

VOL IX, ISSUE 1, JUNE 2026

YUVADERMA NORTHEAST STATES

INTRODUCTION

Yuvaderma has always been an honest endeavour to provide a creative outlet for young Dermatology residents across the country.

Yuvaderma's first issue was published in 2016, thanks to the tireless work of Karnataka's Resident Connect Committee. It was then expanded to include every state covered by IADVL. Similarly, the Northeast edition of Yuvaderma was developed in 2019 under the guidance of renowned Dermatologist, Dr Indrani Dey, and has since endeavoured to support and foster the unique abilities of dermatology residents, thus validating the magazine's name, "YUVADERMA." The magazine and those involved in its conception and growth have worked tirelessly throughout the years to achieve the single objective of developing emerging talent. They have worked relentlessly to achieve the single goal of polishing the skills of young dermatologists from all over the country and creating an easily accessible venue for exchanging ideas on a variety of themes linked to the ever-changing field of dermatology. The current issue follows in the footsteps of its predecessors, and we hope that its diversified content captivates and intrigues its readers while remaining loyal to its objective of uniting the diverse regions under IADVL under the protection of the universal banner of Dermatology.

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From the EDITOR'S DESK

Dear Reader,
Greetings to you!!

We are delighted to present you with the latest issue of Yuvaderma North East States. We recognise that everyone of us has a distinct voice and perspective, and we motivate residents to contribute their opinions through this platform, adding to the rich fabric that distinguishes our community. And indeed, it is the enthusiastic participation and extraordinary contributions of all of our residents that have made this possible. We express our heartfelt gratitude. This publication is a monument to our collaborative commitment to creativity. Dr. Manashi Das, the Advisor of Yuvaderma NE states, has been a great mentor to me. Her continuous encouragement and advice meant the world to me since I could always turn to her with even the most trivial questions, knowing that she would warmly welcome me with a patient ear. I am equally grateful to our associate editors, Dr. Natasha Bhattacharjee, Dr. Rahul Barman, Dr. Oviya S A, Dr. Arijit Das, and Dr. Dayita P. Swami for their remarkable and passionate contributions. Their persistent dedication to capture the spirit of our experiences serves as the lifeline of this issue.

I also like to thank Dr. Shyamanta Barua, President of NEIADVL, and Dr. Gautam Mazumder, Secretary of NEIADVL, for their unwavering support. A special mention to Dr Lily Singha for guiding me always.

A centerpiece of this issue is an engaging interview, delivered by Dr. Dipak Kumar Agarwalla, Consultant Dermatologist, MD clinic, Guwahati. We extend our deepest gratitude to him for graciously accommodating us in his demanding schedule, and allowing us to present his invaluable insights.

This edition celebrates the spirit of art - the written word, with its armoury of metaphors and similes, grammar and semantics; paintings, that emit creativity one brush stroke at a time; and photography, which captures time in a still frame. Let us accept our positions as doctors, magicians, and artists. We welcome you to immerse yourself in the pages of this publication. It was a lot of fun bringing it to life, and we truly hope you enjoy every page!

Have fun exploring!

Dr. Abinaya S
Editor-in-chief,
NE Yuvaderma 2026

Message from PRESIDENT, NE IADVL

Dear NEIADV L YUVA Members,

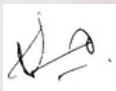
It is a pleasure to address all of you - the emerging torchbearers of our specialty. Your passion, curiosity, and dedication are the driving forces that will shape the future of dermatology.

The landscape of dermatology is evolving faster than ever. From breakthroughs in biologics and JAK inhibitors to the integration of artificial intelligence in diagnostics, you are training in a golden era of innovation. While mastering these cutting-edge technologies is vital, I urge you to never lose sight of the core of our profession: the patient connection. Skin diseases carry profound psychological and emotional weight. Your empathy and listening ear are often just as healing as the prescriptions you write.

Residency and fellowship training are intense, demanding, and occasionally overwhelming. Remember that you are not walking this path alone. Our association is fully committed to supporting you through our clinical meetings, CMEs, workshops, research grants and mentorship programs.

I encourage you to stay curious, ask questions, and step out of your comfort zone. Engage in research, present at conferences, and build networks with your peers. The relationships you forge today will become the collaborative partnerships of tomorrow. Take care of yourselves, support one another, and enjoy this incredible journey of learning.

Best Wishes



Dr. Shyamanta Barua
President, NEIADV L



Dr. Shyamanta Barua
President, NEIADV L

Message from SECRETARY, NE IADVL

Dear Young Colleagues and the Bright Future of NEIADVL,

As Secretary, NEIADVL, my heart swells with pride as I write for YUVADERMA, set to be unveiled amidst the wilderness of Pobitora during MIDCUTICON NE States 2026 scheduled on 13th June 2026, Pobitora, Assam.

Dermatology is our science, but YUVADERMA is our soul. It is where Dermoscope & stethoscopes rest and paintbrushes, guitars, poetry, and sporting spirit take center stage. This beautiful initiative reminds us that a healer is also an artist, an athlete, a dreamer. It is in these expressions of art, culture, music, and sport that we see the complete physician - one who brings empathy, creativity, and resilience to patient care.

YUVADERMA is a celebration of talent beyond textbooks. It nurtures not just skills, but leadership, friendship, and the courage to think beyond the conventional. These are the very qualities that will shape you into mentors and torchbearers tomorrow.

I know Dr. Abinaya S and her dedicated team have poured their heart into every page to make this edition vibrant, colorful, and alive with your stories. To every contributor who shared a piece of themselves - a sketch, a verse, a photograph, a victory - thank you. You have turned this into more than a magazine; you have made it a memory.

I convey my warmest congratulations to everyone who built this labor of love.

I wish YUVADERMA a grand success and all of you an unforgettable MIDCUTICON NE STATES 2026.

With affection and pride,



Dr Gautam Mazumder
Secretary, NEIADVL
13th June 2026, Pobitora, Assam



Dr. Gautam Mazumder
Secretary, NEIADVL

Message from CONVENOR, NRC



Dear Friends, it is a matter of great pride to witness the vibrant enthusiasm and academic excellence reflected in Northeast Yuva Derma. As the National Convener of the IADVL National Resident Committee, I am heartened to see the residents of the Northeast region actively contributing to the growth and dynamism of Indian dermatology. Resident engagement forms the backbone of our specialty's future. Platforms like this not only showcase talent but also build the future of Indian dermatology. Keep the passion alive, keep learning, and keep leading. Wishing the team and all contributors continued success!

Long live IADVL!

Best wishes,

A handwritten signature in black ink, reading "Rahul Nayak".

Dr. Rahul Nayak

Convener,

IADVL National Resident Committee 2026

Message from ADVISOR, NE IADVL

Dearest readers, as the news reaches the release of the 1st issue of the 9th volume of Yuvaderma North-east, my heart fills with immense joy. Looking back, I am grateful to have witnessed the journey of this bulletin as it followed the footsteps of its predecessors and kept improving significantly. The concerted and dedicated efforts of the entire editorial team is quite commendable. My heartfelt congratulations go to the editorial team, Dr. Natasha Bhattacharjee, Dr. Rahul Barman, Dr. Oviya S A, Dr. Arijit Das, and Dr. Dayita P. Swami, led by Dr Abinaya S, the editor-in-chief, who has been outstanding. I congratulate all the residents whose articles fill up the pages of this beautiful and engaging magazine. Lastly, I wish good luck to the editorial team for their future endeavours. Regards,

A handwritten signature in blue ink, reading "Manashi Das".

Dr. Manashi Das

Advisor,

NE Yuvaderma 2026



The Virtuoso



Dr. Dipak Kumar Agarwalla is a distinguished clinician and a leading figure in dermatology. Currently, he is practising as consultant Dermatologist in MD clinic, Guwahati. Rather than a traditional Q&A session, Dr. Bidisha Barman, and Dr. Bharati Phukan, Junior Residents at Gauhati Medical College and Hospital, take a walk with him to delve into his thoughts and experiences. In this candid interview, Dr. Agarwalla shares his passion for dermatology, life stories, and heartfelt advice for aspiring dermatologists. Let the virtuoso in dermatology tell his tale.

Q: Sir, can you share with us a memorable case or moment from your residency that stayed with you?

Ans: Basically, when we say “memorable,” what comes to my mind is not just the studies or academics, because those continue throughout residency. What truly stays with us are the moments we spent together — the daily tea gatherings in the morning when everyone would be present: professors, seniors, and juniors. In the evenings, we used to go out for tea at Deka Canteen.

Then there were the exam days, New Year parties, and farewell parties — those are the moments that remain in our memories even after residency ends.

