

Indian Association of Dermatologists, Venereologists & Leprologists West Bengal State Branch



SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch



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"Skintellect," is the online monthly newsletter of the IADVL WB, dedicated to the dynamic world of dermatology. This publication is a testament to the commitment of our members towards advancing the ever stretching horizon of the discipline, sharing knowledge, creating bonhomie and archiving our IADVL WB activities.

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SKINTELLECT

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Note from the President

Dear Esteemed Members,

It gives me great pleasure to greet you once again through the third issue of Skintellect, our collective voice that reflects the spirit and scholarship of IADVL–West Bengal.

This month, we take pride in the resounding success of Mid CUTICON 2025, held on 15th June at JIMSH, Budge Budge—a conference that brought together clinical insights, scientific rigour, and the warmth of camaraderie under one vibrant roof.

I extend my heartfelt appreciation to Dr. Aniruddha Ghosh, Organising Secretary, whose meticulous coordination and hospitality ensured an impeccable experience for all. A special note of gratitude to Dr. Saumya Panda, our Scientific Chairperson, whose academic leadership infused the conference with intellectual depth and relevance. The contributions of our Scientific Secretaries, Dr. Anupam Das and Dr. Shreya Poddar, were equally commendable—their tireless efforts behind the scenes shaped a seamless and enriching scientific program.

Adding to the academic richness of the month, Vitiligo Day was observed on 27th June with thoughtful engagement and dialogue among colleagues. The programme was very well curated by our Academy Head, Dr. Sudip Das. It was heartening to witness in-depth discussions surrounding the clinical, psychological, and social dimensions of vitiligo—reinforcing our collective commitment to empathy-driven care and scientific progress in pigmentary disorders.

Mid CUTICON and Vitiligo Day together reflect the multifaceted strength of our community—where learning, compassion, and collaboration go hand in hand.

As we continue our journey, let us stay inspired, stay involved, and keep raising the bar of academic and professional excellence.

Warm regards,



Dr. Dinesh Kr. Hawelia
President
IADVL WB



Secretary's Scribes

Dear Members,

Welcome to this edition of SKINTELLECT.

Every month at IADVL WB is marked by dynamic academic and engaging activities, continuously setting new benchmarks of excellence.

We began June with the grand success of MID CUTICON WB 2025. The 13th edition saw a remarkable turnout of 219 delegates. Every aspect—from the scientific sessions to the hospitality—was outstanding. The program featured eminent faculty from within and outside the state. Special thanks to the JIMSH team, led by Dr. Aniruddha Ghosh and Dr. Saumya Panda, with Dr. Anupam Das and Dr. Shreya Poddar, for their dedicated efforts in making this event exceptional.

World Vitiligo Day 2025 was observed with top priority through a Statewide Awareness Campaign. Members across 23 medical colleges in West Bengal conducted awareness talks, vitiligo camps, seminars, and related activities.

To mark the occasion, a one-day CME on “Breakthroughs in the Management of Vitiligo” was held on 27th June at The Hyatt, Kolkata, coinciding with Ratha Jatra. The event featured sessions on the latest medical updates, psychological care, and two insightful panel discussions on case-based management and surgical approaches. Esteemed faculty, including Dr. Indrasish Podder, Dr. Sudip Kumar Ghosh, Dr. Sujata Sengupta, Dr. Dinesh Hawelia, Dr. Koushik Lahiri, Dr. Sudip Das, Dr. Arun Achar, Dr. Gautam Banerjee, Dr. Suchibrata Das, Dr. Kingshuk Chatterjee, Dr. Shreya Poddar, and Dr. Aniruddha Ghosh enriched the program. Sessions were ably chaired by Dr. Satyendra Nath Chowdhury and Dr. Kakali Mridha.

The event drew enthusiastic participation from senior dermatologists to postgraduate students, fostering rich academic dialogue and learning.

This month's Clinical Meeting was hosted by College of Medicine & Sagore Dutta Hospital.

Looking ahead, we are excited about the 13th July Mega Camp in celebration of World Skin Health Day, featuring free nationwide skin health camps. Your active involvement will continue to bring glory to IADVL WB and keep us moving forward.

Together, we thrive.

Warm regards,



*Dr. Suchibrata Das
Honorary Secretary
IADVL WB*



Editors Desk

Dear readers!

We are delighted to present the third edition of Skintellect!

June has been an eventful and enriching month, filled with academic activities and meaningful collaborations. The highlight of this month was Midcuticon 2025, held at JIMS Budgebudge under the esteemed leadership of Dr. Aniruddha Ghosh. The event was graced by eminent Dermatologists from across the region and proved to be a grand success—celebrating the spirit of knowledge-sharing, learning, and enthusiastic participation.



25th June, observed as World Vitiligo Day, holds immense significance. It serves as a vital opportunity to raise awareness about vitiligo—a condition still burdened by social stigma. As every year, IADVL West Bengal commemorated the day through various state-wide awareness programs and also organized a focused CME titled Breakthroughs in the Management of Vitiligo, which explored diverse aspects of the disease and highlighted recent advances. The event was enriched by the presence of several leading dermatologists.

In our Dermatologist on Spotlight section this month, we feature Dr. Saswati Halder, a distinguished dermatologist and teacher whose contribution to the field continues to inspire.

We are also pleased to present valuable insights from Dr. Debatri Datta on PDRN through DermBuzz—a novel and exciting addition to the world of aesthetics.

Our dermatology resident, Dr. Ananya Roy, sheds light on the growing impact of climate change on skin health, while Dr. Amrita Datta explores the fascinating myths and mythology surrounding vitiligo—one of this month's special highlights.

The second story of Derma D'Lite, penned by senior dermatologist Dr. Arijit Coondoo, promises another engaging read, complemented by a beautiful Bengali poem by Dr. Tarun Patra.

As always, our monthly quiz, crossword, and riddle are ready to challenge and refresh your dermatology knowledge.

Dear readers, it is your continuous support, active participation, and encouragement that fuel the spirit of Skintellect. We remain committed to bringing you updates from our vibrant dermatology community while providing a platform for academic exchange, creative expression, and shared growth.

Warm regards,

Dr. Kaushiki Hajra
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DERMATOLOGIST SPOTLIGHT: DR. SASWATI HALDER

Hello madam, it's a pleasure to have you with us today. You're one of the most eminent senior lady Dermatologists of IADVL WB today and the mentor and inspiration of many. May we know what inspired you to take up Dermatology?

