

**YAD**erma

VOL VI, ISSUE 2, NOV 2023

# YUVADERMA NORTHEAST STATES



## INTRODUCTION

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

Yuvaderma's first issue was published in 2016, thanks to the tireless work of Karnataka's Resident Connect Committee. It was then expanded to include every state covered by IADVL. Similarly, the Northeast edition of Yuvaderma was developed in 2019 under the guidance of renowned Dermatologist, Dr Indrani Dey, and has since endeavoured to support and foster the unique abilities of dermatology residents, thus validating the magazine's name, "YUVADERMA."

The magazine and those involved in its conception and growth have worked tirelessly throughout the years to achieve the single objective of developing emerging talent. They have worked relentlessly to achieve the single goal of polishing the skills of young dermatologists from all over the country and creating an easily accessible venue for exchanging ideas on a variety of themes linked to the ever-changing field of dermatology. The current issue follows in the footsteps of its predecessors, and we hope that its diversified content captivates and intrigues its readers while remaining loyal to its objective of uniting the diverse regions under IADVL under the protection of the universal banner of Dermatology.

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**VOL VI, ISSUE 2, NOV 2023**



Dear Reader,  
Greetings to you!!

## From the **EDITOR'S DESK**

We are delighted to present you with the latest issue of Yuvaderma North East States. We recognise that everyone of us has a distinct voice and perspective, and we motivate residents to contribute their opinions through this platform, adding to the rich fabric that distinguishes our community. And indeed, it is the enthusiastic participation and extraordinary contributions of all of our residents that have made this possible. We express our heartfelt gratitude. This publication is a monument to our collaborative commitment to creativity. Dr. Lily Singha, the Advisor of Yuvaderma NE states, has been a great mentor to me. Her continuous encouragement and advice meant the world to me since I could always turn to her with even the most trivial questions, knowing that she would warmly welcome me with a patient ear. Special mention to Dr Ann John Kurien for guiding me always. I am equally grateful to our associate editors, Dr Pallabi Hatikakoty, Dr Shromona Kar, Dr Abinaya Sivaraman, and Dr Priyanka Goswami, for their remarkable and passionate contributions. Their persistent dedication to capture the spirit of our experiences serves as the lifeline of this issue. I also like to thank Dr. Krishna Talukdar, President of NEIADVL, and Dr. Anushree Baishya, Secretary of NEIADVL, for their unwavering support. I also like to thank Dr. Angshuman Bhattacharjee, President of the NEIADVL's Barak Chapter, for his amazing assistance and kindness.

A centerpiece of this issue is an engaging interview, delivered by Dr. Sujit Kumar Bhattacharjee, the torch bearer of Dermatology in Barak valley. We extend our deepest gratitude to him for graciously accommodating us in his demanding schedule, allowing us to present his invaluable insights.

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

Have fun exploring!

Dr Nalla Rakesh  
Editor-in-chief, NE Yuvaderma 2023

## Message from PRESIDENT, NE IADVL

With great pleasure , I offer my sincere congratulations to the NORTH STATES BRANCH OF IADVL on the flawless completion of the latest edition of YUVADERMA. It fills me with great joy to see the amazing efforts our aspiring young Dermatologists have put in to making this edition an appealing one. Yuvaderma serves as a platform for our aspiring young dermatologists to present their creative ideas in the field of dermatology as well as in other areas of art and poetry. I thank Dr. Rakesh Nalla , the editor of Yuvaderma for his incredible job in bringing together the endeavours of our budding dermatologists and providing our readers with the most exquisite glimpse .  
A happy and hearty reading !  
Long live IADVL  
Long live NEIADVL



Dr. Krishna Talukdar  
Honorary President, NEIADVL

## Message from SECRETARY, NE IADVL

Congratulations to Dr Rakesh Nalla for yet another brilliant issue of Yuvaderma, the mouthpiece of the youth of NEIADVL. As an association filled with talented and multifaceted young individuals, Yuvaderma truly embodies the potential of our young generation. With each issue, it showcases the diverse interests, innovative ideas, and inspiring achievements of our youth. With many more accolades to come for the young stars of our association, I extend my best wishes to Dr Rakesh Nalla and the entire team behind this issue of North East States Yuvaderma.  
Happy Reading  
Long live NEIADVL! Long Live IADVL



Dr. Anushree Baishya  
Secretary, NEIADVL

## Message from CONVENOR, NRC

Dear Esteemed Editorial Team of the North East States Branch,



I extend my warmest congratulations to you for the resounding success of YUVADERMA magazine. Your dedication and hard work have been truly exceptional. It's with sincere appreciation that I thank each team member, especially your esteemed Editor-in-Chief, for their invaluable contributions.

Your commitment to our field is an inspiration to us all. I wish you the very best of luck in your future endeavors and look forward to witnessing more outstanding work from your talented team.

With best regards,

Dr. Vignesh Narayan R  
Convenor, National IADVL NRC2023

## Message from ADVISOR, NE IADVL

Dearest readers,

As the news reaches for the release of the 2nd issue of the 5th volume of Yuvaderma North-east, my heart fills with immense joy. Looking back, I am grateful to have witness the journey of this bulletin as it followed the footsteps of its predecessors and kept improving significantly.



The concerted and dedicated efforts of the entire editorial team is quite commendable. My heartfelt congratulations goes to the editorial team, Dr Abinaya, Dr Priyanka, Dr Shromona, Dr Pallabi, and Dr Sakshi, led by Dr Rakesh Nalla, the editor-in-chief who has been outstanding.

I congratulate all the residents whose articles fill up the pages of this beautiful and engaging magazine. Lastly, I wish good luck to the editorial team for their future endeavours.

Regards,

Dr Lily Singha  
Advisor, NE Yuvaderma 2023.



## THE TORCH BEARER

Dr. Sujit Kumar Bhattacharjee is a talented clinician and the torchbearer of dermatology in Barak Valley. For many glorious years, he was the Head of the Dermatology Department at Silchar Medical College. He is currently enjoying his retirement and continues to teach the junior doctors whenever he has the opportunity. Instead of a traditional Q&A session, Dr Nalla Rakesh, Senior resident, SK Roy Civil Hospital, takes a stroll with him to dig deep into his heart. Dr. S K Bhattacharjee discusses his enthusiasm for his work, life experiences, and his emotional advice to aspiring dermatologists in this frank interview. Let the dermatology alchemist speak for himself.

**Q: Sir, how is your journey in the path of MBBS and dermatology started?**

A: I joined for MBBS on June 30, 1968 in Silchar Medical College when 1st batch of MBBS was started in Silchar. At that time, only few departments were there like Anatomy, Physiology, Biochemistry and separate Chemistry. By 1971, other clinical and paraclinical departments started. After MBBS, I worked at Nilambazar PHC for 1 and half years and later I came back to SMCH and joined as Demonstrator in Physiology department. At that time, Me and my colleague Dr Manojendra Sham always used to discuss about prospect of post graduation and I decided Dermatology would be the nice option. Then, Govt of Assam advertised about APSC for the post of Dermatology and Venereology. Interview was held at circuit house, Dibrugarh. It was June month and heavily raining. We went from Silchar to Shillong via bus and next day took another bus to Dibrugarh. Because of heavy rains and flood alerts, I couldn't see much of Dibrugarh at that time. I am very happy now as I am coming to Dibrugarh after all these years because of NE CUTICON. After that interview, I got posted in VD clinic as MO venereology and Dr K N Baruah, who was junior to me got post in dermatology.

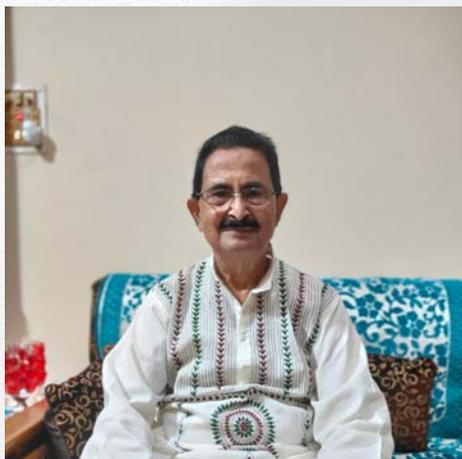
Later my interest in Dermatology increased more. In 1975, few of our colleagues applied for different departments in AIIMS Delhi. I opted for Dermatology. My interview went very nice but some other candidate got the post because of some other reasons. While coming back, we brought the application form for Delhi University. It was a written test and I got seat in Maulana Azad Medical College. After Post graduation, I worked In Gauhati Medical College as a Registrar for 1 and half years. Then later joined SMCH on May 1981 as Registrar and went on to become Professor and Head and retired in 2000.

**Q: Can you share some memorable moments from your postgraduate days?**

A: My study period in MAMC was very tough. My Professor Dr Ratan Singh, he was a terror and only North east and South Indians would join under him and it was a very tough time. At that time, communication system was very poor. Only writing letters or telegraphs was easy means. Landline telephone was very costly and only for rich people. If still we want to use it, it would take one day to stand at telephone exchange. Every Saturday, we used to have half day break and we would write letters during that time. If we miss it, we have to wait until next Saturday. Because every Sunday after breakfast, we have to run to ICMR and AIIMS library for lessons and books. Although it was a tough job, me and my colleagues succeeded. My Professor used to tell "I know some senior persons had joined the course, but I like that. While you registered your name as student, you have no other identity other than student".

Dr Ratan Singh used to scold everyone. One day he scolded me and told "If you being a senior member and not being a very sincere one, you may leave and go to your home". I was so upset and decided to go back to home. While returning to hostel, I went to railway station to purchase a ticket. When I reached the counter and about to buy a ticket, I found that my moneybag was missing. It got stolen in the bus. Most likely, it is will of God that I returned back. All my batchmates came to me and I told what had happened. They also told, its mercy of God that all this happened. I wrote a letter to my father and my best friend, who was in Health Secretariat at that time. My father was not willing for my return and my best friend replied that my post has been occupied my other person and if you return before your 2year study leave, Govt is not liable for post. Basically, he wants me not to come back in middle. It is the landmark incident in my life. If I took that ticket on that day, I would not be in this chair now.

After PG results, Dr Ratan Singh called all of us and made us to sit in front of him which has never happened before. He talked with us like a colleague. He told me "Bhattacharjee, you are going to remote place, there you won't have anybody to discuss. So, whatever you teach here, learn here will be your asset". So, what I tell is as long as you are in medical profession as UG, PG or super speciality student, be very sincere and you have to forget all other things. You can progress in your life and after that name, fame and money will come if you are sincere in what you are doing. There is no substitute for hard work.



**Q: Could you share an unforgettable patient experience that has stayed with you?**

A: I remember, after my joining, at the very beginning of my service, like when I just begin as Assistant Professor, I had diagnosed one of the rare cases at that time. Patient name was Bimal Das or something, a school teacher. Dr Ajith Kumar Bhattacharjee, who was doing housemanship at that time was with me. We both evaluated the case, did formol gel test, smears and found it to be Post Kala Azar Dermal Leishmaniasis. Sodium Antimonate also called brahmachari at that time. We brought it from Kolkata and gave for patient in SMCH and he was cured. It was purely based on the knowledge I got during my PG life under Dr Ratan Singh.

