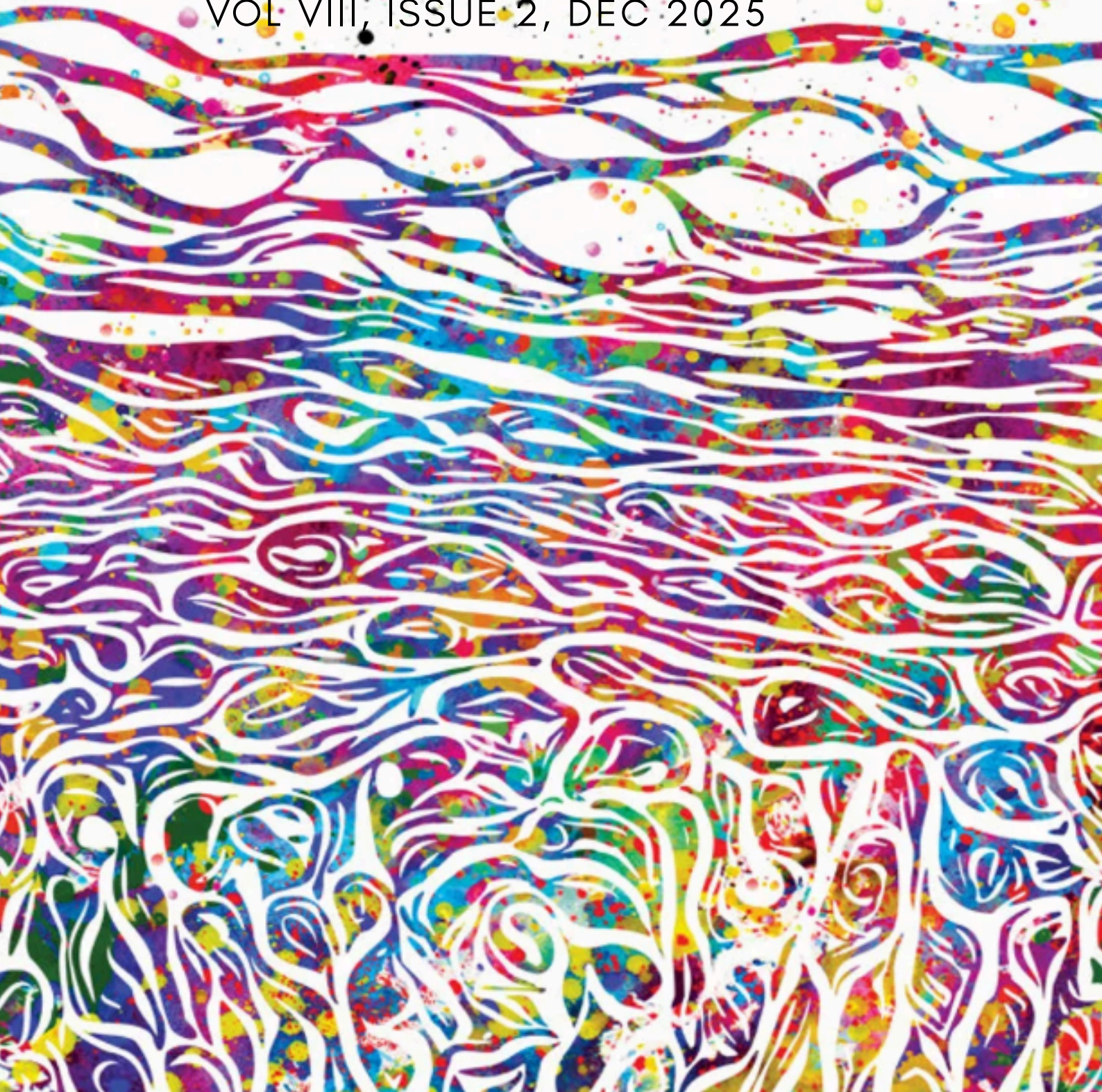


yuvaderma



VOL VIII, ISSUE 2, DEC 2025



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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VOL VIII, ISSUE 2, DEC 2025



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 Indrani Das, Dr. Tasnim Fatima, Dr. Gitartha Boruah, Dr. Kaustav Sarkar, and Dr. Ananya Khan 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 NEIADV, and Dr. Gautam Mazumder, Secretary of NEIADV, 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. Neirita Hazarika, HOD, Department of Dermatology, AIIMS, Guwahati. We extend our deepest gratitude to her for graciously accommodating us in her demanding schedule, allowing us to present her 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 2025

Message from PRESIDENT, NE IADVL



Dr. Shyamanta Barua
President, NEIADVL

Dear NEIADVL YUVA Members,

It gives me great pleasure to address you – our vibrant community of young dermatologists and trainees – through this edition of the YUVADERMA North East Newsletter.

My congratulations to the editor – Dr. Abinaya S – for curating yet another delightful issue replete with interesting articles and evocative artwork that showcase the talent, enthusiasm and zeal of our emerging dermatologists.

Dermatology today stands at an exciting crossroad – where science, technology, and compassionate patient care intersect more closely than ever before. As you navigate your training years, you are part of a generation shaping the future of this dynamic speciality.

The postgraduate journey can be demanding, yet it offers immense opportunities for growth, discovery, and innovation. From mastering clinical diagnosis to embracing advances in the various subspecialties and sharpening your insights in clinical research, each experience equips you to serve patients with confidence and compassion.

Our association remains committed to supporting your professional development through academic programs, workshops, mentorship initiatives, and research collaborations. Engage actively, share ideas, ask questions, and contribute to the academic discourse. Together, we can ensure that dermatology in our region continues to grow as a speciality anchored in excellence, innovation, and empathy.

Warm regards

A handwritten signature in black ink, appearing to be 'S. Barua'.

Message from SECRETARY, NE IADVL

Dear NEIADVL YUVA Colleagues,

Greetings from EC NEIADVL & the organizing committee of DERMAZONE EAST & CUTICON NE STATES 2025!

It gives me immense pleasure to unveil the Yuvaderma 2nd edition of 2025, a vibrant platform showcasing the creative talents of our budding dermatologists during this DERMAZONE EAST & CUTICON NE States 2025, scheduled on 11th, 12th & 13th of December 2025 at Agartala International Fair Ground, Hapania, Tripura.

Through art, culture, and sports, this Yuva newsletter highlights the diverse passions and skills of our multifaceted young colleagues of this region.

I congratulate the contributors for their creativity and enthusiasm. Yuvaderma embodies the spirit of innovation and excellence that defines our community.

Also, I must congratulate Dr Abinaya S, the editor & her entire team of editorial board for their passion, unwavering dedication & commitment towards making this Yuvaderma.

Happy reading!



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,



Dr. Rahul Nayak

Convener,

IADVL National Resident Committee 2025

Message from ADVISOR, NE IADVL

Dearest readers, as the news reaches the release of the 2nd issue of the 8th 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 Indrani Das, Dr. Tasnim Fatima, Dr. Gitartha Boruah, Dr. Kaustav Sarkar, and Dr. Ananya Khan, 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,



Dr. Manashi Das

Advisor,

NE Yuvaderma 2025



The Trailblazer

Dr. Neirita Hazarika is a distinguished clinician and a leading figure in dermatology. Currently, she is the Head of the Dermatology Department at AIIMS, Guwahati. Rather than a traditional Q&A session, Dr. Indrani Das and Dr. Bidisha Barman, Junior Residents at Gauhati Medical College and Hospital, take a walk with her to delve into her thoughts and experiences. In this candid interview, Dr. Hazarika shares her passion for dermatology, life stories, and heartfelt advice for aspiring dermatologists. Let the trailblazer in dermatology tell her tale.

