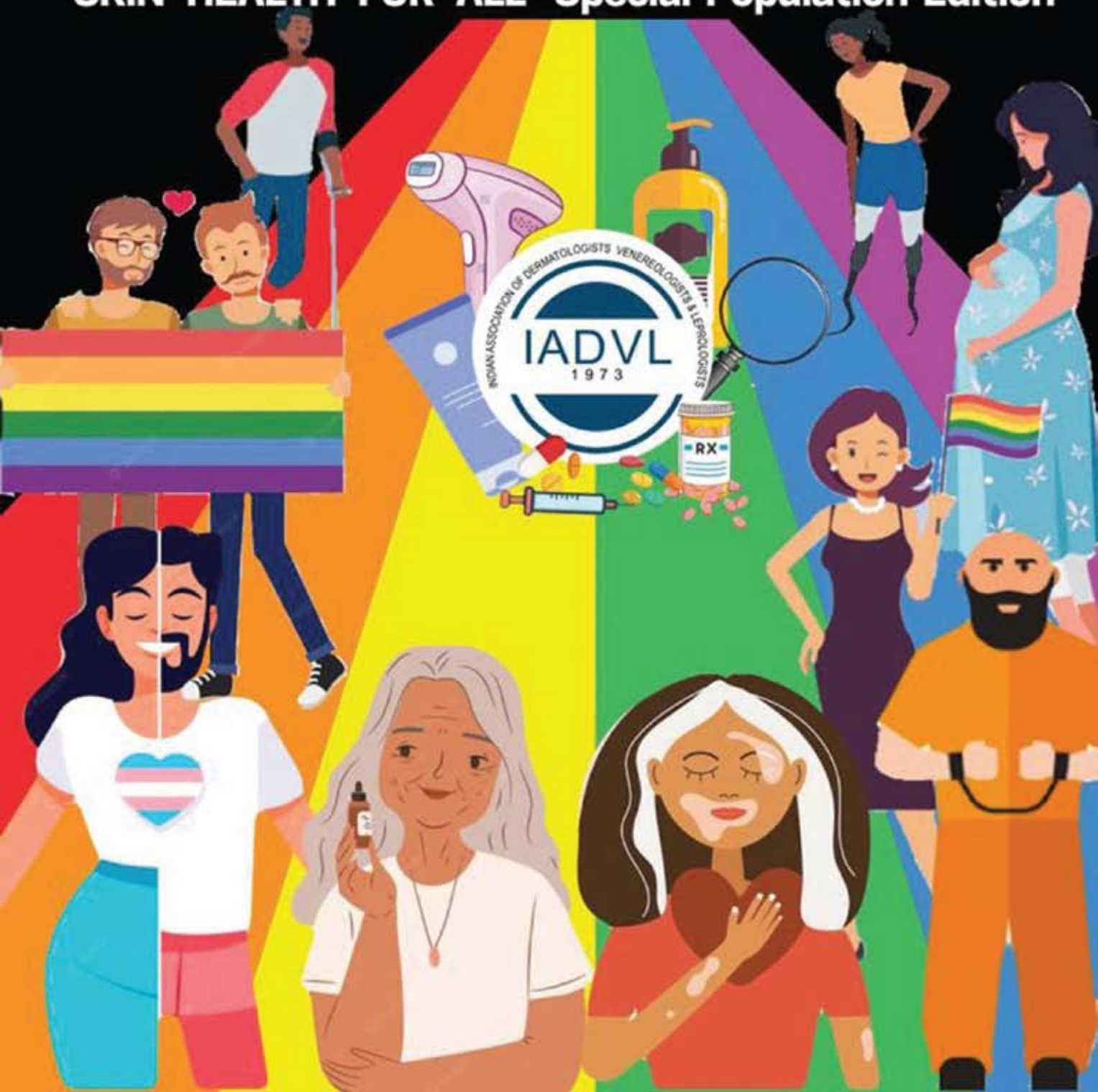
RESIDREAM

VOLUME 10: ISSUE 2 July 2023

NATIONAL RESIDENTS COMMITTEE 2023

SKIN HEALTH FOR ALL- Special Population Edition



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Editorial

Dear readers,

Welcome to the captivating world of ResiDream magazine, where residents' dreams and aspirations come to life! As the Editor-in-Chief, I am thrilled to guide you through the enchanting journey we have embarked on with the IADVL National Residents Committee.

When residents unite, dreams ignite!

When I first stumbled upon the poster competition for World Vitiligo Day, hosted by the committee, a whirlwind of emotions enveloped me. Joy, curiosity, and sheer excitement surged through my veins as I discovered the existence of a body created by the residents, for the residents, and of the residents. A deep desire and sense of attachment bloomed within me, transforming me into an ardent fan of this extraordinary organization. Through the residents' committee, I discovered the magnificent tapestry of activities and programs that IADVL had woven for its residents. From that moment, I yearned to be part of this extraordinary committee.

In this remarkable journey, I have been blessed with unwavering support from incredible individuals. I extend my heartfelt gratitude to Dr. Vijay Zawar, the visionary President of IADVL, and Dr. Dinesh Kumar Deveraj, the Honorary Secretary General of IADVL, for their constant guidance and belief in our mission. A special mention goes to my esteemed mentor, Dr. Rashmi Sarkar, whose wisdom has shaped my path, and to Dr. Soumya Sachdeva, my wonderful senior and advisor of NRC, for their invaluable guidance. The entire IADVL Executive Committee deserves applause for placing their trust in me and fueling my passion.

As the sun sets on yesterday's achievements, we embrace the dawn of a new chapter with unwavering determination. Our Instagram series on Dermatopathology, Dermatosurgery, Case Scenarios, Eponyms, Signs, and Phenomena has been an enchanting voyage into the realms of dermatology. To make this journey even more interactive, we have introduced correct answer facilitation for our series, inviting you to join us in unraveling the mysteries of the field. The resounding success of our competitions

on World Health Day and World Vitiligo Day further amplified the talents and creativity within our community. And now, with immense pride, we unveil our very own YouTube channel, casting a wider net to embrace dermatology residents' passion within the IADVL NRC and inspire many, because-

Inspiration ignites passion, passion fuels dreams, and dreams create a legacy.

At the heart of our triumph lies an extraordinary team, whose dedication surpasses all expectations. Dr. Sahana Ojha has artfully crafted the cover page, while Dr. Varsha Shekhar has left her artistic imprint on the back page. The exceptional editorial team, comprising Dr. Sanjeevan Kaur, Dr. Aarushi Mittal, Dr. Prakriti Malhotra, Dr. Poornima Bukke, Dr. Sushmita Mishra, Dr. Prateek Nayak, Dr. Rahul Nayak, Dr. Manavi Gupta, Dr. Jinisha Jain, Dr. Subhasree Sarkar, Dr. Anand Mannu, Dr. Shivani Muchandimath, Dr. Roshni Goyal, Dr. Priya Garg, and Dr. Rutvi Pandya, deserve a resounding ovation. They are the magicians who have woven together a spellbinding tapestry of academic articles, mind-teasing crossword puzzles, poignant poems, delightful memes, captivating artwork, and inspiring stories.

I extend my heartfelt gratitude to all the residents who have poured their brilliance into the current issue. Your insights and contributions illuminate the pages of ResiDream magazine, transforming it into a kaleidoscope of shared experiences and boundless imagination. This issue is an embodiment of our collective spirit, resonating with the dreams and aspirations of each and every resident.

Dive into this mesmerizing issue, dear readers, and allow the symphony of words and visuals to transport you to new realms of inspiration, knowledge, and connection. Together, let us cherish the magic of ResiDream magazine and celebrate residency!

Dream big, embrace unity, and let your voices resound!

Sincerely,

Vignesh Narayan R

Editor-in-Chief, Resi Dream Magazine 2023

Convenor IADVL NRC 2023

PRESIDENT'S PREAMBLE

The dynamic IADVL Resident Connect forum acts as a catalyst, fueling residents' intellectual prowess as they delve into the realms of education through captivating articles, enthralling case discussions, mind-boggling quizzes, and more. It serves as an interactive haven, fostering the free flow of knowledge and ideas.

Esteemed members of IADVL and dear residents,

It brings me immense delight to pen this message on the occasion of the much-anticipated release of Residream Volume 10, Issue[2]. As I assume the prestigious role of IADVL President in 2023, I find myself filled with admiration for the remarkable endeavors accomplished by IADVL NRC during my tenure.

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This committee, under the remarkable leadership of the esteemed Dr. Dinesh Kumar Devaraj, Secretary General of IADVL, and the gifted Convener, Dr. Vignesh Narayan R, and venerable advisor Dr. Soumya Sachdeva has flourished. Their unwavering dedication and innovative approach have paved the way for an exceptional outreach, both physically and across the vibrant landscape of social media. The committee has skillfully fostered a robust network of medical college representatives and disseminated captivating social media posts more than three times a week.

The team's ingenious initiatives on Instagram, including the riveting "Skinvestigator" series by Dr. Rahul Nayak and Dr. Subhasree Sarkar, the captivating "Beyond the Surface" quizzes by Dr. Sahana Ojha and Dr. Manavi Gupta, and the enlightening "DermWeapons" series by Dr. Sanjeevan Kaur, Dr. Priya Garg, and Dr. Shivani Muchandimath, serve as shining examples among a myriad of extraordinary undertakings. Furthermore, the

enlightening “Dermatopathology Dives” series, brought to life by the brilliant minds of Dr. Aarushi Mittal, Dr. Jinisha Jain and Dr. Poornima Bukke, enriches our understanding of this intricate field. It is imperative to acknowledge the unwavering dedication exhibited by each team member, including Dr. Prakriti Malhotra, Dr. Sushmita Mishra, Dr. Prateek Nayak, Dr. Anand Mannu, Dr. Roshni Goyal, Dr. Varsha Shekhar, and Dr. Rutvi Pandya, who have poured their hearts and souls into this noble cause throughout the year. The current edition of Residream is an absolute delight to peruse, showcasing the awe-inspiring contributions of residents hailing from diverse corners of India. The meticulous planning and compilation of this captivating news bulletin deserve my heartfelt congratulations, as your remarkable efforts truly epitomize excellence. You, dear residents, represent the vanguard of dermatology in India, and I stand in awe of your exceptional achievements.

I extend my heartfelt wishes to Dr. Vignesh Narayan R and the entire team, urging them to perpetuate the magic with this and forthcoming issues, captivating the hearts and minds of more postgraduates, and kindling a burning desire within them to contribute to the resplendent growth of IADVL. May the spirit of IADVL endure eternally!

With deep admiration and unwavering respect,

Dr. Vijay Zawar
President IADVL 2023

HONORARY SECRETARY GENERAL SPEAKS

Dear Residents,

Within the realm of Dermatology, a realm that thrives on support, care, and unwavering guidance, lies a group of extraordinary individuals who possess the potential to soar to great heights. These individuals are none other than the Dermatology Residents, and it is our utmost priority at IADVL to connect with and nurture these future luminaries, providing them with a platform to share their brilliant ideas and profound thoughts.

Enter the National Resident Committee of IADVL, the driving force that ensures this connection is forged flawlessly. Acting as a formidable bridge between the residents and our esteemed organization, they leave no stone unturned in their quest to foster a sense of belonging and unity. With a vibrant presence across various social media platforms, their tireless efforts throughout the year serve to make every resident feel like an integral part of IADVL's tapestry. This unbreakable bond ensures that our budding dermatologists are meticulously molded in the most exceptional way.

Allow me to introduce you to a dazzling gem in the crown of the NRCC: Residream magazine. Bursting with the boundless creativity of our residents, this exceptional initiative allows them to express themselves through a mesmerizing blend of poetic masterpieces, captivating stories, humorous memes, awe-inspiring artwork, and scholarly articles. The contributors of Residream, with their unparalleled talent and unwavering dedication, have woven together a tapestry of sheer brilliance, forming a captivating symphony of academic insights and invaluable practical tips for the ambitious dermatologists of tomorrow.

Enter the National Resident Committee of IADVL, the driving force that ensures this connection is forged flawlessly. Acting as a formidable bridge between the residents and our esteemed organization, they leave no stone unturned in their quest to foster a sense of belonging and unity.