**Q: Sir, what advice would you offer to young dermatologists starting their careers?**

A: I would like to give my advice my telling about a patient. Once I met a patient whom I couldn't diagnose and referred to my Professor Dr Ratan Singh. He has seen the patient and told him to convey me that "Being so knowledgeable, how could he miss a case of Hansens". Hansens, syphilis are diseases from womb to tomb and can affect any system at any age. So, this was thought in our practice that setback will always be there but it should not refrain us from doing what we are good at. PG life is full of hardships but you should be dedicated in those 2-3years. Main motto is to serve the ill people. If we cannot give people the proper service, it will be sin. During PG period, you should be very sincere, honest and knowledge should be at highest point. Then while giving service, you will have satisfaction and in society people compare you with Dhanwantari or BC Roy and our motto is to reach that place.



# LIFE OF A DOCTOR



**DR SHROMONA KAR**  
**SENIOR RESIDENT, FAAMCH**

In the halls of medicine, a doctor's life is a quest  
A never-ending journey, with trials and tests  
From dawn till dusk, they toil and never rest  
Their work is their passion, their purpose, their crest

Their days are filled with the sounds of sickness and pain  
The cries of the patients, the whispers of the slain  
But still they persevere, with hearts of gold  
Their dedication unwavering, their souls untold

Their minds are sharp, their hands are steady  
Their knowledge is vast, their skill unbridled  
They heal the sick, they soothe the afflicted  
Their touch a balm, their voice a solace

Their hours are long, their days are hard  
But in their eyes, a fire burns  
A flame of compassion, a spark of hope  
A dream of healing, a promise of scope

In the halls of medicine, a doctor's life is a dream  
A dream of making a difference, a dream of being seen  
A dream of healing, a dream of being the best  
A dream of life, a dream of life at its finest



# 3 P.M.



**DR PUJA GOGOI**  
**3RD YEAR PGT, SMCH**

Often at around 3 pm, I would go out to a tea stall slash food hub of our area, our only resort if you want to grab a quick snack. I mostly sit on a plastic stool to sip over a cup of tea and think. For the last year and half, it has become a common practice that rings bells within my head every afternoon like a call of hunger.

Sometimes, when I go to the stall, I find other fellows from my hostel, juniors, seniors sitting there, some casually sipping tea with their occasional bursts of laughter and some drinking tea engrossed in thoughts, conversations about their hectic duties or study schedules. Myself, I am a listener. I have no clue about what I am to do with information like which intern is in which posting or which senior or colleague had outdone himself in so-and-so project, but I listen and nod in agreement. I casually acquaint myself with them and give them suggestions regarding their problems and a load of other bizarre questions given that I should study psychology in the same university with them.

Today, I went out around 8 pm because I could not spend time on a book or a movie as the lights have gone out. In darkness, one does not fear ghosts, but fear themselves. Because I had slept all day, there are constant voices talking in my head as if there's a volleyball team that lives within my head.

On the road, as I walked across the street, a car bitterly honked at me. On the other side, I knocked against a guy smelling of milk and cigarettes. He gave me a bitter look and then started calling out to a young man inside a car about what he would like to take. I think: Why do these people want to be served in their cars on the roadside and not sit within the shop?

As I thought of this, I reached the tea-stall, dragged a plastic stool to sit outside it. There was no electricity there either. The fat mad man, who cleans the temple just opposite to the tea stall and remains shirtless throughout the year except for the winters, was also taking his tea on one of the dirty stools. Hundreds of people take tea in these disposable cups, I think. I preferred the glass ones in which they were served earlier but the thought of cups in which thousands of men have sipped tea without them having ever been washed properly, disgusted me.

While I sat there to disentangle the entire mesh of absurd thoughts, four of my hostel fellows came and dragged stools to sit with me. Akash asks me how I was doing and you say, "I am the same." He laughed and said, "You'll go mad if you do not come out of your books." Although I was uncomfortable in their presence, I keep sitting there and stupidly smile at them in return.

Mujeeb speculated in reply and added, "People who read too many books somehow get lost from reality." I sat there sheepishly, still listening to the array of different voices. Asif retorting to Mujeeb's speculation, "I do not think so. Everybody should read. Look at us. We do nothing other than playing Ludo and watching movies."

Jameel ordered tea for all of us. Jameel added, "I watched this French movie with Akash today. Oh, it brought us to tears." Both Jameel and Akash laughed boisterously. They looked at me and then, did not explain the tear-inducing movie further.

Asif asked if they watched 'Blue is the Warmest Colour'. They answered with a 'yes' all together and laughed. I pretended that I hadn't watched it. They started talking about their work problems and I thought: "They do not know what is going on within me right now. They never would. Language can be so poor." Somebody else reacted within me: "No, you're just frightened of your life. You're penniless. You heard about the death of an old friend. You fought with your mother. That is why."

I took my cup of tea which a young boy brings to me in a little rubber plate. I recalled how I used to sleep peacefully at his age in the village. I wished how badly to never grow up. Adulthood had got the better of me. At the bottom of my cup, I discovered a strand of hair after the last sip. Jameel looked towards me and asked if I was in love with somebody. Asif laughed and answered for you: "No, bookworms usually tend to be impotent." He winked at me. I was disgusted by what he just said.

I start arguing in a broken way within myself. I feel the volleyball team within my head throwing words at each other like stones. "I'm stupid that's why I fail to understand people." "You can never understand people. You can pretend to, though." "If only you start taking more care of your health and write the research paper you've been planning to write, you'd be fine." "If others go through the kind of pain I almost drowned in today, why do they not burst up and give up on the acting like it's okay to be alive."

"Just because you're frightened and can't stand up for yourself, you can't expect pessimism to become a religion." "Oh, yeah all great people were pessimists." "I want to be rid of this internal noise".

My fellows had taken their tea by then and decided to leave. Tears came out of your eyes as you suddenly feel lonely. I left the tea stall a little after them. A voice whispered within me: "You're a loser but you will not admit it".

I walked for a while along the road as vehicles of every sort drive past me. I cared not to go too close to the road because I feared my death-instincts might push towards it. There, on a bench I saw an old man sleeping. I pricked my soul for not being grateful. I turned around the block into the darkness and choose the longer path to my hostel.

Throughout the walk, I kept feeling as if I inhaled the strand of hair in the tea-cup that had now stretched deep down till my stomach. I cleared my throat and spat profusely but the weird sensation would not go away. As I reached my hostel, I somehow felt that the rift within me had been ironed smooth.

I reached my room on the third floor stopping to catch a breath and opened the door. I locked the door behind myself and went straight to my bed. I wanted to call home and I tell my mother I miss her, but I was too much of a coward. Within a few minutes, you are dead asleep.

# LET'S MATCH THEM UP



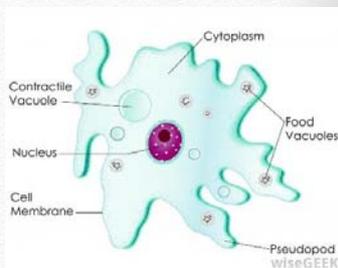
**DR ABINAYA S**  
**3RD YEAR PGT, GMCH**

Dermoscopy is one of the most fascinating aspects of modern dermatology. Over the last few years, it has become very handy for assisting in the noninvasive diagnosis of various general dermatological disorders. Being an evolving technique, the dermoscopic features of various dermatoses have been traditionally described using named signs and metaphoric terminologies. Here are some of those signs and metaphors and let us make knowing about them interesting by solving this puzzle.

(Match the Dermoscopic findings in column A with their corresponding Dermatoses in column B)

## COLUMN A

a)



b)



c)



## COLUMN B

**Exogenous ochronosis**

**Lymphangioma circumscriptum**

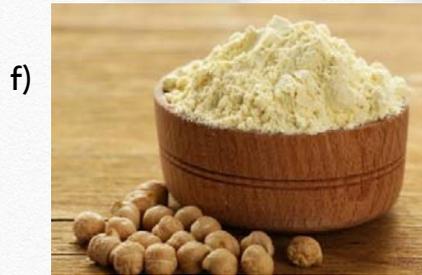
**Seborrheic dermatitis**



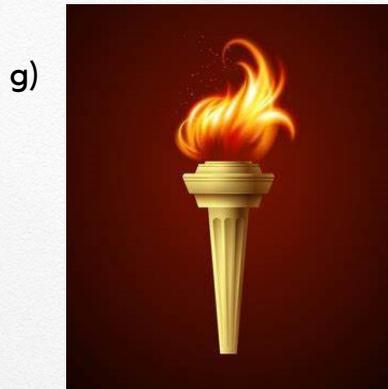
**Vitiligo post-skin grafting**



**Actinic keratosis**



**Amelanotic melanoma**



**Kaposi sarcoma**



**Melanoma**

d)



**Norwegian scabies**

e)



**Erythema dyschromicum perstans**

f)



**Onychomycosis**

g)



**Talaromyces marneffeii infection**

d)



**Mycosis fungoides**

e)



**Idiopathic guttate hypomelanosis**

f)



**Tractional alopecia**

g)



