



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.

Volume 2, Issue 9, January 2025



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Volume 2 Number 9
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OBITUARY



With a heavy heart, we, on behalf of the IADVL West Bengal State Branch, express our profound grief and sorrow at the untimely demise of our esteemed senior life member [LM/WB/2406], Dr. Rathindra Nath Dutta, who passed away on 12th December 2024 at 8:55 AM at Tata Medical Centre, Kolkata.

Dr. Dutta was a revered teacher and clinician, having served as the Head of the Department of Dermatology at North Bengal Medical College and Calcutta National Medical College. He was also the Professor & Head of the Department of Dermatology at the Institute of Post Graduate Medical Education & Research and SSKM Hospital, Kolkata.

As a great leader, Dr. Dutta held several prestigious positions, including President of IADVL WB in 2013-14, Past National Vice President of IADVL, Elected President of IASSTD & AIDS, and Honorary General Secretary (National) of the Indian Association of Leprosy (IAL). He was also an adviser to the Editorial Board of the Journal of IASSTD & AIDS and played an instrumental role in organizing numerous national conferences.

He was a tremendously dynamic, ever-smiling person whose contributions to the field of Indian dermatology were immense. His leadership and warmth have left an indelible mark, marking the end of an era. His passing is a great loss to our community.

On this sorrowful occasion, we convey our deepest condolences to his bereaved family and pray to the Almighty that his soul may rest in eternal peace.

With deepest sympathy,

*Dr. Nilendu Sarma
Working President
IADVL, WB*

*Dr. Suchibrata Das
Hony. Secretary
IADVL, WB*



President Writes

Dear Members,

It gives me immense pleasure to bring to you yet another vibrant issue of Skintellect, a reflection of the relentless enthusiasm and commitment that define our IADVL WB family. Each edition is a step forward in our journey of learning, sharing, and growing together, and this one is no exception.

We have faced our share of challenges, but they have only strengthened our resolve and unity. It is heartening to see how our members continue to rise to every occasion, driven by a shared vision of excellence.

As we gear up for our much-anticipated state conference, the energy and dedication of our young members deserve special mention. Their innovative ideas and tireless efforts are shaping an event that promises to be truly memorable. Adding to the excitement, our cherished Cultural Program, showcasing the talents of our members, will be seamlessly woven into the conference, making it a celebration of both science and camaraderie.

I hope you enjoy this issue of Skintellect and find it as inspiring as the collective efforts behind it. Thank you for your continued support in making our branch a beacon of excellence.

Warm regards,



*Dr. Nilendu Sarma
Working President
IADVL WB*



Secretary's Scribes

Dear Members,

As we stand at the close of this year, a mixture of emotions fills our hearts. Earlier this month, we lost one of our most active, vibrant, and beloved past presidents, Prof. Rathindra Nath Datta - a true legend in Indian dermatology. Prof. Datta was not only a stalwart in our field, but also a deeply friendly and engaging individual who brought warmth and energy to every room he entered. His contributions to dermatology were immense. Prof. Datta held several prestigious positions, including: President of IADVL WB (2013-14), Past National Vice President of IADVL, Elected President of IASSTD & AIDS, Honorary General Secretary (National) of the Indian Association of Leprosy (IAL) and Advisor to the Editorial Board of the Journal of IASSTD & AIDS. He was instrumental in organizing numerous national conferences. As a teacher, Prof. Datta served as the Head of the Department of Dermatology at several esteemed medical colleges in West Bengal, including the prestigious IPGMER, Kolkata. His legacy will always remain with us. Rest in peace, Sir.



I would like to take this moment to sincerely thank each of you for your unwavering support and dedication to the glory of our beloved IADVL WB. Your constant commitment and hard work have played an essential role in advancing our chapter. The preparations for our annual state conference, CUTICON WB 2024, are in full swing under the leadership of Dr. Surajit Garai, our Organizing Secretary, and his dedicated team. Additionally, Dr. Abhishek De, Chairperson of the Scientific Committee, and Dr. Abhijit Saha, Organising Secretary are leaving no stone unturned to ensure that this year's conference will be an academically enriching experience for all.

IADVL WB is a journey—always forward, never-ending. Our seniors continue to guide us with wisdom and love, while the juniors follow with respect, together advancing hand in hand. As we look to the future, let's welcome the new year with renewed determination, aiming for new heights and broader horizons.

Thank you all once again.

Long Live IADVL WB

*Dr. Suchibrata Das
Honorary Secretary
IADVL WB*



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Editors Desk

Dear Readers,

As we step into a brand-new year, I extend my warmest wishes for health, happiness, and success for all our members in 2025. May this year bring renewed energy and opportunities for learning, collaboration, and innovation in dermatology.

This issue of Skintellect reflects our dedication to bringing diverse perspectives and updates from the field of dermatology.

We shine the Dermatologist Spotlight on Dr. Pradip Laha, whose contributions to our specialty and association continue to inspire many.

In the Resident Corner, we delve into the evolving field of Integrative Dermatology, exploring how it bridges conventional practices with holistic approaches for comprehensive skin health.

