



NEIADVL NEWSLETTER

Volume - XX, June, 2020

Official mouthpiece of N.E. States Branch of IADVL

From the editor's desk

As we dived deep into the Covid-19 pandemic, we had to part ways with our much awaited dream of exploring Meluha, Melamora, Golaghat; our proposed venue for MID CUTICON 2020. Nevertheless, with the untiring efforts of our ever enthusiastic Secretary, Dr. Indrani Dey and under the able leadership of President, Dr. Basobi Barua and other EC members we are about to witness the first ever electronic conference in the history of NEIADVL in the form of E-MID CUTICON on 14th of June 2020 with Dr. Analyoti Bordoloi as the e-conference coordinator. I am glad to bring forth this issue of our esteemed NEIADVL Newsletter in an electronic version to be released during E-MID CUTICON.

This issue of our Newsletter is solely dedicated to the currently on going Covid-19 pandemic and articles relating to it has been incorporated. We have Dr. Arup Paul from Silchar who has given a detailed description about this experience in Covid-19 duty at Silchar Medical College. These unusual trying times have been hard on all of us, mostly emotionally and Dr. Chayanika Kalita has penned down in a very remarkable manner her thoughts and emotions both as a doctor and a mother in this grave unprecedented pandemic situation. We also have a poem from her "The arrogance of a virus" where she identifies herself as an indomitable virus terrorizing the world. Dr. Minakshi Narah has contributed in the form of a poem "Transient shadow" depicting aptly her positive thoughts on how these hard times too shall pass and we all will smile again. Finally, we have a much needed elaborate article by Dr. Shyamanta Barua on the strategies for safe practice in a Dermatology clinic during Covid-19 times which I am sure will enlighten us with the safety precautions and measures that we should invariably undertake while working in our clinics and managing patients.

Lastly, I would like to offer my sincere gratitude to all the contributing authors who inspite of the dire circumstances took the pain to jot down their thoughts and experiences on a short notice thereby making this issue of the Newsletter possible even in these far from normal times.

I hope you enjoy reading and happy e-conferencing!



Regards,
Seujee Das
Dr. Seujee Das,
Editor, Newsletter, NEIADVL

Contents

Page -2
Secretary's Report
December, 2019 to March, 2020

Page -3
My experience in covid19 duty

Page -4
My experience in covid19 duty Contd.
Treasurer's Report

Page -5
Dermatology & COVID-19: Strategies
for safe practice

Page -6
Dermatology & COVID-19: Strategies
for safe practice Continued

Page -7
Dermatology & COVID-19: Strategies
for safe practice Continued
Transient Shadow

Page -8
Secretary's Report
December, 2019 to March, 2020 Contd.
Living with Corona

Page -9
Living with Corona Continued
The Arrogance of a Virus

Page -11
Moments from CUTICON - 2019

President's Message



In this period of lockdown and uncertainty over Corona pandemic, my message to all of you is 'Stay calm and positive.' By adhering to the safety practices and guidelines we will be able to lead a normal life as Covid19 is here to stay.

We were expectantly waiting from January to hold the MID CUTICON in Meluha, Melamora, Golaghat, a mystic land with lots to explore. But then that was not to be.

We have decided to hold a web MID CUTICON on 14th of June where we will be bringing out an E-version of the Newsletter. Dr Seujee Das, our editor had been preparing to bring out yet another edition of the Newsletter. As always I am sure she will do her job well. And it will be a good read.

Long Live NEIADVL!

Basobi Barua
Dr. Basobi Barua
President, NEIADVL

Secretary's Message

2020 is a year that will forever remain etched in our memories. In a matter of months, the whole way that we have been functioning in our day to day life was hurled upside down and we had to devise new ways to reset our lives. The pandemic did change the casual way we lived but the human spirit continued to nurture hope and dream of better times. As all our plans and programs suffered a severe setback, we built new ways to restructure them. It was a dream for EC, NE STATES BRANCH to hold the Midcuticon, North East States 2020 at the beautiful Meluha, Melamora, Golaghat on 31st May, 2020 with Dr. Dipak Kumar Saikia as the Organizing Secretary but this became impossible under the current circumstances. Under the guidance and patronage of all members, we decided to go forward with E-conferencing for the first time in history. It's a challenge for us and I am extremely proud of the scientific team headed by Dr. Nasir Rahman and Dr. Saloni Katoch who promptly came forward to chart out the scientific programme. I am ever grateful to Dr. Seujee Das who has left no stone unturned to compile this newsletter at a very short notice mainly with issues related to this pandemic. I am thankful to all members for their faith and trust in me and to Dr. Basobi Barua for her constant encouragement and strength. Even in this calamity, I somehow see a distant future when I will sit to recall.....such were the times..... Happy MIDCUTICON 2020 E-conferencing!

Stay Safe!



Indrani Dey
Dr. Indrani Dey
Secretary, NEIADVL



SECRETARY'S REPORT (DECEMBER, 2019 TO MARCH, 2020)

MEMBERSHIP DRIVE:

TOTAL MEMBERS: 170
LM: 135
PLM: 35

ACADEMIC ACTIVITIES:

CUTICON, NE STATES:

The Annual Conference of North East States Branch of Indian Association of Dermatologists, Venerologists and Leprologists was held at Greenwood Hotel, Tezpur, Assam on the 3rd and 4th of January, 2020. Dr. Basobi Barua was the Organizing Chairperson, Dr. Birendra Nath was the Organizing Secretary, Dr. Monali Sutradhar was the Scientific Chairperson and Dr. Sobasona Bora was the Scientific Secretary. A record number of 96 delegates and 41 accompanying persons registered for the 30th CUTICON this year.

The first day commenced with the brilliantly conducted workshop on "MICROBLADING" by Dr. Binod Thakur from NEIGRIMS, SHILLONG. This was followed by the inaugural ceremony attended by all the delegates and witnessed Honorable Vice Chancellor of Tezpur University Prof. Vinod Kumar Jain as Chief Guest and the Honorable Deputy Commissioner of Sonitpur District, Dr. Manavendra Pratap Singh, IAS as the Guest of Honor. They talked about the fast changing health care scenario of India and the various projects and programmes launched by the Govt. of India to improve the health condition of India like Swachh Bharat Abhiyaan and Ayushman Bharat. Three publications were released namely, the "NE newsletter", the "Souvenir" under the editorship of Dr. Seujee Das and the "Yuvaderma", resident youth bulletin under the editorship of Dr. Dipak Kumar Agarwalla of which the Yuvaderma had its first time release this year adding to our already existing armamentarium of publications. Two videos were released for the first time in this CUTICON namely the "HISTORY OF NEIADVL" by Dr. Saloni Katoch and "Anti-quakery video" by Dr. Anushree Baishya. This was highly appreciated by all the members of NE STATES BRANCH. The CME programme started with Dr. K. N. Barua delivering a talk on Palmoplantar keratoderma followed by Dr. Debeeka Hazarika on experiences with Apremilast and Dr. Pankaj Adhikari on Urticaria. The day ended with a gala dinner which showcased the culture of Assam through Satriya and Bihu dance.

