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It's July again and with the onset of rainy season, we bring yet another issue (13th) of ONYCHOSCOPE, a very much awaited newsletter that brings hoards of news from the world of NAIL, from national and international platforms. It is heartening to see the steadily growing interest of dermatologists in nail disorders from all over India.

Of late, dedicated Nail sessions have become an integral component of all major conferences in India. The 16th 'Annual Conference of Association Of Cutaneous Surgeons of India' (ACSICON), held during 27th - 29th April, 2018 at Daman, too, had a Nail workshop and a Nail surgery session of 2.5 hours and 1.5 hours respectively. It was enthralling to see the hall packed to its full capacity.

This issue brings together all the regular columns. The invited faculty article is by none other than Dr Shikha Bansal, who is the Editorial Board member for ONYCHOSCOPE. Latest in the Nail field has been compiled by Dr Payal Yadav. Nail quiz is by Dr Ankita Chauhan while to stimulate your grey cells, Nail Maze have been put in place by Dr Neha Kumar.

Now, it's time to gear up for the annual NAIL event and the much awaited academic feast. **7th ONYCHOCON** that will be held on **1st & 2nd Dec, 2018**, in the spiritual capital of **Orissa, Puri**. Puri, situated along the coast of Bay of Bengal is the home to one of the most sacred temples in Hindu mythology, the **Jagan-nath Temple**. It is an important tourist destination and there is enough for everyone to explore different aspects of the State of Orissa. I am sure, **Prof Prasanjt Mohanty, Dr Manas Puhan** and their team will leave no stone unturned to make this ONYCHOCON a great learning experience and a memorable event.

We request all members to encourage more membership and extend Nail family. Looking forward to see you all nail friends soon in Puri. Till then VIVA NSI!

Archana Singal



PERIUNGUAL WARTS-INJECTION BLEOMYCIN AN EFFECTIVE TREATMENT MODALITY



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Introduction:-

Warts are caused by HPVs which infect keratinocytes. Warts are the most common viral infection of the skin. Although there are various therapies available, periungual viral warts are notoriously difficult to treat.

Bleomycin is a safe drug when used judiciously in proper dilution and expert intralesional application. It can be offered as an effective treatment option in resistant periungual warts without any major long lasting side effects. Verruca vulgaris are treated by physical modalities like electrocautery, cryosurgery and different lasers with variable results. Recurrences are very common specially in periungual region. Intralesional bleomycin has been found to be very effective in treating warts particularly in periungual areas.

The nail is a complex skin appendage with difficult to penetrate, sanctuary sites within the structure. Intralesional therapy is a form of “targeted therapy” required for this complex appendage with limited drug penetration. Intralesional bleomycin has been used to treat various skin conditions such as hemangiomas, vascular malformations, telangiectasias, lesions of leishmaniasis cutis, and several types of cutaneous malignancies. It has also been successfully used for the treatment of recalcitrant warts specially periungual ones. The bleomycin hydrolase enzyme which is known to inactivate bleomycin is normally found in all the body tissues but it is present in very small amounts in skin. Thus, after injecting it intralesionally, a significant amount of the active drug is available for the action at the site, and so even a small amount is enough for treatment of warts. Periungual warts are specially resistant to treatment and bleomycin has been found to be effective treatment modality for the same. The multiple-puncture technique using a bifurcated vaccination needle to in-

roduce bleomycin in warts has been found to have a very high success rate. Potential side effects include scarring, change in pigmentation, nail damage and Raynaud's phenomenon.

Preparation for the procedure:-

As the procedure is expected to be moderately painful, as well as excessively painful for some; the patient is to be prepared accordingly.

Tips and tricks to minimise pain during nail injections:-

Inject slowly to prevent sudden expansion of tissues, inject through the dorsal aspect of finger as there is relatively thinner skin, talk to the patient while injecting, use the 30 gauge needles for injection and inject with the bevel side up, topical anesthesia can be applied before injection, exposure to ice-packs or cold air prior to injection can help, bring the solution to be injected, to body temperature prior to use. This prevents the stinging sensation, in some cases proximal digital block for the finger may be given. And lastly, a low-pressure needle-free jet injector is effective in minimising pain during injection.

