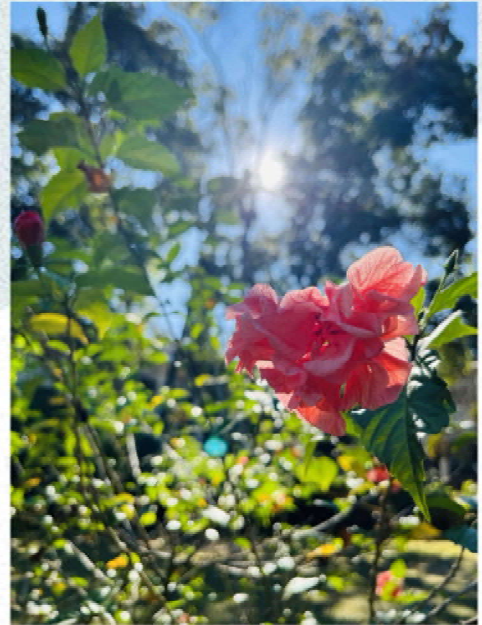
Dr. Pallabi Hatikakoty  
PGT1, JMC

### SOLITUDE

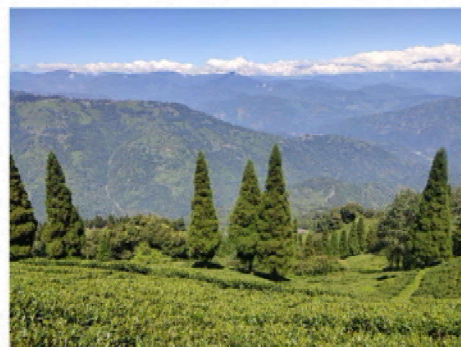
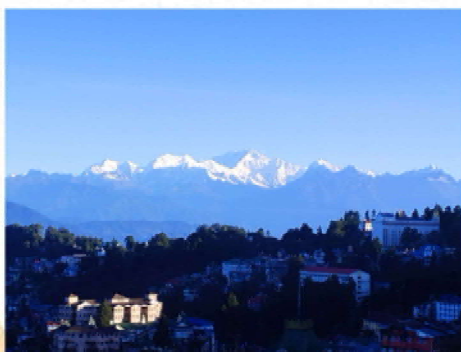
I can be in my own little world  
For days and nights  
No soul to disturb my inner peace  
This silence is sacred and pure  
Not for the world but for me  
Days when I sit alone and listen...  
Listen to the thoughts of my own  
And my heart and whispering  
It's value is not measured in volume  
But in depth



Dr. Porimollika Boruah  
PGT2, JMC



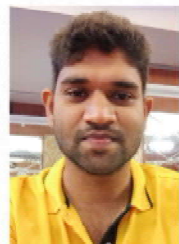
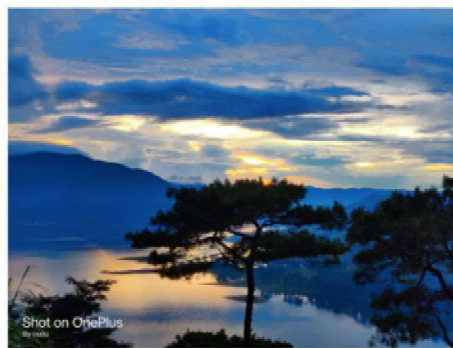
Dr Puja Gogoi  
PGT 2, SMC



Dr. Rabiul Hoque  
PGT 1, GMC



Dr. Shromona Kar  
PGT3, SMC



Dr. Rakesh Nalla  
PGT3, SMC



# Dermatology and Social Media



**Dr. Hemolota Daimary**  
PGT 1, SMC

The number of internet users in the world has grown exponentially in the recent decade. Internet powered by artificial intelligence has changed billions of lives for good or for worst. Amongst various gifts of the internet, social media emerged as one of the most popular choices of the current generation.

Social media provides the platform for people from anywhere in the world to share or exchange ideas and information.

The simple requirement to dive into the wonders of social media is good internet connectivity. However, this easy access to internet has its own downsides as anyone from anywhere can guise misinformation as information which in turn can have dangerous consequences.

