

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



SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

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

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Dr. Dinesh Kr Hawelia
President , IADVL WB



Dr. Suchibrata Das
Honorary Secretary, IADVL WB



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Note from the President

Dear Members,

It is a pleasure to share my thoughts with you through this month's issue of Skintellect. September was an eventful month, marked by high-quality academic activities and active participation from our fraternity.

*On 13th September, we conducted **DERMA ABAHAN**, the flagship webinar of IADVL-WB. The scientific deliberations on cutaneous adverse drug reactions were thorough and enlightening, and the session was further enriched by a stimulating panel discussion on pruritus. The depth and clarity of the discussions made it a memorable academic event.*

The very next day, on 14th September, we had another engaging program at Hyatt Regency, Kolkata, where the nuances of psoriasis management were explored under the aegis of IADVL-WB in collaboration with Eli Lilly. The sessions provided valuable insights into patient-centric care and evolving therapeutic strategies.

Now, as we welcome the festive season of Durga Puja, our hearts are filled with joy, devotion, and togetherness. On behalf of IADVL-West Bengal, I extend my warm wishes to you and your families. May this Puja bring peace, happiness, and prosperity, and may it also inspire us to carry forward our academic and professional journey with renewed enthusiasm and unity.

Let us celebrate not only the festival, but also the spirit of belonging to one IADVL-WB family.

Warm regards,



Dr. Dinesh Kr. Hawelia
President
IADVL WB



Secretary's Scribes

Season's greetings to all and শুভ শারদীয়া!

We have commenced our flagship "Derma Abahan Online Academic Series" with great enthusiasm and overwhelming response. The First Session – First Episode, held on 13th September 2025, witnessed vibrant participation from a large number of dermatology professionals across India. We extend our heartfelt thanks to Ajanta Pharma for their valuable support as our academic partner in this initiative.



Building on this successful beginning, we are delighted to announce that the Second Episode of the series will be conducted shortly.

In addition to our virtual academic initiatives, we also organized a Continuing Medical Education (CME) on Psoriasis at Hotel Hyatt, Kolkata, with the gracious support of Lilly Biologicals.

These initiatives reaffirm our commitment to academic excellence and continuous professional development within the dermatology fraternity.

We look forward to your continued engagement in all our future endeavors.

Warm regards and festive wishes once again,

Dr. Suchibrata Das
Honorary Secretary
IADVL WB



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Editors Desk

Dear Readers,

It is with great joy that we present to you the September edition of Skintellect. Even as the festive season sets in, IADVL WB has continued its tradition of vibrant academic activities.

The month began with the first episode of Derma Abahan, a webinar on Cutaneous Adverse Drug Reactions and Management of Pruritus, which witnessed active participation from eminent dermatologists across the state and beyond. This was soon followed by an enriching academic meet at Hyatt Regency, Kolkata, in collaboration with Eli Lilly, where practical aspects of psoriasis management—with a special focus on biologics—were discussed in depth.

In this issue, the spotlight shines on Dr. Siddhartha Das, who shares his inspiring journey in dermatology. Dr. Nisha Agrawal brings valuable insights into the role of threads in aesthetic dermatology. In the Residents' Corner, Dr. Ankita Dey explores the emerging role of melatonin in dermatology, while Dr. Mahormi Mazumder shares expert tips for radiant and healthy skin during Diwali.

As always, our academic exercises—quiz, crossword, and riddle—are here to challenge and engage you. To add a creative touch, We have a beautiful feature by Dr Nirjhar Mondal and a heartfelt writeup by Dr Agnidipa Das.

Team Skintellect extends warm wishes for a joyous and fulfilling festive season.

Warm regards,



Dr. Kaushiki Hajra
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DERMATOLOGIST SPOTLIGHT: DR SIDDHARTHA DAS

Q: Sir, could you share how your journey in dermatology began?

A: When I was doing my internship in medicine, I came under the guidance of Professor Vishwanath Sengupta at Bankura Sammilani Medical College. He truly inspired me to pursue dermatology. For me, the subject was both fascinating and challenging — the skin is the largest organ in the body, visible to everyone, and the difficulty lies in the fact that so many conditions look alike. Making the correct diagnosis was, and still is, a very stimulating challenge. That's what drew me into dermatology.

Q: What are some vivid memories or valuable lessons from your residency days that shaped your career?

A: My journey has been a mix of medicine, dermatology, and dermatosurgery. I initially did house staff in medicine, then six months in dermatosurgery at BSMC, where I performed a lot of major surgeries. Later, I pursued my DVD at Safdarjung Hospital, New Delhi, where teachers like Prof. R.S. Mishra and Dr. P. Ramesh encouraged me to take up all surgical procedures that came in.

I then joined MD Dermatology at AIIMS, New Delhi. Prof. L.K. Bhutani, Prof. P.K. Prasad, and Dr. O.P. Singh supported me greatly. Prof. Bhutani even sent me to the Plastic Surgery department under Prof. Khazanchi to learn flap and graft procedures. I also had exposure in Chennai, where I further honed my dermatosurgery skills. So, from very early in my career, I was drawn not only to clinical dermatology but also to dermatosurgery.

Q: If you had to choose one area of dermatosurgery you are most passionate about, which would it be?

A: Without doubt — vitiligo surgery. Vitiligo remains a social taboo in India, often affecting marriages and social acceptance. I have performed over **5,000 vitiligo surgeries** to date, and I'm proud to say that at least **4,000–5,000 young women were able to get married** afterwards without stigma.

Over time, I have mastered different techniques — punch grafting, split-thickness grafting, suction blister grafting, melanocyte culture transplantation and others. Patients often want quick results, especially before marriage, and in such cases, slit grafting gives excellent outcomes within 3–6 months. Patients come to me from all over India. I still remember a young woman who came before her marriage — one session of slit grafting completely cleared her lesions, and she was accepted warmly by her in-laws.

In recognition of my work, I was honoured with the **Inspiring Dermatologist of India Award by the Economic Times in 2019**.