Our DermBuzz segment highlights the role of Biotechnology in Skincare, a rapidly advancing field reshaping how we understand and treat skin concerns.

We are also proud to share updates on two significant initiatives undertaken by our association:

- The Mission Prison Program, which brought dermatological care and education to correctional home inmates.
- Dermadhan, a webinar held on World AIDS Day, focusing on updates in HIV/AIDS management.

Additionally, we provide a report on the Clinical Meeting at VIMS, which facilitated the exchange of knowledge and fostered professional growth among dermatologists.

Adding a spark of excitement, we also have a Dermatology Quiz, designed to engage and challenge our readers while fostering a spirit of learning.

Lastly, I warmly invite you all to Cuticon West Bengal 2025, happening on the 11th and 12th of January. Let's come together to celebrate learning, collaboration, and the spirit of dermatology.

As we continue to innovate and lead in our field, let's make 2025 a year of meaningful contributions and progress. I hope you enjoy this issue and find it both informative and inspiring.

Warm regards,



Dr. Shreya Poddar

Editor, Skintellect,

The IADVL WB Monthly Newsletter

Hony. Joint Secretary, IADVL WB

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DERMATOLOGIST SPOTLIGHT: DR. PRADIP LAHA

Q1. *It's our pleasure to interview such a renowned established clinician Sir. How do you think academics play a role in shaping up a good clinician Sir?*

Regarding the relationship of academics in a clinician's life & success, the two are inseparably intertwined since the person starts his 1st year MBBS class, right from the 1st day. The more he has been attentive in class & have done his practicals religiously, by himself, the more self confident he becomes & by the time he gets through his Final MBBS exams, his "medical common sense" has developed, so that he can at least guess which stream of the medical sciences a patient can be categorised in & unless it is a straightforward case, at least where to look for to get to the root of the problem. It should be remembered that all the higher levels of medical sciences are merely add ons of a very polished final MBBS & undergraduate preparation. We should always remember the adage that "What the mind does not know, the eyes cannot see". So as we delve deeper & deeper into our higher studies, case studying with the book open by the side, is absolutely mandatory.



Next come tutoring & interacting with your juniors regarding the cases seen, which always lead to mutual upgrading. The whole purpose of all this exercise is to build up our mental software & store it in our mental clouds, as much as possible, so that when we are facing patients & seeing any type of case, whether simple straight forward ones, or critical or rare issues, you can go back & recall from your stored data instantly & tackle the case accordingly. In Dermatology, seeing the cases & being guided by the teachers & mentors are vital. Because unknowingly, mental photographs are taken by the mind to be compared with the original case in front of us. Much later comes investigations, biopsies, dermoscopies etc & the other, various investigation/ treatment schedules which we keep on picking up as we progress as Clinicians in our speciality, to suit our choice & need.

Q2. *Sir you had been the president of IADVL, WB branch in your tenure. Also, you have held various other administrative posts in IADVL in the past. What have been the appreciative changes brought about by you during your tenure Sir? Do you feel this field has achieved new heights over the decade?*

My association with IADVL WB goes back to my immediate post PG period, when we were caught hold of by some Senior Professors of STM & enrolled as ordinary members. Later on, as rules changed, we all became LMs by compulsion. Then one day Prof Alok Roy caught hold of me in a mini bus & convinced me to join the EC. A couple of years later, somebody proposed my name & I became the Jt Secy. Oh, it was a gruelling time as Dr Manabbrata Mazumdar, the Hony Secy at that time, a perfectionist & hard taskmaster, made me do all the administrative jobs, paper works, drafting, market surveys of objects to be bought for utilization at the present office, which had been acquired just a short time before, with notes & running about to wholesale markets, to negotiating with the singers & pharma companies etc for the Cuticon programs. All the Supreme plastic chairs in our office, were purchased at that time. It was a truly learning experience. Then I became the Treasurer, a job about which I did not know anything at all.

I had to learn the basics from our Auditor Mr Ghosh, esp about how to detect any anomaly in the records being kept by our staff, the vouchers they used to submit, & how to tally them with the records in the Cash book. From our staff, Swapan babu, who used to keep the accounts, I learnt how to read the Balance Sheet etc & esp what to look for & where to look for, in those books, so that a proper Budget could be formed in advance to be presented in EGB / GBs.

A lot of loopholes & mistakes was found during my tenure & a lot of the drainage of funds of IADVL WB could be



stopped. This was the period when the TV was bought & installed & the computer was bought too. My good friend Dr Asok Ghosal, the then Hony Secy & myself, used to work in tandem, to get everything done on time, within the budget in such a way, that it would be acceptable to all. All this time, with the advent of Cuticons & one Dermacon, I learnt a lot about organising such mega events, first hand from the core of the work force, yet keeping my ideology & integrity intact while performing my duties & strictly executing my responsibilities, in the interest of IADVL WB only.