Q: Ma'am, what drew you to dermatology?

Ans: Interestingly, dermatology wasn't love at first sight for me. I actually had my heart set on critical care in the beginning. But during my internship, I had a short 7-day dermatology posting that changed everything. I watched my professors look at a skin lesion—just look at it—and arrive at a diagnosis without a single investigation. They noticed subtleties I could not even see.

I still remember one moment vividly of my teacher (Padmaja ma'am) confidently declared that a patient had cutaneous tuberculosis. No biopsy, no microbiology, nothing. I was stunned. That ability to diagnose with nothing but a trained eye felt like equal parts art and magic. And I realised I wanted to learn that magic.

After that, I chose dermatology again for my elective, and the fascination only grew. Dermatology may have more diagnostic tools now—dermoscopes, advanced dermatopathology—but back then, our professors made brilliant calls armed with nothing more than a handheld magnifying glass and decades of visual wisdom.

I've done my entire journey—UG, internship, and PG—at Gauhati Medical College and Hospital, and it was there that dermatology went from a subject I hadn't considered to the specialty that completely captured me. Among many people who played a pivotal role in my life—I would like to mention Dr. Jogesh Das Sir, Dr. Jyoti Nath Ma'am (my guide), Dr. Debeeka Hazarika Ma'am, Dr. Pankaj Adhicari Sir and Dr. Padmaja Saikia Ma'am were my teachers who laid the foundation of Dermatology in me. Also Dr. Barnali Ray Baruah (then Registrar) introduced me to Dermatopathology. Later I did my IADVL fellowship under Prof DM Thapa Sir in JIPMER, Pondicherry which was a great learning experience. Years later, I have had the chance to learn a lot from Prof VK Sharma Sir, AIIMS Delhi and Prof Sanjeev Handa Sir, PGI Chandigarh who helped me setting up Department of Dermatology at AIIMS Rishikesh and till now guides me in every possible way.

Q: Looking back at your post graduation days, is there a moment or memory that still stands out to you?

Ans: Honestly, what stands out the most from my post-graduation days isn't a single moment, but the wonderful collective experience we had. Because of some restructuring between batches, eight of us ended up doing our post-graduation together—and it turned out to be the best thing. We were a lively, tightly knit group, and we shared everything: the work, the stress, the discoveries, and plenty of laughter in between.

We also had exceptional seniors. They didn't just teach us; they challenged us. They would often say, "Read this and then come teach me," which created a culture of openness and mutual learning. That dynamic—where we learned from them and they were willing to learn from us—made the environment incredibly enriching.

There were countless moments when we struggled to diagnose a tricky case, and equally many when we finally cracked one after hours of discussion. I can't pinpoint a single "defining" moment, but I do remember the feeling: we were always learning, always thinking together, and always growing.

If anything defines my PG days, it's the sense of camaraderie, curiosity, and constant learning. Those years were truly some of the best of my life.

Q: Over the years, ma'am, you must have seen countless patients. Is there a particular experience that has stayed with you throughout your career?

Ans: I truly believe that every patient teaches you something. Each encounter adds a new layer to your understanding. Whenever you manage to save a critically ill patient, it becomes a defining moment—you realise what you may have missed earlier, and you promise yourself that with the next patient, you will look even more carefully. Handling very sick patients constantly reminds you that learning in medicine never really ends. The day you think you know everything is the day you stop growing.

Even in conditions that seem straightforward—like psoriasis—no two patients are ever the same. The disease may be easy to diagnose, but how each patient responds to treatment, how their body behaves, how their life circumstances shape their illness, all of that is unique. Every patient is both a challenge and, in many ways, a teacher.

If I think of a memory that has truly stayed with me, it is unfortunately a painful one. There was a young boy with fulminant pemphigus vulgaris during my time at my previous institute (AIIMS Rishikesh). We treated him intensively for almost four months. We gave him everything that could be offered—high-dose steroids, IVIG, all possible therapies available in India at that time. We even referred him to AIIMS, Delhi, where they continued the best possible care. But despite everyone's efforts, we could not save him. His name was Prince, and I still remember him very vividly.

That experience stays with me—not as a failure, but as a reminder of the limitations we sometimes face and the hope that better treatments will continue to emerge. Success stories are many, thankfully, but the patients we lose remain etched in our memories.

By God's grace, throughout my career I have had to sign very few death certificates—very few even during my PG years. But those rare losses leave a deep, lasting impact, shaping the doctor you become and reminding you of the responsibility you carry every day.

Q: Balancing a medical career and family life is no small feat. Ma'am, how did you navigate that journey, especially as a woman?

Ans: To be honest, the two things that truly carry you forward—irrespective of gender—are time management and emotional intelligence. I tell this to the younger generation all the time. Everyone has knowledge, and with age comes wisdom, but without time management, none of it translates into a meaningful, balanced life.

For women in India, especially, the expectations are even greater. You are not only a doctor; you are expected to run the household as well. And that becomes overwhelming unless you learn how to manage your time strategically and handle people with emotional maturity.

Emotional intelligence is crucial—being able to work with different kinds of people, even those who are difficult. That is a skill in itself. I have worked in South India, North India, and with colleagues from very diverse backgrounds, and every place teaches you something about how to adapt, collaborate, and stay steady.

Beyond work, you must also nurture the other parts of your life—good friends, meaningful hobbies, small joys. They keep you grounded.

If you can manage your time well, everything else falls into place. If you can't, even the greatest knowledge becomes difficult to use effectively. And remember, no workplace is perfect. You may think the next institution will be better, but everywhere you will find a new set of challenges and personalities. You cannot run away from colleagues—you have to learn to work with them.

So for me, the essentials are these:

- Manage your time.
- Learn to work with people, no matter how different they are.
- Keep improving—just 1% better than yesterday.

At the end of the day, your only real competitor is you—no one else.

Q: Ma'am, since you have worked in so many different places, each one must have taught you something new. How did you manage to adapt to every situation?

Ans: Residency—and really, the entire medical journey—demands a tremendous amount of resilience. One important thing life has taught me is that you cannot hold on too tightly to fixed timelines or rigid plans. Life rarely gives you what you

want when you want it, or how you want it. You will get what is meant for you, but often in the most unexpected ways.

After my MD, all I wanted was to return to Assam. I used to feel genuinely low because I could not come back. And then, life took its own course—I stayed away for sixteen years. Ironically, by the time I had finally settled into that life and no longer felt the urge to return, the opportunity came. And I found myself back in Assam, at exactly the moment when it aligned perfectly. It is almost as if the universe grants your wishes—but according to its own timing, not yours.

So adapting, for me, has been about emotional resilience and the ability to accept life as it unfolds. When you resist circumstances—when you keep asking “Why me? Why now?”—you make the situation harder for yourself. But if you are already in a situation, it is far better to make the best of it rather than battle against it.

Someone once told me a simple but profound principle: every situation in life is 50% good and 50% bad. Your peace depends on which half you choose to focus on. And that mindset has helped me adapt wherever I’ve gone—South India, North India, or back home.

If you concentrate on the good 50%, you will always find a way not just to survive, but to grow.

Q: Finally, ma’am, what advice would you give to young dermatologists who aspire to be like you someday?

