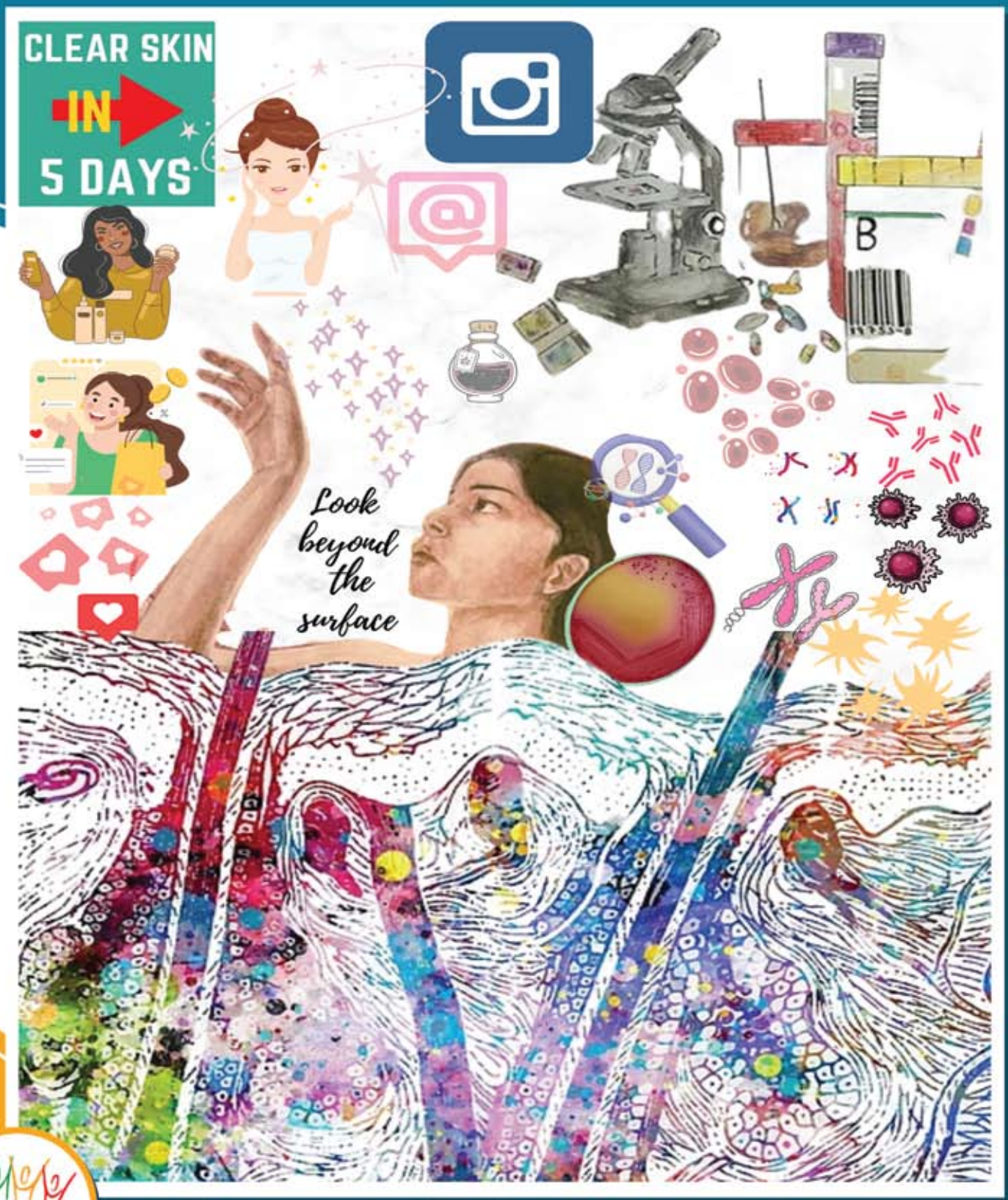
YUVA DERMA E-BULLETIN



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YUVADERMA E-BULLETIN
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EDITOR'S CORNER

"The greatest enemy of knowledge is not ignorance; it is the illusion of knowledge."

- Stephen Hawking

Dear readers,

It is with great enthusiasm that we welcome you to this latest edition of the Yuvaderma e-Bulletin! Dermatology, as a science, has made remarkable strides in recent years, with groundbreaking advancements and evidence-based treatments that not only enhance skin health but also improve overall quality of life. However, at the heart of this progress lies the curiosity, insights, and innovative thinking of young, budding dermatologists. Their fresh perspectives and dedication to scientific integrity continue to shape the future of dermatology, driving it toward greater heights.

At Yuvaderma, we believe that the future of dermatology lies in the hands of young minds. If we can encourage these minds to explore, innovate and challenge the status quo, we would yield very good results. Hence, this platform is made for postgraduates and budding dermatologists, to share their research, insights, and creative ideas, which will help in developing academic curiosity and professional growth. We hope it inspires you to push boundaries, question existing paradigms, and take meaningful steps toward a fulfilling career in dermatological research and practice.

Today, despite remarkable advancements in dermatology, the field continues to face the challenge of pseudoscience, misinformation, and unverified treatments. That's why this edition of Yuvaderma is dedicated to Anti-Quackery—emphasizing the importance of scientific integrity, ethical medical practice, and patient education. With social media and digital platforms flooded with misleading skincare trends, so-called miracle cures, and unproven therapies, it is more important than ever for dermatologists and skincare professionals to take a stand against false claims. This edition explores how misinformation spreads, the dangers of non-evidence-based treatments, and the crucial role dermatologists play in combating pseudoscience. We also offer insights on recognizing and addressing patient concerns related to misleading skincare products and treatments,

empowering both professionals and the public to make informed choices.

This edition of yuvaderma features a collection of case reports, an insightful interview with the president of IADVL, thought-provoking articles, captivating paintings, engaging essays, and a variety of other intriguing content.

I would like to thank Dr. Manjunath Hulimani, Dr. Mahesh and Dr Sujala Aradhya for giving me this opportunity to head the editorial team. I wholeheartedly thank my team for their efforts in bringing this edition to its conclusion. I thank Dr Chinmai C, for guiding me through this journey. I extend my sincere gratitude to our esteemed contributors for their valuable insights and to our readers for their continuous support. Your engagement helps strengthen the fight against quackery and promotes the advancement of ethical, science-backed dermatological care. A special thanks also to our readers - your continuous engagement, feedback, and support drive us to curate meaningful content that resonates with the dermatology community.

Happy reading...

Dr Hemalatha Naidu M
Editor in chief
Yuvaderma 2024-2025

Treasury

DR. MANJUNATH HULMANI
PRESIDENT

PRESIDENT'S PREAMBLE

Dear Colleagues and Residents,

It is with great pride and enthusiasm that I extend my warm greetings to all readers of the April 2025 edition of the IADVL Karnataka Yuvaderma E-Bulletin. The theme of this edition, Antiquackery in Dermatology, is of paramount importance as we continue our collective efforts in upholding evidence-based dermatological practices and combating misinformation in our field.

As part of the IADVL Karnataka Presidential Initiative for the residents, we are pleased to introduce QUIZZATHON, a postgraduate quiz series designed to equip Karnataka residents with the knowledge and confidence to excel at the national level. Additionally, Synergy – AI Meets Research has been launched to enhance the integration of artificial intelligence tools in clinical dermatology research, ensuring that our residents and young dermatologists are well-versed in the evolving technological landscape.

Our flagship programs, RESIMED and YATHARTHA, continue to thrive, providing invaluable learning opportunities and skill-building platforms for the residents of Karnataka. The success of these initiatives is a testament to our commitment to academic excellence and professional growth.

I would like to express my sincere gratitude to Dr. Hemalatha Naidu M, Editor-in-Chief, and her dedicated team for their tireless efforts in bringing out this excellent issue. My heartfelt appreciation also goes to all the EC members for their unwavering support and contributions towards the success of our association's initiatives.

Let us continue to work together in strengthening our fraternity and advancing the field of dermatology with knowledge, integrity, and innovation.

Warm regards,

Dr. Manjunath Hulmani
President, IADVL Karnataka

DR MAHESH KUMAR C
HON. SECRETARY

FROM THE SECRETARY'S DESK

Dear Esteemed Members and Young Colleagues,

It gives me immense pleasure to present my message for this special edition of Yuvaderma, the magazine dedicated to our vibrant young members. This platform continues to serve as an essential space to recognize and celebrate the invaluable contributions of our future leaders in our field.

Our young members are the cornerstone of the progress in our field. Their energy, enthusiasm, and relentless pursuit of knowledge inspire all of us to elevate our standards of care and education. I am proud to highlight that their achievements and contributions go beyond academic excellence; they play a crucial role in transforming the landscape of dermatology through their involvement in various innovative programs and community initiatives.

One of the remarkable ways our young members are making a difference is through their active participation in awareness campaigns. Events like Vitiligo Day and Psoriasis Day have seen tremendous engagement from our post-graduate students, who have organized seminars, workshops, and public awareness programs. These events are crucial in dispelling myths, promoting early diagnosis, and encouraging patients to seek professional care.

The Skinathon program, which aims to combat quackery and promote proper skincare practices, has also seen significant involvement from our young members. Their contributions in organizing and participating in this community service initiative are invaluable. Through these programs, they not only advocate for correct practices in dermatological care but also ensure that the public is better educated about various skin diseases and treatments.

I am particularly proud of how our young members continue to take on increasing responsibility within IADVL. They are no longer just participants but are now actively shaping the future of our association. Their involvement in both academic and community-based programs demonstrates their dedication not only to the advancement of dermatology but also to the betterment of public health.

The passion for innovation, research, and patient care that our young members demonstrate reaffirms my confidence in the bright future ahead for dermatology. As IADVL Karnataka continues to support their growth, I urge them to take full advantage of the learning opportunities and professional networks available to them. Their ideas and fresh perspectives are vital in pushing our field forward and ensuring that we remain at the forefront of global dermatological care.

As we celebrate the achievements and contributions of our young colleagues, I encourage them to continue their pursuit of excellence in both their academic endeavors and community service. Your work is invaluable, and together, we will continue to improve our field and promote better health for the public.

Thank you for your dedication and commitment to the field of dermatology, and I look forward to seeing the continued impact of your contributions in the years to come.

Warm regards,

Dr. Mahesh Kumar. C
Honorary Secretary,
IADVL Karnataka

DR CHINMAI C CHIKKALAGI
ADVISOR

ADVISOR SPEAKS

Dear Residents,

It is with great enthusiasm that I introduce this latest issue of our magazine, centered around a theme of critical importance—Science over Scams: Empowering Truth in Dermatology. This issue aims to shed light on the various facets of pseudoscience in dermatology.

The issue begins with an exclusive interview with our President, Dr Manjunath Hulmani, which is, no doubt, a must read for all the residents. This is followed by interesting case reports and viva notes. This issue also features some remarkable sketches and photographs contributed by our talented residents. Additionally, there is an engaging discussion on the success of "SKINNATHON". Another insightful piece explores the Medico-legal issues for young dermatologists.

On a lighter yet equally educational note, this issue features some memes that will make you laugh and also let you do some thinking. We have a collection of essays that reflect on the implications of influencer-driven skincare advice and how dermatologists can counteract these misleading narratives.

None of this would have been possible without the unwavering dedication of our editorial team, and the contributors. I sincerely thank Dr Manjunath Hulmani, the president, Dr Mahesh Kumar C, the secretary for giving me this opportunity. And a big congratulations to Dr Hemalatha Naidu for crafting such an insightful and engaging magazine.

Together, we can safeguard the future of our specialty and ensure that truth always prevails over quackery.

Happy reading!

Dr Chinmai C Chikkalagi

Advisors

Yuvaderma E-Bulletin

Leading Dermatology Forward An Exclusive Interview with the IADVL KN President

Dr. Manjunath Hulmani

In this insightful inspiring interview, we look into the journey of our beloved president and a teacher, Dr Manjunath Hulimani, whose dedication to both his profession and community has shaped his career. From humble beginnings in a middle-class family to becoming the President of IADVL Karnataka, his story is one of hard work, perseverance, and a deep passion for skin health.

Throughout the interview, he shares his experiences, challenges, and triumphs, including his time in medical school, residency, and his active role in combating quackery in the dermatology field. His thoughts on mentorship, his journey through IADVL, and his vision for the future of dermatology are both enlightening and motivating. Join us as we explore the professional and personal insights of this esteemed doctor, whose contributions continue to shape the field of dermatology in India.

1) Sir, Can you describe what life was like for you during your childhood? Did you always dream on becoming a doctor?

