

ROSE

Rise Of women in dermatological Sciences and Education

Indian-Women's Dermatologic Society Bulletin

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ROSE

From the Editor's desk

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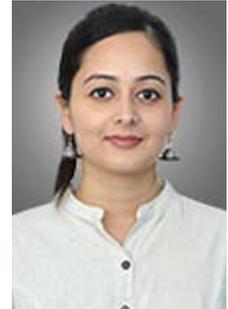
Dr. Sonali Langar

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*'Here's to strong women. May we know them.
May we be them. May we raise them'*

A woman is the definition of wisdom, care and beauty. From time to time our rights and role in the society have been scrutinized and challenged yet we survive, emerging stronger and stronger as the centuries roll by. As we still fight for gender equality, every field has witnessed an increased influx of women professionals. We dedicate this bulletin to the rise of women at an intellectual, personal and professional level.



It is an honor for me to be the editor of this path-breaking endeavor by Dr. Rashmi Sarkar and the Indian wing of Women's Dermatologic Society. A lot of thought went into what this bulletin signifies and what its name should represent. As we the women dermatologists of India represent the rise and struggle of our gender in the otherwise male dominated country, we christened this booklet 'ROSE'. 'Rise Of women in dermatological Sciences and Education' portrays our journey through the challenges that we have faced. All of us have a story, we are here to stay and tell.

The newsletter gives us a bird's eye view of the establishment and founding members of the Indian wing of WDS. Our next write up 'Beauty is but skin deep' gives us a dermatologists' perspective of the ongoing fairness charade. We also bring to the readers the inspiring journey of Dr. Hema Jerajani, the first woman president of the Indian Association of Dermatologists, Venereologists and Leprologists. The pan India wave of the 'Skin for all' initiative on International women's day appears next with picturesque collages. Giving us an insight into behavioural medicine and psychodermatology is our next article 'Eating disorders in women'. A crisp introduction to the International journal of WDS, awards and mentorship program and annual announcements follow.

With the years to come we hope to grow into a revolution of leaders and mentors working towards the upliftment and education of women and the girl child in our society. We hope that you nurture and encourage this little bud of ours so it blooms into a symbol of beauty, strength and resilience.

Signing off,

Dr. Saloni Katoch

Editor-in-Chief, ROSE

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INTRODUCTION TO WDS

“Never stop dreaming... never stop learning.”

When I got the International Travel grant from WDS in 2006 to attend the Annual AAD and the WDS Networking lunch in 2006, an idea was born. The Women’s Dermatologic Society which stands for Mentors, Leaders, Physicians gave me a sense of direction and the idea to take it back to my country. It was just great to meet the Presidents of WDS, Drs Jean Bologna and Boni Elewski. It took me years to unravel why they shone as leaders. Fortunately, after our first Indian WDS Networking Reception and Program at New Delhi, India in 2009, which was attended by then President WDS, Dr. Wendy Roberts, we were encouraged to carry this further. Amongst hectic letter writing, yearly CMEs locally and Dermacons, a group was established.

I made many women friends throughout the country and acquired several affectionate seniors. We were delighted when in 2011, our proposal to form an Indian Chapter of WDS was accepted and was voted and passed in the Annual Business

Meeting of WDS at 2012 in Annual AAD in New Orleans during Dr. Diane Berson’s Presidency. We have received support from various WDS Presidents, Drs Janet Hickman, Lisa Garner, Amy Paller, Valerie Callender, Pearl Grimes, Mary Maloney, Adelaide Hebert, Kathleen Hectorne, Jean Bologna, Boni Elewski and so many others.

Our CMEs, slice of life sessions and charitable work continues and we have registered ourselves with representatives throughout the country. We are glad to have the first nationwide “Skin for all” campaign for healthy skin of all ages during International Women’s Day on 8th March 2018 as part of ILDS’s Skin Health Day, where educational camps for underprivileged girls were held in different parts to raise awareness. You will read about it here and there are many articles to whet your appetite.

So, come and be part of this wonderful organization!

I congratulate our Editor-in-Chief of ROSE, Dr. Saloni Katoch, Guwahati, India for editing the first ever Indian Women Dermatologists’ Bulletin on behalf of us, a woman dermatologist I have seen growing over the years. Do enjoy reading this and let us celebrate friendships among us woman dermatologists!

Long live WDS!



Dr Rashmi Sarkar

Founding President and Chair, Joint WDS-Indian WDS,
Professor, Dept of Dermatology,
Maulana Azad Medical College and Lok Nayak Hospital,
New Delhi, India.



Dr. Rashmi Sarkar receiving the Plaque of Honour from Dr. Wendy Roberts, President WDS at New Delhi, India



The first team for Indian WDS Reception at New Delhi, India

Indian Chapter of the Women's Dermatologic Society :



Background

Indian chapter of women's dermatology was initiated by Dr. Rashmi Sarkar who joined the Women's Dermatology Society (WDS) in 2006 on her visit to the 63rd Annual AAD Meeting in San Francisco, CA. She has been awarded International Travel Grant by WDS. She has served as a member of the International Affairs Committee from 2007 to 2010, and as Co-Chair from 2010 to 2011. She is now serving as Chair of International Affairs Committee, from 2012 to present. She has attended most of the WDS meetings

and networking receptions held during the Annual AAD, and has encouraged Indian women residents and dermatologists to become members of WDS as well.

After attending and co-hosting the WDS Networking Reception during the International Congress of Dermatology in Prague in 2009, she held the first WDS Networking Reception in New Delhi, India. Wendy E. Roberts, MD (WDS President, 2009-2010) launched the event on November 1, 2009 and served as a guest speaker. Over 70 women dermatologists attended the reception, which focused on leadership and the balancing Act, with talks by women dermatologists from across the country. She then began discussing the idea of a Joint Indian WDS with Dr. Roberts. Since then, there have been several Indian WDS networking receptions across the country to disseminate the idea of WDS. On November 2011, under Diane Berson, MD (WDS President, 2011-2012), the WDS Executive body approved the Joint Indian WDS and it was passed by the bylaws at the Annual Business Meeting and Luncheon of WDS in March 2012 at AAD Annual Meeting in San Diego.