Amongst the various fields of medicine, Dermatology has proved to be one of the most vulnerable martyrs of internet disinformation and misinformation. It had numerous reasons; some of them are listed below:

i) Cultural practices: “Fair is beautiful” is a common saying that goes around almost every household in India. An Indian household looking for a fair bride for the groom was not something that was unheard of until recently. This belief was further cemented by the portrayal of women characters in advertisement, soap operas and cinema. “Fair and lovely” (now known as Glow and Lovely) openly promoted bleaching for attaining a brighter skin. However, it was only after sensitization of the general public, the company was forced to change its name to ‘Glow and Lovely’.

In our OPD, I came across a male patient who was showing symptoms of Irritant Contact Dermatitis. On further inquiry, it came to my notice that the patient was the victim of fake online beauty tutorial videos. The young patient was also the victim of a deep culturally ingrained practice, “Fair is beautiful”. The patient had apparently applied Amul milk and neem leaves on his skin to attain a brighter skin after watching a YouTube beauty tutorial!

In social media, filters have set unrealistic beauty standards. Men and women are both equally vulnerable to this trend. On one hand, the filters are able to remove any form of blemishes and present a perfect human. On the other hand, beauty gurus or uncertified individuals are everywhere on the internet giving free skin care advices.

ii) Stereotypes: The social media has propagated an unhealthy message to its users that dermatology is all about beautification. Recently I’ve encountered patients who were looking for permanent eyelash extensions after coming across influencers flaunting

long eyelashes. But, one fails to understand this branch of medicine is beyond beauty.

The everyday life of a dermatologist is not always filled with glitz and glamour. There are numerous patients who come with auto-immune diseases like Systemic lupus erythematosus, Dermatomyositis and Systemic sclerosis, to name a few. These patients require lifelong intervention and the role of dermatologist is improving their lives with timely intervention rather than setting an unrealistic beauty standard for their patients.

iii) Free advice over paid service: The 'bargaining' culture in India isn't limited to purchase of material goods and services. In India, it extends to almost all the sectors including the health sector. The people consider visiting a doctor to be the last option.

The youth of the country consider the internet to be the first stop for a viable solution of any health problem, be it a common infection like Acne Vulgaris or as serious as cancer.

Social media influencers make testimony ads and show their flauntless skin attracting the youth to purchase the products. Multiple skin care brands advertised by these influencers claiming to be free from harmful chemicals have come up. Nowadays, it's even harder to differentiate an original video from an advertisement due to its subliminal nature. Hence, at present, pressure groups are working towards making the social media influencers more accountable for the products that they advertise.

In spite of all these shortcomings, one cannot deny the importance of social media in present world. Social media powered by internet has changed our lives forever. It has made it easier to disseminate information across the globe and has converted the world into a small village. In order to tackle the disinformation being spread on the internet, government has even set up establishments for fact checking. In India, Press Information Bureau (PIB) is an extended hand of the government of India to tackle misinformation, disinformation and malinformation.

Journal of American Academy of Dermatology (JAAD), an influential journal of dermatology has a high engagement rate on the social media platform, Facebook. The presence of medicine community has increased in the social media over the recent years. They are usually involved in educating people and busting myths about medicine. Some of the YouTube channels run by medicine practitioners are 'Doctor Mike' and 'Doctor Youn'.

Social media has helped people form communities and support one another. They members of the community share their experiences and make sure that nobody feels left out. In conclusion, while social media can provide a valuable platform for disseminating dermatological information, it is important for both healthcare professionals and public to exercise caution and critical thinking while interpreting and sharing information online.

# DERMATOLOGY RESIDENCY FROM SCRATCH



**Dr. Hemangi Narula**  
PGT 1, SMCH

After gulping down hash browns,  
We go for our morning ward rounds.  
We are asked questions, we study to understand each case,  
Diseases of the skin, a difficult space.  
We examine various patients in OPD  
Suffering from tinea to scabies to those stung by a bee.  
Does itching stress you?  
Tab. Levocetirizine to your rescue.  
Dry skin, is it scaly?  
White soft paraffin plus light liquid paraffin lotion to be applied twice daily.  
It doesn't matter to us if you forget your morning dose of caffeine,  
But we won't brook if you do not apply your sunscreen.  
Lasers, RFA and treatments galore  
Healing of skin in a particular lore.  
We work, we party regardless the weather,  
In our ups and downs we are always together.  
We, dermatology residents are known to be kind,  
A species which is difficult to find.  
It is all because of our respected Professors and seniors who lead the way,  
Motivate and guide us each and every day.  
I would like to offer my gratitude to each one of them from the bottom of my heart  
For the great deal of knowledge, they impart.  
Being a part of this great institute, I feel truly blessed,  
SMCH's Dermatology department is better than the best.

