

**INDIAN ASSOCIATION OF
DERMATOLOGISTS, VENEREOLOGISTS
& LEPROLOGISTS**



IADVL NEWS

The Official Bulletin of IADVL

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IADVL NATIONAL EXECUTIVE 2008



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CONTENTS

Page Number

1. Messages
2. Presidential address
3. Outgoing President's speech
4. Welcome message from DERMACON 2009
5. Organizing Secretary's report of DERMACON 2008
6. Minutes of the CC and GB Closing year meeting
7. Minutes of the CC and GB opening year
8. Minutes of the State President's and Secretary's meeting
9. Minutes of the Finance committee meeting
10. Minutes of the WCD bidding committee
11. Winners of various orations, awards, medals, fellowships during DERMACON 2008
12. Meeting notice and agenda of EC MIDERMAMEET 2008
13. Reports of various state branch activities
14. Letter to the states regarding CC MID DERMAMEET 2008
15. Budget for the year 2008
16. Updated list of State Presidents and Secretaries
17. IADV L Day celebration report
18. New members (Jan-Mar 2008)
19. Vitiligo: Guidelines on Medical treatment: for suggestions and comments of members
20. Membership form



FROM THE DESK OF THE PRESIDENT



Dear Colleagues,

It gives me great pleasure to present the first issue of IADVL News to you all. If you remember, as the Honorary General Secretary of the Association during my tenure from 2002 to 2005, I started this IADVL news. This was conceived to be the mouthpiece of IADVL. It facilitates for the documentation of all those matters related to IADVL and DERMACON and activities of all our state branches. It can also be used to document the various distinctions achieved, medals and awards received by our members at various levels in every walk of life. It should also be serving as the source of information pertaining to future conferences, both local and abroad and for any activity related to our specialty anywhere in India and abroad. IADVL News has already earned a distinct place by itself and is a much-awaited document. The three issues every year would be full of information and each issue can be preserved for posterity.

The Executive committee of IADVL has drawn out several plans to implement in the coming year. Year after year, IADVL is being guided by ever ready and dynamic team of the Executive committee. The collective wisdom of the Central Council and the Annual General Body are also helping IADVL grow from strength to strength. Many schemes and committees have been formed to streamline the day to day activities of the Association. The changes in IADVL are palpable. Slowly but surely IADVL is poised to create ripples not only in India but amongst Dermatology fraternity across the world. We have grown to the extent of bidding for the next World Congress of Dermatology and such other International conferences.

Indian Dermatology has arrived on the International scenario! Indian Dermatologists are going places!! IADVL, IJDVL, IADVL News and DERMACON shall be looked at with greater respect and reverence from now on!!!

To achieve this, I appeal on behalf of the members of the Executive Committee to each and every member to give us strength to work for the betterment of our members. We have made Dermatology our lives. It has given us all that we need and all that we have achieved so far. Let us make Dermatology our passion and contribute and enrich our Association and our specialty.
LONG LIVE IADVL!

Regards

Dr. S. Sacchidanand (LM/KT/1937)
President, IADVL
2008

MESSAGE FROM PRESIDENT ELECT



Dear Colleagues,

In the beginning I shall like to thank all the members for electing me to the post of President Elect. I shall try and make my humble contribution. IADVL is making great progress but we need to give attention to basics like national conference of IADVL which is our biggest show of strength and academic feast. We need to move to the serious academic discussions with less emphasis on food and conference kit. The scientific content needs to be improved by inviting leading experts in the field by paying for their travel and stay. Similarly guidelines may be formed for zonal and state IADVL conferences.

The Yahoo groups of IADVL especially academic group going very well and I thank Dr. Chetan Oberai and Dr. Koushik Lahiri and their team for maintaining the enthusiasm and covering new topics on regular basis in Acad-IADVL and I would like to encourage more and more members to join these groups.

I am very happy IADVL News is being published on regular basis. It gives all members a chance to know what is going on in the IADVL and learn about new office bearers, members and minutes of Executive Committee and General Body meetings.

Wishing our President Dr. Sacchidanand and Secretary Dr. Rajeev Sharma a very successful year.

Long live IADVL

Professor Vinod K Sharma (LM/ND/1652)

President Elect
2008

MESSAGE FROM PAST PRESIDENT



Dear Colleagues,

I welcome Dr Sacchidanand-The President, Dr Rajeev Sharma The General Secretary, Dr Roopak Saxena-The Treasurer at the helm of the new office bearers to fly our IADVL.

To newer heights.IADVL is now recognized world over,bur recognition alone is not enough.We have entered ILDS,we have exchange programme with AAD and BAD and very shortly we will have similar exchange programme with Australia.Our ambition is also to get WORLD CONFERENCE to India.

Dr Sacchinand and his team is sure to carry on the work left half way down of taking our Association to an International level.He has the experience,the energy and the will power.

Dr Rajeev is a young dynamic worker and he has shown his mettle and will go a long way in carrying out the excellent work done by his predecessor Dr Koushik Lahiri.

Dr Arijit Coondoo did a remarkable job and I am sure Dr Roopak Saxena will not lag behind.

We will be at Bangalore for Dermacon 2009 and Dr Sacchidanand is all geared up to prove you that "Ham Kissi Se Kam Nahin"

Dermacon 2010 will be at Lucknow after ratification by The Executive Committee.The Inspection Committee was very much satisfied with the venue which should be ready in time.The Organisers have assured us of decent and adequate accommodation which the committee was shown.

Another milestone was achieved at the GB last year which will fix more responsibility on the President to organize the Dermacon after 2010 and this step will be on par with AAD,BAD and Sidemast Italy.

I wish good luck to Dr Sacchidanand,Dr Rajeev,Dr Roopak Saxena and their "TEAM IADVL"

LONG LIVE IADVL



Dr. Chetan Oberai (LM/M/677)
Immediate Past President

THE SECRETARY SPEAKS



Dear Members,

I feel fortunate and humble to get this prime opportunity to address you. Just a few months back, in the beginning of this year you selected me as the Honorary General Secretary of our great association. I in fact value the affection and encouragement of stalwarts, seniors, teachers, friends, and of course junior colleagues in IADVL. I take this chance to thank you all.

IADVL has become a massive, strong, energetic and alive organization today in its thirty-fifth years of existence due hard work and dedication of all our predecessors.

I was very apprehensive initially to take this formidable job on my shoulders as it is pretty difficult to step into the shoes of people like Dr. Suresh P. Joshipura, Dr. S. Sacchidanand and Dr. Koushik Lahiri and maintain the same impetus. But, I am sure with the help of the insightful, appreciative and combined acumen of all members, we will be able to make IADVL a truly extended round the clock association.

Under the visionary leadership of the President Dr. S. Sacchidanand, we are having many plans and futuristic aspirations to take IADVL to new heights.

We will work uncompromisingly to make certain that we successfully implement the policies and practices of all our predecessors with additional thrust towards modernization and up gradation of the organization and its members. I can mention about a few schemes, which are there in the pipeline, among many others:

We would try to intensify the campaign to give dermatology its due recognition not only in medical teaching curriculum but also in the public and the government officials.

- Our effort will be to take further the membership launched by our predecessors by extending the umbrella of IADVL to all qualified dermatologists of the country through a concerted membership drive. The rate of new member enrollment is encouragingly high in last three months.
- At the same time a project will be undertaken to ensure rapid reduction of number of returned mails due to wrong/changed addresses of the members.
- Working for the underprivileged and unreachable members of the society must be the first step we as IADVLites must take to ensure that our specialty gets the much desired recognition amongst the society, medical fraternity and the government officials
- The official bulletin, IADVL NEWS will continue to be the voice of the members with introduction of some new features.
- The IADVL Constitution is getting updated and will reach the members in due course of time. We will ensure that the sanctity of the constitution is maintained in all forums and activities of IADVL.
- In this era of the Internet, IADVL will not lag behind. We have introduced a highly efficient and modernized system to manage the administrative aspects. We are



thriving to inspire and encourage all the branches and the members to develop an Internet based interaction system with the National office-bearers to ensure rapid and effective administration of the association.

- A regular, rapid and modernized system of communication is already in place in between the National Executive to make day-to-day decisions in the organization rapid and effective.
- The IADVL website will be further improved soon to make it more user friendly.
- We are trying to further work out a structured and systematic strategy to make the academic activities under IADVL more streamlined. The introduction of the idea of forming IADVL Academy of Dermatology has taken shape during DERMACON 2008 at Chandigarh. It is going to be a new feather in the cap of IADVL in the near future.
- We are currently working closely with the British Association Dermatology and American Academy of Dermatology regarding exchange fellowships and trying to provide more facilities to the selected candidates. Attempts are being made to initiate exchange fellowships with other dermatological societies of the world.

I too have dreams for IADVL. I have in fact come to the National Scenario with a wish to carry ahead the torch lighted by my predecessors and hand over a flourishing and vibrant IADVL at its best to my successor.

My only wish is to see this come true in my term as Honorary General Secretary and in order to achieve this I humbly seek your love and support during my tenure.

Feel proud to be an IADVLite.

Let's all strive hard to make IADVL one of the best-recognised and dignified Dermatological Associations in the world.

I am specially thankful to Davinder Prasad of PGIMER, Chandigarh for helping in making this IADVL News look colourful

I would like to work hard for IADVL.

I can promise you untiring efforts on my part for IADVL!

Long live IADVL .

Dr. Rajeev Sharma (LM/UP/2551)
Honorary General Secretary
IADVL 2008

NOTES FROM TREASURER'S DESK



Dear All,

Greetings!

At the very outset, I'd like to express my heartfelt thanks for the trust and faith you've bestowed upon me. It's only because of your good wishes and support that I could take this responsible task.

I took the reins of this rich heritage, by our learned, sincere & prudent financial executive DR.ARIJIT COONDOO, virtually from 1st April this year. He's nurtured the funds very efficiently. His wide experience in this field will always help me in every difficult situation.

I can only assure you all at this stage, that, by all means I shall try to discharge my duties with utmost sincerity, dedication & honesty. Of course, your whole-hearted support only will help me in keeping my promises.

Thanking you once again,

Long live IADVL

A handwritten signature in black ink, appearing to read 'Ropak Saxena'.

Dr. ROPAK SAXENA (LM/UP/2288)

Honorary Treasurer

IADVL National Executive 2008



President's speech on the occasion of Inauguration of DERMACOMN 2008, on 24th January 2008, PGIMER, Chandigarh



Dignitaries on the dais, my senior colleagues Dr. Chetan Oberai, the immediate past President of Indian Association of Dermatologists, Venereologists and Leprologists, Dr. Suresh P Joshipura. Past President and Dr. V. K. Sharma, President - Elect, Office bearer's of the National Executives for the years 2007 and 2008, my dear colleagues, friends, ladies and gentlemen.

It is indeed a matter of great privilege, pleasure and pride to represent this esteemed organization, The Indian Association of Dermatologists, Venereologists and Leprologists (IADVL), a body of over 5000 Dermatologists. I sincerely thank each one of you, for providing me an opportunity to serve this organization as its 37th President during the ensuing year 2008. I am assuring you all that I shall strive sincerely, in all earnest, to work for the benefit of every member of the organization and uphold the dignity that this specialty demands and commands.

During this one year duration, indeed a short period to achieve anything substantial, I shall work for the implementation and completion of schemes, ideas and unfinished jobs of my predecessors on a top priority basis. Continuation of all the good work initiated by my predecessors is the top agenda. At the same time, for having worked in IADVL for more than 15 years, right from the grass root level, I am aware of the various problems that my colleagues are facing and it is my bounden duty to find solutions to these. I shall try to get some of them see the light of the day during my tenure, of-course with the active cooperation of all the members.

Every passing year, the number of members is ever increasing. Our Association is growing from strength to strength and is at present the Fourth largest body after, AAD, EADV and Chinese Dermatology Association. IADVL's role in the global scenario is increasingly visible. During the recently concluded World Congress of Dermatology at Buenos Aires, Argentina, there were more than 150 Dermatologists attending the conference. 43 of our young and brilliant Dermatologists secured WCD and ISD scholarships to attend the World Congress. There were more than 60 to 75 papers presented or displayed and around 40 of the Indian Dermatologists either chaired a session or delivered lectures. This is a commendable credit to Indian Dermatology and had never happened before. I am sure, in the days to come; Indian presence will be more prominently felt at any conference across the world.

Thanks to the efforts of Dr. Chetan Oberai and Dr. Koushik Lahiri and the entire National Executive, IADVL - 2007, our Association became a member of International League of Dermatological Societies. Indian contingent is represented by SEVEN members on the assembly of ILDS!! This in itself is a credit to IADVL. What more. Dr. Chetan Oberai, got elected to the prestigious Board of members of ILDS for a term of four years and he will be representing the South Asia Pacific, Middle East and African region. This is a proud moment for every Indian Dermatologist and IADVL. We have also grown to the extent of bidding for World Congress of Dermatology, reminding the others that IADVL has arrived on the global scenario. We should make all out effort to bid for the 2015 WCD at 2011 World Congress to be held at Seoul, South Korea. Friends it is now or never. Hence I need



the support and guidance of each one of you in this matter. At the same time, we should also prepare ourselves by hosting the other International Conferences like ICD, ADA conference and IMCAS etc which can the attention of the world.

Dr. K. K. Rajababu, recently handed over the charge as President of South Asian Regional Association of Dermatologists (SARAD) at the 5th South Asian Regional Conference of Dermatologists held along with the 26th conference of Pakistan Association of Dermatologists at Lahore during November 2007. I was the Secretary General during these two years. During this two years tenure, we took great steps in establishing and furthering friendship amongst Dermatologists from the region. Though many dermatologists wished to attend this conference, due to unfavorable political situation in Pakistan, many cancelled their trips at the yenth moment. IADVL - SARAD exchange program benefitting young Dermatologists on either side shall be implemented this year. Dr. A. K. Bajaj, senior past president of IADVL, has received the prestigious Life time Achievement award from SARAD, for his contributions in establishing friendship and cordial relationship with all our neighbors. He deserves all kudos for this and making all of us proud.

I congratulate Dr. V. N. Sehgal, Dr. D. K. Gupta, Dr. S. D. N. Guptha, Dr. Saumya Panda and all others who have won various prestigious awards during this year. Your contributions to IADVL is highly recognized and acknowledged.

On the academic front, IADVL is starting and giving more wings to the 'IADVL Academic Committee' which will be headed by a senior academician and past president of IADVL and he will oversee all the academic activities that IADVL is going to conduct during his tenure. The Chairman of the Academic Committee will be a member of the National Executive Committee. Programs like organizing of CME's, Seminars, Conferences, publishing of IADVL owned booklets, publishing of IADVL sponsored teaching slides for Medical college teachers and practitioners alike, MCI issue and advising IADVL National executive on all matters related to Academics. This is a coveted and responsible post and will definitely contribute a lot for the progress of the association.

Dr. S. Sacchidanand (LM/KT/1937)
President, IADVL
2008

SPEECH BY OUTGOING PRESIDENT 2007



Respected Chief Guest his Highness Governor of Punjab and Administrator of UT Chandigarh General(Retd) S F Rodrigues,PVSM,VSM, Guest of Honor Director of PGI Dr. K.K. Talwar, President IADVL Dr.Sacchidanand, Organising Secretary of DERMACON 2008 Dr.A.J.Kanwar, Honorary General Secretary of IADVL Dr.Rajeev Sharma, Immediate Past Honorary General Secretary of IADVL Dr. Koushik Lahiri, Immediate Past Honorary Treasurer of IADVL Dr.Arijit Coondoo, Scientific Chairperson of DERMACON 2008, Dr.Sanjeev Handa, dignitaries on the dias, My senior teachers, Ladies and gentlemen- I am very happy that 2007 has been a very fruitful year for IADVL fraternity. We have achieved many milestones,attained highest Scientific levels through the ACAD group and the journal of IADVL. We entered into fruitful partnership with AAD and BAD for the exchange programmes and even managed to get more than 43 scholarships through ILDS and ILD for our IADVL members at the World Congress of Dermatology which was held at Argentina in the first week of October 2007.Our participation was in large numbers at the above WCD conference.

Our presence was also felt greatly when we had 7 representatives (One of the largest team) in the world body and even managed to get elected to the board of directors of the International League of Dermatological Societies for the first time,a feather in the cap of IADVL. By getting elected to this prestigious post of Member of the board of directors for a period of 4 years (2007-2011) I am going to work for the greater participation of our IADVL body. I know at this point,I also have to represent other countries in South Asia,Middle east and Africa(SAMEA).

Lastly as promised,our digital lecture series are almost ready for distribution free of cost to our 5000 IADVL members.This was made possible by Dr.Torsekar and his team,backed strongly by the IADVL,Maharashtra branch.

I am satisfied as far as year 2007 has gone by, but would like to see IADVL going still higher by bagging the World Congress for 2015. I am sure Dr.Sacchidanand is quite capable of it.

The year 2007 has brought a personal bond for me with Dr.Sacchidanand, Dr.Joshipura, Dr.Koushik Lahiri and Dr.Arijit Coondoo to be grouped as "**Paanch Pandavas**"

Thanking you for all the support that you have given me,

Long live IADVL, JAI HIND !

Dr.Chetan Oberai - Professor Emeritus

Member on Board of Directors of International League of Dermatological Societies(ILDS)

Immediate Past President: Indian Association of Dermatologists, Venereologists & Leprologists (LM/M/0677)

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Welcome Message from the desk of the Organising Secretary - Dermacon 2009

It is a proud privilege to welcome you all for the ensuing 37th National Conference of IADVL - DERMACON - 2009 to be held between 6th to 10th January 2009, at Palace grounds, Bangalore. The Organising committee and the Scientific Committee together with the co-operation of various other committees are working hard to present to you a very memorable and enjoyable conference. We are lacing together a scientific fair of international standards and an culinary and cultural feast that will leave you asking for more!! Please do not miss this opportunity. Mark your dates and be there with your family.

Bangalore offers a very pleasant climate during January 2009 and the myriad of tourist and picnic spots also invites you with open arms. Be a part of this gala and mega event, which is never to be missed.

Regards

Dr. S.D.N.Guptha
Organizing Chairperson

Dr. S.Sacchidanand
Organizing Secretary

Dr. D.A.Satish
Scientific Committee

Dr. S.C.Rajendran
Chairpersons

Registration Fees for DERMACON 2009, Bangalore

Category	Upto 16th August 2008		Upto 31st. October 2008		After 1st November to Spot	
	CME	Conference	CME	Conference	CME	Conference
Individual Delegates IADVL Members	1000	2500	1250	3500	1500	4500
Non-IADVL Individual members qualified in Derm/ Lep/ STD	2000	3500	2500	4500	3000	6000
Accompanying persons & children above 3 yrs. (for ADVL Member's Families only)	500	1500	700	2000	1000	2500
Post Graduate Students	750	1500	1000	2000	1500	2500
Corporate Delegates	1000	3000	—	5000	—	6000
Foreign Delegates (US\$)	50	250	75	300	100	400
SARAD Delegates (US\$)	100		125		175	



Organizing Secretary's Report : Dermacon 2008

The CME organised as a part of DERMACON 2008 focused on Atopic Dermatitis which is a common problem in childhood. The session started with Prof. A.J. Kanwar, head of the department of dermatology, PGIMER, giving an in depth evaluation of the status of pediatric dermatology in India. Even though still in an infantile stage in our country it is growing in leaps and bounds with dermatological problems in children being recognized and addressed more frequently. Dr. Williams Hywell from United Kingdom stressed about the multifactorial causation of this common eczematous condition. Though food, environmental factors, genetics and race play a predominant role, not one single factor is involved in the causation. Dr Arnold P Oranje from Netherlands talked about the effectiveness of wet wrap technique in the treatment of atopic dermatitis. Dr. Deepak Parikh gave an insight about the importance of differentiating between atopic dermatitis, seborrhoeic dermatitis and psoriasis in an infant presenting with cradle cap and itchy rash. The need to make a correct diagnosis due to the importance of prognosis was stressed. The role of topical immunomodulators in the management of atopic dermatitis was enlightened by Dr Sandeepan Dhar. A booklet on treatment guidelines of atopic dermatitis was released by Prof. A.J. Kanwar.

Dr David Atherton from UK gave systemic approach for the management of hemangiomas. A rash in a child always poses diagnostic dilemma. The talk on different viral causes for the rash was given by Dr Y.C. Chan from Singapore. Kawasaki disease is a disease which often present with an innocuous looking rash but can lead to life threatening complications. Dr Surjit Singh from PGI talked about the need for increased awareness about this disease and importance of timely diagnosis. The newer approach to the treatment of age old problem, vitiligo was discussed by Dr. Alan Taieb from France. Childhood vitiligo is a common problem with almost 2 % incidence resulting in impaired quality of life. Alopecia areata can be a distressing problem and its management options are limited with variable results. This was simplified and rationalized by Dr. Jayakar Thomas. Dr. Louis Dubertret talked about the different

types of psoriasis in childhood and treatment options available which included emollients, calcipotriol, dithranol, cola tar and systemic therapy like methotrexate, retinoids and etanercept to mention a few. The CME was well appreciated and keenly attended by about 2000 residents and practising dermatologist.

The second day of the conference started with the brain storming National Quiz for residents of dermatology. This was followed by the Ambady oration in which the role of steroids administered in high intermittent doses (pulse form) to prevent complications of daily steroid intake was stressed by Dr. Binod Khaitan. Dr. Arun Inamadar rendered the IADVL-GSK oration about the approach to management of patients with sensitivity to sunlight especially in resources poor country like ours.