Q: You've seen dermatology evolve over decades. What key changes stand out to you?

A: Many! When I began vitiligo surgery, I started with dermabrasion and graft placement. Later, I innovated by excising the recipient area with a scalpel for better cosmetic results.

Earlier, dermabrasion was also used for acne scars. I performed 60–70 such cases with a diamond dermabrader. But the risks of hyperpigmentation in our tropical climate were high, and patients had to remain bandaged for weeks. Later, microdermabrasion was safer though slower. Today, I combine **PRP with punch floatation** for boxcar and ice-pick scars, and the results are excellent.

I also developed a single-spin PRP method that reduces infection risk and saves time. Over the years, I've used PRP extensively in androgenetic alopecia, acne scars, and even non-healing ulcers.

Besides, I practice Botox, fillers, and lasers — but my special interest remains in surgical procedures, including scar revisions, keloid excisions, and mesoliposculpture (a less invasive alternative to liposuction, which I trained for in the USA).





Q: Do you think our current dermatology curriculum prepares residents well in surgical skills?

A: Not sufficiently. As Professor and Head at Gouri Devi Institute of Medical Sciences, I make sure our department has lasers and facilities for dermatosurgery. The **NMC curriculum has included dermatosurgery and cosmetic dermatology**, which is a good step. But I strongly feel more emphasis should be placed on surgical training for residents.

Q: Outside dermatology, what are your hobbies and interests?

A: I used to read a lot of books and novels, though now time is limited. Reading remains a passion. I am also deeply grateful to my mentors — Prof. Vishwanath Sengupta, who inspired me initially, and Prof. L.K. Bhutani, Dr. O.P. Singh, and Dr. Pandey, who encouraged me in dermatosurgery. International stalwarts like Perry Robins (USA) and Eckart Haneke also influenced my outlook.

Q: Finally, what advice would you give to young dermatologists beginning their careers today?

A: First and foremost — **master clinical dermatology**. It is the foundation of everything. Only after that should you move into cosmetic and surgical procedures.

I urge young dermatologists to take up dermatosurgery seriously. Botox, fillers, and lasers are expensive and profit margins mostly go to companies. But dermatosurgery can truly change lives, especially in vitiligo, scars, and tumors. Even small-town dermatologists can serve their communities better by learning surgical skills, instead of patients having to travel to big cities.

Start small — with excisions, scar revisions, vitiligo grafting. With experience, your skills will grow, and you'll not only help patients but also serve society in a meaningful way.

DERMBUZZ :

THREADS: OVERVIEW OF A NON-SURGICAL AESTHETIC PROCEDURE FOR FACE LIFT.

Dr Nisha Agrawal
Assistant Professor
JIS Medical College

Introduction: Aesthetic procedures continue to evolve, offering patients less invasive yet effective alternatives to traditional facelifts and other surgical interventions. Among the most popular non-surgical methods in recent years is **thread lift**, a procedure that promises facial rejuvenation with minimal downtime. Thread lift involves the insertion of specially designed threads under the skin, which provide both immediate lifting effects and long-term skin tightening due to collagen stimulation.

This article aims to provide an in-depth overview of thread lifting, including its mechanism of action, indications, contraindications, technique, and outcomes.

Mechanism of Action

Thread lift utilizes medical-grade absorbable threads, typically made from materials like **polydioxanone (PDO)**, **poly L-lactic acid (PLLA)**, or **polycaprolactone (PCL)**. These threads are strategically inserted under the skin via a thin needle. Once inserted, the threads create a supportive structure that results in an immediate lifting effect. Over time, the threads dissolve, typically within six months to a year depending on the type of material used, while simultaneously stimulating collagen production in the treated areas. This collagen induction provides continued skin tightening and improved skin texture, contributing to a more youthful appearance.

The mechanisms that underlie the benefits of thread lift include:

1. **Mechanical Lift:** The threads physically lift and reposition the sagging tissue, resulting in an immediate rejuvenated appearance.
2. **Biostimulation:** The body's response to the foreign threads triggers collagen synthesis, improving skin elasticity and reducing the appearance of wrinkles and sagging over a period of time.

Indications for Thread Lift

Thread lifts are commonly used for the treatment of:

- **Mild to moderate facial sagging** (typically around the cheeks, jawline, and nasolabial folds)
- **Non-invasive brow lifts** (for patients seeking a more subtle lift without surgery)
- **Neck and submental (under-chin) laxity** (used to address the appearance of a double chin or loose neck skin)
- **Skin texture improvements** (on areas like the cheeks or around the eyes)
- **Jawline definition** (to reduce jowls or improve contour)

Thread lift may also be combined with other non-surgical treatments such as **botulinum toxin (Botox)**, **dermal fillers**, or **laser resurfacing** for comprehensive facial rejuvenation.

Contraindications of Thread Insertion

Following are the contraindications of thread insertion.

- Active Skin Infections or Inflammatory Skin Conditions
- Severe Skin Laxity
- Autoimmune Disorders
- Blood Clotting Disorders
- Pregnancy and Breastfeeding
- Allergies to the Threads
- History of Keloid
- High Expectations



Types of Threads

Dissolvable sutures or threads used for lifting come in various materials and shapes

➤ Depending on the material used:

- Polydioxanone (PDO)
- Poly L-lactic acid (PLLA)
- Polycaprolactone (PCL)

Characteristic	PDO (Polydioxanone) Threads	PLLA (Poly-L-lactic Acid) Threads	PCL (Polycaprolactone) Threads
Material	Biodegradable synthetic polymer	Biodegradable synthetic polymer	Biodegradable synthetic polymer
Biocompatibility	High	High	Very high
Thread Type	Smooth, barbed, or cog threads	Smooth or barbed threads	Barbed threads
Absorption Time	6–12 months	12–18 months	18–24 months
Collagen Stimulation	Moderate	Strong (stimulates long-term collagen production)	Strong (stimulates long-term collagen production)
Immediate Lift	Moderate (results visible right after procedure)	Minimal immediate lift	Moderate (provides an immediate, subtle lift)
Long-Term Effects	Mild to moderate lift, fades within 6-12 months	Long-lasting (up to 2 years due to collagen stimulation)	Long-lasting (up to 2 years due to collagen stimulation)

➤ Depending on the texture of thread

- **Mono Threads:** These are smooth threads without barbs. Many of these threads are placed into the face in a mesh like fashion for skin tightening. Skin tightening usually improves after collagen starts forming around the thread. Treatment areas include neck, forehead, and around the eyes.
- **Barbed or cog Threads:** These are threads with barbs to hook to the underside of the skin. The barbs form a supportive structure that lifts the sagging tissues. Collagen formation can also occur around the threads and their barbs. Cog threads are more effective for jaw line lifting and slimming.

