NEIADVL
NEWSLETTER
Volume: XXVII • November 2023
Official Mouthpiece of N. E. States Branch of IADVL

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Message from President

It fills me with utmost pride and joy to learn that 34th CUTICON NE States 2023, the annual conference of NEIADVL is to be held at H M Resort , Dibrugarh on 18th &19th November, 2023.

Dermatology is growing in popularity in recent times and receiving the attention it deserves, hence it is trying to provide the greatest services through contemporary techniques and treatments. It is the best time of the year when all the esteemed Dermatologists from all over North East region gather together to share information and experiences with the upcoming professionals, giving Dermatology a boost.

I want to extend my sincere gratitude to everyone who contributed to make this event informative, engaging and successful by their effort and going above and beyond.

One of the key elements of the gathering is the newsletter which serves as a window into all the activities of the branch, so a big round of applause to the editor who put forth the best effort to make it an interesting one .

With the best of wishes,

Looking forward to a successful conference.
Long live IADVL. Long live NEIADVL..

Dr. Krishna Talukder
Honorary President, NEIADVL

From the Editor's Desk

Heartiest Greetings

Dear NEIADVLITES,

As we are approaching towards the end of 2023, like every year this time **"CUTICON NE States 2023"** is scheduled to be held at Dibrugarh on 18th and 19th November, 2023. **NEIADVL NEWSLETTER** will be released in this aforementioned conference. The process of collecting articles, picture , activity reports at times become challenging and it calls for patience. But at the end when its done, is gratifying also. I am grateful to all my dear members of NEIADVL family who have contributed in this NEWSLETTER in the form of article, poetry, photography.

I would also like to thank PALSONS DERMA for their contribution in publishing the NEWSLETTER. I request each and every member to kindly read this NEWSLETTER in your leisure time.

Long Live NEIADVL, Long Live IADVL

Regards,
Dr. Arup Paul
Editor, Newsletter, NEIADVL

Message from Secretary

It is a matter of great pleasure to present before you yet another edition of **"NEIADVL NEWSLETTER"**, the coveted mouthpiece of NORTH EAST STATES BRANCH of IADVL at **CUTICON NE States 2023** to be held at Dibrugarh on the 18th and 19th of November 2023.

As an association filled with talented individuals, the NEIADVL Newsletter is an important medium to showcase not only the updates and advancements in the field of Dermatology, but also serves as a platform for our members to share their innovative ideas and non-academic achievements

The current edition of the NEIADVL newsletter,edited by our Editor Dr. Arup Paul, is a well- edited and insightful publication.

I am sure Dr Arup Paul has left no stone unturned in making it a grand success.

Wishing a grand success to the newsletter as well as to CUTICON NE States 2023.

Happy reading!!
Long live NEIADVL, Long live IADVL

Dr. Anushree Baishya
Secretary, NEIADVL

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North East States Branch of IADVL(NEIADVL) Activity Report From 1st May to 31st October 2023

MEMBERSHIP DETAILS

TOTAL MEMBERS: 241

LIFE MEMBERS: 181 (ASSAM: 128 ■ ARUNACAHAL PRADESH: 6 ■ MEGHALAYA: 12 ■ MIZORAM: 7 ■ NAGALAND: 15 ■ SIKKIM: 2 ■ TRIPURA:11)

PLM MEMBERS: 60 | E VOTERS: 176

REPORT ON MIDCUTICON NE States 2023

MIDCUTICON NE States 2023, the 19th mid year meet of NEIADVL, was held on the 27th of May 2023 at Nagaon, Refresko resort.

The Organising Committee comprised of Dr Krishna Talukdar- Organising president, Dr Prasanna kr Saikia -Organising secretary, Dr Padum kr Deka-Treasurer and Dr Rosely Timungpi- Scientific Secretary. It was a very successful program and was attended by around 40 delegates. Dr Mihir Goswami, Principal, Nagaon Medical College and Hospital, honoured the occasion as chief guest. The inaugural ceremony started with state anthem (joined in by all delegates and specially by Dr Nasiur Rahman and Dr Sunita mech)

The scientific sessions were very interactive and interesting. Panel discussions on Dermatophytoses (by Dr Birendra Kumar Nath, Dr Shyamanta Barua and Dr Arup Paul) and on Androgenetic Alopecia (Dr Aruna Devi, Dr Anushree Baishya and Dr Atul Bothra) were immensely practical and informative.

Free paper presentations by Dr Sunita Mech and Dr Kinnor Das on topics like wound healing and artificial intelligence (AI) respectively were highly appreciated. PGTS were congratulated for wonderful poster presentations. Dr Abinaya Sivaraman won the prize for the best poster.

The GBM was well attended by around 37 members. Many important decisions were taken. Most importantly formation of the Agartala Chapter, decision to form a cc group, and discussion on the roadmap for Antiquackery activities as well as to give a best poster award at MIDCUTICON.

It was a memorable event with interactive sessions, presentations and get together with teachers, seniors and friends.

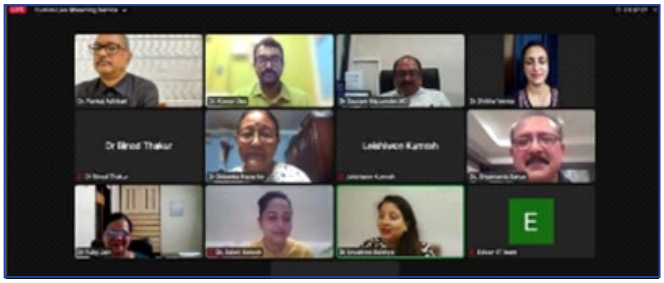
ACADEMIC ACTIVITIES

VITILIGO UPDATES WEBINAR

A webinar on Vitiligo updates was conducted on the 15th of July 2023, from 7pm to 9pm.

Vitiligo updates 2023, Organised by North East States Branch of IADVL was very well received. We had 129 registrations for the webinar with up to 92 viewers. There were two interactive and thought-provoking panel discussions on management of different types of vitiligo and tofacitinib respectively.

1. TREATMENT OF DIFFERENT TYPES OF VITILIGO: An experience based discussion- Moderated by Dr Analjyoti Bordoloi with Panellists Dr K N Barua, Dr Bhaskar Gupta, Dr Leishiwon Kumrah, Dr Jagjeet Sethi and Dr Binod Thakur.
2. TOFACITINIB: A MIRACULOUS DRUG FOR VITILIGO OR ARE WE JUMPING THE GUN- Moderated by Dr Kinnor Das with panellists Dr Debeeka Hazarika, Dr Pankaj Adhicari, Dr Shyamanta Barua, Dr Ruby Jain, Dr Gautam Mazumder and Dr Shikha Verma. It was coordinated very well by Dr Saloni Katoch with support of Dr Krishna Talukdar, President NEIADVL.



SIG NEGLECTED TROPICAL DISEASES CME AT NEIGRIHM, SHILLONG 13/5/23

Organized by IADVL academy, EC IADVL in association with NEIADVL.

CME coordinator Dr Shikha Thakur It was attended by Dr Tarun Narang,Dr Anita Marak, students and other Delegates.

15/10/23: SIG DERMOSCOPY (IADVL ACADEMY) CME: A CME CUM WORKSHOP ON BASIC TO ADVANCED CONCEPTS OF DERMOSCOPY

SIG Dermoscopy CME (under the aegis of EC IADVL, IADVL academy and SIG Dermposcopy) was conducted from 10 am to 5pm at hotel Novotel, Guwahati , with very informative and interesting discussion on the various aspects of Dermoscopy, with hands on Dermoscopic examination of various conditions and explanation of the findings by esteemed faculty Dr Aseem Sharma, Dr Feroze Kaliyadan,Dr Neirita Hazarika , Dr Lily Singha and esteemed chairpersons Dr K N Barua sir, Dr Jyoti Nath maam, Dr Anita Baruah maam, Dr Indrani Dey, Dr Khushboo Aggarwal Lohia, Dr Atul Bothra, Dr Smrity B Das.

It was heartwarming to see our seniormost members being there and deeply engrossed in the discussion and hands on.

It was well coordinated by Dr Saloni Katoch with an attendance of around 40

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Delegates, and could be conducted successfully with the support of President NEIADVL Dr Krishna Talukdar sir, with support and guidance from Dr Pankaj Adhicari sir and helped by PGTS Dr Abhinaya, Dr Mehzabin, Dr Pratik and Dr Robioul.

DIFFERENT CHAPTER ACTIVITIES OF NEIADVL

AGARTALA CHAPTER

30/6/23: DR GAUTAM MAZUMDER PRESENTED ON **"TOPICAL ACNE SCAR SERUM: A NOVEL FORMULATION IN THE MANAGEMENT OF ACNE SCAR"**

21/7/23: DR NIRMALYA MALAKAR SPOKE ON **"TOPICAL TOFACITINIB IN DERMATOLOGY"**

11/8/23: DR J.K BHOWMIK SPOKE ON **"SUNSCREENS AN UPDATE"**

23/9/23: DR NANDITA BHATTACHARJEE PRESENTED ON **"ACNE MANAGEMENT"**

BARAK CHAPTER

20/8/23: PRESENTATION BY DR SHROMONA KAR **"CSU: CHALLENGES AND WAY FORWARD WITH UPDOSING"**

10/9/23: PRESENTATION BY DR KINNOR DAS ON **"NAFTIFINE HYDROCHLORIDE"**

24/9/23: PRESENTATION BY DR RAKESH NALLA ON **"MANAGEMENT OF ACNE SCARS"**

1/10/23: PRESENTATION BY DR RAKESH NALLA **"STEROID RESPONSIVE DERMATOSES"**

DIBRUGARH CHAPTER

12/5/23 PRESENTATION ON **"ROLE MYO INOSITOL IN HYPERANDROGENISM"** BY DR MALKET SINGH

18/6/23: PRESENTATION BY DR ROSHNI SINGH ON **"ROLE OF TFACITINIB IN DERMATOLOGY"**

28/9/23: PRESENTATION BY DR DAISY KAMAN ON **"ROLE OF TRIFAROTENE IN ACNE MANAGEMENT"**

GUWAHATI CHAPTER

24/6/23: PRESENTATION BY DR AMLAN JYOTI SARMA **"ILLUSTRIOUS YET DERMA MYSTERIOUS: A COLLECTION OF 3 CASES FROM THE DERMATOLOGY WARD GMCH**

23/9/23: PRESENTATION BY DR DIPAK KR AGARWALLA **"DISCUSSION ON UNRESPONSIVE CASES OF DERMATOPHYTOSIS"**

NAGALAND CHAPTER

10/6/23: **WORKSHOP ON INJECTABLES** BY Dr JAGJEET SETHI AT CIHSR NAGALAND

24/6/23: CME ON **"MOISTURISERS IN MANAGEMENT OF PSORIASIS"** PRESENTED BY Dr AVENI KOZA

SHILLONG CHAPTER

26/5/23: CME ON **ROLE OF MYOINOSITOL IN HYPERANDROGENISM-** PRESENTED BY Dr DONBORLONG BYRSAT

14/7/23: TALK ON **"USAGE OF TOFACITINIB IN DERMATOLOGY"** BY Dr ANITA MARAK

11/8/23: **"ACANTHOSIS NIGRICANS"** PRESENTED BY Dr PARAINI MARANDI & Dr. HEERA RAMESH.THE CME WAS ALSO GRACED WITH PRESENCE OF RENOUNED DERMATOLOGIST PROF GURMOHAR SINGH SIR FROM BANARAS.