**Acanthosis nigricans**

## ANSWERS:

- a) **AMEBOID PATTERN**: Relatively well-defined margins of the depigmented patch sending out pseudopod-like extensions seen in **Idiopathic guttate hypomelanosis**.
- b) **NOODLE SIGN**: It represents an accumulation of hundreds of burrows seen in **Norwegian scabies**.
- c) **BEAUTY AND THE BEAST SIGN**: **Melanoma**; Dermoscopy of benign melanocytic lesions is placed into nine categories and it generally fits into one of them and is considered "beauty." Melanoma symbolized by the "beast" is a melanocytic lesion that derives from one of the malignant patterns or deviates from a benign pattern hence the name.
- d) **RAINBOW PATTERN SIGN**: The presence of multicoloured areas similar to the spectrum of a rainbow seen in **Kaposi sarcoma**. The pattern is predominantly seen in the vascular lumen-rich histological subtype of KS and is not observed in the vascular lumen-poor subtype.
- e) **WHITE JADE COIN PENDANT SIGN**: Circular or quasi-circular whitish amorphous structure with a central keratin plug or a haemorrhage seen in cases of **Talaromyces marneffeii** infection.
- f) **CHICK-PEA FLOUR PATTERN**: Yellowish-white, opaque and friable debris on the nail plate, concentrated near the proximal nail fold seen in **white superficial onychomycosis**.
- g) **FLAMBEAU SIGN**: Multiple linear white tracks (mimicking the shape of flame or lit torch) in the direction of traction on hairs in cases of **tractional alopecia**.
- h) **SPERMATOZOON-LIKE STRUCTURES**: A peculiar vascular pattern (composed of a dotted and a short curved linear vessel) resembling spermatozoa seen in the patch stage of **mycosis fungoides**.
- i) **MANCHURIAN GRAVY SIGN**: In **Vitiligo post-skin grafting**. After 2–3 months of micropunch grafting, grafts insitu appear as homogeneous dark brown well-circumscribed pigmented structures with lighter brown-coloured areas emerging centrifugally from the darker structures
- j) **HYPOPYON SIGN**: Due to presence of lacunae, which has different amount of blood and lymphatic content owing to the presence of micro-shunts between lymphatic channels and small blood vessels and the extravasated erythrocytes lie at the bottom and serum on the upper part giving rise to a "hypopyon sign." Seen in **Lymphangioma circumscriptum**.
- k) **WORM-LIKE STRUCTURES**: Short, stout, curvilinear, "banana-shaped," ochre-coloured fibres of varying thickness in the papillary and upper dermis seen in **Exogenous ochronosis**.
- l) **WAGYU BEEF-LIKE APPEARANCE**: Pigmentation in crista cutis and the presence of small brown dots seen in cases of **Erythema dyschromicum perstans**.
- m) **HILL AND VALLEY PATTERN**: This is seen in severe cases of **Acanthosis nigricans** and appears as ridges (hills) and grooves (valleys).
- n) **DANDELION VASCULAR CONGLOMERATE**: Yellow dot surrounded by glomerular and comma-shaped vessels. This appears like seed head of dandelion. Seen in **Seborrheic dermatitis**.
- o) **LITTLE RED RIDING HOOD SIGN**: This sign comes from a fairy tale in which the wolf disguises himself as the grandmother but can still be recognized by his enormous teeth. It is used to describe an individual lesion that at first glance looks benign, but on closer inspection with dermoscopy shows features of a melanoma. Seen in **amelanotic or hypomelanotic melanoma**.
- p) **STRAWBERRY PATTERN**: Background erythema interrupted by multiple small keratin filled follicular ostia seen in **actinic keratosis**.

Reference: Das A, Madke B, Jakhar D, Neema S, Kaur I, Kumar P, et al. Named signs and metaphoric terminologies in dermoscopy: A compilation. *Indian J Dermatol Venereol Leprol* 2022;88:855-66

# WHIMSICALLY YOURS .

I fancy the hustle bustle of the city,  
And yet, at times, I crave for serenity.  
Some days I wake up at sunrise,  
On other days, not setting the alarm would be nice.

I live on my whims,  
As amusing as it may seem.  
At the mercy of my emotions,  
Bewitched! ----- on some potion.

The heart takes over the mind.  
Beware of this kind.  
For matters big or small,  
They will risk it all.



**DR PRIYANKA GOSWAMI**  
**3RD YEAR PGT, AMCH**



**DR FARHIN**  
**3RD YEAR PGT, SMCH**

# ANCIENT BEAUTY HACKS AROUND THE WORLD



DR INDRANI DAS  
1ST YEAR PGT, GMCH

## 1) **Thanaka Powder:**

The Burmese people have been using Thanaka powder for more than 2000 years. It comes from grinding the wood and bark of the thanaka tree, has long been used on the face to brighten the complexion and shield the skin against free radicals, polluted air and harmful UV rays.

## 2) **Monoï Oil:**

The origins most likely date back 2,000 years to the indigenous Maohi people of Polynesia who revered this oil as a skin and hair softener.

## 3) **Argan Oil:**

Argan oil which is a craze in present day beauty industry was also a coveted agent in and around the Mediterranean area in 12 BC. The Berber women of southern Morocco were known for their exotic beauty, and their secret was applying this golden oil regularly to their faces, nails, hair and body which helped reduce the appearance of wrinkles and treat scars, acne, eczema and psoriasis.

## 4) **Turmeric Powder:**

For thousands of years, brides in India have used turmeric masks prior to their wedding day to make skin soft and radiant. Turmeric powder is also believed to have an antiseptic role as well a treat acne.

## 5) **Green Tea:**

The Bribri and Cabécares of Costa Rica discovered green tea and its benefits to the skin including improving the complexion, flushing out toxins, healing blemishes and scars, reducing inflammation and healing wrinkles.

## 6) **Pearl Powder:**

The Chinese popularized Pearl Powder in the 19th century which they rubbed onto their faces to promote brightening, exfoliation and anti-wrinkling.

7) **Saffron:**

Saffron, also known as 'rose gold' was widely used by Egyptians who would take long milk baths infused in saffron oils for cleansing and moisturizing their skin. In the 1963 film Cleopatra, Elizabeth Taylor's Egyptian queen rejects an invitation from Marc Anthony's envoy, while sitting naked in a milky flower-filled bath, idly toying with a golden boat.

8) **Lipsticks:**

The Chinese were believed to be the first to make synthetic vermilion as early as 5000 BC derived from mercuric sulfide ores which they used as lip balms and lip sticks.

9) **Facials:**

Geisha facials, or uguisu no fun originated in Korea which later spread to Japan as well. Uguishu no fun literally means 'Nightingale droppings' in Japanese.

10) **Slimming:**

Janu is a system of traditional medicine practiced in Indonesia that traces its origin to the Medang kingdom around 1300 years back. Most commonly, it uses a mixture of turmeric and tamarind mixed with water or lime juice. This mixture is believed to have weight losing properties.

In **Recalcitrant Urticaria, STEP UP** the Therapy

**BYLOZA 40/20**  
Bilastine Tablets

**Care Beyond Just Control**

**Inhibition (%)**

Bilastine (mg)	Pruritus (%)	Wheal (%)
20	~45	~30
40	~50	~40
80	~55	~45

**Effective in reducing the symptoms of CSU<sup>1,2</sup>**

**Increased efficacy with 4X dose without sedation!**

**No effect on OTC interval Cardio safe at 4x dose<sup>3</sup>**

**No significant effects on cognition or psychomotor performance<sup>4</sup>**

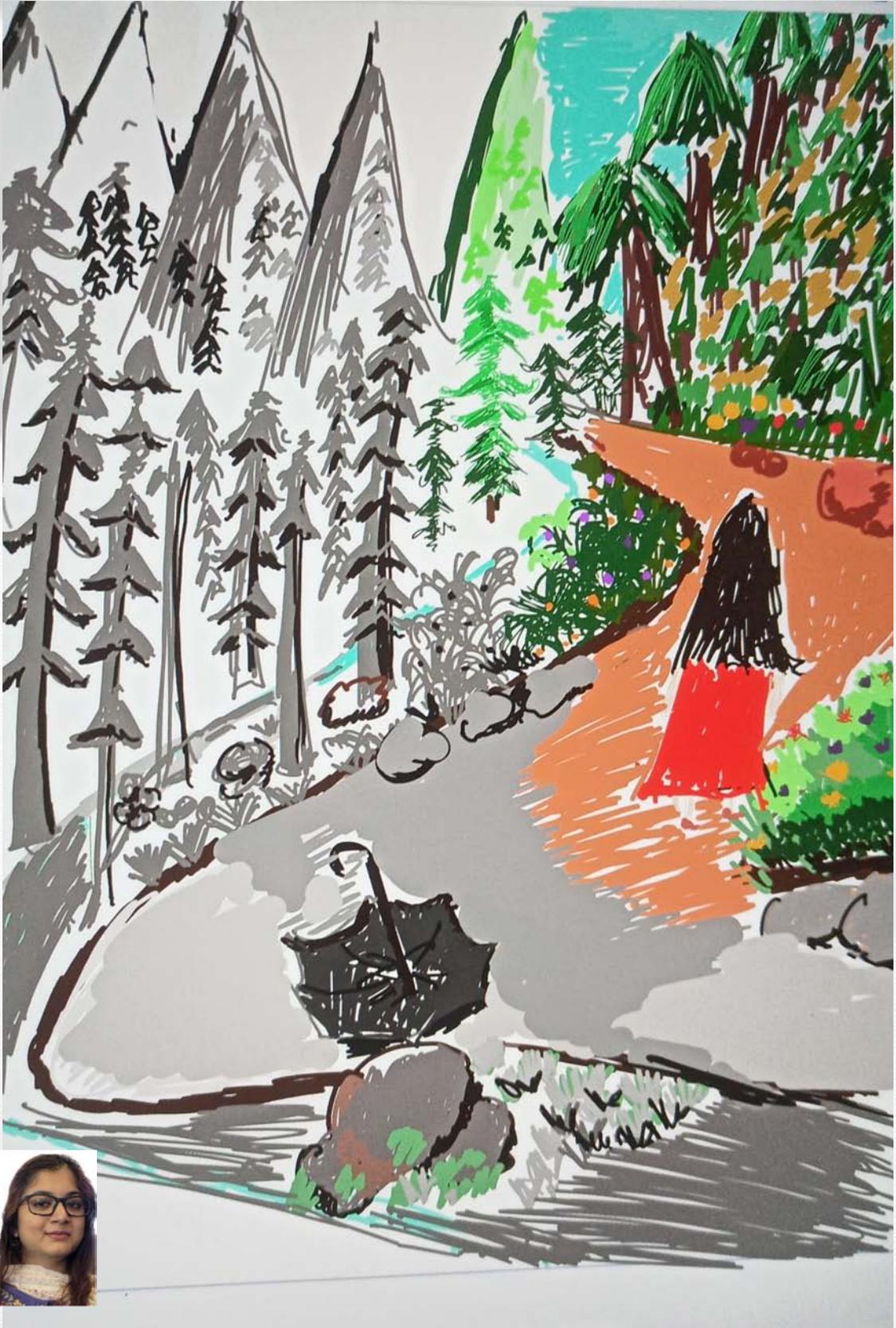
1. Church MK, Laberge L. Bilastine: a new H1-antihistamine with an optimal profile for uposing in urticaria. J Eur Acad Dermatol Venereol. 2017 Sep;31(9):1647-1652.  
2. Krause K, Spohr A, Zuberber T, Church MK, Hauner M. Up-dosing with bilastine results in improved effectiveness in cold contact urticaria. Allergy. 2015 Jul;69(7):921-6.  
3. Church MK, Hongpo-Rector M, Bissio C, Novik Z. Bilastine: a lifetime companion for the treatment of allergies. Curr Med Res Opin. 2020 Mar;36(3):449-454.  
4. Gandhi J, Godee K, Godee G. Bilastine: A novel antihistamine. Indian J Drugs Dermatol 2018;4:3-6.  
CCU: Cold Contact Urticaria

# LIFE, AS YOU WANT IT TO BE.



DR SHREENI  
3RD YEAR PGT, SMCH

Life's in hues of colours or shades of grey?  
or it all depends on what we perceive on our way?  
there will be darkness, there will be light..  
and there will be dawn and a beautiful twilight..  
sometimes, it feels like a prison,  
iron bars, the mess inside our brain,  
and all our efforts going in vain..  
we are stuck in the loop, again and again.  
all we hope is a way out, or things will turn  
but they never do and we can't run.  
they say, time heals everything, is it so?  
should we wait for time Or change time?  
should we wait for the stars, another serendipity, another chance?  
or how about this time, play the game from our end?  
Nothing lasts forever, the bubble will burst anyway..  
either we can leave it on time, or prick it and make our way..  
once we are out of the trap, we can see from outside, how beautifully it was spun,  
no matter what they tell you, how they cripple you, it was just an illusion.  
It's alright to fail, it's alright to trust, it's alright to be brave and cry at the same time.  
because in the end, the tears and anger make you believe, you are still alive..  
it's okay to fall, it's okay to be in hell,  
but it's not okay to stop there..  
Life's all about how you take the charge..  
because the biggest serendipity or catastrophe or whatever you call, is You..  
you are Time, you are fate, you are the maker  
and it's your film, in the end.