Today, I extend my heartfelt congratulations to the remarkable individuals who have made this Residream issue a resounding success. Dr. Vignesh Narayan R, the NRCC Convener and the visionary Editor-in-Chief of Residream, along with the brilliant guidance of advisor Dr. Soumya Sachdeva, and the expertise of our associate editors - Dr. Sanjeevan Kaur, Dr. Aarushi Mittal, Dr. Prakriti Malhotra, Dr. Sahana Ojha, Dr. Poornima Bukke, Dr. Sushmita Mishra, Dr. Prateek Nayak, Dr. Rahul Nayak, Dr. Manavi Gupta, Dr. Jinisha Jain, Dr. Subhasree Sarkar, Dr. Anand Mannu, Dr. Shivani Muchandimath, Dr. Roshni Goyal, Dr. Priya Garg, Dr. Varsha Shekhar, and Dr. Rutvi Pandya—have forged a masterpiece that will undoubtedly leave an indelible mark on the world of dermatology.

At IADVL, we are acutely aware of the aspirations and needs of our postgraduate students. To this end, we have meticulously crafted a cornucopia of opportunities tailored exclusively for you. Scholarships, quizzes, and conferences await your eager participation, serving as stepping stones on your path to greatness. I implore all residents to keep their eyes peeled, frequently visit our website, and immerse yourselves in the wealth of resources we have to offer. The stage is set, and we eagerly anticipate your feedback, your involvement, and your invaluable contributions as we collectively paint a brighter, more glorious future for IADVL.

With unyielding enthusiasm,

Dr. Dinesh Kumar Devaraj, MD, FRCP

Honorary Secretary General, IADVL 2023

Chairperson IADVL NRCC 2023

MESSAGE FROM ADVISOR

Enter the National Resident Committee of IADVL, the driving force that ensures this connection is forged flawlessly. Acting as a formidable bridge between the residents and our esteemed organization, they leave no stone unturned in their quest to foster a sense of belonging and unity.

"Hard work is an essential element in tracking down and perfecting a strategy or in executing it.

- Charlie Munger

Dear Residents,

It is a great honour for me to serve as an advisor to the IADVL National Resident Committee 2023. This edition of IADVL Residream represents the finest efforts of our team. Dr. Vijay Zawar Sir, President IADVL, and Dr. Dinesh Kumar Devaraj Sir, Secretary General IADVL and Chairperson IADVL NRC, have enlighted and guided us every moment in this beautiful journey.

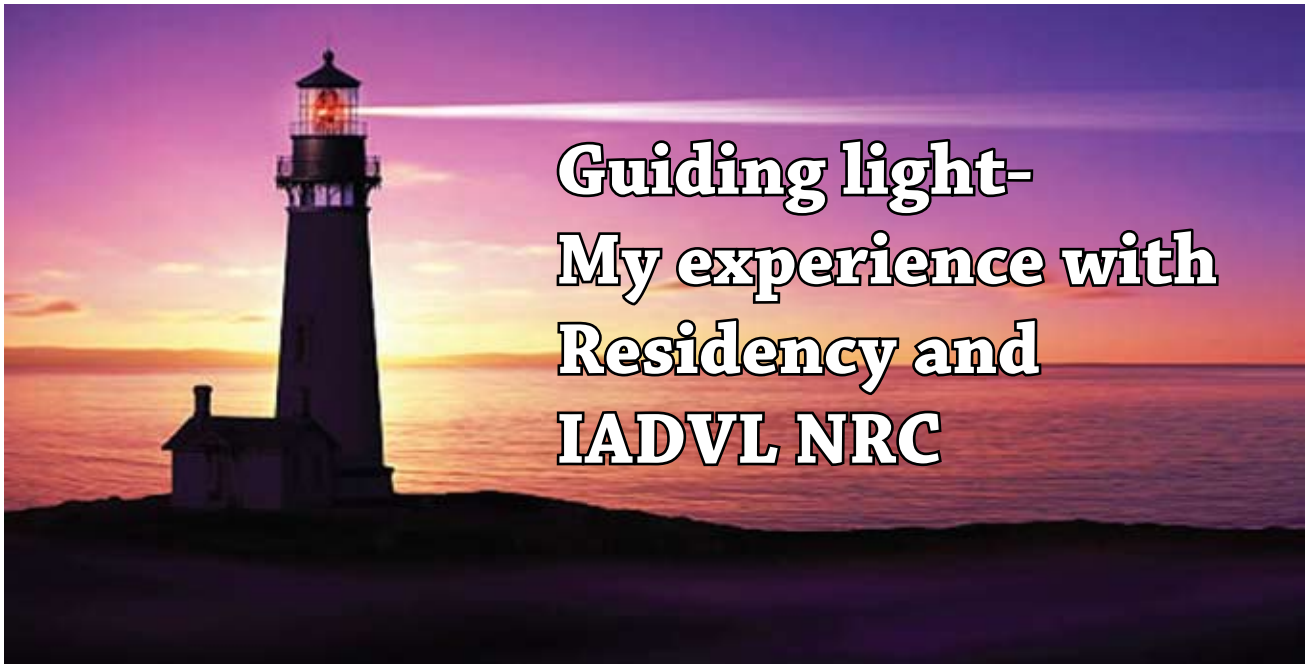
Dr. Vignesh Narayan R, chief editor and convenor of the IADVL NRC, and his team of associate editors, have produced excellent work. A big shout out to them.

The IADVL National resident committee is a first step in aiding the residents on the long road ahead. I urge all dermatology residents to join the IADVL NRC and use the organization's resources.

"Alone we can do so little; together we can do so much."

Long Live IADVL

Dr. Soumya Sachdeva
MBBS, MD, DNB, ECFMG (USA)
Advisor, Residream



Guiding light- My experience with Residency and IADVL NRC

The only regret I had was that we were the first ever batch in my college. Although my professors were extremely supportive, residency without seniors felt like navigating without a map. I used to be clueless, searching the Internet for any guidance I could find. That's when I found IADVL NRC Instagram page, and I was delighted. The activities, the competitions made me feel like part of a bigger group and the Instagram lives with the most prominent names of Dermatology inspired me to no end.

I had always thought that if I managed to secure a decent rank in Neet PG, I would take up Dermatology. The reason being extremely simple, the Dermatology Department in my undergraduate college looked like the happiest department. The Professors did not look as stressed and the residents did not look as exhausted. I thought if I worked hard and achieved that rank, I might as well treat myself with some peaceful work-life balance which seems like a distant dream to most Indian doctors. Fast forward to after the Neet PG results, and my rank looked like I could actually get into this much sought after specialty. But what surprised me was some of the comments made by some of the members of the medical fraternity itself, "Uggh why would you want to handle such dirty looking diseases? You know how much they smell? Do you know how nauseating it is? You know skin diseases are communicable right? Why would you willingly treat STD's? Do you want to be a beautician? You know skin diseases never get cured right? There is no emotional value attached to skin diseases, it's just acne and tinea!"

This was definitely unexpected, much to my shock most of it came from the medical fraternity itself. But guess what happened?

My resolve to pursue Dermatology got even stronger, if there is so much stigma within the medical fraternity, we can only imagine what dermatological patients deal with in the society. Thus, what started as a simple desire to have a peaceful life transformed into a purpose.

I was lucky enough to get into dermatology and I actually understood the unparalleled impact a dermatologist can have on the quality of life of a patient. The so-called 'simple' acne (which isn't simple at all), when adequately treated can boost a teenager's confidence. The common tinea corporis and urticaria, when treated can restore a person's sleep. Marriages happen when proper education and awareness about vitiligo is spread. Severe patients of Pemphigus vulgaris and Erythroderma resume their normal lives when managed properly. Lifelong disability and deformity of leprosy can be prevented. Awareness regarding safe-sex practices, sexual health and STD's can be spread.

The only regret I had was that we were the first ever batch in my college. Although my professors were extremely supportive, residency without seniors felt like navigating without a map. I used to be clueless, searching the Internet for any guidance I could find. That's when I found IADVL NRC Instagram page, and I was delighted. The activities, the competitions made me feel like part of a bigger group and the Instagram lives with the most prominent names of Dermatology inspired me to no end. The first issue of Residream I read was such a treat, so many talented people in one community. The then members of NRC I interacted with were very helpful and approachable. I could come up with any number of questions and I was guided with the utmost patience. Suddenly, it felt like I had so many seniors across India. So when I was invited to be a part of NRC I was thrilled. The first video call we had with the entire committee, the vibes were unmatched. A myriad of mind blowing ideas and so much passion for the subject. I have found a community of friends, seniors and guides all across India through this committee, united by the common passion for Dermatology! My Clinical Vignette 'Skinvestigator Series' alongwith Dr.Rahul Nayak will always be special to me. I would like to thank Dr. Vijay Zawar Sir (President IADVL), Dr. Rashmi Sarkar Ma'am (Past President IADVL), Dr. Dinesh Kumar Devaraj Sir (Hon. Secretary General IADVL), Dr. Vignesh Narayan R Sir (Convenor IADVL NRC) and Dr. Soumya Sachdeva Ma'am (Advisor NRC) for this opportunity of a lifetime. I would like to specially mention for Dr. Drashti Devani Ma'am and Dr. Abirami Chandramohan Ma'am for introducing me to IADVL NRC.

Dear Residents, we are here for you so please don't hesitate to approach us with any kind of help or guidance you require and don't forget to participate in all the fun academic activities we have going on all through the year!

Dr. Subhasree Sarkar
PG 2nd year, Indira Gandhi Institute of Medical Sciences, Patna

RESIDENCY TAPES

Later I noticed the attendant returning and asked him if he had obtained the prescribed material, and to my relief, he confirmed that it was near the patient's bed. Eager to proceed with the blood collection, I expressed my satisfaction and immediately began the procedure. With the syringe filled and ready, I asked the attendant about the whereabouts of the bulbs. To my astonishment, he pointed to a bag containing not red vacutainers but five cans of Red Bull. It was a moment of sheer disbelief.

1. When the Chips Are Down

Residency can be a challenging and demanding time for medical professionals. Amidst the long hours, relentless studying, and countless patient interactions, there are moments that provide much-needed humour and levity.

As part of our residency program, my colleague and I embarked on a research project focused on acanthosis nigricans. With a genuine desire to make a positive impact, we dedicated ourselves to counselling patients about the benefits of healthy choices and the avoidance of junk food.

After the Monday OPD rush we both found ourselves in need of a quick break, and decided to take a short stroll to the coffee shop located downstairs. As we entered the coffee shop and joined the queue, we suddenly noticed a familiar face approaching us. With an enthusiastic smile, we were greeted, "Hello, madam!" We were spotted with our hands, which were clutching packets of chips, and our lips, which were sipping on soft drinks. We exchanged bewildered glances, to our sheer horror, it was the patient we had just counselled for half an hour against junk food and healthy life choices. In that moment, we wished the ground would swallow us up. In a desperate attempt to save face, we quickly regained our composure and put on our best poker faces. With a simultaneous, unspoken agreement, we chose to ignore the undeniable contradiction before us. We smiled back at the patient and exchanged pleasantries, pretending as though our recent counselling session had never happened.

2. The Red Bulb Fiasco

Working in the ICU can be a high-pressure environment, filled with serious medical situations and demanding tasks. However, even in the midst of the most intense moments, unexpected humour can find its way into our lives

As a part of a project, I found myself working on a research focused on skin lesions in the ICU. Part of this project involved collecting blood samples from patients for routine investigations.

On this particular day there was a shortage of red vacutainers, so I prescribed the patient's attendant and asked them to procure five red bulbs. The attendant seemed taken aback and began arguing, questioning the need for all five bulbs. Frustrated by the unnecessary resistance, I responded that we prescribe only what we need. With an irritated tone, I continued with my work, assuming that the matter was resolved.

Later I noticed the attendant returning and asked him if he had obtained the prescribed material, and to my relief, he confirmed that it was near the patient's bed. Eager to proceed with the blood collection, I expressed my satisfaction and immediately began the procedure.

With the syringe filled and ready, I asked the attendant about the whereabouts of the bulbs. To my astonishment, he pointed to a bag containing not red vacutainers but five cans of Red Bull. It was a moment of sheer disbelief.

The realization struck me like a bolt of lightning. I found myself torn between laughter and panic. On one hand, the situation was undeniably funny, but on the other hand, I worried about the blood clotting due to the delay. In a hurry, I rushed to the adjacent ward to arrange the proper bulbs for the blood collection.

Eager to share my embarrassing tale, I approached a senior doctor from the medicine department to recount the incident. Rather than scolding me for the mix-up, they amusingly remarked, "It's good to have some extra energy during CPR." Their light-hearted response added to the laughter that had already filled the room.

Curious about the attendee's thought process, I questioned them about his decision to bring Red Bull. He said that he misread the prescription as red bull and bought it from a nearby wine shop. With the assumption that either I needed it for myself or that it was a new form of treatment. Feeling guilty, I offered to write a letter and have the Red Bull returned. However, the attendee reassured me, stating that he would put it to good use that night, where I could join.