Procedure for drug administration:-

Bleomycin vial contains 15 units of dry powder bleomycin (1 unit=1 mg). It is diluted first with 5 ml distilled water to prepare the stock solution, which can be stored for 60 days at 4-8°C. This solution has 3 units of bleomycin per ml. Then distilled water is added to reconstituted solution to make the desired concentration of 1-3 ml solution. Thus, the working bleomycin solution used in treatment is 1-3 unit/ml. The fresh bleomycin solution is injected strictly intralesionally till blanching of the wart occurs.



Fig 1. Eschar formation one week after Intralesional bleomycin

The total volume injected at one treatment session should be limited to 2 ml, and the injection into a single wart should be limited to 0.1-0.4 ml.

After bleomycin injection, a black ecchymosed eschar can develop as seen in figure 1.

We have observed good results with intralesional bleomycin in our patients. Injection bleomycin was given in the periungual wart intralesionally to a maximum dose of 0.2-1 ml per sitting at an interval of one month. A maximum of 4 sittings are generally required for the treatment response. The patients were followed up for the period of three months to look for any recurrences after the completion of therapy.

Bleomycin is an efficacious and safe drug when used judiciously in proper dilution and expert intralesional application in treatment of resistant periungual warts .



Fig. 2. Pre (a) & Post (b) treatment.



Fig. 3. Pre & Post treatment photo: Patient 2

Photo Quiz

Q. 65 year old male patient, a known case of diabetes mellitus and chronic kidney disease for the past 20 years, presented with left great toenail deformity (as seen in **Fig. a**) that developed over a period of 2 years. On examination, there was presence of uneven, markedly thickened, opaque and long hoof like nail plate with over-curvature and brownish discoloration. The surface of the nail was rough with transverse striations. Periungual area along with hyponychium showed marked xerosis. Deformity was asymptomatic apart from causing discomfort in closed footwear and slight pain on pressure. Rest of the finger and toenails were found to be normal. There was presence of generalised xerosis.

Q1: What is your diagnosis (**Fig. a**)?

Q2: What are the common causes of this condition?

Q3: What is the management?



Answer on Page - 10

CONFERENCE REPORT

ACSICON 2018, the 16th National Conference of Association of Cutaneous Surgeons (I) was organised from 27-29th April, 2018 at Daman

The first day saw many workshops including a **3 hour workshop dealing with Nail Surgery**. It was a holistic session dealing with investigations, basics of nail surgery and common surgical procedures involving nail unit with pre-recorded video demonstration. The workshop included procedures and devices which can be used alternatively.

The first half of the workshop dealt with basics of onychoscopy by Dr Archana Singal. It included the prerequisites, types of onychoscopes, how to do onychoscopy, and onychoscopic features of normal nail unit.

Diagnostic utility of onychoscopy in different inflammatory, infective, and pigmentary disorders of nail was elaborated by Dr Chander Grover.



Injectable therapies in nail diseases; intra matricial and nail bed injections of Steroids, ciclosporin and methotrexate in inflammatory conditions was shown by Dr BB Mahajan. Utility of Lasers in onychomycosis in non responders to medical therapy alone, was dealt by Dr Sushil Tahiliani.

Nail cosmetic procedures, including gel nails and extensions was taken up by Dr Soni Nanda. She familiarised the audience the cosmetic advantage of gel nails and nail peels as a crisis buster and as an adjuvant to medical treatment that takes long time to show up results.

The second half of the session was dealt in detail with surgical techniques including:

Nail biopsy: When and how? Dr Kanhaiya Patidar communicated how a simple surgical procedure like nail plate-nail bed or nail matrix biopsy can help in getting a diagnosis in difficult cases which is important for adequate and appropriate management.

Dr Vineet Relhan dwelled upon the surgical management of chronic paronychia, which is a common condition. He demonstrated by video, when and how, surgical intervention should be taken up.