# Dermatology and Stigmatization



**Dr. Ipsita Gogoi**  
PGT1, SMC

Stigma is a well-known phenomenon in diseases associated with disfigurement, perceived contagiousness and mental illness. Due to aesthetic reasons visible lesions among dermatology patients often elicit emotions of fear, disgust and the distress of possible contagiousness leading to social rejection and stigma. These are most commonly associated with diseases like psoriasis, vitiligo, melasma, systemic sclerosis and acne.

Stigmatization of dermatological illnesses can have serious psychological and social impact on individuals living with these conditions. According to studies, those with visible skin diseases have a higher risk of developing anxiety, depression and low self-esteem than people without such problems. Stigmatization can also result in social exclusion, prejudice and bullying, which can worsen the psychological effects of skin problems. Visible skin conditions can lead to negative attitudes and discrimination in the workplace too. This can lead to workplace isolation and difficulty in building professional relationships, making it difficult to advance in their careers or even secure employment.

The impact of this stigmatization can vary depending on the individual's culture, geographic and societal identity. Societal outlook that individuals with skin conditions have genetic abnormalities makes marriage to a family member difficult and unyielding for one's immediate society. It is often seen that such stigma disproportionately affects the female gender and often disqualifies them from being considered eligible brides.

Improving the lives of people with skin illnesses requires addressing and reducing stigmatisation linked to dermatological diseases. Education, awareness raising campaigns, and public advocacy initiatives may all be used as stigma reduction strategies. We can contribute to a reduction in the stigmatising attitudes and prejudices by raising public awareness of skin disorders.

From the perspective of healthcare professionals, we can help in minimizing the stigma by counselling, early detection and proper treatment to decrease progression of the disease. While counselling, professionals can educate patients and their families on their condition and dispel myths and misconceptions. In addition, they can also promote awareness by working with community organizations and policymakers to develop education and advocacy programs to increase public understanding and reduce stereotypes associated with these conditions.

In conclusion, stigmatisation in dermatological illnesses is a complicated problem that adversely affects people on a physical, mental and social level. To make sure that people with skin problems receive the treatment and assistance they need to effectively manage their illness, stigmatisation must be recognised and addressed. Stigmatization

can be lessened by tactics including education, awareness raising and the establishment of safe spaces. To foster awareness and empathy towards people with dermatological diseases, healthcare professionals, politicians, community leaders and those who suffer from skin conditions must work together. We can enrich the lives of people with skin problems and build a better future for everyone by fostering an inclusive and tolerant culture.

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**KOJIGLO**  
*Skin Lightening Face Wash*  
Gentle Exfoliation & Refreshing Feel

0% SULFATE, PARABEN, PHENOL, ALCOHOL

- \*For all skin type
- \* Non Irritant
- \*Soothing & Moisturizing
- \*Skin Friendly pH 5.5

Composition:  
Glycolic acid 1.40%, Gwhite VCE 0.58%, Alpha Arbutin 0.5%, Niacinamide 2%,  
AloeVera extract 5%, Vit E 0.5%

ALKEM  
**DERMACARE**  
Adding Value to Skin Care



# Hope



**Dr Shreeni Chatterjee**  
PGT 2, SMCH

The cold seems eternal..  
I dream of home every night,  
Only to wake up amidst this perpetual and mundane.  
To be reminded of the tasks still left behind.

Life's harsh,  
Yet the heart wants to pause a little,  
A little longer this time.  
The masks want to fall off,  
The smiles want to fade,  
Yet the show must go on, as always

Our life was never ours.  
It's all a part of this cycle.  
All the sins and the memories,  
Are nothing but shadows.  
They keep chasing,  
And shall follow,  
To the other side of the wall ..

There's hope,  
Of better days  
And happier memories of the bygone,  
Keeping me alive.  
There's darkness,  
Yet there's light,  
At the end of the tunnel,  
To guide me home.

