NEIADVL
NEWSLETTER
Volume: XXVIII • May 2024
Official Mouthpiece of N. E. States Branch of IADVL

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From the Editor's Desk

Dear NEIADVLites,

It is indeed a matter of pride for me to serve as an Editor of NEWSLETTER of this prestigious association, NEIADVL.NEIADVL is like our extended family and under the able leadership of President Dr Krishna Talukdar and Secretary, Dr Anushree Baishya this association has been doing commendably well. This time Volume XXVIII May 2024 of NEWSLETTER will be released at Bongaigaon on 25th May, 2024 during MIDCUTICON. This issue will highlight the branch activity of NEIADVL for last six months. Also this NEWSLETTER is enriched with beautiful articles, poetry and painting of our dear members. I am thankful to all the contributors for their piece of work. My special thanks to PALSONS Derma for their valuable contribution for NEWSLETTER. Looking forward to meet all members at Bongaigaon at MIDCUTICON on 25th MAY 2024.

Long Live NEIADVL, Long Live IADVL

Regards,
Dr. Arup Paul
Editor, Newsletter, NEIADVL

Message from President

It gives me immense pleasure to learn that the MID-CUTICON, NE STATES branch 2024, the mid yearly conference of NEIADVL is to be held at Bongaigaon on 25th May 2024.

MID CUTICON is an excellent platform for the younger and the experienced Dermatologists to actively participate and add up to the epitome of the learning experience. The main idea of organizing the scientific event is to nurture the basics as well as the application of the attributes in the field of Dermatology. Dermatology is gaining more attention in recent times for using modern techniques to deliver the sophisticated possible care.

I would express my heartfelt gratitude to the organizing committee and respected delegates who have left no stone unturned to make this conference fruitful and scientifically enriching. The newsletter is one of the main components of the conference as it gives us a glimpse about the activities of our branch.

A special mention to the editor Dr. Arup Paul who has given his best effort to compile the newsletter and providing us with a compelling read.

With best wishes,

Long live IADVL

Long live NEIADVL.

Dr. Krishna Talukdar
Honorary President, NEIADVL

Message from Secretary

Dear NEIADVLites

It brings me immense pleasure to introduce the latest edition of the **"NEIADVL Newsletter"**, the esteemed publication of the NORTH EAST STATES BRANCH of IADVL, which will be unveiled at MID CUTICON NORTH EAST STATES 2024 in Bongaigaon on May 25th 2024. As an association comprised of skilled and talented individuals, the NEIADVL Newsletter serves as a vital platform to not only showcase the latest updates and advancements in the field of dermatology, but also allows our members to share their innovative ideas and non-academic achievements. This edition, edited by our esteemed Editor Dr. Arup Paul, is a well-crafted and insightful publication that I am confident will be a great success. I offer my best wishes for the success of both the newsletter and MID CUTICON NORTH EAST STATES 2024

Happy reading!!

Long live NEIADVL, Long live IADVL

Dr. Anushree Baishya
Secretary, NEIADVL

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North East States Branch of IADVL(NEIADVL) Activity Report From November 2023 to April 2024

MEMBERSHIP DETAILS

TOTAL MEMBERS: 248 | LIFE MEMBERS: 184 | PLM MEMBERS: 64

CUTICON NE STATES 2023

The 34th **Annual Conference of North East States** branch of IADVL, was conducted at HM Resort Maijan, Dibrugarh, Assam on the 18th and 19th of November 2023. Organizing president Dr. Shyamanta Barua, organizing secretary Dr. Kumud Agarwal, scientific chairperson Dr. Debajit Dutta, scientific secretary Dr. Sagarika Gogoi and the team of Dr. Kalyan Nath, Dr. Roshni Singh, Dr. Malket Singh and PGTS from deptt of dermatology AMCH, Dibrugarh with their untiring efforts and unique ideas to made it a conference par excellence with sessions encompassing all facets of dermatology.

Eminent faculties from across the country shared their knowledge and expertise, making it a truly enriching experience for all attendees.

The inaugural function was graced by Dr. Sanjeeb Kakati sir, Principal cum Chief Supdtt. AMCH, Dibrugarh and by Dr. G S Borgohain sir president IMA Dibrugarh.

Workshops conducted were practical and deeply engrossing, providing hands-on training and practical skills.

Dr. Shyamanta Barua was elected as president elect NEIADVL 2024. Venue of MIDCUTICON NE states 2024 was decided to be at Bongaigaon and Silchar was elected to be the venue of CUTICON NE states 2024.

Dr. Archana Singal ma'am delivered the prestigious Dr. T C Saikia oration on the first day of the conference, with an informative and detailed talk on cutaneous tuberculosis and its diagnostic and therapeutic challenges.

Workshops and hands-on sessions on botulinum toxin and dermal fillers by experts in the field, Dr. Rajat Kandhari, Dr. Rajetha Damisetty, Dr. Jagjeet Sethi, Dr. Aruna Devi, Dr. Ishad Agarwal and Dr. Tolongkhamba Potsangbam were attended by delegates in large numbers. Post graduate students from Jorhat Medical College and Hospital won the IADVL GSK quiz award. In the award paper category 1st prize was won by Dr. Himakshi Uzir, 3rd yr PGT, GMCH, 2nd prize was won by Dr. Jyotismita Hazarika, 3rd yr PGT GMCH, 3rd prize was won by Dr. Abinaya S, 3rd yr PGT GMCH Dr. Manotosh Das 3rd yr PGT JMCH won the best eposter award. Dr. Tanaya Bhattacharjee won the best free paper award.

The culinary spread was a food lover's paradise, adding to the overall experience of the conference.

WORLD AIDS DAY - 1st December 2023

World AIDS Day observed with the theme: let communities lead"

Barak Chapter of NEIADVL: Members participated and helped in organising a rally for awareness. Principal cum chief superintendent SMCH, Dr. Bhaskar Gupta sir gave a talk addressing students and patients at SMCH. Article of Dr. Joydeep Roy was published in local newspaper.

Dibrugarh Chapter: An awareness meeting, organised jointly by the departments of Medicine, Dermatology and Microbiology under the AEGIS of ART centre, was held in the morning at OPD complex, AMCH. A skit, highlighting the various discriminatory facets associated with HIV/AIDS, was performed by UG students of AMC. A radio interview was held on HIV/AIDS with Dr. Shyamanta Barua, Professor and Head, department of Dermatology, AMCH.

WORLD LEPROSY DAY/ANTI LEPROSY DAY observed by NEIADVL - 30th of January 2024

Members of NEIADVL in the different parts of north east region came together to observe this important day on the 30th of january 2024, dedicated to the care and service of those affected by leprosy.

Led by esteemed teachers, seniors and friends , activities were

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aimed at promoting awareness and ending the stigma and discrimination faced by people living with leprosy.

Barak chapter organized programs such as drama at public places at Silchar to dispel stigma and spread information on care and treatment, quiz competition for undergraduate students and essay writing competition for postgraduate students at SMCH. Under the guidance of Dr. Bhaskar Gupta sir, Principal SMCH and HOD deptt of Dermatology SMCH, with active participation from members of Barak chapter Dr. Joydeep Roy, Dr. Angshuman Bhattacharjee and Dr. Arup Paul. An article was also published in a local newspaper by Dr. Joydeep Roy to spread awareness about leprosy.