The second day started with the GSK Quiz programme conducted by quizmaster Dr. Kingshuk Chatterjee. RIIMS Imphal came out as winners. Scientific programme started with the first session on "facial papules, a closer look", a talk delivered by Dr. Gautam Mazumdar followed by panel discussion moderated by Dr. Indrani Dey and panelists Dr. K.N. Barua, Dr. Pankaj Adhikari, Dr. Analjyoti Bordoloi and Dr. Gautam Mazumdar. The second session was a free paper session where Dr. Sentila Longkumar delivered a paper on "Clinicoepidemiological study of TEN", Dr. Mary Chhangte delivered a lecture on "Case report on Intermediate cell histiocytosis" and Dr. Pallavi Sekaran delivering a lecture on "Clinicohistological study of deep mycoses". The third session started with a talk on "Approach to a pregnant women with SLE" by Dr. Padmaja Saikia a panel discussion on Collagen Vascular Diseases in Pregnancy moderated by Dr. Saloni Katoch and the panelists were Dr. Padmaja Saikia, Dr. Jyoti Nath, Dr. Nasir Rahman and Dr. Ruby Jain. This was followed by the general body meeting. Pot pourri lectures started in the post lunch period with Dr. Bornali Dutta delivering a lecture on "Non venereal genital dermatoses", Dr. Kingshuk Chatterjee delivering a lecture on "Recent advances in the management of Vitiligo", Dr. Ruby Jain delivering a talk on "Rare and interesting cases in my clinical practice" and Dr. Binod Thakur presenting a talk on "Hair transplantation". This session was chaired by Dr. K. N. Barua and Dr. Basobi Barua. The scientific programme ended with the award paper session where 17 post graduate students participated and presented various scientific papers on excellence. Besides, 6 very unique e-posters were presented by the post graduates.

This was followed by the valedictory function. In the award paper category, the first prize was bagged by Dr. Aslam Ali. He received the Late Bhogomaya Award of Rs. 5000 handed over by Dr. K.N. Barua. The second prize was bagged by Dr. Bhaskar Jyoti kalita. He received the Late Dr. Ganesh Das Award money of Rs. 2000 by Dr. Jogesh Das. The third prize was bagged by Dr. Yusuf Ahmed. She received the Late Arati Das Award by Dr. K.K. Das of Rs. 2000. The award certificates were accordingly handed over to the winning candidates. All participants in the award category received the certificates of participation.



The best poster was bagged by Dr. Rosely Timung. She received the Late Shibaram Talukdar Award money of Rs. 2000 handed over by Dr. Krishna Talukdar in honour of his father. In the free paper category, Dr Mary Chhangte from NEIGRIMS, Shillong received the Late Ashis Dey Memorial Award.

- 22nd February, 2020: Guwahati city chapter conducted a CME on psoriasis wherein Dr. Bhaskar Jyoti Kalita delivered a talk on "Secukinumab in the treatment of psoriasis" and Dr. Manas Chatterjee delivered a talk on "New avenues in the treatment of palmoplantar keratoderma and hyperkeratotic keratoderma".



- 23rd February, 2020: Nagaland city chapter conducted a CME programme on cutaneous photobiology and small vessel vasculitis. The talks were delivered by Dr. Neimenuo Kuoitso and Dr. Ruby Jain.

SOCIAL ACTIVITIES:

- 12th January, 2020: Free skin health camp conducted in rural area in Darrang district, Assam by Dr. Kanak Chandra Talukdar, Dr. Bhaskar Jyoti Kalita and Dr. Shabana Akhtar Choudhury.



- 30th January, 2020: World Leprosy Day. World Leprosy Day was observed in all the Medical colleges of the State in the form of day long patient education by the professors and resident doctors in the form of audiovisual displays, live interactions and pamphlet distribution. Distribution of MCR footwear was done in many places and emphasis was given on early diagnosis and treatment and regular follow up. On January 31st, two local Assamese papers namely "NIOMIYA BARTA" and "ASOMIYA PRATIDIN" published articles on the current scenario of leprosy in India, ways to suspect the disease in its early stages and seek free MDT treatment to prevent complications.



- 16th February, 2020: Free health camp was conducted at Tmbokgre village, Ri-bhoi district, Meghalaya. It is a village in the border of Assam and Meghalaya without any health facility. The NEIADVL team with Dr. Basobi Barua, President, NEIADVL, Dr. Indrani Dey, Secretary, NEIADVL and post graduate trainees Dr. Kirti Jodhani and Dr. Preeti Phukan catered to around 80 patients from 45 households. They mostly had fungal infections, scabies, back pain and anaemia. Free medicines were distributed to all the patients through an NGO called MOSONIE SOCIO ECONOMIC FOUNDATION.
- 29th February, 2020: Free skin medicines were distributed to the poor people residing in a remote border village of Meghalaya.

Continued in page - 8



My experience in covid19 duty



Dr. Arup Paul
Resident Physician
Department of Dermatology
Silchar Medical College & Hospital

As we know we are going through the pandemic of COVID19 caused by SARS-CoV2, so as a govt. employee in Silchar Medical College I had to join the covid19 duty from 4th March to 11th March, 2020. It all started with an official notice which was circulated amongst us seven days prior to the duty. Our team comprised of my team leader Dr. Tanuj Kumar Biswas (Asstt. Professor, Medicine), myself Dr. Arup Paul (Dermatology), 9 PGTs (3 from medicine, 3 from surgery, 1 each from dermatology, ophthalmology & radiology), 6 Sisters and 6 Grade 4 staff. So our team consisted of 23 members officially. On the very day of official notice, my team leader called me and we decided to contact each person in the group. Initially, I called grade 4 staffs and my team leader contacted sisters and PGTs. From then on we met almost every day and started to do our ground work. It was initially difficult to convince and bring together all grade 4 staff but once they joined duty, they did their job earnestly. From the list three persons were changed eventually and we got the final list on 1st of May. During that period we took training from Microbiology department also from our Nodal Officer for the final preparation. We started interacting with each other and also motivated all members because we all knew that we were going to experience an unknown terrain. We all were a bit apprehensive but excited too. As the days progressed, I prepared myself mentally and counselled my family members too as they were undergoing tremendous emotional turmoil.

