



NEIADVL NEWSLETTER

Volume: XXXII • June 2026

Official Mouthpiece of N. E. States Branch of IADVL

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From the Editor's Desk

Dear members,

It gives me immense pleasure to present the 32nd volume of our newsletter amidst the serene beauty of Pobitora. This edition stands as a vibrant reflection of the academic spirit, creativity, achievements, and literary talent of our dermatology fraternity. Through scientific articles, poems, photographs and reports of organisational activities, this issue beautifully captures the diverse dimensions of our association and its chapters.

I extend my heartfelt gratitude to Dr. Shyamanta Barua, President, NEIADVL, and Dr. Gautam Mazumder, Secretary, NEIADVL, for their constant encouragement and support. My sincere appreciation also goes to our dedicated editorial team members, Dr Porimollika Boruah and Dr Rahul Barman, whose tireless efforts made this publication possible. Above all, I thank every contributor whose words and creativity added life and warmth to these pages.

Regards,

Dr. Sagarika Gogoi

Editor, Newsletter, NEIADVL





NEIADVL NEWSLETTER

Volume: XXXII • June 2026

Official Mouthpiece of N. E. States Branch of IADVL

Message from President

Dear Members,

It gives me great pleasure to address you through yet another comprehensive issue of our branch newsletter. Our composite specialty has achieved unprecedented clinical breakthroughs and technological advancements that is driving more evidence-based and precise therapy for our patients. Yet, we face an escalating challenge that threatens our core mission of quality skin care of the public: the **pervasive rise of quackery**.

There is a pronounced rise of unqualified practitioners and non-accredited skin clinics and/or aesthetic centres misrepresenting themselves to the public and offering treatments without any valid qualification or training. This trend compromises patient safety and dilutes the integrity of legitimate medical science. As custodians of skin health, we must actively spearhead the crusade against these deceptive practices. I call upon each one of you to actively engage in reporting medical misinformation and unauthorized practitioners, strengthen our collaboration with regulatory authorities and participate earnestly in community campaigns that make the public aware of the dangers of quackery.

Fighting external malpractice requires us to maintain flawless internal standards. Ethical practice is the absolute bedrock of our clinical authority. We must resist commercial pressures that compromise patient-first care. Every diagnosis, prescription, and aesthetic intervention must align strictly with evidence-based medicine.

Our collective unity is our strongest weapon against pseudo-science. By upholding the highest ethical standards, we reinforce public trust in our specialized expertise. Let us remain vigilant, compassionate, and uncompromising in our pursuit of dermatological excellence.

Long live NEIADVL! Long live IADVL!

Warm regards
Dr. Shyamanta Barua
President, NEIADVL



Message from Secretary

Dear NEIADVL Family,

As Secretary, NEIADVL, it is a moment of great pride and joy to inform you that another edition of the Newsletter NEIADVL is set to be unveiled during MIDCUTICON NE States 2026 on 13th June 2026 at the serene environs of Pobitora, Assam.

MIDCUTICON NE States has always been more than a conference for us. It is the academic heartbeat of NEIADVLites: a festival of Dermatology where science meets friendship, where senior mentors and young residents share the same table, and where ideas sparked in lecture halls turn into lifelong collaborations. It embodies the spirit of camaraderie, networking, and family that defines our association.

This edition of the newsletter chronicles our journey over the past months: academic activities, branch updates, achievements of members, and glimpses of the passion that drives us. I place on record my deep appreciation for our Editor **Dr. Sagarika Gogoi** and her editorial team, who have worked tirelessly to weave together contributions from across the region into a vibrant, insightful read. Their effort brings fresh energy and enthusiasm to every page.

I extend my heartfelt gratitude to the Organizing Committee of MIDCUTICON NE States 2026 for choosing the biodiversity & beauty of Pobitora as our venue reminding us that learning flourishes best when nature and knowledge come together.

As we gather at Pobitora, home to the famed one horned rhino, let us draw inspiration from its resilience and grace.

May MIDCUTICON NE States 2026 energize & inspire us to serve our patients better, mentor with passion, and uphold the values of NEIADVL.

I wish this edition wide readership and a grand success. Let us continue to learn, bond, and grow as one NEIADVL family.

Happy reading!

Warm regards,

Dr. Gautam Mazumder
Secretary, NEIADVL

13th June 2026, Pobitora, Assam



North East States Branch of IADVL(NEIADVL) Activity Report from 11 December 2025 to 10 June 2026

MEMBERSHIP DETAILS

TOTAL MEMBERS: 284 | LIFE MEMBERS: 199 | PROVISIONAL LIFE MEMBERS: 85 | E -VOTERS: 186

ACADEMIC ACTIVITIES

AGARTALA CHAPTER

21.02.26: CME on “Ustekinumab in Dermatological Conditions” by Dr Gautam Mazumder. It was a very interactive & successful meeting amongst the dermatologists with many new insights.

21.03. 26: CME on “Sunscreen beyond sunscreen: Role of supranormal SPF in South Asian skin” by Dr Priyanka Das.

26.04.26: A joint CME was organized with Paediatric Doctors on Paediatric dermatology on the following topics

- i) Updates on atopic dermatitis delivered by Dr Gautam Mazumder
- ii) Interesting Cases in Paediatric dermatology delivered By Dr Kinnor Das

09.05.26: CME on “hyperpigmentation & its management” by Dr Nandita Bhattacharjee.

27.06.26: CME on “Role of PAD and Niacinamide in Dermatology” by Dr Sujit Debbarma

BARAK CHAPTER

18.01.26: CME on “Phyto-ceramides: Skin Barrier Restoration” by Dr Anup Goswami.

28.02.26 & 01.03.26: A 2-Day Dual Theme Workshop on Dermatopathology and Dermatosurgery was successfully conducted with remarkable academic enthusiasm and participation. The sessions were excellently delivered by our esteemed faculties, Dr. Sudip Ghosh and Dr. Aniruddha Ghosh, who taught the subjects in a very clear, simplified, and practical manner. The workshop was highly interactive, with engaging discussions that made learning both enjoyable and impactful. NEIADL State Secretary, Dr. Gautam Mazumder, graced the occasion and encouraged the meeting with his presence. A total of 26 delegates attended the workshop, including 2 PGTs from All India Institute of Medical Sciences Guwahati, making it a vibrant and enriching academic gathering.

10.05.26: CME on “Role of Selective JAK-One Inhibitor Upadacitinib.” by Dr. Kinnor Das. The scientific session was gracefully chaired by Dr. S. K. Bhattacharjee and Dr. N. Chakraborty.

27.05.26: CME on “From Actives to Synergy: Serum Driven

Science for a new Pigment Paradigm” on the occasion of International sunscreen Day.

The scientific session was delivered by Dr. Angshuman Bhattacharjee and was gracefully chaired by Dr. S. K Bhattacharjee and Dr. Joydeep Roy.

DIRUGARH CHAPTER

18.12.25: CME on “Blepharoplasty: Tips & Tricks” by Dr Tolongkhomba Potsangbam at hotel Tea County, Dibrugarh.

GUWAHATI CHAPTER

25.12.25: CME on “Plant based ceramides containing moisturizers” by Dr. Amlan Jyoti Sarma at resort Ranikhamar the retreat, Guwahati. The programme was attended by about 35 members.

28.03.26: CME on “Role of Phototherapy in Vitiligo” and “Effect of JAK Inhibitors and Topical Band Pass Filter in Vitiligo,” delivered by Dr. Himakshi Uzir and Dr. Puja Gogoi, Registrars, Department of Dermatology, GMCH. The CME witnessed an encouraging attendance of consultant dermatologists and residents, fostering active academic exchange. The program concluded with the dinner.

02.05.26: A hands on workshop was conducted at GMCH on Laser & Peels especially for the Post graduates residents. The workshop faculty was Dr Aruna Devi.

SHILLONG CHAPTER

19.03.26: CME under following topics

- i) Case presentation on nodular Vasculitis by Dr Dayita P. Swami
- ii) Innovative treatment modalities for keloids: A Three-Arm Comparative Study by Dr. Ranjitha M.S.
- iii) Baby moisturizer lotion and infantile eczema by Dr. Abigail Syiemlieh. The session witnessed active participation and engaging discussions among attendees.

01.05.26:

- i) CME on “The effects of hard water on human hair: A systematic review and meta analysis” by Dr Bikash Asst Prof NEIGRIHMS.
- ii) Case presentation by Dr Ashashree, 1st year PGT.