Conservative management of ingrown nails by tube insertion technique was dealt by Dr Manas Puhan.

Surgical management of ingrown nail by partial nail avulsion and chemical matricectomy using phenol, TCA and Radiofrequency, was video demonstrated by Dr Archana Singal.

As diagnosis of Nail tumors rests primarily on histopathology, it is important to first evaluate the on radiology and than surgically remove/ excise nail unit tu-

mor. This surgical approach to nail tumors was beautifully demonstrated by Dr Chander Grover.

In the end, an interesting collection of challenging cases was presented by Dr Vineet Relhan.



The Workshop and exclusive Nail Surgery sessions both saw active participation of delegates and the hall was packed to its full capacity. It was heartening to witness fruitful interaction of delegates throughout the session. This is definitely a testimony to the growing interest of dermatology fraternity in the area of Nail diseases.

Chander Grover and Archana Singal

EXCERPTS FROM NAIL LITERATURE

NAIL: WHAT'S NEW?

Dr. Payal Yadav

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1. Topical Timolol for Paronychia and Pseudopyogenic Granuloma in Patients Treated With Epidermal Growth Factor Receptor Inhibitors and Capecitabine. Xavier Cubiro; Sergi Planas-Ciudad, M Pilar Garcia-Muret; et al *JAMA Dermatol.* 2018;154 (1):99-100

Paronychia and pseudopyogenic granuloma (pseudo-PG) are relatively common and difficult-to-manage adverse effects in patients undergoing treatment with epidermal growth factor receptor inhibitors and capecitabine. The aim of this study was to evaluate the efficacy and tolerability of topical timolol, 0.5%, gel as a

treatment of paronychia and pseudo-PG induced by antineoplastic agents.

10 patients receiving epidermal growth factor inhibitors and capecitabine who presented with paronychia and/or periungual pseudoPG as an adverse effect were included in the study. All lesions were treated with topical timolol 0.5% , gel twice daily under occlusion for 1 month. Response was assessed by clinical examination and photographic control at baseline and 1 month of treatment and classified as complete response (disappearance of the lesion, absent pain, and/or bleeding), partial response (improvement in at least 1 of these three items), or lack of response.

RESULTS showed that all patient clinically improved with treatment after 1 month with complete response in 9 patients and partial response in 1 patient.

Comments : topical timolol 0.5% gel is an effective and tolerable option for treatment of paronychia and/or pseudo pg induced by EpGF inhibitors and capecitabine. The patient number was less in this study , larger studies are needed to consolidate these findings .

2. An exploration of the optimum dosage and of cycles of itraconazole pulse therapy for severe onychomycosis. Zhang L, Xu H, Shi Y, Yu J, Tao Y, Li X. *Mycoses*. 2018 Jun

Standard itraconazole pulse therapy is a well-established regimen for toenail onychomycosis, however, the cure rate for onychomycosis remains low. This study was undertaken to evaluate the efficacy and safety of different cycles of itraconazole pulse therapy, determine the optimal dosage and number of cycles for onychomycosis.

90 patients with onychomycosis were randomised into three treatment groups: (1) standard itraconazole pulse therapy (200 mg twice per day, 1 week each month for three pulses); (2) long-term pulse therapy (200 mg twice per day, 1 week each month for six pulses); (3) low-dose and long-term pulse therapy (200 mg/d, 1 week per month for six pulses) and were followed up for 15 months. The trial was completed by 81 patients. The study results showed complete cure rates of 32.43% for 3 cycles as compared to 75% for 6 cycles ($P < .001$). Also for six cycles, despite the administration of half-dose for patients weighing less than 55 kg, there was no statistical difference in the complete cure rate ($P = .862$).

Comments : this interesting study shows that the duration of the pulse therapy is probably more important in determining cure rates in patients with onychomycosis than dose of itraconazole used. Long-term therapy is effective and safe for the treatment of toenail onychomycosis, and hence for patients weighing less than 55 kg, longer half-dose itraconazole pulse therapy may be recommended instead of shorter higher dose therapy.

