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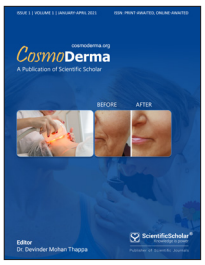

Perspective

Esthetic dermatology set up in a hill station in North East India

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ABSTRACT

Esthetic dermatology till recently was considered a domain of only the metro cities and for those of the celluloid world. Setting up an esthetic dermatology practice is a difficult task in Northeast India. Our set up is located in Shillong, capital of Meghalaya, also known as "Scotland of the East," just adjacent to Malki Forest in neighborhood, next to Lady Hydari Park, Barik, Shillong. Since patients had to travel long distances, we tried to provide all facilities under one roof which included an in-house cafeteria, laboratory, pharmacy, counseling, minor OT and laser rooms, recovery room, and reception totaling up to approximately 12 rooms. We are two dermatologists handling an average of fifty patients daily along with procedures. Over the years, we have found the following lasers and lights to be helpful to our patients QS pigment laser, diode hair removal laser, excimer lamp, CO_2 laser, intense pulse light, iclearxl and NBUVB also procedures as microdermabrasion, microneedling, microblading, micro needling radiofrequency, monopolar radiofrequency, regenera active, platelet rich plasma, chemical peels, cryotherapy, injectables as neurotoxins, dermal fillers, skin boosters, lipolytics and thread lift in no particular order. Esthetic dermatology makes up about 35% of my practice.

Keywords: Esthetic dermatology set up, Procedures performed, Northeast India, Shillong

Our set up is located in Shillong, capital of Meghalaya, also known as "Scotland of the East," just adjacent to Malki Forest in neighborhood, next to Lady Hydari Park, Barik, Shillong.

When a young medical professional straight out of a teaching institute sets out into the real world, the dreams of providing good professional services to the society may be dampened as there is much more than meets the eye.

During MBBS (1986) at Patna Medical College Hospital, we only got bird's eye view of dermatology as the posting was so short. Esthetic dermatology till recently was considered a domain of only the metro cities and for those of the celluloid world. It was never perceived to be a requirement for the general people and therefore not considered important to be in the training syllabus of postgraduation (1989) which was then restricted to Dermatology, Leprosy, and Sexually transmitted disease. All set to start a practice with knowledge of only dermatology it did not take long to realize that we are not carrying the expertise to tackle an emerging requirement of young people who are becoming increasingly conscious of their looks specially when they are moving rapidly to the hospitality industry and the glamour world more out of a necessity due to the dwindling job opportunities in the home state. With lots of aspirations and wanting to replicate what was learnt at Post Graduate Institute of Medical Education and Research, Chandigarh (1992) my parent institute, it came as a surprise to discover that most

hospitals here did not encourage the specialization of dermatology in terms of space and resources. Left with no choice one has to depend on or tap all resources and skills at one's disposal. During that period (1998–2001), esthetic dermatology scene was unfolding in the country with lasers and dermatosurgery making their appearance in big cities. To include esthetic dermatology, it was necessary to learn the skills from few stalwarts who had begun to develop this into a specialty and I was fortunate to attend some focused workshops of the Cosmetic Dermatology Society of India, Indian Association of Dermatologists, Venereologists and Leprologists (IADVL), Aesthetic Society of North East India, International Master Course on Aging Science, and Association of Cutaneous Surgeons of India (ACSI) which kept growing and getting better each time. All this poses a challenge if you are establishing in a remote corner of the country with poor physical connectivity this is also reflected in the supplies and servicing of the devices.

Hence, with the backdrop of a limited experience, tight budget, lack of facilities but immense drive I began my journey in a small rented place which we named as "Hope Clinic" with the first device the Ellman radio frequency which proved to be of immeasurable value. This was followed by numerous other procedures spread over several years (1998–2011). The initial success prompted me to acquire newer devices which were expensive and not necessarily rewarding perhaps because I did not understand the demographics of the place. Soon I realized that they were not the only factor for a successful outcome literally "all that glitters is not gold" so it has been a long learning curve.

With increasing workload and pressure, we found it difficult to continue in the small premise so in 2006 we shifted to our own spacious setup away from the marketplace. Since patients had to travel long distances, we tried to provide all facilities under one roof which included an in-house cafeteria [Figure 1], laboratory, pharmacy, counseling, minor OT and laser rooms [Figure 2], recovery room, and reception [Figure 3] totaling up to approximately 12 rooms. As years went by the government promulgated several legislations requiring all clinics to be registered which entailed a whole lot of permissions, no objection certificates from agencies like municipality, local headmen, fire safety, pollution control, etc. As the clinic grew the staff grew too, we had to fulfill the mandatory requirements under the labor laws as Employee's State Insurance Corporation. Soon we needed colleagues from other specialties too to join us especially for pathology and plastic surgery. The pharmacy was equipped with medicines and some cosmeceuticals. It also became necessary to train, upgrade and retain our staff. Constant challenges had been to keep the cost within the affordable limits of the population most of who are from poor social economic strata of the country. All the same, the satisfaction

Figure 1: Lawn and Cafeteria.

Figure 2: OT and Laser area.

one gets of a successful practice more than makes up for tortuous journey that it has been.

We also conducted a very successful Zonal Dermatosurgery workshop 2016 thanks to the encouragement from ACSI. Over the years, the clinic developed comfortably and little did I realize that it had met the requirements for an observership centre. I am very grateful to IADVL for giving me this wonderful opportunity of interacting with young and bright minds from all over the country. This and my membership of IADVL SIG lasers and esthetics helped me sharpen my own skills too. Regular meetings and updates in collaboration with local dermatologists have always been very fruitful. We were lucky to have Dr. D. M. Thappa as Director of NEIGRHIMS, Shillong (2017–2020) who in a short time contributed greatly to the development of the department and institute which included starting the postgraduation program in the department of dermatology; this gave us an opportunity to interact with the faculty and the post graduates on numerous occasions.

Figure 3: Reception.

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Esthetic dermatology makes up about 35% of my practice. As full-time dermatologist, we have the advantage of seeing our patients repeatedly over a prolonged period of time during which we help them a lot in their lives, in their medical, and esthetic concerns. Hence, when we suggest an esthetic procedure, the patient is more trusting and less inhibited to do them. Although an arduous and testing journey, it was been full of challenges and fun at the same time professionally very rewarding.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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