SOCIAL AWARENESS ACTIVITIES

Barak City Chapter of NEIADVL observed National Anti-Leprosy Day in association with the District Health Society, NLEP Cell, and the Department of Dermatology, Silchar Medical College. As part of the programme, street plays were organized at various locations across Cachar District to create awareness among the general public regarding leprosy and to reduce stigma. Certificates were distributed to Anganwadi workers, NGOs, and leprosy patients in recognition of their contribution and participation. A successfully treated leprosy patient was also present and felicitated during the programme, highlighting the importance of early diagnosis and treatment. Members of Barak City chapter and faculties of Dermatology Dept, SMCH attended the event. The event was successfully organized under the dedicated leadership and efforts of the Chapter Secretary & District Leprosy Officer, Dr. Sandip Roy, whose role was instrumental in the overall success of the programme.

Jorhat Medical College & Hospital: The observance focused on patient interaction and awareness regarding early diagnosis, treatment, and prevention of disability in leprosy. Blanket distribution and self-care kits, including protective sandals, were provided to patients as part of supportive care. While the disease is curable, continued education and reducing stigma remain important.

Gauhati Medical College & Hospital observed the day with an emphasis on patient engagement and awareness about early detection, timely treatment, and prevention of disability related to leprosy. As part of supportive care, patients were provided with protective footwear and self-care kits.

Diphu Medical College observed world leprosy day with an engaging awareness campaign led by our frontline undergraduate students, who are our future healers. Recognizing that ignorance about Leprosy which persists not only in society but also within different sections of the medical fraternity, the programme focused on the theme: "Leprosy is curable, the real challenge is stigma." Through interactive discussions, the students clearly explained the myths and facts about leprosy, addressing common fears and misconceptions to the patients and their attendants for better understanding of the disease, its complete curability with timely treatment, and the importance of empathy and social inclusion for those affected.

11.06.26: World Lupus Day observation at Department of Dermatology, Tripura Medical College.

09.05.26: World Lupus Day observation at Department of Dermatology, SMCH

27.05.26: Dr Gautam Mazumder & Dr Saloni Katoch, also many other NEIADVLites were featured in various electronic media on the occasion of National sunscreen awareness day 2026 campaign.

ANTIQUACKERY ACTIVITIES

EC NEIADVL received a total of 27 complaints till 30th April 2026 via the Google form that was circulated by the EC NEIADVL. In addition 7 complaints were received via mail. *Out of the 34 complaints 28 have been duly addressed and filed with the respective authorities.* the breakdown is as follows:

OUT OF THE 27 COMPLAINTS (Google Form)

- 7 complaints were against alternative medicine practitioners (BHMS, BAMS). All the above complaints have been filed with the Assam Antiquackery and vigilance cell, along with copies to the State Council of India medicine for Ayurvedic Practitioners and Assam State homeopathy council for homeopathic practitioners
- 5 complaints were against MBBS doctors, out of which 3 have been filed with the Assam Antiquackery Quackery and vigilance cell with copies to the ACMR. 1 has been referred to IADVL, Bihar as the complaint falls under their area of jurisdiction. 1 has been withheld for lack of definitive evidence.
- 4 complaints were against an MD doctor from Tripura; they have been addressed and resolved by mutual dialogue
- 4 complaints have been received from Mizoram; these are under due process and will be filed with the Mizoram Medical Council
- 1 complaint against an OMFS is pending as we await documentary evidence (prescription)
- 6 complaints were against a BDS practitioner from Tripura. This has been filed with Principal Secretary, additional secretary of Health and family welfare, Govt of Tripura with a cc to the Tripura medical council, Tripura Dental Council, Directorate of Health services and Directorate of Medical education, Tripura. Their response is awaited.
- 1 complaint was received from Tripura against a dermatology practitioner and has been duly resolved

OUT OF THE 7 COMPLAINTS (Via mail)

- 3 were against dental Practitioners and have been filed with the Antiquackery and vigilance cell and Assam State Dental Council. Two of the above dentists have been summoned to the vigilance cell and have given undertaking to not perform aesthetic procedures and Dermatology consults.
- 1 was against a homeopathic practitioner, this has been filed with the Antiquackery and vigilance cell and the Assam State homeopathy council
- 1 was against an MD doctor from Kolkata, filed with Antiquackery and vigilance cell. This doctor was also summoned by the vigilance cell and has been informed that

he cannot practice in Assam as he is not registered with the Assam Medical Council.

- 1 complaint was against an MBBS practitioner from Guwahati. The complaint was duly filed with the Antiquackery and vigilance cell.
- 1 complaint was against an MBBS, MD Physiology and her chain of clinics all across Northeast India with homeopathic, dental and MD (preclinical branch) as skin and hair experts. This was also duly filed with Antiquackery and vigilance cell with a cc to DME and Assam State Dental council.

In response to our written complaints, Antiquackery and vigilance cell has written to the Commissioner and Secretary, Health & Family Welfare department and Director, AYUSH, Govt of Assam. The Health and Family Welfare department in response have written to the Mission director, National Health Mission and have requested for necessary action and a detailed report.

Four MBBS doctors have been summoned to the Antiquackery and vigilance cell in response to our complaints. Further action on alternative medicine practitioners by Vigilance cell will ensue after a response from Directorate of AYUSH.

The vigilance cells has acknowledged all our complaints and have assured us that our complaints are under various stages of processing.

AWARDS & ACHIEVEMENTS:

NEIADVL awarded as the best state branch award for special category –ACADEMIC ACTIVITIES at DERMACON 2026 in Bengaluru.

EC IADVL honored Dr Shyamanta Barua, President NEIADVL & Dr Gautam Mazumder, Secretary, NEIADVL with a certificate of appreciation for their dedicated & excellent service rendered to the association & community.

IADVL president's certificate of appreciation was presented to Dr Rajib Kumar Gogoi for his dedicated & excellent service rendered to national IADVL.

Certificates were also presented by EC IADVL to Dr. Saloni Katoch, Chair, IADVL Mentorship Committee and Dr. Kinnor Das, Convener, IADVL Mentorship Committee in appreciation of their work towards the IADVL GuruDerma Mentorship program at DERMACON, Bengaluru.

Dr Saloni Katoch along with Dr. Rashmi Sarkar and Dr. Janaani P released their book titled "Manual of Common Hair Disorders and Hair Care" at DERMACON, Bengaluru.

ADMINISTRATIVE ACTIVITIES

An EC MEET was done online on 3rd march, 2026. It was presided over by the president Dr Shyamanta Barua and

Secretary Dr Gautam Mazumder. Following agenda's were discussed:

1. Pending payments for MID CUTICON NE States 2025 were discussed. A date was decided for payment clearance - 31st March 2026, failing which the OC of Mid CUTICON 2025 (AP) would inform EC NEIADVL in written who will then communicate with the respective companies.
2. The Treasurer NEIADVL Dr Monali Sutradhar will be relocating to a different country. She will be continuing her responsibilities. However, Dr Dipak Kr Agarwalla will assist her. She will hand over the required documents to him.
3. SIG applications were discussed
4. Member names were discussed for nomination towards the IADVL social media activity group and E-library from NEIADVL
5. Detailed discussion was done on deficit in Midcuticon, Itanagar & it was decided that the report will be sent to NEIADVL finance committee for approval
6. It was decided that seed money of Rs 1 lakh will be sent for Midcuticon 2026, Pobitora.
7. Prizes for E Poster competition for Post graduate students at MIDCUTICON NE States, Pobitora were decided as first - Rs 5000, second - Rs 3000, third - Rs 2000

15.05.26 EC NEIADVL Meeting:

EC has entrusted Dr Kinnor Das to revamp the NEIADVL website with a state of the art facility & good visibility across the internet. This initiative will help in public awareness about dermatology & dermatologists in the NE states & showcasing association's activities and overall help in curbing the quackeries in the region. EC will assist him time to time for required documents & materials. Talent India Pharmaceuticals has come with a fund of academic activity initiative and it will be utilized for expenditure in remaking the website..



