



DERMAZONE EAST CUTICON NE STATES

Dermatology: Bench to Bedside **2025**

**31st EAST ZONAL CONFERENCE OF IADVL &
36th ANNUAL CONFERENCE OF NE STATES BRANCH OF IADVL**

**Date: 11th, 12th & 13th December, 2025
Venue: Agartala International Fair Ground Auditorium, Hapania.**



ORGANIZED BY: AGARTALA CHAPTER OF NEIADVL



DERMAZONE EAST & CUTICON NE STATES 2025

Dermatology: Bench to Bedside



31st EAST ZONAL CONFERENCE OF IADVL & 36th ANNUAL CONFERENCE OF NE STATES BRANCH OF IADVL

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Governor of Tripura

MESSAGE

It gives me immense pleasure to know that the 31st East Zonal Conference of Indian Association of Dermatologists, Venereologists & Leprologists (IADVL), Dermazone East & 36th Annual conference of NE States Branch of IADVL (NEIADVL), CUTICON NE States 2025 will be held in December, 2025 at Agartala.

I am also happy to know that a "Souvenir" is going to be published to commemorate that significant event.

I convey my felicitations and best wishes to all the Members associated with this initiative for publishing the Souvenir and also wish for its grand success.


(Indra Sena Reddy Nallu)



Prof. (Dr.) Manik Saha
Chief Minister of Tripura



सत्यमेव जयते

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MESSAGE

It's a great pleasure to extend warm greetings and best wishes to the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) on the occasion of "DERMAZONE EAST & CUTICON N.E STATES 2025" the 31st East zonal conference and 36th Annual conference of the North East States Branch of IADVL (NEIADVL). To mark this occasion a souvenir will also be published.

This type of conference provides an excellent platform for the nationally acclaimed faculties and delegates from across the country to share their knowledge and advancements in the field of dermatology venereology & Leprology. I believe that such conferences are vital for the development of our society & community in improving medical practices and awareness. State Government is also trying to provide an improved healthcare system to the people of our state.

I convey my best wishes for the success of the conference and the Souvenir Published.

(Prof. (Dr.) Manik Saha



Dr. Rajeev Sharma

LM/UP&UK/2251

National President, IADVL - 2025
(Indian Association of Dermatologists,
Venereologists and Leprologists)

MESSAGE FROM PRESIDENT IADVL

Dear Esteemed Members,

It gives me immense pleasure to extend my warm greetings to all delegates, faculty, and participants attending DERMAZONE EAST 2025, being held in the beautiful city of Agartala from 11th to 13th December 2025.

This regional conference of the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) has always been a vibrant platform for scientific exchange, camaraderie, and professional growth. The organizing team has put in dedicated efforts to curate an enriching scientific program that reflects the latest advances in dermatology, while also ensuring ample opportunities for meaningful interaction and collaboration among colleagues from across the country.

As we gather in the spirit of learning and unity, let us also celebrate the strength and diversity of our fraternity. I encourage all participants to actively engage in the academic sessions, share experiences, and take back valuable insights that will enhance our collective mission of advancing skin health and patient care.

My heartfelt congratulations to the organizing committee of DERMAZONE EAST 2025 for their commitment and enthusiasm in hosting this event in the scenic and culturally rich state of Tripura. I am confident that this conference will be a memorable and inspiring experience for everyone. Let us keep the lamp of knowledge glowing and spread the feeling of belonging one family (IADVL).

With best wishes for a successful conference and a delightful stay in Agartala.

Warm regards,

Dr. Rajeev Sharma



Dr. Bhumesh Kumar Katakam

Honorary Secretary General

MESSAGE FROM SECRETARY IADVL

Namaste IADVL

Dear Esteemed Colleagues,

It gives me immense pleasure to extend a warm welcome to all delegates, faculty members, and industry partners attending DERMAZONE EAST & CUTICON NE STATES 2025. This much-awaited academic gathering brings together some of the finest minds in dermatology, offering an excellent platform for learning, collaboration, and the exchange of ideas.

Each regional and state conference of IADVL reflects our collective spirit of progress and unity. DERMAZONE EAST & CUTICON NE STATES 2025 stands as a testament to the commitment and enthusiasm of our members in promoting dermatological education, research, and innovation. I am confident that this event will provide valuable insights, strengthen professional bonds, and inspire all participants to contribute further to the growth of our specialty.

I convey my heartfelt appreciation to the organizing team for their dedication and meticulous efforts in making this event a grand success. May this conference be a memorable academic feast filled with meaningful discussions, new learnings.

Warm regards

Dr. Bhumesh Kumar Katakam



Dr. Shyamanta Barua
President, NEIADVL

MESSAGE FROM PRESIDENT NEIADVL

It gives me immense pleasure to extend my warm greetings to all delegates, faculty members, and guests attending **DERMAZONE East & CUTICON North East States 2025** to be held at **Agartala** on **11-13 December, 2025**.

This **zonal gathering** marks a special occasion for our branch, bringing together distinguished experts, enthusiastic learners, and committed professionals from Eastern India united by the common goal of advancing knowledge and improving dermatologic practice.

The **conference theme** reflects our collective aspiration to integrate clinical research with real-world patient care. The scientific sessions and workshops have been thoughtfully curated to provide rich learning experiences and foster professional growth.

The **souvenir** stands as a testament to the tireless efforts of the organizing team and the creative spirit of our members. My thanks to our Editor – **Dr. Nandita Bhattacharjee** – and her editorial team for compiling an engaging read.

On behalf of the Branch, I extend heartfelt appreciation to all in **Team Agartala** for their relentless efforts in organizing this conference. May this event inspire continued learning, camaraderie, and innovation in the years ahead!

With **best wishes** for a fruitful and memorable conference.

A handwritten signature in black ink, appearing to read 'S. Barua', with a stylized flourish at the end.

Dr. Shyamanta Barua



Dr. Nirmalya Malakar

Organizing President
DERMAZONE EAST &
CUTICON NE STATES BRANCH 2025

MESSAGE FROM ORGANIZING PRESIDENT

“When the woodlands of Tripura have sent out invitations to their floral feast through their courier of the south wind, I have come as a friend”....Rabindranath Tagore.

It is my immense pleasure to extend a warm & hearty welcome to the much-awaited DERMAZONE EAST & CUTICON NE STATES 2025 conference. I am thrilled to be a part of this wonderful opportunity to exchange knowledge, ideas, and experience in the field of Dermatology.

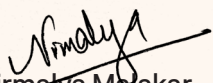
Our aim is to provide a forum for the dermatologist, practitioners, and researchers to come together and share their insights and expertise. I urge every participant to immerse themselves in the discussion, workshops, and presentations, as these interactions will undoubtedly enrich our collective expertise and elevate the standard of care we deliver to our patients.

Tripura known for her natural beauty and diversities is waiting eagerly to host our esteemed delegates from 11th to 13th December 2025.

Everyone is cordially invited to attend this event to participate and cherish this ultimate knowledge extravaganza.

I wish a very pleasant and memorable visit to all our distinguished delegates.

Yours faithfully


Dr. Nirmalya Malakar



MESSAGE FROM ORGANIZING SECRETARY

Dr. Gautam Mazumder

Secretary, NEIADVL
Organizing Secretary,

DERMAZONE EAST & CUTICON NE STATES 2025

Dear esteemed colleagues,

Warmest greetings to all esteemed guests, delegates, and participants of DERMAZONE EAST&CUTICON NE STATES 2025, 31st East Zonal Conference of IADVL & 36th Annual Conference of NE States Branch of IADVL, scheduled to be held on 11th, 12th & 13th December 2025 at Agartala International Fair Ground, Hapania, Tripura. It is an honor to welcome you to this prestigious gathering of dermatology experts, professionals, and innovators. As the Secretary NEIADVL & Organizing Secretary, I am thrilled to see our collective efforts come to fruition in the form of this souvenir.

This year's conference theme "Dermatology: Bench to Bedside" reflects our commitment in bridging the gap between basic research and clinical practice. This event promises to be a landmark celebration of knowledge sharing, cutting-edge advancements, and collaborative spirit. Our scientific team under able guidance of Dr. Kamal Das, Scientific Chairperson & Dr Rakesh Biswas, Scientific secretary 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.

We are honored to have Prof. (Dr.) Manik Saha, Hon'ble Chief Minister of Tripura, gracing this occasion as our Chief Guest. His presence adds immense value to our event, and we look forward to his inspiring address.

We are also privileged to have Dr. Rajeev Sharma, National President IADVL, gracing this occasion as the guest of honor. We're grateful for his kind presence and insights.

We extend our sincere thanks & gratitude to Dr. Shyamanta Barua, President NEIADVL, Dr Saloni Katoch & the entire EC NEIADVL, all our beloved NEIADVLites, friends & seniors across the east zone IADVL for their continuous guidance & support without which we could not have reach at this goal.

We also would like to extend our heartfelt appreciation to our sponsors, speakers, organizers, and participants for their invaluable contributions. Your support and presence are instrumental in making this event a grand success. It is with great pleasure that we release this souvenir during DERMAZONE EAST & CUTICON NE STATES 2025. Dr. Nandita Bhattacharjee, editor souvenir has left no stone unturned to make it vibrant, colorful & rich contents. I hope it serves as a cherished keepsake, reflecting the essence of our conference and the spirit of togetherness that defines us.

I once again extend a warm & hearty welcome to each one of you to the DERMAZONE EAST & CUTICON NE States 2025.

Wishing you a fantastic conference, meaningful connections, and a brighter future in dermatology!

Thank you for being a part of this event.

Warm regards,


Dr. Gautam Mazumder



Dr. Kamal Das

Scientific Chairperson
DERMAZONE EAST &
CUTICON NE STATES 2025

MESSAGE FROM SCIENTIFIC CHAIRPERSON

Dear Delegates, It is my honor to welcome you to the Dermazone East & Cuticon NE States 2025. This event brings together experts, practitioners, and learners to share insights and advancements in dermatology. Our scientific program features eminent speakers, engaging sessions, and hands-on workshops tailored to enhance knowledge and clinical practice. I thank all contributors, sponsors, and participants for their support in making this conference a success. May this gathering inspire innovation, collaboration, and growth in our field and I am sure Editor Dr. Nandita Bhattacharjee has not left any stone unturned to make this souvenir truly befitting the occasion.

Wishing you a rewarding experience!

Warm regards,



Dr. Kamal Das



Dr. Rakesh Biswas

Scientific Secretary
DERMAZONE EAST &
CUTICON NE STATES 2025

MESSAGE FROM SCIENTIFIC SECRETARY

Respected Seniors, Dear Friends and Colleagues,

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

In this era of rapid advancements in dermatology, it is crucial that we recognize the pivotal role that innovation plays in transforming the field. Our theme underscores the importance of building upon the foundation of existing knowledge and creating new paths towards progress and discovery. This year's conference theme "Dermatology: Bench to Bedside" reflects our commitment in bridging the gap between basic research and clinical practice.

This conference is not just an opportunity to gain knowledge but also to foster collaborations and exchange ideas with like-minded professionals. We are confident that this event will spark inspiration and pave the way for transformative change in the field of dermatology.

Tripura boasts a scenic landscape with lush greenery, vibrant hills, and winding rivers. The state is known for its rich cultural heritage, including various indigenous tribes, and its historical significance. Moreover, its culinary scene is a delightful blend of Bengali and Tribal influences, featuring unique dishes like Mui Borok, Gudok, and Chakhwi. The diverse landscapes and historical sites make Tripura a captivating destination.

We hope that DERMAZONE EAST & CUTICON NE STATES 2025 will provide a treasure of latest insights and will be a source of inspiration for all who attend.

A handwritten signature in black ink, consisting of the initials 'RB' followed by a long horizontal stroke.

Dr. Rakesh Biswas



MESSAGE FROM EDITOR

Dr. Nandita Bhattacharjee

Editor, Souvenir
Dermazone East & Cuticon NE States

Dear esteemed Delegates and colleagues,

It is my privilege to welcome you all to DERMAZONE EAST & CUTICON NE STATES, the 31st East zonal conference of Indian Association of Dermatologists, Venereologists & Leprologists (IADVL) and, the 36th annual conference of North East States Branch of IADVL (NEIADVL) at Agartala and it is indeed an honor to present the Souvenir, the brainchild of all the brilliant Dermatologists and academicians. This Souvenir is like a constellation which reflects the academic and the creative side of all the dynamic professionals. This Souvenir enfolds prodigious articles, stories, poetry, photographs, paintings and harvest of ideas. The vibrant and multifaceted culture and traditions of North East India as well as the insights of Dermatology, are woven beautifully like a tapestry in this Souvenir. I am extremely grateful to all the patrons for their wonderful contributions that have made this assembly a symphony of art and science.

I would like to offer my gratitude to Dr. Gautam Mazumder sir for his invaluable guidance and unwavering support. I would also like to thank Mr. Tanmoy Roy Chowdhury for his outstanding skills during the editing of the Souvenir.

I hope this Souvenir will present a blend of disparate and contrasting hues of dermatology as well as the variegated culture and heritage of North East India.

Warm regards,

Dr. Nandita Bhattacharjee



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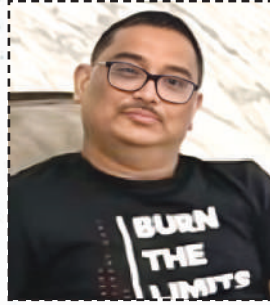
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Dr. Sujit Debbarma



DERMAZONE EAST
CUTICON NE STATES 2025
Dermatology: Bench to Bedside



Tripurasundari Temple, Udaipur, Tripura



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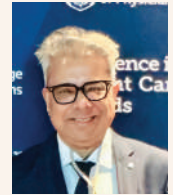
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Ujjayanta Palace, Agartala

Global Honour for ITATSA's Crusade Against Topical Steroid Abuse

Dr. Koushik Lahiri



At the prestigious Royal College of Physicians (RCP) Excellence in Patient Care Awards, held on 10 July 2025 in Liverpool, the Taskforce Against Topical Steroid Abuse (ITATSA) received a global recognition—a landmark moment for Indian dermatology and for public-health advocacy worldwide.

This recognition acknowledged ITATSA's two-decade-long campaign against the irrational and harmful misuse of topical corticosteroids, particularly on the face—a silent epidemic that has scarred millions.

Adding to this honour, the Royal College of Physicians (RCP), London has also showcased our story on Topical Steroid Abuse in India as one of the finalists in the RCP Excellence in Patient Care Awards 2025.

It was a privilege to be interviewed by Dr. Dan Smith, Editor-in-Chief of Medical Care – Driving Change, for their Patient Safety Spotlight series. This international recognition by one of the world's most respected medical institutions reaffirms the global impact of our collective efforts against irrational topical steroid use—a long-standing public-health challenge in India.

The Genesis: Academic Alarm (2006)

The roots of this movement trace back to 2006, when Dr. Sanjay Rathi published a pioneering paper in the Indian Journal of Dermatology, exposing the widespread misuse of potent topical steroids as cosmetic creams [1].

That same year, Dr. Arijit Coondoo and Dr. Koushik Lahiri, then serving as National Hon.

Treasurer and National Hon. General Secretary of IADVL respectively, placed a resolution at the Chennai General Body Meeting urging the Government to curb the over-the-counter (OTC) sale of topical corticosteroids—the first organized institutional effort to address the menace.

The Data Speaks: Nationwide Study

A multicentric cross-sectional study conducted across 12 centres revealed alarming findings: 59.3% of individuals applying topical steroids on the face had done so without any doctor's prescription, while only 26.7% had used formulations prescribed by dermatologists [2].

This evidence underscored the magnitude of the problem and the urgent need for a united national response.

The Turning Point: ITATSA is Born (2014)

In 2014, the IADVL National Executive formally constituted the Taskforce Against Topical Steroid Abuse (ITATSA), appointing Dr. Koushik Lahiri as its Founding Chairman [3].

For the first time in IADVL's history, hundreds of dermatologists from across the country united under one mission—to combat the rampant misuse of topical steroids through education, regulation, and advocacy.

The Crusade: Advocacy and Impact

Under ITATSA's stewardship, the initiative evolved from an academic concern into a national movement that combined science, activism, and empathy. Over the years, ITATSA:



- Engaged general physicians, pharmacists, and the public through awareness drives and training programmes;
- Worked closely with drug regulators and policymakers to curb OTC misuse;
- Played a pivotal role in the 2018 Government ban on 328 irrational fixed-dose combinations, many containing steroid-based creams [4];
- And contributed to a measurable decline in the sale and misuse of steroid-laden fairness products from 2018 onwards, as reflected in market audits and retail feedback.

That same year-2018-came the first international recognition of this crusade, when the American Academy of Dermatology (AAD) honoured Dr. Koushik Lahiri with its Member Making a Difference Award in Washington, D.C. [5] This marked the global acknowledgment of India's leadership in ethical dermatology and patient safety.

🏆 The Global Acknowledgment: Liverpool 2025

On 10 July 2025, at the RCP Excellence in Patient Care Awards ceremony in Liverpool, as the finalist Dr. Koushik Lahiri accepted the award on behalf of ITATSA, alongside co-crusader Dr. Rajetha Damishetty (Hyderabad).

This recognition marked the culmination of years of relentless effort by hundreds of dermatologists and the core leadership team-Dr. Arijit Coondoo (Kolkata), Dr. Shyam Verma (Vadodara), Dr.

Abir Saraswat (Lucknow), Dr. Rajeev Sharma (Aligarh), and Dr. Kiran Nabar (Alibag)-whose commitment formed the backbone of this movement.

🌟 A Legacy of Ethical Advocacy and a Call Forward

This honour truly belongs to every dermatologist who has stood firm for patient safety and public awareness. It stands as a tribute to scientific



integrity, collective advocacy, and the spirit of ethical dermatology—a reminder that persistent, united voices can transform awareness into action, and action into lasting public-health reform.

Without the active support of the National Executive Committee of IADVL, and the successive General Bodies with the wholehearted participation of members, none of this would have been possible. Their collective strength and solidarity shaped the foundation of this remarkable achievement.

Though ITATSA was formally disbanded in 2023, its legacy continues—carried forward through

ongoing education, awareness, and advocacy inspired by its founding vision.

Yet, our journey is far from over.

Let fresh blood join this crusade and take it forward—to a future where no topical steroid is available anywhere in our country without a valid prescription.

ITATSA's journey continues—as a living testament to what Indian dermatologists can achieve when guided by purpose, empathy, and an unwavering sense of responsibility toward patient safety.

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Scrolling Towards Insecurity: Epidemic of Body Dysmorphic Disorder in Indian Youth

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Body Dysmorphic Disorder, often abbreviated as BDD, is a mental health condition where a person becomes overly focused on imagined or slight imperfections in his/ her physical appearance. These perceived flaws, cause immense emotional distress and can interfere with day to day activities. BDD stems from a mix of factors including but not limited to negative life experiences like teasing during childhood, societal pressures that distort self-image and social media influences. It is classified under obsessive-compulsive

and related disorders, where repetitive thoughts about appearance lead to compulsive behaviours aimed at 'fixing' or concealing the supposed defects. In India, this disorder is emerging as a substantial concern among adolescents, particularly those in their teenage years when self-identity and peer acceptance become central to development. With the easy access to social media, young Indians are facing heightened risks due to "projected" modern ideals of beauty standards.