Speaking of my childhood, I come from a normal middle class family. My father was a bank employee. To be honest I didn't even dream of getting into medical field during that time. But after 5th std I got selected into Navodaya kendriya vidyalaya residency school which I believe was the turning point in my life. I focused more on studies and got into JJMC medical college. For someone who's coming from a rural background, it was considered a huge achievement at that time.

2) Sir, How was your life in college and residency? Was Dermatology your first preference?

College life was pretty decent. I was a average student in college. I studied hard and cleared MBBS in 2004. Then I joined residency at Father Mullers Medical collage Mangalore. Initially I wanted to pursue my career in MD General medicine or MD Pediatrics, but due to unforeseeable circumstances I had to choose MD Dermatology. Residency at FMMC was really good. We had good department, good faculty, good colleagues. It was everything one could ask for in residency.

3) Sir, Is there any particular professor or mentor whom you look up to as your idol?

Yes, I consider Dr Nandakishore and Dr Ramesh Bhat who were my professors of Father Mullers medical college as my idols. I have not only gained immense academic knowledge from them but also they have taught me many life values which has shaped my life today.

4) Sir, Is there any particular memory of your residency which you would remember lifelong?

In 2008 we conducted Cuticon KN in Father Mullers Medical College, Mangalore. It was so memorable working together with my professors and colleagues to organize that conference. Since it was my first conference that we had organized it will always remain close to my heart.

5) Sir, Can you tell us about your journey in IADVL association?

After completion of my residency I started working in Mangalore. At that time I became the District coordinator of Mangalore from 2012-2015.At the same time I was appointed as the member of EC as well. Then I was appointed as junior joint secretary of IADVL in 2015. It was at the same time I moved to Davangere which happened to be the same year when Cutikon KN was held in Davangere. So I had the opportunity to become a member of organizing committee of that conference. From then, slowly I started climbing the ladder of IADVL association and attained higher positions like Vice president and became the President of IADVL KN in 2024.

6) Sir, Recently IADVL KN had conducted Skinathon in Bangalore. Would you like to share few thoughts about it ?

The idea of Skinathon was actually pitched by one of my dearest friend Dr. Shashikumar BM , who is a professor in Mandya Institute of Medical Sciences. It was basically aimed at creating awareness among the general public about the skin health and about the concerns of rising quackery. It was held in HSR layout in Bangalore on March 2nd 2025. More than 5000 people had participated in the run for skin health and made the initiative a huge success.

7) Sir, What are your views on quackery? Why do you think common people are falling prey TO such practices in India?

Quackery is becoming a rising concerns especially in our field because, Dermatology when compared to other branches is easier to practice as it doesn't involve major surgical procedures and the risk associated is very low. And also the booming cosmetic market has attracted the quacks for making easy money. Now, with the rise of social media people are falling prey for such fake doctors and influencers who pose themselves as cosmeticians for mere views and likes. Common people are also blinded by the cheaper alternatives provided by the quacks rather than Dermatologists because of their lack of knowledge and ignorance towards skin health.

8) Sir, Are there any laws or policies you believe that should be introduced to combat quackery in Dermatology?

I believe that government should take stricter action on people practicing quackery and they should be punished for fooling general public and playing with the health of the people.

9) Sir, What is IADVL doing in National and State levels to combat quackery?

IADVL has organized a special group called ITAQ- IADVL Task force Against Quackery ,to combat quackery in India. Through this group ,IADVL is reaching out to the Health and Family welfare ministry and making them aware about the hazards of quackery in this field and about the concerns of rising quacks. We

also plan on identifying centers indulging in quackery and send legal notices to them through KMC.

10) Sir, As the President of IADVL KN what can we expect from you in this tenure of 1 year?

Apart from organizing Dermabasics, Dermaadvance, Resimed and Yathartha, I have started a monthly quiz competition for PG residents called Quizzathon to boost the knowledge and confidence among the PG residents. I have also started Synergy- an initiative to teach the residents on how to use AI to improve research and clinical practices. I have also conducted Skinathon- A run for skin health and to fight against quackery. I plan on conducting more such programs to fight against quackery in this tenure.

11) Sir, What advice do you want to give to young residents?

My advice to young residents is that never stop learning and to develop strong clinical skills. They should also build empathy, listen to their patients well and communicate well. With the advent of AI lot of things are changing in every fields. I urge our residents to embrace this change and use it to enhance their ability to diagnose more accurately and improve the patient outcomes. Lastly they should keep their passion for Dermatology alive forever.

12) This is a rapid fire round sir, we would like to know the first thing that comes to your mind as soon as we ask the question.

a) Your passion other than Dermatology - Cricket
b) Your favorite non dermatology book - Bhagavad Gita
c) Your favorite author - Rooks
d) Your favorite cricket player - Rahul Dravid
e) Your comfort food - Rice and sambar
f) One thing you can't live without - Dermatology
g) Your favorite movie - Gladiator

h) One thing you can't tolerate - nonethical practices
i) If not Dermatology, what else? - Cardiologist
j) Your happy place - Mangalore
k) Your strength – My family
l) Happiest moment in life - The day when my son was born

Dr. Manisha M
2nd year junior resident
SSIMS, Davangere

Medicolegal Issues for Young Dermatologists in India : Navigating Legal Challenges in Practice

Dermatology in India has witnessed tremendous growth, with a rising number of practitioners and an increasing demand for skin-related medical services. As a young dermatologist entering the field, it is essential not only to gain clinical expertise and establish but also to understand the legal and ethical intricacies of medical practice. The medicolegal challenges in India, though similar to those faced globally, have specific nuances that every young dermatologist must understand to avoid legal complications. This article explores key medicolegal issues faced by dermatologists in India and offers insights on how to navigate these challenges effectively.

Certifications necessary to start practice

Most essential is to have NMC/MCI recognized degrees i.e., MD, DVD, DNB, DDVL and etc, registered in medical councils (now national medical records for registered medical practitioners) and same should be mentioned on signboards, letter heads and prescriptions. The unrecognized titles/fellowships/degrees/topper/gold medalist should not be mentioned on the same. The clinics of dermatologists should be registered under private medical establishments act, to meet the standard of care, facilities, fire safety and biomedical waste management. Timely renewal is necessary as per the law.

Informed Consent: A Legal Requirement in Every Procedure

Informed consent is a critical medicolegal issue in medical practice, including dermatology. Obtaining informed consent ensures that patients are aware of the risks, benefits, and alternatives to any treatment,

thus protecting the rights of the patient while safeguarding the practitioner from legal issues. The treatment they are about to receive should be always explained as a clear communication in the language they understand. Always explain procedures, side effects, complications, and potential risks in simple language. Ensure that the patient is mentally competent to give consent. For minors or mentally challenged individuals, consent must be obtained from a legal guardian or caretaker. A well-structured, procedure specific informed consent forms are made available on our IADVL website - https://www.iadvl.org/academy/consent-forms.

The Risks of Diagnostic and Procedural Errors leading to Malpractice cases

Medical malpractice remains a significant concern for young dermatologists. Claims can arise from various aspects of dermatological care, including misdiagnosis, improper treatment, or errors during procedures or unapproved treatment modalities. Always ensure a comprehensive evaluation of the

patient's symptoms and history. Utilize diagnostic aids like dermoscopy or skin biopsies when necessary. Always adhere to established medical guidelines and treatment protocols. Deviating from standard practices without proper justification can lead to legal complications.

Maintenance of documents

Proper documentation of patient interactions, diagnoses, treatments, and outcomes can be a strong defense in case of a legal claim. Ensure that all details of patient consent, procedures performed, and follow-up visits are recorded meticulously. Records to be maintained for at least 3 years and can be destroyed after giving advertisement in local newspapers. The emergence of electronic medical records (EMR) has reduced the burden to a greater extent.

Must to Know Laws of the Land

Many laws govern the practice of a registered medical practitioners, which includes,

The National Medical Commission (NMC) Act, 2019

The Indian Medical Council Act 1956 (Professional Conduct, Etiquette, and Ethics Regulations, 2002)

The Drugs and Cosmetics Act, 1940

The Clinical Establishments (Registration and Regulation) Act, 2010

The Consumer Protection Act, 2019

The Indian Penal Code (IPC), 1860 – Now The Bharatiya Nyaya Sanhita, 2024

The Biomedical Waste Management Rules, 2016

The Information Technology Act (Reasonable Security Practices and Procedures and Sensitive Personal Data or Information) Rules, 2011.

The HIV & AIDS Act, 2017. [Rights of HIV positive person]

The Protection of Children from Sexual Harassment Act, 2012 [Report any sexual assault/STDs in minors]

The Income Tax Act, 1961, Form-3C [Medical records].

The Goods & Services Tax Act, 2017.

Social Media Vs. Teledermatology

A dermatologist studies MBBS followed by MD/ DVD/DVL/etc. and carrying the legacies of great legends, one must always uphold the dignity and honor of this profession. One must always remember the difference between social media information and teledermatology. To gain popularity one must not advertise/endorse any products/medicines/or anything on social media platform. Telemedicine is done one-to-one, with mutual identification of doctor and the patient, obtaining explicit consent, prescribe drugs only as per list mentioned in guidelines. [Telemedicine Practice Guidelines, Appendix 5 of the Indian Medical Council (Professional Conduct, Etiquette and Ethics Regulation, 2002]

Do's & Don'ts: Summarizing all the laws and judgements of courts

- Mention only your recognized qualifications on the prescription/ visiting cards along with MEDICAL COUNCIL REGISTRATION NUMBER.
- Mention of scholarships/training / membership/ awards which are not qualifications should be avoided.
- Always mention date and timing of the consultation.
- Mention age, sex, weight (if child), pregnancy status, known allergies etc.
- In complicated cases record precisely history of illness and substantial physical findings about the patient on your prescription.
- If the patient/attendants are erring on any count (history not reliable, refusing investigations, refusing admission) make a note of it or seek written refusal preferably in local language with proper witness.

- Mention the condition of patient in specific / objective terms. Avoid vague / non-specific terminology.
- Record history of allergy.
- Write use correct dosages (by revising knowledge periodically)
- Mention whether prognosis explained. If necessary, take a signature of patient /attendant, after explaining the prognosis in written local language.
- In case of any deviation from standard care, mention reasons.
- Specifically mention review, SOS/or follow-up schedule.
- Mention if patient /attendant are/is under effect of alcohol/drugs.
- In case a particular drug/equipment is not available, make a note.
- Mention where the patient should contact in case of your non-availability /emergency.
- Keep updating your knowledge. Read again what you think you already know. You will be in for surprises.
- Discuss the case with your colleagues.
- Discuss the case with patients /attendants.
- Do not examine a patient if you are sick,exhausted, under effect of alcohol.
- Never talk loose of your colleagues, despite intense professional rivalry. Never criticize your brother in profession.
- The patient /attendants may incite you to say/do something. They may seek your comments on the other doctor's treatment. There is always a polite way to set aside their queries.
- Do not adopt experimental method in treatment. If there is some rationale, do it only after informed consent.

Conclusion

As a young dermatologist in India, understanding the medicolegal landscape is crucial to ensuring a successful and safe practice. By staying you can protect yourself and provide the best possible care for your patients. A combination of clinical competence, ethical practices, and legal awareness will help you navigate the challenges of dermatology while maintaining your professional reputation and safeguarding your career.

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GENITAL LICHEN PLANUS IN A PEDIATRIC PATIENT : A RARE CASE REPORT AND REVIEW OF MANAGEMENT

Introduction : Lichen planus (LP) is a chronic immune mediated inflammatory papulosquamous dermatological condition affecting skin, hair, nails, and mucosae. The disease derives its name from the Greek word (lichen) for "tree moss" and the Latin word planus for "planar." LP in children is rare, constituting 1%–4% of all LP cases.

Case report : A 7-year-old female presented to the dermatology clinic with a two-month history of painful and itchy lesions on the genital area. The parents noted progressive worsening of symptoms. On examination, the patient had multiple violaceous, flat-topped papules and plaques localized to the genital region, with areas of erythema and excoriation.

Results : The biopsy reveals histopathological features of hyperkeratosis, focal hypergranulosis, acanthosis, colloid bodies, basal cell degeneration, saw tooth appearance of rete ridges, and a band-like lymphocytic infiltrate at the dermoepidermal junction, all of which are suggestive of lichen planus.