Even the patient, an elderly individual dealing with their own medical challenges, found humour in my predicament. Laughter filled the room, momentarily easing the tension and reminding us all of the power of finding joy in unexpected situations.

Just a reminder to always write in BLOCK LETTERS and use the word ‘vacutainer’ instead of ‘Bulbs’.

Dr. Jinisha Jain
PG 2nd Year, Jawaharlal Nehru Medical College, Belgaum.

THE WOMEN HEALER

She is the epitope of strength,
The pillar of sacrifice,
The harbinger of courage,
Calm on the surface
Yet true to her goal
She multitasks,
and justifies every role.

She walks with pride,
She hides her wounds,
She has dreams, sprinkled far and wide.
She is no one to be told,
She is fierce and bold.
She walks firmly on earth
but looks ahead to the stars,
The worldly cobwebs tried but failed
to chain her behind the bars.

She has a heart of gold
She carries within a sea of love
She is a healer Yet,
She is a mother
She is a daughter She is a wife.

She wants to fulfil her dream
But knows the art of balancing
For her equally important,
is the other extreme. So,
She leave no stones unturned for
her family's smiles,
her children's bedtime stories,
She lends an ear to her lonely parents,
She knows they need her.
Her household chores;
she would never shirk,
And she also gives time to her children
for their homework.

She has unlimited energy
And people are left to wonder,
how she does it all!

But little do they know,
That she too does fall,
And her strength lies,
In getting up every time.

She leads by example;
With confidence and integrity,
While managing life and its nitty-gritty.
She is true to her word
And a role model for the world.
She analyses every situation
She helps others to achieve their goals
She encourages companionship
She is a leader,
she leads selflessly;
Carving solutions,
and forging a path endlessly.

She is kind and patient
She talks with compassion
For it is humility,
which is never out of fashion!

She knows the wellbeing of her patients
Is the true measure of her ability,
It is this passion which drives her everyday
And helps to keep,
all her-self doubts at bay!

She knows success has no secret hack
She knows the cost of it all;
But she even once, doesn't look back!
She is none else but the woman healer.

Dr. Soumya Sachdeva MBBS, MD, DNB, ECFMG(USA)
Consultant Dermatologist,
Max Super Speciality Hospital,
Vaishali, Ghaziabad, UP, India

THE CROWN

She wakes up every morning with a gleam in her glare
And into the mirror as she stares
She whispers "My hair is my Crown"
The rebellious ringlets gently caress her cheeks
And the rest form a neat mesh of locks till her waist as she looks down.

For Years and Years she had smothered and Ironed her curls
Suppressing the natural beauty emanating from the pearls
She beseeched the mercy of the society that wanted to make her conform
But Her Hair is like her – Rebellious, free and recusant

She's embraced her hair and lets them flow
Against the whims of the common folk
And when they question the sight of her striking hair
She answers them with a broad leer –
"For my hair are dark, luscious and bright
I shall wear my crown with utmost pride"

Dr. Sanjeevan Kaur
PG - 2nd year,
Venkateshwara Institute of Medical Sciences, Amroha

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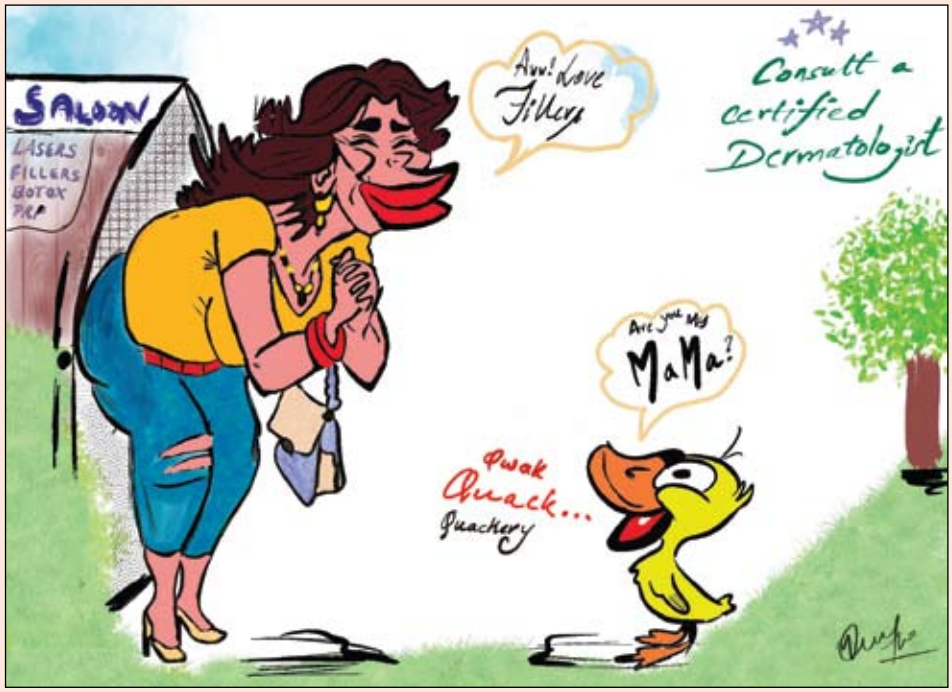
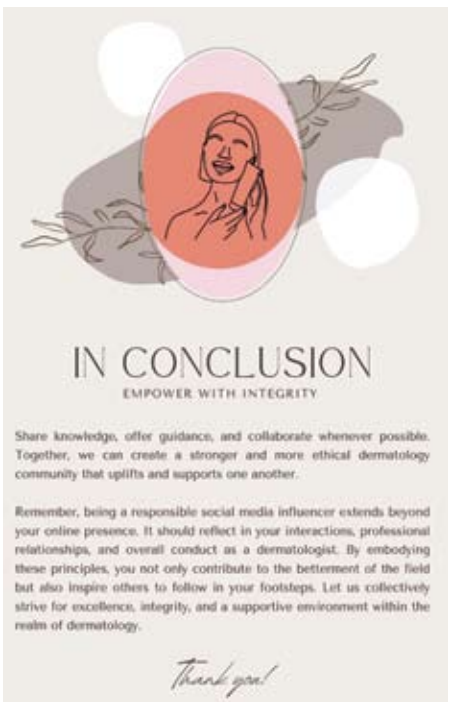


Dr. Sai Deepthi Y
Siddhartha Medical College, Vijayawada.

EMPOWER WITH INTEGRITY



Dr. Rakshitha Jayaprakash,
1st year Resident at
Subbaiah Institute of
Medical Sciences, Shimoga

WALKING THE TALK WITH DR. SOUMYA JAGADEESAN THE INTRIGUING JOURNEY YET

We must accept that AI is going to stay, so we need to upskill ourselves. In the coming days, it will play a much bigger role, so we need to learn and swim with the tide. If we are tech-savvy it will not just bring ease in our work but we can also find solutions for the difficulties that we face.

Dr. Soumya Jagadeesan is currently working as an Additional Professor, Dermatology in Amrita Institute of Medical Sciences, Kochi, Kerala. She is also a Member of the Editorial Board in IJDVL, Indian Journal of Postgraduate Dermatology, Journal of Skin and Sexually Transmitted Diseases, and Pigment International Journal. She was the Chairperson of the Quiz Committee, IADVL, and was the national quiz master twice for the finals of the IADVL-GSK National Quiz for post-graduates (IGNQPP). With an already loaded armor of 56 publications in her name, she has also received:

- 1st prize and a gold medal in IADVL-GSK National Quiz for post-graduates (IGNQPP)
- BKH Nair Award for best original research, IADVL Kerala
- American Academy of Dermatology Scholarship
- Prof. B. N. Banerjee gold medal
- Women's Dermatology Society International Traveling Grant
- IADVL-L'oreal Research Grant
- Amrita Innovation and Research Awards Incentive 2023

She was born in Kodungalloor, Kerala. And a major part of her schooling was done in New Delhi. Later, she pursued further studies in Kerala. She did her MBBS from Govt. Medical College, Alappuzha, Kerala, and MD from Govt. Medical College, Kottayam, Kerala. Before joining her PG in Kerala, for a brief period she took

up MD Ophthalmology in AIIMS, New Delhi. She got married in her Final year of MBBS and during her internship, she had a baby. But it did not prevent her from getting a seat in AIIMS. Later she dropped the seat and took a Dermatology seat in Kerala so that she could also take care of her baby. After entering this field, she fell in love with the subject as it has medicine, surgery, aesthetics, and glamour. Her husband is Dr. Vivek Nambiar, a Stroke Neurologist (DM) who has done a vascular neurology fellowship from Canada. He heads the division of Stroke in the same hospital. The couple have two children Vaishakh and Parthiv.

Who is Dr. Soumya Jagadeesan, the lady that people do not know about?

Perhaps, people do not know that I look at life from a philosophical and a spiritual perspective. I am very accepting of situations or people in life. I am also a trained Bharatnatyam (Thanjavur style) dancer, I do spend some time every day right after the hospital at my Guru's space. I am planning a concert of one and a half hours which is coming up on September 3rd. It is something I am serious and passionate about. It keeps me grounded and happy.

As a professional, when do you feel most alive? Like, when do you feel that you were born to do this?

When I see the results or when the disease starts to heal or when I see the happiness on my patient's face after getting treatment, I feel alive the most. I do go through research articles to keep myself updated, we do try newer and advanced treatments if the conventional is not working. I also explain to my patients about the risk and the benefits before putting them on a particular new treatment. Being honest and transparent about the outcome helps in building faith and establishing a good rapport with patients. Sometimes a few diseases demand aggressive treatment so we have to go for it, instead of downplaying it.

And the most anticipated topic of this interview. Dr. Soumya Jagadeesan and quizzing. How did you end up being the quiz pro?

I was into quizzes since my school days. In the second year of my residency, I and my co-pg Dr. Veena Chandran who was good at dermatopathology happened to attend a quiz. That was a spark; we realized we could team up as we had complementary skill sets. Later, we started participating in various quizzes. We took part in the IADVL-GSK quiz. We managed to win at state-level, zonal, and then went on to win the Nationals. It was a huge moment, as we had worked hard for it. After attending many quizzes, I got the hang of it and I realize the pattern and start connecting the dots. Later, I got opportunities to conduct quizzes for young residents multiple times. My heart goes out to all the participants and those who make it to the top 4 teams, as the effort required is immense (sleepless nights and multiple revisions). I advise the residents to participate in quizzes; even if you do not win, the preparation is helpful, you gain knowledge of the subject -albeit of a different kind than what you gain from experience- and it gives you a lot of confidence once you come out of college.

How were you as a resident?

Initially, just like any other first-year resident, it took me time to figure out the curriculum and

expectations from a resident. However, I found myself eternally blessed and grateful to have studied and worked under Prof Dr. MS Sadeep sir, Prof Dr. Sobhanakumari ma'am, and Prof Dr George Kurien sir. Apart from being amazing academicians, they were very encouraging and made us participate in quizzes and conferences, imparted all-important professional and personal life skills and values. I was keen on research work and ably guided by all my professors. I got into this in the beginning of my second year. In the third year, I was carrying my second child. It was difficult to manage my studies along with this, but I am grateful for my family and teachers who stood by me during that phase.

Following AI revolution happening in the world of medicine, how do you look at it?

We must accept that AI is going to stay, so we need to upskill ourselves. In the coming days, it will play a much bigger role, so we need to learn and swim with the tide. If we are tech-savvy it will not just bring ease in our work but we can also find solutions for the difficulties that we face.

What is your message to all the residents reading this interview?

Ah, the cliché! The age-old wisdom was passed on to me and I cannot help reiterate it further - residency is the best time to learn, make mistakes, and learn again. It is pertinent to have a good relationship with your seniors and juniors. If you can, and in fact, you should try to mentor and guide your juniors, a fulfilling experience you cannot easily have outside college years. Be inquisitive and be aware of the advances in the field. Try to conduct research with utmost sincerity, it does require handholding by Professors. Try to publish; one can at least concentrate on case reports and review articles. Attend conferences, it will give you different perspectives. Attend and participate in quizzes, even if you do not win there will be something you can take back from the experience which will be enriching. Lastly, be humble and grounded. Always be respectful and grateful towards your patient, for they teach us what lecture halls and libraries cannot.

Rapid fire

(Not her favourite quiz round though)

The book that you love reading the most?

Rebecca by Daphne du Maurier.

Fountainhead by Ayn Rand.

(Also, a Jane Austen fan)

Your inspiration while doing residency?

