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

SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Issue Spotlight

"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 10, February 2026

SKINTELLECT

The Official Newsletter of the IADVL West Bengal State Branch

Volume 3 Number 10
February 2026

COMMITTEE

President

Dr. Dinesh Kumar Hawelia

President Elect

Dr. Argyaprasun Ghosh

Vice President

Dr. Kingshuk Chatterjee

Vice President

Dr. Nilendu Sarma

Hony Secretary

Dr. Suchibrata Das

Hony Treasurer

Dr. Indrashis Podder

Hony Joint Secretary

Dr. Aniruddha Ghosh

Hony Joint Secretary

Dr. Shreya Poddar

Editor, IJD

Dr. (Brig) Manas Chatterjee

Executive Council Members 2025-2026

	Dr. Abhijit Saha	Dr. Dipayan Sengupta	Dr. Saurabh Kumar Dhara
	Dr. Animesh Biswas	Dr. Kaushiki Hajra	Dr. Shrayan Pal
	Dr. Anupam Das	Dr. Kisalay Ghosh	Dr. Somenath Sarkar
	Dr. Arindam Sett	Dr. Partha Mukhopadhayay	Dr. Sujata Sengupta
	Dr. Arun Achar	Dr. Prodip Sarkar	Dr. Surajit Gorai
	Dr. Chinmoy Kar	Dr. Saswati Halder	Dr. Asok Gangopadhyay *(Co-opted)*
Permanent Invitees	All Past Presidents		

IADVL, WEST BENGAL STATE BRANCH
FLAT - 2E, 2ND FLOOR, MOON PLAZA
62, LENIN SARANI, KOLKATA - 700013
PH: +91 33 22277553

Compiled, Edited & Published by Hony. Secretary, on behalf of Indian Association of Dermatologists, Venereologists and Leprologists West Bengal State Branch

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

Note from the President

The dawn of a new year brings with it reflections from the past and aspirations for the future—fresh goals, new milestones, and renewed enthusiasm to move forward. IADVL West Bengal continues its journey with unwavering commitment, guided by a shared vision and collective strength.

*We commenced the year by reaffirming our dedication to social responsibility through **CHALO PATHSHALA** at Baruipur High School, one of the oldest and most respected educational institutions in the country. Interacting with an auditorium full of eager, curious students was a deeply fulfilling experience and reinforced our belief that community engagement remains an integral pillar of IADVL WB.*

*Another long-cherished initiative was successfully revived with the resumption of our **Annual Picnic** after a considerable hiatus. The event provided a wonderful opportunity for fellowship, bringing together members and their families in a relaxed setting. The wisdom and presence of our senior colleagues, coupled with the infectious energy of our younger members, made the occasion truly memorable.*

*IADVL West Bengal has achieved yet another significant milestone by being honored with the **Best Branch Award 2026** in the PLM to LM conversion category. This recognition stands as a testament to the unity, dedication, and sustained efforts of our members. I express my sincere gratitude to all of you for your continued support and trust.*

*It is a moment of immense pride for us to celebrate the national recognition earned by few of our esteemed colleagues. **Dr. Sudip Ghosh** has been conferred the **FIAD**, and **Dr. Sandipan Dhar** has been honored with the prestigious **KC Kandhari Foundation Award**. I extend my warm congratulations to **Dr. Asok Gangopadhyay**, recipient of the **IADVL Teacher Par Excellence Award (East Zone)**, in recognition of his outstanding contribution to dermatology education. I also congratulate **Dr. Nilay Kanti Das** for receiving a **Certificate of Appreciation** for his dedicated service as **IADVL Academy Convenor**.*

*Our academic contributions continue to grow stronger. We are delighted to acknowledge the release of the book on **Herpes Virus Infections** authored by **Dr. Asok Gangopadhyay, Dr. Somenath Sarkar, and Dr. Tanusree Sarkar**, a valuable addition to dermatologic literature. We also congratulate D**r. Sudip Das, Dr. Shrayan Paul, and Dr. Apeksha Singh** on the release of their book on **Postgraduate Dermatology,** which will serve as an important resource for trainees and practitioners alike.*

*On the academic front, we are pleased to inform our members about an upcoming **webinar on Leprosy,** scheduled for **10th February**. The program aims to provide meaningful clinical insights, and I encourage enthusiastic participation from all.*

*I am confident that many of our members will continue to shine on national platforms, particularly at **DERMACON 2026**. IADVL West Bengal conveys its best wishes and warm congratulations to all those striving for excellence.*

Happy reading.

Long live IADVL.

Long live IADVL West Bengal.

Warm regards,

Dr. Dinesh Kr. Hawelia
President
IADVL WB

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

Secretary's Scribes

Dear Members,

Warm wishes to you all for a very Happy New Year.

As we step into another year, we leave behind valuable experiences and welcome new promises, new destinations, a renewed vision, and hearts filled with energy to scale greater heights. IADVL WB, as always, remains at the forefront—riding the crest of the wave with commitment and purpose.

*We began this year by reaffirming our social responsibility through **CHALO PATHSHALA** at Baruipur High School—one of the oldest high schools not only in Eastern India, but in the country as a whole. It was a truly enriching experience to engage with a full house of bright, young, and inquisitive minds, their eyes sparkling with curiosity and hope. Social responsibility continues to remain a core value of IADVL WB.*

*We were also delighted to fulfill another long-awaited promise to our members. After a significant gap, we successfully restarted our **Annual Picnic**—a refreshing and joyful outdoor gathering with our members and their families. The presence of our respected senior members enriched the occasion, while the enthusiasm of our younger members added vibrancy and renewed energy.*

*IADVL WB has added yet another feather to its crown by securing the **Best Branch Award for the year 2026** in the **PLM to LM conversion category.** This achievement reflects the dedication, unity, and unwavering support of our members. We are deeply grateful for your trust and remain committed to honoring the faith you have placed in us.*

*We are confident that many of our members will achieve further accolades at **DERMACON 2026**, and IADVL WB extends its heartfelt congratulations and best wishes to all of them.*

Happy reading.