FIRST EVER ELECTION (FOR VENUE OF CUTICON NE STATES 2024)

After the announcement inviting bids for Executive posts for President elect NEIADVL 2024, and inviting bids for Organizing CUTICON 2024 and MIDCUTICON 2024, as more than one application was received for the bids for venue of CUTICON 2024, as per the constitution "e voting" was conducted, which was a first in NEIADVL. Barak chapter won the bid with Silchar as the venue for CUTICON NE States 2024 with Organizing chairperson as Dr Bhaskar Gupta, Organizing Secretary as Dr Angshuman Bhattacharjee and Scientific Chaiperson as Dr Joydeep Roy.

The election process was under the guidance of Dr Pankaj Adhicari sir as election observer. Dr Analjyoti Bordoloi helped with his suggestions and practical guidance and advice.

DVL TRUST DRIVE FROM 27TH SEPTEMBER TO 30TH SEPTEMBER

IADVL had launched a mutual benefit scheme coupled with professional legal protection in 2011 and named it DVL welfare trust. It is one of the important financial benefit schemes aimed at securing financial security for the family members of our association.

Highlight of this drive was that NEIADVL'S current EC is now completely in DVLWT, which may be the first instance at IADVL'S branch level across the country and also 15 new members enrolled in this period.

It was possible due to the encouragement and support of President Dr Krishna Talukdar sir, the untiring and continued efforts and guidance of Dr Rajib Gogoi sir, with help and active participation of DVL trust coordinator Dr Anupam Aggarwal.

SOCIAL AND PUBLIC HEALTH INITIATIVES

Awareness programs were conducted throughout the regions of NEIADVL, with active participation of members as individual activities as well as in various social programmes.

Highlights of the social activities are as follows

WORLD VITILIGO DAY (25th JUNE, 2023)

It was observed at Guwahati Medical College and Hospital, Jorhat Medical College and Hospital, Silchar Medical College and Hospital, Diphu Medical College and Hospital, Nalbari Medical College and Hospital and Tripura Medical College, at CIHSR Nagaland, NEIGRIHMS, with awareness to patients and public on various aspects of vitiligo and dispel myths.

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Awareness talks were delivered by Dr Pankaj Adhicari sir, Dr Krishna Talukdar sir, Dr Bhaskar Gupta sir, Dr Debajit Das sir, Dr Bornali Dutta maam, Dr Leishiwon kumrah maam, Dr Shikha Verma, Dr Binita Teron, Dr Gautam Mazumder, Dr Arup Paul. Articles on public awareness were published in popular newspapers by Dr Joydeep Roy.

A free skin health camp was conducted under the aegis of Ramkrishna Mission, Guwahati with the guidance and participation of Dr Debeeka Hazarika maam, Dr Urmimala Das maam, Dr Animesh sarkar and Dr Anushree Baishya on 25th june,2023.

MISSION PRISON HEALTH CAMPS

Mission prison skin health camps at Guwahati Central Jail, where inmates were given free skin check-up and medications were participated by Dr Bobita Boro, Dr Aslam Ali and Dr Arpita; Mission Prison skin health camps at Shillong was organized by Dr Kalkambe Sangma and participated by Dr D Kharkongor, Dr Major Karthi Kishore, Dr Gurudarshane, Dr Sakshi Singh. Mission prison skin health camps at Silchar organized by Dr Sandip Roy and Dr Angshuman Bhattacharjee. There was active participation of all members of Agartala chapter for conducting mission prison skin health camps.

INDIVIDUAL FREE SKIN HEALTH CAMPS

8/10/23Dr Aruna Devi conducted free skin health camp at Nagaon.

8/9/23 and 29/8/23 Dr Sobasona Bora conducted free skin health camps at Betioni, Golaghat, and at Dadhora, Ahomgaon, Dergaon.

2/10/23 Dr Anushree Baishya conducted free skin health camp at Japorigog, Guwahati

HEALTH AND HYGEINE AWARENESS CAMPS AT SCHOOLS where children, teachers and staff were educated on skin care, avoid steroid abuse and to maintain self hygeine with check-up for common skin concerns.

17/8/23 Skin Health and Hygeine awareness camp at Bathoupuri English High School, Guwahati, with a very informative talk by Dr Kanak Talukdar sir, and participated by Dr Smrity B Das and Dr Anushree Baishya.

29/10/23 at skin health camp on Govt. Higher secondary school, Singrijan, Dimapur on occasion of psoriasis day, Dr Ruby Jain represented Nagaland chapter.

ACHIEVEMENTS

Dr Kinnor Das was awarded IADVL SARCD 2023 scholarship, based on merit, for attending SARCD 2023 at Colombo.

Regards
Dr Anushree Baishya
Secretary, NEIADVL (2022-2024)

PHOTOGRAPHY

Dr. Gazala Khanam Barbhuiya
Medical Officer, Hailakandi Civil Hospital



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Message from Organising Secretary of CUTICON NE States 2023, Dibrugarh

Greetings to everyone !!

This is indeed a moment of immense pride that the DIBRUGARH CHAPTER of NEIADVL is Organising the 34th Annual Conference of North East Branch of Indian Association of Dermatologists Venereologists Leprologists (IADVL) CUTICON NE States 2023 at H. M. RESORT Dibrugarh on 18th and 19th November 2023. I welcome you all to this prestigious event of NEIADVL.

The Conference is spread over entire two days including two hands on workshop on BOTOX and FILLERS. The workshops will truly be an invaluable learning experience with nationally renowned mentors training our delegates. The Scientific programme will run in two parallel Halls in both the days, first of its kind in NEIADVL.The scientific program will cover all aspects of Dermatology, Venereology, Leprosy, Aesthetics and recent advances in the field of Dermatology. All our speakers are highly experienced and knowledgeable. There will be many scientific deliberations, panel discussions and video & live demonstrations. I am happy to share that Assam Council of Medical Registration has allotted 4 CME credit hour points for the conference.

All our Organising committee members have toiled very hard to deliver a memorable experience for all of us. I have my heartfelt gratitude for the Organising Committee for putting in their best effort. I am deeply thankful to the NEIADVI executives as well all members of NEIADVL for giving us this opportunity and offering their help and guidance, whenever needed.

I hope you all will enjoy the scientific deliberations in the conference as well as the warm hospitality of the Organising Committee.

Kumud Agarwal.

Dr. Kumud Agarwal
Organising Secretary
CUTICON NE States 2023
DIBRUGARH.

Treasurer's Report - NE States Branch of IADVL

STATEMENT FROM 1ST MAY, 2023 - 31ST OCTOBER, 2023

GST No: 18AAA9928M1ZW (opened in Feb 2020)

OPENING BALANCE in NEIADVL Saving Account as on 1st MAY 2023 - 3,35,399.78 | CLOSING BALANCE in NEIADVL Saving Account as on 31st Oct 2023 - 23,22,624.78

Sl. No.		EXPENDITURE		INCOME	REMARKS
1.	Electricity Bill (Jan 2023 to Aug 2023)	12,096	Interest Credit (2,632+8,449)	11,081	
2.	Society fees (April 2023 to March 2024)	37,296			
3.	Reimbursement of GSK QUIZ expenses to NE CUTICON Acc.(Jorhat)	40,000	State Share Oct 22-March 23 & GSK QUIZ reimbursement 89,353		
4.	GST recovery to AJANTA PHARMA (unpaid GST of year 2021)	5,400			
	MIDCUTICON 2023 EXPENSES = Rent Refresko 1,17,250, Memento 8,390, Sign Art 5,506, Gamosa 6,000, Prize money 5,000 Projector, mike 10,000 Xorai 2700, Sweets 750 Sign Art 464, Miscellaneous 29,750	1,85,810	MIDCUTICON 2023 (Nagaon) collections = 41,650.00 + 52,000.00 + 1,77,500.00	2,71,150	
5.	SIG DERMOSCOPY EXPENSES= Faculty hotel accommodation travel tickets (29,052+30,721) Memento, Gamosa (20,100)	79,873			SIG DERMOSCOPY reimbursement is under process.
6.	Income Tax Payment of FY(2022-2023)	99,500	CUTICON 2022 SHARE = 19,01,716.00 1,74,000.00	20,75,716	GST Filling for FY 22-23 done April 23 till date is under process
	TOTAL	**4,60,075.00**	**24,47,300.00**		

So, TOTAL EXPENDITURE is = **4,60,075.00**
TOTAL INCOME = **24,47,300.00**
Excess of income over expenditure : 24,47,300.00 - 4,60,075.00 = 19,87,225.00
Opening Balance in Saving Account as on 1st May 2023 = 3,35,399.78
Now, Closing Balance on the same acc. as on 31st Oct 2023 = 23,22,624.78
(Twenty three lakh twenty two thousand six hundred twenty four and seventy eight paise)

Sd/-
DR. SMRITY BURAGOHAIN DAS, Treasurer NE STATES BRANCH of IADVL

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ARTICLE SECTION

To Trust Or Not To Trust – DVL Welfare Trust

DR. ANUPAM AGARWAL
Consultant Dermatologist Miracle Skin Hair Laser Clinic, Tinsukia
DVL Trust State Coordinator, NE States
+91 92071 42473, anupam.agarwal24@gmail.com

Trust is the basis for almost everything we do. Trust implies confidence and unquestioning belief in and reliance upon something. It's the foundation upon which our laws and contracts are built.

Whenever we think about trust, family is the first thing which comes to mind. There are 2 families in play here which I would like to discuss about. The first family is our own family for whom we are working and trying to do our best to support and sustain. We want to make sure that our family is well taken care of in our presence as well as in our absence. This is where our second family, the DVL (DERMATOLOGISTS, VENEREOLOGISTS AND LEPROLOGISTS) family comes into play.

Our DVL family, which comprises of all the registered Dermatologists in the country, has come up with this very ingenious and empathetic idea to take care of its family members at the toughest time. The DVL WELFARE TRUST is a mutual benefit scheme coupled with professional legal protection aimed at providing financial security for the members of the association.

Any life member of IADVL, irrespective of age is eligible to become a member of this scheme. The approximate joining fee ranges from Rs. 5000/- to Rs. 15000/- depending upon the age of the member and whether he/she opts for the legal coverage or not. An additional amount of Rs. 500/- is taken as contribution for every death of a member occurring during the year.

The legal help provided by the DVL Trust is also very important in today's time as we shift from the more traditional practice to cosmetic/surgical practice. The professional indemnity coverage provided by the trust covers all types of cases like civil, criminal, labour and consumer redressal forum.

The DVL Trust has strength of 739 members when writing this article which comes out to a contribution of Rs. 3,69,500/- to the family of the Deceased member. The current strength of IADVL members is upwards of 15000. The DVL membership ratio turns out to be a dismal 4.92% at present. A small effort on our part to push this ratio beyond 20% would be a huge financial help to the families who might have just lost their earning member.

The process of joining the DVL has been simplified over time. The interested person can log on to the DVL Trust website (www.dvlwelfaretrust.org) and follow the instructions to become a member. The payment for the membership can be done online or through a cheque/demand draft. In case of any difficulty the person can get in touch with the DVL Trust State Coordinator with their issues or they can send a mail to (www.dvlwelfaretrust.org) and it will be handled promptly.