3. Propolis Extract for Onychomycosis Topical Treatment: From Bench to Clinic. Veiga FF, Gadelha MC, da Silva MRT, et al . *Front Microbiol*. 2018 Apr 25;9:779.

Onychomycosis is a chronic fungal infection of nails, commonly caused by dermatophyte fungi, primarily species of *Trichophyton*. The search for new therapeutic sources is essential today, and topical treatment with natural products for onychomycosis has been encouraged. **Propolis, an adhesive resinous compound produced by honeybees (*Apis mellifera*), has shown multiple biological properties including significant antifungal and anti-biofilm activities *in vitro*.**

This study assessed an ethanol propolis extract (PE) as a topical therapeutic option for onychomycosis, including its characterization *in vitro* and its applicability as a treatment for onychomycosis (from bench to clinic).

The *in vitro* evaluation included analysis of the cytotoxicity and the antifungal activity against the planktonic cells and biofilm formed by *Trichophyton* spp. The study also evaluated the capacity of PE to penetrate human nails. Patients with onychomycosis received topical PE treatments, with a 6-month follow-up period.

The results of the *in vitro* assays showed that PE was non-toxic to the cell lines tested, and efficient against both the planktonic cells and the biofilm formed by *Trichophyton* spp. The results also showed that PE is able to penetrate the human nail.

The results for PE applied topically to treat onychomycosis were promising, with complete mycological and clinical cure of onychomycosis in 56.25% of the patients.

Comments : onychomycosis is a chronic disease and treatment options are limited with not very high cure rates with the conventional therapies available . PE is an inexpensive commercially available option. The study results indicate that PE is a promising natural compound for onychomycosis treatment, AS IT IS ABLE to penetrate the nail without cytotoxicity, and its good antifungal performance against species such as *Trichophyton* spp. that are resistant to conventional antifungals, both *in vitro* and in patients.

4. A new perspective on the nail plate for treatment of ingrown toenail. Jia Tian, Jin Li, Fabian Wang, and Zhenbing Chen .*Dermatol Pract Concept*. 2018 Jan; 8(1): 22–27.

Keywords: ingrown toenail, soft tissue excision, distal phalanx bone shortening, nail plate

Surgical management of ingrown toenails has been a standard procedure for many years by using techniques like crescent excision of soft tissue, bony shortening of the distal phalanx, as well as nail avulsion for several years, but studies have not defined an objective

standard for excision of the soft tissue and distal phalanx. Moreover, routine nail avulsion seems obsolete.

In recent years, the authors have found the nail plate itself to be a good landmark for more accurate excision. **The study was done to see whether patients could get a good result if the nail plate was not avulsed and used as an objective standard for excision of the soft tissue and distal phalanx.** Their aim was to evaluate the outcomes following ingrown toenail correction in patients who had undergone their surgical approach in terms of healing time, relief of pain, recurrence, and scar formation. In all 15 patients were included with most having involvement of the great toe .

The results were very good , all patients returned to daily activity two weeks after surgery. There was no recurrence of ingrown toenail during the follow-up period. Visual analog scale for pain was used to assess pain relief in the patients about three months after surgery and the outcome was found to be satisfactory. The width of excised skin ranged from 3.5 to 6.2 mm (mean 5.0 mm). Vancouver Scar Scale was used to evaluate the scar formation 24–35 months after surgery. The median values of vascularity, scar height, pigmentation, and pliability were either 0 or 1. No patients experienced osseous inflammation after surgery. No patient had nail deformity or spicule formation.

Comments : Although the surgical approach used by the authors reported early healing , less pain and aesthetically better results, it is a much more invasive approach as compared to standard surgical approaches ,also the shortening of bone may not be acceptable to most. Hence should be used only in young adult patients with severe ingrown toenails,which are refractory to conventional surgical management.

5. Nail unit ultrasound: a complete guide of the nail diseases. Aluja Jaramillo F, Quiasúa Mejía DC, Martínez Ordúz HM, González Ardila C. *J Ultrasound*. 2017 May 26;20(3):181-192.

