

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



# SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

## Issue Spotlight

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

Volume 3, Issue 4, August 2025





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## Note from the President

*Dear Esteemed Members,*

*It gives me immense pleasure to connect with you once again through the fourth issue of Skintellect, our vibrant chronicle of academic pursuits, clinical insights, and community outreach.*

*July 2025 has truly been a month of dynamic activity and collaborative spirit for IADVL West Bengal. We began with an outstanding Masterclass on AICTD held on 8th July at RG Kar Medical College, meticulously curated by Dr. Sudip Ghosh and his dedicated team. The session brought in-depth clinical acumen and cutting-edge perspectives on this challenging subset of disorders.*

*Following closely was yet another impactful Masterclass on STIs, conducted on 18th July at Calcutta National Medical College under the able leadership of Dr. Sudip Das and his team. Their efforts in streamlining diagnosis and updating treatment protocols for sexually transmitted infections deserve high commendation.*

*Our commitment to public health found expression in the Mega Skin Health Camp on 13th July, where numerous members came forward with enthusiasm and empathy to serve the underserved. Such collective efforts reinforce the social responsibility we shoulder as dermatologists.*

*To round off the month, we hosted a well-attended academic session on 20th July at Hyatt Regency, where Dermatophytosis—the evolving epidemic of our times—was explored in depth by a panel of experts. The discussion was both insightful and forward-looking.*

*I thank each one of you for your active participation, academic zeal, and the camaraderie that makes our association stronger every day. Let us continue this momentum and strive to keep IADVL-WB at the forefront of dermatologic excellence.*

*Warm regards,*



*Dr. Dinesh Kr. Hawelia*  
*President*  
*IADVL WB*



## Secretary's Scribes

Dear Members,

Welcome to this edition of SKINTELLECT.

Every month at IADVL West Bengal is a testament to academic excellence and collaborative growth. July was no exception, marked by groundbreaking initiatives, thought-provoking sessions, and heartfelt service.

The much-anticipated IADVL WB Master Class Series—an innovative academic platform tailored for postgraduate trainees across all medical colleges—was launched with great success. The Session 1 Episode 1: Autoimmune Connective Tissue Diseases (AICTD), was held on 8th July at R. G. Kar Medical College. This dynamic and scholarly session featured: Dr. Sudip Kumar Ghosh: Approach to a Patient with AICTD – A Dermatologist's Perspective; Dr. Pradyot Sinhamahapatra: Interpreting Serological Markers; Dr. Kisalay Ghosh: Histopathological Aspects; A spirited quiz round led by Dr. Anupam Das; A vibrant panel discussion moderated by Dr. Partha Mukherjee.

The session 1 Episode 2: Sexually Transmitted Infections (STIs) was held on 18th July at Calcutta National Medical College. This episode was chaired by Dr. Arghyaprasun Ghosh and featured: Dr. Sudip Das: Syphilis – The Master Blaster, ; Dr. Sujata Sengupta & Dr. Saswati Halder: “Weeping Genitals and Miscellaneous Potpourri” – on gonorrhea and genital discharges; Dr. Sudip Das: MSM and STI vulnerability – An Epidemiological Overview; Dr. Farhat Fatima: Role of Genital Vaccines in STI Prevention; Dr. S.K. Shahriar Ahmed: POCSO Act – Legal Perspectives for Dermatologists, ; Dr. S.K. Shahriar Ahmed & Dr. Apeksha Singh: MCQ-based Clinical Reevaluation. The session brought together clinical precision, ethical awareness, legal knowledge, and public health insights—an exemplary academic experience.

World Skin Health Day: Service at Its Best-In celebration of World Skin Health Day, we extend heartfelt thanks to every IADVL WB member who reached out to communities—from urban centers to rural hamlets, from clinics to correctional homes. Your efforts in organizing 32 awareness camps across West Bengal, where 59 doctors served over 1,700 patients, speak volumes. Topics ranged from basic skin care to genital dermatoses and cosmetic dermatology. Your work truly exemplifies service through science. You are the soul of IADVL WB. Thank you for being changemakers.

A CME on Dermatophytosis: Unmasking a Silent Epidemic- was held on 20th July at Hotel Hyatt Regency, Kolkata. The CME titled “Dermatophytosis: A Silent Pandemic of the Last Decade”, organized by IADVL WB, opened with context by Dr. Dinesh Hawelia. Highlights included: Dr. Anupam Das: Antifungal Stewardship; Dr. Sudip Das: The Changing Global Landscape of Dermatophytosis; An interactive panel discussion, moderated by Dr. Kingshuk Chatterjee, featuring experts including Dr. Swarnali Maity, Dr. Gautam Banerjee, and postgraduate voices from the audience. This event was supported by Glenmark Pharmaceuticals and drew acclaim for its academic rigor and real-world applicability.





## *Global Recognition: Honoring Our Heroes*

*We are thrilled to share that our esteemed members from the West Bengal chapter were honored at a prestigious Royal College of Physicians (London) event in Liverpool for their relentless advocacy against topical steroid misuse in India. Their groundbreaking work not only shed light on an overlooked public health crisis but also positioned India as a beacon of ethical dermatology on the world stage.*

*On behalf of IADVL–West Bengal, our heartiest congratulations! You inspire us all.*

*CUTICON 2025: The Countdown Begins. Preparations for CUTICON 2025 are in full swing! Early bird registrations are now open. Join us, be part of the wave, and experience dermatology at its best.*

*Warm regards,*

*Team IADVL WB*

*Dr. Suchibrata Das  
Honorary Secretary  
IADVL WB*





## Editors Desk

Dear readers!

July proved to be an eventful month for IADVL West Bengal, with a host of academic initiatives and outreach activities that showcased the organization's dedication to education and community service.

Two successful masterclasses—on Sexually Transmitted Infections (STIs) and AICTDs—were organized, drawing participation from postgraduate trainees across multiple medical colleges. These sessions were greatly enriched by expert guidance and interactive discussions led by distinguished dermatologists from around the state.

A major highlight of the month was the simultaneous Free Skin Health Camps held across West Bengal on the occasion of World Skin Health Day. In alignment with IADVL's national effort to conduct the highest number of camps in a single day, the state branch mobilized dermatologists across districts to raise awareness about common dermatological conditions. The initiative was a grand success, allowing dermatologists to connect with communities at the grassroots level.

An educational program focusing on dermatophytosis was also organized. It featured valuable discussions on the chronic and recurrent nature of the disease, along with the therapeutic challenges it continues to pose—delivered by some of the field's most eminent experts.

This issue's 'Dermatologist on Spotlight' features Dr. Arghaprasun Ghosh, a respected teacher and clinician, who shares his professional journey and experiences in dermatology.

In the 'DermBuzz' section, Dr. Nidhi Jindal offers a detailed overview of High-Intensity Focused Ultrasound (HIFU) and its emerging applications in dermatology.

Resident Sabarna Samanta contributes an insightful article on the impact of diet on dermatological diseases, blending clinical evidence with practical implications for patient care.