On Monday morning i.e. 4th May, my team leader took the handover from the previous group and our journey of 168 hours started. We were allotted accommodation in a guest house of SMCH during the duty period. Our designated Covid duty had three parts; Covid screening area, Covid suspected ward and Covid positive ward. We had to allocate the members according to their best of ability and convenience in different areas. We had three shifts; 8 am to 4 pm, 4 pm to 12 am and 12 am to 8 am. As we had only 23 members, in each ward we had to allocate one doctor, one sister and one Grade 4 staff for each shift. Positive ward persons were not allowed to enter other areas. But in the screening area, we could get the help of doctors from suspected area since we didn't have any patient in the suspect ward. As screening was one of the most difficult and busy area, we had to take help of suspected ward. When we joined our duty, there were only 2 patients in the Covid positive ward and on an average 8 to 10 patients were screened in each session. We would be able to handle this situation with our resources. But in the back of my mind, I was a bit skeptical as the period in which we joined duty was very crucial. It was the 1st part of lockdown 3.0 where during daylight almost everything was opened and some interdistrict and interstate communication were also opened. So, we were aware of the fact that at any moment there could be a surge in screening area.

First two days went off smoothly and on wednesday i.e. 6th May, we discharged the 1st Covid19 patient of our state, Mr. Jamaluddin. We were very happy as we had only one positive patient left in our ward and I thought we won't face much problems if we successfully manage the screening area. On that very day in the evening I was sitting in our screening area with two of my PGTs, examining very few cases on and off very comfortably. Then came the message from our college authority that 46 suspects were coming to Silchar by a bus from Ajmer Sharif, Rajasthan and urged us to be prepared. It was like bolt from the blue that shook us from the core, as we knew that Rajasthan was a hotspot for covid19 cases. I think it was the most defining moment of our duty. I called my team leader and he told me to call other doctors as well from the morning shift for we

anticipated a herculean task ahead of us. I called others to come and we all started to see the papers and emergency medicines as the patients were coming in bulk. At the same time we also geared up with protective equipment. Adrenaline rush was high and we were ready. To some extent I was a bit restless as we couldn't wait more. Then came the 108 ambulances one by one, we started our screening approximately at 8:30pm and it lasted upto 2:00am in the midnight. In total 35 contacts were screened. During that period, the way in which we did our duty can't be expressed in words. We faced everything fear, anger, a sense of responsibility from both our side and from patient's side as well. Just imagine the condition of people who traveled all the way from Ajmer to Silchar. Few of them were children, they were exhausted, fearful and not properly fed that was well evident in their eyes; the memory of which will remain strong forever in my mind and heart. In spite of the ongoing adverse circumstances, one of my PGTs somehow arranged tea and biscuits for few of them. And my team leader opened the door of our washroom for patients. But we ensured to sanitize the washroom after their use. These small acts of kindness moved me very much and inspired me to do more. We embraced everything and during that chaotic situation a sense of calmness also prevailed in me. Every member of our team gave in their best possible efforts to this overwhelming job. After completing the tedious paper work, we called in the Microbiology department people to collect throat swabs. Taking 35 swabs at those odd hours was not at all an easy task but they did it with utmost sincerity. So after this storm we just checked everything and my team leader and myself left at around 2:30am after explaining everything to our on duty doctors. After I came to my room, I realised what the hell we had endured and my mind was flooded with all possible emotions. Our job wasn't yet done so, though I was in bed I couldn't sleep properly. I woke up at 5:30am and again got connected with my group through WhatsApp. My team leader was too



tired but I took the responsibility to communicate with my group whenever he used to be exhausted. I also wanted to give him some rest because he was like our lighthouse in this unknown voyage.

Next morning, rest of the suspected cases from Ajmer came and we performed the screening formality and testing part. Since then attending mass screening cases became a norm as interstate communication was opened. I remember screening a bus coming from Kishanganj with students of Jawahar Navodaya Vidyalaya, total no. of person including teachers, students and driver were 19. Many such cases we came across in the next few days. One person I remember who came all the way from Kanpur to Guwahati on foot and then by bus to Silchar. There are so many stories, some told and most are untold I suppose.

Now coming to confirmed positive cases, out of the screened 46 patients in Ajmer cases 10 patients came out to be positive. So next few days were tough for us as the number of positive cases jumped from one to eleven in a span of two days. Then our team leader adjusted the duty roster of positive ward accordingly and it worked out beautifully. In many stressful situations, the way he took the much needed decisions just immensely amazed me.

Continued page - 4



NEIADVL NEWSLETTER

Volume - XX, June, 2020

Continued from page - 3

The shifting of positive patients from screening area to positive ward, was again a challenging job. We had limited man power & thus ward boy from positive ward used to come downstairs in screening area after proper donning to take patients. In few occasions, the doctor from screening area also accompanied the patient. Before sending the patient, physical examination and chest x-ray was a must in screening area. From Radiology department only one PG was deployed for 7 days. He needs special admiration as he worked 7 days without any other substitute. Every now and then he attended our call and used to take chest X-ray of all positive and other suspected SARI (severe acute respiratory infection) cases. Every time he had to wear PPE, but he used to attend our call always with a smiling face. Though he was not in our official team but in due course of our covid duty, he became part of our team.

In positive cases I would like to mention about one twist. Amongst the 10 cases, first case which came out to be positive was not from Cachar. He was from Sonitpur District, so how he came to Silchar is a mystery. From news channel also we came to know about his criminal history. Now imagine the impact of such a news in Covid positive ward healthcare givers who were already overburdened.

It was also interesting to note that all the patients were asymptomatic but, their chest X-rays revealed few abnormalities like consolidation and ground glass opacity, later finding being more common. From this we should well understand how difficult it would be to screen these cases from community, when bulk of the cases are asymptomatic.

Supportive treatment was given and luckily all the patients were stable. We had one paediatric patient, a 9 years old girl amongst them and the eldest patient was 55 years. None had any comorbidity. Decision of treatment used to come from our Nodal Officer. We had to communicate and update about the patients regularly. Apart from these, in every shift we had to ensure regular supply of food for patients, their other daily requirements. In food management also we had to maintain the timing of Iftar and Sehri as Holy Ramadan is going on and few patients observed fasting.