This was followed by a session focusing on immunobullous disorders. The patients with blistering disorders could be treated with options ranging from steroids to new age biologicals with far better prognosis today then it would have been a few years ago with less complications. This was discussed by Dr. Richard Groves from UK. Lasers have become an indispensable armament for the dermatologist. Its use in acne for treatment of scars both physical and psychological was discussed by Dr. Ganesh Pai. Other modalities of treatment of acne scarring like microneedling and glycolic acid peel were also discussed. Pulsed dye laser is used in the treatment of various vascular birth marks effectively. The progress made in this direction was given by Dr. Rakesh Bansal.

Contact Dermatitis is a common intractable problem. Parthenium dermatitis still remains a bane for the rural population in this region. Dr. Kaushal Verma from AIIMS, New Delhi talked about the challenges and newer therapies available for this problem. Dr. Alka Dogra discussed about the common sensitizers and clinical patterns in patients presenting with eczema of hand.

Fair skin has always been an aspiration of one and all. Lightening agents used were discussed by Dr. Davinder Parsad from PGI. The common facial pigmentary



disorders seen in Indians were discussed by Dr. Raj Kubba and Dr. Asha Kubba. Dr. Anne De Brugerolle spoke about the progress made in developing an artificial and effective substitute for skin. Dr. Laurent Marrot also from France shared their experiences about specific damages caused by oxidative stress in pigmentation.

Acne is a common problem sometimes innocuous but in a minority of patients can lead to significant scarring and disfigurement. The concept of acne as chronic disease was purported by Dr. Neal Shear from Canada. The use of oral low dose isotretinoin with azithromycin to decrease the side effects was presented by Dr. Dipanker De from PGI.

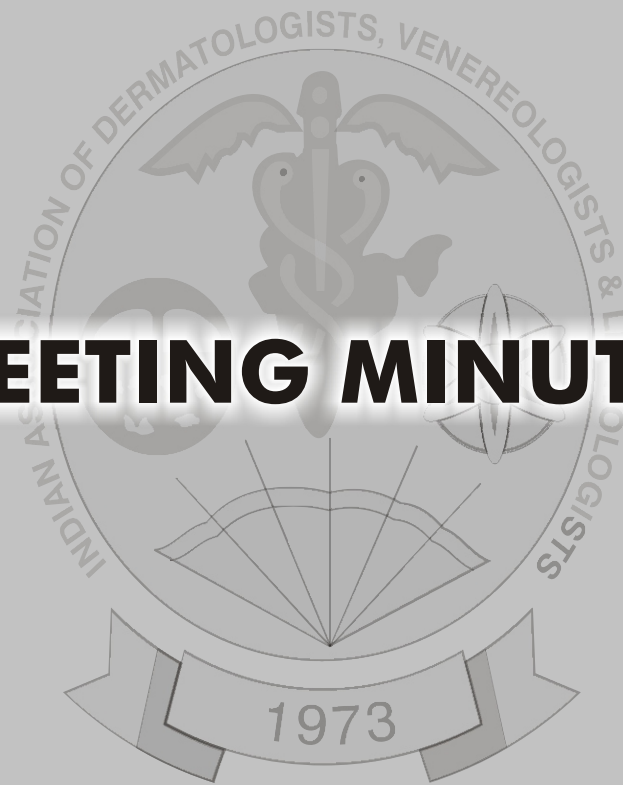
Psoriasis was a focus of a session which witnessed the newer concepts of management by biological agents discussed by Dr. Louis Dubutret and Dr. Marina Papoutsaki. The various sessions were well attended and delegates returned with updated knowledge about different conditions after talks by specialists in their particular fields.

Day 3 Dermacon 2008 witnessed discussions of topics ranging from therapeutics, leprosy, sexually transmitted diseases to dermatosurgery. The day started with a talk by Dr. Archana Singal about the management of female pattern hair loss. Dr. S. Sachidananda talked about his experience with sclerotherapy. Dr. Shyam Verma presented IADVL Fulford oration and he gave an excellent overview of showcasing dermatologic rarities-beyond private practice. There were also orations by Dr. Suresh Joshipura and Dr. Siba Ray Chaudary from USA. Drugs causing adverse reactions in the form of skin rashes are very common and distressing. Dr. Neil Shear from Canada spoke about his experiences about the same. Urticaria is common and distressing dermatoses. A panel discussion on newer concepts in causes, types and treatments of urticaria was organized. HIV and STDs have raised their ugly heads

in previous decades. Dr. Imtiaz Ahmed from UK talked about current concepts in the management of genital warts. Pressing issues about skin problems in HIV patients and stigmata attached to these was topic of talk by Dr. Toby Maurer, US. Cosmetic dermatology was given an impetus by discussion on new advances on anti dandruff research by Dr. Chetan Oberoi. Anti ageing moisturizers in Indian women was discussed by Dr. Hema Jerajani. Dr. Ashish Batia from USA talked about the latest in fillers. Safer peels for dark skin were discussed by Dr. Jeffrey from USA. Leprosy still remains a disease of public health importance in some states of India. The new paradigms on National Leprosy Elimination Program was discussed by Dr. P. L. Joshi. Update in management of leprosy reactions was given by Dr. H. K. Kar. Dermatosurgery has grown in leaps and bounds and newer techniques in hair transplantation and thread lifts were keenly listened to and interest in them were vastly obvious. Newer techniques in treating premalignant and malignant lesions of skin were reviewed. DERMACON 2008 successfully completed its fourth and the last day of talks, discussions and deliberations. The young dermatologists were given an opportunity to show case their work. The academic boost given by organising an award paper session was well attended and appreciated. Punjab has the highest number of HIV/AIDS in north India followed by Chandigarh. It has associated stigmata among not only the common man but also in hospital personnel. The use of condoms and other forms of safe sexual practices is still abysmally low in commercial sex workers. A session was devoted to STDs and HIV/AIDS. Prof. F. Handa award for best paper was awarded to Dr. Deepthi Bhute and Dr. B. B. Gokhale Medal for best paper went to Dr. Tanvir Pal Gupta. The young Dermatologist forum saw Dr. Mahinder Kura and Dr. Suruchi Gupta walking away with the honours. The best poster went to Dr. Manoj. The conference was well attended by about 4000 delegates and the hospitality and arrangement were appreciated. The scientific sessions were inspiring and thought provoking.



MEETING MINUTES





VARIOUS BUSINESS MEETINGS DURING DERMACON 2008
All the following meetings will take place in the Business meeting hall,
Post Graduate Institute of Medical Education and Research, Chandigarh

Date	Timing	Meetings
24.1.08(Thu)		
1.	11-12 noon	SARAD Executive Committee meeting
2.	12-12.30 pm	IADV L - Working committee meeting-I
3.	12.30-1pm	IADV L - Finance Committee meeting
4.	1-1.30 pm	IADV L-Thesis evaluation committee meeting
5.	2.00-3.30 pm	CCM of the closing year
6.	3.30-5 pm	AGBM of the closing year
25.1.08(Fri)		
7.	2-3 pm	IADV L-Facultys' forum
8.	3-4 pm	International conference bidding committee meeting (open forum)
9.	4-5 pm	IADV L Branch President and Secretaries meeting
26.01.08(Sat)		
10.	5.30-7.30pm	CCM and GBM of the commencing year
27.01.08(Sun)		
11.	10.30-11 am	IADV L - Working committee meeting



Minutes of CC followed by GB meeting of IADVL with similar agenda held on 24 Jan 08 at PGI Chandigarh during DERMACON 2008, Chandigarh

The Central Council Meeting followed by General Body Meeting of IADVL was held on 24 Jan 08 at 2 PM at Business Meeting Hall, PGIMER, Chandigarh, presided by President **Dr. Chetan Oberai**.

1. Condolences:

Condolences were paid to the following members who have departed us in the past year. They are:

Dr P A Sarojini

Dr B K H Nair

Dr S C Desai

Dr K Sarojamma

Dr Tarun Saikia

Dr Binod Bihari Mishra

Dr Ramanuj Prasad Singh

Dr Chanchal Jani

Dr Sandeep Batra

2. Opening remarks of Dr Chetan Oberai, President:

Dr Chetan Oberai, outgoing President welcomed the incoming President Dr. S. Sacchidanand and thanked the outgoing General Secretary Dr Koushik Lahiri, Treasurer Dr A Coondoo and Immediate past President Dr Suresh P. Joshipura.

He spoke about the activities of the past year and recounted the EC mid-dermameet at Gangtok, release of the third edition of the IADVL Textbook of Dermatology, IADVL Book of Medical Ethics and CPA, IADVL Therapeutic Guidelines on SJS, TEN and Psoriasis.

He mentioned about the collaboration with the AAD, BAD and ILDS and his elevation to the post of Regional Director of the ILDS. He also told the house that 7 IADVL officials had attended the Assembly of Delegates of ILDS at Argentina, first time ever in the History of IADVL. He mentioned that 40 young dermatologists had been awarded the ILDS scholarships to attend the recently WCD at Buenos Aires, Argentina.

He mentioned the fact that with the sustained efforts of the IADVL, the MCI has earmarked 15 marks in Paper II in the Medicine in the Final MBBS examination as mandatory question.

He also mentioned the creation of a forum within the Indian Medical Association of which IADVL has become a member.

He stated that Dr S Sacchidanand, incoming President would be the right person to take the Association forward at this stage.

3. Confirmation of the minutes of CC Meeting and AGBM held at Chennai during Jan 07 and Mid-term CC at Kolkata during July 2007.

These were passed from records in the IADVL newsletter.

4. The annual report of General Secretary Dr Koushik Lahiri was adopted. (Page 14-19 of IADVL newsletter Vol 3, Issue 3, Dec 07)

He mentioned that the IADVL was growing at the rate of 8.47% per annum and as in the past, the following outstanding teachers would be felicitated during IADVL day which would be celebrated on 26 Jan 08. They are:

Dr Rachel Mathai

Dr S K Panja

Dr B M S Bedi

Dr (Lt Gen) MA Tutakne

Dr. Rui J Fernandes

The report was proposed to be passed by **Dr Rui Fernandez** and seconded by **Dr N Nagpur**. The house congratulated **Dr. Koushik Lahiri** for his excellent work.

5. The Audited accounts of the IADVL for the year 2006-07 and unaudited balance sheet upto 30 Nov 07 (as published in page 81-94 of IADVL newsletter Vol 3, Issue 3, Dec 07) presented by **Dr Arijit Coondoo** were adopted and passed universally. He specifically mentioned that the IADVL funds had increased by 90% and IJDVL by 176% and the combined coffers of IADVL and IJDVL had increased by 125% during the period February 2006 to December 2007. The House congratulated Dr. Coondoo for his excellent work as Hon. Treasurer.

6. The annual report of the Chief Editor of the IJDVL and audited accounts of the IJDVL was deferred due to his absence.

7. Reports of various committees:

a. Finance Committee (Dr S D N Gupta): Deferred.

However, **Dr Suresh P. Joshipura** had certain points which he put forward:



i. He congratulated the finance committee and suggested that the funds should be divided into three parts: First for the academic activity as IADVL Academy of Dermatology had already started working, second for the IADVL GENERAL Fund and third IADVL fund. Dr. Arijit Coondoo agreed and stated that he had suggested the same in Hyderabad in 2006 (CC), Chennai in 2007 (CC and GB) and Kolkata in 2007 (CC).

b. Academic Committee: Dr Arun Inamdar stated that budgetary provisions must be made in the IADVL for academic activities.

This was passed in principal and Dr Arijit Coondoo summed up by saying that though the IADVL is spending money on academic activities, the same can now be demarcated in the future.

c. Therapeutic Guidelines committee:

Dr V. K. Sharma stated that the guidelines for SJS, TEN and psoriasis had been made and that on vitiligo is on its way.

Dr Koushik Lahiri stated that the books on guidelines must be published and distributed by IADVL rather than any pharma companies. He congratulated Dr. V. K. Sharma for his efforts.

d. Constitution Committee: On a day earlier, a separate meeting of the constitution committee was held under the chairmanship of Dr. D. K. Gupta in members Dr. R. G. Valia, Dr. K. K. Rajababu, Dr. A. K. Bajaj, Dr. Suresh P. Joshipura, Dr. Amarkant Jha, Dr. A. Coondoo were present. The Convener of the committee, Dr. Suresh P. Joshipura briefly mentioned the following recommendations which were discussed in the constitution committee:

- i. Any office bearer of the IADVL cannot canvas and cannot contest for another post in the association during his period in office.
- ii. Election Officer: The election officer may take the help of one member co-opted to assist him for every 250 ballots upto 8 members. These co-opted members should not have proposed or seconded any of the contestants.
- iii. A coloured seal is to be put with a number instead of a signature on the ballot paper before it is despatched to the members for their vote.
- iv. Individual candidates are not to be allowed to use IADVL tools including web forums for canvassing for elections. He cannot use collective canvassing modalities such as State Branches.

v. The official declaration of results of the IADVL elections should be by the President of IADVL and subsequently in the journal and newsletter. Prior to that, it should only be told to the President, Secretary and candidates.

Dr Narendra Patwardhan suggested the introduction of online voting to increase the number of votes polled, which is presently around 30%. Dr Koushik Lahiri requested Dr D K Gupta to allow for the provision of electronic and postal system both in the voting process.

Dr Rui Fernandez suggested that there should be flexibility with the counting dates for the IADVL elections, which **was not agreed to**.

Dr V K Sharma requested that the city of the candidate be written next to his name in the ballot paper. Dr Joshipura stated that it may not be helpful as we have members with similar name and the same city.

Dr Suresh P. Joshipura stated that draft guidelines are required for DERMACONS for the sake of uniformity, to decide number of speakers, etc. He stated points on which guidelines are required to be made.

Dr Koushik Lahiri stated that a venue inspection committee is required for cities other than Chennai, Delhi, Kolkata, Mumbai, Hyderabad and Bangalore. This committee should consist of the President, President elect, Secretary, Treasurer and Immediate Past President. **The same was accepted.**

Dr A K Bajaj suggested that orations to be given only once and the members of the central scientific committee should not be selected for more than three times and not more than twice in succession. **This suggestion was accepted.**

He suggested that there should be more free papers and invited speakers should be restricted to ten. He also suggested that there should not be more than two parallel sessions and increasing the number of fellowships. **This was discussed but not accepted.**

Dr Koushik Lahiri suggested that provisions should be made in the DERMACON guidelines to ensure that the conference booklets should reach the members 15-20 days before the conference. He also stated that we cannot restrict the number of parallel sessions and number of invited speakers, especially since we are planning to bid for the Asian and World Congress of Dermatology in the near future. Dr V N Sehgal agreed to these comments of Dr Koushik Lahiri.



Dr Chetan Oberai stated that the IADVL Central Body should be an equal partner with the local organising committee for the DERMACONS. He mooted the formation of a **DERMACON Guidelines Committee**.

Dr S Sacchidanand stated that in Bangalore, all parallel sessions would be recorded and given in CD format to all attending member delegates.

Dr Deepak Parikh stated that the quality of speakers should be good and should be able to deliver what the listeners want to ensure that the halls are occupied for the scientific sessions.

As per the suggestion of **Dr Sanjeev Handa** it was decided that the Organising Secretary and the Chairperson Scientific Committee would be decided two years in advance.

Dr Koushik Lahiri stated that the organisation of the DERMAZONES should be intimated to the IADVL National Body, the audited accounts to be sent to the National body six months from the date of the conference. It was further suggested by him that the earnings from these DERMAZONES be divided thus: half to the National IADVL and half to the state organising the DERMAZONE.

Further division of the zones will be as under:

East: West Bengal, Bihar, Jharkhand, Orissa, North-East, Manipur, Chattisgarh

West: Gujarat, Maharashtra, Rajasthan, MP

North: Delhi, Haryana, Punjab, Chandigarh, HP, J & K

South: KT Branch (Karnataka and Tamil Nadu), Kerala, Pondicherry

Dr Chetan Oberai announced the names of the **DERMACON guidelines committee** to look into the above suggestions and suggest concrete guidelines for DERMACONS and other conferences held under the IADVL banner:

Dr Maj Gen A K Jaiswal
Dr Rui Fernandez
Dr A K Bajaj
Dr K K Rajababu
Dr V N Sehgal
Dr Deepak Parikh
Dr V P Kuriyipe
Dr S P Joshipura
Dr S Handa

e. Editor Search Committee: Dr K K Rajababu presented the report of the editor search committee. He stated that there were six applicants and appreciated the interest of all applicants to work for the association and the journal. The best candidate was unanimously selected by the committee to be Dr D M Thappa to take over from Feb 09. He should be inducted into the editorial team from Feb 08. He recommended that the rest of the applicants should be involved in some way in the activities of the journal. The same was passed.

He stated that a Journal Improvement Committee was formed during the same meeting by the President IADVL to oversee the functioning of the journal. **Dr Deepak Parikh, Dr. Rajeve Sharma, Dr. Rajan Grewal, Dr. Sangeeta Amladi** and many others stated that no separate committee was required for financing of the journal.

Dr K.K. Rajababu read out the recommendations of the committee. However, after deliberations, it was felt that this committee was not required and hence, **their recommendations were dropped.**

f. IADVL Textbook committee: Dr Ameet Valia stated that the IADVL textbook was ready and first volume printed. It has been made in art paper with the photos incorporated in the text. Orders for the textbook were being accepted by M/S Bhalani.

g. Committee for development of digital teaching and public awareness material: Dr R. Torsekar stated that 15 lectures were ready for distribution and 25 lectures would be ready by Oct 08. He stated that lectures could be added later. He suggested that the lectures should be distributed with the IADVL newsletter to reduce cost. **The total cost of the project of Rs 6.2 lakhs was passed.**

h. Any other committee:

Ethics Committee:

Dr (Lt Col) Manas Chatterjee suggested that a written copy of the letter regarding unethical branding of drugs to be handed over to the firms which are involved so that they are aware of our position and strong sentiments on this issue. **This was passed.**

He suggested that pharma companies should not be involved in the publication or distribution of IADVL publications. **This sentiment was shared by other members and passed.**

He requested that members who have any



suggestions on the IADVL Book on Medical Ethics and CPA should send the same to Dr P Srinivas, for further improvement in subsequent issues of the book.

He asked the august body if IADVL Ethical Issues Committee should act as a watchdog as well as being in an advisory capacity. **Dr Koushik Lahiri** stated that the same is within the purview of the Committee.

Syllabus Committee: **Dr D M Thappa** read out the MBBS curriculum proposed by the syllabus committee, which was accepted.

8. Announcements of the names of awardees for:

i. **IDVL-AAD reciprocal scholarship program** (replacing the general annual meeting Registration scholarship):

- **Dr Amit Kumar Malhotra, (LM/ND/4191)**
- **Dr Asha Bhatnagar (LM/P/4481)**

ii. **AAD Registration scholarship:**

- **Dr Aparna Palit, (LM/KT/3112)**
- **Dr Vijay Zawar (LM/M/942)**

ii. **AAD Registration scholarship:** (balance from last time): **Dr Raghavendra Rao (LM/KT/2876)**

iii. **Dr Kavita Dasari** will attend the Liverpool BAD conference as she could not attend the same last time.

iv. **Two more for the IADVL-BAD exchange program** would be selected from this year's award paper session.

v. IADVL Training Fellowships:

No	Name	IADVL No.	
1.	Dr. Rinky Kapoor	LM/N/4437	Dr. V.J. Sebastian Criton- Dermato surgery/Phototherapy/Clinical Dermatology
2.	Dr. Vineet Relhan	LM/ND/3780	Dr. Uday Khopkar- Dermato-histopathology/Dermoscopy
3.	Dr. Smita Anish Nagpal	LM/G/4596	Dr. A.J. Kanwar- Dermatosurgery/ Phototherapy
4.	Dr. Feroze Kaliyadan	LM/K/ 4459	Dr. Rajesh Nair Lasers/Ablative and non ablative surgery/ Melanocytes transplant
5.	Dr. Amar Uttamrao Surjushe	LM/M/3989	Dr. B. Narasimha Rao- Laser Surgery / Cosmetic Surgery
6.	Dr. Pankaj Golegaonkar	LM/M/4584	Dr. V. K. Sharma for Contact Dermatitis
7.	Dr Samiran Das	LM/O/4484	Dr. Renu Elizabeth George Dermato-histopathology
8.	Dr Hiranya Talukdar	AM/NE/451/07	Dr. Subrata Malakar Dermato surgery/cosmetology
9.	Dr. Suraj Nandkishor Wani	AM/M/333/07	Dr. D.G. Saple- HIV/AIDS- Clinical at G. T. Hospital, Mumbai.