**DR SHREENI**  
**3RD YEAR PGT, SMCH**

# INTERNET APOCALYPSE?



DR DEEP PRAKASH  
3RD YEAR PGT, AMCH

Our sun is a middle aged star which was formed around 4.6 billion years ago and will continue to shine for another 4.6 billion years. It is the ultimate source of energy that sustains life here on earth.

The sun usually passes through a cyclical phase of minimum to maximum activity throughout a period of approximately 11 years. Solar maximum and solar minimum refer to periods of maximum and minimum sunspot counts. Cycles span from one minimum to the next.

Our sun is currently in its 25th solar cycle (the 25th since 1755 when Extensive recording of solar sunspot activity began) which started from solar minimum on December 2009 and is expected to enter solar maximum in mid of 2025. The solar cycle, also known as the solar magnetic activity cycle, sunspot cycle, or Schwabe cycle, is a nearly periodic 11-year change in the Sun's activity measured in terms of variations in the number of observed sunspots on the Sun's surface.

## **What is solar storm and when does it occur ?**

A solar storm occurs when disturbances in the atmosphere happen on Earth due to activities on the Sun, particularly solar flares. These flares are ejected from the Sun and can impact anything they encounter on our planet.

During an 11-year cycle, the Sun becomes more active around the middle of this period and gradually calms down afterwards. As the Sun becomes more active, the solar storms become more severe and powerful. While the frequency of these storms can vary, the most intense geomagnetic storms can cause disruptions in satellite operations, radio signals, and internet connections.

### **What it can do to the internet?**

The increased activity of the Sun poses dangers to satellites, spacecraft, and astronauts in space due to higher radiation levels. This solar activity also poses a risk to Earth by causing powerful geomagnetic storms that can disrupt high-frequency radio communications and GPS systems. This disruption could potentially lead to an internet outage or shutdown.

### **What's 'Carrington event'?**

In 2012, there was a major solar storm that narrowly missed causing significant damage. However, the last notable event of similar magnitude occurred in 1859 and is known as the "Carrington event". During that time, the geomagnetic storm was incredibly powerful, leading to telegraph lines giving electric shocks to operators and even catching fire on their own. These intense storms also caused auroras, usually seen near the poles, to be visible all around the world.

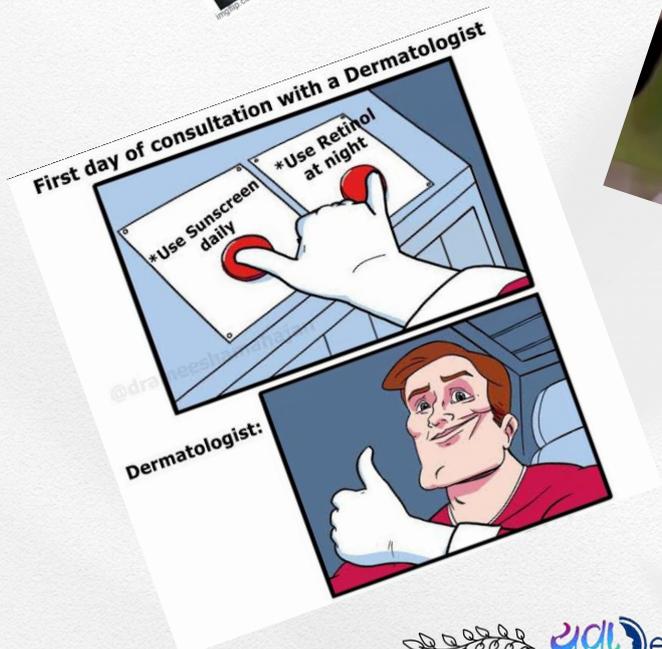
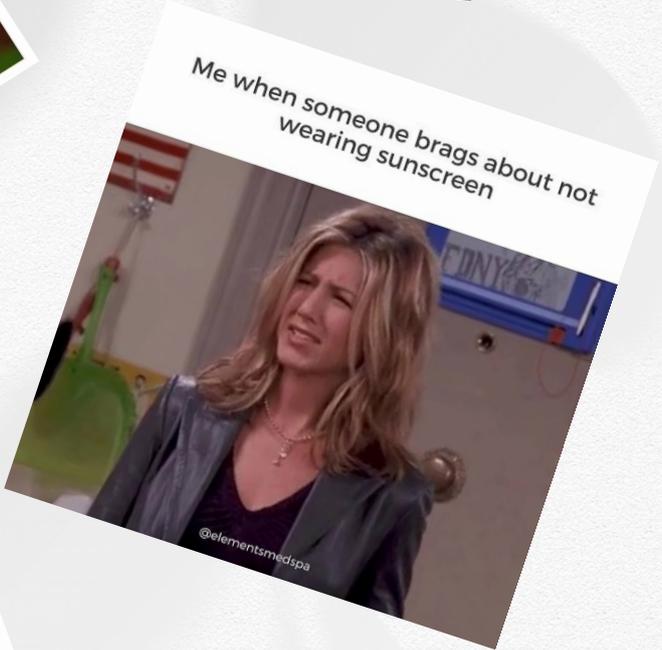
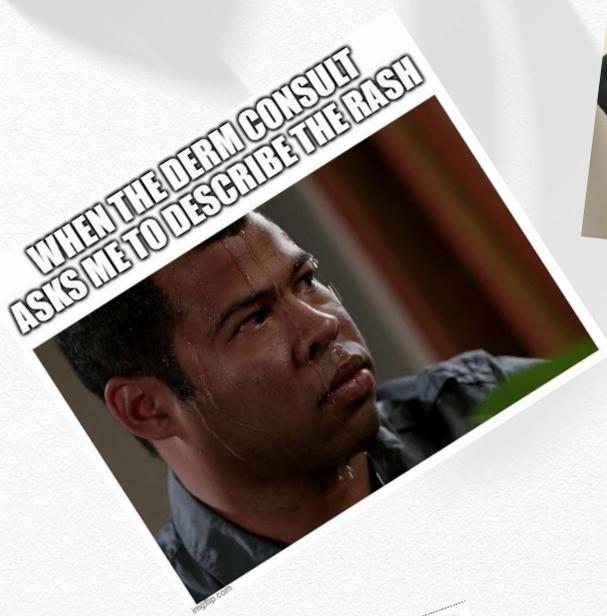
### **What can the same intensity storm do now?**

If a solar storm of the same magnitude as the one in 1859 were to happen today, it could cause significant harm to the electronics of satellites orbiting Earth. This would lead to disruptions in important navigation and communication systems, including the synchronization of GPS time that the internet relies on.

The increase in electromagnetic radiation in the atmosphere would generate enormous currents in our power grids, which could result in the failure of electrical transformers and long-lasting power outages.