The day was observed at Guwahati Medical College and Hospital deptt of Dermatology, under the guidance of Dr. Pankaj Adhicari sir, Professor HOD deptt of Dermatology GMCH. It was started by lighting of lamp and prayers in memory of father of nation Mahatma Gandhi. This was followed by a talk about preventing leprosy and taking care of patients with leprosy.

Free footwear and sweets were also distributed to patients.

At Jorhat Medical College and Hospital president NEIADVL and Professor and HOD deptt of Dermatology JMCH, Dr. Krishna Talukdar sir gave an awareness talk to staff and students. Free footwear and clothes and fruits were offered to patients affected by leprosy as a way to show moral support and reduce societal stigma.

Dr. Nandita Bhattacharjee conducted awareness activities for patients and families at IGM hospital Agartala.

A talk on leprosy was given by Dr. Gautam Mazumdar (Tripura Medical College and Dr. B. R. A. M hospital) on AIR Agartala.

At Barpeta at FAAMCH, Dr. Yusufa Ahmed and Dr. Shromona Kar carried on awareness activities in the department as well as administrative block with participation of Principal sir and Superintendent sir of FAAMCH

At Diphu Medical College, Dr. Binita Teron, Dr. Lily Singha, Dr. Bonymma Rongpharpi and Dr. Devankur Dutta gave a talk on leprosy and distributed free kits to patients. Articles were given in local newspapers in karbi as well as assamese.

Honorable Principal maam of Diphu Medical College and Hospital enthusiastically participated and took part in the awareness programs.

A webinar "LEPROSY UPDATES" was conducted by EC NEIADVL on the 27th Jan 2024, scientific coordinator was Dr. Gautam Mazumder.

Theme: leprosy - where do we stand today.

In this regard, different esteemed faculties of national repute of NEIADVL, including a guest speaker from community medicine, spoke on different aspects of leprosy.

With highly enriching sessions with insights into the various aspects of leprosy by esteemed faculty members and attended by members from all parts if NE.

Online webinar on leprosy was held on 27th January, Saturday 2024

The scientific program was as follows:

1. Leprosy burder in the northeast states of India: an overview by Dr. Shibshekar Datta.
2. Recent advances in the pathomechanism of leprosy by Dr. Shikha Verma.
3. Updates on the medical management of leprosy by Dr. Bornali Datta
4. How can we bridge the gaps in leprosy care in collaboration with NLEP by Dr. Arup Paul.

Panel Discussion: Management of leprosy in special situations moderator: Dr. Rakesh Biswas

Panelists:

1. Dr. Pankaj Adhicari
2. Dr. Shyamanta Barua
3. Dr. Leishiwon Kumrah
4. Dr. Neirita Hazarika
5. Dr. Arup Paul

SKIN HEALTH CAMP

Skin Health Camp at Juvenile observation home, Jorhat under the department of DVL, Jorhat in association with NEIADVL. The

inmates were examined and required medications were provided from our side. They were properly counselled regarding the dermatological condition. It was a successful event.

Skin Health Camp on the 4th of February at Changsari (Satsang Vihar Free Health Camps) led by Dr. Debeeka Hazarika ma'am, Dr. Urmimala Das ma'am and participated by Smrity B Das, myself and Dr. Kirti Jodhani. In the skin health and hygiene awareness camp around 400 patients with skin problems, were examined and free medicines provided. Many thanks to dear Debeeka

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ma'am and Urmimala Das ma'am for guiding us to successfully conduct the camp.

CHAPTER MEETS

Guwahati Chapter Meet NEIADVL

- 2/12/2023: Retinoid redefined by Trifarotene for the management of acne vulgaris by Dr. Aslam Ali
- 16/03/2024: Prescribing antihistaminics safely and effectively by Dr. Nasiur Rahman

Agartala Chapter Meet

- 8/12/2023: Chronic pruritus and its management by Dr. Rakesh Biswas
- 23/12/2023: Rationale of using jak inhibitor in dermatology by Dr. Kamal Das
- 9/2/2023: Retinol redefined by trifarotene for the management of acne vulgaris by Dr. Gautam Mazumder
- 8/3/2024: Effectiveness of updosing levocetrizine by Dr. Rakesh Biswas

  Celebrated Women's Day with a token of gifts and cake cutting ceremonies along with family members.
- 12/4/24: Balancing acne control and UV protection the sunscreen equation. Speaker: Dr. Anup Goswami
- 28/4/24: Melasma Management. Speaker Dr. Gautam Mazumder

Shillong Chapter

15/02/2024: CME importance of moisturizers in diabetic dry skin conditions. Speaker, Dr. Abigail Syiemlieh with moderator, Dr. Anita Marak at hotel Highwinds, Shillong.

Barak Chapter Meet

- Organized a CME on recent management in androgenetic alopecia & telogen effluviam on 11th Feb 2024 at hotel Borail view regency. Dr. Divya J N presented the paper and Dr. Joydeep Roy chaired the session.

Skin Health Day 6th April:

At guwahati press club an awareness meeting was held to spread message on skin care, sensitize on steroid abuse and risks of over the counter medications with focus on IADVL slogan.

Any skin hair; nail problem: consult IADVL dermatologists.

It was organized successfully with help of Dr. Aruna Devi, guided and advised by Dr. Jyoti Nath ma'am and Dr. Kanak Ch. Talukdar sir with attendance of around 15 media houses both TV and Print medium

Dr. Jyoti Nath ma'am, Dr. Kanak Ch. Talukdar sir, Dr. Aruna Devi, Dr. Smrity B Das spoke on various skin issues and answered questions from the media houses.

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Message from Organising Secretary of MIDCUTICON NE States 2024, Bongaigaon

Dear Esteemed Members of NEIAVL,

I take immense pleasure of informing and inviting you to the 20th MIDCUTICON NE STATES 2024 on 25th May 2024 at Hotel Cygnett Park Meghna, Bongaigaon, Assam.

Dermatology as an independent specialty is quite unique in the fact that we are a fairly small community of doctors when compared to the more traditional branches of medicine. As such most of our fraternity is more "urban based", thereby leading to a lack of penetration of Dermatology as a specialty in more peripheral places. This has indirectly allowed legions of quacks to flourish and exploit patients in guise of being "skin specialist". This needs to change and one way to do that is by expanding the sphere of influence of our organization. For long our conferences have traditionally been centered at venues in major cities, due to several good reasons. However with time we need to expand out to more unconventional places for the sake of growth and public awareness.

We have planned a small, yet packed day long program, which we hope the delegates find interesting. We have faculties from across the region, both experts and experienced in their fields coming to share their knowledge and views with us. No conference is successful without the active participation and contribution of its members. Hence I whole heartedly request you to make time and join us at Bongaigaon for MIDCUTICON 2024 so that together, we can teach, learn, enjoy and celebrate.

Dr. Ziaul Haque Ahmed
Organising Secretary
MIDCUTICON NE States 2024

POETRY

DR. LEISHIWON KUMRAH
CIHSR, 4th Mile
Chumoukedima Nagaland

The sun will rise again

What is this – that has stirred me from my sun-filled days,
That threatens to overwhelm me, clasping me in its grip
Clouding the skies
Tearing through my fragile form of faith
Fear looms large, my friends cried out
Hearts faint - to the duty ahead
Families are torn apart by this unwieldy unknown form
And yet a flicker of hope lingers
Stirring in the depths of despair
Peace amongst the swirling waves
A small still voice can be heard
"My child, the sun will rise again!
You will sing again with the birds! Spring is coming!"
Hang on! You are not alone!
Clasp in the Hands of the One who calls me
His child
I faced the storm ahead and stood firm.