Technique of Insertion

The procedure is typically performed under local anesthesia, and the threads are inserted with a needle or cannula. The entire process typically takes 30 to 60 minutes, depending on the number of areas being treated.

- **Entry point:** usually hidden in hairline, preauricular area, or behind the ear
- **Vector planning:** threads are placed along natural tension lines, directed upward and outward.
- **Depth:** for lifting threads—deep subcutaneous plane, just above SMAS
for collagen stimulating mono threads—dermis or subdermal layer



Outcomes and Longevity

The immediate result after a thread lift is an enhanced definition and youthful contour, particularly around the jawline, cheeks, and neck. Over the next several months, the lifting effects improve as the threads dissolve and collagen production is stimulated.

While results can last anywhere from 6 months to 1-2 years, depending on the type of threads used and the patient's skin condition, the results are not permanent. Periodic maintenance sessions may be needed to maintain the effects. It's important to manage patient expectations by informing them that a thread lift is a subtle and gradual enhancement rather than a dramatic transformation.

Risks and Complications

While thread lifting is a relatively safe procedure, it does carry some risks, including:

- **Infection:** As with any procedure that involves the skin, there is a risk of infection, which is generally low with proper sterilization techniques.
- **Asymmetry:** Occasionally, the lifting effect may be uneven, leading to asymmetry. This is typically temporary and may resolve with massage or adjustment.
- **Thread extrusion or migration:** In some cases, the threads may be palpable under the skin or may migrate from the initial placement site. This is more common with barbed threads or in patients with very thin skin.
- **Bruising and swelling:** Mild bruising and swelling are common post-procedure and usually resolve within a few days to a week.
- **Skin dimpling:** Rarely, patients may experience visible dimpling or irregularities, which can often be corrected by gentle massage or minor adjustments by the treating practitioner.

In rare cases, threads may become visible or palpable beneath the skin. This can usually be addressed with either a minor procedure to reposition or remove the threads, or by gentle massaging to adjust their placement.

Conclusion:

Thread lift is a promising addition to the growing field of non-invasive aesthetic procedures. As dermatologists, we must consider patient selection, technique, and long-term maintenance to ensure the best outcomes for our patients. While it is not a substitute for more invasive procedures like facelifts, thread lifting provides a safe, effective, and relatively low-risk option for individuals seeking facial rejuvenation with minimal downtime.

Further research and technological advancements will likely continue to refine this technique, making it an even more reliable option for non-surgical facial enhancement in the future.

References:

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RESIDENT'S CORNER: MELATONIN IN DERMATOLOGY: THE SKIN'S MIDNIGHT HERO

When most of us hear the word melatonin, we instantly think of bedtime routines, jet lag remedies, or those tiny tablets that promise sweet dreams. It's the "sleep hormone" after all, right? But here's the exciting twist—**melatonin** isn't just about lulling you into dreamland. In recent years, scientists have uncovered its surprisingly versatile role outside the brain, particularly in the largest organ of our body: the **skin**. From shielding us against harmful UV rays to slowing down skin aging, melatonin is fast becoming a buzzword in dermatology. Think of it as your skin's very own night watchman, silently working overtime to keep it healthy, radiant, and resilient.

Dr. Ankita Dey
1st year PGT, R.G. Kar MCH



Introduction:

Melatonin—the so-called "hormone of darkness"—is most commonly recognized for its role in regulating circadian rhythms and sleep. Yet, in recent years, researchers have discovered that this small indoleamine is far more than a sleep aid. Found not only in the pineal gland but also in skin, hair follicles, the gastrointestinal tract and even mitochondria; melatonin is a potent antioxidant, immunomodulator, and cytoprotective molecule. Dermatology, a specialty where oxidative stress, inflammation, pigmentation, and barrier function dominate disease processes, is uniquely positioned to benefit from melatonin's diverse biological effects.

Once thought of only as a systemic regulator of sleep, melatonin is now emerging as a local guardian of skin integrity—protecting against ultraviolet (UV) radiation, reducing carcinogenic risk, supporting epidermal barrier repair and even modulating pigmentation and hair growth. Both topical and systemic applications are being explored, with early studies showing promising results across a spectrum of dermatological conditions.

Melatonin and the Skin: A Protective Duo

Melatonin's relevance in dermatology has grown substantially over the last two decades. Its wide-ranging protective, restorative, and regulatory functions make it a versatile candidate in both clinical practice and preventive dermatology. Below is an overview of its **major roles**:

1. Photoprotection and Skin Aging

One of the most extensively studied applications of melatonin is its ability to protect the skin from solar radiation and environmental insults. The skin, being constantly exposed to ultraviolet (UV) light, undergoes oxidative stress leading to erythema, pigmentation, DNA damage, and premature aging. Topical melatonin has been shown to **reduce sunburn reactions and erythema**, support **DNA repair**, and improve the skin's resilience against photoaging. Clinical studies have demonstrated that creams or gels containing melatonin can **attenuate UV-induced skin damage** and improve overall skin appearance. This positions melatonin as a potential adjunct in sunscreens and anti-aging cosmeceuticals.