- vi. **Best Branch award:** Special mention was made of the Maharashtra, UP and Manipur branches. However, the best branch award went to Gujarat State Branch and North-East Branch.
9. **Proposal from members forwarded from CC MIDERMAMEET Kolkata and other proposals received in 2007:**
- a. **Dr Roopak Saxena:** PG students should be enrolled as provisional life members and converted to Life members only after they receive their PG degree/diploma and fwd a copy of the same to the IADVL and LM number would be allotted at that time. **It was accepted and forwarded to the constitution committee who ratified it.**
- b. **Dr Chetan Oberai** suggested that the registration fees for DERMACONs be waived for **all the** past presidents of IADVL. **The same was accepted and passed.**
- C. Dr S Sacchidanand:**
Immediate Past Secretary and past treasurer to be made part of the executive committee of the IADVL,. This was passed. But reservations were expressed from the floor by Dr. Sangeeta Amladi regarding the past secretary being made chairman of resolution implementation committee, when there are Vice Presidents and Joint Secretaries who could be delegated this job.
Terms of various committees and tasks to be reviewed regularly by President IADVL and by the General Body and also reviewed during the CC and EC meetings of the IADVL. **This was passed.**
- d. **Dr Basavaraj:** Screening out of non members for State, Zonal and National conferences of the IADVL. **This was passed.**
- e. **Dr Hanumanthappa:** Suggestion regarding Diploma holders to be made Asst Professors. **This proposal was advised to be discussed with the MCI**
- f. **Dr V N Sehgal: Proposal regarding award in his name was passed.**
- g. **Dr. S. Premalatha** (presented by Dr K N Sarveshwari): **Academic Council of IADVL to be renamed as IADVL Academy of Dermatology. This proposal was passed**
- h. **Dr N Patwardhan** stated that the visas for the SAARC conference which was held in Lahore, Pakistan was not intimated on time which led to a number of cancellations of plans to attend the conference. He requested that visa formalities for future conferences within SAARC countries, co-ordinated by IADVL should be made smoother and on time.
- i. **Dr. Koushik Lahiri** stated that there has been a proposal from the IMA to form a Federation Of Medical Associations of India (FOMA). Dr. Somesh Gupta and Dr. Sujay Khandpur attended the last meeting on behalf of IADVL in Delhi. He also announced the formation of the Indian Health Accreditation Committee (ICHA). He suggested that someone at Delhi has to represent the IADVL in meetings of this committee. It was decided that Dr. V. K. Sharma, President elect may depute a member of IADVL to attend these meetings as and when held and report to the IADVL.
10. **Declaration of results:**
- | | |
|---------------------|------|
| No of votes polled: | 1272 |
| Invalid votes: | 60 |
| Valid votes: | 1212 |
- President Elect:**
- | | |
|---------------|-----------|
| Dr V K Sharma | 755 votes |
|---------------|-----------|
- Vice Presidents:**
- | | |
|------------------------------|-----------|
| Dr (Col) Rajan Grewal | 604 votes |
| Dr Y S Marfatia | 450 votes |
- General Secretary** (uncontested)
Dr Rajeev Sharma
- Treasurer** (uncontested)
Dr Roopak Saxena
- Joint General Secretary** (uncontested)
Dr J Betkerur
Dr S Panda
11. **Dr V P Kuriyipe:** He suggested that a standing ovation should be given to the outgoing team.
This was followed by the installation of the new team headed by President Dr S Sacchidanand by the exchange of the medallion and the new secretary Dr. Rajeev Sharma by exchange of a newly created sceptre.

Dr. Chetan Oberai
(LM/M/677)
President
2007

Dr. Koushik Lahiri
(LM/WB/2503)
Honorary General Secretary
2006-2008



Minutes of combined Central Council & Annual General Body meeting of IADVL for the commencing year 2008

On 26-01-08 during DERMACON 2008 at Hall A PGIMER, Chandigarh (6.00pm 8.30pm)

The Central Council Meeting followed by General Body Meeting of IADVL was held on 26 Jan 08 at 6.00 PM at Hall A, PGIMER, Chandigarh, presided by President **Dr. S. Sacchidanand**.

- 1) **President Dr. S. Sacchidanand** welcomed the members present and requested their cooperation for the smooth conduct of the meeting
- 2) **Dr Rajeev Sharma** Honorary General Secretary was then asked by the president to conduct the proceedings.
- 3) **Confirmation of the minutes of the last CCM & AGM for the closing year 2007 held on 24th January 2008 Constitutional amendment** passed.

Proposal regarding elections passed.

Suggestions regarding **DERMACONs** passed.

Dr. Venkataram Mysore suggested e-mailing of scientific programmes of **DERMACON**.

Dr. Koushik Lahiri suggested sending it by e-mail and by post 21 days early.

Dr. Arijit Coondoo requested that the programme should be posted 1 month before so that travel plans could be made.

Dr. S. Sacchidanand informed that in **DERMACON 2009** all scientific programmes would be recorded and given to the delegates.

Dr. Deepak A. Parikh suggested scientific committee should select the speakers.

Dr. Sanjeev Handa proposed that the **Organising secretary and scientific committee chairman of DERMACONs should be selected 2 yrs before the conference.**

It was decided that would be applicable beyond DERMACON 2009.

DERMACON GUIDELINES committee constituted by **Dr. Chetan Oberai** in the closing years AGBM was accepted.

Suggestions regarding DERMAZONE were accepted.

Dr. Devesh Mishra's suggestion that money saved during **DERMAZONE** should be returned to the delegates was not accepted.

Dr. Torsekar was of the opinion that the amount should go to the states of **DERMAZONE**. These suggestions were not accepted.

Reallocation zones will be effective from 2008.

Dr. Hema Jerajani inquired whether states should ratify these decisions regarding zones. The president opined that it was not needed.

4) **Issues relating to DERMACON 2009**

Dr. S D N Gupta was appointed as the Organising Chairperson.

Dr. S. Sacchidanand was reconfirmed as the Organising Secretary

Dr. D.A. Satish, Dr. S.C. Rajendran were appointed as the Chairpersons of the Scientific Committee.

Dr. D.A. Satish informed that the CME topic for **DERMACON 2009** is "**Evolving trends in dermatologic therapy**". This was accepted and selected.

and informed that the **DERMACON 2009** will end on Saturday night starting from **6th Jan 2009 to 10th Jan 2009** (including workshops)-

The following members were nominated/elected for the central scientific committee for **DERMACON 2009**

Dr. V.R Janaki Chennai

Dr. Deepak A. Parikh Mumbai

Dr. Asit Mittal - Udaipur

Dr. Vijay Kumar Garg Delhi

Dr. Arijit Coondoo Kolkata

Dr. D. V. S. Pratap Hyderabad

Dr. Anniruddh P. Vyas Ahmedabad

Dr. (Lt. Col.) Manas Chatterjee Jodhpur

Dr. Koushik Lahiri was of the opinion that the business meetings should be held on the workshop days or the last days. He questioned the need for another CCM at DERMACON after the mid-CCM.

Dr. V.P. Kuriyipe suggested 1 day for business meeting.

Dr. Vijay K. Garg suggested having CCM on a conference day.

Dr. P. S. Chandel raised an objection and stated that no meetings should be held before or after the conference.

Dr. (Col.) Rajan Grewal suggested combining both opening and closing CCM.



5) Proposed budget for 2008-2009 was accepted.

Dr. R. Torsekar's proposal to add dermatopathology in the digital lecture series was deferred.

6) Finance committee proposals were passed and will be applicable from DERMACON 2009.

7) General body authorised to waive off Rs. 56,000/- carried from 2005-2006 and Rs. 6,841/- carried over from 2003

8) M/s G. Chaturvedi & Company,

Chartered Accountants,
Block No. 25/23, U.G.,
Sanjay Place,
Agra. 282 002.
(0562)2856382

Were appointed as the auditors for the current year

Appointment of auditor 2008-2009 was passed.

9) Editor search committee report was accepted.

Dr. D M Thappa was selected by the search committee as Editor elect of IJDVL. He was then installed by the president **Dr. S. Sacchidanand**.

Other suggestions regarding IJDVL were accepted.

10) EDITORS REPORT: Deferred during CCM was read out by **Dr. Uday Khopkar**, Chief editor of IJDVL and was accepted.

IJDVL Accounts read and accepted.

Dr. Uday Khopkar's suggestions regarding password protected access to international journals to editorial board members was accepted.

6) Ethical committee -

Dr. Srinivas P, chairman ethical committee suggested setting up of a committee to deal with CPA and problems faced by the members of IADVL. Queries by members regarding ethical issues should be published in IJDVL.

Dr. Venkataram Mysore suggested setting up of ethical and legal committee to help in the questions raised by the members.

Other suggestions made by **Dr Srinivas P** were deferred

7) Selection of Venue for DERMACON 2010:

Bid by UP branch of IADVL to host DERMACON 2010 at **Lucknow** was accepted.

Dr. Suresh Talwar officially staked claim to hold DERMACON 2010 on behalf of UP branch at Lucknow. An audiovisual presentation was done in support of Lucknow's credentials.

Dr. Suresh Talwar informed that there are about 2500 hotel rooms available in Lucknow. The venue for the conference is under construction and alternate venue is also adequate. He said that it will be warm during last week of January but the conference dates will be postponed to 2nd week of February in case of adverse weather conditions. He informed that Lucknow is well connected by rail, road and air to all parts of the country.

The house passed the resolution **subject to venue inspection committee report.**

Dr. S.S. Pandey requested that **Varanasi** should be permitted to hold DERMACON 2010 in case Lucknow is not suitable.

Dr. Ashok Shah staked the claim of **Mumbai** to hold DERMACON 2010 if Lucknow is not suitable as they had bid for it earlier.

Dr. Koushik Lahiri suggested in that scenario, **Maharashtra's** claim should be considered as they were the other bidding state and withdrew only after UP branch came forward with the proposal of Lucknow as the bidding city.

8) Nomination of election officer for 2008:

The name of **Dr. V.P Kuriyipe** was proposed by **Dr. Suresh P. Joshipura** and was seconded by **Dr. R.N. Dutta**.

Dr. V.P Kuriyipe was unanimously elected as the election officer **2008**.

**9) Selection of Committee members for 2008
IADVL Committees for 2008**

A. Judges for the thesis evaluation : 1 year

- i. Dr. Y. S. Marfalia
- ii. Dr. Sanjay Ghosh
- iii. Dr. D. A. Satish

B. Finance Committee: 2 years

- i. Dr. Arijit Coondoo (Chairperson)
- ii. Dr. S. Sacchidanand
- iii. Dr. SDN Gupta
- iv. Dr. Roopak Saxena
- v. Dr. Rajeev Sharma
- vi. Dr. Koushik Lahiri

C. Constitution Committee: 1 year

- i. Dr. R. G. Valia (Chairperson)
- ii. Dr. Suresh P. Joshipura
- iii. Dr. K. K Rajababu



- iv. Dr. A.K Bajaj
- v. Dr. B.M.S. Bedi
- vi. Dr. Arijit Coondoo
- vii. Dr. Koushik Lahiri

D. IADVL's Academy of Dermatology: 2 years

- i. Dr. A.K Bajaj (Chairperson)
- ii. Dr. Arun Inamdar (Convener)
- iii. Dr. S. Premlatha
- iv. Dr. V.K. Sharma
- v. Dr. C.R Srinivas
- vi. Dr. Sanjeev Kandhari
- vii. Dr. Rajeev Sharma
- viii. Dr. (Col) Rajan Grewal
- ix. Dr. Murlidhar Rajgopalan
- x. Dr. Asit Mittal
- xi. Dr. (Lt Col) Manas Chatterjee
- xii. Dr. Somesh Gupta
- xiii. Dr. Ramesh M. Bhat
- xiv. Dr. Saumya Panda

E. IADVL Ethics Committee: 1 year

- i. Dr. Putta Srinivas (Convener)
- ii. Dr. Manmohan, Hyderabad
- iii. Dr. Jayanta Das
- iv. Dr. K.H.Sathyanarayana Rao,
- v. Dr. R.N.Dutta Kolkata
- vi. Dr. Mohan Singh

F. IADVL Taskforce for standards of Dermatotomy : 1 year

- i. Dr. Mysore Venkataram (Convener)
- ii. Dr. S.Sacchidanand
- iii. Dr. N.G Patwardhan
- iv. Dr. Niti Khunger
- v. Dr. Sharad Mutalik
- vi. Dr. Rajesh Buddhadev
- vii. Dr. Sujay Khandpur

G. IADVL Therapeutic Guidelines Committee: 1 year

- i. Dr. Hema Jerajani(Chairperson)
- ii. Dr. V. K. Sharma
- iii. Dr. Sangeeta Amladi
- iv. Dr. P.K Dutta
- v. Dr. Sanjeev Handa

- vi. Dr. Sudhir Pujara
- vii. Dr. N. L. Sharma
- viii. Dr. V.J. S. Criton

H. IADVL National Quiz Committee: 1 year

National Coordinators

- 1. Dr. Chitra Nayak
- 2. Dr. Ramesh Bhatt M

National Quiz Master during DERMACON 2009, Bangalore

- 1. Dr. Shyam B.Verma

Zonal Coordinators

- 1. Dr. Anil Abraham
- 2. Dr. Sandipan Dhar
- 3. Dr. Sanjeev Handa
- 4. Dr. Ranjan C. Raval

I. Core Bidding Committee for International conferences: 4 years (Till WCD 2011)

- i. Dr. Chetan Oberoi (Chairperson)
- ii. Dr. S. Sacchidanand (Convener)
- iii. Dr. Suresh.P. Joshipura
- iv. Dr. Bhushan Kumar
- v. Dr. V. K. Sharma
- vi. Dr. R. P. Gupta
- vii. Dr. Arijit Coondoo
- viii. Dr. Koushik Lahiri
- ix. Dr. Rajeev Sharma

J. Textbook Editor Search Committee:

- i. Dr. K. Siddappa (Chairperson)
- ii. Dr. Rui J. Fernandez
- iii. Dr. V.P. Kuriyipe

10. Other Topics

Dr. Rajeev Sharma informed the members that the 2nd volume of IADVL's Textbook and Atlas of Dermatotomy(what?) will be ready by **March 2009 as per information from Textbook committee.**

The house was informed that when all the **25 lectures of digital lecture series** are ready, they will be sent to all the IADVL members free of cost.**Dr. Chetan Oberoi** suggested that all 25 digital lecture series should be compiled in 1 CD and sent to the members free.

Dr. R. Torsekar was of the opinion that these lectures should be uploaded to the IADVL website.



Dr. Uday Khopkar suggested that this should be done in power point format to enable members to make use of the same to different category of audience.

Dr. R. Torsekar said that it will be discussed with technical committee and finances will be worked out.

Dr. Koushik Lahiri brought up the problems of separate (parallel) dinners sponsored by pharmaceutical companies during DERMACON. He opined that they should be curbed. **Dr. Koushik Lahiri's suggestion was passed.**

Dr. S. Sacchidanand, President said that the organising committee of DERMACON should prevent such events. There should be dinners on all 3 days hosted by DERMACON.

Dr. Ashok Ghoshal suggested penalising such companies and also suggested not allowing accompanying delegates to exhibition areas, which was not accepted.

Dr. Chetan Oberai opined that there is no rule regarding dinners. He was then corrected by the house as it finds mention in the constitution (what does this mean?)

Dr. S. Sacchidanand, president said that a committee has been formed for framing guidelines in conducting conferences and there should be no further discussion on this matter. Suggestions could be sent to the Honorary General Secretary in this regard.

Dr. Uday Khopkar suggested that these guidelines should be framed carefully keeping in mind the academic content and standards if we want to bid for international conferences

Dr. Amiya Kumar Nath was given the best thesis award **Dr. B.V Sathyanarayan** award.

Dr. Roopak Saxena's proposals regarding memberships for PG students to should be enrolled as provisional life members and converted to Life members only after they receive their PG degree/diploma and forward a copy of the same to the IADVL (within a period of 5 years of joining the PG course) and then LM number would be allotted at that time which **was accepted** in the last GBM was discussed again and **passed.**

Immediate past Honorary General Secretary and Honorary Treasurer will be permanent invites of executive committee. **passed**

Other suggestions passed.

Dr. S. Sacchidanand, President asked the house whether dermatologist of railways should be permitted to have a different branch. The house **denied the permission.**

Dr. Roopak Saxena, Honorary Treasurer proposed the vote of thanks.

The meeting was then declared closed.

Dr. S. Sacchidanand (LM/KT/1937)
President
IADVL 2008

Dr. Rajeev Sharma (LM/UP/2551)
Honorary General Secretary
IADVL 2008



Minutes of the meeting with the State Presidents and Secretaries

- o Date : 25th January, 2008
- o Place:.,LT-1, PGIMER, Chandigarh
- o Time: 5-6 pm

Following members were present during the meeting:

National Executives

- Dr. S. Sacchidanand, President IADVL
- Dr. Rajeev Sharma, Honorary General Secretary IADVL
- Dr. Roopak Saxena, Honorary Treasurer IADVL
- Dr. Jayadev B. Betkereur, Joint General Secretary IADVL
- Dr. Saumya Panda, Joint General Secretary IADVL

State Representatives

- Dr. Kanak Chandra Talukdar, Secretary, North East Branch
- Dr. K. N. Sarveswari, President, Karnataka-Tamil Nadu Branch
- Dr. R. Rajesh, Secretary, Karnataka-Tamil Nadu Branch
- Dr. V. K. Somani, President, Andhra Pradesh Branch
- Dr. Pavithra Vani Patalay, Secretary, Andhra Pradesh Branch
- Dr. Ram Chander, President, Delhi State Branch
- Dr. Ashok Kumar Ghoshal, Secretary, West Bengal Branch
- Dr. Jiterdra P. Modi, President, Gujarat State Branch
- Dr. Vijay R. Saini, Secretary, Gujarat State Branch
- Dr. Satish Agarwal, President, Uttar Pradesh Branch
- Dr. Shashank Rastogi, Secretary, Uttar Pradesh Branch
- Dr. B. C. Pradhan, President, Orissa State Branch
- Dr. Manjulata Dash, Secretary, Orissa State Branch
- Dr. C.M. Dambre, President, Maharashtra Branch
- Dr. Kiran Godse, Secretary, Maharashtra Branch

Dr S. Sacchidanand President IADVL called the meeting to order. In his welcome speech he stressed upon the need of cooperation at all levels within IADVL. He emphasized the need of projecting IADVL on the international scenario in order to succeed in getting conferences of international level to India.

Dr the Honorary General Secretary

The members present then introduced themselves.

1. **The minutes** of the last meeting in Chennai the minutes were read and passed by the members present.
2. Enrollment in CC_IADVL was promoted as it will make communication easier
3. Compulsory PAN Card for all the branches was once again stressed as the pharma industry is also making payments after deducting TDS. Audit of CUTICON/DERMAZONE accounts also becomes easier.



4. Enrollment by all state representative in staes_IADVL yahoogroup was also stressed as the exchange of views and problem solving becomes easier. To become member of the group send an email to the Honorary General Secretary at the email ID - secretary@iadvl.org
5. Membership issues:
 - a. Launching of membership drive strengthening process by following the motto (each one , bring one)
 - b. Enrollment of new AMs as PLM(Provisional Life Members as discussed and passed in The AGBM of the concluding year on 24th January 2008 was explained by the Honorary Treasurer Dr. Roopak Saxena.
 - c. Correction of addresses to avoid the missing journal complaints was to be taken up again by revamping the database.
 - d. Interstate transfer process was once again explained to the state representatives as the process has become very simple
 - e. Sending CFC on timely basis for Ordinary members and Associate members now referred to as Provisional Life Members.
6. It was stressed that the information about State conferences/zonal conferences must be given to the National executive / Secretariat. **Dr S. Sacchidanand** President IADVL emphasized that messages must be asked for the souvenir of the CUTICON or DERMAZONE from the President and Honorary general Secretary of IADVL as protocol. **Dr. Manjulata Dash**, Secretary, Orissa State Branch wanted to know if every activity done by a dermatologist needs to be reported to the National Secretariat. The president **Dr S. Sacchidanand** then informed the house that only activities under IADVL banner or wherever IADVL logo is used must be reported to the IADVL Secretariat. Dr Rajeev Sharma Honorary General Secretary said that reporting of activities to the National Secretariat which were/are not held under IADVL banner must be considered as false or reporting.
7. Stress as laid on uniform celebration of special days declared by the IADVL such as Vitiligo day, Leprosy Day, Psoriasis Day, HIV Day and IADVL Day. Regular posts will be sent from the National secretariat to the state branch executives for dissemination of information amongst the branch members. All members must hold free camps or provide free consultation and information to people suffering from that particular disease.
8. The members present were informed that the National Quiz for the post graduates is an IADVL activity supported by GSK and not an GSK activity promoted by IADVL. It was requested by Dr. Rajeev Sharma to consider
9. It was suggested by Dr. Roopak Saxena that the nomenclature of the city branches must change from clubs or society to city branch of IADVL. The annual report from the state branches must include the activities in the city branches.
10. The president in the end stressed that our goals for achievement this year are:
 - a. Compulsory working e-mail id for all the State Presidents and Secretaries.
 - b. Compulsory CC_IADVL enrollment
 - c. Compulsory PAN numbers for all state branches.
 - d. Websites of all the branches with links to the National IADVL website www.iadvl.org

The meeting was then declared closed with an assurance that the IADVL national executive is always there to help the state executives and we also expect the same reciprocal action from them.

Dr. S. Sacchidanand (LM/KT/1937)
President

Dr. Rajeev Sharma (LM/WB/2503)
Honorary General Secretary



Minutes of Finance Committee Meeting

The Finance Committee meeting scheduled on 24.10.08 at Chandigarh had to be postponed by a day due to logistical reasons and it was held on 25.1.08.

Members present were:

Dr. SDN Guptha (Chairperson)
Dr. S Sacchidanand
Dr. Koushik Lahiri
Dr. Arijit Coondoo
Dr. Rajeev Sharma
Dr. Roopak Saxena

Dr. SDN Guptha took the chair and called the meeting to order.

Dr. Roopak Saxena read out the draft of the proposed budget for the year 2008-2009. After a few modifications as suggested by the members the final draft was passed for presentation to the CC and GB on the next day.

Dr. SDN Guptha sought certain clarifications from **Dr. Arijit Coondoo** regarding Fixed Deposits at IOB Kolkata. Dr. Coondoo gave answers to these queries to **Dr. Guptha's** satisfaction.