Several meetings and networking receptions of Joint Indian WDS have been held at different places in India. In recent years, awareness has been built through receptions at the Indian Association of Dermatologists, Venereologists and Leprologists (IADVL) conferences/Dermacon in Lucknow (2010) and Jaipur (2012); the CSI conference in Mumbai (2010); and the WDS Retreat at New Delhi, India, preceding the Annual conference of IADVL Delhi (December 2011). WDS session is being hosted at Dermacon every year since then.

The First Joint WDS-IWDS Rose Parade of Cases was held at ICD 2013-Dermacon 2014 at New Delhi and was co-chaired by

Rashmi Sarkar, Dedee Murrell and Wendy Roberts, and was attended by 120 members with international speakers from USA, Australia, Europe, and Africa.

This was followed by a joint Pigmentary Disorders Society-Indian Women's Dermatologic Society Networking Reception and Dinner at Forte Grande, New Delhi on December 7, 2013. The meetings were organized by Rashmi Sarkar, along with co-hosts Latika Arya, Rekha Sheth, Geraldine Jain, Hema Jerajani, Sangeeta Amladi and Surabhi Sinha.

Since then, Indian WDS is holding a meeting every year with a good gathering, not only of women but men dermatologists as well. Many camps and patient education programmes are being conducted especially on Women's day by the esteemed members.

The members of Indian Women's dermatologic society are actively participating on the facebook page as well as on the whatsapp group. This year, as part of ILDS-ISD's "World Skin Day" initiative, Indian Women's Dermatologic Society held a Pan India program called "Skin for all" on 8th March 2018 on International Women's Day giving basic skin care tips to women in adolescence, middle age and old age through posters displayed in each person's clinic or hospital. Many educational programmes and camps were held across different parts of India.

The present executive committee includes :



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Dr. Rashmi Sarkar

Secretary

Dr. Latika Arya

Treasurer

Dr. Richa Sharma

Members :

Dr. Rekha Sheth | Dr. Hema Jerajani | Dr. Vibhu Mendiratta | Dr. Mukta Sachdev | Dr. Jyoti Nath

Year	Location	Guest	Country	Attendees	Sponsor
2009	New Delhi	Wendy Roberts	USA	70	WDS
2010	Lucknow	Michelle Verschoore	France	80	Kaya
2010	Mumbai	Wendy Roberts	USA	80	CSI

WDS meetings held in India (WDS-IWDS)

Year	Location	Guest	Country	Attendees	Sponsor
2011	New Delhi	Janet Hickman	USA	70	WDS
2011	Gauhati	Rashmi Sarkar	India	30	Dermatologic Society, Gauhati
2011	Jaipur	Michelle Verschoore	France	60	Dermacon, Jaipur
2012	New Delhi	Evangeline B.Handog	Phillipines	100	ASPCR
2013	Ahmedabad	Valerie Callendar	USA	60	Dermacon
2013	New Delhi	Dedee Murrell Wendy Roberts Wilma Bergfeld	Australia USA USA	120	ICD-Dermacon Organizers
2015	Mangalore	Michelle Verschoore	France	60	Dermacon Organizers
2015	New Dehi	Gunjan Chauhan	IRS Gurgaon	80	Glenmark
2016	Coimbatore	Dr Anil Abraham, Dr Arijit Coondoo	India	60	Dermacon Organizers
2017	Kolkata	Dr. Dedee Murrel	Australia	60	Dermacon
2017	New Delhi	Dr Neena Khanna	India	100	Ipca
2018	New Delhi	Dr Neena Khanna	India	70	Ipca

Many new members are joining the society every year and it's getting stronger and more dynamic under the able leadership of Prof Rashmi Sarkar.



Dr. Yasmeen Jabeen Bhat

Associate Professor,
Dept of Dermatology, STD & Leprosy,
Government Medical College,
Srinagar, Jammu & Kashmir.

BEAUTY IS BUT SKIN DEEP!?

There are 2 types of melanin - Eumelanin which is darker brown and Pheomelanin which is reddish brown. In dark skin shades, Eumelanin abounds, while in blonde and red haired individuals (of the Caucasian races) it is the Pheomelanin which gives them lighter skin colour. It is impossible to alter such basic genetic coding so as to affect skin colour change uniformly over the body.

This is an adage we grow up hearing and as a dermatologist you could expect that I see/hear this everyday in my consulting room. Well, I do – different shades of this

“Doctor ! My face is erupting with pimples! Help!”

“Doctor ! I have got white patches here!

“Doctor ! Please make my scar better!”

“Doctor ! I want to be fair”

Note that I have not mentioned the more serious complaints of scaly psoriasis, itchy eczemas or growing skin cancers. From the above complaints I hear about skin appearance I wish to elaborate on the last one... “Doctor ! I want to be fair”.

A few days ago, in my OPD room, I had the routine follow up consultation of a 19-year-old charming, dusky young girl. She had had a sun allergy with patches on her arms and face which were satisfactorily clearing with treatment.

As I was reinforcing the importance of sun protection for this, she was distracted and kept looking at the mirror on my table and musing about the fading spots. I remarked that now her face was almost clear and sunscreens would do. At this point she looked up and said “Now I want to be fair!”. Though I have heard it a hundred times before, with her it was different. For a moment I was taken aback. I looked at her – she was dead serious. Gone was the chirpy, bubbly, garrulousness that I had seen in the last few visits. Here was an ugly monster, raising its head devouring her mirth and joy. I looked at her mother sitting opposite me for a clue. There was none. “Why do you feel that way? You are quite charming, you know?”, I managed to reply. She looked back at me with a deadpan expression as if I had said something stupid. “In college, they don’t call me to present a bouquet to a chief guest, you know? I have noticed that, even for that they called the fair skinned ones”.