2. Skin Cancer Prevention and Supportive Therapy

Because of its protective role against UV radiation and oxidative stress, melatonin has been investigated for **cancer prevention**. Experimental studies reveal that it slows the growth of melanoma and non-melanoma skin cancers and may even enhance the effects of chemotherapy and immunotherapy in advanced melanoma. Patients with basal cell carcinoma and squamous cell carcinoma have been observed to exhibit lower systemic melatonin levels compared to healthy individuals. Early clinical trials suggest that **oral melatonin may improve survival outcomes** when combined with standard cancer therapies. Thus, melatonin shows promise not only as a preventive agent but also as a supportive therapy in oncology.

3. Epidermal Barrier Function and Wound Healing

Maintaining a healthy skin barrier is essential in dermatology. Melatonin contributes to barrier repair by promoting keratinocyte proliferation and differentiation. Studies using skin explants and wound models show that melatonin accelerates the **healing of acute wounds**, improves **chronic wound repair**, and enhances the **antimicrobial properties of wound dressings**. It also supports hydration and barrier strength, making it valuable in conditions characterized by impaired skin integrity.

4. Pigmentation Disorders

Melatonin has a well-documented role in pigmentation control. Its hypopigmentary effects have been tested in conditions such as **melasma**, where both oral and topical applications led to significant improvement in pigmentation severity. While results in vitiligo are less conclusive, melatonin may help by reducing oxidative stress, which is believed to contribute to melanocyte loss. Seasonal changes in pigmentation and hair color have also been linked to melatonin's influence, highlighting its potential for managing cosmetic and pathological pigmentary conditions.

5. Hair Disorders

Melatonin has been investigated in scalp conditions such as **androgenetic alopecia** and **telogen effluvium**. Clinical studies using topical melatonin lotions reported improved hair density and reduction of hair loss, particularly in women. Beyond direct effects on follicles, melatonin may also protect against **chemotherapy-induced hair loss**, raising its potential as a supportive therapy in oncology. Its role in hair pigmentation is also under study, with evidence suggesting it may regulate follicular pigmentation cycles.

6. Inflammatory and Allergic Dermatoses

Melatonin is gaining recognition in the management of inflammatory skin diseases:

- **Atopic Dermatitis (AD):** Several trials in children and adults show that melatonin supplementation improves **sleep quality** (commonly disturbed by itching) and **reduces disease severity scores (SCORAD)**.
- **Chronic Urticaria:** Patients often report poor sleep and itching. Pilot studies revealed low melatonin levels, suggesting supplementation could provide symptomatic relief.
- **Psoriasis:** Studies have documented **reduced serum melatonin levels** in patients, along with a disruption of its circadian rhythm. Supplementation may alleviate oxidative stress and inflammation.
- **Rosacea:** Preliminary reports suggest melatonin helps reduce skin redness and inflammation, with ongoing research linking it to vascular stability and even systemic associations such as Alzheimer's disease.

Together, these findings place melatonin as a promising **adjunct therapy** in chronic inflammatory dermatoses, especially those linked with sleep disturbances.

7. Sleep-Related Skin Disorders

Sleep quality is deeply interconnected with skin health. Chronic dermatological diseases such as eczema, urticaria, and psoriasis are often accompanied by poor sleep, which worsens disease severity and quality of life. Because melatonin improves both sleep onset and duration, it indirectly benefits skin conditions where **itch-scratch cycles** and **nocturnal discomfort** play a central role. Clinical data support its safe use in paediatric and adult populations with sleep-disrupted skin disease.



8. Thermoregulation and Vascular Skin Responses

Melatonin has also been studied for its role in **skin thermoregulation**. By influencing vasodilation and vasoconstriction, it helps fine-tune the skin's heat exchange with the environment. While still a developing area, this property could have implications for conditions influenced by vascular instability or dysregulation, such as flushing disorders.

The Latest Advancements

The story doesn't end there—researchers are getting creative with how to unleash melatonin's full potential:

- **Nanocarrier Delivery:** Scientists are experimenting with nanotechnology to deliver melatonin deeper into the skin, making it more stable and effective.
- **Chrono-cosmetics:** A new trend in skincare is syncing products with your body's circadian rhythm. Night creams with melatonin are designed to “work the night shift,” aligning with your skin's peak repair time.
- **Skin Cancer Research:** Studies suggest melatonin may help guard against UV-induced carcinogenesis by enhancing DNA repair—an exciting direction in preventive dermatology.
- **Synergy Formulas:** Researchers are testing combinations of melatonin with retinoids, hyaluronic acid, and antioxidants to create power-packed formulations.

Conclusion

Melatonin has transitioned from being a “sleep hormone” to a multifaceted molecule with profound implications in dermatology. Its antioxidant, immunomodulatory, and cytoprotective properties offer promising therapeutic avenues across a spectrum of conditions—from atopic dermatitis and melasma to wound healing and skin cancer prevention. Given its excellent safety profile, affordability, and availability, melatonin stands out as a versatile candidate for both therapeutic dermatology and preventive skin medicine.

The coming decade is likely to see melatonin evolve from an underutilized molecule to a mainstream adjunct in dermatological care.

DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

THE GIRL WHO READ THE BACK OF BOTTLES

Dr Agnidipa Das
1st yr Resident, KPC MCH



I was always told I had a pretty face. Soft features, gentle lines — the kind that invited compliments without effort. But then, like a storm creeping over calm waters, adolescence arrived. And with it, acne. Angry, inflamed, relentless. I remember standing in front of the mirror, watching a familiar face become unfamiliar, cloaked in breakouts and self-doubt.

Back then, dermatologists were distant figures. Knowledge was pieced together from magazines, hearsay, and whatever happened to be on a pharmacy shelf. One evening, by chance, I overheard a woman talking about a French skincare brand — Clarins. She spoke of it not like a product, but like a quiet revolution. I bought a simple facewash and moisturizer. Nothing dramatic. No magic potions. And yet, something changed.

My skin responded. More importantly, I responded. I began turning bottles over — not to admire the design, but to read. To study. To understand. Each ingredient became a word in a language I was just beginning to learn.

That spark of curiosity didn't fade. It grew.