As for memorable cases, there were many, actually. One particular case I remember was from my first year. We admitted a patient thinking it was psoriasis vulgaris. I still remember he was in Bed 1. We prepared smears and investigated further, and later he was diagnosed as a case of crusted scabies. Interestingly, at that time, I myself acquired scabies from that patient and many subsequent patient in that room developed scabies as was revealed on their next visit for pulse therapy.

There were many rare interesting cases in GMCH. I also remember one family in which five members had lepromatous leprosy (LL Hansen’s disease) with deformities. I still have photographs of that family.

Q: What were the biggest challenges you faced while transitioning from a resident to an independent consultant, and how did you overcome them?

Ans: Interesting question... the challenges is basically on our mind. There is really no such limitation. For three years during PG, we are continuously studying dermatology, seeing patients, performing procedures, and using lasers — we learn almost everything during residency itself.

The difference is that during PG there is teamwork, whereas in private practice you are all alone and more responsibility. If that responsibility does not stress you, then you can manage everything.

The feeling of limitation mainly comes when you think about starting your own clinic. We tend to think that we need many licenses, staff, space, and huge investment. But actually, most of these things are not such a big problem. Many licenses can be obtained online within 5–10 minutes. Drug licenses may take some effort, but even that is not very difficult. Staff hiring is also not an issue. You don't need highly qualified staff for your clinic. You can train them.

Then comes the issue of space. You can even start in a small pharmacy setup initially. If you want your own clinic, you can take a rented place. In my opinion, when you start your own clinic, you will see faster growth— though in a city like Guwahati it may take a little more time, it just takes your patience. For those who starts their practice in small town, they start getting patients from the very first day itself.

My Advice: start your own clinic early. If you have budget issue, start with basic and then purchase high end machine gradually.

Q: What is the difference between patients in a rural setup and patients from tier-2 or tier-3 cities in terms of the questions they ask and the counselling required from your side?

Ans: Look, I did work in peripheral areas after completing my MD, mainly on Sundays, while from Monday to Saturday I work here in the city. So definitely the patient profile is different.

In peripheral areas, we mostly see clinical dermatology cases, whereas in cities there is a mixture of both clinical and aesthetic cases. But nowadays, even in peripheral areas, people are becoming more interested in aesthetics — that transition has definitely started happening.

The main difference is that patients in cities are generally more aware and more conscious about their condition and appearance. They tend to ask more questions and do not hesitate to clarify doubts regarding treatment, procedures, side effects, duration of therapy, and outcomes.

In peripheral areas, patients usually ask fewer questions and often accept the doctor's advice more directly. So counselling there is comparatively simpler. But in cities, counselling becomes a bigger part of practice because patients want detailed explanations and reassurance regarding every aspect of treatment.

Q: As someone who has worked in both government and private setups in the Northeast, what are the difficulties or limitations dermatologists face in each?

Ans: One thing I personally do not like about government jobs is that they are transferable. If you are also doing private practice alongside and have built some reputation or fame in a particular place, after 2–3 years you may get transferred, and then you have to start all over again in a new place.

Secondly, after residency, in government service you are often assigned many non-dermatological official duties from time to time.

At the same time, one thing I really miss from the government setup is the teamwork and academic environment. In private practice, you are mostly on your own. There are no regular group discussions like we had in medical college with professors, seniors, and colleagues. Of course, we can call or refer to other doctors when needed, but that constant academic interaction and teamwork is something that is lacking in private practice.

As for difficulties in private practice, most are minor practical issues related to running a clinic. For example, staff may leave after working for some time, and then you have to hire and train new employees. Managing staff, maintaining the clinic, handling licenses, and other administrative responsibilities are some of the routine minor issues faced in private practice.

Q: For residents unsure about choosing between academic, government, and private sectors, how should they approach this decision?

Ans: This is completely a personal choice. If someone is interested in academics, then he or she should join a government setting. Having said that, in private practice also, if you are very much interested, you can continue academics. Many of us are doing this. But it is easier in a government setting.

Q: What clinical, procedural, or non-clinical skills do you think are essential for budding dermatologists who want to build a successful private practice in today's scenario?

Ans: Regarding clinical skills, we learn almost everything during residency. However, we do not learn much aesthetics during residency. The clinical part we can always learn and brush up at intervals.

In non-clinical skills, what is more important is behaviour towards the patient. In a busy government setting, our behaviour towards patients can become very casual or sometimes harsh because of the workload. But in private practice, this is not tolerable. It is very important to speak appropriately with patients, and that also helps a lot in building your practice.

If your behaviour is not good right from residency, then it becomes difficult to transition later into private practice. That matters a lot.

One more limitation in private practice is that there are certain cases we rarely get to see, like leprosy. We may get one case every six months or may be a year, so over time we tend to miss points necessary and unless we don't brush up things and upgrade ourselves, at times it becomes difficult.

Clinical learning is definitely better in a medical college setup. There is no regular academic activity in private practice, so we have to continue studying journals on our own, which is important. Otherwise, we tend to forget the rare cases.

For example —when we think of the differential diagnosis in a doubtful case, only 2-3 differentials may come to my mind, whereas during residency we used to remember a long list of differentials.

A few days ago, I did a biopsy for a patient in whom I suspected a dermatofibroma over the upper back. but hpe came out to be a spiradenoma. These are things we mostly study and encounter during residency. So, regular academic meetings are important especially in private practice.

Q: In aesthetic practice, mistakes or unsatisfactory outcomes can sometimes happen. How do you deal with patients who come back with complaints?

Ans: First is counselling. Never overpromise. We may be confident, but we should never overpromise results.

We should always take consent. Even for the smallest procedures like ILS, for which we do not usually take consent, we should still do it because in case of any untoward event, that is the only thing that may save you.

It's also very crucial how you handle the situation post untoward event. You can't just go away saying it can happen in medical science. We have to be empathetic towards the patient and that how it can be corrected if possible .

Also, I might be very happy with the result of a filler for instance, but the patient might not be satisfied. So counselling in such cases helps a lot.

Q: Lastly, what advice or message would you like to give especially to PGTs regarding coping with stress, studies, work pressure, and life after PG?

Ans: Difficult question. Stress about what questions will be asked in rounds in front of the patients, stress about questions in front of juniors , stress for theories and then stress for practicals. That's a part of residency everyone will go through. This, I feel is good and is important because then we study hard and excel.

But the question is — Should a pgt really be stressed so much about work pressure? During the 3 yrs of residency, I don't think today's pgt or me 10 yrs back had long hours of work. In the evenings, duties were usually lighter, and there was no need to constantly run after patients. We had enough free time which we can even utilise to study. Night duties were rare and obviously not stressful.

My advice would be to enjoy the residency. Study hard and party harder. The dermatology departments in GMCH IS like a family. Everyone is approachable and understanding. So there is no need to stress too much. Saying that , how to cope with stress is a very personal choice and differs from person to person.



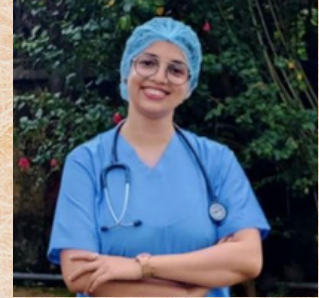
DERMA RESIDENCY: STORIES BENEATH THE SURFACE

You read the tales that shadows shade,
The stories written on skin surface.
A macule, a plaque, a transient rash,
A stubborn scar, a sudden harm.

Each whispers what the eyes conceal,
Of battles born beneath the veil.
Sometimes not written clear, not spoken loud,
Yet every lesion holds a hidden plea,
A coded tale in dermatology.

Residency—where pressures run deep,
Where books replace the calls to sleep.
Yet in each cure, in every smile,
The journey feels worthwhile.

Sometimes not every battle crowns you with victory won,
And some goodbyes echo long after they are done.
You learn to move on—not because it is easy or light,
But someone else is waiting for you
To be strong again, and fight.



DR SAJIDA RAIHAN CHOUDHURY
PGT1, GMCH





A SMALL KINDNESS, A BRIGHTER WORLD

A little sympathy—so small it seems,
no louder than a whisper in crowded streets—
yet it moves through the world
like light through a cracked door.

It lives in the pause before judgment,
in the hand that doesn't pull away,
in the eyes that choose to soften
instead of turning cold.

One gentle word can steady a storm,
one quiet kindness can shift a day,
like rain falling on tired earth
that almost forgot how to bloom.

We are not asked to heal the whole world,
only to touch it, briefly, with care—
to leave behind a trace of warmth
where someone expected none.

And slowly, unnoticed at first,
the sharp edges begin to blur,
the heavy air grows lighter,
the distance between hearts grows thin.

All because, somewhere, someone chose
not indifference, but understanding—
and that small, brave softness
made the world a little more beautiful.