The growing prevalence of BDD among Indian teenagers is quite alarming, though exact nationwide figures remain inadequate due to lack of awareness among peers, underreporting and lack of widespread screening. Awareness is disappointingly low; families and even healthcare providers may overlook it, mistaking obsessive grooming or social withdrawal for typical adolescent moodiness. This misperception delays help, allowing the disorder to worsen, sometimes leading to severe anxiety or depression. In rural areas, where mental health resources are scarce, the problem might be in incognito mode, veiled by stigma around psychological issues. One of the primary drivers behind this rise is the pervasive influence of social media. Platforms like Facebook, Instagram, Snapchat, and TikTok (although banned in India now) bombard teenagers with filtered images, celebrity endorsements, and short reels showcasing 'perfect' bodies and faces. These unrealistic standards create a constant comparison trap, where young users internalise ideals of fair skin, slim figures, or symmetrical features that do not reflect India's diverse population. Adolescents





spending more than four hours daily on social media, frequently taking selfies, or using beauty filters are at greater risk of developing body dissatisfaction and BDD symptoms. In India, where smartphone penetration among teens is soaring with easily available and economical internet packages, this exposure is particularly potent. There has been a noticeable uptick in teenagers seeking cosmetic consultations for perceived flaws like acne scars, nose shapes, or body weight. Dermatologists report seeing more young patients insisting on procedures like fillers, neurotoxin, glutathione drips or laser treatments, unaware that their distress might stem from BDD rather than actual physical issues. This digital saturation not only amplifies insecurities but also normalises extreme measures, making it harder for teens to appreciate their natural selves.

As a dermatologist, we very frequently encounter the intersection of psychology and skin health in my practice. It is crucial for dermatologist(s) to screen for BDD using simple questionnaires during consultations. Early identification allows for timely referral to psychiatrists or psychologists.

In India, where mental health services are improving but still limited, collaboration between dermatologists and mental health experts is essential to prevent escalation into more severe issues like depression or suicidal ideation, which studies show affect a high percentage of adolescents with BDD.

Parents and teachers play a pivotal role in spotting early signs of BDD. Look out for repetitive behaviours such as spending hours in front of mirrors, constantly adjusting clothes or makeup to hide imagined flaws, or excessive grooming routines

that disrupt daily schedules. Teens might withdraw from social activities, avoid photographs, or express intense anxiety about their appearance in conversations. They could compare themselves unfavourably to peers or celebrities, leading to isolation or academic decline. In school settings, sudden changes like skipping classes or avoiding group interactions might signal underlying distress. These signs, if persistent, warrant gentle discussions rather than criticism, as shaming can exacerbate the problem. Empathy is key as acknowledging their feelings without dismissing them helps

build trust and encourages seeking professional help. Raising awareness and implementing school-based mental health support are vital steps forward. In India, where many schools lack dedicated counsellors, integrating mental health education into the curriculum can make a difference. Programs teaching body positivity, digital literacy, and the realities behind edited images empower teens to critically evaluate social media content. Peer support groups foster a sense of community, reducing isolation. Teachers,



trained to recognise signs, can facilitate early detection and referrals. Open conversations at home and school about diverse beauty standards, inspired by India's rich cultural heritage, promote self-acceptance. Government initiatives and NGOs should prioritise campaigns targeting adolescents, perhaps through apps or workshops that highlight balanced media use.

Body Dysmorphic Disorder is not merely a cosmetic concern but a treatable psychological condition that responds well to professional intervention. With the right support, Indian teenagers can overcome these challenges and embrace their unique selves. Let us encourage mindful social media habits, foster environments of acceptance, and remember that true beauty lies in confidence and kindness.



Brinjal and Allergy

Dr. Kanak Ch. Talukdar
Dermatologist



Allergies are hypersensitive reactions of the immune system to substances, called allergens that are usually harmless to most people. These allergic reactions can range from mild symptoms such as skin rashes (Hives), itching, sneezing to more severe symptoms like anaphylaxis, which can be life-threatening. While many people are familiar with common allergens like pollen and dust, certain foods can also trigger allergic reactions. The most common food allergens are milk, eggs, tree nuts, fish, shellfish like prawn, wheat, soy, sesame etc. There is a growing concern among some individuals especially in NE region of India, who complain or link allergic reactions to brinjal after consuming it. While food allergies in general are prevalent, brinjal (or eggplant) allergy is considered to be quite rare compared to other more commonly allergenic foods. Of course there isn't a single "allergy-free" food for everyone, People may be more likely to develop allergy to brinjal, if they are also allergic to other nightshades family, including tomatoes, potatoes, or peppers. Interestingly people usually do not complain of allergy to tomatoes, potatoes or peppers of nightshades family.

Brinjal: A Nutrient-Rich Vegetable

Brinjal (*Solanum melongena*) is a versatile vegetable belonging to the nightshade family, which also includes tomatoes, potatoes, and peppers (*Capsicum*). Brinjal is rich in fiber, vitamins (such as vitamin C and B6), and minerals (like potassium), and is also a source of antioxidants, particularly anthocyanins, which contribute to its purple skin color. It is a low-calorie food, making it a popular choice for people looking to manage their weight.

Allergy to Food /Brinjal

Food allergies occur when the immune system mistakenly identifies a protein in food as harmful

and produces antibodies to fight it. The allergic reaction to brinjal is often associated with proteins in the vegetable's cell walls. These proteins are similar to those found in other foods from the nightshade family, such as tomatoes and peppers (*Capsicum*), which might explain why individuals who are allergic to one nightshade vegetable might also react to others. The nightshade family contains a group of naturally occurring chemicals called alkaloids, which are believed to contribute to allergic reactions in some individuals.

It is also possible that people who are sensitive to certain pollens, like birch pollen or ragweed, might develop an allergy to brinjal due to cross-reactivity between the allergens. Cross-reactivity occurs when the immune system mistakenly identifies a protein in one substance as being similar to a protein in another, leading to an allergic reaction.

Treatment of Food Allergy

Treatment for food allergy generally involves avoiding the consumption of the food and products containing the particular food. For individuals with mild symptoms, Doctor may prescribe antihistamines that may help alleviate discomfort. For those with more severe reactions, an epinephrine auto-injector (EpiPen) may be prescribed to manage anaphylaxis.



Prevention and Management

The most effective way to manage a food allergy is through avoidance. This means being vigilant about food labels, especially when dining out, and informing restaurant staff about the allergy. People with a food (brinjal) allergy should also be cautious about cross-contamination in food preparation areas.

For those with severe reactions, carrying an auto-injector anti-allergic (like epinephrine or prescribed by Doctor) at all times is essential. It is also important for family members, friends, and co-worker to be educated about the allergy and how to respond in case of an emergency.

Is Allergy to Brinjal Common:-

No, allergy to brinjal (also known as eggplant) is not very common. While food allergies in general are prevalent, brinjal allergy is considered to be quite

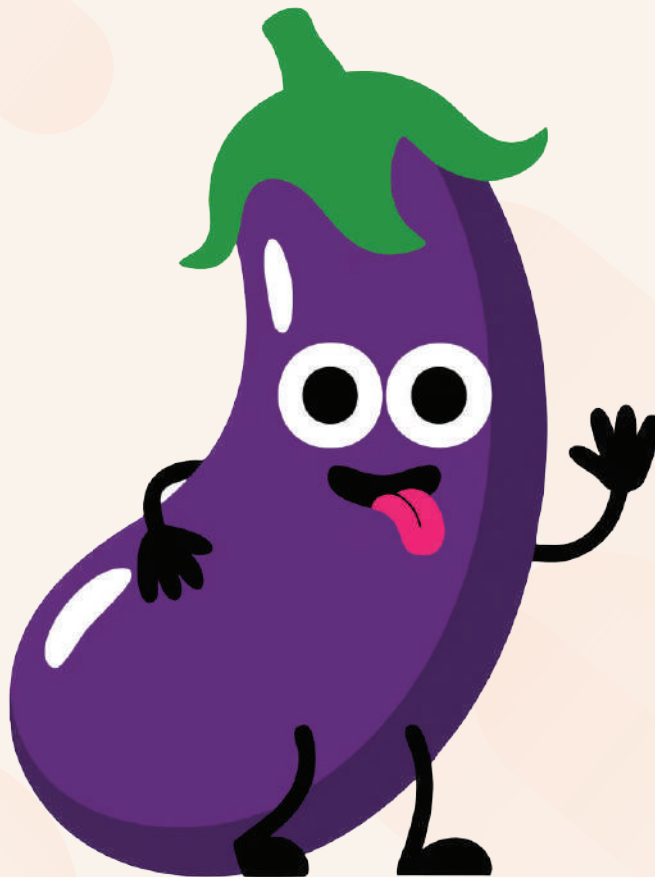
rare compared to other more commonly allergenic foods like peanuts, shellfish, milk, and eggs.

So, while it's not a widespread issue, brinjal allergy can occur, and it's particularly more likely in people with existing sensitivities to other nightshades or certain environmental allergens.

Allergy to tomatoes, peppers, and potatoes are more common than to brinjal.

Conclusion

Brinjal, while a healthy and nutritious vegetable for most people, can cause rarely allergic reactions in some individuals. Although brinjal allergy is rare, it is important for people who suspect they have this allergy to seek medical advice and take appropriate steps to manage their condition. With proper diagnosis and management, individuals with a brinjal allergy can lead a normal and healthy life while avoiding exposure to the vegetable.



The Art of Healing: When Dermatology Meets Creative Expression

Dr. Debjit Dutta, MD, SAC, Dibrugarh



In every brushstroke, melody, or color, art has always been humanity's way of expressing what words cannot. Similarly, in dermatology, healing the skin often means restoring something deeper — confidence, identity, and emotional balance. The intersection of these two worlds — art and dermatology — reminds us that medicine, too, is an art of empathy and creation.

The Skin: Our Living Canvas

Our skin is more than a biological shield; it is a living canvas that tells our stories — of time, struggle, and resilience. Across cultures and centuries, the human form has inspired artists to capture beauty, vulnerability, and diversity. From ancient Indian murals that celebrated natural tones to Renaissance portraits that glorified idealized complexions, art has mirrored humanity's evolving perception of skin and self.

Today, dermatology stands at the same intersection — balancing science with aesthetics, medicine with artistry. A dermatologist, in many ways, is like an artist who blends precision with vision, restoring harmony to the human form.

Art as Therapy for the Soul

Skin conditions often leave more than physical marks; they can imprint emotional scars that affect self-esteem and identity. For patients living with vitiligo, psoriasis, or acne, the mirror can sometimes become a silent adversary. Here, creative expression becomes a tool for healing beyond medicine.

Art therapy has been shown to improve emotional resilience and self-image in individuals coping with visible skin disorders. Painting, henna designs, and even temporary body art can help patients reclaim ownership of their skin — transforming it from a source of distress into one of pride. For many, this act of creation becomes a bridge from insecurity to self-acceptance.

Cultural Expressions of Skin and Beauty

Artistic traditions across the world — from India's mehndi to African scarification and Japanese irezumi — have long celebrated the human skin as a canvas of identity. These practices are not mere ornamentation; they express belonging, emotion, and beauty. As dermatologists, understanding these cultural nuances deepens our connection with patients, reminding us that every shade, mark, and texture carries a personal narrative.

In a diverse society like ours, such cultural empathy is vital. It guides us to treat not just the condition, but also the consciousness that surrounds it — ensuring that our approach to aesthetics remains inclusive and respectful.

Dermatology: The Art of Restoring Confidence

Each treatment — whether medical, surgical, or aesthetic — carries an artistic responsibility. When a dermatologist clears acne, fades a scar, or rejuvenates aging skin, the impact extends beyond appearance. It restores confidence, renews joy, and sometimes, reshapes the way a person sees themselves.



This is where dermatology transcends science and becomes art — a thoughtful balance between technique and compassion. The precision of a laser, the blend of pigments in a chemical peel, or the subtlety of aesthetic contouring all demand an artist's eye and a healer's heart.

A Harmonious Blend

Art and dermatology share a common philosophy: creation, restoration, and emotional connection. Both require observation, sensitivity, and a deep

appreciation of individuality. In every patient's journey lies a story waiting to be restored — not just to clear skin, but to clear the distance between how they look and how they feel.

Ultimately, when dermatology meets creative expression, healing becomes more than a clinical process; it becomes a celebration of the human spirit — resilient, expressive, and endlessly beautiful.



The Overlooked Dimension of Skin Why Psychosexual Medicine Matters in Dermatology

By Dr. Bishurul Hafi, MD (Dermatology)
Psychosexual Medicine Expert | SIG Sexual Medicine, IADVL



“When you treat the skin, you touch the mind; when you understand the mind, you heal the skin”

Beyond the Surface

As dermatologists, we celebrate visible transformations — the clear face after acne therapy, the confident smile of someone whose psoriasis is finally under control. Yet beneath every skin we treat lies a deeper story — one of emotion, self-worth, and intimacy.

The skin, our body’s largest and most expressive organ, is central not just to health but to identity and sexuality. It blushes with emotion, tingles with attraction, and serves as our primary medium of touch and connection.

Psychosexual medicine explores these intersections. It integrates medical science with psychological and relational understanding to address how physical conditions influence sexual and emotional well-being. For dermatologists, this knowledge is transformative — it broadens how we see, listen to, and heal our patients.

Why Dermatologists Need Psychosexual Training

Dermatology is uniquely placed at the crossroads of the physical and the psychological. Yet, sexual and emotional dimensions of skin disease often remain unspoken.

Psoriasis, vitiligo, acne, or scarring can profoundly affect body image and sexual confidence.

Hair loss or pigmentation disorders may trigger anxiety and avoidance in relationships.

Genital dermatoses bring shame and silence, especially in conservative societies.

Even our treatments — like isotretinoin or finasteride — can influence libido or sexual function. Patients hesitate to discuss these issues, fearing embarrassment or misunderstanding. Many clinicians, too, feel unsure how to approach such conversations. That silence can leave deep psychological wounds unhealed — even when the skin appears cured.

Psychosexual training changes that. It teaches us how to ask the right questions, to listen without judgment, and to recognize when distress arises from disrupted intimacy or self-image. It enables us to offer informed reassurance or referral when needed, and above all, to treat with empathy and confidence.

In short, it helps us see the whole person — not just their skin.

My Journey into Psychosexual Medicine

My own journey began with a patient I will never forget — a young man with genital lichen planus. His lesions were healing, but his despair was not.



“Doctor,” he said quietly, “I feel like my manhood is gone.”

That sentence stayed with me. I realized that even as dermatologists, we were addressing the visible but missing the invisible — the emotional and sexual distress that skin diseases can cause.

Encounters like these deepened my curiosity and led me to formally pursue psychosexual medicine. I was fortunate to receive a **scholarship from the International Society for Sexual Medicine (ISSM)** to attend the **School of Sexual Medicine** conducted by the **European Society for Sexual Medicine (ESSM)** in Budapest. This foundational experience opened my eyes to the science and humanity behind sexual health care.

I then undertook the **Fellowship of the European Committee of Sexual Medicine (FECSM)**, a rigorous program that enhanced my clinical and academic grounding in the field. To further integrate psychological and relational aspects, I completed the **London Diploma in Psychosexual and Relationship Therapy** at **Middlesex University**, followed by the **Advanced Diploma in Psychosexual and Relationship Therapy** at the **NAOS Institute, UK**.

These diverse experiences shaped my understanding of how skin, psyche, and sexuality

intertwine. They also strengthened my belief that dermatologists need psychosexual literacy — not only to manage clinical challenges but to restore confidence, connection, and dignity in our patients’ lives.

Today, I am proud to serve as a **member of the Special Interest Group (SIG) in Sexual Medicine** under our national dermatology society, where we are building awareness, conducting surveys, and organizing workshops to empower colleagues in this vital yet under explored area.

The Way Forward

Our specialty has advanced rapidly — from biologics to AI-based diagnostics — but the next frontier is human understanding.

Psychosexual competence should be recognized as a core dermatological skill, not a peripheral one. It begins not with complex therapy, but with sensitivity and language — the willingness to ask, listen, and validate.

Skin diseases are not only medical conditions; they are experiences that shape self-image, identity, and intimacy

By integrating psychosexual perspectives into our consultations, we help patients not just look better, but **live better**. That is the true essence of compassionate, holistic dermatology.

Author Bio

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Dr. Hafi completed his formal training in psychosexual medicine at the **School of Sexual Medicine, ESSM (Budapest)** with an **ISSM scholarship**, followed by **Fellowship of the European Committee of Sexual Medicine (FECSM)**. He later obtained the **London Diploma in Psychosexual and Relationship Therapy** from **Middlesex University**, and the **Advanced Diploma in Psychosexual and Relationship Therapy** from **NAOS Institute, UK**. He now works to promote psychosexual education and holistic patient care within dermatology practice.

Itchy Scratchy Stories – Explore the Interior: Feel the Thrill of Uncovering the Secrets Lying Deep

Prof. (Dr.) Abhijit Datta. AGMC & GBP Hospital



Though several years have elapsed, I still remember that five-year-old cute girl who accompanied her father to collect the report of her skin biopsy which had been taken about a week back from her scalp lesion. I was curious to know the detailed clinical history as it was not a common diagnosis I made on the histopathological examination of her skin lesion. Her father was a real gentleman working in defence force who showed me all her till-date prescriptions while narrating the story of her illness. They actually hailed from North India. She was initially shown to a general practitioner for her itchy skin lesions of the scalp and from the relevant prescription it was quite evident that with a clinical diagnosis of tinea capitis she had been prescribed some antifungal topical medication. Following two weeks' of application of that ointment she developed fresh scaly and itchy lesions on her ears and face without any sign of improvement of her original lesions. Then they consulted a dermatologist who added a course of systemic antifungal drug. But even with that the lesions remained the same. At that point of time, with a clinical impression of seborrheic dermatitis, a topical steroid cream was given to her, besides advice for use of a medicated shampoo. The poor girl did not respond to that medication too, rather the scaly lesions became more intensely itchy. Considering her age and a non-response to all given treatment, the dermatologist thought of the possibility of some uncommon diseases including neoplastic lesions like cutaneous Langerhans

cell histiocytosis. Keeping this in mind he took a skin biopsy from an active scalp lesion for a final diagnosis on histopathological examination. The biopsy revealed that it was not tinea capitis, neither seborrheic dermatitis, nor even a case of cutaneous Langerhans cell histiocytosis, as considered clinically at different points of time. The lesion was actually found to be infective in origin, caused by a protozoan parasite. Yes, at this juncture your guess is quite correct, as it was finally diagnosed, through the lens of microscope, as a case of cutaneous leishmaniasis. As usual, thereafter she was lost to follow up to me. But I firmly believe that the child got cured completely with specific medication against the finally diagnosed condition.