The 'Dermaginations' column includes a unique piece by Dr. Ayan Samanta, tracing the historical roots of a beloved Bengali dish, accompanied by a beautiful painting by Dr. Sharmistha Panja, adding a creative touch to this issue.

Another notable achievement was the global recognition earned by ITATSA for its efforts in combating topical steroid abuse, with senior IADVL WB members such as Dr. Koushik Lahiri and Dr. Arijit Coondoo playing pivotal roles in the movement."

Finally, readers can test their knowledge and enjoy a bit of fun with the Quiz Zone and Crossword, designed to offer a quick and engaging revision of key dermatology concepts.

Here's to another enriching read!



Dr. Kaushiki Hajra  
Editor, Skintellect,  
The IADVL WB Monthly Newsletter

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## DERMATOLOGIST SPOTLIGHT: DR. ARGHYAPRASUN GHOSH

1. Sir, it is a pleasure to have you with us today. You are one of the most renowned Dermatologists in West Bengal today. Sir, will you tell us what inspired you to take up Dermatology? And how was your residency?

*Dermatology was my 2nd choice after Medicine as during the early 1990s we had to give maximum 6 subject and 8 centre choices for All India entrance exam to MD/MS. This selection had to be done even before the exam took place. I had little idea about Dermatology those days. In fact, I had almost forgotten that I had placed Dermatology as my second choice. (Laughs)*

*I did my residency from BJMC Ahmedabad and got to learn the subject from my mentors like Prof. Nitin S Vora, Prof Samir V Shah and Prof J. N Dave. We were lucky to have been encouraged to participate in research work and publications from the very beginning and we also enjoyed the trust and respect of the local community and administration during our residency days.*



2. How has been your journey as a dermatologist, and how have u seen it evolve over the years?

*Dermatology has evolved leaps and bounds over the past two decades in terms of academic endeavors, introduction of new gadgets for clinical, therapeutic and aesthetic purposes.*

*The number of PG seats have increased exponentially over the years and students securing higher ranks are choosing dermatology making its prospects brighter. The attitude of other disciplines towards dermatology has also changed for the better over the years.*

*I continue learning from seniors, juniors including my students. I must admit that my extent of reading from books and journals has reduced drastically. I have become more experienced over the years so much so that I continue making mistakes more confidently now.*

3. Sir, you have been in this field nurturing young minds and being an active member of IADVL for such a long time. Can you tell us about your achievements and special interests?

*I haven't achieved anything personally to boast. But yes, the love and respect my students and juniors shower on me is the best I have accomplished. I must not forget the role of my respected teachers and later on my seniors and colleagues who have shaped how i approach dermatology as a whole. I must acknowledge the contribution of senior members of IADVL WB Branch whose precious guidance during the various stints i have had with our branch activities. I've always been intrigued by clinical Dermatology and Dermatopathology from my residency days. I am not a big fan of aesthetics per se, but I've seen its evolution over the years and feel that the new generation Dermatologists will benefit from a blend of both clinical and aesthetic dermatology.*

4. Sir, What are your hobbies outside Dermatology?

*I love traveling and go on small treks but mostly they do not materialize for some reason or the other. Besides I love watching sporting events, particularly cricket on TV.*

5. Thank you sir for your valuable time. Lastly, as a teacher, what is your message to upcoming Dermatologists?

*My humble suggestion to the upcoming dermatologists is be sincere both when studying and after passing out. During JR ship the studies are more exam oriented. Utilize the stint you have in the medical colleges as SR immediately after passing out because this is the time you learn the practical aspects more and at the same time you can guide the PGTs.*

Long Live IADVL!



## DERMIBUZZ : DEEP DERMAL DYNAMICS: HIGH-INTENSITY FOCUSED ULTRASOUND IN MODERN SKIN CARE

Dr. Nidhi Jindal

Consultant Dermatologist, Kolkata

**HIFU in medicine and evolution in dermatology:** Wood and Loomis first introduced the concept of focused ultrasound on living tissues. During 1950s, William and Frank Fry engineered HIFU systems for neurosurgical applications. In 1980s, Sonocare CST-100 became the first FDA-cleared HIFU device approved for refractory glaucoma. Progressing further, its role was explored in benign prostrate hyperplasia (1994) and uterine fibroid ablation (2004). White et al reported the first dermatologic, aesthetic use of HIFU in 2008.

**Mechanism and treatment depth:** Ultrasound devices used for diagnostic purposes emit frequencies from 1 to 20 MHz, while ultrasound devices such as HIFU emit frequencies of 0.8–3.5 MHz. Also, the energy emission levels of HIFU are considerably higher than those of diagnostic ultrasound. The principle of HIFU is to induce cellular damage and volume reduction of the target area selectively by means of coagulation by generating instant microthermal lesions through the accumulation of high-frequency ultrasound beams at the specific tissue site without any damage to the epidermis and adjacent issue. High-Intensity Focused Ultrasound (HIFU) works primarily by transforming sound (acoustic) energy into heat (thermal) energy, leading to specific biological effects in the dermis, the superficial musculoaponeurotic system (SMAS), and fat layers of the skin. When ultrasound waves are precisely focused, they generate high temperatures—typically between 65°C and 75°C—at targeted microscopic spots within various skin layers, depending on the esthetic concern.



Once the dermal temperature exceeds 42°C, fibroblast cells become activated and begin producing new collagen. The specific zones where this heat is concentrated are called thermal coagulation points (TCPs). At these points, the high temperature causes existing collagen fibers to denature and contract, initiating a natural healing response that results in skin tightening and rejuvenation.

HIFU devices use transducers (probes) of varying frequencies to target different skin depths: **1.5 mm probe** targets the superficial dermis for fine lines and mild skin laxity; **3.0 mm probe** reaches the deeper dermis to stimulate collagen for moderate tightening, **4.5 mm probe** penetrates to the SMAS layer, ideal for facial lifting and contouring.

**Indication and Contraindication:** The oldest and most popular clinical application of HIFU is the removal of prostate cancer. It is also used for uterine fibroids and the removal of bone metastases, as well as in other organs. HIFU was approved by the Food and Drug Administration in 2009 for use in brow lifting. Then, approval for neck and submandibular lifts, facial and upper chest rejuvenation, skin whitening, hyperhidrosis, acne, and lipolysis followed. In aesthetics it is used for skin tightening, wrinkle reduction, and reducing adipose tissue. One of the most recent HIFU applications is tattoo removal and melasma.