Subsequently, when I became the Hony Secretary, the following year, I was ready & prepared for the hot seat, with knowledge & first hand experience to handle the situations head on. What had perturbed me for a long time was, that there was a gulf of divide between the seniors & juniors in the Association. The seniors, mainly our ex teachers & senior 'dadas' who used to rule the roost in those days had got used to be pampered & expected to have the last word in every issue. All other members used to look up to them as demi Gods, & were shy or afraid to speak up in front of them. Ego was the main troublemaker always. Even EC meetings used to land up in a meleè sometimes.

Manabda, Asok & myself, serially tried with logic diplomacy & truth to bring the situation & scenario under control in a disciplined way, with due respect to seniors & love & patient hearing to the juniors, but never yielding an inch of ground to compromise on truth & reality. Good sumptuous food used to be arranged on meeting days, which satisfied all the participants, keep them cool headed & discuss & debate in a friendly way on contentious issues. (It also attracted several EC members who would abstain otherwise.) All the sub committees were brought under the direct control of the EC & answerability was imposed. Collection of funds esp arrears from Pharma cos. were strictly followed up & pending payments retrieved. Our Association is registered with the Registrar of Societies West Bengal. The renewal of yearly registration had been due for several years, with punitive letters of cancelling the Registration coming from the authorities. This was regularised by meeting the Registrar personally by myself & our staff, after paying up of all arrear dues.

Next, our Constitution, which was found to be erroneous at several places, now needed to be rectified, updated & rewritten. I was given the responsibility of doing this Herculean job. I used to come daily to the Office of IADVL WB, in the afternoon & work for 3 to 4 hours with Khageswar, our indispensable staff & totally reformed & rewrote it & also incorporated into it, all the relevant points mentioned in our IADVL Central's Constitution, to make it viable & referable as you see it in its present state. But by that time my tenure was ending & after getting it ratified by the GB, I had to leave it to my successors to get it newly registered with the Registrar of Societies. But I think that re-registration part is still pending. And time has come to further update it for Re-registration. Another important job I had to execute then, was formulating, formatting & correcting the Contract & MOU with Medknow Publishers, who had been appointed as such for our IJD. It was a tremendous task, reading word to word & also in between the lines, to eliminate points going against our interests & to incorporate those, in our favour. Financial terms & conditions involved were also overhauled. All this on the request of Dr Kaushik Lahiri, the then Editor, IJD. I was unanimously elected the President the following year, when I, at the pinnacle of the Association, was enjoying the privilege of overseeing the machinery, oiled & cleaned by me & my predecessors, was working smoothly & honestly with Dr Hawelia as the Hony Secy. IADVL WB was awarded the responsibility to hold the Dermacon, 2017, during my Presidentship.

Q3. *Sir you have had the blessed opportunity to treat Mother Teresa. How has that helped you grow in your personal life Sir?*

I started my relationship with Mother Teresa, on a selfish tone. I was always inclined towards 'seva' from my childhood, & after I became a doctor, that tendency increased 10 fold. I unknowingly became the philanthropic care-giver to all my relatives, a sizable number as I belonged to one of the original citizens of Kolkata, with an



enormously spread out, extended joint family. When my son was 2 years old, I heard from 'authentic' source(at least he seemed to me that), that if Mother Teresa MC, gives a letter of introduction, St Xavier's School, Calcutta, shall definitely admit him in the junior section. So I planned that I must somehow reach her in some way, so that she shall do me that favour. So, one day I, literally unannounced and un-introduced, gently barged into Nirmala Sishu Bhavan, opp St James School, & asked for her. Some novice Sisters took me to their Superior at that time & left. She looked quite familiar & smilingly asked me my purpose of visit. I said that I wanted to meet Mother. She humbly said that I had come to the wrong place & Mother House was further down the road, opposite Pratt Memorial School. I felt disheartened, kept my demeanour normal & introduced myself as a doctor & said that I would like to look about the place. She smiled & personally took me upstairs to the wards on the 1st floor, where the cerebral palsy & special children were kept.

As I entered the hall, I could see smiles & hear giggling from all the children on the beds. Each child's smile was different, distorted due to their mental disability, & saliva dribbling uncontrollably from their mouths, the ages ranging from about 2 years to teenagers. But one thing was common--each smile was from the heart! I was dumbfounded! Just then, I felt a small, soft hand clasping my left index finger weakly, tugging at it. I looked down & saw an, about 4 to 5 year old kid limping & smiling at me & hanging on to me. As our eyes met, he called out to me, & said 'Babaaa'! I was floored! Instantly, like a shock, I realized how petty, selfish I was, that I was trying to utilise this holy place to benefit my son, whereas here is another son of mine (he called me Baba...), for whom I could do nothing. I felt that God has given me a tight slap on my face, and instantly tears were rolling down from my eyes. The Sister was looking at me intently, puzzled. I looked straight into her eyes & said, 'I want to serve this place'. She was calm & reserved, then, a moment later, said, 'But doctor we cannot pay you anything'. I replied that I want nothing from you, just let me serve these helpless children. I could see Candidiasis on their face & furunculosis & scabies elsewhere. She kept quiet for sometime & said 'Let's visit the other wards.' After a round of the neonatal, isolation & destitute children's wards, & discussing many of their diseases, she let me know that she shall let me know over phone in a couple of days, after speaking to Mother. It was 1983, no mobiles were there as yet, so the phone came on the landline & I got the green signal. Every morning of every Wed I used spend in the wards & lines of babies & children used to come over to be treated & to greet & touch me.