After screening the patients, we used to send them to either home or facility quarantine. For this also we had to inform the driver of 108, the exact destination. So, we had to coordinate this with our college authority and district administration.

Regarding donning of PPE I would like to mention that after wearing PPE kit it was very difficult to work. Doffing of PPE was the most difficult part. I perspired more after wearing it. I was in screening area, so all the time I didn't wear PPE. But I salute my team mate in positive ward who had to wear PPE throughout their duty hours. And with the progression of summer and increasing temperature and humidity it will be more difficult to work after donning PPE.

At the end I would like to thank my College authority, Principal Sir, Vice Principal Sir and my HOD and Superintendent Sir and all staff, my departmental colleagues and students, my family members and friends for their enormous support during my duty period.

At present I am in quarantine in a hotel in Silchar. It is indeed a strange feeling to stay in a hotel in your home town. After the hectic duty period also I am unable to meet my family members. But for the sake of safety of my family and others with whom I work, I have to abide by the rules of quarantine. Transition from action in covid area to inaction in quarantine is so drastic that I am yet to come to terms with this. But gradually I am adapting myself to this situation. I also consider this to be a golden time for introspection and self-reflection. I will definitely make the most of it. Till date two sample of throat and nasal swab have been taken from all team members and they all came out to be negative. I hope we can all go to our home eventually after the quarantine period.

During my duty period I always reminded myself with the following lines by Sir Winston Churchill;

"Sure I am that this day we are masters of our fate, that the task which has been set before us is not above our strength; that its pangs and toils are not beyond my endurance. As long as we have faith in our own cause and an unconquerable will to win, victory will not be denied us."

I hope together we can fight against this invisible enemy and we shall overcome the challenge of this pandemic successfully.

Treasurer's Report June, 2020 N. E. States Branch of IADVL

GST NO: 18AAAAN9928M1ZW (Opened in February 2020)

Amount as on 1st December 2019

In Savings account:	Rs. 9,85,449.00
In Fixed Deposit:	Rs. 41,33,484.00
Total	Rs. 51,18,933.00

From 1st December 2019 to 3rd June 2020 Payment Done:

1) Yuvaderma (Dr. Dipak Agrawal)	: Rs. 34,900.00
2) Webcom Website	: Rs. 5,900.00
3) Alokita Enterprise (NEIADVL HISTORY)	: Rs. 11,000.00
4) Dr. Basobi Barua (Dr. T. C Saikia & Dr. Ashis Dey Memorial Plaque)	: Rs. 6,200.00
5) Dr Anushree Baishya (Anti Quackery Video)	: Rs. 21,000.00
6) C.A B.L.Purohit & Co. (GST Opening & GST for Jan)	: Rs. 5,310.00
7) ARM Group (N95 MASK)	: Rs. 91,000.00
Total	Rs. 1,75,310.00

Total Payment Done from 1st December 2019 to 3rd June 2020 : Rs. 1,75,310.00

Payment Received

1) IADVL State share (Year 2019)	: Rs. 12,960.00
2) Quiz expense	: Rs. 40,000.00
3) INB State Share (Jan 2020 to Mar 2020)	: Rs. 2,160.00
4) Return of Tezpur CUTICON Seed money	: Rs. 1,00,000.00
5) INTEREST CREDIT	: Rs. 16,763.00
Total	Rs. 1,71,883.00

Total Payment Received from November 2019 to 3rd June 2020 : Rs. 1,71,883.00

TOTAL

In Savings account as on 3rd June 2020	: Rs. 9,81,212.00
Fixed Deposits (As on November 2019, Interest not calculated)	: Rs. 41,33,484.00
Grand Total	: Rs. 51,14,696.00

Finance Committee report for Year 2018-2019 Submitted on 6th June 2020. It stated that no discrepancies found in respect to the audit report of 2018-19. It advises for early submission of the accounts to the Committee i.e. before it is submitted to CA for tax return. So in future I request for submission of the audited account of CUTICON preferably on or before March.

Dr. Montu Deka
Treasurer, NEIADVL



Dermatology & COVID-19: Strategies for safe practice



Dr. Shyamanta Barua
Associate Prof. & Head, Department of Dermatology
Assam Medical College & Hospital, Dibrugarh

Coronavirus disease 2019 (COVID-19) is caused by infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus spreads mainly through respiratory secretions from infected patient. It can also spread through fomites or contaminated surfaces. Cases of asymptomatic transmission have also been reported.

The COVID-19 pandemic has wreaked havoc on the physical, mental and financial health of mankind. The high infectiousness of SARS-CoV-2 poses novel challenges for all healthcare workers (HCWs) and facilities. The outpatient clinics are high-risk environments for the acquisition and spread of infection. Advanced preparedness for optimum care and adoption of infection prevention and control measures at the clinic can play a pivotal role in containment of the pandemic. Dermatologists must, therefore, restructure the way they practice the specialty and embrace the changes that are likely to stay for some time.

All personnel – dermatologists, nurses, receptionists, pharmacists, cleaners, patients and attendants – need to adopt protective measures. The consistently reliable interventions currently in use to reduce transmission of SARS-CoV-2 are mainly behavioral – social distancing, hand hygiene, masking up and practicing cough and sneeze etiquette.

THE FOLLOWING BASIC PROTECTIVE MEASURES CAN HELP PREVENT INFECTION:

SOCIAL DISTANCING 	CLEANING YOUR HANDS FREQUENTLY 	WEARING A FACE MASK
------------------------------	---	--------------------------------

Social Distancing

Social distancing means keeping space between yourself and other people outside of your home. It helps limit contact with infected people and contaminated surfaces.

SOCIAL DISTANCING MEANS KEEPING



The ideal distance to be kept from others is six feet or two metres. Close contact with an infected person in indoor spaces with high density of people and longer (> 15 minutes) time of exposure poses the greatest risk.

Hand Hygiene

Contact transmission occurs when contaminated hands touch the mucosa of the mouth, nose, or eyes. The virus can also be transferred from one surface to another by contaminated hands, which facilitates indirect contact transmission. Consequently, hand hygiene is extremely important to prevent the spread of COVID-19.

Instructions for using a hand rub

1. Apply a palmful of the product in a cupped hand, covering all surfaces.
2. Rub hands palm to palm.
3. Right palm over left palm with interlaced fingers and vice versa.
4. Palm to palm with fingers interlaced.
5. Backs of fingers to opposing palms with fingers interlaced.
6. Rotational rubbing of thumb clasped in right palm with interlaced fingers and vice versa.
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
8. Once dry, your hands are safe.