The most important fact behind the disease of that girl would have remained deeply buried in the layers of skin only, without any one's awareness, resulting in further clinical mismanagement leading to more & more sufferings for her, unless the microscopic examination of the diseased tissue material had been undertaken. In fact, many a time it becomes very difficult for a dermatologist to make a diagnosis solely on clinical ground, because of the fact that there are similar & overlapping signs and symptoms in a number of dermatological conditions where itching is a common feature.

It is very wisely said "Itching is often a symptom, but under the microscope, it tells a story." Very often, an itchy lesion is a great challenge for a dermatologist, whereas for a pathologist it's an

invitation to look deeper through the meticulous lens of the microscope to discover the underlying mystery and secrets of the route of journey starting right from patient's initial discomfort & passing through the sufferings till arriving at the final destination of accurate diagnosis and treatment.

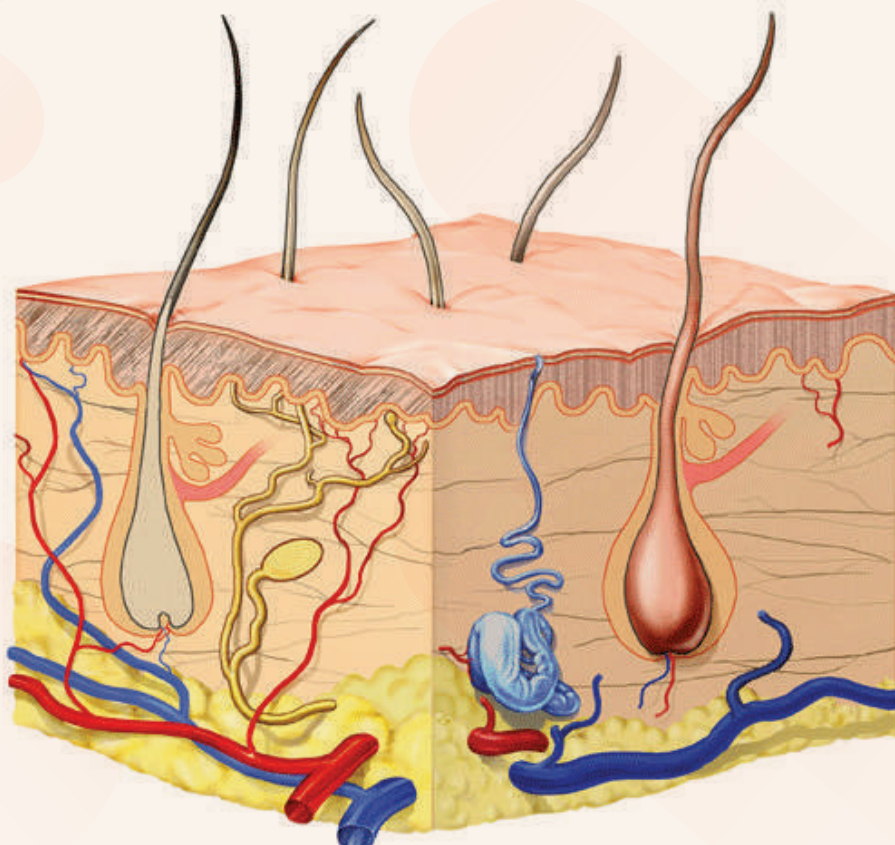
In true sense, dermatopathology stands as a strong bridge between clinical and laboratory observations. Each tissue section turns into a colorful landscape where inflammation, degeneration, regeneration and neoplasm leave their delicate footprints. A pathologist, in fact, enjoys to scratch the itch with a sharp lens of microscope to unravel the hidden narrative of the disease, woven intricately in layers of epidermis, dermis and subcutis.

An actual diagnostic process in dermatology practice, I believe, should be based on fruitful dialogue between clinic and Pathology laboratory. The dermatologist describes the clinical picture, the pathologist interprets the morphology at microscopic level and when these two perceptions converge, the true nature of a lesion is exposed. A papular eruption may look apparently and deceptively simple on the surface, yet histologically it may display features of lupus erythematosus, lichenoid dermatitis or a drug reaction - each carrying distinct clinical significance from management point of view. Let's think about lesions

of chronic pruritic plaques. Under the microscope acanthosis and parakeratosis with Munro micro-abscesses whisper psoriasis; yet another case may reveal basal cell vacuolization and dermal mucin - a significant hint of lupus erythematosus. In this way, the microscope translates the language of the skin lesions into the vocabulary of comprehensive medical sciences. Of course, on some occasions, only the conventional hematoxylin and eosin (H&E) stained sections may not be adequate for giving an useful histopathological diagnosis and in such situations certain additional & ancillary techniques like immunofluorescence (IF) study, immunohistochemistry (IHC), molecular techniques or electron microscopy etc. may become essential to pinpoint the diagnosis.

It's needless to say that frequent clinico-pathologic discussions play an important role in providing a prompt & proper health care service to the patients with dermatological disorders and the synergy between clinician and pathologist thus remains as the cornerstone of perfect dermatological care.

Lastly, in the context of itching, I recall a well known proverb which says "If your palm itches, you're going to get something good". How do you view it as a dermatologist?



Listening, Looking, Healing: The Disappearing Art of Whole Person Care in Dermatology, Why Clinical Skills Must Not Fade

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Dermatology, like other medical specialties, now faces a crisis—a fast-disappearing skill set that forms the very foundation of healing: whole person care. The following true stories illuminate a growing gap in modern clinical practice.

A friend sought help for her friend, a persistent, itchy rash. She had cycled through creams and lotions, hot water compressions, and a medical encounter that offered only cursory medication advice, without examination or thoughtful inquiry. The root cause—systemic Nickel Dermatitis—remained hidden until careful listening and a thorough evaluation revealed answers missed by algorithms and guesswork.

In another instance, a patient with painful nodules on the hands received incomplete care due to a superficial history. The missed nodules on the back and lack of full-body examination meant Hansen’s disease went untreated, prolonging suffering and risking complications. Similarly, a woman with red eyelid patches was diagnosed as having contact dermatitis; only holistic history, examination, and testing exposed the true source: mixed connective tissue disease.

Perhaps most striking, a young girl was referred for ANA positivity. Stress and familial worry mounted, but she displayed no symptoms—her “disease” was found only in laboratory results. Without the context of her whole story, unnecessary anxiety and interventions would have followed.

Each vignette reveals an uncomfortable truth: the erosion of detailed history taking and clinical examination, replaced by test-based treatment and fragmented care. In a world enthralled by AI, dermoscopy, and digital records, where are our listening skills, holistic assessments, and the compassionate touch that heal beyond symptoms?

This vanishing art isn’t just a technical deficit—it’s a moral one. As teachers, are we failing future dermatologists by championing investigations over engagement, reducing patients to numbers, and neglecting the profound lesson of the Hippocratic oath?

To ensure a safe and humane future, we as medical educators must recommit to modelling whole person care—demonstrating empathy, curiosity, and respect in every encounter. Technology will never capture the nuances of a person’s life or



the quiet cues of disease hidden in conversation and observation. If our best teaching is to be remembered, it must be the art of seeing not only the skin, but the story, the context, and the individual. This calls for us to be models in emulating it ourselves. I remember my Late Professor Butani emphasising to us, trainees at that time, to look beyond the skin to the

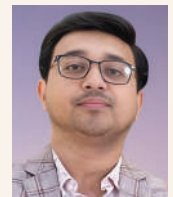
person, and the respect he gave to each patient he saw, and it has stayed with me.

Only then can dermatology reclaim its soul—reminding ourselves and our trainees that the essence of healing lies in treating the whole person, with skills that no machine can ever replace.



Q Switched Nd-YAG 1064 nm Laser Toning in Facial Pigmentary Disorders

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Associate Professor, TMC



Introduction:

Facial hypermelanosis is a major cosmetic issue that causes severe social embarrassment and psychological pain, particularly among Asians. Melasma is an acquired hyperpigmentary disorder characterized by development of blotchy, light-to-dark brown macules on sun-exposed skin. It is a genetic condition, mostly occurs in women, especially those living in areas of intense sunlight. About 10% cases occur in men. Laser toning works on the principle of subcellular selective photothermolysis to break down melanin pigment and stimulate collagen production without damaging the surrounding skin. The laser energy heats the deeper layers of the skin, which breaks down excess melanin into smaller fragments that are cleared by the body's immune system. Simultaneously, this controlled heating triggers a skin repair response that increases the production of new collagen and elastin, leading to improved skin texture, tone, and firmness. Though

this laser has become the primary choice for conditions such as nevus of Ota, Hori's nevus and tattoos, its role in the management of melasma is not clear. Despite several studies has been done on the Q-switched Nd:YAG (QSYD) laser toning in melasma and in other pigmentary disorders, there is no consensus on the protocol or number of sessions required. The dual wavelengths of 1064nm and 532nm are suited for all type of skin toned patients in India. There are very few articles on Q Switched Nd:YAG 1064 nm laser toning for epidermal laser. In this study we have tried QSYD 1064 nm laser toning for both epidermal and dermal pigmentary lesions with same laser parameters, low fluence 2-3j/cm² with spot size 6-8 mm, repetition rate-6-8 Hz, with minimum side effects and recurrence.

Objective:

To determine the efficacy and safety of Q-Switched Nd-YAG 1064 nm laser toning in the treatment of various facial pigmentary cutaneous disorders.

Materials and Methods:

It was a prospective study for a period of six months (January 2023 to June 2023). The study was carried out at Rejuva Skin & Laser Clinic, Agartala. A total of 50 patients (70% male and 30% female), who has fulfilled the inclusion criteria were enrolled for this study after taking informed consent. Inclusion criteria: 1) Facial hyperpigmentation not responding to 1st line and 2nd line treatment 2) Age group between 18 to 40 years. Exclusion criteria: 1) Patients who has



done earlier any laser procedures on face 2) Who has keloidal tendency, laser hypersensitivity, and unrealistic expectations 3) Those who has secondary facial hyperpigmentation with underlying active disease process. The diagnosis of all cases was made on clinical and histopathological basis. Photographs were taken at baseline and during each follow-up visit. Topical anaesthetic cream (lignocaine 2.5% and prilocaine 2.5%) applied 45 mins prior to laser procedure. Test spot was done before all laser procedure. QSYD 1064 nm was done for both epidermal and dermal lesions with same laser parameters, low fluence 2-3j/cm² with spot size 6-8 mm, repetition rate 6-8 Hz on thrice weekly basis. The result of pigmentation was assessed initially after every session. During a three-month follow-up after the final session, patient satisfaction was evaluated using a visual analogue scale (VAS). Images taken prior to laser treatments and thereafter were compared, and the aesthetic effect was scored on a four-point scale (4-Point Investigator Global Assessment Scale: 1 = no or low results (0–25% of the lesion area improved), 2 = slight improvement, (25–50% of the lesion area cleared), 3 = moderate to good improvement (50–75%), and 4 = excellent improvement (75–100%), by four blinded specialists. Adverse effects were recorded after each visit. Post-procedure, the treated area was cooled with ice packs and topical steroids. No other topical treatment was used during the study apart from moisturisers and broad-spectrum sunscreens.

Results:

A total of 50 patients (10% male and 90% female) with mean age 28.58±58 was found in this study. Out of 50 patients 23 (46%) were of melasma, 12 (24%)

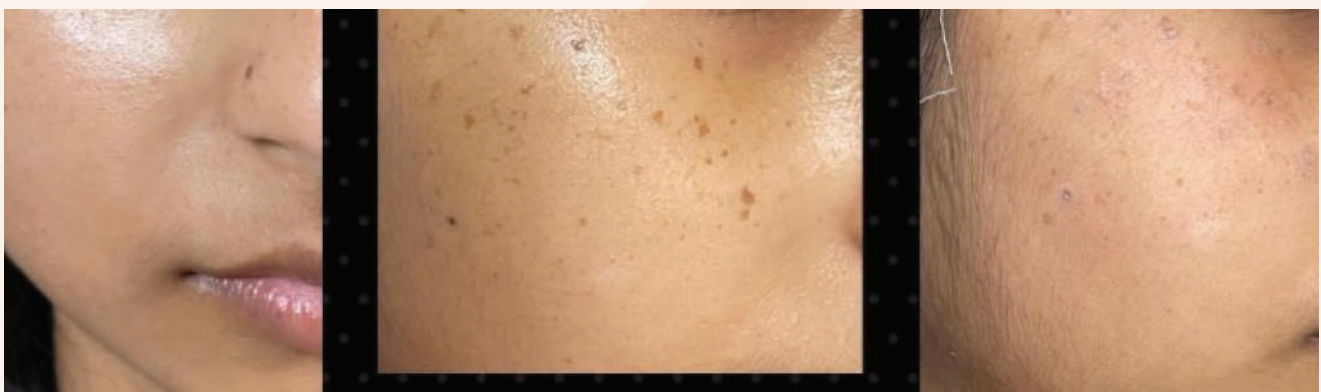


were of Nevus of Ota, 9 (18%) were of Freckles and 6 (12%) were of naevus.

Out of 23 (46%) cases of melasma 5 (21.70%) showed no improvement, as before treatment with Nd YAG Laser were graded as severe hyperpigmentation and 7 (30%) showed mild improvement, 23% showed good improvement, and 21% showed excellent result after 6 months of follow up (Fig-1). Out of 12 (24%) cases of Nevus of Ota 4 (33%) showed no improvement, 3 (25%) showed mild improvement, 3(25%) showed good improvement and 2(16.66%) showed excellent improvement (Fig-2). All freckles improved after 2 to 3 settings of laser with an interval of 3 weeks, where the recurrence is very common (Fig-3). The 6 cases of naevus gave good response with no recurrence (Fig-4). Treatment response was found statistically significant (p=0.99).

Discussion:

The Q-switched Nd:YAG laser is an established modality of treatment for epidermal and dermal pigmented lesions. Hyperpigmentation is most common in Fitzpatrick skin types III to VI, and it can have a substantial negative impact on quality of life. Particularly, the treatment of pigmented lesions in dark-skinned individuals can be difficult and distressing psychologically. Hyperpigmentations are frequently identified and managed in medical





settings. In the study by Ziu et al 12 fifty patients aged 28-53 years were enrolled in the study (47 female; 3 male). All were treated using the 1064-nm Q-Switched Nd:YAG laser with 6mm spot size, and a fluence of 2.5 to 3.4 J/cm² weekly for nine sessions. Follow-up was done 3 months after the last laser session, 70% of patients had more than a 50% decrease in their MASI score, and 10% had 100% clearance. In the study by Sim et al 14 total of 50 patients aged 36-52 years with melasma were enrolled in the study. The patients underwent 15 weeks of weekly treatments using a Q-switched Nd:YAG 1,064nm laser with 8mm spot size, and a fluence of 2.8 J/cm², the level of improvement was subjectively evaluated by three investigators by comparing before and after photographs of the patients, and found 50-74% improvement. In our studies we have found that 1064 nm QSNYL at low fluence at 2-3 J/cm with multiple passes repeated

thrice weekly is superior for both epidermal and dermal lesions, with less complications and recurrent. There are very few articles on Q Switched Nd:YAG 1064 nm laser, as laser toning for epidermal laser. In this study we have tried QSYD 1064 nm laser toning for both epidermal and dermal pigmentary lesions with same laser parameters, low fluence 2-3J/cm² with spot size 6-8 mm, repetition rate-6-8 Hz. We have found excellent result for dermal pigmentary lesion and with less epidermal complications and recurrence, although the number of sessions are more for epidermal lesions.

Conclusion:

Q-Switched Nd YAG 1064 laser toning is a good modality to treatment for various pigmentary skin disorders in which conventional treatment is less satisfactory. This study showed 1064 nm QSNYL, as laser toning at low fluence at 2-3 J/cm² with multiple passes repeated thrice weekly is superior for both epidermal and dermal lesions, with less complications and recurrent. Q Switched Nd:YAG 1064 nm laser is a good treatment option in nevus of Ota and in other naevus disorders. Patients may require up to 10 sessions for adequate response. For treatment of melasma and freckles counselling is very important as frequent sessions and regular maintenance with topicals and other systemic therapies are mandatory. So, Nd:YAG 1064 nm laser was safe and effective, and well-tolerated by all patients. Larger randomised controlled studies are required with more objective measurement techniques for optimum reliable outcome.

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Cydnidae Pigmentation Resembling Ink Stains



Dr. Linda Kongbam

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A 14-year-old girl presented during the monsoon season with asymptomatic black patches on her palms and soles which she suddenly noticed the previous day, resembling ink-like markings. Her mother attempted to rub them with rubbing alcohol but was unsuccessful. There were no systemic symptoms or any psychiatric co-morbidity. She had a history of outdoor activity and contact with a pet dog the previous morning. Cutaneous examination revealed numerous black-brown macules and patches of varying sizes with streaky and blotchy patterns on both palms and soles (Fig 1, 2 & 3). They were non-blanchable and non-tender, and the surrounding skin was normal. Other mucocutaneous sites were normal.

A diagnosis of Cydnidae (Burrowing Bug) pigmentation was made. Cydnidae bugs release an odorous substance when in contact with human skin as a self-defense mechanism, causing macular pigmentation that persist for around 10–15 days. History of outdoor activity before the development of lesions is characteristic. This condition should be differentiated from other causes such as exogenous causes of pigmentation, lentigines, acral melanoma, dermatosis neglecta, and post-inflammatory hyperpigmentation. Awareness of this uncommon cause of pigmentation is essential to avoid anxiety and unnecessary investigations and treatment.