The Finance Committee decided to recommend the following amendments to the Constitution:

1. Rule 17 A (vii) regarding distribution of Dermacon surplus : The following should be the new structure of distribution of Dermacon surplus:

Host branch	25%
IJDVL	20%
International Bidding Committee	20%
IADVL (General)	20%
IADVL (Academic)	15%

It was also recommended that this rule be reviewed every three years.

2. Rule 21 regarding submission of Income Tax: From Financial Year 2008-2009 Assessment Year 2009-2010 the Income Tax return should be submitted at the place of residence of the Hon General Secretary/Treasurer instead of at Bangalore.

It was decided that these recommendations be placed before the CC and GB for suitable action.

The meeting ended with a vote of thanks to the Chair.



Minutes of constitution committee meeting

The constitution committee meeting was held on 24th January, 2008 on Thursday, in Hall 1 at PGI Chandigarh presided by **Dr. D. K. Gupta**, Chairman, and Constitution committee.

President, **Dr. Chetan Oberai**, President-Elect **Dr. S. Sacchidanand**, Immediate Past President and Convener, **Dr. Suresh P. Joshipura**, Hon. Secretary **Dr. Koushik Lahiri** and members of Constitution committee **Dr. R. G. Valia**, **Dr. K. K. Rajababu**, **Dr. A. K. Bajaj**, **Dr. Amarkant Jha** and **Dr. A. Coondoo** were present.

The first agenda taken was amendment in Election rule. President **Dr. Chetan Oberai** suggested that there is a need to revive PROCEDURE OF ELECTION OF THE OFFICE BEARERS (Ch. 5, PART I; 28). **Dr. D. K. Gupta** also agreed and other members agreed with it.

It was suggested that the rules are to be amended as below:

1.
 - ii.
 - (B). The election officer, his spouse, son/daughter and any member who is in office having been elected to the post of office bearer at an earlier election is not eligible to seek election to any post for that year nor campaign for any candidate. While in office, no office bearer is entitled to contest any IADVL election or campaign for herself/himself or any other candidates contesting for the election.
2. To conduct the counting of ballot papers, the election officer can co-opt adequate number of individuals who are members of IADVL (one for every 250 ballots polled, subject to a maximum of 8 members). No IADVL member who has proposed or seconded any candidate for any post in that election, can be co-opted during the counting process.
3. **Withdrawal:**
Dulynominated members are permitted to withdraw their proposal of nominations on or before 1st of October and this shall be indicated in the information sent by the Honorary General Secretary to the nominated member by registered post with Acknowledgment due or by a reputed courier service/or by e-mail. Non-receipt of a letter of withdrawal by the Honorary General Secretary by mail shall be considered as acceptance of the nomination by the member.

4. The Election officer shall send to every eligible member on the electoral roll a printed ballot paper containing the names of the candidates duly nominated, or that of his nominees along with a special cover printed with the words 'Ballot Paper' and a stamped bigger envelope with IADVL logo that bears the name and address of the Election officer under certificate of posting on or before 1st November of the year.
5. For free and fair elections, individual candidates will not be allowed to use official IADVL tools like IADVL NEWS, IJDVL, IADVL website including branch websites, IADVL e-groups for campaigning for his candidature.
6. The voting papers must be returned to reach the Election Officer in the special cover to be received on or before 15th December of the same year, after which date it will not be valid. On 16th December the ballot papers shall be scrutinized and counted by the Election Officer along with two persons for every 250 Ballot papers received co-opted by him for the purpose.
7. The Election Officer shall after scrutinizing and counting the votes report the result to the President and the Honorary General Secretary and all the candidates by December 20th by email and post.
8. The official declaration of the result will be done during the CCM / General Body Meeting by the President of IADVL. Subsequently it should be published in both IJDVL and IADVL News.

Proposal by **Dr. S. Sacchidanand** regarding making the Imm. Past Hon. Secretary and Imm. Past hon. Treasurer as permanent invitees in IADVL National Executive was ACCEPTED.

Proposal of **Dr. S. Sacchidanand** that A definite term needs to be fixed for the various committees appointed by the President; the work of these committees need to be reviewed periodically was DISCUSSED AND PASSED.

For the DERMACON guidelines and DERMAZONE, it was decided to take the opinion of the CC and AGBM.

The meeting was concluded by the vote of thanks from Convener-**Dr. Suresh P. Joshipura**.



Minutes of the W C D Bidding Committee held during Dermacon 2008 at PGIMER, Chandigarh on 25th January 2008

Opening remarks of **Dr S. Sacchidanand**,
Convener

“It is high time that India hosts an international conference, given the increasing of Indians in international arena, like WCD, ICD, ACD etc.”

Dr. Saumya Panda suggested the following

1. We should highlight the fact India has the highest English speaking population outside the US and Australia.
2. We must bid for Asian conferences.
3. We should proceed if we are sure of getting government support.
4. We should be very sure of the finance.

Dr. Ameet Valia suggested that we should first be members of Asian Dermatology Council.

Dr. S. Sacchidanand then suggested

1. We should take in international delegates in DERMACONS.
2. Any metropolitan city is capable of holding international conferences as far as infrastructure is concerned.

Dr. Dilip Shah then suggested that our national conferences should be organized as per international standards.

Dr. Manas Chatterjee then raised the question of finances needed for organizing such conferences and suggested that we must get an amount which the national conference should earmark a specific percentage of money for the bidding process.

The GBM should be approached bidding.

Dr. Saumya Panda suggested inviting the pharmaceuticals industry to be partners in bidding and organizing such a conference as

Dr. Arijit Coondoo suggested this should be incorporated in the Treasurer's reports.

Dr. Suresh P. Joshipura suggested that about

20% of the surplus from any conference of IADVL (DERMACON, CUTIZONE and CUTICON) should be earmarked for bidding.

We should be prepared to host dinners in international conferences and be prepared for the expenses.

Dr. S. Sacchidanand suggested

- (A) We should request Indian speakers to display the logo during lectures in international forums.
- (B) We should request all conference organizers to display our bidding logo prominently.

Dr. Arijit Coondoo suggested that we must take the help of professional PR agencies.

We have to take the help of non-pharma companies by offering them gold sponsorships etc, if the bidding process is successful.

Dr. Ameet Valia suggested giving IADVL traveling fellowships for overseas speakers.

Remittance of funds internationally could be a problem.

Dr. Koushik Lahiri suggested spending from the corpus money.

Dr. S. Sacchidanand proposed that Rs. 500/- to be collected over and above the registration fees to be given specially for the purpose of bidding.

(2) Promotional activities should be planned, like sending delegates on behalf of the committee to important conferences, inviting important people who are potential voters, distributing promotional material etc.

Dr. Saumya Panda explained that compared to SAMEA, USA and European countries have more votes in ILDS.

Dr. Koushik Lahiri again suggested offering honorary memberships to influential members of the international bodies.

The meeting was then declared closed



Details For Medals, Awards And Prizes

1. PROF. Dr. K.C. KANDHARI FOUNDATION AWARD

- The total amount kept in fixed deposit is Rs.50,000/-
- The award is given every year at the National Conference of the IADVL to the personality for his / her lifetime meritorious service / contribution to Dermatology, Venereology or Leprology, to bring prestige to the specialty by teaching, research or patient-care etc.

2. Dr. J.C. SHROFF MEMORIAL AWARD

- The total amount kept in F.D. is Rs. 15,000/-
- Any Dermatologist, Venereologist or Leprologist above the age of 58 years, whose experience in the field or specialization has been beneficial to the members of the specialty, be considered and awarded this Oration.

3. PROF. Dr. H.C. MOHANTIAWARD

- The total amount kept in a fixed deposit is Rs.25,000/-.
- The award is given to a person for the best paper in Leprosy presented at the national conference.

4. M.G.M. MEDICAL COLLEGE PRIZE

- Total amount kept in F.D. is Rs.10,000/-
- The prize is given to a person below 35 years of age, who is a member of IADVL for his/her Best paper presented at the National Conference of IADVL during the award paper session.

5. Dr. F. HANDA PRIZE

- The total amount kept in Fixed Deposit with Honorary General Secretary, IADVL, is Rs.50,000/-
- The prize is given to a person below the age of 35 years, who is a member of IADVL for his/her best paper presented at the National Conference during the award paper session.

6. PROF. B.N.BANERJEE MEDAL

- The total amount donated is Rs. 10,000/-
- This medal is awarded to a person below the

age of 35 years, who is a member of IADVL, for his/her original research paper, either presented in the award paper session at the time of National Conference or published in IADVL during that year.

7. Dr. B.B.GOKHALE MEDAL

- The total amount donated is Rs. 10,000/-
- This medal is awarded to a person below the age of 35 years, who is a member of IADVL for his her paper presented during the National Conference during the award paper session.

8. PROF. K. SIDDAPPA MEDAL

- The total amount kept in fixed deposit is Rs.10,000/-
- The medal is awarded to a postgraduate, who is a member of IADVL for his/her best paper, giving preference to original research paper, presented in the award session at the time of National Conference

9. PROF. D.K. GUPTA MEDAL

- The total amount kept in fixed deposit is Rs. 10,000/-
- The medal is awarded to a Female Postgraduate, who is a member of IADVL for her best paper, giving preference to original research paper, presented in the award session at the time of National Conference.

10. Dr. MANU PATEL MEMORIAL PRIZE

- Total amount kept in fixed deposit is Rs.10,000/-
- The prize is given to the Best Poster Presentation amongst the Posters displayed during the National Conference of Indian Association & Dermatologists, Venereologists and Leprologists.

11. Dr. L. MARQUIS MEMENTO AWARD

- The total amount kept in fixed deposit is Rs.15,000/-
- This award is given to a guest speaker at the National Conference of IADVL for best scientific speech.

12. Dr. BISHNUPRIYA DEBI AWARD

- The total amount kept in fixed deposit is Rs. 10,000/-

History And Details Of New Awards/fellowships - 2008

Prof. Ratan Singh Award for meritorious service to the Speciality of Dermatology, Venereology and Leprology.



This award was started in the year 2007 by IADVL and is given to a Dermatologist for giving meritorious services to the specialty of Dermatology, Venereology and Leprology by teaching/research/patient care/dedicated service to the National body of IADVL. Prof. Ratan Singh has been kind by generous donation of Rs. 1,00,000=00 to IADVL for this award.

Professor Dr. Ratan Singh did his M.D. Dermatology from AIIMS, New Delhi. He was Professor & Head of Dermatology, MAMC College, New Delhi for 12 years. He was also a Faculty Member of AIIMS as Assistant Prof. Dermatology. Ministry of Health, Govt. of India deputed him on Foreign Service. He was also an Adviser to Union Public Service Commission & other State Public service Commissions. On two occasions he delivered a talk on "STD" to experts of NIH and Johns Hopkins Medical Institute (Dept. Dermatology), Maryland, USA.

The award which comprises of a Cheque of Rs. 5000/- to be given by IADVL along-with a certificate in the inauguration function of the Annual National Conference of IADVL (DERMACON).



Director Prof. (Dr) VN Sehgal, Award for accomplishing excellence in Dermatology.

This award is started by IADVL in 2008 by IADVL and is given for accomplishing excellence in Dermatology.

Prof. Dr V N Sehgal, has been kind enough to donate Rs. 1,00,000=00 to IADVL bigheartedly.

Currently Professor V .N Sehgal is Visiting Professor Skin Institute and School of Dermatology, Greater Kailash, New Delhi where he is teaching post graduates leading to DNB of National Academy of Medical Sciences. He has been a teacher with a difference and had occupied important faculty positions across the country as:-

During 1965 to 1968 he was a Lecturer / Reader Dermatology and Venereology unit, college of Medical Sciences in Banaras Hindu University. He was also a Reader in Dermatology and Venereology unit Aligarh

Muslim University during the year 1968-1969, He was then Professor - Head Department of Dermatology and Venereology, in Goa Medical College, Panji during the year 1969-1978. During the year 1978 to 1981, he was a Professor/Head Department of Dermatology and Venereology in UCMS, Safdarjung Hospital. He was then Professor/Head (Acting Dean), Director-Professor, Department of Dermatology and Venereology, in Maulana Azad Medical College/LNJP Hospital during the years 1981 to 1991.

He was also the Principal and Medical Superintendent and Director-Professor Dermatology and Venereology of Lady Hardinge Medical College and associated hospitals from 1991 to 1993. He was the Director-Professor Dermatology and Venereology/ Medical Superintendent, University Collage of Medical Sciences-GTB Hospital during 1993 to 1994.

He had a unique distinction of serving as Professor or Director Professor for 25 years continuously and is still holding on to the position. In the course of faculty carrier, he had the distinction of contributing profusely to the literature in the form of publications. He has till date 363 articles to his credit, published in Journals of International reckoning. The impact factor /citation index of the articles is fairly high. Besides, he is the author of several books and has contributed chapters to standard text in Dermatology. He also has represented India on the Editorial Board of the Journals like International Journal of Dermatology; Journal of European Academy of Dermatology and Venereology; Skin Medicine Dermatology for the Clinician; and Indian Journal of Dermatology, Venereology and Leprology. He is also recipients of prestigious awards such as Dr. B.C Roy National Award, Jalma Trust Fund Oration Award, Indian council of Medical Research, Dr. R.K. Menda Memorial Oration Award of Indian Medical Association, Professor KC Kandhari Memorial Award of Indian Association of Dermatologists Venereologists and Leprologists Delhi Branch, Dr K.K Singh Oration Award of Indian Association of Dermatologists Venereologists and Leprologists Bihar-Jharkhand Branch.

This award is open to all IADVL members.

Dr. P. B. Haribhakti Travelling Fellowship

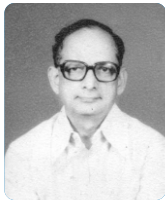
This Travelling Fellowship is started by IADVL in 2008 and is given for accomplishing excellence in Dermatology.





Dr P B Haribhakti was kind enough to donate Rs.1,00,000 for this very important academic activity.

Prof Emeritus Dr. P. B. Haribhakti is a veteran Dermatologist and senior member of IADVL, from Ahmedabad, Gujarat. He has been a Former Vice-President, National IADVL and President-IADVL Gujarat State Branch. He was the Chairman of Organizing Committee for Dermacon 1997 at Ahmedabad. He had been Head of Department of Dermatology in K. M. School of Post Graduate Studies and N.H.L. Municipal Hospital, Ahmedabad. He also was an Examiner of Post Graduate Students of Dermatology.



Dr. B. V. Satyanarayana memorial Award for IADVL Thesis Evaluation.

This award was started by IADVL in 2007 by IADVL and is given for IADVL Thesis Evaluation. The family members of Prof. Dr B. V. Satyanarayana have generously donated Rs.1,00,000=00, to IADVL bigheartedly for starting this award.

Late Prof. Dr. B. V. Satyanarayana first qualified Dermato-Venereologist of the country from AIIMS in 1962. He did his M.D. in Dermato-Venereology, AIIMS

in 1962. He worked for more than 26 years as Professor and H.O.D. of Department Of Dermatology, Andhra Medical College, Visakhapatnam. He was the first to start M.D. P.G. courses in Dermatology in South India in 1967. He was the first to start Diploma in Leprosy in India. 25 students for M.D. and 23 for Diploma qualified under his guidance. He was the PG examiner to all Indian Universities as well as MNAMS. He was on many selection committees to select senior faculty in Department of Dermatology in various Universities.

While the utmost care has been taken to collect the data, if any lacunae or errors are noticed, please draw my attention to them.

Compiled by

Dr. Suresh P. Joshipura

Dr. Koushik Lahiri

IADVL is your family

**Log on to www.iadvl.org to interact with your family.
Log in as a member with your username and password
for details contact at secretary@iadvl.org**



Awards given during DERMACON 2008 at Chandigarh

- PROF. Dr. K.C. KANDHARI FOUNDATION AWARD** --- Dr. V.N. Sehgal
- Dr. J.C. SHROFF MEMORIAL AWARD** - Dr. D.K. Gupta
- Dr. B. M. Ambady Oration** - Dr. Binod Khaitan
- IADVL-GSK ORATION**- Dr. Arun Inamadar
- IADVL-FULFORD ORATION** - Dr. Shyam B. Verma
- Prof. Ratan Singh Award** - Dr. S.D.N. Guptha
- PROF. Dr. H.C. MOHANTI AWARD**-Best paper in Leprosy during the award paper session: Dr. Megha Modi - Prof. H C Mohanty Award for best paper in leprosy "Study of 50 released from treatment cases treated with fixed duration MDT."
- M.G.M. MEDICAL COLLEGE PRIZE**- Best paper during the award paper session: Dr. Anil T Thombare - 3rd Prize for his paper "A study of factors affecting phase I of dexamethasone - cyclophosphamide pulse therapy in pemphigus."
- Dr. F. HANDA PRIZE**-Best paper during the award paper session: **Dr. Dipti Bhute** - 1st Prize for her paper "Open comparison of clinical efficacy and safety of two dosing schedules of methotrexate in psoriasis."
- PROF. B.N.BANERJEE MEDAL**-Best original research paper presented during the award paper session/ published in IJDVL: **Dr. Arpita Jain** - 5th Prize for her paper "Contact dermatitis in nurses and paramedics: a study of clinical profile and patch testing."
- Dr. B.B.GOKHALE MEDAL**- Best paper during the award paper session: **Dr. Tanvi Pal Gupta** - 2nd Prize for her paper "A study of mucocutaneous manifestations in immunocompromised children."
- PROF. K. SIDDAPPA MEDAL**-Best original research paper in Award paper session: **Dr. Anil Gosavi** - 6th Prize for his paper "Use of topical latanoprost in alopecia areata."
- PROF. D.K. GUPTA MEDAL**-Best original paper by a female PG during the Award paper session: **Dr. Lipy Jain** - 4th Prize for her paper "Study of oxidative stress in patients with alopecia areata: before and after three months treatment."
- Dr. MANU PATEL MEMORIAL PRIZE**- Best Poster Presentation amongst the Posters displayed during the National Conference of Indian Association & Dermatologists, Venereologists and Leprologists: **Dr. Manoj Harnaliker** - for best poster "Lipoid proteinosis with parotid duct blockage and fistula"
- Dr. L. MARQUIS MEMENTO AWARD** -This award is given to a guest speaker at the National Conference of IADVL for best scientific speech. This year it was given to **Dr. Neil Schear, Toronto, Canada.**
- Dr. L. N. SINHA MEMORIAL AWARD**
It is to be awarded to a young Dermatologist below the age of 45 years This is a lifetime achievement award and is to be given to a personality for his overall contribution and not only scientific achievements The committee to select the recipient will comprise of the president and the secretary of the association along with the president elect for the next year. The award should be given in rotation on Zonal basis. This year it was given to **Dr. Saumya Panda**
- IADVL- GSK National Quiz Program for Post Graduates(IGNQPP)** was won by the team from AIIMS, New Delhi represented by **Dr. Sushruta Dash and Dr. Komal Aggarwal**
- BEST BRANCH AWARD: Manipur and Gujarat State Branches** were the joint recipients of this award this year.
- Dr. B. V. Satyanarayana memorial Award for IADVL Thesis Evaluation** was awarded to **Dr. Amiya Kumar Nath.**

All future participants of any Awards, fellowships, competition, quiz etc organized by or through IADVL, may please note that it is mandatory to mention your IADVL membership number while applying



20. IADVL-AAD reciprocal scholarship program (replacing the general annual meeting Registration scholarship):

- Dr Amit Kumar Malhotra, (LM/ND/4191)
- Dr Asha Bhatnagar (LM/P/4481)

21 AAD Registration scholarship:

- Dr Aparna Palit, (LM/KT/3112)
- Dr Vijay Zawar (LM/M/942)
- Dr Raghavendra Rao (LM/KT/2876) (balance from last time)

22. IADVL-BAD exchange program fellowship was awarded to

- **Dr Tanvi Pal Gupta**
- **Dr Dipti Bhute**
- **Dr Kavita Dasari** will attend the Liverpool BAD conference as she could not attend the same last time.

No	Name	IADVL No.	
1.	Dr. Rinky Kapoor	LM/N/4437	Dr. V.J. Sebastian Criton- Dermato surgery/Phototherapy/Clinical Dermatology
2.	Dr. Vineet Relhan	LM/ND/3780	Dr. Uday Khopkar- Dermato-histopathology/Dermoscopy
3.	Dr. Smita Anish Nagpal	LM/G/4596	Dr. A.J. Kanwar- Dermatosurgery/ Phototherapy
4.	Dr. Feroze Kaliyadan	LM/K/ 4459	Dr. Rajesh Nair Lasers/Ablative and non ablative surgery/ Melanocytes transplant
5.	Dr. Amar Uttamrao Surjushe	LM/M/3989	Dr. B. Narasimha Rao- Laser Surgery / Cosmetic Surgery
6.	Dr. Pankaj Golegaonkar	LM/M/4584	Dr. V. K. Sharma for Contact Dermatitis
7.	Dr Samiran Das	LM/O/4484	Dr. Renu Elizabeth George Dermato-histopathology
8.	Dr Hiranya Talukdar	AM/NE/451/07	Dr. Subrata Malakar Dermato surgery/cosmetology
9.	Dr.Suraj Nandkishor Wani	AM/M/333/07	Dr. D.G. Sable- HIV/AIDS- Clinical at G. T. Hospital, Mumbai.