Instructions for hand washing

1. Wet hands with water.
2. Apply enough soap to cover all hand surfaces.
3. Rub hands palm to palm.
4. Right palm over left dorsum with interlaced fingers and vice versa.
5. Palm to palm with fingers interlaced.
6. Backs of fingers to opposing palm with fingers interlaced.
7. Rotational rubbing of thumb clasped in right palm with interlaced fingers and vice versa.
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
9. Rinse hands with water.
10. Dry hands thoroughly with a single use towel.
11. Use towel to turn off faucet.
12. Your hands are now safe.

Visibly soiled hands must be washed with soap and water for at least 20 seconds. The faster, more effective, better tolerated and preferred form of hand hygiene in HCWs is the use of an alcohol-based formulation. It is advisable to regularly apply a moisturizer, preferably an oil based one, 30 minutes after a hand wash or hand rub.

The following are the “5 moments for hand hygiene” to be followed by all HCWs:

1 BEFORE PATIENT CONTACT	WHEN? Clean your hands before touching a patient when approaching him or her WHY? To protect the patient against harmful germs carried on your hands
2 BEFORE AN ASEPTIC TASK	WHEN? Clean your hands immediately before any aseptic task WHY? To protect the patient against harmful germs, including the patient's own germs, entering his or her body
3 AFTER BODY FLUID EXPOSURE RISK	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the health-care environment from harmful patient germs
4 AFTER PATIENT CONTACT	WHEN? Clean your hands after touching a patient and his or her immediate surroundings when leaving WHY? To protect yourself and the health-care environment from harmful patient germs
5 AFTER CONTACT WITH PATIENT SURROUNDINGS	WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient WHY? To protect yourself and the health-care environment from harmful patient germs

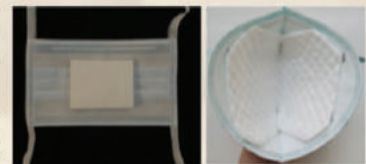
masking up

Wearing a face mask can help reduce both the risk of infection and the severity of illness. The following are the several different face masks in common use:

- SURGICAL MASKS** are loose-fitting masks that protect the wearer from large droplets that could contain viral particles; their main role is to prevent contamination of the surrounding area when a person coughs, sneezes, or even just talks. Healthy people can help reduce their exposure to SARS-CoV-2 by wearing a surgical mask, particularly if they are participating in activities that increase their risk of infection (e.g., caring for an infected person, visiting a crowded area, etc).
- N95 RESPIRATORS** are tight-fitting protective masks that filter out ≥ 95% of very small (0.3 micron) particles from the air, which includes bacteria and viruses, and therefore protect the wearer by reducing inhalation of viral particles. These specialized masks are in short supply and should currently be worn only by healthcare personnel due to their increased risk of exposure.
- HOMEMADE CLOTH MASKS** are a surrogate for surgical masks (which are still in short supply and may need to be prioritized for healthcare workers) if they fit snugly over the nose and mouth, allow for unrestricted breathing, and can be secured with ties or ear loops. The CDC recommends the use of a facemask, including homemade cloth masks, to help prevent the spread of SARS-CoV-2 when people must go into public settings (e.g., grocery stores or pharmacies).

Triple layer fluid resistant surgical masks and N-95 respirators are recommended for HCWs. The 3-ply surgical masks suffice for clinic consultations and have to be disposed of properly after single use. An N95 respirator is ideally worn to examine a patient closely and perform any procedures. It is generally recommended for single use but limitation of resources and availability allow these to be worn again after drying them out for at least 72 hours. It is important to never spray or wet an N95 respirator with aerosol or liquid alcohol; or wash in soapy water. These methods can break down the inherent electrostatic charge that is pivotal for its filtration efficiency.

A cotton pad or a super-absorbent polymer pad placed inside masks can rapidly absorb the sweat, water vapor, and exhaled splutter and markedly reduce the humidity, leading to longer life and improved wearer comfort.



The clinic/hospital staff and all patients must maintain respiratory hygiene and cough etiquette in the premises. They should be instructed to cover mouth and nose with a tissue when coughing or sneezing and then dispose the tissue in the nearest covered waste bin. In the absence of a



handkerchief or tissue, patients can cover their nose and mouth with their arm while coughing or sneezing. It is important to perform hand hygiene after any contact with respiratory secretions.



NEIADVL NEWSLETTER

Volume - XX, June, 2020

Continued from page - 5

Dermatology & COVID - 19: Strategies to safe practice

Triage appointments

Triage of patients is of pivotal importance to recognize and sort all patients with COVID-19 at first point of contact with health care system. Anyone with fever and/or symptoms suggestive of influenza-like illness with



or without history of recent travel to or from a COVID-19 hotspot or with a history of contact with a confirmed patient of COVID-19 can be directed to attend the nearest fever clinic for screening for COVID-19.

It may prove prudent to conduct tele and/or online consultations wherever feasible or defer clinic consultations for elderly patients with comorbidities, non-emergency patients and those with less urgent skin ailments. Teledermatology can reduce the physical patient load and overcrowding in the outpatient clinics.

Patients should be consulted only with prior appointment and walk-ins should be discouraged as much as feasible. Appointments should be staggered and batched in such a way that there is no rush in the waiting area. It can be communicated to patient during telebooking of appointment to avoid coming with an attendant wherever possible and send soft copies of relevant documents by email or WhatsApp to obviate necessity of carrying them to the clinic.

On arrival to clinic

All patients and attendants must be asked to perform hand washing at the designated wash area before entry to the clinic. Patients with hand eczema can be asked to glove up and then perform hand hygiene. Wash basins, preferably with elbow taps and pedestal pumps, can be installed near the entrance. Hand hygiene posters should be displayed prominently at the wash area.

It is worthwhile to create a special area at the entrance to screen patients, check temperature and also regulate entry. It is advisable that the person who mans the entry wear full personal protective equipment (PPE) and ensures that all patients and accompanying persons wear a mask. Patients who turn up without a mask may be provided one at the entry. Patients have to be advised to enter the clinic alone or with a maximum of one attendant in case of minor or disabled. Patients who land up early have to wait outside the clinic, with proper physical distancing, for their time slot to arrive.