The night sky reminds me  
Of what was once mine,  
And makes me wonder  
If I can touch them again.

Yet hope flickers inside,  
Like a guiding star,  
That I too shall find my way,  
Once again...

# DERMATOLOGY IN THE AGE OF AI



**Dr. Debastuti Bharali**  
PGT 1, NEIGRIHMS

It all started in the summer of 1956.

Ten eminent mathematicians, led by John McCarthy, organized a seminal workshop in Dartmouth (USA) to brainstorm on an exciting new field taking over the scientific world – a subject they termed ‘Artificial Intelligence’ (AI). Their goals were to ‘find how machines use language, form abstractions and concepts, solve kinds of problems now reserved for humans, and improve themselves.’ While the project only lasted for a duration of eight weeks, the impact of their ideas was destined to create lasting changes in the field of technology for years to come.

Seven decades on, we are now faced with the challenge of facing newly unleashed AI models every few weeks or so. While basic Artificial Intelligence is now ingrained in almost every electronic device we handle (so much so that the older generation– many of whom were once staunch denigrators of smartphones and any new tech- now depend on Google Maps, social media feeds and ‘Hey Google’), it has been the advent of advanced AI models like Open AI’s chatbot ‘ChatGPT’ which has been creating waves throughout the globe since the advent of 2023. Meta, the global technology conglomerate behind popular apps like Facebook and Instagram, has also unleashed data2vec, a ‘high-performing self-supervised algorithm that works for multiple modalities’ and SEER, while Google has released AI models like DeepCTRL and DeepNull, along with a ChatGPT competitor chatbot called Bard.

All these recent developments signify a crucial point – the era of true AI has only just begun, and it is poised to bring about significant changes (or disruptions) to the way we currently live our lives.

So how has Artificial Intelligence impacted the field of medicine so far?

It has transformed the field of medical imaging analysis with AI algorithms that can analyze images (from the humble ECG to MRIs) to detect and diagnose various conditions. AI-powered tools like Aidoc and Viz.ai can now detect abnormalities in medical images and alert healthcare providers. As our surgical colleagues can attest, AI-powered robots can assist surgeons in performing complex surgeries with greater precision and accuracy, although the costs involved may be rather prohibitory (such as the da Vinci surgical system - an AI-powered robot used in various surgical procedures).

In addition to these examples, AI can also be utilized to devise personalized treatment plans for patients (IBM’s Watson for Oncology), for predictive analytics (Owkin’s AI analyzer for medical data) and for new drug discovery models (Benevolent AI to identify new drug candidates). Overall, AI is revolutionizing the field of medicine whether we like

it or not, enabling faster and more accurate diagnoses, personalized treatments and innovative research capabilities.

So how will the advent of true AI impact the field of Dermatology?

This is indeed a difficult question, so much so that an AI may be better poised to answer it. If you were to ask ChatGPT, it would say that AI systems (no matter how advanced) could never truly replace a doctor or a dermatologist. In addition, AI algorithms rely on large datasets of images and patient information to make diagnoses and predictions. However, these algorithms are only as accurate as the data they are trained on. This data is collected by practising doctors and is dependent on their skills and expertise. AI is also limited in its ability to consider the patient's overall health, past medical history, and other factors that can affect their skin health.

After all, as dermatologists, we not only diagnose skin conditions but also provide personalized treatment plans and ongoing care to patients, especially those with chronic skin conditions. Also, can any AI system to date truly imitate the power of human intuition and a trained clinical eye in achieving certain diagnoses or be a replacement for the genuine empathy and care that human healthcare workers provide? After all, ChatGPT concurs: While AI can assist dermatologists in their work, it is not a replacement for their expertise and experience. Instead, it is only a tool that can help dermatologists provide more accurate and efficient care to their patients.

What does the future hold in store?

One cannot hold back the advent of new technology forever and one must treat AI as a friend or risk getting left behind. There are several ways dermatologists can harness the power of AI. Firstly, remote consultations (technology already in place in many centres) can help to improve access to skin care for patients who may not have easy access to a dermatologist, with restricted mobility or for those residing in remote areas. This has indeed become commonplace with easy access to smartphones. However, this requires the availability of good internet services which may act as a hurdle in certain remote areas of India.