Ans: First of all, don’t aspire to be like me—aim to be better. I genuinely want the younger generation, especially those from the Northeast, to excel. We often work very hard, but we don’t always project our achievements or “blow our own trumpet,” as people say. But you should grow beyond that—let your work speak, but also don’t shy away from showcasing your capabilities.

The most important advice I can give is: never forget your basics.

Today, many young dermatologists are drawn towards aesthetics—and that’s absolutely fine. It is the direction the field is evolving in, and it is also what sustains a livelihood. But while doing so, never compromise your ethics. You might get away with unethical shortcuts for a few years, but eventually it all collapses. What protects you—clinically, legally, and morally—is your grounding in core dermatology.

A strong foundation in dermatology allows you to anticipate complications, manage adverse effects, and handle aesthetic procedures responsibly. If your basics are solid, you will succeed in any branch—medical dermatology, procedural dermatology, or aesthetics.

Also remember: word-of-mouth practice is real. If you practice ethical, high-quality dermatology, you will build a stable patient base over time—even if your initial setup is modest.

In today’s world, it is easy to feel pressured by social media, influencers, and colleagues who appear to be racing ahead. But social media success is often a

bubble. Ten or fifteen years down the line, all that will matter is how good you actually are. Life has a way of leveling the field.

For training, my strong advice is: First, do your MD sincerely—focus on learning, publishing, and understanding dermatology deeply. Second, after MD, do an SRship for at least a year—ideally three—in a good institute. MD gives you knowledge, but SRship gives you independent decision-making, procedural skills, judgment, and wisdom. Only after this foundation should you go for cosmetic training. Avoid short, one-week fellowships that offer little more than marketing gimmicks. They take your money but don't build competence. Choose longer, association-recognized fellowships that offer robust training and actual patient follow-up.

Remember, even the biggest names in aesthetics and dermatosurgery—those who inspire the country—are fundamentally grounded in core dermatology and ethics. That's what makes them exceptional.

Whether you choose academics or private practice, you can excel in both. Academics does not limit you; private practice does not disconnect you from learning—unless you stop learning. You can blend both worlds beautifully.

Also keep in mind that medicolegal issues are rising. In the coming years, unethical quick-fix setups will fade. Patients are smart. Only ethical, well-trained dermatologists will stand strong.



FOREVER IN OUR HEARTS



In loving memory of...

Joi Zubeen Da we say as we chant,
a prayer every Assamese heart continues to plant.

We call ourselves a generation Zubeen,
for among thousands who came and faded,
he remained, rooted in every heart.

Through songs, through screens,
through kindness, through greatness,
he carved worlds of his own
and walked into immortality.

Some smiled through his melodies,
some cried, some raged.

He captured emotions,
he held our unspoken feelings hostage
inside notes that never grow old.

His voice became our companion,
his music, an echo in every home.

From festivals to farewells,
from streets to stages,
his melodies stitched themselves
into the rhythm of our lives.

He taught us that art heals,
that a song can outlive time,
that a heart poured into music
never truly leaves.

So we chant once more Joi Zubeen Da
not as a slogan,
but as gratitude,
as memory,
as love that refuses to dim.

And long after seasons change,
long after years drift by,
his songs will rise again and again
a part of every celebration,
a part of every generation.



Dr. Rahul Barman
PGT 2, AMCH

Echoes of the Luit: The Artistic Legacy of Zubeen Garg

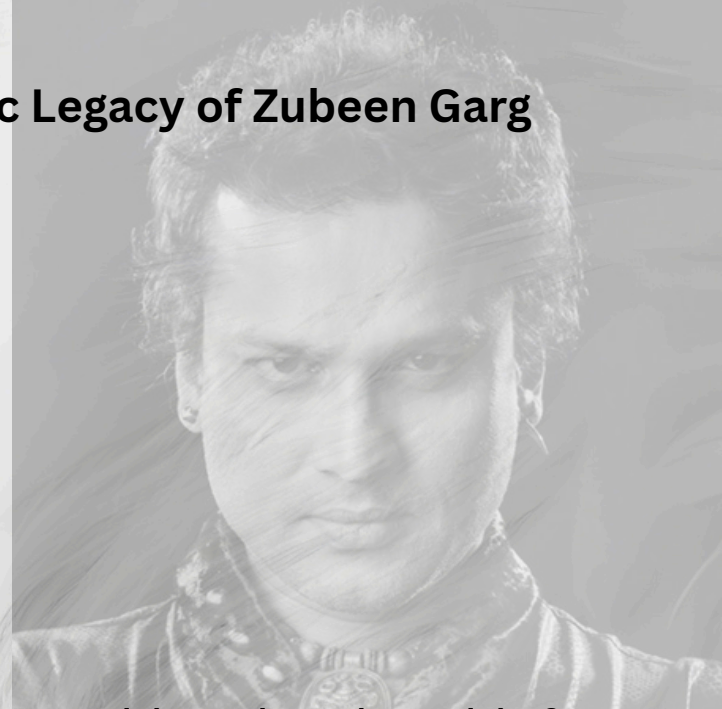
In the quiet dawn of Assam's rolling hills,
Where the Brahmaputra glides with ancient grace,
There emerged a voice both tender and fierce—
A voice destined to leave an unforgettable trace.
It rose not in haste, but with the steady confidence
Of someone who understood the weight of dreams,
Someone who knew that music, like the river,
Must carve its own path through life's extremes.

Zubeen Garg—an artist shaped by passion,
A seeker who tread uncharted ground.
In the language of melody and emotion,
He taught us that meaning can be found
In every whisper of a note,
In every echo of a distant drum,
In every story that the heart holds close,
Long after the day has grown silent and numb.

His songs carry the fragrance of the Northeast—
Of rain-washed streets and evergreen woods,
Of youthful hopes and restless thoughts,
Of joys unspoken, yet understood.
Whether the world knew him as a composer,
A singer, a poet, or a dreamer of art,
His truest identity has always been
The voice that speaks directly to the heart.

From the stirring devotion of Ya Ali
To the soulful calm of Assamese ballads,
From vibrant celebrations of culture
To verses woven with gentle sadness,
He traverses genres with effortless grace,
Unbound by any single form or style.
His music becomes a companion—
One that travels with us mile after mile.

For the youth, he stands as a reminder
That ambition must be worn like armor,
That perseverance is a quiet, steady flame
Guiding one through uncertainty and ardor.
He shows that success is not a destination
But a journey shaped by grit and choice,
And that even in moments of solitude,
Art continues to breathe through one's voice.



Beyond the applause, beyond the fame,
Zubeen remains a symbol of resilience—
A man who embraced every challenge
With unbroken artistic brilliance.
He carries Assam within his heart,
And in return, Assam carries him too.
Together they share a bond of heritage
That time itself cannot undo.

In his presence, we witness the rare truth
That creativity is both gift and responsibility—
A bridge that unites people and places,
A force that nurtures human dignity.
And as long as his melodies flow
Through radios, stages, and generations,
Zubeen Garg will continue to embody
The spirit of dreams, courage, and inspiration.

For in the vast symphony of Indian music,
His voice remains a shining part—
A timeless river of sound and soul,
Winding gently through every heart.



Dr. Gitartha Boruah
PGT 3, JMCH

Whispers of the Earth

Beneath the sky's unending dome,
Where winds and wandering rivers roam,
The forest hums a secret tune,
Of dawn's embrace and silver moon.

Each leaf, a page of time untold,
In veins of green, the sun turns gold.
The mountain breathes in clouds so high,
Its sigh becomes the evening sky.