Dr Gautam Mazumder
Secretary, NEIADVL

13th June 2026, Pobitora, Assam





Treasurer's Report - NE States Branch of IADVL

STATEMENT FROM 1ST DECEMBER 2025 - 31ST MAY 2026

GST No: 18AAA9928M1ZW (opened in Feb 2020)

OPENING BALANCE in NEIADVL Saving Account as on 1st DECEMBER 2025 - Rs. 22,82,529.90/-

CLOSING BALANCE in NEIADVL Saving Account as on 31ST MAY 2026 - Rs. 28,33,349.90/-

EXPENDITURE DURING THE PERIOD DECEMBER 2025 TO MAY 2026

Sl. No.	EXPENDITURE	AMOUNT in Rs.	TOTAL in Rs.
1.	PAYMENT TOWARDS MIDCUTICON 2025	2,00,000	2,00,000
2.	EXPENDITURE FOR BRANCH OFFICE		17,651
	WIFI BILL (Nov-Dec2025)	1,402	
	ELECTRICITY BILL (Dec 2025-Feb 2026)	4,080	
	SALARY OF OFFICE CLEANER (NOV 2025-JAN 2026)	4,500	
	MUNICIPALITY BILL (2025-2026)	7,669	
3.	AUDITOR ACCOUNT FINALISATION FEES	50,000	50,000
4.	CA BILL FOR SERVICES (INCOME TAX FEES, GST RETURN FEES)	53,100	53,100
5.	MIDCUTICON 2026 VENUE BOOKING AMOUNT.	1,00,000	1,00,000
6.	WEBSITE SUBSCRIPTION	10,819	10,819
7.	ZOOM'S SUBSCRIPTION	14,613	14,613
	Total		4,46,183

INCOME DURING THE PERIOD DECEMBER 2025 TO MAY 2026

Sl. No.	INCOME	AMOUNT in Rs.
1.	DERMAZONE EAST (MANIPUR) 2024 CONTRIBUTION	27,866
2.	MIDCUTICON NE States 2025 COLLECTION (BALANCE AMOUNT OF PHARMACEUTICAL SPONSORSHIP)	1,30,200
3.	MIDCUTICON NE States 2026 COLLECTION PHARMACEUTICAL SPONSORSHIP ACCOMODATION BOOKING AMOUNT	7,94,600 15,000
4.	CREDIT INTEREST FROM SAVINGS ACCOUNT	29,337
	TOTAL	9,97,003/-

FIXED DEPOSITS - THREE FIXED DEPOSITS AT SBI, GMCH BRANCH-

1. RS 32,46,196 (VALUE DATE 08-01-2026 AND MATURITY DATE 28-03-2027)
2. RS 21,64,130 (VALUE DATE 08-01-2026 AND MATURITY DATE 28-03-2027))
3. RS 01,07,214 (VALUE DATE 25-06-2025 AND MATURITY DATE 29-07-2026)

Total CREDITS from 1st DECEMBER 2025 TO 31st MAY 2026 =

Rs 9,97,003/-

Total DEBITS from 1st DECEMBER 2025- 31st MAY 2026 =

Rs 4,46,183/-

Opening balance in our Savings Account as on 1st DECEMBER 2025 =

Rs 22,85,529.90/-

Closing Balance in our Savings Account as on 31st MAY 2026 =

Rs 28,33,349.90/-

Sd/-

Dr. Monali Sutradhar

Treasurer, NE States Branch IADVL (2024 - 2026)

REPORT ON DERMAZONE EAST & CUTICON NE STATES 2025

11th, 12th & 13th December 2025, Agartala, Tripura

DERMAZONE EAST & CUTICON NE STATES 2025, 31st East Zonal Conference of IADVL & 36th Annual Conference of NE States Branch of IADVL was held on 11th, 12th & 13th December 2025 Organised by Agartala chapter of NEIADVL at Agartala International Fair Ground, Hapania, Tripura.

The conference was organized under able leadership of **Dr. Nirmalya Malakar** as Organising President, **Dr. Gautam Mazumder** as Organising Secretary, **Dr. Kamal Das** as Scientific Chairperson, **Dr. Rakesh Biswas** as Scientific Secretary & **Dr. Priyanka Das** as Treasurer and continuous guidance & supervision of **Dr. Shyamanta Barua**, President NEIADVL & other esteemed Executive body members time to time.

We are happy to share with you that Organizing Committee has decided to waive off the conference registration fees for our esteemed senior colleagues who are 70 years of age or above as a token of appreciation to their contribution toward to the society & the subject of dermatology over the years.

This year's conference theme "**Dermatology: Bench to Bedside**" reflects our commitment in bridging the gap between basic research and clinical practice.

Our scientific team curated a comprehensive scientific program, featuring invited speakers from across India, workshops, orations, keynote addresses, and focused sessions, panel discussions, free papers, award papers & E posters. Our aim was to provide a platform for learning, discussion, and exchange of ideas, keeping pace with the latest developments in dermatology.

We are honored to have **Prof. (Dr.) Manik Saha**, Hon'ble Chief Minister of Tripura, gracing this occasion as our Chief Guest. We are also privileged to have **Dr. Rajeev Sharma**, National President IADVL, & **Dr. Rajiv Ranjan Thakur**, Joint. Secretary IADVL gracing this occasion as the guest of Honor & special guest respectively.

We released a souvenir on the occasion of this conference, Newsletter NEIADVL & Yuvaderma which were generously appreciated by all for its contents & creativity.

In spite of Nationwide Indigo fiasco, we had a physical attendance of 173 delegates and 44 co-delegates. We had conducted workshops on Botulinum toxin: Basic to advance & Fillers: Basic to advance. The workshop was conducted under the guidance & support of **Dr. Aruna Devi** as the course director. There were three orations. **Dr. T. C SAIKIA MEMORIAL** oration was conferred to **Dr. Manas Chatterjee**, IADVL **DERMAZONE EAST** oration was conferred to **Dr. Prasenjeet Mohanty** & IADVL

CONTITUTION GOLDEN JUBILEE oration was conferred to **Dr. Koushik Lahiri**. The event concluded with resounding success. **Dr. Debdeep Mitra** & **Dr. Ananad M** conducted the **IADVL GSK** as quiz master and asst. quiz master respectively. The conference was attended by many guest speakers of national & international reputes across the country & to name a few are **Dr. Sandipan Dhar**, **Dr. Rashmi Sarkar**, **Dr. Kaushal Verma**, **Dr. Rajetha Damisetty**, and **Dr. Aseem Sarma**.

We, Agartala Chapter of NEIADVL felt extremely privileged & extend a heartfelt gratitude towards EC NEIADVL for giving this wonderful opportunity to host this mega event. We look forward to many more such endeavors in the days to come.



Best regards,

Dr. Gautam Mazumder
Organizing Secretary



CUTICON NE STATES 2026

Upgrade • Upskill • Uplift – Dermatology & AI



Dear Colleagues,

The organizing team of the 37th Annual Conference of the NE States Branch of IADVL, warmly invite you to CUTICON NE STATES 2026, dedicated to advancing knowledge, enhancing skills, fostering collaboration, and exploring the transformative role of Artificial Intelligence in Dermatology.

 5th–6th December 2026  CIHSR, Dimapur, Nagaland

Join distinguished faculty, practicing dermatologists, academicians, researchers, and postgraduate students from across Northeast India for two enriching days of scientific exchange, innovation, and professional growth

Conference Highlights:

- Cutting-edge scientific sessions
- Expert lectures and panel discussions
- Emerging applications of AI in Dermatology
- Live workshops
- Free paper, award paper and poster presentations
- Interactive case discussions and networking opportunities



Experience Nagaland During the Hornbill Festival

As an added attraction, CUTICON NE STATES 2026 coincides with the world-famous Hornbill Festival, often called the "Festival of Festivals" of Nagaland. Delegates will have the unique opportunity to experience the vibrant cultural heritage, traditional performances, indigenous cuisine, arts, crafts, music, and hospitality that make Nagaland one of India's most fascinating destinations. This year's conference promises not only an outstanding academic program but also an unforgettable cultural experience.

Mark your calendars and plan your visit to Nagaland this December as we come together to Upgrade, Upskill, and Uplift the future of Dermatology in the era of AI.

Registration and abstract submission details will be announced soon.

We look forward to welcoming you to Nagaland for an exceptional blend of science, innovation, and culture.

Warm regards,
Nagaland Chapter, NE States Branch, IADVL.



Dr Leishiwon Kumrah
Organizing President
CUTICON NE STATES 2026



Dr Sentila Longkumer
Organizing Secretary
CUTICON NE STATES 2026



The Balanced Dermatologist

DR. ANUPAM AGARWAL
Consultant Dermatologist, Tinsukia



Contentment is a state of inner satisfaction and peace in which a person feels emotionally fulfilled with their life as it is, while still being open to growth and improvement.

Being content as a dermatologist is a little different from being content in many other professions. You work in a field where:

- patients often expect perfection
- cosmetic comparison is constant
- chronic diseases relapse
- social media distorts success
- and professional identity can quietly consume personal identity

Contentment usually doesn't come from "achieving more." It comes from building a life where success, meaning, health, money, relationships, and self-respect stay in balance for long periods of time.

