



yuvaderma

VOL VII, ISSUE 1, MAY 2024



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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REGIONAL RESIDENT CONNECT COMMITTEE

(YUVADERMA NORTHEAST STATES)

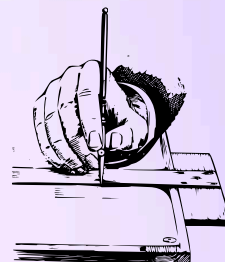
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VOL VII, ISSUE 1, MAY 2024



From the EDITOR'S DESK

Dear Reader,
Greetings to you!!

We are delighted to present you with the latest issue of Yuvaderma North East States. We recognise that everyone of us has a distinct voice and perspective, and we motivate residents to contribute their opinions through this platform, adding to the rich fabric that distinguishes our community. And indeed, it is the enthusiastic participation and extraordinary contributions of all of our residents that have made this possible. We express our heartfelt gratitude. This publication is a monument to our collaborative commitment to creativity. Dr. 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. I am equally grateful to our associate editors, Dr Pallabi Hatikakoty, Dr Mehjabin Rahman, Dr Puja gogoi, Dr Priyanka Goswami and Dr Sakshi Singh 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. Bornali Dutta, Professor and Head, Department of Dermatology, Nalbari Medical College. We extend our deepest gratitude to her for graciously accommodating us in her 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 2024

Message from PRESIDENT, NE IADVL

I extend my heartfelt congratulations to the NE STATES BRANCH OF IADVL on the perfect compilation of the recent edition of YUVADERMA. The incredible work that our aspiring dermatologists have put into making this edition an excellent one makes me very happy.

YUVADERMA serves as a forum for our aspiring dermatologists to reflect their creative ideas in the field of dermatology as well as in other areas of art and literature.

I express my gratitude to Dr. Rakesh Nalla, the editor of YUVADERMA for his excellent work in compiling the creative mind of our budding dermatologists and offering our readers an unique reading experience.

A happy and hearty reading!

Long live IADVL

Long live NEIADVL



A handwritten signature in black ink, appearing to read 'Krishna Talukdar'.

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.

Yuvaderma, with its informative and insightful articles, truly embodies the potential of our young generation. Each issue showcases the diverse interests, innovative ideas, and inspiring achievements of our youth, highlighting their dedication and passion for their field. 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 IADVL Yuvaderma. It is through platforms like Yuvaderma that we can continue to celebrate the achievements of our youth and inspire them to reach greater heights. Happy reading to all.
Long live NEIADVL Long live IADVL!



A handwritten signature in black ink, appearing to read 'Anushree Baishya'.

Dr. Anushree Baishya
Secretary, NEIADVL

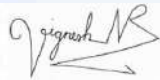
Message from CONVENOR, NRC

Esteemed Editorial Team of the North East States Branch,



I am delighted to extend my heartfelt congratulations to you on the remarkable triumph of YUVADERMA magazine. Your unwavering dedication and relentless efforts have truly set a benchmark of excellence. Allow me to express my profound gratitude to each member of your team, with special commendation to your esteemed Editor-in-Chief, for their invaluable contributions.

Your steadfast commitment to our domain serves as a beacon of inspiration to us all. I extend my sincerest wishes for continued success in your forthcoming endeavors and eagerly anticipate witnessing further exceptional accomplishments from your talented team.



Warmest regards,

Dr. Vignesh Narayan R
Convenor, National IADVL NRC2024

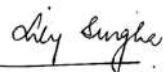
Message from ADVISOR, NE IADVL

Dearest readers,

The 1st issue of Volume VII NE Yuvaderma is all set to be unveiled at the 20th MIDCUTICON North-east states 2024. This milestone moment gives me nothing but immense joy and pleasure.

The contributors and editorial team of young budding residents have poured their hearts into creating such a beautiful and crisp edition for our readers. The dedication and effort in bringing them together and crafting each article and page of the bulletin are laudable. Dr Rakesh Nalla, the editor-in-chief left no stone unturned in this endeavour. The associate editors, Dr Mehjabin, Dr Pallabi, Dr Puja, Dr Priyanka and the representative from NEIGHRIMS, Dr Sakshi have all done a great job.

To each and every member of the editorial team, my heartfelt congratulations. Your hard work and passion shine through, and I wish you all the best for the future.



Dr Lily Singha
Advisor, NE Yuvaderma 2024.



THE QUEEN

Dr. Bornali Dutta is a talented clinician and the Head of the Dermatology Department at Nalbari Medical College. Instead of a traditional Q&A session, Dr Mehjabin Rahman, 2nd year PGT, GMCH, takes a stroll with her to dig deep into her heart. Dr. Bornali Dutta discusses her enthusiasm for her work, life experiences, and her emotional advice to aspiring dermatologists in this frank interview. Let the dermatology alchemist speak for herself.

Q.How did you come to choose Dermatology as your speciality?

My first exposure to Dermatology dates back to my UG days but to be more precise, my curiosity for the subject gained impetus during my internship as my first posting as an intern was in the Department of Dermatology. I was delighted to take my seat beside the Registrar, write prescriptions and was intrigued by the variety of skin lesions that my patients presented with, which my eyes didn't have to dig very deep into to appreciate as the diseased organ was the most visible part of the human body. During that short period, I learnt that most of the lesions would disappear during the course of follow ups, which was extremely rewarding.

Around the same time, I was taken to a health camp to represent Dermatology and I discovered that with my limited knowledge I was able to follow a significant number of the cases because the infective conditions, infestations were very rampant in the rural set up. Needless to say I was very thrilled to be able to diagnose and treat a good deal of cases, that I was among the youngest in the group is something which adds to my joy.

Subsequently, by the time I completed my internship, I was certain that I wanted to pursue a subject related to Medicine: be it Medicine itself or any allied discipline. I took up Paediatrics for my house job and I got so engrossed in handling my patients that I started to empathise beyond what was necessary, tears rolling down the tender cheeks of the simple beings would make me cry too, I was deeply aggrieved by infant deaths.

Eventually it hit me that Paediatrics was not my cup of tea. And the next place I found myself was in Dermatology house job. During this period of relatively longer exposure, what struck me was that Dermatology is not just skin deep, what manifests on the skin is akin to the tip of the iceberg, there is so much more happening inside the intricate human body. It is no different from Mathematics where we fit different parts of the puzzle to come to an end result. For instance, in the face of an unambiguous grasp on the cutaneous manifestations of renal disease, careful contemplation of merely the skin might give a substantial clue: posing skin as a harbinger of a much serious systemic disorder.