I entered medical school with a white coat and wide eyes. I studied medicine, yes — but I also continued decoding skincare, testing routines, learning what worked and why. After MBBS, I joined the Indian Army, trading classrooms for cantonments. I served in places where the cold could bite, the sun could scorch, and skincare was often a luxury. Yet, my knowledge traveled with me. Even with limited resources, my skin survived — sometimes, it even thrived.

I've never subscribed to the noise of ten-step routines, never chased glass skin dreams sold in glittering bottles. Minimalism was not a trend I picked up — it was the only thing that made sense. Practical. Honest. Enough.

There was always a little girl inside me — the one who stood in front of the mirror, confused but curious, desperate but determined. That girl found her answer not in products, but in knowledge. In transformation. In healing.

Today, I'm training to be a dermatologist. Living the dream she once whispered about in secret. And every day, I carry her with me — not just in memory, but in mission.

Because skin tells stories. And this is mine.



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DEVI THE DIVINE GODDESS AMONG MORTAL BEINGS OIL ON CANVAS



Dr Nirjhar Mondal
SR, BC Roy, PGIPS



THE DERMATOLOGIST'S GUIDE TO FESTIVE SKIN: A DIWALI SKINCARE PROTOCOL

Diwali, celebrated in India's autumn months of October-November, is a joyous time that also presents unique challenges for the skin. The combination of increased air pollution, dry weather, heavy makeup, and festive stress can compromise the skin's protective barrier. This can lead to dullness, dehydration, and breakouts. For Indian skin, this is particularly concerning due to a higher risk of Post-Inflammatory Hyperpigmentation (PIH).

Key Skin Concerns During Diwali

The festive environment creates a perfect storm for several specific skin issues:

- **Acne** : Triggered by heavy, pore-clogging makeup, increased pollution, and high-sugar festive diets.
- **Dullness & Dehydration**: A direct result of cool, dry autumn air and particulate matter from pollution settling on the skin.
- **Increased Sensitivity & Redness**: The skin barrier weakens under stress, making it more reactive and prone to irritation.
- **Burns & Hyperpigmentation**: Accidental minor burns from diyas or firecrackers can easily lead to lasting marks and PIH.

Phase 1: Pre-Celebration (Preparation)

- **Hydration**- Adequate hydration is essential to combat the dry autumn air.
- **Smart diet**: Antioxidant-rich foods like amla, pomegranates, and leafy greens help to fight pollution induced damage.
- **Use of Gentle Cleanser**
- **Strengthen skin barrier**- use of ceramide containing moisturisers

Phase 2: During Celebrations (Protection)

- **Protect from Sun & Smog**- use of a broad-spectrum sunscreen with SPF > 30+ is recommended
- **Makeup**: Use of non-comedogenic cosmetics is encouraged and proper cleansing of makeup and grime is important to prevent skin damage.

Phase 3: Post-Celebration (Recovery).

- **Focus on Repair**: Moisturizers rich in **ceramides** and **hyaluronic acid** are helpful in barrier repair
- **Gentle Exfoliation**: mild exfoliants (like lactic acid) maybe used to remove dead skin cells and pollution residue.
- **Eat Clean**: A balanced, low-sugar diet post celebrations is encouraged for skin recovery and inflammation reduction

Do's and Don'ts for Festive Skin Health

Do's

- Use a **broad-spectrum sunscreen (SPF ≥30, PA+++)** daily, even indoors, to minimize UV-induced and pollution-exacerbated pigmentation.
- Incorporate **non-comedogenic moisturizers with cer**

Dr. Mahormi Mazumder
1st yr PGT, NRS MCH



amides or hyaluronic acid to counter transepidermal water loss.

- Practice **double cleansing** at night to ensure removal of both oil-soluble (makeup, sunscreen) and water-soluble (pollution particles, sweat) impurities.
- Consume **antioxidant-rich foods** (vitamin C, vitamin E, polyphenols) to mitigate free radical damage.
- Perform **immediate cool water irrigation** for accidental superficial burns and cover with sterile dressings.

Don'ts

- Do not use **harsh physical scrubs** or abrasive loofahs, which can aggravate barrier disruption and trigger PIH.
- Avoid **over-layering multiple active ingredients** (AHAs, BHAs, retinoids) during this period of increased sensitivity.
- Do not pick, squeeze, or manipulate acne lesions, as this increases the risk of scarring and pigmentation.
- Avoid **home remedies** like applying toothpaste, butter, or oils on burns or pimples, as these can worsen irritation or infection.
- Do not neglect hydration—both systemic (water intake) and topical (humectant-based serums).

Conclusion

Festive skincare requires a proactive, structured approach that balances barrier protection, hydration, and timely repair. By anticipating irritants such as particulate matter, increased oxidative stress, and prolonged cosmetic use, one can significantly reduce the risk of acneiform eruptions, xerosis, irritant dermatitis, and post-inflammatory hyperpigmentation. Early attention to minor burns and avoidance of inappropriate home remedies prevent secondary infection and long-term sequelae. Ultimately, maintaining cutaneous health during Diwali is not about aggressive interventions but about consistent, gentle, and scientifically guided care.

CME on Psoriasis Management

Venue: Hyatt Regency, Kolkata | Date: 14th September, 2025

On Sunday, 14th September 2025, IADVL West Bengal, in academic partnership with Eli Lilly, organized a CME on Psoriasis Management at Hyatt Regency, Kolkata.

The event was inaugurated by Dr. Dinesh Hawelia, President of IADVL WB.

The academic proceedings commenced with an engaging talk on the ethical aspects of biologic use in dermatology by Dr. Anupam Das. This was followed by a detailed discussion on psoriasis and the use of biologics tailored to patient needs by Dr. Bikash Ranjan Kar.

Dr. Shraddha M then spoke on the respective roles of biologics and conventional therapy in addressing comorbidities, psoriasis transition, and disease modification.

The evening concluded with an insightful panel discussion moderated by Dr. Sudip Das, featuring distinguished panelists—Dr. Dinesh Hawelia, Dr. Shraddha M, Dr. Anupam Das, and Dr. Bikash Ranjan Kar. The session highlighted the nuances of psoriasis management in clinical practice, with the experts sharing practical tips from their vast experience.

