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NEWS LETTER - JUNE 2021

PANACHE

IADVL PRACTICE MANAGEMENT CELL



INDIAN ASSOCIATION OF
DERMATOLOGISTS,
VENEREOLOGISTS &
LEPROLOGISTS



Dr. JAYADEV BETKERUR
President, IADVL

PRESIDENT'S MESSAGE



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IADVL National Headquarters
314 & 315, 3rd Floor, KM trade tower
Radisson Blu complex, Kaushambi
Ghaziabad, NCR -201010

Dear friends,

The PMC of IADVL is a group of flamboyant, confident, self-assured, stylish dermatologists who carry themselves with elan and have the zest for doing things with flourish. It is my privilege to be a part of them.

Dermatology practice has seen sea changes in the last 2 decades. It is our responsibility to make our members be in tune with these changes and bring in these changes in their practice. We have many programs for the academic development of our members. Webinars on various aspects of our specialty have made learning easy and affordable. The PMC has to assist our members on the application of this knowledge for the benefit of patients and themselves. Some programs have been held and many more need to be held to discuss and deliberate on issues related to dermatology practice, finances, human resource management, professional ethics, coping with unexpected disruptions like the pandemic, protecting ourselves and our family from any eventualities and lastly keeping ourselves strong both mentally and physically to face challenges.

To answer many of these the PMC is bringing out our first newsletter "PANACHE". The name means all that I said about this group in the beginning. The newsletter encompasses seriousness combined with wit, humor, and a bit of food for thought. Our members have put in great effort in making it happen. I am sure it will make an interesting reading to all IADVLites. Please read, enjoy, opine, and comment. That will make our "PANACHE" a feather on our hat, as the name also means.

Wishing the PMC all the best in their endeavors and our members a happy reading.

Be safe, Be happy

Long live IADVL

With warm regards,

Dr. JAYADEV BETKERUR
President , IADVL 2021
president@iadvl.org



SECRETARY GENERAL'S MESSAGE



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Dr. FERUZ. K
Hon. Secretary General, IADVL

IADVL National Headquarters
314 & 315, 3rd Floor, KM trade tower
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Ghaziabad, NCR -201010

It is a matter of great pleasure that the Indian Association of Dermatologists Venereologists & Leprologists (IADVL) – Practice Management Cell (PMC) is coming out with a News Letter – **“PANACHE”**.

I appreciate the efforts taken by the office bearers and extend my congratulations to all members of the IADVL PMC , especially the Chairperson: Dr Geraldine Jain , Convener: Dr Rakhee Nair, Editor: Dr Atula Gupta, entire team PMC and all the Senior advisors for their meticulous efforts. The team has compiled various topics relevant to dermatology Practice Management with a few snippets as well.

Although the pandemic has plunged us in uncertainty , we have already explored and adapted to the new normal of virtual platforms and e bulletins since last year. IADVL shall certainly strive to guide you in fighting the battle against COVID-19 in the crucial days ahead for the benefit of our members and patients. . Let us arm ourselves with awareness, embrace the change and strive forward with hope and courage towards a brighter future.

On behalf of the IADVL National Executive, I wish the very best to Team IADVL PMC and hope that the efforts of team are crowned with overwhelming success.

Long live IADVL

With warm regards,

Dr. FERUZ. K

Hon. Secretary General , IADVL 2020-22

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From the idea to the word



Dr. GERALDINE JAIN
Chairperson, IADVL PMC



Dr. RAKHEE V. NAIR
Convener, IADVL PMC

Greetings to our dear IADVL members and a big salute to all the Covid warriors!

IADVL Practice management cell 2021, is indeed happy and proud to bring to you our first newsletter – “PANACHE”. This word with a lot of verve has two meanings. The literal meaning is flamboyance or confidence and historically it represents a tuft or plume of feathers, which has been symbolically depicted on the cover page.

Practice management cell strives to keep the members of our association abreast with the latest in their field of interest, encompassing all age groups from beginners to veterans in dermatology and aesthetic practice.

We would like to quote “All work and no play makes Jack a dull boy.” Our newsletter is a symphony of hard-core dermatology practice management topics and snippets which can unravel the poet, child, or the artist in you. To cater to the need of the hour, we have also included a write-up on how you can de-stress amidst the havoc created by the elusive and mysterious pandemic.

Panache is intended to be a “practice management” snuffbox, helping to release that pent-up sneeze. We are sure Panache will bring you as much joy as it gave us, to showcase it to you. Every cloud has a silver lining, so this tough situation that we are facing, too shall pass. And we will all see the much awaited rainbow. Till then take very good care of yourselves and your loved ones.

“Loka samastha sukhino bhavanthu”

Jai Hind, Jai IADVL!


Dr. GERALDINE JAIN


Dr. RAKHEE V. NAIR

From the Editor's desk



Dr ATULA GUPTA
Editor, PANACHE

Dear friends,

It gives me great pleasure to present to you the first newsletter of 2021 from the IADVL practice management cell. In the past year and a half, the pandemic has affected us all in different ways. Dermatologists have also adapted to unusual challenges, improvised, and managed their practice and patients. This period has been unique in revolutionizing telemedicine. Tele dermatology and online consultations have seen a tsunami like growth, a trend that is likely to increase in future. All of us have practiced with originality, skill, and panache.

I am honoured to have edited this newsletter with contributions from our young and senior colleagues. There are 10 interesting articles, covering relevant topics like the projects IADVL is undertaking to provide social security to its members and their family; ideas on investing in technology; influencer culture in the cosmetic circuit; choosing mentors; exploiting online options in tele dermatology; understanding blockchain technology in dermatology and managing dissatisfied patients.

COVID 19 has been a test of resilience for the medical fraternity. We are coming across patients finding excuses for not paying consultation and procedure charges. The pandemic has made us recognize that fitness and good health are life's most precious gifts to humans. When health is absent, wealth becomes useless. Needless to say, that we as doctors should strive to create a healthy lifestyle and work life balance.

I am grateful for the support extended by all the PMC team members in bringing out this newsletter. I hope it is an enjoyable read.

Stay safe

A handwritten signature in black ink, appearing to read 'Atula', with a long horizontal stroke extending to the right.

Dr ATULA GUPTA

Consultant Dermatologist & Medical Director, Skinaid Clinic, Gurgaon

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IADVL - An association to trust when in need

Dr. JAYADEV BETKERUR

President IADVL 2021,

Prof Dept of Derm Ven & Lep, JSS Medical College, Mysore.



Any professional association has the following responsibility towards its members and the community:

- 1) Sustained academic excellence of members
- 2) Secure social welfare of members
- 3) Social responsibility towards the community

We have been doing very well in fulfilling the academic needs of our members. Many projects are being carried out and are planned in near future to serve the community as well.

The second most important responsibility of IADVL towards our members is to provide social security to them and their family in times of need. The IADVL is providing assistance during such challenging times through 3 different schemes:

- 1) DVL WELFARE TRUST**
- 2) IADVL Benevolent fund**
- 3) IADVL Accident benefit scheme**

1) Dermatologist Venereologist Leprologist Welfare Trust (DVLWT)

It is a trust formed by IADVL to design a social security scheme in line with IMA for the benefit of IADVL members. Due to regulatory reasons, it has been named as DVLWELFARE TRUST. This is managed by a committee consisting of trustees, managing committee, ex officio members, and advisors. All of them are life members (LM) of IADVL and are elected by IADVL members. The overall controlling authority is IADVL. The HQ of DVLWT is at Vadodara as the trust was registered with charity commissioner in that place. All IADVL LMs are eligible to join the trust. The membership is not by default to all LMs. The trust offers two types of benefits to LMs who join DVLWT. The first is a **Social Security Scheme** which is mandatory to join DVLWT, second Professional **Indemnity** which is voluntary and the third benefit- **Health Insurance** is also planned and will be rolled out later. These are independently run by DVLWT under the aegis of IADVL. It is a dynamic scheme which will grow as more members join. The schemes provided are not associated with any insurance company.

Social Security Scheme (SSC) is similar to schemes of other association like IMA, ISA and IOA. The basic principle here is mutual benefit, where all members contribute small amount so that the member in need will get a large amount when required. All LMs of IADVL irrespective of age are eligible to join this scheme. The member will be eligible for the benefit after completing 1 year of membership from the date of joining. The benefit is available in case of untimely death or permanent disability of the member. There are 3 types of payments to be made.

a) **One time Admission fee:** This is paid at the time of enrolment, ranging from Rs 3000 for member aged 30 years to 8000 for member above 70 yrs. This amount is added to the capital fund of the trust. The interest gained on this capital fund is added to the benefit amount.

b) **Advance fraternity contribution (AFC):** This is to be paid at the time of joining and is Rs 2000. Part of this amount is deducted as your contribution for any claim made (500/-claim). Every year the member will have to replenish this amount by paying the deducted amount when the DFC notice is sent.

c) **Annual membership fee** of Rs 700. This will be increased once in 3 years by Rs 100.

Hence, at the time of joining DVLWT, a member will be paying one time admission + advance fraternity contribution + annual membership fee.

d) **Death fraternity contribution (DFC):** All members will have to pay Rs 500 per claim of the previous year as DFC. For example, if there were 2 claims in the previous year a member will have to pay Rs 1000. The amount to be paid will be mentioned in the annual DFC notice.