The ocean speaks in restless dreams,
Its heart reflected in sunlit gleams.
The stars lean down, their light unfurled,
To kiss the edges of the world.

And I — a fleeting spark of clay —
Stand hushed, as worlds within me sway.
For in her calm, I see my birth,
And know I'm woven with the Earth.



Dr. Abhinav Tiwari
PGT 2, NEIGRIHMS

The Journey of Friends

We met as strangers, unsure, unplanned,
Two souls adrift, yet hand in hand.
The road was long, the map unclear,
But laughter echoed, drawing near.

Through sunshine days and storms of night,
We shared our fears, our dreams, our light.
We tripped, we rose, we learned to mend,
For every turn began again, my friend.

From silly talks to silent tears,
We gathered stories through the years.
The path would twist, the miles would bend,
Yet hearts stayed close—no journey ends.

For friendship isn't bound by place,
It's time and trust, a warm embrace.
And though new roads may call your name,
The bond we built remains the same.

So here's to us—through thick and thin,
Through every loss, through every win.
Our journey's not where footsteps blend,
It lives in hearts that never end.



Dr. Angshu Kafle
PGT 3, SMCH

Happiness



Happiness is sunlight caught in rain,
A gentle peace after the pain.
It whispers soft in morning air,
And glows when hearts choose to care.

It lives in smiles both small and true,
In simple things we love to do.
Not found in gold, nor distant skies,
But in kind words and honest eyes.
It blooms within, both wild and free—
The quiet art of just to be.



Dr. Nabin Pegu
PGT 3, SMCH

A Carved Ode of Ages

Lo, what ancient marble doth before us lie!
A fragment fair beneath the azure sky.
Upon its face, two merry sprites are seen,
In posture rapt, as in a sylvan green.
This stone, though rent, a noble tale does tell,
Of realms where mighty kings did once compel
The artisan to labour with his heart,
And fashion beauty with enduring art.



Dr. Moon Das
PGT 3, JMCH



Reflection

In stillness, whispers softly gleam,
A mirror holds a fleeting dream.
The lights that dance, the dark that stays,
Both shape the soul in quiet ways.

A shimmer caught on night's embrace,
Reveals the truth we dare not face.
Each spark, a thought from deep within,
Each shadow hides where we have been.

Reflection is not glass or stream,
But echo of our heart's own beam.
It bends, it blurs, yet always shows—
The self that fades, the self that grows.

So gaze, but not with fear or pride,
For light and dark both will reside.
In every glow your spirit finds,
The past and present intertwine.



Dr. Sanchi Mehta
PGT 2, JMCH

Ode to the Itch

In derm we dwell with flair and grace,
From acne wars to fungal face.
We chase the flakes, we calm the rash,
We pop the pimples
but never for cash!

Patients come with tales so grand,
“I’ve had this itch since I shook his hand!”
We nod, we smile, we take a swab,
While trying not to lose the job.

We love our scopes, our creams, our gels,
Our jargon gives such fancy spells
“Papule,” “plaque,” “vesicle,” “crust,”
(Just hope your biopsy doesn’t turn to dust!)

We know our drugs
oh, what a list!
Methotrexate, dapsone, and twist!
Azathioprine -a friend or foe?
Depends on how your labs will go!

From psoriasis to pemphigoid,
We treat what others just avoid.
So here’s to skin - our vast domain,
Where beauty meets the membrane!



Dr. Monish Buragohain
PGT 2, JMCH

The Ring of Tinea

A circle blooms upon the skin,
A restless, itching tale within;
A creeping edge, a growing ring,
A tiny fungus whispering.

It starts so small, a reddish trace,
Then slowly claims its perfect space;
A border bold, a center pale—
A map of mischief in detail.

It thrives in warmth, in sweat and heat,
On folded skin, on wandering feet;
A silent guest that overstays,
A stubborn mark that rarely fades.

But fear it not—there comes a cure,
With creams that soothe and cleansers pure;
And day by day the ring will shrink,
Until it's gone, as quick as ink.

So let it fade, this fungal art,
A passing blemish, not the heart;
For healthy skin will rise again—
And end the tale where spores have been.



Dr. Poulami Karmakar
PGT 2, SMCH

Dear Acne

Dear Acne, my old frenemy,
You love to visit — endlessly!
On teenage cheeks or stressed-out chins,
You pop up grinning — “Let the war begin!”

I’ve studied you for years on end,
You’re stubborn, sneaky — my lifelong friend!
From comedones to cysts so deep,
You wake my patients from their sleep.

I prescribe retinoids with pride,
Antibiotics by your side,
A dab of clindamycin here,
Some chemical peels — poof, you disappear!

Yet just when I start to celebrate,
You flare again — ah, what a trait!
You keep my clinic full each day,
So maybe, Acne — you pay my way!

So here’s to you, my pimpled muse,
You keep me busy with your ruse.
You test my science, my art, my grace —
But never dare invade my own face!

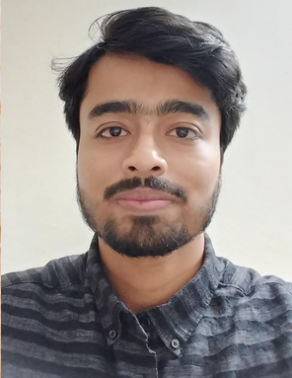


Dr. Oviya SA
PGT 2, JMCH

লক্ষ্য

শোনো এদিকে
শুনছো নাকো তুমি
দিতে চাই এক বাণী
প্রশ্ন করবে নাকো তুমি
যে যাই বলুক এই সংসারে
বিরুদ্ধে তারা তোমার স্বপ্নে
পাবে না খুঁজে
অর্থ এই ব্যবহারের
নষ্ট হবে সময় তোমার
সত্যি বলছি আছে আমার অনুভব
পাবে শুধু অবুঝ কারণ
স্বপ্নটা যেন তার।

যা চাও পাবে তাই
যদি লক্ষ্য থাকে স্থির
অন্ধকার পথে হাটবে একা
পারবে কি গো তুমি
নকশা নাই দিশা নাই
শুধু আছো তুমি
হৃদয় ভর্তি স্বপ্ন আলো ভরা
সম্বল শুধু তাই
বলছি মনে রেখো
এটাই দেবে সন্তুষ্টি
জন্মের দুয়ারে বলবে তুমি
আক্ষেপ নেই জীবনে



Dr. Subhranil Biswas
SRD, NEIGRIHMS

মা দকতা

তো মা র কো লে মা থা রে খে ছি
তুমি বলে ছ এ সবই মি থ্যে
আমা দে র স্বপ্ন বা স্তব পরি পন্থী
সে ই স্বপ্ন তো মা র আঁচলে আমি ঢে কে ছি
তো মা র আলগা আলি স্নন আর আমা র জা পটে ধরা
তো মা র বি শ্বা সে র লে খনী প্রতি পলকে
তো মা য় ভে ঙে দে ওয়া র অন্যা য় আমি মে নে নি য়ে ছি
তুমি বলো তো মা র সবই ছলনা র যা তনা
আমি বলি আমা র রক্ত্রে তো মা র প্রতি ছবি
তুমি বলো এ সবই অলী ক যন্ত্রণা তো মা র খা মতি
আমি মা নি এ সবই আমা র কা মি না র স্বপ্ন
তো মা র নি শ্বা সে র সুগসুন্ধ আমা র মা দকতা ।



Dr. Kaustav Sarkar
PGT 3, SMCH



MEME CORNER



Modern problems require modern solutions!!!