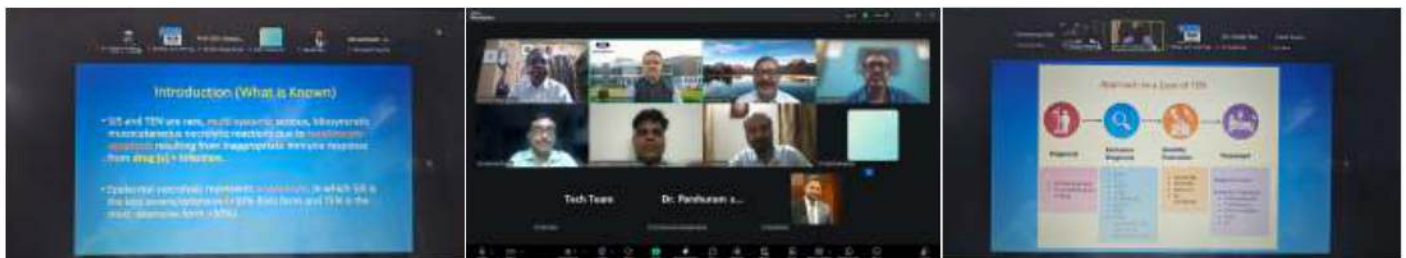
The event wrapped up with a vote of thanks and a reaffirmation of IADVL WB's commitment to continuing academic endeavors in dermatology.





Webinar on DERMA Abahan: Season 1 Episode 1

The First Session- First Episode of the highly anticipated Derma Abahan online academic series Organized by IADVL WB Academy was successfully conducted on 13th September 2025, with enthusiastic participation from dermatology professionals across the country. The session focused on two critical dermatological issues: Cutaneous ADRs and Pruritus Management by Renowned Speakers Dr. Lalit Kumar, Dr. Sudip Das and Panelists Dr. Indrashis Podder, Dr. Sanjay Ghosh, Dr. Suchibrata Das, Dr. Sumit Sen, Dr. Saswati Halder, moderate by Dr Sk Shahiar Ahmed. The session featured expert insights, evidence-based discussions, and practical approaches to managing complex dermatological conditions. A lively panel discussion and audience Q&A further enriched the learning experience. Session concluded with 176 attendees. We express our sincere gratitude to Ajanta Dermatology, our valued academic partner for providing unwavering support in making this event a success.



IADVL WB Academy

Presents

Derma
abahan
The Scientific Reckoner

**Cutaneous ADR
and Management of Pruritus**

SEASON 1

EPISODE - 1



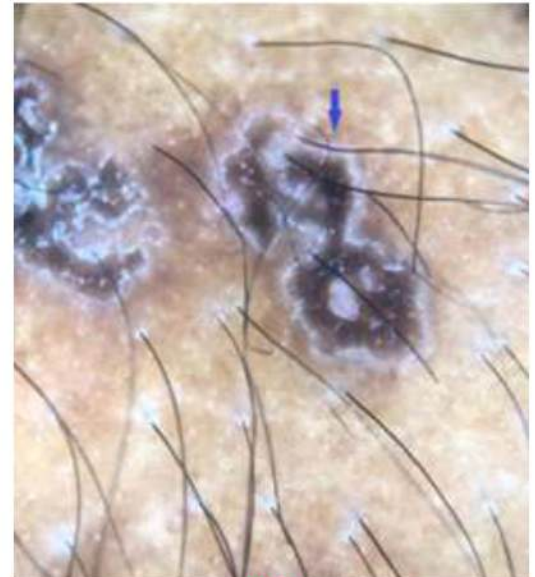
Saturday, 13th Sept 2025



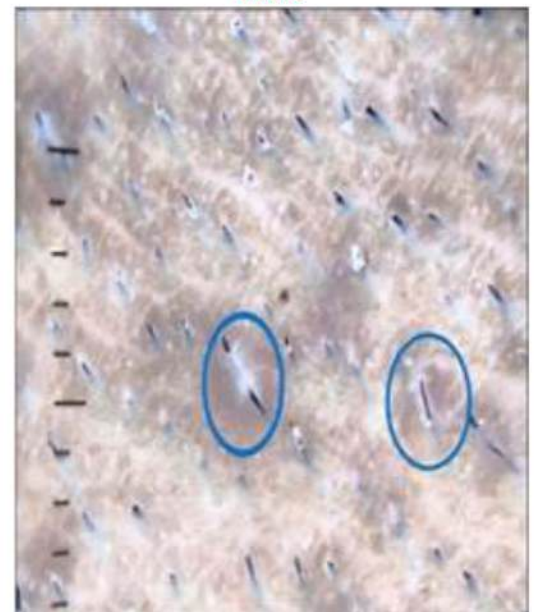
08:30 pm to 10:00 pm

Quiz Zone

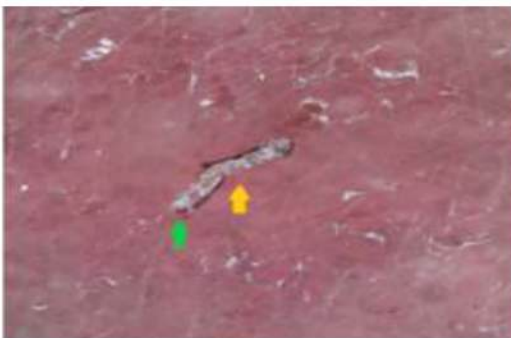
1. Name the sign and the disease. (PIC 1)
2. Name the disease. (PIC 2)
3. Name the sign. (PIC 3)
4. Name the sign and the disease. (PIC 4)
5. Name the dermoscopic sign. (PIC 5)