A few things tend to matter disproportionately for doctors — especially specialists like dermatologists:

Professionally: Build a Practice You Can Sustain for 20–30 Years

1. Decide what kind of dermatologist you want to be

Many dermatologists become unhappy because they unconsciously chase someone else's version of success.

You should consciously define:

- Do you want academic respect?
- Financial freedom?
- A relaxed family life?
- Procedural mastery?
- Cosmetic practice growth?
- Intellectual stimulation?
- Geographic stability?
- Time autonomy?

A doctor trying to maximize all of these simultaneously eventually burns out.

Contentment increases when your practice matches your temperament.

For example:

- Some thrive in high-volume cosmetic clinics
- Some love difficult medical dermatology

- Some enjoy dermatosurgery
- Some enjoy teaching more than earning.
- Some want predictable OPD life and evenings with family.

None is superior.

2. Avoid “comparison poisoning”

Dermatology is especially vulnerable to this because income and lifestyle differences between dermatologists can become extreme.

You'll always know someone:

- earning more
- growing faster on Instagram
- opening another clinic
- buying another laser
- speaking at conferences
- or becoming “famous.”

The problem is you only see their highlight reel.

A very useful mental model is to compare downward for gratitude. Compare inward for growth. Not sideways.

3. Protect your relationship with patients

The happiest long-term clinicians usually maintain:

- competence
- boundaries
- and emotional distance without losing empathy

You cannot emotionally absorb every relapse of psoriasis, every melasma recurrence, every dissatisfied cosmetic patient, every hair loss consultation, otherwise medicine becomes psychologically exhausting.

Your job is:

- sincerity
- skill
- ethics
- and consistency

Not omnipotence

4. Don't let cosmetic dermatology distort your self-worth

A subtle danger in aesthetics is that your income becomes tied to:

- external validation
- luxury signalling
- appearance culture
- and patient praise

That can create a dopamine-dependent career

Doctors who stay grounded usually maintain:

- intellectual work
- medical dermatology

- teaching
- reading
- mentoring
- or community work alongside aesthetics.

It protects identity depth.

5. Financial peace matters more than luxury

Many doctors think contentment comes after:

- bigger clinic
- more branches
- more devices
- more turnover

In reality, peace usually rises sharply after:

- debt reduction
- emergency fund creation
- reasonable investments
- and predictable cash flow

Past a certain point, more income often increases:

- management stress
- staffing issues
- medico-legal anxiety
- and lifestyle inflation

The goal is not maximum earning. It is “enough + freedom.”

Personally: The Bigger Determinant of Happiness

Most doctors underestimate this. A fulfilled personal life affects professional satisfaction more than the reverse.

6. Preserve identity outside medicine

If your entire identity becomes:

“I am a dermatologist”

then every professional setback feels existential.

You need parallel pillars:

- spouse/partner
- children/family
- friendships
- fitness
- spirituality
- hobbies
- reading
- music
- travel
- creativity
- mentoring
- community

These are not distractions from life. They are life.

7. Protect physical health aggressively

Doctors are notoriously poor at this, but energy is the foundation of contentment.

The basics matter more than optimization:

- consistent sleep
- strength training
- walking,
- sunlight
- maintaining weight
- reducing alcohol
- preserving metabolic health

A tired, inflamed, sleep-deprived brain cannot feel content for long.

8. Create “empty space” in your week

High achievers often unintentionally eliminate silence from life.

No mental recovery. No reflection. No boredom. No stillness.

Eventually:

- irritability rises
- joy dulls
- and success feels strangely flat

Contentment needs recovery time

Even 1–2 protected hours weekly can reset mental clarity with:

- no phone
- no clinic
- no productivity goal

9. Invest deeply in a few relationships

At the end of most careers, people rarely regret:

- not buying another machine,
- not expanding another branch,
- or not seeing 20 more patients/day.

They regret neglected relationships.

A few emotionally safe relationships are one of the strongest predictors of long-term wellbeing.

10. Accept that dissatisfaction never fully disappears

This is important. Even successful, respected, financially secure doctors still experience:

- self-doubt
- envy
- fatigue
- questioning
- emptiness at times

Contentment is not permanent emotional bliss.

It is a stable sense that your life is broadly aligned with your

values. You can still be ambitious while content.

The healthiest professionals are usually:

- grateful
- purposeful
- improving
- but not internally frantic

One final thought:

Patients will remember your kindness longer than your prescriptions. Your children will remember your availability longer than your income. And you yourself will remember how your life felt, not just what you achieved.

A content doctor is usually not the one who maximized everything. It is the one who stayed balanced long enough to enjoy the journey.

Diet, Dermis and Discipline: A Clinical Meditation on Nourishment and Form

DR. DEBAJIT DUTTA

Consultant Dermatologist SAC Dibrugarh



The Invisible Architecture of What We Consume

In the quiet arithmetic of human physiology, diet is not merely sustenance—it is instruction. Every morsel ingested becomes a biochemical directive, shaping endocrine rhythms, inflammatory cascades, and cellular regeneration. The body, in turn, responds with either harmony or dissent—manifesting as vitality in motion and clarity upon the skin, or conversely, fatigue and dermal discord.

Fitness: The Metabolic Symphony

To speak of fitness without invoking diet is to admire architecture while ignoring its foundation.

Energy Regulation:

Complex carbohydrates orchestrate a measured release of glucose, sustaining muscular endurance. In contrast, refined sugars provoke abrupt glycaemic oscillations—brief crescendos of energy followed by precipitous decline.

Protein and Structural Integrity:

Proteins are not mere nutrients; they are the body's scaffolding. Inadequacy here invites sarcopenia, delayed recovery, and diminished resilience.

Inflammatory Equilibrium

Ultra-processed foods, laden with trans fats and additives, subtly

incite chronic inflammation—a silent saboteur of both performance and recovery.

Hydration: The Overlooked Constant:

Water, often relegated to an afterthought, is in fact the medium of all metabolic exchange. Its deficiency diminishes not only stamina but also the skin's turgor and elasticity.

Skin: The Visible Testament

The skin, our most public organ, is an unerring narrator of internal balance.

Acne: A Dialogue of Hormones and Diet:

Acne is seldom a superficial affliction; it is, rather, a dermatological epilogue to metabolic perturbation.

High glycaemic diets elevate insulin and insulin-like growth factor (IGF-1), thereby amplifying sebaceous activity. The result is an environment conducive to follicular obstruction and microbial proliferation. Dairy, in susceptible individuals, may further modulate hormonal pathways, compounding the issue.

Conversely, micronutrients such as zinc and omega-3 fatty acids exert an anti-inflammatory influence, tempering the severity of lesions.

Glow - The Subtle Radiance of Cellular Health:

The much-coveted “glow” is not cosmetic—it is cellular.

Vitamin C facilitates collagen synthesis, preserving dermal integrity. Vitamin E mitigates oxidative insult, while adequate hydration ensures cellular plumpness and light reflectivity. Diets abundant in antioxidants confer a luminosity that no topical intervention can convincingly replicate.

In contrast, diets dominated by processed foods accelerate oxidative stress, rendering the skin lacklustre and fatigued.

Pigmentation - The Chronicle of Deficiency and Exposure:

Pigmentation disorders often straddle the domains of nutrition and environment. Deficiencies in Vitamin B12 and iron may subtly alter melanocyte function, while oxidative stress exacerbates uneven tone. Though ultraviolet exposure remains a principal actor, nutritional inadequacy frequently scripts the severity and persistence of pigmentation.

A diet replete with iron, B-vitamins, and antioxidants assists in restoring chromatic balance to the skin.

Clinical Prescriptions for Daily Practice

- Prefer nutritional integrity over caloric indulgence
- Maintain macronutrient equilibrium with adequate protein
- Incorporate phytonutrient-rich foods—the more chromatic the plate, the better
- Restrict refined sugars and ultra-processed consumables
- Sustain consistent hydration
- Identify individual dietary triggers, particularly in acne-prone individuals

Concluding Reflection

The relationship between diet, fitness, and skin is neither incidental nor cosmetic—it is profoundly causal. The body does not negotiate with neglect; it reflects it.

To nourish oneself judiciously is, therefore, not an act of vanity but of clinical prudence. In the final analysis, the skin does not lie—it merely reveals.

Aloneness, Loneliness and Dementia: Distinguishing Solitude from Cognitive Risk



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Aloneness and loneliness are often confused, but they describe very different human experiences. To be alone refers simply to being apart from others, while loneliness refers to the distress that arises when a person feels socially or emotionally disconnected (Merriam-Webster, n.d.; National Institute on Aging [NIA], 2025). This distinction is important because a person may spend time alone without suffering emotionally, while another may feel profoundly lonely even in a crowd (NIA, 2025).