According to the latest scientific data, contraindications for HIFU in esthetic procedures are classified into two main categories: **(a) absolute and (b) relative contraindications.**

The following conditions are **strict contraindications** for HIFU, as treatment could cause severe adverse effects: (a) dermal implants, (b) presence of pacemakers or metal implants (e.g., metal clips from brain surgery, an implanted defibrillator, or any other medical device), (c) pregnancy and breastfeeding, (d) active skin infections or inflammation, (e) cystic acne, (f) severe or unstable medical conditions, including certain cardiovascular or auto-immune diseases, coagulation disorders, use of anticoagulant and antiplatelet medications, epilepsy, active vitiligo, febrile conditions (fever), uncontrolled liver disease or diabetes, severe psychiatric disorders, a history of severe allergies, and silicone implants. **The relative contraindications are the following:** (a) individuals under 25 years of age, (b) individuals over 60 years of age, (c) recent facelift or laser rejuvenating treatment (within the past 12 months), (d) smokers and



individuals with photoaged skin, as their skin may have reduced healing capacity, (e) excessive skin laxity, and (f) Body Mass Index (BMI) > 30, as increased skin laxity and a high BMI may reduce HIFU effectiveness. Also, the history of conditions affecting skin healing, including keloids, hypertrophic scars, and connective tissue diseases were included among contraindications.

**Devices and approvals:** Few most talked devices are **Ulthera® (Ultherapy)**; the only FDA approved MIFU device, **Ultraformer III®** – CE-certified (Europe), KFDA-approved (Korea), **Doublo-Gold®** – KFDA-approved, **Softwave™** – FDA-cleared, **Ultracel™ / Ultracel Q+** – CE-certified, **Lipofirm®** – CE-certified

**Candidate selection:** Individuals with mild to moderate skin laxity, good skin thickness, age between 30 -60 years (though it can be done for before 30 and after 60 years of age too), good general health and realistic expectations are ideal candidates

**Pre and Post procedure advice:** Products containing vitamin A derivatives, such as retinol and retinaldehyde, as well as high-concentration acids like glycolic and salicylic acid, should be avoided for at least three days before and three days after the procedure to prevent skin irritation, inflammation, or hypersensitivity. Excessive exposure to UV radiation, including direct sun exposure, sunbathing, and tanning beds, should be avoided for at least one week before the procedure. Even mild sunburn or skin irritation can increase sensitivity, potentially leading to redness and an elevated risk of complications following treatment. Patients should avoid excessive exposure to heat sources, such as sunlight, tanning beds, hot baths, spas, and saunas, for at least two days following treatment. Prolonged exposure to intense heat from fireplaces, radiators, ovens, and hair dryers should also be minimized. It is important to encourage patients to maintain adequate hydration in the days leading up to treatment, as well-hydrated skin can improve the procedure's efficacy and support faster recovery.

**Precaution and best practice:** Following rules can be practiced for best results and minimum side effects

- Use **certified, FDA-cleared devices**.
- Operator **credentialing** and real-time imaging are essential.
- Adequate **gel coupling** and energy calibration minimize superficial burns.
- Avoid “no-go zones” near eyes, temples, or nerve pathways.
- Use **topical anesthetic/analgesia** to improve comfort.
- Apply **cold compresses**, gentle skincare, and strict **sun protection** post-treatment.
- Schedule **follow-ups** at 2–6 months to assess outcomes.

**Outcome and Side effects:** Many patients notice improvements in skin texture and firmness immediately after their first session. However, the full effects of the treatment unfold progressively over time due to the body's natural wound-healing response and collagen remodelling. The most significant aesthetic improvements typically become apparent between 90 and 180 days following the procedure. The longevity of these results varies depending on individual biological responses, but in general, the benefits of HIFU treatment can last for up to 18 months. Furthermore, studies suggest that HIFU is particularly well suited for non-obese individuals who are looking for a moderate yet noticeable reduction in localized fat deposits.

While short-term side effects are generally mild and transient, ongoing studies evaluating potential long-term complications or cumulative effects of repeated HIFU sessions will provide valuable insight into its overall safety profile. Complications of HIFU treatments in aesthetic procedures are transient pain and prolonged numbness, edema, erythema, bruising/purpura, hypopigmentation, scarring, cheek fat atrophy, atrophy, and/or cutaneous necrosis,





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*significant scar tissue formation, swelling, paraesthesia, and herpes simplex virus (HSV) outbreak.*

**HIFU and other aesthetic treatments:** *Various aesthetic procedures can be clubbed with appropriate spacing like there shall be an interval of 3-4 weeks for toxins and microneedling, and 3-4 months for fillers to avoid interaction between ultrasound energy and filler material. Lasers can be performed same day with proper energy settings or any day with no specific gapping.*

**Conclusion:** *High-intensity macro- and micro-focused ultrasound (HIFU) has established itself as a highly effective and minimally invasive technique for facial and body contouring, offering significant esthetic benefits with minimal pain and without recovery time. However, in order to ensure optimal treatment outcomes and minimize risks, discussed key factors must be considered. A key determinant of HIFU treatment result and safety is the expertise of the operator.*



## RESIDENT'S CORNER: DIET IN DERMATOLOGY

**Dr. Sabarna Samanta**

1<sup>st</sup> Year PGT, Dept. of Dermatology, KPC MCH

We often come across this saying 'You are what you eat'. And with time we have realized that it holds very true for skin. Research shows that your daily meals might actually have a lot to do with your skin health. From blemishes and breakouts to flares of chronic inflammation, what you put on your plate can profoundly influence what shows up on your skin.

Many foods can worsen inflammation, cause dry skin, trigger acne eruptions, while others can help to heal faster.

It is not about expensive supplements, but about knowing the right kind of food for your skin.

Let us explore the role of diet in some commonly encountered dermatological diseases.



### 1. **ACNE:** SUGAR AND HORMONES

Earlier studies disagreed the link between diet and acne, but new research highlights dietary influence. People used to blame chocolates for pimples. Now it turns out, it's not chocolate per se- it's more about the **sugar spike** and **high glycemic foods**.

- Dairy products especially skim milk seems to be a trouble maker due to IGF-1 content, causing clogged pores and breakouts.
- High glycemic load diets (e.g. white bread, sugar) exacerbate acne by increasing insulin and androgen activity.

Evidence based studies have shown that low glycemic diets improved acne severity and inflammation.

### 2. **PSORIASIS:** CALMING THE FIRE WITH FORK

Psoriasis is not just a skin condition, it's an inflammation party of joints, gut, and even heart.

**Common comorbidities:** Obesity, diabetes, hypertension, dyslipidemia.

- Anti-inflammatory diets (e.g. Mediterranean diet) reduce systemic inflammation and CVD risk.
- Recommended: More fruits/vegetables, whole grains, and less processed food and sugar.

### 3. **ATOPIC DERMATITIS:** SENSITIVE SKIN, SENSITIVE GUT Atopic dermatitis often begins in childhood.

- While not all cases of eczema are food-related, certain allergens may provoke or worsen symptoms, especially in children.
- Common culprits include dairy, eggs, peanuts and many more.
- A diverse, fibre rich food with probiotics may help to calm skin from within.

### 4. **PEMPHIGUS:** THE POWER OF FOOD TO STOP THE AUTOIMMUNE WAR

The culprits are autoantibodies that specifically target proteins called desmogleins. When they are disrupted, it results in blisters- painful, erosive and long-lasting.