Discussion : Treatment of genital lichen planus in pediatric patients should be approached with caution due to the sensitive nature of both the area and the age group. Topical Corticosteroids, low to moderate potency corticosteroids (mometasone) can help to reduce inflammation and itching. Topical Calcineurin Inhibitors: Tacrolimus or pimecrolimus creams are steroid-sparing agents that can be given for long-term management. Moisturizing creams can be given to soothe irritated skin, provide a barrier against friction, and maintain hydration. Oral Antihistamines can be given for intense itching. Regular follow-ups are essential to monitor the treatment response and to ensure minimal side effects by adjusting treatment as needed.

Conclusions : Pediatric genital lichen planus is a rare but important condition to recognize, as it can cause significant discomfort and may be associated with long-term scarring if not treated promptly. Early recognition and management are crucial to prevent complications and improve the quality of life in affected children.

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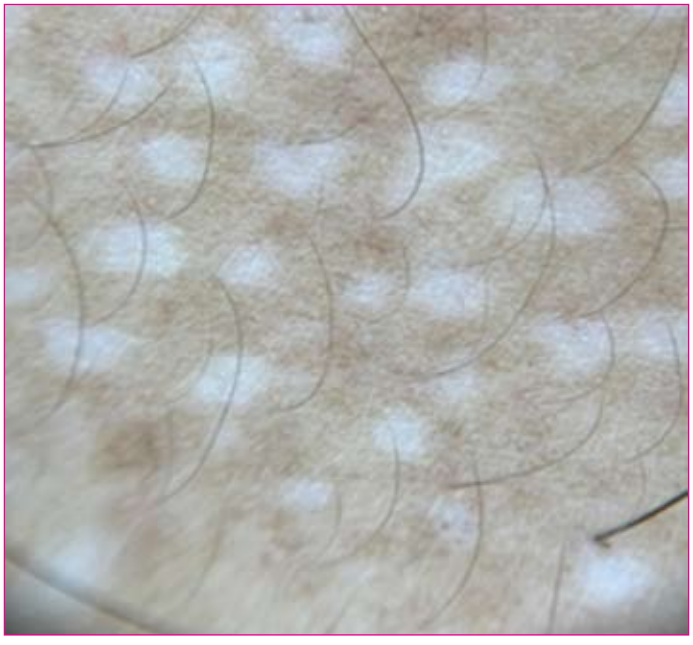
CLINICOEPIDEMIOLOGICAL AND DERMOSCOPIC STUDY OF VITILIGO

Introduction : Vitiligo is an acquired skin disorder characterized by depigmented patches due to the loss of melanocytes. The condition affects 0.5-2% of the global population. Clinico- epidemiological studies, combined with dermoscopy, can enhance our understanding of disease patterns and progression. This study analyzes the clinico-epidemiological features and dermoscopic patterns of vitiligo in 100 patients.

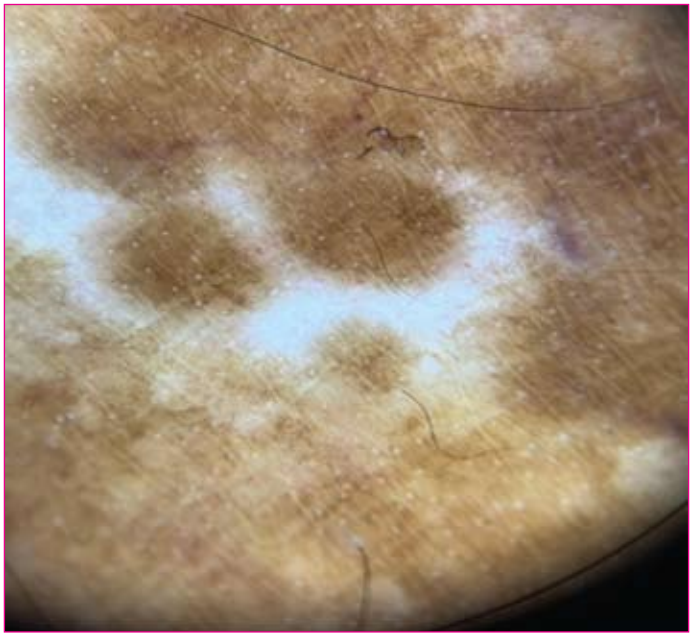
Materials and Methods : A cross-sectional study conducted on 100 patients diagnosed with vitiligo. Clinicoepidemiological data including age, gender, type, and duration of vitiligo were recorded. Dermoscopic examination was performed using a handheld Illuco dermoscope to assess patterns such as pigment network, perifollicular pigmentation, and border characteristics.

Discussion : The study revealed a slight female predominance (55%) with a mean age of onset of 28 years. The most common type observed was non-segmental vitiligo (75%). Most cases were stable (60%), with 40% experiencing active progression. Areas most commonly affected included the face and hands.

Dermoscopic Findings : Common dermoscopic features included white patches with irregular borders, perifollicular pigmentation, and areas of regimentation. Cobblestone patterns and starburst-like borders were observed in progressive lesions, aiding in the differentiation of stable and active vitiligo. This study highlights the clinicoepidemiological trends and unique dermoscopic patterns in vitiligo. Dermoscopy, as a non-invasive tool, offers valuable insights into disease activity and stability. Early detection through dermoscopy may improve prognosis by guiding treatment strategies, particularly in distinguishing stable from progressive vitiligo.



TAPIOCA SAGO APPEARANCE



PERIFOLLICULAR REPIGMENTATION

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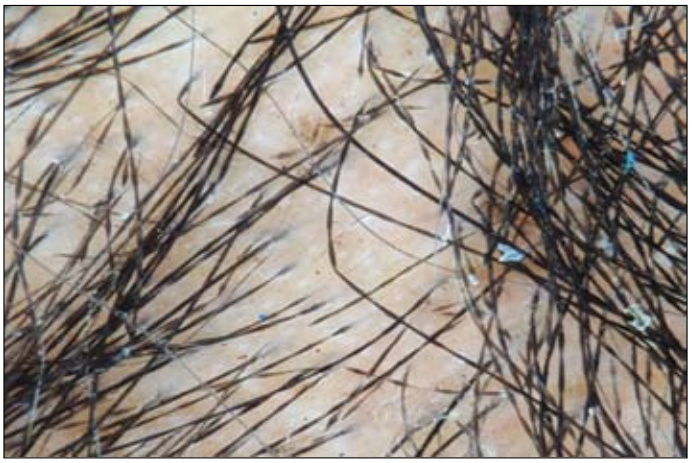
Monilethrix : A fascinating tale behind the beaded hair syndrome

Introduction : Monilethrix is a rare autosomal dominant hair shaft disorder.It is marked by a regular periodic thinning of the hair shaft which gives the hair a distinctive beaded appearance. Here we report one such case.

Case report : Here we report a 9-year-old female born to nonconsanguineous parents with complaints of sparse and brittle scalp hair since birth. Family history showed similar complaints in grandfather, father and brother indicating an autosomal dominant inheritance. Microscopic examination of hair revealed the characteristic beading with nodes and internodes. Dermoscopy showed regular variations in hairshaft diameter with elliptical nodes separated by internodes.

Discussion : Monilethrix is a rare autosomal dominant disorder with characteristic beaded appearance due to the presence of nodes and internodes in the hair shaft. The nodes represents normal shaft diameter and the internodes reflect the defective cortical keratinization. It results from mutations in hair keratin genes hHb6 and hHb1 on chr12q13. An autosomal variant of this disorder has been described where there are mutations in the desmoglein 4 gene. Topical minoxidil, oral acitretin, griseofulvin, systemic corticosteroids, peeling ointments, oral minoxidil, N-acetyl cysteine have been effective in some patients. Mainly chemical and mechanical damages to the hair should be avoided by preventing excessive hair combing and washing. Management is still a challenge as there is no permanent cure for this disease



Dermoscopy showed regular variations in hairshaft diameter with elliptical nodes separated by internodes.

Light microscopy of hair revealed the characteristic beading with nodes and internodes.

Dr. Manisha M
2nd year PG
SSIMS, DAVANGERE

WHEN COMPASSION BECAME MY CURE

I am Uma, and I have lived a life where every breath has been a battle.

I wasn't born with dreams - I wasn't allowed to have them. I was the only daughter in my family, an unwanted responsibility in my parents' eyes. My elder brother was the apple of their eye, while I was just a burden they were eager to pass on. At 18, they did exactly that. Without education, without a say, I was married off with the understanding that once I left, there would be no turning back.

I didn't know what love was, but I knew what suffering felt like. My husband was a rolling stone, a man who had no stable job and even less stability in his thoughts. His breath always smelled of alcohol, and his promises always reeked of lies. The little gold I had been given at my wedding - the only thing I could call my own - was slowly mortgaged away, piece by piece, to pay for rent and fuel his drinking.

Then, one evening, everything changed. A road traffic accident took him away forever.

I did not cry - not immediately. Maybe I had already grieved enough in my marriage. Maybe my tears had dried up over the years. But what came next shattered me. His family turned their backs on me, calling me the reason for his death. My own parents, instead of supporting me, reminded me of their sacrifice in raising me and told me to "figure it out." I was left alone, with no money, no education, and two small children - five years old and two - clutching my saree, looking up at me, waiting for answers I didn't have.

But I knew one thing: I had to survive, for myself, for my children.

I found work as a housemaid in my locality. One house, two houses - then five. I worked tirelessly, scrubbing, sweeping, washing. My hands never stopped moving. Every rupee I earned was carefully tucked away, because my children would go to school. They would have an education. They would not suffer like me. They would not grow up to be like their father.

But the body has limits, even when the spirit does not.

Weeks of constant wet work, exposure to detergents, and hours on my feet took their toll. The cracks on my feet deepened, splitting open, bleeding as I walked. The pain was unbearable, but I gritted my teeth and carried on. My hands burned, covered in dark, itchy wounds that made every movement feel like fire tearing through my skin. At night, I lay awake, staring at the ceiling, trying to ignore the unbearable itch, the rawness, the feeling of my body slowly breaking down.

One morning, as I tried to wring out a wet cloth, my hands trembled with pain. My feet throbbed with every step. And for the first time, I admitted it - I couldn't go on like this.

I walked into the Dermatology department of a nearby government hospital. The doctors examined me with kind eyes and spoke gently, but when I was handed the prescription, my heart sank. The consultation was free, and a few tablets were provided at no cost, but the specialized creams I needed weren't. The price was impossible. To buy them, I would have to sacrifice an entire month's salary from one house. And even then, the medicines would last only a couple of weeks.

My children's faces flashed before my eyes.

I stepped out, staring blankly at the prescription in my hands, my breath coming in shallow gasps. My stomach tightened—I felt small, helpless, like a

beggar in my own life. I didn't even realize that tears had begun rolling down my cheeks.

"Uma ji?" a voice called out.

I looked up. It was the young postgraduate doctor who had seen me in the OPD. He noticed my distress immediately. "What happened?" he asked.

I hesitated. My pride held me back for a moment, but then the truth slipped out. "Doctor… I just can't afford these."

He didn't pause, didn't think twice. "Wait right here," he said, and ran back inside. Within minutes, he returned, his hands full of medicine tubes—the very ones I needed.

"These are physician's samples, free of cost," he said, handing them to me. "Start using them. Come back when you need more—I'll arrange them for you."

I looked at the tubes in my hands, my fingers trembling. "Doctor… how much do I pay?"

"Nothing," he said, smiling. "These are for patients like you."

In that moment, he was no doctor—he was an angel.

I began my treatment, and the relief was almost instant. The wounds on my hands healed, the cracks on my feet closed, and for the first time in months, I could work without feeling like my body was falling apart. Every time I returned for a follow-up, the doctor and his team ensured I had the medicines I needed.

One day, I asked him why he was doing this. He simply smiled and said, "Medical representatives give us these samples so we can test their effectiveness. Over time, so many of them get collected, so, we make sure they go to people who truly need them."

I had never known kindness like this. I had never thought the world could care for someone like me.

As professionals, we are well aware of the high cost of topical medications, especially quality sunscreens, moisturizers, and topical steroids. It is essential to prescribe judiciously, ensuring that treatment remains accessible to the patient. Overcrowding a prescription with expensive medications may lead to non-compliance, forcing patients to abandon treatment altogether or resort to doctor shopping in search of a more affordable alternative. Thoughtful prescribing, combined with the responsible distribution of available resources, can make a significant difference in patient outcomes while upholding the true essence of medical care.

Every day, we as Dermatologists receive numerous samples from pharmaceutical representatives - primarily intended for personal evaluation and to assess a product's efficacy. However, many of these samples accumulate over time, eventually expiring and being discarded. Rather than allowing them to go to waste, we should make a conscious effort to distribute them to patients who are truly in need - those for whom purchasing medication means sacrificing a meal.