Introduction to the recipient of Prof. K.C. Kandhari Foundation Award 2008

Curriculum Vitae

1. Name
 - (a) First Name : Virendra Nath
 - (b) Last Name : Sehgal
2. Sex (Male/ Female) : Male
3. Date of birth / Age : October, 10, 1936 / 69 years
4. Place of Birth : Khushab`Dist. Sargodha know Pakistan
(if Known)
5. Senior Citizen :
6. Nationality : Indian
7. Postal Address : Dir. Prof. (Dr).Virendra N. Sehgal
MD, FNASc, FAMS, FRAS
(London), Dermato-Venereology
(Skin/ VD) Centre Sehgal Nursing
Home, A-6
Panchwati, Delhi 110 033
With Telephone/ : 2767 5363
Mobile no : 98101 82241
e-mail etc. : drsehgal@ndf.vsnl.net.in
8. Profession or Occupation / designation / office held :- Medical Sequential resume of academic/ practicing positions held in the past ever Since inception in the specialty of Dermato- Venereology and Leprosy



Position held earlier :

Period	Designation	Institution / Organization
1962-64	Teaching Fellow	All India Institution of Medical Sciences, New Delhi
1964-65	Asstt. Research Officer	All India Institution of Medical Sciences, New Delhi
1965-68	Lecturer	College of Medical Sciences, Banaras Hindu University, Varanasi
1968	Reader and Head	College of Medical Sciences, Banaras Hindu University, Varanasi
1968-69	Reader and Head	Aligarh Muslim University, Aligarh
1969-77	Professor and Head	Goa Medical College, Panaji, Goa
1977-81	Professor and Head	University College of Medical Sciences and associated Safdarjung Hospital, New Delhi
1981-89	Professor and Head	Maulana Azad Medical College, New Delhi
1989-91		Maulana Azad Medical College, New Delhi
1991-93	Principal and Medical Superintendent, and Director-Professor	Lady Hardings Medical College and associated Hospital, New Delhi.



1993-94	Medical Superintendent, and Director-Professor	UCMS-GTBH complex, Delhi-110 095
1994 Onwards	Consultant Dermato-Venereologists	Dermato-Venereology (Skin/VD) center Sehgal Nursing Home, A/6 Panchwati Opp. Azadpur, Subzi Mandi, Delhi 110 033

Academic Qualifications:
(beginning with Bachelor's degree)

Degree	Institution	Field	Year
M.B.B.S	Medical College, Amritsar	-	1960
M.D	All India Institution of Medical Sciences, New Delhi	Dermatology and Venereology	1964
M.A.M.S	National Academy of Med. Sciences, New Delhi	Dermatology and Venereology	1973
F.A.A.D	Fellow of American Academy of Dermatology., U.S.A	Dermatology and Venereology	1988
F.N.A.Sc.	National Academy of Sciences, Allahabad	Dermatology and Venereology	1988
F.A.M.S	National Academy of Med. Sciences, New Delhi	Dermatology and Venereology	1989

Other Awards/Honours already received including Fellowships of Professional bodies:-

1.	Lady Tada Memorial Trust Scholarship	1933
2.	AMBADY ORATION of Indian Association of Dermatologists, Venereologists and Leprologists	1984
3.	FULFORDS' ORATION of Indian Association of Dermatologists, Venereologists and Leprologists	1986
4.	Member, Advisory Editorial Board and Contributing Editor of the International Journal of Dermatology	1987
5.	Dr. B.C Roy National Award	1987
6.	GLAXO ORATION of Indian Association of Dermatologists, Venereologists and Leprologists	1988
7.	Fellowship, American Academy of Dermatology	1988
8.	Fellow, National Academy of Sciences (FNASc)	
9.	JALMA TRUST FUND ORATION AWARD	1989
10.	Fellow, National Academy of Medical Sciences (FAMS)	1989
11.	Reviewer, Journal of American Academy of Dermatology	1989
12.	Member, Advisory Editorial Board, IMA Journal	1990
13.	IMA DR. R.K. MENDA Memorial Oration Award	1991



14.	Honoured by Progressive Medicoes Forum: “ For the Meritorious Achievements and exemplary services to the medical profession and the nation.”	1992
15.	Member, Advisory Editorial Board, Journal of the European Academy of Dermatology and Venereology	1992
16.	Fellow, Royal Asiatic Society (FRAS, London)	
17.	Chapters on cutaneous Tuberculosis and (invited for TROPICAL DERMATOLOGY OF MEDICAL CLINICS IN NORHT AMERICA)	

Memberships of important Committees, Advisory Groups, Commissions, etc. past and present

1. Member, Faculty of Medical Sciences, University of Bombay, Bombay from 1971-1978
2. Member, Committee of Courses and Studies, university of Bombay, Bombay from 1971-1978
3. Member Faculty of Medical Sciences, University of Delhi, Delhi from 1979-1994
4. Member, Committee of Courses and studies, University of Delhi, Delhi from 1971-1978
5. Head of the Department, Obst. And Gynae., Radiology, Dermatology/ Venereology, University of Delhi, Delhi from 1985-1988
6. Member, Board of Research Studies, University of Delhi, Delhi from 1985-1988
7. Member, Academic Council, university of Delhi, Delhi from 1985-1988
8. Member, Academic Council, University of Delhi, Delhi and as Principal and Medical Superintendent, Lady Harding's Medical College and Associated Hospitals, New Delhi from 1991-1993
9. Member, Board of Research studies, university of Delhi, Delhi as Principal and Medical Superintendent, Lady Harding Medical College and Associated Hospitals, New Delhi from 1991-1993
10. Member of university court, university of Delhi, Delhi from 1985-1988
11. Member, First Task Force of studies on AIDS, Indian council of Medical Research, Ansari Nagar, New Delhi from 1985-1987
12. Member, First Task Force of studies on AIDS, Directorate of Health Services, Nirman Bhawan, New Delhi from 1986-1988
13. Member, sexually transmitted diseases Advisory committee from 1986-1991.
14. Convenor, Technical Advisory Sub-Committee on Sexually Transmitted Diseases from 1991 till date. (NACO)
15. Convenor, Indian standard on quality management systems for 30-bedded hospitals guidelines- part-Hospital support services.
16. Representative, Directorate General of Health Services (DGHS) New Delhi, composition of Hospital and Medical care services, sectional Committee MSD 8.

Currently :

- Practicing DermatoVenereologist
- and Visiting Professor Dermatology Venereology, Skin Institute and School of Dermatology, Greater Kailash New Delhi

Former

- Former, Professor/Head Department of Dermatology and Venereology, Goa Medical College, Panji, (1969 to 1978)
- Professor/Head Department of Dermatology and Venereology, UCMS, Safdarjung Hospital, (1978 to 1981)
- Professor/Head (Acting Dean), Director-Professor, Department of Dermatology and Venereology, Maulana Azad Medical College/LNJP Hospital, New Delhi. (1981 to 1991)
- Principal/ Medical Superintendent/ Director-Professor Dermatology and Venereology, Lady Hardings Medical College, New Delhi. (1991 to 1993)
- Director-Professor Dermatology/ Venereology/ Medical Superintendent, UCMS-GTB Hospital, Delhi. (1993 to 1994)

9. Sequential contribution to the specialty Articles /books or monographs

Author of several books

1. Textbook of Clinical Dermatology (4th ed., 2004)
2. Sexually Transmitted Diseases (4th ed., 2003)
3. Clinical Leprosy (4th ed., 2004)
4. Histoid Leprosy (3rd ed., 2004)
5. Donovanosis (2nd ed., 2004)
6. Diagnosis and treatment of common skin diseases (2nd ed., 2004)
7. Color atlas of sexually Transmitted Disease (1st ed)
8. Dermatology Clinico Pathological treatise (in process)
9. Step-by Step Dermo Surgery (in process)





Meeting Notice IADVL Executive Committee Meeting 2008

Agenda of the first Executive Council Meeting of IADVL 2008 to be held on 25th and 26th April 2008 at Bangalore is as follows :

1. Condolence if any
2. Opening remarks by the President.
3. Review of Presidential programme:
 - a. Electronic voting system : Saumya Panda
 - b. Taking over of DERMACON by the National Executive: Dr. Chetan Oberai / Dr.Suresh Joshipura
 - c. IADVL history book project :
Dr.Suresh Joshipura / Dr.Uday Khopkar / Dr. D.M.Thappa
 - d. Insurance and indemnity scheme:
Dr.Jayadev Betkerur
 - e. Community Dermatology:
Dr.Yogesh Marfatia / Dr.Grewal
 - f. IADVL Academy of Dermatology :
A.K. Bajaj / Dr. Arunc C. Inamdar
 - g. IADVL-GSK Quz-2008 - Initial Planning
Dr. Ramsh Bhat M
 - h. Constitutional matters / DERMACON take over by the National Executive / IADVL history book project : **Dr. Suresh Joshipura**
 - i. Bidding process for WCD / ADA conferences:
Chetan Oberai
 - j. Any left over agendas during his tenure :
Dr. Arijit Coondoo
 - k. His perspective of improving / glorifying IJDVL : Dr. D.M. Thappa
 - l. All matters relating to IADVL :
Dr. Koushik Lahiri
4. Matters related to finance :
Dr. Arijit Coondoo / Dr. S.D.N. Gupta /
Dr. Roopak Saxena
5. Matters related to IADVL Text Book
6. Matters related to IADVL Text Book
6. Matter related to IJDVL : Dr. Uday Khopkar /
Dr. D.M. Thappa
7. Matters related to DERMACON 2009 :
Dr. S. Sacchidanand / Dr. S.D.N. Gupta /
Dr. D.A. Satish
8. Matters related to DERMACON 2010 :
Dr. Chetan Oberai / Dr. V.K. Sharma
9. Matters related to CC MIDERMAMEET 2008:
Date, Venue, and Agenda
Dr. Rajeev Sharma / Dr. Roopak Saxena
10. Membership drive : Dr. Rajeev Sharma
11. IADVL - Therapeutic Guidelines Committee
12. IADVL - Ethics Committee
13. Proposals from the EC members
14. Any other matter with the permission of the Chair
(President)

Dr. S.Sacchidanand
(LM/KT/1937)
President
IADVL 2008

Dr. Rajeev Sharma
(LM/UP/2251)
Honorary General Secretary
IADVL 2008



ACTIVITY REPORTS



Delhi

1. Organized Annual Cuticon on 23rd December at Hotel Le Meridien which was a great academic feast attended by most of the members from all quarters. Some of the photos are attached.
2. Organized dermatology camp for underprivileged and old age homes.
3. Dr. V.K. Sharma, Prof. & Head, Dermatology, AIIMS, a revered member of the branch got elected as National President, IADVL.



4. Prof. J.S. Pasricha, former Head, Deptt. Of Dermatology was awarded as "Dermatologist of the Millennium" by National IADVL.
5. Dr. H. Kar, Head, Dermatology & STD, Dr. R.M.L. Hospital got elected as President of Indian Leprosy Association.





Gujarat

CUTICON GUJARAT 2007, The 33rd Annual conference of IADVL GSB was held at Bhavnagar at Satyam Hall, Yashwantraji Natyagruha on 22nd & 23rd December

Dr. M. G. Desai was the Organising Chairman, Dr. D. D. Muni as Organising Secretary, Dr. Samir Mehta as treasurer and Dr. Hita Shah as Scientific Chairperson of the Conference.

The Inaugural Function was started with classical Kathak Dance Ganesh Stuti by the students of Kalakshetra.

The First citizen of Bhavnagar and Guest of Honour Mayor Shri Mehulbhai Vadodaria welcomed all the delegates to the cultural and educational city of Bhavnagar and wished the Conference all success. Another Guest of Honour Dr. Bharat Trivedi, Past Vice President of National I.M.A advised the delegates to work for the betterment of society at I.M.A & IADVL level and to be united Guest of Honor, Director of Central Salt and Marine Chemicals Research Institute. Dr. Pushpito Ghosh hoped that this conference shall deal with the problems and challenges which are likely to arise from environment pollution life style changes and flooding of the market with all kinds of beauty aids and skin care products.

A beautiful souvenir was released by the Guest of Honor Dr. P. K. Ghosh during the Inauguration, The following senior Members were felicitated for their contribution.

- Dr. P. B. Haribhakti for his generous donation of Rs. 1 Lac for the Oration.
- Dr. Anugrah Parikh and Dr. Abhilash Vasavada for completing 25 years in the practice of the speciality.
- Dr. Chetan Patel for being elected Vice President of National I.M.A for the year 2007
- Dr. Yogesh Marfatia for being declared elected as Vice President of National IADVL for the year 2008.

The President Elect of IADVL GSB for the year 2008, Dr. Jitendra P. Modi was installed at the Inaugural function.

National IPP Dr. Suresh Joshipura gave away the appreciation awards to the Office Bearer of IADVL GSB 2007. Dr. M. G. Desai, Dr. D. D. Muni & Dr. Samir Mehta for their services to the Association.

The first Dr. P. B. Haribhakti Oration was delivered by

Dr. Ranjan C. Rawal on the Subject of "**A study of pulse therapy in Pemphigus vulgaris & other Autoimmune disease 5 Year Follow up**". Dr. Ranjan C. Rawal was awarded a gold medal & Certificate, a memento and an award for her Oration.

For the first time, a live demonstration of various types of lasers surgeries was demonstrated in the hall by Dr. L. D. Dhama Plastic Surgeon and The President of Indian Association of Cosmetic Laser Surgeons.

Details of other Scientific Programme

Guest Lecture

An approach to diagnosis & treatment of oral lesions Dr. Neena Khanna

(Prof. Dept. of Dermatology and Venereology, AIIMS, New Delhi)

Guest Lecture

Photobiology What a clinician should know?

Dr. Asit Mittal (Associate Professor, Department of Dermatology and Venereology Medical College, Udaipur)

Guest Lecture

An update on neonatal dermatology

Dr. Deepak A. Parikh Prof. and HOD, Wadia Children Hospital Mumbai

Interactive session

1. **Therapeutic pearls in dermatology**

Dr.S.B.Pujara PROF. & HOD, SCL Hospital, Ahmedabad.

2. **Current issues in ART**

Dr. Y.S.Marfatia - PROF. & HOD, SSG Hospital, Baroda.

3. **Common conditions uncommon presentations**

Dr. A.P.Vyas - PROF. & HOD, LG Hospital, Ahmedabad.

4. **Management of TEN**

Dr. Bela Shah - PROF. & HOD, Civil Hospital, Ahmedabad

Acne and PCOS(polycysticovaries) in female

Dr. Timir Mehta , Practicing dermatologist, Modasa



12 Awards Papers

1	Efficacy & tolerability of 1% coal tar lotion in treatment of patients with chronic stable plaque psoriasis	Dr Venkatesh Purohit
2	Tuberous sclerosis complex a study of 6 cases	Dr. Dimple H Rangiparia
3	Cutaneous Tuberculosis-Coexistence of more than one form- 3 case reports	Dr. Amit Bhatt
4	Cutaneous malignancy at a glance	Dr Renu Gupta
5	Efficacy of microdermabrasion in treatment of various facial scars. (A study of 25 cases)	Dr Jemish Patel
6	HIV & STD: The dawn of a new era. A study of 2536 cases from JAN 1999 to DEC 2006	Dr Kuldeep Singh
7	Clinical features of Leprosy-An eye opener	Dr.Ramkrishna Joshi
8	A study of Erythema Nodosum Leprosum and the role of thaliodamide in its management	Dr. Sujata Mehta
9	Trends of STDs in patients attending STDs clinic at Department of Dermatology civil hospital, Ahmedabad.	Dr Amit Goyal
10	Cutaneous adverse drug reactions(ADR) in children	Dr Iyer Anitha
11	Role of Dermatologist in managing HIV - TB (Tuberculosis) confection	Dr. Ragini Ghiya
12	Papulosquamous disorders	Dr. Mahesh Kumawat

12 Free Papers

1	Bullous pemphigoid - Case report of Bullous pemphigoid with unusual presentation	Dr Daksha Jethva
2	Suction Blister Technique - A simple & effective surgical treatment of vitiligo	Dr Bhavik Bhavsar
3	PROS and CONS of different dermatological therapies	Dr Neela M Patel
4	Management of difficult dermatological cases	Dr Anugrah Parikh
5	Comparative study of IL steroids v/s IL Steroid & cryotherapy in case of hypertrophic & keloidal scar	Dr Prashant Trivedi
6	Contributory factors in genesis of cutaneous amyloidosis	Dr.Megha modi
7	Change in the scenario of Navsari district	Dr. Dileep H. Bhavsar
8	Association of obesity, Diabetes mellitus, Hypertension, Smoking with Psoriasis.	Dr. Rohit Batra
9	Digital photography: A boon to the dermatologist	Dr. Rohit Batra
10	Sweet's syndrome	Dr. Krina b. Patel
11	Prevalence of various dermatosis in school children	Dr. Parag Talavia



46 Posters-Posters of different topics were presented by post graduate students, teachers and practicing dermatologists in poster arena.

Dr. P. B. Haribhakti Oration, All the Guest lectures, laser surgery demonstration, Interactive session & paper presentation were well attended.

At this conference, 273 delegates, 157 Spouses and 70 Children were registered. This is very good response received from the delegates for the conference.

At AGBM, Chairman of the Constitution Committee Dr. M. G. Desai presented the draft of the constitution for IADVL GSB which was accepted and passed by the House. The Election Officer IPP Dr. M. D. Popat declared the results of the new team for the year 2008. The team members were congratulated, Installed and the charge of the Association was handed over to the new team.

There were 32 stalls in the exhibits area which were neat & clean well ventilated and well lighted with wide space to move about. 46 posters was well exhibited in the poster arena.

The break-fast & lunch food was delicious with KATHIAWADI touch and it was very well appreciated.

The Gala Banquet at Rangoli park was excellent on lush green lawn, with light decoration, beautiful garden, fountains, play park for children. But the height

of the event was D. J. with glass platform to dance and play of maddening colourful lights. The delegates spouses & children danced heartily with D. J. music till 11-00 PM.

The Organizers of the conference took every care for the enjoyment of the family members. There were games, quiz, I.Q. Tests.

Magic games audio-visual displays of games etc, the city tour for two hours was much appreciated. The kids did enjoy the jumping stand and shake-hands with Santa-Claus.

The organizers also made the arrangements for those who went to see the Alang ship-breaking yard at Redcross hospital.

The winners of the western zone GSK quiz Dr. Mahesh Kumawat & Dr. Anushri Parikh from V. S. Medical College, Ahmedabad appreciated & congratulated were at valedictory function.

All the delegates in AGBM, Valedictory function, personal meets, after conference Emails, Phone calls & letters were of highly appreciative of the all the aspects of the conference

Dr. Kaushik Lahiri, The National General Secretary of IADVL sent the Email stating that our was the best souvenir he has ever seen

CUTICON -2007 was surely a grand success and for those, who could not make it was missed opportunity.

All future participants of any Awards, fellowships, competition, quiz etc organized by or through IADVL, may please note that it is mandatory to mention your IADVL membership number while applying



Karnataka_Tamilnadu

President: Dr.K.N.Sarveshwari
Secretary / Treasurer: Dr.R.Rajesh
Total branch strength: 932

- a. Enrollment of new LM Permanent , Provisional LM
- b. Correction of addresses around 10 changes were made
- c. Sending CFC& JC - a total Rs /- was sent during the above period.

Activities in city branches

Chennai chapter of IADVL conducts quarterly meeting. Interesting cases are presented and discussed.

Bangalore dermatological society {monthly Meetings at various hospitals}, **Belgaum** dermatological society, **Hubli-Dharwad** dermatological society, **Salem** dermatology association are active in holding clinical case discussions and arranging guest lectures.

Erode dermatology association (2 meetings) live dermatosurgery workshop by Dr.G.Ravichandran(December) & a guest lecture on "psychocutaneous disorders(March) IADVL members of **Tuticorin/Tirunelveli/Kanyakumari**{TTK Chapter) are also holding clinical meetings in turns where guest lectures were given and cases were discussed.**Coimbatore** chapter(1meeting),**Karavali (Mangalore-Manipal)** chapter-**Mysore** dermatological society have conducted monthly clinical meetings. Dr.S.Sacchidanand has conducting "Dermatology Invited Guest Lecture Series (**DIGS**)" in the department of Dermatology and STD, Bangalore Medical College, Bangalore.

Information about forthcoming conferences

Cuticon KT - 2008(Mangalore), May 2008(KT branch - IADVL) **Place:** TMAPAI International Convention Centre, MG Road, Mangalore-575003. **Dates:** MAY 9 - CME on Dermatotherapy, Conference 10-11

DERMA ZONE SOUTH 2008(www.dermazonesouth2008.com) will be held on Aug 15 to 17 at Hotel Singaar International, Kanyakumari town, Tamilnadu. Dr.A.J.S.Pravin will be the organizing secretary with the TTK CHAPTER of IADVL KT Branch to set the arrangements.

Dermacon 2009(Bengaluru){www.dermacon2009.com}, January 7-10 (National conference IADVL)

Cuticon KT - 2009(Erode), August 8, 9 2009, (KT branch IADVL)

Website www.iadvlkt.org updated once with meeting schedules, member's directory, revised membership (Provisional / Permanent) structure, quiz,Orations and link ups with various websites.

Compiled by

Dr.R.Rajesh

Secretary cum Treasurer

IADVL-KT Branch

(2006-2008).



Haryana

A Mid Summer meet of the IADVL (HSB) was organized on 20/5/2007 at Karna Lake, Karnal. It was attended by 30 members.

Dr. Rishi Parasher, Sr.Consultant Dermatologist at Sir Ganga Ram Hospital, New Delhi presented talk on “**Vitiligo Treatments: Where are we now?**”

The second presentation was on “**Melasma**” by Dr. Ram Chander, Prof. & Head, Department of Skin & STD, LHMC and Associated Hospitals, New Delhi.

During the year, Six new life members were enrolled, applications of two more have been sent.