DR NABIN PEGU
PGT3, SMCH



MOTHER

Her hands were never empty,
Yet she always gave me more.
A plate kept warm at midnight,
Soft footsteps near the door.

She stitched my broken courage
With words both kind and small,
And stood behind me quietly
So I would never fall.

She wore her dreams like old clothes,
Folded neatly out of sight,
While building mine with tired eyes
That stayed awake all night.

I never saw her wings then,
I only saw her care,
Not knowing angels sometimes
Look like mothers standing there.

And when the world grows heavy,
When silence feels too long,
I still can hear my mother's voice
Teaching my heart be strong.

For love, in its purest language,
Needs neither gold nor other—
The closest thing to heaven
Is simply called “Mother.”



DR ANGSHU KAFLE
PGT3, SMCH



WEAVING THE BARRIER

I am young to this,
Still learning how to see things,
Where fear sits heavier than my thoughts,
Still showing up every day with hope.

Me, reading a language that is new—
Redness whispering its secrets beneath,
Scales like quiet snowfall on creepy nights;
They speak words that I cannot hear.

In papers, they were well defined—
Confined to sites and patterns.
But when I saw them,
They irritated, they ached, they depressed lives
within.

Between epidermis and dermis,
They converse the stories of millions:
A girl hiding vitiligo with colours,
A child scratching instead of writing,
A man who fears the mirror more than pain.
I stood somewhere between textbooks and truth.

Prescribing just creams—ah, yes—
But also courage in scary doses.
There are days when I cannot get over it,
Their unsolved questions haunting me,
Like a terrifying nightmare.

Yet, healing—
In its slow, fluctuating, partial mode—
Is a great triumph,
A smile returning to a face after so long.
Perhaps this is what it is all about.

To be young in medicine:
To not know everything,
But every day to show up with treating hands and
a helping mind.
I weave myself into making a woven barrier.

Because I realise now that,
Beyond precision, compassion is what matters
most.

Simply, my treatment is this—
To see,
To care,
And to stay.



DR NASHIDA P
PGT2, SMCH

MILES BETWEEN US

I miss the warmth of familiar walls,
the comfort of voices I've known,
where every road held a story
and every tree felt my own.

I miss those faces I knew by heart—
the tea shop owner and her son,
still living somewhere in my mind,
like moments never done.

That broken road I walked each day,
I still ask, though far from home,
“Ma, has it been repaired by now?”
as if I've never gone.

I miss that window's quiet view,
the sky it held so near,
and the soft, familiar breath of air
that always felt so clear.

And things that once felt constant, mine,
have shifted with the years—
time and distance quietly change
what once felt always here.

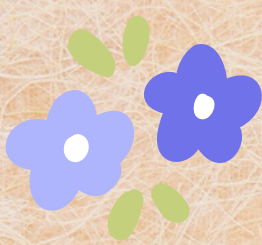
For once you leave, you don't return
the way you were before—
the doors may open just the same,
but you're not theirs anymore.

Still, somewhere deep, I hold this hope
through every uncertain bit—
that choosing to be this far from home
will someday be worth it.



DR SANCHITA KUNDU
PGT1, SMCH





AN EQUINOX TALE

Two sisters, far they sit
Poles apart, never can they meet
Each believes the other is won
Both despise their own season

Autumn thinks, how lucky is Spring
New life, new green does she bring
Woe is me, poor things I herald
Dark, bleak winter, trees going bald

Spring mulls, never can I compare
To Fall bringing colour everywhere
Harvest galore, with festive chime
Season of joy, 'tis the perfect time

And so the trial goes on and on.
Profound, long defying reason
At long, Mother Nature steps in
'Begone this nonsensical weeping!'

'Spring is bringer of life anew
Flowers, seeds, skies bright blue
Autumn ushers change and decay
For my earth has to shed the grey'

Such is the rhythm of creation
Changes and comes to fruition
Spring and Autumn trot and slink
Move the Earthly gears in sync.



DR DAYITA P. SWAMI
PGT1, NEIGRIHMS



MOUNTAINS HEAL TOO

Between mountains stitched in prayer,
Where clouds rest softly on pine-dark air,
Five flags rise against the blue—
Like pulses dancing, steady and true.

I stand here, a doctor,
With tired hands and sleepless eyes,
Used to fluorescent corridors,
Monitors, alarms, and silent goodbyes.

Yet these hills ask nothing of me.
No diagnosis.
No hurried decisions.
No signatures beneath uncertainty.

Only stillness.

The wind moves through the prayer flags
Like breath through weary lungs,
Carrying invisible hopes
Into valleys older than memory.

Blue for the sky I rarely notice.
White for healing.
Red for the blood I fight to save.

Green for life returning quietly.
Yellow for the fragile warmth of humanity.

For a moment,
The mountains become my teachers—
Steady, patient, unmoved by chaos.

And I remember:
Even those who heal others
Need places
That heal them too.



DR SANCHI MEHTA
PGT2, JMCH

CONTOURS OF CONFIDENCE

Not vanity alone, they say—
But quiet wars we hide away.
A trembling hand beneath concealer,
A smile rehearsed to seem much realer.
In rooms of lasers, glass, and light,
We sculpt back fragments lost to sight.

A faded scar, a weary face,
A soul once shrinking now finds space.
Botox whispers through tired years,
Fillers soften silent fears.
Chemical peels like autumn rain,
Shedding layers of buried pain.
Threads may lift the falling skin,
But confidence blooms deeper within.
For beauty is not flawless art—
It is comfort living in the heart.
The mirror, once a place of war,
Becomes a friend a little more.
And every healed, recovering face
Carries courage stitched with grace.
Cosmetology is not disguise,
Nor chasing youth that always flies.

It is the science of feeling seen,
Of restoring light where doubt has been.
So here's to hands both soft and wise,
That look beyond appearances and eyes.
For every procedure, every touch,
Sometimes heals far more than much.



DR MONISH BORGHAIN
PGT2, JMCH





WINGS OF STRENGTH

A butterfly rests upon the skin,
Marking the battles fought within.

A silent storm, unseen, untold,
A test of courage, fierce and bold.

It bends the body, clouds the day,
Yet cannot steal the will away.

For through each flare, each hidden scar,
Hope still shines like a steadfast star.

Lupus may challenge, ache, and strain,
But strength will always rise through pain.

Like wings that lift against the weather,
The spirit soars—and fights forever.



DR MONIDIPA PEGU
PGT2, SMCH

CIRCUS BENEATH THE WHITE COATS

Beneath white lights, the ringmasters reign,
Measuring kajal, lipstick, earrings in disdain.
Blush becomes rebellion, dresses a crime,
And shouting echoes daily, right on time.

Self-respect crumbles like plastered walls,
Confidence shreds with each cruel call.
Power was meant to shelter, not destroy,
Yet hungry beasts feast on another's joy.

Young wings stand caged behind practiced smiles,
Walking frightened corridors mile after mile.

The oath to heal fades strangely thin—
When monsters wear the coats they're hidden in.



DR NATASHA BHATTACHARJEE
PGT2, GMCH



অল্প সময়ের কবিতা



DR KAUSTAV SARKAR
PGT3, SMCH



আর তিন মিনিট বাকি,
অলস সকাল সাবালক হয়েছে,
বাতাসের আঁচ গনগনে মন্থর,
চোখের পরিধি হয়েছে ক্ষীণ,
তবু এক শীতল চাদর জড়িয়ে আছে,
অপেক্ষার চিন্তা ক্ষীন ধারায় বয়ে,
তীব্রতা কে আজ ছুটি দিয়েছি হঠাৎ-
শুকনো কিছু শ্রান্তি জিয়ে নেওয়ার ইচ্ছে,
কথা আছে যাপনের, অনেক ঝঞ্ঝার পরে,
আজ প্রণয়ের চিঠি পাবে তার মনজিল,
নিবিড় স্পন্দনের চাহনি হবে শ্রুতিমান
আর দুপুরের শামিয়ানা নেমে আসছে মাটিতে
ধুলোয় লুটোপুটি খায় আকাঙ্ক্ষা
তোমার বিদ্রূপের ঝলকানি কাঙাল করে ছাড়ে।

TONGUE TWISTERS !!



DR POULAMI KARMAKAR
PGT2, SMCH

Dermatology is a specialty rich with rhythm, repetition, and remarkably intricate terminology. From multisyllabic diagnoses to alliterative lesion descriptions, the language of skin often twists the tongue before it reaches the clinic note. This collection of dermatology tongue twisters celebrates the lighter side of the specialty—Say them fast, say them right, and see if your tongue can survive the ultimate skin-deep word game!