DERMAZONE EAST
CUTICON NE STATES 2025
Dermatology: Bench to Bedside



Untamed Souls

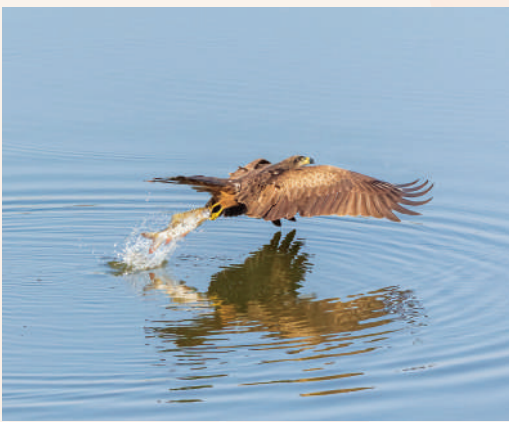
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BABY RHINO CROSSING



BLACK BACKED DWARF KINGFISHER



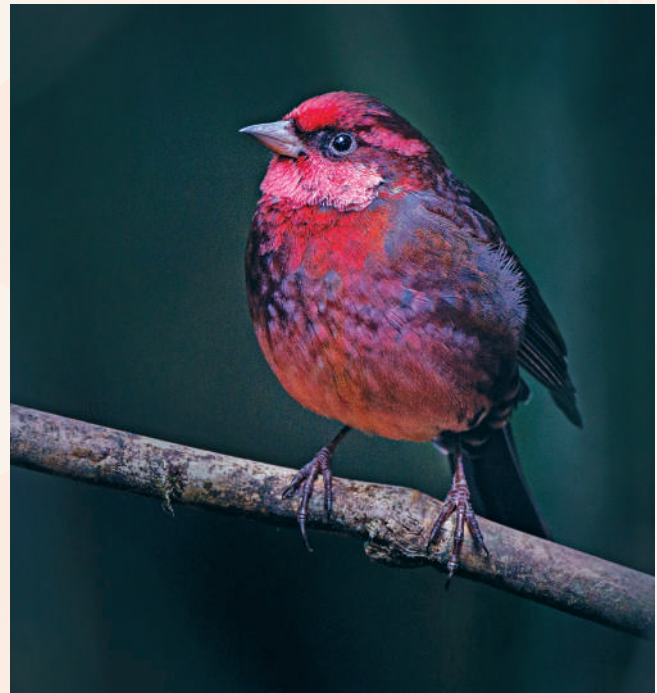
BLACK KITE IN HUNT-FISHING



BLACKBUCKS -FIGHT FOR DOMINANCE



CHESTNUT HEADED TESIA



DARK BREASTED ROSEFINCH



COOPER HEADED TRINKET

Echoes of Wild-Dr. Jyotirmay Baishya
Associate Professor, Plastic Surgery, GMCH



GULL LANDING



OWLET



TUSKER KID MANAS



FIRE TAILED MYZORNIS ARUNACHAL



PHAYRES LEAF MONKEY-TRIPURA



INDIAN BISON

Echoes of Wild-Dr. Jyotirmay Baishya
Associate Professor, Plastic Surgery, GMCH



Children of Earth - Dr. Ruby Jain, Skin Care Clinic, Dimapur, Nagaland



The Blue King arrives



The Art and the Artist



The Litchi Enthusiast

Dr. Saloni Katoch, Dermatologist



Tapestry of Thoughts



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Healing the Fractured Bond: Rebuilding Trust Amid Rising Violence Against Doctors



Dr. Indrani Dey, Dermatologist, Guwahati

In recent years, the medical fraternity is witnessing an utterly disturbing escalation in incidents of violence against doctors and healthcare personnel. These events, ranging from verbal abuse to physical assault to social media trolls and hospital vandalism, threaten not only the safety of medical professionals but also poses a mighty question on the ethical and emotional foundation of the doctor–patient relationship. Once characterized by trust and respect, this relationship is now being strained by rising costs, communication gaps, and an increasingly transactional healthcare environment. Understanding this crisis requires examining both systemic issues and the evolving dynamics of medical practice. Let us flashback at some events from 2025

1. Imphal, Manipur-September 21, 2025:

At the Regional Institute of Medical Sciences (RIMS), Imphal, a senior gynaecologist was assaulted by a mob following the death of a patient during a caesarean section. Enraged attendants vandalised hospital property and disrupted health services, forcing a temporary suspension of operations. (Source: *Times of India*)

2. New Delhi – June 28, 2025:

At GTB Hospital, Delhi, a senior doctor was attacked by a group of unidentified men, one of whom broke a liquor bottle on the doctor’s head after posing as a police officer. The shocking incident, caught on CCTV, underscored the vulnerability of even senior staff in major tertiary hospitals. (Source: India

Today)

3. Agartala, Tripura – August 3–4, 2025:

At Govind Ballabh Pant (GBP) Hospital, two attendants of a patient physically assaulted doctors in the emergency department despite the team providing prompt care. The violence prompted the hospital association to demand stricter enforcement of protective legislation.

(Source: India Today NE)

Violence against doctors is not confined to any single specialty, state, or socioeconomic group — it stems from deeper issues within the healthcare ecosystem. Revisiting some of the probable issues:

A) Changing Dynamics of the Doctor–Patient Relationship

Traditionally, the doctor was a revered figure — a blend of scientific authority and compassionate healer. In the current healthcare climate, however, increasing patient loads, administrative demands, and medico-legal obligations have drastically curtailed consultation time. The result is a transactional interaction that often leaves patients feeling unheard or dismissed. For families in distress, such perceived indifference, combined with grief or frustration, can rapidly escalate into confrontation. The erosion of communication is thus one of the most significant triggers of conflict.

B) Economic Pressures and Commercialisation of Care

The rapid commercialisation of healthcare system

has profoundly affected public perception. The growth of corporate hospitals has improved access to technology but also catapulted to huge costs. Patients and families facing catastrophic medical expenses often project their anger and helplessness onto the treating doctor.

C) Erosion of Trust in the Digital Age

The internet has made medical information widely accessible, enabling patients to engage more actively in their own care. Yet, it has also given rise to misinformation and unrealistic expectations. Online discussions and sensationalised reports of alleged negligence can create a perception that medical errors are rampant. The traditional image of the empathetic family physician has gradually been replaced by that of an overworked and impersonal specialist. This cultural shift — from reverence to scepticism — has weakened the emotional bond that once shielded the profession from hostility.

A Deeper Introspection Within the Profession

While violence against healthcare personnel is indefensible, the medical community must acknowledge its share of responsibility in restoring trust. Empathy, communication, and respect remain as vital as diagnostic acumen. A brief explanation, a patient-centred discussion, or even the simple act of listening can prevent misinterpretation and hostility. Medical education and Practice management should therefore emphasise behavioural and communication skills, emotional intelligence, and ethics alongside clinical training. Re-humanising medicine begins with doctors reaffirming their role as healers — not merely as service providers.

Systemic Reforms and Protective Measures

Preventing violence in healthcare requires coordinated action at multiple levels:

- a. **Legal Safeguards:** Assaults on healthcare workers must be treated as non-bailable offenses, with strict and uniform implementation of healthcare-protection acts across all states.
- b. **Hospital Preparedness:** Institutions should implement 24x7 security, crowd control systems, triage transparency, and grievance-redressal mechanisms. Staff should receive



de-escalation and communication training to handle emotionally charged situations.

- c. **Transparency and Shared Decision-Making:** Patients and families should be clearly informed about the nature of illness, expected outcomes, possible complications, and financial implications.
- d. **Policy Reforms:** Governments must strengthen public health infrastructure and ensure affordability to reduce patient distress and overcrowding in tertiary hospitals.

Rebuilding the Bridge of Trust: A Shared Responsibility

It's time we realize that the rising tide of aggression towards doctors reflects a deeper societal fracture — one of eroded trust and unmet expectations. Restoring this bond is crucial and our shared responsibility. Society must recognise the immense pressures under which doctors operate, while doctors must recommit to empathy, communication, and integrity in every patient encounter.

Legislation and security can offer temporary protection, but lasting change will come only when trust is rebuilt — when patients once again perceive doctors not as distant experts, but as partners in healing. Re-establishing this humane connection is the only true antidote to the violence threatening the soul of modern medicine.

The Decline in Medical Training

Collected by: Dr. Jogesh Das

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In the past, studying Medicine was a vocation, a mission. Students trained in hospital corridors, learning directly from patients, professors and the real challenges of medical practice. There was no glamour, no spectacle. There was hard work, sleepless nights, exhausting shifts, and genuine satisfaction in saving a life or making a difficult diagnosis. Today, that scenario has changed—and not for the better.

Currently, the medical career has been reduced to a theatrical spectacle, where appearances and ceremonies outweigh the essence of the profession. The first visible change is the white coat ceremony, transforming a simple course initiation ritual into an event worthy of a Hollywood awards ceremony. Students, before even touching a real patient, put on pristine white coats amid passionate speeches and professionally produced photos and videos. It has become an act of self-promotion, where the symbolism of a work tool (coat and stethoscope) has turned into a status trophy.

Superficiality continues throughout the training years. Instead of seeing real patients, many students train with mannequins and simulations. The human touch, the complexity of clinical signs, and the visceral experience of dealing with a patient in distress have been replaced by silicone mannequins in air-conditioned rooms.

Universities, lacking their own hospital infrastructure, leave students displaced, engaging in superficial and sporadic practice in makeshift health units. The medical student who once accumulated shifts and experience in hospital wards now accumulates selfies and social media posts.

Outpatient clinics with fifteen to twenty students, where no one is interested in listening

to the patient's history, and they are instructed to request multiple "complementary" tests before even knowing the patient's complaint. They aim to reach a diagnosis directly through an abnormal lab value rather than through questioning, analyzing, and processing the information to confirm or complement and select the best tests for the patient's complaint. They don't know what semiology or propedeutics is, nor anamnesis or physical examination. Or they even shift the responsibility of anamnesis and physical examination to the specialist, since, as a general practitioner, they are nothing more than an ignorant stamp-bearer.

And the cult of superficiality does not stop there. Now, there are events for every stage of the career: a party for completing 30% of the course, a mid-medical school party, and graduation rehearsals even before clinical rotations. And the classes, which are already poorly taught, are often skipped in favor of social commitments. *Students graduate better prepared to organize a party than to interpret an electrocardiogram.

When graduation time arrives, the spectacle reaches its peak. What was once a simple and solemn ceremony celebrating years of hard work has become a cinematic production. Famous bands, luxurious venues, and parties costing astronomical sums—often funded by parents—have become more important than the diploma itself. The fleeting glory of the celebration outweighs the gravity and responsibility of a newly obtained Professional Medical License (RCM).

This erosion of the essence of the medical career is directly reflected in the quality of medical training. The lack of preparation is evident. Young doctors arrive at hospitals without knowing how

to interpret a basic X-ray, lacking the confidence to provide initial emergency care, and without the necessary experience to communicate with patients and their families. Clinical reasoning, once shaped by constant practice, has been replaced by memorised protocols and a dependence on apps and digital tools.

We are living medicine by osmosis—the most dangerous kind. Based on what we hear rather than what we should have read or studied. The “storytelling” of medicine seduces weak and opportunistic minds into creating post-truth theories, since traditional medicine does not generate likes, shares, or status in the new world order. We are aboard a whaling ship in search of a non-existent white whale, blinded by psychosis, destroying everything around us.

Graduating in Medicine is not about parties, coats, or professional photos. It is about ethics, dedication, empathy, and technical capability. The white coat is not a status symbol; it is a symbol of responsibility. Students need to return to hospitals, to the beds, to the wards. They need to learn from patients, not from plastic mannequins. They need to revere medical knowledge, not the artificial glow of a lavish graduation.

Medicine must return to being a profession and stop being a spectacle. Because those who suffer from this degradation are not only the ill-prepared doctors but also the patients who entrust their lives to them. And this, more than a mistake, is a tragedy.” Dr. Philip Prohaska

Infectious Disease Physician, Brazil



Losing Body Weight, a Continuous Practice



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As doctors we often need to tell our patients to lose body weight. But it's easier to say than to do. Isn't it? Therefore, often we the doctors too are overweight, often not less than our patients. Losing weight is a challenging journey. Often when we aren't able to do so, we tend to say, "It's familial, everyone in my family has got overweight, so we have a tendency in the family, we can't." I would like to say, "My dear! Weight is just a permutation and combination of all your lifestyle measures, if you don't have an associated disease ". So rule out any association of diseases, if you have disease, take treatment and strive for the best lifestyle measures. Let's go stepwise.

The first step is to know why we want to lose weight. Let's go through the benefits of losing weight.

1. Weight is the earliest and most common marker of metabolic imbalances. If you are overweight, you are more prone to diabetes and hypertension, and the diseases associated with diabetes like increased infections, fast derangement towards elder look, organ failures; diseases associated with hypertension like heart attack (Myocardial infarction), cardiovascular stroke, leading to paralysis. So if we are lean, we are protected more from diabetes or hypertension, or their associated diseases in comparison to our obese counterparts.
2. Compare two persons of the same age, one obese and one lean; the lean person will look much younger.
3. Try losing at least 1 kg and feel your body. You feel much lighter. Lose 2 kgs, you feel like you're flying in the air.

4. Obese girls are prone to PCOS (Polycystic Ovarian Syndrome) leading to menstrual irregularities, infertility issues leading to difficulties in conceiving.

The second step is to set the target. Suppose I have a height of 160cm, my body weight is 70 kg today leading to a body mass index [weight in kgs / (height in metres)²] of 27kg/m². We know our body mass index should be between 18-25 kg/m² to keep ourselves in a better state of health. So to bring my BMI to 24 kg/m² I need to bring my body weight to 24x1.60x1.60= 61 kg [target BMI x (height in metre)²].

The third step is affirmations. Repeat in your mind, verbally or in writing, positive statements in present tense; every day whenever you have time to think or your leisure hours. It seems illogical to us, the doctors, but when you fail after all measures, use it and see the changes. The examples of affirmations are as follows:

1. I am healthy.
2. I am lean.
3. My body weight is 61 kg (for height 160 cm)
4. I feel so light.
5. I feel at ease.
6. I feel so young.
7. I have full control over my diet.
8. I have full control over my body, mind and spirit.
9. I have full control over my lust.
10. Losing weight is so easy for me.
11. I eat only when I feel hungry.
12. I enjoy the state of hunger. (It helps me lose my excess weight.)
13. I am motivated.
14. I exercise everyday.
15. I do yoga everyday.
16. I thank God for I have got this beautiful body.

Next step is to take realistic steps without harming your body. These includes

1. Buy a weighing machine to check weight everyday, preferably the digital one. You will be guided for every single gram of your loss or gain in weight. You will be able to titrate your diet and exercises accordingly everyday. Nowadays, we all are already rich, we are rich, that is why we are gaining weight. And all kinds of food requirements or equipment are easily available in the market. Even the market is easily available at home through the online shopping platforms. Arrange everything required at home, like bicycle, trade mills etc.

2. Exercise everyday 1 hour per day. At least 5 days in a week. Don't compare yourself with others, compare with yourself only. The pace should be such that you get some fatigue but able to continue for one hour. The exercise can be yoga, running, dancing, playing, swimming or any physical activity leading to some exertion.

3. Bring changes in your diet:

- a. If your weight is constant for a long period, to reduce weight you have to eat less than what you are eating now, whatever amount it may be.
- b. Eat less sweets or sweet foods, or avoid them totally.
- c. If you have gone to a party or have taken some food out of your regular schedule, even if it is a small snack, avoid regular meals or eat in very low quantities. Believe me, you won't die. Nowadays people rarely die due to hunger. Food is easily available today, in comparison to earlier days.
- d. Avoid high glycemic index foods like, milk or milk made foods like paneer, curd, milked tea, milked coffee; sweet corn, all sweet foods etc. if you intend to lose weight. If you had it whether planned or unplanned, then avoid the normal regular meals.
- e. Change your fatty meal to vegetables or fruits with less sweet, like cucumber, raw papaya, cabbage, etc.
- f. Change fried foods to boiled foods.
- g. It's not wise to avoid spices completely. Eat spices in a controlled way.
- h. Usually weight is gained by people with sedentary works only. Everyone of us can skip the night meals. If you are a sedentary worker, then you can skip heavy morning meals. It's

easier to skip morning meals and gain weight loss target. However, this is not applicable for people with heavy exertions in their job. Indians used to have natural 18 hours fast in earlier days, because we used to eat before sunset as far as possible, due to lack of artificial light in the earlier days, and have food again only after morning religious rituals. So 18 hours of fasting was achieved automatically. If we can adopt this lifestyle again, it will bring us better health.

- i. If you want to have food that you need to avoid to lose weight, then plan for it. Like, keeping a Sunday or a definite holiday for eating whatever you like. However, remember to follow your dietary restrictions the very next day.
- j. Drinking sugar free black tea, black coffee, or simple warm water before sleeping at night or in the morning helps bowel movements and weight loss.



4. If you feel hungry, in between your meals, it is a good sign. When we are in the state of hunger, the extra fats deposited in our body are utilized, our extra fat is burnt. Console yourself by saying in your mind, "Good! I am proceeding in the right direction. I enjoy the state of hunger. My brain is more active when I am hungry. My mind becomes clear."

5. In the process of losing weight, whenever contradictory thought comes, replace them with affirmations. For example, suppose you lose 2 kgs, the most evident part always is the face. As soon as you lose weight people will start commenting,

“ Arrey, you feel like you are starved”, “you look emaciated” etc. Check yourself for the next few days, you automatically start eating subconsciously and you regain all the weight you lost. This is the time when affirmations have real and important roles. You need to cuddle your mind with affirmations, “ Great! I am proceeding towards my goal. I am achieving what I intended to achieve, I feel so good! I feel so light! I feel so young and lively!.....” Repeat these thoughts with feelings whenever you feel like, writing helps to achieve goals faster. You can write down your affirmations everyday.

If someone intends to lose weight, apply these principles and see the results and let me know which ones worked for you.

To conclude, gaining weight is a continuous process, so are the practices for losing weight. We need to use the permutations and combinations of all the processes we know and also titrate as per our personal observations. These are my personal observations applied on myself and the people needing my guidance. Written and shared with the hope to guide someone, whoever is in need.



Indians and the Missing Link: Civil Sense in Healthcare

By Dr. Gitartha Boruah
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In any busy weekday morning, government hospital outpatient departments across India reveal a familiar and telling scene—crowded waiting areas, chaotic queues, discarded waste littering corridors, and stressed interactions between patients, attendants, and healthcare workers. For dermatologists who manage chronic and often stigmatizing skin conditions, such settings pose significant challenges beyond medical complexity. They highlight a critical deficit of civil sense that hampers healthcare efficiency, patient outcomes, and the dignity of care.

The Impact of Civil Sense Deficit on Skin Health

Civil sense transcends simple rule-following; it embodies respect for healthcare systems, other individuals' time, and shared spaces. In dermatology, where illnesses such as psoriasis, vitiligo, chronic eczema, and infectious skin diseases require ongoing care, patient cooperation, and privacy, the absence of civic discipline creates tangible obstacles.

Patients with psoriasis need confidential, unhurried consultations to discuss individual treatment plans, manage side effects, and understand lifestyle modifications. Overcrowding and noisy environments compromise privacy and limit detailed communication vital for controlling this complex disease.

Those affected by vitiligo, a condition often accompanied by social stigma, require empathetic, calm settings to explore treatment options like phototherapy or topical corticosteroids. Disruptive

clinic atmospheres can increase anxiety, reduce attendance, and impair treatment adherence.

Chronic atopic dermatitis patients benefit from comprehensive counselling about trigger management and skin care routines. However, rushed and overburdened consultations often fall short of delivering these crucial education points.

The indiscriminate use of emergency services for non-urgent conditions, including infectious skin ailments such as scabies or fungal infections, adds strain to healthcare resources, risks cross-infections due to overcrowding, and delays urgent care.

Furthermore, improper disposal of biomedical waste and discarded masks escalates infection risk for patients with compromised skin integrity and can exacerbate dermatologic infections. Emotional stress fueled by disorderly, ill-disciplined environments sometimes escalates into verbal abuse or aggression against healthcare workers, further weakening the trust essential for therapeutic success in dermatology.

Understanding the Causes: A Complex Socio-Cultural Problem

The deficit of civil sense in Indian healthcare settings arises from interplay of systemic, cultural, and attitudinal factors. Overcrowding, inadequate staffing, and infrastructural deficits breed frustration, while poor health literacy and cultural attitudes frame public hospitals as entitlement zones shielded from personal responsibility. Consequently, civic discipline deteriorates, discouraging the collective effort needed for



efficient healthcare delivery and adherence to long-term treatment plans.

The Critical Role of Doctors in Cultivating Civic Culture

Physicians, especially dermatologists, interact closely with patients from diverse backgrounds, positioning them uniquely to influence not only clinical outcomes but also the societal behaviours that affect healthcare delivery. They can serve as role models and educators, promoting values that support both individual health and public wellbeing.