Although fatal in the past, immunosuppressants, steroids, and newer biologics (like Rituximab) have been a game changer.

Still remission takes time. Since immune system is involved, lifestyle choices- specially **d i e t a n d s t r e s s management** can help a lot.

- Triggered by dietary thiols, phenols, tannins (e.g. garlic, onion, tea, coffee).
- Eating processed carbohydrates, fried foods, and sugary snacks can worsen the condition.
- Avoid acidic, spicy, salty foods.



## 5. **DERMATITIS HERPETIFORMIS: A WAR AGAINST GLUTEN**

*Its intensely itchy, blistering skin condition, that is a manifestation of Celiac disease-a chronic autoimmune reaction to gluten.*

*Eating gluten triggers the production of IgA antibodies- which deposit in the skin and lead to inflammation, blistering.*

- Since it is strongly linked to gluten, a gluten free treatment may prevent lymphoma.

*There are no cheat days, not even "just a bite". Its a **total lifestyle change**.*

## 6. **HIDRADENITIS SUPPURATIVA: THE HIDDEN LINK**

*It's a painful skin condition that causes boil like bumps.*

- Diet changes especially reducing dairy, sugar, and keeping a check on body weight can ease symptoms.

## 7. **SKIN CANCER: SUN, SKIN, SUPERFOODS**

*We all come across this line "Wear sunscreen, avoid tanning beds". But what if your SPF starts from your kitchen?*

*UV exposure plays a major role in skin cancer by producing free radicals that damage the DNA. **Antioxidants** play an important role in neutralizing those free radicals.*

- Protective diets: Fruits, vegetables, antioxidants and phytonutrients like lycopene and resveratrol. **Tomato** is a rich source of lycopene. **Carrots and sweet potatoes** are good sources of beta carotene which are protective against UV radiations. Resveratrol is found in **grapes**.

- Whole food diets reduce risk more than isolated supplements.

## 8. **AGING SKIN: IT'S NOT JUST TIME, IT'S A LIFESTYLE CHANGE**

*Skin aging isn't just about turning another year older. Its about sun exposure, stress, sugar, pollution, hormones and diet.*

*Glycation (sugar- induced collagen cross-linking) leads to wrinkles and reduce elasticity.*

- Contributors: High sugar intake that increases advanced glycation end products (AGEs).
- Preventive foods: Antioxidant- rich herbs (Oregano), Cinnamon, fruits, vegetables may inhibit AGE formation.

## **NUTRIENTS ESSENTIAL FOR SKIN HEALTH:**

- Vitamin A: Regulates keratinocyte differentiation. Found in liver, leafy greens.
- Vitamin C: Required for collagen synthesis and acts as an antioxidant. Found in citrus fruits.
- Zinc: Important for wound healing and inflammation control. Found in seeds, meat, legumes.
- Vitamin E: Lipid-soluble antioxidant that protects cell membranes
- Polyphenols and Flavonoids: Found in green tea, cocoa, and berries, reduce oxidative stress and UV damage.

## **TAKE HOME MESSAGE:**

- What we eat have a meaningful impact on our skin.
- Choosing whole, nutrient rich foods- such as fruits, vegetables, can support overall skin health.
- Processed foods, sugar, and certain triggers like dairy may worsen symptoms in some people.
- Since everyone's skin is different, one diet routine does not fit all.
- Combining good nutrition with medical care offers a supportive approach to skin health.



## DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

### SHUKTO:

### OUR OWN MARVEL OR A PORTUGUESE INFLUENCED DISH

Dr Ayan Samanta

Assistant Professor, RG Kar MCH

*In Bengali cuisine there are some distinctive rules for at least two of our heavy meals, lunch and dinner. Food items of different taste come on succession to end up with sweet tooth. Meal often and particularly in Summer starts with bitters. It may be a simple bitter gourd fry or a coverage fry of Helencha. Dried neem leaves are sauted lightly with dice cut brinjal to take the first seat of Bengali lunch platter very often. But these are simple to cook, today I am here to tell the story of a complex dish of this bitter taste category and that is Shukto.*

*Shukto in true sense a marvel of Bengal's very own cooking. For last few year some of the culinary experts are trying to establish a narrative that Shukto is not a native original recipe but a Portuguese influenced dish. I doubt it and will try to debate against it here.*

*Just imagine a scene of Bengal in Summer in the lunch time. Fatigued with the wrath of Sun, the person comes home drenched and asks "what's in lunch today". If the answer comes Shukto, his face will simper with complacent soul. Its a calming, soothing emotion for Bengalis, not just a food item.*



*First of all, its not a dish, but a recipe of three important components. First component is a bitter vegetable(s). Do not consider bitter gourd as the only constituent of this category, although its the most common one. The finger thick drum sticks also contribute to bitterness. You may have forgotten 'neem shukto', where the bitter component is neem leaves. And the very old scripture of Chaitanyacharitamrita refers it saying, "Dasha bidha shak nimba, tikta shuktar jhol". Here Nimba means Neem leaves and you can pretty assume, tikta means bitter taste, dasa bidha shak means leafy vegetables of various type. Remember, the book was officially published in 1557. Pretty old, isn't it?*

*The second component is a mixture of visibly similar cuts of various vegetables. It doesn't mean that any vegetable can go to the curry. Brinjal, pointed gourd, papaya, green plantation are most consistent of this category. See, they should neither have bright colour like carrot, beetroot or spinach nor they should have an overpowering smell or taste like cauliflower or capsicum. In one word they should not disrupt the harmony of the mixed vegetables.*

*The third component is a mitigator of bitter taste alongside a thickener of the curry. Sweetend milk, refined wheat four slurry or poppy - mustard seed paste are commonly used, the oldest described in Bengali literature being rice flour slurry. Now comes the tadka or "foron". These mixed vegetable curry is being complimented with Hing (asafoetida), cumin, celery seed (available in market as Randhuni), Fenugreek seed. They are tempered in clarified butter/ Ghee and mixed with above. Addition of fried bori (dried lentil dumpling) takes it an other level. A dish, where you can have Proteins (bori), all goods of bitter and other vegetables (fibres too), fat (ghee and cooking oil) and if you take it with rice (carbs), makes a complete meal which is super tasty and a perfect balanced diet. Here comes the scientific mind of a Bengali cook apart from its artistry. In East Bengal (now Bangladesh) and part of Tripura and Assam, there is a custom of having 'Fish-Shukto', where bori is replaced by Fish. The argument of Portugese influence starts with this that Portuguese used to eat Fish stew with bitter gourd. The other argument is with the use of thickener as mixing slurry to make curry thicker is an European technique practiced here by Portuguese. Readers don't get tempted and jump to conclusion with these facts. If you kindly look into the ingredients and the recipe of Portuguese Fish stew, where tomato, red bell peppers, onion, garlic were being used. It doesn't go with the central theme of a perfectly cooked Shukto and the final product is far far away from it. To defy the second argument, I wish to quote Kabikankan Mukundaram Chakraborty who wrote these lines 500 years ago,*