We can utilize AI in the field of research - AI can analyse large datasets of patient information to identify patterns and trends in skin conditions. This technology can help researchers to develop new treatments and medications and it can also assist in the development of new diagnostic tools. Other than these, AI can be used to analyse global clinical data sets for faster diagnoses (although this does not necessarily guarantee accuracy) and for devising personalized treatment plans for certain patients with specific needs. It can also be utilized as a robotic surgical assistant in cutaneous surgeries and time-consuming procedures such as hair transplants.

While wildly varying ideas have been postulated in a thousand different books, movies and TV shows - it is impossible to predict how life in general (and therefore medical practice) will adapt to the rise of AI in the upcoming decades. At the time of writing this article, powerful AI chatbots like ChatGPT are already facing scrutiny under European law and have been banned in Italy. One can only hope that it does not end up being a slippery slope to our worst fears – that of virtual extinction. Until then, one must treat AI as a friend and a valuable professional assistant (with the hope that it won't go rogue).

Welcome to the age of true AI.

## THE HORIZON



**Dr. Mehjabin Rahman**  
PGT 1, GMCH

A maiden sitting down by the riverside  
Her soul wandering deep into the intricate horizon  
With unfathomable hopes in her heart open wide  
The withered Lily lying stray by her side  
The blizzards of yesterday keep calling her names  
Has she paved her way through futile games?  
The sun is keen to go down  
With the trees beginning to dance and roar!  
Is this another tempest craving for more?  
Oh! how she buries her eyes again into the horizon!  
The sight obscured by a small unsightly boat  
But with the most bewitching pair of eyes, behold!  
Before the skylight is dispelled by the enigmatic storm  
He grabs her hands and kisses her impatient eyes  
And off they vanish into the beautiful horizon!!

# YEARN FOR YARN



**Dr. Barsha Chetri**  
PGT1, GMC

Chilly breeze in the month of December  
Goosebumps on my skin, I remember  
Cuddled up in a sweater so warm  
Every stitch made with love by mom  
Thousands of stitches, hours of labour  
Of every cloth, that sweater I favoured  
Years went by I started to wonder  
Could I do that too? Would it be a blunder?  
Picked up some hooks and lavender yarn  
From that moment I could never turn  
Back as now I could create  
Unwitherable flowers and all things great  
But of all things, a sweater so warm  
To remind her how I love you mom  
Cuddled up in that sweater she'll always remember  
Chilly breeze in the month of December.



## LOVE AND TIME



**Dr. Divya J N**  
PGT1, SMCH

Once upon a time, there was an island where all the feelings lived-happiness, sorrow, wisdom and all other feelings including love. One day it was announced to the feelings that a flood is about to come, and the island would sink. All other feelings constructed boats and left, except for love.

Love was the only one who stayed with the island. Love wanted to hold until the last possible moment. When the island almost sunk, love decided to ask for help.

Bounty was passing by love in a grant boat. Love asked “Bounty, can you take me with you?” Bounty answered “No, I can’t. There is a lot of gold and silver in my boat. There is no place here for you.”

Love decided to ask vanity who was passing by in a beautiful vessel. “Vanity, please help me.” “I can’t help you, Love. You are all wet and might damage my boat”, Vanity answered. Sorrow was close by, so Love asked, “Sorrow, let me go with you.” “Oh.... Love, I am so sad that I need to be myself”, was the answer. Joy passed by Love too, but she was so happy that she did not even hear when Love called her.

Suddenly, there was a voice, “Come Love, I will take you.” It was an elderly person. So blessed and overjoyed, Love even forgot to ask the elder where they were going. When they arrived at dry land, a safe place, the elder went on her way. Realizing how much she owes the elder, Love asked knowledge, another elder, “Who helped me?”

“It was time”, knowledge answered. “Time?”, asked Love, “But why did time help me?”

Knowledge smiled with deep wisdom and answered, “Because only time is capable of understanding how valuable love is.”