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Treasurer's Report - NE States Branch of IADVL

STATEMENT FROM 1ST NOVEMBER 2023 - 30TH APRIL 2024

GST No: 18AAA9928M1ZW (opened in Feb 2020)

OPENING BALANCE in NEIADVL Saving Account as on 1st NOVEMBER 2023 - Rs. 23,22,624.78/-

CLOSING BALANCE in NEIADVL Saving Account as on 30th April 2024 - Rs 18,97,106.93/-

Sl. No.	EXPENDITURE	AMOUNT in Rs.	TOTAL in Rs.
1.	CUTICON 2023 Expenses - Faculty stay, air fare, memento	50,594/- +10,556/- +17,000/-	78,150/-
2.	NEIADVL WEBSITE – Renewal Design	6,726/- 12,000/-	18,726/-
3.	NEIADVL Office interior	2,00,000 /- + 1,90,000 /- +65,000	4,55,000/-
4.	Reimbursement of flight fare, Letterhead design, printing banners, stamp pad	16,501 +18,773	35,274/-
5.	SIG Reseach Methodology Expenses Faculty stay, Gamosa, Japi	16,284/- +5,000	35,274/-
6.	PRESS MEET (Skin Health Day)	1,600/-	
7.	Income Tax fees, GST RETURN Fees Account finalization fees	53,000/- 50,000/-	1,03,000/-
8.	ELECTRICITY Bill (Sep 2023 - Jan 2024) PROPERTY TAX (FY 2023-2024)	5648/- 7669/-	13,317/-
9.	Society Renewal Advance Payment		20,000/-
10.	Return of amount sent by fault		2,32,000/-
	TOTAL	**9,78,451.00/-**	

Sl. No.	INCOME	AMOUNT in Rs.
1.	State share of membership (April 2023 to September 2023)	19,569/-
2.	SIG DERMOSCOPY reimbursement	83,300/-
3.	DERMAZONE 2022 Share 55,436.15/-	
4.	NEIADVL Annual Branch Subscription Fees	1,18,000/-
5.	Credit Interest	17,343/- +13,677/- +1/-
6.	TAX /GST Refund	7,460/- 6,120/-
7.	Deposited by fault to our Acc.	2,32,000/-
	TOTAL	**5,52,933.15/-**

Total expenditure from 1st November 2023 to 30th April 2024	**Rs 9,78,451.00/-**
Total income received from 1st Nov 2023 to 30th April 2024	**Rs 5,52,933.15/-**
Deficit amount is	**Rs 4,25,517.85/-**
Opening balance in our Saving Account as on 1st Nov 2023	**Rs 23,22,624.78/-**
Now, closing balance on the same acc. as on 30th April 2024 (Eighteen lakh ninety seven thousand one hundred six and ninety three paise)	**Rs 18,97,106.93/-**

NB : GST filling upto Feb 2024 done.

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

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ARTICLE SECTION

Queen of Hearts

DR. ANN JOHN KURIEN
Senior Resident, Gauhati Medical College

"You know how when you're in a car and it is pouring down rain, you go under a bridge and then everything stops. Everything goes silent and it is almost peaceful. Then you finally get out from under the bridge and everything hits you a little harder than before."

To me, Chakkara was that bridge.

I was 12 when I first met her. I am the youngest of the whole generation of my family and was then, the undisputed reigning 'princess'. I was promptly dethroned for the first time in my life by "Ms. Cuteness Overloaded" and surprisingly, I didn't mind.

I had always wanted a dog. I nagged my parents day in and night out for years, but my mother kept saying, "No". She assumed that I will lose interest in few weeks and the dog would eventually end up being her responsibility. I cried, cajoled, blackmailed and did everything in my power to change her mind. And somehow finally she said, "Yes".

And then began the search for my perfect dog. I went to dog shows, researched online, visited kennels. In one instance, I even had to pat every single dog, including even the "big and scary ones" in a kennel, to prove to my father that I could handle raising a dog.

I finally decided that I wanted a Golden retriever. Golden retrievers are the celebrities of dog family. See any dog product – from shampoo to kibbles- they invariably have a golden retriever on the cover. Then came fresh hell. Golden retrievers, then, were an exotic breed and were not easily available. The 12-year-old me would get up early, even on weekends, open the Sunday classifieds and find some ad listed under 'Kennels' and call the guy from our landline. I was like this unstoppable stereotypical Aunty who would move around with a diary under her arm determined to find a bride for her son. I did have a diary too and was determined to find my dream dog. I googled and googled and even sent international emails. I was about to ship in a retriever from Mumbai - by this time my parents had officially declared me insane, considering the fact that I was 12 years old and I lived in Kerala - when I heard about a litter in Thrissur. We brought the puppy home. But sadly, she died after 2 weeks. We had taken her to every hospital in the town and even to tertiary care vet centres which were hours away, driving to and fro daily. My surgeon dad performed an autopsy on her and the cause of death was intussusception which sadly went undiagnosed. Everyone at home were crushed but I lost it. I would not eat or do anything productive. It was my first brush with death and I was too young to handle the loss.

A few weeks later, my dad went on a conference and incidentally came across a senior police officer who had a golden retriever named Diana who was part of their K9 squad. Diana had just had a fresh litter and my dad brought one of her puppies home. She was called Angelina on her Kennel Club certificate. Talk about swag!! After all, she was Diana's daughter.

She came home, took over the house like a queen and I finally smiled after weeks. We named her Chakkara, which means "darling" in Malayalam. She was this cute, beautiful bundle of fun, humour and love.

But I wouldn't lie to you. She was never a "perfect" dog. The truth is she never tried. She was too busy being her own woman. She lived life on her own terms. She was trained in the Police academy for some time. Her classmates went on to graduate and strike terror in the minds of drug dealers and make headlines ,while her special talent was hating baths and hiding under the bed, the moment I took out her bucket and shampoo.

Her antics were always funny – especially her tantrums and greed. She loved my mother's food. Not only that, she is the only dog whom I know who absolutely hated commercial dog food. She was a spoilt little brat. Even if she was hungry and greedy, she would not eat anything if you didn't sit next to her, cajoling and coaxing her into eating food. Under any circumstance, if you get up in between and attend to something else, she would stop eating right away and walk off and not come back. She used to eat like she was doing us a favour. And if you think that nothing would happen if she misses one meal due to her "attitude" issues and that she will eat when she is hungry – she was no normal force in terms of stubbornness. She will go on hunger strike and that would include spitting the food that you try to put forcefully into her mouth – till you apologise.

The house ran by her rules. She always had special food prepared for her, like dosas laced with extra ghee, just the way she liked it. She loved tomatoes. And at one point when she got tired of eating her special ghee dosas, my mom switched over to putting tomatoes in the dosa batter. I remember complaining that I did not like the taste and being promptly reprimanded with a stern look from Amma, "I am not going to make different breakfast items for everyone. She is the youngest now and it is very difficult to make her eat. So, you better eat what she eats".