**DR SAUMYA JHA**  
**1ST YEAR PGT, AMCH**



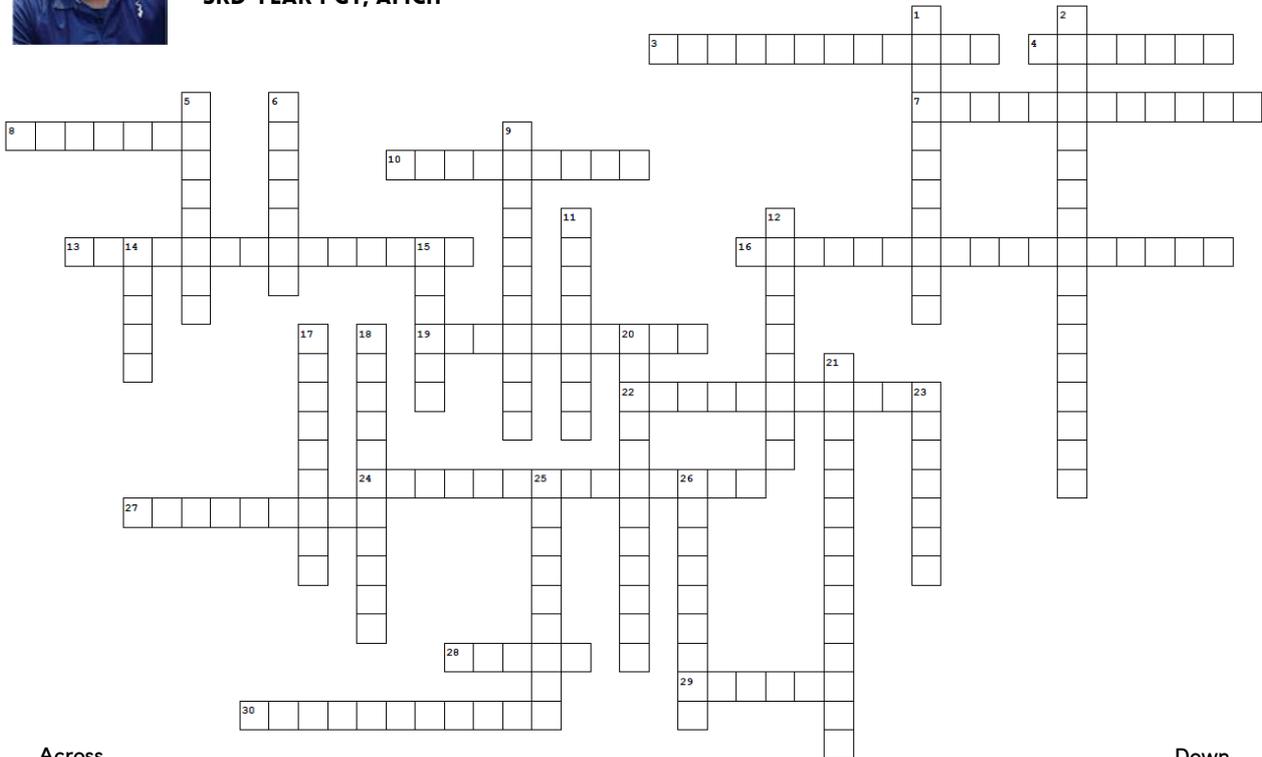


**DR BALU HARIDAS**  
**2ND YEAR PGT, JMCH**





**DR AYANJIT BASU**  
3RD YEAR PGT, AMCH

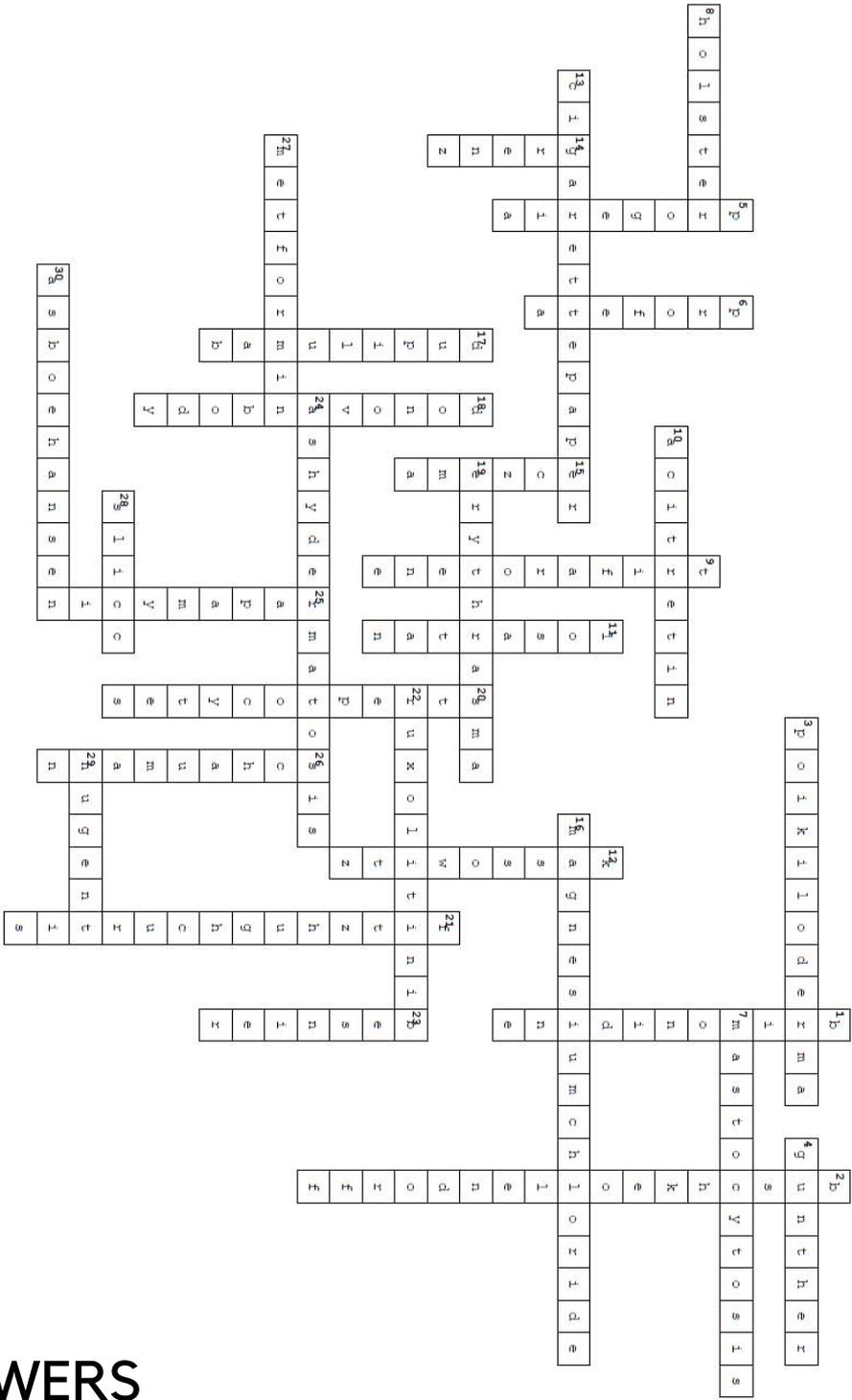


**Across**

3. a skin condition consists of areas of hyper or hypopigmentation, telangiectasia and atrophy.
4. disease named by the coffee shop owner of famous webseries 'FRIENDS' due to AR deficiency of Uroporphyrinogen 3 cosynthetase.
7. a group of rare skin condition, spectrum ranges from solitary, self-healing, cutaneous nodule to a leukemic form with pruritus, flushing, abdominal pain, diarrhea, palpitation, dizziness and syncope.
8. a sign seen in dermatomyositis characterized by symmetric confluent macular violaceous erythema over lateral thigh.
10. drug of choice of pustular psoriasis.
13. a widened atrophic cutaneous scar seen in classical EDS.
16. a novel oral drug used in patient of recalcitrant Hailey-hailey disease.
19. a bacterial infection show coral-red fluorescence in Wood's lamp.
22. a JAK1/2 inhibitor used in alopecia areata.
24. described by RAMIREZ, closest DD is LPP.
27. a anti-diabetic drug used topically in treatment of melasma.
28. a classification criteria of SLE released in 2012.
29. a scoring system considered as gold standard diagnosis of bacterial vaginosis.
30. a sign, positive in both pemphigus and pemphigoid group of disorders

**Down**

1. a alpha blocker used in Rosacea.
2. a sign seen in secondary syphilis characterized by pressing the palm or sole lesion by a blunt object causing pain due to endarteritis.
5. a segmental aging syndrome due to AD LMNA gene mutation.
6. this law states that healthy infant born to a syphilitic mother is immune to the disease.
9. a new retinoid selective for gamma-RAR used in acne vulgaris.
11. a anti hypertensive drug used in epidermolysis bullosa and gout.
12. according to this law the toll of the mother's syphilis decreases with successive pregnancy.
14. a space or zone of sub-epidermal region of LL hansens without any cellular infiltrate.
15. most common cause of erythroderma in adults.
17. monoclonal antibody targetting IL-4 receptor alpha used in recalcitrant Bullous Pemphigoid.
18. a inclusion body seen in a GU ulcer characterized by single or multiple, rounded, elevated, velvety, painless, friable, beefy red and bleeds on touch.
20. a chain of leukocytes, joined by a filamentous glue like substances seen in Tzanck smear of Pemphigus vulgaris.
21. a syndrome seen in PID caused by gonococcus/chlamydia presented as perihepatic capsulitis.
23. a sign seen in P.Versicolor also known as coup d'ongle sign.
25. a macrolide with potent antitumour and immunosuppressive property used topically in cutaneous angiofibroma.
26. a inclusion body found in giant cells of sarcoidosis, TB, Leprosy, Crohn disease, berylliosis.



# ANSWERS

# BREAKING THE SILENCE: SPREADING AWARENESS ABOUT STDs IN INDIA



DR IPSITA GOGOI  
2ND YEAR PGT, SMCH

In India, sexually transmitted diseases (STDs) continue to be a serious public health issue. Even while India has made great strides in a number of healthcare areas, there is still a serious problem with the country's lack of STD knowledge. This article delves into several aspects of sexually transmitted infection awareness in India, ranging from understanding sexual practices to breaking taboos and promoting early reporting, especially among women.

Understanding sexual habits is one of the cornerstones of STD awareness. It's important to have honest and open discussions regarding sex. Safe sexual habits, such as using condoms consistently, limiting the number of sexual partners, and obtaining regular checkups, can avoid many STDs. Public health campaigns and schools in particular need to provide easily accessible and nonjudgmental education about these activities.

Sexual taboos have a long history in India. The communication of knowledge regarding sexual health is impeded by these taboos. For STD awareness to increase, these obstacles must be removed. Open dialogue about sex and its effects should be promoted by the family, the community, and society at large.

Differentiating between venereal and non-venereal genital illnesses is a crucial part of raising awareness of STDs. A number of factors, such as non-sexually transmitted infections, underlying medical disorders, hygiene etc. can have an impact on genital health. The feeling of guilt of engaging in unusual sexual practices can cause anxiety, embarrassment, and postponed medical attention. People must thus be made aware of the many reasons behind genital problems and how to distinguish each from STDs.

When it comes to STD knowledge, women frequently encounter particular difficulties. They could be reluctant to seek prompt medical assistance out of fear of social stigma or criticism. It is crucial to support women in overcoming their humiliation and fear. For women to disclose any vulval diseases or concerns, safe and judgment-free environments must be established by healthcare providers and support systems.

In conclusion, educating people in India about STDs is a complex task. It necessitates dismantling sexual taboos, encouraging candid discussions about sexual behavior, and making the distinction between STDs and other genital illnesses. Furthermore, it's critical to establish a culture that empowers women to disclose vulval infections without worrying about criticism. India can significantly improve public health, promote overall sexual well-being, and lessen the occurrence and effects of STDs by implementing these measures. The goal of STD awareness is to empower people and uphold their right to a healthy life overcoming the fear of criticism and stigma.

# HER LITTLE DREAM



**DR SHROMONA KAR**  
**SENIOR RESIDENT, FAAMCH**

In slumber, she descends to realms of gold,  
Where visions dance and stories unfold.  
Her dreams, a tapestry of vibrant hues,  
Weave tales of love, adventure, and muse.

With every breath, a new scene unfolds,  
A kaleidoscope of color and light,  
A world where fantasies take flight,  
And hopes and fears entwined in delight.

In her dreams, she finds solace and peace,  
A refuge from the trials of the day,  
A place where her heart can release  
And her spirit can soar and play.

In slumber, she is free to roam,  
A queen of her own private domain,  
Where dreams and desires are her home,  
And her imagination reigns supreme.

So let her sleep, and let her dream,  
For in her slumber, she is free,  
To dance with fairies and soar with themes,  
In the realm of her own imagination, wild and free.

# THE SUPERHERO THAT DEFY AGING



DR DEEP PRAKASH  
3RD YEAR PGT, AMCH

Imagine all of the key cells within the skin: keratinocytes, melanocytes, fibroblasts, and angioblasts. Think of their individual roles, and the intricate interactions occurring daily between such structures, and their respective layers. Now throw diseased states into the pot, and for spice, pickle that with both intrinsic and extrinsic ageing. The physiological scope of cellular function and dysfunction, now becomes mesmerizing yet extensive. Is it possible for a single topical agent to target all of the cutaneous cells, maximize and synchronize their functions, while simultaneously reversing the evil that is disease and ageing? Absolutely, and that's precisely why vitamin A gets the superhero mark of distinction.

In 1930, the chemical structure of retinol was documented, and by 1943, the first article using topical vitamin A to treat acne was published. But it wasn't until 1959 that this pioneer study became accepted and used in daily clinical practice. The year 1983 marked yet another milestone for retinoids, when Dr Albert Kligman and his team demonstrated their role in the management of dermatoheliosis. The authors observed that treatment of photoaged mouse skin with vitamin A for 10 weeks, resulted in a significant repair zone of new collagen in the papillary dermis. This further correlated with wrinkle effacement. Later ex-vivo investigations carried out by Fisher in 1996 helped in understanding the molecular basis of this observation.

## Extraordinary abilities

Topical retinoids have profound benefits on the epidermis and deeper layers of the skin. Tissue effects are mediated by their interaction with specific cellular and nuclear receptors. The cytoplasmic unit includes the cellular retinoic acid binding protein (CRABP) types I and II, and the cellular retinol binding protein (CRBP). Retinoic acid receptors (RAR) and retinoid X receptors (RXR) form the nuclear binding sites. The former is specific for trans-retinoic acid, while the latter for 9-cis retinoic acid. Through their direct effect on stimulating gene expression, retinoids are able to regulate cellular functions, and provide potent therapeutic benefit for a legion of skin conditions. Notably, even after their application has ceased, amelioration can last for up to 4 months.