After explaining all the nitty-gritties of the scheme, at the end everything boils down to trust and family. We enroll in this scheme and trust that our fellow IADVLites will do the same and maximize the benefit for our family members. DVL Welfare Trust is a wonderful scheme by IADVL, of IADVL and for IADVLites.

Metabolic syndrome in patients of chronic plaque psoriasis: A study in a Tertiary Health Care Centre of Tripura

DR. RAKESH BISWAS - MD/DVL
Rejuva Skin & Laser Clinic Agartala
Assistant Professor TMC &
Dr. BRAM Teaching Hospital, Agartala (Tripura)

INTRODUCTION

Psoriasis is a chronic, systemic, inflammatory disease with several clinical variants, the most common being chronic plaque psoriasis.[1-5,8-10,13,14] Psoriasis patients are at increased risk of developing the metabolic syndrome (MS). Proinflammatory cytokines such as tumour necrosis factor-a, interleukin-6 that are increased in the psoriatic plaques are known to contribute to features of MS such as hypertension, dyslipidaemia and insulin resistance.[1-3,8,14,16,19]

Psoriasis affects about 3% of the population worldwide.[1-5, 9,13] Recent studies have estimated prevalence of MS to be 15 to 24% in the general population and 30 to 50% among psoriasis patients. [2, 9,13] Dermatologists should be aware of these associations as they may be in a position to detect them early, thus, allowing early intervention that may improve the overall quality of life of the patient. Present study was conducted to evaluate the prevalence of metabolic syndrome in patients of chronic plaque psoriasis and to correlate the prevalence of metabolic syndrome with severity and duration of psoriasis.

METHODOLOGY

It was an observational cross-sectional study for a period of six months (January 2021 to June 2021) in the Department of Dermatology, Tripura Medical College & Dr BRAM Teaching Hospital. After obtaining approval from institutional ethical committee, all diagnosed cases of Psoriasis patients attending the OPD of Dermatology Department, enrolled after

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obtaining informed consent. Total 90 patients were included based on pre-designed inclusion and exclusion criteria.

Sample size was calculated by using a 'single population proportion sample size calculation' formula by considering the following assumptions d = margin of error of 10%, with 95% confidence interval and P= [prevalence or proportion] 30%

By considering 10% non-response rate, the final sample was considered (81 + 10% of 81) as 90.20 Sampling technique was purposive sampling.

STUDY POPULATION:
Psoriasis patients attending Dermatology OPD in Tripura Medical College & Dr BRAM Teaching Hospital

INCLUSION CRITERIA:
1. Patients with psoriasis more than 18 years of age and those with chronic plaque psoriasis of at least 6 months duration.

EXCLUSION CRITERIA:
- Patients with psoriasis, who have received cyclosporine, biologics or/and systemic retinoids therapy during the preceding one month.
- Chronic smokers and alcohol drinkers for at least 6 months

The diagnosis of metabolic syndrome was made based on the presence of ≥3 criteria of the modified National Cholesterol Education Program's Adult Treatment Panel III: waist circumference >102 cm in men or >88 cm in women, hypertriglyceridemia ≥150 mg/dL, high-density lipoprotein cholesterol <40 mg/dL in men or <50 mg/dL in women, blood pressure ≥130/ 85 mmHg and fasting plasma glucose ≥100 mg/dL.1-19

RESULTS:
Among the 90 patients, 40% were found metabolic syndrome with mean age 38.28 ± 10.29, a majority of patients were male (69%), while female patients accounted for 31% [Figure1, Table 1]. The present study showed that prevalence of metabolic syndrome was higher in Severe psoriasis (59.5%) compared to moderate (27.9%) and mild psoriasis (20%) which is statistically significant (p value < 0.05) [Table 2]. There was a significant association between duration and severity of psoriasis with metabolic syndrome. Metabolic syndrome was higher in patients who have psoriasis for longer duration (>3 years) which is statistically significant (p value < 0.05). [Table 3]. Psoriasis classified as of short (<1 year), intermediate (1–3 years) or long (>3 years) duration. Patients were classified as having mild, moderate or severe psoriasis based on the psoriasis area and severity index (PASI) score (<8, 8-12 and >12 respectively).18,19 PASI (Psoriasis Area severity index) was calculated in to correlate the occurrence of metabolic syndrome and a PASI score. Out of the total 90 patients 36 patients are having metabolic syndrome, and among these 36 patients <8 PASI was present in 1 case (2.7%), 8-10 PASI was present in13 patients (36%), and > 12 PASI was present in 22 cases (61%). Though Pearson Chi-Square Test P value was 0.46 which was not statistically significant but clinically It was significant because MS was higher in higher PASI score (more than 12)

All data were compiled and analysed through SPSS – version 20.0, from there frequency distribution, percentage, proportion, mean and standard deviation values were calculated in appropriate situations. Chi-square was used to find out association of psoriasis with metabolic syndrome (MS) & other study variables.

	AGE	WAIST CIRCUM FERENCE	TRIGLY CERIDES (MG/DL)	HIGH DENSITY LIPOPROTEIN	SYSTOLIC BLOOD	DIASTOLIC BLOOD	FASTING BLOOD (MD/DL)	PASI SCORE
VALID	90	90	90	90	90	90	90	90
MISSING	0	0	0	0	0	0	0	0
MEAN	38.2889	96.9544	144.6111	52.3667	117.1333	80.6667	119.6000	10.9944
STD. DEVIA TION	10.29699	16.82701	32.42855	13.52854	10.65938	7.60839	16.85017	3.36957

***Table-1**: Showing distribution of variables and their mean value in Metabolic Syndrome*

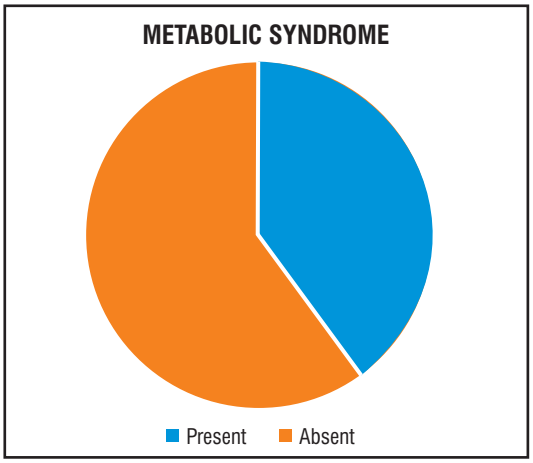

***Figure-1**: Showing prevalence of metabolic syndrome among the patients*

	METABOLIC SYNDROME		TOTAL	
TYPE OF PSORIASIS	YES N (%)	NO N(%)	N(%)	P VALUE
MILD PSORIASIS	2 (20)	8 (80)	10 (100)	0.006
MODERATE	12 (27.9)	31 (72.1)	43 (100)	
PSORIASIS				
TOTAL	36 (40)	54 (60)	90 (100)	

***Table-2:** Showing Metabolic syndrome in relation to their severity which is statistically significant (p value < 0.05, n=90)*

	METABOLIC SYNDROME		TOTAL	
DURATION OF PSORIASIS	YES N (%)	NO N(%)	N(%)	P VALUE
6 MONTHS TO 12 MONTHS	1 (10)	9 (90)	10 (100)	0.010
12 MONTHS TO 2 YEARS	10 (29.4)	24 (70.6)	34 (100)	
MORE THAN 2 YEARS	25 (54.3)	21 (45.7)	46 (100)	
TOTAL	36 (40)	54 (60)	90 (100)	

***Table-3.** Showing association of metabolic syndrome in respect to their duration*

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DISCUSSION

It has been found in our study again that psoriasis is not just a disease of skin but is a systemic, inflammatory autoimmune disease that is connected with a range of comorbidities.[1,9,13,14,15,16,20] Psoriasis patients are at increased risk of developing the metabolic syndrome (MS). Proinflammatory cytokines such as tumour necrosis factor- , interleukin-6 that are increased in the psoriatic plaques are known to contribute to features of MS such as hypertension, dyslipidaemia and insulin resistance.[1,2,3,9,10,13,16]

Psoriasis affects about 3% of the population worldwide.[1,2,3,4,5,9,13] Recent studies have estimated prevalence of MS to be 15 to 24% in the general population and 30 to 50% among psoriasis patients.[2,9,13]

In our case we found prevalence of MS is 40% which has been mentioned in very few articles. Also, we found there was a direct relationship between duration and severity of psoriasis with metabolic syndrome. Prevalence of metabolic syndrome was higher in patients who have psoriasis for longer duration (>3years) which is statistically significant (p value < 0.05). It also showed that prevalence of metabolic syndrome was higher in Severe psoriasis (59.5%) compared to moderate (27.9%) and mild psoriasis (20%) which is statistically significant (p value < 0.05).

So, patients with psoriasis should be regularly screened and advised lifestyle modification such as diet, exercise and stress reduction to reduce the incidence of MS. Future prospective large randomized, controlled, population-based or multicentric studies should be undertaken to confirm the association and causality between psoriasis and MS.

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REFERENCES:

1. Kothiwala SK, Khanna N, Tandon N, Naik N, Sharma VK, Sharma S, et al. Prevalence of metabolic syndrome and cardiovascular changes in patients with chronic plaque psoriasis and their correlation with disease severity: A hospital-based cross-sectional study. Indian J Dermatol Venereol Leprol 2016;82:510-8
2. Lakshmi S, Nath AK, Udayashankar C. Metabolic syndrome in patients with psoriasis: A comparative study. Indian Dermatol Online J 2014;5:132-4
3. Khunger N, Gupta D, Ramesh V. Is Psoriasis a New Cutaneous Marker for Metabolic Syndrome? A Study in Indian Patients. Indian J Dermatol 2013:58(4):313-4
4. Kumar P, Thomas J. Comorbid conditions in psoriasis - Higher frequency in females: A prospective study. Indian Dermatol Online J 2012;3:105-8
5. Dogra S, Yadav S. Psoriasis in India: Prevalence and pattern. Indian J Dermatol VenereolLeprol 2010; 76:595-601
6. Al Houssien RO, Al Sheikh A. Co-Morbidities in psoriatic versus non-psoriatic patients. J Health Spec 2018;6:82-6
7. Hassan SA, Waleed A, Abdullah OA, Rana OA. Proportions of major comorbid medical conditions among psoriasis patients in a tertiary hospital, Riyadh. J Health Spec 2017;5:176-80
8. Raza MH, Iftikhar N, Mashood AA, Hamid MAB, Rehman F, Tariq S. Frequency of Metabolic Syndrome in Patients with Psoriasis. J Ayub Med Coll Abbottabad 2021;33(3):484–7
9. Deoghare S, Talanikar H, Deora MS, Kothari R, Sharm YK et al. A Cross-Sectional Study to Assess Sub-clinical Atherosclerosis in Patients of Psoriasis Independent of Metabolic Syndrome. Indian J Dermatol. 2022 Jul-Aug; 67(4): 328–333
10. Milčić D, Vesić S, Marinković J, Janković J, Janković S, Milinkovićet M et al. Prevalence of metabolic syndrome in patients with psoriasis: a hospital based cross-sectional study. An Bras Dermatol. 2017;92(1):46-51
11. Adışen E, Erduran F, Uzun S, Gürer MA. Prevalence of smoking, alcohol consumption and metabolic syndrome in patients with psoriasis. An Bras Dermatol. 2018;93(2):205-11
12. Paschoal RS, Cardili RN, Silva DA, Souza CS. Metabolic syndrome, C-reactive protein and cardiovascular risk in psoriasis patients: a cross-sectional study. An Bras Dermatol. 2018;93(2):222-8
13. Singh R, Roy PK (2020) A Clinicoepidemiological Study of Psoriasis and its Association with Metabolic Syndrome. J Clin Dermatol Ther 6: 049
14. Singh G, Aneja SPS. CARDIOVASCULAR COMORBIDITIY IN PSORIASIS. Indian J Dermatol. 2011 Sep-Oct; 56(5): 553–556
15. Singh SK, Tripathi R. Evaluation of the Association of Metabolic Syndrome with Psoriasis and its Severity: A Cross-sectional Study. Indian J Dermatol. 2020 May-Jun; 65(3): 243–244
16. Singh S, Dogra S, Shafiq N, Bhansali A, Malhotra S. Prevalence of metabolic syndrome in psoriasis and levels of Interleukin-6 and tumor necrosis factor- in psoriasis patients with metabolic syndrome: Indian Tertiary Care Hospital study. Int J App Basic Med Res 2017;7:169-75
17. Kutlu S, Ekmekci TR, Ucak S, Koslu A, Altuntas Y. Prevalence of metabolic syndrome in patients with psoriasis. Indian J DermatolVenereol Leprol 2011;77:193-194
18. Madanagobalane S, Anandan S. Prevalence of Metabolic Syndrome In South Indian Patients with Psoriasis Vulgarisand the Relation Between Disease Severity and Metabolic Syndrome: A HospitalBased Case-Control Study. Indian J Dermatol. 2012 Sep-Oct; 57(5): 353–357
19. Babu AR, Aneesh S, RR Raghunath, Sujatha C, Shankar V, Mohamad M et al. A study on metabolic syndrome in patients with Psoriasis. Indian J Clin Exp Dermatol 2017;3(2):69-74
20. Statulator. Available at http://statulator.com/SampleSize/ss1P.html. (Last accessed on 17.11.2020)