A couple of weeks later, I had my first rendezvous with Mother. The Superior sister who met me on the first day, informed me that Mother wants me to check a very senior Sister, flown down from London for some skin problem. I was taken to Mother House & was taken to a small 1st floor verandah where she was speaking to some people. As she saw me, she quickly finished her talk with them & caught my wrist with her hand & started walking through the hall to her bedroom- the size of a square bathroom in a 3 bed- roomed flat nowadays--adorned by a small wooden cupboard, an iron, single hospital bed, a small, wooden school- desk & chair & of course the extra, typist bench & table, that could not be placed anywhere else so had been dumped there. She acted as the nurse helping the Sister to undress & get her ready for me to examine her. It is not the point that the patient had extensive atopic eczema & was treated by me successfully, but the lesson I learnt that day, is that to rule the world, you don't need a throne, a palace or tons of money. You need to do God's work, for God's children, selflessly. Money & success follows your selfless deeds, not the other way round. Ambition, higher studies, research are all required in life but must be equitably distributed & merged with humane services to society.

At another instance, when again I had to see another Sister in Mother House, I had asked her that she always speaks about spreading & giving love, but how much love should one give, & when to stop. She looked up at me with her squinting, twinkling eyes & said 'GIVE DOCTOR GIVE, GIVE TILL IT HURTS'. She knew how to meddle with the crowds & meet & get her way done with the royalty. The love, attention & lack of remorse, the Sisters trained by her, regularly dressed & cleaned putrid, smelly, necrotic, trophic ulcers of senile beggars, treated &



cared for in her different homes, were a teaching to me & would surely have acted as a beacon of light to the younger generation of doctors of today. The list is endless, but one thing I have to say here is that she was a human being par excellence, but not God. Like the moon she also had her blemishes. So any attempt to deify her would be a disservice to her ideals.

Q4. *Sir any hobbies you like to indulge in, in your leisure time? Please tell us something about it Sir.*

My hobbies were simple & varied with my age & position. When sometime it was swimming, story books, seeing films & being a foodie, later on day-dreaming & our dogs fitted in the list. With time some dropped off, others remained. Now I like listening to Indian & Western Classic music, expert discussions on Vedic scriptures from translated texts by astronomers & astrophysicists alike. This where the roads meet (East & West, ancient & modern).

Q5. *Sir any message for our young enthusiastic novice dermatologists which will help them become good clinicians in the future?*

Who am I to give any message to anyone? I am yet to attain any level of self-realization & knowledge to even try to assess or guide any body. What I can suggest is that try to look inwards, truthfully & cruelly to know & assess yourselves, & take one ball at a time & plan the shots as Gavaskar did as an opening batsman. Test your qualities on the blackstone of your life & go ahead, looking forward, with a cursory glance at the rear mirror of your experience, but that once in a while. Whether it is Dermatology or your Marriage, it will surely work out. Keep going my children.

DERMBUZZ : BIOTECHNOLOGY IN SKINCARE: MODERN REVOLUTION

Dr. Somodyuti Chandra
Consultant dermatologist

Biotechnology is defined as the application of knowledge in life sciences to create products or services that are beneficial to humans, being used to improve the quality and efficiency of food production, or even the production of cosmetic active ingredients, drugs, and vaccines. Technological advances have provided a better understanding of the relationship between genetics and biological function, unraveled the underlying causes of certain diseases, as well as explored the association between genomic variation and response to drugs.

Biotechnology has had an impact on cosmetic industry in several ways. The integration of biotechnology in cosmetics has ushered in a new era of active ingredient discovery, formulation innovation, and personalized skincare solutions. Cosmetics companies use biotechnology to discover, develop, and produce components of cosmetic formulations and to evaluate the activity of these components on the skin, in particular, how they can affect the changes associated with aging. Thus, biotechnology represents a good alternative tool for developing active ingredients that are able to slow down the aging process.