Dermatology has always fascinated me because it's where science meets art. Although I was keen to take up pediatrics initially, it was during my housestaffship, that I found myself drawn to this field due to the precision it required and the visible impact it had on patients' lives.

I was particularly inspired by the opportunity to work on cases of leprosy and vitiligo, which go beyond medicine and touch on societal acceptance and stigma. I wanted to make a difference, especially for the younger generation grappling with these challenges. Dermatology isn't just about skin; it's about confidence, identity, and self-worth. That's what motivates me every day.



As a woman doctor in a field ahead of its time, what struggles did you face, and how did you overcome them?

Being a woman in this field came with its challenges. I was the only female in my department when I started off, and it was tough to balance professional demands with my personal life, especially as a new mother.

I have completed my post graduation from RIMS, Ranchi. Adjusting to a new state with a different language and culture was also daunting. But I was lucky to have a supportive family and an encouraging work environment. My mother-in-law played a big role in helping me manage motherhood and work. I also had proactive and understanding colleagues who made me feel at home even in a new state. These small but significant gestures gave me the strength to persevere.

Madam, as the head of the department of one of the most prestigious institutes of West Bengal, you have been teaching students for many years now. How have you seen dermatology evolve over the years, and who have been your mentors?

I have been really lucky to have some great mentors and owe much of my knowledge to them. Prof. A.K. Singh was a guiding light during my time at RIMS Ranchi, teaching me the importance of patient-centric care and rational prescriptions. Later, at STM, Dr. Arup Das, my medical officer, continued to guide me. Their advice has stayed with me: "Always practice with both your head and your heart."

Even today, my biggest mentor is still with me- Department of Dermatology, School of Tropical Medicine, Kolkata- a treasure trove of Dermatology, where each day unfolds like pages from a living textbook. The constant flow of varied cases doesn't just build my clinical knowledge—it transforms the way I think, observe, and learn. As a teacher, who has been mentoring students for 27 years, my greatest motto is to wholeheartedly imbibe my knowledge and experiences into my students, nurturing not just their intellect but also their growth, curiosity, and passion for learning.

In all these years, I have also observed that Dermatology has transformed tremendously. Earlier, the focus was more on clinical conditions and managing skin diseases. Today, we've added aesthetics into the mix, which makes the field even more dynamic.

As an academician and practising dermatologist, it's amazing how you balance your life so effortlessly. So ma'am, what are your hobbies beyond dermatology?

I think the key to balance your life properly is discipline. I usually try to follow a routine ensuring that I get my daily dose of exercise, reading and good sleep.

Outside work, I love immersing myself in music—it's my therapy after a long day.



Traveling is another passion of mine; I believe exploring new places broadens your horizons and gives you fresh perspectives. I have been lucky to step foot in all the continents of the world except one, which I'll hopefully be able to achieve soon! Since you asked, I would love to mention that exploring Antarctica has been one of my most fulfilling adventures ever!

I'm also fond of home decoration. There's something so satisfying about creating a space that feels warm and personal. These hobbies help me stay balanced and bring joy to my life outside of my practice.

Madam, you said you are aware of the rise of aesthetics in Dermatology- What are your thoughts on this?

The rise of aesthetics in Dermatology is both exciting and challenging. When I started, aesthetics wasn't as prominent, but today, it has become an integral part of our practice. However, I believe that aesthetics should complement clinical Dermatology, not replace it.

Social media has played a big role in making aesthetics more accepted, but it has also led to misinformation and quackery. I always tell young dermatologists to focus on clinical expertise first. A strong clinical foundation ensures that aesthetic treatments are safe, effective, and ethical. Remember, aesthetics is about enhancing confidence, not creating unrealistic ideals.

It has been a delight speaking to you ma'am. Before we sign off, what message would you like to share with budding Dermatologists?

My advice is simple: focus on building a strong foundation in clinical Dermatology first. Once you master that, aesthetics will naturally follow. Patience is key—train your eye, take your time, and don't rush the process. I also feel that learning never stops- one should read and update oneself throughout their lives.

Remember, this field navigates the long journey of chronic diseases, where patient care is not just guided by science, but deeply rooted in compassion.

DERMBUZZ : PDRN: A NEW METHOD OF SKIN REGENERATION FOR THE MODERN DERMATOLOGIST

Dr Debatri Datta

Consultant Dermatologist, Oliva Skin & Hair Clinic

Aesthetic and medical dermatology has an ever-evolving landscape. A biostimulator known as Polydeoxyribonucleotide (PDRN) is carving a significant niche for itself today. This promising ingredient is extracted from the DNA of salmon, which understandably confounds some people. But it is scientifically-backed regarding its ability of skin repair and rejuvenation.

Unveiling PDRN: More Than Just Salmon DNA

Polydeoxyribonucleotide (PDRN) is a mixture of deoxyribonucleotides with molecular weights ranging from 50 to 1500 kDa. Its origin from salmon is significant due to the high biocompatibility and similarity of salmon DNA to human DNA which minimizes the risk of immune reactions. PDRN is being touted for its potent regenerative and anti-inflammatory properties, and many dermatologists consider it a versatile agent for a spectrum of skin concerns.

Mechanism of Action:

PDRN's therapeutic effects are attributed to its ability to activate the adenosine A2A receptor. This G-protein coupled receptor is involved in tissue repair and inflammation. The binding of PDRN to the A2A receptor triggers a cascade of intracellular events.

1. **Enhanced Tissue Repair and Wound Healing:** PDRN provides the building blocks for DNA synthesis through the "salvage pathway." This allows damaged cells to proliferate and regenerate more efficiently, accelerating the healing of wounds, ulcers, and even scars.
2. **Stimulation of Fibroblast Activity:** Clinical studies have demonstrated that PDRN significantly boosts the activity of fibroblasts producing collagen and elastin. This leads to improved skin elasticity, and is useful in treating fine lines and wrinkles.
3. **Anti-inflammatory Effects:** PDRN helps to downregulate pro-inflammatory cytokines as well and so is an effective treatment for inflammatory skin conditions and for calming post-procedural inflammation.
4. **Improved Angiogenesis:** PDRN promotes the formation of new blood vessels (angiogenesis). This can help improve delivery of essential nutrients and oxygen to the skin.

Clinical Applications in Dermatology: From Aesthetics to Therapeutics

As a result of this multipronged effect on skin, PDRN has found uses in different corners of dermatology.