Recommended approaches include:

1. Demonstrating Professionalism and Civility

Maintaining punctuality, respectful communication, and a clean, organized clinical environment establishes high behavioural standards that patients are likely to mirror.

2. Incorporating Civic Education into Clinical Practice

Beyond clinical diagnoses and treatments, doctors can gently educate patients and attendants on the importance of orderly queues, appropriate hygiene practices, responsible use of health facilities, and respect for shared spaces, all of which contribute directly to better skin health and infection prevention.

3. Community Engagement Initiatives

Organizing school talks, local health awareness campaigns, and outreach programs that link civic behaviours—such as proper waste disposal, avoiding spitting, and reducing crowding—to improved skin and general health can foster sustained behavioural change.

4. Simplifying Health Communication

Delivering medical information and civic education in regional and local languages enhances understanding and compliance, especially for chronic dermatological conditions requiring long-term management.

5. Advocating for Systemic and Institutional Support

Professional medical associations can champion hospital infrastructure improvements such as clear signage, effective queue management, and formal enforcement of civility protocols, which reinforce respectful behaviour and enhance efficient care.

6. Balancing Empathy with Firmness

While empathy remains essential for patient-centered care, doctors should not normalize disruptive or disrespectful conduct. Calm, consistent enforcement of behavioural expectations helps maintain order and safeguards dignity for healthcare staff and patients alike.

Towards a Culture of Respectful Care

India's medical advancements and expanding healthcare access stand at risk if social and civic behaviour fail to evolve accordingly. Civil sense—the often overlooked foundation of effective healthcare—is indispensable for sustaining a culture of dignity, efficiency, and trust.

In dermatology, where chronic skin diseases intricately affect quality of life and psychological wellbeing, fostering civility and mutual respect forms a critical component of successful therapy.

By embodying and promoting these values, doctors contribute not only to healing individual patients but also to transforming the broader healthcare culture into one marked by shared responsibility, respect, and compassion.

“Civil sense may not be found in textbooks, but it is the foundation upon which the healing art flourishes—an essential expression of humanity and science intertwined.”

This article thus highlights the urgent need to address the civil sense deficit in Indian healthcare through a practical, doctor-led approach that bridges clinical care with societal change—an especially pertinent message for disciplines facing chronic care challenges like dermatology.

নবজাতকের সঠিক যত্ন এবং ভবিষ্যতের সুস্থ নাগরিক

ডাঃ গোপা চ্যাটার্জি (শিশু বিশেষজ্ঞ, আই জি এম হাসপাতাল)



মাতৃগর্ভে সৃষ্টির প্রথম মুহূর্ত থেকেই প্রকৃতি একটি ক্রম কে সঠিক পদ্ধতিতে গড়ে তোলে একটি পূর্ণাঙ্গ মানুষ হওয়ার জন্য। মাতৃজর্ভের সর্বপ্রথম গঠিত হওয়া পূর্ণ অঙ্গটি হলো হৃদপিণ্ড। এটি ক্রনের উনিশদিন বয়স থেকে দেড়মাসের মধ্যে তৈরি হয় এবং অন্যান্য অঙ্গে রক্ত সঞ্চালন করে। সঠিক সময়ে তৈরি হওয়া সঠিক অঙ্গ প্রত্যঙ্গ একটি ক্রমকে পূর্ণতা দেয়।

জন্মের সাথে সাথেই নবজাতকের রক্ত সঞ্চালন একটি বিশেষ পরিবর্তনের সম্মুখীন হয়। মাতৃজর্ভেরবাসকালে ফুসফুসীয় ধমনী রক্ত সঞ্চালনের দায়িত্বে থাকে। জন্মের সাথে সাথেই ফুসফুস সক্রিয় হয়ে উঠলে মহাধমনী সক্রিয় হয়। এই পরিবর্তন অনেক সময় নানা কারণে সঠিক ভাবে হয় না। জন্মের পর একটি নবজাতকের এটিই সর্বাধিক বড়ো চ্যালেঞ্জ।

একশোতে দশটি শিশুর জন্মের পর কাঁদতে দেরি হয়, অর্থাৎ ফুসফুস সক্রিয় হয় না। এই সময় প্রথম এক মিনিটকে ফাস্ট গোল্ডেন মিনিট বলে ধরা হয়। সহায়তার মাধ্যমে ফুসফুস থেকে জল সরিয়ে তৎপরতার মাধ্যমে শ্বাস প্রশ্বাস শুরু করার পদ্ধতির নামই নবজাতকের রিসাসিটেশন। এই পদ্ধতির গুরুত্ব অপরিমিত। সব প্রসব কেন্দ্রেই একটি নবজাতকের রিসাসিটেশন জানা একটি দল থাকা আবশ্যিক। অধিকাংশ শিশুই সাধারণ চিকিৎসা পদ্ধতির মাধ্যমেই শ্বাস প্রশ্বাস নিতে শুরু করে। এর জন্য খুব মূল্যবান সামগ্রীর প্রয়োজন হয় না। যে কোন প্রত্যন্ত প্রসব কেন্দ্রেও এই চিকিৎসা সম্ভব। এইসব সাহায্যের মাধ্যমে শ্বাস নেওয়া শিশুরা সাথে সাথেই মায়ের কাছে থাকতে পারে। কিছু কিছু ক্ষেত্রেই বিশেষ যত্ন প্রয়োজন।

জন্মের পর একটি নবজাতক আরও যে একটি সমস্যার সম্মুখীন হয়, তা হলো হাইপোথার্মিয়া বা নিম্ন তাপমাত্রা। মায়ের গর্ভের উষ্ণ, আরামদায়ক পরিবেশ থেকে এসে বাইরের পৃথিবীর রক্ষ পরিবেশে শিশুর জন্য কষ্টদায়ক হয়ে পড়ে। শিশুর শরীরের তাপমাত্রা নিয়ন্ত্রণের ব্রাউন এডিপোস কোষ কম থাকায় শিশুকে অধিক উষ্ণ এবং আদ্র পরিবেশে রাখা প্রয়োজন। তাই প্রসব

কক্ষের তাপমাত্রা ২৫ থেকে ২৭ ডিগ্রি সেন্টিগ্রেড হওয়া প্রয়োজন। শিশুকে জন্মের পরই ভেজা কাপড় থেকে সরিয়ে আগে থেকে গরম করে রাখা কাপড়ে আপাদমস্তক জড়িয়ে নেওয়া জরুরি। এর আগে শিশুর সব অঙ্গ প্রত্যঙ্গের স্বাভাবিকতা পরীক্ষা করে নেওয়া উচিত। শিশুর মাথার সারফেস এরিয়া শরীরের তুলনায় বেশি হওয়ায় সুতির কাপড়ে মাথা ঢেকে রেখে তাপমাত্রা হ্রাস রোধ করা উচিত। নিয়ম মতো জন্মের পর প্রথম আটচল্লিশ ঘন্টার মধ্যে একবার অন্তত মুত্রতাগ এবং প্রথম চব্বিশ ঘন্টার মধ্যে মলতাগ করা উচিত। অন্যথা হলে তাৎক্ষণিক চিকিৎসা প্রয়োজন।

শ্বাস প্রশ্বাস, তাপমাত্রা নিয়ন্ত্রণের পর বেঁচে থাকার জন্য শিশুর প্রয়োজন সঠিক পুষ্টি। এই সঠিক পুষ্টির আধার হলো মাতৃদুগ্ধ। জন্মের প্রথম আধঘন্টার মধ্যে সুস্থ শিশুকে মাতৃস্বনদান একান্ত জরুরি। স্তন্যপান এক ধরনের প্রতিবর্ত ক্রিয়া। শিশুর স্পর্শ, গন্ধ, দৃশ্য মায়ের স্তনে দুগ্ধ নিঃসরণ ঘটায়। সঠিক সময়ে জন্মানো নবজাতক স্তনপানের রিফ্লেক্স বা প্রতিবর্তের মাধ্যমেই স্তনপান করে।

প্রথম আটচল্লিশ ঘন্টা ঘন, আঠালো, হলদেটে দুধকে বলা হয় লিকুইড গোল্ড বা তরল সোনা, যার নাম কোলোস্ট্রাম বা শালদুগ্ধ। এই দুধ পরিমানে কম হলেও প্রচুর পরিমাণ রোগ



প্রতিষেধক বা ইমিউনোগ্লোবিউলিনে সমৃদ্ধ হয়। তাই এই দুধ থেকে শিশুকে বঞ্চিত করা নৈব নৈব চ। প্রকৃতি শিশুর ওজন, বয়স, এবং পরিপূর্ণতার নিরিখে মায়ের দুধে এনার্জি, প্রোটিন মেপে মেপে দেয়। তাই পুষ্টির অভাব কখনোই হতে পারে না। মায়ের দুধ পান করা শিশু চব্বিশ ঘন্টায় আটবার স্তনপান করলে এবং ছয়বার মুত্রতাগ করলে মায়ের দুধের পরিমাণ যথায়থ বলে ধরা হয়।

সঠিক পুষ্টির পর আমাদের কাজ হচ্ছে শিশুকে সংক্রমণ থেকে রক্ষা করা। পাতলা চামড়া, কম রোগপ্রতিরোধ ক্ষমতা শিশুকে যে কোন ব্যাক্টেরিয়ার সংক্রমণের শিকার করে তোলে। শিশুর শরীরের সংক্রমণ তীব্র অবস্থায় পৌঁছাতে সময় বেশি লাগে না। এবং এই সংক্রমণ মস্তিষ্কেও চুকে যায় খুব তাড়াতাড়ি। শিশুর মস্তিষ্কের সংক্রমণ হলে দীর্ঘদিন চিকিৎসার পরও ভবিষ্যতে সমস্যার অবকাশ থেকেই যায়। মস্তিষ্কের স্নায়ু কোষ একবার আক্রান্ত হলে আর সেবে ওঠে না। তাই সংক্রমণের সঠিক সময়ে সঠিক চিকিৎসা প্রয়োজন।

নবজাতকের আরেকটি খুব সাধারণ অসুখ হল জন্ডিস। শিশুর লোহিত রক্তকণিকার ধ্বংসের হার বড়োদের তুলনায় অনেক বেশি হওয়ায় জন্ডিস বাড়ে খুব দ্রুত। তবে এই জন্ডিস ফোটোথেরাপি অর্থাৎ অধিক তীব্র নীল আলো মাধ্যমে কমানো হয়। কিন্তু বিলিরুবিনের মাত্রা বেশি হলে মস্তিষ্কের স্নায়ুকোষে চুকে যায়। এর ফলে ভবিষ্যতে অস্বাভাবিকতা দেখা যায়। শিশুর মানসিক এবং

সার্বিক বেড়ে ওঠা বাধা পায়। কার্নিষ্টেরাস নামে এই অসুখ শিশুদের স্নায়ুঘটিত অস্বাভাবিকতার অন্যতম কারণ।

শিশুর জন্ম একটি প্রাকৃতিক প্রক্রিয়া। কিন্তু জন্মের সময় এবং পরে শিশুর স্নায়ুকোষের সুরক্ষাই সবচেয়ে মোক্ষম পরিচর্যা। আমাদের ভুলে গেলে চলবে না দীর্ঘ নমাস সন্তানধারণের পর একজন মা শুধু জীবিত শিশু কোলে নিয়ে বাড়ি গেলে আমাদের দায়িত্ব শেষ হবে না, সেই শিশুর মস্তিষ্কের স্বাভাবিক বিকাশ হতে হবে। স্নায়ুর বিকাশ বিরহিত শুধু শারীরিক বিকাশের শিশু সমাজের দুর্বলতা। তাই প্রয়োজন নবজাতকের সঠিক পরিচর্যা।

পৃথিবীকে সুস্থ ভাবে বাঁচিয়ে এবং এগিয়ে রাখার সিংহদায়িত্ব প্রকৃতিই সম্পাদন করে।

আমাদের শুধু প্রকৃতিকে সঠিক উপায়ে সহযোগিতা করতে হবে। এর জন্য চাই কিছু নিরবচ্ছিন্ন ট্রেনিং, দায়িত্বের প্রতি দায়বদ্ধতা, প্রসুতিকাল থেকেই নবজাতকের সমস্যা, স্তনপান নিয়ে মাকে ওয়াকিবহাল করা।

সুস্থ নবজাতক ভবিষ্যতের নাগরিক।

এই দায়ভার স্বাস্থ্যকর্মী থেকে সমাজকর্মী এবং পারিবারিক স্তরে যত দ্রুত এবং সঠিকভাবে গ্রহন যোগ্য হয় ততই মঙ্গল।





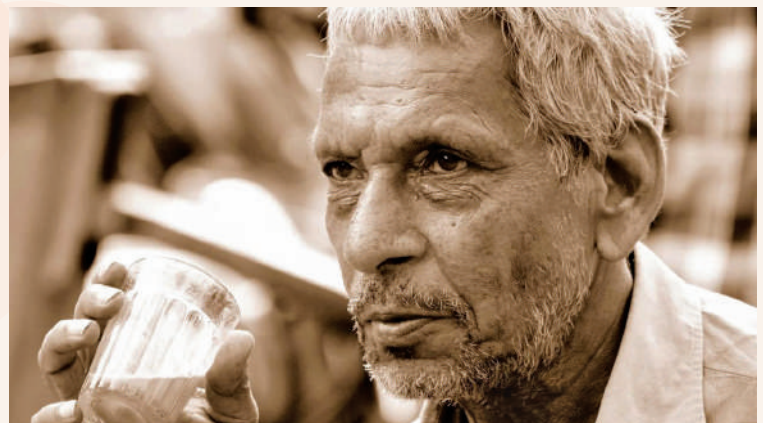
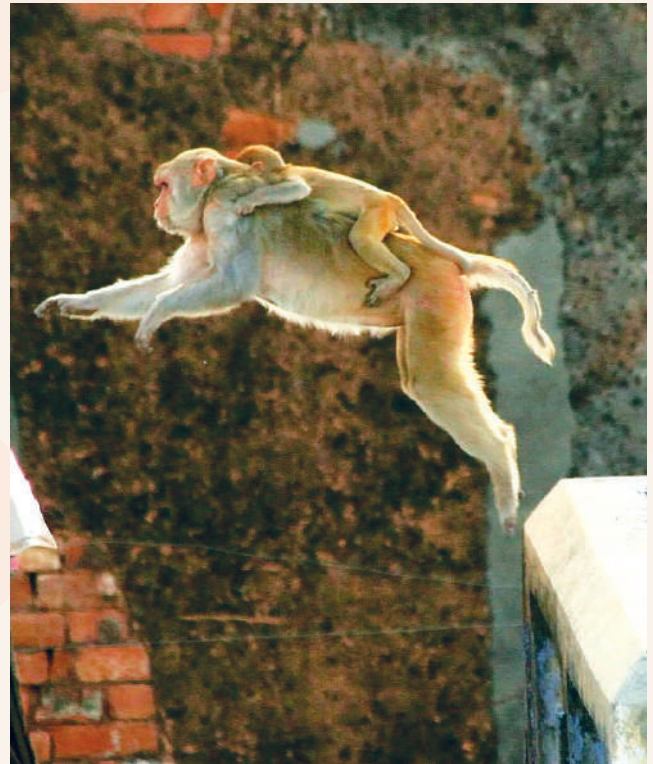
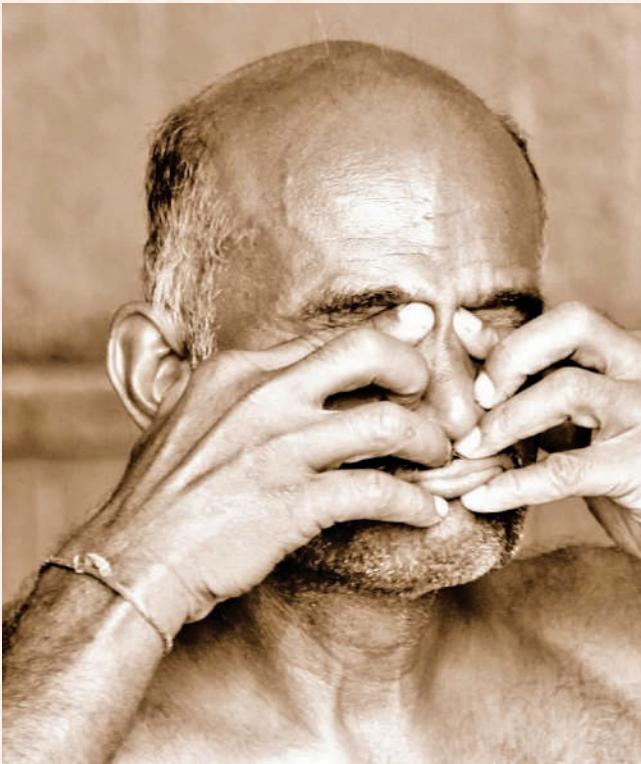
Divine Serendipity

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MEMORIES OF KASHI

– Dr. Koushik Lahiri







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Verses of
Life

ORGANIZED BY: AGARTALA CHAPTER OF NEIADVL

D'अर्ज Kiya Hai

Dr. Debjit Kar, MD
#thelegibledermat



Disclaimer:

(All thoughts are author's own and have not been copied from any other source and no use of AI has been done)

Business

1. Research and development forms the backbone of any company. But of you have an efficient, Marketing team no one bothers even if you are spineless. @ddk
2. Gullible consumers always fall prey to XXL hype and XS service. @ddk

Social media

1. Newbies, post daily Mature post once in a while Legends get posted and quoted for eternity @ddk
2. Social media is a diarrhoea of news, constipation of thoughts leading us to a vegetative state of inaction. @ddk

Beauty

Everything natural has imperfections, if it doesn't its either plastic or Instagram @ddk

Instagram

If there's remedy for every malady you are either in Alice in wonderland or you are on Instagram Wake up!! @ddk

Society / Friends

People around us are like gases in atmosphere 78% are inert like Nitrogen, we are unoblivious of their presence. 21%. are like Oxygen, they are necessary for our survival 1% are like carbon dioxide, they may be toxic even in slightly higher concentration. @ddk

Leadership

A convincing and influential leader, must have artistic mastery to juggle between ethos, logos and pathos, which has to be consciously and consistently acquired over time. @ddk

Marriage

First decade of marriage is like IPL cheerleads, and power play and excitement Second and third decade is like One day needs right timing, selective activity and masterly inactivity Then onwards, it's a last match stay grounded, stay motivated and slog it on @ddk

Life

1. In a drive called life, Its, all about manoeuvring, sometimes left, sometimes right, sometimes centre. But rarely, even a fighter pilot has no option but to EJECT!! @ddk
2. Life poses, different questions, mostly like MCQs, Some are easy and few are tough. But sometimes, they are simply out of syllabus, and should be best left unanswered, for time to fill up the blanks later. @ddk





The Crossroads



ORGANIZED BY: AGARTALA CHAPTER OF NEIADVL



Mid Cuticon NE States 2025



SIG Acne & Appendageal Diseases, Guwahati



“Psycho-Dermatology: An area Unexplored” CME by Indian Psychiatric Society, Tripura State Branch with Agartala Chapter of NEIADVL



CME on “Psycho-Sexual Disorders: Dual Perspective”, organized by Indian Psychiatric Society, Tripura State Branch & Agartala Chapter of NEIADVL



DERMAZONE EAST
CUMICON NE STATES
Dermatology: Beach to Bedside

2025



Treasure Trove



ORGANIZED BY: AGARTALA CHAPTER OF NEIADVL

Silver Jubilee Conference of IADVL, 1997 Gauhati – A Brief Review

Dr. K N Barua
Director & Chief Consultant, BIDS Skin Clinic



The venue of the upcoming National conference was earlier decided during the Valedictory function of the ongoing one. All the applications for the same had to be submitted to the National president, presiding over the meeting. The IADVL President then was Dr. Okhandiar from Bhagalpur, Bihar. I personally requested him to consider our application and to keep it on top of the other applications. I also put in a word to Dr. Kalyan

Banerjee from Asansol, West Bengal to support us. I requested doctors from Punjab, where I did my post-graduation, to shout in our favour. Everything was set as planned, as soon as Dr. Okhandiar called out Gauhati, Dr. Banerjee was on his feet shouting, 'Gauhati, Gauhati', while the other supporters started thumping their desks with chants of Gauhati! The president declared Gauhati as the venue for the next National conference of 1997 as decided



by a verbal vote. This was in Calcutta 1996, the president then requested to know who will be the organizing secretary and scientific president. In a meeting in Gauhati, it was already decided that I will be the organizing secretary and Dr. Jogesh Das will be the scientific chairman, this was duly informed to the then IADVL President.