**Dr. Aakanksha
PGT 2, AMCH**

NOTHING HURTS LIKE DOING THE RIGHT THING

Integrity begins where no one is looking. It has no witnesses, no reward, no name on the duty roster. It is the decision to do what must be done, long after others have left the ward and taken the laughter with them. You stay. Not because it makes you noble, but because someone must. Because leaving things undone has a way of echoing back.

Residency exposes how cruel people can be to one another, not out of malice, but convenience. It is easy to complain about the indifference of those in power, about politicians who look away while others suffer. But we forget that the same indifference grows quietly within us, too. The incomplete discharge, the insurance form left unsigned, the half-hearted dressing, all are small acts of abandonment. Each one leaves a trace, a wound that someone else must clean later. And that is how systems rot, not only from the top, but from the middle, where fatigue masquerades as pragmatism, and apathy is dressed up as efficiency.

In dermatology, the skin tells on us. It keeps record of touch and neglect alike. The body remembers who cared and who only performed care. There is something unbearably honest about it: the skin cannot pretend. Perhaps that is why it haunts me. Because I, too, have seen how integrity erodes, not in one grand betrayal, but in quiet shortcuts, in the normalization of looking away.

Some people want to do the extraordinary: the laser sessions, the surgeries, the rare case reports that glitter on CVs. There is nothing wrong with that. But when the desire for brilliance makes the ordinary seem beneath us, something sacred is lost. The daily dressing, the talk with a frightened patient, the gentle cleaning of a wound, these are not lesser things. They are the spine of this profession, the places where medicine remembers it was once meant to heal.

Some of us forget, in the blur of rounds and exhaustion, that our time is not more sacred than anyone else's. It happens quietly: a thought, a habit, a small permission we give ourselves to leave early, to let someone else finish what we began. We tell ourselves we'll make up for it, that it doesn't matter. And perhaps it doesn't, until one day, we are the ones waiting. Waiting beside a patient who could have been seen sooner, waiting as a relative in a corridor where no one comes. It is easy to think our lives are heavier, that our own stories matter more, but the truth is simpler and more humbling: every life carries the same weight. It is not for us to measure whose pain is worth our presence. **ALL THAT IS ASKED OF US IS TO DO WHAT IS OURS TO DO**, not for praise, not for validation, but because one day, the circle will turn, and kindness will be the only language left between us.

Sometimes, I think we mistake exhaustion for evolution. We think we are becoming stronger when we stop feeling, when we stop noticing who stayed behind and who didn't. But integrity is not strength; it is tenderness that refuses to die, even in a place that keeps trying to bury it.

Doing what is right when no one is watching is a kind of solitude that stains the soul. You do not do it for admiration. You do it because there is a cost to not doing it, and that cost will not always be yours to pay. Someone's infection will worsen, someone's trust will break, someone's dignity will quietly slip away.

And in that moment, when no one else turns back, when everyone believes someone else will take care of it, you understand what integrity truly is.

It is not about being good.

It is about not becoming cruel.



Dr. Aniket Goswami
PGT 3, NEIGRIHMS

RURAL ASSAM: A GENTLE WORLD OF GREEN AND GRACE

Growing up in Upper Assam means growing up close to nature and community. Rural Assam is a place where mornings begin with mist floating over paddy fields, the call of birds, and the soft rustle of bamboo. The Brahmaputra and its tributaries shape the land, filling the countryside with fertile fields, tea gardens, and quiet riverbanks.

Life here moves at a calm, natural rhythm. Villages are home to diverse communities—Mising, Sonowal Kachari, Ahom, Tea Tribes and many others—each preserving their own traditions. The sound of the taatxaal (loom) inside homes, the warmth of wood-fired kitchens, and simple evening gatherings reflect a culture deeply rooted in harmony.

Festivals like Bohag Bihu, Magh Bihu, and Ali-Aye-Ligang bring villagers together through dance, music, and food, creating a sense of unity that defines rural Assam.

Despite challenges like floods and erosion, the people remain resilient, rebuilding with hope and strength each year.

Rural Assam is not just where life happens slowly—it is where life feels full. It is a place of belonging, beauty, and quiet pride.



Dr. Monidipa Pegu
PGT 2, SMCH

MY FIRST YEAR IN DERMATOLOGY: DREAMS, DERMATOSES & THE DELICATE ART OF STAYING SANE

If you had told my MBBS-era self that I would one day become a dermatology resident, I would have laughed, coughed, and politely asked you to stop hallucinating on my behalf. I was, by all definitions, an average student—floating peacefully in the mid-range, not too extraordinary, not too disastrous. And “Dermatology”?

That glittering, high-rank, unicorn-level specialty?

No, no. That lived far above the clouds... and my confidence.

But dreams have their own stubborn chemistry.

During my NEET PG preparation, something inside me switched on—a mixture of desperation, hope, and a suspicious amount of caffeine. I kept manifesting: “If I could just get derma. Just derma. Just derma.” I gave more than 100%, which, I now realise, simply means “I studied until my spinal cord asked for a resignation letter.”

Then came the results.

And there it was—a rank that could get me dermatology.

That day felt like the universe had turned on a spotlight directly on me.

Goosebumps. Tears. Family screaming like it was the World Cup.

For a moment, I felt like the main character in a movie, complete with dramatic background score.

The counseling process, of course, brought me back to earth—documents, certificates, portal crashes, mini heart attacks—but after the entire circus, I finally landed my seat in GMCH, my parent college. And honestly, nothing could have been more perfect.

Day 1: The Oath of Honesty (and Mild Panic)

On my very first day, one of my professors looked at me—straight into my nervous soul—and said: “Whatever happens, be honest. Honest to your work, honest to your studies, honest to your duty. If you want to be a good dermatologist, sincerity must be your backbone.”

It became my compass.

And with that, my dermatology journey began—not with lasers, peels, or glamorous aesthetic procedures—but with tinea, urticaria, eczema, and forty-seven varieties of fungal infections I never knew existed.

The OPD: Where Common Things Are Common, and Rare Things Keep You Alive.

Dermatology OPD is the most fascinating chaos you'll ever experience.

On some days, it's a fungal festival.

On others, the entire district seems to have urticaria.

And then, once in a while, a rare puzzle walks in—something you saw only as a two-line MCQ in a coaching module at 2 AM.

And in those moments, a strange spark lights up inside you:

“This... this is why I chose derma.”

Dermatology is magic in the simplest form— a subject where diagnosis begins with your eyes, and healing begins with a pen, paper, and prescription.

No CTs.

No MRIs.

No orchestra of machines.

Just pure, clinical brilliance.

There is a unique satisfaction in looking at a lesion, naming it confidently, treating it correctly, and watching it disappear like a well- executed magic trick.

Nothing compares.

The Life Behind the Coat

But while my clinical life blossomed, my personal life quietly took a backseat and whispered, “Hello??? Remember me???”

Residency is not just a training program— it is a personality-altering force of nature.

There are days when:

- **You can't balance work and life**
- **You want to run away and become a florist in the hills**
- **You mentally resign at least 5 times before lunch**
- **You smile at your patients but cry in your room**
- **Your friends in IT take vacations while you take case sheets**

And guess what? It's normal.

Every resident, in every specialty, goes through this emotional turbulence.

The trick is learning how not to drown in it.

Mental health in residency is not a luxury—it is a survival tool.

I learnt that the hard way. And I'm still learning.

The 27-Year-Old Who Never Stops Studying

People think we're grown-ups.

We are not.