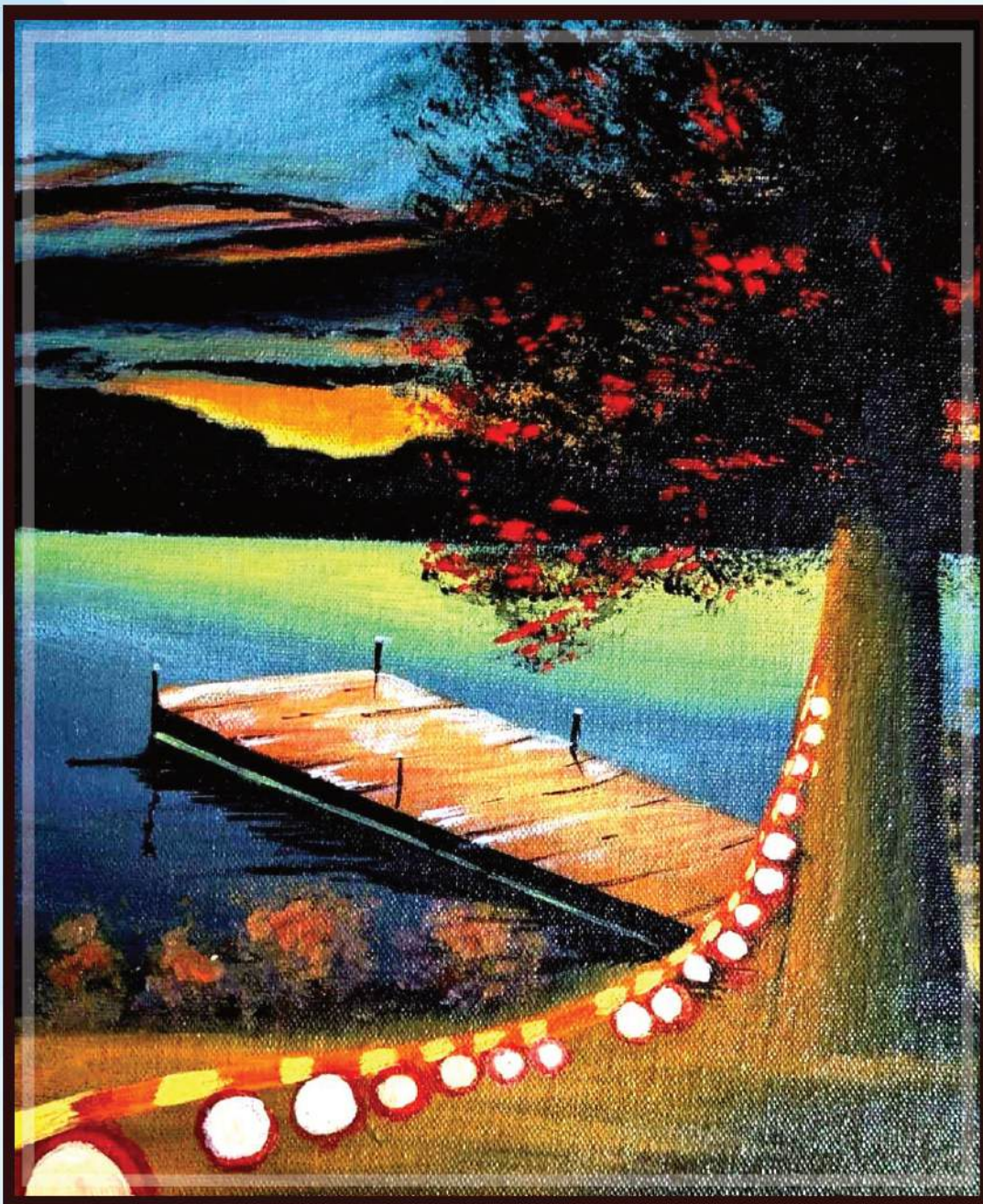




*"Begun, kumro kara, kanchkola die sara / Besar pitali ghana kathi / ghrite santalita tathi / hingu jeera dia methi / Shuktorandhan paripati."*

*Let me clarify more, besar is mustard seed paste and pitali is nothing but rice flour slurry. These lines from that time when Bengali cuisine was beyond the possibility of having been influenced by that of Portuguese.*

*Its very hot outside these days. Take Shukto to give company to your rice, get cooled, satisfied but above all, take it with pride.*



**Dr Sharmistha Panja**  
3<sup>rd</sup> yr PGT, RG Kar MCH





## GLOBAL HONOUR FOR ITATSA'S CRUSADE AGAINST TOPICAL STEROID ABUSE

IADVL West Bengal proudly acknowledges a historic global recognition received by the Taskforce Against Topical Steroid Abuse (ITATSA) — a landmark moment in Indian dermatology's public health advocacy for its dedicated efforts to combat topical steroid misuse.

At the prestigious Royal College of Physicians (RCP) Excellence in Patient Care Awards, held on 10 July 2025 in Liverpool, ITATSA was honoured for its two-decade-long campaign against the irrational and harmful misuse of topical corticosteroids, especially on the face.

This global recognition is rooted in the pioneering contributions of three members from IADVL West Bengal:

- In 2006, **Dr. Sanjay Rath** published a pathbreaking article in the Indian Journal of Dermatology, highlighting the misuse of potent topical steroids as cosmetic creams — a seminal work that laid the academic foundation of the movement.
- That same year, **Dr. Koushik Lahiri** and **Dr. Arijit Coondoo**, then serving as National Hon. General Secretary and Hon. Treasurer of IADVL, moved a resolution at the Chennai General Body meeting to stop the OTC sale of topical corticosteroids — a critical early step toward regulatory reform.
- A multicentric study at 12 centres conducted in a cross-section of the Indian populace it was found that 59.3% of patients using topical steroid on the face without any doctor's prescription. Of the remainder only 26.7% patients had used topical steroids prescribed by a dermatologist
- In 2014, the IADVL National body officially constituted ITATSA, appointing Dr. Lahiri as its Founding Chairman.



From that point, **ITATSA evolved into a historic movement** — the first time in IADVL's history where hundreds of dermatologists united for a single mission. Over the years, ITATSA:

- Engaged with general physicians, pharmacists, and the public,
- Played the role of activists and demonstrated exemplary advocacy, directly engaging policymakers and drug controllers across multiple states,
- And significantly contributed to the 2018 Government ban of 328 irrational fixed-dose combinations, many of which included steroid-based creams.
- The doggedness and sustained advocacy began to yield measurable results — from 2018 onwards, a definite and significant decline was noted in the sales of steroid-laden fairness creams, as reflected in market tracking data and retail feedback.

At the Liverpool ceremony, Dr. Koushik Lahiri accepted the RCP award on behalf of ITATSA, alongside co-crusader Dr. Rajetha Damishetty (Hyderabad).