A new E-group for Haryana dermatologists at yahoo groups by the name iadvl_haryana was formed.

Many members attended various Dermacon 2007 at Chennai and Dermacon 2008 at Chandigarh, and Conference of ACSI at Allahabad, Dr. Sanjeev Gupta was among the few distinguished dermatologists from India to participate and present a paper at Buenos Aires in Argentina.

Many members participated in the ASTICON 2007 at Rohtak which was so well organized by Prof. VK Jain. I must congratulate Prof. VK Jain on this account.

IADVL members organized and participated in various health/dermatology awareness and treatment camps.

Vitiligo day was celebrated with free guidance to patients.

Dr. Ramesh Bansal's article “Bilateral Becker's naevus” was published in IJDVL January-Feb. issue.

Annual conference was organized at Yamunanagar on 16/3/08. .

First guest lecture of the CME was delivered by Dr. Sunil Gupta, Professor, Deptt. of Skin & V.D., DMC Ludhiana. The Topic was “Biologic Therapy in Psoriasis”. The session was chaired by Dr.V.B. Dixit and Dr. Anil Kumar Agarwal.

It was followed by a power point presentation of “Interesting cases” in his dermatologic practice by Dr. Sanjeev Gupta, Associate Prof. MM Medical College, Mullana. The chairpersons for this session were Dr. Ramesh Bansal and Dr. Sushil Bathla.

The last presentation was by Dr. Nidhi Gupta of Deptt. of Skin and V.D. PGIMS Rohtak. It was on “Topical Steroids”, the evolution of topical steroids was discussed. The session was chaired by Prof. V.K. Jain and Dr. R.A. Mittal.

The nominations for President of the branch for year 2008 were invited and **Dr. Kamal Aggarwal** (LM/H/3147) from PGIMS Rohtak was elected **.Dr. Sanjeev Gupta** (LM/H/3000) was unanimously elected as honorary secretary.



Maharashtra

A) CUTICON MAHARASHTRA-2007 was held at The Residence Hotel and Convention Centre at Powai, Mumbai on 8th and 9th December 2007

Registered Delegates : 392
Speakers : 20
International Speaker : 01
No. of Stalls : 35

(B) Website

The website of IADVL-Maharashtra Branch address is <http://www.iadvlmaha.com>

We have updated with the cases presented at clinical meetings through the year. We have also put our annual program on the site so members can access it easily. We have updated website with all circulars on website. This is done by webmaster Dr Rajesh Jadhav (life member LM/M) at nominal cost to IADVL MAHA branch. Our website has following headings :

- 1) Welcome letter
- 2) Contact us
- 3) Calender of events
- 4) Circulars
- 5) Link to Journal (IJDVL)
- 6) Link to National Head Quarters
- 7) IADVL (Maharashtra Branch)'s office inauguration.

(C) Monthly Clinical Meetings

(a) Mumbai

- 1) Clinical meeting Rajeev Gandhi Medical College, Kalwa, 18th November 2007
No. of participants (40)

b) Pune Branch:

Clinical meetings for practising dermatologists are held on second Friday of every month at BJ Medical College, Pune between 12.00 noon to 2.00 pm. Total meetings during calender 2007: 8 All the practicing dermatologists present their work in this meeting.

Meeting starts with a lecture on some new topic, followed by clinical cases, histopathology, therapeutic problem, and ends with a quiz.

c) Nasik Branch

Clinical meetings are held every month by the Nasik Dermatologists Association.

d) Kolhapur Branch

Clinical Meetings are held once in three months.

e) Navi Mumbai Raigad Dermatologists Association

There were four CME programmes for dermatologists and one picnic for members.

f) Vidarbha Dermatologists' Association

Clinical Meetings and guest lectures were organised every alternate month throughout the year including quiz for members.

g) Ghatkopar Chembur Derma Club

Six CMEs were held during 2007.

Dr. V.R.Mehta Quiz Competition for Post Graduates in Dermatology in November

(D) Response to official letters:

Most of the official correspondence was done by email.

(E) Community Activities:





IADVL MAHA branch shifted to New Office at Prateeksha Nagar Sion on 21st October 2007. Dr Ganpati and Dr Ashok Shah inaugurated the office. This office is on rent from Bombay Leprosy Project. We have started **Free Skin Clinic** on 2nd and 4th Sunday of every month for needy patients. This event was given wide publicity with press reporting in DNA Newspaper.

Vitiligo Counselling Centre was inaugurated by Dr. Ashok Shah and Dr. S.C. Gwalia (Past Presidents, IADVL (Maharashtra Br) on 23rd December 2007 at IADVL (Maharashtra Branch)'s Office with cooperation of Shweta Association founded by Dr. Maya Tulpule. Trained counselor will be available on 4th Sunday of every month.

IADVL Maharashtra branch celebrated vitiligo day on 19th May

This was in memory of Dr. A K Dutta (1930-2004), who has done pioneering work in Vitiligo.

Vitiligo day activities

-  CME sessions for PGs 'Vitiligo update'
-  Course material was given by Dr R.G.Torsekar national convenor teaching slides programme
-  CME conducted at 5 leading medical institutes in Mumbai by Skin HOD:
-  JJ Hospital



- ✍ KEM
- ✍ Nair Hospital
- ✍ Sion Hospital
- ✍ Kalwa Hospital
- ✍ At few other centers in Maharashtra, similar sessions were conducted

Vitiligo day activities

- ✍ Spreading awareness and dispelling myths through:
- ✍ Patient education brochures
- ✍ Posters
- ✍ The same was distributed at all institutes in regional languages

Public awareness through media coverage

Dr. Chetan Oberai, President, IADVL was interviewed by Afternoon newspaper

The article appeared on 19th May edition

This helped in generating awareness about Vitiligo Day
Vitiligo day activities

Nital the film for dermatologists

Shweta Association is non-profit, vitiligo support group based at Pune

Dr Maya Tulpule, MS (Surgeon) and founder of Shweta Association has produced a movie in Marathi Nital (Crystal Clear)

Multi-award winning film 'Nital' was screened on 20th May at Dinanath Auditorium, Mumbai for dermatologists

More than 75 dermatologists and 20 patients attended with their family members

Similar screening was done on 1st July 2007 at Pune.

IMA MUMBAI WEST BRANCH

Held a Public awareness and camp on 19 th May at Juhu, Andheri 300 patients examined.

CME by Dr Vinay Saraf and Dr Kharkar for family physicians 70 doctors attended

Raigad Medical Association organized cme for general practitioners at Alibag Dr.Kiran Nabar (iadvl member) spoke on the occasion.

Thane (Dr.Raj Harjani)

Lecture for public at Rotary club of Thane East and Rotary club of Thane Central where Rotary Governor Dr Bharat Pandya surgeon was the Chief Guest.

Navi Mumbai Raigad Dermatologists' Association

Newspaper article by Dr Kiran Godse in Twin city times on vitiligo

Dr,Manish Gautam took lectures on vitiligo at Sant Rajinder Singh Ashram at Ghansoli and at Poorv Uttar Bhartiya Sabha for general public.

Article published marathi daily, Punya Nagari titled " Pandhra daag abhishaap navhe, ek Tvacharog" .

Ghatkopar Chembur Derma club arranged a CME for dermatologists and family physicians by Dr.Hema Jerajani Prof.Sion Hospital 12th May 2007.

Dr Haresh Timbadia published article in Gujrati daily Janmabhoomi on vitiligo on 3rd June 2007.

Patient education leaflet were distributed.

VITILIGO DAY CELEBRATION: ACTIVITY REPORT:

Venue: NDMVPS Medical College, Nashik, Maharashtra.

Co-ordinating person: Dr. Vijay Zawar

Date: 19th May, 2007 at 11.30 AM

Audience: Medical students and teaching staff of the medical college.

Chief Guest: Dr. S. V. Mahajan, Dean- Medical College, Nashik.

Chairperson: Dr. Anil Gugle, HOD-Dept. of Dermatology & STD

Comarper: Dr. Milind Deshmukh, Asso. Prof., Dept. of Dermatology & STD

Poster Display: Dr. Sneha, Dr. Santosh, Dr. Sonali-Resident doctors in Dermatology

Events:

1. Welcome, introduction, opening remarks-Dr. Deshmukh
2. Inauguration by felicitation of vitiligo patient by the chief guest
3. Foreword by Dr. Gugle
4. Lecture-Vitiligo-Clinical, Pathogenesis, diff. diagnosis-Dr. Sneha
5. Lecture-Medical & Surgical therapy-Dr. Zawar
6. Audience Queries, question & answers.
7. Vote of thanks-Dr. Rahul Kote

AIDS Day :

WORLD AIDS Day was Commemorated in the city of Greater Thane along with 2 N.G.Os Rotary International 3140 and Humsafar with support of IADVL (Maharashtra branch). Dr. Raj Harjani and Dr. S.G. Purohit celebrated this day along with Rotary Club of



Morning We inaugurated 2 Counseling Centers for General Public at Thane Railway station.

in the afternoon we showed **68 page movie** to College students and Q/A session was conducted by yours truly

Evening CANDLE light March was arranged where 350 college students took part and the march was inaugurated by Mayor of Thane Ms Smita Indulkar

this was in the memory of people who have lost their lives because of AIDS and for those who are living with HIV/AIDS

Achievements of Members:

A team from Harvard Medical International selected **Dr. H. J. Shroff** as the recipient of 'Wockhardt Medical Excellence Award (in the field of Dermatology)' and the trophy and certificate were presented on 11th February, 2007 at New Delhi by Shri Kamalnath, Hon'ble Minister of Commerce & Industry. Selection had to be done out of 2780 nominations from all over India through a rigorous process for 5 specialties viz, Neurology, Cardiac Surgery, Orthopaedics, Endocrinology and Dermatology. As such 5 doctors were ultimately chosen from these five specialties. The recipients will be designated as 'Harvard Medical International Distinguished Visiting Fellow - 2007'

Dr Chetan Oberai was invited at 3rd Congress Unification of dermatology and venereology of Italy in Rome on the 6th of June 2007. Congress felicitated him by giving an Honorary Membership of their association along with the President of the American Academy of Dermatology and President of the Brazilian Society of Dermatology and Venereology at their Inaugural function on 6th June 2007 in an audience of 2000 members.

Dr. Oberai was honoured by Govt. of Maharashtra as Emeritus Professor in Grant Medical College & J.J. Hospital.

Dr. Chetan Oberai became the first Indian to become Director of I.L.D.S.

(International league of Dermatology Societies). He will be in-charge of Asia, Africa and Arabian countries.

Dr. Narendra Patwardhan was invited to speak on Dermatology in India by E.A.D.V. Vienna during the month of May 2007.

Dr. Kiran Godse received two scholarships from E.A.D.V.

1) Imrich Sarkany exceptional case grant for non European Dermatologists to attend E.A.D.V. Congress at Vienna.

2) E.A.D.V. Fostering Scholarship to attend Dermatology Department of Hannover Medical University, Germany to learn about Urticaria.

Dr. D.G. Saple received training at John Hopkins University about AIDS and statistics in June 2007.

Dr. Hema Jerajani was invited by Korean Association of Dermatologists in July 2007 to lecture on Occupational Dermatitis.

Dr. Vijay Zawar received AAD scholarship to attend AAD meeting in February 2008.



Kerala

List of activities 2007-08

The present team took office on may 6th 2008 at the annual meeting held at Kochi. There was a full day CME also. Mid - year conference was held at Alappuzha on 28th Oct.2007.

The annual conference is proposed to be conducted on 18th May 2008 with a pre conference CME on 17th at Kottayam.

Membership.

34 new member; 26 life members and 8 associate members were enrolled during the year.

OBITUARY

Dr. P.A. Sarojini, life member of IADVL Kerala and former professor of Dermatology, Medical College, Trivandrum, passed away on 20th Jan 2008. She was suffering from Ca breast with secondaries.

Dr. George Kurien
Secretary, IADVL Kerala

NOMENCLATURE OF IADVL CONFERENCES DERMACON-DERMAZONE-CUTICON

As per IADVL CONSTITUTION 2006, Annexure -V (Bye-laws-Part-II) and Annexure-IV (Page79-81) henceforth the nomenclature of all IADVL conferences will be as below :

- IADVL National conference : **DERMACON (2009, 2010, 2011...)**
- IADVL Zonal Conference : **DERMAZONE (DERMAZONE-SOUTH-2008; DERMAZONE-EAST-2009, DERMAZONE-NORTH-2010...;like that)**
- IADVL State conference : **CUTICON (CUTICON-GUJRAT-2008, CUTICON-UP-2009 CUTICON-MP-2010...like that)**
- **"12th/18th or 24th State / Zone / National conference of IADVL" will be mentioned in the next line**

All concerned (State executive and future organizers of any IADVL conference) are requested to implements these nomenclature at all levels with immediate effect.



Letter To The Office Bearers Of The State Branches

Dear All (Office-Bearers of State Branches)

As per the resolution passed in the GB and as per the ongoing process of continued and streamlined IADVL activity we are going to hold this years **Midterm CC meeting (CC MIDERMAMEET 2008) in Agra on 9th and 10th August 2008.**

It will be one and half day affair.

I hereby request you to send me the

- **Latest list of office-bearers (President and Secretary) of your respective state branches**
- **The Central Council members list.**

I need this updated list urgently (Ignore if already sent)

please send the detail to : **e-mail at secretary@iadvl.org or gsiadvl@gmail.com**

I also request all the state secretaries to send the activity report of your respective state branches for the period March to June 2008 by 10th July 2008.

Regards

Long live IADVL

Dr. Rajeev Sharma (LM/UP/2251)
Honorary General Secretary
IADVL, National Executive
2008-09

STATE SECRETARIES, MAY KINDLY NOTE.....

- **E-mail communication with IADVL, secretariat, is preferred**
- **All Executive (National and State) shall have active e-mail ids**
- **Please report branch activities on a regular basis**
- **Please send membership applications as and when received, without delay, if possible as scanned documents.**



IADVL Budget 2008-2009

(As passed in the commencing year's AGBM at Chandigarh on 26.01.2008)

Income		Expenditure	
Subscription Fee	7,50,000.00	Interest on FDs And Bonds payable to IJDVL	12,00,000.00
Interest on FD's and RBI Bonds	10,50,000.00	Printing postage and stationery	12,00,000.00
Chandigarh Surplus (expected)	1,0,00,000.00	Medals and Mementos, shields and awards	1,00,000.00
Retuned seed money from Bangalore	1,200,000.00	Office furniture and fixtures	1,00,000.00
Royalty from IADVL Textbook	7,48,500.00	Office expenses	6,00,000.00
Total Income	1,36,98,500	Internet and telephone charges	2,00,000.00
		Election expenses	1,50,000.00
		36 th National Conference surplus to PCH branch	3,333,333.00
		Seed Money to 38 th National Conference	15,00,000.00
		IADVL EC meeting expenses	4,50,000.00
		IADVL CC Meeting expenses	20,00,000.00
		Official travel expenses	3,00,000.00
		Auditor' fee	40,000.00
		Scholarships and fellowships	1,50,000.00
		Meetings of various committees	4,00,000.00
		ILDS membership fee	3,50,000.00
		IADVL monographs publication	2,50,000.00
		Digital lecture series (remaining amount to be paid)	3,50,000.00
		Contingencies	2,00,000.00
		Total	99,83,333.00
		Surplus	37,15,167.00



Name And Addresses Of Presidents And Secretaries Of Various State Branches

ANDHRA PRADESH

PRESIDENT:

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BIHAR & JHARKAND

PRESIDENT:

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CHATTISGARH

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SECRETARY:

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All State Presidents and Secretaries are requested to join states_IADVL
Send request mail to gsiadvl@gmail.com, secretary@iadvl.org

26 January 2008 - IADVL Day Celebration

The IADVL day was celebrated on 26th January 2008 during DERMACON 2008 at Chandigarh.

A brief description of the inception and formation of IADVL was given by the Honorary General Secretary Dr. Rajeev Sharma.

This was followed by felicitation of Legendary Dermatologists as (Dermatologists par excellence) for their contribution to the development of Dermatologists in India.

Dr Rachel Mathai Dr S K Panja
Dr B M S Bedi Dr (Lt Gen) MA Tutakne
Dr. Rui J Fernandez



Dr. B . M. S. Bedi being honoured on IADVL day



Dr. M. A. Tutakne being honoured on IADVL day



The IADVL day Celebrities with the office bearers of IADVL.



Dr. Rui J. Fernandez being honoured on IADVL day



Dr. S.K. Panja being honoured by the presidents on IADVL day



New Life Members (JAN-MAR 2008)

LM/UP/4870 Dr. Supriya Goel A-19, Near Sheel Hospital Rajendra Nagar, Bareilly. U.P	LM/M/4879 Dr. Lodaya Bhavin Manish C-21/22, Shrenik Nagar, 160-Amrut Nagar, Ghatkopar (W) Mumbai 400086. Maharashtra	LM/M/4888 Dr. Digambar Punaji Pardhi At. Chirekhani, P. O. Kawlewada, Taluka - Tirora Gondia 441911. Maharashtra
LM/G/4871 Dr. Rajen Ranchhod Finavkar Mahatma Gandhi General Hospital Surendranagar. Gujarat	LM/M/4880 Dr. Sanjay Namdev Chavan At/PO- Bhalavani, Tal-Khanapur, Sangli 415311 Maharashtra	LM/M/4889 Dr. Vidula Chandrakant Patel 6, Matruchhaya, N. P. Road, Vile-Parle (E) Mumbai 400057. Maharashtra
LM/NE/4872 Dr. Adilur Rahman C/o. Mr. Habibur Rahman, Bhuyan Patty, South Haibargoan Nagoan- 782002. Assam	LM/M/4881 Dr. Urmila Nischal 375, 2nd Cross, 7th Main, Remco Layout, Vijayanagar 2nd Stage Bangalore 560040	LM/M/4890 Dr. Varsha Taty Nimbalkar Shri Sai Hospital, Veer Savarkar Nagar, Daund, Pune 413801. Maharashtra
LM/NE/4873 Dr. Ruby Jain Jinendra Tower, Flat No. 303, Old Daily Market Dimapur. Nagaland	LM/M/4882 Dr. Sunil Pandurang Bhosale At/P.O.- Ranjani Tal. Kavathe Mahankal Sangli 416411. Maharashtra	LM/M/4891 Dr. Nilesh Vijay Uttarwar C/o. Vijay L. Uttarwar, Bhanapeth Ward, Kasturba Road, Chandrapur 442402. Maharashtra
LM/NE/4874 Dr. Joydeep Roy Cachar High School Road P.O. Silchar - 2 Cachar - 788002. Assam	LM/M/4883 Dr. Pravina Sanjay Hiwale Chiranjeev Hospital Behind Bus Stand Jambhrun Road, Buldana.	LM/KT/4892 Dr. Vinayak V. 1046, 4th Cross, 13th Main, HAL II Stage, Bangalore 560008. Karnataka
LM/M/4875 Dr.(Mrs.) Vijaya Rahul Erande D-106, Aaryan Garden Balikashram Road Savedi Ahmednagar. Maharashtra	LM/M/4884 Dr. Kolte Jennifer Nitin 11, Amar Heights, Plot No. 1, Near Ekopa Park Society, Konark Abhishek, Salisbury Park, Pune	LM/KT/4893 Dr. G. Balaji 5/32, V-Arumuga Nagar Alagapuram Salem 16. Tamil Nadu
LM/M/4876 Dr. Prakash Shankar Ramteke Pradnya, Near Swagat Lodge Vidyanagar, Bramhapuri Chandrapur - 441206. Maharashtra	LM/M/4885 Dr. Kavita Sainani 201, Buena Vista, Gen. Jaganath Bhosale Road Mumbai 400021. Maharashtra	LM/KT/4894 Dr. S. Karthika 9, Thirumalaisamy Street Namakkal 637001 Tamil Nadu
LM/M/4877 Dr. Potti Venkata Koti Ratna Ramakrishna, C/13, Area Hospital WCL Lalpeth, Chandrapur Maharashtra	LM/M/4886 Dr. Yogesh Devendra Valecha C-2403-404, Lokrachna Apartment Amar Nagar, Mulund (W) Mumbai 400082. Maharashtra	LM/KT/4895 Dr. Beulah Jasmine Augustine Grace Clinic, Leo Medicals, Otteri Vellore 632002 Tamil Nadu
LM/M/4878 Dr. Chinmay Krishna Paradkar Rajeshwar Complex, Opp. Municipal Corporation, M. G. Road. Akola 444001	LM/M/4887 Dr. Maithili R. Kashyape 306, Doctor House, 14, Pedder Road Mumbai 400026. Maharashtra	LM/KT/4896 Dr. S. Kumaravel 36/1, Ponang Kinaru Street, Villivakkam Chennai 600049. Tamil Nadu



LM/K/4897 Dr. Anoop T. V. Edathum Velikkakath House P.O. Kavilumpara Calicut 673513. Kerala	LM/R/4907 Dr. Prashant Agrawal 150/10, Ashok Nagar Udaipur, Rajasthan	LM/KT/4917 Dr. Shankar Gouda Ireddy Shivani Skincare & Cosmetic Centre Doctor's Lane, Petlaburz Raichur 584101. Karnataka
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Guidelines On Medical Therapy In Vitiligo.

The **IADVL Therapeutic guidelines committee** meeting was held in Mumbai on 22.9.07 under the chairmanship of Dr. V.K. Sharma to formulate guidelines on medical therapy in vitiligo. It was attended by Dr. Premalatha, Dr. HR Jerajani, Dr. P Srinivas, Dr. Ramji Gupta, Dr. CR Srinivas, Dr. SR Sengupta, Dr. Ameet Valia and Dr. Sujay Khandpur. Dr. AJ Kanwar could not attend the meeting.