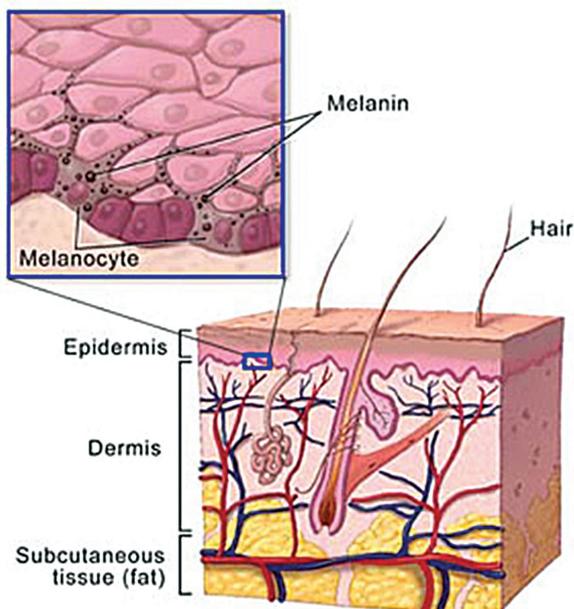
From where I was sitting my first reflex was to brush it off as the sentiments of a college girl but the change in demeanour that had overcome her made me hold my tongue. “Doctor, you may not think it is important to be fair, but do you know the number of opportunities, I have missed because of my skin colour?” She was quiet.

Her lips trembled and a tear drop appeared in the corner of her eye. I took a deep breath. This was more than just skin deep. Once

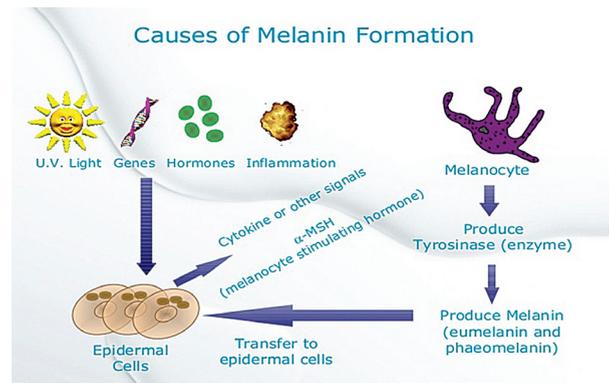
again, the ‘fairness monster’ had raised its ugly head. I invite every parent reading this to consider the situation. What would your response be? Perhaps it is an often-occurring scenario which each one of us deals with in daily life.

As we powder our faces, or put on makeup or photoshop our selfies on the phone, we are all victims of the same “Beauty is skin deep!” Beauty is - a shade fairer. The need for fairness is an insatiable symptom that plagues our Indian society. We of Aryan/Mongoloid/Dravidian descent, have a range of skin colours and tone. There is precious little we can do to avoid this genetic DNA coding of our shades of brown other than making voluntary choices of mating with the Caucasian (White) races to bring about unusual hues of lighter colour and skin tones in our next generation. Otherwise, we are pretty much made this way!

In such a situation, where we are born brown – can we actually become fairer? Let’s look at some myths and the facts around it. So, what gives us our skin colour? In one word – it is the pigment: melanin.

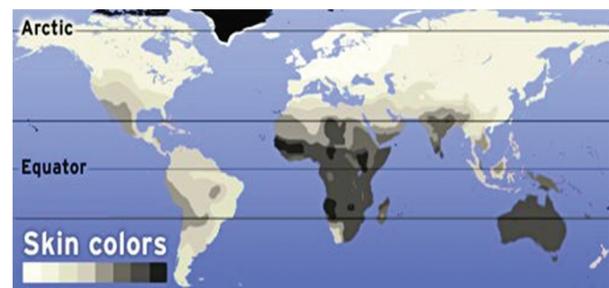


There are 2 types of this – Eumelanin which is darker brown and Pheomelanin which is reddish brown. In dark skin shades, Eumelanin abounds, while in blonde and red haired individuals (of the Caucasian races) it is the Pheomelanin which gives them lighter skin colour. It is impossible to alter such basic genetic coding so as to affect skin colour change uniformly over the body.



Why then do we appear darker (tan) after a day in the sun?

Melanin is produced by skin cells called Melanocytes. These cells are stimulated to produce more melanin containing melanosomes in the skin on exposure to sunlight. And why does the body do this? Because this melanin protects the underlying sensitive skin cells and structures from harmful UV rays. This is of vital importance as prolonged UV rays can cause cancerous changes in susceptible skin cells. This automatically explains why countries closer to the Equator have darker skin tones than those in the temperate regions.

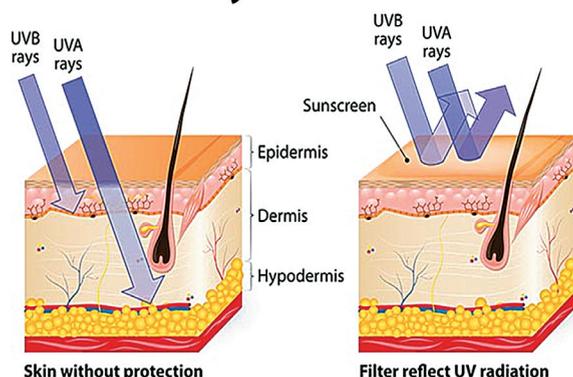


We need to be grateful for our “natural brown umbrella’ which protects us from the harmful rays of the sun, thereby resulting in much lower incidence of melanomas and other such cutaneous cancers compared to our “white” counter parts of the Western hemisphere.

However, all skin types on exposure to the sun, (eg. A day on the playground/beach) temporarily darken a few shades for this same reason. This “tan” fades away spontaneously in roughly a week’s time.

Here in, lies the role of the sunscreen. By application of the sunscreen at regular intervals, we protect our skin from the sun’s rays and hence also prevent the excess melanin production which leads to lesser tanning.

UV penetration into the layers of the skin



And this sunscreen is invariably a component of many “skin whitening” creams.

That bring us to the craze of fairness creams in India which capitalizes on the Indian obsession of ‘fairness’ and outsells Coca Cola at this point. Do they work? If so, how?

The first step of Melanin synthesis involves Tyrosine →DOPA with the help of enzyme Tyrosinase. Many substances: Hydroquinone, Kojic

acid, Arbutin reduces this conversion and hence decrease melanin production temporarily. Which means on the days the cream is applied – there is a small reduction in pigment production.

These substances used over the years may make one ‘Fair & Lovely?’ but what happens if it is used for many years?

Like one of my 45-year-old patient discovered that no amount of Fair & Lovely Cream was making her fairer anymore like she had experienced at the age 13. Over the last 30+ years, she had slowly turned an unhealthy bluish black shade – a condition called Riehl’s Melanosis. It is a cruel dark joke played by long term abuse of fairness products. And the worst part – it is permanent pigmentation. Stopping of the cream “won’t reverse this condition!”