At present this benefit is available only in case of death or permanent disability of any member. As the membership increases, we can provide health care benefit to members. This covers any type of death, including suicide. The legal heir/ nominee will be paid the benefit amount in about 15 days of receiving the claim form. In case of death or permanent disability of member the family will get Rs 450 x n (n = number of members). It should be noted that the amount depends on the number of members, more of them higher it is. At present the trust has a membership of 550+.

1) Why the returns are low?

The benefit depends on the **NUMBER OF MEMBERS**, admission fees and AFC/DFC. The most important being number of members e.g. 450 x 4000 will be the returns if even half of our LMs join the scheme. A higher admission fee increases our capital and higher AFC/DFC increases the benefit amount.

2) Why should anyone join?

It is a mutual benefit scheme where we contribute to help someone who needs help at time of their difficulty. The idea is to help others so that we have the support of our community when need arises for our own families

The other unique advantage of this scheme is that it is open for immediate family members, **spouse, and children**, of IADVL LMs. These members are called as **Beneficiary members**. This facility is not available in other association social security schemes.

Professional Indemnity (PI) or Legal fees. Any member who has enrolled for SSC can voluntarily opt for professional indemnity. The cover is for Rs 1500000. It can be single claim or two claims of 750000 each. It covers dermatosurgery and aesthetics. The trust will provide you with legal help through empaneled lawyers. Presently there are two categories, only consultation practice where the annual premium is 1000 and for dermatosurgery / aesthetics the premium is 3000 per annum.

We are planning to start a **Health insurance** to DVLWT members. The scheme is being worked out. This insurance will be available even if you claim from other insurance agencies. The insurance covers only the hospital charges excluding drugs. The details will be available soon.

Annually a **DFC notice** will be sent to members through post, whatsapp messages and in the website mentioning their dues. The **DFC notice** consists of **Annual fees + DFC + PI fees (if opted for)**. These notices are sent in the latter half of the financial year and payment should be made by 31st December. Nonpayment will lead to penalty or termination from the scheme. It should be noted that the PI is not valid if member does not pay the DFC. However, the SSC continues for another 2 years and terminated if not paid even then.

How to join? For enrolment you will have to visit www.dvlwelfaretrust.org to download the forms. There are two types of forms, one for the LMs to join DVLWT and another is for beneficiary members. The forms can be filled on your computer and signed after printing the filled form. The filled form can be

sent along with relevant documents to the address given in the form. An online application is being worked out. As this is a legal document a physical signature is mandatory. Hence the forms need to be sent physically. The payment can be made through bank, credit card, draft, or cheque. On approval of your application a certificate will be sent to you which should be presented during claim.

How to claim? The claim form is available on the website which can be downloaded filled and submitted along with necessary documents. The DVLWT will settle the account in about 15 days to the nominee through cheque or bank transfer.

All IADVL members should join DVLWT as it provides social security to your family in times of crisis, protection to your profession and in near future health insurance. It is important to understand that the benefits, both in SSC and PI, to each member enhances with the increase in number of members. A member joining at younger age has the advantage of paying lesser amount as initial fees. Since this is a dynamic scheme, the return grows over period of time hence the members will be able to enjoy other benefits that could be added as the scheme grows stronger.

2) IADVL Member benevolent fund

This fund is for immediate help for designated health issues to a member and not for all health issues. The maximum amount payable is 2L. Annually Rs 20L is earmarked for this fund. The claim should be made by the member or by the spouse if the member is seriously ill which prevents them to make the claim. The recommendations have to come through the local and the state branch secretaries. The secretaries or any office bearers should go through the documents before recommending for disbursement. One member can claim only once. The details can be had at www.iadvl.org.

3) IADVL Accident Benefit Scheme

The scheme envisages to pay 5 lakhs to a member in case of death due to accident. It also would pay an amount determined by a committee depending on the injury and disability caused due to an accident. The total amount ear marked is 30Ls. The claim should be made by the member or by the spouse if the member is seriously ill which prevents them to make the claim. The recommendations have to come through the local and the state branch secretaries. The secretaries or any office bearers should go through the documents before recommending for disbursement. One member can claim only once. The details can be had at www.iadvl.org.

There are many member benefit schemes by IADVL for IADVLites. Members should be aware of these. All are requested to make every effort to join the **DVLWT** so **that you, your family, and your profession is protected** in the long run. Our members should make use of the other two schemes when they are in dire need as the funds are limited and our member strength is huge. The basic idea of those schemes is that benefits should reach the very needy.



Streamlining a career in cosmetic dermatology

Dr. ANUSHA PAI

Consultant Dermatologist

Derma-care, Skin & cosmetology center, Mangalore



Today dermatology practice has to go hand in hand with cosmetology practice. Lasers and energy-based devices have become an integral part of dermatology clinics. Investing in lasers requires planning and one should be aware before buying any laser that laser technology can potentially change every three to five years. Therefore, the cost must be recovered along with substantial profit within this period. While 80% of the profits in the clinic are generated from lasers it is prudent to invest in good quality lasers if financially viable.

Technical specifications of the lasers or energy-based devices, quality of service, running cost and maintenance must be evaluated prior to investing in any laser. Most of the cosmetic problems are centered around hair growth, pigmentation, and scars. These are the lasers in which one should invest while starting a center. The lasers which give the fastest return on investment must be chosen first and that includes Nd: YAG laser and micro needling radiofrequency devices in the present time. Though hair removal lasers with diode technology were in demand two decades ago it has now shifted to hair removal laser with multiple wavelengths such as 810nm, 755nm, 940nm & 1060nm in a single handpiece which works better than lasers with single wavelength technology.

Market analysis must be made before buying any laser like the financial capability of patients in a particular practice and place of practice which decides procedure volumes.

Nd: YAG laser would be a good investment as it can be used to treat a host of cosmetic problems such as pigmentation, freckles, nevus, lentigines and tattoos. Nd: YAG lasers have upgraded from nano to Pico technology. Though Pico technology has an advantage over nano to treat tattoos and pigmentation, it is expensive to own and maintain in a new clinic unless you already have an established client base.

Micro needling fractional radiofrequency (MNRF) device can be utilized for multiple procedures such as treating acne scars, skin tightening, treatment of rosacea, stretch marks and keloids. There are various types of MNRF devices available now ranging from monopolar to bipolar nano fractional radiofrequency with ablative technology. It is a safe to handle device which can be delegated to your trained staff under supervision.

Fractional Co2 and erbium lasers should be your next buy. Since these are ablative lasers the margin of error is quite low when you work with them. If you want to grow your practice then you can plan for long pulsed Nd: YAG lasers, cryolipolysis lasers and pulse dye lasers.

Standalone lasers work better than their multi-technology platform counterparts. However, they come at a significantly greater cost. In the event of inadequate funding buy a multi-technology platform laser and once the cash flow in the clinic increases opt for a standalone laser. For all the cost benefits a multi-technology platform laser has, it has one significant downside. In the event of a malfunction or breakdown the time lag required for a technician to come and fix the machine is often a week or more. The work in the clinic grinds to a halt as all hand pieces become malfunctioning while standalone devices

will continue to function. Energy, spot size and frequency generated by a multi-technology platform laser is generally less than that of a single application laser.

Tips and practical points

- Never invest in substandard lasers. Patient satisfaction and their recommendation is especially important. If the laser outcome is not good or the results are not as promised, then it will negatively impact the clinic and its reputation.
- It is always better to take a demo of the laser before you buy a laser. Assess multiple lasers in the same category and then choose one.
- Whenever you buy a new laser make sure technical support from the company assists you while you perform the laser procedure and help you in troubleshooting if need arises.
- Make sure there are significant number of installations of the laser in the country as that will ensure that good service and back up parts will be available. If it is a new laser of which many installations are not present in your area, then make sure it is from a reputed manufacturer since good service will be assured.
- Negotiate for an extended annual maintenance contract. Most of the companies give one-year annual maintenance. Try to get an additional year at the time of initial negotiations as it will lessen the financial burden on you.
- If the machine has got consumables to be used on a regular basis for the procedures make sure a few of those consumables are provided to you upfront and free of cost at the time of purchase of the laser. All these negotiations are to be made prior to purchase and should be mentioned in the contract.
- Ask if a newer version of the laser you are going to purchase is due in anytime within the next few months. If so, it is better to wait for the new model. If there is any technological upgrade which may happen on the machine, ask them if it is possible on the older machine.
- As far as possible buy a laser from a company which has a stable service provider in your state which will ensure that you will get the spare parts at the earliest as and when the need arises. This point has been validated in this year of the coronavirus pandemic.
- Ideally have three months of observership and training under a mentor to handle the laser and laser related complications more efficiently.

A laser can be a prime asset in building and growing a dermatology practice. However due diligence has to be exercised as far as the choice of laser is concerned, the cost of procuring the laser and the quality of training received to safely operate the laser on your trusting patients.



