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DERM-CONNECT

INDIAN ASSOCIATION OF DERMATOLOGISTS,
VENERELOGISTS AND LEPROLOGISTS
(DELHI STATE BRANCH)

THEME:

PRIVATE PRACTITIONERS- SKILLS BEYOND CLINICAL EXCELLENCE

OUR TEAM

NEWSLETTER



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and Therapeutics' We had for the first time faculty participation by application, case-based award paper session and Innovation videos session with attractive cash prizes. We would like to thank you all for your active participation.

This newsletter is being released during the unique IADVL DSB Private Practitioners Conclave and the content of this issue is in line with the theme of the event- 'Skills Beyond Clinical Excellence.' Dr Shikha Gupta and Dr Swati Agarwal the Editors for this newsletter have worked hard in a short span of time to provide you interesting articles updating the busy practitioner and postgraduates on the science behind what's trending and what's the buzz word in our practice, as well as an interesting war of ideas on hot spot topics. Hope these are useful in your practice.

These are challenging times for the young practitioner with Quackery being an ever-present menace, let's spread awareness and tackle it with purpose and with positive outcomes. We welcome your suggestions pertaining to this at contact@iadvldelhi. There is so much to share but space is limited, hope and wish that 'Derm-Connect' will grow more with each issue and again congratulations to our dynamic Editors. Happy Reading!

With warm regards
Dr Deepika Pandhi, MD, FAMS
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MESSAGE FROM HONORARY SECRETARY, IADVL-DSB - DR. RAHUL ARORA

Dear Esteemed Members of IADVL DSB



Greetings from the desk of your Honorary Secretary! It is with immense pleasure and a deep sense of responsibility that I address you through this newsletter, reflecting on our collective journey and outlining the exciting path ahead for the IADVL DSB 2025-26. As we move forward, I am continually inspired by the dedication and passion of our members. Your commitment to advancing dermatological science, providing exemplary patient care, and engaging in vital community outreach is the bedrock of IADVL's strength and global standing. Team IADVL DSB 2025-26, envisions numerous successful initiatives spanning academic enrichment, public awareness, and member welfare. Our CME programs, workshops, and conferences across Delhi have been planned to deliver cutting-edge knowledge and fostered invaluable networking opportunities throughout the year. The enthusiasm and participation in these events truly underscore our shared pursuit of excellence. A significant focus remains on our ongoing commitment to combat quackery and promote ethical practice. We urge all members to actively participate in our awareness campaigns and uphold the highest standards of our profession. Our efforts to build the IADVL brand and ensure that authentic dermatological care reaches every corner of our nation are paramount.

Looking ahead, we have an ambitious calendar filled with impactful activities. We are particularly excited about upcoming initiatives aimed at enhancing postgraduate education, facilitating research grants, and strengthening our national and international collaborations. Your active involvement, feedback, and innovative ideas are crucial to our continued success.

I extend my heartfelt gratitude to our President Dr Deepika Pandhi, our executive committee and our Senior Mentors for their tireless efforts. And to each member, thank you for being the driving force behind IADVL DSB. Together, we will continue to elevate dermatological practice, serve our communities, and uphold the esteemed legacy of our association.

With warm regards,
Dr. Rahul Arora, Honorary Secretary, IADVL DSB 2025-26

MESSAGE FROM PRESIDENT, IADVL-DSB - DR. DEEPIKA PANDHI

Dear DSB members,



It's a great privilege to present to you all the first volume of the IADVL Delhi state branch 'Derm-Connect' newsletter of our term. It is a pleasure to continue this initiative that has been well appreciated over the past 2 years. It has been an interesting period since the present Executive took over from 1st April, IADVL-DSB; on the Occasion of World Health Day on 7.4.2025, IADVL DSB celebrated 'Skin Health Week' with community health activities and camps. These activities were launched with the IADVL DSB EC 2025-2026 with the banner and slogan- From Skin to Within- Health Begins..A total of 11 camps were held in 6 schools for persons with disabilities, 4 old age homes and a Rural training and health centre (RTHC). A total of 758 people were screened and 355 had dermatological complaints, for which free medications were provided. In addition, education was imparted in all the centres, including sharing of audio messages for prevention of eczema. 5 educational camps were held across Delhi by medical institutions using the IADVL DSB created videos (in Hindi) and street plays and all queries were addressed. We thank the members (more than 55 members) for their active participation in this week-long celebrations. Giving back to the community is truly rewarding! These patient education videos and STI awareness videos were subsequently shared on official social media handles. The first monthly meet at Maulana Azad Medical college was well attended with 6 interesting cases and a unique Relay IADVL DSB Quiz was initiated with cash prize for each edition and cumulative grand prizes that will be awarded in the IADVL DSB CUTICON DSB on 15th-16th November (Please mark your calendar).

These are exciting times for Dermatology, with increasing integration of technology in diagnosis and increase in the therapeutic armamentarium for our speciality. To discuss some of the recent advances, MIDCUTICON 2025 was held on 8th June at Hotel Eros International with a theme of 'Precision Dermatology: Focused Approach to Diagnostics

INVITING ARTICLES

Those who are interested in publishing their articles in the next issues of IADVL-DSB newsletter can mail them to: dr_shikhaarora@yahoo.co.in

EDITOR’S NOTE



Greetings everyone!

It is an honor for me to be associated with Derm- Connect, the official newsletter of IADVL- Delhi State Branch- since its inception, for 3rd year in a row. To witness it flourishing with each issue, providing opportunities to its branch members to showcase their academic achievements and their other passions as well.

We will continue highlighting the branch activities being conducted by the superb team this year, led by Dr Deepika Pandhi and Dr Rahul Arora. I am sure our branch will reach even greater heights under their able leadership. This year is also special to me as I will be sharing the responsibility of editing with Dr Swati Agarwal, a well- renowned practitioner and a dear friend.

I hope to continue to learn and enjoy from each contribution in this project. Also looking forward to briefing you all about lots of exciting activities planned for this year. At the end, I would request our esteemed members to let us know if they are interested in contributing to the newsletter by providing articles or other tidbits or most importantly, their valuable feedback.

As the Japanese writer Ryunosuke Satoro said, "Individually, we are one drop. Together, we are an ocean."

With warm regards,

Dr Shikha Gupta
Editor, Derm-Connect Newsletter
Consultant Dermatologist, Skin Konnect, Delhi & Ghaziabad

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EDITOR’S NOTE



Dear Esteemed Members,

It brings me immense joy and pride to pen this foreword as one of the editors of this special edition of our dermatology newsletter. This time, we've chosen a theme close to every practicing dermatologist's heart — Private Practice: Beyond Clinical Excellence.

Over the years, we've come to realize that successful practice goes far beyond mastering dermatology or aesthetic procedures. Whether one is just starting out or has decades of experience, the journey is filled with evolving challenges — administrative, financial, legal, and strategic.

This edition is a humble effort to provide insight into these lesser-discussed yet critical facets of running a practice. We hope it adds perspective and practical value to your professional journey.

A heartfelt thank you to our vibrant Dermatology community — to the contributors for their valuable time and expertise, and to our readers, without whom this initiative would hold no meaning.

Warm regards
Dr Swati Agarwal
Editor, Derm- Connect 2025-26
Director & Consultant, Skination Clinics, Delhi & Faridabad

“CHALK & CHEESE” VIEW
SETTING UP A DERMATOLOGY CLINIC: MY TAKE



Dr. Gaurav Nakra MD (Skin &V.D)
Consultant Dermatologist, Centre For Skin, Delhi

Transition from the punishingly busy yet comfortably secure life of a Resident to the competitive world of private practice is a daunting task and is bound to give sleepless nights to any First-Generation Dermatologist.

Hindsight is a wonderful thing, and I have been there, done that, so would like to offer my two cents to enumerate the most important things to keep in mind if you are planning to set up a dermatology practice.

PREREQUISITE: PREPARE YOURSELF FULLY BEFORE THE JUMP

If you have any interest in specialized fields of dermatology, like Hair transplant /Dermatosurgery/dermatopathology etc., get yourself trained from the best national/international trainers before setting up your own clinic. Training requires time and travel, quite difficult after opening your own clinic.

CHOOSE YOUR AREA OF INTEREST: CLINICAL DERMATOLOGY OR AESTHETICS.

Most of us end up practicing both with no sharp demarcation, but it would be wise to visualize your desired peak practice, and work towards it .

Whether you choose an elite aesthetic practice model or a mass practice model ,stick to it. It's very difficult to change lanes later on ,so choose wisely.

CHOOSING THE RIGHT LOCATION: This is the most important decision actually. The clinic should be centrally located with good connectivity, parking facility and preferably on the main road with good visibility and subconscious recall value to passersby. Your chosen premises should have maximum branding potential.

An aesthetic setup should be in the most upscale neighborhood, clinical dermatology practice preferably in population dense area.

It's better to rent premises initially (for resource poor beginners like me), because you will be able to afford a much bigger prime premises that ways.

Try to sign a long-term registered lease with the landlord (not less than 10 years) to avoid arm twisting once the practice picks up.

Bite as much as you can chew ,start with the most aesthetically pleasing setup as you can afford.

CHOOSING THE RIGHT TEAM: This step decides how your patients will perceive your practice. Don't hire the cheapest or most readily available staff. Put in a lot of effort to hire dedicated, professional people ,even if you have to pay slightly above the industry standards.

Train them yourself to align the entire team to the vision of your clinic .Assign roles according to their strengths and let them feel valued and important part of your growth journey.

Also impart basic knowledge about the procedures being offered at your place as they are

in all likelihood going to be the first point of contact for a lot of your patients curious about your clinic services.

It is much more rewarding to retain your staff in long run, rather than frequently hiring new people

MAKE STANDARD OPERATING PROCEDURES:

From day one, set up systems as you would expect in an extremely successful professional setup.

From the way the patients are greeted at the reception, to call handling, data entry, record maintenance, billing system, managing turnaround times, allocation of procedural patients to therapist, preparing patients for procedures, filling up consent forms, clicking photographs pre and post procedures, maintaining inventory, seeking feedback and reviews from patients, all roles should be clearly defined to ensure seamless patient experience.

INVEST IN TECHNOLOGY:

Gold standard devices can be extremely expensive to afford and maintain and offer poor relative returns, but can establish your brand value as most advanced clinic offering best in class services in your vicinity at least.

But with limited resources initially, it is wise to purchase mid range devices with proven reputation regarding both results and service support and a large user base.

Talk to seniors, they are more than happy to help

Stay in touch with your peers, form groups for bulk purchase of devices for better leverage in prices and service.

Never try to stock up too many cheap unreliable devices.

BE FULLY COMPLIANT WITH THE REGULATIONS:

Try to get all the necessary permits, licenses and registrations in the initial days of practice. You will have more time and energy initially to put in the required efforts and will be able to establish practice with less apprehension and much more confidence irrespective of whomsoever visits your premises.

BE TRANSPARENT IN YOUR PRACTICE: Give some thought to decide on the price structure for various procedures, and stick with it. It should be transparent and same for everyone. Enforce this uniformity from day 1 and you will be saved a lot of headache later.

KEEP BUDGET EARMARKED FOR MARKETING:

Conventional or contemporary, marketing is a must. People will not know about your skill set or services, until you reach out to them. Keep some time and a percentage of your earnings fixed for your promotional activities.