Within the epidermis, retinoids activate basal cell mitosis, and healthy keratinocytes are generated. By thickening the epidermal layer, they fortify the protective capacity of the skin. The keratinocyte cycle is also enhanced, and the exfoliative process restored to 6 weeks, providing a characteristic ethereal 'glow'. Stratum corneum is compacted, while keratin composition becomes more gelatinous, lending to a softer, smoother outward appearance. Additionally, the water, lipid, and protein balance is repaired, thus restoring barrier function and reversing sensitivity. Melanin formation is further decreased, and existing pigment digested and distributed evenly to surrounding keratinocytes.

Regarding the dermis, retinoids have been shown to stimulate fibroblast activity, and alter the core matrix components. Neocollagenesis (type I, II, and III) occurs through increases in transforming growth factor beta (TGF $\beta$ ) and procollagen, while collagenase activity is simultaneously suppressed. A surge in elastin deposition can also be witnessed histologically, leading to a reduction in surface lines and wrinkles. Glycosaminoglycan (GAG) and natural moisturizing factor (NMF) production are further upregulated, so that innate hydration is re-established. Angiogenesis also increases, maximizing the delivery of nutrients, and the removal of waste materials. This enhancement in cutaneous circulation is likely responsible for the improved wound healing observed with retinoids.

## Retinol

Considering all retinoids, retinol remains the most commonly encountered and fruitful OTC variant. This is owing to successful advances in stabilizing the molecule and cost effectiveness. Its anti-ageing potential was realized in 1995, when Kang et al. first presented the ability of retinol to induce epidermal thickening and enhance the expression of cellular retinoic acid-binding protein II (CRABP II) and cellular retinol-binding protein (CRBP) messenger ribonucleic acid (mRNAs), and proteins. Moreover, this occurred with little irritation as the carboxyl group of retinoic acid is replaced by a hydroxyl group in retinol. By 1996, Duell had formally demonstrated that retinol could be as effective as retinoic acid in producing 'retinoid mediated histological changes' but with greater patient compliance.

The indications for retinol use are far greater in contrast to retinoic acid. It can be employed for both medical and non-medical conditions, prevention, maintenance, anti-ageing, and melanocyte stabilization. When applied to the skin, retinol is the natural form of vitamin A, which the cells are accustomed to being presented with. Once this is taken up intracellularly, it is then converted to the active pharmacologic state, retinoic acid. Reactions are therefore reduced, because the irritating acid component is restricted to within the cell. These typically last for only 2 weeks, and patient compliance is therefore improved. Retinol can be safely applied long term because, unlike retinoic acid, cells are able to build tolerance to it without inciting chronic inflammation.

## Special powers

Retinoic acid's potency is indisputable and it remains the 'protagonist' in evidence-based skincare. While there are a host of OTC retinoids, retinol is unquestionably the pre-eminent choice and will remain the focus of this article. Its capacity for anti-ageing and melanocyte stabilization is particularly appealing and is further juxtaposed here.

## Anti-ageing

Retinoid-al smoothing and wrinkle effacement results from epidermal hyperplasia, compaction of the stratum corneum, thickening of the granular layer, and increased epidermal and dermal glycosaminoglycan (GAG) deposition. Retinoids further increase collagen content in the upper papillary dermis, and inhibit their degradation through collagenase and matrix metalloproteinase (MMP) suppression. Specifically, type I procollagen biosynthesis is increased and type I, III, and VI (dermal-epidermal anchoring fibrils) collagen production is upregulated by up to 80%. This retinoid-al reorganization of dermal collagen into new woven bundles is thought to indirectly stimulate elastic tissue normalization. Furthermore, the ageing gene on chromosome 17 is blocked. Together, these appreciable alterations lead to a reduction in photodamage, wrinkles, and elastosis (Figure 1).

With advancing age and UV exposure, vascularity also dwindles. Skin color mirrors this, and changes from a rosy pink hue to a dull gray complexion. By 30 years of age, there is a 25% reduction in cutaneous circulation, and at 50, there is a 60% decline. The only topical agents shown to improve angiogenesis and vascularity are retinoids.



Figure 1 Photo-ageing, solar elastosis, and ephelides. Patient shown (A) before and (B) after treatment for 12 weeks with 0.1% retinoic acid.

Although primarily and extensively studied in correcting photoaged skin, retinoids also illicit benefit upon chronologically aged skin. While only one vehicle-controlled clinical study has been undertaken, the magnitude of morphological change suggests that retinoid-al effect may be greater for intrinsically aged than for extrinsically aged skin.

Comparatively, when retinol is applied, it is in the preferred topical state. Reactions are far fewer compared with retinoic acid, and a greater amount of product is allowed to enter cells. The nuclear benefits are therefore superior, and this includes anti-ageing. Specifically, retinol decreases the appearance of wrinkles through the increased production of GAGs (which retain substantial amounts of water), and collagen<sup>30</sup>. Patient compliance also dramatically improves, affording long-term gains. This is especially relevant in sensitive skin clients as outlined by Kligman, which in one German study represents as much as 82% of females and 63% of males. Given that the vitamin's benefits are cumulative, retinol is therefore the more auspicious anti-ageing treatment option. Equally notable is retinol's activity in the dermis. Ageing in this cutaneous layer is pronounced, yet it remains the hardest to target with topical agents. Only 2% of retinoic acid reaches the dermis, irrespective of the volume used. But through scientific advances in targeted delivery systems, retinol can be bio-vectored to forcefully penetrate deeper dermal layers by up to 20%, so as to capitalize on the anti-ageing capacity of vitamin A.

Clinical trials show both statistically significant histologic and subjective improvements with retinol in as little as 7 days. Its use in elderly patients (mean age of 87) has also been evaluated, with dramatic benefits seen especially in relation to dermal stimulation.

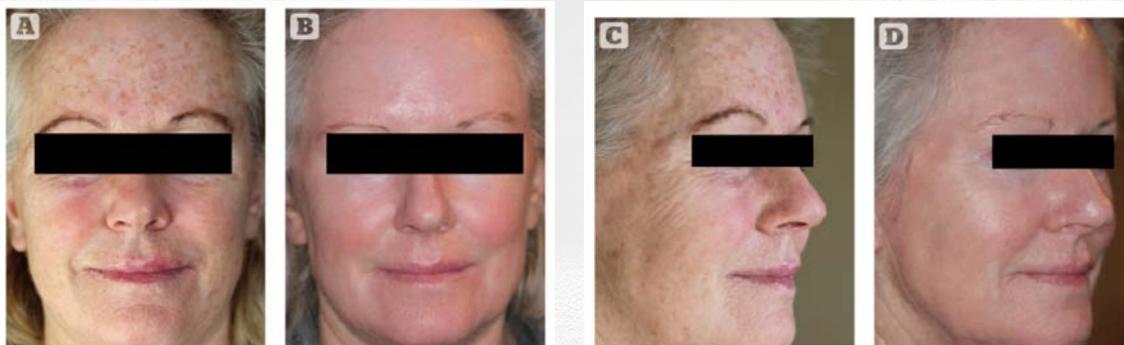
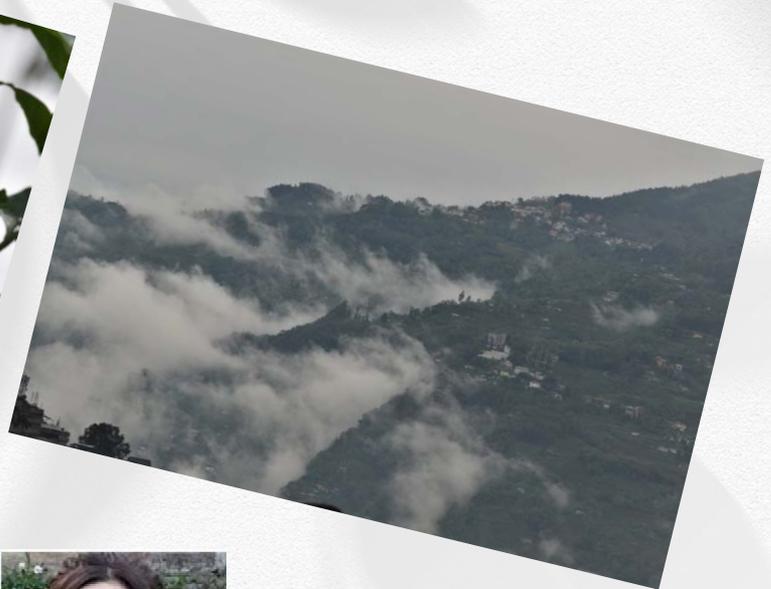


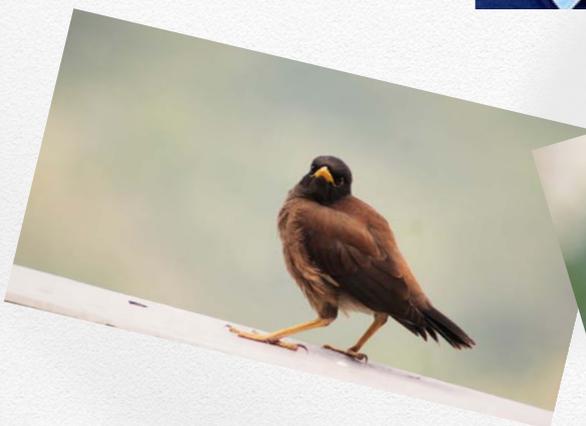
Figure 2 Photo-ageing, solar elastosis, and ephelides. Patient shown (A, C) before and (B, D) after treatment for 12 weeks with 0.65% retinol.



**DR AYUSHI LOHIA**  
**1ST YEAR PGT, GMCH**



**DR BARSHA CHETRI**  
**2ND YEAR PGT, GMCH**





**DR GAURAV R**  
**1ST YEAR PGT, GMCH**

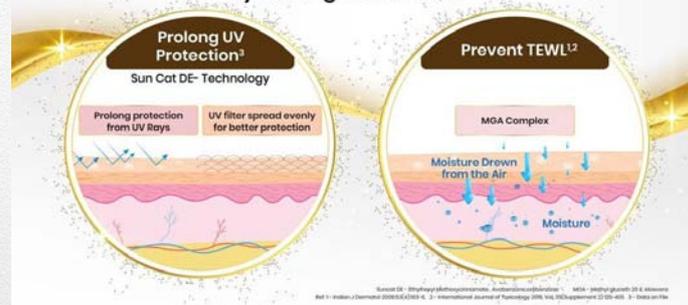


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**DR GEETASHREE HALOI**  
**2ND YEAR PGT, GMCH**



# ERYTHEMA'S IN DERMATOLOGY



DR KRISTINA KASHYAP  
1ST YEAR PGT, GMCH

## Erythema Multiforme

It is a self limiting cytotoxic dermatitis resulting from cell mediated hypersensitivity, most commonly to drugs or infection. It is mediated by deposition of immune complexes (IgM) in the superficial skin and mucous membrane. It presents clinically with a spectrum of macular, papular, or urticarial lesion, as well as the classical ACRAL IRIS or "TARGET LESION". The most commonly reported causes includes:

1. Infections : herpes simplex virus, mycoplasma, cytomegalovirus, EB virus, Hep C virus,
2. Drugs : erythromycin, sulphonamides, penicillin, tetracycline, antiepileptics, barbiturates, NSAIDs, TNF-alpha inhibitors, statins
3. Others: IBD, malignancy



## ANNULAR ERYTHEMA OF INFANCY

They are Erythematous, maculopapular lesions enlarging and evolving into variably sized, single or group annular plaques, predominantly localized to face, trunk and proximal limbs. It is self limiting and may be associated with colonization of candida albicans, Epstein bar virus or Malassezia infection.