These guidelines have been compiled and are being published in IADVL news for members to give their critical comments and suggestions before June 2008 to Dr. V. K. Sharma

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GUIDELINES FOR MEDICAL MANAGEMENT OF VITILIGO

Definition:

Vitiligo is an acquired depigmentary disorder of multifactorial etiology following an unpredictable course. It is a melanocytopenic disorder where there is selective destruction of the melanocytes. Worldwide vitiligo affects about 0.5-2% of the population with no social, racial or regional variation.¹ The prevalence of vitiligo in general population in India is around 0.5% in a study from West Bengal.² There are no population-based studies from across the country. The male:female ratio is almost equal, though there might be a slight female preponderance.³⁻⁶ The mean age of onset is around 20-27 years.^{2,5,6} Females have a lower age of onset (17-20 years) as compared to males (23-25 years).^{2,7}

Classification of vitiligo

Vitiligo can be classified into localized and generalized type or as segmental and non-segmental type.

Localized: Localized vitiligo can be further subclassified into .

1. Focal vitiligo
2. Segmental vitiligo
3. Mucosal vitiligo.

Generalized: Generalized vitiligo is of various types

1. Vitiligo vulgaris
2. Acrofacial vitiligo
3. Universal Vitiligo
4. Mixed pattern

Focal vitiligo: single or few lesions localized to one body part not forming any specific pattern.

Segmental vitiligo: It is characterized by the presence of depigmented macules arranged unilaterally in a localized area of the body having a dermatomal or blaschkoid pattern. There may be a sharp cutoff in the midline. Leukotrichia is more prominent feature than in non-segmental vitiligo. Leukotrichia is often complete and frequently extends beyond the margin of depigmented macules. The margins of the lesions are usually irregular and there are islands of hyperpigmented or normopigmented macules within the depigmented macule. These islands sometimes may occur following treatment, but many times occur de novo.

Mucosal vitiligo: Involvement of oral and genital mucosa can occur in isolation or may be in combination with the other types.³

Vitiligo vulgaris: multiple lesions predominantly occurring over the trunk, shoulders, arms and thighs with no lesions on the acral areas.

Acrofacial vitiligo: Lesions occurring over face, neck, hands, forearms, feet and legs. A special type of acrofacial vitiligo is lip-tip vitiligo where lesions occur over lips, periungual areas, nipple and genitals. Waist area involvement is also known to occur with acrofacial vitiligo and should not be considered as vitiligo vulgaris. Recognition of acrofacial involvement is important because these sites are cosmetically more disfiguring and also more resistant to treatment.

Universal vitiligo: There is complete or near complete involvement of the body with depigmentation. There may be few lesions of normal pigmentation or hyperpigmentation in photo-exposed parts.

Mixed vitiligo: Lesions of more than one type of vitiligo (segmental with non-segmental or 2 different types of nonsegmental) occurring together in the same patient.^{3,8}

Koga and Tango classified vitiligo into type A (non-dermatomal) and type B (dermatomal) where type B represents depigmented macules confined to a definite dermatome like in herpes zoster and type A as all those cases not classified as type B.⁷ The basis for their classification was that type A is caused by autoimmune mechanisms whereas type B is caused by dysfunction of sympathetic nerves in the affected area. It seems that what is considered by Koga and Tango as type B or dermatomal is considered as segmental and type A as non-segmental by others.⁸ Classification into segmental and non-segmental has more relevance in understanding the disease and its progression because



it highlights differences in the natural history of the disease, proposed pathomechanisms, response to treatment and prognosis of the two types of vitiligo. Non-segmental vitiligo can further be classified into vitiligo vulgaris, acrofacial vitiligo, vitiligo universalis, focal vitiligo and mucosal vitiligo.⁴²

Vitiligo vulgaris is the commonest type of vitiligo in most studies.⁴⁻⁷ A study on clinical profile of vitiligo conducted on 450 patients Department of Dermatology at AIIMS, New Delhi showed that the combination of vitiligo vulgaris and acrofacial was the commonest (29.2%) followed by vitiligo vulgaris (24.2%), acrofacial vitiligo (23.5%), purely acral (7.2%), segmental (6.7%), combination of acral and vitiligo vulgaris (3.7%), combination of segmental and non-segmental (1.8%) and pure mucosal (1.25%).³ About 20% of vitiligo patients have atleast one affected first-degree relative. In India, a positive family history of vitiligo varies from 8% to 24% in different studies.^{3-5,7} Around 4.5-fold increase in prevalence of vitiligo is observed among close biological relatives of affected individuals. There are no significant differences in the frequency of various types of vitiligo between probands with and without positive family history.²

Factors influencing response to treatment.

Based on location

Less responsive sites: mucosae, tips of fingers, bony prominences, nipple and areola.

Other areas respond better

Based on duration of disease

Early vitiligo responds better to treatment.⁵⁷

Based on activity of disease

Stable vitiligo: no new lesions for a period of 2 years. Stable vitiligo responds favourably to topical treatment modalities, photochemotherapy/phototherapy and surgery.

Unstable vitiligo: there is occurrence of new lesions. Based on the number of new lesions, slowly progressive vitiligo is considered when there are 1-5 new lesions in last 1 month or upto 6-15 new lesions in last 3 months. In rapidly progressive vitiligo, lesions are > 5 per month or >15 in 3 months. Unstable vitiligo responds well to oral corticosteroids and immunosuppressants but not to surgical methods.

Based on leucotrichia

Lesions with leucotrichia respond less favourably to treatment.

Koebnerization

Koebnerization suggests active disease and is a poor

prognostic sign for response to treatment.

3Based on extent of disease

Localized disease (except mucosal and segmental vitiligo) responds better than generalized. Body surface area involvement in generalized disease also affects the response to treatment. Stable and complete repigmentation becomes less likely with increasing body surface area.

Treatment

Treatment of vitiligo is medical or surgical. Medical modalities for treatment of vitiligo include:

Topical

1. Corticosteroids
2. Phototherapy & Photochemotherapy (topical PUVA/PUVAso1)
3. Immunomodulators
4. Miscellaneous

Indications

1. In vitiligo with <10% BSA
2. Stable vitiligo
3. Adjuvant to systemic medication

Systemic

1. Corticosteroids: Continuous (daily oral corticosteroids) or pulsed (oral mini pulse)
2. Immunosuppressants
3. Phototherapy/ Photochemotherapy (oral PUVA/PUVAso1)
4. Miscellaneous

Indications

1. In vitiligo with >10% BSA
2. Progressive vitiligo

Counseling

Camouflage

Topical corticosteroids

Topical corticosteroids possess anti-inflammatory and immunosuppressive action by inhibiting T-lymphocyte number and functions; arachidonic acid metabolism; IL-1, IL-2, IFN- γ and GM-CSF formation; neutrophil and monocyte migration and chemotaxis.

Mode of application:

Mid-potency corticosteroids (fluticasone propionate, mometasone furoate, betamethasone valerate) in cream based formulations are to be used once daily. It can be used continuously for 6 months. Side effects must be monitored monthly.

Side effects:



Skin atrophy, telangiectasias, striae, hypertrichosis, hypopigmentation, tachyphylaxis, pituitary adrenal suppression

Expected response:

Cosmetically satisfactory response is seen in 50% of patients after 6 months of therapy.

Oral corticosteroids

Corticosteroids given systemically are very effective⁹ in controlling the activity of the disease in almost all the cases, provided one uses an adequate dose¹⁰⁻¹³. Patients with stable disease do not show any benefit, however in rapidly progressive disease, some amount of repigmentation does occur of the existing lesions. There are two modes of giving corticosteroids.

Continuous:

Daily corticosteroids are not recommended due to increased risk of side effects such as weight gain, moon facies, diabetes mellitus, hypertension, peptic ulcer, acne, purple striae, hirsutism, osteoporosis, etc. Although most of these side effects are reversible on stopping treatment, majority of the patients do not like these side effects.

Oral mini pulse:

Betamethasone or dexamethasone, 5 mg given as a single oral dose after breakfast on two consecutive days of the week, is able to produce equal therapeutic effect without producing significant side effects.^{14,15} Saturday and Sunday are preferred days for this purpose for better patient compliance. The dose can be increased to 7.5mg if there is unresponsiveness to 5mg. Patients having diabetes mellitus, hypertension, peptic ulcer or any other disease can also be given this treatment, but treatment for the concomitant disease will have to be continued. It should preferably be avoided in pregnant women. *Duration of oral mini pulse:*

The treatment is to be continued until cessation of new lesions occurs. The dose of corticosteroid is then gradually reduced over a period of 6-8 months. Stepwise tapering is done, reducing 1mg of betamethasone each on Saturday and Sunday every 4-6 weeks.

Side effects of oral mini pulse:

Side effects with oral mini pulse are comparatively less than daily corticosteroids and include cushingoid facies, weight gain, acneiform eruption, gastric discomfort, hiccups, headache, transitory general weakness for 2 days after the pulse and bad taste in the mouth.

Expected response of oral mini pulse:

Within 1-3 months of starting therapy, progression of the lesions gets arrested in 89% of patients with active

disease. In one study, several patients noticed repigmentation of the existing lesions¹⁴ while in another¹⁵ no repigmentation occurred. The rate and extent of repigmentation varies in different patients; some patients show complete or almost complete repigmentation of all the lesions, while others may not obtain any significant repigmentation.^{12,14}

Corticosteroids in children:

In routine cases of rapidly progressive vitiligo, with regular monitoring for side effects, 2.5-3.5 mg betamethasone on two consecutive days of a week can be given after discussion with parents.

Immunosuppressives

Immunosuppressives act by inhibiting T cell response against melanocytes. They help in reducing the requirement and dose of steroids. Azathioprine,¹⁶ cyclophosphamide¹⁷ and methotrexate¹⁸ have been used in progressive vitiligo. A total of 60 patients were randomized to receive either azathioprine (0.6-0.75 mg/kg) and oral PUVA or oral PUVA alone for 4 months. The mean total repigmentation rate after 4 months was 58.4% with azathioprine and oral PUVA and 24.8% with oral PUVA alone. No serious side effects were seen during or after treatment. In selected cases with rapidly progressive vitiligo, azathioprine may be given especially in cases where corticosteroids are contraindicated.

Cyclophosphamide along with OMP and methotrexate (7.5mg weekly) have also been shown to be effective in rapidly spreading vitiligo.^{17,18}

Phototherapy and photochemotherapy

Phototherapy refers to the use of light alone whereas photochemotherapy refers to the use of light in conjunction with a photosensitizer. Photochemotherapy has been used for vitiligo management from more than 2500 years when topical application and ingestion of extract of plants *Psoralea corylifolia* in India and *Ammi majus linnaeus* in Egypt were used.¹⁹ It was the first efficacious treatment established for vitiligo. In modern medicine, first clinical studies were performed by El Mofty in 1948 and later by Lerner et al.²⁰ The principle behind the therapy is the development of a photodynamic reaction which occur after psoralens are activated by UVA. UVB and UVA phototherapy are based on immunomodulatory effect, which differs with the type of UV radiation. UVB spectrum possesses greater energy than UVA and has a more superficial depth of penetration in the skin. Hence, it primarily affects the functions of keratinocytes and Langerhans cells in epidermis, while UVA additionally affects dermal fibroblasts, dendritic cells, and endothelial cells. It induces apoptosis of T- lymphocytes, mast cells and



granulocytes within the dermis.²¹ Psoralens stimulate melanogenesis. After photoconjugation of psoralens to DNA of melanocytes, there is mitosis of melanocytes, cytokine-stimulated formation of melanosomes, and increase in the transfer of melanosomes to keratinocytes.

PUVA down regulates certain lymphocytic and antigen presenting cell functions, influences adhesion molecule expression and decreases number of Langerhan's cells in epidermis.

The source of light can be natural sunlight (PUVAsoI) or artificial unit (PUVA).

Grading of erythema :

- E0 No erythema
- E1 Minimally perceptible erythema (faint pink)
- E2 Marked erythema (red)
- E3 Fiery red erythema with oedema
- E4 Fiery red erythema with oedema and blistering

NB: In a darkly pigmented patient, sometimes erythema and edema may not be seen. Instead, the patient may complain of burning and tightness of skin.

Erythema is a limiting factor in phototherapy - E1 is not to be exceeded. The onset of UVA-induced erythema has a delayed onset of 48 hours after exposure.

MPD (Minimal phototoxic dose): The dose of UVA required to produce an E1 reaction 48 hours after exposure in a person who has taken psoralen 2 hours prior to exposure.

MED (Minimal erythemogenic dose): The dose of UVB required to produce an E1 reaction 24 hours after exposure.

Indications of phototherapy

1. Generalized involvement: There is no uniform consensus on the definition of localized and generalized vitiligo. It is proposed that the choice of modality depends on whether the disease is localized (BSA < 10%) / generalized (BSA > 10%) and disease activity..
2. It can be administered to subjects with slow spreading vitiligo due to its immunomodulatory action.
3. Type of vitiligo- more effective in vitiligo vulgaris than segmental vitiligo

Topical PUVA3

Topical PUVA refers to application of 8-MOP as cream, ointment or lotion for half an hour followed by UV exposure, either sunlight (PUVAsoI) or artificial units (PUVA). It is indicated when the involved BSA is < 10%.²²

Regime: 8-methoxy psoralen or trimethyl psoralen solution are diluted 1: 30 concentration in propylene

glycol and applied for 30 minutes. It is followed by exposure to sunlight for 2-5 minutes with appearance of minimal erythema. If the vitiligo lesions are on sun exposed sites, sun protection advice or sunscreens have to be prescribed after the therapy. Eye protection is not required.

Disadvantages: Irregular patches of unacceptable hyperpigmentation, tedious application if patches are many in number. It does not prevent development of new patches in unaffected areas. Topical methoxsalen is more phototoxic than topical trimethyl psoralen.⁵⁸

Oral psoralen and sunlight (oral PUVAsoI)

Psoralens are naturally occurring tricyclic furocoumarins present in plants. Most widely used psoralen is 8-MOP (Methoxsalen, xanthotoxin, 0.4-0.6 mg/kg) which is of plant origin but also available as a synthetic ultramicrosized form which is better and more consistently absorbed. TMP (4, 5, 8 trimethyl psoralen) is a synthetic compound which is less phototoxic after oral administration though less effective. 5-MOP (Bergapten, naturally occurring linear furocoumarin in rinds of citrus fruits and leaves of celery and parsley) is less erythemogenic by oral route (1.2mg/kg) and doesn't induce intolerance reactions. The gastrointestinal side effects encountered are also less with respect to 8-MOP. For all psoralen preparations, time taken to achieve peak blood level varies with type and amount of food.

Regime: 0.4-0.6mg/kg of 8-MOP is to be given after food followed by exposure to sunlight after 2 hours on alternate days in a week. Both 8-MOP and TMP can be used but oral TMP is preferred as it is less phototoxic.⁵⁸ Optimum time for sun exposure is between 10.30 to 11.30 a.m. and 3.30 to 4.30 p.m. However, the time of exposure can be individualized depending on the patient's schedule. Optimum duration for exposure varies from 5 minutes which is stepwise increased to 15 minutes or till appearance of minimal erythema.

Oral psoralen and UVA (oral PUVA)

Source of PUVA

The commonly used sources are fluorescent lamps or high pressure halide metal lamps with typical emission peak at 352nm. UVA doses are given in Joules/cm².

Before Starting PUVA

1. Thoroughly inform the patient about the nature of therapy
2. Give the instruction sheet of PUVA to patient
3. Written consent
4. Liver function tests
5. Body weight



Regime: 0.4-0.6mg/kg of 8-MOP is to be given after food followed by exposure to UVA after 2 hours. The starting dose is 2.5-3.5J/cm². Increments of 0.5J/cm² should be done every 3rd sitting. Treatment is given 2-3 times/week for 12-24 months. Therapy is stopped if there is no response after 6 months or 50 treatment sessions.

The maximum number of sittings for a patient has not been standardized for Indian population. Western literature suggests a maximum of 150-200 sittings.

Defaulter

(a) One regularly scheduled treatment missed: Dosage should not be increased, use the last dosage

(b) More than one session missed: Dosage should be reduced by 0.5 J/cm² per session missed (Minimum: starting dose)

Reaction

(a) If trace of erythema occurs, dosage should not be increased but the patient may be treated with previous exposure time.

(b) If more than trace of erythema occur, or patient complains of burning and tightness, the areas affected should not be retreated until these subside.

Frequency of Assessment by Dermatologist.

Two weeks after initiation of treatment, then every four weeks during active phase. However, patient should be seen by doctor as soon as possible if any reaction occurs.

Maintenance Therapy

1. The last dose at which significant repigmentation is achieved is used as maintenance therapy and given at once-weekly interval.

2. If repigmentation persists for 4 weeks, reduce the frequency to one exposure every 2 weeks (most patients need this frequency for maintenance).

3. If it persists for another 8 weeks, reduce to one exposure every month. If it persists for another 4 months, the treatment may be stopped.

4. If there is relapse during maintenance, treatment is increased to twice a week and UVA dose is increased by 0.5-1.5 J/cm² for each successive treatment. Maintenance is then given at a higher frequency than the one which did not work.

5. During maintenance therapy, if erythema occurs as a result of decreasing pigmentation, the UVA dose should be decreased by 0.25 J/cm² per treatment until erythema is no longer present.

Precautions That Must Be Taken By Person Operating PUVA Chamber

- (i) Before treatment
 - (a) Ask whether the patient has taken psoralen
 - (b) Check whether the patient has erythema
 - (c) Check the correct exposure time
- (ii) During treatment
 - (a) Make sure that the patient is wearing the protective goggles
 - (b) Make sure that accurate exposure time is given
 - (c) Withhold treatment if patient complains of discomfort
- (iii) After treatment
 - (a) Remind the patient to wear sunglasses (Polarised grey - or green-tinted-β toric and green 60) for 8 hours after therapy (both indoor and outdoor), and shield from direct sunlight with sunscreen, suitable clothing, hat or umbrella.
 - (b) Check the next follow-up time.
 - (c) Calculate the cumulative dose given.

Repigmentation response with PUVA

Response is seen as perifollicular repigmentation in the macule. This may disappear after stopping the treatment if the whole macule has not repigmented. Relapse is seen in 58% of patients who achieve >50% repigmentation after 1 year of stopping treatment.⁵⁹ Sites resistant to treatment are lips, distal dorsal hands, tips of fingers and toes, bony prominences, palms, soles, nipples, periorbital and periorfacial areas of the face due to lack of hair follicles. Maximum response is seen on the face and neck.^{2,3} Segmental vitiligo shows variable response only. Repigmentation is seen in 70-80% patients to variable degrees. Total repigmentation is achieved in less than 20% patients, while about 30% patients do not show any response. Response is better in darker skinned patients due to increased tolerance to cumulative UVA dose.

Erythema due to PUVA

The delayed phototoxic erythema is related to the dose of drug, dose of PUVA, and individual's sensitivity to phototoxic reactions. It appears at 24-36 hrs and peaks at 72 to 96 hrs, while erythema following UVB peaks at 12-24 hrs.

Acute side effects

- 1) Oral- 8 MOP [0.6mg/kg] ingestion causes nausea, vomiting and gastrointestinal upset. 5-MOP in dose of 1.2mg/kg is free of these effects though equally efficacious.
- 2) Burns and blisters may occur due to phototoxicity. Persistent pruritus and stinging sensation



unresponsive to antihistamines also occur due to effect on dermal nerves. This subsides of its own.

- 3) Rarely polymorphic light eruption like rash, acneform eruptions, subungual hemorrhages, photonycholysis and hypertrichosis of face may occur. There are some recent reports of exacerbation of systemic lupus erythematosus and bullous pemphigoid.

Long-term side effects

1. **Chronic actinic damage:** due to repeated phototoxic injury, changes similar to photoaged skin damages appear (PUVA lentigines), but no increased risk of associated melanoma has been reported.

2. **Carcinogenesis:** Skin cancers in vitiligo patients were first reported in 1996 after psoralen use by Buckley and Rogers. A meta analysis by Stern et al²⁴ in 1998 showed that long term high dose exposure to PUVA was consistently related to a significant increase in the risk of squamous cell carcinoma in all the 9 studies reviewed by them. Beyond 200 treatment sessions there is approximately 10 fold increase in squamous cell carcinoma risk, thus maximum of 150-200 sessions is recommended.²⁵ There is higher risk of genital cancer than other skin cancers in men on increasing the dose.²⁶ Hence genital protection with opaque clothing is mandatory. For skin type 2 and 3, relative safe maximum dose proposed is 1000-1500J/cm².²⁵ There is a probable increased risk of malignant melanoma. Concomitant immunosuppressive therapies with PUVA are best avoided when possible.

3. **Ophthalmic complications:** Following ingestion of single therapeutic dose of 8 MOP, it can be detected in human lens for at least 12 hours, hence eye protection for the same period is recommended with UVA absorbing goggles.²⁷ It is increased to 24 hours for children, patients at risk of cataract and patients with preexisting cataract.²⁸ Despite data from animal studies, at present there is no evidence of increase in lens opacities from follow up studies and routine ophthalmological examination is not recommended.

Adult ocular and most artificial lenses filter UVA efficiently and protect against retinal damage. But, patients with aphakia and young patients require extra supervision.²⁹ UVA blocking goggles normally worn during therapy can be safely omitted for lesion on eyelids because negligible exposure occurs with closed eyes.