Of course, there will always be individuals who seek these despite being able to afford the medication. The treating physician's responsibility is to exercise discretion and ensure that these resources reach the most deserving patients. Extending this small act of kindness is a meaningful service to society. The gratitude and blessings received from those we help not only make a difference in their lives but also serve as a lasting motivation for us to continue our commitment to healing and humanity.

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SEXUALLY TRANSMITTED DISEASES

I have a story to narrate
Of those STIs which decide your fate
Stay informed, knowledge up to date
Consulting a dermatologist, never hesitate

By various ways they invade
From blood transfusion to Intercourse unaid
From needle prick to sex for IV drug trade
From mother to baby that we are afraid

Syphilis, chancroid, Herpes, LGV or donovanosis
Their various clinical features to focus
Syphilis with fading sore
Enduring pain of herpes and chancroid no more
LGV with swollen lymph node
Donovanosis with touch on bleed mode

Complicating multisystem as they invade and divide
Affecting all the organs hiding deep inside
With presentation so varied and wide
Understanding these helps in guiding the right side

Dark ground microscopy to gram stain
Revealing the pathogens in the histological frame
Serology and molecular techniques help ascertain
The organisms we never wish to see again
With many investigative methods we aim
To detect and defeat before their endgame

We have an ocean of treatment
From oral tablets to topical lotion
With syndromic kits to sex education
Of condom promotion and partner notification
We understand the toll of emotion
And hence commit to stop their discrimination

Dr. Shruti Hegde
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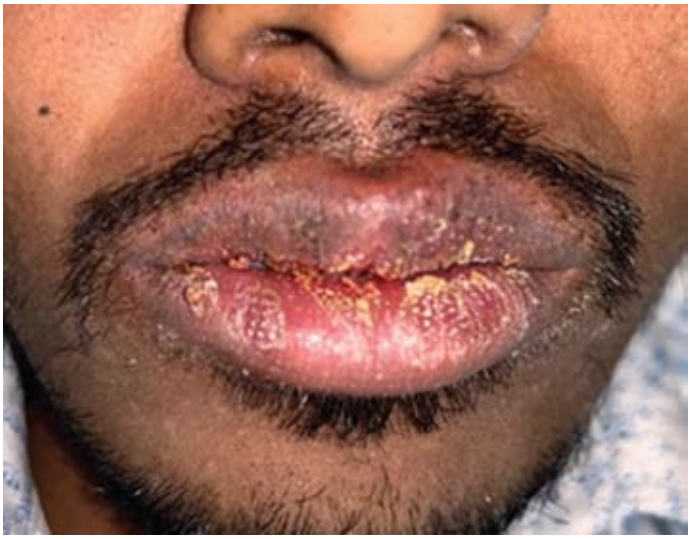
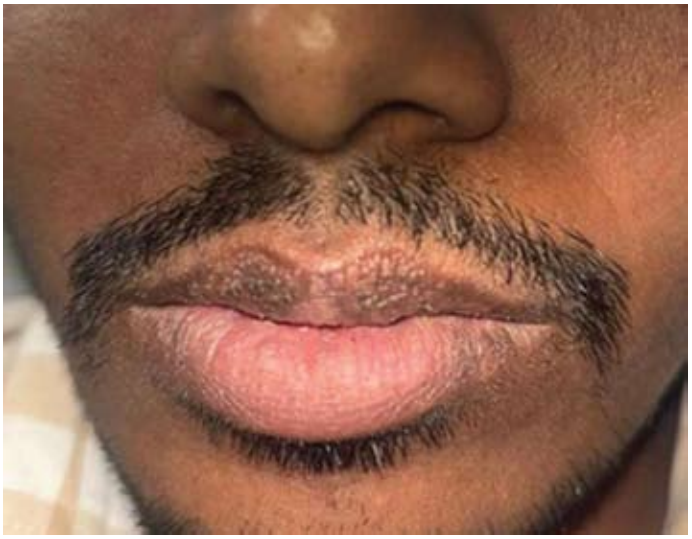
Actinic cheilitis successfully treated with CO2 laser - A case report

INTRODUCTION : Actinic cheilitis or Sailor's lip is a chronic inflammatory condition. Predominantly, it affects lower lip due to prolonged sun exposure. It occurs in 0.4% to 2.4% of the overall population. The prevalence can increase to 43.2% among those with significant outdoor exposure. It has a bimodal age of onset, 20 to 30 years or 40 to 80 years of age. It has risk of progression to squamous cell carcinoma, with malignancy rates around 10% to 30%.

CASE REPORT : A 31 year old man came with chief complaints of encrustations over lower lip on and off since 10 years. The lesions were associated with burning sensation and exacerbated after increased sun exposure. Mucocutaneous examination revealed crusting and scaling with few areas of fissuring present over lower lip. There was no regional lymphadenopathy. Differential diagnosis considered were actinic lichen planus, herpes labialis, exfoliative cheilitis, contact cheilitis, pemphigus vulgaris, lichenoid drug eruptions, cheilitis granulomatosa. Based on the history, clinical findings and lip biopsy, the diagnosis of actinic cheilitis was made. Treatment involved two sessions of fractional CO2 laser therapy, each a month apart, using 16 Watts of power, a distance of 1.2 mm and 19.2 mJ of energy per session. Post-procedure, a topical antibiotic ointment was applied to the lip, with no dressing used. Also, tacrolimus 0.1% ointment twice daily, use of sunscreen and avoidance of sun exposure was advised. After the first session, there was a 50% improvement; after the second session, improvement reached 90%.



IMMEDIATELY POST PROCEDURE



8 WEEKS POST – PROCEDURE

DISCUSSION : Actinic cheilitis is a premalignant condition confirmed by history, clinical findings and lip biopsy. To rule out other conditions, lip biopsy was done. Confirmation of diagnosis was done on histopathology which showed hyperkeratosis, acanthosis, dyskeratosis and moderate dysplasia, with a dense chronic inflammatory infiltrate and basophilic degeneration of the lamina propria. Treatment

options include topical chemotherapy (5 fluorouracil or imiquimod), chemo-exfoliation, dermabrasion, photodynamic therapy, cryotherapy, and surgical vermilionectomy. CO2 laser chromophore being water, wavelength being 10,600 nm leads to tissue vaporization and effective haemostasis. CO2 laser was chosen as it is less invasive than surgery, with fewer side effects and similar efficacy.

CONCLUSION : As Actinic cheilitis is a premalignant condition, early diagnosis and treatment is crucial as it can progress to squamous cell carcinoma. In this case, CO2 laser therapy was chosen for its benefits, such as reduced bleeding, lower risk of scarring and less postoperative pain.

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VIVA NOTES FOR MOLLUSCUM CONTAGIOSUM

Q. Dermoscopy findings

A. Central pores with a white-to-yellow polylobular amorphous structure with crown vessels at the periphery without crossing the center of the lesion.

Q. Newer agent approved

A. In January 2024, berdazimer topical gel, 10.3% was approved for the topical treatment of MC in adult and paediatric patients 1 year of age and older.

Q. Molluscum word derived from

A. Mollis means soft, molluscum is a Latin word meaning fungus growing on maple tree

Q. Conditions with molluscum name in it

A. Molluscum contagiosum with atopic dermatitis- Eczema molluscatum

B. Molluscum dermatitis- Type 4 hypersensitivity reaction/Id reaction

C. Molluscum fibrosum- Juvenile hyaline fibromatosis- AR, Connective tissue disorder, Mutation in Anthrax toxin receptor 2

D. Molluscum fibrosum gravidarum- Multiple skin tags on vulva, neck, axilla during pregnancy

E. Molluscum fibrosum pendulum- a/w tuberous sclerosis complex

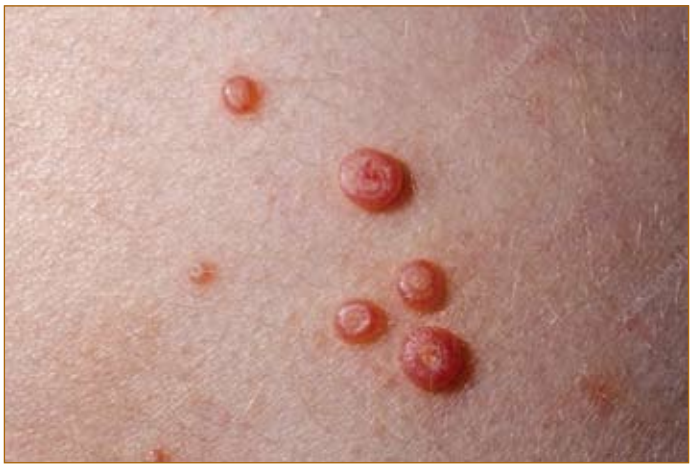
F. Molluscum leprosum- lesions of histoid leprosy with central depression

G. Molluscum pseudotumor- seen in Ehler danlos syndrome, blue gray spongy outgrowths over pressure sites

H. Molluscum sebaceum- aka keratoacanthoma, smooth round nodule with keratin crater

Q. Mearson phenomenon

A. 1st seen in benign melanocytic nevi, symmetrical



area of erythema and scaling encircling a central lesions aka halo eczema/halo dermatitis

Q. Atypical presentation of molluscum

A. Giant, cystic, ulcerated, follicular, condyloma accuminata like, PG like, cellulitis like, abscess like, sebaceous nevi like, disseminated

Q. BOTE

A. Beginning of the end sign: Clinical erythema and swelling when regression phase begins

Q. Role of acyclovir in molluscum

A. Acyclovir has no inhibitory effect on mD4 gene of MCV, oflabel has been tried for ophthalmic MC as 200mg BD, weekly once, for 6 months

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2nd year postgraduate
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DERMATOLOGISTS ORCHID : NATURE'S PATTERN MIRRORING SKIN LESIONS

Compiled by-Dr GOUTHAMI G
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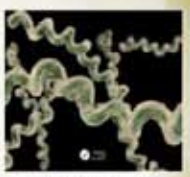
In recent times, we have observed dermatological findings such as "sphagetti meatball" ,"blueberry muffin" and "cottage cheese" appearances ,term that though widely recognised are not native to India. With this in mind we now present a fresh perspective: Dermatological lesions inspired by objects indigenous to our own land . This is dermatologist's take on " Make in India", showcasing the unique,locally resonant presentations that define our rich clinical landscape.


Elephant


Hathi pad insole


LYMPHANGIOMA CIRCUMSCRIPTUM BUNCH OF FIG

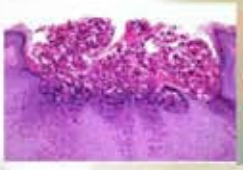
PALMYRA FRUIT


SPIROCHETES


WALNUT


EPIDERMAL VERRUCOUS NEVI


PEPPER


HP BODIES HOLLUSCUM CONTAGIOSUM


POMOGRANATE

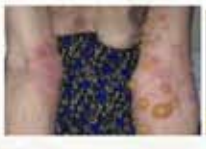

CANDIDAL PSEUDOHYPHAE


ARECANUT BUD


PLEXIFORM NEUROFIBROMA TURKEY NECK


WHITE PIEDRA


PADDY GRAINS


BULLOUS PEMPHIGOID

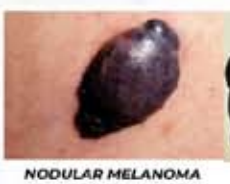

WILD BERRY


PYOGENIC GRANULOMA


PANAMA BERRY


CLUSTON SYNDROME HAIR


MAITE HAIR


NODULAR MELANOMA


JAMUN FRUIT


PHRYNODERMA


JACK FRUIT

INSOLES FOR DIFFERENT TROPHIC ULCERS (LEPROSY)

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Department of DVL
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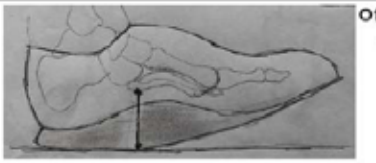
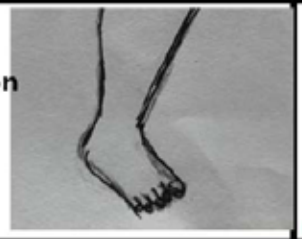
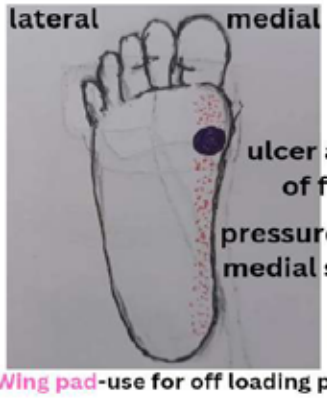
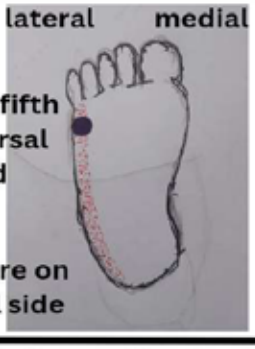
Ulcers are significant and common complication in leprosy. Repeated trauma or stress on anaesthetic foot can disrupt natural mechanic of foot. It is crucial to develop and provide simple easy to fabricate orthoses that are effective in preventing plantar ulcers within community health settings .This is a simplifies chart to Aid in the understanding and visualization of different insoles attached to MCR chappal , tailored to the specific sites of ulcers ,highlighting their utility in preventing complications associated with leprosy.