At the reception counter

A closed cubicle with a window and/or a public address system is best to serve as the reception area. If it is an open area with a desk or counter, the width should be minimum 3 feet separating the patient from the receptionist. Additional protection can be enforced by putting a chain or a mechanical obstacle between patient and the reception desk/counter. Clinic staff handling reception and waiting areas should wear gloves and a triple layer mask and practice hand hygiene repeatedly. Digital registration of the



patient is ideal and digital payment should be encouraged. In case of cash payment, patient has to drop exact amount into a cash box or jar kept for this purpose. One can keep a formalin tablet in the box or jar and open it after 72 hours. The receptionist(s) has to be instructed not to handle any old patient records/files as far as feasible.

At the waiting area

The patients should be seated at least 3 feet distance apart on alternate chairs in the waiting area. Patient attendants are not allowed, except in cases of small children and elderly. Patients and their attendants can wait in the car parking or a separate area, coming in to the waiting area only when there is adequate space. The waiting area should have minimal and easy to clean furniture. Government regulations for COVID-19 protection with emergency contact(s) and hand hygiene instructions and/or visuals must be prominently displayed in the waiting area. No magazines or unnecessary things to be kept on tables. Hand sanitizers should be placed in the reception, waiting area, examination rooms and bathroom, throughout the clinic. The drinking area for water/tea/coffee should have disposable glasses. Patients have to be advised to refrain from touching any surfaces in the waiting area and clinic.



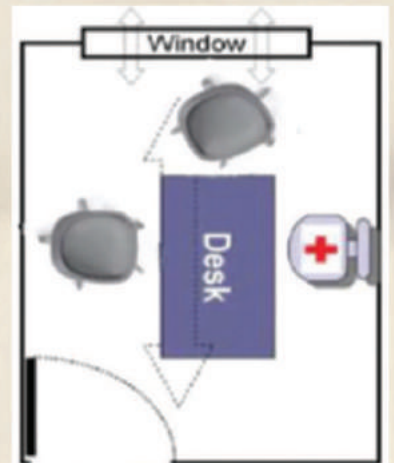
Inside the consulting room



Patient should enter the consulting room after sanitizing hands once again. The executive table of the physician should be of sufficient width to practice social distancing. Otherwise it is advisable to place the patient's and attendant's chair at a distance of at least one meter or keep an extra stool between them and the physician. The consultation table should be uncluttered and regularly disinfected. It is advisable to examine patients either in sitting or standing position and avoid the examination bed as far as possible. Touching of the face should be consciously avoided. The dictum is to use your eyes more than your hands! Face shields are to be worn in case of aerosol generating procedures, which are best avoided during the pandemic. Otherwise, gloves and surgical/N95 mask and head gear should suffice. The examination bed should not be covered with linen but with disposable sheets that can be discarded after examining patient and bed cleaned with 1% sodium hypochlorite solution. Regular mopping of floors must be ensured.

The consulting room should be roomy and well ventilated with minimal furniture. The natural direction of air flow should be between and not across patients and physician. Stand fans can be used with air flow away from the physician and towards the air vents or windows. It is better to avoid the use of air conditioners and if used, they should be maintained at a room temperature between 25-30°C with a relative humidity of 40-70%.

The use of mobile phone in the clinic should be limited and a cling film/transparent pouch can be used to cover it during the clinic hours and discarded thereafter. Long sleeved apron would be preferable. The consultant must avoid touching old prescriptions and reports and instead, view them from a distance. Patient should be given a new prescription at every visit. E-prescriptions may be preferred, if feasible.



Continued in page -7

Continued from page - 6

Dermatology & COVID - 19: Strategies for safe practice

Personal Protective Equipment (PPE)



PPE are protective clothing and equipment designed to protect both HCWs and patients from exposure to infectious agents and reduce their transmission in healthcare facilities. Components of PPE are from top to bottom - head cover, goggles, face-shield, masks or respirators, gloves, overall/gowns (with or without aprons) and shoe cover or boots. The clinic staff should be trained on the correct steps and techniques

for donning and doffing PPE. It must be reiterated that PPE are not a fashion statement and therefore, all HCWs have to be sensitized towards their rational use. It is advisable to use SITRA/DRDE/INMAS (DRDO) certified PPEs that is made of waterproof breathable fabrics. PPEs are not generally reusable.

Sanitization and Disinfection

The consulting room and every area of the clinic should be cleaned every evening after office hours or early in the morning before the clinic sees patient footfalls. Appropriate PPE should be worn by the cleaners and a log of all cleaning procedures must be maintained. It has to be seen that washrooms have liquid soap and hand dryers/ tissue papers. Hand sanitizers must be placed at appropriate locations all over the clinic. Dustbins should be covered ones preferably foot-operated. Mats dipped in 1% sodium hypochlorite (and changed every 2 hours) can be placed at the entrance to ensure that footwear is clean. All indoor areas such as reception counter, patient waiting area and staircases, elevators, consulting rooms and dispensing area should be mopped with 1% sodium hypochlorite or phenolic disinfectants. High-touch surfaces must be cleaned and disinfected more frequently than minimal-touch surfaces. 70% alcohol can be used to wipe down metallic surfaces like door knobs and locks where the use of bleach is not suitable. The equipment used in cleaning must be carefully cleaned at the end of the cleaning process. Disinfectant fogging of consulting room and fumigation of all patient contact areas can be done if available/feasible.



To conclude, these are challenging times for the medical fraternity and an era of epochal change. It is the onerous responsibility of us dermatologists to remain available for the care and service of our patients with skin disorders while simultaneously taking all precautions for the safety and well beings of ourselves and our families. It seems this virus is here to stay with us for a few months at least. COVID-19 has ensured that there has been a paradigm shift in the way we practice our speciality. The earlier we embrace this change, the easier it will be for all of us.

Bibliography

- Wollina U. Challenges of COVID-19 pandemic for dermatology. *Dermatol Ther* 2020. e 13430.
- World Health Organisation (WHO) Guidelines on Hand Hygiene. May, 2020.
- Tao J, Song Z, Yang L, Huang C, Feng A, Man X. Emergency management for preventing and controlling nosocomial infection of 2019 novel coronavirus: implications for the dermatology department. *Br J Dermatol* 2020.
- Ashique KT, Kaliyadan F. Tele dermatology in the wake of COVID 19 scenario: An Indian perspective. *Indian Dermatol Online J* 2020;11:301-6.