Staying in touch with the society in communities outside your clinic, specially in your practice catchment area is very rewarding.

GIVE IT ALL YOU GOT:

Rome was not built in a day. Practice will grow with time. Don't be apprehensive or anxious. Try to give your best to every patient who visits you. Ethical path can also be the most successful path, because people will perceive if you genuinely care about treating them well and deliver results. Your happy patients are your best brand ambassadors.

Utilize your free time in upgrading your skills and soon you will be hard pressed to find any.

SETTING UP A DERMATOLOGY CLINIC

DR. SONAL TIBREWAL GARG

MD (DERMATOLOGY)

Consultant And Co-Founder, Medicutis Clinic, New Delhi



(Things that Residency didn't teach me, but experiences did!)

It was always a dream for me to have a well-established clinic in the heart of the city with the latest technologies to assist my practice, a life that I always imagined even before I got into MD but never knew how to start. Coming from a non-medico family, guidance, motivation and faith, that I had it in me to do all this, lacked. I did my PG from BJ medical college, Ahmedabad. Got married post residency which made me move to Delhi. My husband Dr. Abhinav Garg, MD Medicine had a very keen interest in my field. That gave wings to my dreams to bring to life a space for health, beauty and wellness.

First step, we came up with a name for this space that resonated with both of us, "MEDICUTIS CLINIC": inspired from "MEDICINE" AND "CUTIS" meaning skin. And the

smartest thing we did once we had a brand name was to get it registered. It was 2019 and we were all set with a plan of how we wanted the reception/pharmacy and the waiting area, our consultation rooms, the procedure rooms, pantry, storage spaces. We had planned every detail to have a centralized temperature control system, music system, so that the wirings were done neatly as per an aesthetic clinic. We hadn't even started the interiors and came the COVID pandemic, which pushed our dream project behind by almost 1.5 years.

We finally inaugurated in January 2022. I had a huge space on a prime location, but when it came to machines and equipments we had a simple principle to boot strap things. I did not want to burden myself or my family with machine loans, targets and ROIs. I wanted to treat my patients with an open heart and a clinical mind. We started with just a few things like a good RF cautery, good chemical peels, surgical instruments for minor procedures, and just one device which was a budget friendly platform with IPL and passive Qs laser. That felt enough at that time. As our patient base grew I started renting out machines; like CO2 laser / HIFU. Meanwhile I tried to attend as many workshops as I could to refine my skills in injectables and threads.

My first big investment was a triple wavelength LHR device which I bought in the end of 2022, once I had a decent patient base and demands for full body lasers. We took multiple demos of various technologies before finalizing. We did part financing and part payment upfront, got extended AMC so we get regular services. It felt initially that LHR was the bread and butter of the clinic and it turned out to be a fruitful decision. The other devices then followed like CO2 laser once I felt that renting out was becoming too frequent a routine. And microneedling Dermapen for patients who didn't want downtime. My principle was to go for good brands for patient safety and result efficacy. Other machines like HIFU, hydrafacial, active Qs device were added to the list in 2023-24.

We invested slowly but wisely in marketing as well from the very beginning. Social media post COVID had already become a big platform to showcase one's work and posting good content is like a full-time job in itself. We learned and unlearned so many things that worked with the audience. Still evolving....

It's been hardly over 3 years since I started my practice in Delhi as a hesitant newbie from a tier 2 city. As I write this column it makes me feel proud that I am being recognized by my peers in a short span of time. What worked for me?

1. Research at every step.
2. Take time to take big decisions esp. before buying your devices.
3. Consult your seniors, take feedbacks.
4. Invest in good and trustworthy staff.
5. In this era of competitive aesthetic practices, good clinical acumen will stand you apart from the quacks.
6. Slow and steady does win the race but do evolve with time to match the pace. The world is growing fast, so should we.

IV DRIPS IN AESTHETIC DERMATOLOGY – MY TAKE

Dr Meghna Gupta, MD

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Dr Aishwarya Dua, MD, DNB, MNAMS

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Cosmetic dermatology has evolved far beyond topical creams and surgical interventions. Today, a growing number of patients seek minimally invasive and highly effective solutions for skin rejuvenation, wellness, and anti-aging benefits. Among these, intravenous (IV) nutrient therapy has emerged as a revolutionary trend. With advancements in both formulation and technique, IV drips—especially those focused on skin health—are gaining popularity in modern dermatological practice.

The introduction of the Myers Cocktail¹—a blend of essential vitamins and minerals—marked a turning point in the use of IV therapy for overall body and skin wellness. From this origin, dermatology-specific infusions have been developed to address a range of concerns from aging and dullness to hydration and immunity.

Mechanism and Benefits of IV Nutrient Therapy

- **Direct nutrient delivery**
Unlike oral supplements that undergo degradation and limited absorption in the gastrointestinal tract, IV therapy delivers nutrients directly into the bloodstream. This ensures 100% bioavailability and allows for immediate cellular uptake. This method is particularly advantageous for individuals with compromised gut function or poor nutrient absorption.
- **Rapid and targeted results**
Patients report rapid improvements in energy, skin clarity, and hydration following IV therapy. This is due to the immediate availability of high-dose vitamins, minerals, and amino acids, tailored to the patient's specific needs. Customized treatments can deliver antioxidants, electrolytes, and hydrating agents with unparalleled efficiency.

Among the various components of IV drips, **glutathione** stands out as the master antioxidant. It plays four critical roles encapsulated by the acronym A.I.D.E: **Antioxidant**,

Immune Booster, Detoxifier, and Energy Enhancer.**Structure and Function of glutathione**

Glutathione is a tripeptide composed of glutamic acid, cysteine, and glycine. It is produced endogenously in every cell and is pivotal for redox balance, detoxification, and immune modulation. Its unique γ -glutamyl linkage provides stability and allows it to interact with and regenerate other antioxidants like vitamins C and E.

Role of glutathione in Anti-Aging and Skin Health

The **free radical theory of aging**, proposed by Denham Harman in 1956, postulates that oxidative stress from reactive oxygen species (ROS) contributes to cellular aging.³ Glutathione helps neutralize these free radicals, thereby protecting cells from damage and preserving skin integrity.

Research shows that glutathione levels decline by 8–12% per decade beginning at age 20, further decreasing with stress, illness, and environmental toxin exposure. Supplementation with glutathione via IV drips has been shown to restore optimal levels and improve skin tone, texture, and resilience. It has varied dosages of glutathione depending on individual needs, typically ranging from 600 mg to 2400 mg per session.² Although there is lack of standardized dosing protocols, multiple sessions may be required to achieve desired effects, spaced 1–2 weeks apart. Efficacy may vary depending on individual skin type, results may be temporary and require maintenance sessions.

Other common nutrients used in intravenous drips include-

Vitamin C, B-complex [such as Niacinamide (B3), B5, and B12], Biotin, Vitamin A, D, E, Coenzyme Q10, Alpha Lipoic Acid, Trace minerals, L-Carnitine, amino acids (such as cysteine and methionine).

Common indications for intravenous drips-

- Enhances skin brightness and collagen production
- Increases skin elasticity and reduces signs of aging
- Alleviates fatigue and restores nutrients
- Reduces hair fall and improves scalp health
- Aids recovery and energy levels for active individuals.
- Strengthens immune response and reduces oxidative stress
- Replaces lost nutrients post-exercise for faster recovery

Each infusion should be prescribed after a detailed medical consultation to ensure patient safety. The treatment should be customized based on individual health history, diagnostic assessments, and dermatological needs. Sterile, high-quality ingredients and standardized protocols ensure reliable outcomes. Results are typically noticeable after a series of sessions, with maintenance sessions recommended every 1–3 months.² A single session typically lasts 30–60 min.

The integration of IV therapy into cosmetic dermatology marks a transformative moment in the field. With direct nutrient delivery, rapid results, and the ability to address a multitude of skin concerns, these therapies offer a level of personalization and efficacy that is hard to match.

IV glutathione and other antioxidant drips are useful, especially in urban environments where pollution, chronic stress, and fast-paced lifestyles contribute to oxidative stress and inflammation.

As we move towards a future where wellness and aesthetics go hand-in-hand, IV drips represent both a medical breakthrough and a luxury skincare experience. Whether for a glow-up, anti-aging boost, or immune resilience, the message is clear: IV drips are no longer just a trend—they're the future of cosmetic dermatology.

However few points should be kept in mind;

- **Not a magic bullet:** Should be part of a broader wellness strategy (diet, exercise, sleep).
- **Limited long-term studies:** Most evidence is anecdotal or from small studies; large-scale, rigorous trials are lacking.
- **Risk of overuse:** Excessive or frequent drips may strain kidneys or interfere with natural detox systems if not monitored.

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I/V DRIPS IN AESTHETIC DERMATOLOGY- DO THEY REALLY WORK?**Dr Amit Malhotra**

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Non-essential treatments in dermatology, such as therapies with minimal medical benefit like IV Glutathione, Hydrafacials etc should be discouraged due to growing concerns over patient safety and the medicolegal environment. The increasing trend of litigation has made dermatology a high-risk field, where even minor side effects can result in significant legal and emotional consequences for practitioners. Patients today are more demanding, often expecting immediate and perfect results, without fully understanding the risks

involved. This unrealistic expectation places immense pressure on dermatologists, especially when complications, even minor or expected ones, arise.

*IV Glutathione is reserved for neurological cases and chemotherapy cases where administration of IV Glutathione justifies risks benefit ratio. Irrational approach to give IV Glutathione should be abandoned.

Now coming to the science behind the IV Glutathione vs oral Glutathione

How Oral Glutathione is Better and Safer than IV Glutathione

Oral glutathione is increasingly preferred over intravenous (IV) administration due to its better safety profile and convenience. Oral supplementation avoids the invasive risks associated with IV therapy, such as vein inflammation, infection, allergic reactions, and dosing errors. These complications, though rare, can be serious and are more common when administered in non-medical or poorly regulated settings.

While earlier studies questioned oral glutathione's bioavailability, recent evidence suggests that consistent oral dosing can effectively raise glutathione levels in the body over time. Liposomal and reduced forms of glutathione further enhance absorption, making oral intake both practical and efficient.

Oral glutathione also offers greater patient compliance, as it can be taken at home without the need for clinical supervision. This reduces the cost, time, and inconvenience associated with IV therapy, making it a safer, non-invasive alternative, especially for long-term use.

In contrast, IV glutathione bypasses natural metabolic processes, leading to rapid but short-lived spikes in plasma levels. This may increase oxidative stress or disrupt the body's natural balance in some individuals.

Overall, for most patients seeking antioxidant support or skin brightening, oral glutathione provides a safer, more sustainable, and patient-friendly option than IV administration.