Drain the Brain

Dr. PRAVIN BANODKAR

Consultant Dermatologist

Skincrest Clinic, Saifee Hospital, SRCC Children's Hospital, Mumbai



Contest Rules

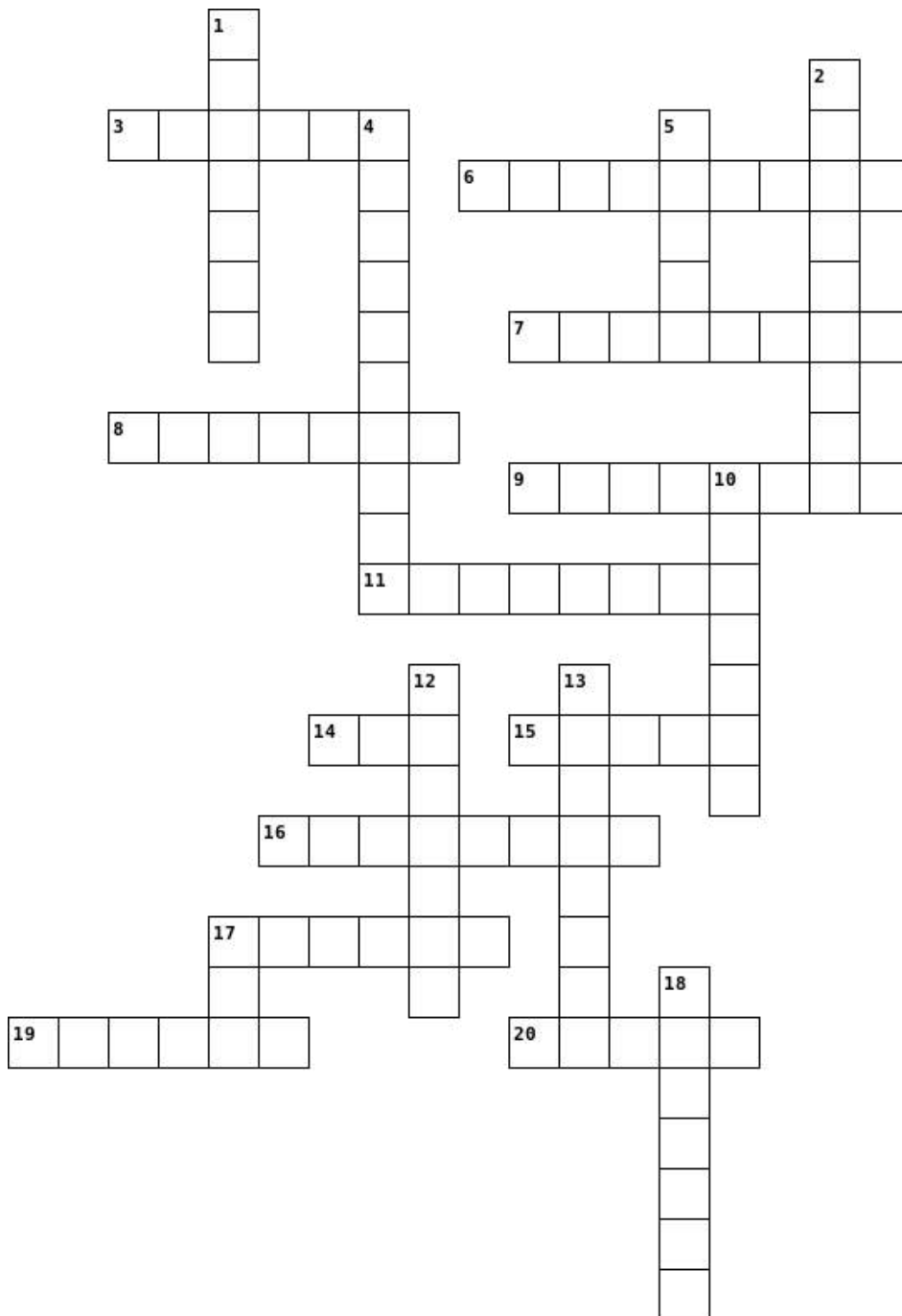
1. This contest is open to all IADVL members.
2. All entries must clearly state their IADVL registration number.
3. Each entry must be submitted only by the entrant, and only at the authorized email address: **infopmc2021@gmail.com**
4. All members of the PMC, 2021 and their families are excluded from participating in this contest.
5. PMC, 2021 is responsible for this crossword competition in every way.
6. PMC, 2021 is not responsible for late, lost, misdirected, or ineligible entries that are not timely received or are lost due to computer or electronic malfunction or other error.
7. All entries become property of PMC, 2021 and will not be returned.
8. Print the puzzle to fill in your answers.
9. Other option is to send in the answers in the following method. The answer sheet can look like this:

DOWN.	ACROSS
1) TRUMP	1) WASHINGTON
2) BIDEN	2) TRUMAN

You get this general gist...
10. You can take a clear photo or scan the document.
11. Send in your answers to the following email: infopmc2021@gmail.com
12. Send in the answers on or before midnight **31st July 2021**.
13. PMC, 2021 will not consider entries submitted after, or delivered after, or arriving, by any means whatsoever, after the closing date and time.
14. If no valid correct entry is received then the Chairperson, PMC, 2021 reserves the right, solely at her discretion, to determine a winner of the prize by the Editor drawing randomly a winner from such entries as may have been received that has only one error or point of difference from the wanted and assumed correct set of answers.
15. **The winner will be declared in the next Symposium of Practice Management Cell 2021 to be held later this year.**
16. The first correct entry will be declared the winner.
17. There shall be only one entry from each IADVL member.
18. Please note that if the photo or scanned document is not clear or if we cannot clearly see the letters or if it is not written nor neat: The document will be rejected.
19. The decision, or decisions, of the Chairperson of PMC, 2021 in all and every matter, or matters, pertaining to this crossword puzzle competition, is, and are, final.
20. **There is "surprise" prize to be won!**
21. There is no cash equivalent available or offered or implied as being offered or available in place of the offered prize.

Disclaimer:

1. This crossword puzzle has been made with references from journals and indexed sources.
2. The luminaries mentioned in the crossword puzzle answers are well respected in the field of Indian and International Dermatology.
3. We hold them in high regard and dedicate this crossword to honour them.
4. For any queries please do send an email to: infopmc2021@gmail.com



Across

3. Organized work that helped with the recognition of Donovanosis in Madras in 1881
6. Headed the first chair of dermatology established at the Grant Medical College, Bombay
7. Described 18 dermatoses in Charak Samhita
8. Coined the term LP pigmentosus (LPP)
9. This sign is seen in neurofibromatosis Type 1. Multiple melanotic macules of palms with varying sizes from 2 to 4 mm may be noted in 90% of Indian cases.
11. Author of The Sun and the "Epidemic" of Melanoma: Myth or Myth!
14. For the first time in the history of IADVL, he conducted a workshop on cutaneous surgery as part of the conference
15. Planned the IADVL Textbook project and its first edition was published in 1994
16. Established and headed the 1st Department of Dermatology, Venereology and Leprosy at All-India Institute of Medical Sciences
17. Reported Parthenium sensitivity first
19. The first independent conference of the Indian Association of Dermatologists and Venereologists was held in 1975 at Trivandrum under his chairmanship
20. Father of Contact Dermatitis in India

Down

1. Skin surface microscopy was first used by him in Germany in 1663
2. Cerebriform tongue sign
4. Developed Lepromin
5. First editor of the Indian Journal of Dermatology
10. Identified the causative organism of Donovanosis in Madras
12. In 1963, also known as the "father of lasers in medicine", was the first to use the laser in dermatology
13. His contribution in exploration of various causes of contact dermatitis is worth mentioning. He also modified concept of pulse therapy to achieve cures in some of the most fatal and the so-called incurable diseases such as pemphigus, systemic sclerosis, and systemic lupus erythematosus.
17. Claimed effective treatment with Hydnocarpus Oil for Leprosy
18. Planned the IADVL Textbook project and its first edition was published in 1994

Influencer culture in the cosmetic circuit

Dr. MANSAK SHISHAK MD, DNB
Consultant Dermatologist, ISIC

Multispecialty hospital and The skin Clinic, Safdarjung Enclave, New Delhi



The network of private practice set-ups dealing with aesthetic procedures is clouded by many grey areas. With an exponential mushrooming of “clinics,” “medi-spas,” and “holistic-and-wellness-skin centers,” every practitioner tries to play the game of snakes and ladders, in a bid to attempt to catapult their cult following. One very commonly employed tool is the use of influencers.

The influencer culture.

Influencers may be classified into amateur and seasoned, niche or generalized. There is no such recognized profession, although many would assert it as a full-time profession. In fact, every other person is a self-declared influencer in current times!

In the following scenarios:

1. A tic-toc account predominantly composed of 45 second reels where the individual gyrates to a trending music. The same individual later in the day posts another reel posting a clip using a certain vitamin C serum and a chemical peel session with Dr. xyz Recommending it to all followers as a holy grail.
2. A make-up artist who earns a living by using cosmetic products to alter facial appearance. She is later seen relaxing at a skin center, getting a Hydrafacial. Well rested, she leaves glowing testimonials and urging her followers to try the same, for glowing skin.

In the social media world, majorly on Instagram, YouTube, Facebook, the number of likes, irrespective of bots or organic, determines the influencer reach. Influencers provide information on new product launches, promote services or products for monetary exchange, or avail services in return for clinic promotion. Make no mistake: this is a business transaction for the purpose of digital marketing.