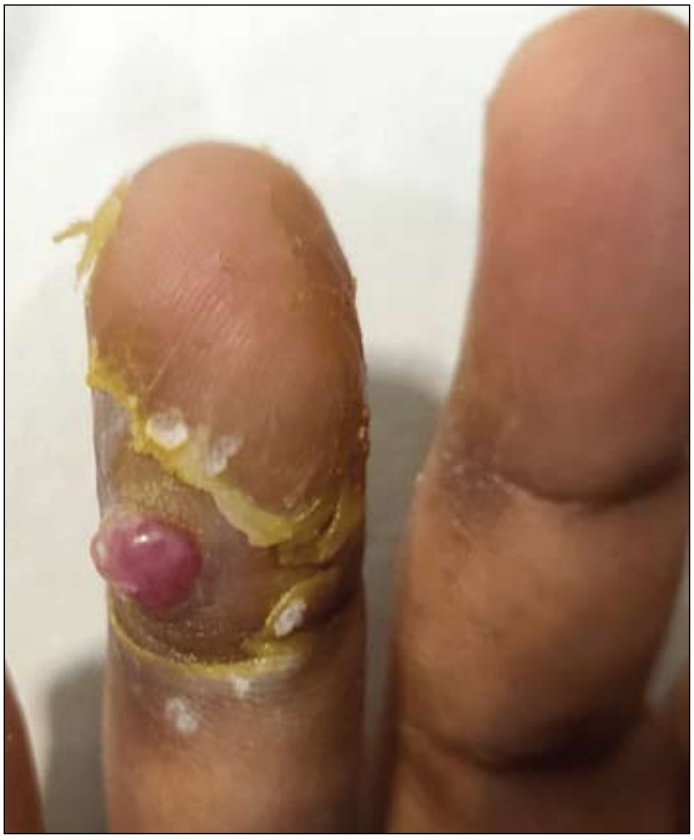
	PROBLEM	CORRECTION
CLAW TOE	 Pressure falls on metatarsal head	 Offloads pressure on metatarsal keeps foot in dorsiflexion Metatarsal Rocker
FOOT DROP	Achilles tendon shortening Equino varus deformity 	Keeps foot in Dorsiflexion   Dynamic foot drop spring Static foot drop splint
PRONATED FOOT (EVERTED FOOT) 1. WITHOUT ULCER 2. WITH ULCER 	 lateral medial ulcer at ball of foot pressure on medial side Wing pad-use for off loading pressure from ulcer Hathi pad-only for medial arch	 WITHOUT ULCER bring everted foot in neutral position (by lifting opposite side) Hathi pad for medial arch  WITH ULCER Wing plantar metatarsal pad with Hathi pad
SUPINATED FOOT (INVERTED FOOT) 1. WITHOUT ULCER 2. WITH ULCER 	 lateral medial ulcer at fifth metatarsal head pressure on lateral side	 WITHOUT ULCER Tarsal platform Bring inverted foot to neutral point  WITH ULCER Wing metatarsal pad with Tarsal platform
Neuropathic foot(Charcot's foot or Hot foot)		Moulded insole with fixed ankle brace(FAB)
Shortened foot or severly scarred foot		Moulded insole with patellat tendon bearing(PTB) brace

CAST COMPLICATIONS : THE CURIOUS CASE OF PYOGENIC GRANULOMAS – A CASE REPORT

INTRODUCTION : Pyogenic granuloma also known as lobular capillary hemangioma, is a common benign vascular tumor occurring in skin and mucous membranes. Despite historical misnomers, it's not associated with infection. Clinically, it presents as a red, friable papule or a sessile plaque with rapid growth and occasional ulceration. Predominantly found in the oral cavity, it can rarely occur in the gastrointestinal tract. A specific variant, periungual pyogenic granuloma, forms around nails, often due to trauma, ingrown nails, infections, or hormonal changes. Though complications are rare, they can result from factors like prolonged cast application. A thorough understanding of the mechanisms and clinical manifestations of pyogenic granuloma is essential for timely diagnosis and appropriate treatment.

CASE REPORT : A 32-year-old female patient presented with chief complaint of difficulty in doing regular household work due to periungual growths on right ring finger since 2 months. These periungual growths were developed following the application of a cast for a proximal phalangeal fracture of right ring finger 2 months back. The patient presented with persistent pain, swelling and recurrent bleeding around the nail bed, prompting further investigation.

HISTOPATHOLOGY : The lesion typically displays a proliferation of small blood vessels, forming a lobular pattern characteristic of a hemangioma. The vascular spaces are often dilated and lined by endothelial cells. Inflammatory cells such as neutrophils and lymphocytes may be present within the stroma.



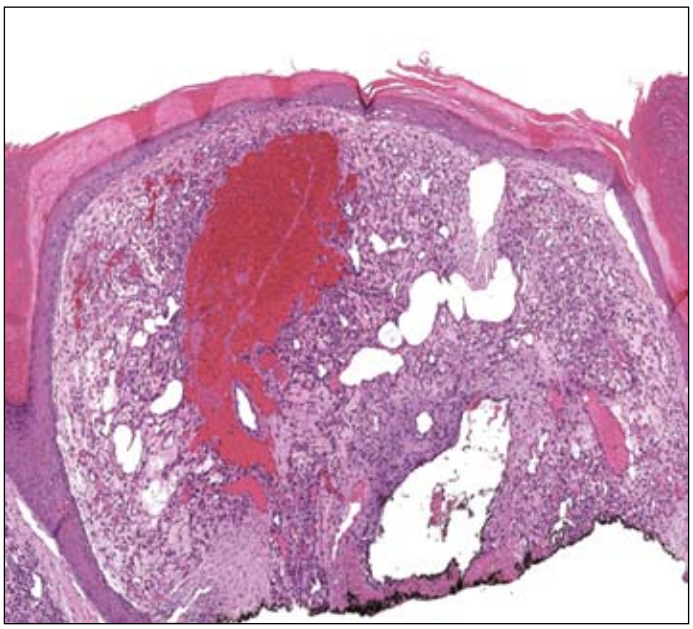
Additionally, there might be evidence of epidermal changes including acanthosis (thickening of the epidermis) and ulceration.

DISCUSSION : Periungual Pyogenic Granuloma (PG) is a common benign vascular lesion, often found in young individuals on hands, nails, face, and upper chest. When localized around the nails, it presents as a painful, red, rapidly growing lesion associated with trauma, infections, drugs (e.g. retinoids, antiretrovirals), and pregnancy. Notably, PG can result from peripheral nerve injury, mechanical trauma (e.g.manicure) or inflammatory causes (foreign body penetration).

In childhood, self-induced trauma from nail biting

or improper trimming can lead to PG, which is often associated with digital swelling. Multiple periungual PGs may be linked to systemic diseases like psoriasis, sarcoidosis, pemphigus vulgaris, Langerhans cell histiocytosis, or seronegative spondyloarthritis.

Prompt diagnosis is essential for correct management. For single PGs, especially involving the nail bed, histological examination is crucial to rule out malignancies like amelanotic melanoma. In cases of multiple PGs, drugs are often the primary cause. Understanding the location and patient history aids in identifying the right cause for effective management.



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FUNDOSCOPY IN DERMATOLOGICAL DISORDERS

1. **Phacomatoses** (neurocutaneous syndromes) refer to a group of familial conditions (autosomal dominant) which are characterised by development of neoplasms in eye, skin and central nervous system. It includes the following conditions:

- **Sturge Weber Syndrome (Encephalofacial angiomatosis)**

  It is characterised by angiomatosis in the form of port-wine stain (naevus flammeus), involving one side of the face which may be associated with choroidal haemangioma, leptomeningeal angioma and congenital glaucoma on the affected side.

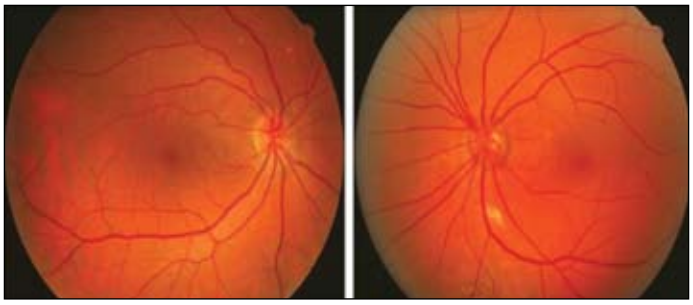

Figure 1: Patient with port-wine stain on the left side of face with deeper red ("tomato-ketchup") appearance of left ocular fundus (left image). Normal right ocular fundus (right image).

Findings: Diffuse choroidal hemangioma as dark and saturated red areas making "tomato-ketchup" appearance in the fundus
Dilation and tortuosity of retinal vessels
Retinal detachment
Papilledema
Optic atrophy, optic nerve cupping, optic nerve drusen

- **Neurofibromatosis (von Recklinghausen's disease)**

  It is characterised by multiple tumours in the skin, nervous system and other organs. Cutaneous manifestations are cafe-au-lait spots, neurofibromata. Ocular manifestations include neurofibromas of the lids and orbit, glioma of optic nerve and congenital glaucoma.

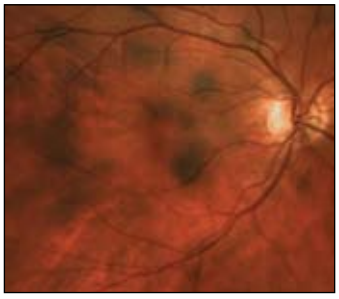

Figure 2: Hyperpigmented spots in Neurofibromatosis

Figure 3: Retinal vascular abnormality in Neurofibromatosis

Findings:
Hyperpigmented spots on the fundus
Retinal vascular abnormalities - vascular tortuosity

- **Tuberous sclerosis (Bourneville disease)**

It is characterised by a classic diagnostic triad of adenoma sebaceum, mental retardation and epilepsy associated with hamartomas of the brain, retina and viscera.

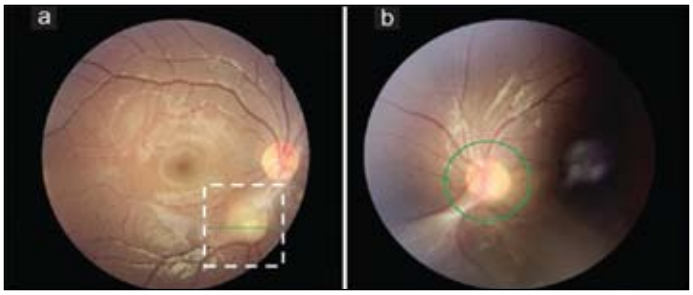

Figure 4: Retinal hamartoma in a patient with tuberous sclerosis complex. The rectangle shows a hamartoma and the green circle shows the circumpapillary area scanning.

Findings:

Two types of hamartomas found in the retina are:

(1) relatively flat and soft appearing white or grey lesions usually seen in the posterior pole

(2) large nodular tumours having predilection for the region of the optic disc.

- **Von Hippel Lindau's syndrome (Angiomatosis retinae)**

  Angiomatosis involves retina, brain, spinal cord, kidneys and adrenals. It is characterized by formation of multiple benign and malignant tumors, as well as cysts in multiple organs

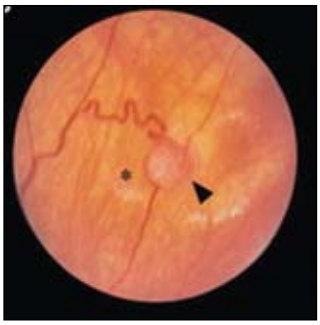

Figure 5: Peripheral retinal hemangioblastoma (arrowhead) with fibrous changes, and hard exudates and retinal edema (asterisk) in Von Hippel Lindau syndrome.

Findings:

Retinal hemangioblastomas may occur at the periphery (50%) or at the optic nerve (50%)
Vascular dilatation, tortuosity and aneurysms
Haemorrhages and exudates
Retinal detachment

2. **Giant cell arteritis** : GCA is an immune-mediated, systemic granulomatous vasculitis, affecting medium and large arteries, which have the internal elastic lamina.