To innumerate

- * Lack of efficacy: The intervention didn't produce the desired clinical outcome.
 - * Significant adverse effects: The risks outweighed any potential benefits.
 - * Poor study design/methodology: The study wasn't robust enough to draw reliable conclusions.
 - * Unsustainable effects: Any observed benefits were transient.
- Here's a summary of findings from PubMed that highlight limitations or "failures" of IV glutathione, especially in the context of its common off-label use for skin lightening, but also in other areas:
- * A 2025 narrative review "Exploring the Safety and Efficacy of Glutathione Supplementation for Skin Lightening" (PMID: 40013212) states: "Intravenous glutathione, although having rapid action, is associated with serious safety concerns like anaphylaxis and hepatotoxicity, further aggravated by a lack of standardized dosing protocols. Current evidence supports glutathione's potential as a depigmenting agent but underscores the need for rigorous, large-scale clinical trials to establish long-term safety, optimal dosing, and standardized applications. Until such data are available, clinicians and consumers should exercise caution to ensure safe and effective dermatological practices, particularly with intravenous use."
 - * A 2018 article "Glutathione for skin lightening: a regnant myth or evidence-based verity?" (PMID: 29445569) emphasizes: "The current clinical evidence of intravenous glutathione for skin lightening is limited to a single study with a dubious study design and apparently flawed analysis of results, casting doubt on the drug's efficacy and reported adverse effects." It also notes that adverse effects were seen in all glutathione-treated patients in one trial, including liver dysfunction in 32% and anaphylactic shock in one patient. But few among us will still find there way out to justify invasive IV treatments and will justify it by saying patients/clients demands so..

Moreover, many non-essential treatments carry potential side effects that are poorly tolerated by patients, leading to dissatisfaction and, in some cases, aggressive legal action. These situations do not just affect the doctor professionally but also create a ripple effect of stress and anxiety within their families. The emotional toll of defending one's decisions, the fear of reputational damage, and the burden of dealing with unhappy patients can lead to sleepless nights and burnout. Hence, it is crucial for dermatologists to prioritize essential, evidence-based treatments and avoid unnecessary interventions that could jeopardize their well-being, both personally and professionally, while ensuring patient care remains safe and ethically sound.

But point here is, if you can show the misguided soul the day light will be better than embarking the dark journey with patients whims n fancies.

Especially in light of Botched up Hair transplant in Dentists Clinic, we should also mend our ways and play safe and ethical..because we are genuine Degree holders not quacks.

PEARLS IN PRIVATE PRACTICE**My First Five Machines - Opinion From Leading Expert****Dr Anil Ganjoo, MD**

Director & Sr Consultant Dermatologist and Laser Surgeon, Skinnovation Clinics, New Delhi; President, SAARC Association of Aesthetic Dermatology

First let me list my 5 laser systems that I started with. We will then go back and use the experience of last 25 years to try and give the recommendations as per the present scenario.



We started as a group practice in 1997, therefore had the pooled effort of the partners to begin with. I would recommend this kind of an arrangement for all the youngsters if you can find like-minded colleagues to collaborate with.

So, we started with an Nd:YAG system for LHR and QSL for pigmented lesions both from Qantas lasers. Later added a CO2 laser from Derma India. We also had an IPL from the Quanta Lasers.

Looking at the present scenario, I would still recommend an LHR system to start with, but now it will be a more versatile Diode, preferably a triple wave length and now we have an addition of RF technology to aid better hair targeting. QSL of course is very important. Look for a high wattage output system, with multiple spot sizes, additional hand pieces, the quasilong pulse option and now we also have the hybrid that can break down the nano pulse into pico range. Scars and superficial aberrations are best treated with MNRF, CO2 fractional will also add to the benefit. MNRF machines usually have a RF tightening option too which is beneficial in contouring and tightening. A good HIFU machine is a very useful addition. Having said this, don't forget the most important basic RF machine and the NB-UVB full body and targeted machines.

Dr Vinay Singh, MD

Director, Vibrance Wellness Vista;
President-Elect 2025 IADVL National



Dear IADVL members, when a freshly passed out post graduate joins the ocean of private practice, with meager sum of money (owing to humble, middle class backgrounds) but with lots of courage and ambitions to do something great in life, there is confusion from all quarters as to where, when and what machines to be invested in.

I, had the same feelings, many wealthy seniors & colleagues were installing new lasers in their fully equipped setups with proper operation theaters. Then there are various agents posing as laser company salesperson to confuse you further. The 1st device I bought was a radiofrequency cautery machine (made in India), the next one was a LHR (Chinese), followed by a Q Switched Nd:YAG, Fractional CO2 ablative laser and a NB-UVB chamber in subsequent 5 years. I have invested the amount earned from machines into purchase of next machines, but a good machine lasts for long time is the lesson I have learnt.

Dr Rajat Kandhari, MD, MSc.

Consultant Dermatologist, Dr Kandhari's Skin and Dental Clinic & Veya Aesthetics/ Veya Academy, New Delhi



As a young dermatologist starting practice, while one desires the best machines to give optimal outcomes to your patients, budget constraints always exist, and my journey started with "renting lasers" rather than buying them. I used to have a designated "laser day" in the week - one for scar reduction and one for hair reduction, and I got an opportunity to use lasers such as the Lumenis Acupulse fractional CO2, the Palomar 1540, the Lumenis ResurfX 1565 nm erbium fiber and the Asclepion diode for hair reduction. This was back in 2013 when it was possible to do so, but times changed and so did the demanding consumer and it appeared that investing in a laser made sense.

My first laser at the time (around 2014) was an obvious choice, when three of us colleagues got together and invested in a diode laser each (the Vikini, Creative Ilooda), and the laser gave me, to my surprise, the ROI within 6 months. This encouraged me to explore further, and my second laser was a fractional CO2 and MNRF hybrid, known as the Fraxis Duo, which allowed me to work on acne scars in an ablative manner and also had the MNRF for those looking for lesser downtime. Moreover, this provided me with a surgical handpiece for those finicky patients wanting everything done by a "laser".

Practice started moving more smoothly than earlier and this gave me a chance to finally take the plunge and complete the "basic setup of the holy triad" and I invested finally, in a Q-switched laser (the Tribeam, by Jeisys Systems) and the distributors (Skinnovation Pvt Ltd) were kind enough to offer flexibility in the payment plan. The Q-switched had a steeper learning curve and it took me more time to get back my ROI than the other two.

Subsequently, patients started demanding easier solutions such as medifacials and as much as I had sworn to stick to a more "clinical" practice, seeing my patients take these services from elsewhere I succumbed to the trend and thought if I have to offer these services let me invest in a good "name" and henceforth I bought a HydraFacial MD machine. While this had a high consumable cost, it was loved by the patients.

Around 2019-2020 pre-COVID, I finally invested in two more machines: a High Intensity Focused Ultrasound (HIFU), the Ultracel Q Plus and a triple wavelength laser for hair reduction for my other clinic (the Alma Platinum). The HIFU offered a non-invasive means for facial contouring for those not keen on injectables and the triple wavelength an upgrade from a simple diode, with more power. Practice was better and I thought now I would invest in "better and more reputed names" in the laser world. Both these machines have served me well.

Finally, I also got an Alma Harmony platform, which offered me many services but being a

"passive technology" it did not quite suit my practice and style and I eventually got a Quanta Q-switch for my other clinic, which was a "don" amongst Q-switched machines and made me realise the difference between better makes and more power.

Today I would suggest the trajectory for anyone to be similar or maybe a bit different, as LHR nowadays has more or less become a "spa" practice so as a dermatologist one may consider either a robust LHR or a Q-switched device as their first. Trust this small snippet offers some insight for someone looking to buy their first device. Happy lasing

Dr Kashish Kalra MD (DVL)

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An aesthetic dermatology practice without Lasers/ devices is almost unimaginable.

For a young dermatologist it has always been a dilemma to decide which one to buy first. "Journey of thousand miles begins with a single step" and here is my journey with devices in a nutshell in my 10 years of practice and my first 5 devices in chronological order.

1. The first one without any guesses is RF electrocautery device which actually forms the bulk of your earning from procedures in the initial days. This is something you need from the very first day of practice and is easily affordable.
2. LHR- Hair reduction is one area where you cannot give results without a laser unlike other concerns like pigmentation or scars but its a huge investment in the initial days of practice if you are not born with a silver spoon in mouth. For the first 2 years of my practice I decided to go for a rental service with a reputed laser rather than going for a cheap device as you want to establish your name in the area and you cannot take chances as far as results are concerned. It really worked well in my favour and finally I bought Alma Soprano diode laser in 2017 and marketed it well for body LHR as well. The ROI (Return on investment) was great and it formed a scaffold to invest in other machines.
3. Ndyag q switch laser- As the practice took an aesthetic turn, dealing pigmentation only with peels and creams became a challenge and I needed a device for the same but buying an active q switch laser was a big burden, so I bought a passive one for a couple of lakhs. Once again ROI was great because of laser toning but I had to say no to patients with deeper lesions like tattoos, nevus of ota, lpp etc. So working with it for a year or so I bought active ndyag q switch laser, TRIBEAM which gave me a chance to treat array of hyperpigmented lesions.
4. Fractional CO2 laser - Acne scars, traumatic scars, stretch marks are few indications which can be managed with dermaroller or dermapen in the initial days but nothing beats results and resurfacing power of a CO2 laser so this was my next investment.
5. HIFU- once the aesthetic patients start pouring in your clinic, anti-aging procedures like botox, fillers, threads etc also increase in numbers but not every patient wants to go for it so my next go for device was something where you can do some contouring without being invasive. ULTEACEL q+, a world leader in HIFU was my next bet and it really upscaled my practice.

So these are my top 5 devices/ lasers I recommend and I hope it helps you to choose yours wisely.

Dr Rahul Arora, MD, DNB

Consultant Dermatologist, Max Superspecialty Hospital, Shalimar Bagh & SkinMedics Clinic; Hon. Secretary, IADVL- DSB 2025-26



Doing MD from a premier institute of Delhi was a boon except for the fact that I had hardly any exposure to Laser Devices. Attending conferences and workshops here and there, which were quite infrequent at that time, was my only source of quenching my long standing passion to know more about machines and their physics.

But no conference and workshop can teach you what a live patient can. My real life exposure to Lasers started when started working as an observer at a senior dermatologists clinic along with my senior residency and I highly recommend the same to all the beginners before they start investing in lasers as it gives you direct exposure to top quality machines along with their real life issues. This was followed by a decently long phase of my life where I rented most of the good quality lasers like Mediostar Diode for LHR, Acupulse(Fractional CO2) and ResurfX(Non ablative Fractional) for scars and Doublo gold(HIFU) and Vivace (MNRF) for skin tightening (and I am still renting them) Trust me, a little loss of revenue was compensated by plethora of clinical acumen for using these USFDA approved laser and later choosing what to buy. My stint of buying laser began 4 years after starting my practice and if I have one advice for buying a machine, that would be, GROUP DEALS. The first laser was Finebeam Qs NdYag laser, an active USFDA approved laser and a laser which has truly worth

every penny for its results and versatility of use. It was a part of group deal which helped me get a good price. A Similar scenario was repeated when I next bought Refine Fractional CO2 (three of use bought) and Primelase HR (Three of us bought) which were all USFDA approved devices giving me a peace of mind and confidence of results. This was accompanied by minor investments in Hydrafacial machine, RF Device, Remi Centrifuge Excimer Phototherapy unit and buying them should not burn hole in the pocket. So To summarize, an LHR, Qs NdYag and Fractional Co2 laser should be our first few laser machines to buy. Buying an active qs Ndyag is always preferable. Always buy from a reputed vendor for a good post sales service. Take help of your seniors while dealing with the laser vendors (I am always up for helping) Don't be in a hurry to buy devices, take your time And ALWAYS LOOK FOR GROUP DEALS.