There is a bombardment of advertisements and endorsements, with no accountability whatsoever. No accountability! But they command a large audience and there is no denying on the immense influence they exert on consumer trends. They have the power to arouse curiosity, enough to make an average consumer try out the gold peel or the toxin-and-serum micro stamps on their faces. There are no criteria or qualifications needed to become an influencer. A tripod, lighting and a camera are the only base requirements. Not even that. From advertising fashion and travel to medical tourism, it is a mutual hunt for appropriate target audiences, between the brand/company and the influencer. The aesthetic and cosmetic market fits the social media pages' ambition of presenting only filtered, dreamy and pretty feeds that provide an escape from reality. The reason why no one is out there talking about flatulence, acidity, reflux or impaired bowel and bladder habits. Only trending topics and skin and hair care rule. No surprise why the cosmeceutical market is projected to generate more than six thousand million dollars, in 2021 alone (India figures). Facultative parasitism is a relationship where an organism is not completely reliant on the other but acts in an opportunistic manner for certain periods of its growth. When a dermatologist is part of the system of an arrangement where an influencer is invited to try spot remedies or laser systems, with the understanding that the latter is expected to promote it, in exchange for complimentary services or financial reimbursement; is it not an example of facultative parasitism?

Influencers almost always never declare any conflicts of interest. They are not under the surveillance of regulatory bodies. With an easy hashtag of #ad, they are absolved of any ethical marketing responsibility. The followers hardly care so long as they are getting entertained and distracted.

What if the influencer had no such transaction in the first place? Would they still heavily market the products and treatments day after day and month after month? Advertisers inherently use a lot of tactics that target emotions. This flood of marketing strategies has created a need or a desire for such “services” to the patients, aka ‘clients.’ Many such procedures (chemical peels, lasers) are now sought as first line treatments, by the client, from the physician. This, after seeing influencer-led promotions for that glowing skin and ‘removal’ of blemishes and pores. The favorite buzzwords. Other words are 100% safe, effective, painless. Rather than decrease the stigma of colorism and skin tone, it is doing the reverse. Adverse effects are never emphasized upon.

We only create unrealistic expectations from patients by indulging in influencer exchange programs. When one conducts RCTs, what is the one exclusion criteria generally followed? Patients with unrealistic expectations.

One says the market is too crowded and congested and filled with troublesome patients and we wonder why? With everyone pulling the same weapons, it is high time we re-think our collective responsibilities.

“Primum non nocere.”

We are physicians first, and entrepreneurs second.

Trust building before brand image building.

An unbiased prescription before Excel sheet analysis.

The power lies in us to influence the right doings and correct the errors.

Let us not work in cahoots with those with no credibility as far as dermatological sciences is concerned. The skin is a vital immune organ and handing over the reins of advertising to influencers and making them key opinion leaders in the world of social media will have long-term ghastly implications.



Wedding Woes

Dr SANDHYA B RAVINDRAN

Consultant Dermatologist, Tely Hospital, Thalassery, Kerala

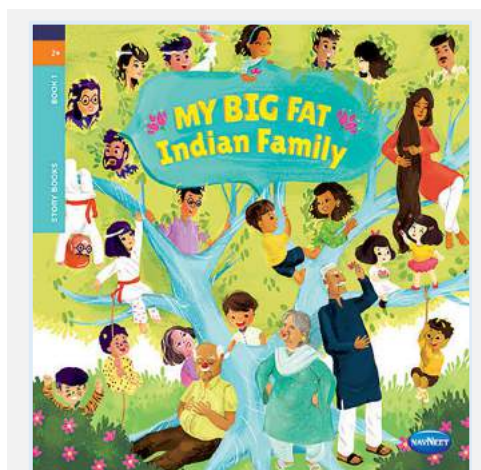


Indian weddings are well known for its pomp and festivities. The large number of people attending the function and the bedlam that follows is something that makes them indelible. As a child I used to love attending weddings. They were like harbingers of good times, and I used to enjoy the fun and frolic we had as kids.

Over the years, my emotion towards a wedding in the family has altered considerably. As a dermatologist, weddings are like occasions where you are left undefended in a sea of people, known and unknown. I find them quite challenging. At the outset, I felt pleased with all the attention I got at weddings. There were quite a few people who wanted to have a word with me. But soon I noticed a pattern. After the quick exchange of pleasantries, out pops the line” I have a minor skin problem to discuss with you”. The ‘minor’ problem can be anything ranging from acne to erythroderma. There are quite a few embarrassing situations which I can recall. I remember an occasion when a particular cousin’s wife insisted on me taking a look at their infants’ diaper rash, which ended up with my carefully draped silk sari being sprayed with baby pee. On another instance an aunt wanted me to advice ‘ointments’ for her fungal infection as well as for her granddaughter’s acne. As she did not have a piece of paper to scribble on or a phone to feed the names of the medicines, she decided to memorize them. Two weeks later I got a call from her granddaughter thanking me profusely for suggesting a wonder cure for her acne. She wanted me to suggest a different brand as the one I prescribed was no longer available in her locality. I got a shock when she told me the one, she was using. It was the one I had suggested for her grandmothers’ fungal infection. Maybe that is why they say, ‘the art of medicine is in amusing the patient while nature affects the cure’.

As practitioners I am sure everyone must have been through similar situations at some point of time. I strongly feel consultation in the corridors and wedding halls should be discouraged. I try explaining why I should not be prescribing without proper examination. But that often leaves the listener distraught. So, at times, I oblige, rather than annoy my favourite aunt.

However, the past one year has turned our lives upside down. When the world stood still under the clutches of Corona, we were all confined to our houses and mundane routines. Today, I am looking forward to being a part of the mayhem and madness of a family wedding.



Paving a pathway for a better future through mentors

DR NEHA DUBEY

Medical Director, Meraki Skin Clinic, Gurgaon



How to Choose your mentor(s) wisely

Had it been a perfect world, we all would have met our mentor during school, graduation, post-graduation or at our first job. But it is said that first the student must become ready to receive the wisdom to be able to find their mentor. So, we take a longer route, spiritual awakening, or an existential crisis at times to find the people who possess the wisdom we are in search of.

Having a mentor is like having the key to the door of personal and professional success!

Who is a mentor?

Mentor is someone who can help you become the best version of yourself. It might be somebody you found out on your own or have been introduced to by friends or recommended by someone you look up to. Mentors are always willing to share their knowledge, expertise, and experience, thus contributing to your growth.

Inner work is a prerequisite.

To find the right person to help you navigate through life, you first need to narrow down your search. What is it that you want to excel in? What are your aspirations? Where do you want to be five or ten years from now? Key is to prioritize. One cannot be a million different things at the same time!

Search for the right one

Look around, search for people who already do what you want to do. Read about the life stories of people you look up to. Attend professional networking events, read biographies, interviews and articles or listen to podcasts. Basically, whatever these high achievers have made available. With social media, the world is your oyster. This will help immensely in identifying the right fit for you. Also, you might not find all the qualities you are looking for in one single person, so mentors can be chosen according to area of expertise too. For example, a mentor who helps you climb your career ladder might not be able to help your spiritual growth and vice versa. Hence, the more the merrier. Ignore social hierarchy, accept that your peers and colleagues can mentor you as well.

Win your mentor over.

Mentorship is all about learning and it is a two-way street. While you benefit from your mentor's teachings, they practice their counselling skills on you. Earn your mentor's trust by meaningful action. Be consistent, take responsibility, be proactive, and remember that your mentor's time and attention is a gift. Strive to become a valuable, thoughtful, and engaged student. Cultivate the relationship to make it mutually beneficial. Give to receive.

Finding a good mentor is like finding your guardian angel. It is life changing!



The COVID-19 second wave: An opportunity for Indian dermatologists to utilize tele dermatology in extending dermatological and aesthetic care to underserved rural areas



Dr ATULA GUPTA ,MD

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India's second Covid-19 surge has taken the nation by surprise. The rise in the number of cases has been exponential during the second wave which started around the second week of February this year. In late March, India announced that a new double mutant variant of the corona virus had been detected from samples collected in different states.

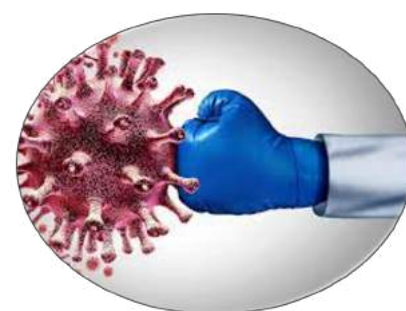
Virtual dermatological consults were in place since the first wave of the pandemic, but tele dermatology has expanded significantly during this second outbreak. While a lot of dermatologists are still adapting to the unique ways of virtual consultations, online patient consulting has opened avenues and opportunities to provide dermatological care to underserved populations in rural India.

In the hinterland, large parts of the population avail treatment from local physicians who are often inexperienced in management of skin diseases. Many also approach quacks and pharmacists. This portion of our community is vulnerable to being sold OTC multipurpose steroid based topical applications by local pharmacies. The lack of regulation over pharmacists and selling of non-prescription drugs has been a matter of grave concern as resistant fungal infections have been on the rise. Increased disease morbidity in psoriasis, vitiligo, or even basal cell carcinomas due to late diagnosis is common in areas where dermatologists are inaccessible.

It is time to devise strategies to expand care to such under-served areas. With significant smartphone penetration in the country and increasing virtual medical consults for Covid-19 treatments, people are now far more willing to exercise this option than before. This is the right time for dermatologists to advertise tele dermatology in areas outside of their routine accessibility. The significantly increased adoption of the *online option* has made it possible to serve under-represented populations. During Covid, tele dermatology has been particularly useful for the geriatric age group who have a high risk of getting infected in crowded patient departments.