I am not going further into the technical aspects of pigmentation as it is perhaps beyond the scope of this article.

But I wish to address the social issues behind this skin “colour” as they have consequences. Take my patients unfounded accusation of her mother: “You did not drink milk with saffron while you were pregnant: otherwise I would have been fairer!” Initially, it was thought to be a harmless comment, but the girl really felt her mother (of the same skin shade) was not concerned about her. Need I say there was an obvious strain?

But that’s just the mother. What about the girl?

Obviously, given the false portrayal of ‘success’ only when one become fairer as reiterated by several media advertisements and endorsed by popular stars, has made significant dents into the psyche of young minds. Well, perhaps not just young, these grow older to become parents and

in-laws all the while harbouring deep rooted bias and preference for the lighter skin.

So, in the last couple of decades we have inadvertently become even more insecure in our own skin!

But, what do we do about this? Where do we start?

Let's start at the beginning.... Let's start while they're still young.

Having worked with ENFOLD—a Bangalore based NGO which educates and works for prevention of child sexual abuse, I want to share a few of their vital messages.

As an initial key step of preventing child sexual abuse, we aim to build self-esteem in a child, no matter how small. Only if a child is confident about him/herself will they have the courage to stand up against a bigger bully or predator. This is vital as the profile of abusers suggest that they prey on young ones who are insecure and fearful, as evidenced by their body language.

Any nidus of low esteem including physical

disabilities, so called unattractiveness, use of glasses/braces, or just a darker skin colour can result in an inferiority complex and cause emotional scarring, thus making them an easy prey.

One of ENFOLD's cardinal rules – Never praise a child for his/her looks. We don't say, "What a pretty child?!" Instead we say, "You have groomed yourself nicely today – Well done!"

So, during our sessions with the children, we put the emphasis on 'SKILLS' – What you can DO: draw, sing, study, run, play sport, dance rather than what you are BORN WITH; which is nothing to your merit or demerit, but merely a matter of chance. This way, a child is confident in his/her actions which produce a creative result; of which they can be fully proud of as an accomplishment.

That's what I did with my patient. She required some of my time, but the end result was worth it. She went out of my room saying, "I shall aim to receive the bouquet, not give it.

Perfect.

Beauty is not just skin deep, it's more!



Dr. Preethy Harrison

Consultant Dermatologist,
Rajagiri Hospital,
Kochi, Kerala.

INVITED FACULTY : DR. HEMA JERAJANI



Q : Who was and is your Role model?

Dr. Jerajani : I have not one role model but many role models. The first one is Dr. Ruiz Fernandes. He impressed me a lot. Besides being an exceptional teacher, it was the way he treated us as students. I believe that a student and teacher relationship needs to grow and he made the first effort. I learnt from him how much parental love and care from a teacher is important in a student's life. The second role model is Dr. VR Mehta and Dr. RG Walia. Dr. Mehta was head of department at that time and Dr. Walia was honorary professor. They taught me two very important lessons. One was honesty and second was virtue. They were always honest in all their dealings and I automatically imbibed that at the end of my 3 years with them. Dr.

APJ Abdul Kalam rightly said "A great teacher emanates out of knowledge, passion and compassion". Dr. HR Jerajani is such a name that embodies the quote. She is a well renowned dermatologist, a teacher and mentor par excellence and an inspiration to many aspiring dermatologists. WDS bulletin is delighted to chat with her to get to learn about her journey as a woman dermatologist.

Mehta taught me lateral thinking besides being a great academician. Dr. Walia taught me practical thinking and got me interested in contact dermatitis. He is my guru in contact dermatitis. Then Dr. Pasricha is my other role model. He stuck to his principles and he also proved his principles time and again. I learnt from him to do things that are important to oneself. The other important influence is Dr. AK Bajaj. He was a suave and sweet person and I learnt a lot from him in the journey of contact dermatitis. I still follow the learnings and methods that they have given me in the initial years of my career.

Q : How was your overall Journey in dermatology ? Can you please share a brief snippet?

Dr. Jerajani : It was quiet an interesting and meaningful journey. Infact, at the start of my career after completing my degree in dermatology, I rapidly and unexpectedly moved from teacher to professor to head of dermatology. It was twist of faith as Dr. Mehta left in 1987 and then Dr. Walia left in 1989. My other colleagues also left in that time period so I was the only full time person, I was made the acting head and then at the young age of 35 years I was appointed the head of department. In the initial years ,I made a lot of mistakes. However, I was determined to give it my best and follow the path of my predecessors. I analyzed and learnt from their weakness and strengths. It's also unbelievable the support I received from my colleagues in that period. In this journey as head and teacher, I have always believed that I must spend maximum time with my students. In my area of work, I have always made myself accessible to my students and have encouraged them to think, debate and challenge

their minds when in discussion with me. I also have learnt and still learn new things from my students. I had an early interest in cosmetology and started lasers and chemical peels in my department at a time when hardly anyone was doing it. As a department head, I treated all my students equally. In my journey, I have learnt and practiced an important quality i.e. of being Human. As an examiner, I always practiced being fair and assessing the students on their merit. I remember, one time there was a huge political pressure on me and my senior colleague to pass certain students in an exam but we were very adamant not to bow down or get threatened by them. We stuck to our ethics and made sure that the correct results were personally delivered to the university. After retiring from my head post from LTMMC, I tried not to work but realized that I was not meant to be idle. After 4-5 months, I received an offer to be head of department at MGM college and I took it up. It was a new challenge at nearly the age of 66yrs as the department was practically nonfunctional and inadequately staffed. I set up the entire team and got in new technologies to equip it. I enjoy

teaching and interacting with my students and the journey continues till date.

Q : Did you think you would be an administrator and a leader when you started your career? How was that journey?

Dr. Jerajani : Honestly, I was inclined and enjoyed it but never consciously thought of it. Initially, I was goaded by Dr. Deepak Parikh to be a joint secretary, then eventually moved up the ladder to be the President with the support of my colleagues. In those times we were all in unison and worked together to uplift each other. When I stood for the President post, there were 6 people contesting it, 3 women and 3 men. I didn't ask for help and called each individual myself, attended all conferences and made lots of new friends. As a President, I received immense help from Dr. Ramesh Bhat and Dr. Beturkar and we together started many new initiatives in IADVL. My track record was always good as a well-intentioned individual and that helped me get elected and flourish in my role as a President. In my tenure I learnt to be balanced and to adhere to your policy of hard work and be true to the points that you think are important.