## ERYTHEMA ANNULARE CENTRIFUGUM

It is a gyrate erythema typically characterized by annular polycyclic, erythematous plaques with scaling behind the advancing edge and clear and flattened central area.

CAUSES include: Idiopathic, familial, Bacterial (mycobacterium, streptococci, E. coli, Syphilis), Viral (EB virus, HIV, HSV, Varicella), Parasitic (Ascaris Lumbricoides), Drugs (Acetazolamide, Amitriptyline, Ampicillin), and Neoplasia

AGE: can occur at any age group,

SEX: no predilection



### ERYTHEMA GYRATUM REPENS

It is a paraneoplastic dermatosis. It is a rare distinctive, figurate eruption consisting of mobile concentric often palpable erythematous wave like band – which gives " WOOD GRAIN" appearance to the skin..The lesions migrate from day to day. A peripheral scar , collarette may be present. It is often associated with severe pruritus and sometimes Ichthyosis and bullae within the erythema. 80% cases are associated with internal malignancy ( MC: lung ca).  
AGE: >= 40 years , usually in 7th decade.  
SEX: F:M 2:1



### ERYTHEMA MARGINATUM

They are annular, sometimes polycyclic, serpiginous, erythematous eruption. It is one of the Major criteria of Jones for diagnosing Rheumatic Fever. It is a pruritic rash that commonly affects the trunk, Proximal extremities but spares the face.It typically migrates from central area to periphery and has well defined borders.Also It is one of the Major criteria for Jones Criteria for Rheumatic Fever.  
AGE: MC in children between 5 -15yrs  
SEX: No predilection



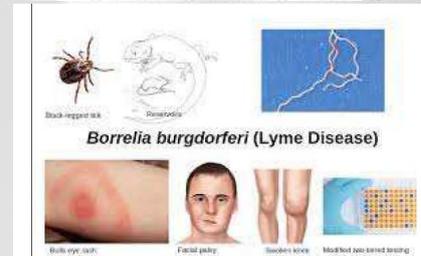
### ERYTHEMA NODOSUM

It is a common acute nodular septal panniculitis, characterized by the sudden onset of erythematous, firm, solid, deep nodules or plaques that are painful on palpation and mainly localized on extensor surfaces of the legs. Also known as subacute migratory panniculitis of Vilanova and Pinol. It is an inflammatory condition characterized by inflammation of the fat cells , under the skin,which results in tender red nodules or lumps that are usually seen on both shins.



## ERYTHEMA MIGRANS

Erythema Migrans or Erythema Chronicum migrans is an expanding rash often seen in the early stage of LYME disease ( causative agent : *Borrelia Burgdorferi* ) , at the site of the bite, known as the "BULLS EYE LESSION". They are irregular, pink or red depapilated map like areas, which changes its shape and increase in size and spread and move to other areas within hours. They are often surrounded by distinct yellowish, slightly raised margin. It typically involves the dorsum of the tongue. Size is usually > 5cm



## ERYTHEMA INDURATUM OF BAZIN

It is a hypersensitivity reaction showing lobular panniculitis and is classified under cutaneous TB. Diagnosis is based on cutaneous characteristics, a positive montoux test, evidence of tuberculosis and histopathological findings. The lesion respond to ATT. It clinically presents commonly in the posterior and anterolateral aspect of leg of young women as an indolent ,mildly tender,dull red subcutaneous poorly defined erythematous plaques and tender violaceous nodules ranging in size from 5-7.5cm during early adolescence and peri menopausal group .Mycobacterial DNA can be found in 77% of skin biopsy specimens.It is precipitated by cold weather. The lesions may ulcerate resulting in ragged,irregular and shallow ulcer with bluish edge.



## ERYTHEMA NEONATARUM TOXICUM

It is a common and benign condition seen in newborn infants. There is no sex predilection. It is more common in term infants and mostly begins in first few days of birth. Toxic erythema is evident as various combination of erythematous, macules, papules and pustules. The eruption typically waxes and wanes over several days. It often begins on the face and affects the trunk and limbs, sparing the palms and soles



## ERYTHEMA INFECTIOSUM

It is a common viral exanthematous illness found in children. It is also known as the fifth disease and is caused by parvovirus B19. It is commonly seen in children between the age group of 5-15 yrs of age. Here a classical erythematous malar rash involving the cheeks with surrounding oral pallor develops after initial viremia. It is classically called "Slapped cheek rash" and lasts for 4-5 days. Day after the development of facial rash a maculopapular rash develops over the trunk and limbs, that is non puritic and may have lacy or reticular appearance as it resolves. It presents more on extensor surface and palms and soles are generally spared





**DR FARHIN**  
**3RD YEAR PGT, SMCH**



## WAILING OF THE WILLOW

Beneath this willow, my soul softly rest,  
Yet in solitude, I bear this heavy crest.  
Beside its mournful branches, I grieve in  
silent plea,  
Singing "Oh wailing willow", won't you share  
this grief with me?

Singing "Oh wailing willow," through the  
midnight's shroud,  
I linger by your side, in sorrow's misty cloud  
Weeping alongside the tree, for it's the agony  
that eases me,  
Underneath the moon's pale rays, I seek  
solace desperately.

We rest, willow and I, in this sombre choir,  
But now, a fractured heart, like ashes in the  
Fire

Oh, willow, I wither, and beneath your  
boughs, I softly cry,  
Singing "Oh wailing willow," as my tears  
descend from the sky.



**DR MALKIT SINGH**  
**2ND YEAR PGT, AMC**

# CELEBRITIES AND SKIN DISORDERS



DR ANINDITA BARUAH  
1ST YEAR PGT, AMCH

Our skin is one of the things that most of us are self-conscious about. Acne sufferers and those who suffer from clogged pores are often self-conscious about their skin, to the point that they are hesitant to leave home without makeup. Celebrities and Instagram influencers who seem flawless at all times have set a lot of beauty expectations, such as acne-free, fair, and glowing skin. And, in the midst of it all, we often forget that no one is flawless. Celebrities also have skin problems.

The celebrities we adore have their flaws and a few stars have previously spoken out about their skin issues and proudly flaunted their bare skin on social media.

Actress Yami Gautam is facing Keratosis pilaris. Reports suggest that the actress has had this skin issue for a long time now, where rough patches and small pimples are formed on the face or any other body part.

Actress Rashmika Mandana also has skin issues. Various chemical cosmetics used during shooting do not suit her skin due to which she develops rashes and allergies. Fashion Icon of Bollywood, Sonam Kapoor is undergoing treatment for her dark circles which are genetic to her.

It is reported that Sameera Reddy has many pimples on her face and she is also suffering from stretch marks. Reports claim that she is using skin-lightening agents to hide many stretch marks which are on her face and is also visiting a doctor frequently in this regard. Bollywood beauty Malaika Arora has been dealing with stretch marks and the best part is how proudly she shows them off and doesn't pay heed to any criticism in this regard. Katy Perry opened up about her bad skin days where she stated her urge to "want to hide". The singer has struggled with acne in the past and would want to wear makeup to bed because of her breakouts. We can all relate, can't we?

Kendall Jenner turned up at the Golden Globes looking like an absolute doll. But there were a bunch of trolls doing what they do best—scrutinizing every little detail on Kendall's face, they trolled her for attending an awards show with her pimples being so visible. In the past, she has also spoken about dealing with acne and how it completely "ruined her self-esteem" and made her feel like an "outcast".

Jacqueline has struggled with acne in the past because of which she had to make some major diet changes. The 'macrobiotic' diet (a diet that balances elements of food with Zen Buddhism) helped her skin revive and get rid of acne problems. She's been following the diet for 4 years now. The famous designer Masaba Gupta in her Instagram post addressed some serious acne related issues. She spoke about how the acne made her look like she had a "cigarette stubbed in her face". Not just that, she spoke about how she had a few men telling her how they wished to "throw up" after seeing her face.

Samantha Ruth Prabhu is known as much for her beauty as for her acting prowess. The actress once suffered from PLE or Polymorphous Light eruptions, where due to sunlight a person starts feeling very itchy and it leads to a lot of pain. It is said that this usually happens to those having fair skin. However, Samantha has now successfully recovered. Television actress, Rashmi Desai stayed away from work for a long period of time after she was diagnosed with psoriasis. Another celebrity dealing with psoriasis is Kim Kardashian as well as her mother, Kris Jenner. From the mid-1980s, Michael Jackson's appearance began to change dramatically. The changes to his face, particularly his nose, triggered widespread speculation of extensive cosmetic surgery. He was diagnosed with the skin disorder vitiligo, for which he used fair-colored makeup and likely skin-bleaching prescription creams to cover up the uneven blotches of color caused by the illness. The creams would have further lightened his skin. The lighter skin resulted in criticism that he was trying to appear white. Jackson said he had not purposely bleached his skin and that he was not trying to be anything he was not. Thus, to sum up, everyone has their flaws and imperfections and that people should be encouraged to embrace the variety rather than trying to follow any set beauty standards .

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**Aqua-lock conditioner**

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Maintain hair tensile strength even after 10<sup>th</sup> wash
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**59%** Increase in smoothness



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\*data on file

# THE FALSE HUMAN BELIEF



DR DIVYA J  
2ND YEAR PGT, SMCH

As a man was passing through a circus camp, he saw many elephants. He suddenly stopped, confused by the fact that these huge creatures were being held by only a small rope tied to their front leg, no chains, no cages were there. It was obvious that the elephants could, at anytime can break away from their bonds but for some reason, but they did not. He saw a trainer nearby and asked why these animals just stood there and made no attempt to get away. "Well," trainer said, "when they were very young and much smaller we use the same size rope to tie them and, at that age, it's enough to hold them. As they grow up, they are conditioned to believe they cannot break away. They believe the rope can still hold them, so they never try to break free."

The man was amazed. These animals could at any time break free from their bonds but because they believed they couldn't, they were stuck right where they were.

Like the elephants, how many of us go through life hanging onto a belief that we cannot do something, simply because we failed at it once before?