There are potential challenges in providing telehealth to a large community. The first barrier is infrastructural – lack of connectivity, stable bandwidth etc. Asking patients to send photographs in advance of telephone consultation may mitigate this barrier, but several patients also may not have high resolution cameras to provide images offering optimum information to the treating dermatologist. Additionally, many seniors are living alone and may find telehealth platforms difficult to navigate. Urban dermatology and aesthetic clinic set ups are also facing some level of financial difficulty due to lockdowns. From lasers, to injectables, biopsies, phototherapy, and dermoscopy, every aspect of procedural dermatology is impacted.

In the current circumstances, dermatologists now have a unique opportunity to expand the use of tele health which seems to be the only viable option benefitting both the community as well as the doctors. With all its limitations, tele dermatology can act as a catalyst for extending dermatological care to rural areas for the larger good and welfare of the society.



“THEYYAM”

**A not so well known yet so beautiful and powerful art form of North Kerala
(God’s own Country)!**

Dr RAKHEE NAIR DNB(D&V)

*Senior Consultant Dermatologist and Cosmetologist, Credence Hospital, Trivandrum
Associate Professor, Azeezia Institute of Medical Sciences and Research, Kollam*



The great stories of Kerala are often retold using artforms. Theyyam is one such ritual form of dance worship in Kerala and Karnataka. It dates back to several thousand years and is considered as a channel to God and thus people seek blessings from Theyyam. It is performed mainly by males, except the *Devakoothu Theyyam*. The Devakoothu is the only Theyyam ritual performed by women.

This ritualistic dance is performed predominantly in the Kolathunadu area consisting of present day Kasargod, Kannur Districts, Mananthavady Taluk of Wayanad and Vadakara and Koyilandy Taluks of Calicut and in Karnataka in South Canara and Kodagu. A similar custom is followed in the Mangalore region of neighboring Karnataka known as Bhuta Kola.

The dance or invocation is generally performed in front of the village shrine, but occasionally is performed in the houses as ancestor-worship with elaborate rites and rituals. The Theyyam has a mask, which he adorns during the ritual. Face art of Theyyam is one of the best examples of folk painting in Kerala. Mostly primary and secondary colors are applied with contrast for face painting. The dancer metamorphoses into the deity of the shrine, which is either a God or Goddess (Saraswathy, Parvathy or Lakshmi). In the background, folk musical instruments like chenda, tudi, kuzhal and veekni are played in a certain rhythm. All the dancers take a shield and kadthala (sword) in their hands as continuation of the weapons. Then the dancer circumambulates the shrine, runs in the courtyard and continues dancing there. The Theyyam dance has different steps known as Kalaasams. Each Kalaasam is repeated systematically from the first to the eighth step of footwork. A performance is a combination of playing of musical instruments, vocal recitations, dance, and peculiar makeup (usually predominantly orange) and costumes. The “Kathivanoor Veeran Theyyam” is one of the famous theyyam in Kerala.

Let us hope and pray that the “Theyyam” will help us to shoo off the villain who is wreaking havoc in all our lives - “The CORONA virus”.



Art: *Dr Rakhee V. Nair*

Application of Blockchain Technology in Dermatology: Future Vision.

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Blockchain is a form of transaction that has revolutionized the world since 2008. We all have seen the boom of digital currency "Bitcoin". There is a newer term of late called "altcoin". Alt coins are the coins alternative to Bitcoin. It is important for us as dermatologists to know what future has in store for us in terms of this new technology.

Let us first go through the definitions in the subject of blockchain technology.

A **cryptocurrency**, crypto-currency, or crypto is a digital monetary asset designed to work as a medium of exchange wherein individual coin ownership records are stored in a ledger existing in a form of a computerized database using strong cryptography to secure transaction records. The technology that runs this ledger where money is exchanged and traded is called a **Blockchain technology**.

Blockchain technology serves as publicly distributed ledger (Hindi- खाताबही) that permanently stores transaction history in blocks. Information can also be shared with multiple users on an open network and can be updated on all users account simultaneously using this technology.

A new cryptocurrency coin company called Ethereum created a software that adds 'smart contracts' to the blockchain which lets users encrypt private information, and control who is granted or restricted access to their personal blockchain portfolio. This new technology can help an open network become an end-to-end encrypted closed network and help securing data.

Experts discovered that blockchain's traceable network may also be applied to all sorts of data - not just cryptocurrencies. Information such as asset history (houses, equipment), insurance history, employee payrolls, and even international trading could be documented on the blockchain. The storage of data can be totally encrypted or secured.^[1] This is where a potential use in dermatology healthcare exists where sensitive patient data and medical records can be securely digitized.

Dermatology is a visual field and patient digital photograph details become, mainstay for documenting disease. We all know that social media platforms like Facebook, WhatsApp discussion groups, Instagram, and many other social platforms are used by academy groups of dermatologists from across the world and within the country for sharing patient photos to discuss cases and potential research. This has a potential danger of misuse of data and medico-legal consequences. Presently, photos from social media platforms being used can be shared to the outside world from groups.

With the advantage of end-to-end encryption this kind of data will also be in the hands of those dermatologists using block chain technology.

Using a decentralized model, it would increase peer to peer data connectivity between research institutes or chain of clinics across the country or even different clinic branches of the individual dermatologist.

It would improve collaboration between dermatologists and prevent unnecessary skin biopsies when patients change dermatologists. This data cannot be hacked into nor has the danger of patient photos being leaked or shared.

It can also help reduce data maintenance costs and manual errors. It eliminates burden of printing patient records, physically transferring images, or repeating unnecessary biopsies when patients changed dermatologists.^[2]

Combining blockchain technology with artificial intelligence would help would boost computer assisted analysis and improve diagnostic capabilities and reduce diagnostic errors.

Dermatology patients can store their health history and other medical related data on a private blockchain. They can share it in an encrypted manner by disclosing it to their dermatologist of choice to maintain confidentiality. This would allow effective communication between the patient and doctor that is needed for good patient care.

Blockchain technology use is still in its infantile stage in healthcare. It is very confusing for users in healthcare, and it would take many years for the smooth transition of pre-existing databases to the new digital ledgers. Having a huge dependency and utilization of digital photography, dermatology provides a unique advantage of leading other specialties in this field of blockchain technology.

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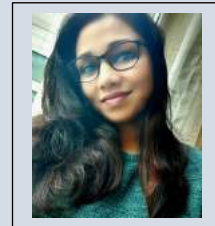
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B for Biryani

Dr. ANURADHA KAKKANATT BABU

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Aster Medicity, Kochi, Kerala



*Once upon a time
From Persia to India
Sailed all the way
Anchored for ages
Enslaved our tastes
Befriended our hearts
Conquered our cuisine
Captured our platter
A mighty hodgepodge
A magical mishmash
Ascended the throne
Crowned as the Queen
To pamper our palate
To tickle our taste bud
As the lid opens
There it comes
Farrago of flavors
That fiercely flows
The riot of spices
The masala miracle
Cinnamon and clove
Cardamom and mace
Aroma that incites
Any Indian soul
With a dash of saffron
She reigns our plates
Mughlai or Awadhi
Hyderabadi or Bhatkali
Chettinad or Malabari
What's in a name?*

*Basmati rice
Bathed in ghee
Chicken or mutton
Fish or prawns
Varied veggies
Cashews and raisins
Crispy onions
In golden hue
Raita and pickle
Hand in hand
She holds the power
To adorn our tables
Festive feasts or holidays
Dine-in or takeaway
In monsoon showers
In winter woes
A warmth that hugs
Our heart and gut
Diets get thrashed
When she shows up
A whiff of her
Beats all the blues
She tops the list
She rules the menu
She is not just a dish
But the supreme bliss
There is no other love
Then our love for her
That makes us hail
With vigor and zeal
Now and forever
B for Biryani!*



How to manage disgruntled patients in an aesthetic dermatology practice.

DR SEJAL KSHITIJ SHAH ,MD Skin & VD, DVD, DDV



The medical profession, in the last few years, has been subject to suspicions and allegations, especially since the rise of social media. Earlier, wherein the doctor's word on disease management was final, with the entry of 'google search' and other such platforms, every medical professional is under scrutiny for alleged wrongs.

Like any other medical practice, dermatologists are also subject to disgruntled patients who do not hesitate to voice their displeasure over genuine or perceived wrongs. An aesthetic dermatology practice predominantly deals with treatments and procedures (lasers, injectables, peels, etc.) aimed at enhancing normal skin and hair, apart from treating clinical conditions. Almost every aesthetic dermatology practice sees its share of disgruntled patients for varying reasons.

Reasons for dissatisfaction

There are various reasons why a patient can be disgruntled or irate.

- Non- medical - appointment unavailability or mismanagement/mis-handling or casual behavior by staff or unhygienic clinic conditions.
- Result expectations – The results promised by the doctor are sometimes not realized or appreciated by the patient and hence they feel cheated.
- Complications of the treatment procedures – Patients coming for aesthetic treatments generally come for enhancement. So, when an adverse effect occurs, it goes against the reason why they came to you.

Channels of expression

Patients choose various means to express their discontent to the doctor/clinic.

Telephonic – Usually, the first means to convey displeasure is with a call to the receptionist or directly to the doctor, at times through a phone message.

In-clinic – Patient approaches the clinic in person and demands to see the doctor for resolution of the issue.
Social media platforms – With more and more clinics/doctors taking to social media (Instagram/Facebook/google page) to educate people on various skin and hair issues and their treatment options, it's easy for patients to use the same platforms to express their views on the doctors and the treatments.

Commonly encountered scenarios

Scenario 1: An upset patient calls to report that her face got burnt post the peel done at the clinic and is scared it will scar.