Q: Can you share the roadblocks and setbacks that you faced?

Dr. Jerajani : During my journey, I always had a challenge of proving myself. When I was nominated for a prestigious post by the Vice chancellor of Mumbai university, others criticized my nomination. I had to work hard to prove my nomination and implemented many new initiatives. I faced many challenges when I stood for President's post. I had personal health challenges. I was diagnosed with Ca



breast, then developed renal failure. I also later had a setback with diabetic foot and was bed ridden for 4 months. But I didn't give up and challenged myself to get well. It made me stronger and with sheer will pulled out of my illnesses.

Q : What's your biggest challenge?

Dr. Jerajani : The changing world of dermatology is the biggest challenge for me. It is evolving so fast, sprouting into so many diversifications and at times I feel I don't know about them. But, then I tell myself its ok to not know everything. I am comfortable not knowing certain things.

Q : How did you manage the personal and professional life balance?

Dr. Jerajani : I have been fortunate that I have an extremely supportive and encouraging spouse, Dr. Rajiv Jerajani and my children too added their support. My husband made my going away for work so much fun and interesting for both my daughters, that the feeling of guilt easily slipped off. My other strong support system was my parents. They looked after my daughters in my absence seeing to their daily needs and



requirement so well. My daughters also grew up individually due to my work life. They realized later on as grown-ups that they had become very independent and confident individuals. I made sure that I was there for all the important and necessary events such as open house, annual day preparation, etc. So, I managed to strike a good balance between personal and professional life with a strong support system. I think humor is very essential to achieve it as me and my husband ensured that whatever time we spent with the kids it was filled with fun and humour.

Q: How do you foresee women in Dermatology in the next 10yrs?

Dr. Jerajani : I see lot of women who are competent and able. They are doing very well and I see a bright future for women dermatologist.

Q : Advice to young women in dermatology especially when you look at the office bearers ?

Dr. Jerajani : I want more woman to come forward and participate in IADVL activities. Don't be laidback and shrug off attending IADVL responsibilities and meetings. Do not bow down to pressure of any kind and stick to your convictions. I will advise women that be more like men, don't be timid, but don't be a super feminist, be proud to be a woman. Know the differences and respect those differences. Learn from men to be objective but maintain your sensitivity. I also advise them not to take things seriously.

Q : What do you perceive as your main achievement?

Dr. Jerajani : I have been a teacher to more than 300 students, My biggest achievement is that I am still in touch with all of them, I know what's going on in their lives, their children and interact with most of them

regularly and whenever I meet them I treat them as equals.

Q : Any unfulfilled dream, if any, that you may have?

Dr. Jerajani : My unfulfilled dream is to expand our Indian approach to teaching. We limit ourselves in the way we teach and learn. The funds are limited for students to explore unconventional topics. My dream is of a Western kind of teaching where students are encouraged and motivated. I envision the traditional guru shishya relation with a modern twist where teachers are open to listening and learning from students.



Dr. Madhuri Agarwal

Founder & Medical Director,
Yavana Aesthetics Clinic,
Mumbai, Maharashtra.

WORLD SKIN HEALTH DAY : AN INITIATIVE ON WOMEN'S DAY

As a celebration of woman hood, women's day is celebrated all across the globe on the 8th of March. To mark this event, in association with the International League of Dermatological Societies and International Society of Dermatology "World Skin Health day initiative", the Indian Women's Dermatologic Society held a 'Skin for all' campaign all across the country.

This initiative included an awareness drive with basic skin care advice to women in different age groups via creative and artistic posters displayed in dermatology clinics and outpatient departments. The program also incorporated various educative talks for women patients and girls. Free skin camps were held in different parts of the country with skin and hair screening, analysis and distribution of free medicines to the patients.

Women dermatologists all over India came together and camps were organized at New Delhi, Gurgaon, Ghaziabad, Haryana, Punjab, Jammu and Kashmir, Rajasthan, Madhya Pradesh, Uttar

Pradesh, West Bengal, Assam, Andhra Pradesh, Telangana, Tamil Nadu, Kerela, Maharashtra and Gujrat. The 'Skin for all' initiative was well received and appreciated. One such 'Skin for all' camp was organized for orphan girls of St. Michaels school at Jung Pura, New Delhi, India. Dr. Rashmi Sarkar, Indian WDS president along with Indian WDS members, Dr. Surabhi Sinha, Dr. Sonali Langar, Dr. Pooja Arora, Dr. Payal and Dr. Varun Khullar of the NGO Chhoti Chhoti Khushiyan treated and

distributed medicines to about 80 children. A few glimpses of these social activities of the Indian WDS are put together in two beautiful and picturesque collages on the next page.

The Indian WDS hopes to continue such social awareness campaigns and initiatives in the

future to help the society at large and especially the girl child and women of our country. This campaign witnessed the combined effort and united zeal of women dermatologists all over India to make a difference in 'Skin care for all' in their own special way.



Dr. Saloni Katoch

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EATING DISORDERS IN WOMEN : ANOREXIA AND BULIMIA NERVOSA

Eating disorders in females is not an uncommon entity and is often associated with severe morbidity. Many women suffer from eating disorders including bulimia and anorexia. These disorders often begin in childhood and stem from a variety of factors that include child abuse, low self-esteem, childhood obesity, and peer pressure. Additionally, the unfortunate reality is that many women have a distorted idea of what their bodies should look like due to unrealistic advertisements and depictions of women in the media.¹

Anorexia nervosa is defined as persistent restriction of energy intake, intense fear of gaining weight and disturbance in self-perceived weight or shape. Many people with anorexia perceive themselves as overweight even though they are underweight. Bulimia nervosa is a psychological and severe life-threatening eating disorder described by the ingestion of abnormally large amounts of food in a short time period, followed by purging what was consumed in an attempt to avoid gaining weight. Both these



disorders are associated with mental and psychological consequences including delayed growth and development, organ failures and death in extreme cases.

Dermatological manifestations are cardinal pointers for the suspicion of eating disorders and can help in early diagnosis and prompt management.