Dr Hemangi Jerajani ma'am and Dr. Rashmi Sarkar ma'am.

Good quality and bad quality of the current residents?

The current batch of residents are self-assured, respectful, and also know to respect their capabilities and limitations. However, as with the entire generation, they are less patient and should focus on the long road taken, rather than searching for shortcuts.

Must do things in residency?

Life's too short to not have fun – so keep having fun and keep getting better at what you do.

Dr. Shivani Muchandimath
Second year resident in Govt. Medical College, Anantapur, Andhra Pradesh

IN CONVERSATION WITH
DR. KABIR SARDANA

Q1 What are some of your must read books? Any new books coming up?

Well I could list the books that I have published to date and their usefulness. There are 3 kinds of drug books one for the practitioner, then the PG student and lastly for Institutional Dermatologists

1. Regional Atlas Of Dermatology For Practitioners (HB 2023) Ist edn
   This is just out and has very different and very practical approach to dermatology. A more advanced one is being planned
2. Urticaria and Angioedema Current Insights Kabir Sardana. 2022. Ist edn
   This is a book for practitioners and covers latest advances on Urticaria and angioedema
3. Textbook of Dermatology, 2nd/edn and Sexually Transmitted Diseases. 2022
   This is for UG and Ist yr PGs
4. Compendium of Dermatology : For Examinations Hardcover, 3rd edn, 2023
   Hard core book for PGs, sourced from the best books and journals for PGS
5. Joplings Handbook of Leprosy, 7th edn, 2023
   Handy updated book for PGs
6. Fungal Infections, 2edn Diagnosis And Treatment For practitioners
7. Lasers and Energy Devices in Aesthetic Dermatology Practice 1st edn 2018 jaypee
   For all spectrum of dermatologists
8. Atlas And Text Of Skin And Soft Tissue Infections And infestations – For practitioners
9. Handbook Of Pigmentary Disorders Ist edn, 2018 For Practitioners
10. Handbook of Eczema for Practitioners Ist edn, 2018 For Practitioners
11. Clinical Approach To Acne Vulgaris (Hb- 2015) Ist edn CBS For Practitioners .

There are some good fellowship options listed on the IADVL site. Ultimately one should see where one is practising. Pursuing fellowships without hand on experience is pretty useless in my view! One should learn the art of communication, empathy and then comes knowledge. So don't do needless fellowships!

https://ijpgderma.org/dermatology-residency-and-an-approach-to-the-md-examination-a-primer-for-postgraduate-students/

12. Hair Loss Disorders, Restoration and Management Ist edn, 2018 Again a book for Practioners
13. Systemic Drugs in Dermatology , 3rd edn
    For all spectrum of dermatologists
14. Diagnosis & Management of Skin Disorders: An Evidence Based approach Paperback - 1st Edn January 2012. Ist edn Lippincott Williams & Wilkins. Delhi
    My ist book and its still in demand ! Will be updating it

Q2 Who was your inspiration while doing MD, like for us, it is you

Well in my time honestly dermatology was not such a high ranking branch. I wanted a medical branch with less of emergencies and less money ! More money doesn't get anyone peace , it just complicates life !

Q3 Have you ever regretted doing dermatology or doing anything during your carrer?

Destiny is never in our hands. This is a famous adage of Ramana Maharishi. In fact he said "first stop thinking you are the doer". This might sound fatalistic unlike the western concept of doership but is a eternal truth. I would strongly suggest all PGs download the book "Who am I?" and read it, its free, small compact and all truths are simple and easy! So I don't think I regret what I took, no one should!

Q4 What are the good and bad qualities in a resident that you can think of?

Well I wish our residents focus more on learning dermatology than cosmetology. The latter is no degree, doesn't require any competence, is skin deep, temporary, artificial and requires spinal knowledge. I had foretold the ransplant will one day be done by all and its fast happening. When students join institutes with such wide patient load and spend time on peels, botox, fillers it's a sad waste of talent. More sad is when they only do HT!

A beautician can do all the above and technicians HT, so all of us can at least during PG learn dermatology ! No one can replace the skill of diagnosing disorders by looking ! not even AI !

Q5 Any word of advise for residents?

Mark my words the future is in core dermatology and in India where one sees a wide spectrum of cases ! This is the place to practise, not UK where a dermatologist just sees cancers ! Cosmetology is a step down, those who do not know dermatology practise it. Same goes for lasers. I started the Laser centre at MAMC at one time and I have read written books on it and know the intricacies of lasers. Except for "hair removal" and "acne scars" rest is all fancy marketing ! So core dermatology is irreplaceable !

Q6 What are the must read and must do things in residency according to you?

What should residents must do and must read!

Well we are writing a review article on that in the IJPGD journal, plus I will place two videos on the topic, they would suffice!

https://www.youtube.com/watch?v=YJliBGLUMfM&t=143s [Approach to MD dermatology examinations]

https://www.youtube.com/watch?v=ns2gUIGdk94&t=1s [Approach to MD dermatology]

Q7 How do you balance your personal life and practice life sir?

Well if you maybe don't join practise and focus on a Institutional practise one has ample time and are not on the "rat race to make the next million". Plus of course a supportive family, no loans , no liabilities , no court cases and good healh

Q8 What could be future advances in dermatology? What are some of the fellowship opportunities to pick up?

There are some good fellowship options listed on the IADVL site. Ultimately one should see where one is practising. Pursuing fellowships without hand on experience is pretty useless in my view! One should learn the art of communication, empathy and then comes knowledge. So don't do needless fellowships!

with the surfeit of fake and dubious cosmetologists I think the future is bright for core dermatologists ! So do a good MD

Q9 Any last words of advice for all residents?

My advise to all residents is

1. Pick up a good book of Philosophy beyond dermatology. I would recommend one of the many books of lao tze, one good one is by Stephan Mitchell "Tao Te Ching". Almost every page will need repeat reading and is a immense source of wisdom. It is the most translated book after the Bible ! Mind you Chinese and Indian wisdom is the oldest and Lao Tze is not followed by the Chinese Govt, they follow Confucius ! Once you read you will realise why !
2. "Those who have a 'why' to live, can bear with almost any 'how'." - Viktor E. Frankl, Man's Search for Meaning .

This is much more than a saying ! This man went through Nazi camps and was sure of death but survived based on the above philosophy .So find your why in Life!

3. Its easy to "talk the walk but not walk the talk" ! In other words don't be swayed by "speakers" but by "workers". Lots of our conferences have speakers who never worked or published anything on what they speak! And sadly we listen to them. Like we have the plethora of "biological" experts who have no single fundamental work on immunology! So one has to maybe ask what we are listening to, specially in conferences ! Note that "delphi" studies may seem fancy but are pharma backed and depend on what questions are asked what is the data base accessed. Lots of delphi papers from India are based on very rudimentary data which is bandied about as great pieces of work. This lack of understanding of quality work is a tragedy of our MD training.

   Its very simple to speak but very difficult to publish original work ! So I hope all residents learn also how to publish and search the pubmed as that much more useful than , than listening to "data mined" talks which proliferate in India!
4. The future of therapeutics is JAK inhibitors! And I hope we stop using steroids and replace them with something more sensible!

Dr. Aarushi Mittal
Pg2 Guwahati Medical College

MISSION PRISON, AN INITIATIVE FOR JAIL INMATES

Circumstances, Good and Bad. A few unfortunate people who happen to be in a bad circumstance or choose to be in one, end up in a prison which is far more realistic than the one within the mind. To add to their already existing problems of ignorance, guilt, shame, mental illness and loneliness - are health worries, more frequently skin related issues due to poor hygiene, overcrowding and lack of adequate and appropriate medical attention. One of the Programmes taken up by the IADVL nationwide was the "MISSION PRISON", aimed at providing services to jail inmates and to create awareness with regards to skin disorders, skin health and to tackle the common myths and stigma entailing various skin conditions by means of free Dermatology consultation and treatment to the Prison inmates. We found a rare opportunity to interact with one of the senior Dermatologists Dr. Bhumesh Kumar Katakam, (Professor & HOD and the honorary secretary general elect, IADVL Telangana) who played a pivotal role in organizing one of the 'First of its kind Prison Camps' to Diagnose and treat inmates suffering from various skin ailments. Sir speaks about the need for such camps, the outcomes, the challenges faced in the process and also gives a word of advice for the budding dermatologists.

DR. ANUP KUMAR LAHIRY

Dr. BHUMESH KUMAR KATAKAM

One of the vast purposes of this camp was to reach out to jail inmates, to sensitize and bring to their awareness that skin disorders must be checked and analyzed by skin specialists.

Dr Anup Kumar Lahiry, President IADVL Telangana and Bhumesh Kumar Katakam, the Honorary secretary general elect of IADVL Telangana along with a team of fifteen other dermatologists comprising of Professors and Post graduates who were overseen by heads of department- Dr Venkata Krishna and Dr Narsimha Rao, conducted the camp at the Central jail Cherlapally on the 16th of April followed by the Chanchalguda jail on the 14th of May 2023, in

collaboration with the community dermatology committee..

Multiple states nationwide took up Mission Prison, but it was not without hurdles. From seeking permissions to conduct the camp, to gathering a team and making banners and placards, everything had to be laid down from the base. Thankfully the DGP, the prison staff as well as a few pharma companies extended their support very willingly and the mission was set forth.

The first camp was organized at Cherlapally Jail, where a total of 2200 inmates were present with a jail staff of 250. Entering the Prison was quite an overwhelming moment, said Bhumesh Kumar Katakam. He had visited the prison a week prior to the camp, coordinated with the dermatology departments of both Gandhi and Osmania Medical Colleges and the medical officer at the prison to foresee the smooth conduction of the camp. Five stations were made at which the patients were examined, diagnosed & medicines dispensed. Of the 2200 inmates, 326 were diagnosed with skin disorders and over 160 presented with dermatophytosis, followed by eczemas, plantar keratodermas, folliculitis,pyodermas and many more such conditions. The identity of the convicts was made sure to not be revealed.

Follow up care wherever required was planned to be coordinated with the medical officers and further treatment would be given at Osmania or Gandhi Medical College. A repeat review camp after 6 months was planned.

Medals were given to all the Postgraduates and Professors who were a part of the camp, as

a token of appreciation. In addition banners were prepared to create awareness about Leprosy, Vitiligo, steroid cream abuse and various other stigmatic conditions among the inmates.

IADVL should be a Member friendly, Subject friendly (academic activities) and a Society friendly (community dermatology) organization creating sensitization and spreading awareness with the help of committed and dedicated members.

A Message for all young budding dermatologists

"The younger upcoming generations of dermatologists should take initiative, and must step forward for the society. It's in the hands of younger dermatologists to curb quackery and to see that the common people are educated about early and prompt consultation with a qualified dermatologist."

The idea of organizing such a camp for jail inmates proved to be a boon for many in their time of peril and was found to reduce a fraction of their burden. The successful outcomes of this camp act as a testament to the fact that more such camps need to be conducted and continued in order to help prison inmates and also extend similar services to other ignored or overlooked population groups in the society.

Look Beyond What You See…

Dr. Rahul Nayak
2nd year Postgraduate resident. HIMS, Karnataka

Dr. Poornima Bukke
1st year dermatology resident, At RVM institute of Medical Sciences and Research Centre, Hyderabad

TRIVIA

-Dr Manavi and Dr Prakriti

1.Who won the nobel prize in 1903 for his work on phototherapy?

2.What is compound E also known as described by Kendall in 1935?

3.Who is the dermatologist credited with pioneering the use of lasers in dermatological treatments?

4.Who was the dermatologist responsible for the first documented use of liquid nitrogen in cryosurgery?

5.Who was the dermatologist credited with mentioning the term "dermoscopy" for the first time in 1920 ?

6.Which new class of antibacterial agents is zoliflodacin a part of, being developed for gonorrhoea ?

7.Which IL-13 inhibitos are currently being investigated for atopic dermatitis?

8.What is the first dermal injectable implant to be approved by FDA?

9.What is the name of the investigational oral small molecule being studied for the treatment of erythropoietic protoporphyria?

10.Who is often referred to as the "father of patch testing"?

11.In Italian, what does the term "pellagra" refer to?

12.Who was the physician credited with first reporting the use of retinoids for the treatment of acne vulgaris in 1943?

13. During which mission did the United States Department of Defense implement the first teledermatology experience in Somalia?

14.Who introduced the technique of "Chemosurgery" in 1941, which involved using zinc chloride to fixate tissue during the excision of skin cancer?

15.What opportunistic infection was reported in homosexual men in Los Angeles in the early cases of the unknown immunodeficiency syndrome in 1981?