Scenario 2: A young girl doing her laser hair reduction sessions does not have optimum results and her mother storms into the clinic shouting that the sessions have been a waste of time and money. She demands a result, or a refund of the money invested. She angrily mentions that her daughter's friends had better results with another clinic.

Scenario 3: A patient is upset because he has been unable to get an appointment for a treatment which is a part of a series, for which he has paid up front. He feels cheated since he has already paid for it and is now not being accommodated.

Scenario 4: A regular patient feels her Botox effect has worn off prematurely. She expects you to top it up free of cost and gets upset when you try explaining why it wore off.

Scenario 5: A male patient who has undergone a hair transplant with you, claims that the number of grafts committed to him have not been implanted and he is unhappy with the density. He expects you to refund his money or he threatens action in consumer court.

Scenario 6: Sometimes, a patient could put up a bad review on your google page, either without having met you for the problem solution or has met you but was not happy with the solution. That one bad review could be detrimental to your hard-earned practice.

Scenario 7: At times, it may be an issue related to a conservative line of treatment. A patient who has contact dermatitis to a cream prescribed by you, may decide to go to another doctor, since she feels your medication aggravated her problem.

Scenario 8: A patient who has availed of a skin tightening treatment, fails to follow up after repeated reminders. She turns up a year later claiming no response to the treatment through the year. In spite of no evidence for the same, she demands complimentary treatments.

Most doctors will have encountered these or similar scenarios in their aesthetic practice.

Ground rules to prevent dissatisfaction.

- Spend time with your patient in the 1st consultation. Listen to their concerns, choose your treatment options wisely.
- In aesthetic dermatology, it is important to counsel the patient about the nature of the condition, treatment required, number of sessions required, maintenance needed and homecare. Manage their expectations before starting treatment. Reiterate the alignment as you go along.
- Take an Informed Consent for all procedures. Explain the content to the patient in a language they understand.
- Take pre and post photographs.
- Build a rapport with your patient, instill trust and confidence in your expertise and skill.
- Train your staff to be polite and patient with everyone.

How to handle a disgruntled patient

- 1) If a patient alleges a wrongdoing by you or your clinic staff, do not deny it outright till you have heard him/her out.
- 2) Issues like appointment mishandling or rude behavior by staff can be handled by immediately apologizing and assuring the patient that it will not repeat.
- 3) If a patient calls up and complains about some adverse effect or no result, ask the patient to visit you at the clinic rather than talking on the phone. If they are unable to come immediately, ask for photographs of the concern area and treat if possible and ask them to meet you as early as possible. Maintain these records.
- 4) If an angry patient comes to your clinic to complain, the first thing to do is to seat her in one of your rooms, away from the waiting room, so as not to disturb your other patients.
- 5) After listening to the patient, if you realize the concern is due to your error, acknowledge it and offer help and support to correct it. Be calm, sympathetic, not defensive. Provide the required medications/technology at your cost. Most patients who suffer an adverse event are worried about the repercussions and will appreciate it if you hand hold them through the recovery. It will also go a long way in regaining their trust and preventing them from bad mouthing you. In spite of this, if you

cannot placate the patient, you can in good faith also look at refunding the money paid by him/her towards the original treatment.

- 6) If the patient feels there is no result and you feel otherwise, take them through the pre and post treatment pictures and re-align them about the expected outcome and the need for maintenance and homecare.

- 7) In case if the patient is still unhappy over the outcome, you can use your discretion to grant 1 or 2 additional sessions complimentary, with the alignment that post these sessions the usual charges will apply.
- 8) In the scenario, a disgruntled patient takes to social media to air his/her grievance, do not panic. Politely respond to the complaint and invite the patient to the clinic to meet you for assessment of the condition, with the assurance that you will provide all help possible. This will also assure the others looking at your page that even if problems arise, you are available to assist. Then, ensure your staff or you immediately connect with the patient.
- 9) In the unfortunate event of an irreversible complication occurring and the patient decides to take legal recourse, make sure all your documents are in place (consent form, treatment records, consultation form, pre-post pictures), including your professional medical indemnity and contact your lawyer.
- 10) Sometimes, managing a dissatisfied patient needs external help and support as well. It is always a good idea to have the support of other specialties like plastic surgeons, ophthalmic surgeons, and of course other dermatologists.

Take home message.

- *No one in practice has a 100% success rate. Accept that not all your patients are going to be happy with you.*
- *Do not take any patient for granted. Even an old, regular, happy patient can turn dissatisfied if you slip.*
- *Stick to your protocols even when you are tempted to sidestep or take shortcuts on the patient's insistence.*
- *Meticulous documentation is the backbone of our practice.*
- *Your staff is your responsibility, and they represent you. Train them well since you cannot be handling everything.*
- *In my experience, most patients forgive errors, when they know you have done your best and stood by them to correct the problem. Most of them stay back with you and recommend you to others.*
- *When the situation is not salvageable, or the patient has lost faith in you, gracefully acknowledge, and offer to refer to a colleague.*



4 Life Lessons from Greek Philosophy

DR NEHA DUBEY

Medical Director, Meraki Skin Clinic, Gurgaon



Stoicism

Founded in the early third century, it revolves around three basic ideas:

- *How life is brief, and the world is unpredictable*
- *How dissatisfaction comes from impulsive reflexes rather than logic*
- *How to be steadfast, strong and in control of yourself*

1. Never do anything just out of habit

Every now and then review your regular routine and methodology. Think about how you can improve your daily life.

2. Embrace rejection

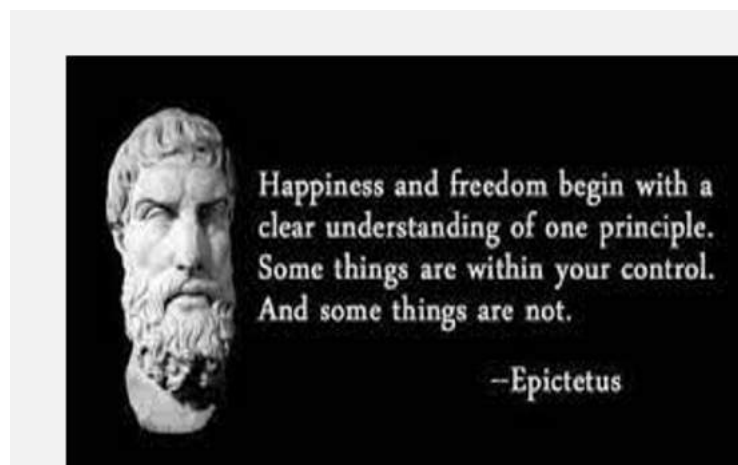
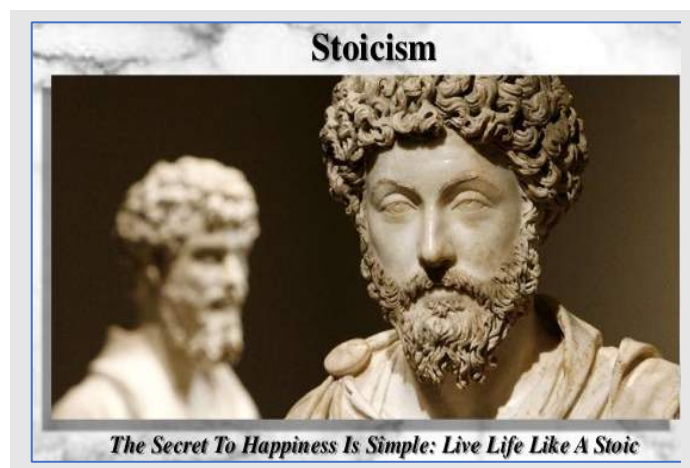
Rejection does not mean you should abandon your ideas. Instead, learn to use feedback as valuable insight. Constructive criticism often offers a solution if you are open to it.

3. Build a community

You are only as strong as the people around you. Gradually build a strong personal and professional coalition of like-minded people. Create a circle of friends from different backgrounds for engaging conversations and learning simultaneously.

4. Never let wealth distort your values.

There is nothing wrong with achieving monetary success, but never compromise with your life's principles in its pursuit.



Heart over Head

Dr RAKESH BHARTI

Consultant Dermatologist

Bharti Derma Care and Research Centre, Amritsar



Three weeks ago, an old lady was brought to me in an advanced state of Exfoliative Dermatitis. It was an emergency and she needed hospitalization. Her electrolytes were in total disarray and so was she. I got her admitted under the care of an internal medicine doctor and advised a biopsy. Clinically, the diagnostic indicators were pointing toward psoriasis, so she was put on appropriate medication (Acitretin) on the presumptive diagnosis, even before the biopsy result. The result of biopsy confirmed the diagnostic suspicion and she improved with treatment. Last week, she came to me walking on her own, all lesions cleared. Her electrolytes were corrected. She was elated, her family was happy, and I was extremely happy. In the grey atmosphere of my clinic, she asked me innocently "Beta can I have a little bit of sugar? Very little, I promise." Considering her sweet mood and age (92) I did not want to add bitterness to her happiness. I said, "Eat as much as you want! "

Her son was signaling me a big NO from behind, as she was an uncontrolled diabetic. I told the son, "I would have asked my 92-year-old mother to eat whatever". The son went home and told his son. Grandma and grandson had a feast. Mataji was incredibly happy. Two days later, she day fell in the bathroom and broke her femur, necessitating surgery which did not let her come out of the OT alive. She succumbed during surgery. Pessimistic people can say that uncontrolled diabetes might have been the cause of the fatal outcome of fracture surgery. My scientific mind says we do operate on diabetics and don't always lose them. The son after the cremation sent me a cake with the note: "Thanks doc, you allowed my mother to have her last wish fulfilled to eat sweets and this was our bad luck that she had a fatal injury".