Long live IADVL.

Long live IADVL WB.

Warm regards,

Dr. Suchibrata Das
Honorary Secretary
IADVL WB

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

Editors Desk

Dear Readers,

Ushering in the New Year with renewed zeal, IADVL West Bengal organised Chalo Pathshala at Baruipur High School on 8th January, with the objective of promoting skin health awareness and conducting dermatological check-ups among school-going children. This was followed by a grand picnic on 18th January, which turned out to be a resounding success, marked by enthusiastic participation from both junior and senior colleagues alike.

In this issue, Dr. Sudip Kumar Ghosh shares valuable insights from his long and fulfilling journey as an academician and dermatologist. In the Dermbuzz section, Dr. Satarupa Kumar highlights the growing need for dermatological stewardship in the cosmeceutical industry. The Residents' Corner features Dr. Ananya Kundu's discussion on the dermatological aspects of perimenopause. Adding a personal and inspiring touch, Dr. Disha Sarkar, in the Dermaginations section, beautifully narrates her journey into the world of dermatology—how an initial phobia gradually transformed into a deep passion for the subject.

We wish all our readers a happy, healthy, and prosperous New Year ahead.

Happy reading!

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

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

DERMATOLOGIST SPOTLIGHT: DR. SUDIP KUMAR GHOSH

Q1. Sir, it is an honour to have you with us this month. What inspired you to pursue dermatology?

During my undergraduate training, exposure to the subject of dermatology was limited, and I initially regarded it primarily as a subject required for postgraduate entrance examinations. This perspective changed profoundly when I began working under the mentorship of Professor Debabrata Bandyopadhyay. Through his guidance, I was introduced to the depth and diversity of dermatology, which sparked a genuine interest in this field and ultimately motivated me to pursue it as my career. I am especially drawn to refining my expertise, engaging in academic research, and mentoring trainees, while simultaneously striving to provide high-quality patient care.

Q2. You have also been trained under some of the greatest minds of your time—could you please tell us more about your postgraduate years and the early phase of your career, and how they shaped you into who you are today?

During my postgraduate training, I had to attend assigned clinical postings along with basic science classes at University College of Medicine, University of Calcutta. The training period was highly stimulating, and attending seminars and OPDs at other institutes in addition to routine clinical work made the learning experience both varied and engaging.

I consider myself fortunate to have been mentored by Professor Debabrata Bandyopadhyay, an exceptional teacher, clinician, and guide whose expertise, encouragement, and unwavering support profoundly nurtured my interest in dermatology. He continues to be a guiding force at every stage of my professional journey and beyond.

I was also privileged to learn from Professor Gobinda Chatterjee, Professor Arghyaprasun Ghosh, Professor Sumit Sen, Professor Sujit Ranjan Sengupta, Professor Pijush Kanti Datta, and Professor Goutam Banerjee, whose teachings significantly influenced my professional development. Following the completion of my postgraduate training, I had the opportunity to work closely with Professor Sanjay Ghosh, from whom I gained invaluable experience in the management of contact dermatitis and urticaria. Dr. Kisalay Ghosh has been like an elder brother to me, and his guidance played a pivotal role in strengthening my interest in the domain of dermatopathology.

Learning is a lifelong process, and I still try to continue to gain insights from colleagues, senior faculty, and even my students—far too many to acknowledge individually within the scope of this write-up. I believe that my commitment to continuous learning, meticulous patient care in both academic and clinical settings, and sustained involvement in teaching, research, and scholarly activities has been pivotal in shaping my career.

Q3. Sir, you are renowned for your deep knowledge of medicine-allied aspects of dermatology. How did you develop such a profound interest in medicine?

Medicine has always been my first passion among all medical disciplines. During my undergraduate days, I developed a profound interest in internal medicine, earning the gold medal in this subject at my institution. I pursued my housestaffship in general medicine with dedication and sincerity, and since my internship, I have been teaching general medicine to undergraduate students for over a decade, even while serving as a faculty member in dermatology.

Under the mentorship of Professors Debabrata Bandyopadhyay and Gobinda Chatterjee, I developed a profound appreciation for how the skin acts as mirror of internal organs. Their guidance further strengthened my interest in the field of dermatological manifestations of systemic diseases, and I continue to be passionate about the medicine-oriented aspects of dermatology.

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

Q4. Sir, you have made invaluable contributions to our field through numerous publications. In your opinion, when and how should young dermatologists begins their research journey, and how can research and publications benefit their careers?

Academic achievements through publications bring a deep sense of fulfilment. I believe that the journey of scholarly publishing should begin early in one's career, ideally under the guidance of an experienced mentor. Throughout this process, it is essential to uphold research ethics and avoid publishing solely to increase one's numbers. Young researchers should focus on making meaningful contributions in various forms—such as correspondence, case reports, case series, original articles, or brief communications—in reputable, properly indexed journals. Undoubtedly, research and publications serve as a cornerstone of an academic career, influencing teaching appointments, promotions, professional opportunities, and nominations for awards and fellowships, among numerous other avenues for growth.

Q4. Sir, as we all know, you have countless achievements to your name. Which of these make you most proud?