Active Ingredients Obtained by Biotechnological Processes–

- **Hyaluronic Acid** - Hyaluronic acid (HA) is a nonsulfated glycosaminoglycan composed of repeated disaccharide units of D-glucuronic acid and N-acetyl-d-glucosamine. The HA molecule has interesting properties, such as versatility, biocompatibility, biodegradability, and muco-adhesiveness, which allow its use in different medical, pharmaceutical, and cosmetic applications. HA is a moisturizing active ingredient that is widely used in cosmetic formulations (gels, emulsions, or serums) to restore the appearance of the skin. Nowadays, commercial HA is mainly obtained through microbial fermentation using *Streptococcus zooepidermicus* R42 and *Bacillus subtilis*.
- **Kojic Acid** – Kojic acid (KA) (5-hydroxy-2-hydroxymethyl-pyran-4-one) a well-known inhibitor of the tyrosinase enzyme, is commonly used to treat hyperpigmentation disorders. It can be produced through bioconversion techniques using specific microorganisms such as *Aspergillus oryzae*.
- **Resveratrol** - Resveratrol (3, 5, 40-trihydroxy-trans-stilbene) is a polyphenol having potent antioxidant and anti-inflammatory properties, contributing to its anti-aging and skin-protective effects. It helps combat oxidative stress, reduce redness, and promote overall skin wellness. For industrial purposes, resveratrol is generally obtained by biotechnological processes, using yeasts *Saccharomyces cerevisiae* or *Pichia pastoris*.
- **Enzymes** - Enzymes are proteins that are present in living organisms and catalyze several biochemical reactions that are necessary for life. Using recombinant DNA technology, the genes encoding these enzymes can be cloned to produce enzymes used in the pharmaceutical and cosmetics industries. One of such enzymes is Superoxide dismutase (SOD), a potent antioxidant that prevents damage caused by free radicals and reactive oxygen species (ROS), which is obtained through genetic modification of *S. cerevisiae*. Proteases are another group of enzymes that are used for skin exfoliation thereby improving the skin appearance. Subtilisin, a serine protease produced by *Bacillus licheniformis*, is used in cosmetic industry as an effective skin exfoliator. Recombinant photolyase enzyme can be produced from *Hymenobacter* sp. UV11 that is used in topical treatment to reverse UV damage.
- **Peptides** - Through biotechnological processes the pharmaceutical and cosmetics industries develop many peptides that play an important role in extracellular matrix synthesis, pigmentation, innate immunity, and

inflammation. There are 3 types of peptides: signal (Palmitoyl Tripeptide-1, Palmitoyl Tetrapeptide-7, Palmitoyl Pentapeptide-3, Palmitoyl Oligopeptide), carrier (Copper tripeptide), and neurotransmitter-inhibiting peptides (Pentapeptide-3, Acetylhexapeptide-3). Palmitoyl oligopeptide and Palmitoyl tetrapeptide-7 stimulates human fibroblasts that control collagen production in the skin. Palmitoyl tripeptide-1 is used in cosmetics in anti-wrinkle skincare. Copper tripeptide is used in anti-aging, anti-wrinkle, skin renewal, skin moisturizer, and hair growth stimulating products. Pentapeptide-3, an acetylcholine receptor blocker, aims to slow or even reverse skin aging by collagen stimulation, wound healing, "Botox-like" wrinkle smoothing.

- **Stem Cells-** A stem cell is an undifferentiated cell that can self-renew to replicate or can originate several specialized cell types. The ability of stem cells to replace damaged somatic cells is crucial for the tissue homeostasis. Stem cell derived extracellular vesicles or exosomes and cell therapies, such as adipose-derived stem cells, mesenchymal stem cells, and bone marrow mesenchymal stem cells, have been used for skin advanced therapy, due to the ability to repair and regenerate in cosmetic and reconstructive surgeries. Liposomal extracts containing plant stem cells from *Uttwiler Spätlauber*, *Saponaria pumila* and *Argania spinosa* have shown improvements in the treatment of wrinkles.
- **Growth factors-** A growth factor is defined as a biologically active molecule that is secreted and can affect cell growth. They may act on specific cell surface receptors that subsequently transmit these cell signals to other intracellular components. They can be applied topically or injected. Human epidermal growth factor (hEGF) is produced in several hosted systems, including *E.coli* and *S.cerevisiae* and is found to be effective in accelerating healing process, treatment of wrinkles, age spots, and freckles.

Biotech in skincare emphasizes sustainability, reducing reliance on harmful chemicals, and improving the overall environmental footprint of products. It is transforming the skincare industry by providing innovative, and more effective solutions, thus revolutionizing how skincare products are formulated and used. As these technologies continue to advance, consumers can expect skincare resolutions that are not only more powerful but also better for the environment.

QUIZ: Volume 2, Issue 8 Answer:

1. Correct choice: **D**
Sclera is the most common extracutaneous site in Nevus of Ota.
2. Correct choice: **B**
Griseofulvin is known as the curling factor as a substance produced by *Penicillium* fungus that produces distortion of other fungus.
3. Correct choice: **A**
These are associated with a NEMO gene defect.
4. Correct choice: **A**
FLCN gene defect with a picture of fibrofolliculomas seen in Birt-Hogg-Dube syndrome. Lungs have multiple pulmonary cysts and a risk of spontaneous pneumothorax exists.
5. Correct choice: **A**
Waardenburg syndrome has pili torti and deafness along with Piebaldism and a risk for Hirschsprung disease.

RESIDENT'S CORNER: INTEGRATIVE DERMATOLOGY: A HOLISTIC APPROACH TO SKIN HEALTH

Dr. Sambit Chatterjee

3rd Year PGT Department of Dermatology, KPCMCH



Integrative dermatology combines conventional treatments with evidence-based alternative therapies to treat skin conditions, focusing on lifestyle, dietary changes, stress management, and herbal formulations. This holistic approach addresses not only the skin but also overall health, promoting vitality and preventing future issues by tackling internal health factors that impact skin appearance.