1. Psoriatic plaques spread past pale patches.
2. Six slick scales slid slowly across scarred skin.
3. Tiny telangiectasias twisted through tender tissue.
4. Dermatologists diligently diagnose difficult dermatoses daily.
5. Flaky fungal follicles formed fiery facial fissures.
6. Pruritic papules provoke persistent patient panic.
7. Sebaceous secretions suddenly stained sterile surgical sheets.
8. Melanocytic macules merged into mottled maroon markings.
9. Rosacea-ridden regions rapidly reddened round rosy rims.
10. Blistered babies' backs bore burning bullous bumps.



DOCTORS, BURNOUT & THE ILLUSION OF SUCCESS



From the outside, medicine looks like the perfect success story. White coats, respected titles, stable careers, and lives saved every day. Society often sees doctors as people who have “made it.” But behind the polished image lies a reality rarely discussed openly—burnout, emotional exhaustion, and the silent pressure of constantly needing to appear strong.

For many doctors, success begins to feel less like achievement and more like survival.

Medical life is built on competition. Entrance exams, sleepless nights during training, endless postings, emergency duties, exams again, and the pressure to always know the right answer. Somewhere in this race, many forget why they entered medicine in the first place. The dream of helping people slowly gets buried under duty rosters, paperwork, expectations, and fatigue.

Ironically, the more successful a doctor appears, the lonelier they may feel.

A doctor can treat dozens of patients in a day yet have no time to care for their own mental health. They are expected to remain calm during emergencies, emotionally stable after losing patients, and physically active despite exhaustion. Admitting stress is often mistaken for weakness. So many continue smiling professionally while silently burning out inside.

Burnout in medicine is not just “being tired.” It is emotional numbness, loss of motivation, irritability, detachment, and feeling empty despite achievements. A doctor may receive promotions, degrees, applause, or social media praise—and still feel unhappy. This is the illusion of success: looking fulfilled from the outside while feeling drained within.

Social media has made this illusion even stronger. We see conference photos, medals, aesthetic clinic setups, and achievements posted daily. What we do not see are panic attacks before duties, missed family moments, chronic sleep deprivation, or the fear of not being “good enough.” Medicine has unintentionally created a culture where exhaustion is glorified and rest feels guilty.

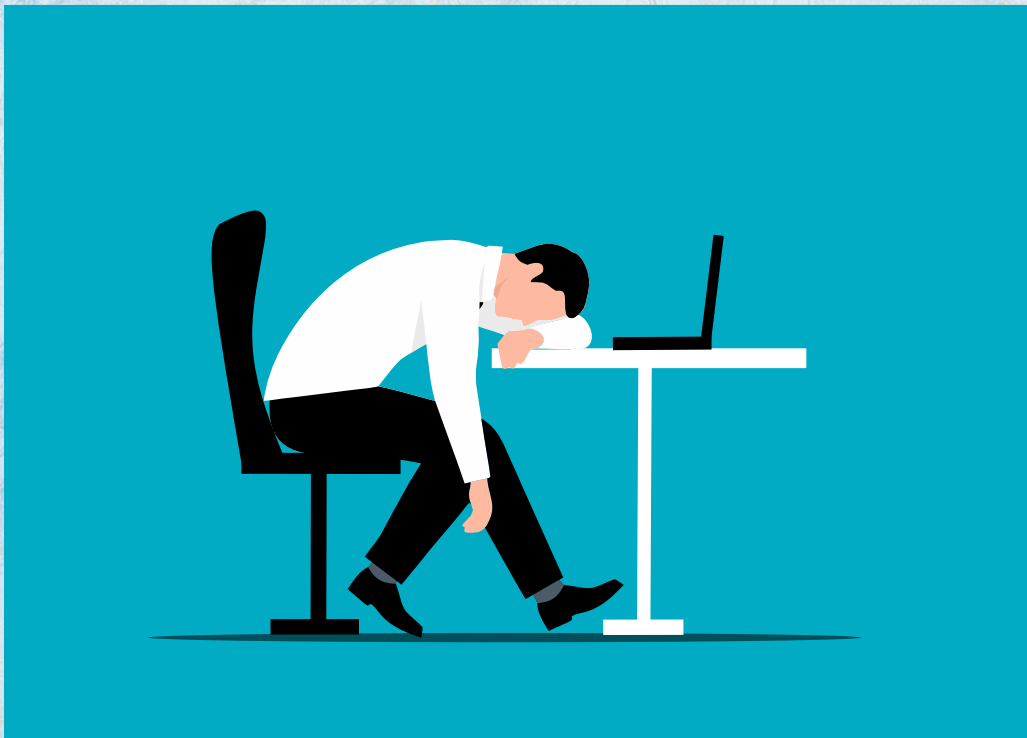
But doctors are human before they are professionals.

A healthcare system cannot truly heal patients if its healers are emotionally exhausted. Conversations about mental health, work-life balance, and burnout should not be seen as weakness—they are necessary. Success in medicine should not only be measured by degrees earned or patients seen, but also by whether a doctor still feels alive, compassionate, and mentally at peace.

Perhaps true success is not becoming the busiest doctor in the room, but becoming a doctor who can heal others without losing themselves in the process.



DR HOSNI PASIL R
PGT3, SMCH



FROM THE DECCAN TO THE BARAK VALLEY

There are journeys measured in kilometers, and there are journeys measured in transformation. Mine began in the warm, familiar embrace of South India — in the bustling streets of Hyderabad — and carried me across the length of the country to the rain-washed landscapes of Silchar in Northeast India.

I was born into the rhythm of the South — the aroma of dosa batter fermenting at dawn, Telugu conversations, the dry summer winds, and the certainty that everyone around me understood the unspoken language of my world. Hyderabad was noise and warmth, crowded tea stalls, late-night biryani, and people who spoke with familiarity even before friendship.

Silchar welcomed me not with grandeur, but with quietness. The city moved differently. The rains lingered longer. Bengali signboards replaced Telugu ones. Rice tasted different. Tea carried a stronger soul. Even the air felt heavier with moisture and memory.

At first, the cultural differences felt enormous. Back home in Hyderabad, life was fast and expressive. Conversations were loud, festivals vibrant, friendships immediate. In Silchar, I encountered a culture that valued gentleness and restraint. People spoke more slowly, observed more deeply, and carried an understated dignity. I often found myself struggling to understand accents, customs, and social cues that locals considered natural.

Language became a silent battle.

Though English and Hindi built temporary bridges, there is an isolation that comes from not understanding the language people dream in. I often felt like an outsider standing at the edge of conversations, smiling without fully belonging. The simplest tasks — asking for directions, bargaining in markets, understanding jokes — demanded emotional energy.

I missed biryani, Telugu conversations, and the comfort of home. Different food, language, weather, and culture made every day challenging. Sometimes loneliness felt heavier than the Assam rain. But slowly, strangers became friends, and an unknown place became home.

Today, when I think of home, the answer is no longer simple.

Home is no longer just Hyderabad's crowded streets or the sound of Telugu drifting through evening markets. Home is also the quiet resilience of Silchar, the smell of wet earth after Assamese rain, the warmth of tea shared with people who were once strangers. This journey taught me that belonging is not inherited; it is built.

I left South India believing I was traveling to a distant corner of the country. Instead, I discovered another dimension of India — and another dimension of myself.

Some journeys give you memories. Others give you identity.

Mine gave me both.



DR THOTAMALLA YOGITHA
PGT1, SMCH



THE UNIVERSE IN ORDINARY DAYS



Most beautiful things do not ask to be noticed.

They exist quietly —

like warm plates served at dinner, sunlight sleeping on old floors, or the sound of someone laughing in another room.

The world survives because people continue doing gentle things repeatedly.

Someone folds clothes with care. Someone waits for their friend to reach home safely. Someone cuts fruit for another person without being asked. Love often disguises itself as ordinary habit.

Even mornings are underrated miracles.

The Earth rotates perfectly, light travels millions of kilometers, and somehow birds still begin singing outside half-awake windows as if optimism were natural.

Humans are strange in beautiful ways too.

They buy books knowing life is short. Plant trees whose shade they may never sit under. Write poems nobody requested. Keep celebrating birthdays despite becoming afraid of time.

There is courage in that.

Maybe happiness is not excitement all the time. Maybe it is softer. Quieter. More durable.

Maybe it is sitting beside people with whom silence feels comfortable. Maybe it is finding songs that understand you before humans do. Maybe it is realizing you survived versions of life you once thought would destroy you.

And perhaps the finest achievement of all is not becoming extraordinary, but remaining tender in a world that constantly tries to harden people.



DR JITENDRA PATIDAR
PGT1, JMCH

BENEATH THE SKIN

Coming from Kerala, I had read about Pemphigus Vulgaris mostly in textbooks and lectures. In medical school, it was just another disease with definitions, histopathology, and treatment protocols. I had never truly seen what it could do to a person.

That changed during my residency.