Playing with her was the highlight of my day, growing up. As a puppy she used to chew on all things, her favourites being my mom's sandals and my hand. I have got bitten many times while fishing out stuff from her mouth, but it was impossible to remain mad for long at those dark liquid puppy eyes and wet slobbery kisses. As they say, "After years of having a dog, you know her. You know the meaning of the snuffs and grunts and barks. Every twitch of the ear is a question. Every wag of the tail is an exclamation".

I remember that one time when we had laid some expensive wooden tiles on our dining room floor. Chakkara was no longer supposed to be allowed inside the house so that tiles will not get scratched by her long nails. That rule hardly lasted a day. Within 3 hours she had charmed my dad to let her in and was sleeping peacefully under the dining table and no one cared about scratches anymore.

We have come home to shredded pillows, chewed coffee tables and shoes with holes. But it was impossible to say, "No" to her and she was never grounded for long. Although she had a kennel, she spent most of her time inside the house. Maybe we were bad dog parents. But I like to think that we were fun dog parents – our most important jobs being patting her and scratching her back.

Chakkara hated kids and was incredibly possessive of us. So, when my first nephew was born, we were worried about how she would adapt. His mother was her favourite, after all.

We brought home baby clothes, made her smell it and broke the news slowly hoping that she will be prepared when the baby comes home. Much

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to our amazement, she assumed the role of an elder sister with poise and grace. Over the years, the kid would try to yank her tail, open her mouth, count her teeth, hug her so hard, pull her ears and try to climb on top of her. And not even once has she snapped. If that's not love, then I don't know what else is.

She grew older as years passed by. Her skin became itchy and no doctor we consulted could treat it. She was no longer the furry golden beauty that we had brought home. Her majestic bushy tail transformed to a slender black stick. She developed cataract and perhaps had diabetes. Sometimes she smelled bad. Sometimes she could not walk. Sometimes she was sick. She had become a senior dog. But she was still ours and she still loved us the same. And no matter what was going on she would get up in the morning and live her day. I have always been incredibly proud of her.

When she could no longer climb stairs, my sister would carry her upstairs every evening so that she could still be with her favourite people. And one year later, when my sister got pregnant and could no longer carry her, I shifted my study table downstairs. Our home was where Chakkara was.

She was this integral piece of my childhood – she has seen jubilations and defeats, board exams, panic attacks, entrance exams, graduations, love affairs, weddings and child births. She was my first "parenting project". She was friends with everyone and always knew how to make anyone happy. She just knew how to fix things even without saying a word. She has been this reference point in my life and I just don't think I will ever get over her loss.

I still sometimes look down the stairs of my house expecting to see her peacefully napping like a baby in the sun, on our porch. When I got married this February, I attached her picture to my bridal bouquet with which I walked down the aisle. We saved her a seat during the ceremony because she will always be at the table, even if that meant her watching from above, with the angels.

And I still cannot forgive myself for not being near her to comfort her when she breathed her last. Was she in pain? Did she miss me? I do not know. But I hope she knows that we loved her very much and did our best. Hopefully dogs know. Actually, dogs always know. And usually, they know better than us.

I hope she is finally free of pain and is running through paradise in all her butt-wiggling, people-loving, face-licking, squirrel-chasing, mischief-making glory. And as someone rightly said, "If there are no dogs in heaven, then when I die, I want to go where she went".

সুখ-দুঃখ্য - লড়াই

DR. GAUTAM MAZUMDAR
Professor & Head Deptt of Dermatology
Tripura Medical College, Agartala

এই বংশে কোনো কন্যা সন্তান নেই । প্রজন্মের পর প্রজন্ম, না, কোনো লক্ষ্মী আসেনি। তৎকালীন সময়ের কথা, যখন বাল্যবিবাহ প্রচলিত। বালিকাবধূ যখন বড় হল, ঘর-সংসার হল তার। ঘরে নতুন অতিথি আসবে, সবার মনের বাসনা মা লক্ষ্মী আসুক। অবশেষে দু'জন পুত্র সন্তানের পরে একটি কন্যাসন্তান হল। আহ্লাদে আটখানা হল পুরু বংশ। দুই দাদার চোখের মণি, নাম রাখা হল পারুন। কিরু হায়রে ভবিতব্য, মাত্র তিন বছর বয়সে বেরীবেরীতে তার মৃত্যু।

ততদিনে বড়ভাই হারাধন অনেকটাই বড় হয়ে উঠেছে। পড়াশোনায় ভালো, খেলায় ভালো, অসীম দারিদ্র্যকেও মেনে নিয়েছে, মার গল্পের সাথী আর বাবার কাজের। তাকে দেওয়া হল বাড়ির কাছেই একটি সরকারী আবাসিক বিদ্যালয়ে। সে সকালে বাড়ি আসতো। মায়ের সঙ্গে হাত মিলিয়ে ঘরের কাজে সাহায্য করে দিয়ে দুধের বড় বড় দুই পাত্র নিয়ে যেত সরকারী এক আবাসনে যেখানে তার মা সেই আবাসনের গিন্নিকে ঘরের কাজে সাহায্য করতেন আর হারাধন বাইরের কাজ, বাজার করা, এটা সেটা আনা - এভাবে তাঁদের সাহায্য করত, পরিবর্তে একখালা পান্তাভাত। পান্তাভাত শেষ করেই হারাধন ছুটে চলে যেত স্কুলে।

বিকেলে ফুটবল প্র্যাক্টিস। আবার সন্ধেবেলা বাবার সাথে, বাবার সারাদিনের তৈরী বাঁশবেতের জিনিস বিক্রি করতে বাজারে ছোট। এরই মধ্যে আরও দুই ভাই এর জন্ম। কিন্তু কই বংশের লক্ষ্মী - না আসেনি।

যাইহোক, হারাধন খাদ্য আন্দোলনে যোগ দিল এবং সাত বার জেল খাটল মানুষের জন্য। গরীবের জন্য। কিন্তু ফিরে এসে ফুটবল আর পড়াশুনা। রাজ্যদলে জায়গা করে নিল সে। তারপর গ্রামের ভিটে ছেড়ে শহরে পদক্ষেপ।

দীনতা আর যায়না, হারাধন চেষ্টা করেই চলেছে। কিন্তু দিন ফিরল কিছুটা যখন ক্রীড়া সংরক্ষণ থেকে একটি চাকরি পেল।

খেলাটাকেই সে প্রাথমিক ভাবে দিল। দেখতে সুন্দর, বলবান, ঝাঁকড়া চুল। তারকা হয়ে উঠল। তখন জীবনে প্রেম আসল, মিষ্টি একটি মেয়ে ধীর-স্থির, শান্ত, যার জন্য পড়াশোনাটাই সব। একটি ব্যাঙ্কের ক্যাশিয়ার। কিন্তু যখন 'মা'ও পছন্দ করল, চিত্রা অর্থাৎ ওই মিষ্টি মেয়েটির জেদ, হারাধনকে UPSC করতে হবে, হারাধনও জেদী- করে নিল UPSC।

বাড়িতে চিত্রা বড় বউ হয়ে আসল। কিন্তু দু'জনেরই বাড়িতে দরিদ্রতার জন তারা রেজিস্ট্রি প্রথায় বিয়ে করেছিল। চিত্রার বাড়িতে তার আরও তিন বোন, হারাধনের বাড়িতে তার আরও তিন ভাই এখনও গড়ছে। এদিকের ভাইয়েরা ওদিকের বোনেদের অসম্পূর্ণতা দূর করলো আর এদিকের বোনেরা ওদিকের ভাইদের।