Chosen aloneness can be healthy and restorative. Solitude may provide time for reflection, emotional renewal, and independence, and it does not necessarily suggest sadness or decline (Merriam-Webster, n.d.). In many cases, being alone is not harmful in itself; the concern arises only when solitude turns into prolonged withdrawal from meaningful relationships and social engagement (Kuiper et al., 2015; UNSW Sydney, 2022).

Loneliness, by contrast, is more troubling because it reflects unmet emotional and social needs rather than simple physical separation. Research has shown that loneliness in older adults is associated with poorer cognitive function, including memory, processing speed, and global cognition (Sutin et al., 2023). This suggests that loneliness affects more than emotional well-being; it may also influence how the brain functions over time (Sutin et al., 2023).

The issue becomes especially significant in relation to dementia. Current evidence does not show that aloneness itself directly causes dementia. However, lower social engagement and weaker social support have been associated with increased dementia risk, while stronger social engagement appears

modestly protective over the long term (Kuiper et al., 2015). Social interaction may help maintain brain health by stimulating attention, conversation, emotional processing, and mental exibility (UNSW Sydney, 2022).

The connection between loneliness and dementia is stronger and more direct. A large meta-analysis involving more than 600,000 participants found that loneliness was associated with a 31% higher risk of dementia (NIA, 2025). The same analysis also linked loneliness with increased risks of Alzheimer's disease, vascular dementia, and cognitive impairment, even after accounting for depression and social isolation (NIA, 2025). These findings suggest that loneliness may function as an independent risk factor rather than merely a symptom of other problems (NIA, 2025).

This does not mean that every person who enjoys solitude is vulnerable to decline. The critical distinction lies in whether being alone is emotionally satisfying or psychologically painful. A person who values solitude but remains socially connected may continue to thrive emotionally and cognitively, whereas a person who feels lonely may become more withdrawn, depressed, and deprived of the stimulation that social relationships provide (Kuiper et al., 2015; Sutin et al., 2023). For this reason, loneliness should be addressed intentionally. Human connection does not always require major intervention; even simple acts such as conversation, shared activities, and participation in community life can reduce emotional isolation and support healthier aging (UNSW Sydney, 2022). Reaching out to excluded or overlooked individuals may therefore benefit not only their emotional well-being but also their long-term cognitive resilience (NIA, 2025; UNSW Sydney, 2022).

In conclusion, aloneness and loneliness should not be treated as the same condition. Aloneness can be peaceful, chosen, and emotionally nourishing when balanced by meaningful relationships. Loneliness, however, is a painful state that research increasingly associates with poorer cognitive health and increased dementia risk (Kuiper et al., 2015; NIA, 2025; Sutin et al., 2023). Respect for personal space remains important, but so does the recognition that human connection plays a vital role in mental and cognitive well-being across the lifespan.

References

- Kuiper, J. S., Zuidersma, M., Oude Voshaar, R. C., Zuidema, S. U., van den Heuvel, E. R., Stolk, R. P., Smidt, N., & Gerritsen, D. L. (2015). The association between social engagement, loneliness, and risk of dementia : A systematic review and meta- analysis. *Journal of Alzheimer's Disease*, 46(3), 1–15. <https://doi.org/10.3233/JAD-180439>
- Merriam-Webster. (n.d.). Alone. In Merriam-Webster.com dictionary. Retrieved May 22, 2026, from <https://www.merriam-webster.com/dictionary/alone>
- National Institute on Aging. (2025, January 15). Loneliness linked to dementia risk in large-scale analysis. <https://www.nia.nih.gov/news/loneliness-linked-dementia-risk-large-scale-analysis>

Sutin, A. R., Stephan, Y., Luchetti, M., & Terracciano, A. (2023). Loneliness and cognitive function in older adults without dementia. *Journal of Alzheimer's Disease*, 91(4), 1243–1259. <https://doi.org/10.3233/JAD-220832>

UNSW Sydney. (2022, October 26). How social connection keeps your brain young: Study. <https://www.unsw.edu.au/newsroom/news/2022/10/how-social-connection-keeps-your-brain-young--study>

Dermatology in the Era of Social Media: Changing Patient Perspectives and Emerging Challenges

DR. DEVANKUR DUTTA

Consultant dermatologist, Dergaon



Social media platforms like Instagram & Facebook are rapidly changing how people perceive skincare and dermatology. Reels, influencer recommendations, viral skincare routines, and dramatic “before-after” transformations now strongly influence patient expectations and treatment choices.

Many patients today arrive at clinics already carrying information gathered from social media. While this has improved awareness about skin health, it has also increased misinformation, unrealistic beauty standards, and self-treatment practices.

Positive Impact of Social Media Dermatology:

- **Increased Awareness** – More people now seek early consultation for acne, pigmentation, hair fall, and other skin conditions.
- **Reduction of Stigma** – Open discussions about conditions like psoriasis, vitiligo, and acne has normalized many dermatological disorders.
- **Patient Education** – Qualified dermatologists can use social media to spread evidence-based skincare information in a simple and accessible manner.
- **Better Reach** – Social media helps dermatologists educate large audiences, especially younger populations.

Concerns and Challenges:

- **Misinformation by Non-Experts** – Unscientific advice and DIY treatments are commonly promoted online.
- **Unrealistic Beauty Standards** – Filters and edited content may create unhealthy expectations regarding “perfect skin.”
- **Self-Treatment Culture** – Patients increasingly rely on viral trends instead of professional consultation.

- **Commercialization of Skin Health** – Skincare is sometimes presented more as a beauty trend than a medical science.

Qualified dermatologists have an important responsibility in the social media era to share evidence-based information while maintaining ethical, professional, and empathetic communication with patients. Along with educating the public and encouraging realistic treatment expectations, it is equally important to avoid misleading advertisements, exaggerated claims, excessive editing of clinical images or promotion of fear-based and purely trend-driven treatments. The goal should remain the protection of the scientific, clinical, and ethical identity of dermatology while responsibly adapting to modern digital outreach.

In the growing social media era, there is also a need to protect the clinical and scientific identity of dermatology. While reels and viral content have improved awareness and patient engagement, excessive focus on likes, views, and cosmetic trends may gradually overshadow the fact that dermatology is fundamentally a clinical specialty, not merely a branch of cosmetic science. Maintaining a balance between education, ethics, outreach, and scientific integrity remains extremely important.

As a budding dermatologist, these reflections are only personal observations intended to encourage healthy discussion. Guidance and perspectives from respected seniors, colleagues, and juniors regarding this evolving aspect of dermatology would be sincerely welcomed and valued.

“In the age of viral skincare trends, the voice of science and ethical dermatology matters more than ever.”

Dark secrets of Syphilis: The infamous human experiments

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Registrar - Tinsukia Medical College



From the days when syphilis was considered a punishment for sin, the “great imitator” has passed through the era of toxic heavy-metal therapies before finally reaching its mainstay treatment, penicillin. However, this journey was marked by immense human suffering and unethical experiments.

After the failed Terre Haute prison experiments (1943–1944), which aimed to find an effective prophylaxis for gonorrhea among military personnel, researchers carried their work one step further in Guatemala, using the earlier study as a foundation. The Guatemala experiments (1946–1948) were primarily designed to study the transmission of sexually transmitted diseases, evaluate post-exposure prophylaxis, and assess the effectiveness of penicillin in preventing and treating infections.

such as syphilis, gonorrhea, and chancroid. Nearly 5,500 individuals underwent diagnostic procedures, while around 1,308 subjects were intentionally exposed to infection, largely without informed consent. Although around 678 participants were documented to have received some form of treatment, several subjects either received delayed therapy or remained untreated. By the end of the follow-up period, at least 83 participants had died. However, the exact relationship between the experiments and the mortality remains uncertain. The victims included prisoners, soldiers, psychiatric patients, commercial sex workers, and even children. Subjects were exposed through infected prostitutes, direct inoculation of infectious material onto genitalia, abraded skin, and mucosal surfaces. When natural transmission failed to consistently establish infection, researchers resorted to increasingly invasive methods to ensure disease transmission.

Psychiatric patients, considered easy to control and continuously observe, became some of the worst victims of the study. Many underwent repeated infections, painful procedures such as lumbar punctures, and inadequate treatment. One of the most horrifying examples was the case of a psychiatric patient named Berta, who was repeatedly infected and subjected to invasive procedures even after her condition deteriorated, before eventually dying during the course of the experiments. Children involved in the study were mainly included in the serological and diagnostic arm of the research to evaluate syphilis testing methods and to study congenital syphilis, and there is no clear evidence that they were intentionally inoculated with infection.