The Link Between Internal Health and Skin

The skin reflects internal health, with conditions like acne often signaling inflammation, hormonal imbalances, or poor gut health. A balanced diet rich in antioxidants and vitamins helps fight inflammation, while stress management techniques, such as yoga and meditation, can reduce flare-ups of conditions like psoriasis and eczema. Integrative dermatology addresses the root causes of skin issues, considering factors such as diet, stress, hormonal imbalances, and immune dysfunction. Various cutaneous conditions like acne, psoriasis, eczema and rosacea can be connected to underlying causes like poor diet, stress, hormonal imbalances and immune system dysfunction

Key Components of Integrative Dermatology

1. Nutrition and Diet

A diet rich in fruits, vegetables, healthy fats, and antioxidants supports skin health. Omega-3 fatty acids help with conditions like psoriasis, while vitamin C boosts collagen production and protects against UV damage.

2. Herbal and Nutritional Supplements

Herbs like aloe vera, chamomile, and turmeric soothe irritated skin. Supplements such as zinc and vitamin D may benefit acne and rosacea, though patients should consult healthcare providers before using them.

3. Stress Management

Chronic stress can trigger conditions like eczema and acne. Practices like yoga, meditation, and deep breathing can help reduce stress and improve skin health.

4. Acupuncture

Acupuncture promotes circulation and balances energy, potentially alleviating conditions such as acne and rosacea.

5. Topical Treatments and Procedures

Conventional treatments, like creams and laser therapy, complement natural therapies to address external skin issues.

Benefits of Integrative Dermatology

1. Personalized Care

Treatment plans are tailored to individual needs, addressing both skin health and overall wellness.

2. Long-Term Skin Health

By targeting the root causes of skin conditions, integrative dermatology aims for sustainable, long-term improvements.

3. Prevention Focus

Lifestyle changes promoted by integrative dermatology help prevent chronic skin issues and premature aging.

4. Decreased Side Effects



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Natural therapies reduce the reliance on medications with harsh side effects, offering a more balanced skincare approach.

The Future of Integrative Dermatology

As more people seek natural and holistic ways to manage their health, integrative dermatology is likely to continue growing. This approach is becoming increasingly popular among patients who are looking for solutions that go beyond symptom management and focus on achieving lasting skin health. Integrative dermatology also bridges the gap between modern medicine and traditional healing practices, creating a more comprehensive and personalized approach to dermatological care. While this field is still relatively new, integrative dermatology offers hope for those struggling with chronic skin conditions.



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By IADVL Of IADVL For IADVL

FEATURES

- Affordable & Accountable
- For LMs & Their family members.
- Dependable companion in crisis.
- Life time Benefits to the member who contributed for 30/40 years.
- Amount of help will increase as number of members increases.
- Profit remains with DVLWT.
- The profit redistributed among members in terms of benefits.

BENEFITS

FOR SOCIAL SECURITY

- Benefites start after ONE year of joining as a member.
- Nominee of the member will get help in terms of money Rs. 450/- X N* (* Number of members)

FOR PROFESSIONAL PROTECTION

- Covers individual.
- Educative seminars for members to prevent litigation.
- Help is extended in all types of cases like civil, criminal, labour & consumer redressal fora & dispute arising out of clinical establishment act.

Help yourself
Help others ...

CONTACT FOR MORE DETAILS
+9179844 98361

DVL WELFARE TRUST

Shreeji Chambers, B/h Rajdhani Hotel, Brahmpuri,
Dandia Bazar, Vadodara, Gujarat, INDIA.

dvlwelfaretrust@gmail.com | www.dvlwelfaretrust.org



DVL WELFARE TRUST

Shreeji Chambers, B/h Rajdhani Hotel, Brahmpuri, Dandia Bazar, Vadodara, Gujarat, INDIA.



SCAN QR CODE TO JOIN
DVL WELFARE TRUST



SCAN QR CODE WITH UPI/GPAY
FOR CONTRIBUTIONS TO
DVL WELFARE TRUST



Details of one time Admission fees

The Admission Fees payable shall be based on age in years of the proposed member or their family member who likes to join the scheme, as follows :

No.	Age	Rate in Rs.
1	Up to the age of 10 Year	1,000
2	11 of 20 Years	1500
3	21 of 30 Years	2000
4	31 of 40 Years	3000
5	41 of 50 Years	4000
6	51 of 60 Years	5000
7	61 of 70 Years	7000
8	Above 70 Years	8000

Member's annual contribution

- Annual membership fee of Rs. 750/- (with increment every 5 years.)
- Fraternity contribution Rs. 500 x N, where N = No. of Death of members)

Plus, Optional professional indemnity annual legal fees, to be paid by those members who opt for professional indemnity.