- Song Z, Xie J, Zhu J, Tao J. A "paper diaper" in N95 respirator. *J Am Acad Dermatol* 2020.
- Yu N, Wu L, Su J, Huang K, Zhao S, Chen X. One more paper towel, longer protection. *J Am Acad Dermatol*. 2020.
- Viscusi DJ, Bergman MS, Eimer BC, Shaffer RE. Evaluation of five decontamination methods for filtering facepiece respirators. *Ann Occup Hyg* 2009;53(8):815-827.
- Centre for Disease Control and Prevention (CDC) guidelines for use of N95 respirators for healthcare professionals. March, 2020.
- Ministry of Health & Family Welfare, Government of India. COVID-19: Guidelines on disinfection of common public places including offices. March, 2020.
- Manchanda Y, Das S, De A. Coronavirus disease of 2019 (COVID-19) facts and figures: What every dermatologist should know in this hour of need. *Indian J Dermatol* 2020.
- Bai Y, Yao L, Wei T, Tian F, Jin DY, Chen L, et al. Presumed asymptomatic carrier transmission of COVID-19. *JAMA* 2020.
- Chen Y, Pradhan S, Xue S. What are we doing in the dermatology outpatient department amidst the raging of 2019-nCoV? *J Am Acad Dermatol* 2020.
- Bhat YJ, Aslam A, Hassan I, Dogra S. Impact of COVID 19 pandemic on Dermatologists and Dermatology Practice. *Indian Dermatol Online J* 2020;11:328-32.
- Association of Cutaneous Surgeons (I) COVID-19 Taskforce Guidelines for Dermatosurgery. June, 2020.
- Practice Management Guidelines, Indian Association of Dermatologists, Venereologists & Leprologists. June, 2020.

Transient Shadow



Dr. Minakshi Narah
3rd year PGT, Dermatology
Gauhati Medical College & Hospital

Have you ever thought you will live in a world?
Where permission is compulsory to go home for all...
Where uncertainty prevails around your existence in this world.
How to tell a child "Days and nights are just sun's hide & seek game"
Where you could pack your bag and be out for a tour with or without aim...

Where you were free like a bird,
With no restriction from unknown friend
Now bound to feel don't mingle, always be single.
Where we believed in inhaling fresh air
Without the fear of meeting & shaking hand with stranger.

Dear child, faces weren't always covered
There used to be smiling faces & greetings on seeing each other.
Just believe it for time being...Will take you to the garden some day
Where you will play under the open sky everyday
You will see my face with a smile even on Monday...


Continued from page - 2

Secretary's Report December, 2019 to March, 2020



- 4th March, 2020: Dr. Debashree Roy, registrar of Gauhati medical college and hospital conducted RTM with the general practitioners of North Guwahati to sensitize them on topical steroid misuse.
- 5th March, 2020: Dr. Jogesh Das, ex-HOD, Dept. of Dermatology, Gauhati medical college and hospital, wrote article in the acclaimed assamese daily "Agradoot" about the risk associated with the use of commonly available beauty products in the market.

From March onwards, no significant activities were conducted under NEIADVL due to COVID19 pandemic. Noteworthy to mention that NE states branch did take an initiative to distribute basic PPE to all its members in the six North East States as basic protection against coronavirus by 8th May 2020.


Dr. Indrani Dey
 Secretary, NEIADVL

Living with Corona



Dr. Chayanika Kalita
 Assistant Professor
 Department of Dermatology
 Gauhati Medical College & Hospital



As India is under lockdown and the country continues to show a consistent surge of corona cases, I sit down to ponder over the last three months that have been life changing for the world as well for my tiny world. The virus managed to bring the whole world to its knees and as the earth continues to struggle to battle this one with all its dwindling resources, other natural calamities continue to wreak havoc on the world, unhindered and the apocalypse is seemingly near. I wonder at the mere power of an invisible enemy that has brought even the most powerful nations reeling under the pressures and how these desperate times have called for drastic measures by our respective governments. It's a wonder how this miniscule organism has managed to turn our very lives so chaotic.

Starting from March, the onslaught of ever increasing cases and high mortality all over the world especially in Italy, Germany, Spain and the US has triggered an escalating panic among everyone. There was unpreparedness of the hospitals to deal with such a crisis and scores of people lost their lives to the disease in various countries. Spreading like wild fire, people contracted the disease easily at an astonishing rate. The figures were right there for people to see with just a tap of the finger,

courtesy the social media. Many governing bodies tried to hide actual facts and figures to avoid panic but this was an imprudent step as it only made people careless and so more and more people got infected. Unfortunately, the people who tested positive and even those put under quarantine were stigmatised and others ostracised their whole family and even their recent contacts.

Curfew had to be imposed and lockdown initiated to control the disease. Speculations were rife regarding the natural history of the disease and how soon normalcy will return to our lives. I would be lying if I say this virus did not manage to shake me to the core. Schools and other educational institutions were closed down. As much as this was a relief for the fear-driven parents, the children missed their friends at school and were not used to having parents at home.

The initial days were tough being confined to home, both for myself and the children. My little ones persistently questioned me as to why I was staying more at home. It was something they could not assimilate, in the beginning.

But being a doctor I had to carry on with my duties too. Yet the panic got the better of me when our institution was declared a Covid hospital. Questions nagged me persistently- what if I carry the virus home? With small children, an aged mother at home and myself being a health care worker, it seemed I could only do justice by being extra cautious. I used my anxiety as a motivation to protect ourselves and our family by conforming to the guidelines. I studied relentlessly, whatever I could gather regarding the nature of the virus, its mode of transmission and how it was affecting the world and also how severely it could strike my family. Information was not hard to find as it was the only raging issue everywhere in social media and in everyone's minds. The more I read, the more I watched my fear grow. The news channels only compounded the fear, which turned to a worldwide dread. Added to that, there were too many myths and misinformation on Covid-19 circulating in the media. But our local governing body with their herculean efforts commendably quashed the rumours. They worked steadfastly to create a historic battle plan to combat this menace.



Amidst all these chaos, the frontline workers had their own demons to fight. Listening to people's applauding in their balconies, I did not know whether to be grateful or frustrated. It became harder to sleep these days. Though I have not been assigned any active Covid duty yet, it seems imminent in near future. Nevertheless, I always ran the risk of unknowingly exposing myself to the virus in the hospital. So, I took the extreme step. I took the unapproved hydroxychloroquine prophylaxis, well, atleast the loading dose. The death of a doctor following ingestion of the same medication and subsequent controversies caused concern, and I discontinued.

There were training programmes going on at our centre for Covid duty preparedness. The Health care workers all over the world were preparing to battle the pandemic and I, like other members of my fraternity, needed to be prepared too. But, if truth to be told, I was not ready. In fact, I still am not. I might never be.