Above all, the mortality count of the concerned patients is less. Adding that the response to treatment of most diseases, particularly the infective conditions, is very prompt. While many presume that this is one arena where patients don't get relieved of their illness or experience stubborn relapses, I believe it is otherwise. Chronicity of illness is an unsettling issue in all disciplines, however, we as Dermatologists do come across a significant proportion of patients who experience instant relief, adding to our contentment.

Q.Can you share some memorable moments from your Post-Graduation days?

The very day I joined my speciality as a PG student in AMCH, the then Professor and HOD Dr M M Huda Sir and also my thesis guide, assigned me the topic for my thesis-something most PG students don't usually encounter. I was overjoyed by the special enlightenment. Sir had always wanted to mentor a thesis on Cutaneous granuloma, and since it was an extensive theme, most students had been avoiding it hitherto. Sir handed it over to me enthusiastically on my first day and I had no option but to gladly accept it. Sir added that as my mother was a Pathologist who could lend her hand in outlining the thesis, he could not think of a better alternative but me!

Professor Dr Huda Sir's steadfast loyalty for his "grand" rounds on Thursday mornings would send chills down our spine: fear is an understatement as I would grope for answers whenever Sir embarked on his quizzical journey. Sir would start his rounds with a rainbow of questions: ranging from Dermatology&Medicine to diet, literature, religion, politics!! It would be a mind-boggling session which would leave us all drained, yet enlightened!

Sir would also randomly pick up cases for discussion among the PGTs. As naive 1st years, we used to diligently look forward to it as we were too ignorant to answer but just to listen and learn. However, after we reached the final year, our most dreaded fears came true as yes now we were at the firing end and it became impossible to dodge Sir's sophisticated questions. Once again it opened us opportunities for seamless learning. Dr Urmimala Baideo, the then Associate Professor in our department, was another blissful experience. Baideo was a very soft & assertive lady and a strict disciplinarian hand down. I had been in my PG 2nd year when I gave birth to my daughter. I resumed my attendance when she was merely 18 days old: I reached the OPD at 4 minutes past 9. And Baideo, overlooking the fact that I was in early post-partum, expressed disappointment on me being late by 4 minutes! I got baffled and a little disturbed on being questioned for the same, but that incident left a lasting impression in my mind on the importance of punctuality.

Baideo imbibed in us the principles of punctuality & discipline. Since then, I have been fervently endeavouring to follow her footsteps, but often I do feel that this habit of mine creates nuisance for my juniors!



Dr Bornali Dutta with
Interviewer Dr Mehjabin

Dr Deepak Saikia Da with his vivacious personality, used to come to the department with his own happy-go-lucky demeanour. One fine day when Dr Urmimala Baideo was giving her ward rounds, she asked Deepak Da why he had not put on his apron. The very next day, to our utter astonishment, Deepak Da arrived at the ward wearing his apron right over his vest!! Such literal yet unwavering compliance!

Prasanna Da as my Co-PGT inadvertently had to deal with a lot of Hansen's cases in the OPD as most cases would somehow land up before him. It became such a regular phenomenon that we labelled him "the peripheral neurologist". He retorted that the rate at which he had been examining cases with Leprosy, he would definitely acquire the infection, and later the disease. Few years down the line his chamber would remain closed at regular intervals and if patients happened to inquire, they would be told "Sir is in reaction"!!

Q.Can you share an unforgettable patient experience that has stayed with you?

Mr Chetia was a 40 year old, diagnosed with BT Hansen's disease with nerve involvement, He was started on MDT-MB but unfortunately a few days after commencement of the medication, he developed DRESS(severe drug reaction).Steroids were subsequently instituted but adding to his distress was his deteriorating diabetic status, for which steroids couldn't be administered at the required dosage as his sugar levels instantly shoot up. After a few days in his first follow up ,despite clinical improvement, we noted worsening of his glycaemic status and steroids had to be tapered prematurely following which he had a bitter relapse. He also couldn't afford Cyclosporine.

Later DRESS began to manifest progressively in its dreaded form, glycaemic control was erratic and eventually the patient developed septicaemia and lost his life. Mr Chetia was a relatively young patient survived by his daughter back at home. He had a disease not of the lower pole but still had to bow down to the clutches of death.

Since then I had not been able to prescribe the drug "Dapsone" for any other condition but Hansen's Disease, even though it is FDA approved for many diseases besides Hansen's disease-until & unless it is absolutely indicated.

It is pertinent to note that as dermatologists, we are genuinely apprehensive about prescribing anti-epileptics and other relevant medications, as our eyes have met the dark side of such drugs.



Q.What advice would you offer to young dermatologists starting their career?

At the start of our career, our minds are brimming with knowledge with boundless room for more. What you need is experience- in an authentic manner. Bearing in mind that there are no shortcuts to success & with humility & sincerity, march ahead while regularly renewing curiosity for recent advances in the subject. Develop an attitude of setting goals at different junctures in life, an attitude beyond just minting money. Your goals should include stipulation of the wealth & achievements just enough to satisfy you-lest you might become a slave of your profession. You don't want to be an individual recklessly chasing patients and affluence.

Aim for a balanced life, having in store sufficient time for a life beyond medicine, time for your personal growth, for your family, friends and not letting your health suffer.

Dermatology as a discipline is very vast with many sub-branches like Cosmetology, Leprology, Venereology, Dermatopathology, Basic Dermatology, Paediatric Dermatology to name a few. One needs to have the fundamental appreciation of each of these domains while striving to capture the zone of special interest: try to be a master of at least one domain. This helps by making you stand out among the rest-it gives you a direction. Accomplish the same by equipping yourself while attending workshops regularly reinforced by reading up.

Knowing when to refer cases is of utmost importance as it is aimed towards the patient's well-being. Experiments on cases not on one's domain should be strictly discouraged. Do not hesitate to obtain a second opinion, be it from your juniors, noting that it doesn't lower your dignity or render you less knowledgeable, instead it enriches your knowledge on the subject .

Criticising your colleagues/other members of your fraternity before the patients is something to be dissuaded. Taking out electronics like your cell phones in front of your patients is an eye sore to them as it tends to create a negative impression in their minds, they lose their confidence. Reflect an aura of conviction in your interaction with patients. Do not give up reading, as patients are inquisitive enough to have thorough access to the Internet and get themselves haphazardly enlightened beforehand. Avoid mishaps, do not resort to wrong, frivolous answers if you do not have appropriate knowledge about a disease. Educate your patients in simple terms about their illness & what to expect out of it without showering unrealistic hopes.