Webinar on DERMA Adhyayan

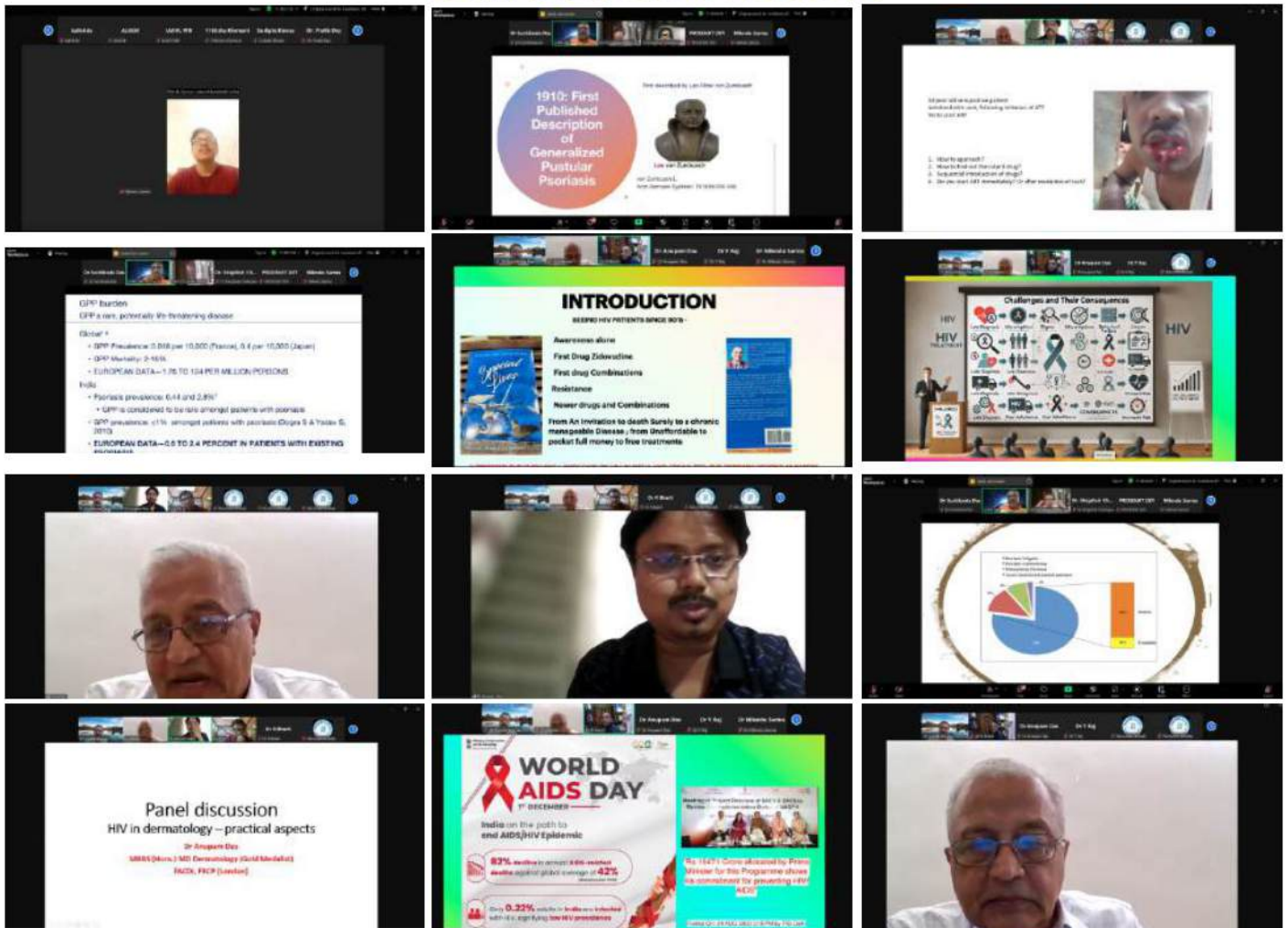
This World AIDS Day, on 1st December, IADVL-WB Academy put together yet another enriching Dermadhyayan episode on the Recent Advances in HIV. After a warm welcome by Dr. Nilendu Sharma and Dr. Suchibrata Das, the episode started with Dr. Rakesh Bharti's lecture on HIV in India- beyond statistics. A private practitioner's view, which provided us a much-needed clarity regarding the ground reality of HIV in our country. This was followed by Current concepts in management of HIV infection by renowned Dr. Janak Maniar, whose erudite knowledge and vast clinical experience awed us all. The session ended with a case-based panel discussion on HIV in Dermatology, moderated wonderfully by Dr. Anupam Das, where eminent panellists Dr. Rakesh Bharti, Dr. Janak Maniar and Dr. Yogi Raj shared their perspectives and clinical experience with the audience. This episode is now available on Youtube:

Stayed tuned for more such wonderful Dermadhyayan episodes!

IADVL WB ACADEMY
PRESENTS

Derma Adhyayan

Learn. Unlearn. Relearn.