All the best!!!

HOW TO BUILD AND MANAGE A TEAM- THE ESSENCE OF AESTHETIC PRACTICE

DR. Indu Ballani, MD

Visiting Consultant, BLK Max Hospital



When I opened my aesthetic clinic 15 years ago, I believed that clinical expertise and advanced technology would be the pillars of success. Over time, I learned that while these are essential, the true foundation of a flourishing private practice is its team. Building and nurturing a cohesive, motivated team has been my most rewarding—and challenging—journey as a dermatologist.¹

Shared Vision and Clear Communication

From the outset, I realized that hiring staff who share my vision for patient care and multitasking was crucial. During interviews, I looked beyond qualifications, seeking individuals who resonated with our clinic's values and culture. Open communication remains the cornerstone of our daily operations. Initially I had only 2 staff and now there are nine of them but the communication with all of them is still direct although there is a manager for the clinic operations.

Empowerment and Professional Growth

Empowering my team has meant encouraging autonomy and valuing their input. Whether it's my manager of ten years suggesting process improvements or a junior staff member trying to bring about improvements every voice matters. I invest in ongoing training—workshops, certifications, and peer-led sessions—so each member feels confident and valued in their role.² Discussing career aspirations and supporting professional development has helped retain talented staff and kept motivation high.

Recognition and Appreciation

Acknowledging hard work and milestones, both big and small, has been transformative. Simple gestures—like giving them free procedures once in a while or a team lunch—go a long way in making staff feel appreciated. This culture of recognition has fostered loyalty and pride in our shared achievements.

Team-Building and Camaraderie

Team-building isn't just about offsite events (though those are fun!). It's about creating daily opportunities for collaboration and support. We hold regular “education spotlights” where staff present on treatments, ensuring everyone—from front desk to clinicians—understands our offerings. These sessions not only educate but also strengthen bonds and break down silos.

Leading by Example

As the clinic leader, I strive to model the values I wish to see—respect, empathy, and a commitment to excellence. My manager, who has been my right hand for a decade, exemplifies this ethos, setting the tone for the rest of the team. Leadership, I've learned, is about service and consistency.

Adapting and Growing Together

Building a dream team is not a one-time effort but an ongoing process. We've navigated staff changes, challenging times, and periods of rapid growth. Each experience has reinforced the importance of adaptability and continuous improvement. When challenges arise, open dialogue and mutual support help us emerge stronger.

A Personal Reflection

Looking back, the most fulfilling aspect of private practice has been watching my team grow—professionally and personally. Our patients notice the camaraderie and trust among staff, and it reflects in their loyalty and satisfaction. Beyond clinical excellence, it's this spirit of teamwork that has truly set our clinic apart.

Conclusion

Building a team is an art that blends vision, communication, empowerment, and appreciation. For those starting out or looking to strengthen their practice, remember: invest in your people, nurture their growth, and celebrate your journey together. The rewards, both personal and professional, are immeasurable.

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Social Media Marketing- My Take

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As a private practicing dermatologist, clinical excellence is non - negotiable. But in today's modern society, this alone is not enough. Today we live in the digital age, where we have information regarding everything on the internet, thus patients often look up symptoms, diagnosis and treatments online before consulting a dermatologist. Thus, social media marketing is not just a skill today, it has become a necessity for doctors who wish to educate, connect, and stay relevant in this evolving healthcare sector.

One of the major aspects of social media platforms is that it has the ability to democratize information. As a dermatologist, we can use this platform to address common yet complex topics like acne, acne types, pigmentation & it's causes or even laser treatment options, into bite sized, easy to understand content for the general public. Informative and educational videos, reels, carousel posts and Q&A sessions helps people greatly in becoming more aware about their skin, the causes behind their skin concerns, and also when to consult a dermatologist.

Today the internet is flooded with misinformation as well, from DIYs to half baked advice and viral skincare hacks, which are presented in the most appealing way, but these can harm more than actually benefiting. People try these viral information available on social media, without knowing their skin type or underlying condition, so as a dermatologist, it's an important responsibility for me to demystify these viral informations.

For me social media is beyond promotions, it's an important duty for me to bust skincare myths, warning against harmful trends, and explaining the science behind what truly works for the skin.

Lately, we have seen a major rise of social media influencers and bloggers, who have gained massive fan following all over, and people following their skincare routine without medical backing. While influencers play their part in shaping awareness, but skin is not one-size-fits-all. Skin is the most delicate thing, thus it's very important to properly care for it. What works for one person might irritate another. This is why the presence of a qualified and experienced dermatologist on social media platforms is very important. We provide customised, evidence based advice that focuses on skin safety, effectiveness and sustainable results.

One of the most rewarding outcomes of maintaining an active presence on social media is the trust it builds over time. When audiences view consistent, authentic and useful content, they begin to view doctors as a reliable source. This naturally increases the number of patients visiting the clinic, not through aggressive advertising, but by building a strong and unshakable foundation of trust and credibility.

Another major advantage that social media offers is accessibility. It enables us to connect with patients in smaller towns and rural areas as well, many of whom may not have direct access to dermatological care. Through our online consultations, informative videos, reels and posts in easy language, we bridge the urban-rural healthcare gap and ensure that good skin advice reaches everyone, regardless of their location.

Social media also helps us to show the human side of healthcare. Sharing patient success stories (with their consent), and giving a gist about life of a dermatologist helps people in connecting on a more personal level. It demystifies the doctor-patient relationship and creates a sense of approachability that is often missing in traditional medical setups.

Social media marketing for a private practitioner is not just about gaining followers, or going viral. It's about responsible communication. My responsibility is to use my expertise to guide, correct and educate in a space, where misinformation spreads rapidly. When used ethically and effectively, social media becomes a powerful extension of our clinic - one that educates, empowers, and elevates patient care.

We should not underestimate the value of our digital voice, because when medical knowledge meets digital reach, the result is not just practice growth, it's good for society actually.

GST FOR DERMATOLOGISTS & AESTHETIC CLINICS: WHAT YOU MUST KNOW

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You May Escape a Skin Breakout — But Not GST!

If you're a dermatologist or aesthetic physician running a clinic, you've probably heard about GST — and maybe even feared it a little. But here's the truth: you can't avoid GST, so why not use it smartly?

In a world where your clinic's reputation depends on both results and responsibility, understanding GST isn't just about compliance — it's about credibility, transparency, and growth.

Why Should a Skin Specialist Care About GST?

As dermatology merges into aesthetic and cosmetic services, many treatments offered by modern clinics fall under the taxable category. If you're offering advanced procedures like Botox, PRP, chemical peels, laser hair reduction, or body contouring — you're likely offering services that attract 18% GST.

Being GST-compliant means:

- Transparent pricing for your clients
- Avoiding surprise tax notices or penalties
- Legally claiming business-related tax benefits
- Presenting yourself as a trustworthy, professional setup

Medical vs Aesthetic Services: What's Taxed, What's Not?

Let's simplify it:

- Medical Dermatology (like treatment for acne, infections, psoriasis, alopecia due to illness): Exempt from GST as they are considered healthcare services.
- Aesthetic/Cosmetic Dermatology (like Botox, fillers, skin rejuvenation, mole removal for cosmetic reasons): Taxable, generally at 18% GST.

The key is to distinguish clearly between what's medical and what's cosmetic in your billing and patient records.

How to Register for GST (Getting Your GSTIN)

If your annual revenue crosses Rs. 20 lakh (Rs. 10 lakh in some states), you must register for GST.

Steps to register:

1. Go to www.gst.gov.in
2. Choose "New Registration"
3. Fill in PAN details, clinic details, address proof, identity proof, and bank details
4. Submit and get an Application Reference Number (ARN)
5. Post-verification, you receive your GSTIN (15-digit code)

You'll also need to display this GSTIN at your clinic and mention it on all taxable service invoices.

GST Schemes Explained: Composition vs Regular

1. Composition Scheme (Section 10)

- Specially designed for small service providers with turnover < Rs. 50 lakh INR
- Pay a flat 6% GST (3% CGST + 3% SGST)
- Cannot claim input tax credit (ITC) on expenses like devices or consumables
- Can't offer exempt + taxable services together
- Not suitable if you do both medical and cosmetic dermatology
- Simpler filing (quarterly payment, annual returns)

2. Regular Scheme

- Required for clinics earning above Rs. 50 lakh/year or those offering both medical & aesthetic services
- Standard GST rates apply (usually 18% for aesthetics)
- You can claim ITC on GST paid for lasers, medical furniture, clinic interiors, etc.
- Monthly returns required (GSTR-1 and GSTR-3B)
- Better suited for growing, expanding practices

Common Pitfall: Mixed Services = Disqualified from Composition

If you're offering both exempt medical treatments and taxable cosmetic procedures, you cannot opt for the Composition Scheme. This is one of the most misunderstood rules and can lead to non-compliance.

To stay compliant:

- Use separate invoices
- Maintain service-wise categorization
- Mention GST only on taxable aesthetic treatments

Final Thoughts: GST is Not Your Enemy

Think of GST like SPF — it protects you in the long run.

It might feel confusing at first, but when done right, it offers:

- Professional transparency
- Better brand perception
- Cleaner business records
- Financial peace of mind

Just like you don't randomly treat a skin issue without a diagnosis, don't randomly choose a GST scheme. Consult a CA or GST advisor who understands healthcare businesses — and set yourself up for long-term success.

Want to grow your clinic with clarity and compliance? GST is a step you can't skip.

EVIDENCE BASED SNIPPETS ON DERMATOTHERAPEUTICS

EXOSOMES - FUTURE OF ANTIAGEING

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Exosome therapy is one of the most effective treatments for facial rejuvenation in the medical and aesthetic world today. Exosomes are the signalling messengers from stem cells and have a whole host of potential benefits and applications, especially for skin health.

- For more targeted and intensive rejuvenation, exosomes can be injected directly into specific area of face. This technique allows for precise delivery of exosomes to deeper layers of skin, stimulating collagen production and promoting overall skin rejuvenation.
- Exosomes can also be delivered as Mesotherapy in the superficial layers of skin with beautiful results. Visibly firmer, Stronger and healthier skin are some of the benefits of Exosome face treatment.

What Are Exosomes?

Exosomes are small (30-150 nm) membrane-bound vesicles released by cells, particularly stem cells. They carry proteins, lipids, and nucleic acids, enabling them to modify cellular communication and impact biological processes such as inflammation, collagen synthesis, and tissue repair.

Exosomes exert anti-ageing effects through several mechanisms:

- Collagen and Elastin Synthesis: Exosomes regulate pathways like TGF-β/ Smad, PI3K/Akt, and Notch signalling, promoting collagen and elastin production while reducing matrix metalloproteinases (MMPs) that degrade the extracellular matrix.
- Anti-inflammatory Effects: They regulate immune responses and decrease chronic inflammation, a key cause of skin ageing.
- Antioxidant Activity: By downregulating oxidative stress pathways (e.g., Nrf2, MAPK), exosomes protect skin cells from UV-induced damage and DNA mutations.
- Enhanced Cell Proliferation and Migration: Exosomes stimulate fibroblast activity, angiogenesis, and wound healing, improving skin texture and elasticity.
- Pigmentation Reduction: Clinical studies show exosomes can reduce hyperpigmentation of skin.