Reading up articles frequently, attending conferences, CMEs and timely digging up for the recent advances should become an indispensable part of your study schedule as much as staying at par with the drugs of choice, as a drug of choice today might end up becoming a contraindicated drug 3 years later.

Most importantly, acquaint yourselves with hardwork, sincerity & humility while quenching your thirst for knowledge. Respect for your patients and seniors should remain undeterred as besides being doctors, we are responsible citizens.

It felt like a feather,
Burnt in agony-
Of forgotten dreams carved onto my skin,
Stolen from the wing of a fading bird
That sought refuge in the calm of your shadow,
Falling apart like half-said prayers
Tender to the grey of God's eye.
The walls could sense this unraveling-
And pull on closer to me
Hoping to save me from my own skin
But denying me of fragrant breaths
That I long for-
And leave me bereft of gravity
As I fall through my own world-
Dissipating
Like the blue on a paper
Afloat on a casual stream of winter's rain-
"Headed towards spring," they say.



Dr Aniket Goswami
1st year Pgt, NEIGRIHMS

UNWINDING THE JOURNEY TO THE DREAM

Dreams are a mirror of your subconscious mind, of thoughts that reflect your beliefs. Dermatology has always been a dream- "Getting intrigued by the slightest itch."

The past two years of the small journey towards my dream which I have had has been nothing but surreal. Little did I know back then when I was a kid the largest organ was filled with such uniqueness .

Unraveling layer by layer of this subject each day, having a glimpse of the peaks and valleys this subject beholds captivates me !

The core of the dream is to create a version filled with empathy, courage and knowledge to remain faithful to the subject. The journey from the "Present" to the " Ideal version" demands work, perspective and a great deal of effort, and embarking that journey with little baby steps is all I got.

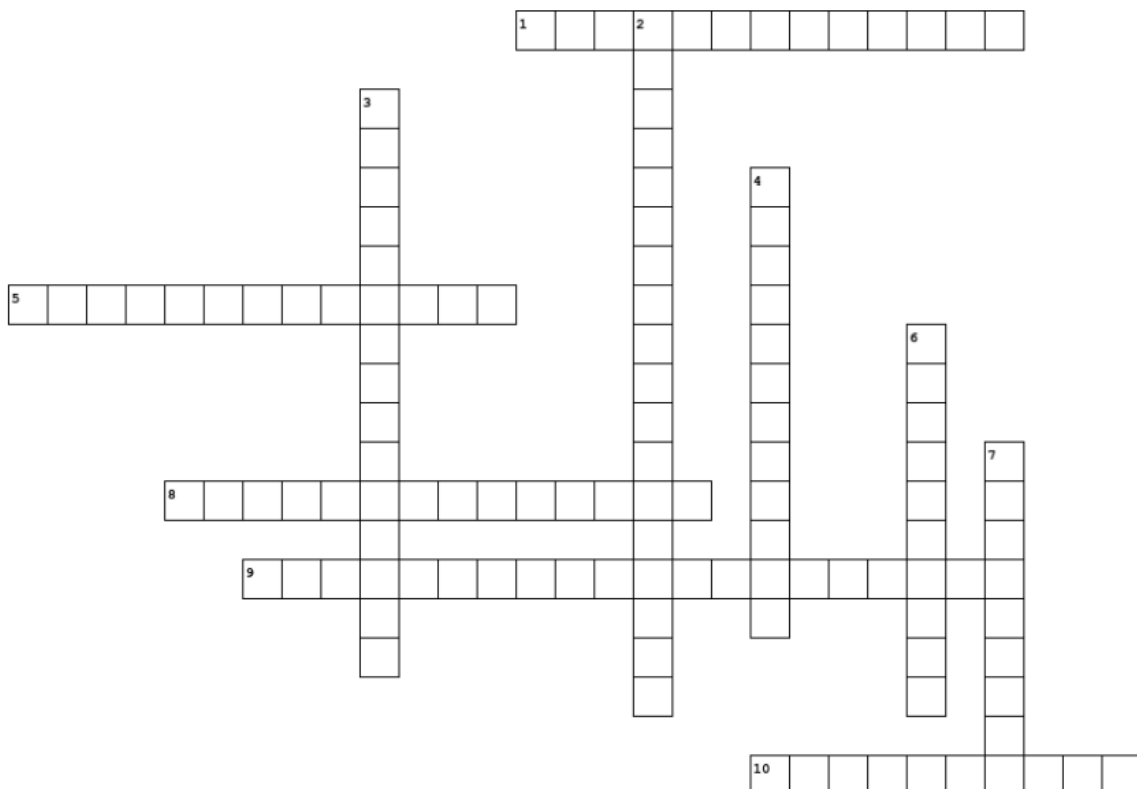
Dreams do add purpose to life, don't they?



Dr. Aparajita Roy.
3rd year PGT, JMCH



Dr Anindita Baruah
1st year Pgt, AMC



Across

1. "claw-clutching ball" appearance
5. synthetic analogue of alpha-melanocyte stimulating hormone
8. to control excessive sweating
9. papules with a cheesy core
10. axillary lesions in NF1

Down

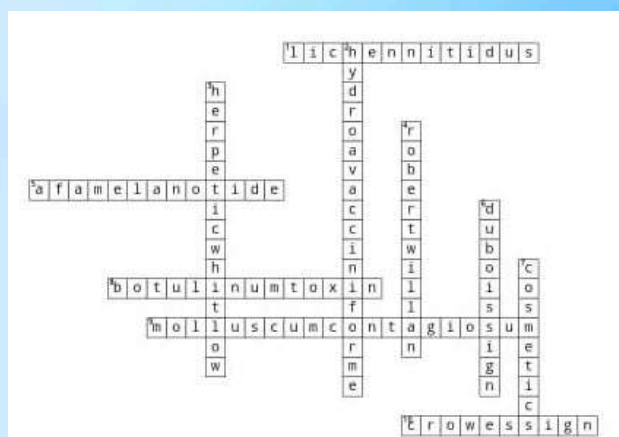
2. spring jewels on the ears
3. dental hygienist trigger finger
4. Father of modern Dermatology
6. short little finger in congenital syphilis
7. Greek word for adornment



Dr Barsha Chetri
2nd year Pgt, GMC



**Answers of crossword
from last page**



LIFE

Life is an opportunity, benefit from it
Life is beautiful, admire it
Life is a dream, realise it
Life is a challenge, face it
Life is a duty, complete it
Life is a game, play it
Life is a promise, fulfill it
Life is a sorrow, overcome it
Life is a song, sing it
Life is a struggle, accept it
Life is a tragedy, confront it
Life is an adventure, dare it
Life is too precious, do not destroy it
Life is life, fight for it