16.Which kinase inhibitor was approved by the FDA on April 10, 2020, as the first therapy for pediatric patients with neurofibromatosis type 1 (NF1) who have symptomatic, inoperable plexiform neurofibromas?"

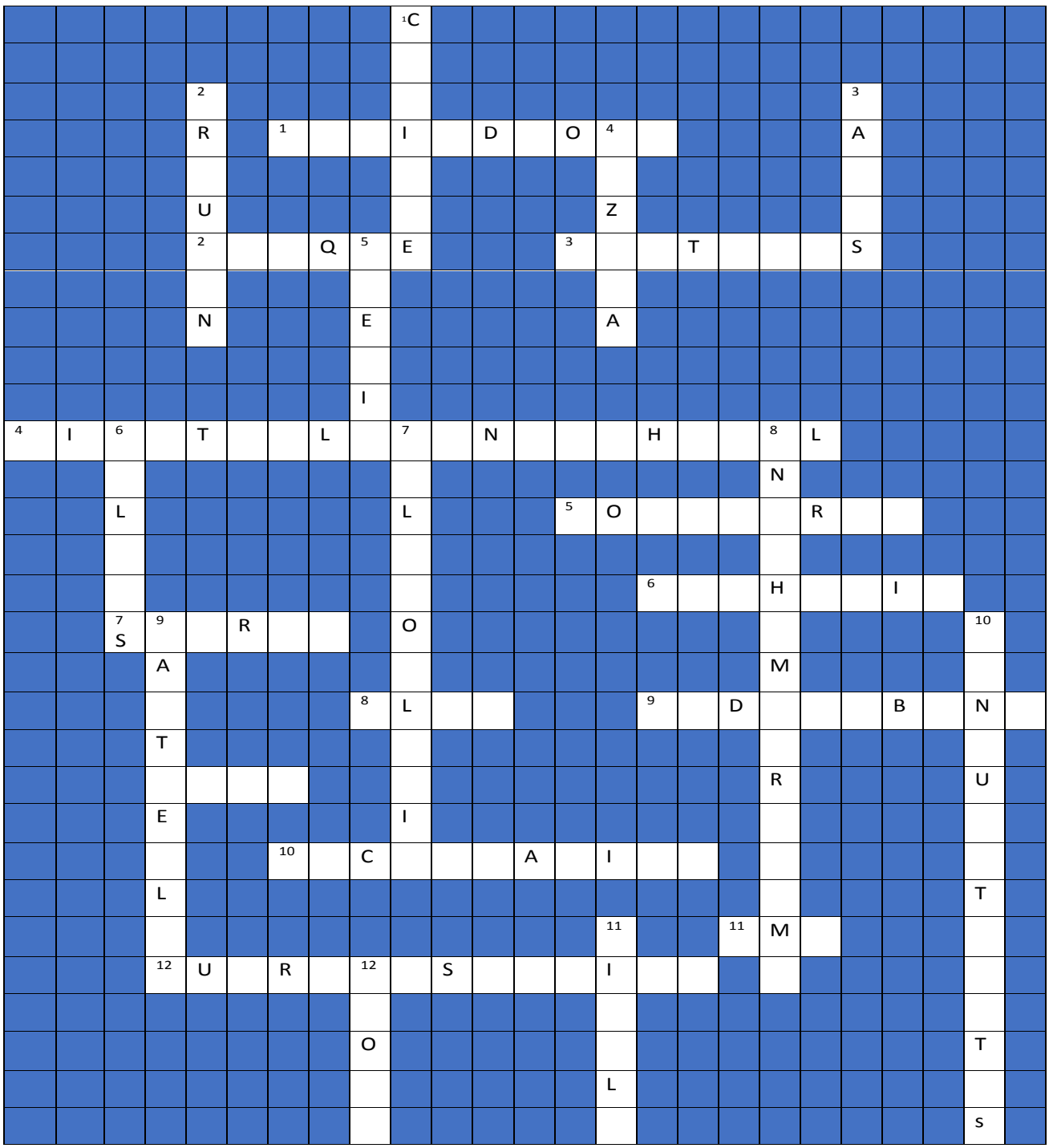
ANSWER

1.Niels Ryberg Finsen
2.Cortisone
3.Leon Goldman
4.Campbell White
5.Johan Saphier
6.Spiropyrimidinetriones; targeting bacterial gyrase
7.lebrikizumab and tralokinumab
8.Bovine collagen (Zyderm I®)
9. Dersimelagon
10.Jozef Jadassohn
11.Pellagra in Italian means "rough skin."
12. J. V. Straumfjord
13.Restoring Hope
14.Frederic Edward Mohs
15. Pneumocystis jirovecii pneumonia
16.Selumetinib (KOSELUGO)

Dr. Manavi Gupta
Junior Resident,
2nd year
PGIMER Chandigarh

Dr. Prakriti Malhotra
Rajendra institute of medical sciences, Ranchi, Jharkhand

CROSSWORDS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COLUMNS

1. Trichoschisis is due to damage to this layer of hair
2. Naturally occurring derivative of hydroquinone used in melasma
3. Mutation in Plakoglobin gene causes
4. Classification ingrown toe nail into 4 stages is described by
5. Lindsay nails are classical of
6. Mulberry teeth are
7. Michaelis gutman bodies are found in
8. Yellow longitudinal band, transverse overcurvature, multiple honeycomb channels on proximal aspect of nails are found in
9. 1st name of merkel cells
10. Most common ocular problem in reiter's disease
11. Sign in dermatofibroma
12. Diagnostic feature of neurofibromatosis

ROWS

1. Jigsaw puzzle on histopathology
2. Melanocyte nest in contact with basal layer of epidermis budding downwards in dermis
3. Muscle responsible for popply chin
4. Antioxidants in salmon and sardines, responsible for maintaining skin tone by maintaining adequate level of neurotransmitters and are used for wrinkles
5. Bulla under nails causing onycholysis
6. Onyxis craquele, elkonyxis and amber colored nails are seen in
7. Scientist to suggest use of armadillos in leprosy
8. Hiostopathological feature of actinic keratosis, also seen in kwashiorkor
9. 1st drug used for neonatal HSV infection
10. Drug of choice in management of stage IV malignant melanoma
11. Most common cause of congenital viral infection of fetus
12. Orally consumed substances, used for cosmetic benefit

Dr Sushmita Mishra
Junior resident,
AFMC Pune

Dr. Anand Mannu
AFMC Medical
College Pune

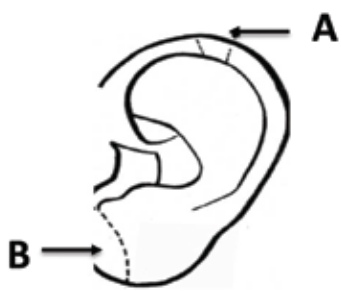
1. He was a Roman emperor that rose from modest origins. Lewis and Montgomery described acidophilic inclusions in the nail using the same name as his. Who is he and what do the inclusions represent?

2. ''X' was a Greek storyteller whose stories or rather "fables" have descended to modern times and are an integral part of literature. An acronym for specific cutaneous manifestation associated with monoclonal gammopathy reminds dermatologists about 'X' and his fables. Identify 'X' and expand the dermatological acronym.

3. Dr. Gerald 'X' was an eminent British psychiatrist who published the very first report on an eating disorder and thus is credited with a specific cutaneous sign seen in these apparent 'nervous' individuals. Identity 'X' or 'X' sign.

4. The levels of 'X' have been found to correlate with the severity of pruritus in cholestasis. 'Y' is a drug that acts by reducing the expression of 'X' on a transcriptional level. 'Y' is otherwise known to be notorious for liver damage itself. Identify them.

5. Often associated with erythematous or purpuric lesions in children, 'X' is a microorganism that was discovered serendipitously while evaluating for Hepatitis B surface antigen. 'X' was named after its size and the series of the plate from where it was discovered. Identify 'X'.



6. What do 'A' and 'B' represent? What is their significance?

7. 'X' is a Low carbohydrate, moderate protein, and high-fat diet that has gained popularity in recent years. Development of reticulated

pigmentation of the type 'Y' has been reported post-strict adherence to this diet. Identify them and the name given to this association.

8. An appearance of the nails has been linked to this delicacy. Name it.
9. 'X' is a canalicular phospholipid translocator involved in biliary phospholipid (phosphatidylcholine) excretion, a mutation in which leads to 'Y' in a pregnant female. Identify 'X' and 'Y'.
10. The following image is a symbol formally adopted by the Knights Hospitallers of St. John whose eight points denote the eight obligations or aspirations of the knights. This appearance has been linked to a dermatological disorder. Name the finding and the disorder.

11. Armand 'X' first described this finding ('X' syndrome) in the 1860s; he later found the same sign in himself, was subsequently diagnosed with gastric cancer, and died soon thereafter. This phenomenon can be explained by overexpression of heparinase, endogenous heparin, and the inherent nature of tumors to promote a hypercoagulable state. Identify this 'fleeting' phenomenon or 'X' syndrome, associated with malignant tumors.
12. 20-year-old male presented with a history of dyspnea and palpitations since 6 years of age. Chest radiograph revealed right ventricular &atrial enlargement along with a prominent pulmonary trunk. An intern with Sherlock-like observation skills alerted the attending physician of a typical pigmented skin lesion. What was the patient subsequently diagnosed with?
13. Multisystem inflammatory syndrome in children is a rare systemic illness involving persistent fever and extreme inflammation following exposure to the SARS-CoV-2 virus. This inflammatory picture mimics a well-known childhood inflammatory disorder, the etymology of which can be traced back to a very famous 1967 article authored by Dr. Tomisaku, a pediatrician working in Tokyo, Japan. Identify this childhood inflammatory disorder.
14. A 38-year-old female presented with a 2-year history of erythema multiforme, urticarial rashes, and dermographism occurring 1 week before menstruation which resolve within 2 days of menstruation. Which cyclical autoimmune disorder will you consider?
15. Considered as a rare differential diagnosis for pustular psoriasis, this condition often presents within the first few weeks of life with fetal distress, pustular rash, and joint inflammation. If you know the gene mutation, you can "name" the condition. If you know the name, you can definitely identify the mutation.
16. A 45-year-old woman presented with a few tender, non-edematous, and ecchymotic

patches over her thighs. She has been experiencing similar recurrent episodes for the past 2 years. She gave no preceding or concomitant history of injury, drug intake, malnutrition, or external bleeding manifestation. Her hematological workup was unremarkable. After a thorough evaluation, she was diagnosed with a case of Diamond-Gardner syndrome. What crucial history would have helped arrive at this diagnosis?

Answers

1. Pertinax bodies, remnants of keratinocyte nuclei
2. AESOP (Adenopathy and Extensive Skin patch Overlying a Plasmacytoma)
3. Dr. Gerald Russell first published about bulimia nervosa and is credited with identifying 'Russell's sign.' (Calluses on the knuckles due to contact between the incisor teeth during the act of inducing the gag reflex at the back of the throat with their fingers)
4. X: ATX (Autotaxin); Y: Rifampicin
5. Parvovirus B19.
6. A: PECH (Paired Ear Creases of the Helix); DELC (Diagonal Ear Lobe Crease); They reflect the extent of elastin loss and hence the caliber of the coronary arteries. They are associated with metabolic syndrome.
7. X: Ketogenic diet; Y: Prurigo Pigmentosa; this association has been termed as the "Keto Rash"
8. Neapolitan nails (senile nail)s after the Neapolitan ice cream
9. X: ABCB4; Y: Intrahepatic cholestasis of pregnancy
10. Maltese cross appearance; Fabry disease
11. Thrombophlebitis Migrans (Trousseau Syndrome)
12. 'Elementary, my dear Watson' as Sherlock Holmes would say. Café au lait macules with pulmonary stenosis (Right ventricular and arterial enlargement) are typical of Watson syndrome, an allelic variant of Neuro Fibromatosis Type 1.
13. 'Infantile Acute febrile Muco-cutaneous lymph node syndrome: clinical observations of 50 cases' authored by Dr. Tomisaku Kawasaki was the first publication that described the now well-known Kawasaki Syndrome.
14. Autoimmune progesterone dermatitis
15. DIRA (deficiency of interleukin 1 receptor antagonist)
16. Psychosocial history

    Psychogenic purpura, Gardner-Diamond syndrome or auto erythrocyte sensitization syndrome, is a rare condition characterized by the spontaneous development of painful, edematous, ecchymotic skin lesions following episodes of severe stress and emotional trauma.