Isolation and Characterization of Exosomes:

The isolation of exosomes is a difficult process. A variety of techniques are available. Some of the more common techniques include differential ultracentrifugation, ultrafiltration, immunoaffinity capture, precipitation, and size exclusion chromatography.

Benefits Over Standard Treatments:

- Non-invasive: Exosome-based treatments can be delivered topically or via minimally invasive procedures which reduces the downtime and risk of procedure.
- Biocompatibility: Acquired from stem cells, exosomes have very low immunogenicity and high bioavailability.
- Multifaceted Action: They address multiple ageing pathways at the same time.

Clinical Implementation in Dermatology for anti-ageing:

- Topical Formulations : Incorporating exosomes into serums or creams increases their bioavailability. Plant-derived exosomes (e.g., from grapes) help in reducing wrinkles and improving skin texture.1
- Injectable Treatments : Intradermal exosome injections, often combined with micro needling or lasers, enhance collagen remodulation. A trial conducted in 2022 reported a 40% improvement in skin elasticity after three sessions.2

Contraindications of Exosomes:

- Age < 18 years
- Intolerance of the drug
- Pregnancy / lactation
- Autoimmune disorders, Diabetes, Epilepsy
- Infections and colds in the acute stage
- In case of open ulcers, wounds or damaged skin in the area to be treated

Evidence from Clinical Studies:

- 2021 study in Journal of Cosmetic Dermatology found that MSC-derived exosomes improved wrinkles on face by 32% over a period of 12 weeks.3
- 2023 Research in Dermatologic Surgery brought light to efficacy of Exosomes in treating periorbital hyperpigmentation, with 76% of patients attaining significant lightening.4

Challenges and Future prospects:

While the role of exosomes in anti-ageing is encouraging, several challenges need to be mentioned:

1. Standardization and characterization: Standardized methods for exosome isolation, characterization, and storage are necessary for ensuring reproducibility and safety.
2. Scalability and manufacturing: Large-scale production of exosomes with consistent quality and potency is a challenge.
3. Regulatory frameworks: Clear regulatory guidelines are needed to ensure the safe and effective use of exosomes in anti-ageing therapies.

Conclusion:

Exosomes hold great promise as a therapeutic strategy for anti-aging. Further research is needed to completely understand the mechanisms by which exosomes influence aging and to address the challenges associated with their evolution as a therapeutic agent.

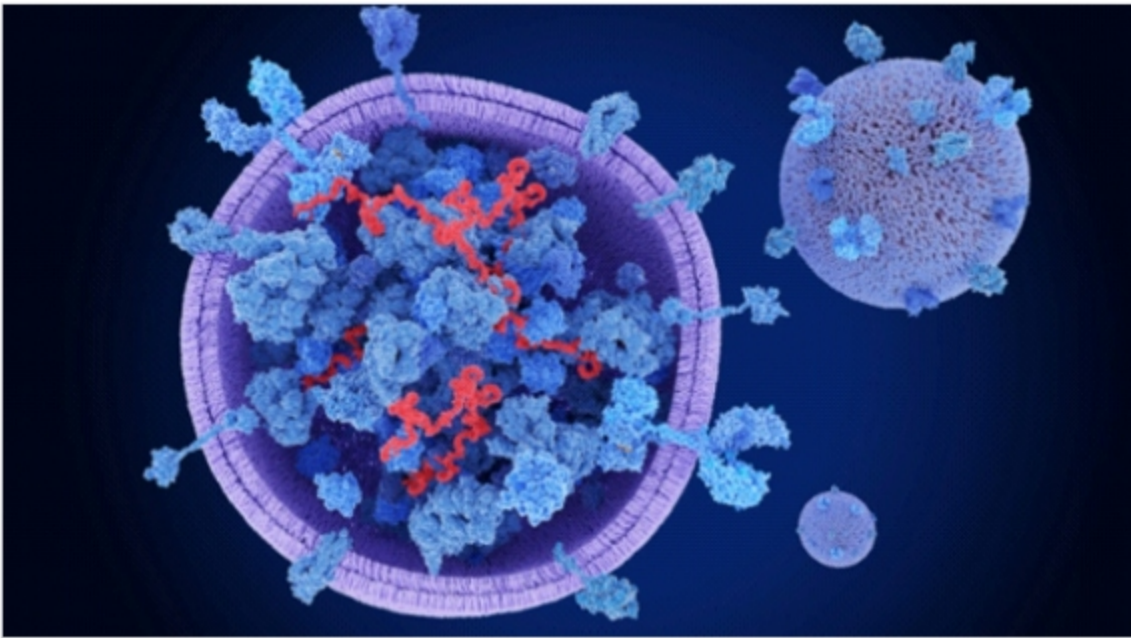
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Polydeoxyribonucleotide (PDRN) – A Game Changer in regenerative Aesthetic Dermatology

Dr. Amit Bhasin
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As an aesthetic dermatologist, I have found Polydeoxyribonucleotide (PDRN) to be a breakthrough in regenerative and anti-aging skin care. With over 400 cases treated in my practice, I can confidently say that PDRN has become a game changer, offering consistent, patient-satisfying results with high safety and versatility across indications.

Scientific Basis

PDRN is a low-molecular-weight DNA polymer, extracted from the sperm of salmon trout (*Oncorhynchus mykiss*), with molecular weights ranging between 50 to 1500 kDa. It acts primarily through activation of the A2A adenosine receptors, promoting anti-inflammatory, angiogenic, and tissue-regenerative effects. The compound also stimulates fibroblast proliferation, enhances extracellular matrix (ECM) synthesis, and promotes wound healing at a cellular level.

Why It’s a Game Changer

Today’s aesthetic patients are increasingly seeking natural-looking, rejuvenating solutions without the stiffness associated with neuromodulators or volume from excessive fillers. Many express hesitation about Botox and fillers, yet desire flawless, glowing, youthful skin. PDRN fills this gap by offering anti-aging benefits with skin quality improvement, hydration, and cellular regeneration—without altering facial expressions. Approximately 95% of my patients report visible improvements and high satisfaction following PDRN therapy.

Clinical Indications and Observed Benefits

1. Periorbital Rejuvenation (Dark Circles)

PDRN has shown excellent results in the treatment of infraorbital dark circles. By improving microcirculation, VEGF-mediated angiogenesis, and hydration, it reduces pigmentation and puffiness while restoring dermal density. Fibroblast stimulation leads to increased Type I collagen, elastin, and glycosaminoglycans, improving the texture and brightness of the under-eye area. Additionally, it modulates inflammatory cytokines (e.g., TNF- α , IL-6), improving capillary integrity and reducing fatigue-related appearance.

2. Fine Lines & Wrinkles

Patients consistently observe a significant reduction in fine lines, particularly around the periorbital, forehead, nasolabial, and neck regions. This effect is attributed to enhanced collagen and elastin production, resulting in firmer, more elastic skin with improved tone and tautness.

3. Skin Hydration

PDRN dramatically improves cutaneous hydration. Patients report radiance, smoothness, and a noticeable youthful glow post-treatment. This is due to upregulated hyaluronic acid synthesis and improved epidermal barrier function.

4. Pore Size and Sebum Regulation

I have observed visible reduction in pore size, likely due to improved skin structure and sebaceous gland modulation, leading to decreased sebum production and smoother texture.

5. Acne and Post-Acne Repair

In acne-prone individuals, PDRN accelerates wound healing, reduces inflammation, and improves post-acne hyperpigmentation. By promoting fibroblast proliferation and tissue regeneration, it prevents scarring and encourages more uniform skin remodeling.

6. Ulcers and Non-Healing Wounds

PDRN has demonstrated significant efficacy in chronic ulcers, especially when used in combination with PRP or PRF. It accelerates re-epithelialization, reduces inflammation, and stimulates angiogenesis, promoting closure of wounds previously unresponsive to conventional therapies.

Synergistic Use of PDRN with Other Modalities

The regenerative potential of PDRN is further enhanced when combined with other aesthetic modalities, tailored to individual patient needs.

1. PRP / PRF + PDRN

This is one of the most effective combinations. PRP delivers instant growth factors like PDGF, VEGF, and TGF- β , while PRF provides slow-release growth factors over 7–10 days via its fibrin matrix. Together with PDRN, these promote angiogenesis, collagen synthesis, cellular repair, and anti-inflammatory modulation, resulting in improved outcomes for acne scars, alopecia, and skin rejuvenation.

2. ClearLift (Non-ablative Q-switched 1064 nm Laser) + PDRN

ClearLift triggers dermal remodeling by delivering energy deep into the dermis (up to 3 mm) without epidermal disruption. PDRN supports the fibroblast activation cascade, enhances dermal density, and improves tissue healing, resulting in better lift, firmness, and pigmentation correction, especially in the jowls, nasolabial folds, and periorbital zones.

3. Microneedling (PCIT) + PDRN

Percutaneous collagen induction therapy (PCIT) using microneedling creates microchannels that facilitate PDRN penetration and absorption. This combination promotes collagen induction, texture refinement, and hydration. It is especially useful in younger patients who are needle-averse and prefer non-injectable PDRN delivery.

4. Skin Boosters + PDRN

When combined with HA-based skin boosters, PDRN enhances hydration, pigment regulation, and tissue repair, leading to plumper, smoother skin. Ideal for patients seeking radiance and softness without volume addition.

5. HIFU + PDRN

High-Intensity Focused Ultrasound (HIFU) promotes deep tissue tightening and SMAS layer stimulation. PDRN supports post-HIFU inflammatory resolution and dermal regeneration, optimizing firmness and recovery.

6. Botox / Baby Botox / Meso-Botox + PDRN

In patients seeking wrinkle reduction and skin smoothness, combining neurotoxins with PDRN results in pore refinement, hydration, and a healthy glow, especially in meso-botox procedures.

Other Complementary Modalities

PDRN integrates synergistically with:

- Fractional CO₂ / Er:YAG Lasers
- IPL and Laser Toning
- Blue/Red Light LED Therapy
- Laser Hair Reduction (LHR)
- MNRF (Microneedling RF)
- Dermal Fillers
- Ultherapy
- Radiofrequency Tightening
- Hydrafacials
- Chemical Peels
- Oxygen Therapy
- Mesotherapy with biomimetic peptides

Conclusion

PDRN represents a revolutionary advancement in regenerative aesthetic dermatology. It not only meets the growing patient demand for natural-looking rejuvenation but also complements almost every modern aesthetic procedure, from microneedling to lasers and injectables. With its anti-inflammatory, angiogenic, and collagen-inducing properties, PDRN has rightfully earned its place as a cornerstone in skin restoration protocols.

Meta Cell Technology (MCT) – Autologous Exosomes

Dr. Priya Puja MD, MRCP (SCE Dermatology)

Consultant Dermatologist & Head Medical Advisor, Kaya Ltd



Meta cell technology is a breakthrough in the field of regenerative medicine with widespread applications in dermatology and aesthetic medicine. MCT pioneers the use of electromagnetic and thermal energy to significantly enhance the characteristics of autologous products like PRP, vascular stromal fraction or stem cells. This process can be termed as photo thermal bio modulation. It is the world's first technology designed to derive autologous exosomes and has received approval from both the US FDA and CE for injection use.