Moral:

Failure is a part of learning. We should never give up the struggle in life. You Fail not because you are destined to fail, but because there are lessons which you need to learn as you move on with your life.

In the topical management of various Dermatological conditions

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Spray that Stays

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Easy to use

Apply medication over affected area

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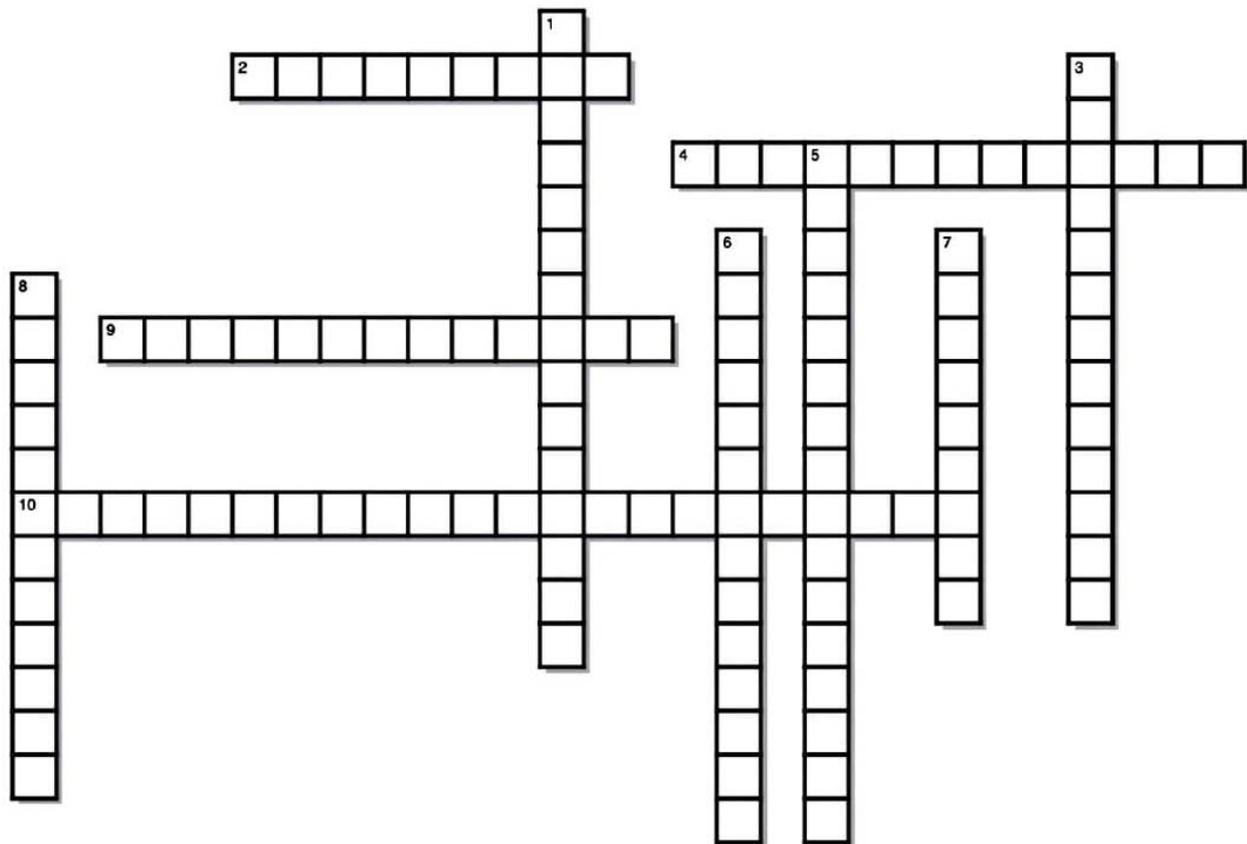
Dry for 3-6 mins to form a film

Good Patient Satisfaction Score

8.9



DR HEMANGI NARULA  
2ND YEAR PGT, SMCH



#### ACROSS

- 2 .Drug used for treatment of TB that can induce acne
4. What does 'R' stand for in STARTS reconstruction options?
- 9 .Proximal detachment of the nail that is most often due to trauma
10. Focal palmoplantar keratoderma with Dendritic keratitis, corneal ulcers, intellectual disability, painful keratosis

#### DOWN

1. Mechanobullous disorder in which the defective protein is kindlin 1
- 3 Focal dermal hypoplasia with fat herniation
- 5 The itch that rashes
- 6 Common cutaneous manifestation of dermatomyositis
- 7 Lateral canthal rhytides are commonly known as
- 8 Erythema and scaling involving more than 80-90% body surface area

**ANSWERS**

1 K  
 2 ISONIAZID  
 3 GONITZSYNDROME  
 4 ROTATIONFLAPS  
 5 TOPICDEF  
 6 GOTTROUPE  
 7 CROWNS  
 8 ERYTHMA  
 9 ONYCHOMADESIS  
 10 RICHNERHARTSYNDROME

In Recalcitrant Dermatophytosis




**Reliable Respite**

— Provides Better Absorption & Compliance —

**1.7x**  
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Consistent Serum  
Levels

**21%**  
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Absorption

Sardana K, Mathachan SR. Super bioavailable itraconazole and its place and relevance in recalcitrant dermatophytosis in relation to skin levels of itraconazole and minimum inhibitory concentration data. Indian Dermatology Online Journal. Jan-Feb 2021;Vol 12: Issue 11-5.

# SLEEPING BY THE FROGS



DR ANIKET GOSWAMI  
1ST YEAR PGT, NEIGRIHMS

There is a slight dampness in the air trudging behind my ribs, weighed down by the smell of rain over dead frogs dreaming in tall failing grass, their sleep heavier than gravity and their skin colder than the other side of the moon. I can feel my heart choking in that air, my blood poisoned by those wicked dreams, warm and thick, convulsing and thumping against the barks of those blue-green branches that traverse under my skin like undiscovered worms wriggling on the ocean floor waiting to be found, waiting to be calmed. The repentance of not having said, of not having done things, things that were meant to be said, that were meant to be done and undone by the lack of courage and a faith in this world with its unkind people and also an ineptitude of not getting things done due to the drought of those innate qualities is what that has unhinged me. I couldn't have done it knowing the brevity of people's understanding, their inability to let go of the ground on which they stand and to fall with those who suffer and to acknowledge their suffering, like coming down on a giant wheel where their bodies are nothing but numbers and equations-losing touch of their own weight except for the void felt in their bones dragging them down, to go up again and conquer. I couldn't have said it. I didn't.

I can feel this lump in my throat, eroding into my thoughts. All I can feel is pain; this pain having been bred inside of me for what seems like an eternity in human years have taken form and is living. It is a life. It has hands, feet, nose and eyes, yes, eyes- dark, deep and like a needy child it has called me in and I give myself, freely. It's flawless, my suffering. Since this child has been my only acquaintance, I am afraid to lose it. I am afraid of not being in pain anymore. I am afraid of not feeling anything anymore.

I cannot remember how I look like. My features are unknown to me and have said their goodbyes even before I could know them. People tell me, how I once was and what I am now. They say, my past was kinder. But somehow the truth in their words doesn't resonate to me. The memories speak of a different truth; they say- they said, the future would be kinder. However, I do not believe that time has got any business with kindness. Kindness has to be found in hearts, more so in minds-the desire to offer it.

If my body were to fall apart into two different pieces, each piece breathing on its own, I would question it, one half the other, I would ask why you let this happen. I have never asked for your kindness and I do not believe that human beings are inherently capable of offering kindness. But to not be unkind is a choice which you have refused.

I did not need your love, your pity or your compliments. All I needed was an acknowledgement of my existence without any shades of opinion or judgement. I do not ask you to respect me but since that you are born into this world that we share, you are by design ought to respect my existence- that I am living. I fully understand your utter incapability to understand me as I do not understand you too but as mutual human beings sharing the same sky, we are bound to each other by something greater than comprehension and that is acknowledgement of our lives. My life to yours, and yours to mine.

In all these years, you have humiliated me beyond reason. You have made me feel miserable about my own being, that I am worthless and not deserving of any love and I, I accepted it. I have let you grow onto me such that now I don't even know who I am. Now I can be 'you' and your opinions, or 'her' who called me names or maybe 'him' who bruised my skin. But I could never be me for I have forgotten. And for the worse you, yes, you- all of you people would not let me remember. Is it so hard to not be unkind?

Does being gentle weigh on you so much?

Can we not just live and let others live by us?

Not possible? I know. I have known for a while now.

The sun has come out. So I walk. I cannot find my slippers. So I walk barefoot. There is a stink in the air- of rotten meat and floating souls. The frogs are sleeping soundly, the soft brown grass gently touching their heads, caressing them in their eternal dream. I sit down. I sit down on the grass. The lump in my throat grows smaller and the convulsion gets weaker. I lay my head next to the sleeping frogs, their days of glory- of dancing, of singing gone past them. I close my eyes. And I let myself fall. Fall through myself- my body, my spirit, my being. I can feel the rain on my face now. I can feel the sun too. And then I open my eyes. And I see. I see something.

It is beautiful.

In Atopic Dermatitis

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**MOISTURIZING CREAM / LOTION**

Restore the Aqua Librium

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TECHNOLOGY  
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Increase Bioavailability

FRAGRANCE FREE

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**Strong Skin Barrier Repair & Ultra-hydrating Effect**

1. Data on file

## THE BEAUTY AND HER BEAST

She came clad in an attire dripping in Red  
Oh! How she glowed like a newly wed  
The sparkle in her eyes spoke of volumes she felt  
'SHE', the greatest encounter, their biggest enigma  
For, hopes were her gifts now, lined in dreams and deceptions  
A life erodden, smiles masked and barely frozen  
When the world hustled,  
'His' steel gray gaze pierced her soul cold and dry  
"The BEAST", they hushed  
Stood close grasping her slowly, bleeding her to death  
But never for once, "The Beauty" faded,  
For she shone bright, dimming all the lights she shaded.



DR PORIMOLLIKA BORUAH  
3RD YEAR PGT, JMCH

## মধুমাস

সন্ধ্যা নেমেছে আজ চাঁদে,  
অল্প নয় বেশ অনেক খানি জুড়ে,  
যেমন করে তোমার মন ঢেকেছ,  
স্পর্শ হতে অনেক দূরে তার ঠিকানা,  
মাঝে আছে কিছু ফুরিয়ে যাওয়া যাতনা,  
আহ্লাদে আজ সুখ খুজেছ অন্য জান এ,  
আর আমার ঝুলিতে ফেলেছো টুকরো তাচ্ছিল্য,  
ভালই করেছ পথের গান শুনে,  
অন্ধ গলির শেষ আঁধারে আমার লাশ,  
যদি জানতে পারো, একটু খবর দিও অজানারে,  
হিসেব দেওয়ার সময় আজ মধুমাস।



DR KAUSTAV SARKAR  
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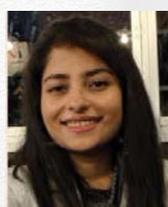
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