We are 27-year-old toddlers with textbooks, pretending to be adults while our syllabus grows like a Hydra—cut one chapter, three more appear.

Our friends in corporate:

- Take weekend trips
- Have savings
- Sleep eight hours
- Watch Netflix on weekdays

Meanwhile, we:

- Study diseases during lunch
- Revise dermatomes for fun
- Talk about tinea like it's a political crisis
- Panic about exams happening two years from now

But this is the life we signed up for.

Medicine—and especially dermatology—is a lifelong romance. It demands loyalty, time, and occasionally your sanity.

But it gives meaning, purpose, and the privilege to heal.

One Year Down. Two Years to Go.

As I stand at the end of my first year, here's what I know:

I may have started as an average student with an impossible dream. But I'm not average anymore. Dreams don't care about your past— they care about your persistence.

My journey has been messy, magical, chaotic, beautiful, and brutally transforming.

And I still pray every day that I become the dermatologist I have always imagined- the one my younger self would be proud of... and the one my future patients deserve.

Because nothing in my life, if I can help it, will remain unachieved.



**Dr. Bidisha Barman
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SKIN MINIMALISM: THE NEW REVOLUTION IN SKINCARE

When Less Became More

Once, skincare was simple — a bar of soap and a touch of cream. Then arrived the era of excess — multi-step routines, acids, serums, and endless layering. Between the toner and the twelfth product, our skin began to rebel.

Now, a quiet revolution is underway — Skin Minimalism, a philosophy that reminds us: healthy skin needs consistency, not complexity.

What Is Skin Minimalism?

Skin minimalism, or “skinimalism,” means doing more for your skin by doing less. It focuses on:

- Fewer, purposeful products
- Barrier-friendly formulations
- Sustainable and mindful skincare

The goal is simple — let your real skin show, instead of masking it under layers of actives and cosmetics.

Why We Needed This Change?

Today’s clinics often see patients with “reactive skin” — redness, irritation, and dermatitis caused by overuse of harsh actives like retinoids, acids, and scrubs. Overloading the skin disrupts the epidermal barrier, increases transepidermal water loss, and leads to inflammation.

Skin minimalism helps restore this balance by reducing irritant load, protecting the microbiome, and prioritizing barrier repair with gentle, evidence-based products.

The Minimalist Routine

A simple, effective skincare routine rests on three core pillars:

1. **Cleanse:** A mild, pH-balanced cleanser once or twice daily.
2. **Moisturize:** Hydrating creams with ceramides, squalane, or hyaluronic acid.
3. **Protect:** Broad-spectrum sunscreen (SPF 30+) every morning.

Optional actives like niacinamide or retinol should be introduced gradually and only when necessary. Consistency matters more than quantity.

Beyond the Skin: Sustainability and Sanity

Minimalism isn't just good for the skin — it's kind to the planet. The beauty industry generates enormous packaging waste, much of it avoidable. Fewer products mean less plastic, less pollution, and more mindful consumption.

On a psychological level, simplifying skincare declutters the mind. Patients often feel relieved when they stop chasing unrealistic “glass skin” ideals and embrace their natural texture.

Skin minimalism, at its core, is a return to authenticity.

Dermatologist's Perspective

As dermatologists, our role is to guide patients toward evidence-based simplicity:

- Avoid unnecessary layering
- Patch test new products
- Choose multitasking ingredients
- Emphasize sunscreen and gentle cleansing

Sometimes, the best skincare advice is not about adding — but subtracting.

Conclusion

Skin minimalism is not anti-skincare — it's pro-skin.

It reminds us that glowing skin isn't built by the number of bottles on a shelf but by balance and respect for our body's largest organ.

Healthy skin isn't perfect skin — it's peaceful skin.



Dr. Hosni Pasil R
PGT 3, SMCH

DERMATOLOGY THROUGH INDIA

The history of Indian dermatology dates back to ancient times, with significant contributions from Indian scholars and philosophers. The Vedic period saw documentation of skin diseases in the Rigveda, one of the oldest Hindu scriptures. Ayurvedic texts like Charaka Samhita and Sushruta Samhita described various skin conditions, including leprosy, vitiligo, acne, and fungal infections. The Sushruta Samhita also detailed surgical procedures, including skin grafting and cosmetic surgery.

Indian dermatologists have made significant contributions to the field

- Dr. Ganapati Panja: Described the association between seborrheic dermatitis and *Malassezia ovale* in 1927.
- Dr. A.K. Dutta: Classified vitiligo into different types in 1969.
- Dr. L.K. Bhutani: Described lichen planus pigmentosus in 1974.

Several dermatological signs were first described by Indian researchers, including:

- Premalatha Sign: Cerebriform changes on the tongue in pemphigus vegetans patients.
- Patrick Yesudian Sign: Multiple melanotic macules on palms in neurofibromatosis Type 1 patients.
- Pavithran's Nose Sign: Sparing of the nose in exfoliative dermatitis.

Indian researchers have described several skin conditions, including:

- Kangri Cancer: A type of squamous cell carcinoma caused by ceramic pot use.
- Madura Foot: A fungal infection described in ancient Indian texts.
- Gopalan Syndrome: A condition characterized by burning sensations in the feet.

Ayurvedic texts like the Sushruta Samhita (600 BC) and Charaka Samhita (300 BC) describe leprosy, its causes, and treatment. However, leprosy was understood to have both moral and material causes, with moral causes attributed to actions like stealing, infidelity, and disrespect.

The National Leprosy Fund was established in the 1890s to investigate leprosy in India, and the Indian Leprosy Commission was appointed to study the disease.

Sir Leonard Rogers developed chaulmoogra oil-based injections, a treatment for leprosy, and founded the Calcutta School of Tropical Medicine in 1921.

India, therefore, has been a major contributor and continues to be in the field of dermatology.



Dr. Tasnim Fatima
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LASERS IN DERMATOLOGY: TRANSFORMING SKIN CARE THROUGH PRECISION TECHNOLOGY

Lasers have revolutionized modern dermatology, offering targeted, effective, and minimally invasive solutions for a wide range of skin concerns. Over the past few decades, advances in laser technology have significantly expanded treatment options, making it possible to address conditions that were once difficult or impossible to treat. From cosmetic enhancements to therapeutic interventions, lasers now play a central role in both medical and aesthetic dermatology.

At their core, lasers function by emitting concentrated beams of light at specific wavelengths. These wavelengths are selectively absorbed by different components of the skin—such as pigment, blood vessels, or water—allowing dermatologists to treat targeted areas without damaging surrounding tissue. This principle, known as selective photothermolysis, forms the foundation of most laser-based procedures.

One of the most common applications of lasers in dermatology is hair removal. Devices such as Alexandrite, diode, and Nd:YAG lasers can target melanin in hair follicles, permanently reducing hair growth over a series of treatments. These systems continue to improve, with newer technologies offering safer and more effective results across diverse skin tones.

Pigment and vascular lesion treatments are another major area where lasers excel. Q-switched lasers, for example, are used to break down excess pigment in conditions like melasma, sunspots, and post-inflammatory hyperpigmentation. Pulsed dye lasers and other vascular lasers target hemoglobin, helping treat conditions like rosacea, spider veins, and certain types of birthmarks. These treatments often require minimal downtime and deliver precise results that topical therapies alone cannot achieve.