Among my achievements, receiving the 'Best Teacher Award – East Zone' from the Indian Association of Dermatologists, Venereologists in 2023 has been the most gratifying.

Q5. With the advent of artificial intelligence and the increasing allure of aesthetic medicine, regular clinical dermatology sometimes seems to be taking a back seat among young dermatologists. From your perspective, how important is bedside clinical practice?

Bedside clinical practice remains the cornerstone of dermatology. While artificial intelligence can assist with pattern recognition and diagnostic support, it still cannot replace the nuanced judgment, patient interaction, and hands-on examination skills that are essential for accurate diagnosis and holistic care. A strong foundation in clinical dermatology is also crucial for safe and effective procedural and ethical aesthetic practice. Ultimately, bedside experience fosters both expertise and the empathy needed to build lasting patient trust, making it indispensable for every dermatologist.

Q6. Apart from dermatology, what are your hobbies, and how do you find time for them amidst your busy schedule?

I take pleasure in playing and watching cricket, listening to music, watching movies, and painting. Cricket has always been a special passion—during my undergraduate days, I was an active member of our college cricket team, and even now, I make it a point to play whenever I get an opportunity. These activities help me relieve stress, nurture creativity, and maintain a sense of balance alongside the demands of my professional life.

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

DERMBUZZ : ACTIVES WITHOUT ACCOUNTABILITY: TIME TO ASSERT DERMATOLOGICAL STEWARDSHIP?

Dr Satarupa Kumar
Consultant Dermatologist, Kolkata

Over the last two decades, dermatology has witnessed a rapid expansion of cosmeceuticals containing so-called "actives"- ingredients capable of producing measurable biological effects on skin physiology. The term 'cosmeceutical' was popularized by Dr. Albert Kligman, who emphasized that even something as seemingly inert as water can modify the skin's structure and function. According to Dr. Kligman, cosmeceutical lies in the interface between a drug and a cosmetic where cosmeceutical does something more than just altering the appearance but less than a therapeutic drug.

What Constitutes an "Active"?

Cosmeceutical actives are potent, topical bioactive compounds that produces a specific biological effect on the structure of skin or its function. Although various classification frameworks have been proposed based on function or intended use, mechanism of action and source1,2; no formal or universally accepted classification currently exists. Common examples include retinoid analogues (and retinoid-like compounds such as bakuchiol), alpha- and beta-hydroxy acids, L-ascorbic acid, niacinamide, tranexamic acid, peptides etc. The list is exhaustive and continuously expanding. The same molecule could be a cosmetic constituent in one concentration and treated as a drug at a higher concentration. Crucially, biological activity exists on a continuum, not as a binary cosmetic-drug divide.

The Regulatory Vacuum

Despite their widespread availability and aggressive marketing, cosmeceuticals occupy a regulatory grey zone in India. The Central Drugs Standard Control Organization (CDSCO) formally recognizes only two relevant categories: Cosmetics, which are intended to cleanse, beautify or alter appearance; and Drugs, which are intended to diagnose, cure, mitigate, treat, or prevent disease, or to affect the structure or function of the body. Approval of drugs requires demonstration of efficacy, acceptable risk-benefit ratio along with post-marketing accountability. In contrast, cosmetics and cosmeceuticals are not required to demonstrate efficacy. Regulatory scrutiny is largely limited to safety, and even this is ingredient and formulation dependent rather than indication-based. No drug-level trials are mandated.

Regulatory imprecision has led to inconsistent classification of similar products across jurisdictions. Antiperspirants, anti-dandruff shampoos and sunscreens, for example are regulated as drugs in the United States but as cosmetics in Europe. Cosmeceuticals currently inhabit an ambiguous regulatory space; they are treated as cosmetics in Europe and Japan, whereas in the United States they fall under drug regulation.1

Defining the problem

The explosive growth of cosmeceuticals containing biologically active ingredients has outpaced not only regulation, but also professional introspection. Ingredients capable of altering keratinocyte turnover, melanogenesis, inflammation and barrier integrity are now routinely packaged as "cosmetics," marketed directly to consumers and normalized for chronic, unsupervised use. While innovation in formulation science has undeniably improved therapeutic options for selected aesthetic concerns, it has also created an ethical and professional dilemma with potent biologically active ingredients being increasingly deployed outside the framework of diagnosis, indication, supervision and accountability that traditionally govern medical practice.

Therapeutic Strength without Therapeutic Oversight

Many cosmetic products now contain such active molecules at concentrations capable of disrupting the skin barrier, inducing irritant or allergic contact dermatitis, post-inflammatory hyperpigmentation and acneiform eruptions. Consequently, in routine practice, dermatologists increasingly encounter chronic irritant dermatitis often with photo-exacerbation, recalcitrant post-inflammatory hyperpigmentation, barrier-compromised "sensitive skin" syndromes

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

and steroid-like dependency patterns in such users. Yet these products are marketed directly to consumers, used without a diagnosis and counselling on duration, sequencing or contraindications and rarely accompanied by structured adverse-event surveillance. This raises a core ethical concern: risk is externalized to the patient, while accountability is diffused.

Vulnerable Populations at Disproportionate Risk

Adolescents, people with darker phototypes and those driven by stigma are most likely to layer multiple actives, overuse exfoliants and retinoids and combine formulations irrationally, often influenced by social media "skin cycling" trends and influencer-driven pseudo-medical advice. Individuals with fitzpatrick skin types IV–VI, sensitive skin syndrome and inherently higher transepidermal water loss are amongst the most vulnerable. Indiscriminate use of biologically active cosmeceuticals can also obscure or exacerbate underlying dermatoses, frequently delaying timely medical consultation and appropriate intervention, thus amplifying avoidable harm. Advanced lichen planus pigmentosus, severe melasma or masked superficial fungal infections presenting late to dermatology clinics are now a frequent and concerning sight.