Gupta et al.² classified dermatological manifestations of eating disorders under the following subheadings :

- 1. Manifestations associated with starvation, erratic eating habits and/or malnutrition:**
 - a) Increased lanugo like body hair :** mainly over back, arms, legs and sides of face in patients with anorexia nervosa. The apparent hypothyroid state in such patients leads to decreased activity of 5 α -reductase enzyme which causes decrease in the levels of dihydrotestosterone which is the active androgen.
 - b) Dry scaly skin, brittle hair and nails :** these may be due to the hypothyroid state observed in anorexia nervosa. The hypothyroidism most likely represents a compensatory response to the starved, hypercatabolic state, since the thyroid function normalizes with weight gain.
 - c) Petechiae and purpura** in association with hypoplastic bone marrow and thrombocytopenia

- d) Excessive loss of subcutaneous fat in Anorexia Nervosa
- e) Pedal or pretibial pitting edema without hypoprote inemia

f) Hyperpigmented skin : xerosis with hyperpigmented skin (described as dirty skin) is common in patients with long standing disease. A reduction in skin surface lipids due to decreased sebaceous gland activity, a hypothyroid state and a deficiency of vitamins and trace elements are thought to be responsible for this condition but the exact mechanism is not known.

2. Manifestations associated with self induced vomiting :

- a) **Single or multiple calluses on dorsum of hand (Russell's sign) :** usually reported in bulimia; may be also seen with repetitive self-induced vomiting in anorexia nervosa.
- b) Dental enamel erosions (perimyolysis) and gingivitis
- c) Benign parotid enlargement is associated with an elevation in serum amylase levels in the absence of pancreatitis and hypokalemic alkalosis secondary to vomiting.

3. Manifestations associated with the drugs consumed for weight loss : laxatives,

emetics and diuretics are commonly used for weight loss. Fixed drug eruption, photosensitivity and clubbing of fingers can be observed in such patients. Cases of urticaria have been reported on consumption of phenophthalene.

4. Manifestations due to associated psychiatric illness :

- a) Trichotillomania
- b) Dermatitis artefacta
- c) Hesitation marks, scars
- d) Onychophagia
- e) Excoriated acne

Careful examination of the skin can help in picking the signs associated with the underlying psychiatric illness. Eating disorders are common in women with history of childhood abuse, childhood obesity and mental health disorders. Often, the eating disorder itself is a way for the individual to create a feeling of control in their chaotic life, and behaviors such as calorie counting, obsessive exercise, bingeing and purging help the patient feel more in control of their situation. The longer this behavior lasts, higher is the risk for long-term health and mental issues. The patients mostly do not realize that such eating habits are not normal and do not feel the need to seek any medical help. Educating the family and the patient in such cases is of prime importance as they might be ignorant towards the medical consequences of the same.³

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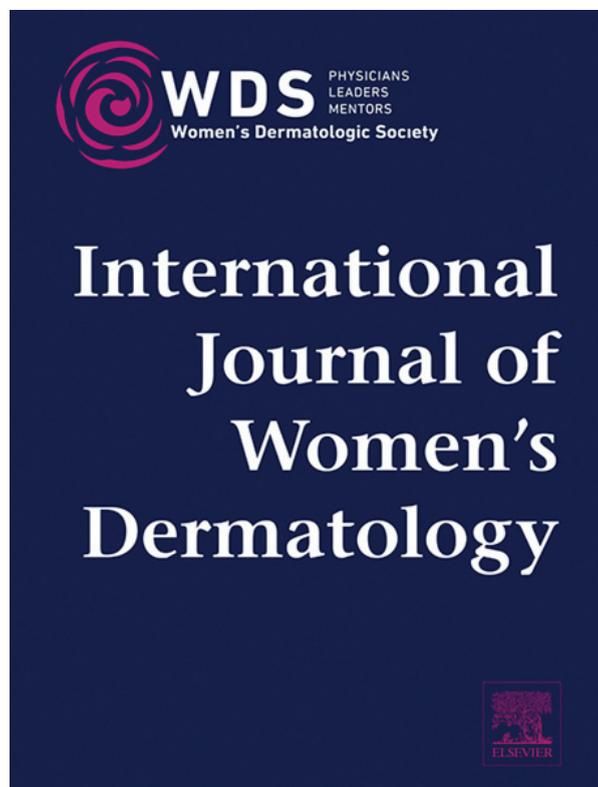
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The IJWD has a worldwide reach as the metadata shows and because they are an open access journal, there are fees if the article is accepted for publication. These fees are one quarter of the fees that are charged by predatory journals (Murrell, 2016) and are currently US\$800 for research papers and US\$500 for case reports and letters. These fees are much less than those charged by other legitimate journals if you wish to make your article open access (typically approximately US \$3,000).



INTERNATIONAL JOURNAL OF WDS

The flagship journal of the Women's Dermatology Society is called the International Journal of Women's Dermatology (IJWD). The journal saw its birth in 2015 and has published 14 issues and one supplement since then.

The IJWD publishes articles pertaining to dermatologic medical, surgical and cosmetic issues faced by female patients and their children. The journal is interested in publishing original research articles, review articles, unusual case reports, new treatments, clinical trials, education, mentorship and viewpoint articles. Very important articles will have accompanying editorials. Topics which the editors look forward to welcoming include acneiform disorders, inflammatory skin conditions, infections, including sexually transmitted diseases, autoimmune conditions, blistering diseases, vitiligo, skin of colour, hair and nail disorders, skin cancers,

pregnancy and childbirth, pediatric dermatology, vulvar/genital disorders, psychodermatology, surgical issues, laser/peel/cosmetic procedures, and dermatopathology. Articles dealing with ethical issues in dermatology and medical legal scenarios are also invited.

The journal aims for rapid peer review from the academic leadership of the WDS as well as experts throughout the world. The journal has open access of the accepted peer-reviewed articles even before the final proofs are compiled, allowing the work to be available as soon as possible. The journal caters to an audience of dermatologists, scientists, educational experts, family practitioners, pediatricians, gynaecologists and obstetricians, plastic surgeons, rheumatologists, internists, family physicians and pharmacologists.

International Journal of Women's Dermatology



<http://dx.doi.org/10.1016/j.ijwd.2017.06.003>



is a refereed journal designed to meet the continuing educational needs of the Women's Dermatology Society members and the entire dermatologic community. The Journal bases its policies on the guidelines set forth by the International Committee of Medical Journal Editors. The process of submitting a manuscript is online and follows a simple guided process, which makes submission of manuscripts an easy and hassle-free process. The journal operates a single blind review process. All contributions will be initially assessed by the editor for suitability for the journal. Papers deemed suitable are then typically sent to a minimum of two independent expert reviewers to assess the scientific quality of the paper.