Patients are our greatest teachers. As I read this note from my patient's family, I reminded myself that death may not always be a morbid subject. Dying is not planned, but dying with wellbeing and contentment, I believe, could be called a good death. We can at times forget science to let people, who have lived their lives (literally) go to another world with peace and happy memories. Death of a patient can also teach us positive life lessons. We just must be receptive to learning.

चित्रकार
chitrakaar

Dr. MANISH GAUTAM, DVD, DNB
Chief Dermatologist
Skin Solutions, Vashi, Mumbai



कहीं पर सफर तो कहीं मंज़िल की दरकार है

चेहरे की झुर्रियों में बरसों का इंतज़ार है

न जाने यह कौन चित्रकार है

छत्ता बुनती मधुमक्खी भी खूब कलाकार है

लहरों पे बहती नाव किनारे के लिए बेकरार है

न जाने यह कौन चित्रकार है

छिपा लेती है दिल का दर्द, माँ भी एक कलाकार है

तेरे कदमों की आहट पहचाने यह उसका प्यार है

न जाने यह कौन चित्रकार है

रूठने झगड़ने के लिए यूँ तो मसले हज़ार हैं

यह भी समझ लो, जीने के लिए दिन चार हैं

न जाने यह कौन चित्रकार है

कर्म और कर्तव्य में छुपा इस जीवन का सार है

नित नये खेल खिलाता, तू बड़ा फनकार है

ऊपर वाले, तू ही सबसे बड़ा चित्रकार है

मनीष गौतम

Paisa dena Kya???

Dr. ANIL ABRAHAM MD FAAD (Stanford, USA)
Former Prof. & Head, St John's Medical College, Bangalore
Consultant Dermatologist & Trichologist
Abrahams Skin and Hair Clinic, Bangalore



One of the most frustrating and entertaining parts of practice is the patient who does not want to pay. There are many varieties of this species, one more colorful and interesting than the next

Clear a Doubt Kalyani

Kalyani does not want to consult. She just wants to clear a doubt. Why am I so dark? Why is my hair falling? Why is my husband having an affair? Not consulting doctor- just clearing a doubt

Show a Report Subramaniam

I came last year doctor. Just showing you the reports, you asked for. You asked for tests. You must check the reports. You will not charge, no?

Accompanying person Anandi Bai

Finished doctor. Yes, yes, my son is the patient. They took appointment. I just came along. Will you take a look at these huge blisters all over my body which are oozing pus for two weeks? Small issue. Just write something doctor

Related to Ramaswamy

Doctor ... I am your uncle's second cousin's neighbor's ex-boyfriend's tenant. We are closely related. So, family- family- no fees, ok?

Unhappy Urvashi

Doctor, what to say? I came with huge recommendation. But I am disappointed. My Melasma has not disappeared. My baldness has increased. I am really unhappy. Please continue treatment, but do not charge.

Threatening Thomas

Sir. You do not realize. My father is Corporator. My uncle is Income Tax. My cousin is Republic TV. Better not charge. Otherwise, you know Doctor what can happen?

Gareebi Gayatri

Please have concession for me doctor. I spent all my money on Dr Batra and other chains who advertised. I ate Coronil. I rubbed turmeric. Now all my money is over. You are my Mother Teresa. You are my Mahatma Gandhi. Doctors are a noble profession. Free please?!

Hardly Two Minutes Hari Kumar

Doctor Saab. Hardly you looked. Hardly you touched. And you want to charge fees. Is it fair doctor? At least one CT scan or one ECHO of you had done? Just for two minutes? Really?

Just Came to Clarify Jayanthi

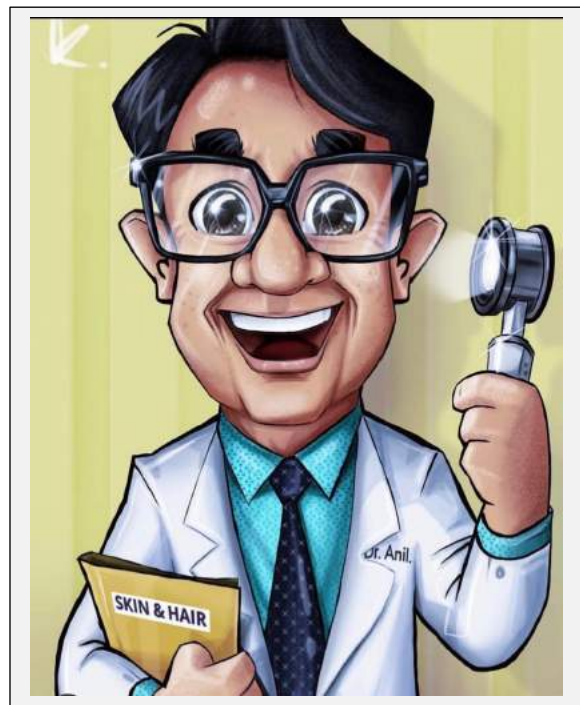
Google says I have cancer. My neighbor says allergy. WhatsApp says it is from cellphone radiation. My mother says it is genetic - from my father's side.

You just pick an option doctor. Like in KBC. If you are not sure, you can phone a friend. Such fun, no? Like a game. Whenever I am free, I will come to play, ok doctor?

Doctors are so Money Minded Manjunath

Why doctor? You are so money minded. Yes, Ambani made money! Yes, nobody gives your kids free schooling. Yes, you have to pay for groceries - you don't get free vegetables. But why you will charge I don't understand. Just two months ago we finished an international trip. We bought gold and diamonds for Akshay Tritiya. Plus, I built a new house But your fees? Daylight robbery doctor. Practo gives doctor consultation free. Kaya gives doctor consultation free. WhatsApp gives Doctor consultation free! Only you!

Are you sure doctor? Paisa dene ka?



Humour of the skin-deep kind!

Dr. ASEEM SHARMA

Chief Dermatologist, Skin Saga Centre for Dermatology, Mumbai

“Consulting is easy. Comedy is not.” - A ‘famous’ non-physician



Humour, or humours (*sic*), and the importance thereof, has been around since time immemorial. If one peeks at medieval medicine, Hippocrates and Galen prophesized the importance of balancing the four bodily ‘humours’ for complete wellness – melancholic, phlegmatic, choleric and sanguine, which characterized temperaments, and not just bodily fluids. One of the most revered physicians that ever existed, Sir William Osler was famous to play a prank or two with colleagues and patients alike, in his heyday, despite the conflicting stringent Victorian code of conduct that doctors had to maintain in that era. Needless to say, humour has always played an oft overlooked, but crucially important in medicine. They literally go hand in hand.

Humour shaped my upbringing in a major way, as well. Like most other children who grew up in the 80s, I would eagerly await the mail during the end of the month for the next issue of Reader’s Digest, to gorge on ‘Laughter – the best medicine’ and ‘Humour in uniform’. And it is here that I started noticing how rampantly underrated humour really was. And how laughter can be truly therapeutic, if used judiciously and appropriately.

During my tenure with the armed forces, I was fortunate enough to be exposed to, and to imbibe, the raspy humour replete with cynicism, the brand of deadpan humour that the forces are so famous for. I had finished a long and grueling day of sick report / OPD and was having my (seemingly) well-deserved dose of caffeine in the pantry, with some rationed biscuits, when I was summoned by the HOD. I rushed to his cabin, entered, and wished him, when he asked me regarding the lab work of a patient, a cross-referral from the on-call gynecologist. Spontaneously, and more out of reflex, I mentioned that I wasn’t on call that day. To which, my HOD looked at me with his piercing eyes and said: “Oh! So sorry to have summoned you during recess, it slipped my mind that you weren’t on call! And of course, the patient can die on someone else’s watch, as YOUR highness isn’t on call! And after all, you are here to do DISTINCT call duties, and not to learn from other colleagues or their patients. So sorry. Please carry on!” It was only after a whole minute, that I realized that I had completely missed the sarcasm in his tone. I rushed back in, apologized profusely, and carried out the extra daily calls as punishment. After I rushed to the family ward and reverted about the patient in question!

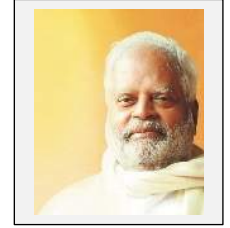
A year later, I was sitting in the Hair OPD, desperately trying to recruit patients for my dissertation, which in itself is an arduous task, when I heard some commotion outside my cabin. A young lady, a field officer’s daughter, a VVIP in her own right, had taken a poor medical assistant to task as he had not sent her in for consultation by 11:40, when she had arrived at 11:32! Since I was between consults, I ushered her in to my cabin. Her aggression had not simmered, and my ‘works-every time-trick’ of ordering coffee for her had failed, as she retorted “So, you want me to lose more hair by making me drink caffeine???” I continued, with my acquired deadpan expression, the consultation and after eliciting her history a trichoscopic examination, I started explaining – “Significant and acute hair loss can occur due to a variety of reasons, include hormonal imbalances, metabolic issues, certain drugs, febrile illnesses, recent hospitalization or surgery, and stressors, which may be as trivial as eons of waiting for a consultation in a busy government hospital...”, to which she literally shrieked with laughter, and did not stop for next few minutes. Seven years later, she still consults me for other skin and non-skin issues and reminds me and my colleagues of that epic first consult. Of how a potential showdown was averted with simple humour.