The Marketing - Evidence Mismatch

Many "actives" are promoted with in-vitro or animal data only, surrogate endpoints, non-standardized concentrations, no post-marketing safety surveillance. Concentrations and formulation stability are often undisclosed. Claims often exceed evidence while adverse effects are minimized or omitted. A particularly troubling trend is the proliferation of multi-active combinations like retinoids with exfoliating acids, depigmenting agents layered with barrier-disrupting compounds, "brightening" cocktails with overlapping irritant potential. Many such combinations lack robust clinical evaluation, are extrapolated from individual ingredient data and are introduced without interaction studies or long-term safety data. From a clinical perspective, these formulations increase cumulative irritancy without clear incremental benefit. From an ethical perspective, they represent experimentation without consent.

Drawing the Line on Actives

The ethical challenge of actives in 'skin care products' lies not in their existence, but in their unchecked normalization. The current ecosystem permits pharmacologically active ingredients to be deployed without proportional regulatory oversight, professional accountability or patient safeguards. When biologically potent ingredients are deployed for largely aesthetic goals without proportional safeguards, dermatology enters a Grenz zone; where harm is cumulative, at a population-level and easily overlooked. Assertion of dermatological stewardship demands that actives be treated as conditional, indication based interventions rather than lifestyle accessories, emphasizing appropriate patient selection and duration limits alongside advocacy for more robust, drug-like regulatory oversight of pharmacologically active ingredients by central regulatory agencies. Re-centering non-maleficence, transparency and proportionality is essential if dermatology is to remain a science-driven and ethically grounded specialty.

References:

1. *Pandey A, Jatana GK, Sonthalia S. Cosmeceuticals. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan 7.*
2. *Arora G. Insights into Cosmeceuticals. CosmoDerma 2021;1:32.*

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

RESIDENT'S CORNER:
PERIMENOPAUSE AND THE SKIN: KEY DERMATOSES

Dr Ananya Kundu
3rd Year PGT, BSMCH

OVERVIEW:

Perimenopause is marked by fluctuating estrogen and progesterone levels, leading to significant changes in skin structure and function. Declining estrogen reduces collagen, elastin, hyaluronic acid, and skin hydration, while increased androgen influence can exacerbate certain conditions. As a result, several dermatoses either emerge, worsen, or change in presentation during this transition.

COMMON DERMATOSES:

During perimenopause, fluctuating and declining estrogen levels lead to a wide spectrum of cutaneous and mucocutaneous manifestations. ***Xerosis and pruritus*** *are common, resulting from reduced sebum production and impaired epidermal barrier function. A relative increase in androgens contributes to* ***perimenopausal acne****, typically presenting as inflammatory lesions along the jawline, and may also lead to* ***hirsutism*** *with increased facial hair.* ***Rosacea*** *is frequently exacerbated due to vasomotor instability, causing flushing and persistent erythema. Hormone sensitivity plays a key role in* ***melasma****, while declining estrogen contributes to* ***female pattern hair loss*** *with diffuse thinning and* ***telogen effluvium****, characterized by temporary hair shedding following hormonal stress.* ***Seborrheic dermatitis*** *may worsen due to hormonal effects on sebum regulation. Genital involvement includes* ***genitourinary syndrome of menopause****, presenting with dryness, burning, and dyspareunia, as well as inflammatory dermatoses such as* ***lichen sclerosis and lichen planus****, causing vulvar discomfort, itching, and erosions. Accelerated* ***photoaging****, marked by wrinkling, skin thinning, and collagen loss, is evident, and* ***atopic or eczematous dermatitis flares*** *become more frequent due to barrier fragility and immune shifts.*

DIAGNOSTIC POINTERS:

Certain clinical patterns serve as valuable ***diagnostic pointers*** *in identifying perimenopausal dermatoses.* ***Irregular menstrual cycles accompanied by vasomotor symptoms****, such as hot flushes and night sweats, strongly suggest the perimenopausal transition. The onset of* ***jawline-predominant nodulocystic acne after the age of 38 years*** *is characteristic of hormonal acne driven by relative androgen excess.* ***Diffuse thinning over the crown with a widened central parting*** *is a classic presentation of female pattern hair loss associated with declining estrogen levels. On genital examination,* ***pale, thin, and fragile vulvar mucosa*** *points toward genitourinary syndrome of menopause. The presence of* ***porcelain-white plaques on the vulva****, often with associated pruritus or discomfort, is highly suggestive of lichen sclerosis and warrants prompt recognition and management.*

PATHOPHYSIOLOGY HIGHLIGHTS:

The decline in estrogen during perimenopause plays a central role in the development of multiple cutaneous changes. ***Decreased estrogen levels*** *lead to a reduction in dermal collagen and elastin, resulting in diminished skin thickness, elasticity, and moisture retention. This structural and functional impairment contributes to skin fragility and accelerated aging.* ***Increased trans epidermal water loss*** *further compromises the epidermal barrier, manifesting clinically as xerosis, heightened sensitivity, and a predisposition to eczematous flares.* ***Vasomotor instability,*** *a hallmark of perimenopause, promotes episodic flushing and exacerbates conditions such as rosacea. In addition,* ***relative androgen predominance*** *occurs as estrogen levels fall, stimulating sebaceous gland activity and terminal hair growth in androgen-sensitive areas, leading to acne and hirsutism, while simultaneously contributing to scalp hair thinning and female pattern hair loss.*