1. **Aesthetic Rejuvenation:** PDRN is used as an injectable treatment for "anti-aging". It can help reduce fine lines, wrinkles, loss of elasticity, and overall skin dullness. It can stimulate skin's own regenerative processes and hence offers a natural-looking and long-lasting improvement.
2. **Scar Revision:** PDRN can help improve the appearance of atrophic acne scars, surgical scars and stretch marks due to its stimulatory effect on fibroblasts.
3. **Pigmentation Disorders:** PDRN may help manage certain pigmentation issues by promoting an even skin tone, though it is not fully explored yet.
4. **Hair Restoration:** The regenerative properties of PDRN extend to the hair follicle. Injections can help stimulate hair growth and improve hair thickness.
5. **Adjunctive Therapy:** PDRN can be used in conjunction with other dermatological procedures, such as laser and microneedling, to enhance healing, reduce downtime, and improve overall results.





PDRN in the Cosmeceutical Industry: chance for misuse and misinformation

The buzz surrounding PDRN has inevitably spilled over into the consumer-facing cosmeceutical industry. It is now found in topical products such as serums, creams, and masks, marketed with promises of regeneration and anti-aging.

Though they can serve as an adjunct to clinical procedures and as part of a high-quality daily skincare regimen, a significant misunderstanding arises when comparing topical PDRN with professional in-clinic treatments. The primary challenge for any topical cosmeceutical is penetration. The regenerative power of PDRN is largely based on its delivery to the dermal layer via injections. Consumers may misunderstand this difference and expect injectable-level results like significant wrinkle reduction and skin lifting from a cream or serum. We should manage patient expectations by clarifying that topical products provide supportive, surface-level benefits rather than the deep, cellular regeneration achieved through professional administration. You can not rely on them to fix deep-set wrinkles or significant scarring. Misunderstanding this key point can lead to the perception that "PDRN doesn't work." Also, any product containing "salmon extract" is not equivalent to a therapeutic PDRN formulation. True PDRN is a specific, purified, and standardized DNA fragment, which is vastly different from a general, unpurified extract.

Safety and Tolerability:

One significant advantage of PDRN particularly in its purified, injectable form is its excellent safety profile. It is highly biocompatible with human tissue and the risk of allergic reactions or significant side effects is minimal. The most common side effects are transient and related to the injection process like mild redness, swelling, or bruising at the injection site. These typically resolve within a few hours to days. Topical cosmeceuticals are also generally very well-tolerated.

The administration of PDRN is a minimally invasive in-clinic procedure. The target area (e.g., face, neck, or scalp) is thoroughly cleansed. A topical anaesthetic cream is usually applied for 20-30 minutes to ensure patient comfort.

The PDRN can be injected via needles, cannula or mesotherapy into the dermis. The entire procedure is relatively quick, typically lasting around 15-30 minutes.

At least 3 to 4 sessions spaced 2 to 4 weeks apart should be given with follow-up sessions recommended every 6 to 12 months.

PDRN can be used for skin aging and rejuvenation, hydration, open pores, scar repair, wound healing and hair thinning. There is virtually no downtime. Patients can resume most of their daily activities, including returning to work, immediately after the procedure. However, they are advised to avoid strenuous exercise, saunas, excessive sun exposure, and alcohol for the first 24-48 hours to minimise swelling or irritation.

Cost of Treatment in India

The cost of PDRN treatment can vary based on the clinic's location, the dermatologist's expertise, and the specific brand of PDRN used. As of 2025, the approximate cost per session in India ranges from ₹8,000 to ₹25,000.

The Future of PDRN in Dermatology

Polydeoxyribonucleotide represents a significant advancement in the field of regenerative dermatology. Its ability to work at a cellular level to repair and rejuvenate the skin offers a multifaceted approach to a variety of patient concerns. Research still continues to uncover the full extent of its benefits and to differentiate between professional treatments and topical support. PDRN is poised to become a significant tool in the armamentarium of the modern dermatologist to aid patients in the journey for healthier, more youthful skin.

RESIDENT'S CORNER: THE DERMATOLOGICAL AFTERMATH OF CLIMATE CHANGE

Dr. Ananya Roy

1st Year PGT, IPGMER & SSKM Hospital

Climate change has emerged not just as an environmental crisis but as an insidious architect of human diseases. While its fingerprints are visible in melting glaciers with surging global temperature, thickening the atmosphere with pollutants and intensifying the UV radiation..... its touch is equally imprinted on the human skin. Here we delve into the intricate interplay between environmental upheaval and skin health, illuminating how skin acts as a victim of our rapidly changing world.



UV RADIATION: *The earth's diminishing ozone layer due to anthropogenic activity, deforestation and rapid urbanization has led to increased exposure to sunlight and therefore UV radiation:*

- ❖ *Damaging effect of UV radiation: Can be acute like sunburn, erythema, photodermatoses, or chronic represented by photo-ageing, premalignant lesions like actinic keratosis and malignant lesions like melanoma, squamous cell cancer, basal cell cancer.*
- ❖ *UV A penetrates deep into the dermis generating reactive oxygen species and stimulates matrix metalloproteinase that breaks down collagen and elastin leading to photo-ageing.*
- ❖ *UVB is directly absorbed by cellular DNA leading to cyclobutene pyrimidine dimer formation which cause distortion of the DNA helix and if unrepaired may lead to cancer. UVB also stimulates melanocyte. Melanin though a photoprotectant leads to pigmentary disorders.*
- ❖ *UVA and UVB together increase the inflammatory cytokines and also alter Langerhans cell function leading to immunosuppression.*

INCREASED AIR POLLUTION LEVELS: *The rapid urbanization and industrialization has led to dramatically altered skin microbiota which compromises the skin homeostasis.*

- ❖ *Pollutants like Nitric oxide from vehicle exhaust aggravate atopic dermatitis by disrupting the skin barrier function and promoting TH2 mediated inflammation.*
- ❖ *Particulate matter can clog pores and increase sebum production. Pollutants also stimulate NF-KB pathway increasing inflammatory cytokines. Together they increase incidence of acne vulgaris.*
- ❖ *Polycyclic aromatic hydrocarbons from fossil fuel combustion and cigarette smoking induce oxidative stress and form DNA adducts, promoting DNA mutation, leading to premature ageing and carcinoma.*

FLOODS: *The urban expansion and climate change increases the frequency of floods creating an environment conducive to numerous skin diseases through prolonged exposure to contaminated water, walking barefoot in muddy terrain (cutaneous larva migrans, trauma induced mycetoma and other deep fungal infections), overcrowded shelters(spread of scabies), increase in infectious conditions like impetigo, cellulitis and the warm wet skin folds favouring fungal infections and intertrigo.*

INCREASED TEMPERATURES: *With the advent of global warming, ambient temperatures have seen a consistent rise leading to a notable increase in heat associated dermatoses like miliaria, heat urticaria, cholinergic urticaria.*

STRESS: *Disasters associated with climate change are also associated with stress induced flares of chronic disorders like psoriasis, vitiligo and alopecia areata.*



CONCLUSION:

Protecting the skin from constant environmental onslaught is therefore of utmost importance.