Perhaps one of the most transformative developments in recent years is the rise of fractional laser technology. Fractional lasers—both ablative and non-ablative—create microscopic columns of controlled injury in the skin, stimulating collagen production and promoting natural healing. This makes them especially valuable in the treatment of acne scars, fine lines, wrinkles, and overall skin rejuvenation. Ablative lasers like CO₂ and Er:YAG provide more dramatic results by removing layers of skin, while non-ablative lasers offer gentler alternatives with shorter recovery times.

Lasers are also increasingly used for tattoo removal, made possible by devices such as Q-switched and picosecond lasers. These systems work by breaking tattoo ink into smaller particles that the body gradually eliminates. Picosecond lasers, the latest evolution, deliver ultra-short pulses that can remove stubborn inks more efficiently and with fewer sessions.

While laser treatments offer many benefits, they also require expertise. A skilled dermatologist must select appropriate wavelengths, settings, and techniques tailored to the patient's skin type and condition. Improper use can lead to side effects such as burns, scarring, or pigment changes, making professional assessment essential.

Looking ahead, innovations in laser technology continue to evolve, with advances in energy delivery, real-time skin monitoring, and combination treatments paving the way for even more precise and personalised care. As research progresses, lasers will undoubtedly play an increasingly important role in both medical and cosmetic dermatology, improving outcomes and expanding what is possible in skin treatment.

In summary, lasers have become indispensable tools in dermatology, offering precise, versatile, and effective solutions for a variety of skin concerns. Their ongoing evolution promises even greater advancements in the years to come.



**Dr. Manjari Chakravarty
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ARTIFICIAL INTELLIGENCE IN DERMATOLOGY: CURRENT APPLICATIONS AND THE FUTURE LANDSCAPE

Artificial Intelligence (AI) has rapidly transitioned from a theoretical concept to a practical tool in clinical medicine. Dermatology—being a highly visual specialty—has emerged as one of the earliest adopters. With increasing computational power, improved imaging, and availability of large annotated datasets, AI now supports several aspects of dermatologic practice: diagnosis, triage, workflow optimization, treatment planning, and patient education. This article explores the current landscape of AI in dermatology and its future trajectory.

CURRENT APPLICATIONS OF AI IN DERMATOLOGY

1. AI-Assisted Diagnosis Through Image Analysis

Dermatology relies heavily on pattern recognition. Convolutional neural networks (CNNs) and transformer-based models can analyze clinical images, dermoscopy, and histopathology to:

- Classify benign vs malignant lesions
- Identify inflammatory dermatoses
- Detect early melanomas with sensitivities comparable to dermatologists
- Support teledermatology triage

Several validated studies demonstrate AI performance approaching expert-level accuracy, especially when high-quality dermoscopic images are provided. Importantly, AI performs best as decision support, not replacement.

2. Dermoscopy and Mole-Mapping Automation

AI-augmented dermoscopy software can:

- Automate lesion segmentation
- Track morphological changes over time
- Flag suspicious evolution
- Assist in managing patients with multiple nevi or familial melanoma syndromes

This reduces clinician workload and enhances surveillance accuracy.

3. AI in Dermatopathology

Digital pathology combined with AI algorithms enables:

- Automated detection of mitotic figures
- Identification of melanoma depth, margins, subtype
- Classification of inflammatory dermatoses through pattern recognition
- Quantification of immunohistochemistry staining

Pathology-AI integration reduces interobserver variability and accelerates reporting turnaround time.

4. Predictive Analytics for Treatment and Prognosis

AI tools using electronic health records (EHR), lab data, and imaging can predict:

- Treatment responses (e.g., biologics in psoriasis, dupilumab in AD)
- Risk of adverse effects
- Disease flares in atopic dermatitis or psoriasis
- Wound-healing outcomes

This supports personalized dermatology, improving patient outcomes

5. AI in Teledermatology and Remote Screening

Mobile AI apps and teledermatology platforms offer:

- Preliminary screening for common dermatoses
- Sorting high-risk cases for urgent review
- Improving access in rural areas
- Reducing unnecessary consultations

In countries like India, with dermatologist scarcity in rural districts, these tools can dramatically improve early detection of melanoma, leprosy complications, or mucocutaneous infections.

CHALLENGES AND LIMITATIONS

Despite immense promise, AI adoption faces barriers:

1. Dataset Bias

Most AI models are trained on lighter skin tones (Fitzpatrick I–III). This limits accuracy in darker skins common in India and other Asian/African populations. Building inclusive datasets is essential.

2. Regulatory and Ethical Concerns

Issues include:

- Patient data privacy
- Black-box nature of algorithms
- Liability in case of misdiagnosis
- Need for transparent and validated models

3. Over-Reliance on Technology

AI is an adjunct, not a substitute. Clinical judgment remains irreplaceable, especially in atypical or complex presentations.

4. Infrastructure Limitations

High-quality imaging devices, stable internet, and trained staff are required for optimal results.

THE FUTURE OF AI IN DERMATOLOGY

1. Multimodal AI for Holistic Diagnosis

Future AI models will integrate:

- Clinical images
- Dermoscopy
- Histopathology slides
- Genetic data
- Patient-reported symptoms
- Environmental triggers

This convergence will enable truly precision dermatology, predicting disease courses and tailoring therapy.

2. Real-Time AI in the Clinic

AI embedded in:

- Dermatoscopes
- Smartphone cameras
- Clinic software
- Electronic medical records

will provide instant feedback during patient evaluation, similar to real-time ECG interpretation.

3. Personalized Treatment Algorithms

Machine learning models may guide:

- Biologic selection for psoriasis
- JAK inhibitor suitability in atopic dermatitis
- Optimal isotretinoin dose schedules
- Laser parameters for pigmentation disorders
- Acne relapse prediction

This reduces trial-and-error therapy.

4. AI-Driven Drug Discovery and Dermatologic Research

AI accelerates:

- Molecule screening
- Drug repurposing
- Predicting toxicity or efficacy
- Identifying new targets for inflammatory skin diseases

This can shorten research timelines dramatically.

5. Conversational AI for Patient Education and Adherence

AI chatbots and digital assistants will help:

- Educate patients about chronic dermatoses
- Monitor treatment adherence
- Provide reminders for phototherapy sessions, biologic injections, or follow-ups
- Support mental health in chronic diseases like psoriasis.

6. Robotics and Procedural Dermatology.

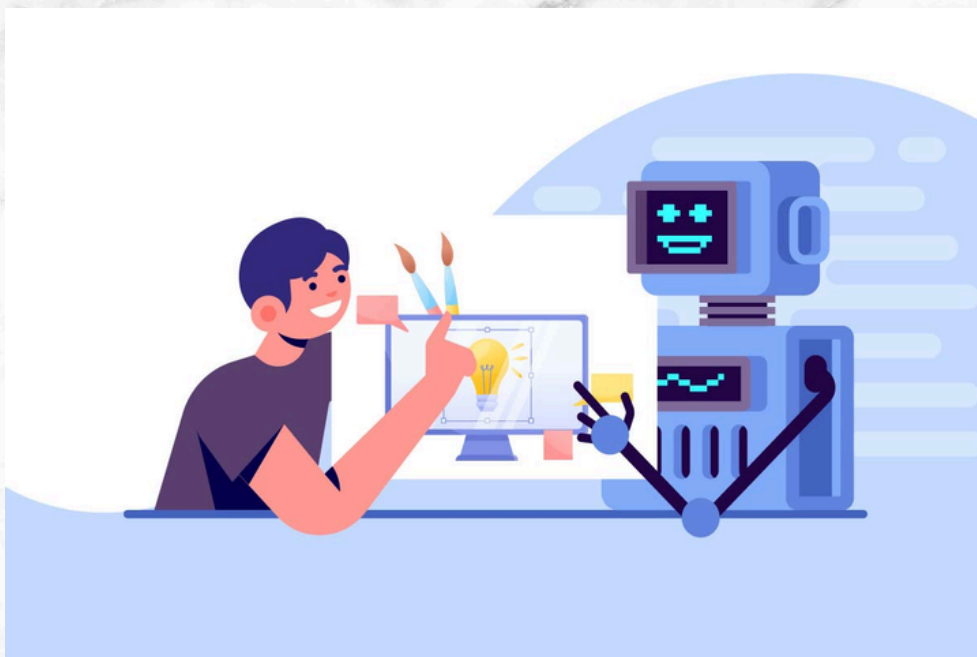
Robotic AI systems may assist in:

- Laser parameter optimization
- Hair transplant site planning
- Automated mapping during Mohs surgery
- Augmented reality (AR)-assisted surgeries

CONCLUSION

AI is redefining dermatology by enhancing accuracy, efficiency, and patient outcomes. Although it will not replace dermatologists, it will empower them—transforming practice into a more data-driven, precise, and accessible form of care. Dermatologists who embrace AI will lead a new era of innovation, while maintaining the core human skills of empathy, clinical reasoning, and patient connection.

The future of dermatology is not man or machine—it is man with machine, working together for better skin health.



Dr. Gitartha Boruah
PGT 3, JMCH

USE OF BIOLOGICS IN DERMATOLOGY

The advent of biologic therapies has revolutionized the management of several chronic dermatologic conditions, offering targeted, highly effective, and safer long-term treatment options compared with traditional systemic agents. Biologics are engineered molecules—most commonly monoclonal antibodies—that specifically modulate immune pathways involved in skin inflammation. Their precision has transformed the therapeutic landscape, particularly for psoriasis, atopic dermatitis, hidradenitis suppurativa, chronic urticaria, and other immune-mediated diseases.

PSORIASIS

One of the earliest and most extensively studied uses of biologics in dermatology is the treatment of moderate to severe psoriasis. Psoriasis is driven largely by dysregulation of the Th17 and Th1 pathways, with cytokines such as TNF- α , IL-12/23, IL-17, and IL-23 playing central roles. Biologics targeting these cytokines have demonstrated remarkable efficacy. TNF- α inhibitors were first to enter clinical use and significantly reduced disease severity for many patients who previously had limited options. Later generations of biologics—including IL-17 inhibitors such as secukinumab and ixekizumab, and IL-23 inhibitors like guselkumab and risankizumab—have shown even higher skin clearance rates and more durable responses. These therapies provide rapid relief with favorable safety profiles, making them preferred agents for many patients with extensive disease.

ATOPIC DERMATITIS

In atopic dermatitis (AD), biologics have been equally transformative. Historically managed with topical therapies, phototherapy, and broad immunosuppressants, AD lacked targeted interventions until the development of dupilumab, a monoclonal antibody that inhibits IL-4 and IL-13 signaling—key drivers of type 2 inflammation. Its success has paved the way for additional biologics such as tralokinumab and lebrikizumab, which specifically target IL-13. These agents offer sustained itch relief, improved skin barrier function, and reduced reliance on systemic corticosteroids. For patients with severe, refractory AD, biologics have significantly improved quality of life and expanded treatment possibilities.

HIDRADENITIS SUPPURATIVA

Hidradenitis suppurativa (HS), a chronic and debilitating inflammatory disease, has also seen advances with biologic therapy. Adalimumab remains the only FDA-approved biologic for HS, targeting TNF- α to reduce inflammatory lesions and flare frequency. Its introduction marked an important step in addressing a

condition long recognized for limited therapeutic options. Ongoing research into pathways such as IL-17 and IL-1 may soon yield additional biologic treatments, offering hope for improved outcomes in patients with severe HS.

CHRONIC SPONTANEOUS URTICARIA

Another important use of biologics is in chronic spontaneous urticaria (CSU). Omalizumab, an anti-IgE monoclonal antibody, has become a cornerstone therapy for patients who fail to respond to antihistamines. By reducing free IgE levels and stabilizing mast cells, omalizumab provides significant control of hives and angioedema with minimal adverse effects.

While biologics have redefined dermatologic care, they are not without limitations. High cost, potential immunogenicity, the need for long-term safety data, and variable access remain challenges. Despite these concerns, biologics continue to represent a milestone in precision medicine. Their targeted approach, superior efficacy, and improved tolerability compared with traditional systemic therapies make them indispensable tools in modern dermatology.

As ongoing research uncovers new pathways and mechanisms of skin inflammation, the future of biologic therapy promises even more personalized, effective, and safer therapeutic options for patients with chronic dermatologic diseases.

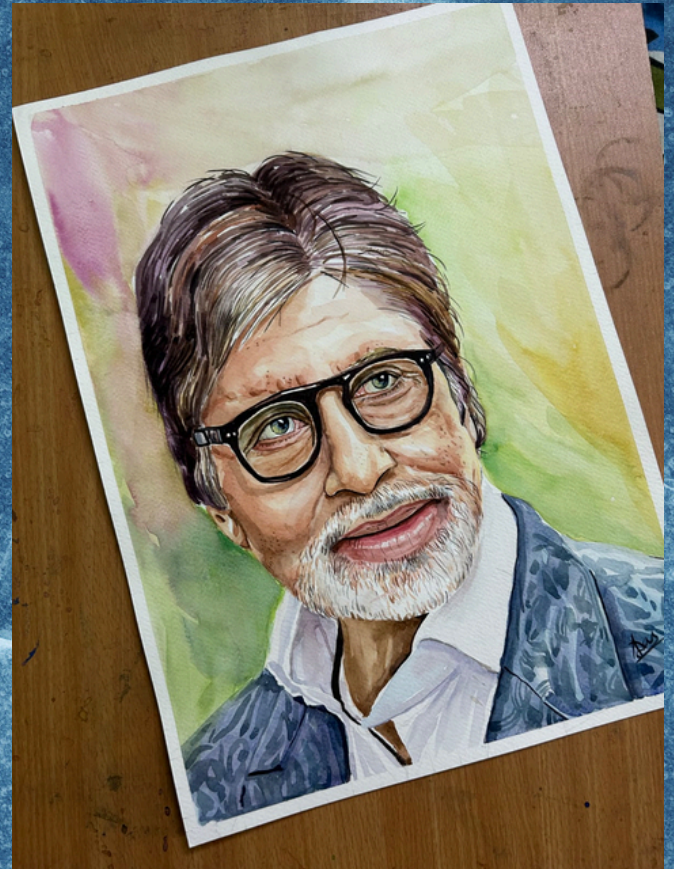


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Impermanence is a beauty

PHOTOGRAPHY CORNER



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**Dr. Sanchi Mehta
PGT 2, JMCH**

**When the sky paints the water blue..
Location: Mirik, Darjeeling**



**Dr. Pushpita Choudhury
PGT 2, AMCH**

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
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JORHAT MEDICAL COLLEGE AND HOSPITAL



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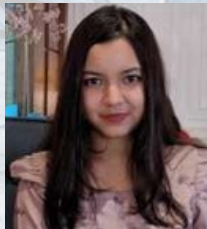
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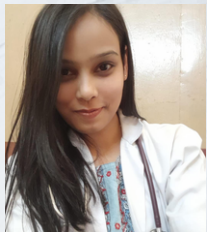
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ART OF THIS LAST PAGE: DR ARIJIT DAS