At that moment, the historic movement led by hundreds of IADVLites across the country — and the unwavering efforts of core team members **Dr. Arijit Coondoo (Kolkata)**, **Dr. Shyam Verma (Vadodara)**, **Dr. Abir Saraswat (Lucknow)** and **Dr. Rajeev Sharma (Aligarh)**— reached its culmination point.

“Such an honour strengthens our collective resolve to continue this vital mission,” said Dr. Lahiri.

This international recognition is not just an accolade for ITATSA — it is a tribute to the power of scientific integrity, collective advocacy, and the unwavering commitment of Indian dermatologists. It underscores India’s leadership in ethical dermatology and patient safety and reaffirms that a sustained, united voice can bring about lasting public health change.







## COMMUNITY DERMATOLOGY Free Skin Health Camp: 13<sup>th</sup> July 2025

*IADVL's Nationwide Free Skin Health Camps – A Groundbreaking Initiative*

*On 13<sup>th</sup> July, the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) launched a landmark initiative—organizing nationwide free skin health camps simultaneously across the country. This pioneering effort aimed to:*

*Raise awareness about skin, hair, and nail diseases among the general public*

*Encourage individuals to seek consultation from qualified dermatologists*

*Break myths and stigma associated with dermatological conditions*

*An additional goal was to attempt a record-breaking feat—registering the maximum number of skin health camps conducted in a single day in the International Book of Records.*

*West Bengal IADVL: Reaching Every Corner*

*In alignment with this initiative, the West Bengal branch of IADVL organized statewide free dermatological camps at the grassroots level—ranging from private clinics to community halls, Vedic ashrams to correctional homes.*

*32 camps were conducted across the state, 59 dermatologists volunteered their time and expertise, 1,716 patients were examined and counseled in a single day*

*This remarkable achievement was made possible by the dedication and tireless efforts of all participating dermatologists and volunteers, making the event a resounding success.*

**Indian Association of Dermatologists, Venereologists and Leprologists (IADVL)**

**IADVL EC & Community Dermatology 2025**

**IADVL West Bengal State Branch**

**International Book of Record  
attempt for the maximum number of  
Free Skin Health Camps**

**&**

**Awareness on Skin/Hair/Nail & Genital Health**

**on 13<sup>th</sup> July all over India**

**A Historic IADVL Initiative**



**Consult IADVL certified Skin Specialist  
for Skin/Hair & Genital problems**

**HEALTHY SKIN HEALTHY BODY HEALTHY NATION**

















## **MASTER CLASS: Season: 1 - Episode: 1, 8<sup>th</sup> July 2025**

### **Autoimmune Connective Tissue Diseases (AICTD): Dermatological Aspects**

The Indian Association of Dermatologists, Venereologists and Leprologists – West Bengal (IADVLWB) proudly marked the grand launch of its prestigious Master Class Series with Session 1, Episode 1 held on 8th July at R. G. Kar Medical College. The inaugural session was a housefull event, showcasing an extraordinary blend of academic excellence, expert insights, and vibrant participation.

The event was formally inaugurated by Dr. Manas Kumar Bandhopadhyay, Principal of R. G. Kar Medical College. His inspiring words set the tone for the day. The occasion was further graced by the presence of Dr. Saptarshi Chatterjee, MSVP of the institution, adding immense value to the launch.

**Theme: Autoimmune Connective Tissue Diseases (AICTD)**

The central theme of the inaugural session focused on Autoimmune Connective Tissue Diseases (AICTD), offering in-depth exploration through expert-led discussions and scholarly presentations.

**Scientific Sessions and Speakers-**Ethical Problems in Dermatology Practice Dr. Maloy Pramanik Approach to a Patient with Autoimmune Connective Tissue Disease: A Dermatologist's Perspective Dr. Sudip Kumar Ghosh Interpretation of Serological Markers of AICTD Dr. Pradyot Sinhamahapatra Histopathological Aspects of AICTD Dr. Kisalay Ghosh  
**Interactive Quiz Session** An engaging quiz round was conducted by Quiz Master Dr. Anupam Das, featuring active participation and competitive enthusiasm. **Winners:** 1st Prize: Joheb Mondal 1st Runner-up: Sweta Singh 2nd Runner-up: Mayukh Hazra

**Panel Discussion** A stimulating panel discussion, moderated by Dr. Partha Mukherjee, featured a rich exchange of clinical insights among esteemed experts like Dr. Saswati Halder, Dr. Sujata Sengupta, Dr. Suchibrata Das, Dr. Arghaprasun Ghosh

The event drew an overwhelming response from a highly engaged audience, reaffirming the academic spirit and commitment of the dermatology community in West Bengal. The enthusiasm and collaborative energy of the speakers, panelists, attendees, and organizers ensured the session was not just informative but truly memorable.

With such a successful beginning, the IADVLWB Master Class Series sets a high benchmark for future sessions, promising continued excellence in dermatological education and collaboration.

## **IADVL WB ACADEMY PRESENTS**



### **SEASON 1 - EPISODE 1**

8<sup>th</sup> July 2025 | 2.15 to 6.30 PM

#### **TOPIC**

**Autoimmune Connective Tissue Diseases (AICTD):  
Dermatological Aspects**

#### **VENUE**

**RG Kar Medical College  
Medicine Seminar Room, 5<sup>th</sup> Floor, B.C. Roy Casualty Block**





# SKINTELLECT

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## **MASTER CLASS: Season: 1 - Episode: 2, 18<sup>th</sup> July 2025** **Sexually Transmitted Infections (STIs)**

*The second episode of the IADVL West Bengal Academy Masterclass Series was held on 18th July 2025 at Calcutta National Medical College, focusing on the theme of Sexually Transmitted Infections (STIs). The academic event was chaired by Dr. Arghyaprasun Ghosh, Head of the Department of Dermatology, BSMC, and witnessed the participation of distinguished dermatology faculty including Dr. Saswati Halder, Dr. Sujata Sengupta, Dr. Sudip Das, and Dr. Biswanath Naskar, representing various premier medical colleges of West Bengal.*

*The session commenced with a brief registration and lunch, followed by a thought-provoking talk on the ethical management of dermatological disorders by Dr. Sudip Das, who emphasized the delicate balance between clinical judgment and patient rights, especially in STI care. The highlight of the session was a comprehensive lecture titled "Syphilis – The Master Blaster" by Dr. Sudip Das, which delved into classical presentations, atypical cases, and updated management protocols. This was succeeded by a vibrant collaborative session led by Dr. Sujata Sengupta and Dr. Saswati Halder on gonorrhea and genital discharges, aptly titled "Weeping Genitals and Miscellaneous Potpourri." Their presentation featured practical case-based discussions and challenges faced in routine STI clinics.*

*The program further explored contemporary public health concerns, with Dr. Sudip Das highlighting the epidemiological and clinical aspects of MSM (men who have sex with men) and their increased vulnerability to STIs. Dr. Farhat Fatima then discussed the evolving role of genital vaccines in prevention strategies, underscoring their importance in modern dermatology practice. Dr. S.K. Shahriar Ahmed also addressed the POCSO Act and its legal implications for dermatologists treating minors, a crucial but often overlooked dimension of STI management.*