The first patient I saw with pemphigus vulgaris lay silently on the bed, their skin raw and fragile, as if even the air could hurt them. The smell of antiseptics filled the ward. Every dressing change was painful to watch. A simple touch caused skin to peel away. I remember standing there helpless, realizing how something as ordinary as skin — something we never think about — can become the difference between comfort and suffering.

Over the following months, I saw many more such patients. Some arrived covered in erosions, unable to eat because of oral ulcers. Some cried during dressing changes, while their family members patiently spent hours cleaning wounds, applying medications, and turning them carefully to avoid pain. I saw exhausted mothers, devoted husbands, and anxious children learning how to dress wounds with remarkable tenderness.

And then there were the recoveries.

I still remember the smiles of patients who returned weeks later with healed skin and renewed confidence. The joy in their faces after being able to sleep without pain, eat properly, or simply wear normal clothes again felt deeply rewarding. Their gratitude toward doctors and nurses was overwhelming, even though they were the ones fighting the real battle every single day. But not every story ended that way.

I also witnessed patients abandoned by relatives who could no longer handle the emotional, physical, or financial burden. Some patients stayed alone in hospital beds with nobody visiting them. I saw infections, complications, and deaths that felt unfair and heavy. Those moments stayed with me longer than I expected.

These experiences changed the way I look at skin. Before residency, skin was anatomy, physiology, and pathology. Now, it feels like protection, dignity, and comfort — something quietly shielding us every moment of our lives. Watching patients lose that protection made me deeply appreciative of my own skin and the unnoticed privilege of living without pain each day.



DR AMITH A C
PGT1, GMCH

THE SKIN WE SHARE

Humanity is a strange skin to live in.

We are born inside small rooms. A mother's voice. A father's tired hands. The language that first wraps around us like gauze. The flag folded carefully in school assemblies. The family photograph kept in a drawer that smells faintly of camphor and old paper. We believe, at first, that these are the borders of the world.

But the world is larger than the room.

It is the child coughing in a city whose name we cannot pronounce. It is the coral reef whitening under a hot and indifferent sun. It is the refugee carrying her country in a plastic bag. It is the patient with melanoma, a dark and growing constellation on the skin, waiting for someone to notice before it sinks deeper, beyond the epidermis, into places where healing becomes difficult.

To be human is to recognize that all of this belongs to us.

There are moments when no one is watching. No applause. No certificate. No loving hand on the shoulder. Only the quiet decision between convenience and conscience. In those moments, character is revealed as plainly as psoriasis under a dermatoscope. What appears silver and superficial to the eye is, in truth, a deeper inflammation.

The right thing often feels like loneliness.

It may ask us to leave home before dawn. To miss birthdays. To forget, for a while, the language in which our mother says she misses us. It may ask us to look beyond our tribe, our religion, and to think of ourselves not as citizens of one place, but as keratinocytes in the same living epidermis, each cell small, each cell replaceable, yet together forming the barrier that protects all life beneath.

This is not betrayal.

It is a larger kind of love.

A dermatologist knows that a wound sometimes must be debrided before it can heal. Dead tissue is removed not because it is hated, but because life deserves a better chance. So too, we may need to loosen our grip on the identities we cherish most when they prevent us from seeing the suffering of others.

Our families may think we are absent. They may call us selfish, cold, ungrateful. And perhaps, on certain blue evenings, we will believe them. We will sit alone with our coffee gone bitter and wonder whether duty is merely another word for abandonment.

But if our work makes the air cleaner, the science kinder, the nations less cruel, then we are building a safer world for the very people whose dinners we missed.

One day our children, or the children we will never meet, will walk through a world with fewer scars.

And if they ask what love looks like, tell them this:
It is the hand that keeps working in the dark.

It is the person who chooses the right thing, even when nobody is watching.

It is humanity shedding its narrow skin and becoming, at last, whole.



DR ANIKET GOSWAMI
PGT3, NEIGRIHMS



THE DERMATOLOGIST- PATIENT RELATIONSHIP IN CHRONIC SKIN DISEASE



A Story of Trust, Healing, and Human Connection

The waiting area of the dermatology clinic was unusually quiet that afternoon. Among the patients sitting patiently with prescriptions and reports in their hands was a young woman named Ananya. She adjusted the scarf around her face repeatedly, trying to hide the patches of psoriasis that had slowly spread across her skin over the past three years.

For Ananya, the disease was more than just red scaly plaques. It had silently affected her confidence, her social life, and even the way she looked at herself in the mirror. She had stopped attending family gatherings, avoided photographs, and constantly feared being judged by others.

When her name was finally called, she entered the consultation room hesitantly.

Dr. Meera, the dermatologist, greeted her with a warm smile.

“Tell me what has been troubling you,” she said gently.

At first, Ananya spoke only about the itching and flare-ups. But as the consultation continued, her voice began to tremble. Slowly, she started sharing everything she had kept hidden for years — the embarrassment, the anxiety, the sleepless nights, and the emotional exhaustion of living with a chronic skin disease.

Dr. Meera listened quietly without interruption.

That moment changed something for Ananya.

For the first time, she felt that someone was treating not just her disease, but also her pain.

Chronic dermatological diseases such as psoriasis, eczema, vitiligo, acne, rosacea, hidradenitis suppurativa, and autoimmune skin disorders often continue for years, sometimes for a lifetime. Unlike short-term illnesses that disappear with a few days of treatment, these conditions fluctuate with periods of improvement and relapse.

Patients frequently experience recurrent flare-ups, long treatment durations, social stigma, anxiety, depression, financial burden, and frustration due to incomplete cure. Because these diseases are visible to the world, many patients silently carry emotional wounds far deeper than the lesions seen on the skin.

“Skin diseases may appear on the body, but their deepest scars are often carried in the mind.”

Over the following months, Ananya continued visiting the clinic regularly. Sometimes she arrived hopeful after improvement, and sometimes disappointed after sudden flare-ups. Yet during every visit, Dr. Meera patiently explained the disease, adjusted medications, encouraged lifestyle modifications, and most importantly, reassured her that setbacks were part of the journey.

Gradually, trust developed.

The dermatologist was no longer just a doctor writing prescriptions. She became a guide through uncertainty, a source of emotional strength, and a reminder that healing was still possible.

Repeated consultations create familiarity and comfort. Patients often become emotionally vulnerable during discussions about appearance, confidence, relationships, and social struggles. An empathetic dermatologist who listens without judgment can significantly improve not only treatment adherence but also psychological well-being.

“Patients may forget the prescription, but they rarely forget compassion.”

Communication plays a powerful role in this relationship. A dermatologist who explains the disease clearly, discusses realistic expectations, and actively listens to the patient builds a stronger therapeutic alliance. In chronic conditions where complete cure may not always be possible, reassurance and emotional support become as important as medications themselves.

However, the journey is not always easy. There are moments of frustration when treatments fail, when symptoms return unexpectedly, or when patients lose hope. Dermatologists themselves may experience emotional fatigue from managing long-term illnesses and witnessing repeated suffering.

Yet empathy continues to remain one of the strongest forms of therapy.

A small gesture — remembering a patient’s struggles, encouraging improvement, or simply listening attentively — can restore confidence in someone battling chronic disease.

Months later, Ananya returned to the clinic once again. Her skin had improved, but more importantly, so had her confidence. She smiled more freely now.

As she prepared to leave, she paused near the door and said softly, “Thank you, doctor... not just for treating my skin, but for helping me feel like myself again.”

Dr. Meera smiled.

Because in dermatology, healing is not always measured only by clearer skin. Sometimes, it is measured by restored confidence, emotional resilience, and the trust built between two human beings over time.

“The good physician treats the disease; the great physician treats the patient who has the disease.” – William Osler

“Healing begins where compassion meets science.”



DR RESHMI RANI MUCHAHARY
PGT1, SMCH



DARJEELING - A HOME IN THE MOUNTAINS

Nestled in the lap of the Himalayas, Darjeeling is often called “the Queen of the Hills.” Surrounded by misty mountains, lush green tea gardens, and tall pine trees, Darjeeling feels like a peaceful home in the mountains.

Living far away from Darjeeling has made me realize how deeply a place can become a part of one’s heart. No matter where I go, I always find myself missing my home in the mountains. Waking up to the cool morning breeze, the sight of clouds floating past the hills, and the peaceful silence that only Darjeeling can offer.

The busy city life now feels very different from the calm and comforting rhythm of my hometown. Nothing can beat the beautiful view of Kanchenjunga glowing in the early morning sunlight. Back home, those mountains stood like silent guardians watching over us every day. Here, surrounded by noise and concrete buildings, I miss the fresh mountain air and the greenery that once felt so ordinary to me.