- ❖ *Minimizing excessive sun exposure and usage of photoprotective equipment during peak hours of sunlight should become part of the routine. Daily usage of broad spectrum sunscreen with SPF30 to 50 prevents UV induced skin damage.*
- ❖ *Antioxidant cosmeceuticals and nutraceuticals help prevent ROS induced damage. The use of barrier repairing moisturizer help shield the skin from air pollutants and maintain skin integrity.*
- ❖ *Regular bathing and proper garment hygiene are equally important to prevent sweat related dermatoses.*
- ❖ *On a larger scale policymakers must focus on developing environmentally sustainable urbanization strategies and disaster management systems. Efficient handling of climate related crisis such as floods can curb the spread the spread of vector borne and waterborne diseases.*
- ❖ *Scope of additional research into prevention and control of the effects of climate change in general and specifically its effects on the skin is the need of the future with worsening of the climatic conditions with every passing day.*

VITILIGO: MYTH AND MYTHOLOGY

Dr. Amrita Datta

1st Year PGT, CNMC, Dept. of Dermatology.



1. **Myth: Vitiligo is Contagious**

Reality: Vitiligo is not an infectious disease. It is an autoimmune condition in which the immune system erroneously targets melanocytes. There is no evidence to support transmission through physical contact or shared personal items.

2. **Myth: Consuming Milk and Fish Together Causes Vitiligo**

Reality: There is no scientific basis for the claim that dietary combinations, such as milk and fish, trigger vitiligo. These beliefs, particularly prevalent in South Asian communities, are culturally rooted but biologically unfounded.

3. **Myth: Vitiligo is a Form of Leprosy**

*Reality: Vitiligo and leprosy (Hansen's disease) are distinct clinical entities. Leprosy is an infectious disease caused by *Mycobacterium leprae*, while vitiligo is an autoimmune and non-contagious.*

Confusion arises due to superficial similarity in skin presentation.

4. **Myth: Vitiligo is a Divine Punishment or Curse**

Reality: The attribution of vitiligo to divine wrath or karmic consequences is rooted in superstition. Vitiligo is a medical disorder with multifactorial aetiology including autoimmune, genetic, and environmental factors.

5. **Myth: Only Individuals with Dark Skin Develop Vitiligo**

Reality: Vitiligo affects individuals of all skin tones. It is often more noticeable on darker skin due to the contrast, but its prevalence is not limited by pigmentation.

6. **Myth: Vitiligo Increases Risk of Skin Cancer**

Reality: Contrary to popular belief, vitiligo does not increase the risk of skin cancer. Some studies suggest a potential protective effect due to heightened immune surveillance in affected individuals. Nonetheless, photoprotection is advised.

7. **Myth: Vitiligo is Caused by Evil Spirits or Black Magic**

Reality: Vitiligo has no connection to supernatural phenomena. Such beliefs contribute to social stigmatisation and delay medical intervention.

8. **Myth: Vitiligo is Incurable**

Reality: While a definitive cure remains elusive, several treatment modalities—such as narrowband UVB phototherapy, topical immunomodulators, corticosteroids, and surgical options—can lead to significant repigmentation and disease control.

9. **Myth: Vitiligo Negatively Affects Marriage Prospects**

Reality: This is a socially constructed stigma. There is no medical reason for exclusion from marriage. Genetic transmission is possible but not inevitable, and psychosocial support is essential.

10. **Myth: Vitiligo is Solely Caused by Stress**

Reality: Stress may act as a precipitating or exacerbating f ac

tor, but it is not the sole etiological cause. Autoimmune dysregulation and genetic predisposition are primary drivers.

11. **Myth: Vitiligo is Merely a Cosmetic Condition**

Reality: Beyond visible depigmentation, vitiligo may be associated with other autoimmune disorders (e.g., thyroiditis, type 1 diabetes). The psychosocial impact warrants holistic management.

12. **Myth: Home Remedies Can Cure Vitiligo**

Reality: There is no evidence-based support for alternative or home-based treatments. Plant-based remedies such as turmeric or neem lack scientific validation and may delay appropriate dermatologic care.

13. **Myth: Wearing White Clothes Triggers Vitiligo**

Reality: Clothing colour has no bearing on the onset or progression of vitiligo. This belief is purely anecdotal and culturally driven.

14. **Myth: Vitiligo Indicates Supernatural Transformation or Ghostly Possession**

Reality: This myth is both unscientific and stigmatising. Vitiligo is a dermatological disorder and should not be associated with supernatural folklore.

15. **Myth: Staring at Someone with Vitiligo Transmits the Disease**

Reality: Vitiligo is not transmissible. Such beliefs perpetuate unwarranted fear and discrimination.

16. **Myth: Moonlight Exposure Causes Vitiligo**

Reality: There is no evidence linking moonlight exposure to melanocyte destruction. This is a folkloric misconception.

17. **Myth: Vitiligo Is Caused by Allergy to Colours**

Reality: There is no immunological evidence to support this notion. Vitiligo arises from autoimmune, not hypersensitivity, mechanisms.

18. **Myth: Poor Hygiene Leads to Vitiligo**

Reality: Hygiene practices have no correlation with vitiligo pathogenesis. This myth unfairly stigmatises patients and fosters misinformation

Vitiligo in Antiquity: A Historical and Cultural Review of Disease, Divinity, and Dermatology

Vitiligo, a depigmenting disorder with complex pathophysiology and psychosocial implications, has long been subject to cultural misinterpretation and social ostracism. Let's dive into the mythologies surrounding vitiligo, because it turns out that even the Gods couldn't dodge a little depigmentation drama—because when it comes to vitiligo, not even the divine get a free pass.