Dr Divya Jose N

2nd year Pgt, SMCH



Shot on OnePlus
Dr Gaurav



Dr Gaurav R

1st year Pgt, GMCH



Dr Gaurav R
1st year Pgt, GMCH



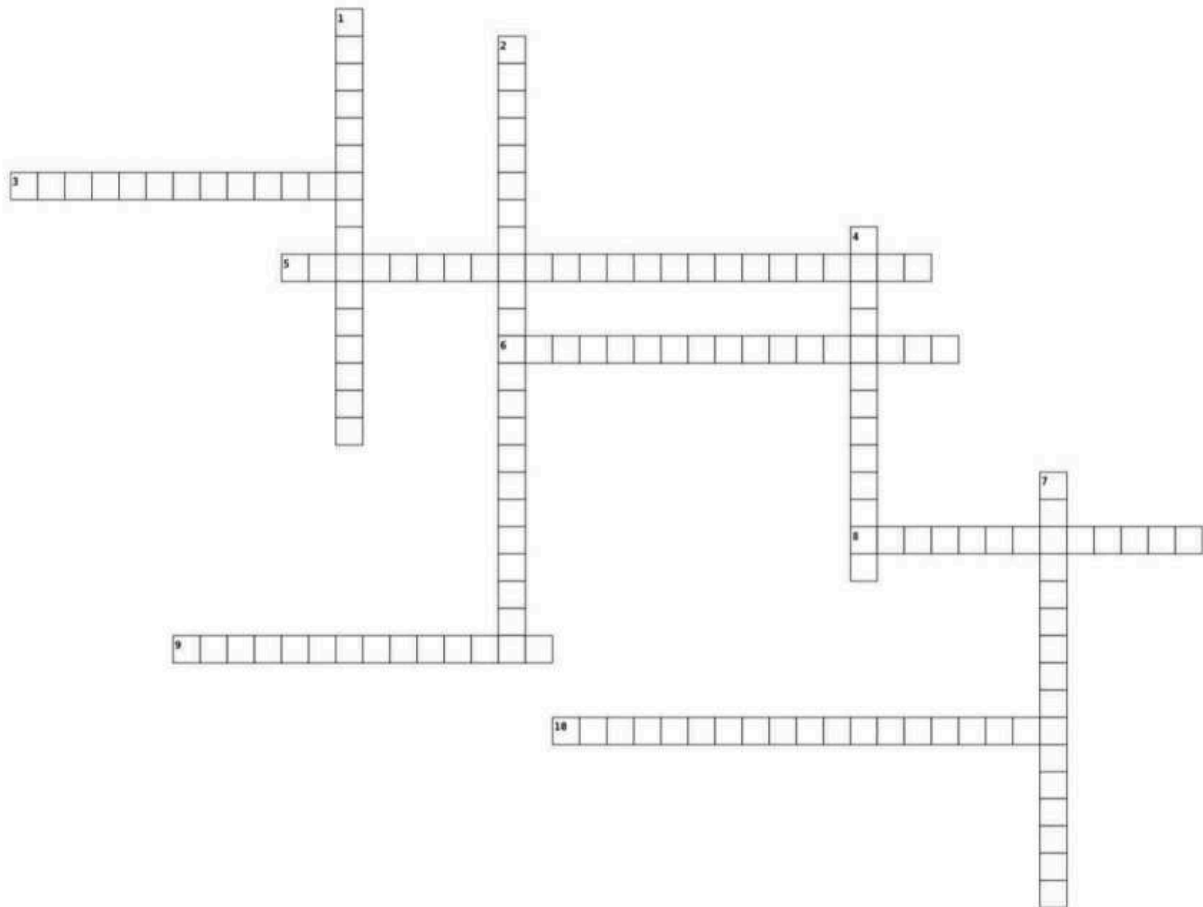
Dr Hemolota D
2nd year Pgt, SMCH



Dr Hemangi Narula
2nd year Pgt, SMCH



Guess the dermatological synonyms!



Across

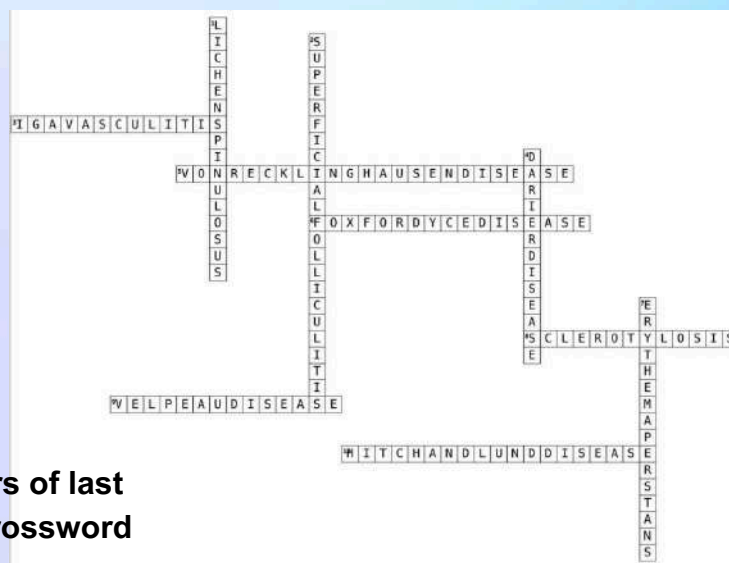
- 3. HENOCCH-SCHOLEIN PURPURA**
- 5. NEUROFIBROMATOSIS TYPE 1**
- 6. APOCRINE MILIARIA**
- 8. HURIEZ SYNDROME**
- 9. HIDRADENITIS SUPPURATIVA**
- 10. DISSEMINATE & RECURRENT INFUNDIBULO FOLLICULITIS**

Down

- 1. KERATOSIS SPINULOSA**
- 2. IMPETIGO OF BOCKHART**
- 4. DYSKERATOSIS FOLLICULARIS**
- 7. EYTHEMA ANNULARE CENTRIFUGAM**



Dr Hemolota D
2nd year Pgt, SMCH



**Answers of last
page crossword**

Building an Inclusive Healthcare System in Amrit Kaal



Dr Hemolota D
2nd year Pgt, SMCH

India will turn 100 years old in the year 2047. The present Prime Minister of India Narendra Modi envisions India to be a developed nation by then. Announcing his vision 2047 on the occasion of Independence Day in 2021, the Prime Minister gave the slogan, “Sabka Saath, Sabka Vikas, Sabka Vishwas, and Sabka Prayas.” It is important to note that “Jan Bhagidari” (People partnership) is an important component to realize this dream of Amrit Kaal.