অবশেষে চিত্রা সুখবর শুনালো সে 'মা' হতে চলেছে। তখন থেকে বাড়িতে পূজা অর্চনা- যেন মেয়ে জন্ম হয়। পূজা-অর্চনার ফল হল। যথাসময়ে এক ফুটফুটে 'লক্ষী' এলো। নাম রাখা হল শ্রাবণী। শ্রাবণ মাসে জন্ম, তাই শ্রাবণী।

মা লক্ষী, সবার নয়নের মণি আস্তে আস্তে বেড়ে উঠতে লাগলো। কলকলিতে বাড়ির সব্বাই আনন্দে মুখরিত। যখন থেকে একটু একটু করে কথা বলা শুরু করলো, ওর ছোট ছোট সব প্রশ্নের উত্তর দিতে দিতে দিদা, ঠাম্মা দু'জনেই হয়রান। ও যেন সবার খেলার পুতুল। আস্তে আস্তে ছোট্ট মেয়েটি বেড়ে উঠল। আর হারাধন তার শ্রাবণীর মধ্যে নিজেকে, নিজের ছায়াকে দেখল। বুকে অসীম আগুন। পড়াশোনায় ভাল, খেলতে ভালবাসে, যেখানে যায়

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সেখানেই প্রতিনিধিত্ব করার ক্ষমতা।

কিন্তু ঝড় আসল।

অনেক বছর পর আরেকটি কন্যা সন্তান সেও ফুটফুটে সবার চোখের মণি।

একদিন ঘটল দুঘটনা।

জ্বর, জ্বর, জ্বর - চৈতালির অর্থাৎ ছোট মেয়ের। তারপর পুরো শরীর নিয়ে খিঁচুনি। শ্রাবণী ছোট, কিন্তু বুঝল। যা হচ্ছে তা ঠিক নয়।

কলকাতার বিভিন্ন হাসপাতালে দেখানোর পরও খিঁচুনি কমছে না। কমলো, কিন্তু না: ততদিনে যা হবার হয়ে গেছে। চৈতালি বড় হল বয়সে কিন্তু মানসিক ভাবে নয়।

শ্রাবণীর যখন খেলার বয়স তখন সে ছোট বোন চৈতালির জন্য পুরো দেশজুড়ে ঘুরছে। কখনও প্লেনের টিকেট তো কখনও ট্রেনের। তারপর বাবা ছাড়া শুধু মা, বোন আর শ্রাবণীর একমায় বন্ধু ছোট মাসীকে নিয়ে যাওয়া, মালপত্র টানা সব।

বাবা ছাড়া কেন ?

বাবা তখন খুবই দায়িত্বপূর্ণ চেয়ারে, তাই বাবার যাওয়া সম্ভব নয়। কিন্তু শ্রাবণী পড়াশোনাটা ছাড়ল না। সবসময় ভাল ফল আসত, শুধু হাসিটা হারিয়ে গিয়েছিল।

শ্রাবণী চিকিৎসাশাস্ত্রে ভর্তি হন। কিন্তু সবসময় সাদা জামাকাপড় পরত। সিদ্ধান্ত- "বিয়ে করব না"। কিন্তু ভাগ্যকে কে ঠেকাবে, শ্রাবণীরই এক শিক্ষক জীবনে আসল। বাবা মা, পুরোবংশ আবার খুশি। বংশের প্রথম মেয়ের বিয়ে বলে কথা।। সেই স্বামী এই বাড়ীর পুত্রের স্থান নিল।। শ্রাবণী সুখী, নিশ্চিত। কিন্তু রাতে মাঝে মাঝে সে কাঁদে আর ও সবসময়ই একাই কাঁদে। কিন্তু কেন?

কিছু কি অসম্পূর্ণ?

যে হাসিটা ফুটেছিল, সেটা কি কেউ কেড়ে নিল ??

The silent epidemic of fairness mania: the journey from brown and beautiful to light and ugly; where do we stand?

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"Mirror mirror on the wall, who is the fairest of them all?" A very familiar line for all of us. I mean, we, the girls, grow up hearing those fairy tales and the concept of colorism has been seeded in our innocent minds since the very childhood days. This craziness to become fair is specifically predominant in the Indian subcontinent. Although there are numerous articles, awareness campaigns and blogs regarding the harmful results of these fairness products, the use of fairness products are increasing everyday by leaps and bounds. So here, I am going to share some real-life experiences both as a Dermatologist and as a woman.

It was a crowded OPD morning in a government hospital. A shy young lady came with a 3-year-old girl child. I asked her about her complaint. She mumbled for a minute and then in a very low voice asked me whether any treatment available to make her daughter fair. I was literally shocked as it was just a baby and I looked at the child, an adorable playful baby girl with beautiful eyes, enchanting smile and healthy brown skin. I told the mother "She is just a baby. How can you even think like that?" then the mother replied with teary eyes "My husband and in-laws are all very fair. My mother-in-law scolds me every day and tells this "KALU" girl cannot belong to their blood." I was speechless by the cruelty and mental harassment the mother must be facing. For a moment, I just remembered how some of my relatives were so concerned about the complexion of my newborn girl after my C-section. Anyways, I gathered myself and counselled her.

Another day, one anxious young girl came with a flushing face studded with numerous acneiform lesions, telangiectasias and hirsutism. I asked her about the products she had been using. She replied "Actually my marriage date is coming closer and a friend advised to use B-tn-vate C for getting fair skin. My sister-in-law is very fair and everyone loves her and I also want to be like her." I explained her the dangerous effects of using topical steroids without supervision, counselled her and treated accordingly.

Another middle-aged lady with visible dyspigmentation and rosaceal dermatitis presented with history of using SK-N-SHI-E CREAM for brightening her skin colour, as, according to her, her husband had lost interest in her as she is not fair and he had been avoiding to take her to any social gathering. So, her neighbour advised her to use this 'magical' product.

So where do we actually stand in the ground level? There are multiple campaigns for example "Whitelies" has been going on. IADVL taskforce is working relentlessly to combat this silent epidemic, but until and unless there will be ban on sell of these so-called fairness products, these type of cases will keep on rising. Every small grocery shop, beauty parlours and pharmacies are selling these products without any restriction. Everyday we open the matrimonial column, we see advertisement "looking for a fair and beautiful bride". Does fair skin define beauty? In our Bengali culture, all are the devotees of Maa Kali, but ironically, they don't want a dark-skinned girl in their family. So, unless we change the rotten believes those were seeded in our mind in the very young days, this scenario will never going to change. But, we, the Dermatologists, will fight against the social menace and hopefully one day we can create a better world for our child devoid of any colorism.

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Mind your Skin: Addressing Psychodermatological problems from a Dermatologist's perspective

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Psychodermatology is an emerging subspecialty of dermatology. A psychocutaneous disorder is a condition that afflicts the mind and the skin simultaneously & an unique intersection of two specialized fields of study. 30% of patients with dermatologic disorders have a psychiatric comorbidity. These subsection of patients only visit dermatology clinics and do not seek psychiatric help, which increases the role of dermatologists in the management of these complaints.