*The academic conclave concluded with a reevaluation MCQ session jointly conducted by Dr. S.K. Shahriar Ahmed and Dr. Apeksha Singh, followed by a final Q&A and vote of thanks. The masterclass proved to be an enlightening experience, combining ethical discourse, clinical excellence, legal awareness, and public health updates. It reinforced IADVL's ongoing commitment to academic enrichment and clinical excellence in the field of dermatology.*

### **IADVL WB ACADEMY PRESENTS**



### **SEASON 1 - EPISODE 2**

**18<sup>th</sup> July 2025 | 2.15 to 6.30 PM**

#### **TOPIC**

**Sexually Transmitted Infections (STIs)**

#### **VENUE**

**Calcutta National Medical College  
GLT, College Campus Ground Floor, Beside Library**





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## CME on Dermatophytosis: 20<sup>th</sup> July 2025

A CME on Dermatophytosis: A silent pandemic of last decade was organized by the IADVL West Bengal state branch on 20<sup>th</sup> of July at Hotel Hyatt Regency, Kolkata. After the context setting by the President Dr. Dinesh Hawelia, Dr. Anupam Das spoke on Antifungal Stewardship followed by Dr. Sudip Das on changing global scenario of Dermatophytosis. The CME ended with an interactive panel discussion moderated by Dr. Kingshuk Chatterjee on difficult scenarios in management of Dermatophytosis. Apart from the panelists Dr. Dinesh Hawelia, Dr. Swarnali Maity, Dr. Anupam Das, Dr. Sudip Das and Dr. Gautam Banerjee, attending delegates and PG students also shared their experience with the moderator. The programme was a grand success and all dermatologists pledged to continue their fight against chronic Dermatophytosis





## Monthly Clinical Meeting of IADVL WB on 28/07/2025 at IPGMER & SSKM Hospital, Kolkata

The Monthly Clinical Meeting of the IADVL West Bengal State Branch was held on 28th July 2025 at the Institute of Post-Graduate Medical Education and Research (SSKM), Kolkata. Chaired by Dr. B. Naskar, the academic session saw active participation from eminent dermatologists including Dr. Arun Achar, Dr. Kishalay Ghosh, Dr. Sudip Ghosh, Dr. Kakoli Mridha, Dr. Falguni Nag, Dr. Subhomay Neogi, and Dr. Abanti Saha. The session featured seven rare and fascinating dermatological cases presented by postgraduate trainees. The first case discussed Alagille syndrome, highlighting multisystem involvement with cutaneous markers. The second case explored the skin findings in Hunter syndrome, while the third focused on Segmental Stiff Skin Syndrome, a rare scleroderma-like disorder. The fourth case illustrated Paraneoplastic Erythema Annulare Centrifugum (EAC) as a cutaneous clue to underlying malignancy. The fifth presentation covered Reactive Infectious Mucocutaneous Eruption (RIME), emphasizing its emerging clinical profile. The sixth case detailed Cockayne syndrome with features of premature aging, and the final case presented a complex overlap of EEC syndrome with Confluent and Reticulated Papillomatosis (CARP). Each case provoked thoughtful discussion around diagnostic challenges, genetic considerations, and interdisciplinary care. The session served as a valuable academic forum, deepening the understanding of rare genodermatoses and systemic syndromes with dermatological significance.



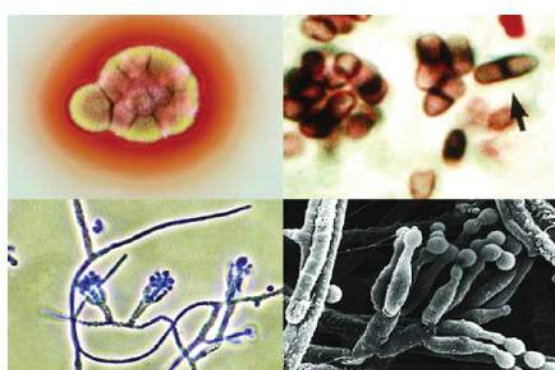


## Quiz Zone

1. A 25 year old female presented to the OPD with Reticulated Lesion over the upper back and nape region.  
Clue 1: The lesions started as Papular and Vesicular Eruptions which were Pruritic  
Clue 2: Females on Crash Diet are more commonly affected  
Name The Condition (PIC 1)
2. Category to which the drug derived from the fungus belongs? (PIC 2)
3. Find the correct statement with correspondence with the image given (PIC 3)
  - Occurs in first trimester
  - Occurs in multiparous women
  - Recurrence is common
  - New borns may develop transient lesions of the condition
4. The month of development of eccrine glands in the palms and soles.
5. Name the defective gene in haim –munk syndrome.



PIC 1



PIC 2



PIC 3

### Quiz Answer Volume-3, Issue-3

1. Petrified ears.
2. Chanarin- Dorfman syndrome.
3. Sunset sign, Juvenile Xanthogranuloma.
4. Rainbow sign, Kaposi Sarcoma.
5. Morse-code sign, Tinea capitis.
6. Giant annular lichenoid drug eruption.