The changing geopolitics has caused disruptions in almost all sectors across the globe. However, the healthcare sector in India has risen stronger than ever in recent years. India’s most successful mission in the health sector has been Vaccine Maitri. Through this mission, India has distributed millions of doses of COVID-19 vaccines to other countries to fight against the pandemic. This mission has allowed India to not only improve its diplomacy but also position itself as the leader of the Global South. It has also helped India in getting more negotiating power on the global stage.

The healthcare sector in India has made significant achievements in recent years, but it also faces several challenges. Some of the challenges are listed below:

1. The tussle between traditional belief and modern science:

The mother of democracy, India, is home to one of the oldest civilizations in the world. India’s richness in natural resources and its prominent location have attracted numerous waves of migration throughout history. These groups of people brought their own unique cultural beliefs, heritage, language, and religion along with them. Hence, the India that we know today is linguistically and culturally diverse.

While modern science is based on logic, evidence, and proven results. The traditional belief emphasizes emotions overall. Although child marriage is illegal in India, it is still prevalent in certain parts of India. Some of the issues cited behind its prevention are gender discrimination; early pregnancy increases the risk of maternal and infant mortality rates; and violation of human rights. Meanwhile, the stern practitioners of this system believe that it’s an ancient practice that has passed on from one generation to another and has to be continued to preserve the culture and heritage of the community. This is because marriage is still viewed as a community affair rather than a personal affair in India.

2. Stigmatization of diseases:

Diseases like leprosy are ancient diseases and they even find mention in ancient books such as Vedas, Charaka Samhita by Charaka, Sushruta Samhita by Sushruta, Manusmriti and Arthashastra

Earlier, it was believed that a person suffering from leprosy had to be separated from the 'healthy society' as it was believed to be a curse of God. Although advancement in science and technology has proven that leprosy is completely curable, not hereditary, and is caused by bacteria, people suffering from leprosy are still ostracized from society due to a lack of awareness about the disease. This in turn delays early detection and treatment as people suffering from the disease are afraid to acknowledge it.

According to a report by the Nippon Foundation and Sasakawa Memorial;
"An untreated person suffering from Leprosy can spread the infection through the passage of air. According to sources, more than 85% of Persons affected by Leprosy are non-infectious and do not spread Leprosy, while over 99% of the world population has a natural immunity or resistance to Leprosy."

To raise awareness, the governments of India alongside NGOs have taken the help of media organizations, traditional forms of arts such as theatre and alternative media such as street plays. In Manipur, the government has sponsored numerous performing arts such as Shumang Leela to spread awareness of health. Naitom Satpi is a popular Shumang Leela based on Leprosy.

3. Shortage of Healthcare Workers:

The shortage of healthcare workers can cause disruptions in the lives of healthcare providers and healthcare seekers. While overworked healthcare workers under extreme pressure can impact the quality of healthcare provided, the patients may not get timely treatment.

During Covid-19, several videos of exhausted healthcare providers were circulated all over the internet. Even if they were exhausted, they had no other option but to continue working following their professional ethics and the mandate of the government. Since COVID-19 became an emergency; the healthcare workers couldn't give prime importance to other diseases. At present, the government has increased the seats in medical colleges to tackle this issue. At the same time, the government is also focusing on incorporating traditional medicine for rehabilitation. For this purpose, a separate ministry of AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha, and Homeopathy) was set up in India. This may be the way forward. India hosted WHO's first-ever Global Summit on Traditional Medicine in Gujarat in 2023. This summit was attended by G20 delegates as well. This Summit was a statement in itself as India showed significance in its culture in a modern context.

The services sector in India provides a maximum contribution to the GDP of India. But, to become a developed nation, the manufacturing sector should also be given prime importance. This is where the health sector comes to the rescue for India. The generic medicines produced in India are transported to various parts of the world. The mission 'Vaccine Maitri' opened new doors for Indian pharmaceutical companies like Bharat Biotech and Serum Institute of India to be the part of greater plan 'Made in India' initiative under which they circulated the domestically produced vaccines to neighbouring states and other nations. The availability of affordable medicines, world-class technology, patient-inclusive models such as discounts for foreign nationals, specialized doctors, and alternative medicine like Ayurveda and Yoga has made India an emerging hub of medical tourism.

India's vision for 2047 is the collective culmination of ideas of its past, present, and future. Hence, it cannot be realized until all the stakeholders living in this multi-diverse country are involved. It needs the active participation of every individual transcending boundaries based on gender, caste, creed, religion, and age. If a nation with active participation of active citizens can end the 200-year rule of Britishers and attain independence then the same nation can also attain the status of a developed nation by the same motivation and zeal of its citizens

THE SILENT STRUGGLE: UNDERSTANDING THE MENTAL HEALTH OF DOCTORS



DR HOSNI PASIL R
1ST YEAR PGT, SMCH

In the fast-paced world of medicine, doctors are often seen as pillars of strength and resilience, tirelessly caring for others in their times of need. However, behind the white coats and stethoscopes, many doctors silently grapple with their own mental health challenges. The demanding nature of their profession, coupled with long hours, high stakes, and intense pressure, can take a significant toll on their well-being.

Mental health issues among doctors have garnered increasing attention in recent years, shedding light on the unique stressors they face and the need for greater support and resources within the medical community. Studies have shown that doctors experience higher rates of burnout, depression, anxiety, and even suicide compared to the general population. The reasons behind these alarming statistics are multifaceted.

One of the primary stressors for doctors is the relentless workload and the expectation to constantly perform at the highest level. Long hours, sleep deprivation, and the need to make life-and-death decisions on a regular basis can lead to emotional exhaustion and feelings of inadequacy. Moreover, the relentless pursuit of perfectionism, ingrained in medical training, can create a toxic cycle of self-criticism and unrealistic expectations.

Another contributing factor to the mental health struggles of doctors is the culture of silence and stigma that surrounds mental illness within the medical profession. Despite being trained to prioritize the well-being of their patients, many doctors feel ashamed or fearful of seeking help for their own mental health concerns. Admitting vulnerability is often seen as a sign of weakness, which can prevent doctors from accessing the support they desperately need.

Additionally, the nature of medicine itself can be emotionally taxing. Doctors are regularly exposed to suffering, trauma, and death, which can lead to compassion fatigue and vicarious traumatization. The emotional burden of caring for patients, coupled with the pressure to remain composed and professional at all times, can erode doctors' mental resilience over time.