*In the Puranas, Samba, the son of Lord Krishna, is described as being afflicted with switra (often interpreted as vitiligo) as a result of a curse. The curse came from either the sage Durvasa, whom Samba mocked, or Krishna himself, due to Samba's misconduct. The condition is described as "white leprosy," a term likely referring to vitiligo's white patches rather than leprosy (*Mycobacterium leprae* infection). Samba is said to have been cured through devotion to Surya, the sun god.*

The Rigveda (~1500 BCE) notably refers to individuals with vitiligo as unfit for marriage, suggesting early social exclusion based on cutaneous appearance. The Atharvaveda offers a more therapeutic perspective, describing switra as a “white disease” and prescribing rituals that include sun exposure and the application of herbal remedies for treatment. This suggests a rudimentary but perceptive link between phototherapy and skin repigmentation. Buddhist canonical texts (c. 6th century BCE) also reflect similar stigma. Monastic codes classified kilāsa as a disqualifying condition for ordination, considering visible skin diseases as markers of impurity or karmic burden. The symbolic weight of skin conditions, particularly those that altered pigmentation, is evident in their socioreligious repercussions.

*In ancient Egyptian medicine, the Ebers Papyrus (~1500 BCE) offers one of the earliest medical differentiations between depigmenting disorders. It distinguishes between leprosy, which was to be avoided, and a separate condition—likely vitiligo—which was considered treatable. Notably, the Papyrus includes therapeutic protocols involving “black seeds” from *Psoralea corylifolia*, a plant rich in psoralens, foreshadowing the principles of modern PUVA (psoralen + UVA) therapy.*

The dualities of vitiligo were not confined to medical texts alone. The Orphic Hymns (circa 3rd century BCE) introduce Melinoë, a minor chthonic goddess described as “in form half white and half black.” Whether this depiction symbolises vitiligo or merely represents her liminality as a deity bridging life and death is open to interpretation. Nonetheless, it reflects a historical fascination with skin dichotomy, charged with both aesthetic and symbolic significance.

*In Persian historiography, Herodotus’ *Clio* recounts that individuals with “white sickness” were exiled from society, believed to have sinned against the sun. A striking contrast is found in Indian*

*mythology, where the *Samba Purana* describes the cure of vitiligo through devoted worship of Surya, the sun god. While metaphorical, this myth correlates with phototherapy rituals mentioned earlier in the *Atharva Veda*.*

Later, classical sources continued to grapple with the nature of depigmenting diseases. In 1572, Italian physician Girolamo Mercuriale referred to vitiligo as a “small blemish,” tracing the term’s etymology to vitulum (Latin: small calf), presumably referencing the resemblance of the lesions to the spotted hide of a calf. This reflects the nascent stages of dermatological taxonomy.

Thus, from the Vedic chants to Orphic hymns and Egyptian pharmacopoeia, vitiligo has occupied a space that is at once medical, spiritual, and sociocultural. The persistent themes of stigma, sun, and therapeutic botanicals across centuries and civilisations suggest both a shared human response to visible skin difference and a pre-modern recognition of treatment principles echoed in contemporary dermatology.

DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

DERMA D'LITE: (2) DILEMMA OF AN IDENTITY

Dr Arijit Coondoo
Ex-President, IADVL, WB

SOFT SKILLS

"Allergy is a phenomenon about which every patient knows extremely well but we physicians are almost clueless".

It was Circa 1974. And this statement, emanating from the mouth of my teacher is valid even half a century later in spite of the enormous progress in our knowledge of the subject.

I was attending the first didactic lecture Dermatopathology in my Diploma in Dermatology and Venereology course and the man who made this almost philosophical remark was my future mentor, Professor Ranjit Kumar Panja.

Prof. R K Panja was not only a clinical dermatologist, histopathologist and academician par excellence but was equally famous for his ready wit.

His patience with patients was remarkable and he never lost his cool in the ever-busy OPD of Medical College, Calcutta. The sophisticated manner in which an errant patient would be reprimanded was a treat to perceive and an abject lesson in soft skills for us, the budding dermatologists..

Once, a middle-aged villager suffering from acute Lichen Planus, visited the OPD of Medical College, intensely scratching the skin all over his body.

His itching was intractable but he waited, somewhat patiently for his turn to consult the legendary Prof. Panja.

When he was finally ushered into the VP's room, he rushed in, violently scratching his arms and legs. Throughout the period during which Sir took his history and examined him, he kept on describing his pruritus in every possible way to convince Sir about his suffering. This was accompanied by intense scratching all over his body.

His efforts to convey the magnitude of his misery continued even as Prof. Panja dictated out his prescription for us to write and explain until finally, with a reassuring pat on the patient's back, Sir bade him adieu and heaved a sigh of relief.

But wait. His ordeal was not yet over.

Hardly had he started examining the next patient, when Mr. Lichen planus entered the arena once again.

"What now" asked Sir.

"Doctor, please understand that the itching is too much for me to bear."

Any lesser mortal would have blown his top in exasperation.

But Dr. Panja was built of a different mettle.

He glanced at his watch, shuffled through the bunch of OPD tickets still to be disposed of and looked up at the patient.

With an extremely serious look on his face he said, "Please wait outside for an hour and a half. I shall call you after that."

A bewildered look crossed the patient's face, "Why should I wait?" he asked

"It will take me that much time to finish seeing all the patients who are waiting. Please come in after that."

"Why?"





As cool as ever, Sir replied, "After you come in, I shall scratch your skin."

"You ... willscratch... my...skin?" .

"See, I have heard your history, examined you clinically and prescribed your medicines. Beyond that the only task left for me to perform is to scratch you to your heart's content." replied Sir, the omnipresent smile on his face not betraying how exasperated he was.

As the now suitably chastised patient left the OPD in haste, Sir muttered under his breath, "Who says we dermatologists have an easy life.?"

And that brings me to another out of the box tale regarding Prof. Panja.

A physician colleague, in fact a batchmate, was teasing Sir, in the presence of some other doctors, about the easy life dermatologists had with no emergencies, no tensions and no house calls.

In the process he was also boasting about his own ever-increasing practice.

Sir was tolerating the ragging silently, his trademark smile constantly in place.

The only sign of disapproval was his furrowed brow.

Ultimately, however, he could not resist a riposte.

When the physician boasted, "You know, these days I go to so many house calls that I am always late for my clinic", Prof. Panja perceived his chance to take a revenge .

"Great going", he said , an artificial look of appreciation crossing his face, "So now you have become a CALL BOY?"