Another notorious chapter in syphilis research was the Tuskegee Syphilis Study (1932–1972), which aimed to observe the natural



Fig.2: Blood collection from a participant during the Tuskegee Syphilis Study.

Source: National Archives and Record Administration (NARA), USA

progression of untreated syphilis. Unlike the Guatemala experiments, the Tuskegee study did not intentionally infect participants. Instead, nearly 600 poor African American men, including around 399 with syphilis, were enrolled under the false promise of free medical care. The participants were never informed that they had syphilis and were instead told they were being treated for “bad blood.” Even after penicillin became the standard cure for syphilis in the 1940s, treatment was deliberately withheld so researchers could continue observing the natural course of the disease. Many participants developed severe complications, several died from syphilis-related illnesses, many wives became infected, and some children were born with congenital syphilis.

Despite differences in their design, both the Guatemala and Tuskegee studies were conducted under the U.S. Public Health Service (PHS), and shockingly, some of the same researchers were involved in both experiments. John C. Cutler played a significant role in the Guatemala experiments and was later associated with the Tuskegee study. The continuation of such unethical research over decades reflects how secrecy, institutional power, and lack of accountability allowed repeated violations of human rights to remain concealed for years.

The exposure of these experiments triggered global outrage and became major turning points in the history of medical ethics. Following public revelation of the Tuskegee study in 1972, the United States introduced stricter regulations for human research, including the requirement for informed consent and independent ethical review through Institutional Review Boards (IRBs). Decades later, after the Guatemala experiments came to light in 2010, the U.S. government formally apologized to Guatemala and initiated further investigations into historical unethical research practices. Although these experiments contributed to the understanding of syphilis and penicillin therapy, they remain among the darkest chapters in medical history. Their exposure not only led to major reforms in research ethics and informed consent, but also served as a reminder that scientific progress should never come at the expense of human dignity and basic human rights.



Fig.1: Female patients from a Guatemala psychiatric hospital exposed to syphilis during the Guatemala experiment.

Source: National Archives and Records Administration (NARA), USA

Balancing Epistemic Humility and Intellectual Confidence in Clinical Practice: perspective from Dermatology Ward



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Associate Professor - Silchar Medical College

(With Inputs from: Dr. Sherina Nasrin and Dr. Y.C.Sherpa)

In a dermatology ward, where clinical signs are often subtle and diagnoses may mimic one another, the attitude of the physician is as important as their knowledge. Among the most essential professional qualities a doctor must cultivate is the balance between epistemic humility and intellectual confidence. Epistemic humility refers to the recognition that one's knowledge is limited and incomplete, while intellectual arrogance is the tendency to overestimate one's understanding and dismiss alternative possibilities. In dermatology, where appearances can be deceptive and diseases evolve over time, maintaining humility is not a weakness but a hallmark of good clinical practice.

The four pillars of Epistemic humility can be explained as

- Recognising fallibility- being wrong can be part of learning and not personal failure.
- Metacognition- ability to identify cognitive biases and blind spots in one's thoughts.
- Prioritising Curiosity over certainty-refraining from instinctively defending pre-conceived arguments
- Respecting or acknowledging complexity- most concepts and ideas and opinions may have multiple valid perspectives.

Dermatology is a specialty deeply dependent on observation and interpretation. Many skin conditions share overlapping morphologies, and even experienced dermatologists can misdiagnose lesions at first glance. A rash that appears to be eczema may later reveal itself as psoriasiform or cutaneous lymphoma; a non-healing ulcer may initially resemble an infection but turn out to be malignancy. Myriad ways of presentations of Hansen's may beat the seasoned clinician. In such situations, a doctor who approaches every case with certainty risks overlooking crucial clues. A sense of Epistemic humility encourages the physician to continually question assumptions, revisit diagnoses, and remain open to learning from colleagues, investigations, and even patients themselves.

An erudite dermatologist understands that medicine is dynamic. Textbook descriptions rarely capture the full spectrum of clinical presentations encountered in real wards mostly due to lack of proper widely sampled randomized studies in developing countries. Patients may present atypically due to age, immune

status, skin type, or prior treatments. Intellectual arrogance can lead a doctor to prematurely close the diagnostic process after forming an initial impression. This phenomenon, known as diagnostic anchoring, may result in delayed diagnosis, inappropriate therapy, and harm to the patient. Humility, in contrast, promotes careful differential diagnosis, thoughtful investigations, and willingness to seek second opinions when needed.

The dermatology ward is also a place of multidisciplinary collaboration. Dermatologists frequently work with pathologists, rheumatologists, oncologists, pediatricians, and infectious disease specialists. A senior faculty who behaves arrogantly may disregard the insights of colleagues, creating barriers to effective teamwork. Conversely, a physician with epistemic humility values collaborative learning and appreciates that complex cases often require multiple perspectives. Such an environment ultimately benefits patient care and fosters professional respect among healthcare workers.

Humility is equally important in interactions with patients. Skin diseases are often chronic, visible, and psychologically distressing. Patients may have spent years seeking answers before reaching a dermatology ward. An arrogant attitude may make patients feel dismissed or unheard, reducing trust and adherence to treatment. A humble doctor listens attentively, acknowledges uncertainty honestly, and explains management plans transparently. Saying "I do not know yet, but we will investigate further" is often more ethical and reassuring than offering false certainty. This kind of arrogance though is more common in quacks practising Dermatology and aesthetic medicine due to the phenomenon of blissful ignorance.

However, epistemic humility should not be confused with lack of confidence or indecisiveness. Patients expect doctors to make informed decisions and guide treatment effectively. Excessive self-doubt can delay management and undermine patient confidence. Therefore, the ideal dermatologist practices intellectual confidence grounded in evidence while remaining aware of the limits of personal knowledge. Confidence allows a doctor to act decisively in emergencies such as SJS/ TEN, or Severe cases of pemphigus, type 2 reactions and also steward various therapeutic interventions in chronic dermatoses, while humility ensures continual reassessment and readiness to modify treatment if new information emerges.

Medical training sometimes unintentionally encourages intellectual arrogance by rewarding certainty and authority. Junior doctors may feel pressured to appear knowledgeable at all times. Yet true professionalism lies not in pretending to know everything, but in maintaining curiosity and lifelong learning. Dermatology evolves rapidly with advances in immunology, biologics, dermoscopy, and dermatopathology. A doctor who believes they have mastered everything risks becoming outdated. Humility keeps the physician intellectually flexible and receptive to new evidence.

In conclusion, a doctor in a dermatology ward should strive for a balance between confidence and humility. Practicing a culture of

epistemic humility protects against diagnostic error, improves teamwork, strengthens patient relationships, and encourages lifelong learning. Intellectual arrogance, though sometimes mistaken for expertise, can compromise both patient care and professional growth. The best dermatologist is not the one who claims certainty in every situation, but the one who combines knowledge with openness, confidence with reflection, and authority with compassion.

References

- Muyskens K, Ang C, Kerr ET. Relational epistemic humility in the clinical encounter. *J Med Ethics*. 2025;0:1-7. doi: 10.1136/jme-2024-110241.
- Celi LA, Dorotic M, Dubin J, Nazarian N, Salarikia R. Epistemic humility for physicians and scientists. *Lancet Reg Health Am*. 2026;53:101315. doi: 10.1016/j.lana.2025.101315.
- Oppong T. Epistemic humility: the antidote to intellectual arrogance. Medium; 2023 Jun 27.

CDSCO Warns Public Against the Use of Cosmetic Products as Injections



DR. BIRENDRA KUMAR NATH
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The Central Drugs Standard Control Organisation (CDSCO), India's national drug regulator, has issued recently an important public notice regarding the use of cosmetic products for beauty treatments.

According to the notice, cosmetics are meant only for external application on the body. Products such as creams, lotions, serums, face packs, shampoos, and sprays are designed to cleanse, beautify, and improve appearance by being applied to the skin or hair.

CDSCO has clearly stated that products supplied in injectable form do not fall under the definition of cosmetics. In simple terms, cosmetics are not meant to be injected into the body. The notice further states that no cosmetic is permitted to be used as an injection by consumers, professionals, beauticians, or aesthetic clinics.

This clarification comes at a time when various beauty treatments involving injections are being widely promoted in many parts of the country and becomes a very lucrative business rather than a medical service. Advertisements often promise fairer skin, younger-looking appearance, instant glow, anti-ageing benefits, or other cosmetic improvements through

injections. Many people accept these treatments believing that they are routine beauty procedures.