Monthly Clinical Meeting of IADVL WB on 2/12/2024 at R K M Seva Pratishthan, Kolkata

Early this month, monthly clinical meet of IADVL WB was held at Ramkrishna Mission Seva Pratishthan. It was a short and successfully held meet under the mentorship of Dr Siddhartha Das, Dr Raghbir Banerjee and Dr Rajib Malakar. Cases such as syringoma, eosinophilic pustular folliculitis, papule over chest, sarcoidosis, uncommon cases like papulonecrotic tuberculid and hand-foot skin reaction and pigment dilution associated with Cabozantinib were presented.



Mission Prison

On the morning of 1st December, 2024, under the aegis of IADVL WB, MISSION PRISON, a community health program was organised at four of the largest correctional homes in and around Kolkata. Four dedicated team of dermatologists visited Presidency, Dumdum, Baruipur and Howrah correctional homes and provided care, support and counselling to over a thousand inmates in those facilities.

The team at Presidency- Dr. Suchibrata Das, Dr. Saurabh Kumar Dhara, Dr. Sohini Roy, Dr. Chinmoy Bera, Dr. Kundan Gupta, Dr. Adityendu Chakraborty. The team at Dumdum facility- Dr. Kingshuk Chatterjee, Dr. Loknath Ghoshal, Dr. Shoubhick Biswas, Dr. Debalina Kanjilal, Dr. Brijesh Yadav, Dr. Satarupa Mondal. The team at Baruipur- Dr. Sujata Sengupta, Dr. Shreya Poddar, Dr. Ananya Dawn, Dr. Sambit Chatterjee, Dr. Satarupa Kumar and the team at Howrah- Dr. Nilendu Sharma, Dr. Somenath Sarkar, Dr. Tanusree Sarkar, Dr. Chinmoy Kar, Dr. Sayantan Nandi, Dr. Debalina Satra, Dr. Mayukh Hazra and support staff. 262 patients at Baruipur, 253 at Presidency, 277 at Dumdum and 241 at Howrah were treated.

The services provided were free consultation and medicine supply, counselling and health awareness. This program was made possible through the collaboration with Home Department and the invaluable support of the local staff. We express sincere gratitude to all the volunteers for their contribution.





SKINTELLECT

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WE CARE FOR YOUR SKIN, HAIR & NAILS
#IADVL certified Dermatologists are the true experts



OUR MISSION:

Reach the underprivileged. serve the needy



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Indian Association of Dermatologists,
Venereologists and Leprologists (IADVL)
West Bengal State Branch

MISSION PRISON 2024 SKIN HEALTH CAMP

Reaching out, Beyond barriers

Dr. Nilendu Sarma
Working President
IADVL WB

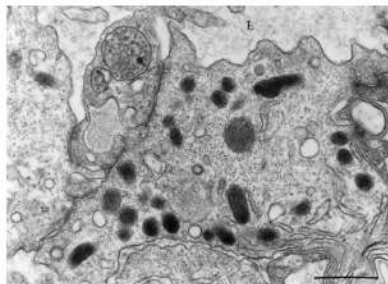
Dr. Suchibrata Das
Hony. Secretary
IADVL WB

Quiz Zone

1. Identify the scientist who won the Nobel Prize in Medicine and Physiology in the field of Dermatology (PIC 1)
2. Identify the elongated dark structures shown in EM image of papillary dermal vessel. (PIC 2)
(L = Lumen)
3. Composition of Westerhoff's Formula for the treatment of melasma?
(Modification of Original Kligman Formula)
4. Which drug used for the treatment of plaque psoriasis was reported to cause DRESS in the month of December 2024?
The drug is a recently approved (Oct 2023) biologic for Plaque Psoriasis and Psoriatic Arthritis.
5. Name the drug FDA approved for Chronic Graft versus Host disease in August 2024, which is a Colony Stimulating Factor 1 blocking antibody given by IV infusion.
6. Identify the plant related to rash of Dermatomyositis. (PIC 3)
7. A 19-year-old male with no significant past medical history was referred to the Department of Oral Surgery with a chief complaint of pain and swelling on the right side of maxilla. The pain was dull and intermittent and extra-orally a mild swelling was evident in the right middle third of the face. Clinical examination revealed a mild frontal bossing and hypertelorism.
Dermatological examination of the patient showed single ulcerated lesion with rolled margins over back and multiple palmar pits. Additionally, radiological examination of the chest revealed fused ribs.
Mode of inheritance?
8. Red half moon sign of nail – novel manifestation of which disease? (PIC 4)
9. Name and regimen of indigenous qHPV vaccine developed by Serum Institute of India.
10. World Leprosy Day – celebrated on the last Sunday of January every year. What was the theme of World Leprosy day, 28th January, 2024?



PIC 1



PIC 2



PIC 3



PIC 4

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.



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CUTICON WEST BENGAL '24

27th Annual State Conference
of IADVL, WB State Branch



**11th & 12th
Jan, 2025**

Theme:
**Innovative,
Insightful &
Impactful
Dermatology**



Dhono Dhanyo Auditorium
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