Rutvi Pandya
Final year resident
BJMC Ahmedabad

Prateek Nayak
Final year resident
Amrita Institute of Medical Sciences, Kochi

Special Population - Patients with primary psychiatric disorders

Skin has always been considered the mirror of health and this is surprisingly true for both physical and mental health. The mind and the skin share a common embryonal ectodermal origin as well as are affected by the same hormones and neurotransmitters[1]. There is interaction between the nervous system, skin and immunity through release of mediators from the NICS or neuro-immuno-cutaneous system[2]. Several studies conducted all across the world show a higher prevalence of dermatological diseases, both infectious and non-infectious etiologies among psychiatric patients in comparison to healthy controls[3, 4]. Special care and attention is required to diagnose and adequately treat such dermatosis. It is imperative to counsel both the patients and caretakers in such cases.

Psychocutaneous disorders are classified by Koo and Lee into three broad classes, (i) psychophysiological disorders, (ii) psychiatric disorders with dermatologic manifestations, and (iii) dermatologic disorders with psychiatric symptoms. Additionally, a miscellaneous subtype includes conditions that cannot be fully classified into the previous three groups such as suicide in dermatology patients, sensory cutaneous conditions, and psychiatric side effects [Table 1].

Primary psychiatric disorders with dermatological manifestations have received little emphasis in the literature, even though they may be associated with suicide and unnecessary surgical procedures. Most of these disorders occur in the context of somatoform disorder, anxiety disorder, factitious disorder, impulse-control disorder or eating disorder[5].

1. Delusions of parasitosis - Commonest form of monosymptomatic hypochondriacal psychosis encountered among dermatological patients is called delusions of parasitosis. It is a syndrome in which the patient has a false belief that they are infested by parasites or organisms; and they often describe how these organisms move, multiply and spread under their skin, or exit the skin. Patients often present with the classical 'matchbox' sign, in which small bits of excoriated skin, debris or unrelated insects or insect parts are brought in matchboxes or other containers as a proof of infestation. The underlying psychiatric disorders include schizophrenia, psychotic depression or psychosis[5].

2. Dermatitis artifacta (Factitial dermatitis) - This is an artifactual skin disease caused entirely by the deliberate actions of an aware patient on the skin, hair, nails or mucosa, often called as "an appeal for help". The condition is more common in women than in men. The lesions are usually within easy reach of the dominant hand, and may have bizarre shapes with sharp geometrical or angular borders, or they may be in the form of burn scars, purpura, blisters and ulcers. Patients may induce lesions by rubbing, scratching, picking, cutting, punching, sucking or biting or by applying dyes, heat or caustics. Reported associated conditions include OCD, borderline personality disorder, depression, psychosis and mental retardation and personality disorder[5].

3. Obsessive-compulsive disorder related to skin - Patients with Obsessve-compulsive disorder usually present to dermatologists because of skin lesions resulting from repeated scratching and picking, and other self-injurious behaviors. Common behaviors include compulsive pulling of scalp, eyebrow, or eyelash hair; biting of the nails and lips, tongue and cheeks; and excessive hand washing[5].

4. Dysmorphophobia - This condition is also called body dysmorphic disorder and patients with this condition have plenty of symptoms but absence of signs of organic disease. Self-reported complaints usually occur in three main areas: Face, scalp and genitals. Symptoms include excessive redness, scarring, large pores, protruding or sunken parts of face, loss of hair or shrinking of genitals. Strategies to relieve the anxiety due to the perceived defects may include camouflaging the lesions, repeated mirror checking or mirror avoidance, comparison of 'defects' with the same body parts on others and questioning/reassurance seeking. Associated comorbidity in dysmorphophobia may include depression, OCD and may lead to impairment in social and occupational functioning, social phobias, marital difficulties, substance abuse and even suicidal tendencies[5].

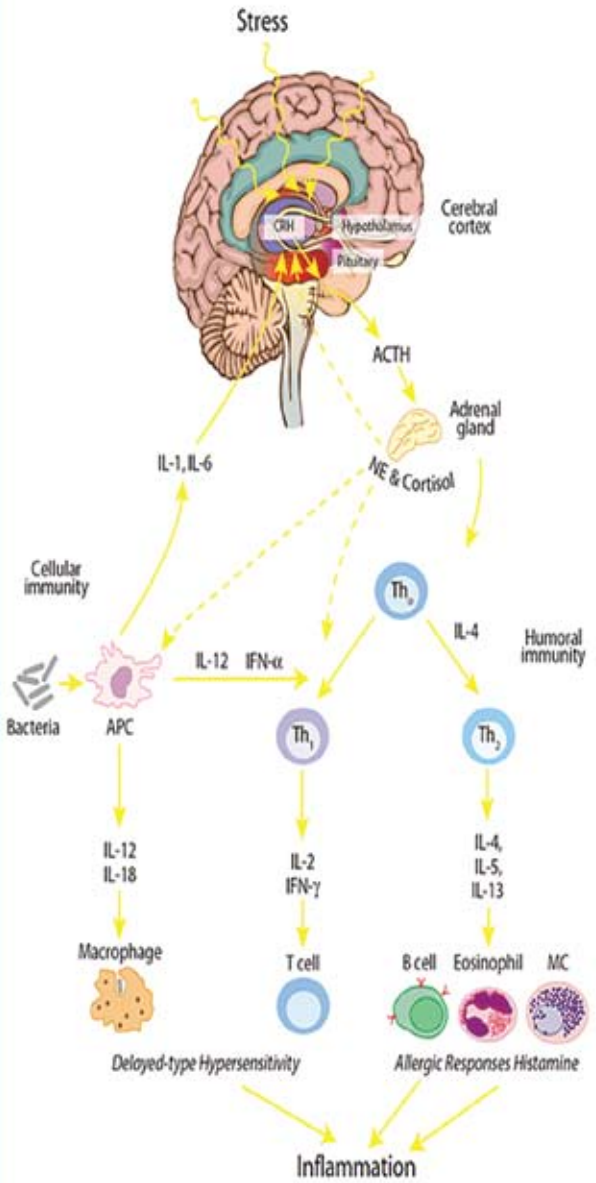
5. Trichotillomania - Trichotillomania, is a condition in which a person pulls out their own hair while the psychiatric definition requires the presence of 'impulsivity'. The most common underlying psychopathology is obsessive-compulsive behavior, reaction to stress, anxiety, depression, behavioral disorder and mental retardation. Childhood trauma and emotional neglect may play a role in the development of this disorder. The patients experience an increasing sense of tension immediately before an episode of hair pulling and they feel relieved of tension and sometimes a feeling of gratification after hair pulling[5].

6. Psychogenic excoriation - Psychogenic excoriation occurs in mostly in women which is characterized by lesions on face, upper limbs and upper back due to excessive scratching or picking of the skin. Major depressive syndrome is most commonly associated psychiatric disorder[5].

7. Psychogenic pruritus - In this disorder, there are cycles of stress leading to pruritus as well as of the pruritus contributing to stress. Psychologic stress and comorbid psychiatric conditions may lower the itch threshold or aggravate itch sensitivity. Stress liberates histamine, vasoactive neuropeptides and mediators of inflammation, while stress-related hemodynamic changes (e.g., variation in skin temperature, blood flow and sweat response) may all contribute to the itch-scratch-itch cycle. Psychogenic pruritus has been noted in patients with depression (degree of depression may correlate with pruritus severity, anxiety, aggression, obsessional behavior and alcoholism[5].

Apart from these disorders, the inability to carrying out day to day activities, maintaining hygiene or seeking medical attention among psychiatric patients especially those suffering from schizophrenia or severe depression lead to a greater prevalence of chronic and infectious diseases in such patients. Several medications used in the management of psychiatric conditions have dermatological manifestations too [Table 2]. Hence, thorough history taking and dual psychiatric as well as dermatological management is required for these challenging cases.

Figure The role of psychoneuroimmunology in dermatological disorders



CRH, corticotropin-releasing hormone; ACTH, adrenocorticotropic hormone; IL, interleukin; NE, norepinephrine; T_h, T-helper cells; APC, antigen-presenting cell; IFN, interferon; MC, mast cells.

Reproduced from Tausk F et al. *Dermatol Ther.* 2008.[1] Copyright © John Wiley and Sons, 2008.

Table 2 Potential dermatological adverse effects of psychiatric medications

Antipsychotics
- Contact dermatitis
- Erythema
- Gray discoloration of skin
- Lupus erythematosus
- Palmer erythema
- Photosensitivity
- Purpura
- Seborrheic dermatitis
- SJS
- Urticaria

Antianxiety medications
- Bullous lesions
- EM
- Erythema nodosum
- Exacerbation of porphyria
- Fixed drug reaction
- Hyperpigmentation
- Maculopapular rash
- Photosensitivity
- Urticaria

Antidepressants
- Acne
- Alopecia
- EM/SJS/TEN
- Leukonychia
- Maculopapular rash
- Petechiae
- Photosensitivity
- Urticaria
- Vasculitis

Anticonvulsants
- Alopecia
- EM/SJS/TEN
- Exfoliative dermatitis
- Hypersensitivity reactions
- Maculopapular rash
- Systemic lupus erythematosus
- Urticaria

Barbiturates
- Acneiform rash
- Bullous lesions
- EM/TEN
- Fixed drug reaction
- Lupus-like syndrome
- Maculopapular rash
- Photosensitivity
- Precipitation/exacerbation of porphyria
- Purpura

Lithium
- Acneiform rash
- Erythematous macular rash
- Exacerbation of Darier disease
- Exacerbation of warts
- Follicular hyperkeratosis
- Geographic tongue
- Hair loss
- Hidradenitis suppurativa
- Lichenoid stomatitis
- Psoriatic lesions
- Vaginal and other mucosal ulceration

SJS, Stevens-Johnson syndrome; EM, erythema multiforme; TEN, toxic epidermal necrolysis.

Table 2 Potential dermatological adverse effects of psychiatric medications

Antipsychotics
- Contact dermatitis
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SJS, Stevens-Johnson syndrome; EM, erythema multiforme; TEN, toxic epidermal necrolysis.

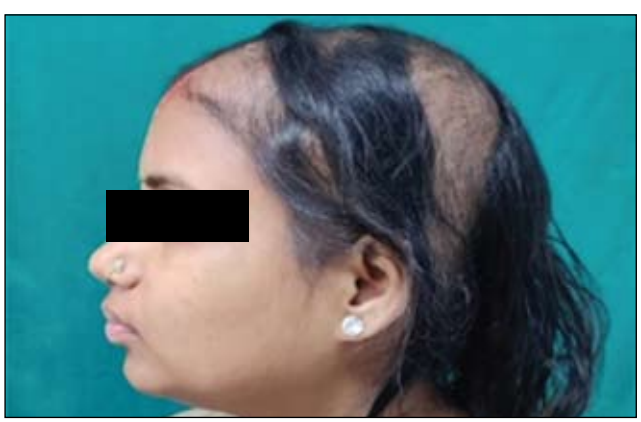

Image 1- A case of Trichotillomania in 34-year-old female suffering from depression

Image 2- Matchbox sign

Image 3- Body dysmorphic disorder

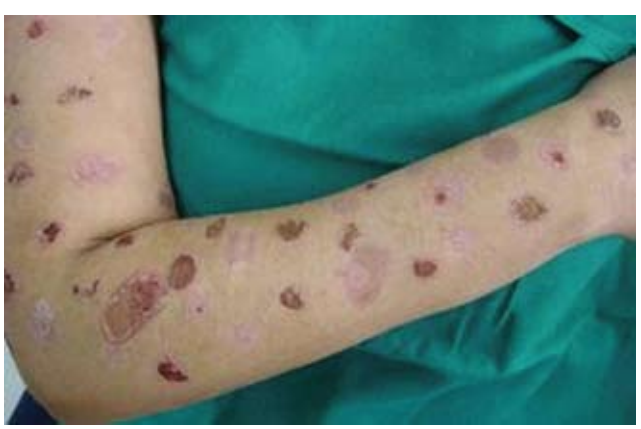

Image 4- Dermatitis artefacta

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Dr. Subhasree Sarkar
PG 2nd year, Indira Gandhi Institute of Medical Sciences, Patna