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

APPROACH TO PATIENT:

*The **approach to a patient with perimenopausal dermatoses** should be holistic, individualized, and centred on restoring skin barrier function while addressing hormone-related triggers. Regular use of **emollient-rich skincare and barrier-repair formulations** is foundational to manage xerosis, sensitivity, and eczematous flares. **Targeted therapy for specific dermatoses**—such as acne, rosacea, pigmentary disorders, hair loss, or vulvar dermatoses—should be selected based on clinical severity and patient tolerance. **Hormone therapy**, including systemic or local estrogen, may be considered when clearly indicated and after appropriate risk–benefit assessment in collaboration with gynaecology. **Strict photoprotection** with broad-spectrum sunscreens and behavioural measures is essential to prevent worsening of melasma and photoaging. Equally important is **patient education**, emphasizing the chronic, fluctuating nature of these conditions and the role of hormonal changes, which helps set realistic expectations, improve adherence, and enhance long-term outcomes.*

MANAGEMENT SUMMARY:

*The **management of perimenopausal dermatoses** requires a condition-specific yet integrated strategy. **Xerosis** is addressed with regular use of emollients containing ceramides or urea along with gentle, non-soap cleansers. **Acne** is managed using topical retinoids, azelaic acid, and benzoyl peroxide, with **spironolactone** considered for hormonal modulation. For **rosacea**, topical metronidazole, ivermectin, or azelaic acid are effective, while **brimonidine** helps control persistent erythema. **Melasma** management centres on strict sunscreen use combined with retinoids and azelaic acid, with tranexamic acid reserved for resistant cases. **Female pattern hair loss** is treated with topical minoxidil, supported by spironolactone and platelet-rich plasma as adjuncts. **Genitourinary syndrome of menopause** responds well to local estrogen therapy supplemented by lubricants and moisturizers. **Lichen sclerosis** requires high-potency topical corticosteroids such as clobetasol with long-term maintenance. **Seborrheic dermatitis** is controlled with ketoconazole and short courses of mild topical steroids. **Photoaging** benefits from retinoids, vitamin C, peptides, and procedural interventions when appropriate. **Atopic and eczematous dermatitis flares** are managed with ceramide-based moisturizers, topical corticosteroids, antihistamines for pruritus, and lukewarm baths followed by immediate moisturization.*

LIFESTYLE FACTORS:

***Lifestyle factors** play a crucial supportive role in the prevention and management of perimenopausal dermatoses by modulating hormonal fluctuations, barrier function, and inflammatory responses. A **balanced diet rich in proteins, antioxidants, omega-3 fatty acids, vitamins, and minerals** supports collagen synthesis, hair health, and skin repair, while limiting high–glycaemic foods and excessive dairy may help reduce acne flares. **Adequate hydration** and **regular physical activity** improve skin perfusion, metabolic balance, and stress control, which is particularly important as stress can exacerbate acne, eczema, telogen effluvium, and pruritus. **Sleep hygiene** is essential, as sleep deprivation worsens barrier dysfunction and inflammatory skin conditions. Avoidance of **known triggers** such as hot beverages, alcohol, spicy foods, smoking, and excessive heat helps minimize vasomotor flushing and rosacea exacerbations. Gentle skincare practices, avoidance of harsh soaps and over-exfoliation, and **consistent photoprotection** reduce xerosis, sensitivity, pigmentary changes, and photoaging. Finally, **psychological well-being and stress management** through mindfulness, yoga, or relaxation techniques can positively influence neurohormonal pathways, improving both skin symptoms and overall quality of life during the perimenopausal transition.*

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

PATIENT COUNSELING POINTS:

*Patients should be counselled that perimenopausal dermatoses are **common and hormonally driven**, often fluctuating in severity due to changing estrogen–androgen balance. Symptoms may be **chronic or relapsing**, and improvement usually requires **long-term, consistent care** rather than short courses of treatment. Gentle skincare with **regular emollient use and barrier repair** should be emphasized as a daily routine, even when symptoms are mild. Patients need to understand the importance of **adherence to prescribed topical and systemic therapies**, as many treatments act gradually. **Photoprotection** is essential to prevent worsening of pigmentation and photoaging. Trigger identification—such as stress, heat, certain foods, or cosmetic products—should be encouraged. Patients should also be reassured that **hair fall and skin changes can stabilize with appropriate treatment**. When hormone-based therapies are advised, clear discussion of **benefits, risks, and expectations** is important. Finally, addressing the **psychological impact**, encouraging lifestyle modifications, and promoting realistic expectations can significantly improve treatment satisfaction and quality of life.*

CONCLUSION:

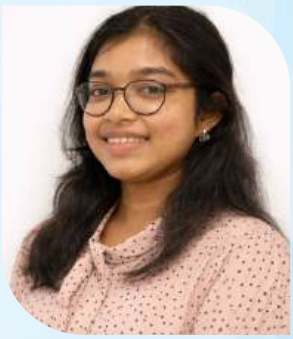
Early recognition of manifestations, combined with individualized management and patient education, can significantly improve comfort, confidence, and long-term skin health. A holistic approach - addressing medical, hormonal, and lifestyle factors - remains essential in optimizing care for women during this pivotal phase.

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

DERMAGINATIONS: PAGING PASSION BEYOND PRACTICE

FROM FEAR TO THE HEALING POWER OF TOUCH- MY JOURNEY INTO DERMATOLOGY

Dr. Disha Sarkar
2nd year PGT, MCK



There was a time, not very much long ago when I dreaded at the very thought of skin disease, let alone seeing patients living with skin conditions. It was not only fear of infection, but fear of what was unmistakably visible ,of what could not be hidden, disguised, or politely ignored. Diseased skin unsettled me and made me sick viscerally because it somehow felt like utter disruption of the illusion of order. It announced suffering openly, without apology. And like many others, I learned early how to look away, a reflex response that makes me feel ashamed of myself till date.