The objective of this study was to expose the nail unit anatomy, the nail unit anatomy in ultrasound, and some of the frequent pathologies found in our daily practice. The study was done by review of literature for normal and abnormal nail anatomy findings with USG .

The authors found that Ultrasound offers an appropriate alternative for the evaluation of the nail unit, allows a real-time evaluation of each one of the components of the nail unit with an optimal visualization of these structures, and allows the evaluation of the thickness of the components, the vascularity, and blood flow by Doppler application. In addition, the nail unit disorder, such as infectious diseases, inflammatory and rheumatologic conditions, nail tumors, among others, may be assessed, not only in the diagnosis but also in the follow-up. Pre-surgical evaluation, surgical follow-up,

and some procedures, such as biopsies, may also be done by this technique.

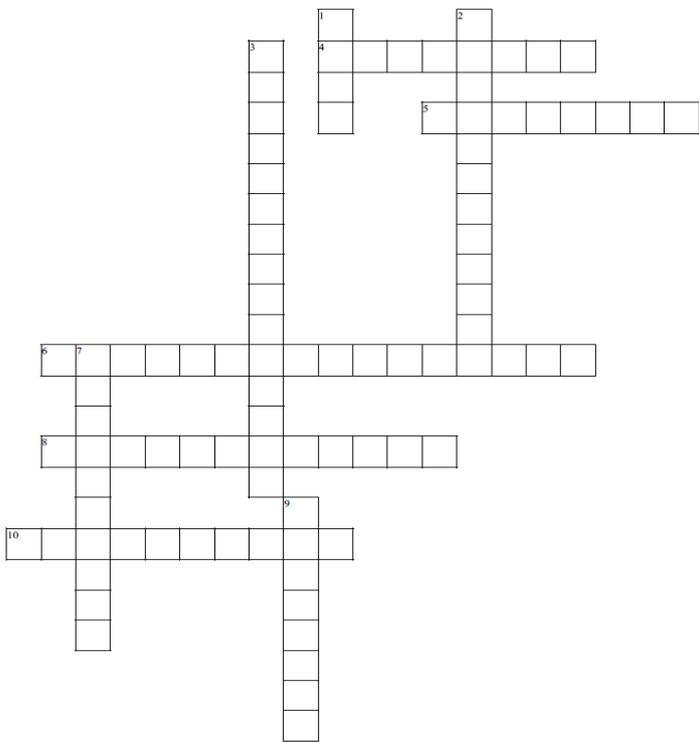
Comments :Although most of the nail disorders are diagnosed on the basis of clinical findings, but imaging methods may be required for a better assessment specially in vascular tumors , malignant tumors of nail bed both pre operative and post operative .MRI has been used for imaging but it may not be widely available and sometimes may be very expensive.. Ultrasound is a much cheaper and an excellent technique for evaluation of normal anatomy, diagnosis, and follow-up of patients with nail unit diseases. This is an alternative for other imaging methods and may be used for an accurate diagnosis approach.

6. Nailfold Capillaroscopy Within and Beyond the Scope of Connective Tissue Diseases. Lambova SN, Muller-Ladner U. *Curr Rheumatol Rev*. 2018 Apr 20;14(1):12-21

Nailfold capillaroscopy is a noninvasive instrumental method for morphological analysis of the nutritive capillaries in the nailfold area. In rheumatology, it is a method of choice among instrumental modalities for differential diagnosis between primary and secondary Raynaud's phenomenon (RP) in systemic rheumatic diseases. RP is a common diagnostic problem in rheumatology. Defining the proper diagnosis is a prerequisite for administration of the appropriate treatment. Thus, nailfold capillaroscopic examination is of crucial importance for the every-day practice of the rheumatologists and is currently gaining increasing attention. The most specific capillaroscopic changes are observed in Systemic Sclerosis (SSc). Due to the high prevalence of the capillaroscopic changes in this clinical entity and their early appearance, they could be used for early and very early diagnosis of the disease. More over "scleroderma" type capillaroscopic changes have been defined as diagnostic criterion in the new EULAR/ACR classification criteria for SSc together with the presence of scleroderma-related autoantibodies, RP, telangiectasia and other clinical signs. Capillaroscopic changes are also seen in other connective tissue diseases and in different rheumatic-like conditions like those in diabetes mellitus (e.g., diabetic stiff-hand syndrome) and paraneoplastic syndromes associated with microvascular pathology . These should be interpreted properly in order to obtain precise diagnosis in the shortest possible differential diagnostic process.