The organizing committee comprised of the following members:

President: Dr. AK Barooah (Principal, GMCH)

Organizing Secretary: Dr. KN Barua

Scientific Chairman: Dr. Jogesh Das

Treasurer: Dr. Jyotimee Debi

Souvenir Editor: Dr. Basobi Barua

The venue of the conference was District Library. One hall of the Botany department, Cotton college was utilized and one room near the district library was used after renovation. Stalls were also planned near the venue. Dr. JS Pasricha was the national president during the inauguration of the conference. We were all waiting for the then Chief Minister, Prafulla Mahanta to arrive. He entered suddenly with a dozen AGP leaders and went straight to the dais. Only Dr. AK Barooah was seated on the stage and all our chairs were occupied by these party people. I somehow managed extra

chairs for myself and Dr. Jogesh Das. The hall was full and Srutimalla Deurah, lecturer of Handique college was the anchor of the program.

The conference dates were 25,26 and 27th January 1997. Out of the three days, two days were declared as Assam Bandh, one by AASU and one by ULFA. We had 6 international speakers from foreign countries and around 600 delegates from across the country. We arranged for travel to Kaziranga and Shillong for many delegates. I fortunately received clearance message from AASU and ULFA. All events went nicely.

The welcome dinner was organized in Hotel Coronet Dynasty, Fancy bazaar and the Banquet was organized in the hotel ground of the Ashok Brahmaputra hotel. Another dinner was hosted at Hotel Bellevue. Fire crackers were purchased from Barpeta and lit up the night sky during the Banquet dinner. That was probably the last IADVL National conference held in the North East region. Now the situation has changed, selection of the conference venue is done by nationwide voting. With the number of dermatologists being limited in the NE region, the chances of us getting selected is less, but I hope doctors from other parts of the country vote for us and we host another IADVL National conference soon.



Organising Committee XXV NATIONAL CONFERENCE, IADVL SILVER JUBILEE SESSION GUWAHATI, ASSAM	
Chief Patron :	Sri Prafulla Kumar Mahanta <i>Hon'ble Chief Minister, Assam</i>
Patron :	Dr. Kamala Kalita <i>Hon'ble Health Minister, Assam</i>
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Dr. (Mrs.) B. Saikia	Dr. K. Talukdar
Dr. (Mrs.) J. Gogoi	Dr. A. Bhagat

Celebrating 200 Years of Assam Tea: A Journey from Leaf to Legacy

Dr. Anal Jyoti Bordoloi
Consultant Dermatologist, Guwahati



The story of Assam tea is not merely a tale of a beverage — it is a story of discovery, enterprise, resilience, and identity. As Assam celebrates 200 glorious years of its tea heritage (1823–2023), it's time to look back at how a humble green leaf from the wild forests of Upper Assam reshaped the world's taste, the state's destiny, and the lives of millions.

The Discovery: Where It All Began

The origin of Assam tea dates back to 1823, when a Scottish adventurer named Robert Bruce is believed to have discovered wild tea plants growing naturally near Rangpur (present-day Sivasagar district). Bruce came across the local Singpho tribes, who had long been using the leaves of these plants to brew a stimulating drink. Recognizing the potential of the plant, Bruce collected a few specimens and seeds for study.

After his death, his brother Charles Alexander Bruce continued his work and successfully established the first experimental tea plantations. These early efforts laid the foundation for what would soon become a global industry. The discovery marked the beginning of a new economic chapter for Assam and indeed for India, positioning it as a rival to China's long-standing monopoly on tea.

The Early Plantations and the Colonial Era

Following the promising results of Charles Bruce's experiments, the British East India Company saw immense potential in cultivating tea on a commercial scale. By 1839, the Assam Tea Company

was formed — the first of its kind in India — with plantations spreading rapidly across the fertile valleys of Upper Assam.

The climate, rainfall, and rich alluvial soil of Assam proved ideal for the tea plant *Camellia sinensis* var. *assamica*. Within decades, vast stretches of forests were converted into flourishing tea gardens. Towns like Jorhat, Dibrugarh, Sivasagar, and Tinsukia became the nerve centers of this green revolution.

But behind this success lay untold stories of hardship. Thousands of laborers from central India were brought to Assam under harsh conditions to work in these estates. Over time, these workers built their own distinct cultural identity — the "Tea Garden Community" — contributing immensely to Assam's social and cultural fabric.

Maniram Dewan: Assam's First Tea Planter

No story of Assam tea is complete without the name of Maniram Dewan — a visionary, patriot, and Assam's first Indian tea planter. Initially employed under the British, Maniram realized the potential of tea cultivation and started his own plantations. However, his growing influence and patriotic ideals made the colonial rulers uneasy.

His involvement in the Revolt of 1857 and his subsequent martyrdom turned him into a symbol of Assamese pride and resistance. Maniram Dewan's pioneering spirit continues to inspire generations, reminding us that the roots of Assam tea are deeply intertwined with the state's struggle for self-reliance and dignity.



Growth and Global Recognition

By the late 19th century, Assam tea had already become a staple in the global market. Its distinct malty flavor, bright color, and brisk character made it the preferred choice for English breakfast blends. Steaming cups of “Assam Tea” began to symbolize both luxury and comfort across the British Empire.

With time, Assam established itself as the largest contiguous tea-growing region in the world, contributing over half of India’s total tea production. The global recognition of Assam tea grew further with the Geographical Indication (GI) Tag, which affirmed its uniqueness and authenticity. Today, Assam tea is synonymous with quality — a proud ambassador of India’s tea legacy on the world stage.

The People Behind the Brew

While Assam’s rolling green gardens have become iconic, the real story of tea lies with the people who nurture it — the tea garden workers. Their sweat and skill have shaped every cup of Assam tea that reaches the world’s tables. Over generations, they have developed a vibrant cultural identity — with their own songs, dances, and festivals that blend traditions from various regions of India.

The rhythm of the “Jhumur dance”, the beat of the madol drum, and the smiles of tea pluckers at dawn are all inseparable from the landscape of Assam. The story of Assam tea is as much about human endurance and community spirit as it is about commerce and cultivation.

Tea and Assamese Life

Tea is more than an industry in Assam — it is part of daily life, conversation, and culture. Offering a cup of tea is the state’s warmest gesture of hospitality. From early morning households to bustling bazaars, the fragrance of freshly brewed tea connects people across class and background.

Tea also finds expression in Assamese art, literature, and songs. Writers have celebrated its beauty, and artists have painted its charm — the image of tea pluckers under misty hills has become a cultural symbol of Assam.

The rise of tea tourism in recent years has opened new avenues to experience this heritage. Visitors can stay in colonial-era bungalows, walk through the lush estates, and witness the journey of tea from leaf to cup. It’s a cultural as well as sensory experience—one that captures the true soul of Assam.

Challenges and Sustainability

As Assam tea enters its third century, the industry stands at a crucial crossroads. Climate change, fluctuating market prices, and labor challenges threaten the sustainability of traditional practices. Increasing temperatures and erratic rainfall patterns have already begun to affect yield and quality.

However, new efforts are underway to ensure the survival and prosperity of this legacy. Many estates are turning towards organic farming, eco-friendly packaging, and fair-trade certifications. Small tea growers are now a vital part of the ecosystem, bringing innovation and diversification to the sector.

The focus is gradually shifting from quantity to quality — from producing mass-market blends to creating specialty and boutique teas that emphasize Assam’s unique terroir.

The Future of Assam Tea

The next chapter of Assam tea’s story will depend on how well tradition and technology blend together. Modernization of processing techniques, digital traceability, and global branding are paving the way for a new era. Meanwhile, the younger generation of planters, entrepreneurs, and researchers are working to make Assam tea more sustainable and competitive in international markets.

The Government of Assam and various stakeholders have also initiated plans to promote “Tea Heritage Tourism”, celebrating two centuries of the industry through museums, cultural events, and awareness campaigns. These initiatives aim to ensure that Assam’s tea legacy continues to thrive while empowering the communities who have built it.

Conclusion: A Legacy Steeped in Pride

Two hundred years ago, when Robert Bruce stumbled upon wild tea plants in Assam, he could hardly have imagined the legacy that would follow. From colonial plantations to global recognition, from the struggles of tea workers to the pride of every Assamese heart — the story of Assam tea is a story of transformation.

Today, as the world raises a cup of Assam tea, it also salutes two centuries of perseverance, craftsmanship, and cultural richness. Every sip carries the fragrance of the soil, the melody of the rain, and the warmth of the people who made it possible.

“Assam Tea is more than a drink — it is the spirit of a land that turned its vision into a living legacy.”

Tribes of Tripura

Dr. Koushik Debbarma, MD Paediatrics



Tripura, a small but culturally vibrant state of Northeast India, is home to 19 officially recognized tribes, including the Tripuri, Reang (Bru), Jamatia, Noatia, Chakma, Mog, Halam, Garo, Lushai, Kuki, Uchai, and others. These indigenous groups contribute to the state's unique identity through their diverse languages, rich traditions, and strong connection to nature. Although each tribe has its own distinct features, together they represent the cultural heartbeat of Tripura. Their heritage can be seen in their history, food, clothing, dance styles, religion, and housing traditions that have been passed down across generations.



1. History of the Tribes of Tripura

The history of Tripura's tribes is ancient and deeply rooted in the region's landscape.

The Tripuri (Tiprasa) people are considered the earliest settlers, belonging to the Tibeto-Burman group. The region was once ruled by the Manikya Dynasty for nearly 500 years, during which several tribal clans lived under the Tripuri kings. Other tribes, such as the Reang, Halam, Kuki, and Lushai, migrated from the surrounding hills of Myanmar, Mizoram, and Assam over different periods.

The Chakma and Mog tribes arrived from the Chittagong Hill Tracts, bringing Buddhist traditions. Despite differences, the tribes have coexisted peacefully, preserving their customs, crafts, and collective identity while adapting to modern influences.

2. Language

The tribes of Tripura speak a variety of languages, most belonging to the Tibeto-Burman language family

Major Tribal Languages

1. Kokborok – spoken by Tripuri, Jamatia, Reang, and Noatia tribes.
2. Reang dialects – variations of Kokborok.
3. Chakma language – Indo-Aryan family.
4. Mog language – related to Arakanese/Burmese.
5. Garo language – part of the Bodo-Garo branch.
6. Lushai, Kuki languages – Tibeto-Burman.

Among these, Kokborok is the most widely spoken and is recognized as an official language of Tripura.

Language plays an important role in preserving folk songs, oral stories, and traditional knowledge.

3. Culture and Social Life

The cultural life of the tribes is colorful, community-based, and closely linked with their environment

Dress and Handloom

Tripuri women wear Rignai (lower cloth) and Risa (upper cloth), often woven with clan-specific patterns.

Chakma women wear Pinon-Haadi, while Reang women wear Risa and distinctive jewelry.

Men traditionally wear Rikutu, a loin cloth or wrap.

Handloom weaving, bamboo craft, fishing, and farming are essential parts of tribal culture.



Most tribes follow clan systems, with elders guiding social and religious functions.

4. Food Habits

Food among the tribal communities is simple, organic, and based on locally available resources.

Common Characteristics of Tribal Food

Rice is the staple food for all tribes. Meals include fish, pork, chicken, crabs, snails, and dry fish.

Cooking techniques include boiling, steaming, roasting, and fermentation rather than frying.

Bamboo shoots, leafy vegetables, jackfruit seeds, tapioca, wild herbs, and pumpkins are commonly used.



Popular Dishes

Mui Borok – Traditional Tripuri platter.
 Berma – Fermented fish used widely among Tripuris.
 Chakhwi, Awandru, Mosdeng Serma – Famous Kokborok dishes.
 Bamboo shoot curries among Reang, Halam, and

Kuki tribes.
 Pork dishes among Lushai, Garo, and Kuki communities.
 Rice beer (Chuwarak or Zu) used during festivals.
 Their food system reflects simplicity and a deep connection with nature.

5. Religion and Beliefs

The religion of the tribes in Tripura ranges from indigenous nature worship to Hinduism, Buddhism, and Christianity.

Indigenous Faith

Many tribes, especially the Tripuri, Jamatia, Halam, and Reang, traditionally worship nature spirits and ancestral gods.

The most important is the worship of the Chaturdasha Devata (Fourteen Gods), including Lampra (creator god)

Goria
 Kali
 Mailuma-Smailuma
 Festivals like Goria Puja, Ker Puja, and Kharchi Puja reflect these beliefs.

Hinduism
 Some groups, especially Tripuri and Jamatia, follow Vaishnavism, worshipping Vishnu and Krishna.

Buddhism
 Chakma and Mog tribes follow Theravada Buddhism, with Viharas and monks playing central roles.

Christianity
 Some Garo, Kuki, and Lushai communities follow Christianity, with church gatherings and traditional gospel music



Hozagiri Dance

6. Dance and Music

Dance and music are vital in the life of Tripura's tribes and reflect their agricultural cycles, festivals, and beliefs.

Major Tribal Dances

Goria Dance – Performed during Goria Puja by Tripuris.

Lebang Boomani – A colorful dance celebrating the arrival of the “Lebang” insects in spring.

Hozagiri Dance – Famous Reang dance known for exceptional balancing skills

Mamita Dance – Performed after harvest among Tripuri farmers.

Bizu Dance – Celebrated by Chakma people.

Wangala Dance – A traditional Garo festival dance dedicated to the Sun God.

Musical Instruments

Kham (drum)

Sumui (bamboo flute)

Sarinda

Gong and metal cymbals

Bamboo clappers

Music is rhythmic, energetic, and deeply connected to nature.

7. Housing

Traditional tribal houses are adapted to the hilly environment and built with locally available materials.

Features of Tribal Houses

Typically constructed using bamboo, cane, wood, and thatch.

Many tribes build Chang houses—homes raised on stilts—to protect from animals, insects, and flooding. Houses usually have 1–2 rooms with a central hearth

for cooking.

Roofs are made of thatched grass or palm leaves. Storage for rice, fishing tools, and baskets is done inside the house or in small adjoining structures. Different tribes like the Reang, Tripuri, Chakma, and Mog have their own variations of stilt houses, reflecting climate and lifestyle.

Conclusion

The tribes of Tripura embody a rich cultural legacy that blends ancient traditions with natural harmony. Their history, languages, food, worship practices, dances, and housing styles reveal a deep bond with nature and community life. Although modern influences have reached the region, the tribal groups continue to protect their customs, festivals, and identity. Together, the tribes of Tripura form a vibrant part of India's cultural diversity, showcasing traditions that are centuries old and still alive today.



The Clock, The Conflict, and The Culture: Lessons for Assam's Path to Development; The Dream of 2047 and the 20-Second Lesson

Dr. Ronjon Bhattacharyya
Dermatologist
Skin and Laser Clinic, Tinsukia



The vision is clear: our Prime Minister has set the goal for India to become a developed nation by 2047. This is not just a dream for Delhi or Mumbai; it is a destiny that must be achieved in every state, including Assam. For the Assamese people, this means we must look closely at our habits, our systems, and our approach to work. We must ask: what habits are holding us back, and what can we learn from the one of the most successful economies—Japan and Israel.

The answer begins with a simple, almost unbelievable story from Japan.

In 2017, the Tsukuba Express train in Japan left Minami-Nagareyama Station 20 seconds earlier than its published schedule. Twenty seconds. This would be a trivial event in most places—perhaps—but in Japan, the train company issued a formal, public apology. They apologized for the “inconvenience caused to passengers who expected the train at the exact scheduled time.” This incident showcased the depth of Japan’s dedication to punctuality. For Japan, the commitment to time is a cultural contract, and breaking it, even by 20 seconds, is seen as a serious lapse in public trust and efficiency.

The comparison is not to undermine Assam, but to illustrate a critical truth: economic success is built not just on natural resources or land area, but on the invisible foundation of culture, punctuality, and the sheer will to work.

The Unshakeable Pillar of Punctuality

The Tsukuba Express incident highlights that in Japan, punctuality is absolute. Why is this so crucial?

Imagine a vast, complex economy like Japan’s, with a population of 123.4 million people generating a massive GDP of \$4.28 trillion. If every one of those 123.4 million people is consistently 10 minutes late for meetings, factory shifts, or deliveries, the combined loss of productive time would be astronomical—the equivalent of shutting down the entire country for days.

The Cost of ‘Indian Standard Time’

In contrast, many of us in India, and in Assam, operate on what is jokingly called “Indian Standard Time” (IST), (its common to heard ASSAM IS PLACE OF LAHE LAHE) which often means being 1-2 hours late is acceptable, or even normal.



When a public servant is late, when a construction project misses its deadline, or when a student arrives late for class, it creates a ripple effect of inefficiency. Our development journey starts the moment we begin to see punctuality not as an optional courtesy, but as an essential element of our professional and personal DNA.

Work Culture, Holidays, and the Value of Output

One of the most telling comparisons between Assam and these two economic powerhouses; This is how we view work, leisure, and holidays. Work culture is about the collective attitude towards effort, efficiency, and quality of output.

Japan's Post-War Rebuilding: Dedication Over Resources

Remember its starting point. In 1945, at the end of World War II, Japan's economy was in ruins. It was a nation with a high population density and almost nil natural resources—no significant oil, coal, or gas reserves to speak of. They had to rebuild from the ashes.

How did they do it? Through an unparalleled work culture focused on innovation, quality control (Kaisen), and deep commitment. They realized that their only real resource was the discipline and creativity of their people. This dedication transformed them into a global leader in automobiles, electronics, and precision engineering. Today, this work culture results in a GDP per capita of \$34,713—that shows the high value each Japanese citizen creates annually.