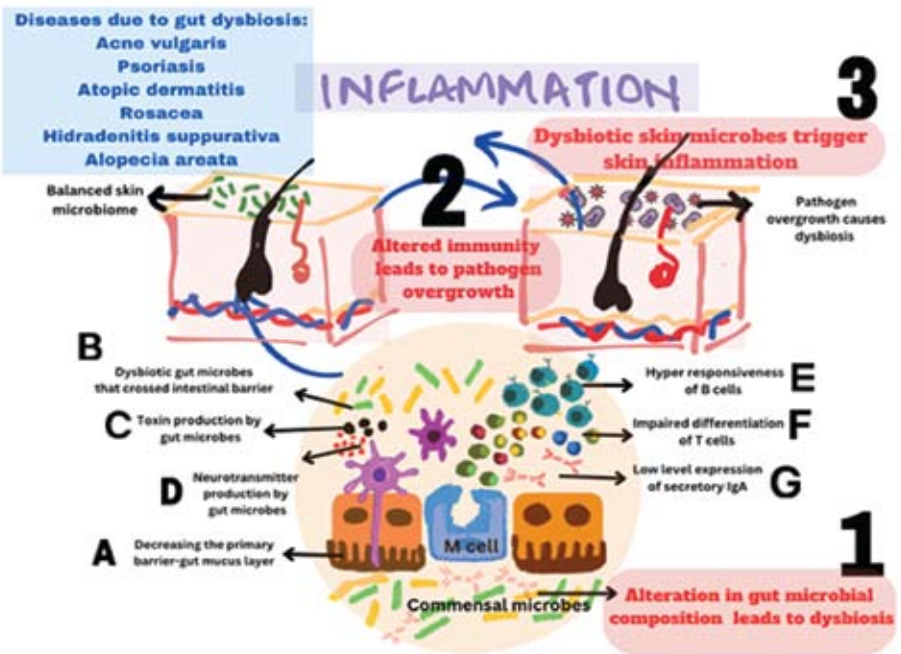
EMERGING FRONTIERS : THE GUT-SKIN AXIS IN DERMATOLOGY

The skin and the gut though structurally divergent, both are dynamic, are dynamic, intricate immunological and neuroendocrine organs that frequently come into contact with the outside world and support a diverse array of microbiomes. With a surface area of roughly 25 m^2, the epidermis and its surrounding tissues, including the sweat and sebaceous glands, provide microorganisms with a sizable host region in addition to the gastrointestinal tract. In contrast to the intestinal microbiota, which has 1014 bacteria, the number of bacteria on the skin is thought to be around 1012.[1]

Skin can be broadly categorized as sebaceous or oily (glabella) residing Propinobacteria, Staphylococci; moist (antecubital fossa) homing Corynebacteria, Staphylococci or dry (volar forearm) harboring b-Proteobacteria, Flavobacteriales according to the physiological characteristics of each skin site.[2]

Similar to skin, the human gut is a home for many microorganisms. Lactobacilli, E. coli, Bifidobacterium, and Streptococcus thermophilus are a few gut bacteria that help maintain human health, while Helicobacter pylori, Campylobacter, Clostridium difficile, and Campylobacter are more common in diseased? states. [3]

The following illustration represents the underlying mechanisms of gut-skin interaction. Various dietary components, illnesses, lifestyles, prebiotics, antibiotics, probiotics, and novel biological drugs can alter gut microbial communities. [2]



Organism	Effects on skin	Mechanism
Helicobacter pylori	Rosacea-related signs and symptoms	Production of reactive oxygen species (ROS) and cytotoxins → gut mucosal inflammation and changes physiological processes in the skin including vasodilation, inflammation and immunomodulation.
Faecalibacterium prausnitzii	Protection against psoriasis but leads to pregression of chronic atopic dermatitis resulting in gut epithelial barrier impairment.	Prevention of colonization of pathogenic flora on skin by competitive inhibition and short-chain fatty acid production. Dysregulation of gut epithelial inflammation
Lactobacillus sp.	Photoaging and photoprotection. Reduces the size of acne lesions as well as inflammation. Wound healing- surgical/burns. Reduced seborrhoea.	Faster recovery of epidermal cell after UV exposure. Inhibition of mast cell degranulation, TNF-α release, edema and vasodilation. Restores barrier function.
Bifidobacterium animalis subsp. lactis	Reduces psoriasis area severety index score. Reduce the scratching behavior in atopic dermatitis. Wound healing- surgical	Increase of levels of the kynurenic acid metabolite
Clostridium difficile and E coli	Onset of atopic dermatitis symptoms in childhood	Immune dysregulation as a result of decreased Treg cell.
Decrease in Firmicutes and increase in Bacteroides	Development of acne vulgaris	Dysbiosis by altering the serological cytokine levels promoting inflammation

This tabulates some important microbial species from the gut that have been associated with skin effects. [2][4]

There have been numerous the products can be discussed/mentioned in brief and groundbreaking research. The skin microbiome may be mediated by clinical uses of oral probiotics, prebiotics, antibiotics, and dietary changes for the treatment of various cutaneous disorders.

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Dr. Sanjeevan Kaur
PG - 2nd year,
Venkateshwara Institute of Medical Sciences, Amroha

PARTHENIUM ALLERGENS

PATCH

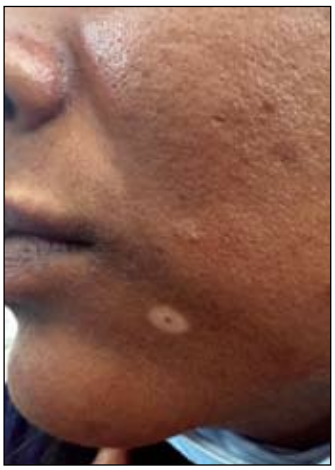
P - parthenin
A - Ambrosin
T - Tetraneurin A
C - Coronophillin
H - Hymenin and Hysterin

Dr Samhitha Reddy
2nd yr DVL resident
Government Chengalpattu Medical College and Hospital

DANDRUFF

Dr Sadiya Ameen
FIMS,
Andhra Pradesh.

HALO NEVUS



Halo nevus, also known as leukoderma acquisitum centrifugum or Grunewald nevus, is an uncommon clinical finding characterized by a central congenital or acquired melanocytic nevus surrounded by a peripheral hypo or depigmented ring simulating a halo. The pathogenesis of halo nevus is not well understood and is postulated to due to an autoimmune response against melanocytes leading to nevus cell destruction.

The 4 stages of halo nevus include1

Stage I : A central pigmented nevus/tumor outlined by a circular or oval hypo- or depigmented area

Stage II : The central nevus/tumor loses its color resulting in a pink-colored papule surrounded by the halo

Stage III : The central papule disappears and the depigmentation remains

Stage IV : Shows a partial or complete re-pigmentation of the skin

The microscopic criteria includes the obligate presence of a band-like lymphohistiocytic infiltrate and a diminution or absence of melanin pigment at the dermoepidermal junction at the periphery of the nevus[2.]

There are four histological forms of halo nevi which Includes

1. Inflammatory
2. Non inflammatory
3. Halo nevus without halo diagnosed by histopathology
4. Halo dermatitis around a melanocytic nevus

Halo phenomenon can be seen associated with melanomas as well as non melanocytic conditions like angioma, basal cell epithelioma, histiocytoma, lichen planus, molluscum contagiosum, neurofibroma, neuroid nevus, psoriasis, sarcoidosis, seborrheic keratosis, spitz nevus, and warts[4.]

The dermoscopic findings of a halo nevus include uniform globular pattern with blue pepper-like granules and/or white scar areas[1.]

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Sanjanaa Srinivasa
2nd year dermatology postgraduate from St John's Medical College, Bangalore.

CONSTRUCTING RECONSTRUCTIVE SKIN FLAPS

A flap is a unit of tissue used for reconstruction, that is transferred from a donor site to a recipient site, while maintaining either a whole or part of its own blood supply.

When a skin flap is transferred to a damaged area, the primary tissue movement involved in the repair is the motion of the flap itself. This movement typically occurs through sliding or pivoting of the tissue. On the other hand, secondary tissue movement refers to the skin surrounding the damaged area shifting towards the center of the primary defect. The direction of this movement is usually opposite to the flap's direction. In addition, there is also skin movement towards the donor site of the flap in order to close the secondary defect. Therefore, when a wound is repaired using a skin flap, a combination of primary and secondary tissue Movements take place. In cases where the primary defect is near a movable facial structure, the secondary tissue movement may cause distortion in these structures.

Understanding the concept of facial aesthetic regions and the boundaries that define them is crucial when planning the use of local flaps for facial reconstruction. The ideal choice for reconstruction is often a flap that can be designed within the same aesthetic region as the primary defect. To ensure better concealment of scars, it is recommended to place incisions along aesthetic borders. When a defect involves multiple aesthetic regions, it is generally best to compartmentalize the repair. This involves designing individual skin flaps to address each component of the defect located within separate aesthetic regions. This approach not only ensures similarity in skin quality but also ensures that scars are positioned along aesthetic borders. In certain cases, it can be advantageous to expand the primary defect by extending it to an aesthetic border or even encompassing an entire aesthetic unit. Subsequently, using a local flap to repair the defect will position a flap border along an aesthetic border, leading to improved camouflage of the resulting scar.

There are a few points to be kept in mind while constructing skin flaps

1) Replace like with like, think in terms of units
2) Always have a backup flap
3) Borrow from Peter to pay Paul, only when Peter can afford it
4) Don't forget the donor areas

Some tips to form skin flaps

1) Assess the tissue loss, and determine your reconstructive goal
2) Plan your flap (in Reverse)
3) Execution

Types of skin flaps

A) Local flaps

a. Pivotal flaps
   i. Rotation
   ii. Transposition
   iii. Interpolation

b. Advancement flaps

   i. Single Pedicle
   ii. Bipedicle
   iii. VY flaps

c. Both

B) Distant Flaps

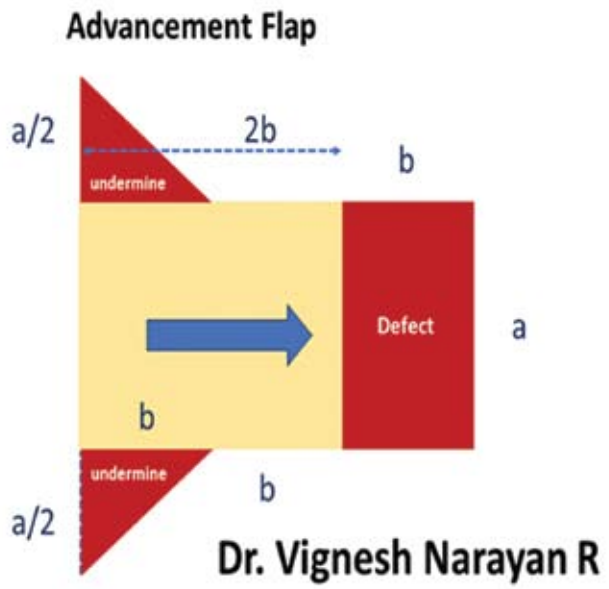
a. Pedicled
b. Free

Advancement flaps

They move linearly into the defect, without lateral motion. Similar to a sliding door. The donor tissue involves the lax border at the defect, and the pedicle is at right angle to the base and directed at the defect.

The width of the base equals that of the defect, and the length is usually twice of the width.

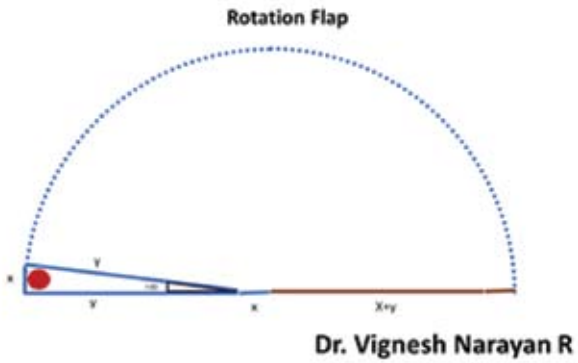
Its important to undermine the flap so that the pedicle advances and not just stretches. The reclining cones upon effacement form the triangle of Burrow.



Rotation flaps

In this, the flap rotates about a pivot point till the defect is closed. The border of the defect becomes the advancing edge of the flap. This is similar to a revolving door.

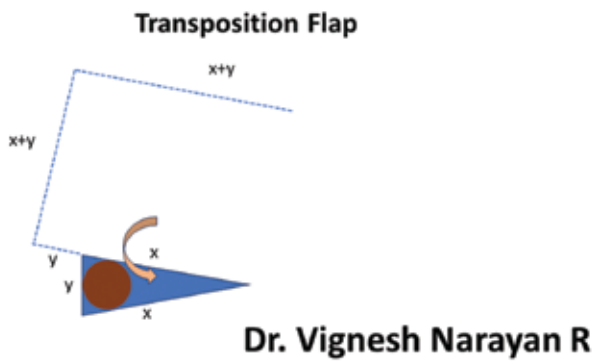
The first step is to convert the defect into an isosceles triangle (triangulation), with the angle between two long sides being 30 degrees or less. To reduce tension a back cut may be performed.