Comments : The authors reinforce the importance of performing nail fold capillaroscopy in patients of Rynaud's phenomenon as well as systemic sclerosis. It is an inexpensive method and may help in fulfilling the diagnostic criteria for SSc .

Nail Maze



Down

1. INVESTIGATIONAL TOPICAL DRUG IN PHASE 1 TRIAL FOR ONYCHOMYCOSIS WHICH IS ACETYL COA SYNTHETASE INHIBITOR
2. NAIL FIXED DRUG ERUPTION RECENTLY REPORTED BY AN ANTI-BIOTIC
3. CHARACTERISTIC TRIAD IN HIDROTIC ECTODERMAL DYPLASIA IS HYPOTRICHOSIS, PALMOPANTAR HYPERKERATOSIS
7. FIRST OXABOROLE FDA APPROVED FOR TOPICAL TREATMENT OF TOENAIL ONYCHOMYCOSIS
9. CLINICAL TEST PERFORMED IN CASE OF GLOMUS TUMOR

Across

4. PRESENCE OF THIS NAIL CHANGE IS PREDICTOR FOR SEVERE ALOPECIA
5. ADHESIVE RESINOUS COMPOUND PRODUCED BY HONEY BEES RECENTLY SHOWN BENEFICIAL FOR ONYCHOMYCOSIS (IN VITRO)
6. NEW BIOMARKER IN NAILS FOR MONITORING ALCOHOL CONSUMPTION BEHAVIOUR
8. CANDIDA TRIGGERS THIS PATHWAY FOR EXACERBATION OF SKIN AND NAIL PSORIASIS
10. MOST COMMON NAIL CHANGES IN AUTOIMMUNE BLISTERING DISORDER

Compiled by

Dr. Neha

Please mail your answers to

nailsocietyofindia@gmail.com. Prize winners will be announced in the next issue of Onychoscope.

Solution to the nail maze from Onychoscope Vol.7, Issue 1, Jan 2018

ANSWER KEY

HONEYCOMB
TRICHOPHYTON RUBRUM
CANDIDA ALBICANS
PINK GLOW
CANNABIS
ADENOVIRUS
VITAMIN E
ACRYLIC
RUIN APPEARANCE
AURORA BOREALIS

WINNERS :

NO CORRECT ENTRIES RECEIVED

Answer to Photo Quiz

Answer 1: Onychogryphosis/ onychogryposis/ Ram's horn nail/ Ostler's nail.