I miss the sound of the famous Darjeeling Himalayan Railway slowly passing through the hills, the crowded little markets, and the comforting smell of freshly made tea on cold evenings. Even the simple walks through narrow roads lined with pine trees now feel like precious memories.

More than the place itself, I miss the feeling of belonging. The warmth of neighbours, familiar faces, and the peaceful lifestyle of Darjeeling are difficult to replace. Whenever life becomes stressful, my mind travels back to those misty hills and quiet sunsets.

Though I may be far from home today, Darjeeling will always remain close to my heart. It is not just the place where I grew up; it is the place that shaped my memories, my emotions, and my sense of peace. For me, Darjeeling will forever be a home in the mountains.



DR YESHAY CHODEN SHERPA
PGT1, SMCH



THE HABIT OF STAYING STRONG FOR STRANGERS

Some professions demand intelligence. Some demand discipline. But very few demand emotional endurance in the way medicine does. Doctors are expected to remain calm in situations where most people would panic. They enter rooms carrying fear, uncertainty, grief, and desperation — yet are expected to speak with reassurance even when outcomes are unclear. Over time, this repeated act of emotional control becomes less of a requirement and more of a habit. Perhaps that is one of the strangest parts of being a doctor: learning how to stay strong for strangers while quietly neglecting one's own exhaustion. A patient may remember a doctor as composed and confident during a difficult moment, never realizing that the same person had been awake for countless hours, carrying stress from previous patients, personal struggles, and the constant pressure of responsibility. Medicine trains individuals to function despite fatigue because illness does not pause for emotional recovery. With time, many doctors become experts at compartmentalization. They learn how to suppress emotion temporarily in order to make decisions clearly. This ability saves lives, but it can also create emotional distance from one's own feelings. Grief becomes delayed. Stress becomes normalized. Burnout hides itself behind professionalism. Yet strength in medicine is rarely dramatic. It is not always heroic surgeries or extraordinary discoveries. Sometimes strength is much quieter — returning for another shift after an emotionally difficult day, offering kindness despite exhaustion, or maintaining patience with frightened patients even when one's own energy is depleted. There is also something deeply human about the bond between doctors and strangers. Patients place enormous trust in individuals they may have met only minutes earlier. They reveal fears, vulnerabilities, and hopes with surprising honesty. In return, doctors often carry fragments of these stories long after encounters end. Certain faces, conversations, and losses remain in memory for years. The habit of staying strong for strangers may appear admirable from the outside, but it also raises an important question: who allows doctors to be vulnerable? In recent years, conversations about physician mental health have become increasingly important because doctors are human beings before they are professionals. They experience anxiety, grief, self-doubt, and emotional fatigue like everyone else. A profession built around caring for others must also learn how to care for its own people. Still, despite the pressure, many doctors continue showing up each day with remarkable resilience. Not because they are emotionless, but because they understand that even small acts of reassurance can profoundly affect another human life. And perhaps that quiet persistence — the decision to continue offering strength to strangers despite personal exhaustion — is one of the most extraordinary forms of humanity.



DR VIOLINA KUMAR
PGT1, JMCH



THE MEMORY BURDEN DOCTORS CARRY

One of the least discussed parts of medicine is memory.

Not academic memory — doctors are expected to memorize anatomy, drugs, pathways, investigations, and endless protocols. That kind of memory is visible, measurable, and examined. The heavier burden is something else entirely: emotional memory.

Hospitals are places where strangers briefly enter each other's lives during moments of extreme vulnerability. A patient may forget the exact treatment they received years later, but they often remember the doctor who spoke gently before surgery, the reassuring hand during panic, or the ace that delivered difficult news. Doctors, too, remember more than society realizes.

Certain patients never fully leave.

A child who smiled despite severe illness.

A relative waiting outside an ICU with silent hope.

A patient who improved unexpectedly after everyone had prepared for the worst. Or sometimes, the opposite — the unsettling memory of losing someone despite doing everything correctly.

These moments remain stored quietly in the minds of healthcare workers long after duty hours end.

Medicine teaches doctors how to continue functioning after emotionally difficult experiences because the next patient still needs care. Unlike many professions, hospitals do not pause to allow emotional processing. Grief is often compressed into brief silences between ward rounds, paperwork, and emergency calls. Over time, many doctors become skilled at carrying emotional weight invisibly.

This invisible accumulation changes people gradually.

Some doctors become quieter.

Some develop unusually dark humor as a coping mechanism.

Some learn emotional distance to protect themselves from repeated heartbreak.

Others become unexpectedly soft outside the hospital because constant exposure to suffering deepens their appreciation for ordinary life.

The public often imagines medicine as a profession built entirely on science, but hospitals are equally shaped by human emotion. Fear, hope, denial, guilt, relief, and grief move through corridors as constantly as patients do. Doctors stand at the center of these emotions daily while still being expected to think rationally under pressure.

Perhaps this is why even experienced doctors occasionally remember small details from years earlier — a patient's final sentence, a thankful family member, or the unusual silence after an unsuccessful resuscitation. The mind does not easily discard emotionally charged moments, especially when human life is involved.

Yet despite carrying these memories, doctors continue returning to work each day. That persistence is extraordinary in ways society rarely acknowledges. Healing others while carrying unresolved emotional experiences of one's own requires a rare form of resilience.

Maybe the true weight of medicine is not only responsibility for human life, but also the lifelong collection of human stories attached to it.

And perhaps that is what transforms medicine from merely a profession into something far more deeply human.



DR PRIYA GUPTA
PGT1, JMCH



THE SKIN WE LIVE IN

We often say that the skin is the largest organ of the body.
Technically true. Emotionally incomplete.

Skin is more than anatomy wrapped around muscle and bone. It is memory. It blushes in embarrassment, pales in fear, glows in love, wrinkles with time, and silently carries stories no biopsy can fully explain.

A teenager hides acne beneath filters and lowered eyes.

A woman with vitiligo learns that society fears difference more than disease.

A laborer ignores an evolving mole because survival feels more urgent than suspicion.

A child scratches through the night while eczema steals sleep from the entire family.

In dermatology, we do not merely treat lesions. We witness lives unfolding at the surface.

Perhaps that is what makes this specialty uniquely human. A cardiologist listens to murmurs hidden within the chest; a dermatologist reads the visible poetry of suffering and healing. Every rash has a geography. Every scar has a timeline. Every patient carries an unspoken question:

“Will I look like myself again?”

Modern dermatology today stands at a fascinating crossroads. Artificial intelligence maps melanomas with astonishing precision. Biologics calm storms once thought untreatable. Lasers reshape scars, pigments, and confidence alike. Yet despite all technological brilliance, the most powerful therapeutic tool often remains surprisingly simple — empathy.

Because sometimes, patients do not remember the prescription.

They remember that someone finally looked at them without judgment.

Skin is our first introduction to the world and often the last thing we learn to accept about ourselves. Between those two moments lies an entire lifetime of mirrors, insecurities, resilience, and recovery.

And perhaps that is why dermatology is not merely about skin disease.

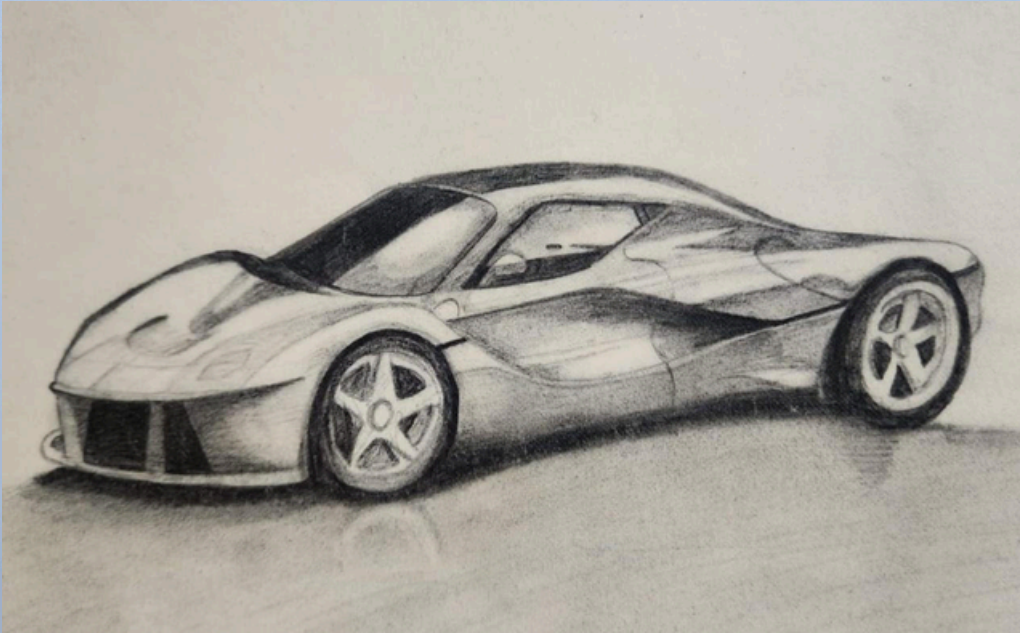
It is about the skin we live in.