On top of it, my immunity was in disarray too. I developed flu-like symptoms once and my anxiety soared, reaching to paranoia proportions. It was just a fever but I could imagine the list of Covid symptoms all manifesting in me. I could not pull myself to go to the screening area and decided to wait it out after consulting the medicine experts. Thankfully, I got better the next day but, I must say the entire 24 hours before that was catastrophic. There were so many obsessive thoughts. I feared most for the safety of my family and colleagues at work. I kept away from my children and they saw a side in me which I would never in my sane mind prefer to exhibit. Children, these days are smart and intuitive. They can palpate the fear in a parent and it transforms them too. The little ones got the idea and now they avoid newspapers, parcels that are delivered home and anyone entering the campus like the plague. This definitely made my work easy.

Continued in page - 9



NEIADVL NEWSLETTER

Volume - XX, June, 2020

Continued from page - 8

Living with corona

It was my responsibility to explain to the children as simply as possible what this pandemic means but I wondered how much their naive selves could take in. Special attention became necessary for the children to prevent and minimise consequences of prolonged school closure and effects of physical distancing. Their life now consisted of long play hours, longer hours of screen time unfortunately and whatever little they could learn from their stretchy online classes. I would say children are so adaptable and they have adjusted to 'the new normal' so well, which is more than I can say so about myself. Truly, ignorance is bliss, so is childhood.

Risk of transmission of Coronavirus had compelled me to discontinue the cook and other helpers and, so began my seemingly endless struggle with household chores. The children were always home, so the house needed constant attention for tidiness. The extended lockdown and the monotony got to the children, who whined for outings and outside food. I had no choice but to update my culinary skills to keep them content, as also myself. Cooking is said to be therapeutic and I, begrudgingly, concur. So is gardening, tidying the house, swabbing the floor, washing the dishes and all that follows. As long as I got no time to see the news or surf the internet for more on Coronavirus, I remained cocooned in a false sense of security.

Three months into the saga and Corona still continues to instill fear in our minds as it continues to upsurge in India. I do find myself introspecting on these formidable months and as to how much it affected and changed us inadvertently. Staying positive, I would say I learned my lessons. I think we all did. About where our priorities should lie? What are the vital services in the society that matter most? As a doctor how important is our role in the society? What spending quality time with your loved ones means?

The country continues to face the predicted late peak of cases now and we have to gather our horses. There is no effective treatment and no immediate vaccine around the corner. Sealing borders and hospitals seem to be the norm now but this does not help, nor does assigning coloured zone status to places. With the lockdown lifted, cases will come roaring back again and people do not have the required immunity, being long confined to their homes.

On the eve of World War II, following the attack on Pearl Harbour, President Franklin Roosevelt had said "The only thing you have to fear is fear itself". We also need to lighten up. The Biblical prescription that helped people during the Black Death meaning the Bubonic Plague of 1665, holds true even in these sombre times, "A merry heart doeth good like medicine". We need to take a break from the news. Start a constructive routine with personal self-care activities and enjoy spending time with family and friends. Fear is weighing deep onto our minds, so relaxation techniques should be sought. Like any other epidemic, this pandemic will eventually taper off and those infected will be immune. Even though the fear of the crisis looms right over us, we need to just let this phase get over and do something worthwhile and enjoyable meanwhile.

Instead of barely existing, we should rather focus on living. Though cases still continue to grow alarmingly, yet fatalities are low. Ironically, we should learn to cohabit with the virus now. In this process our health should remain a priority. Healthy eating habits and regular exercise should be followed religiously. Things will never be the same in certain domains. Covid-19 will accelerate drastic changes in economic and social thinking. This crisis is a one-in generation global turning point, when many of the fundamentals of our social and economic life will be remade and the New Normal established. Since viable treatment is unlikely well into 2021 which means many of us has to get used to the new lifestyle even if some restrictions are eased.

So, briefly speaking, lessons are learnt. Each of us have our own designated role in the society and we need to contribute to the society in our own small way. Our children are the future of the nation and so they must be taught explicitly to adjust to this new world.

Regarding this crisis, Pope Francis had remarked:

*"The pandemic reminds us
There are no differences or borders between those who suffer.
We are all frail, all equal, all precious.
May we be profoundly shaken:
Now is the time to eliminate inequalities and heal the injustice and heal
the injustice undermining the health of the entire human family!"*

Insightful words of the former first lady of USA, Michelle Obama reverberate in my mind and these sure ring true in such testing time:

"You may not always have a comfortable life and you will not always be able to solve all the world's problems at once but don't ever underestimate the importance you can have because history has shown us that real courage can be contagious and hope can take on a life of its own".

The Arrogance of a Virus



Dr. Chayanika Kalita
Assistant Professor
Department of Dermatology
Gauhati Medical College & Hospital

I revel in my power
Humans quiver at my name
I strike terror
It's a ceaseless game

Borne of a scandalous past...in the wet markets of Wuhan
Or the clandestine ongoings of a renowned centre
Progenies, I mass-produce, I boast, I make fun
I travel wide, I conquer all

I marvel at my own prowess,
Advancing at breakneck speed,
Knocking off all human activities
Speaking volumes of my deed

Stealth is my weapon, striking hard unexpectedly
I move relentlessly
My vastness knows no end,
Humbling the ground I tread incessantly

Atrocities? Barbarism? No, that isn't me
I bring to book for the imbalance I see
I know no fear, I subdued the toughest of all
No cold and no summer heat can move me at all

Call it narcissism, call it vainglory
Why so serious, may I ask?
Pity you, oh Mortals
Yet, despite your efforts, I survive and will take you to task

I am unstoppable, yet
Your cocktail of drugs, your dogged resolve for a vaccine
Oh, makes me wonder
Misconstrue did I?
The tenacity of human brainpower?

But then what can I say?
Your faux pas fills to the brim
Yet, history is proof,
You may yet again, survive this day

Before I go and mark my words
I shall accentuate
What matters most
Or enough turmoil did I already create?

My sagacity shall be the talk of town
For centuries yet to come
Be cognizant, be assured
Oh humans, yet do not be so glum



It's the epiphany
You sure will need
On lessons lacking on
Cohabitation, balance, togetherness indeed

Linger on shall I, till I fade out
To rise again from the ashes
Like the blazing Phoenix
When mortified or when in doubt.



NEIADVL NEWSLETTER



Moments from CUTICON - 2019 at Tezpur