Health is wealth

His Holiness **RISHIDEV SRI NARENDRAN**

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Son of a Sanskrit and Malayalam scholar, Sri Narendran grew up in an orthodox and spiritual family. A mechanical engineer by education, a practitioner of clinical magnetology by passion, he worked in the medical field handling some of the chronic neuro-muscular diseases through clinical magnetology, exercises and dietary changes. During his work, he traversed the length and breadth of India, during which time he came across people suffering from various illnesses - physical, mental, emotional, and metaphysical, or as he would later realize, spiritual. His inborn qualities of spirituality, and an all-consuming desire to ease the sufferings of humanity led him to question and find the root cause of sufferings. His scientific streak and insatiable intellectual curiosity led him through a magical path of finding answers to human suffering, as well as ways to overcome them. He has redefined the procedures of ancient fire rituals (Homam and Yaagam), ancestral soul liberation, the theory of rebirth, worshiping procedures, the concept of life after death, and much more as per the Will of the Supreme Reality. Sri Narendranji, now respectfully referred to as Rishidevji, lovingly called as Gururji and wholeheartedly accepted as Sadhguru, is a family man who lives with his wife and two children. His life is an ideal example of the fact that you don't have to renounce your social world to fulfil your spiritual realization.

The essence of Rishidevji's purpose can be summarized in the famous chant from the Vedas: '*Loka Samastah Sukhino Bhavantu*' - "May all beings everywhere be happy and free, and may the thoughts, words, and actions of my own life contribute in some way to that happiness and to that freedom for all." This is the core principle of Rishidevji's teachings. His vision for the world we live in, and the essence of the Divine Plan he wishes to establish on earth.

Health is wealth

Human life is of highest value. Health is fundamental to life and good health leads to creation of wealth. As children in school, we first hear the lessons and teachings sitting in classrooms and then give our tests. Life on the contrary constantly throws its challenges, tests us first and then teaches its lessons.

'Health is wealth' is a golden proverb because without health there is no happiness, and without happiness there is no meaning to life.

People are living under the spell of materialism. Money is great. It gives us the gift of having the freedom to do more but we must all be mindful not to worship the God of green paper. To live life artistically is different from leading life mechanically. Most people lead their lives mechanically. As a result, they have suffering, sorrow, and stress.

Health is not a mental or physical condition that exists at a particular time, but it is a dynamic process of continuous equilibrium of body form and function against the internal and external forces, tending to disturb it. We may be confused about spirituality because of all the contradictory information from various gurus, ashrams, and texts. But spiritual intelligence is superior to all other forms of intelligence and has the power to transform life, society, and the course of history. We must have some connection to a philosophy of life that is larger than merely feeding our material needs and ego. The more spiritual we are, the more

connected we feel to something beyond the daily grind of being a human being, and the more we enjoy and appreciate our success. Spirituality brings resilience and buffers our fears. A strong life philosophy raises our levels of consciousness in how we handle people, ourselves and approach our problems. Financial success comes and goes. Spirituality is forever as it brings depth and maturity that grows us into healthier, happier, and wealthier people.

What is true Spirituality?

The knowledge and awareness about the Supreme Creator, knowledge about the self and the knowledge about the relation between the self and the Supreme self and nature is true spirituality.

How can one Improve one's quality of life?

Man's miseries may manifest as physical, mental, or emotional ill health. 90% of human suffering is due to a faulty lifestyle. The remaining 10% is due to the karmic bondage which percolates down to several generations.

The three main essential requirements to enjoy health, wealth, harmony in family and relationships, knowledge and a clear path to self-realization are 1) Chanting mantras 2) Fire rituals and 3) Meditations.

One can adopt a few simple lifestyle changes to enjoy a good life.

- 1) Be mindful of the present "When mindfulness is mastered, the mind is unwavering, like the flame of a lamp in a windless place"
- 2) Avoid alcohol and substance abuse
- 3) Reduce all animal products including dairy
- 4) Make it a point to have 2-3 servings of fruit as one meal, preferably for breakfast.
- 5) Begin your lunch and dinner with a generous bowl of salad.
- 6) Let your dinner be before sunset
- 7) Drink 2-3 litres of warm water through the day
- 8) Include breathing exercises like Pranayama or Parivartan Kriya

Parivartan Kriya

- 1) Sit in a comfortable position, preferably in Sukhasana with both palms on the knees. Palms open and facing upwards.
- 2) Breathe in slowly while lifting your open palms upwards along with inhaling your breath to the shoulder level. The arms can be slightly bent at the elbows.
- 3) At the shoulder level, turn the palm facing downwards while breathing out slowly. Lower the palms to the knee level. Just before the palms touch the knee, turn the palm facing up and start inhaling. Repeat step 2.
- 4) Throughout the process, concentrate on the breath (Air moving through the nostrils, filling the chest fully and then moving out).
- 5) Repeat the above process 9 times
- 6) After completing 9 times, hold the palm in Sanjeevani mudra and place on your knees. Fold the index finger in towards the center of the palm. Cross the thumb over the index finger. Touch the tip of the thumb to the tips of the middle and ring fingers. Keep the little finger straight.
- 7) Inhale and exhale slowly in this position for 9 times, all the while concentrating on the breath.

On this path effort never goes to waste and there is no failure. Even a little effort towards Spiritual awareness will protect you from Greatest Fear.

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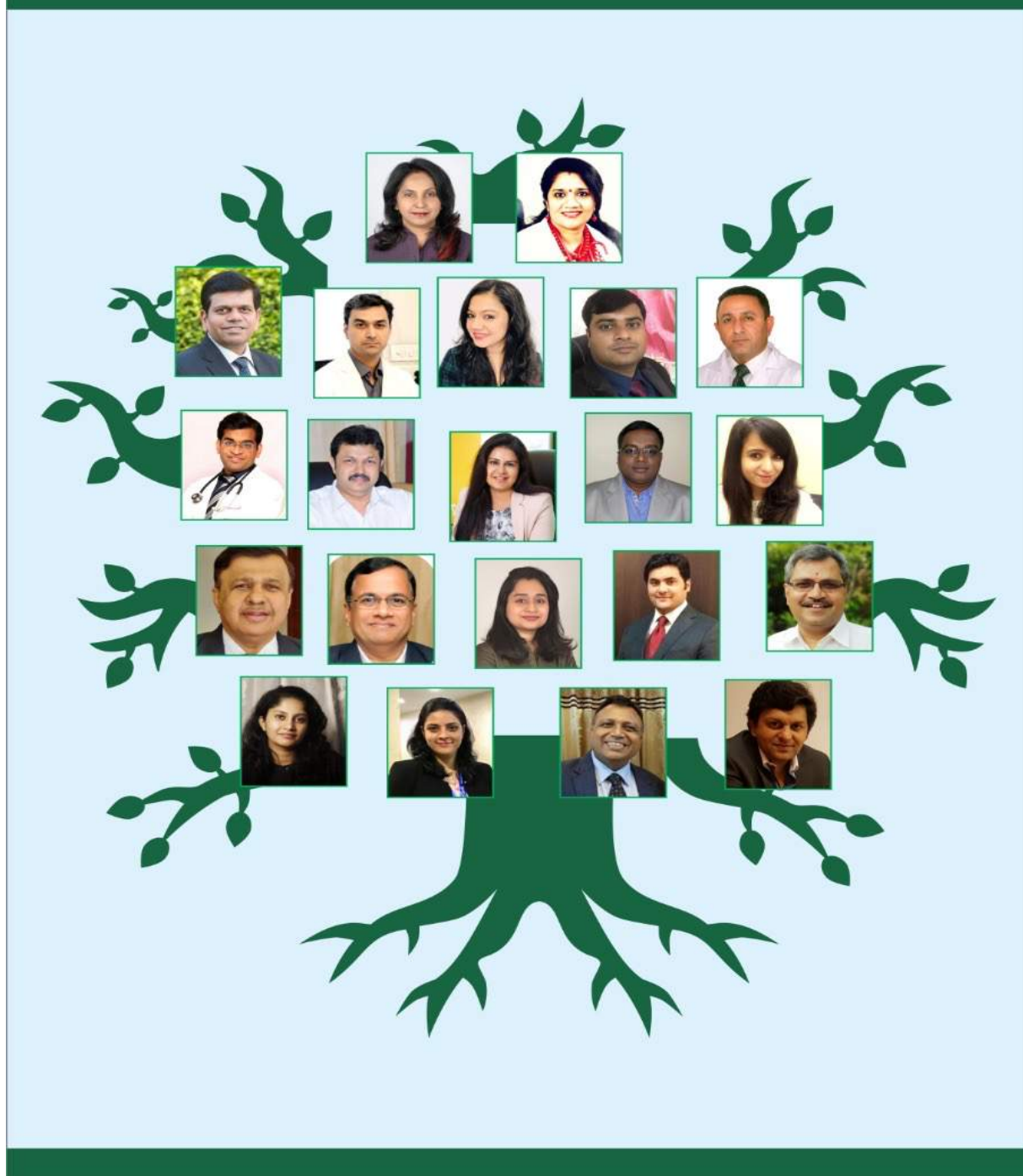
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PANACHE

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