# Maybe it's time to start living



**Dr. Malkit Singh**  
PGT1, AMC

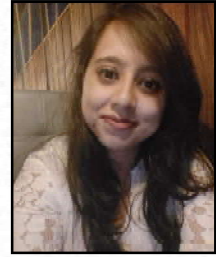
We climb ladders from the day we are born. We find ourselves at the bottom of one, as soon as we reach the top of another. We climb to reach the life of our dreams – the dream house in the dream building with the dream car waiting to take us to our dream hotel, that we could only dream of going to, when we were little. We bought these dreams by the dozen when they were selling like hot cakes.

Not so long ago, we told ourselves that the top of this ladder is only a few rungs away – the last few rungs until you have climbed high enough to start living the life you always wanted to. The funny thing about these ladders is that the last rung never arrives. On your way to the dreamy hotel, riding in your dream car, you will dream about your dream position and the dream holiday to take your children on.

You can never see the top of the ladder. You can only look around or behind. There comes a day when you stop climbing and look back at how far you have come. Don't let that day be so distant that all life falls short and you repent it. Make that day today. Make that moment now.

We are too busy dreaming when the life we once dreamt of, built itself around us. So, take a moment to notice. Maybe it's time to start living.

# Beginning of the end



**Dr. Shainee Datta**  
PGT 3, SMCH

When last days and last moments gets difficult to pass,  
When you seek peace but people around you create chaos,  
In this world full of egomaniacal people,  
Is there anyone to look deep into other's eyes,  
Try to feel the turbulence others fight,  
Try to help, try to lift them from their sorrows and darkest nights.  
Is mental health only for those who cry out, shout out.  
Because they feel they are right,  
Disregarding their mistakes,  
Upholding ego above humanity,  
Forgetting the help, the kindness they once received.  
What about those who hide their pain behind their smiles  
Tolerating the torment inflicted by others,  
Being silent yet burning inside.  
Is this the beginning of the end?  
Or still is there  
Hope, For a change,  
For a beautiful place to be.



# CLIMATE CHANGE AND IT'S IMPACT ON SKIN



**Dr. Pratik Baruah**  
PGT2, GMC

Climate change refers to the global shift in weather patterns occurring over long periods of time. These changes encompass temperature, rainfall, wind speeds and cloud cover. Climate change has accelerated rapidly in the past half century and while international focus has concentrated on the environmental and economic consequences, the effects on human diseases such as skin cancer have been relatively under-represented. In the past century the Earth has warmed up by 0.74°C. Over half of this increase has occurred since the 1970s. This global warming phenomenon is caused by greenhouse gases, such as carbon dioxide and nitrous oxide, trapping infrared radiation from the sun in the atmosphere. Deforestation combined with the burning of fossil fuels is thought to account for most of the anthropogenic increases in carbon dioxide levels.

With warmer, drier summers there is an increased tendency to spend more time outdoors, this would increase the population exposure to sunlight and the UV radiation associated with it. Again ozone depletion has also lead to an increase in skin cancers and worryingly this is still rising.

## **ULTRAVIOLET RADIATION**

Ultraviolet radiation (UVR) occupies the space between visible light and X-rays on the electromagnetic spectrum. The colour violet corresponds to the shortest wavelength in visible light and UV actually means 'beyond violet' (from the Latin ultra, meaning 'beyond').

There are two kinds of UV radiation: UV-A and UV-B, which contribute to skin damage, ageing and skin cancer. UV-B is high when the index reads 'extreme' which becomes the major cause of sunburn, cancer and cataracts too.

The current rate at which the rivers and lands are drying, temperature rising and climate changing, Indian cities too are contributing to the chart of risky UV index globally. With this, skin cancers, sun burns and cataracts are on the rise. Though cataracts are caused due to normal ageing process, overexposure to UV rays too can lead to cataract formations earlier than normal.

World Health Organization (WHO) devised the UV index in 2002. Depending on the range, it gives an idea as to how careful you need to be in the sun. A score of 1 or 2 is low, 3 to 5 is moderate, 6 or 7 is high, 8 to 10 is very high and 11 and above is extreme.

We only look at how weather is, but don't talk about the UV Index. Skin

cancers were rare in tropical countries like ours. But now, we are definitely seeing an increase due to high UV exposure. The index indicates the amount of skin-damaging ultraviolet radiation expected to reach the earth's surface at a time when the sun is at its highest (around midday).

The highest incidence of skin cancer is reported from Australia, where the high-UV, harsh sun affects the Caucasian population.