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Genetic Testing in Dermatology

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INITIAL STEPS OF GENETIC TESTING IN DERMATOLOGICAL DISORDERS:

Genodermatoses or genetic diseases of the skin are a group of inherited disorders. In the last two decades, there has been an evolution in detecting Genodermatoses. In case of suspicion of Genodermatoses, on the basis of history and complete dermatologic examination including hair, nails, and oral mucosa/teeth, detailed history and examination of first-degree family members should be done to establish the mode of inheritance. The patient's dermatological condition should be categorized based on primary skin findings like mechanical fragility, blister formation (epidermolysis bullosa [EB]), hypotrichosis, hypopigmentation, hyperpigmentation, or abnormal cornification (e.g. ichthyosis, erythrokeratoderma, palmoplantar keratoderma).

SAMPLES TO BE COLLECTED:

The samples and its amount depend on the method of genetic analysis. For detection of a germline (constitutional) mutation in a gene, DNA analysis is done via single genome sequencing OR whole exome sequencing (WES) OR whole genome sequencing (WGS). DNA analysis can be done from blood sample (up to 5 ml) in EDTA vials, buccal brush sample and punch biopsy sample of affected skin. Samples may also be collected from first degree relatives (parents and siblings) for family tree mapping. Counselling and informed consent is essential prior to collection of samples.

METHODS OF GENETIC ANALYSIS:

Genetic analysis can be done for single gene or multigene panels or whole exome/whole genome.

Single gene analysis:

The turnaround time for single gene analysis can vary from 2 to 10 weeks depending on method of analysis. The various methods of single gene analysis are: a) Bidirectional sequencing (Sanger method); b) Deletion/duplication analysis; and c) Mutation scanning.

- **Bidirectional sequencing (Sanger method):** This analysis can identify missense (causing substitution of a different amino acid), nonsense (causing a premature stop codon), splice-site mutations, as well as small intragenic deletions or insertions. However, in addition to disease-causing mutations, sequence alterations may represent neutral variants (polymorphisms) or changes of undetermined significance. Sequencing the entire coding region (all exons) and splice sites is frequently used for analysis of a single gene. However, when a heritable condition is often caused by specific "hot-spot" mutations, a tiered approach first evaluating for these mutations (i.e. targeted mutation analysis) or sequencing selected exon(s) can be used. Sequencing particular exons first may also be recommended for patients with certain phenotypic features or ethnic backgrounds associated with specific mutations.
- **Deletion/duplication analysis:** For detection of larger deletions or duplications (e.g. of an entire exon or gene), deletion/duplication analysis is required. This analysis uses methods of copy number assessment, such as multiplex ligation-dependent probe amplification, quantitative polymerase chain reaction, targeted array-comparative genomic hybridization (CGH), and fluorescence in situ hybridization. These techniques can also be used when sequencing reveals, a mutation in only 1 allele of a gene in a patient with an autosomal recessive disorder.
- **Mutation scanning:** When sequence analysis of a large-sized gene would be excessively time-consuming, mutation scanning (eg, via PCR followed by gel electrophoresis or liquid chromatography) may potentially be used to identify variant region(s). Sequencing can then be focused on these areas. In general, any mutation that is identified should be confirmed by a second study, such as repeat-sequencing or restriction-fragment analysis.

Multigene panels:

Next-generation sequencing is a rapid process in which millions of small DNA segments are sequenced at the same time. It has allowed the development of comprehensive multigene panels. This enables a large group of genes associated with a particular phenotype to be evaluated in a cost-effective manner. Currently available multigene panels that may be useful to dermatologists include those for albinism, periodic fever syndromes, and RAS/MAPK pathway-related disorders. Multigene analysis can be done either by array-based analysis (detection of copy number variation) or linkage analysis and homozygosity mapping.

Whole exome sequencing (WES)/ Whole genome sequencing (WGS):

WES/WGS may help to elucidate the molecular basis of a Genodermatoses when standard methods fail. For example, the genetic defect underlying a "mystery" diagnosis in a small family or even an isolated affected individual can potentially be identified when linkage analysis is not possible. However, methods to optimize processing of the huge amounts of data generated by WES/WGS are still in the process of being developed. The current success rate of WES/WGS in finding the causative gene for Mendelian (single gene) disorders is ≈ 20%-50%. WES uses an array to capture the protein-coding regions of the human genome, which account for ≈ 2% of genetic material and include ≈ 20,000 genes. WGS has potential advantages over WES, such as detecting mutations in noncoding regions (e.g. promoters, other regulatory elements, intronic splice sites), copy number variation, and complex chromosomal rearrangements. However, because WGS generates an even greater amount of data, most of which is not clinically relevant, interpretation can be more difficult.

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CRISABOROLE – A Novel Drug

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A novel topical ointment recently approved for the treatment of mild to moderate Atopic Dermatitis.

Atopic Dermatitis (AD) is a chronic inflammatory skin condition that affects children and adults and in both sexes. Atopic dermatitis has a pathogenesis of complex immune dysregulation and interplay of genetic, environmental, epidermal barrier disruption and psychological factors.1 Acute flare ups and exacerbation as well as chronic eczematous skin lesions on dry skin accompanied by intense pruritus characterise the course of AD. Manifestations varies from mild, moderate and severe forms and diagnosis as well as severity can be defined with the help of standardized criteria and scoring systems. AD have a significant impact on the quality of life of patients and their families as well as associated psychological, social, and economic consequences. (4,5) The children are more affected than adults with a life time prevalence of about 15%-30% and 5%-10% respectively .(1,5) Treatment options for AD can be divided into three types: non pharmacological, topical and systemic treatment. Topical therapies being the main stay in all AD patients, the options are moisturisers, topical corticosteroids (TCS) and topical calcineurin inhibitors (TCI) with its own limitations thus creating a need for development of newer agents for the management.

Various immune cytokines pathways are amplified in AD including Th2, Th22, Th17and Th1. This article will highlight the role of phosphodiesterase 4 (PDE 4) in the pathogenesis of AD and the use of crisaborole- a PDE 4 inhibitor in the management of AD.

PDE are a family of enzymes responsible for the hydrolysis and subsequent inactivation of cyclic nucleotides and have been organised into at least 11 families based on sequence homogeneity, inhibitor sensitivity and biochemical properties. Each enzyme within the PDE4 family specifically targets c AMP for degradation and consists of four subtypes (PDE4 A to PDE4 D) These enzymes are located within brain and immunocompetent cells such neutrophils, T lymphocytes, macrophages and eosinophils .1 PDE4 inhibition results in accumulation of the intracellular cAMP, downstream activation of protein kinase A (PKA) and subsequent phosphorylation of the transcription factor CAMP response element binding protein (CREB) . Activation of these pathway modulates gene transcription of numerous cytokines and results in inhibiton of NFκB pathway and suppression of TNF α production and various interleukins and eventual inhibition of their pro inflammatory and destructive properties .2 In AD over activity of PDE4 leads to inflammation and disease exacerbation

CRISABOROLE 2% topical ointment is a novel first of its kind anti-inflammatory nonsteroidal topical PDE4 inhibitor approved by FDA in December 2016 for the treatment of mild to moderate AD for children 3 months and older and in adults. It is used topically only and not for ophthalmic, oral, or intravaginal use.

Its structure contains boron atom which facilitates skin penetration (molecular weight 251 Da) and binding to the bimetal centre of the PDE4 resulting it its inhibition. Chemical formula C14H10BNO3. 3 Based on an in vitro study it is 97% bound to human plasma protein. It is substantially metabolised into inactive metabolites. Systemic concentration is reached by 8th day of twice daily application for 28 days. (2,7) It has low systemic absorption and thus poses less risk for developing systemic side effects. Route of excretion is basically renal. Adverse effects are burning and stinging sensation at the site of application, contact urticaria. It is available as 2% topical ointment and twice daily application is recommended along with other general advises and eczema friendly moisturisers for mild to moderate AD. Pruritus improved significantly within one week. (6) The improvements in objective efficacy assessments in crisaborole treated patients were also statistically significant compared to vehicle. This is less immunosuppressive and has no effect on skin thinning as like corticosteroids. It is safe when used as once daily maintenance treatment for up to 52 weeks to control eczema.(7)

There is no available data for the use of crisaborole in pregnant and lactating mother. Clinical studies of crisaborole did not include sufficient numbers of subjects aged 65 years and older to determine whether they respond differently from younger subjects and further studies are required. Crisaborole is contraindicated in patients with known hypersensitivity to the molecule and any component of the formulation. The literature search did not yield reports on major drug interaction with crisaborole or its metabolites.

Other indication where crisaborole has been reported to be of benefit (but not yet approved) are intertriginous/flexural psoriasis, facial psoriasis and chronic irritant contact dermatitis.

Crisaborole is a new and promising drug in the management of mild to moderate Atopic Dermatitis and for achieving long term remission thereby increasing patient compliance and satisfaction in the long run. Further clinical studies are required especially in Indian population to establish its efficacy and expanding its horizon in other eczematous disorders.