A number of cutaneous conditions are either precipitated or exacerbated by stress or anxiety and treatment outcomes are improved by managing the underlying stress. Despite the huge number of patients requiring addressal of psychiatric aspects, psycho-dermatology as a domain does not receive enough attention in dermatology training. Awareness of this group of disorders will enable the doctors as well as patients to facilitate in an holistic approach of treatment.

Common psychological issues in dermatological disorders

1. Interpersonal maladjustment and difficulty in getting along with others
2. Feelings of inferiority and low self esteem
3. Social stigma and isolation
4. Decreased sense of body image
5. Sexual and relationship difficulties
6. Generalized sense of reduced QoL

The psychological impact depends upon:

1. The natural history and implications of specific dermatologic disorder
2. The patient's demographic characteristics, personality trait, characters and values
3. The patient's life situation
4. Attitudes of society about the meaning of skin disease

On the basis of the underlying pathophysiology, psychodermatoses can be broadly classified into:

1. Psycho-physiological disorders
2. Primary psychiatric disorders
3. Secondary psychiatric disorders
4. Miscellaneous syndromes
5. Dermatologic side effects of psychiatric drugs
6. Psychiatric side effects of dermatologic drugs

Both skin & brain originate from ectoderm & so disease of one can effect the other. Unless both the conditions are treated simultaneously, therapeutic response will be less. So, a detailed history takings is essential to look out for the skin mind connection.

Primary Psychiatric Disorders:

Patients with a primary psychiatric disorder often lack insight and therefore will usually not engage with mental health specialties without the involvement of a dermatologist. Approach to these patients is slightly different as awareness & opening up is not up to as other patients. Like, in a patient with delusion of parasitosis, the first step is to rule out a genuine infestation and to look for a secondary cause of the delusion & also to be enquired about substance abuse and any coexistent affective disorder. Most of these patients have already visited many dermatologists and are dissatisfied by the disagreement with their self-diagnosis. Persuading patients with delusions of parasitosis to agree to take antipsychotic medication is one of the most challenging tasks.

Diseases included under obsessive and compulsive spectrum include body dysmorphic disorders (BDD), skin picking disorder, trichotillomania, onychotillomnia, and compulsive rubbing or picking of the skin or self-excoriation. Some patients may spontaneously report a concomitant psychiatric illness at presentation.

Physical examination should include a thorough dermatologic evaluation to assess the severity of excoriation, the presence of complications (scarring, infections), or coexistent primary skin disorders associated with chronic pruritus.

Cognitive-behavioral psychotherapy (CBT) and in particular, habit reversal therapy is the treatment of choice for these disorders. Habit reversal therapy consists of awareness training, competing response training, relaxation techniques, and positive reinforcement. Patients with BDD fall either into the obsessive compulsive spectrum or psychotic spectrum and are best managed by mental health professionals.

Factitious skin disorders are characterized by self-inflicted lesions caused by a fully aware patient with desire to hide the cause from their doctors. The reason for inflicting the lesions in dermatitis artefacta is to satisfy a psychological need of which the patient is not consciously aware. Exclusion of an organic disorder is important. A sincere, nonjudgmental approach to understand the underlying conflict that leads the patient to inflict the lesion (anxiety, obsessive-compulsive disorder, depression, or psychosis) is more important (why rather than how). Hence, these patients are best managed by a psychodermatology multi-disciplinary team.

Secondary Psychiatric Disorders:

Secondary psychiatric disorders are observed in patients with an underlying cutaneous disease (eg. Psoriasis, atopic dermatitis, vitiligo, alopecia areata, urticaria) which may be life threatening, cosmetically disfiguring, or produces bothersome symptoms that result in distress to the affected individual. These disorders include depression, illness anxiety disorder (preoccupation with an idea of having a serious illness), and somatic symptom disorder (overestimation of seriousness resulting in extremely high levels of anxiety).

The cases where primary dermatological conditions are resulting in psychiatric morbidity, it is helpful to directly question the patient about their mental health. Screening tools for common psychiatric disorders such as depression, anxiety, stress and OCD are available and can be used to supplement the clinical evaluation of these patients. Secondary psychiatric disorders are best managed by Cognitive-behavioral psychotherapy (CBT) and psychoeducation to identify and correct maladaptive responses.

Psychophysiological Disorders:

Skin diseases are precipitated or exacerbated by psychological stress. Here patients experience a close chronological association between stress and exacerbation of the skin problems e.g. atopic dermatitis, psoriasis, acne vulgaris, alopecia areata, seborrheic dermatitis, rosacea, urticaria, etc. In psoriasis, stress level may be seen in 54-60% of patients followed by acne in 50%, alopecia areata in 60%, rosacea in 58%, etc.

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Psychogenic Dysthesias:

Psychogenic dysesthesias include patients with purely sensory complaints such as pruritus, burning, or pain in the absence of an underlying medical or dermatological condition such as burning mouth syndrome, idiopathic scrotodynia or vulvodynia. Psychosocial and behavioural interventions including education on how to avoid trigger factors, how to apply treatments, lifestyle interventions, relaxation techniques, cognitive restructuring, and behavior modification including habit reversal training should be considered.

Psychogenic Pruritus:

Pruritus contributes to stress and stress contribute to pruritus. There is activation of itch inducing neurochemical pathways (Enkephalins & Endorphins) along with variation in skin temperature, blood flow and sweating. Psychiatric conditions like depression, anxiety, aggressive behavior, obsessional behavior and alcoholism are associated with pruritus.

Psoriasis & stress: An eternal bonding

1. Disturbance in body image perception & impairment in social and occupational functioning.
2. Direct linkage b/w Psoriasis severity, depressive symptoms and suicidal ideation.
3. Exacerbation of Psoriasis with Lithium.
4. Increased prevalence of alcoholism and Smoking.
5. Feelings of physical and sexual unattractiveness, helplessness, anger and frustration
6. Major stress has been noted in 44% of patients prior to initial flare of psoriasis & recurrent flares attributed to stress have been reported in 80% of patients.
7. Early onset psoriasis (<40y) is triggered more readily by stress than late onset.
8. Patients who report high level of psychological stress suffer more severe skin and joint symptoms

Psychological impact of Atopic Dermatitis:

a) Children & Adolescents:
   Psychosocial maladjustment.
   Embarrassment and feeling of low self-esteem.
   Disrupting sporting activities in older children.

b. Parents:
   Feeling of guilt and helplessness
   Exhaustion and frustration
   Deranged Spousal and other familial relationships.

OCD & Dermatology:

They present to Dermatologist because of skin lesions resulting from scratching, picking and other self injurious behaviors. Presentations may include excessive hand washing with detergents and resultant eczema, compulsive pulling of hair, eye brows and eye lashes, biting of lips, tongue and cheeks & picking at skin, nail folds and scabs.

Trichotillomania:

Dermatologically, it is a condition in which person pulls out his or her own hair with iintense Itching. However, in DSM-V states a situation of recurrent failure to resist impulses to pull out one's own hair resulting in noticeable hair loss.

Management includes cognitive behavioral therapy, habit reversal therapy, exposure & response prevention, awareness training. Medications like SSRIS, SNRIS, risperidone, etc are found to be useful.

Management skills:

Management requires additional time and patience on the part of both doctor and patient. It is important to have a quiet room and adequate privacy during the consultation as some of these patients are too shy and may not open up in the presence of other patients and the attendants.