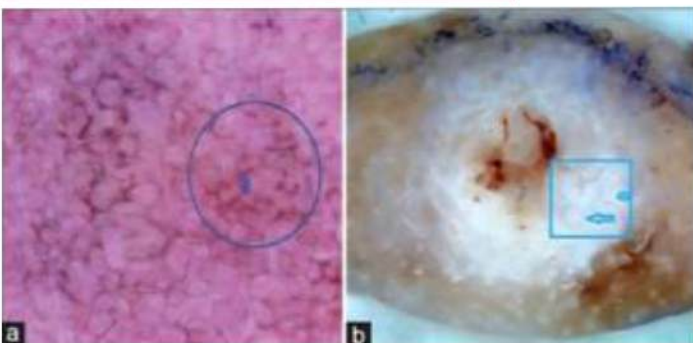
PIC 1



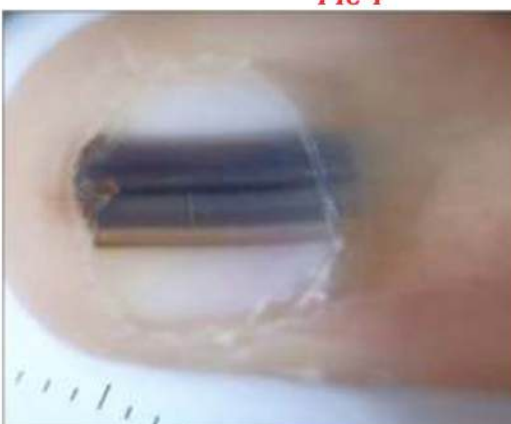
PIC 2



PIC 3



PIC 4



PIC 5

Quiz Answer Volume-3, Issue-5

1. Extramammary paget disease.
2. Granular parakeratosis.
3. Derasensor. AI engineered app for detecting skin cancer.
4. UV induced fluorescent dermoscopy.
5. Jelly sign, Melasma.

The correct response given:
Dermawiz: 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.



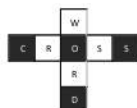
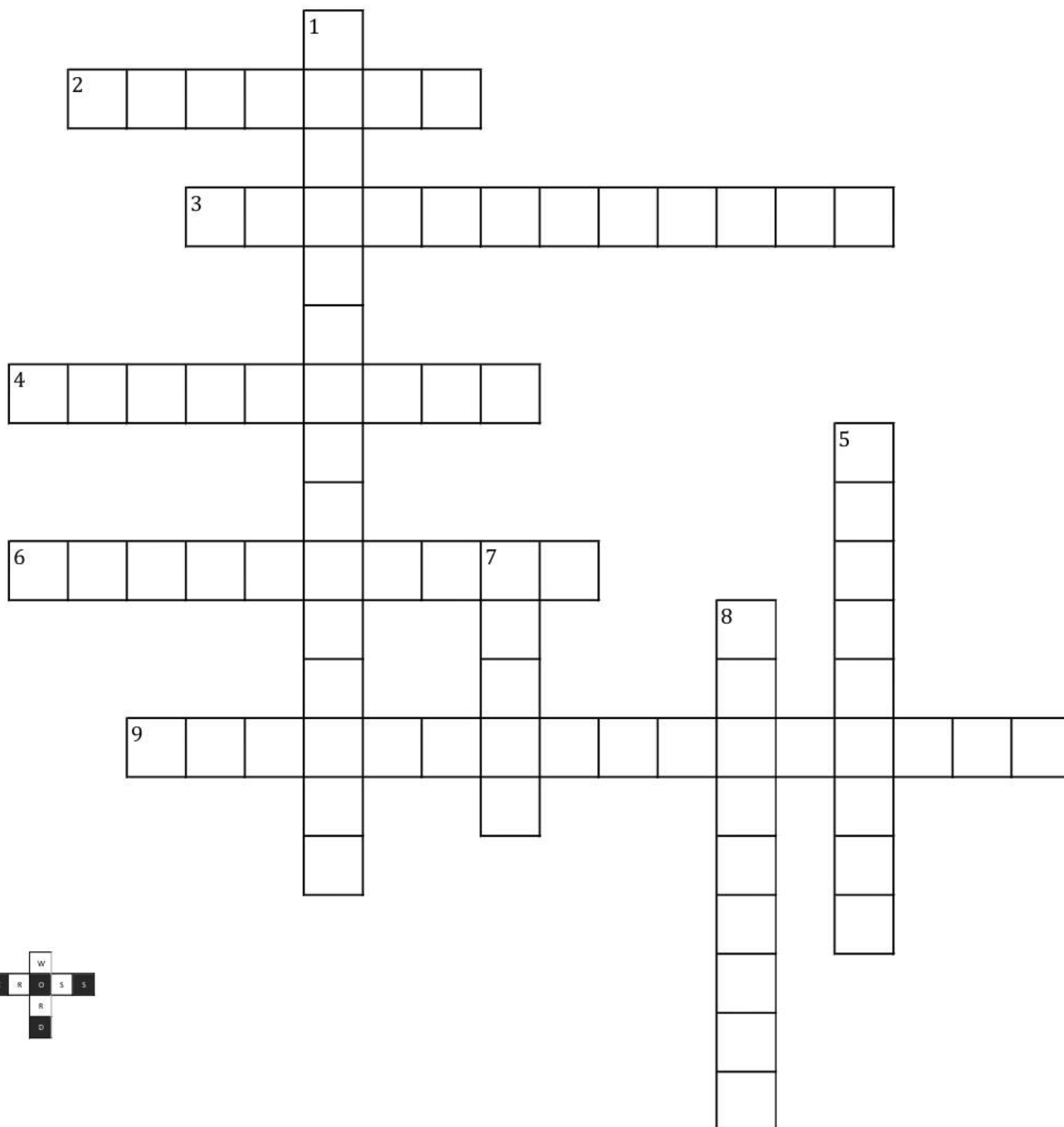
Brainstorm