Skin cancers in India used to be rare as higher levels of melanin pigment in our skin mitigates the impact of UV rays. But now skin cancers are on the rise.

### **OZONE**

The Earth receives UVR from the sun, all of the UV-C and the majority of UV-A and UV-B is filtered out by the ozone layer. Ozone is a triatomic oxygen molecule, O<sub>3</sub>, found mainly in the stratosphere, which is approximately 10–40 km above the Earth's surface. It is continually being regenerated from O<sub>2</sub> through the UV dependent ozone-oxygen cycle. Free radicals such as chlorine and bromine atoms shift the cycle to produce more O<sub>2</sub> than O<sub>3</sub>; this depletes the ozone layer. The emission of chlorofluorocarbons (CFCs) massively increases the concentration of these free radicals which then leads to the depletion of the ozone layer.

CFCs are compounds made from carbon, fluorine and chlorine, which were invented in the 1920s. They were commonly found in solvents, aerosol sprays and coolants in refrigerators. Due to their long half-lives (lasting between 50–100 years), the long-term damage they can cause to ozone is quite extensive.

In 1987, an international treaty called the Montreal Protocol was signed to phase out all CFC usage. The short-term impact of the Montreal Protocol on ozone has been less than dramatic. Although the current Intergovernmental Panel on Climate Change models suggest that global ozone depletion has now stabilized, the long half-lives of these compounds mean that it will probably by another 50 or more years before the large Antarctic hole in the ozone layer recovers. The most current estimates predict that the first detectable change will only occur in 2024, assuming full compliance with the Montreal Protocol. Even with full compliance of the Montreal Protocol and assuming all other variables, such as cloud cover and human behavior are kept constant, the depletion of ozone will drastically increase the incidence of all types of skin cancer.

### **Skin irregularities must be evaluated**

Short-term damage to the skin can be sunburn and suntan. This can later change to pigmentation. Long-term causes can be photoageing and photocarcinogens, leading to risks of skin cancer. According to the latest ICMR study 2021, the nonmelanoma skin cancers are slowly rising in the northern and eastern parts of India. The study states that in the Northeast part of India witnessed the highest incidence of skin cancer which is merely 5.14 for males and 3.98 for females. However, males in the East, had slightly greater incidence of 6.2.

The reasons are UV radiation exposure, high arsenic contamination in the Ganges river basin, apart from their probable genetic predisposition. In a study from Punjab it is found more common in rural agricultural women with highest lifetime sun exposure. Reducing the UV radiation exposure (sunlight), avoiding

harmful chemical exposure and getting frequent skin checks will help us in prevention and early treatment of such diseases.

Any new skin irregularities, like spots, roughness or discoloration, need to be evaluated. People can use umbrellas, eyeshades, brim hats etc. Also, sunscreens with SPF 30 to 50 are advised. One should apply sunscreen 20-30 minutes before going into the sun, and keep applying it once every two to three hours.

The world has had 30 years of public health initiatives and awareness campaigns. These must be heeded and acted upon now to protect the public from this preventable threat.

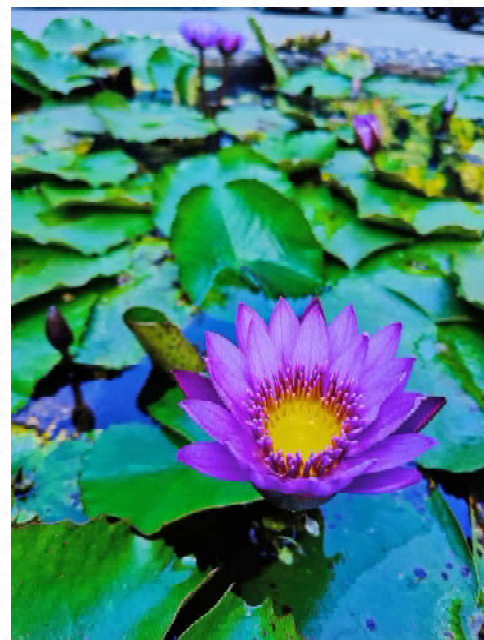
# LOTUS



**Dr. Manaswita Kashyap**  
PGT 2, SMCH

All our roots are anchored in the mud  
In the dark swamps of time  
In the murky primordial waters of the cosmos  
Dormant, trying to awaken and bloom.