One of the stumbling blocks in gaining more submissions, up until now has been that the IJWD was not listed on PubMed. The peer reviewed journal is now listed on Pubmed Central as an open access journal since May 12th 2017. [Murrell

DF, Grant-Kels J, The International Journal of Women's Dermatology is now listed on PubMed Central, International Journal of Women's Dermatology (2017), <http://dx.doi.org/10.1016/j.ijwd.2017.06.003>

The IJWD has a worldwide reach as the metadata shows and because they are an open access journal, there are fees if the article is accepted for publication. These fees are one quarter of the fees that are charged by predatory journals (Murrell, 2016) and are currently US\$800 for research papers and US\$500 for case reports and letters. These fees are much less than those charged by other legitimate journals if you wish to make your article open access (typically approximately US \$3,000).

The next aim of the journal is to gain an impact factor higher than 1 which encourages prospective authors to feel more comfortable about publishing in this journal.



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WDS AWARDS AND MENTORSHIP PROGRAMMES

Helping to channelize resources and opportunities in the most befitting way, Women's Dermatologic Society (WDS) offers several different awards to encourage and support research, mentorship, leadership, and philanthropy. There are various awards offered by WDS notably among them being career and community advancement award, international travel award, mentorship award and academic research award.



▶▶ Career and Community Advancement Award :

This award provides financial support to members in career development or development of community-based dermatologic activities. The funds provided may be used to obtain specific expertise as either 'hands – on' training, attending conferences on specialized topics or other educational activities to upgrade one's professional knowledge and skills. They may also be used to design and conduct community-based dermatologic activities aimed at enhancing the discernment of dermatologic conditions in the society.

▶▶ International Travel award -

The purpose of this award is to provide financial support to board certified or board eligible women dermatologists who reside outside the United States, to attend the WDS Annual Meeting Luncheon, as well as the American Academy

of Dermatology's Annual Meeting. Preference is given to women dermatologist who are presenting at the AAD annual meeting. Apart from the award, supplemental support is also given to them as complimentary registration for the annual AAD meeting, one educational session, and an invitation to the AAD international scholarship dinner.

▶▶ Academic Research Award Program :

The aim of the award is to provide funding for residents, post-residency fellows, junior faculty and early-career dermatologists performing basic science or clinical research relevant to the field of dermatology. Recipients of the award are selected on the basis of scientific merit and on the anticipated impact of the project they undertake on the field of dermatology.

▶▶ Mentorship Award Program :

The purpose of the award is to develop long lasting mentoring relationships between the mentor and mentees that might otherwise not be possible due to distance or funding availability. The program helps develop leadership potential in candidates who show promise through exceptional activities in order to orchestrate and enhance their contributions in the field of dermatology and medicine.



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ANNOUNCEMENTS

1. Dr. Rashmi Sarkar, Professor, Maulana Azad Medical College, New Delhi, the Founder and President of WDS (India) was elected as President IADVL Delhi State Branch for the term 2018-2019. With this, she will be heading a nearly 600-member branch; we would like to congratulate and wish her all the best in taking the lead, yet another time. Dr. Rashmi Sarkar has also been awarded the Mentorship certificate from Skin of Color Society at AAD 2018, San Diego, shared with mentee Dr. Indrashis Podder.

2. The 9th Meeting of Asian Society for Pigment Cell Research (ASPCR) organized jointly with Sri Lanka College of Dermatologists (SLCD) will be held on 15th -18th August 2018 at "The Kingsbury", Colombo, Sri Lanka. PDS (Pigmentary Disorders Society) is holding a Sister Society meeting on the 16th, Thursday at Wichester –Hall B; members are requested to attend and interact.

3. On March 23rd, 2018, the Health Ministry announced a ban on the sale of 14 over-the-counter corticosteroid-creams, under Schedule H of Drugs and Cosmetics Rules, 1945, providing a big relief to dermatologists. This is in response to sustained and collective effort by ITATSA (IADVL Task Force Against Topical Steroid Abuse), IADVL executive committee 2018 led by Dr. Ramesh Bhat and dermatologists all over the country, demanding regulation over the manufacture and sale of OTC corticosteroid creams.

4. A first of its kind- WDS initiative to groom women dermatologists on soft skills and nutrition was conducted on May 27, 2018, New Delhi. Experts in image consultancy and diet held an interactive and interesting session; post the successful initiative, the WDS intends to launch similar activities in other states and cities as well.

5. IADVL –Delhi State Branch will be conducting Global Vitiligo Day on Friday, 22nd June, 2018 at

India Habitat Centre, Magnolia Hall, New Delhi; 7:30 pm onwards.

List of Conferences – NATIONAL

- **5th DAAS SUMMIT** : Jun29-Jul 1, 2018| Hotel Eros, New Delhi
- **COSDERM INDIA 2018** : Aug 3-5,2018 | Mumbai, Maharashtra.
- **MID DERMACON 2018** : Aug 10-12,2018| Kanyakumari, Tamil Nadu.
- **AESTHETICS 2018** : Aug 17-19, 2018| India Habitat Centre, New Delhi.
- **ASTICON 2018** : Oct 11-13,2018| AIIMS, New Delhi.
- **7th ONYCHOCON** : Dec 1-2,2018| Puri, Odisha.

List of Conferences –INTERNATIONAL

- **15th National Laser and Cosmetic Medicine 2018** : Nov 03-04, 2018 |Brisbane, Australia.
- **5th World Psoriasis and Psoriatic Arthritis Conference** : June 27-30, 2018| Boston, MA, United States.
- **British Association of Dermatologists 98th Annual Meeting 2018** : July 03-05, 2018| Edinburgh, United Kingdom
- 3rd International Skin Care Conference: July 11-12, 2018| Bangkok, Thailand
- **American Dermoscopy Meeting 2018** : Aug 8-12| Montana, United States.
- **Practical Dermatology and Dermatopathology Symposium 2018** : August 9-12, 2018| Colorado, United States
- **27th Congress European academy of Dermatology and Venereology 2018** : Sept 12-16, 2018| Paris, France.