The CDSCO notice reminds the public that cosmetic products are intended only for external use. Consumers should be cautious when offered injectable beauty treatments and should not assume that every product used for cosmetic purposes is legally approved or safe for injection.

The regulator has also warned against misleading advertisements and false claims. Cosmetic products cannot be promoted as treatments for diseases or medical conditions, and manufacturers or service providers are not allowed to make claims that may mislead consumers.

According to the notice, the use of prohibited ingredients, misleading claims, or the administration of cosmetics through injection may attract action under the Drugs and Cosmetics Act and related rules.

Members of the public should always seek proper information before undergoing any aesthetic or beauty procedure. They should ask what product is being used, whether it has the necessary approvals, and whether the procedure is being carried out in accordance with the law.

The CDSCO notice serves as an important public-awareness message. Beauty should never come at the cost of safety. Consumers must remain informed, ask questions, and make careful decisions before undergoing any injectable cosmetic procedure. Awareness is the best protection against unsafe and misleading beauty practices.

File No.: COS-12/1/2026-eoffice
Government of India
Directorate General of Health Services
Central Drugs Standard Control Organisation
FDA Bhawan, Kotla Road,
New Delhi-110002
Date

Public Notice 18 MAY 2026

Cosmetics are defined under the Drugs and Cosmetics Act, 1940 "Cosmetic means any article intended to be rubbed, poured, sprinkled or sprayed on, or introduced into, or otherwise applied to, the human body or any part thereof for cleansing, beautifying, promoting attractiveness, or altering the appearance, and includes any article intended for use as a component of cosmetic". Manufacturing and Import of cosmetics for sale & distribution is regulated under the provisions specified under the Cosmetics Rules, 2020 of the said Act.

2. List of generally not recognised as safe (GNRAS) and restricted Ingredients is published by the Bureau of Indian Standards.

3. Products supplied in form of injectable preparation do not fall under the definition of cosmetics. No cosmetic is permitted to be used as injection by consumer/ professionals/ aesthetic clinics. Cosmetics are only intended to be rubbed, poured, sprinkled or sprayed to human body.

4. As per the provisions of labelling, no cosmetic may purport or claim to purport or convey any idea which is false or misleading to the intending user of cosmetics, misleading claims. Further, no person shall alter, obliterate or deface any inscription or mark made or recorded by the manufacturer on the container, label or wrapper of any cosmetic.

5. Cosmetics are permitted to be supplied for its intended use as defined in the definition; no cosmetic is permitted to be used in treatment by professionals/ individuals. Cosmetics are only for cleansing, beautifying, promoting attractiveness, or altering the appearance of human body or any part thereof.

6. Use of prohibited ingredients in cosmetic product, misleading claims on label, use of cosmetics for treatment and application of cosmetic through injection attracts violations of the said Act & Rules.

7. Public is encouraged to report any such observation to the Regulatory Authority at cosmetics@cdsco.nic.in and/or State Licensing Authority.

(Dr. Rajeev Singh Raghuvanshi)
Drugs Controller General (India)

To:
1. All stake holders (consumers/ professionals/ importers/manufacturers) through website of CDSCO
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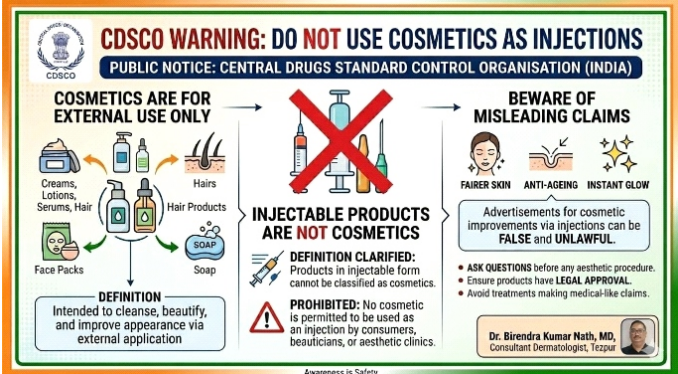
HOME / SCI-TECH / HEALTH

Injectable cosmetic products not permitted under law, says drug regulator CDSCO

“Products supplied in form of injectable preparation do not fall under the definition of cosmetics. No cosmetic is permitted to be used as injection by consumer/professionals/aesthetic clinics,” the notice said.

Published – May 21, 2026 12:19 pm IST – New Delhi

PTI



PCOS renamed as PMOS

DR. RUBY JAIN

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PCOS is a common hormonal disorder affecting an estimated 10-13% of women in reproductive age and into later stages of their life¹. Following exclusion of other disorders, the condition is diagnosed based on adults (aged >20years) meeting at least two of the following International Guideline criteria:

- Oligo-anovulation
- Clinical or biochemical hyper-androgenism, and
- Polycystic ovaries on ultrasound or elevated anti-Müllerian hormone (AMH)

Adolescents (aged 10-19years) require the presence of the first two criteria.

The term Polycystic Ovary Syndrome (PCOS) is increasingly

recognised as a misnomer. The term PCOS doesn't highlight the complex pathophysiology underlying the disease caused due to an imbalance of various hormones especially insulin, androgens, neuro endocrine and ovarian hormones manifesting in various systems in the body like skin (acne, seborrhoea, hirsutism, alopecia) reproductive system (ovulatory dysfunction, infertility, menstrual irregularities) metabolic changes (insulin resistance, hyper-insulinaemia, hyperandrogenism), psychological (depression, anxiety, sleep apnoea, insomnia, poor quality of life, eating disorders) but rather focus on one organ only i.e. ovaries. Moreover, these are not true epithelial cysts but antral follicles whose growth and maturation are inhibited. Also, the term PCOS neither reflects the hyperandrogenism which is essential for diagnosis nor the associated comorbidities like obesity, Type 2 diabetes, dyslipidaemia, hypertension, and endometrial cancer, which are higher in women with PCOS. These features underlie the greater risk of developing cardiovascular disease and other causes of mortality in these patients. Hence, due to its widened scope and various phenotypic presentations, the name PCOS seems to be incomplete, leading to delayed diagnosis, fragmented care and stigma while curtailing research and policy framing.

Following a multistep global consensus process involving 56 organisations and over 22,000 patients and clinicians, an international consortium proposed renaming the condition as PMOS i.e. POLYENDOCRINE METABOLIC OVARIAN SYNDROME, which was announced at the European Congress of Endocrinology in Prague and published online in The Lancet on MAY 12, 2026 after years of collaboration between international societies and patient groups across six continents

PMOS is a new name for PCOS, which aptly defines the underlying polyendocrine, metabolic, ovarian features of the syndrome and gives much clarity and uniformity about the condition, cultural appropriateness, implementation feasibility and may help to eliminate the stigma attached to it. The name change is a medical revolution that will lead to more accurate diagnoses and treatment strategies.

References:

- World Health Organisation. Polycystic Ovary Syndrome. WHO, 2026.
- Teede HJ, Khomami MB, Morman R, et al. Polyendocrine metabolic ovarian syndrome, the new name for polycystic ovary syndrome: A multistep global consensus process. The Lancet. 2026 May 15. doi: 10.1016/S0140-6736(26)00717-8.

Gardens of Green



DR. PUSHPITA CHOUDHURY
PGT 2nd year
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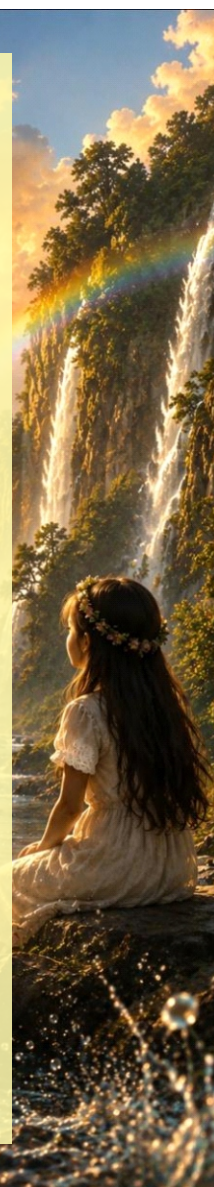
Tender green leaves,
Like emeralds on twigs.
Glistening in the sun,
With pearls of rain drops.
And there comes the maiden
A basket of dreams on her back
Packing away snippets of love,
One green leaf at a time.
And the aroma fills the air
The scent of tea, history and hope.