Now, let's look at the culture of rest. In 2025, Japan is scheduled to have just 16 official national holidays. This is a cultural signal: while rest is important, the core focus remains on maximizing productive time and economic output.

Israel: Innovation Under fire

The story of Israel is one of survival and intense, necessary innovation. Established in 1948 on a land area of only 22,145 square kilometers (a size roughly equal to the combined area of five of Assam's districts: Kamrup, Nagaon, Sonitpur, Jorhat, and Golaghat), Israel faced an immediate and constant existential threat.

Unlike Assam, which has enjoyed relative peace since India's independence in 1947 (barring a skirmish during the 1962 Sino-Indian War), Israel is constantly under threat from surrounding nations like Lebanon, Syria, Jordan, and Egypt. Daily rocket attacks from militant groups like Hamas and Hezbollah are a reality, and the country has fought seven major wars since its inception. Since October '23 its in a state of war with Hamas

Despite this horrific constant instability, and like Japan, having almost nil natural resources, Israel's necessity became the mother of its innovation. The need for military technology, water conservation (in a dry land), and highly efficient systems spurred a culture of intense technological development. This relentless drive has turned Israel into the "Start-up Nation," leading the world in cybersecurity, medical tech, and agri-tech.

The result is staggering: a population of 10.1 million people achieves a GDP per capita of \$60,010—almost double that of Japan, and one of the highest in the world. Their cultural commitment to work is reflected in their holiday schedule: only 9 official holidays. Their focus is not on taking time off, but on building and securing their future every day.

Assam: Abundance vs. Output

Assam, with a total land area of 78,348 square kilometers and a population of approximately 37.25 million, possesses a wealth of natural resources—including huge reserves of coal, petroleum, and natural gas.

Assam has the advantage of having the resources, that Japan and Israel lack. It also has the advantage of peace and stability that Israel desperately craves. Yet, the current economic output is low: Assam's GDP per capita stands at just \$1,800 USD.

This gulf between potential (resources + peace) and reality (low GDP per capita) can be attributed directly to our work culture and priorities. Our official holiday calendar, with 36 official holidays and 2 restricted holidays, sends a clear message that leisure often takes precedence over production. While holidays are important for culture and rest, the sheer volume, especially when compared to Israel (9) and Japan (16), indicates a fundamental difference in national and regional priorities.

The lesson here is profound: Natural resources are only potential energy; work culture is the combustion engine that turns that potential into wealth. Japan and Israel have proven that human resource (skill, discipline, effort) is infinitely more valuable than natural resource.

The Silent Destroyer—The Crisis of 'Bandh' Culture

The external threats faced by Israel are visible—rocket attacks and border conflicts. The threat facing Assam is insidious and self-inflicted: the culture of Bandh (strikes and shutdowns).

The Financial Devastation of Shutdowns

The data on the economic impact of Bandhs in Assam is worrisome:

Though no recent data available, 2017 Data (Sentinel Assam): In a single year, Assam faced 18 local bandhs, 42 district bandhs, and 4 bandhs in the Bodoland Territorial Area. These local, district,

and regional shutdowns caused a reported loss to the state exchequer of ₹1,028 crore rupees (about 10.28 billion rupees).

Recent Estimate (Times of India): A more recent estimate suggests that each day of a Bandh causes a massive loss of ₹1,643 crore rupees (about 16.43 billion rupees) to the state economy.

Every Bandh day is a day the economy contracts. Every Bandh day is a day lost for children's education, destroying the Entrepreneurial Spirit.

The Shift from Job Seeker to Job Creator

In many parts of India, including Assam, there is a deep cultural preference for government jobs. A 'Sarkari Naukri' represents security, status, and stability. While these jobs are important, an economy cannot develop when the best and brightest minds are primarily focused on managing existing systems (government jobs) rather than creating new wealth (entrepreneurship).

The Difference in GDP: Japan and Israel have achieved high GDP per capita because a significant portion of their population is engaged in high-value, private-sector activities—creating software, patents, global logistics systems, and innovative manufacturing. They are not merely consuming existing services; they are exporting innovation.

The Israeli Model: Israel's survival mentality forced people to create solutions. Water scarcity led to global drip irrigation technology. Military threats led to world-leading cybersecurity firms. This is the definition of entrepreneurship: identifying a problem (or a need) and creating a marketable, scalable solution.

Our destiny is not determined by what lies beneath our soil, but by the fire in our hearts and the discipline in our minds.



আওহতীয়া চানকা গাঁওঃ

তন্ত্ৰ-মন্ত্ৰৰ মায়ং



ডাঃ খগেন্দ্ৰ নাৰায়ণ বৰুৱা

মৰিগাঁও জিলাৰ উত্তৰ-পশ্চিমত যাদু নগৰী মায়ং। দাঁতিতে আছে চানকা গাঁও। চানকালৈ যাতায়তৰ ভাল ৰাস্তা ঘাট নাছিল। গাঁওখনৰ গাতে লাগি আছে ব্ৰহ্মপুত্ৰ নদী। নদীয়েদি গাঁওলৈ নাওৰে অহা - যোৱা কৰিব লাগে। একেবাৰে আওহতীয়া ঠাই। কিছুবছৰ আগতে উপায়ুক্ত এজনৰ প্ৰচেষ্টাত পাহাৰৰ শিল কাটি ১৮০০ মিটাৰ দীঘল পথ এটা নিৰ্মাণ কৰে। কিছু সুবিধা হয়। আনহাতে চানকা গাঁওত প্ৰায়ে ৰ'দ নপৰে। কাৰণ পূবে মায়ং পাহাৰ আৰু ধেনুভিৰীয়াকৈ উত্তৰ-পশ্চিমে ব্ৰহ্মপুত্ৰ। ইয়াৰ ঠিক বিপৰীতে অৰ্থাৎ ধেনুভিৰীয়া ভাঁজটোৰ পশ্চিমে পুনৰ ৩ টা উচ্চ শিলাময় পাহাৰ। পূব-পশ্চিম দুয়ো দিশতে দুটি ওখ পাহাৰ। ফলত পুৱাৰ ৰ'দৰ পৰা সদায় বঞ্চিত চানকাবাসী। এনেদৰে সূৰ্যাস্তৰ ৰ'দৰ কিৰণ সদায় ঠাই অনুযায়ীহে বিদ্যমান। ৰ'দৰ অভাৱত চলিব লগা হয় গাঁওবাসী। গাঁওখনত বৰ্তমান ২১০ ঘৰ মানুহ। পূৰ্বতে এটা চুবুৰী আছিল। এতিয়া অসমীয়া বিহাৰী চুবুৰী আছে। এটা নামঘৰো আছে।



মায়ংঃ মায়ং অঞ্চলটো যাদু-মন্ত্ৰৰ স্থান বুলি জনা যায় (Land of black Magic) মায়ং গুৱাহাটীৰ পৰা ৪০ কিঃমিঃ দূৰত। দেশৰ ভিতৰত এখন যাদু-মন্ত্ৰৰ কিংবদন্তীপূৰ্ণ ইতিহাসৰ কেন্দ্ৰ হিচাপে পৰিগণিত। বহুতো কাহিনী প্ৰচলিত বুলিও সন্দেহ পোৱা যায়। উদাহৰণস্বৰূপে মন্ত্ৰৰ বলেৰে আলহীৰ টিকাত সীৰা লাগি ধৰা, পিঠিত কাঁহৰ কাঁহী লাগি ধৰা, মানুহক ছাগলীলৈ পৰিৱৰ্তন কৰা ইত্যাদি। যাদু শিক্ষাৰ কাৰণে দূৰ - দূৰণিৰ পৰা অনেক লোক আহে বুলি শুনা। কেইটামান ব্যতিক্ৰমৰ বাহিৰে প্ৰায়ভাগ এজনৰ মুখৰ পৰা আনজনৰ মুখলৈ বিস্তাৰিত হৈছিল।

কিংবদন্তী মায়ংৰ কথা প্ৰাচীন প্ৰাগজ্যোতিষপুৰত উল্লেখ আছে। উদাহৰণস্বৰূপে কছাৰী ৰাজত্বৰ মহাৰাজ ঘটোৎকছে মহাভাৰতৰ যুদ্ধৰ সময়ত অংশ লৈ যাদুৰ প্ৰয়োগৰ কথা জনা যায়। মায়ংৰ ওপৰত গৱেষণাৰ বহুতো সম্ভল আছে। পৰ্যটকসকলৰ কাৰণেও চাবলগীয়া অনেক আছে। দেশ - বিদেশৰ অনেক লোক আহি ইয়াৰ বিস্তৃত প্ৰচাৰৰ সম্ভাৱনা আছে। সত্যতাৰ ওপৰতো চৰ্চাৰ দৰকাৰ। বহু দিনৰ পৰাই মায়ংলৈ যাম বুলি ভাবি আছোঁ গৈ নিজে চাইচিতিসংগ্ৰহালয়খন প্ৰদৰ্শন কৰি এখন কিতাপ লিখাৰ মন আছে।

মন্ত্ৰঃ বৈদিক যুগতে মন্ত্ৰৰ বহুল প্ৰচলন হৈছিল। অথৰ্ববেদত থকা বিভিন্ন মন্ত্ৰয়ে ৰোগ নিৰাময়ৰ ব্যৱস্থা, বনৌষধি ইত্যাদিয়ে প্ৰমাণ কৰে যে অথৰ্ববেদ মন্ত্ৰৰ মূল গ্ৰন্থ। বিৰিঞ্চি কুমাৰ বৰুৱাই মন্ত্ৰবোৰ ঘাইকৈ অথৰ্ববেদ, বৌদ্ধ আৰু হিন্দু তন্ত্ৰশাস্ত্ৰ আৰু জনজাতীয় লোকৰ বিশ্বাসৰ সংমিশ্ৰণত সৃষ্টি হোৱা বুলি উল্লেখ কৰিছে।

অনন্ত গোসাঁই সুতিয়া আছন্ত।
চাৰিবেদ বাজ ভৈল নিশ্বাস কাঢ়ন্তে।।
ভুংকাৰ শৱদে অথৰ্ববেদ ভৈল।

অথৰ্ববেদন আদ্য কৰতি কহে।
কৰতি মন্ত্ৰ জগতত বাহে।।

মহাকাব্যৰ যুগতে মন্ত্ৰৰ প্ৰচলন হৈছিল। যুদ্ধক্ষেত্ৰত বিভিন্ন মন্ত্ৰপুতঃ বাণ, ব্ৰহ্মামন্ত্ৰৰ আদিৰ প্ৰয়োগ ঘটিছিল। প্ৰতাপ চন্দ্ৰ চৌধুৰীৰ ভাষাত 'জৰবাদ (Fetism) আৰু (Animism) লিংগ পূজা প্ৰচলন সম্পৰ্কীয় বিশ্বাসৰ বিবৰ্তনৰ আলোচনা কৰি ক'ব পাৰি যে অসমত আৰ্য বিভিন্ন সকলেই শক্তিধৰ্ম আৰু তান্ত্ৰিক বিশ্বাসত প্ৰতিষ্ঠা কৰে। পিছলৈ আলপাই আৰ্য প্ৰথাৰ লগত মিলি অনেক দূৰ হিন্দু ধৰ্মৰ শাৰীলৈ উঠিল যদিও মূলভাৱে ইন্দ্ৰজালিক অসংস্কৃত অনুষ্ঠানৰ ভেটিতে প্ৰতিষ্ঠিত।'

সেই কাৰণে সমাজত এতিয়াও মন্ত্ৰ উচ্চাৰিত পূজা-পাতল চলি আছে, চলি থাকিব। ইয়াৰ মূলতে হ'ল বিশ্বাস।

‘বিশ্বাসে মিলয় হৰিতৰ্কে বহু দূৰ। (শ্ৰীমদ্ভাগৱত)

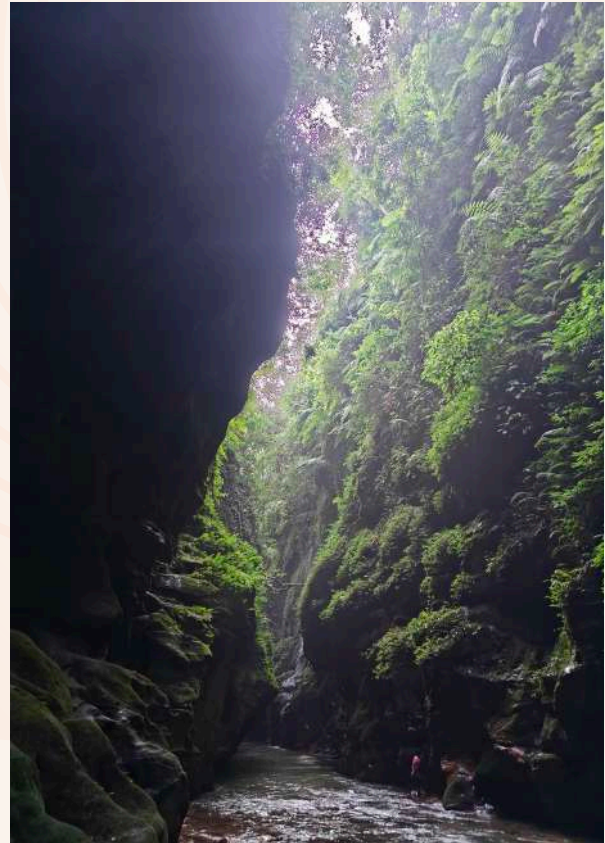


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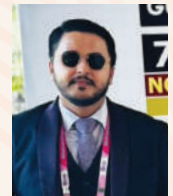


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A Voice That Became a Way of Life: Remembering Zubeen Da, Assam's Immortal Heartbeat

Dr Amlan Jyoti Sarma

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The calendar turned to September 19, 2025, and a chilling silence descended upon the lush, green heartland of Assam. News travelled fast, delivered with the brutal finality of a sudden storm: the soul of Assamese culture, the voice of a generation, the incomparable Shri Zubeen Garg—our beloved Zubeen da—was no more. He passed away tragically in Singapore at the age of just 52.

This was not merely the loss of a singer; it was a generational rupture, a profound, aching void carved into the collective spirit of a people. For every Assamese, whether dwelling in the plains beside the mighty Brahmaputra, nestled in the hills, or scattered across the globe, the name Zubeen Garg is not a celebrity reference—it is a cherished household echo, an emotion etched into the very fabric of their existence.

The Storm and the Song: Revolutionizing a Sound

Zubeen da burst onto the scene in the early 1990s like a force of nature. At a time when Assamese music was searching for a new trajectory, he injected it with an irresistible jolt of modernity. His melodies were contemporary, his arrangements fresh, yet they retained the earthy scent and deep-rooted authenticity of the land. He was a musical titan whose influence spanned the length and breadth of the state and beyond. His repertoire was staggering, reaching a monumental tally of close to 40,000 songs across multiple languages. He effortlessly

transitioned from the traditional Assamese Bihu songs—infusing them with a youthful magic that made them dance anthems for the new millennium—to lending his magical voice to the ethnic and folk music of almost every tribe and community in Assam. He was the sonic glue that bound the diverse populace together.

His genius was not confined by geography. Bollywood beckoned, and he left an indelible mark there, too. He sang Bengali, Nepali, and other languages with the same passion and mastery, his voice a passport to hearts worldwide. He was, quite simply, an institution in the world of music.

The Unseen Humanitarian: A Heart of Gold

Yet, the true measure of Zubeen da lay not just in the volume of his music, but in the boundless depth of his soul. Behind the persona of the rockstar, the hitmaker, and the passionate rebel, lay a man of profound, unassuming humanitarian spirit. This was the side of Zubeen da many outside his inner circle never saw, but which those who received his grace will never forget.

He was a man who gave. Not for publicity, not for awards, but out of an innate, honest dedication to easing the burdens of others. If a family faced a medical crisis, Zubeen da was there, offering financial aid. If a young talent needed a helping hand, he provided the platform. He helped countless people in need, offering cash or kind, whatever was feasible, with a generosity that was as open as the skies above his beloved Assam. The countless

anecdotes shared by those he lifted up post-September 19th testify to a man who possessed a gem of a heart, forever dedicated to his people.

A Dedication to the Planet

His humanitarianism extended beyond human empathy; he was a fervent nature lover and an outspoken environmentalist. Zubeen da did not just preach about a greener planet; he lived it. He passionately advocated for the conservation of trees and the preservation of Assam's fragile ecosystem. His pleas were not scripted sound bites; they were genuine cries from the heart of a man who saw the beauty and necessity of a balanced natural world. His dedication was a shining example of how a cultural icon can use his platform to champion a noble cause with sheer honesty.

The Anthem of an Unending Love

Zubeen da was like a powerful storm—he arrived, he shook things up, he revolutionised, and he departed in a flash, but he left behind a trail of immortal songs and memories that will forever define a generation. His impact is immeasurable, as vast as the depth of the ocean, as wide as the plains of Assam. To call it a loss is a profound understatement. It is a fundamental shift in the cultural landscape.

No song captures the sheer emotional gravity of his passing quite like “Mayabini Ratir Bukut” (In the Heart of the Enchanting Night). It is more than just a song; it is an anthem of Assamese longing and rebellion. In the tear-soaked days following his demise, it became the funeral hymn of a broken community. From the highest government ministers to the common man, the mournful, unified chorus of this song was heard everywhere, a testament to the fact that Zubeen da's music had seamlessly integrated itself into the collective consciousness.

The lyrics of his songs often reinforced a profound sense of rebellion—the healthy kind—that challenges negativity, fights dishonesty, and yet remains fiercely true to the diverse, multi-ethnic ideology of the State of Assam, stretching from the hills to the plains.

The Empty Stage

The pain of September 19, 2025, is a heavy burden, knowing that an institution has been silenced too soon. At just 52, Zubeen da left for his heavenly abode, leaving behind a people whose eyes still well up at the mention of his name. And as the next Bihu season approaches, that vibrant, joyous festival

of spring, the stage will feel acutely empty. There will be no Zubeen da to command the late-night crowds, no electrifying live performance to keep the spirit soaring until dawn. Maybe, just maybe, the Bihu celebration will feel tragically incomplete henceforth. To Zubeen da, to his monumental musical legacy, and to the countless noble deeds done from a heart overflowing with humanity: we declare you immortal. Your voice echoes not just in the airwaves, but in the hearts and the very way of life for the people of Assam. We will feel you in every breath, every walk of life, forever.