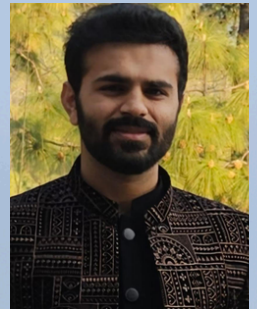
DR OVIYA S A
PGT2, JMCH



OFF DUTY



CANVAS CORNER



DR KARAN GARG
PGT1 GMCH



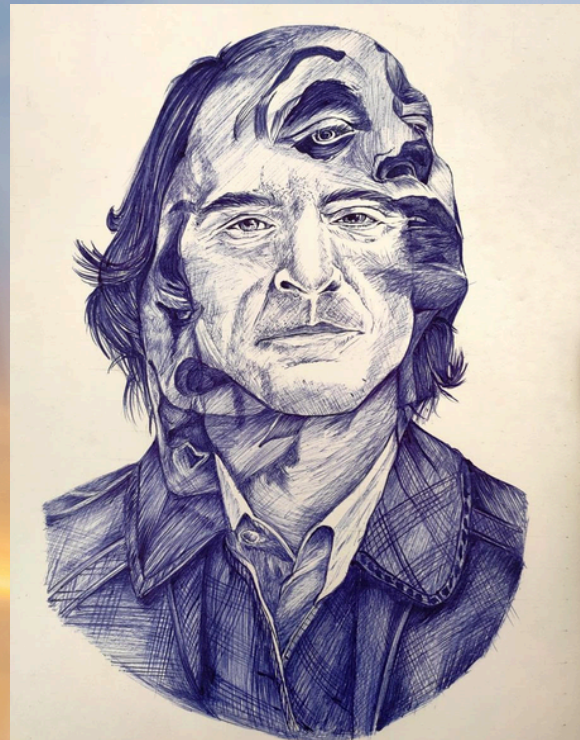
DR ANANYA KHAN
PGT2, NEIGRIHMS



DR ASHASHREE PHUKAN
PGT1, NEIGRIHMS



**WHEN YOU ARE SCARED JUST KEEP GOING
- SPIRITED AWAY**



**SMILE BECAUSE IT CONFUSES PEOPLE
- JOCKER**



**DR SAGARIKA GOGOI,
PGT-1, AMCH**



**DR BHARATI PHUKAN
PGT1, GMCH**

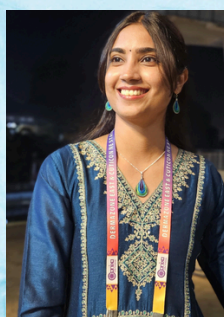


DR ARIJIT DAS
PGT2, SMCH

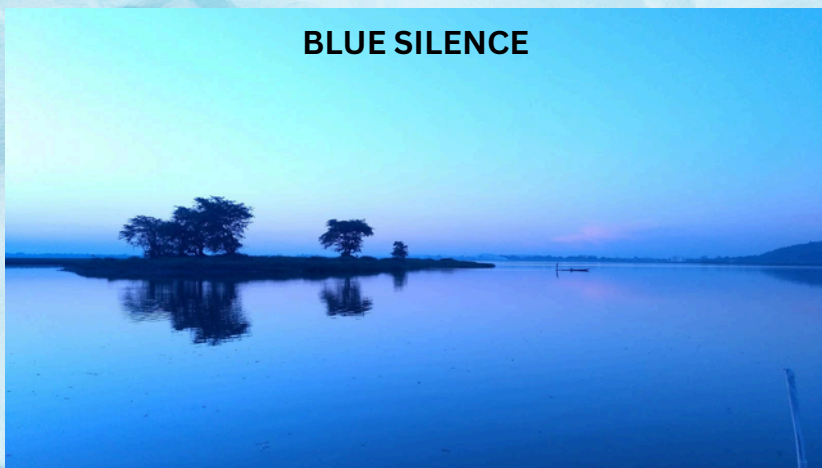
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BLUE SILENCE

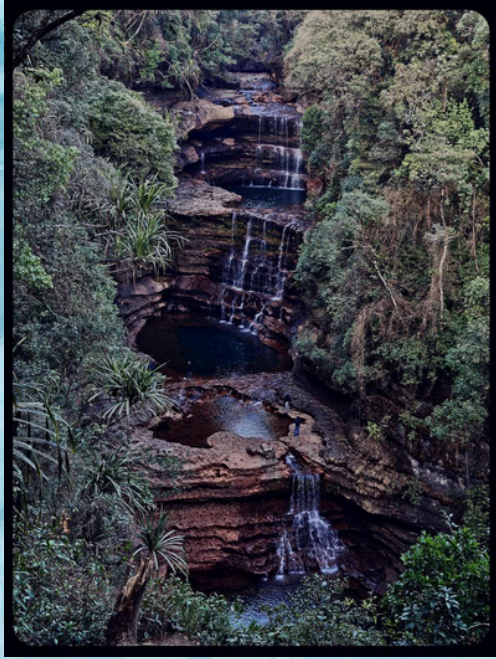


DR PRIYA GUPTA
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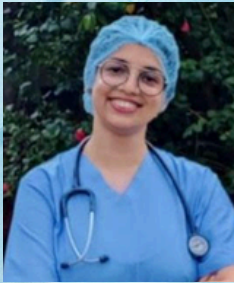


DR RAHUL NATH
PGT1, GMCH

THE STAIRWAY OF NATURE



**HEALTHY SKIN IS LIKE SPRING
-CALM AND QUIETLY BEAUTIFUL**



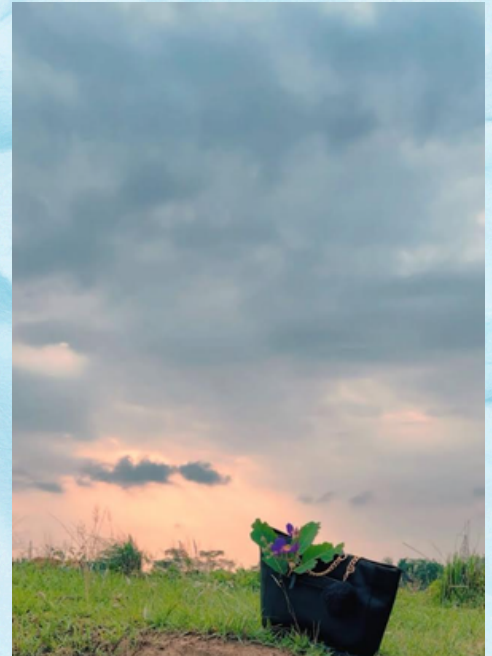
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DR ATISHAY GANGWAL
PGT1, GMCH



DR MONISH BORGOHAIN
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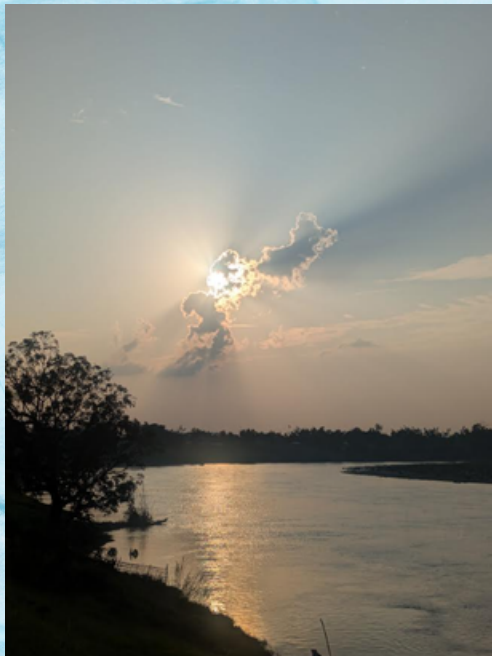
DR MAHITHA T
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DR VIOLINA KUMAR
PGT1, JMCH