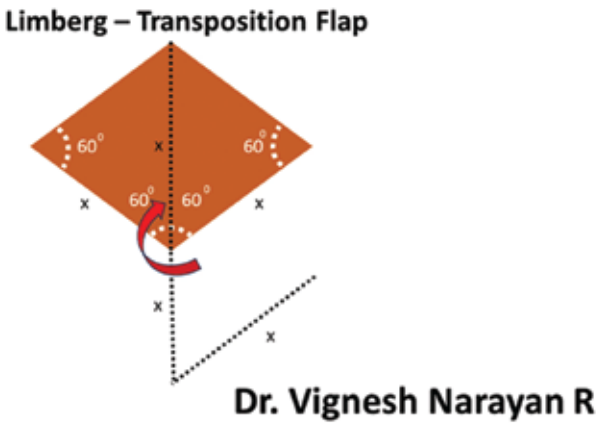
Rotation flaps are somewhat inefficient in the fact that large amount of donor tissue needs to be recruited to cover a small defect.

Transposition flaps

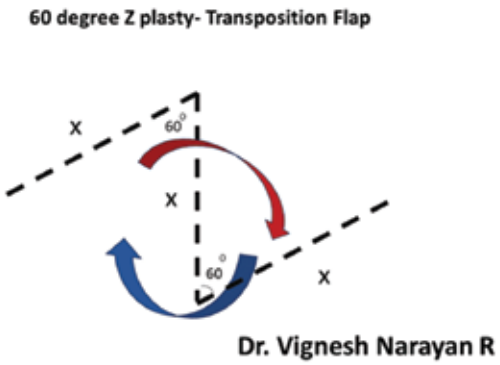
In this type of flap, the donor tissue is adjacent to the defect. The edge of the flap close to the defect moves over to the other edge of the defect, much like the hinge of a door. In this also, the defect is triangulated into an isosceles triangle. In this, it is important to keep the side adjacent to the defect, longer than the defect.



Alternatively, the defect can be rhombic in shape. In this situation, one may opt for Rhombic and Duformental flaps. The dimensions of the Limberg flap is given below:



The Z plasty is a useful transposition flap for reorienting the tension vectors along the RSTL. It can also lengthen the scar, relieving tension.



Interpolation Flap

In this type, the flap is moved about the pedicle and is transposed across intervening tissue. The pedicle rests over the intervening tissue and is divided later at a second stage, once neovascularization occurs.

A summary of few named flaps and their types is given below for quick reference

Advancement flaps	Rotation Flaps	Transposition flaps
Island pedicle flap or V-Y advancement flap	O to Z (also known as bilateral rotation flap)	Z-plasty
Unilateral or bilateral advancement flap	Mustarde flap	Rhombic transposition flap
H-plasty	Back cut rotation flap	Bilobed / Trilobed transposition flap
Burow's advancement flap	Spiral rotation flap	Note or banner flap

Dr. Vignesh Narayan R
Senior Resident,
MS Ramaiah Medical College, Bangalore

THE MYSTERY OF PERSISTENT CELLULITIS

An elderly female presented to us with a tender, erythematous, swelling in the cheek area. It was being treated as cellulitis by local physician and despite a prolonged course of broad-spectrum antibiotics, showed no signs of improvement.

The patient eventually had a similar, progressively increasing swelling in the gluteal area. However, unlike typical cellulitis, both swellings were woody hard on palpation.

A repeat of routine blood investigations was within normal limits with a slightly elevated peripheral eosinophil count. The facial swelling was subjected to punch biopsy which quintessentially revealed classical pathological findings of Eosinophilic fascitits.

The patient was immediately started on oral steroids and within three days she was able to to eat, talk and move her face without any discomfort.

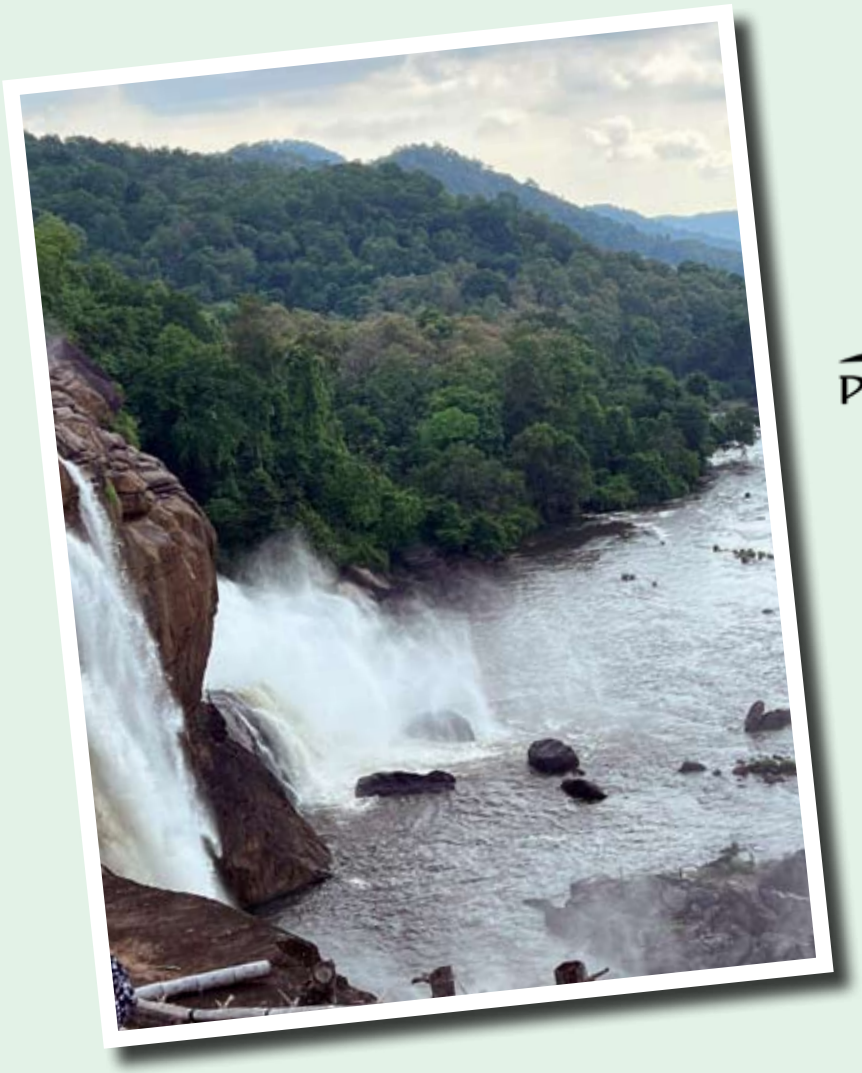
Her grateful face will always be a gentle reminder for us to humble down to our beloved dermatological science and keep exploring differentials when the obvious seems to fail. author can briefly mention pathological finding and other differentials along-with treatment options.

SCHIMMELPENNING SYNDROME

JUVENILE HYALINE FIBROMATOSIS

Dr. Aarushi Mittal
Pg2 Guwahati Medical College

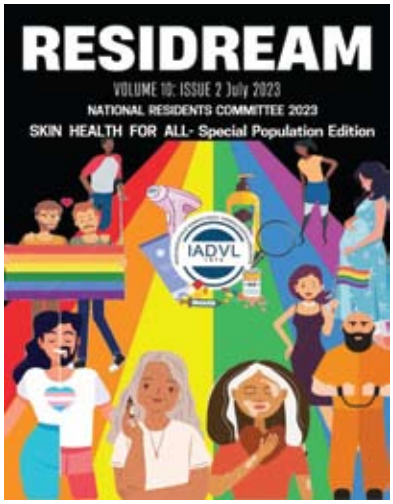
PHOTOGRAPHY



Athirapally water falls (kerala)

Dr. Amina Naaz
2nd year resident
Kamineni institute of medical sciences
narketpally Telangana

Dr. Priya Garg
Second year resident
Dr. D.Y patil medical college, hospital and research centre



Front Cover page design
Dr. Sahana Ojha
JR1, Bharati Vidyapeeth Medical College, Pune

Back Cover page design
Dr. Varsha S Shekar
Navodaya Medical College, Hospital & Research Institute, Karnataka

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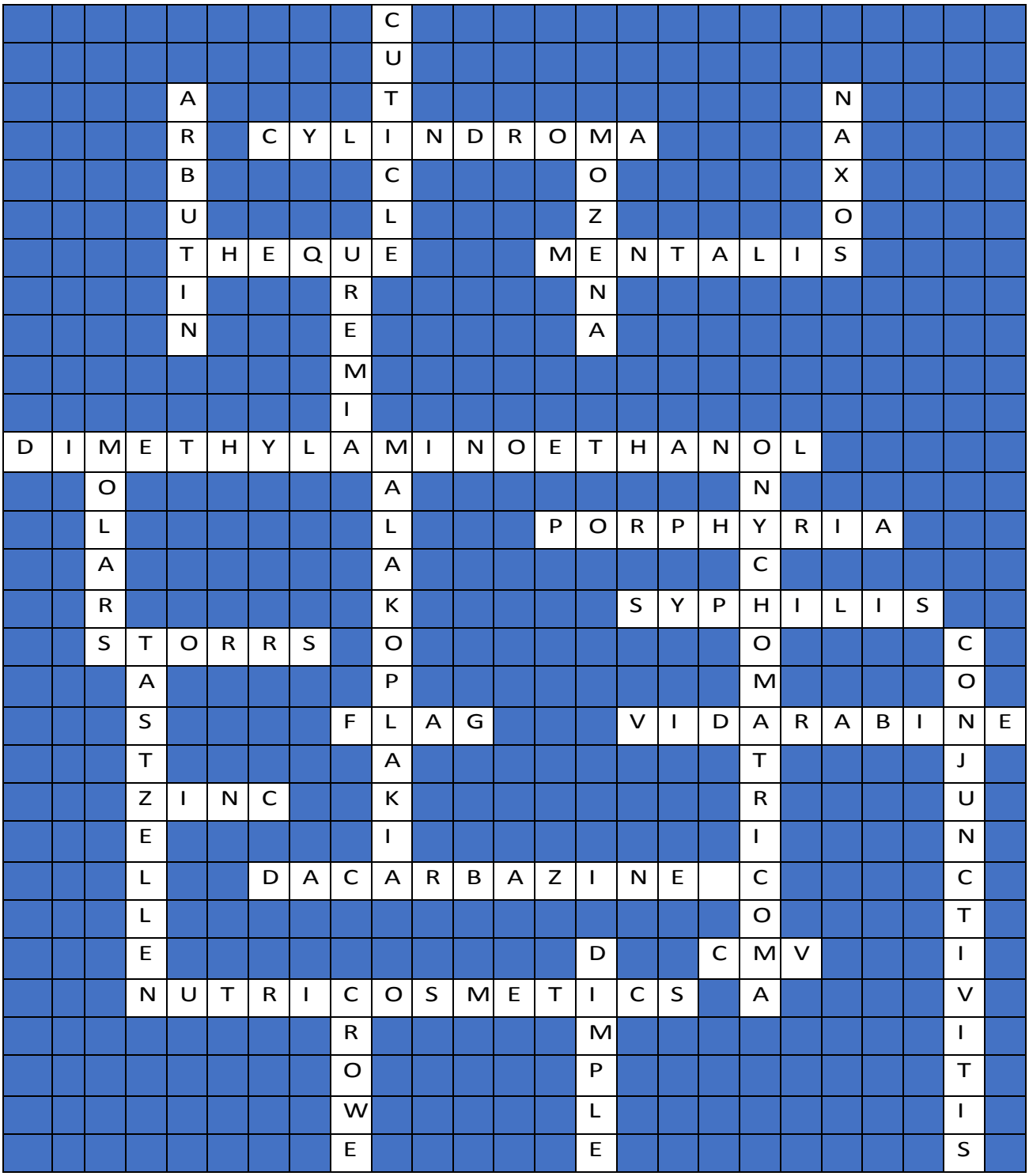

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RESIDREAM

The skin is frequently overlooked, yet is our body's largest organ! It plays a crucial role in maintaining our overall well-being. Your skin serves as a mirror to your health and vitality, embodying timeless wisdom that remains relevant today. Prioritizing skin care as a daily routine establishes a link between your overall health (both physical and emotional), boosts your self-esteem, and enhances your self-assurance in your appearance. In this edition of Residream, we enlighten readers about the significance of optimal skin health across diverse populations.

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