REFERENCES:

1. Psomadakis CE,Han G. New and emerging topical therapies for psoriasis and atopic dermatitis .J Clin Aesthetic Dermatol 2019;12: (28-34)
2. Czernielewski J, Comte Krieger E ,Christen-Zaech S. What's new in the management of atopic dermatitis in children and adolescents? Rev Med Suisse 2018;14:69 (2-7) .
3. Spina D: PDE 4 inhibitors :current status. Br Pharmacol. 2008 155: 308- 315.
4. Paller AS, TomWL ,Lebwokl MC et al .Efficacy and safety of crisaborole, a novel non steroidal PDE4 inhibitor for the topical treatment of atopic dermatitis (AD) in children and adults .J AM Acad Dermatol 2016 Sep;75(3) :(494-503)
5. Fieshbein AB ,Silverberg JI,Wilson EJ,Ong PY. Update on Atopic Dermatitis: Diagnosis, severity assessment and treatment selection .J Allergy Clin Immunol Pract 2020;8:91-101.
6. Yosipovitch G et al Early relief of pruritus in AD with crisaborole ointment a non steroidal PDE4 inhibitor.Acta Derm Venereol 2018;98:484-
7. EichenLF, GowersRG et al. Once daily crisaborole ointment 2%,as a long term maintainence treatment in patients aged >-3 months with mild to moderate Atopic dermatitis: A 52 week Clinical study.AM J Clin Dermatol12023;24(4)(623-635).

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My EV experience

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My teachers would probably be quick to lovingly point out that using an acronym without expanding it on its first use is inappropriate in formal writing, unless the usage of the acronym is well-established. Well, I used 'EV' in the title in the twofold hope of the latter notion being true and of grabbing your attention in case you were not already using it in regular parlance. And for added intrigue, let me leave the expansion a little longer while I weave in a few details in the (sometimes exasperating) manner in which my late, beloved mother used to regale us with her anecdotes. I smile as I recall in my mind's eye of the many times we would beg her to get straight to the point.

Despite having a protected upbringing as the youngest child with three elder brothers, there have been several instances in my life when I have challenged established notions and made alternate choices that I did not later regret: buying a MacBook instead of a Windows laptop ('Macs are incompatible with non-Apple software'), a Volkswagen instead of a Maruti as my first car ('Maruti has the best-established after sales service in India!'), recognizing that my marriage was not working and leaving ('but you have a child!'), donating an organ ('you are a single parent!') and the most difficult of all: resigning from a secure government job and moving abroad with my son and I genuinely believe this would have broken my mother's heart had she been alive, as my medical college job was her crown jewel. I have also just used a rather long sentence contrary to the soft rules of writing prose and hope to be forgiven.

What I wish I had challenged was my third brother not allowing my father to buy me a Scooty as an undergrad: bro decided that I would not survive taking a turn towards the GMC Road from Rajgarh Road. Anyway, I never learned to drive despite many lessons and attempts in India and therefore it was a truly liberating experience to learn driving from scratch in the UK. Another notion I like to challenge, and this is especially true amongst men, is that driving an automatic car is not real driving at all; the car drives you rather than the other way around. I fail to understand what thrill having an additional stick to control gives, when there are many more safety aspects on the road to focus on while driving. It is true though that garnering speed on an automatic takes longer on older internal combustion engine (ICE) vehicles as was my experience driving my first car in the UK: a 2006 Mercedes A170.

The decision to get an EV as my only vehicle was not easy and hence, a well-thought and researched one. My reasons for ditching an ICE vehicle in favour of an EV were several:

- The sale of new ICE vehicles being proposed to be stopped in the UK from 2030 onward
- Restrictions (Ultra Low Emission Zones) and fees payable on driving older petrol and diesel vehicles being extended to nearly all parts of London
- Generally cheaper to charge an EV (especially when done at home using EV-friendly tariffs) compared to the cost of fuel
- Lower maintenance costs
- Sleeker overall look (with the BMW i3 being the obvious exception- what a dreadfully ugly car from the BMW stable!)
- A reportedly more exciting drive (0 to 60 mph in 5-6 seconds for the most popular ones)
- And not least the positive impact on the environment and choosing the green option (and number plate)!

There were some limitations to consider too:

- Feasibility of having a charging option at home (imagine having a mobile phone and no electricity at home to charge it)
- Reported higher costs of public fast, rapid and superchargers: with 150 kW chargers, depending on the car's battery pack, charging from 10-80% can be completed in 15-30 minutes, however, rates go up with the speed and capacity of chargers
- Availability of public charging and using the EV for longer trips across the UK or Europe: range and charger anxiety are real concerns of every EV owner. With a 55-60L gas engine however that can be refuelled in minutes, this is never a concern with fuel-driven vehicles
- The obvious higher costs of EVs compared to their ICE counterparts: a new BMW X1 costs around £33,000 onwards, whereas the iX1 on which it is built is £54,000 onwards for the M sport version
- Higher insurance costs (a colleague's relative recently found the annual insurance quote for their Tesla go from £800 to £4000 this year)

Having driven a Merc for a year and being impressed with the safety features provided to even a small and old vehicle as standard, my choice of EV was either the EQA or EQB, which are the EV counterparts of the Mercedes GLA and GLB respectively. I had initially looked at the exciting new Kia EV6 that is a custom-built EV rather than an ICE platform being replaced by batteries as in the case of most German EVs, but decided it was too loaded with specs and slightly flashy for my taste. After purchasing a flat a year ago, my savings were back to being a nought and therefore leasing was the best available option for me, although I knew this was akin to renting a house. However, there is some merit in leasing vehicles in the UK where prices of new vehicles are quite high, and these are depreciating assets in contrast to houses. NHS staff have an attractive leasing option with a scheme using salary sacrifice. In this, permanent or long-term contract holders working in NHS Trusts are able to lease a new vehicle for a 2- or 3-year term with road tax, maintenance and insurance covered by the leasing company. The EMI is deducted from the gross salary, with resultant saving on tax and national insurance, although there is also loss in pension. I had to select from the options available and after a lot of research and discussions with friends and colleagues, ordered the yet-to-be launched BMW iX1, which was delivered to me in May this year.

Contrary to my fears, I did not find it difficult to drive a larger vehicle and quickly adjusted to it. The wider rear-view mirrors on the sides made me feel safer on motorways. After 5 months of driving BMW's smallest all-electric SUV and having recently driven 170 miles (approx. 275 km) to Derbyshire for a short holiday in UK's beautiful Peak District, I am able to share my experience:

- **Ease and comfort of driving:** I miss having the experience of driving more vehicles because I have read about Merc-BMW comparisons but

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am unable to comment on the 'sportiness' of BMWs. However, I can confidently say that automatic car naysayers ought to experience one of these EVs because of ease of zipping off from a stopped position and leaving roundabouts on roads that allow national speed limits. It is truly exhilarating to be able to accelerate so smoothly and rapidly without having to press the pedal all the way to the floor. It is also possible to overspeed without realizing because of the absolute quiet inside the cabin, but there is a flashing red signal on the dash to remind me of this in addition to multiple other safety features. There are multiple driving modes to choose from and a boost button that I have so far not tested.

- **Charging:** I feel it is rather imperative to be able to charge at home because range anxiety is very real and I have often suffered from it. My car comes with a 66.5 kWh battery pack and the real world range is 220 miles on a 100% charge rather than the BMW-claimed 259-270 miles. It is also more expensive and takes longer to charge in the last 20% to full charge and the recommended charging limit for EVs is 80%. I charge at work using a 7 kW charger that is slower, but cost-effective at 30p/kWh. There are EV-tariffs from several UK electricity providers that allow charging at 7-10p/kWh overnight. Having said this, I was able to charge halfway on the drive to Chesterfield, Derbyshire at services using a 50 kW source that charged my car from 40% to 94% in under an hour while we had refreshments inside. I have also been able to charge overnight at my hotel at a reasonable price. Having said this, it does not beat the ease of filling your gas tank with 55-65L of fuel in minutes and being able to make the return trip with complete peace of mind. There is also no need to download multiple apps on your phone to see where chargers are available (e.g. Zapmap) and ones for charging points.

In summary, would I buy an EV when my lease ends in 3 years? Most likely yes, but I would buy with a personal loan rather than lease, choose a vehicle with a larger battery pack and hope to have sorted charging at home by then. I attach pictures of the memorable day that the car was delivered home.

ChatGPT and Prompts: Understanding Conversational AI's Future

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Artificial intelligence has played a crucial role in influencing how we interact with technologies and the internet in the constantly changing technological landscape. The emergence of chatbots and conversational AI is one of the most important advancements in AI, and ChatGPT is leading this revolution.

What exactly is ChatGPT?

The GPT-3.5 architecture, created by OpenAI, is used by ChatGPT, a sophisticated conversational AI model. Its acronym, "Chat Generative Pre-trained Transformer," sums up what it performs in a few words. This model can produce language that resembles that of a human being based on the input it receives after being painstakingly trained on massive volumes of text data. It can participate in text-based conversations, respond to inquiries, disseminate knowledge, and carry out a variety of linguistic operations.

How Does ChatGPT Operate?

Deep learning methods are used by ChatGPT to comprehend and produce writing that is human-like. It generates a response to a text input (referred to as a "prompt") using patterns and knowledge it has acquired from training data. A number of model layers that process and transform the incoming data are used to carry out this procedure.

- In conversational AI systems like ChatGPT, prompts are text inputs or messages that a user sends to the AI model in order to start a conversation or request a specific action. Users interact with the AI through these prompts, which act as questions or instructions that direct the AI's responses. The connection between the user and the AI model is greatly influenced by prompts, which can take many different forms.
- A more thorough explanation of what prompts are and how they operate is provided below:
- Initialization: A user often sends an initial prompt when interacting with a conversational AI system. A welcome, a query, a directive, or any other language that establishes the general tone of the conversation can serve as this prompt. As an illustration, a user might begin by saying "Hello," "How can I help you?" or "Translate this English text to French."
- User Intent: The user's prompt reveals their intention or the reason for the encounter. It communicates to the AI what the user is seeking, whether that be knowledge, assistance, help with a particular task, or just a friendly chat.
- Context: The prompts also assist in preserving context in conversations with several turns. In order for the AI model to comprehend the current dialogue, it makes use of earlier cues and answers. The AI may answer to the user's queries or remarks in a suitable and clear manner thanks to contextual hints.
- Instructions: Prompts may come with detailed instructions for the AI. These directives may influence how the AI acts, communicates, or formats its responses. An instruction prompt like, "Explain this concept as if you were talking to a child," might be used by a user to select the preferred answer strategy.
- Queries: Prompts that ask inquiries directly from the user are prevalent. Questions asked for clarifications or responses on particular subjects or problems.
- Variations: There are various kinds of prompts, such as directives, multiple-choice questions, and open-ended questions. The intended response's character is frequently determined by the sort of stimulus. For instance, a multiple-choice question prompt necessitates choosing from predefined answers, but an open-ended question prompt welcomes a lengthy response.
- Content writing: Prompts can also be utilised for content production. By giving a prompt that details the preferred topic or style, users can ask the AI to create original content, such as stories, poetry, or essays.
- Adaptability: Prompts can be altered to fit a particular application or use scenario. Because of this, users and developers can modify the AI's responses to suit their requirements, whether they be for customer service, linguistic interpretation, content development, or instructional objectives.

Classification of ChatGPT Prompts

Instruction Prompts: ChatGPT is given precise instructions to follow in the

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form of instruction prompts. These questions are frequently used to train the model in the appropriate response's tone, style, or context. For instance:

"Write a brief summary of the theory of relativity in a simple and understandable manner."

"Compose a persuasive essay supporting renewable energy."

Question Prompts Simple questions are posed to the model in question prompts. ChatGPT tries to come up with a logical answer to the query. For instance:

"What is the capital of France?"