সঙ্কট সময়

দিকে দিকে সব মরছে মানুষ, মারছে মানুষ।।

রাজনীতি আর ধর্মের নামে

বুদ হয়ে সকল,

ভুলেছে মনুষ্যত্ব-ই জীবনের আসল।

চারিধারে আজ বিষময় বাতাস,

হানাহানি আর হিংসার কালো মেঘে ঢাকছে মুক্ত নীল আকাশ।

তবুও মানুষ নাকি আজও স্বপ্ন দেখে,

হতাশার গ্লানি নিয়ে

বাঁচতে আর বাঁচাতে হাসতে ভুলে গেছে।

জীবন নাকি পৃথিবীতে সময়ের -ই ফন্দি,

মানুষ ভাবে জীবন বুঝি মৃত্যুর হাতে বন্দি।

জীবন কিন্তু বন্দি না,

প্রবহমান এক ধারা,

মানুষের ভালোবাসায়

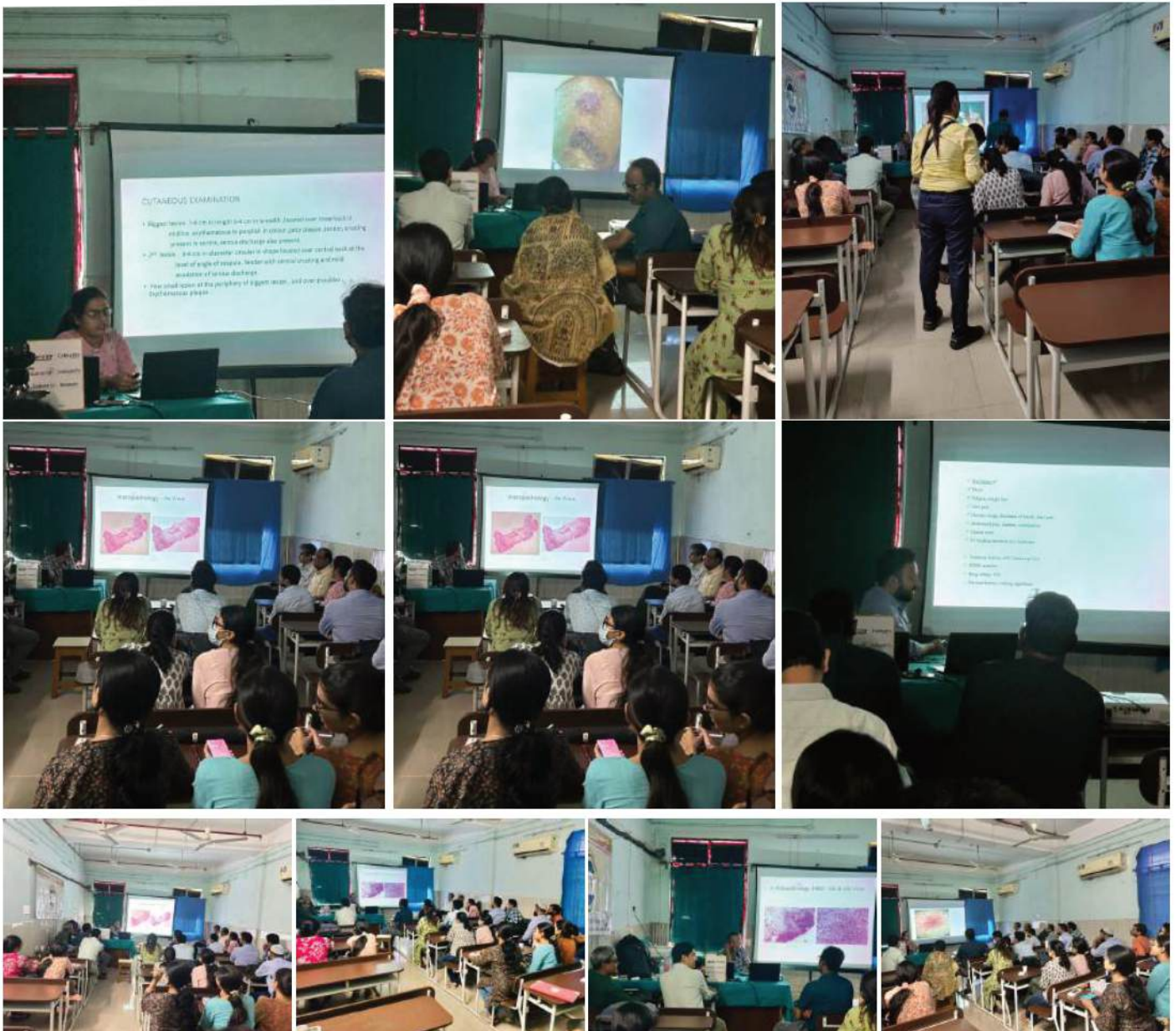
মুক্ত হোক সে কারা।

Dr Tarun Patra
SR, SSKM



Monthly Clinical Meeting of IADVL WB on 30/06/2025 at College of Medicine & Sagore Dutta Hospital, Kolkata

The monthly clinical meeting of IADVL West Bengal State Branch was held on 30th June at Sagardutta Medical College, featuring an engaging and academically enriching session. The meet was chaired by Dr. G. D. Swarnakar and Dr. N. K. Das, with Dr. Avijit Das as the speaker and panelists including Dr. Sudip Ghosh, Dr. Indrashis Podder, and Dr. Chinmay Kar. Four interesting and diagnostically challenging cases were presented: Hansen's disease with Type 1 reaction by Dr. Avijit Das, reactive granulomatous dermatitis by Dr. Madhumita Das, granulomatous secondary syphilis by Dr. Nazish Nayar, and sarcoidosis by Dr. Subhajit Sadhukhan. Each case sparked in-depth discussions, highlighting the clinical complexity and overlapping presentations of granulomatous dermatoses, with valuable insights shared by the expert panel. The session served as an excellent platform for academic exchange and enhanced understanding of rare and atypical dermatological presentations.



VITILIGO DAY: 25th June 2025

Awareness drives by different Medical Colleges in West Bengal

World Vitiligo Day, observed on June 25, serves as a global reminder of the need to raise awareness about vitiligo—a benign skin condition often associated with considerable social stigma. The role of Dermatologists extends beyond clinical management; they are entrusted with the responsibility of educating patients, providing empathetic counseling, and actively working to dispel societal misconceptions, thereby enhancing the overall quality of life for individuals affected by the condition.

In alignment with this objective, Dermatologists across West Bengal, particularly in various medical colleges, commemorated World Vitiligo Day within their respective institutions. The observances focused on patient education, treatment awareness, and counseling initiatives, with the collective aim of fostering a more informed, compassionate, and inclusive society for those living with vitiligo.