Thus, a need for establishing a rapport and comfortable doctor–patient relationship cannot be overemphasized. This can be done by being empathetic, genuine, nonjudgmental, and supportive. It is important to maintain eye contact and to avoid exposure of patient to too many staff members or students. “Listening” is the most important tool in diagnosing the psychiatric condition fueling patient's dermatoses.

A detailed history regarding presenting complaints, duration, and past treatments should be taken meticulously at the first visit and a thorough clinical examination must be performed.

Multidisciplinary approach in Psycho-dermatological disorders:

Many patients with psycho-cutaneous disorders resist psychiatric referral and may get offended when such an option is suggested. In these cases, the dermatologist has to address the psychological condition or completely ignore the psychiatric aspect while managing the dermatological complaints. Dermatologists can learn to manage psychodermatologic issues to some extent and limited management of these conditions might be preferable to no management at all.

A multidisciplinary team involving dermatologist, psychiatrist, psychologist, pediatrician, child and mental health specialists, support groups and social workers is ideal for management of these patients. This approach has been shown to lead to better treatment outcomes.

The Working Party recommends at least one psychodermatology clinic in every region, a named lead dermatologist with training in psychodermatology, and access to CBT delivered by a trained individual.

Some suggested approaches may be:

1. Dermatologist refers patient to a psychiatrist or psychologist in an adjacent room
2. Dermatologist refers patient to a psychiatrist or psychologist who is in a remote clinic
3. Dermatologist who has a psychiatrist sitting in clinic at the same time and a patient is seen by both specialists concurrently
4. Dermatologist who has a psychologist as a clinical adjacency (psychologists rarely sit in on clinics with dermatologist or psychiatrists)

Conclusion:

Psychodermatology is an emerging subspecialty of both psychiatry and dermatology. It is important to realize that not all dermatological disorders are just “skin deep,” & also can be associated with a variety of psychopathologic problems. Increased awareness and knowledge about the correlation between the symptoms, proper psychoeducation to the patients and caregivers, breaking the stigma on psychological associations between the disorders, timely & correct referral to psychiatrist as well as subjecting to regular psychotherapy sessions, yoga, medication, mindfulness etc will mark as a pathfinder of management to these complex disorders in a multidisciplined manner.

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THE BOSS BABY!

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"Mumma, when I grow big, I will drive dada, you and koka to clinic", My three and a half year old daughter who has just graduated from being a toddler to nursery (in her words) has a baby opinion on our day to day activities and life. There are many instances when we teach her but many more where we learn. Children are largely driven by their instincts, something we adults tend to suppress with our over thinking. And mind you any advice going the baby way will ricochet right back at you at a time and date when you least expect it.

One lazy Sunday evening we were out for a leisure drive when suddenly my little one excitedly exclaimed, "Mumma look Flaganda! Flaganda!" (an Anaconda soundalike) Now she does make up many words, sometimes by amalgamating two words but this one was just too puzzling for me and my husband. What on earth is Flaganda?! I thought for sometime and let it pass, when she again started yelling "Mumma Flaganda!". This time I quickly looked out only to see Flag-of-India, lo and behold, the mystery was solved. Independence day was around, the city (and my little ones vocabulary) was full of Flagandas! (Flag-of-India)

On a routine vaccination trip to the paediatrician after a good interval of 8 months, my daughter's mood changed from very happy (to be in the car)...happy (to see the lights on the road)... slightly suspicious (on entering the road to the paediatricians clinic)...wary (when the car stopped)...anxious (on entering the clinic) and finally devastated (on seeing a giant placard of the smiling paediatrician outside his room). Somehow, they just seem to remember! The sobbing started as soon as we entered the room and stopped the second we stepped out of the clinic. After an appeasing drive and strawberry cupcake, the weather in our car changed to its bright self. After we reached home and settled down, my daughter pointed out to the red spot on her thigh and said, "Mumma, I think the doctor has very sharp nails, he needs to cut them". The saying 'the eyes will not see what the mind does not know' fits well here. A child's fear and apprehension largely come from being held while being vaccinated and not the injection itself. We called it a day after I promised her that I will request the doctor to cut his nails so the other babies don't get hurt.

My daughter's first Parent Teachers Meet for the nursery year was scheduled on a Saturday. Three days before the meet, I unfortunately developed an upset tummy (thanks to a KFC burger, half of it actually, very lovingly brought by my better half). I announced to my little one that she and her dad will be going for the meet as I was unwell. My brigade left reluctantly and was back home in no time. My husband announced that everyone in the school knew beforehand that I had an upset tummy, courtesy our little parrot, "Mumma is not well because she ate burrrgurrr for dinner". Children grow up fast and are very very perceptive. She did not leave my side as I was recovering, keeping me entertained with her innocent and repetitive questions, "Mumma, why did you eat the burrrgurr"? Well, I thought twice before answering this one, who knows where the information gets relayed next!

All in all, our lives are filled with lessons, some we teach and some we learn. My baby-tharoor has been learning and developing words and sentences that are sometimes beyond our comprehension. But they all come from the heart. I wish as adults we could retain these child like qualities, this would definitely result in a more simple, straightforward and loving world. I also feel immense gratitude towards our parents for nurturing us. Only when in their shoes do we realize that parenting is an adventure (quite literally), a joyous roller coaster ride! As I finish writing (typing to be precise) this piece for the newsletter, I can see two tiny eyes glaring at me, "Mumma phone is not good for your eyes". This is what I meant, my advice to the boss baby, right back at me.

Optical Coherence Tomography in Dermatology: Basics and Future Perspectives

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Optical Coherence Tomography (OCT) is a significant advancement in dermatologic imaging technology. This non-invasive, high-resolution imaging approach has transformed the way dermatological disorders are identified, monitored, and treated.

Optical Coherence Tomography (OCT) is a non-invasive diagnostic imaging technology that produces detailed cross-sectional images of the skin. OCT was originally created for ophthalmology in the early 1990s, but has now spread to other sectors, including dermatology, where it is used to visualise the microstructure of the epidermis and superficial dermis in vivo. This skill provides a substantial benefit when diagnosing and monitoring skin diseases, as well as evaluating treatment efficacy.

Basics of Optical Coherence Tomography

OCT operates on the basis of low-coherence interferometry. The technique entails directing a near-infrared laser beam onto the tissue and determining the echo time delay and intensity of the reflected light from interior microstructures. This approach eliminates the need for actual tissue sectioning, allowing for real-time imaging without causing skin damage. OCT resolution in dermatology typically ranges from 1 to 15 microns, allowing for thorough visualisation of the skin's stratified structure.

Applications of OCT in Dermatology

OCT is commonly used to diagnose and monitor a variety of skin illnesses, including non-melanoma skin cancer, inflammatory skin diseases, and many more. For example, in basal cell carcinoma, the most frequent kind of skin cancer, OCT can offer comprehensive images that aid in distinguishing between tumour subtypes and defining tumour edges. Precision is essential for optimal treatment planning and outcome improvement. OCT is also useful for measuring skin barrier function, especially in atopic dermatitis and psoriasis. It may measure changes in epidermal thickness

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and stratum corneum integrity, both of which are key indicators of disease activity and treatment response.

OCT can literally eliminate the need of histopathological examination.

OCT is also being used in cosmetic dermatology, namely to monitor the effects of skin ageing and the efficacy of anti-aging treatments. OCT, which provides comprehensive photographs of the skin's microstructure, can aid in determining the efficacy of treatments such as fillers, lasers, and antiaging creams.