"Can you explain the concept of supply and demand in economics?"

Conversation Starters: Using these questions, users can communicate with ChatGPT as if they were speaking to a real person. They frequently begin with a salutation or brief message like:

"Hello, how are you today?"

"Tell me a joke."

Contextual Prompts: These questions are intended to keep the conversation in its proper perspective. These cues are what ChatGPT uses to interpret the conversation and reply appropriately. For instance:

Username: "What's the weather like today?"

Chat GPS: "The weather in New York is sunny and 75°F."

User: "How about tomorrow?"

Chat GPS: "Tomorrow, there's a chance of rain with a high of 68°F."

Multi-turn Conversations: These prompts entail several user and AI exchanges that result in a dialogue. In applications like chatbots for customer service, this kind of prompt can be used to imitate lengthy conversations. For illustration:

User: "My internet connection is acting up. Can you assist?

Of sure, I'd be pleased to assist. What appears to be the problem?

Examples of typical ChatGPT Prompts

Let's look at some actual examples to demonstrate the usefulness of ChatGPT prompts:

Instructional Prompt

Username: "Write a short poem about a serene sunrise."

Chat GPS: "In the early light, the world awakes, with colours soft and sky aglow..."

Question Prompt

The user asked "What are the major benefits of electric vehicles?"

Chat GPS: "Electric vehicles offer several advantages, including reduced emissions, lower operating costs, and quieter operation."

Conversation Opening Prompts

"Hello, how are you today?"

ChatGPT: "Good day! Since I'm just a computer programme, I have no emotions, but I'm still here to help. What can I do to help you today?

Contextual Prompts

Username: "Can you recommend a good Italian restaurant in downtown Chicago?"

ChatGPT: "Chicago is home to a number of excellent Italian eateries. "Taste of Tuscany" is one of the top selections in the city.

Multi-turn Conversation

User: "I'm looking for a homemade pizza recipe."

"Sure, what kind of pizza are you in the mood for, and do you have any dietary preferences?"

Customer: "I'd like a classic Margherita pizza, and I'm vegetarian."

ChatGPT: "Excellent decision! Here is a straightforward recipe for Margherita pizza for you.

Conclusion

A noteworthy development in artificial intelligence, ChatGPT enables user and machine interactions that are similar to those of humans. It has the ability to alter patient service, education, and other fields with its varied prompt types and applications.

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Mentorship in Dermatology Postgraduate Training

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4th mile, Chumoukedima, Nagaland

Mentoring was first described in Homer's Odyssey when Ulysses appointed his wise and trusted friend, Mentor, to guide his son, Telemachus, while he was preparing to go to war with Troy. After his return from the battle, Ulysses found his son to have matured into a fine young man well-equipped with the skills required to be an able leader. By this, Mentor proved to be a faithful tutor and counsellor during the years that followed Ulysses' absence in the life of his son. Based on this theory, mentorship is regarded as a relationship where an older respected, and experienced person nurtures and influences another, who is usually a younger person. According to the Oxford Dictionary, a mentor is defined as an 'experienced and trusted adviser'.

IADVL launched two virtual mentorships in February 2022, under the leadership of the then President of IADVL, Dr Rashmi Sarkar, as the need for mentoring was seen among the upcoming young dermatologists in India. The first one was the Guru Derma, IADVL Virtual Mentorship Program, where mentees were selected from across India on the basis of their merit and paired with senior expert Dermatologists who guided them through an 8-week virtual meeting to achieve pre-determined goals. The second one was the IADVL Leadership Pipeline Program, also launched in February 2022, with the aim to hone the leadership skills of young and middle-aged Dermatologists for the betterment of the future of IADVL. Those selected were mentored virtually for 5 consecutive weeks. There are also other virtual mentorship programs available online through the International Society of Dermatology (ISD) and the Skin of Color Society(SOCS), respectively.

Mentoring has been implemented in some medical colleges in the undergraduate programs [2-4] and in the post-graduate programs in other medical colleges of India4.

So why do we need another mentorship program in Dermatology?

Why mentoring in Dermatology?

Virtual mentorship and in-person mentorship have different impacts on the

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mentee and mentor relationship. It was observed that mentorship improves bonding between the mentee and the mentor besides encouraging the mentee to become a mentor themselves based on their experiences of having a good model in their mentor[4]. It is a well-known perceived understanding that mentoring improves the academic and career development of the mentees. Besides that, it is also acknowledged that mentoring improves the emotional and personal aspects of both the mentee and the mentor[4]. In Postgraduate studies, if a structured mentorship is introduced with the objective of enhancing research skills, improving patient communication, and enabling the mentee to develop to their highest potential, it will be beneficial to both the mentee and the mentor through greater productivity, career satisfaction, and personal gratification[6].

The pre-requisites of a good mentoring program would be

- A conducive environment in the institutions that will allow the mentorship program to flourish7
- The characteristics of the mentee such as the willingness of the mentee to be mentored, willingness to learn, take initiative towards cultivating and maintaining the relationship with the mentor, and a passion to succeed in their career.
- The characteristics of the mentor are, to be honest, sincere, willing to share their ideas and knowledge, encourage academic visibility of the mentee in the institution, and connections within the academic environment attentively to their mentees, and understand their needs.[7-8].
- Understanding that the mentoring relationship between different gender and minority groups need to be kept in mind as the needs may be different. Men are perceived as not being well-equipped to mentor female mentees as the experiences of women in medicine are perceived to be different from those of men9,[10].
- Mentoring can be personal, and professional and later on evolve into a peer mentoring relationship. It is based on mutual interest and chemistry in many instances[10].
- Expectations from the mentee when it is not fulfilled by the mentor can lead to conflicts so the mentee should define clearly the benefits expected from the mentorship. There should be confidentiality, trust, mutual respect, good communication, and an environment of exploration with clearly defined boundaries[11].
- Mentoring can become dysfunctional or may be difficult to proceed further due to the unwillingness of the mentee to learn, keep to the boundaries, and personal and institutional constraints which may be from the side of the mentor too. It can be a lack of continuity, loss of confidentiality, conflict of interest, no incentive, etc [6-9].

In conclusion, I would advocate for a structured mentorship program to be initiated in Dermatology Postgraduate Programs as it will go a long way in improving the academic, research, and procedural skills of the mentee besides enhancing their affective skills such as empathy, good communication with patients, attitudes, and values when modeled by a good mentor.

References

1. Sarkar R, Deoghare S, Katoch S. Virtual mentorship in dermatology: The beginning of a new era of dermatology training in India. JAAD Int. 2023 Feb 10;11:112-114. doi: 10.1016/j.jdin.2023.01.015. PMID: 36950266; PMCID: PMC10025003.
2. https://medicaleducationunit.yolasite.com/mentoring-programme.php
3. Singh S, Singh N, Dhaliwal U. Near-peer mentoring to complement faculty mentoring of first-year medical students in India. J Educ Eval Health Prof. 2014;11.12. doi: 10.3352/jeehp.2014.11.12
4. Bhatia A, Singh N, Dhaliwal U. Mentoring for first-year medical students: humanizing medical education. Indian J Med Ethics. 2013 Apr-Jun;10(2):100-3. doi: 10.20529/IJME.2013.030. PMID: 23697488.
5. https://www.medicinecmcvellore.com/mentorship
6. Henry-Noel N, Bishop M, Gwede CK, Petkova E, Szumacher E. Mentorship in Medicine and Other Health Professions. J Cancer Educ. 2019 Aug;34(4):629-637. doi: 10.1007/s13187-018-1360-6. PMID: 29691796.
7. Sambunjak D, Straus SE, Marusic A. A systematic review of qualitative research on the meaning and characteristics of mentoring in academic medicine. J Gen Intern Med. 2010 Jan;25(1):72-8. doi: 10.1007/s11606-009-1165-8. Epub 2009 Nov 19. PMID: 19924490; PMCID: PMC2811592.
8. Pololi L, Knight S. Mentoring faculty in academic medicine. A new paradigm? J Gen Intern Med. 2005 Sep;20(9):866-70. doi: 10.1111/j.1525-1497.2005.05007. x. PMID: 16117759; PMCID: PMC1490198.
9. Leslie K, Lingard L, Whyte S. Junior faculty experiences with informal mentoring. Med Teach. 2005; 27:693–8.
10. Morzinski JA, Dier S, Bower DJ, Simpson DE. A descriptive, cross-sectional study of formal mentoring for faculty. Fam Med. 1996; 28:434– 8
11. Williams LL, Levine JB, Malhotra S, Holtzheimer P. The good-enough mentoring relationship. Acad Psychiatry. 2004; 28:111–5.

The Tale of The Meadow Saffron

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Ah! It's the beginning of that time of the year; my favourite part of the year when the fiery hot sunrays mellow down to warm beams and the cool breeze brushes by. As I conjure it up in my head, I look at the bunch of pretty daisies on my table. The autumn and the flowers….

During this pleasant season, if you ever happen to take a walk along the grassy wild meadows in the country sides of Europe you might come across clusters of lovely lilac-coloured flowers in full bloom (although it is unusual to witness blossoms in autumn). To an ignorant mind these flowers might be easily confused with that of the Crocus, which we all know is the well-known source of the highly prized culinary spice, the saffron. Thus, these flowers came to be known by many a name: The Autumn Crocus, the wild saffron and the meadow saffron. She is thought to originate and grow in abundance in Colchis, an ancient Greek city (modern day Georgia). So, the scientists christened her with binominal name, Colchicum autumnale.

Shielded with no foliage, a solitary flower sits atop the slender stem that shoots up from the corm beneath for which she became infamously labelled as the naked lady. As autumn gives way to winter and then spring, she withers away. With the approach of June, rich green lanceolate leaves emerge from the earth and stand a foot tall. The bearing of the seed capsules follows thereafter. People then called her “Son before the father” for her peculiar nature of flowering before producing leaves and seeds.

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Our meadow saffron belongs to the same family as the Lily of the valley. Her flowers are quite an eyeful. But let her beauty not deceive you, for she has been listed as a deadly poison with no antidote in the medicinal writings since the ancient times. When consumed, her toxic symptoms resemble that of cholera, the blue death. What makes her poisonous? The alkaloid, colchicine found in all her parts, particularly the corm, the seeds, and the flowers.

The early Greeks recognised colchicum as a cathartic and a powerful poison. The root gatherers used the corm to ward away evil spirits. Theophrastus, the Father of botany and a student of Aristotle described it as the deadly poison with a delayed onset of action. Pedanius Dioscorides, the Greek physician and botanist serving the Roman Emperor Nero in the 1st century AD called it a poison used by slaves to end their unhappy lives.

Another Greek poet and physician, Nicander described the concoctions and brews with colchicine as "that destructive fire of the Colchicon Medea". Who was Medea? The city of Colchis bordering the Black Sea was known for sorcery in Greek mythology. Medea, who was the daughter of the ruler of the land, King Ae tes was a powerful sorceress and a priestess. When Jason came to Colchis in search of the Golden Fleece, Medea aided him in his quest and saved his life using her concoctions. She married Jason only to be abandoned later when he wed Creusa. In revenge, she used her skills to poison her sons (with Jason) and Creusa. Colchicum was one of the many poisons she used in her preparations.