Addressing the mental health crisis among doctors requires a multifaceted approach that tackles both systemic issues and individual support. Medical institutions must prioritize the well-being of their staff by implementing measures to reduce workload, improve worklife balance, and foster a culture of openness and support.

This includes providing access to confidential counseling services, mental health resources, and peer support groups. Furthermore, medical education programs need to integrate training on self-care, stress management, and coping strategies to equip future doctors with the tools they need to thrive in their profession. Breaking the stigma surrounding mental health within the medical community is essential, encouraging doctors to prioritize their own well-being without fear of judgment or reprisal.

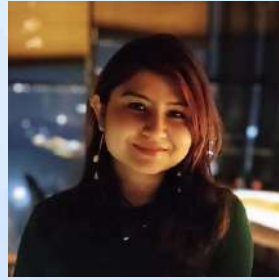
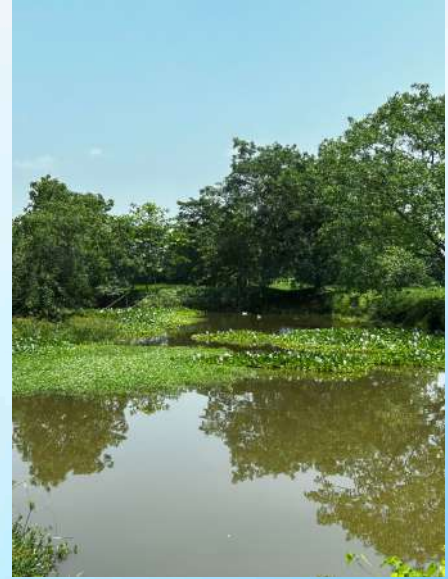
As society continues to recognize the importance of mental health awareness and destigmatization, it is crucial that we extend this support to those who dedicate their lives to caring for others. By addressing the mental health needs of doctors, we not only safeguard the well-being of those on the front lines of healthcare but also ensure better outcomes for patients and a healthier, more resilient medical workforce.

সীমানা

একদিন শেষ সীমানায় দাঁড়াবো,
যেদিন সামনের পথ বাকি থাকবে,
থাকবে না শুধু শক্তি এগোনোর,
আমি হেঁটেছি অনেক রাত নিরন্তর,
সকালের তাড়নায় খুবলেছি নিশা,
বিফল চেষ্টার প্রমাদ গুনেছি জানি,
তবুও চলার নেশা আমায় ডাকেনি,
শুধু যেদিন তুমি হেঁটে এলে দূর হতে,
সেদিন ঝির ঝিরে পাতা বলেছিল আজ শেষ,
আমার সকল বাধা যেন হয়েছিল আপ্তত,
আর আমার নিলজ্জতা পেয়েছিল ছুটি,
তুমি তো খুঁজে এনেছিলে আমার মনজিল,
আমি পেয়েছিলাম সীমানার শেষ খবর,
তাই আজ আর দূরে দেখি না, বাকি আছে কিছু কিনা,
কারণ সীমানায় এসে দাঁড়িয়েছে আজ নব আশার ভোর।



DR KAUSTAV SARKAR
1ST YEAR PGT, SMCH



DR INDRANI DAS
1ST YEAR PGT, GMCH



BRIDGING THE GAP: PROMOTING STD AWARENESS AND SEX EDUCATION IN INDIA



DR IPSITA GOGOI
1ST YEAR PGT, SMCH

Sexually transmitted diseases (STDs) remain a significant health challenge in India, where cultural norms and misinformation often hinder efforts to prevent and treat these infections. In a country as diverse as India, addressing the issue of STDs requires not only spreading awareness but also incorporating comprehensive sex education into school curriculums to confront this urgent public health matter head-on.

India's cultural tapestry is rich and varied, bringing with it a wide array of beliefs and practices surrounding sex and sexual health. Unfortunately, these cultural norms frequently contribute to the stigma and embarrassment surrounding STDs, discouraging individuals from seeking the necessary medical assistance. This silence perpetuates the spread of infections, making it challenging to provide timely interventions.

A crucial step in combating STDs is initiating grassroots awareness campaigns. These campaigns should aim to debunk myths, encourage testing, and promote safe sexual practices. It's essential to tailor these efforts to resonate with the cultural sensitivities of different regions across India, ensuring that the message reaches all segments of society.

Furthermore, integrating comprehensive sex education into school curriculums is paramount. By equipping young people with accurate information about sexual health, including STD prevention, schools can empower them to make informed decisions and adopt responsible behaviours. Sex education should cover a wide range of topics, including reproductive anatomy, contraception, consent, and the importance of regular STD testing.

However, the implementation of sex education in Indian schools faces numerous challenges, primarily due to cultural and societal resistance. In many communities, conservative attitudes prevail, viewing discussions about sex as taboo and inappropriate for young learners. Additionally, concerns about the perceived moral implications of teaching sex education in schools persist.

To overcome these obstacles, it's crucial to engage parents, educators, and policymakers in meaningful discussions. Highlighting the public health benefits of sex education, including its role in preventing STDs and promoting overall well-being, can help build support for its integration into the curriculum. Emphasizing the evidence-based nature of sex education programs can also help dispel fears and misconceptions.

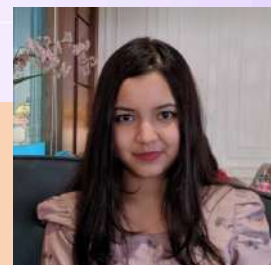
It's essential that sex education be age-appropriate, culturally sensitive, and delivered by trained professionals. Encouraging open communication, respecting diversity, and emphasizing values such as mutual respect and consent are key components. By fostering a supportive learning environment, schools can empower students to navigate the complexities of sexuality and make informed choices.

Furthermore, efforts to promote STD awareness and sex education should extend beyond the school setting. Community-based initiatives, peer education programs, and collaboration with healthcare providers can complement school-based efforts, reaching individuals across different age groups and socio-economic backgrounds.

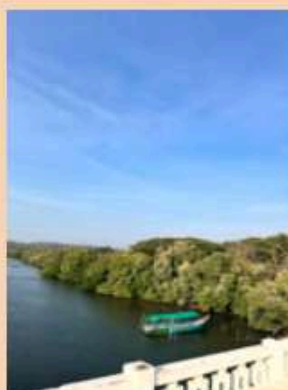
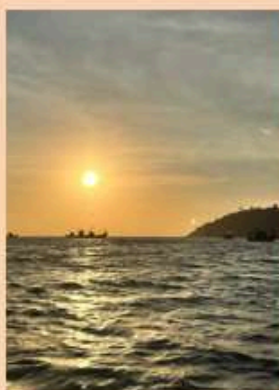
In conclusion, addressing the prevalence of STDs in India requires a multifaceted approach that combines awareness-raising efforts with comprehensive sex education. By breaking the silence surrounding sexual health, challenging cultural taboos, and empowering individuals with knowledge, India can make significant strides in reducing the burden of STDs and promoting the well-being of its population. It's time to bridge the gap between ignorance and awareness, ensuring that every individual has the tools they need to lead a healthy and fulfilling life.