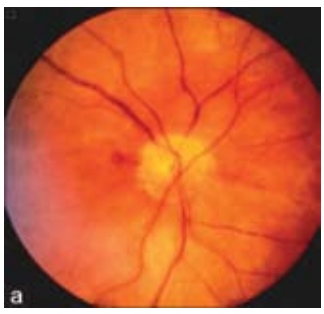

Figure 6: Fundus photograph shows pallor with mild disc edema in lower part and box-carring (cattle-trucking) in the retinal vessels.

Findings:

Central retinal artery occlusion
Cilioretinal artery occlusion
Cotton-wool spots.

3. **Takayasu arteritis :** It is an inflammatory vascular disease of large vessels

Figure 7: A colour fundus photograph of the right eye (A) and left eye (B) showing arteriolar narrowing (horizontal arrows), venous dilation without much tortuosity (vertical arrows). Multiple microaneurysms and punctate haemorrhages (curved arrows) in the posterior pole up to the mid periphery along with few cotton wool spots in both the eyes.

Findings:

Vascular dilation, microaneurysms
Arteriovenous shunts
Retinal neovascularisation

4. **Polyarteritis nodosa** : It presents as a necrotizing vasculitis that affects medium-sized arteries

Figure 8: Left eye with optic nerve hyperemia, swollen, retinal folds, dilated veins, and arteries.

Findings:

Cotton-wool spots
Retinal arterial occlusions
Papilledema

5. **Behçet's disease :** Behçet's disease is a systemic vasculitis that affects multiple organs. The most common manifestations are oral and genital ulcerations and recurrent uveitis.

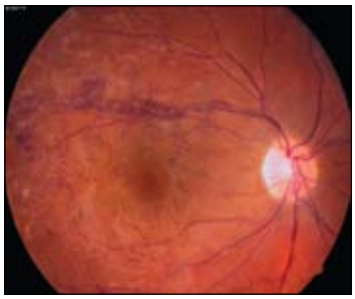

Figure 9: Color eye fundus photographs of patients with Behçet's Disease. Fundus presents with vascular changes of the superior arcade, widened, irregular and tortuous veins, intraretinal hemorrhages and premacular inflammatory fibrosis.

Findings:

Periphlebitis, periarteriolitis

Branch retinal vascular occlusions.

Arteriolar attenuation, retinal neovascularization

Sheathed ghost vessels

6. **Systemic lupus erythematosus :** Lupus retinopathy is a clinical manifestation of systemic lupus erythematosus in the visual system. Presents as lupus microangiopathy, vascular occlusion, vasculitis, hypertensive retinopathy associated with lupus nephritis, and autoimmune retinopathy

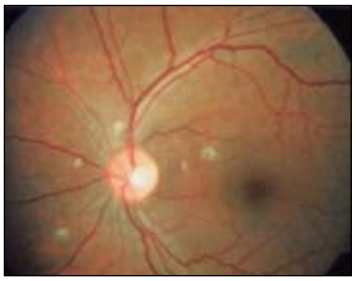

Figure 10: Lupus retinopathy, microangiopathy, cotton wool spots.

Findings:

Cotton wool spots

Optic disc edema

Vascular sheathing

Retinal haemorrhages

7. **AIDS :** It is a manifestation of human immunodeficiency virus infection which may present with ocular symptoms.

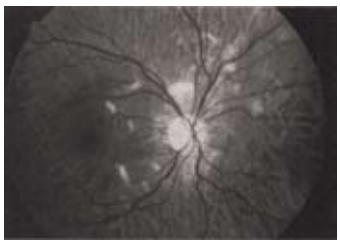

Figure 11: Cotton wool spots typical of HIV retinopathy

Findings:

Cotton wool spots

"Dot and blot" intraretinal haemorrhages

8. **Hydroxychloroquine toxicity :** Hydroxychloroquine is a synthetic medication that is used in the treatment of autoimmune and dermatological diseases. These include rheumatoid arthritis, systemic and discoid lupus erythematosus, Sjogren's syndrome, and cutaneous vasculitis

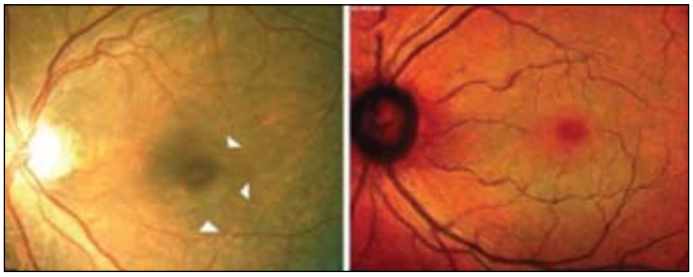

Figure 12: Colour fundus photography showing arcuate zone of hypopigmentation (white arrow heads) superior, temporal, and inferior to fovea in hydroxychloroquine retinopathy (left image). Multicolour imaging of the left eye of a normal individual showing the deep pink fovea centre surrounded by a greenish hue (right image)

Findings:

Parafoveal or pericentral thinning of the outer retina (spares the foveal cones) produces the bull's-eye configuration.

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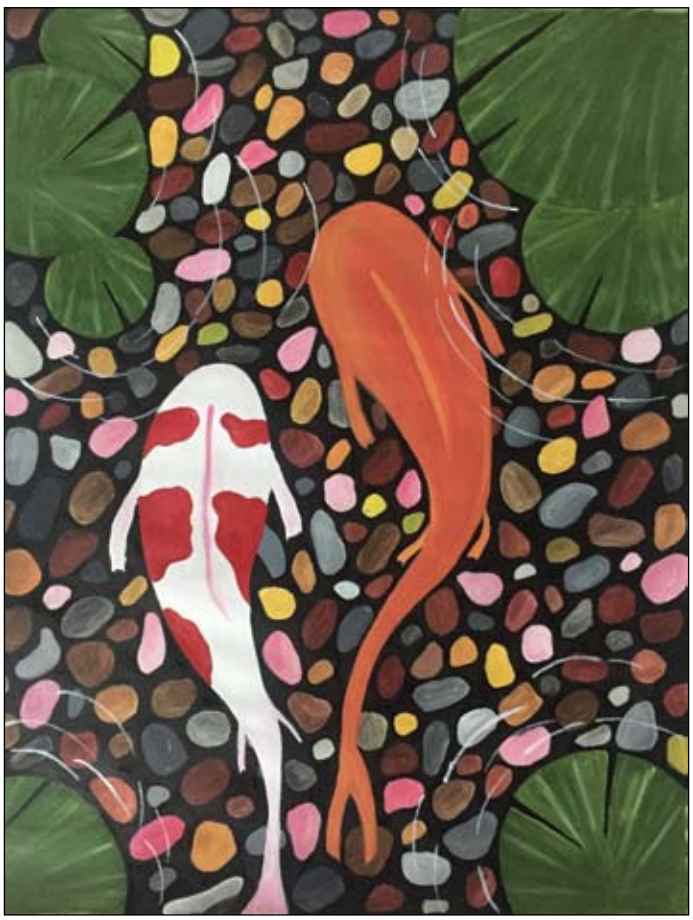

Brushstrokes of Brilliance: Exploring the World of Art

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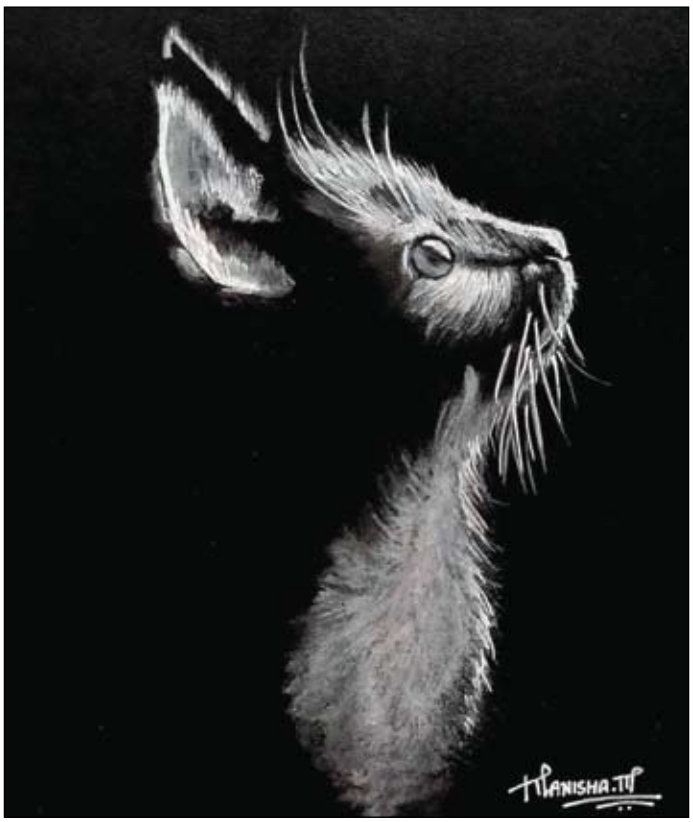

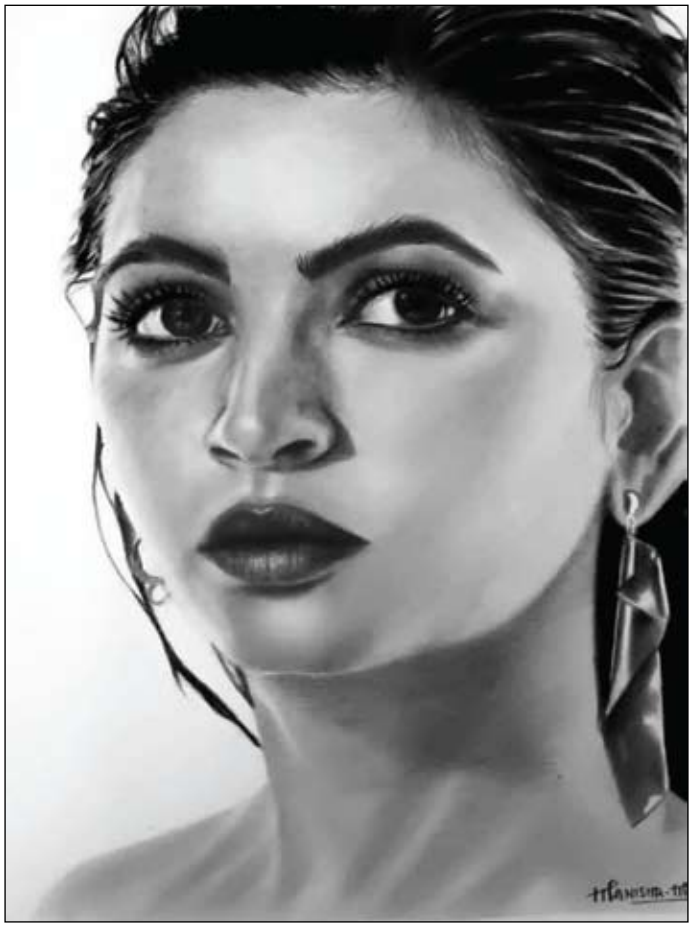

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The Ugly Duckling Of Modern Dermatological Practice

Scrolling on Instagram on a Sunday afternoon, I stumbled upon a reel by a rather popular "beauty and skin care" influencer. She showed her elaborate 18 step night time skin care routine that reeked of consumerism, non-degradable-plastic-container-tapping for ASMR and the worst demon of all, inaccurate misleading dermatological information.

Aesthetic visuals, a best-friend-older-sister persona and the fact that she had over 2 million followers was more than enough for the ordinary viewer to accept it whole heartedly, as a credible source of information.

This single two min post is a mere glimpse into the overwhelming rise of quackery in the field of dermatology.

Dermatologists undergo extensive training to understand in great exhaustive detail about the skin, it's layers, appendages, mucous membranes, function and co-existence with other the systems of the human body. Management of dermatological diseases needs evaluation of the body as a whole to come up with individualized treatment plans that differ from patient to patient. Only a qualified, trained dermatologist can make an informed decision of when an intervention is needed. We are constantly updating our knowledge and skill with regular conferences, hands on workshops and perusing evidence-based articles. Daily.

And where do these skin care aficionados and influencers get their share of information from, if not the unreliable and potentially harmful internet?

Furthermore, manufactured terms like 'aesthetician,' 'cosmetologist,' 'skin-care expert,' 'etc., are used and overused by influencers, make-up artists and beauty editors giving the patient a pseudo sense of faith in their so called credentials.