The first medicinal application of colchicum was described as a remedy of dropsy and joint pain in the Ebers Papyrus of the ancient Egypt, one of our oldest medical manuscripts dating back to 1500 BCE. Its therapeutic potential in gout was recognised by Theophrastus, Dioscorides and Galen. When Rome fell and Constantinople became the centre for arts and sciences, the Byzantine physicians acquired the knowledge and introduced it in the Eastern remedies. It was the Byzantine physician Alexander of Tralles, who recognised the selective and specific action of colchicum and was credited for use of colchicine from the plants as gout treatment. Aetius, another Byzantine physician who reaffirmed the rapid relief of pain and swelling of joints with proper use of colchicum, resulting in some physician calling the plant anima articulorum- the soul of the joints.

Their work then influenced the Islamic Persian physicians who further continued to explore its effects, one of those being diuresis. As the Muslim empire expanded to Italy and Spain, the knowledge kept spreading with it. It was in these initial days that the use of colchicum was condemned in Europe by many prominent physicians, including Sydenham and Hildegard. Although it appeared in the London Pharmacopeia in 1618, it was omitted in the subsequent editions until 1788. Among the numerous problems which led to waning of its use and the dark age of colchicum, the prominent ones were the difficulty in obtaining the corms, dosing and preparation, and a general distrust in the works of their Islamic counterparts.

Gout has been called "the disease of the kings" and "the arthritis of the rich" for it affects the affluent society. The narrow therapeutic window of colchicum made it difficult for physicians to treat the patients for a minute mistake in the dosing of the preparation resulted in severe adverse effects and many a times death. The rich and the powerful then pronounced the unfortunate physicians with the corresponding punishments.

In the later half of the 1800s, Von Stoerk, the personal physician to the empress of Austria conducted animal experiments and established the dosing protocols of colchicum. He concluded that colchicum could be used safely in small quantities without any severe side effects. Later in 1783, Nicholas Husson, a military officer to the king of France, marketed a remedy for gout called "l'eau de Husson" (Husson's water), the secret ingredient of which was colchicum. The immediate relief from the symptoms made it popular and it caught the attention of many including Dr Edwin Godden Jones (who introduced it in England) and Benjamin Franklin (who was then the ambassador to France and later introduced it in America). King George IV, a long-time gout sufferer made Husson's water (colchicum) respectable in the high living society. Sir Joseph Banks, the then President of Royal Society of London affirmed its effectiveness as well. The use of colchicum was thus revived.

The alkaloid, colchicine was first isolated from colchicum by the French pharmacists, Pierre Joseph Pelletier and Joseph Bienaimé Caventou in 1820. The purified active ingredient was developed by Phillip Lorenz Geiger in 1833 and he coined the current name. In 1848, Sir Alfred Garrod discovered the association of uric acid levels in blood and urine with gout and devised the string test for urates in blood. He was the one to mention the use of colchicine both as prophylaxis and treatment of gout. French Alfred Houdé crystallised the alkaloid in pure form from the extracts and tinctures of corm of colchicum. With the discovery of its therapeutic index along with rest of the advances, stable preparations were available and accurate dosages were established by the end of 1900s.

In 1899, a Sicilian pathologist, Biaggio Pernice discovered the anti-mitotic effects of colchicine. While working in Palermo, he examined the post-mortem specimens of dogs poisoned with colchicine and found increased mitotic figures in the cells of the gastrointestinal mucosa while the ana-telophase was absent. This observation was forgotten until the end of the second world war when it was rediscovered leading to the discovery of vinca alkaloids and the taxels. In 1959, the full synthesis of colchicine was achieved by Albert Eschenmoser, a Swiss chemist.

Over the years colchicine has found its use in a variety of diseases including many dermatological conditions. Despite the long history of its use in medicine, it took another century to discover its effectiveness in recurrent pericarditis and it was not until 2009 that the US FDA approved colchicine for gout and Familial Mediterranean fever under the Unapproved Drugs Initiative. Recently, in June 2023 low-dose colchicine was approved by the FDA for preventing heart attacks in adults with multiple risk factors of cardiovascular disease. Surviving centuries of scrutiny, colchicine has come a long way from being a poison to a potion, and it still holds great promise in the management of numerous diseases with its ever-expanding list of indications.

References:

1. Lee MR. Colchicum Autumnale and the Gout. Naked Ladies and Portly Gentlemen. Journal of the Royal College of Physicians of Edinburgh. 1999 Mar;29(1):65-70.
2. Nerlekar N, Beale A, Harper RW. Colchicine—a short history of an ancient drug. The Medical journal of Australia. 2014 Dec 15;201(11):687-8.
3. Vrachatis DA, Papathanasiou KA, Giotaki SG, Iliodromitis KE, Papaioannou TG, Stefanini GG, Cleman M, Siasos G, Reimers B, Lansky A, Tardif JC. Repurposing colchicine's journey in view of drug-to-drug interactions. A review. Toxicology Reports. 2021 Jan 1;8:1389-93.
4. Hartung EF. History of the use of colchicum and related medicaments in gout: with suggestions for further research. Annals of the rheumatic diseases. 1954 Sep;13(3):190.

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THE GILI ISLANDS: A Tropical Paradise

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My eyes opened as the pleasant sunrays entered our hotel room at Seminyak, Bali bringing in new hopes for another beautiful day. I was super excited because today is the day we move on to the Gilli islands for a two night stay. The Gili islands located in the Bali Sea off the northwest coast of Lombok, Indonesia are a group of three beautiful tiny islands namely Gili Trawangan, Gili Air and Gili Meno. These paradise-like destinations are renowned for their stunning beaches, vibrant underwater life and a care-free environment. Gili Trawangan is the largest and the liveliest offering nightlife and water sports, Gili Air is a balanced mix of relaxation and activities while Gili Meno is the smallest and the quietest amongst the three and ideal for those seeking tranquility. These islands have always fascinated me and they were on the top of my bucket list if I ever plan a trip to Bali. Being a travel enthusiast, Bali was long overdue and finally it saw the light of the day this September.

After enjoying a scrumptious breakfast at our hotel we took off on a minivan with a few other tourists for Padang Bai harbour from where we were supposed to board our speedboat to Gili Trawangan. Ferries are the only mode of connectivity to the Gilis as there is no airport. Infact, what is even more interesting is that these islands do not have any form of motorized vehicles. So as soon as you reach Gili you are on your foot! There are horse carts and the tourists can easily rent a bicycle widely available for a decent amount of 50k Indonesian Rupiah per 24 hrs to explore the island. The other way to reach Gili is from Lombok which takes around 30 mins by speedboat and Lombok does have an airport. As Lombok was not there in my itinerary we had to travel from Bali.

With the famous heavy Bali traffic, it took us around 2 hours to reach the port. I had already booked our tickets for Gili Trawangan from a tourism outlet at Seminyak. As soon as we reached the port we collected our boarding passes and after a wait of around 30 mins we boarded our boat. The ride was not an easy one, our boat jumping along with the angry waves with waters thrashing the windows of the boat. Though me and my husband got a bit tensed initially but, gradually we eased out as we witnessed other tourists seemingly enjoy the ride. We reached the Gili Trawangan port at around 4 pm, after about 2 and half hours of bumpy ride.

Our resort was a 15 minutes beachside walk from the port. As we walked by the sea with our trolley bags, enjoying the spectacular views, we could see horse carts plying on the road carrying tourists but, I must say this wasn't a very pleasant sight as the horses looked overworked and tired. I just felt they were being pushed beyond their limits and the only satisfaction at that moment was that we hadn't hired one and I told my husband we wouldn't ever hire one during our stay there.

As we checked into our beachside resort “Bale Sampan Bungalows” we were mesmerised by the views. There was a beautiful garden in the resort with cottages nestled among the colourful vegetation. We freshened up fast, went out in search of some food as we were way past our lunch hours and we were indeed starving. As we strolled through the streets we came across the Gili Trawangan Night market, an open air food market with a variety of seafood with budget friendly options. From crabs to octopus to blue marlin,

snapper fish, tuna, lobster, squid, prawns, etc. everything was available at much cheaper rates. You just got to choose and they barbeque it for you immediately. Along with seafood, rice, noodles, chicken and some vegetable cuisines were also available. We had an amazingly delicious seafood meal and then went on to explore the island on foot. There were a lot of food outlets, departmental stores, bakeries, resorts, spas, yoga studios, hostels with live music being played in many of them as the night set in. The lively streets flocked with tourists on bicycles, on foot and on occasional horse carriages. We walked almost halfway through the island and then decided to explore the rest the next day.

Next morning after we had our breakfast we got ready for our snorkelling tour. We had booked a private 2 hours snorkelling tour near Gili Meno for the next day morning. We also wanted go scuba diving but, as we discussed with the diving centres, we got to know that we needed a whole day for scuba with a pool training in the morning hours. I have experienced scuba diving once in the Andamans which I found way cheaper than in Gili. So considering the time constraints and the price we dropped scuba diving from our itinerary this time.

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Both of us with our snorkelling gears and with our guide boarded on a small boat to Gili Meno. We were taken to two snorkelling spots and I must admit it was a divine experience. As we snorkelled through the clear blue, turquoise waters we witnessed many colourful fishes, corals and also the famous underwater manmade statues which is at 4 metres depth near the coast of Gili Meno. These statues are a captivating underwater art installation created by renowned artist Jason deCaires Taylor. They not only provide a visually stunning and unique underwater experience but, also support marine life by attracting various species and encouraging coral growth. It was so amazing that we were hesitant to come back and it felt like our snorkelling trip ended in no time.

After a quick shower at our resort followed by lunch in a seaside restaurant, next we rented bicycles for each of us and started on our journey to explore the other side of the island. The area where we stayed, was near to the port and was the central area. As we pedalled through the unpaved sandy roads of the other side we found it to be much quieter and serene with many big luxurious beachside resorts ideal for a slow and relaxing holiday. We witnessed some breath taking sunset views and after almost a two and half hour ride with multiple stops in between we were able to make a complete round of the island. As we were a bit tired after our daylong activities, we decided to relax in a spa outlet and enjoyed a 1 hour Balinese massage for just 100k IDR. The whole day was indeed an unforgettable experience.

Our return ferry tickets to Bali were booked for the next day and it felt like 2 days were not enough, we should have planned for a longer stay on this paradise. After a hearty breakfast at our resort we proceeded towards the port. We had to skip Gili Air as a stay of minimum 3 to 4 nights are required to explore all the three islands to one's heart's content. Our boat got delayed by an hour and then after a 3 hours ride which was even bumpier than our past ride, we finally reached Bali with beautiful memories fully recharged to jump back to our regular routine life until the next time.

Dispatches of a vacation in the land of the free

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"PAPA… my specs flew out of my face…" screamed my 6-year-old son to his dad with excitement, fear, and exhilaration, while we zipped and zoomed in one of the many roller coaster rides in Universal Studios, Florida, USA.

January 2020 heralded the onset of the Covid pandemic and with it came long periods of restrictions marked by lockdowns, testing, vaccination, work from home, and the dreaded travel bans. The entire world came to a standstill and the people had ample time to sort out and reflect on the primary requirements of their lives.

Amongst them was me, who for the first time contemplated the priorities of my life. I realized that life is uncertain, and we ought to make the most of it in the limited time available. I like to explore and experience new places along with their people, food, and culture. The two-year period of being confined to one's place felt like ages and the urge for a much-needed vacation became too strong to ignore. Taking cues from my friends and the myriad of travel vloggers on social media, me and my husband decided to go on a vacation to the USA.