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ECHOES OF HEALING: A POEM ON MEDICAL LIFE”

**In white coats they stride, with purpose they thrive,
In the realm of healing, where hope's kept alive.
Through corridors echo, the beat of their quest,
A symphony of care, in each diligent test.**

**They wield stethoscopes like poets their pen,
Listening to tales, from the souls of men.
With hands steady and hearts pure,
They confront illness, seeking the cure.**

**In the dance with disease, they stand tall,
Guiding patients through the storm's thrall.
With knowledge as their compass, and empathy their guide,
They navigate the path, where health and sickness collide.**

**Through sleepless nights and relentless toil,
They push the boundaries, fueled by a noble coil.
For in the medical life, where challenges abound,
It's the healer's touch, where grace is found.**

**So here's to the warriors in white,
Whose dedication shines in the darkest night.
In the tapestry of care, their threads intertwine,
Weaving hope, in the fabric of time.**



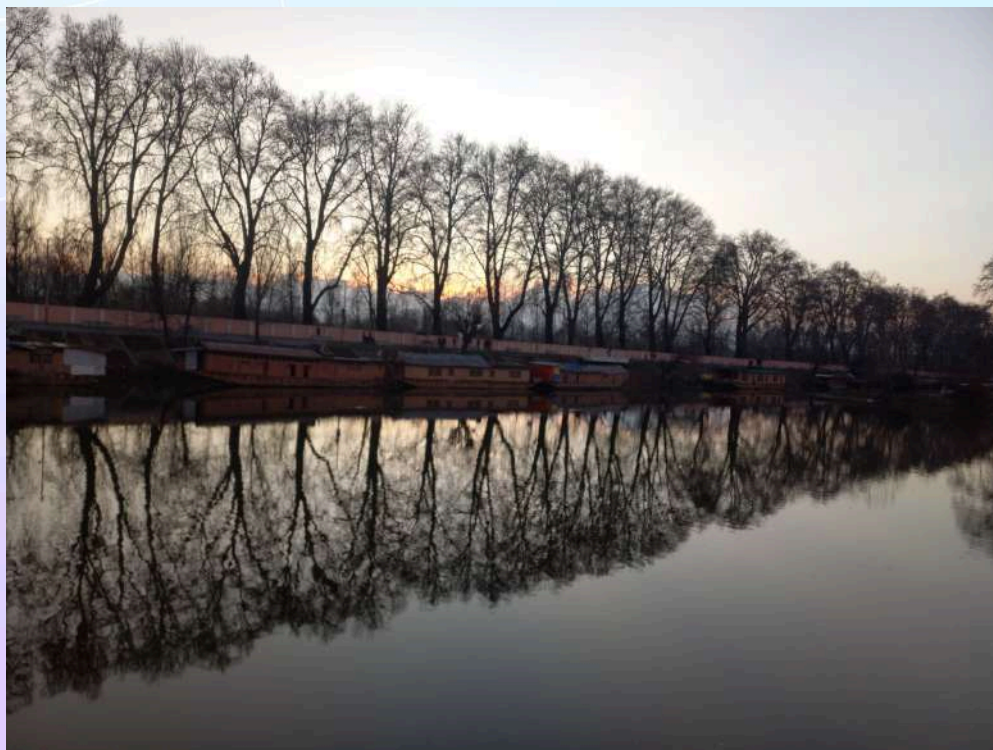
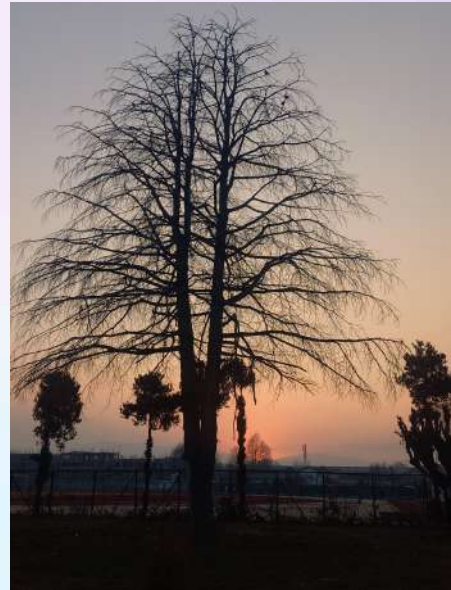
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Every other doctor:



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Luliconazole 1%

Cream/Lotion
Fine antifungal with finer results

- Excellent fungicidal action against Trichophyton spp. & Candida spp.
- Powerful action against dermatophytes, Tinea pedis, Tinea cruris, Tinea corporis
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Dosage:
Tinea Pedis : Once daily for two weeks
Tinea Cruris & Tinea Corporis : Once daily for one week

Lotion provides Better spread ability & larger area coverage

30 gm

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THE BEAUTY OF MENTAL WELLNESS

What is beauty? Is it mere physical appearance ,or is it something that is felt within? Some say that beauty lies in the eyes of the beholder. But is it not important to look beautiful in your own eyes? Or is it just a shallow thing in today's online world .

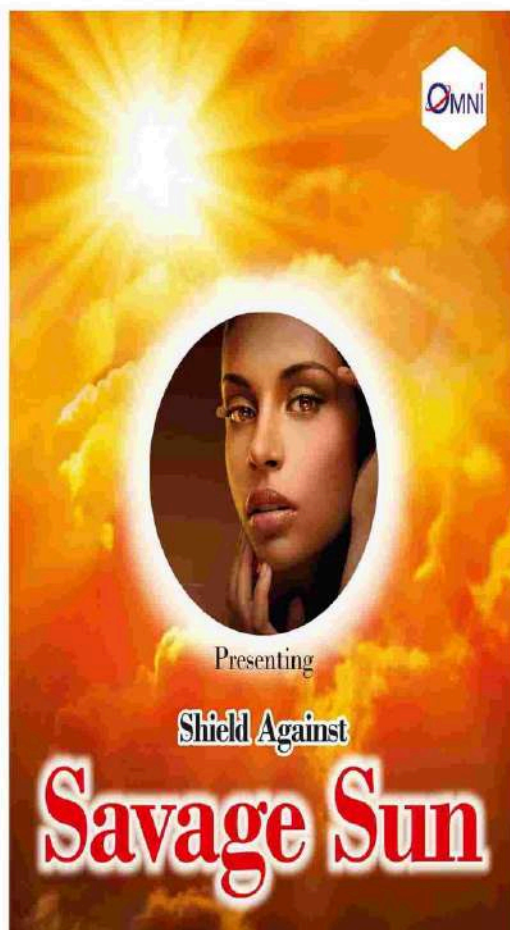
But it is a fact that confidence in one's appearance has a significant positive impact on the mental health