DR MONIDIPA PEGU
PGT2, SMCH



DR SANCHITA KUNDU
PGT1, SMCH

POST GRADUATE TRAINEES UNDER NEIADVL

ASSAM MEDICAL COLLEGE AND HOSPITAL



DR ANINDITA BARUAH
3RD YEAR PGT



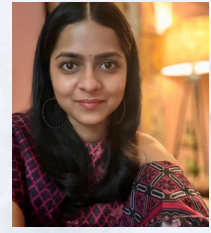
DR SAUMYA JHA
3RD YEAR PGT



DR TASNIM FATEMA
3RD YEAR PGT



DR PUSHPITA CHOUDHURY
2ND YEAR PGT



DR AAKANKSHA
2ND YEAR PGT



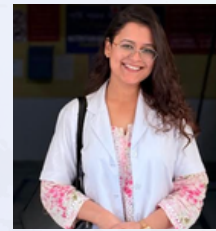
DR RAHUL BARMAN
2ND YEAR PGT



DR SAGARIKA DAS
1ST YEAR PGT



DR MAHITHA T
1ST YEAR PGT



DR MENKA DEVI
1ST YEAR PGT

JORHAT MEDICAL COLLEGE AND HOSPITAL



DR MOON DAS
3RD YEAR PGT



DR SATYENDER SINGH
3RD YEAR PGT



DR GITARTHA BORUAH
3RD YEAR PGT



DR OVIYA S A
2ND YEAR PGT



DR MONISH BORGHAIN
2ND YEAR PGT



DR SANCHI MEHTA
2ND YEAR PGT



DR PRIYA GUPTA
1ST YEAR PGT



DR JITENDRA PATIDAR
1ST YEAR PGT



DR VIOLINA KUMAR
1ST YEAR PGT

POST GRADUATE TRAINEES UNDER NEIADVL

GAUHATI MEDICAL COLLEGE AND HOSPITAL



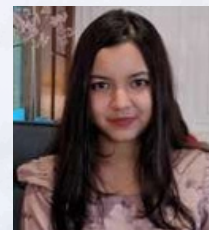
DR AYUSHI LOHIA
3RD YEAR PGT



DR GAURAV R
3RD YEAR PGT



DR INDRANI DAS
3RD YEAR PGT



DR KRISTINA KASHYAP
3RD YEAR PGT



DR RISWANA SHERIN
3RD YEAR PGT



DR ANKUR BISWAS
2ND YEAR PGT



DR NATASHA BHATTACHARJEE
2ND YEAR PGT



DR ANUSHIKA JAIN
2ND YEAR PGT



DR BIDISHA BARMAN
2ND YEAR PGT



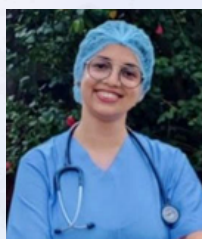
DR KARNIKA VIVEK M
2ND YEAR PGT



DR MANJARI CHAKRAVARTY
2ND YEAR PGT



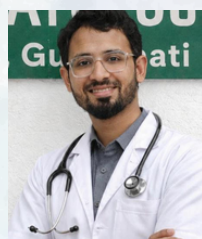
DR BHARATI PHUKAN
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DR SAJIDA RAIHAN CHOUDHURY
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DR KARAN GARG
1ST YEAR PGT



DR ATISHAY GANGWAL
1ST YEAR PGT



DR AMITH A C
1ST YEAR PGT



DR RAHUL NATH
1ST YEAR PGT

POST GRADUATE TRAINEES UNDER NEIADVL

SILCHAR MEDICAL COLLEGE AND HOSPITAL



DR ANSHU KAFLE
3RD YEAR PGT



DR NABIN PEGU
3RD YEAR PGT



DR HOSNI PASIL R
3RD YEAR PGT



DR KAUSTAV SARKAR
3RD YEAR PGT



DR ARIJIT DAS
2ND YEAR PGT



DR NASHIDA P
2ND YEAR PGT



DR MONIDIPA PEGU
2ND YEAR PGT



DR POULAMI KARMAKAR
2ND YEAR PGT



DR YESHAY CHODEN SHERPA
1ST YEAR PGT



DR THOTAMALLA YOGITHA
1ST YEAR PGT



DR RESHMI RANI MUCHAHARY
1ST YEAR PGT



DR SANCHITA KUNDU
1ST YEAR PGT

NORTH EASTERN INDIRA GANDHI REGIONAL INSTITUTE OF HEALTH AND MEDICAL SCIENCE



DR ANIKET GOSWAMI
3RD YEAR PGT



DR SAQIB RAZA H K
3RD YEAR PGT



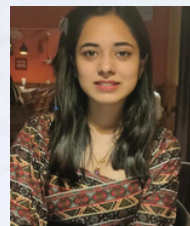
DR ANANYA KHAN
2ND YEAR PGT



DR ABHINAV TIWARI
2ND YEAR PGT



DR DAYITA P. SWAMI
1ST YEAR PGT



DR ASHASHREE PHUKAN
1ST YEAR PGT



In dryness associated with

ACNE TREATMENT

OLESOFT
lite

Adding Smiles

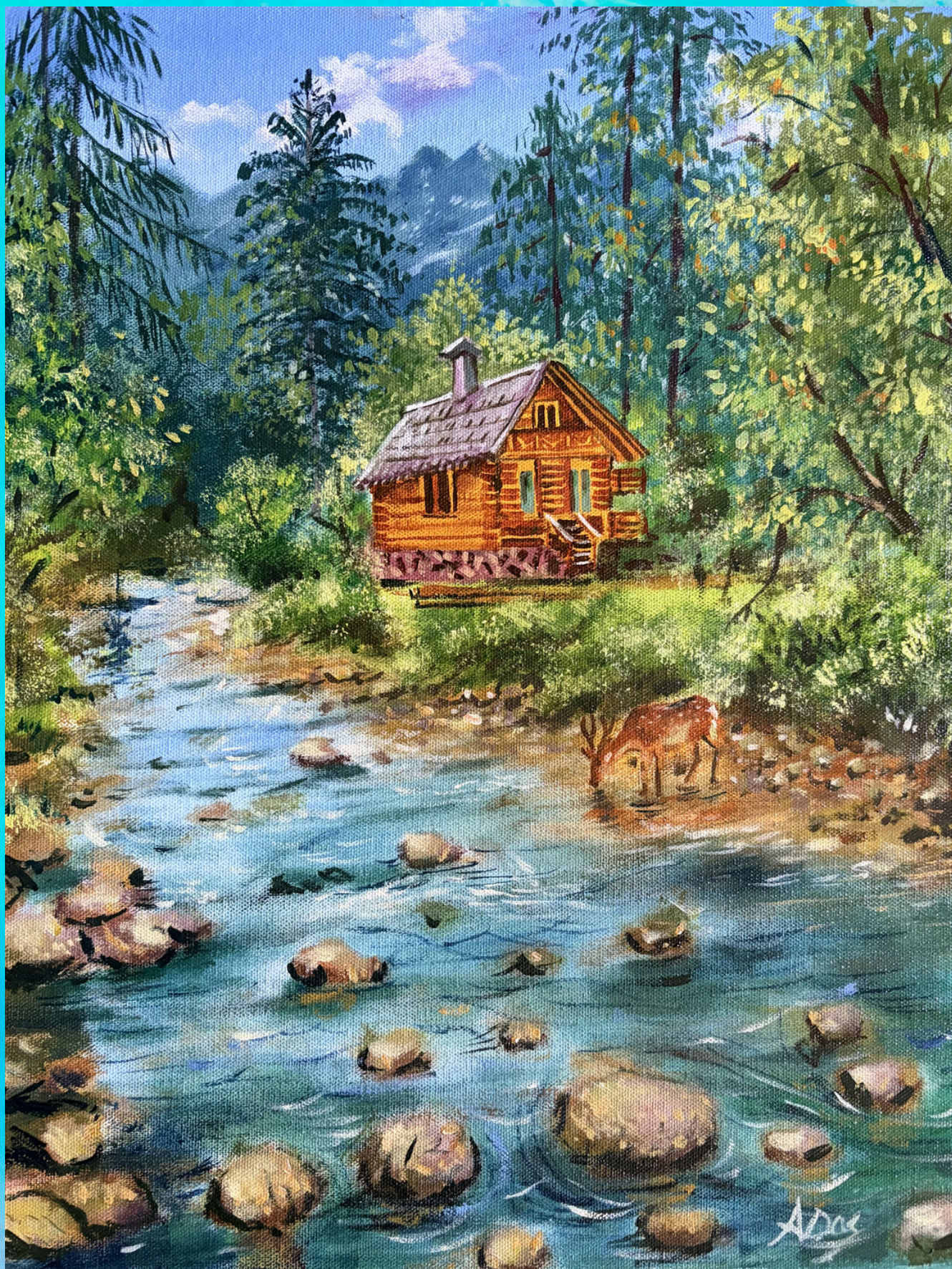
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India's ^{1st} Liposomal Serum¹

KOJIGLO[®] SERUM

Liposomal Azelaic acid 10% & 4-butylresorcinol 0.5%, Tranexamic acid 3%, Alpha arbutin 2%, Niacinamide 5% and hyaluronic acid 0.3%





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ART OF THIS LAST PAGE: DR ARIJIT DAS