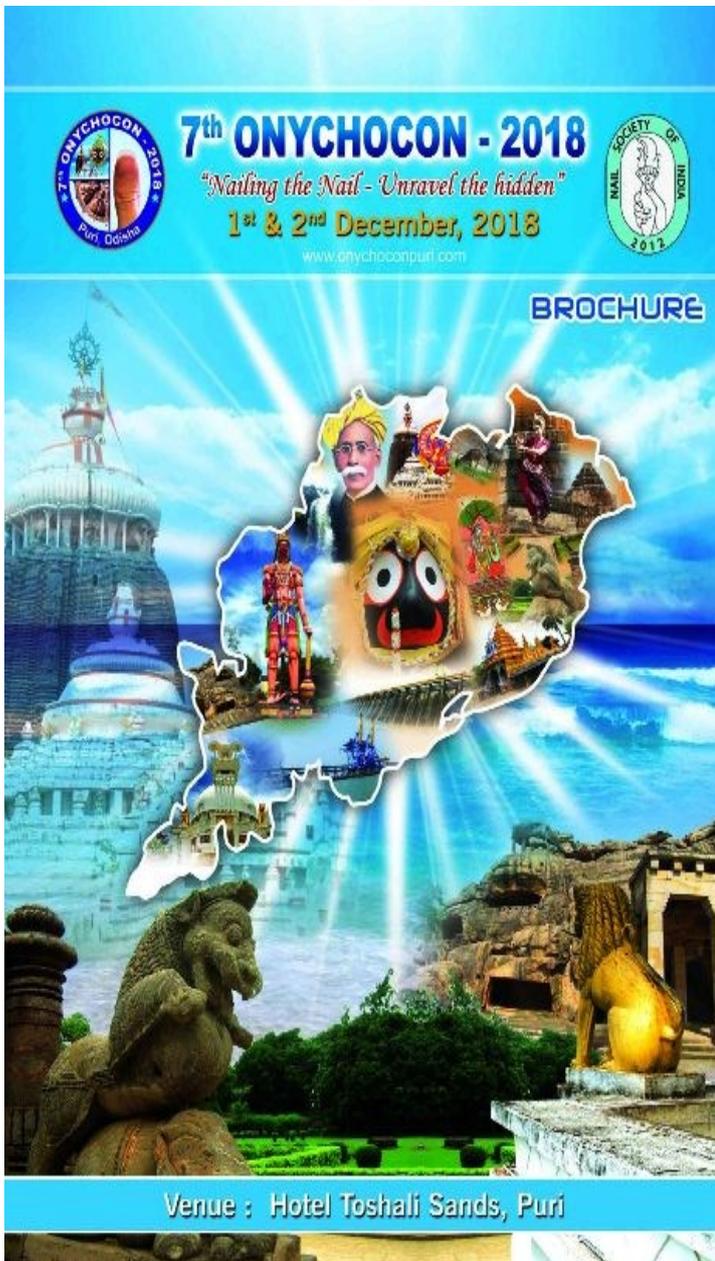
Onychogryphosis is an acquired dystrophy usually affecting the great toenail, which is thickened, rough, yellowish or discolored and twisted. It is most commonly seen in the elderly and often made worse because of difficulties in trimming the nail and self neglect. Repeated trauma and biomechanical foot problems may, however, precipitate similar changes in middle age. Though big toe nails are most often involved ; no toenail is exempt. Nail matrix produces nail plate at uneven rates; the faster growing side determines the direction of the deformity. In the elderly, the dystrophy is usually caused by pressure from footwear. The bend of the nail is medially directed, accentuated by hypertrophy of nail bed and favoured by secondary foot anomalies such as hallux valgus. Increased incidence noted in diabetics can be attributed to peripheral and autonomic neuropathy in uncontrolled cases and repeated trauma to foot.

Answer 2: Causative factors for onychogryphosis can be attributed to **dermatological conditions** (ichthyosis, pemphigus, psoriasis), **infections** (onychomycosis, syphilis), **local causes** (injury to nail apparatus, repeated minor trauma by footwear, foot anomalies like hallux valgus), **regional causes** (associated varicose veins, thrombophlebitis in upper limb, aneurysms, elephantiasis, peripheral neuropathy that may be caused by leprosy or diabetes), **general causes** (old age, uricemia, homeless persons and senile dementia, CNS disorders).

Answer 3: Treatment may be radical or palliative. **Radical treatment** consists of surgical removal of nail and matrix and recommended in patients with good circulation. **Palliative treatment** requires soaking the affected nail in water (preferably overnight), regular and generous application of emollients or keratolytic agents and regular paring/ trimming with nail clipper as was performed in above patient.



Photo quiz contributed by:
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7th ONYCHOCON - 2018
"Nailing the Nail - Unravel the hidden"
1st & 2nd December, 2018
www.onychoconpuri.com

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Venue : Hotel Toshali Sands, Puri



7th ONYCHOCON - 2018

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