The correct response given:  
Crossword: Dr. Shatanik Bhattacharya

Thank You for your answer and happy reading

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



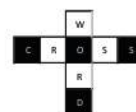
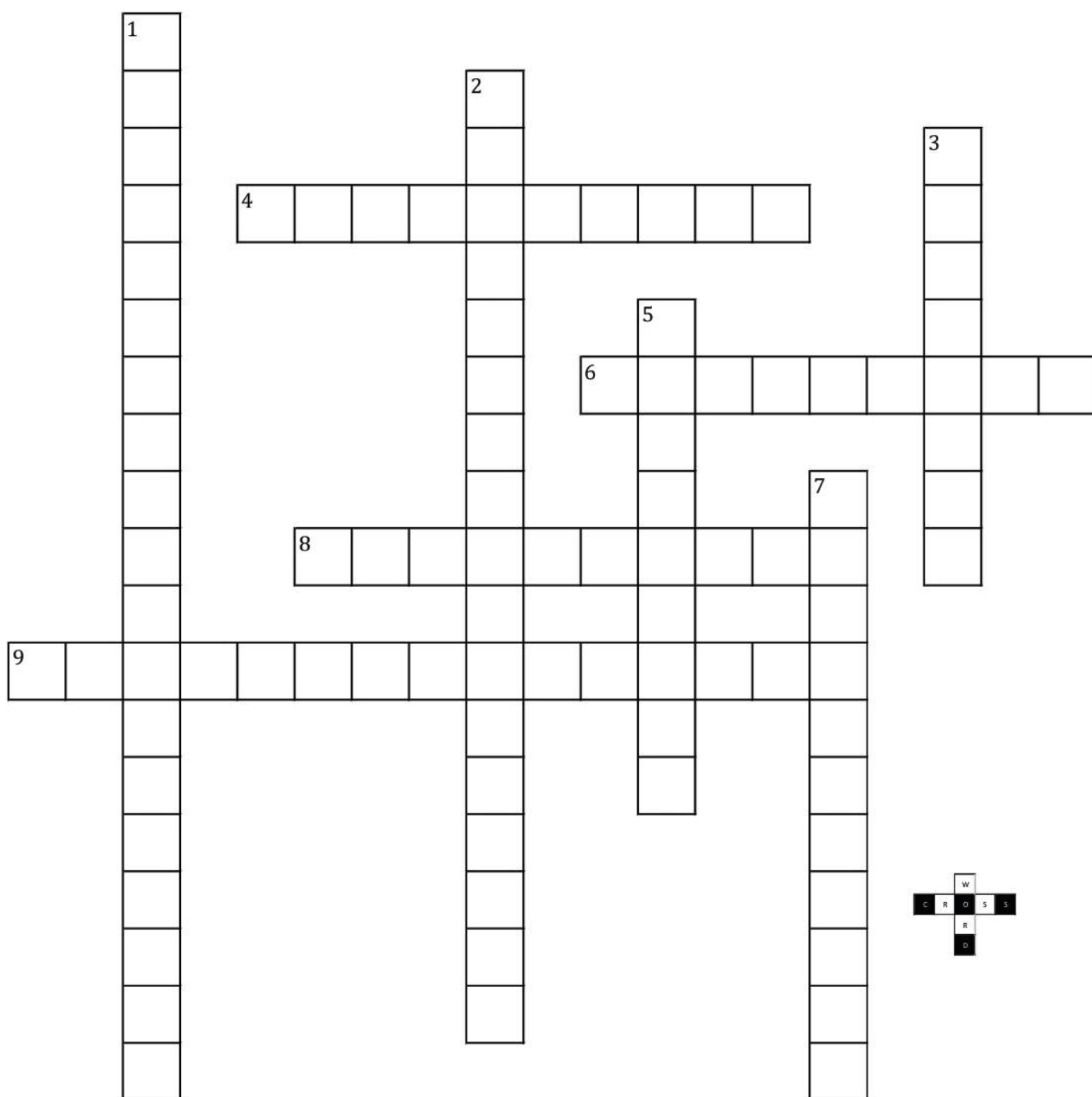
## Brainstorm

### Across

4. Verocay bodies are classic histopathological features of this tumor
6. non pigmented FDR is caused by
8. new FDA approved topical drug for onychomycosis
9. good prognostic factor in sarcoidosis

### Down

1. tiger tail appearance of hair shaft in polarized light is seen in
2. Renbok phenomenon is seen in
3. major component of cornified envelope
5. tumor of brown fat
7. Gene mutation in striate PPK





## Dermwiz

I am  
not viral, I  
don't spread fast, But  
when I arrive, I tend to  
last. I do not burn, yet skin  
turns tight —A localized battle,  
not a full-blown fight.

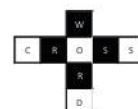
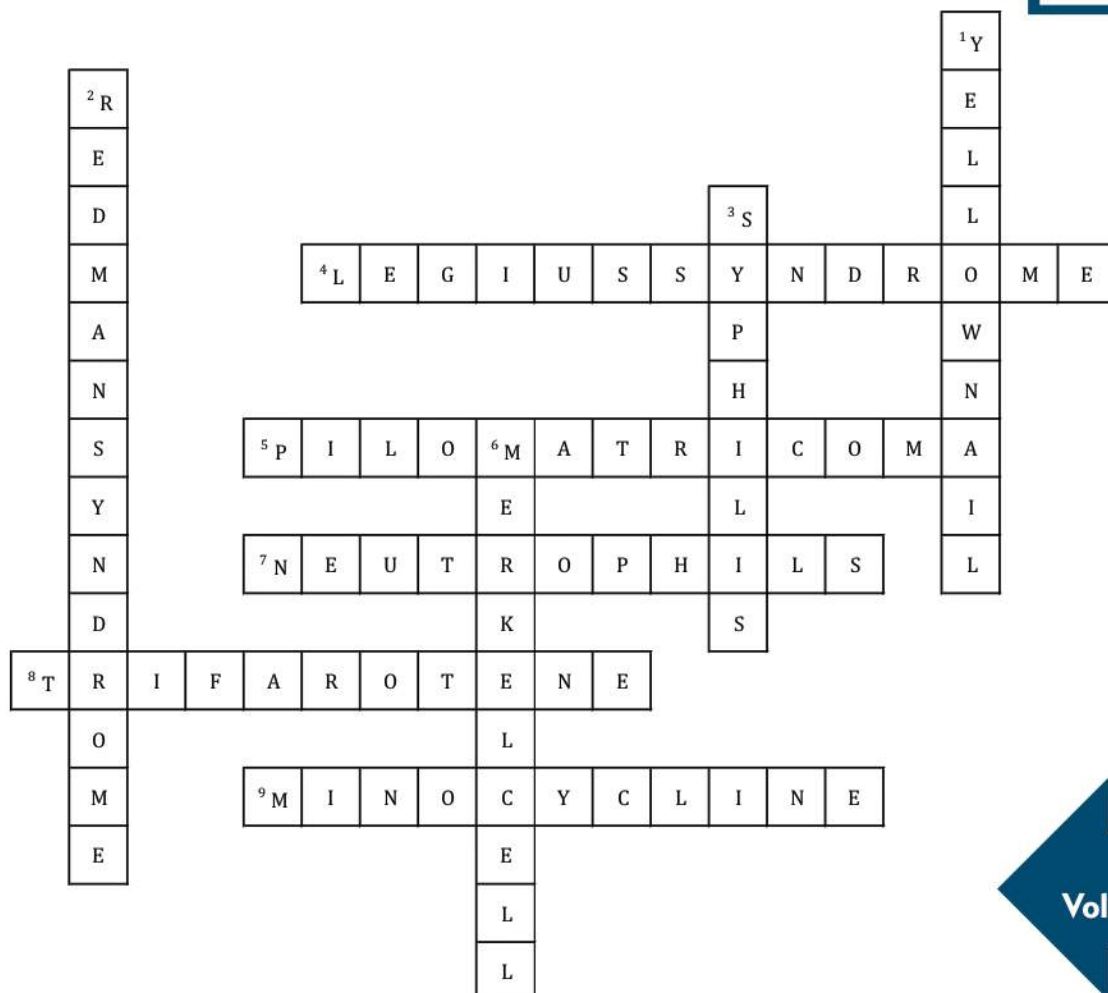
I don't travel, I don't roam, I build  
my walls where I call home. An  
autoimmune twist, no rash, no  
scream —Just thickening skin  
and a fading dream.

Diagnose me if you  
dare.



**Dermwiz Answer**  
Volume-3, Issue-3

**Pityriasis  
Rubra  
Pilaris**



**Answer**  
Volume-3, Issue-3