When we have evidence based medicine backing us, why are people still seeking quacks and their unproven remedies ?

Let's step into the patients' shoes for a minute. Having a dermatological ailment, for eg acne, psoriasis, alopecia etc often cause a lot of emotional distress impacting one's self esteem and quality of life. Additionally, the ideal course management for these patients requires long term patience and resilience. Now, when they come across an alternate therapy offering them a "quick fix" or an "overnight miracle cure" for such conditions, why would they think twice? Their desperation will not make them hesitate to gravitate towards these, though they may be aware of the lacunae in scientific proof.

Lax regulations and enforcement when it comes to advertising and marketing of skin care products is another, if not the most fertile breeding ground for quackery in dermatology.

The term "natural ingredients" is often thrown around with no regulatory body present to investigate

or authorize their efficacy. Influencers, quacks and self-proclaimed experts may receive financial compensation for endorsing dubious products which creates a conflict of interest. A few months ago, a relative texted me to enquire about IV glutathione. She told me that her neighbour had procured it through an online vendor who claimed that it would give her instant brightening and glow. This is an example of how quack practitioners make exaggerated claims solely to exploit and capitalize on people's desire for quick and easy fixes, especially in a country like India that has an unhealthy deeply ingrained obsession with lighter skin. Apart from the medical adverse effects and interactions of the drug itself, IV administration can carry its own set of risks like infection, injection of contaminated products etc. The testimonials and claims made by these quacks may be misleading and dangerous if there is no single authoritative body to enforce and execute these regulations.

What can we, as certified dermatologists do to tackle this issue?

It begins with the simple act of active advocacy. Combating the misinformation on social media is a good place to start. Many online skin and wellness gurus promote detox supplements to "remove toxins" from one's skin or recipes for simple DIY treatments with irritant ingredients like baking soda. Busting these myths, educating the patient with the help of peer reviewed articles about the potential dangers of these treatments is one way to go about it.

In case of patients with chronic debilitating conditions, counselling becomes the most important aspect of management. Frequent follow ups and evaluating the patient's attitude towards the chosen treatment needs to be done. Answering any queries they may have along the way and patiently helping them out when they are sceptical or are second guessing is important.

Periodic public awareness campaigns about common dermatological misconceptions must be conducted. Several quacks sitting in the comforts of their salons and clinics endlessly prescribe natural remedies. Natural does not mean effective. Natural does not mean safe. This must be shouted from rooftops. Reporting fraudulent practices and products to agencies and associations that develop guidelines for dermatological treatments. Cases of harm secondary to quack treatment is a frequent sighting in our OPDs. These cases must be thoroughly documented, vocalized and brought up in conversations.

We must make the patient aware of his/her rights as a consumer. Educate them about the importance of checking the qualification of the healthcare provider and to seek and accept treatment only from a board certified dermatologist. For the common man to cut through the confusion of medical acronyms and credentials, tools like the public directory, available on iadvl.com offers a simple accessible way for patients to look up verified and qualified dermatologists

As dermatologists of tomorrow, we need to start today, to be louder online, communicative with our patients and push for stronger regulations, making it our purpose to give people real answers and protect them from quacks and their harmful quack-tivities.

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False promises and Flawed Cures : The Rise of quackery in dermatology

One day, a woman, in her early 20's with annular scaly lesions over the thighs, neck, sub - mammary region coexisting with it were hyperpigmented ring like scars came to the outpatient department. On further scrutiny, she said she was treated by a faith healer for the initial scaly lesions and how she was branded with an iron rod, upon which she, against her father's wishes had come to us seeking cure. The striking dermatophytosis was visible along with the angry burn scars and the trauma she faced could be felt. The fact that a software professional couldn't get to the right person for her malady and also that she had to refute against her father's choices gave a brutal understanding as to how deep seated the issue of quackery is and how its wicked roots have spread far and wide in India.

In the 1996 Poonam v/s Ashwin Patel & Ors a landmark case, legally defined a quack "As an individual who practices modern medicine without the required qualifications or training". It is of utmost regret that people resort to seeking treatment from these untrained hoaxers ready to put their life in great peril.

The now infamous "Vampire facials" wherein Platelet Rich Plasma injections in the guise of skin rejuvenation were given by untrained, unlicensed individuals leading to acquiring of HIV, Botulism due to improperly sanitized Botox injections to Brazilian butt lifts causing increased mortality, hair transplant surgeries, deep phenol peels at beauty salons, liposuction and breast implant surgeries, all these atrocious happenings are quite hard to ignore.

All this started when the whole world's focus started to turn towards the "Ideal beauty". The social media, the MNC's, the marketing brands, the so called "influencers" decide what is considered "Beauty", what is desirable by one and all. Gone are the days when the adage "Beauty is in the eye of the beholder" could hold on its own, now being replaced by social and societal standards of what is considered "Pristine". Excessive sometimes even obsessive focus on one's own body, it's supposed deficiencies have led to Body Dysmorphic disorder and this intense desire to correct the "wrong" via whatever cheapest route possible, have led to the poisonous mushrooming of quackery.

It baffles me as to how these charlatans claim to be "aestheticians", "hair care specialists", "cosmetologists", "trichologists" and harness their supreme "deceptive hypnotic communication skills" wherein the naïve patients flock to these places to meet their needs at quarter the actual price but, at an even greater cost to one's health. Multiple patients get treated with intralesional steroids for tinea infections, the rampant use of a concoction of an antibiotic, antifungal, a steroid with multiple

other skin sensitizers, chief of them being neomycin resulting in a whole new dermatological entity of steroid damaged facies. Use of various native medications like the leaves of leucas aspera, the milk of Calotropis, slaked lime up until toothpaste, the list is endless resulting in contact dermatitis. Moreover, the initial morphological pattern of the disease itself gets altered making the diagnosis difficult and treatment frustrating.

These quacks come in all sizes and shapes ranging from people practicing "crosspathy" Indian medical science practitioners practicing dermatology, to shamans, charmer's, baba's up to MBBS graduates who don't have the required qualifications, and not to leave behind any "Tom, Dick and Harry" who wishes to mint unscrupulous amount of money. Truly I can understand the conundrum that the people must face, considering quackery thrived since the ancient ages as well such as the "Radium" being marketed as pink beauty pills, as baths, "Coca cola, Dr pepper" being marketed as liquid sunshine, use of arsenic, mercury as cures, at one point the drinking of one's own urine as a cure for plague all being placebo at best, dangerous at worst. They have integrated seamlessly into the modern establishments as well filling the void of trained professionals at a meagre cost.

The NMC act, 2019 under the provisions of section 34, makes the practice of medicine by a quack punishable. The way forward would be much more stringent measures with an exemplary punitive punishment profile. Proper regulations for both the pharmaceutical companies as well as dermatologists is the need of the hour. As doctors, it is our duty to educate the public regarding what is right and we must strictly adhere to the Hippocratic principle "Primum non nocere" translating to; first do no harm even if u can't do what's right. We must refrain from dishing and doling out free skincare advice on popular media platforms as patients will not be able to differentiate between what is authentic and we must, instead concentrate on giving quality care to the patients.

The economic and emotional strain that quackery has on the patient is high as not only the initial problem at hand is untreated or has in fact been exacerbated adding to the already existing financial stress coupled with the loss of precious time, energy and peace. Public health literacy has to be increased by making thought – provoking, smart marketing pitches akin to the ones that are made for brand development of products. The same social media being used to promote unfathomable skin care practices must be harnessed to reinforce the public knowledge.

Within the medical curriculum itself, a greater understanding of not only the practice of medicine, but, nowadays the much-required survival skills of public engagement, financial literacy, medicolegal law, a much better understanding of what exactly a MBBS graduate is equipped to do must be inculcated. The augmented reality of provision of filters, selfies on Instagram must be reduced as people will start losing connect with the "Real" and empower people to love themselves for what they are and not based on how they look. I quote Martin Luther King Jr. "The time is always right to do what is right" and let us all join hands to promote what is right, what is one's Dharma.

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False Promises and Flawed Cures: The Rise of Quackery in Dermatology

Therateatwhichunsubstantiated beautification and skin healthcare practices are perpetrated and put to use is alarming. Compared to other branches of medicine, the field of Dermatology appears to be a victim of misdirection. A large number of laypeople, social media influencers,and parochial cosmetic practitioners tend to advertise their magic cures to skin issues, which have no empirical basis, on the pretext of achieving and sustaining youthful skin and hair. They often result in undeniable serious dermatological and systemic complications. One notable case is the Membranous Glomerulonephritis (MGN) epidemic in Kerala that has been associated with the irrational use of mercury-based skin-lightening creams. A rise in the frequency of such cases points to the need for proper education, enforcement, and medical initiatives aimed at ending the promotion of medical delusions.

Lessons from real cases

1. Unsafe Use of Skin-Lightening Agents

Many of the skin lightening cream contains mercury, hydroquinone, and potent steroids, leading to severe dermatological and systemic complications. A study published in the Indian Journal of Dermatology documented Membranous Glomerulonephritis (MGN) in a patient who used a mercury-containing skin-lightening cream based on recommendations from local chemists. Many Similar cases were reported in young women after using fairness creams suggested by social media influencers containing lead, Mercury, and cadmium in higher doses. Skin Lightening creams are also known to cause hyperpigmentation, steroid induced acne, Photosensitivity, skin thinning and even affect the liver.

2. Steroid Misuse for Acne and fungal infections

Topical steroids have been misused as a quick fix for acne leading to topical steroid damaged face which we usually see in OPD on a daily basis.

A study in the Indian Journal of Dermatology, Venereology, and Leprology (IJDVL) talks about use of intralesional triamcinolone by an unqualified practitioner for a case of tinea corporis. Even after 1month of recovery of disease by antifungal treatment the hypopigmentation caused by steroids persisted.

3. Social Media Misinformation and Influencer-Endorsed Products

Social media being an unregulated but powerful platform for promoting skin related products, people without dermatological expertise, recommend unsafe DIY remedies, supplements, and OTC treatments.

There are videos promoting 20% vitamin C serum for acne. In reality, high concentrations of Vitamin C can aggravate acne and cause irritation. Promotions of various ayurvedic oils for dandruff is common, but oiling the scalp in seborrheic dermatitis can worsen inflammation and scaling.

4. Rise of cosmetologists

Many AYUSH, BDS, MBBS graduates and even

saloon owners after doing few weeks of non NMC recommended fellowships proclaim themselves as cosmetologists and perform procedures such as laser therapy, chemical peels, PRP and hair transplants. These can lead to burns, post inflammatory hyperpigmentation, infections and scarring. Various cases have been reported for the same all over India.

Factors Driving Quackery in Dermatology

1. Lack of Awareness

People often fail to differentiate between qualified dermatologists and medical imposter, making them vulnerable to fall for false claims and unsafe treatments.

2. Over the counter sales of medicines

Many pharmacists prescribe medications without a doctors prescription, worsening dermatological conditions. We had a case in OPD of continuous unsupervised use of methotrexate tablets, he had obtained the medication directly from a local pharmacy without a doctors prescription.

3. Commercialization and Profit-Driven Marketing

companies marketing cosmetic and dermatological products without proper clinical trials. Unregulated beauty clinics offer cheap procedures attracting more clients.

4. Influence of Cultural and Social Norms

In our society white skin is more admired and those with dark skin are bullied and body shamed. These causes mental trauma which forces them to buy anything that could give them fair skin.

Solutions and the Way Forward

Government should do frequent monitoring in the products available both online and offline for the harmful ingredients and over dose of contents. And should take action to remove illegal or unregulated skincare products. Also should stop the OTC sale of medications. Unauthorised practitioners working as cosmetologists, Influencers promoting unscientific products have to face legal consequences.

Educational campaigns for making the public aware about the dangers of steroid misuse, toxic skincare ingredients, and misleading beauty claims. Dermatologists may use social media responsibly to counter misinformation. Also Pharmacists should be trained to prevent unauthorized sales of drugs and must be trained to refer patients to dermatologists rather than prescribing unsafe treatments.

Quackery in dermatology is a serious public health issue leading to misdiagnosis, ineffective treatments, and severe health complications. The case of mercury-induced kidney damage in Kerala and severe infections following unauthorised hair transplantation are life-threatening consequences of unscientific dermatological practices. Additionally, social media has become a breeding ground for misinformation and pseudoscientific treatments. Combating this issue requires public education, stricter regulations, professional accountability, and awareness of evidence-based dermatology. Ultimately, patients must be encouraged to seek expert medical advice rather than falling prey to misleading and harmful skincare trends. In an era where misinformation spreads rapidly, evidence-based medicine (EBM) which relies on clinical studies, peer-reviewed research, and standardized guidelines to ensure patient safety and optimal outcomes serves as the foundation of safe and effective dermatological care.