My first visit to the dermatology ward remains etched in my memory with uncomfortable clarity. The ward was cold and sunlight never seemed to make its way through the windows. Under unforgiving white lights, bodies lay bare in a way that felt sanctified , stripped of privacy and pretense. Skin peeled away in tangible layers, revealing what the world usually keeps concealed. I was asked to draw blood. My hands moved forward, but something within me recoiled sharply. It was the proximity,the grotesque, the nearness of another person's suffering made undeniably visible. It felt like something I shouldn't touch.

Leprosy, in particular, loomed in my imagination like a ghost from ancient texts, contagious and terrifying.I did everything I could to avoid my posting to the leprosy clinic.

I also remember a woman whose skin had darkened and thickened over time, a process further accelerated by years of poverty, and neglect. To my young, less self- aware mind, it looked unfamiliar and filthy. Unfortunate of me to mistake dignity for disease and personal identity for pathology.I remember holding my breath, averting my eyes, praying and counting minutes until I could leave. When I finally stepped out of the ward, I was relieved beyond words. What followed thereafter was a quiet resolve, never to return again to this place.

But the universe has little interest in promises made for the sake of comfort.

Years later, I find myself back in the same space not as a reluctant intern, but as a dermatology resident in training. The same ward . The same exposure. Yet something within me has shifted. What disturbed me most, I realize now, was not the disease itself, but the instinctive withdrawal at the very sight of it. Disgust, I learned later, is not an instinct but is something that we are taught. And what is learned can also be unlearned. Fear within me slowly vanished through proximity and repetition and got replaced by empathy and responsibility. I stayed because initially I had to and now because I want to.

I was beginning to see what I had once refused to look, the person beyond the skin and their never ending suffering beyond what the eyes could bear. Skin diseases extend far beyond the epidermis and dermis, anchoring its relentless roots deep into the psyche of those afflicted. I see patients who apologize for their appearance before they speak. Then there are people who have stopped meeting eyes, stopped extending hands, stopped believing they deserved gentleness ,stopped going to schools, stopped believing that things could ever change. I meet patients whose marriages are delayed, broken, or never even considered solely because of a skin disease. Its impact is so profound that it can alone rearrange social lives, taint relationships, reshape identities, and quietly question one's place in the world, one's self worth.I now understand that what afflicts many patients most is not always the disease itself, but the distance it creates, with oneself and the world.

Now, every time I touch a patient, I do so with a silent prayer "You are seen, you are worthy and you are not alone". Not a

prayer for protection but for the presence, a promise to remain fully there. I now see the power of touch not merely as a clinical act, but as a moral one. In a world that recoils from visible difference, to touch without hesitation is an act of quiet resistance.Touch as I have come to understand is a language of reassurance, something which these people need more than the diagnosis and the treatment. A mere act of touching can do what words often fail to convey.In that brief moment of contact, something unnamed is restored and social stigma and isolation quietly erode away. Often, healing begins there, long before the prescription is written.

Dermatology has taught me that skin is not merely an organ but one that holds memory. Every story be it of trauma, survival, neglect, resilience in written loudly in the resistant scars, pigmentary changes, texture and loss. To allow an examination is to lay one's soul bare, to place one's story in another's hands. And that is why I touch gently because what lies beneath my fingertips is not merely skin, but someone's life laid open.

Somewhere along this journey, I stopped measuring my career growth by how much I knew but by how much better I could make my patients feel about their condition and themselves. I am grateful now for the fear I once carried, because it forced me to confront my own limits of compassion. What I once found repulsive, I now recognize as profoundly human. I am grateful for the ward I once fled, because it became the place where I learned to stay and eventually found not simply my calling but destiny. Today, when I enter the dermatology ward, my hands are steadier, my gaze softer. I no longer avert my eyes. I understand that medicine is not only about curing, but about accompanying and in skin it a on a really long journey you embark on with your brave patients with patience your only anchor. An act of holding tighter and standing close when things become harder and others step back. And, in the quiet intimacy of touch, I realize that the greatest transformation has not occurred on my patients' skin alone but within my own.

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

COMMUNITY DERMATOLOGY
SOCIAL AWARENESS SKIN HEALTH CAMP: 8th January 2026

IADVL West Bengal organised 'Chalo Pathshala' on 8th January 2026 at Baruipur High School, with the vision of educating young minds about skin health and common dermatological ailments. The programme was led by Dr Suchibrata Das, Secretary of IADVL WB, who is also an alumnus of this prestigious institution.

The team received a warm welcome from the Principal and faculty members. The day began with an informative presentation on the structure and functions of the skin, along with common skin disorders, followed by an engaging and interactive session with the enthusiastic students. This was followed by a dermatology camp where the doctors examined students and teachers for various skin-related concerns.

The programme concluded with a heartfelt vote of thanks from the school authorities and a brief tour of the school's historic premises, marking a meaningful and memorable day for all involved.