Often people land up in OPD with disorders of hyperpigmentation with feelings of stress, anxiety ,low self esteem among the adolescents mainly. They even get ready to undergo any kind of surgery to get rid of them and get a fair tone. The relationship between skin and brain exists as the centre of psychological functions and skin have the same ectodermal origin and are affected by same hormones and neurotransmitters

Alopecia areata associated with acute emotional stress has also been a matter of concern. I myself have witnessed my family member having alopecia areata at the age of 14 years progressing to universalis and recently having anxiety disorder and even hallucinations and had to be rushed to a psychiatrist. Activation of overexpressed type 2b corticotropin releasing hormone receptors and substance P seen in them

A dermatologist's lack of knowledge on psychiatric morbidity rates in dermatological diseases may delay the diagnosis of psychiatric condition and hinder the treatment

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Design for LBLS, front and back
Regquisitioned by Mr. Sunil Kumar (mail, 10th October, 23)
Size 7" x 9" (Sunil Kumar, mail, 10th October, 23).
Preparation commenced on 11-10-2023
Edited on 13-10-2023 and 25-10-2023
Finalized and locked on 25-10-2023



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Polymeric matrix	pH-dependent HPMCP	HPMC
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Targeted drug release	Yes	No
Bioavailability	Higher	55% bioavailability
Interaction with food	27% reduction in bioavailability with food	Bioavailability with food highly variable
Inter-subject variability	21% less variable	Higher Variability



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Play like champion against fungal infections

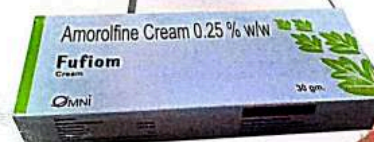
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Tinea Cruris
Tinea Corporis
Pityriasis Versicolor
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1 : Indian J Dermatol 200, Nov-Dec 56(6): 657-662
2 : Drugs 1995 Jan, 49(1) 103-20

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Tacrolimus Ointment 0.1% w/w



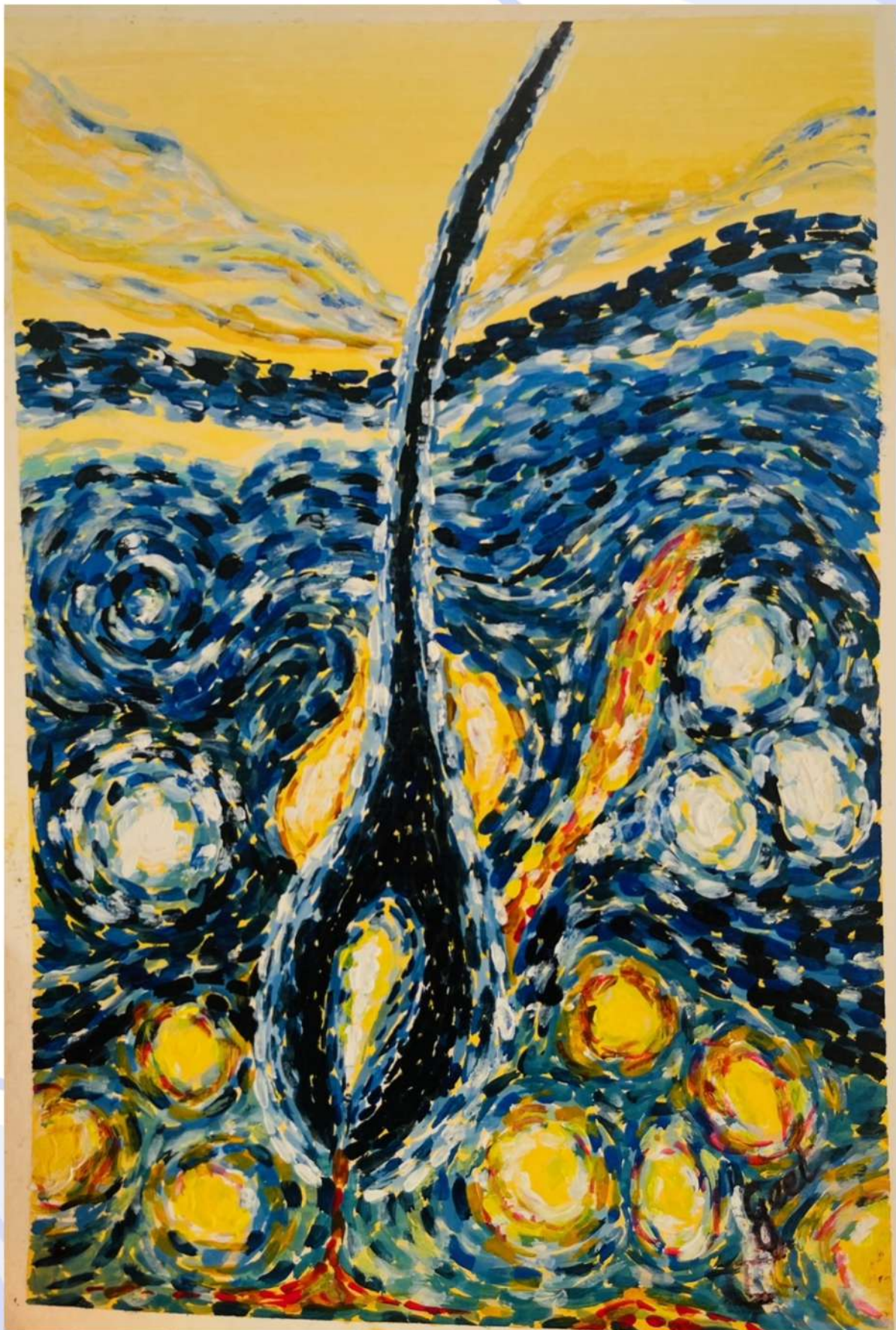
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VOL VII, ISSUE 1, MAY 2024

COVER DESIGN, EDITING, LAYOUT, PUBLICATION DONE BY DR NALLA RAKESH ON BEHALF OF YUVADERMA NE STATES

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