Future Perspectives of OCT in Dermatology

The future of OCT in dermatology appears hopeful, with continual improvements aimed at improving imaging capabilities. Innovations such as high-definition OCT (HD-OCT) provide even better resolution pictures, enabling cellular-level imaging. This innovation may allow for more accurate identification between benign and malignant skin lesions. Integrating OCT with other imaging modalities, such as dermoscopy and ultrasound, may improve diagnosis accuracy and give a more comprehensive assessment of skin abnormalities. This multimodal technique would enable clinicians to analyse several elements of skin structure and function, leading to a better knowledge of skin diseases.

CONCLUSION

Optical Coherence Tomography has had a tremendous impact on dermatological diagnoses by allowing for visual assessments of the skin in unparalleled depth. As OCT technology progresses, its uses in clinical and cosmetic dermatology are projected to grow, providing more precise diagnosis, better disease progression monitoring, and more effective treatment options. The future of OCT in dermatology promises to improve not just our understanding of skin diseases at the microstructural level, but also the overall quality of patient care.

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A Lesson from a half-baked Successful Doctor

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A few years back I happened to be an employee at a clinic that practiced "mixopathy". We were a bunch of doctors from different fraternities- allopathy, ayurvedic, and homeopathy. My colleagues who practiced homeopathy claimed to treat various skin ailments as well. Once a patient with Alopecia areata was referred to me by a homeopath, who always had a busy opd thronged by various patients. The patient, had a huge bald patch, and on enquiring, she revealed that she was on homeopathy medications for the last six months, though it did not provide her any respite. Her condition was in fact worsening. I quickly diagnosed the condition, and, after a brief counselling, I handed over my prescription. (I used to hate the counseling!) She took it, but she did not seem convinced. To my surprise, she went back to my colleague, the homeopathy doctor, for another opinion. Only after receiving the green signal from her, she shifted to my allopathic medication. The patient later came to me for follow ups and started trusting me and my "pathy" only after she saw her condition resolving. I wondered how the homeopathy doctor could her absolute trust and respect, though her medications were not working at all! It always left me speechless when I saw that none of her patients would blame her or lash out on her, even if she could her provide them any cure. I wondered what the miracle was, until one day, by sheer luck, I happened to see her consulting a few patients. I then understood what real empathy meant. The doctor patient conversation when on for long minutes, quivering between the disease and the personal problems the patient was facing because of the ailment. She appeared to have a solution for each one, up her sleeve. When solving seemed too precarious, she would come up with empathy. Her words always stood at the right place everytime, like a magic wand, and the patients went out hopeful and relieved. In fact, I believe, her words were providing the placebo effect! I then understood how a proper communication with a patient can help resolve so many issues which even the best prescription cannot.

If we conduct a survey on the assault of doctors, the hardworking ones, with real degrees will outnumber the quacks, as victims. Although multiple factors come to play, but the patient counseling and communication play a pivotal role here. A heavily loaded opd, long strenuous working hours etc act as deterrents in our dealings with patients. Sometimes we get so busy with the technical aspects of the disease, that we forget to treat the patient, who is probably feeling overwhelmed with the disease burden and needs simple reassurance. Maybe, we as doctors can spend a little more time in talking and reassuring patients to restore the bruised doctor patient bond into a bond of mutual trust and respect. Minimizing the flaws of simple communication can sometimes work wonders!

Diet & Dermatology

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Diet has a special place in dermatology. Patients often ask about the dietary advice, anxious about what food to consume and what food to avoid. Studies from recent years shows that the health of the skin is affectionately related to nutrition, which is necessary for all biological process affecting the skin, including aging and disease.

Dietary changes has shown to be beneficial in skin disease are:-

DERMATITIS HERPETIFORMIS(DH): Diet has a definitive role in this disease as Gluten free diet (GFD) is the mainstay of the disease. Gluten containg diets are wheat, rye, oats and barley. Iodine containing food (fish & iodised salt) may be also avoided as they worsen DH by local chemotaxis and stimulating neutrophil migration.

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ATOPIC DERMATITIS: Food allergy has been recognised to aggravate atopic dermatitis in many cases. Elimination of Cow's Milk, Yogurt, soy sauce, fish, eggs, tomatoes, cheese and peanuts is beneficial.

ACNE: Dairy products and high glycemic index diet can increase the prevalence and severity of acne. Chocolate, fats, sweets, skim milk and Carbonated beverage are advised to be avoided.

PSORIASIS: Gluten free diet, low calorie and low protein diet helps. Alcohol intake should be restricted. Consumption of fresh fruits and vegetables, Balanced omega-3 and omega-6 diet is advised.

DERMATOPHYTE INFECTION: Avoid sugary foods including honey, chocolates, sweet deserts, cakes etc.

PEMPHIGUS: Thiols, Thiocyanates, phenol and tannin should be avoided. Garlic,onion,mustard,eggplant,brocolli,cabbage,cauliflower,tomato,mango,cashew,tea,coffee, betelnut ,Cassava(Topioca)etc

URTICARIA: In acute urticaris,63% of patients suspect food allergy. Avoid fish/shellfish, egg, meat, milk, cheese, wheat, nuts, tomatoes. Avoid food additives(Eg-Preservatives, spices, flavours and colouring agents).

ROSACEA: Hot beverages -tea, coffee, tobacco, alcohol and spicy food is avoided.

PHRYNODERMA: Green leafy vegetables, Carrots, tomatoes, milk egg, fish (Containing essential fatty acids) soyabean and sunflower oil are useful.

PELLAGRA: Excess of jowar and maize is avoided.

PORPHYRIA: Avoid alcohol intake and excess iron. Beta-carotine rich diet helps

ACRODERMATITIS ENTEROPATHICA: Zinc rich diet like Pumpkin seeds, Dairy products, Legumes etc are recommended.

XANTHOMAS: Avoid fats, eggs, meat dairy products.

HERPES: Elimination of refined sugar and arginine rich diet (Pumpkin seeds, Dairy products) is helpful.

SCLERODERMA: Vitamin E supplement, elimination of high Fiber diet (Beans, Broccoli, whole grains, Potatoes etc) is beneficial.

SLE: Dietary supplement of vitamin C, Green tea polyphenols (GTP) is helpful.

SKIN CANCER: A diet high in fruits and vegetables containing dietary antioxidants and phytochemical lowers the incidence of cancer.

AGING SKIN: Increase intake of sugar can hasten the aging process because it stimulates the cross-linking of collagen fibers.

Thus, Certain nutrients, food or dietary intake may operate as triggering factor, while some are helpful. Consumption pattern and nutritional status both have the power to heal and damage the health of the skin.

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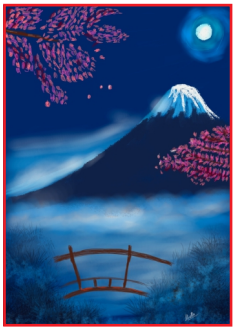



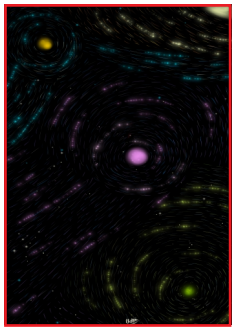

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A GLIMPSE of CUTICON NE STATES 2023

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