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

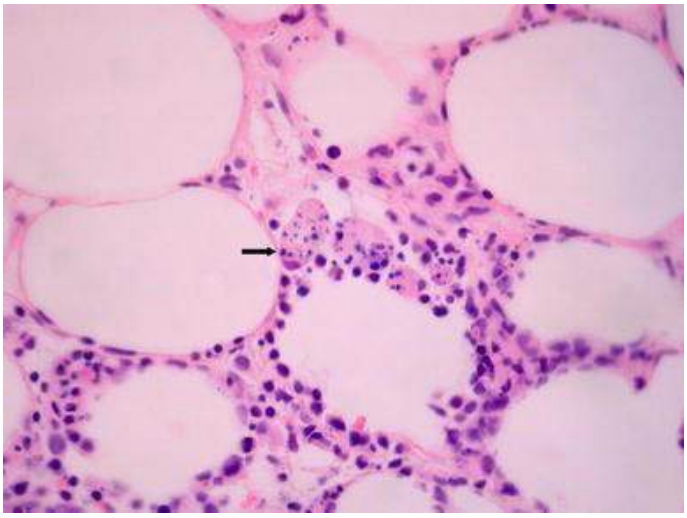
IADVL WB Picnic
Sundargram: 18/01/2026

This year, IADVL WB organised a picnic on 18th January at Sundergram, Ghatakpur. The day unfolded amid beautiful surroundings, delicious food, and an atmosphere of warm camaraderie and mutual respect. Seniors and juniors came together to share laughter, stories, and moments beyond the usual professional routines. The event was a resounding success, thanks to the meticulous planning and dedication of the organisers, Dr Nilendu Sarma and Dr Gautam Banerjee.

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

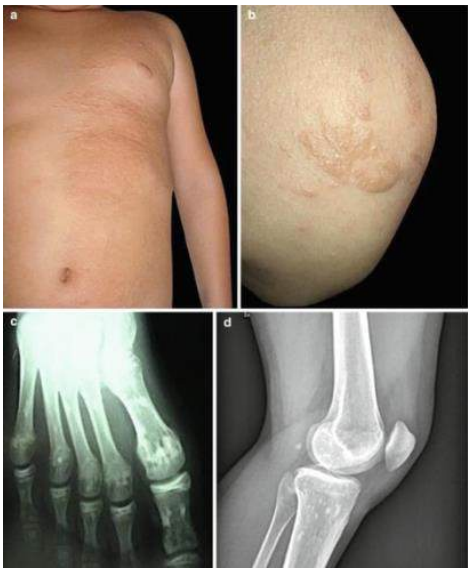
Quiz Zone

1. *Name the gene defect? (PIC 1)*
2. *Name the technique used? (PIC 2)*
3. *Identify the person. (PIC 3)*
4. *Identify the procedure? (PIC 4)*
5. *These cells seen in? (PIC 5)*

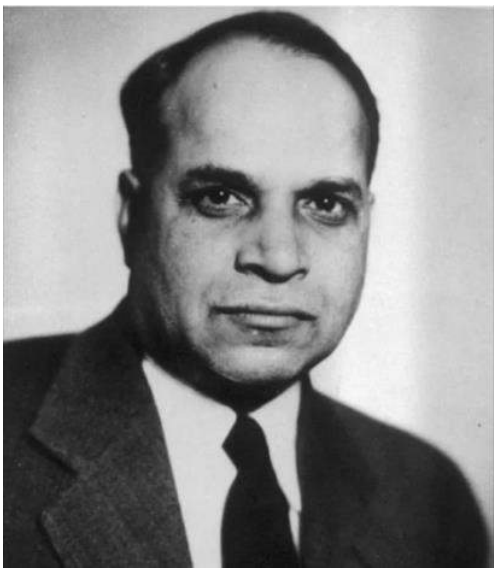


PIC 5

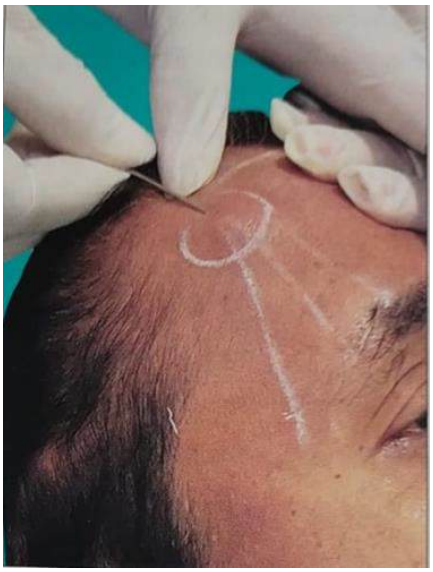
PIC 2



PIC 1



PIC 3



PIC 4

Quiz Answer Volume-3, Issue-9

1. *Cristae and sulci. Seen in Acanthosis nigricans*
2. *Endonyx. Fungal branched hyphae seen.*
3. *Pore sign. Seen in epidermoid cyst.*
4. *Doughnut sign. Seen in streptococcal pharyngitis*
5. *Remibrutinib.*

The correct response given: Dr. Shatanik Bhattacharya for Dermwiz

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.

SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

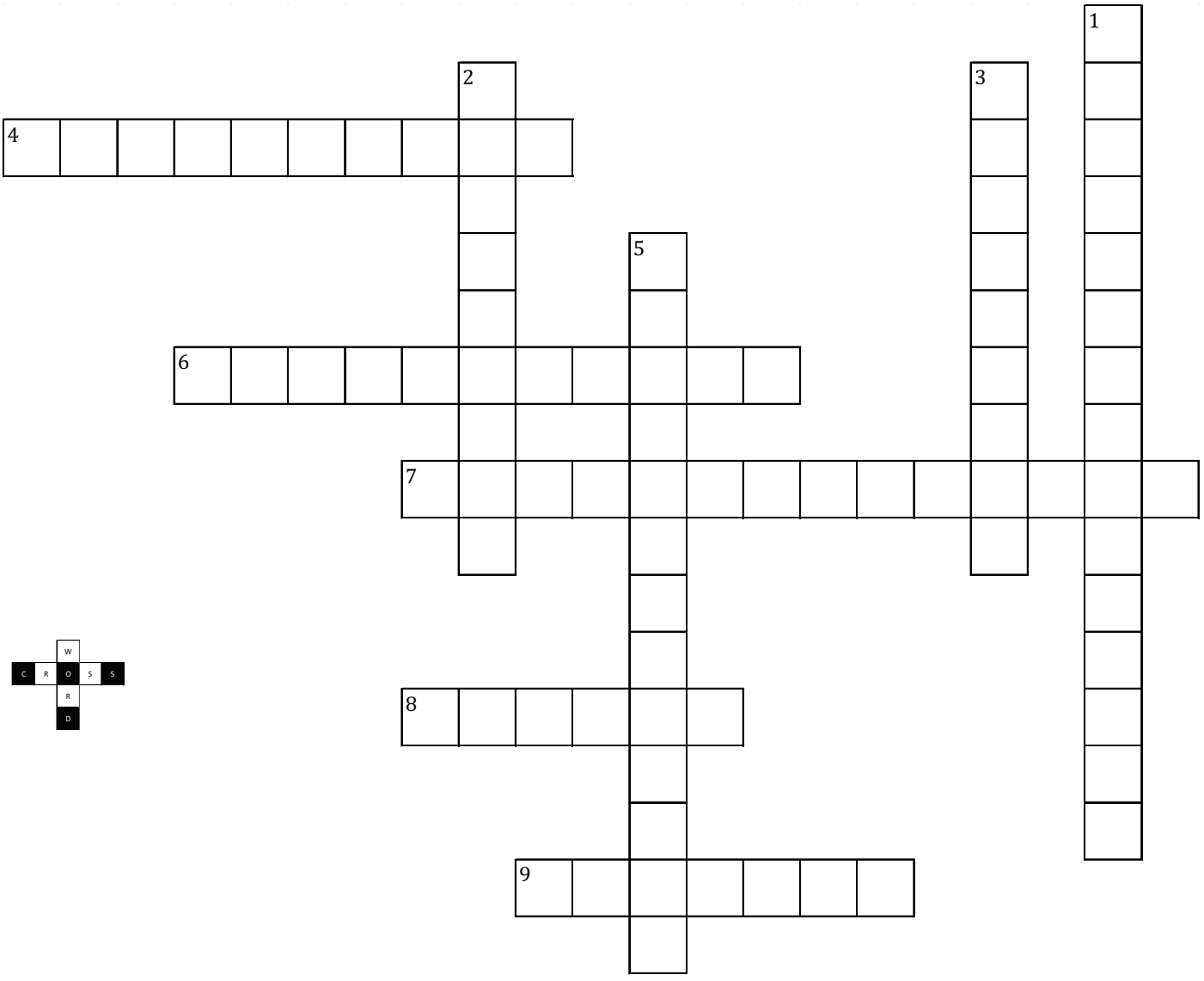
Brainstorm

Across

4. Topical nitric oxide releasing drug approved for molluscum contagiosum
6. Mutation of KRT86 is seen in which hair shaft disorder
7. Starburst giant cells are seen in
8. Gargoyle cells are found in this syndrome
9. FERMT1 mutation is seen in which syndrome

Down

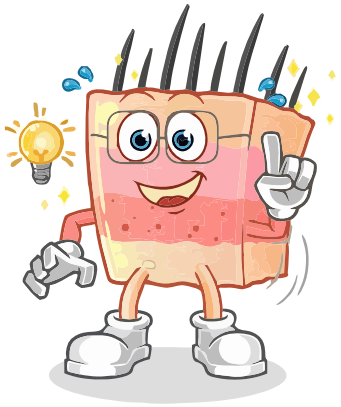
1. Nazzaro sign is seen in
2. Device measuring transepidermal water loss for barrier repair studies
3. Ultrasound sign showing filler as hyperechoic bands with posterior shadowing
5. SJS-TEN is strongly associated with HLA-B*1502 sensitivity to which drug



SKINTELLECT
The Official Newsletter of the IADVL West Bengal State Branch
Volume 3 Number 10
February 2026

Dermwiz

I
paint maps
where sweat
remembers,
A quiet artist fed by
summer.
Not light, not dark—just
elsewhere,
I fade when washed,
return with
warm

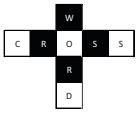


Dermwiz Answer
Volume-3, Issue-9

Molluscum Contagiosum

Answer
Volume-3, Issue-9

				[1] M					
				E					
				L				[2] L	
[3] B	E	R	D	A	Z	I	M	E	R
				N				P	
				O		[4] T		R	[5] C
				M		H		O	Y
[6] M	A	D		R	A	S		L	
						E		Y	I
[7] C	I	N	C	A					N
						D			D
				[8] S	C	H	E	R	N	B	E	R	G
								O	
								M	
								A	



Save the Date

INDIAN ASSOCIATION OF DERMATOLOGISTS VENEREOLOGISTS & LEPROLOGISTS
IADVL
1973
WEST BENGAL STATE BRANCH

14th Mid Term Conference

Experience and dynamicity shapes the future of Dermatology

27th & 28th June 2026

Venue

Anticlock Suites & Resorts, Dhaldangamore
Bankura

32nd DERMAZONE EAST

East Zonal Conference of IADVL

&

29th CUTICON WEST BENGAL

Annual State Conference of IADVL WB Branch

27th, 28th & 29th November 2026

Organised by

IADVL West Bengal State Branch

BBCC, Kolkata