MCT system requires the presence of liquid products and living structures to be compatible with the device. The device consists of the MCT unit and a compatible MCT kit which harvests the autologous fluid.

MCT Unit® is a device that delivers electromagnetic and thermal energy across a wide range of temperatures and light wavelengths. Using photothermal biomodulation, it enhances regenerative potential of processed fluid. Pre-set programs optimize the process based on the patient's autologous material for consistent, targeted outcomes.



MCT Kit® is a patented cassette designed for photothermal conditioning. Made from medical-grade polymer, it ensures optimal light scattering, transmittance, and energy delivery. Its unique geometry enhances surface-to-volume exposure, improving treatment efficiency. The cassette holds up to 10 mL of any autologous preparation.

Method of preparation: PRP obtained by conventional method is loaded in the MCT kit and processed under preset parameters to either produce MCT plasma with higher growth factors and better kinetic profile or produce Autologous Exosomes. For obtaining MCT plasma, the PRP is subjected to light of 620 nm at 1 J/cm² for 10 min and a temperature of 4°C for 15 min. The formation of Autologous exosomes needs processing under 467 nm at 2J/cm² for 10 min and a temperature of 37°C for 10 min simultaneously.

MCT plasma: priming the platelets at 4°C induces structural and qualitative changes. Platelets becomes spherical in shape and there is three times increase in growth factors which are released over a sustained time-period post injection. MCT plasma exhibits enhanced platelet aggregation profile by reducing VASP and increasing P 38 phosphorylation, has more physiological pH and reduced pro inflammatory cytokines.

Autologous exosomes: blue light at 467nm activates Opsin 3 and 4 which causes collision between multivesicular bodies (MVB) containing exosomes and platelet cell membrane. At the physiological temperature of 37°C the fusion of these MVB to the cell membrane is facilitated thereby releasing the exosomes. Blue light also increases angiogenesis and better healing kinetics.

Benefits over conventional PRP

Less pain: a relatively more fluid state due to cold priming, changes in intracellular cation concentration and improved alpha granule release kinetics post activation makes it less painful.



After 1 Session

Enhanced platelet performance – reduced inhibitory signaling pathways facilitating ADP induced platelet aggregation, higher concentration of growth factors and more physiologic pH enhances the platelet performance many folds. Photothermal conditioning also increases the EGF, bFGF and VEGF concentrations leading to increase in collagen formation and better angiogenesis.

Autologous exosome: only system to facilitate autologous exosome formation and release which ensures superior regenerative capabilities. Being autologous it is approved for usage through intradermal injection unlike exosomes derived from non-autologous source.

Clinical uses: MCT plasma and Autologous exosomes can be used in a variety of indications including morphea, wound healing, androgenetic alopecia, skin rejuvenation to name a few well explored ones.

Summary: The use of MCT plasma and autologous exosome is a definitely promising therapeutic modality in regenerative medicine. The application of enhanced PRP is diverse and need to be used more extensively in dermatological conditions.

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Evidence based snippets in dermatotherapeutics – Mesobotox

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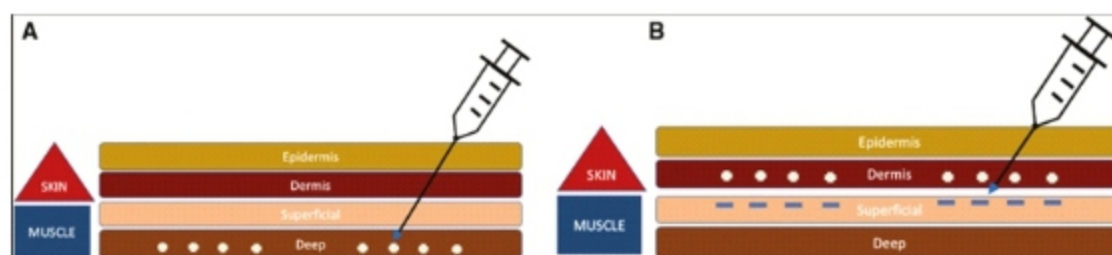
Introduction

"Mesobotox," "microbotox," or the "microdroplet technique" developed by Dr. Woffles Wu involved administration of uniformly placed, intradermal, microdroplets of onabotulinumtoxin type A (ONA) (Botox; Allergan Inc., Westport, Ireland) in lower concentrations as compared to the traditional technique. The aim is to provide relaxation of fine lines and wrinkles, without the undesired "frozen" or "plastic" appearance. Besides facial rejuvenation, the technique has been used for hyperhidrosis, seborrhea, open pores, acne, acne scars and keloids. Although the initial use of the technique involved ONA, other types of BoNT have since been used.[1]

Mechanism of Action

- Microdroplet BoNT acts on superficial muscle fibers and spares the deep muscle fibers.
- Microbotox decreases sweat and sebum production thus improving skin texture and luster.
- Microbotox causes relaxation of muscles guarding lymphatic channels leading to increased osmolarity and fluid retention in the compact dermis, demonstrating a mini "facelift" feel. [1]

Figure 1 compares traditional BoNT (A) and the microdroplet technique (B). [1]



Microdroplet technique with hyaluronic acid

When microdroplet BoNT is delivered with microhyaluronic acid (microHA), it is known as **hydrotoxin**. The procedure is twice as effective than monotherapy. Improvement in skin roughness and hydration is noticeable in 5–7 days and 1–2 weeks respectively. In most cases, the results of a single treatment session last for 6 months.[1]

Technique

A recent study compared different dilutions of mesobotox for facial rejuvenation. Patients were divided into three groups of 10 patients each. 100U botulinum toxin was diluted in 5 ml, 7 ml and 10 ml saline in group I, II and III respectively. Better global esthetic improvement scale (GAIS) scores were observed in group I, followed by group II and III.[2]

Table 1 - Overview of Microtoxin Dilutions for Different Aesthetic Concerns[3]

Microbotox concentration	Amount of 100 U/2.5 mL (40 U/mL) BoNT-A per 1-mL syringe (Use lignocaine or saline to complete 1 ml)	Preferred application
20 U/mL	0.5 mL	Treating the forehead and cheeks for pore size, controlling sebum, sweating, rosacea, and acne, and smoothing facial skin texture
24 U/mL	0.6 mL	Treating glabellar, forehead, and crow's feet lines in females and for axillary hyperhidrosis
28 U/mL	0.7 mL	For neck contouring and smoothing, and for the prevention of postoperative or posttraumatic hypertrophic scar formation Treatment of established keloids Treating glabellar, forehead, and crow's feet lines in males

Microtoxin can be administered with a 1-mL syringe and a 1-inch, 32- or 34-gauge needle. Microdroplets can be placed in a 1 cm² grid pattern of size ~0.01 to 0.05 mL for the face and ~0.01 mL for the neck.[3]

Practical Tips[3,4]

- Prior application of topical anesthetics, vibration or cooling devices to reduce pain.
- Bevel of the needle to be pointed downward and parallel to the skin.
- A resistance should be felt on pressing the plunger. If the solution is easily injected, it is probably too deep or intramuscular.
- A small blanched bleb should appear in the skin when pressure is applied to the plunger.
- Appropriate dilution and amount is crucial. Too little of microbotox will lead to inadequate results while large droplet size or wrong plane will result in unfavourable outcomes.
- A luer lock syringe works better as it avoids leakage of the solution.
- Changing needles in the middle of the procedure can improve patient comfort.
- A sluggish “snap test” indicates pre-existing skin laxity. Festooning or “inanimate lower eyelid” may be anticipated in such cases.

Adverse effects

Inadvertent diffusion to the deeper muscle fibers, due to subdermal injection or delivery of larger volume results in total or partial paralysis. Due to a lower neurotoxin concentration, these complications are temporary and usually subside within 2–3 weeks.[1] Few patients may find the treatment uncomfortable due to multiple injection points.

Duration of treatment

Treatment effect begins at 1 week and is apparent by 4 weeks. The durability of microtoxin is about 3 months.[3]

Combination treatments

Fillers, energy based treatments like ultrasound or radiofrequency devices, lasers or intense-pulsed light therapy can be administered first, and microtoxin can be subsequently administered on the same day. If the patient wishes to undergo additional treatments, it is best to wait 2 weeks before doing so.[3]

Practical Applications

Recent studies have concluded that microbotox presents an approach to oily skin and management of mild to moderate acne vulgaris, acne scars, keloids and erythematotelangiectatic rosacea.[5,6,7,8]

A meta-analysis conducted to study the employment of microbotox technique for facial rejuvenation and face-lift found microbotox to be efficacious in facial rejuvenation, mid-lower face-lifting, and fine wrinkles reduction, especially in younger aged cases. It was also found to be suitable for neck rejuvenation and recontouring of lower mandibular border, particularly in older subjects with marked skin laxity. Adjuvant treatment modalities were cross-linked hyaluronic acid, intense pulsed laser, and Fraxel laser.[9]

A split face comparative study conducted on 20 patients with enlarged facial pores and seborrhea compared intradermal injection of botulinum toxin with its topical application following microneedling. The study concluded that microbotox can effectively and safely minimize enlarged facial pores with no downtime. Intradermal injection showed more patient satisfaction on the basis of greater efficacy, longevity of treatment than its topical application following microneedling.[10]

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Evidence based snippets in dermatotherapeutics – PRP

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Platelet-rich plasma (PRP) has gained recognition as an innovative and promising treatment approach in dermatology. This autologous blood derivative, abundant in growth factors and cytokines, has attracted considerable interest for its ability to promote tissue regeneration, boost collagen production, and stimulate cellular growth.[1]

Here’s a summary of evidence based snippets on PRP in dermatology:

HAIR RESTORATION

A meta-analysis of six studies (177 patients) showed that PRP significantly increased both hair density (+17.9 hairs/cm²) and thickness (+0.22 per 10⁻⁴ mm²) compared to controls. [2] A study in the Journal of Cutaneous and Aesthetic Surgery found that PRP combined with minoxidil was more effective than minoxidil alone for hair growth. [3]

WOUND HEALING

A meta-analysis of 27 studies found that PRP significantly improved wound healing outcomes. In chronic diabetic ulcers, PRP increased the rate of complete healing, enhanced the percentage of wound area healed, and reduced healing time. In venous ulcers, it improved both the epithelialized area and wound closure percentage. [4]

ACNE SCARS

Evidence suggests that activated leukocyte- and platelet-rich plasma (L-PRP), when combined with fractional ablative lasers in 2–3 monthly sessions, improves acne scar appearance. [5] In a comparative study of 30 patients with atrophic acne scars, PRP and fluid platelet rich fibrin (PRF) were used alone and in combination with microneedling. All treatment arms showed significant improvement, but fluid PRF—especially when combined with needling—yielded better results in both patient satisfaction and scar grading. Fluid PRF proved to be a safe, effective alternative to PRP. [6]

VITILIGO

PRP has shown superior improvement and greater repigmentation in vitiligo compared to controls. [4] In a study by Ibrahim et al., 60 patients with stable symmetric vitiligo received NB-UVB alone on one side and PRP plus NB-UVB on the other. After 3 months, 55% of PRP-treated lesions showed >75% repigmentation, while 75% of NB-UVB-only lesions showed <25% improvement. At 7 months, 50% of the NB-UVB-only lesions relapsed, whereas none of the PRP-treated areas did (P < .001). [7]