Ascending higher every generation, breaking free from the cloudy veils  
And prisons of the past,  
Unscathed, pure and pristine;  
Reflecting an ethereal truth—  
That beautiful things can survive and be born out of the darkness.



Piture clicked in Kaziranga Borgos Resort,  
Cuticon 2022

In Atopic Dermatitis

# OLESOFT MAX

BEST SENSORY PROFILE



**I ♥ DERMA**  
Sharing your passion





Partnering with you in fight against

**TUF**  
fungal Infections

**ITRATUF**  
Itraconazole 100mg/200mg Capsule

**ITRATUF SB** >>



In Stable Vitiligo

**MELBILD**



- To be applied from the margins of lesions
- Night application followed by morning sun exposure for 10-15 mins.
- Photostable Thermocol packing

**THE ORIGINALS**  
In Basic Fibroblast Growth Factor  
Derived Disacetylide

## POST GRADUATE TRAINEES UNDER NEIADVL ASSAM MEDICAL COLLEGE AND HOSPITAL



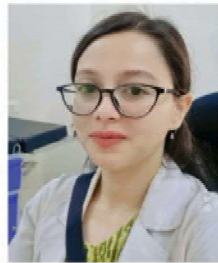
Dr. Parashabina Shyam  
PGT1, AMCH



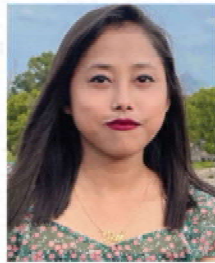
Dr. Deep Prakash Paul  
PGT1, AMCH



Dr. Malkit Singh  
PGT1, AMCH



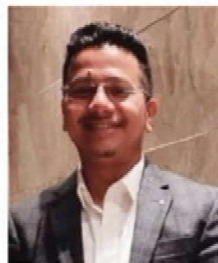
Dr. Priyanka Goswami  
PGT2, AMCH



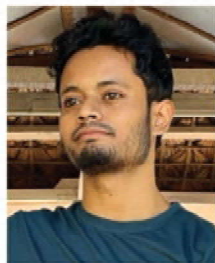
Dr. Daisi Kaman  
PGT2, AMCH



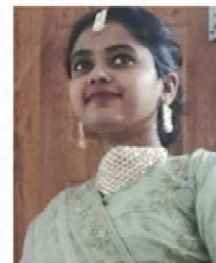
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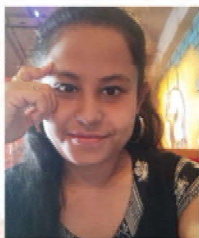


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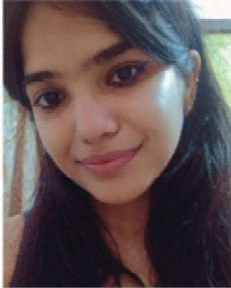


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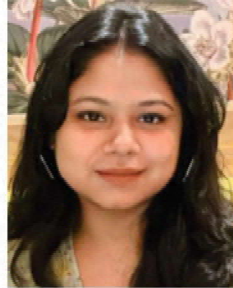


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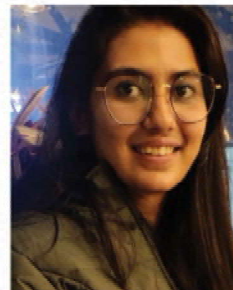
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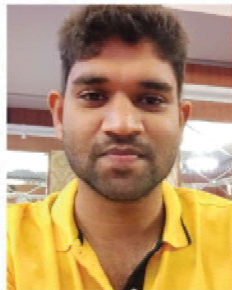
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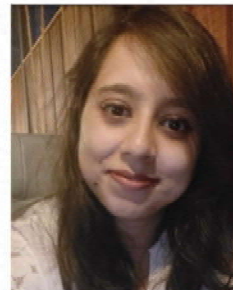
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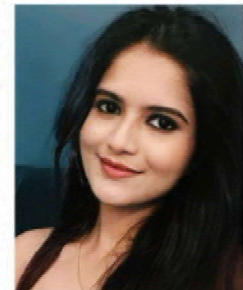
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