CME on Breakthroughs in Management of Vitiligo: 27th June 2025, Hyatt, Kolkata

On the auspicious occasion of Rath Yatra, a one-day Continuing Medical Education (CME) programme titled "Breakthroughs in the Management of Vitiligo" was organised under the aegis of IADVL West Bengal on 27th June at The Hyatt, Kolkata.

The event commenced with a warm welcome address by Dr. Suchibrata Das, Secretary of IADVL WB, who extended heartfelt greetings to all the delegates. This was followed by the inauguration ceremony marked by the traditional lighting of the lamp.

Dr. Dinesh Hawelia, President of IADVL WB, then delivered the presidential address, where he emphasised the significance of World Vitiligo Day, the therapeutic challenges in vitiligo management, the importance of dispelling the stigma associated with the disease, and the pressing need to enhance public awareness.

The chairpersons of the evening, Dr. Satyendra Nath Chowdhury and Dr. Kakali Mridha, were then warmly welcomed. The scientific sessions began with Dr. Indrashis Podder, who delivered an insightful lecture on recent advances in the pathogenesis and management of vitiligo. He elaborated on emerging therapeutic frontiers, including gene therapy and the potential role of biomarkers in vitiligo management.

The psychological burden of vitiligo was the focus of the next session, where Dr. Sudip Kumar Ghosh highlighted the pivotal role dermatologists play in addressing the psychosocial aspects of the disease. He also stressed the importance of collaboration with psychiatrists for comprehensive patient care.

This was followed by a highly engaging panel discussion on the medical management of vitiligo, moderated by Dr. Shreya Poddar. Esteemed panelists including Dr. Sudip Das, Dr. Sujata Sengupta, Dr. Dinesh Hawelia, and Dr. Arun Achar shared their expert opinions and practical approaches to complex scenarios such as pediatric progressive vitiligo, vitiligo in pregnancy, the role of autoimmunity, and the disease's profound impact on the quality of life.

The final session of the evening was a panel discussion on surgical management of vitiligo, moderated by Dr. Aniruddha Ghosh. Renowned panelists Dr. Siddhartha Das, Dr. Suchibrata Das, Dr. Kingshuk Chatterjee, and Dr. Koushik Lahiri provided valuable surgical insights and shared tips on handling challenging cases, including vitiligo with leukotrichia, lip involvement, and acral vitiligo.

The event concluded with a vote of thanks by Dr. Suchibrata Das, who expressed his sincere gratitude to all the speakers, delegates, and organisers for their active participation and for contributing to the success of the programme. The gathering concluded with a collective pledge to continue the mission of holistic vitiligo management and to reconvene next year with renewed enthusiasm and commitment.



MID CUTICON WB 2025

MIDCUTICON WB 2025: Advancing Dermatology Through Knowledge and Collaboration

Held on June 15, 2025, MID CUTICON WB 2025 brought together 219 attendees from across the dermatology community for a day filled with insightful discussions, interactive sessions, and collaborative learning. The venue, JIMSH, Budge Budge, offered a well-equipped and welcoming setting that seamlessly supported the academic and social proceedings.

The conference was inaugurated in the presence of Chief Guest Dr. Santanu Tripathi, Principal, and Guest of Honour Dr. Balram Gupta, Vice Chairman, JIMSH. The event featured distinguished guest speakers Dr. Maninder Singh Setia and Dr. Avijit Hazra, whose contributions added academic depth to the sessions.

The day began with the IADVL WB Quiz for PGTs, moderated by Dr. Abheek Sil, igniting a spirit of healthy competition and engagement among postgraduate trainees.

In Hall A, ethical dilemmas in dermatological practice were explored in detail by Dr. Ananya Chandra and Dr. Swastika Debbarma, followed by an Award Papers session showcasing innovative research by ten promising presenters.

The Symposium on Study Design and Data Analysis, led by Dr. Maninder Singh Setia, offered practical guidance on conducting clinical research and overcoming common challenges — a standout segment of the conference.

Post-lunch sessions featured updates on drug-skin interactions and aesthetic dermatology, led by Dr. Santanu Tripathi and Dr. Dipayan Sengupta. Case-based discussions added practical perspectives on diagnostic and management dilemmas faced in clinical settings.

A special highlight was the Dr. B.C. Lahiri Memorial Oration, delivered by Dr. Firoze Kaliyadan, which was both enlightening and inspiring for attendees.

The session on Dermatology in Internal Medicine, with a focus on reactive cutaneous diseases and drug interactions, was conducted by Dr. Sudip Kumar Ghosh and Dr. Sandipan Dhar. The final academic session on dermatological emergencies emphasized the importance of prompt recognition and effective management strategies.

The conference concluded with a grand banquet dinner, facilitating professional networking and camaraderie. With participation from 27 pharmaceutical houses, MID CUTICON WB 2025 reaffirmed its commitment to advancing dermatology through meaningful academic exchange and collaboration — leaving all participants enriched, inspired, and connected.





SKINTELLECT

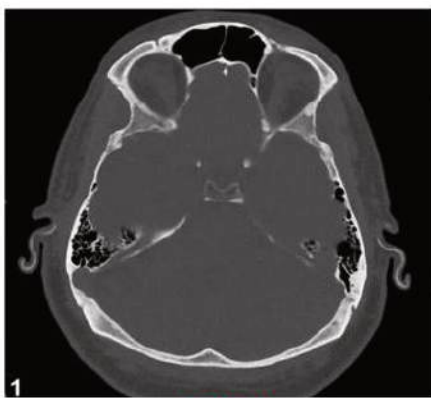
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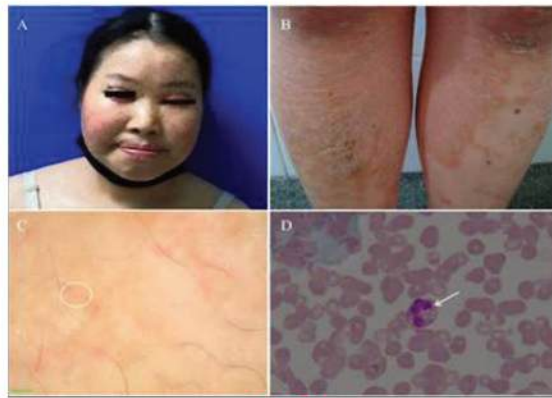