Across

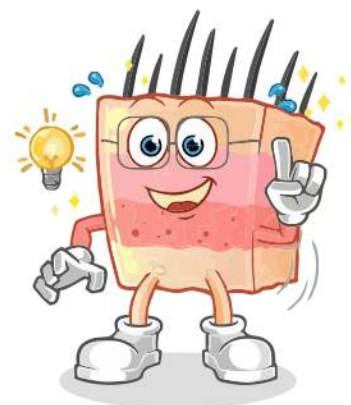
2. Fontana Masson stain is used for
3. main anastomotic vessel seen in glomus body
4. basophilic inclusion bodies in sarcoidosis
6. SPINK5 Mutation is seen in which syndrome
9. Meltzer's triad is seen in

Down

1. Mirror sign in dermoscopy is seen in
5. FDA approved treatment for basal cell carcinoma
7. needle used in subcision
8. toll like receptor 7 agonist

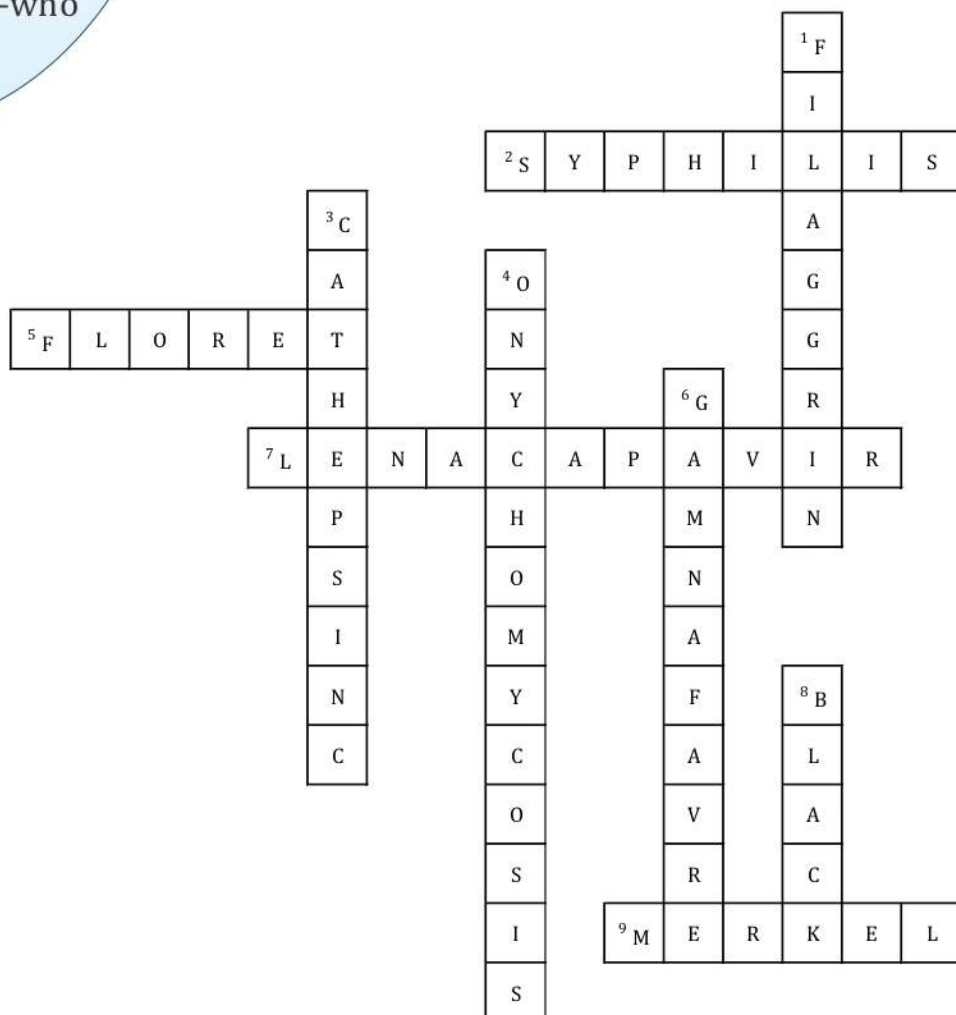


Dermwiz



Dermwiz Answer
Volume-3, Issue-5
lichen planus

"I
travel in silence,
born where East and
West once traded,
My path is winding, like a
caravan unbraided.
I mark the mouth with fire yet leave
no feast,
The eyes with storms though no rain
has ceased.
Joints I rattle, skin I scar,
And vessels I pierce both near and
far.
A test with a prick may whisper
my name,
Tell me, wanderer—who
am I, famed?"



Answer
Volume-3, Issue-5



15th & 16th
Nov, 2025

CUTICON²⁰²⁵

WEST BENGAL

28th Annual State Conference of IADVL WB Branch

Venue:

Viveka Tirtha

Near Eco Park, Gate No. 1,
New Town, Kolkata - 700161

Theme: Uniting Science, Art, & Mind in the Practice of Dermatology

Program Highlights

Lectures & panels:

Cutaneous infections
Psoriasis
Skin-endocrine link
Immunobullous disease

Case-based Panel discussions on:

Dermato Surgery
Dermatopathology
How should we manage common skin diseases?
Aesthetics
Drugs used in pregnancy and lactation
Pigmentary disorders
STI

Lectures on:

History of Dermatology
Pediatric Dermatology
(genodermatoses, metabolic diseases, AICTDs)
Recent advances in Dermatology
Genital ulcer
Leprosy reaction
Hidradenitis suppurativa
Acne
Cutaneous malignancies
Hair disorders
Ethics in Dermatology
Contact dermatitis

- Dedicated sessions for PGTs by the masters in the field
- Free paper for all PLM and LM



REGISTRATION FEES

Category	25/07/2025 20/09/2025	16/09/2025 31/10/2025	01/11/2025 On Spot
Life Member	₹ 2000/-	₹ 3000/-	₹ 4000/-
PG Student	₹ 1500/-	₹ 2500/-	₹ 3500/-
Accom Person	₹ 1500/-	₹ 2500/-	₹ 3500/-
Workshop	PG Student	Members	
Dermatopathology	₹ 1000/-	₹ 2000/-	
Dermatosurgery	₹ 1000/-	₹ 2000/-	
Cancellation/Refund	50%	25%	NIL