LEPROSY ULCERS

Anandan et al. evaluated weekly topical applications of activated autologous L-PRP in 50 leprosy patients with neuropathic ulcers, for up to six sessions. At a 3-month follow-up, 92% of patients achieved complete re-epithelialization within this period, with an average healing time of 4.38 weeks. The rate of healing was not influenced by the type or spectrum of leprosy. [7]

SKIN AND FACIAL REJUVENATION

PRP is a highly promising treatment for skin rejuvenation, significantly boosting collagen density—89.05% improvement compared to 46.01% with saline (p < 0.001). [1] Over one to three sessions, PRP also improves facial skin by reducing pore size, enhancing texture, diminishing wrinkles and pigmentation, increasing collagen and hyaluronic acid levels, and providing better protection against UV damage. [8]

STRETCH MARKS

Combining intradermal radiofrequency and ultrasound with PRP has shown promising cosmetic improvements. Ultrasound often follows radiofrequency to enhance PRP penetration through the skin. Abdominal biopsies after treatment reveal increased collagen and elastic fibers, with most patients reporting good to excellent improvement in the appearance of their stretch marks. [9]

VAGINAL REJUVENATION

PRP has also been studied for its ability to improve skin quality, elasticity, and hydration in vaginal rejuvenation. When combined with other aesthetic treatments like microneedling, laser therapy, and dermal fillers, PRP may provide enhanced results compared to using these treatments as mono therapy. [1]

In conclusion, PRP demonstrates potential benefits in dermatology, particularly for hair restoration, skin rejuvenation, and acne scar management. Although current evidence is promising, more research is required to better define its effectiveness, limitations, and ideal treatment strategies.

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RESIDENT'S CORNER**PHOTO QUIZ**

Dr. Tahura Fatima Ahmad
Post graduate
University college of medical sciences, New Delhi

**History**

A 27-year-old, bisexual male, PLHIV on antiretroviral therapy for 1 year duration, presented with a 4-week history of asymptomatic red, raised lesions over whole body. There was no history of pustular lesions or joint pains. History of multiple partners was present and he denied consistent condom usage. No history of similar episode in the past. No history of fever, prior sore throat, genital ulcer, neurological signs, eye complaints, burning micturition, weight loss or bowel abnormalities. Patient had no other comorbidities.

Examination

General condition was normal. Systemic and ophthalmic examination were normal. Dermatological examination revealed symmetrical erythematous to hyperpigmented scaly plaques over trunk (Figure 1), bilateral extremities and genitalia. Multiple well defined

erythematous annular plaques were present over palms (Figure 2) and soles. These lesions were associated with peripheral collarette scaling over palms and soles. Auspitz sign and Grattage test were negative. There was no evidence of lymphadenopathy, or mucosal, scalp and nail involvement. Laboratory examinations were sent to aid the diagnosis.



Fig. 1- Erythematous to hyperpigmented plaques over trunk



Figure 2- Erythematous scaly annular plaques present over palms

What is the diagnosis?

Secondary syphilis

Discussion

The VDRL titre was 1:128 and TPHA was positive confirming the diagnosis of syphilis. Patient received injection Benzathine Penicillin 2.4 MU (1.2 MU in each buttock) and the lesions were cleared at 2 weeks follow up. Syphilis, a persistent and cunning sexually transmitted infection, continues to pose a significant public health challenge, fuelled by shifting societal behaviours and increased high-risk sexual activity. Progressing through distinct stages—primary, secondary, latent, and tertiary—it reveals its most deceptive form in secondary syphilis, where a polymorphic, often non-pruritic rash and can present as macular, papular, annular, pustular, macular, psoriasiform, annular, pustular, pityriasis-like or follicular lesions, earning its title as the "great imitator." As it can present with varied lesions it resembles pityriasis rosea, psoriasis, or drug reaction, leading to misdiagnosis. The rash's predilection for palms, soles, and mucous membranes, along with its classic copper-coloured "raw-ham" appearance, offers diagnostic clues. Compounding the challenge, HIV coinfection accelerates disease progression and amplifies atypical presentations, such as widespread annular lesions. According to CDC, in 2022, approximately 36% of MSM with syphilis also have HIV. There is a steep rise in co-infection of syphilis and HIV. Difficulties in diagnosis of syphilis with HIV are its confusing clinical signs and symptoms, lack of serological response, failure of nontreponemal titres to decline after treatment and rapid progression to late stages of syphilis.

Diagnosis relies on a two-step approach—nontreponemal (VDRL/RPR) followed by treponemal (FTA-ABS/TPPA) testing—while penicillin G remains the cornerstone of treatment, with regimen dictated by disease stage. In an era of evolving sexual health dynamics, syphilis underscores the necessity for heightened vigilance, prompt diagnosis, and targeted intervention to curb its insidious spread.

CROSSWORD

Dr Subhojit Ray

MBBS, MD (DVL), Senior Resident

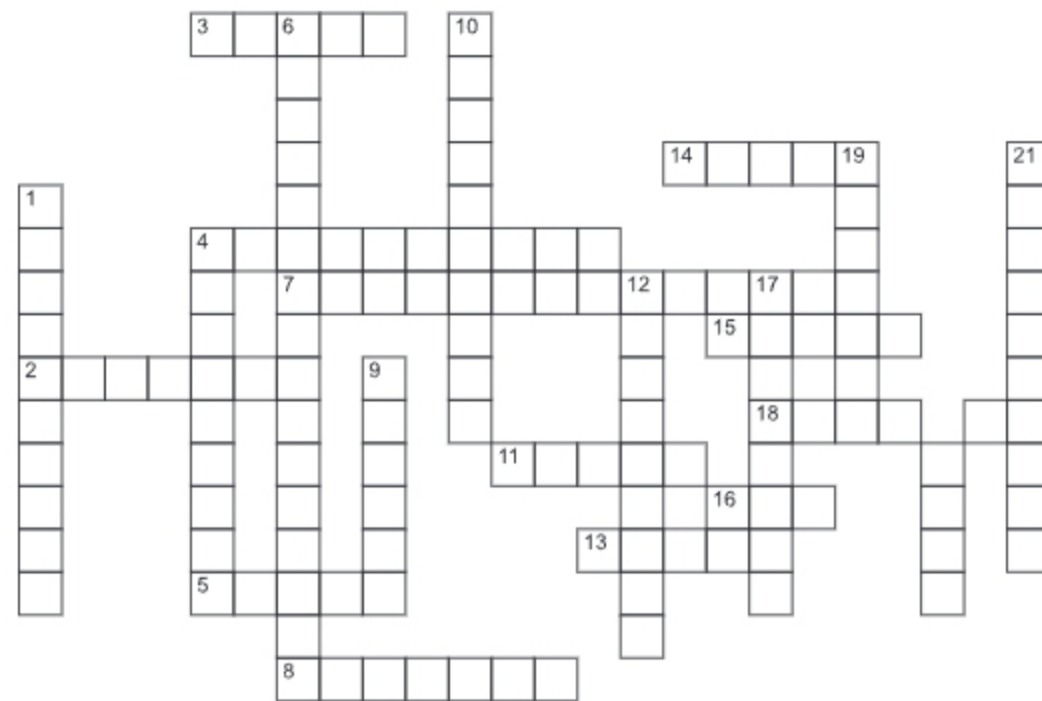
All India Institute of Medical Sciences, Kalyani, WB



- Across**
- Gene therapy approved by FDA for Dystrophic Epidermolysis Bullosa
 - Colour of STI kit recently added by NACO in syndromic management for rectal discharge
 - An acaricidal GABA mediated chloride channel inhibitor used In treatment of scabies
 - Non-endemic syphilis caused by Treponema carateum
 - Recent JAK inhibitor approved by FDA for Alopecia areata in 2024
 - Name of the demarcation line in hair bulb above which the nucleated keratin becomes completely anucleate.
 - Material secreted by Hansen bacilli that makes the bacilli clumped together
 - Coastline of this USA state is used to describe the morphology of Café-au-lait macules with rough borders.
 - Artificial Intelligence operated system used in hair transplant
 - Scoring system to assess stability in vitiligo
 - Precursor of NAD+ having skin antiaging effect – a potential cosmetic agent for skin rejuvenation.
 - Breed of dog used to explain skin induration in scleromyxedema

UP-DOWN

- Latest classification system for tear trough deformity
- Topical TRPV1 receptor antagonist used in atopic dermatitis
- A nail tic disorder where the patient bites on a single nail to gain a lustful pain
- Guideline for management of psoriatic arthritis
- Name of Tumour-infiltrating Lymphocyte therapy approved by FDA for treatment for melanoma.



- Bradykinin B2 receptor antagonist used in Hereditary Angioedema
- A nanoparticle: a vesicle composed of non-ionic surfactant, incorporating cholesterol as an excipient.
- Excreta of scabies mite
- Severity score used in oral pemphigus
- FDA approved topical therapy for molluscum contagiosum (2024)

EVENTS IN THE SECOND QUARTER (APR- JUN) OF 2025

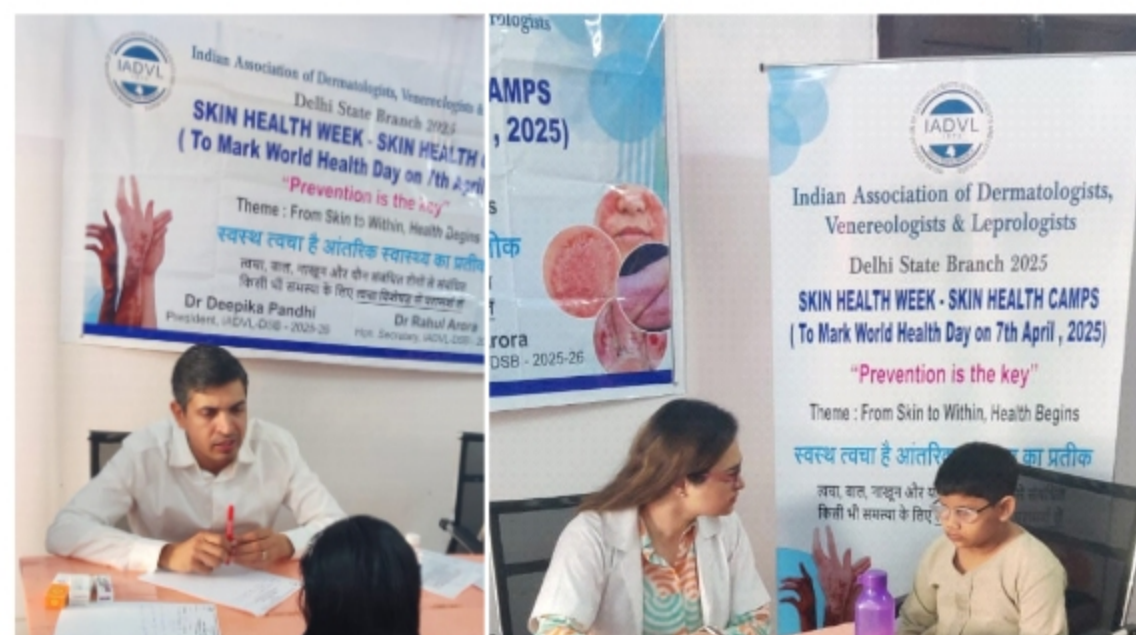
IADVL DSB 2025 WORLD HEALTH DAY CELEBRATION

A total of 7 activities were conducted by the IADVL-DSB on the occasion of World Health Day, i.e. April 7, as a part of Celebration of Health Week with multiple community health activities planned along the week.