4. **Teratogenicity-** No evidence exists that PUVA is a significant teratogen,²⁸ but female patients and partner of male patients are advised preferably to avoid conception during treatment.²⁵

5. **Hepatotoxicity-** Psoralens are metabolized in liver. Adverse hepatic effects of PUVA are uncommon except in conjunction with pre-existing liver dysfunction.³⁰

Safety

Overall treatment duration is limited to 12 -18 months or very rarely to 24 months. Intermittent therapy is aimed. Children are more susceptible to ocular and cutaneous side effects. Recommended absolute contraindication is age <10 years for skin type1 and relative contraindication is age <16 years for skin type 2.²⁵ Previous non-melanoma skin cancer is not an absolute contraindication especially in older patients if other treatments fail. Though no increase in incidence of melanoma cancer is seen, alternative therapies are considered in patients with important risk factors²⁵

NARROW BAND UV-B

The use of NBUVB was first reported by Westerhof et al in 1997 for vitiligo. In a meta-analysis of various case series, more than 75% repigmentation was seen in 63% of patients treated with narrowband UVB.⁵⁸

Mechanism of action

It may exert its effect in vitiligo by a two step process -1) stabilization of depigmentation process by local and systemic immunomodulation and 2) stimulation of residual follicular melanocytes.

It is less carcinogenic, does not require oral medication, induces less contrast of skin colour between vitiligo and normal skin and there is no hyperkeratosis of vitiligo skin after long term exposure. Hence it is considered by some as the treatment of choice for generalized vitiligo. Factors that contribute to a good response in vitiligo patients are higher initial doses, more frequent exposure, darker skin type and shorter duration of disease. Lesions localized to hands and feet, segmental lesions and lesions resistant to systemic PUVA show poorer response. Potential limitations of NBUV-B are scheduling difficulties and time commitment. Another concern is the carcinogenic potential as seen in animal studies, which is however, less than broad band UVB or PUVA.

Source of narrowband UVB

A wide variety of TL-01 equipments are available. They can be categorized as whole body cabins, whole body panels, small panel irradiators and point sources. For narrow band UVB, no specific irradiation devices are needed as TL-01 fluorescent lamp can be fitted in a conventional PUVA cabinets but dedicated instrument to UVB or UVA therapy is desirable. UVB home phototherapy has recently come up as a useful practical development and in a study by Cameroon, it proved to be equally effective and safe with more cost



effectiveness. Targeted phototherapy system have now being proved effective for localized vitiligo. It is beneficial as high intensity light is exclusively delivered to depigmented patch producing rapid response and less cumulative UV dosing.

Before Starting UVB Phototherapy

- (i) Explanation about the procedures and possible complications
- (ii) Written consent

Regime:

The starting dose is 150 mJ/cm² given on 3 alternate days in a week. Increments of 10% is done at every visit.

Maintenance :

UVB phototherapy is mainly used as clearance schedules on intermittent basis. Most vitiligo patients require one to three exposures each week to maintain a clear state.

Defaulter

- (i) Miss one regularly scheduled treatment: dosage should not be increased, use the last dosage
- (ii) Miss more than one session: dosage should be reduced by 10% per session missed. (Minimum: starting dose)
- (iii) Default for a month: restart the protocol

Precautions That Must Be Taken By Nursing Staff

- (i) Before treatment
 - (a) check whether the patient has erythema
 - (b) check the correct exposure time
- (ii) During treatment

Make sure that the patient is wearing protective goggles

- (iii) After treatment

Check the next follow-up time

Adverse effects of narrowband UVB:

Acute:

Erythema- incidence varies according to treatment regimen and definition of erythema but varies from 10-94%. Greater proportion of patients develop erythema as compared to PUVA but less likely to miss treatment due to burning reflecting shorter duration of NBUVB erythema.

Pruritus is common.

Reactivation of herpes simplex virus

Eyes conjunctivitis, keratitis.

Chronic: The long term risk remains unclear and question as to the carcinogenicity of UVB is unanswered. Induction of photodegenerative changes

by UVB is well established. UVB is a complete carcinogen and TL 01 has been shown in human skin cells and animal models to induce DNA damage. The only available human data has a mean follow up of five years and no significant increase in squamous cell carcinoma or melanoma cancers was noted. Only a small increase in basal cell carcinoma has been observed which was unlikely to be related to treatment as it appeared in first three months of therapy. Until further data becomes available it is prudent to keep number of treatment sessions to optimal.

Safety

Clinical experience with NBUVB is limited and currently there is no established safe limit for its maximum duration of use in vitiligo. Njoo et al recommended that responsive patient can be given therapy for 24 months maximum and a resting period of 3 months after 1 year to minimize annual cumulative dose. In children the period recommended was 12 months. If there was no response at 6 months further therapy was discouraged.³⁵

Absolute contraindications- xeroderma pigmentosum, lupus erythematosus.

Excimer laser

Excimer laser is a new modality for treatment of vitiligo. The wavelength of excimer laser (308nm) is close to wavelength of narrowband, hence it has a similar mechanism of action. Repigmentation is attributed to immunomodulatory mechanisms (induction and secretion of cytokines, T-cell mediated apoptosis) and stimulation of inactive melanocytes in the outer root sheath of the hair follicles. The laser is based on a self-contained gas system of Xe Cl.

Regime:

Laser is given thrice weekly on individual patches of vitiligo. Usually repigmentation occurs in 10 to 12 weeks. The excimer laser emits short microimpulses (pulse width ranging from 30-120 ns) which accumulate on the treated skin area to form a macroimpulse. Each single impulse has 34 mJ of energy and 200 pulses are released per second. The desirable fluence (mJ/cm²) ranges from 50 to 350 mJ/cm². Commonly, the starting fluence is 100 mJ/cm² and it can be increased by 50mJ/cm² if required. If there is no erythema on follow up visit, then 20% increment of the previous dose is made, if there is transient erythema lasting for less than 8 hours, then 10% increment is made and no increment is required if there is erythema lasting for more than 8 hours. The same dose is repeated once asymptomatic pink erythema persisting for more than 8 hours is achieved.

Expected response:

In a study of 97 patients with 221 vitiligo patches, 64.3% showed 50% pigmentation or more, 50.6% showed 75%



pigmentation or more and 25.5% achieved 100% pigmentation. Lesions on the face responded better than lesions on hands and feet.^{36,49} In a pilot study on 10 patients, lesions on hands and feet showed <25% repigmentation while those over the face showed >75% repigmentation.⁴⁶ In another study on 25 patients with generalized or localized vitiligo, 85 lesions at different body sites were treated with 308-nm XeCl-excimer laser 3 times a week for 6 to 10 weeks. Lesion repigmentation started after a mean of 13 treatments in lesions located on the face, trunk, arm, and/or leg (high-responder location), and after a mean of 22 treatments in lesions located on the elbow, wrist, dorsum of the hand, knee, and/or dorsum of the foot (low-responder location). Untreated control lesions and lesions located on the fingers did not achieve any repigmentation. After 10 weeks of treatment, >75% repigmentation was found in 25% (7/28) of lesions of the high-responder location group versus 2% (1/43) of lesions of the low-responder location group. In most cases, laser-induced repigmentation was persistent, as determined 12 months after the end of treatment.³⁷ Monitored studies on a larger population with long-term follow-up are required. Combination of calcipotriol and excimer laser did not prove to be better than excimer laser alone.⁵⁰

Indications

Localized vitiligo especially on face and neck

Stable vitiligo

Side effects

Erythema with burning sensation

Herpes simplex at the site of treatment

Heat sensation during treatment.

Advantages:

Increased precision

Delivery of higher fluences in a shorter time

Targeted therapy of only the affected area with increased intensity is possible.

Delivery of UV rays to only the affected skin sparing the normal skin

Disadvantages:

Spot size of 2X2 cm restricts its use for larger and generalized lesions

Topical immunomodulators

Topical tacrolimus and pimecrolimus are calcineurin inhibitors have been found to be useful with equal efficacy as topical corticosteroids, especially in children and on lesions over the face and eyelids. Side effects of topical high potent corticosteroids can be avoided by replacing them with topical immunomodulators when

there is a need for prolonged use. Tacrolimus and pimecrolimus have immunomodulatory role by inhibiting the activation and maturation of T cells and thus inhibition of transcription of cytokines. It first binds to an immunophilin known as FK-binding protein (FK 506 BP) located in the cytoplasm of T-lymphocytes. This complex inhibits calcineurin-phosphatase, as a result calcineurin cannot remove the phosphate attached to the transcription factor NF-AT (nuclear factor for activated T cell). Calcineurin inhibition, hence, halts the transcription of many cytokines like IL-2, IL-3, IL-4, IL-5, IL-8, TNF- α and INF- γ . Other proposed actions which might contribute to efficacy of tacrolimus in vitiligo include inhibition of: (a) migration of CD4+ and CD8+ lymphocytes, (b) calcium-dependent processes like nitric oxide synthase activation, cell degranulation, and apoptosis, (c) TNF- α and increase in (d) melanogenesis, melanin content and melanocyte migration.

Mode of application:

In children, 0.03% and in adults 0.1% tacrolimus is effective. Tacrolimus should be applied twice daily to the affected area. Pimecrolimus cream 1%, when applied twice daily has been shown to be effective and well tolerated. FDA does not approve use of tacrolimus or pimecrolimus in children below 2 years of age because their effect on developing immune system is not yet known.

Side effects:

Systemic side effects are absent as systemic absorption is negligible. Commonly reported side effects are burning sensation, erythema and pruritus. Tacrolimus does not alter the collagen synthesis, hence it does not cause atrophy. Recently, US-FDA applied a black box warning on topical immunomodulators to prevent off-label usage, their use in less than 2 year old children, in immunocompromised patients and prolonged use in any disease as the long-term carcinogenic potential is not clear. The animal studies in which carcinogenicity has been seen shows that it occurs at blood levels many times higher than that achieved in humans in routine clinical practice. Photocarcinogenicity has also been described in animals, but animals are considered as poor predictors of human carcinogenesis. Till date, 18 cases of malignancy have been reported with tacrolimus and in almost all cases there were other predisposing factors for the development of carcinomas. There is lack of long-term controlled studies for the safety of use of tacrolimus in less than 2 years old, though there are some reports of using topical immunomodulators in as young as 1 month of age. It was concluded in American Academy task force consensus meeting that though there is a potential for



topical calcineurin inhibitors to cause skin cancers or to have systemic effects if high blood levels are reached, these remain theoretical possibilities, that to date are lacking evidence.

Miscellaneous

Calcipotriol

Melanocytes express 1,25-dihydroxy vitamin D₃ receptors (VDR), but their exact role in melanogenesis and its regulation is not clear. Various mechanisms of action of calcipotriol in vitiligo have been proposed:

1. Increase in number of L dihydroxyphenylalanine - positive (DOPA-positive) melanocytes
2. Increase in the amount of immunoreactive tyrosinase and number of dendrites
3. There is defective calcium uptake in melanocytes and keratinocytes of the vitiliginous patch and calcium homeostasis is significantly affected in the entire involved epidermal unit. The decreased intracellular calcium leads to high intracellular concentration of thioredoxin (reduced) which inhibits tyrosinase activity.
4. Immune modulation, and inhibition of cytotoxic and natural killer T-cell activity

Mode of application

Calcipotriol ointment (50µg/g) should be applied twice daily to the vitiligo lesion.

Calcipotriol alone has not been found effective in treatment of vitiligo.³⁸ In 24 patients with symmetrical lesions of vitiligo, one target lesion was treated with daily topical application of calcipotriol, and one lesion on the other side was left untreated as an intraindividual control in a prospective, right/left comparative, open study. After a mean treatment duration of 3.9 months (range 3-6), 21 patients (87.5%) had no repigmentation and 3 patients (12.5%) had partial repigmentation. Among the 3 patients showing repigmentation, spontaneous repigmentation was noted on the untreated control lesion. Hence, calcipotriol is not effective as monotherapy.

Forty-nine patients with vitiligo affecting 5% of their skin were randomized into three groups. Group I patients were treated with betamethasone dipropionate (0.05%) cream twice daily, Group II with calcipotriol ointment (0.005%) twice daily, and group III with betamethasone dipropionate (0.05%) in the morning and calcipotriol (0.005%) in the evening. After 3 months, no patient achieved > 75% pigmentation, 50% to 75% repigmentation was observed in 2 (13.3%), 1 (6.7%) and 4 (26.7%) patients in groups I, II and III, respectively; 25-50% repigmentation was observed in 7 (46.7%), 5 (33.3%) and 7 (46.7%) patients in groups I, II and III, respectively and < 25% pigmentation was observed in 6

(40%), 9 (60%) and 4 (26.7%) patients in groups I, II and III respectively. The acquired pigmentation in the lesions was more stable in combination therapy as compared to monotherapy (P < 0.01). Side-effects in the form of atrophy and lesional burning sensations were more common in group I when compared with groups II and III (P < 0.05). Therefore, combined therapy appears to give a significantly faster onset of repigmentation along with better stability of the achieved pigmentation and with lesser number of side-effects.⁵¹ Combination of calcipotriol with excimer laser does not increase its efficacy.⁵⁰ In an initial randomized, double-blind, right/left comparative study, 19 patients with bilateral symmetrical lesions were treated with oral PUVA and calcipotriol combination on one side and oral PUVA and placebo on the opposite side. At the end of 18 months, 13 patients (76%) showed marked improvement in calcipotriol-treated lesions whereas 9 patients (53%) showed moderate to marked improvement in placebo-treated lesions. The repigmentation of hands and feet was much better with the combination of PUVA and calcipotriol.⁵² Combination calcipotriol and PUVA has been shown to be better than PUVA alone in other studies also.^{41,53} However in one study on 22 patients with generalized vitiligo, combination of PUVA and calcipotriol was not found better than PUVA alone, but in this study, PUVA was given twice weekly as opposed to thrice weekly in other studies.⁴² Efficacy of narrowband is not increased by combination with calcipotriol. In a left/right comparative study, 8/19 patients had similar repigmentation while 9/19 patients had better response with combination of calcipotriol with narrowband as compared to narrowband alone. In a right-left comparison study on 20 patients with generalized vitiligo, symmetrical lesions were treated with narrowband UVB, and on one side, 0.005% topical calcipotriol was applied twice daily. No statistically significant difference was found between the calcipotriol-treated and non-treated sides.⁴⁰ There is a need for larger randomized controlled trials.

Side effects

Hypercalcemia and hypercalciuria is a potential risk, hence, not more than 100g should be used per week. Other side effects are irritation especially on the face, photosensitivity and allergic contact dermatitis.

Pseudocatalase

Schallreuter et al⁵⁶ have reported the efficacy of pseudocatalase in vitiligo. The proposed mode of action is based on the finding that the epidermis of patients with vitiligo has low catalase levels and altered calcium transport. This leads to low levels of reduced thioredoxin and hence, there is full oxidation of 6-



tetrahydrobiopterin to 6-biopterin which can cause cellular vacuolation and destruction of the melanocytes. However, till date, efficacy of pseudocatalase (PC-KUS) in combination with calcium chloride has been found only with in the original preparation made by Schallreuter et al. When pseudocatalase was used in a mousse formulation, it did not produce significantly better repigmentation in patients⁵⁵ nor did it reduce oxidative stress in-vitro.⁵⁶

Mode of application:

Pseudocatalase and calcium is applied twice daily and patient is exposed to UVB twice or thrice weekly. But, further double blind & controlled studies are essential, to rule out the well known beneficial effect of UVB therapy alone in these cases.

Side effects:

Eczematous rash, pruritus, acneiform eruption

Placental extract

Aqueous or hydroalcoholic extracts of human placenta of ill-defined composition have also been used therapeutically for vitiligo. Glycosphingolipids, are present in these extracts that modulate B and T cells and, therefore, may lead to skin pigmentation through induction of melanocytes. Endothelin, a 21-amino acid peptide, detected in human placenta plays a role in melanocyte growth. In a case series of 22 children, vitiligo on the scalp was treated with 1.2 mg/ml aqueous melagenina in combination with 20 minutes of infrared exposure twice daily. In 4 patients (18.2%), there was complete recovery, in 4 (18.2%) there was no response while in the remaining there was partial improvement after 3-6 months.⁶⁰ In an Indian case series on 34 patients, 50% human placental hydroalcoholic extract was used topically. Complete clearing of lesions was seen in 20.6% cases, whereas 50% cases showed mild to moderate improvement, and 29.4% showed no response.

Peer review does not inspire confidence in the product.

Basic fibroblast growth factor (bFGF)

bFGF increases melanocyte adhesion on culture dishes covered with fibronectin and stimulates melanocytes migration through micropore filter, hence it may play a role in the repigmentation of vitiligo.⁶¹ Recombinant human bFGF (rhbFGF) also enhances migration of melanocytes. A pharmaceutical company backed study was conducted at All India Medical Sciences, New Delhi; Himalayan Institute of Medical Sciences, Dehra Dun; Vivekananda Hospital, Hyderabad; St. Johns Medical College, Bangalore and Owaisi Hospital and Research Center, Hyderabad, India, including 20 normally pigmented skin samples and 550 vitiligo skin patches.

Individuals in both groups received daily applications of the decapeptide at concentrations of 20 micro liters per 2x2 cm square area throughout the course of the study of 12 months. An overall 80% re-pigmentation rate was seen. No side effects were reported, and the treatment was well tolerated. There was repigmentation of normal skin in all the controls. There are no other in-vivo studies providing evidence of efficacy of b FGF in vitiligo. Further studies are required before any definite guidelines for its use can be formulated.

Levamisole

Levamisole is an antihelminthic drug with immunomodulating properties. It restores depressed T cell functions and promotes growth of keratinocytes, lymphocytes and melanocytes. It is used in slow spreading vitiligo which is defined as 1-5 new lesions in last 1 month or 6-15 new lesions in last 3 months.⁴³ Levamisole was first used in 64 patients with limited or slow-spreading vitiligo. In 14 patients, levamisole was used alone; in 38 patients it was combined with topical 0.1% fluocinolone acetonide acetate ointment applied once a day, and in 12 patients it was combined with topical 0.05% clobetasol propionate applied once a day. In 34 of the 36 patients (94%) having active disease, the progression of the disease was arrested within 2-4 months. A variable degree of spontaneous repigmentation was seen in 9 patients (64%) treated with levamisole alone, 33 patients (87%) treated with levamisole and topical fluocinolone, and all the 12 patients treated with levamisole and topical clobetasol.⁴⁴

In a randomized double-blind placebo-controlled trial, 43 patients were treated with levamisole and mometasone furoate ointment or placebo with steroid ointment for 6 months. The proportion of patients who did not develop new lesions during the study period was higher in the levamisole group at all the monthly evaluation points, although it was statistically significant ($P = 0.05$) only at the fourth month. Improvement in quality of life was similar in both groups. Since the sample size was small, larger randomized controlled trials are required to assess the efficacy of levamisole.⁴³

In another, comparative study of different regimens, levamisole with topical 0.25% fluocinolone acetonide cream and injection placental extract locally once daily was less effective than betamethasone 2mg on alternate days, oral PUVAsoL with topical 0.25% fluocinolone acetonide cream and oral PUVAsoL combined with bethamethasone 2 mg on alternate days with topical 0.25% fluocinolone acetonide cream.⁴⁵ However, in this study, it is not specified whether patients were having stable, slowly progressive or rapidly progressive disease



Dose:

On 2 consecutive days in a week (preferably on Saturday and Sunday), 150 mg of levamisole is given after meals in adults. The dose is reduced to 100 mg on 2 consecutive days in children between 6-12 years, 50mg in children less than 6 years.

Side effects:

Nausea, vomiting, dizziness, change in taste, anxiety, weakness, insomnia, dyspepsia, leucopenia.

Types of repigmentation:

- 1) Perifollicular: This is the most common type, stable, slowest type of repigmentation.
- 2) Marginal: Predominant repigmentation from borders, most stable, source is the melanocytes present in the periphery of lesion attracted by chemoattractants.
- 3) Diffuse: Generalized darkening of patch, fastest type of repigmentation, source is reactivation of DOPA negative melanocytes in the centre of vitiligo patch.
- 4) Combined

Counseling for therapy

Counseling forms an integral part of management of a patient with Vitiligo. Patients should be informed about the

disease, medical and surgical treatment options.

Disease:

Patients should be told that vitiligo is a type of leucoderma (Phulbahri) and is non infectious. Patient should be explained that it is not leprosy. Genetic basis for the disease and association with HLA is known, however the disease is not directly inherited. There is no relation to diet and possibility of developing a systemic disease is very low.

Treatment:

It is treatable and its treatment varies from individual to individual, according to size, site, extent and duration of disease. However, patient should be explained about unpredictable course of the disease and the unpredictable response to treatment. Option of camouflage especially for the exposed sites must be offered to the patient.

Diet

No dietary restrictions are advised.

Treatment options include:

Localized

Topical corticosteroid / tacrolimus / pimecrolimus

Topical PUVAsoI / PUVA

Combination

Targeted phototherapy

Generalized

Narrowband UVB

Oral PUVA

Oral PUVAsoI

Rapidly spreading

Oral corticosteroid

Immunosuppressants

If body surface area more than 30-40%

Medical therapy may not be effective

Segmental vitiligo

Early aggressive therapy

Surgery

The above treatment options are general guidelines and treatment needs to be individualized depending on the extent, type and activity of the disease. The treatment would also vary according to the availability of PUVA and narrowband chambers or excimer laser. At times, cost of therapy may decide the treatment options available to patients i.e. tacrolimus/pimecrolimus, NBUVB and excimer laser are expensive options in ascending order

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Indian Association of Dermatologists, Venereologists & Leprologists

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