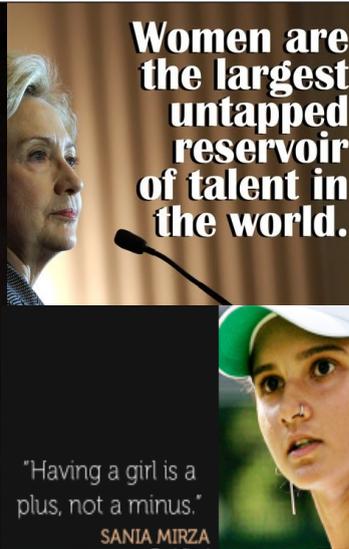
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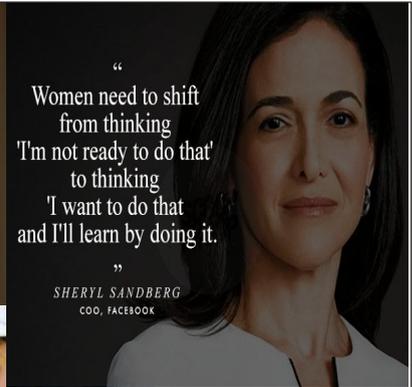
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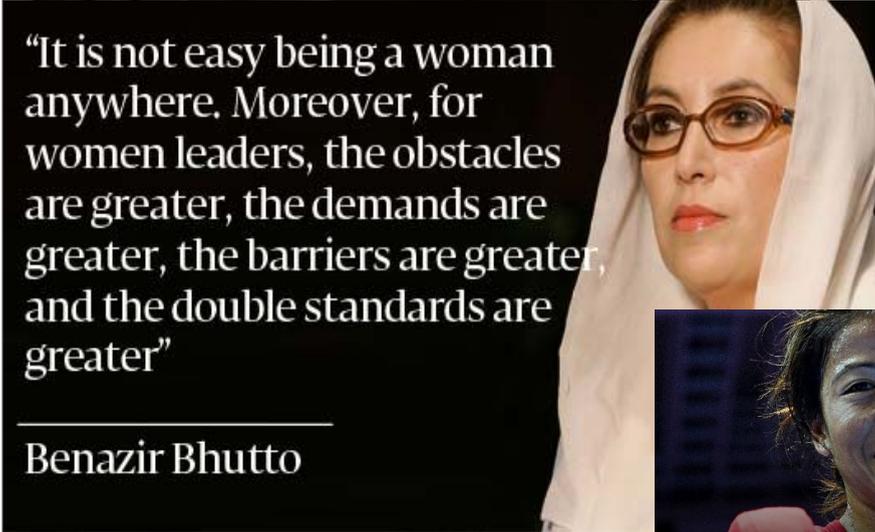
*One child,
One teacher,
One book,
One pen can
Change the
World.*
- Malala Yousafzai -



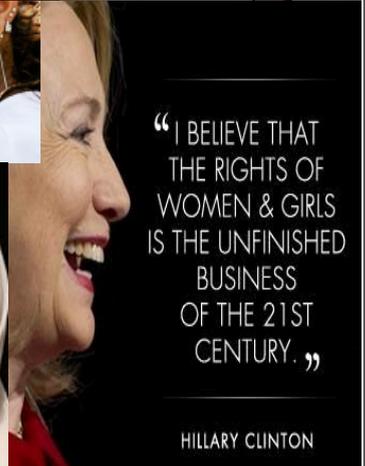
**Women are
the largest
untapped
reservoir
of talent in
the world.**
"Having a girl is a
plus, not a minus."
SANIA MIRZA



“
Women need to shift
from thinking
'I'm not ready to do that'
to thinking
'I want to do that
and I'll learn by doing it.
”
SHERYL SANDBERG
COO, FACEBOOK



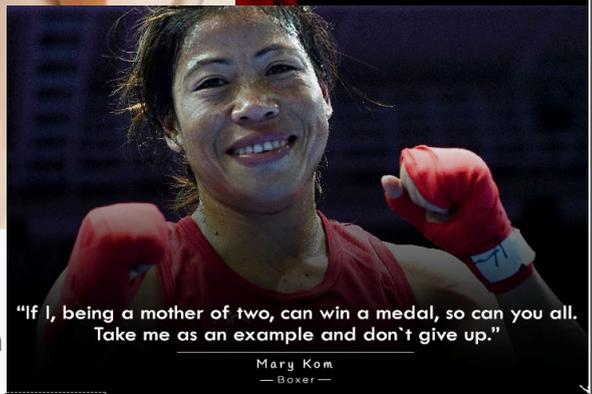
“It is not easy being a woman
anywhere. Moreover, for
women leaders, the obstacles
are greater, the demands are
greater, the barriers are greater,
and the double standards are
greater”
Benazir Bhutto



“I BELIEVE THAT
THE RIGHTS OF
WOMEN & GIRLS
IS THE UNFINISHED
BUSINESS
OF THE 21ST
CENTURY.”
HILLARY CLINTON



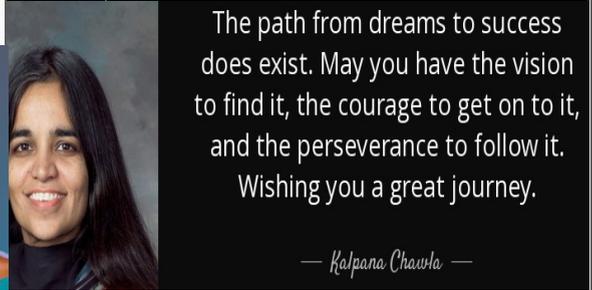
“
Empowered women who reach tough
or unconventional positions make
choices, not sacrifices.



“If I, being a mother of two, can win a medal, so can you all.
Take me as an example and don't give up.”
Mary Kom
— Boxer —



“AS WOMEN, WE
MUST STAND UP
FOR OURSELVES...
FOR EACH OTHER...
FOR JUSTICE
FOR ALL.”
— Michelle Obama



The path from dreams to success
does exist. May you have the vision
to find it, the courage to get on to it,
and the perseverance to follow it.
Wishing you a great journey.
— Kalpana Chawla —

NOTE

NOTE

FEEDBACK

*Log on to www.womensderm.org
for joining the society and further information.*

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