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FALSE PROMISES AND FLAWED CURES : THE RISE OF QUAKERY IN DERMATOLOGY

Stephen Hawking, once said,"The greatest enemy of knowledge is not ignorance, it is the illusion of knowledge."

As we all know the the field Dermatologyahasseenremarkable progress and its ever evolving with new diagnostic modalities and treatments which have a strong basis of good research and evidence. However along side of the scientific progress, there is parallel rise in the quackery.

The skin diseases unlike many internal medical conditions, are visible and they can significantly impact a person's self-esteem and confidence.This visibility makes individuals to find immediate solutions,which makes them a target for fraudulent treatments and many dermatological conditions are chronic so patients go on changing doctors when they don't get relief from their condition instantly hence unscientific, misleading, and often dangerous practices exploit patients' vulnerabilities.From miracle acne cures to dubious skin-whitening products, quackery currently has become an alarming epidemic

There are many factors that contribute to the quackery in the field of dermatology:

People's belief in traditional and alternate medicine:

Though few traditional medications have their own advantages,quacks can take undue advantage of people's cultural beliefs.Without much evidence quacks can prescribe medications which irritate the skin and cause more harm than good.

Influence of Social Media:

Nowadays most of the people use one or the other social media, people come across so many influencers and self-proclaimed skin experts, who are paid to advertise various skin products. They provide all the unverified treatments without having any medical knowledge. People fall for these quacks and there is propagation of misinformation.

Poor education of the people:

Most people do not have basic knowlegde about the skin care.This is especially for the people who live in rural areas.They do not understand the difference between evidence based dermatological treatments and pseudoscientific claims.They usually prey to words like 'natural','Chemical free' 'Zero side effects' etc which quacks instill in their mind.

Desire to have very Quick results:

Many dermatology conditions require prolonged treatment to manage them effectively. Quacks may promise overnight improvements in the conditions and people often fall for these deceptive claims.

Affordability Issues:

Dermatological treatments, especially cosmetic procedures, can be expensive. Quacks lure patients by offering cheaper, seemingly more accessible alternatives—despite their lack of scientific validity.

Quackery in dermatology is taking various forms

ranging from misinformation to dangerous unscientific procedures.

In today's world where everyone wants to look fair and beautiful ,there is exploitation of this desire by quacks who give steroids as skin lightening creams, which patient abuses for many months, sometimes years ending up in a topical steroid damaged face which is so distressing and difficult to treat.

Quacks are selling hair oils promising magical cures for hairfall issues and various dangerous transplant procedures are being done by unqualified people, where patients are ending up getting infections, scarring and sometimes permanent Hair Loss.

And for autoimmune conditions like Psoriasis and Vitiligo various herbal medicines both topical and oral are being prescribed by Quacks which are causing various side effects including Irritant Contact dermatitis, hepatotoxicity, exacerbation of the conditions.These conditions are being falsely advertised to have a permanent cure.

|In the name of Anti aging treatments Quacks are performing various procedures on face of people which is leading to development allergic reactions and causing long term skin damage.

The above unscientific practices can have drastic consequences on people which include:

1. Delayed Diagnosis and Unnecessary delay in the treatment of the skin condition.
2. Severe skin damage due to unscientific products
3. Psychological distress including stress and depression.
4. Financial burden
5. Loss of Confidence in patient.

For all these reasons there is Urgent need to combat Quackery.

Governments must enforce laws to shut down fraudulent clinics, ban unsafe products, and penalize false advertising. Regulatory bodies should oversee all dermatological procedures to ensure patient safety.

Public Health campaigns should be conducted to educate the people about common dermatological myths, the consequences of unverified, unscientific treatments and stress importance of consulting a qualified dermatologist for their skin issues.

Social media platforms must implement strict guidelines to prevent the promotion of harmful skin care practice.

The dermatological treatment should be made affordable and accessible

Quackery in dermatology has become a growing menace, fueled by false promises, misleading advertisements and misinformation.While genuine dermatological treatments require time , scientific evidence and professional supervision, quacks exploit patients with unproven and harmful remedies in order to quick fix the issues.By promoting scientific literacy, regulating unsafe practices, and making skin care more accessible, we can protect individuals from the devastating consequences of quackery and foster a future rooted in evidence-based dermatological care.

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RUN, GLOW, SHINE : SKINATHON 2025

Health education is crucial for building healthier communities and empowering individuals to take charge of their well-being. An innovative approach is necessary to bring about impactful changes by addressing pressing health concerns, raising awareness, and promoting preventive care. In an era dominated by pseudoscience, misinformation, and unverified treatments, people often find themselves drawn into a black hole, following various pieces of advice given by unqualified personnel, commonly referred to as "influencers." The rapid spread of misinformation and the lack of effective health education can be attributed, in part, to the limited involvement of medical professionals. Their primary focus is understandably on treating patients, often leaving little time for broader educational initiatives. Recognizing this gap, the IADVL Karnataka branch, with its "Anti-Quackery Agenda" at its core, partnered with the Bangalore Dermatological Society (BDS) to organize SKINATHON 2025, in Bangalore. This event was not just a marathon, but a powerful movement aimed at educating people about the importance of professional skin care and the dangers posed by unqualified medical practitioners.

A First-of-Its-Kind Awareness Run

Skinathon 2025 marked the debut of this massive event, which was not just a fitness initiative but also an awareness campaign. It attracted not only dermatologists from all over India but also the general public. The event gathered around 5,000 participants of all ages and professions, running for a cause that has become a growing concern in our country - the need for professional and certified dermatological care. Skinathon 2025 aimed to raise awareness about the increasing cases of skin ailments caused by unqualified treatments and self-medication, emphasizing the importance of consulting certified dermatologists. The event was planned with great care to cater the participants, with various categories including a 5k, 10k and even 3k, ensuring inclusivity to runners with different levels of fitness and experience.

A Day of Inspiration and Celebration

Skinathon 2025 witnessed overwhelming participation, with thousands of runners, fitness enthusiasts, medical professionals, and members of the general public coming together to support

this unique cause. Personal stories were shared, mini skits were performed by our esteemed senior dermatologists, and lively music had everyone dancing. These moments added a personal and emotional dimension to the event. We were especially moved to see some very elderly participants and a few individuals with disabilities enthusiastically joining the 3K walk, demonstrating their unwavering spirit and support for the cause.

Why Skinathon 2025 Was a Game Changer

There has been a surge in skin-related ailments due to pollution, stress, and the use of harmful skin care products. To add an insult to this injury, the increasing number of unqualified practitioners offering cheap but unsafe treatments has worsened the situation. Many people unknowingly fall prey to fraudulent practitioners offering quick fixes, leading to severe complications such as burns, infections, and permanent damage to the skin.

This marathon was aimed at bringing these issues to the spotlight and educate the public about the risks involved. Beyond raising awareness, Skinathon 2025 also encouraged fitness and overall well-being.

The connection between physical health and skin health was emphasized throughout the event and public were made aware that healthy diet, regular exercise, proper hydration, and stress management contribute to radiant and healthy skin.

Beyond the Race: Spreading the Message

While the marathon was the focal point, several activities ran concurrently at the stadium, ensuring participants remained engaged and informed. Renowned dermatologists conducted interactive sessions on skincare myths, essential daily routines, and the importance of professional treatment. Additionally, live demonstrations showcased effective skincare practices, while free skin check-up booths were available for attendees.

The impact of Skinathon 2025 extended beyond the physical event, thanks to strategic social media engagement. Platforms like Instagram, Facebook, and Twitter were leveraged to spread awareness, with participants sharing their experiences using hashtags such as #Skinathon2025 and #RunForHealthySkin, amplifying the movement's reach.

The remarkable success of Skinathon 2025 has paved the way for future initiatives. This event showcased how community-driven efforts can effectively spread awareness and inspire change. Encouraged by the overwhelming response, IADVL has hinted at making Skinathon an annual event, with plans to expand it to multiple cities across India.

Looking Ahead to Skinathon 2026

Skinathon 2025 was more than just a race; it was a transformative movement that united people under a shared vision. By promoting professional dermatological care and spreading awareness about the dangers of unqualified treatments, the event played a crucial role in shaping a more informed and health-conscious society.

As Bangalore bids farewell to this year's edition, excitement is already building for Skinathon 2026. With the success of this year's event setting a high benchmark, the next edition is expected to be even bigger, more impactful, and more inspiring, continuing its mission to educate and empower communities.

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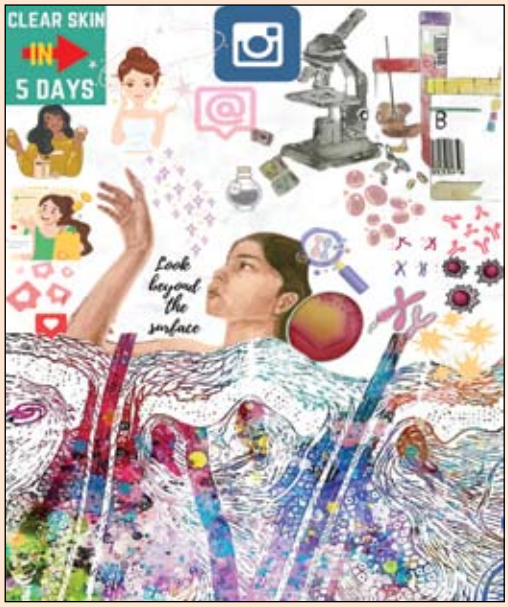

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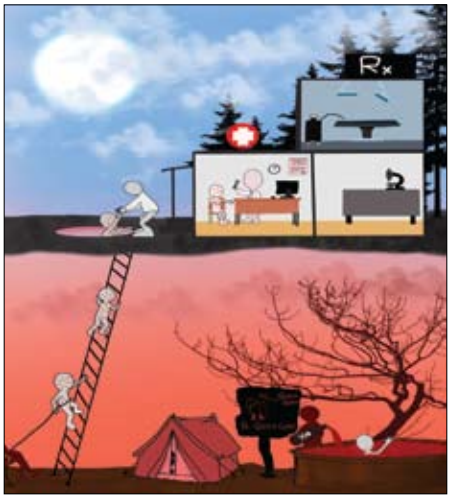

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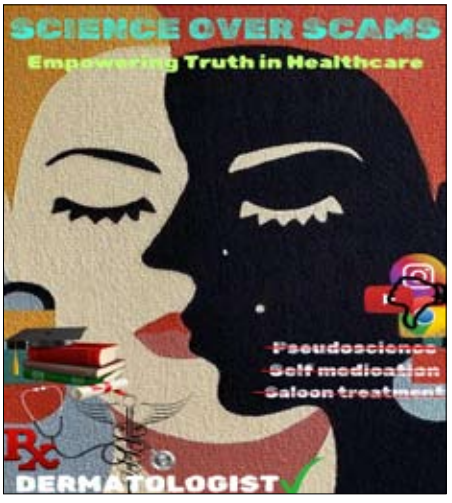

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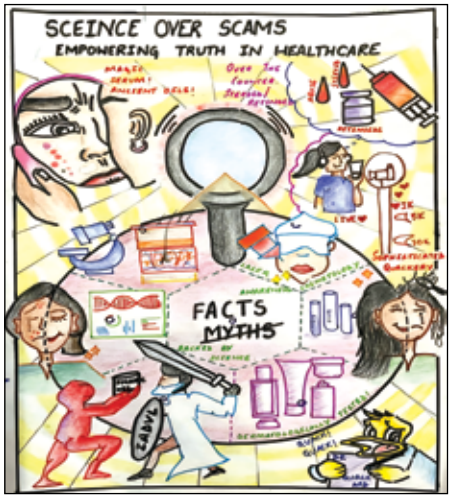

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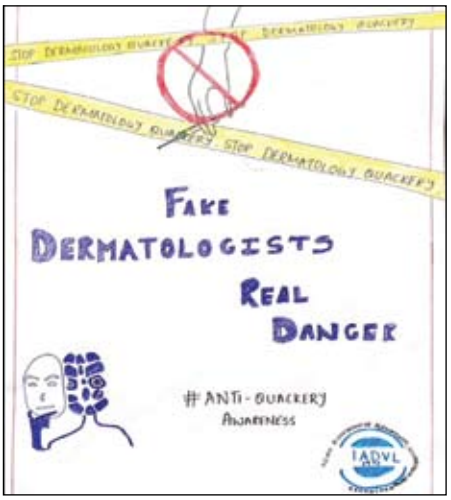

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