Quiz Zone

1. 45 years old male having Hashimoto thyroiditis and IgG4 related disease, notices gradual hardening of ear, CT scan shows ossification. What is this condition called? **PIC 1**
2. Correlate the following pictures and name the disease. **PIC 2**
3. What is the following dermoscopic sign? Name the disease. **PIC 3**
4. Name the dermoscopic sign. Also name the disease. **PIC 4**
5. Patient having itchy scalp with following dermoscopic features. Name the sign and disease. **PIC 5**
6. HIV positive patient on efavirenz, suddenly shows following eruption. Name the condition. **PIC 6**



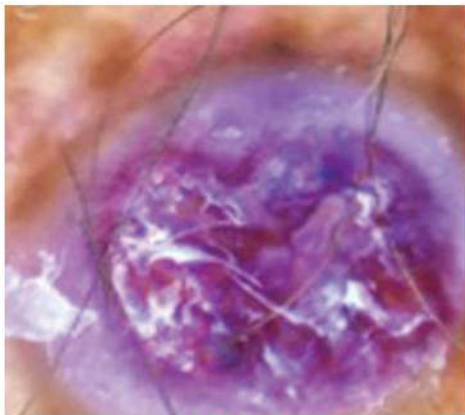
PIC 1



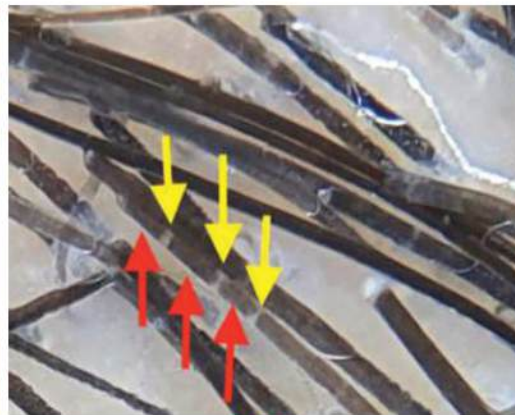
PIC 2



PIC 3



PIC 4



PIC 5



PIC 6

Quiz Answer Volume-3, Issue-2

1. Em -Jordan Phenomena (Lipid Laden Vacuoles in Keratinocytes)
Chanarin Dorfman Disease - CGI58 Defect.
2. Fig 2 A- Benign Hutchinson: Fig 2 B -Malignant Hutchinson
3. Kybella (Deoxycholic Acid Injection), Injury to Marginal Mandibular Nerve - Crooked Smile.
4. Erasmus Wilson

The correct response given:
Crossword: Dr. Debalina Kanjilal
Dermawiz: Dr. Shatanik Bhattacharya
Thank You for your answer and happy reading

Kindly send your entry to iadvlwb@gmail.com with 'Skintellect Quiz' as subject.
The correct response of each month gets acknowledged in the next issue.
Send your entries now!
Good luck from Team Skintellect.

Brainstorm

Across

4. Neurofibromatosis-like condition which has macrocephaly, café au lait macules, and freckling but doesn't have neurofibroma, lisch nodules, or glioma
5. Tent sign and teeter totter sign are seen in
7. Vesicopustules in transient neonatal pustular melanosis are abundant in
8. Topical retinoid with least irritation
9. Drug of choice for confluent and reticulated papillomatosis?

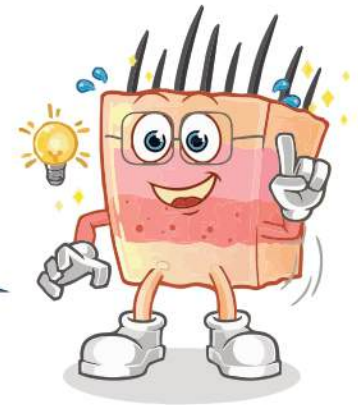
Down

1. Identify this syndrome characterized by a triad of discolored nails, pulmonary manifestations, and lower limb lymphedema.
2. A non-allergic reaction to vancomycin characterized by flushing, redness, itching
3. Biette's collarette is described in
6. Painless and firm, solitary nodule on the face of an elderly man, which stains positive for NSA suggests malignancy of this cell

The crossword puzzle grid consists of white squares for letters and black squares for empty space. The starting points for the clues are as follows:

- Across:**
 - 4: 11 squares long, starting at row 4, column 4.
 - 5: 10 squares long, starting at row 5, column 3.
 - 7: 10 squares long, starting at row 7, column 3.
 - 8: 10 squares long, starting at row 8, column 1.
 - 9: 11 squares long, starting at row 9, column 3.
- Down:**
 - 1: 6 squares long, starting at row 1, column 11.
 - 2: 6 squares long, starting at row 2, column 1.
 - 3: 5 squares long, starting at row 4, column 7.
 - 6: 6 squares long, starting at row 5, column 5.

Dermwiz



I wear the fire but fear no flame,
A fragmented cloak, without a name.

I walk in islands, dry and red,
Yet leave the seas untouched instead.

From crown to sole I stake my claim,
In spiny shafts, I etch my name.

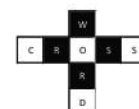
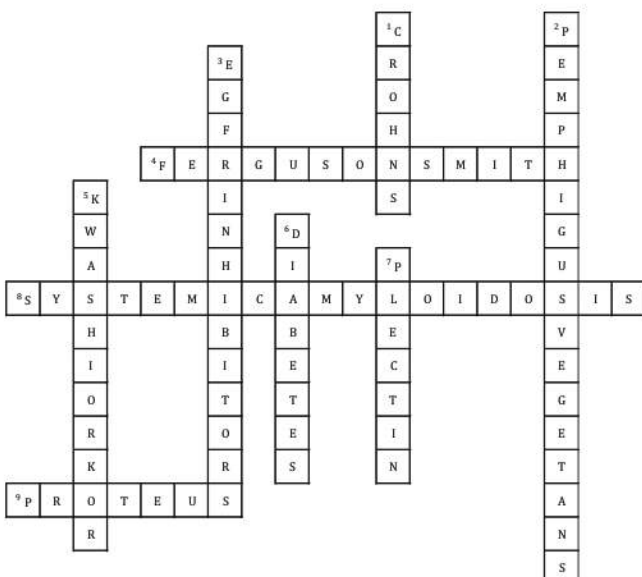
Though scaling high, I spare the fold,
My palms are stiff, my touch is cold.

In youth or age, I may appear,
But seldom do I linger clear.

What burns in rust and mimics flare,
Yet hides a root in follicle's lair?

Dermwiz Answer
Volume-3, Issue-2

Trichophyton
Mentagrophytes
Type 7



Answer
Volume-3, Issue-2