Now, the choice of destination was not at all random. In fact, it was decided as both my husband and I had valid US visas, and my brother-in-law is based in Texas, USA. The destination also fulfilled the need to travel to a land far away coupled with the sense of intrigue.

The plan was set in motion first by applying for my son's visa and once his visa was issued, we booked the tickets in consultation with my brother-in-law. The trip was scheduled for June-July 2023, during my son's summer vacation. The period also coincides with the summer holidays in the US.

Our trip started from New Delhi to Dallas, Texas via Istanbul, Turkey. The three of us landed in Dallas on the 26th of June, 2023, after an uneventful 23 hrs. of flying. The first thing that strikes you upon reaching the US is the clarity and the purity of the atmosphere. Everything seems to be in HD mode.

Our trip didn't have any physical objectives or an obvious goal. We decided to base our itinerary on fun, exploring, and learning through its national parks, theme parks, vibrant cities, innovative gastronomy, and variety of arts and culture experiences.

Alongside breathtaking landscapes, fast roads, and vast expanses of vacant lands, we experienced the allure of the country through the various attractions that we visited during our stay.

Petit Jean State Park, Arkansas:

Our first tryst with the natural beauty and ancient geology of the US was in the Petit Jean State Park located in the state of Arkansas. It was a 5 hours drive from Dallas. We hit the road on a bright sunny weekend morning and reached our destination late noon. We stayed overnight in the famous historical Mather Lodge Park cabin, a wooden cabin with its own fireplace and rustic design. Early next morning, we completed the trail to Cedar Falls, one of the most spectacular falls in Arkansas. Post-hike, we drove to the Hot Springs National Park to experience the natural hot springs. Our son thoroughly enjoyed the trip with the experience of dipping his little hands in

the remarkably hot waters of the natural springs as well as the cool waters of the waterfall. While returning, we drove through Little Rock, the capital city, with a lovely riverfront downtown.

Orlando – Miami, Florida:

The next destination in our itinerary was Florida, famous for its theme parks and the Everglades. Our first stop was Orlando. Orlando is a majestic city with a variety of options for kids and family-oriented entertainment, with Disneyland and Universal Studios being the Big Two. It also has a lot of options for animal lovers with places like the Sea World, Sea Life, and the Florida Central Zoo. We visited the Universal Studios first. There are three theme parks of Universal Studios, namely – Volcano Bay, Islands of

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Adventure & Universal Studios. We decided to visit the Universal Studios theme park, considering the excitement of my kid for all things Transformers. Boy, did we enjoy the day. The park is filled with various movie-themed

attractions and rides like the Mummy, Minions, Men In Black, Fast & Furious, Harry Potter, Transformers, and the like. We hopped from one ride to the other, while posing for photos with our favourite characters like Shrek, Minion, Megatron, Bumblebee, and many others.

We also visited the famous aquarium center, Sea Life, and the Florida State

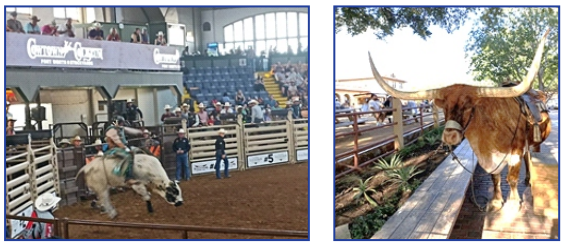
Central Zoo, getting to witness a variety of marine animals as well as exotic wild animals like sea turtles, jellyfish, sharks, seahorse, sea anemones, puma, cheetah, fossa, lemurs, and a host of other animals and birds. Our son had a gala time getting to watch such a wide variety of wildlife up close and personal.

From Orlando, we took the Amtrak train to Miami. Miami is a city with a host of different cultures and history. We took the open bus hop-on hop-off tour

for two days and got to visit different parts of the city – Holocaust Museum, Art Deco district, Wynwood walls, Little Havana, Miami Beach, Millionaires Row, and the Bayside Market Place. The highlight of the trip was the boat safari in the Everglades National Park, where we witnessed one of the most famous Florida residents in its natural settings, the American alligator.

Dallas – Fort Worth, Texas:

Texas is the second largest US state after Alaska, with Dallas and Fort Worth being two of the 10 major cities. Majority of our vacation was spent in Dallas marked with loads of outings, dine-outs, and shopping. We experienced the quintessential American culture in Texas. We had an amazing Texan barbeque, celebrated the American Independence Day on the 4th of July, and



witnessed the world-famous Bull riding event live in the Stockyard in Fort Worth. The Bull riding event was a spectacle to behold with fearless bull riders trying to compete in an event marked with insane dangers and adrenaline rush. It truly depicted the American way of life – living fearlessly while having the freedom to do what they want.

What better way to explore a country than its food? Our entire trip was accompanied by some amazing foods in some iconic eateries like sea food in Bubba Gump, Japanese sushi in Edoko Susi, Texan style BBq in Hutchins, burgers in Wendy's, McDonalds & Buc-ee's, ramen noodles in Soupa Sayan, and a few others.

Before signing off, I would like to highlight a few tips or rather unique observations from our trip –

- America is a large country with a comparatively sparse population. This results in vast expanses of vacant lands, and cities expanding horizontally with very few multistoried buildings. Most of the buildings/ skyscrapers are confined to the downtown areas in the cities.
- People are generally very polite with amazing etiquette like wishing a stranger on the road, holding the door open for the next person, waiting for their turn without rushing and giving pedestrians the right of way. Greeting strangers was a weird experience for us as I frequently turned around when they wished me to check if some other persons were behind whom they were acknowledging.

- Tipping everywhere is almost encouraged even though not mandatory. People expect tips everywhere, from Uber drivers to waiters in restaurants, even if it is a self-service one. They generally frown upon if tips are not included. Some of the restaurants even include the tips in the bill like 15/18/20 % of the total, which was above the service and other taxes, which they mandatorily charge.

But these are their customs and cultures, while we were only visitors. Soon, it was time to say goodbye and return to India, as schools, offices, and duties needed to be attended as dictated by our mundane lives. All in all, we had a great time with loads of unique experiences of a land and its people far away.

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POETRY

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জয় মা দূর্গা
" যা দেৱী সর্বভূতেষু শক্তিৰূপেন সংস্হিতা,
নমস্তস্যৈ নমস্তস্যৈ নমো নমঃ ।"

সৃষ্টিৰ আদি শক্তি দেৱী তুমি,
অপাৰ মহিমাৰে মহিমা মন্দিত দেৱী দূর্গা ।
দূর্গতিনাশিনী মহাশক্তি ৰূপে,
পূজা কৰি আহিছোঁ তোমাক অতীজৰ পৰা ।
প্রতিবছৰে দুবাৰকৈ অনুষ্ঠিত হয় তোমাৰ পূজা।
শৰৎকালত ' শাৰদীয় দূর্গা পূজা' আৰু
বসন্তকালত ' বাসন্তী পূজা' নামেৰে আদৰোঁ তোমাক ।
এগৰাকী মাতৃসম তুমি দেৱী দূর্গা,
কি যে তোমাৰ বিচিত্র ৰূপ ।
তুমিয়েই লক্ষ্মী, তুমিয়েই কালী,
তুমিয়েই মনসা, ভৈৰৱী, ভৱানী, উগ্রতাৰা,
বিল্বেশ্বৰী , কামেশ্বৰী, দীর্ঘেশ্বৰী,
আদি নামেৰে বিভিন্ন সময়ত বিভিন্ন ৰূপেৰে
দুষ্টক দমন, শান্তক পালন কৰি আহিছা ।
তোমাৰ ৰূপৰ মহিমা অপাৰ,
তোমাৰ চৰনত জনাইছো শতকৌটি প্রণাম ।

Dr. Bonnyma Rongpharpi
Registrar, Department of Dermatology
Diphu Medical College

Splashes of Colour

As I gazed through those horizons of endless blues,
Beauty as a word far beyond,
Twirled I, to feel its love and warmth;
Came upon a teeny bud,
So wrapped up and deeply asleep:
Have you wondered?!
Those unfurling of tiny florets,
Sweetest warmth of sunshine morn;
Just right to gently preparing
For it, to bloom it's first!
Those tender and loving breeze;
Seems to whisper a lullaby
For it, so to colour happiness!
It, be so ready to feel loved and tender care of Mother Nature!
O so magical how 'all' works intricately -
To create splashes of colour;
Like painter's dream.
Ready to captivate and charm,
To spread love- pure and fresh!
An essence it caries:
Letting life unfold in its own heavenly ways!

EVENT PHOTO GALLERY

A GLIMPSE of MID-CUTICON NE States 2023

COMMUNITY DERMATOLOGY






DERMATOSCOPY WORKSHOP








NEGLECTED TROPICAL DISEASES (NTD) AND SKIN - CME



Welcome Note:

We would like to extend our heartfelt invitation to participate in the upcoming CME on "Skin Related Neglected Tropical Diseases" organized & hosted by the Department of Dermatology and STD, NEIGRIHMS & Shillong chapter, North East States branch of IADVL under the aegis of IADVL EC and IADVL academy SIG-NTD.

Neglected tropical diseases of the skin (Skin NTD's) are a diverse group of diseases which are mainly prevalent in tropical countries. These diseases cause devastating health, social and economic consequences.

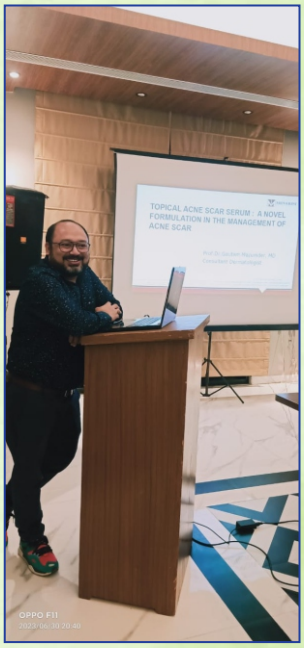
This CME aims to explore the range of clinical manifestations, epidemiology and challenges in the diagnosis and treatment of skin NTD's.

Scientific Program (13 May 2023)		
9-9:10am	Welcome and inauguration	
9:10-9:45am	Skin NTD: Introduction and current scenario	Dr Tarun Narang, Associate Professor, Dermatology PGIMER, Chandigarh
9:45-10am	Subcutaneous mycoses in North East India	Dr Shikha Verma, Additional Professor, Dermatology NEIGRIHMS, Shillong
10-10:15am	Microbiological Aspects	Dr W. V. Lyngdoh, Additional Professor, Microbiology, NEIGRIHMS, Shillong
10:15-10:30am	Histopathological Aspects	Dr Biswajit Dey, Assistant Professor, Pathology, NEIGRIHMS, Shillong
10:30-10:50am	Challenges in diagnosis and treatment of skin NTD	Dr Anita Marak, Assistant Professor, Dermatology, NEIGRIHMS, Shillong
10:50-11am	Vote of thanks HIGH TEA	Dr. Shikha Verma Additional Professor, Dermatology, NEIGRIHMS, Shillong

OBSERVATIONS OF VITILIGO DAY

VARIOUS CHAPTER ACTIVITIES OF NEIADVL

AGARTALA CHAPTER



BARAK CHAPTER

DIBRUGARH CHAPTER

GUWAHATI CHAPTER

NAGALAND CHAPTER

SHILLONG CHAPTER

PALSONS DERMA
Passionate about Dermatology