Out of these, 4 were conducted on April 8 and 3 were conducted on April 12.



Screening at Old Age Homes





Screening at Blind Schools



Screening in Special Children



Screening in ANMs and Education on skin Health



Screening in spastic inmates



Educational activities at Urban Health Centre



Screening in home for mentally challenged

WORLD HEALTH DAY CELEBRATION AT UCMS & GTBH

- To mark World Health Day on April 7th, 2025, the Department of Dermatology & STD, UCMS & GTBH, Delhi under the leadership of Dr Archana Singal, Head of Department and able guidance of Dr Deepika Pandhi, Director Professor and Dr Chander Grover conducted skin health awareness talks and video demonstrations in the Dermatology OPD.
- Patients and their attendants were apprised about basic skin hygiene, common skincare myths and pitfalls, and the dangers of self-treating skin conditions and need of consulting only a dermatologist for skin, hair and nail disease.
- Videos on skin giving clues to internal disease and need for timely evaluation were played followed by answering patient queries.



WORLD HEALTH DAY CELEBRATION AT VMMC & SAFDARJUNG HOSPITAL

- In observance of World Health Day, the Department of Dermatology & STD, Safdarjung Hospital in association with IADVL DSB 2025 World Health Week celebrations, successfully organized skin health awareness talks within the Dermatology Outpatient Department (OPD) of Safdarjung Hospital on April 7th, 2025.
- The initiative was flagged off by Dr Sanchita Karmekar, Head of Department, herself with engaging talk providing valuable information to patients and their attendants on fundamental skin hygiene.
- The students of the department performed educational 'Street Act' addressing prevalent myths and common errors in skincare practices.



WORLD HEALTH DAY CELEBRATION AT LHMC

- The Department of Dermatology & STD at LHMC in association with IADVL DSB celebrated World Health Day on April 7th, 2025, by hosting informative skin health awareness talks in their Dermatology OPD.
- Dr Rashmi Sarkar, Director Professor and Dr Surabhi Sinha, conducted fascinating patient education activities and discussions through the day.
- The patients and their accompanying individuals benefited from discussions on basic skin hygiene, common clarification of common skincare myths and mistakes, and crucial information regarding the risks associated with self-treatment of skin problems.



WORLD HEALTH DAY CELEBRATION AT MAMC

- World Health Day Educational Camp conducted under the guidance of Dr KD Burman, Head of Department, Maulana Azad Medical College In association with IADVL DSB 2025 on 7th April at MAMC OPD whereby awareness was spread regarding various skin issues.
- A number of queries were answered by faculties and the awareness was created regarding misuse of skin related products.
- The patients were informed regarding important of regular skin care and consulting a qualified dermatologist for their skin hair and nail diseases.



FIRST MONTHLY MEET AT MAMC & LNJP

- IADVL-DSB conducted it's first monthly meet in MAMC in May, 2025.
- Dr KD Barman and his team presented excellent cases and there was a fruitful discussion with the audience.
- An EGBM was also kept as a part of the meet's agenda.



MID-CUTICON 2025

The MID CUTICON 2025, organized by the Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL), Delhi State Branch, was successfully conducted on 8th June 2025 at Hotel Eros, New Delhi. This prestigious academic event brought together clinicians, academicians, and researchers from across the region under the theme "Precision Dermatology: Focused Approach to Diagnostics and Therapeutics."



MESSAGE FROM SCIENTIFIC CHAIRPERSON

Dr. Vishal Gaurav

Asst. Prof., Dept. of Dermatology & Venereology
All India Institute of Medical Sciences - Central Armed
Police Forces Institute of Medical Sciences
(AIIMS-CAPFIMS), Maidan Garhi, New Delhi.



The **MID CUTICON 2025**, organized by the Indian Association of Dermatologists, Venereologists, and Leprologists (IADVL), Delhi State Branch, was successfully conducted on **8th June 2025** under the theme **"Precision Dermatology: Focused Approach to Diagnostics and Therapeutics."**

Following the lamp lighting, **Dr. Deepika Pandhi**, the Organizing Chairperson and President of IADVL-DSB (2025-26), delivered a warm welcome message and participation in academic, community outreach and anti-quackery activities.

Dr. Rahul Arora, Honorary Secretary, IADVL-DSB (2025-26), presented the Secretary's Report, outlining the milestones achieved by the Delhi State Branch over the past quarter.

Dr. Rajeev Sharma, the National President of IADVL for 2025, addressed the gathering and appreciated the Delhi State Branch for its consistent efforts in raising academic standards and for their community activity in April 2025.

This was followed by an address by **Dr. Dheeraj Shah**, Principal of University College of Medical Sciences (UCMS).

Dr. Vinay Singh, President Elect of IADVL National for 2025, then shared his vision for the coming year, with special emphasis on anti-quackery activities.

ANNOUNCEMENTS made:

Launch of the IADVL-DSB Postgraduate Thesis Grants 2025

Aimed at supporting dermatology postgraduate students in Delhi, this landmark initiative provides 3 grants of INR 50,000/- each.

Announcement of a 5-Volume Book Series: "Compendium of Diagnostic Dermatology"

Another ambitious academic venture, this landmark 4-volume textbook project will focus exclusively on diagnostic aspects of skin diseases. The volumes will be published under the aegis of IADVL-DSB.

Launch of the IADVL-DSB Relay Quiz

Conceived by Dr. Deepika Pandhi, this first-of-its-kind monthly dermatology quiz is open to all members of the fraternity—residents, faculty, and private practitioners.

The academic program featured a dynamic blend of **invited lectures**, **case-based discussions**, **workshops**, and **interactive contests**, all of which were curated to align with the conference theme of precision dermatology. **Key Scientific Themes and Updates included:**

Migration to Regenerative Aesthetics—exploring the role of platelet-rich plasma, stem cells, and growth factors in skin rejuvenation and hair restoration.

Immunodiagnosics in Dermatology: What's Trending—highlighting novel biomarkers, cytokine panels, and immune-pathways relevant to inflammatory skin diseases.

Updates in the Management of STIs—offering an evidence-based overview of recent changes in guidelines, drug resistance patterns, and syndromic management protocols.

Newer Paradigms in the Therapeutics of Hair Disorders—underscoring advances in trichoscopy, genetic testing, and upcoming biologics in the management of alopecia.

Focused Workshop: Pediatric Procedural Dermatology: One of the highlights of MID CUTICON 2025 was a workshop on pediatric procedural dermatology, which was lauded for its practicality and relevance.

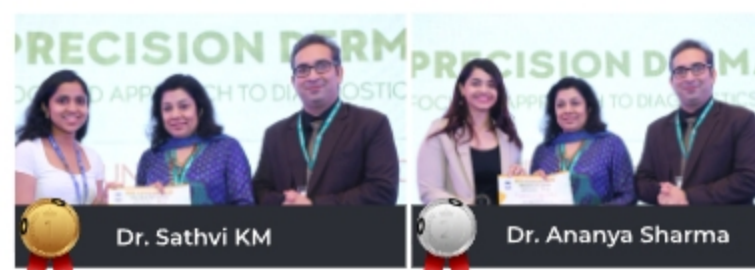
HIP-HIP HURRAY!

- IADVL Delhi State Branch is proud of its young achievers who shine with their hard work and we wish to highlight their achievements in this section.
- During Mid-Cuticon 2025, the following residents were felicitated in the categories- Award papers, Innovation category, Quiz and E-posters

AWARD PAPER WINNERS



INNOVATION CATEGORY



AWARD PAPER WINNERS



E-POSTERS

- Dr. Sonika Garg
- Dr. Pooja Sharma
- Dr. Shruti Garg

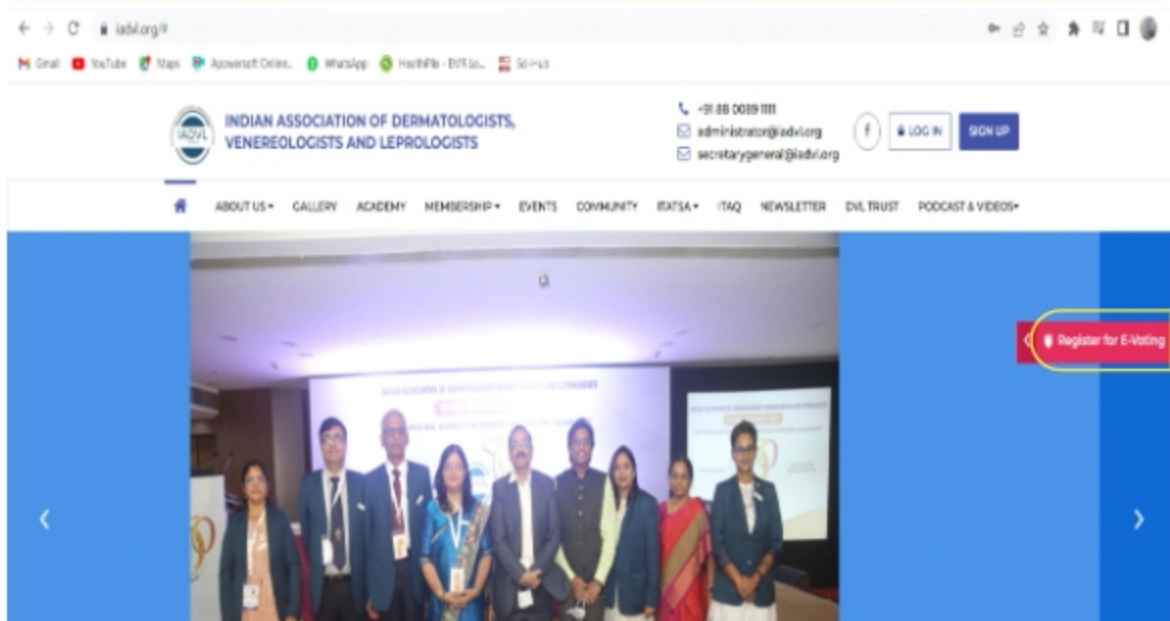
SOLVED CROSSWORD



UPCOMING EVENTS

- The Practitioners Conclave (22nd June 2025)
- IADVL DSB Conclave on (20th July 2025)
- Compendium of Diagnostics Dermatology (Starts from 1st July 2025)
- Post Graduate Thesis Grant 2025
- Mega Skin Health Camps (12th-13th July 202)
- Cuticon IADVL DSB (15th-16th November 2025)

HOW TO REGISTER FOR E-VOTING?



The link for registration for E-voting is their on the homepage of IADVL website.
For any assistance, contact Ms Heena (IADVL HQ) + 91-78380 13829

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of **Trust** & Experienced
by **21000+ Patients**

tinefcon
demonstrated
remarkable PASI
Score **improvement**
in 500+ Patients
in India



tinefcon demonstrated remarkable PASI Score improvement in 500+ Patients in India



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VENERELOGISTS AND LEPROLOGISTS
(DELHI STATE BRANCH)



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