The Altruist – Dr. Montu Deka, Registrar, GMCH, Assam

আপুনি বা মই ইচ্ছা কৰিলেও জুবিন গাৰ্গ হৈ উঠিব নোৱাৰোঁ

-ডাঃ প্ৰাঞ্জল জ্যোতি দত্ত (যোৰহাট)

আপুনি বা মই ইচ্ছা কৰিলেও
জুবিন গাৰ্গ হৈ উঠিব নোৱাৰোঁ

জুবিন গাৰ্গৰ দৰে হাঁহিব নোৱাৰো
জুবিন গাৰ্গৰ দৰে কান্দিব নোৱাৰো
জুবিন গাৰ্গৰ দৰে কৈ দিব নোৱাৰোঁ-
ঘেণ্টা কেয়াৰ নকৰো,
কৈ দিব নোৱাৰো-
প্ৰভু ঈশ্বৰ শব্দটো মই বেয়া পাওঁ বুলি
নোৱাৰোঁ কৈ দিব-
মোৰ কোনো জাতি নাই
মোৰ কোনো ধৰ্ম নাই
নাই মোৰ কোনো ঈশ্বৰ

জুবিন গাৰ্গৰ দৰে আমি হৈ উঠিব নোৱাৰোঁ
গছ এজোপাক সারতি ধৰি
উচুপি উঠিব নোৱাৰো,
পাণবজাৰৰ পগলাটোৰ কাষত বহি
পাতিব নোৱাৰো তাৰ সতে দুখ সুখৰ কথা
হৈ উঠিব নোৱাৰো কেতিয়াও 'জুবিন পাগলা'
শুই পৰিব নোৱাৰো কষল পাৰি পকী বাস্তৱ

কাৰণ আমাৰ থাকে
ভয়, ভোক আৰু ভগৱান
থাকে ভদ্ৰতাৰ একোটা চ'ৰাঘৰ

গান গালেই জুবিন গাৰ্গ হ'ব নোৱাৰি
কথা ক'লেই জুবিন গাৰ্গ হ'ব নোৱাৰি
যিদৰে শৰীৰ এটা হ'লেই নোৱাৰি হ'ব মানুহ,
ঠিক যি দৰে- হওঁ বুলিলেই আপুনি বা মই
হৈ উঠিব নোৱাৰোঁ এটা শিশু

কাৰণ আপুনি মই পিন্ধি থাকো
ফিটফিটিয়া একোটা পোহৰ নসৰকা চোলা
যি চোলা জুবিন গাৰ্গৰ দেহৰ জোখাৰে নাছিল,
কাৰণ জুবিন গাৰ্গ- এটা শৰীৰেই নাছিল
নাছিল এটা তেজ মঙহৰ শৰীৰ
আপোনাৰ আৰু মোৰ দৰে

আৰু সেই বাবেই,
বিশ্বাস কৰক সেই বাবেই
সোণাপুৰত জুই একুৰা জ্বলাই আমি
শেষ কৰি দিব নোৱাৰোঁ একো
একোৱেই নোৱাৰোঁ শেষ কৰি দিব

আপুনি বা মই জুবিন গাৰ্গ নহয়
আপুনি বা মই জুবিন গাৰ্গ
হৈ উঠিবও নোৱাৰো কাহানিও

জুবিন গাৰ্গ হৈ উঠিব পাৰে
মাথো জুবিন গাৰ্গহে
কেৱল জুবিন গাৰ্গহে



জুবিন গাৰ্গ: এক অনূভৱী সত্বা আধুনিক সংগীত জগতৰ যুগদ্রষ্টা

Bhanita Patowary
Bongaigaon, Assam

“যুগে যুগে প্রতি খোজে, তোমাতেই মই হম বিলীন”

গীতৰ কথাৰ দৰেই যেন আধুনিক সংগীতৰ যুগদ্রষ্টা গৰাকী আজি বিলীন হৈ গল সাগৰৰ বুকুত। জুবিন গাৰ্গ— অসমীয়াৰ প্ৰাণ, অসমীয়াৰ সাহস, সংগীত জগতৰ এক কিংবদন্তি শিল্পী। ১৯৭২ চনত জন্মগ্ৰহণ কৰা জুবিন গাৰ্গ সংগীতৰ প্ৰতিটো দিশতে শিশু অৱস্থাৰ পৰাই এক শক্তিশালী প্ৰদৰ্শন দেখুৱাইছিল। তেওঁৰ উৎসাহৰ প্ৰতি সহায়ী জনাই জুবিনৰ পিতৃ কপিল বৰঠাকুৰেও সকলো প্ৰয়োজনীয়তা পূৰণ কৰিবলৈ একান্ত প্ৰচেষ্টা চলাইছিল। পিতৃৰ উপৰিও মাতৃ ইলি বৰঠাকুৰো জুবিনৰ এই যাত্ৰাত আছিল অপৰিসীম অৱদান। জুবিনে বিচাৰিছিল ইউকেলিষ্টাছৰ দৰে ৩খ হৈ চিৰদিন, চিৰন্তন আকাশ চুবলৈ। এই ব্ৰতকে সাৰথি কৰি তেওঁ ১৯৯২ চনত প্ৰথম গীতৰ এলবাম “অনামিকা”ৰ জৰিয়তে আধুনিক সংগীতৰ জগতত খোজ পেলাই নিজৰ স্থিতি প্ৰদৰ্শন কৰি অক্লান্ত সাধনাৰে সংগীতৰ জয়যাত্ৰা আৰম্ভণি কৰিছিল। সেইয়া যেন সংগীতৰ পথাৰখনত এক নৱ যুগৰ সূচনা আছিল। কেৱল সংগীতৰ মাজতে নিজকে সীমাবদ্ধ নাৰাখি তেওঁ অভিনয় আৰু কাব্যিক জগতলৈও প্ৰত্যৱৰ্তন কৰি এগৰাকী সুদক্ষ অভিনেতা, চলচিত্ৰ পৰিচালক, চলচিত্ৰ নিৰ্মাতা, চিত্ৰনাট্যকাৰ, বাদ্যযন্ত্ৰী আৰু কবি হিচাপে এক সুকীয়া পৰিচয় দাঙি ধৰিছিল। তেওঁক অভিহিত কৰা হৈছিল উত্তৰ পূৰ্বাঞ্চলৰ “ৰাজপুত্ৰ” হিচাপোকিন্ত এইজনা ৰাজপুত্ৰৰ জীৱনটো আছিল উত্থান পতনেৰে পৰিপূৰ্ণ। কম বয়সতেই মাতৃক হেৰুৱাই জীৱনৰ গতি যেন স্কন্ধ হৈ পৰিছিল মৰম আকলুৱা পুত্ৰৰ। সাহসী পুত্ৰই তেওঁৰ গীতৰ মাজেৰেই সকলো দুখ মোচন কৰি জীৱন যুদ্ধত আগুৱাই চাবলৈ চেষ্টা কৰিছিল। জীৱনটোক সুস্থিৰ কৰিবলৈ বাবে বাৰে চেষ্টা কৰিও নিয়তিৰ ওচৰত আকৌ এবাৰ হাৰ মানিবলৈ বাধ্য হৈছিল। এইবাৰ তেওঁ হেৰুৱাই পেলাইছিল তেওঁৰ অতিকৈ মৰমৰ জ্যেষ্ঠ ভগ্নী জংকী বৰঠাকুৰক। আকৌ এবাৰ যেন হেৰুৱাই পেলালে গতানুগতিক জীৱনৰ চাবিকাঠি। ধ্বংসৰ আৰতে হেনো আৰম্ভণি হয় সৃষ্টিৰ, ভগ্নীক হেৰুওৱাৰ বেদনাত অগ্নিদগ্ধ হৈ কৰিলে অনুৰাগী সকৰল বাবে অন্য এক গীতৰ এলবাম “শিশু”

“দিয়া ঘূৰাই দিয়া পৃথিৱী আমাৰ”

তেওঁৰ সপোনৰ পৃথিৱীখন আছিল অনন্যা। গীতৰ জৰিয়তে বৰ্তমানৰ হিংস্ৰ বৰবৰতাৰে ভৰা পৃথিৱীখন সলনি কৰি অন্য এক পৃথিৱী গঢ়া স্বপ্ন ৰচিছিল। শিশুসুলভ জুবিনৰ প্ৰকৃতিৰ প্ৰতি আছিল অকৃত্ৰিম মৰম। মানৱ প্ৰেমী জুবিন অসহায় মানুহৰ বাবে আছিল আশাৰ ৰেঙণি। শিশুৰ পৰা আৰাল বৃদ্ধ-বনিতালৈকে আছিল জুবিনৰ অনুৰাগী।

আঁউসীৰ তমসাৰে পৰিপূৰ্ণ তেওঁৰ সাহস হবলৈ আগমন ঘটিছিল পত্নী গৰিমা গাৰ্গৰ। জীৱনটো যেন পুনৰ জী উঠিছিল। পূৰ্ণ উদ্যমেৰে পুনৰ তেওঁ সংগীতৰ জগতখনত এটাৰ পিছত এটাকৈ সৃষ্টিশীলতাৰে খলকনি তুলিছিল। তেওঁ হৈ পৰিছিল যুৱপ্ৰজন্মৰ হাৰ্টথ্ৰব ZG। অনুৰাগীৰ মৰমেৰে দুগুণ উৎসাহেৰে উৎসাহিত হৈ দি গৈছিল এটাৰ পিছত এটাকৈ সুমধুৰ গীতৰ উপহাৰ।

“মায়া, মায়া মাথো মায়া”

মায়াময় পৃথিৱীখনৰ তেওঁ আছিল মানৱসৃষ্ট ভগৱান স্বৰূপ।

প্ৰকৃতিয়েও যেন পাইছিল তেওঁৰ অসাধাৰণ ব্যক্তিত্বৰ উমান। অফুৰন্ত মৰমৰ দলিচাৰেই জীৱ-জন্তু, পশু-পক্ষীকো আৱদ্ধ কৰিছিল তেওঁৰ মায়াত। সঁচা অৰ্থত, পৃথিৱীৰ প্ৰেমিক, নিৰ্ভীক, সততাৰে সোঁতৰ বিপৰীতে গৈ সকলো বাধা বিঘিনি নেওচি জাতিৰ সত্বা ৰক্ষা কৰিব বিচৰা অক্লান্ত, স্বাধীনচিতীয়া এক ব্যক্তিত্বৰ অধিকাৰী। তেওঁৰ গীতবোৰেই প্ৰমাণ। মাত্ৰ ৫২ বছৰ বয়সত প্ৰায় ৪০ টা ভাষাত ৩৮,০০০ হাজাৰত কেও বেছি গান গাই ইতিহাস ৰচনা কৰি থৈ যোৱা জুবিন গাৰ্গ হয়তো দ্বিতীয়জন নোলাব।

“আকাশে গাতে লবেৰে মন সাগৰ তলিত শুবৰে মন।”

অসম আৰু অসমীয়াৰ বাবে হয়তো হেজাৰ গীত স্ৰজিবলৈ ৰৈ গ'ল। সমস্ত অসমবাসীক ৰহস্যৰ আৱৰ্তত ৰাখি নীৰৱে সাগৰৰ মাজত বিলীন হৈ গ'ল প্ৰাণৰ শিল্পী, মানৱদৰদী শিল্পী জুবিন গাৰ্গ। সচাকৈয়ে, 'মৃত্যু এতিয়া সহজ'। যোৱাৰ আগত দি থৈ গ'ল

তেঁওৰ মৰমৰ অনুৰাগী সকলক অন্তিম উপহাৰ অসমীয়া ছবি 'ৰৈ ৰৈ বিনালে'। সঁচাকৈয়ে জুবিনক বিচাৰি আজি অসমবাসীয়ে বিনাইছে। তেঁও আছিল অসমবাসীৰ আবেগ। ছিংগাপুৰেই যেন আছিল আমাৰ আবেগৰ শেষ ঠিকনা। ১৯ ছেপ্তেম্বৰ ২০২৫ অসমীয়াই পাহৰিব নোৱাৰা এক অভিশপ্ত দিন। কেতিয়াও শুনিব নিবিচৰা খৱৰটোৱে সকলোৰে বুকু উদং কৰিলে। শেষ হৈ গ'ল এক ব্যতিক্রমী প্ৰতিবাদী সত্তাৰ। পুনৰ জন্ম লওক আৰু অধিক শক্তিশালী ৰূপত তেঁওৰ সপোনৰ "সোণৰ অসম" গঢ়িবলৈ। অতি সোনকালেই পৃথিৱীৰ "হামিং কিং" গৰাকীয়ে ন্যায় লাভ

কৰক, সকলো ৰহস্য উৎঘাটন হওঁক। সমস্ত পৃথিৱীয়ে অধীৰ আগ্ৰহেৰে ৰৈ আছে ৰাজপুত্ৰৰ মৃত্যুৰ কাৰণ জানিবলৈ। জুবিন গাৰ্গ অমৰ হওঁক এইয়াই কামনা কৰি ভগৱন্তৰ ওচৰত তেঁও নিজৰ বাবে নিজেই লিখা প্ৰাৰ্থনাৰে সামৰিছো।

“মায়াবিনী ৰাতিৰ বুকুত, দেখা পালোঁ তোমাৰ ছবি”।

#JusticeForZubeenGarg#



#Zubeen is having lunch at Hotel Shankar in Agartala



#Zubeen is sitting in the office of New Manikya Press, Agartala

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Whisper of Love

-Dr. Shromona Kar

(Practicing Dermatologist from Silchar)

O gentle flame that kindles in the breast,
Thou art no mortal fire, but heaven's own spark;
In thee the weary soul doth find its rest,
And through thy light all shadows lose their dark.

Thy glance, a dawn that wakes my sleeping heart,
Thy voice, a lute that charms the winds to still
In every breath of thine, sweet dreams impart,
And bend the stars to thine enamoured will.

Though time may steal the bloom from every rose,
And night may shroud the fairest skies above,
Yet ever in my heart this truth still grows
There is no death to thee, eternal love.



প্রশ্নচিহ্ন

Kaustav Sarkar, PGT,DVL,SMCH

এক শুকনো গোলাপ-
ঝরে যাওয়ার মরশুম,
তোমার হৃদিস নেই,
যেদিন খবর আসবে
তোমার স্মৃতি জড়িয়ে ধরে ,
পাবো এক অনির্দিষ্ট আশ্বাস,
ভালবাসার অকূল পাঁরা পাঁরা,
এই নদীর গভীরতা অসীম;
ডুবতে থাকার বেঁগ আর যন্ত্রণা ,
শুধু তোমার হাতছানি ভরসা ,
সেদিন পূর্ণতার পারে তোমার দর্শন,
আর আমার তৃষ্ণার্ত প্রশ্নচিহ্ন।

The Innocence Lost

-Sandipana Bhattacharya , Intern, TMC

Parents lost their pearl,
Cause human faced monster raped their girl.
Raped and killed,
Without having any guilt.
Another daughter another sacrifice,
Does the rapists think women body a device?
He saw her to bleed,
With a satisfaction indeed.
He accepted her tears, with a glass of beer.
Screaming, yelling, yet no mercy.
He was busy proving his energy.
She was lying pale and bruised,
But who cares since she was used.
With an ailing body she fought for her life,
But that moron jabbed her with a knife.
Her pride and innocence gone in a blink of an eye,
She had nothing left, nothing at all except saying the world a bye!
Now a question will arise, "How was she dressed?"
Don't you think, your question is a whole set of mess?
And let me make you clear,
If you are questioning her character
Then you are definitely a sinner.
My lord! I don't want him to die,
I want his guilt to eat him alive.
I bless all the rapists a painful life,
And may you remember her name till you die!



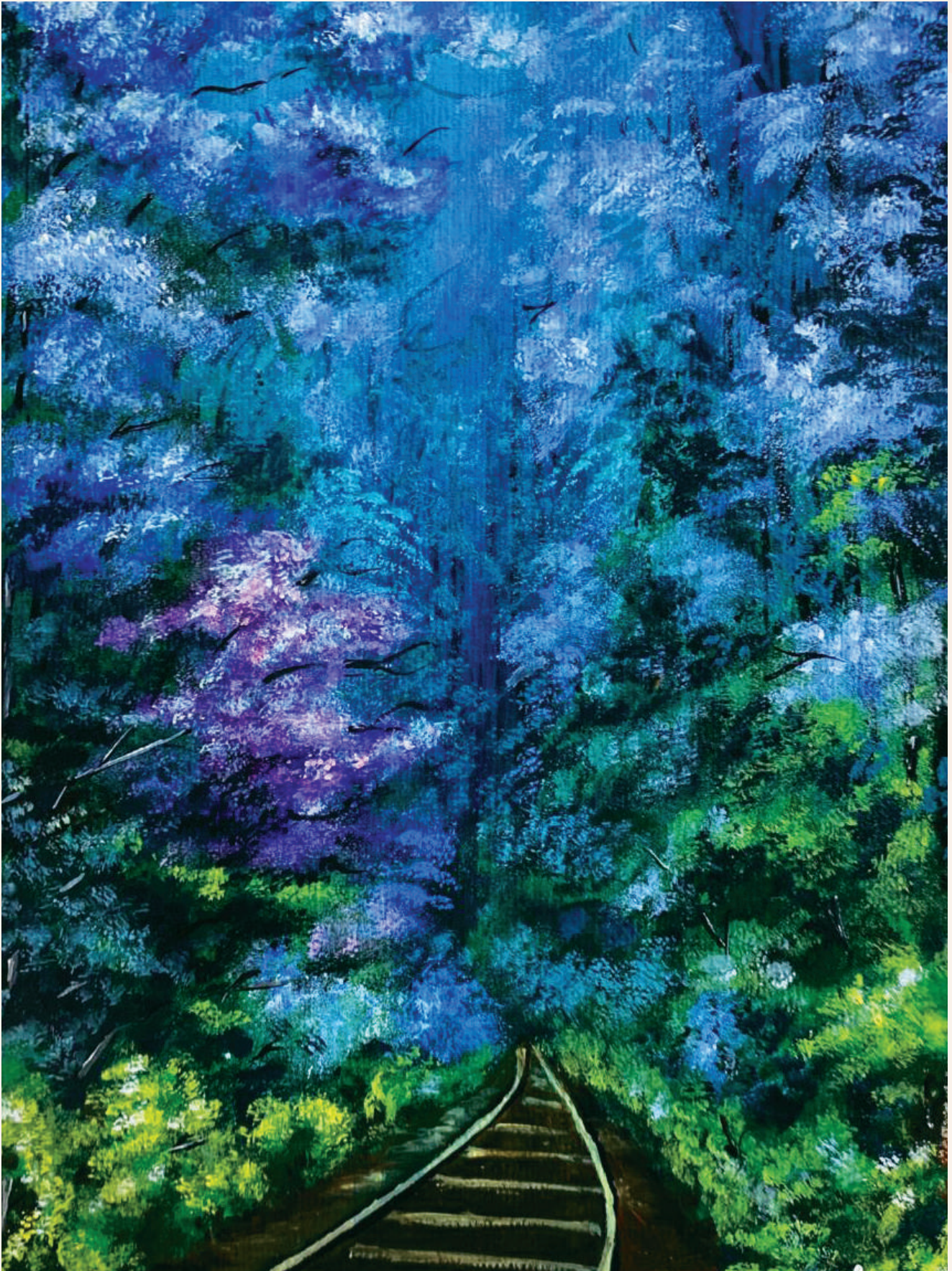
Symphony of Shades



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The Starry Skinscape – Dr. Geetashree Haloi, GMCH



Where The Trees Hum Old Spells in Shades of Blue – Dr. Geetashree Haloi, GMCH



The Quiet Promise – Dr. Yusufa Ahmed, Asst. Prof. FAAMCH, Barpeta, Assam



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