Splashes of Life



DR. BONNYMA RONGPHARPI
Assistant Professor
Diphu Medical College & Hospital

Hopes, smiles and comfort;
Drawn she in, and a child,
Where her soul is as pure as a new
running brook;
From those barren giants;
A sight she saw of those,
Wounded, lost, tired, agony,
Lost in time, or perhaps letting it lost
somewhere deep;
And to be found perhaps,
In the deepest of oceans amidst
giants or even deeper:
Like a river , so does life flows;
Whilst flow create ripples,
And splashes of heavenly fall amidst
Those rainbows and cliffs,
Also can havoc , when tides aren't
favoured.
But is so worth, as there is magic;
In those splashes, in gentle touch,
In flow, in river and so is Life!





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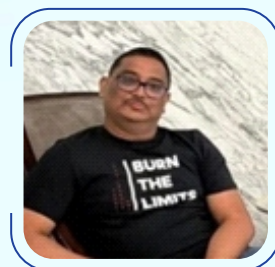
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Dr. Arup Paul

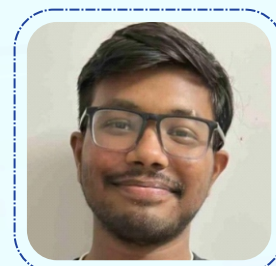
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GLIMPSES OF NE CUTICON CUM DERMAZONE EAST 2025



GLIMPSES OF NE CUTICON CUM DERMAZONE EAST 2025



AWARDS AND ACHIEVEMENT



MEDIA COVERAGE ON NATIONAL SUNSCREEN DAY

Skin... Expert Talk

Topic: The Need for Oral Sun Protection

On Air
92.7 BIG FM



Speaker
Dr. Saloni Katoch
Guwahati, Assam

27th May'26 National Sunscreen Day

Morning: 09-11 AM
Afternoon: 01-03 PM
Evening: 05-07 PM

Skin... Expert Talk

Topic: The Need for Oral Sun Protection

On Air
92.7 BIG FM



Speaker
Dr. Gautam Mazumder
Agartala

27th May'26 National Sunscreen Day

Morning: 09-11 AM
Afternoon: 01-03 PM
Evening: 05-07 PM

**Be Sunwise
Be SKINWISE**

Sun protection
Is not Seasonal
It's essential.

This
World Sunscreen Day,
let's make sun protection
a daily habit.

28th May, 2026



Prof. (Dr.) Gautam Mazumder
Consultant in Skin, Aesthetic & Laser Sugery
Professor of Dermatology,
Acuity Skin World,
Agartala

Skin awareness bytes airing
anytime between

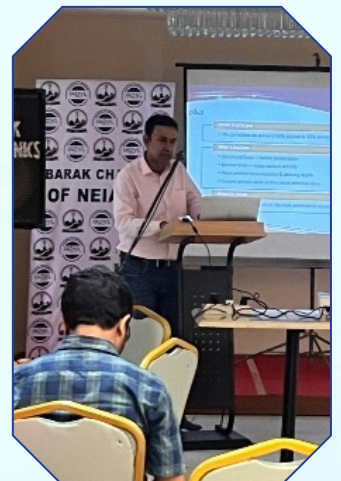
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14:00 hrs - 14:30 hrs
16:00 hrs - 16:30 hrs

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MEETINGS & ADMINISTRATION



BARAK CHAPTER



GUWAHATI CHAPTER



AGARTALA CHAPTER



DIBRUGARH CHAPTER



SHILLONG CHAPTER



AWARDS AND PRIZES OF CUTICON NE STATES CUM DERMAZONE EAST 2025

DR. ASHISH DEY MEMORIAL AWARD

1ST PRIZE

DR. KINNOR DAS

Consultant Dermatologist,
Apollo Clinic - Silchar (Assam)

TITLE

Impact of Digital Queue Management Systems
on Patient Satisfaction in Dermatology OPDs:
A Cross-Sectional Study at a Private Clinic in
Northeast India

EAST ZONE AWARD PAPER WINNERS

1ST PRIZE

DR. ANIKET GOSWAMI

NEIGRIHMS

TITLE

A Study of Clinical, Pathological,
Microbiological Aspects and Quality of Life in
Patients of Chromoblastomycosis

2ND PRIZE

DR. SWATI SUCHARITA NAYAK

I.M.S & SUM HOSPITAL BHUBANESWAR
ODISHA

TITLE

Clinical Evaluation of a Film Forming Spray
(FFS) in Patients with Plaque Psoriasis: A
Prospective, Open-labelled, Split Body
Comparative Study

3RD PRIZE

DR. ANANYA DAWN

KPC Medical College & Hospital, Jadavpur

TITLE

Tadpole tales of the vulva

NE AWARD PAPER WINNERS

1ST PRIZE

DR. GITARTHA BORUAH

Institution- Jorhat Medical College and
Hospital (JMCH), Assam

TITLE

Investigating the therapeutic impact of
platelet-rich fibrin (PRF) on chronic non-
healing ulcers

2ND PRIZE

DR. SATYENDRA SINGH

Institution-Jorhat Medical College and
Hospital (JMCH), Assam

TITLE

Targeting CD20 In Pemphigus: Rituximab as
First Line and Rescue Therapy

3RD PRIZE

DR. ANIKET GOSWAMI

Institution-NEIGRIHMS

TITLE

Clinico-Dermatoscopic Patterns and Quality of
Life among Patients with Facial Melanosis in
North-East India: A Cross-Sectional Study

AWARDS AND PRIZES OF CUTICON NE STATES CUM DERMAZONE EAST 2025

PG FREE PAPER

1ST PRIZE

DR RAHUL BARMAN
AMCH

TITLE

Profile of Pemphigus patients attending a tertiary healthcare centre: a clinico-Serological study

NE E POSTER AWARD

1ST PRIZE

DR. NASIDA P
SMCH

TITLE

When Boundaries Blur: Morphea Evolving into Systemic Sclerosis

2ND PRIZE

DR. TH MEGNA DEVI

Senior Resident, AIIMS Guwahati

TITLE

“Looking Beyond Dermatophytosis” A Case of Netherton Syndrome

3RD PRIZE

DR. KRISTINA KASHYAP

GMCH

TITLE

Ectrodactyly – Ectodermal Dysplasia – Clefing (EEC) Syndrome: A Rare Multisystem Genodermatosis

DERMAZONE EAST E POSTER AWARD

1ST PRIZE

DR. BATHULA MRUDULA REDDY
IMS & SUM hospital

TITLE

Oral tofacitinib in pediatric prurigo nodularis: a case series

2ND PRIZE

DR. MUKTI HALDER

Calcutta National Medical College and Hospital, Kolkata

TITLE

At the Threshold: Superficial Acral Onychofibromyxoma Eradicated by One Precise Cut

3RD PRIZE

DR. SUBHAM AGARWAL

IMS SUM Medical College

TITLE

Beyond the Typical Porokeratosis: Exploring the Rare Genitogluteal Variants

QUIZ WINNERS



1ST POSITON

**ASSAM MEDICAL COLLEGE
& HOSPITAL**

**DR. TASNIM FATIMA
& DR. RAHUL BARMAN**



2ND POSITON

JORHAT MEDICAL COLLEGE

**DR. SATYENDRA SINGH
& DR. GITARTHA BARUAH**

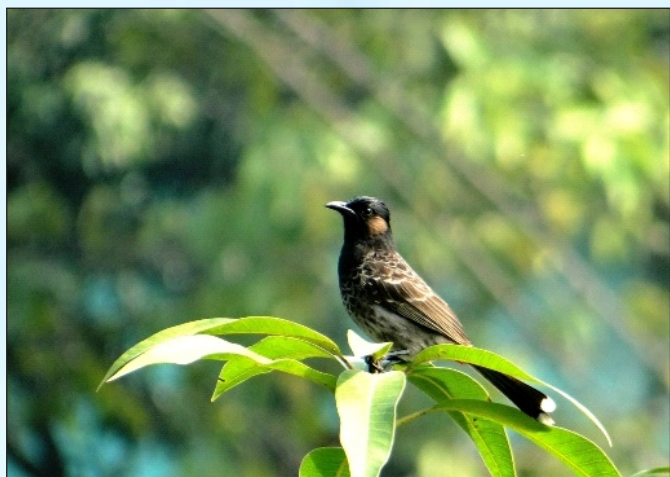


3RD POSITON

**GUWAHATI MEDICAL COLLEGE
& HOSPITAL**

**DR. RISWANA SHERIN M
& DR. AYUSHI LOHIA**

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Dr. Nazneen Jahan



Dr. Ruby Jain



Dr. Minakshi Narah



Dr. Minakshi Narah



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**GLORIOUS YEARS IN
DERMATOLOGY**

