

Sri Lakshmi Narayana Institute of Medical sciences

Date-20-02-19

From Dr. K. Harsha Vardhan Professor and Head, Department of dermatology Sri Lakshmi Narayana Institute of Medical Sciences Bharath Institute of Higher Education and Research, Chennai.

To The Dean Sri Lakshmi Narayana Institute of Medical Sciences Bharath Institute of Higher Education and Research, Chennai.

Sub: Permission to conduct value-added course: Psoriasis

Dear Sir,

With reference to the subject mentioned above, the department proposes to conduct a value-added course titled: Psoriasis on

20-03-2019. We solicit your kind permission for the same.

Kind Regards

Dr. K. Harsha Vardhan

FOR THE USE OF DEANS OFFICE

Names of Committee members for evaluating the course:

The Dean: Dr. Jayalakshmi

The HOD: Dr. K. Harsha Vardhan

The Expert: Dr. A. Buvanaratchagan

The committee has discussed about the course and is approved.

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D., DEAN Sri Lakshmi Narayana Institute of Medical Sciences Osudu, Agaram, Kudapakkam Post, Villianur Commune, Puducherry-605502.

Subject Expert

HOD



Sri Lakshmi Narayana Institute of Medical sciences

Date-20-02-19

From Dr. K. Harsha Vardhan Professor and Head, Department of dermatology Sri Lakshmi Narayana Institute of Medical Sciences Bharath Institute of Higher Education and Research, Chennai.

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HEAD PROFF DEPT. UTE OF SRI LAKSHNON MEDILAL SCIENCES OSUHODOJOUCHERRY.



Sri Lakshmi Narayana Institute of Medical Sciences

OSUDU, AGARAM VILLAGE, VILLIANUR COMMUNE, KUDAPAKKAM POST,

PUDUCHERRY - 605 502. [Recognised by Medical Council of India, Ministry of Health letter No. U/12012/249/2005-ME(P-II) dt. 11/07/2011] [Affliated to Bharath University, Chennai - TN]

<u>Circular</u>

27.02.2019

Sub: Organising Value-added Course: Psoriasis(March 2019 – June – 2019)

With reference to the above mentioned subject, it is to bring to your notice that Sri Lakshmi Narayana Institute of Medical Sciences, **Bharath Institute of Higher Education and Research** is organizing **"Psoriasis"**. The course content is enclosed below."

The hard copy of the application should be sent to the institution by registered/ speed post only so as to reach on or before 13-03-2019. Applications received after the mentioned date shall not be entertained under any circumstances.

Dr. G. JAYALAKSHMI, BSC., MBBS., DTCD., M.D., DEAN Sri Lakshmi Narayan Artistitute of Medical Sciences Osudu, Agaram, Kudapakkam Post, Villianur Commune, Puducherry - 605502.

Encl: Copy of Course content

Course Proposal

Course Title:PsoriasisCourse Objective:To explain about pathogenesis and clinical picture of psoriasisCourse Outcome:CompletedCourse Audience: 2ndyear mbbs studentsCourse Coordinator:Dr. K. Harsha VardhanCourse Faculties with Qualification and Designation:

 Dr. K. Harsha Vardhan Professor ,Department of Dermatology
 Dr. Buvanaratchagan Associate Professor ,Department of Dermatology

Course Curriculum/Topics with schedule (Min of 30 hours)

SlNo	Date	Topic	Time	Hours	Lecture taken by
1	20-3-19	Introduction	4 to 6 pm	2 hours	Dr. K. Harsha Vardhan
2	24-3-19	Pathogenesis	5 to 7 pm	2 hours	Dr. Buvanaratchagan
3	27-3-19	Predisposing factors	4:30 to 6:30	2 hours	Dr. K. Harsha Vardhan
			pm		
4	30-3-19	Etiology	4 to 6 pm	2 hours	Dr. Buvanaratchagan
5	2-4-19	Triggers	5 to 7 pm	2 hours	Dr. K. Harsha Vardhan
6	7-4-19	Clinical features	5 to 7 pm	2 hours	Dr. Buvanaratchagan
7	14-4-19	Complications	4:30 to 6:30	2 hours	Dr. K. Harsha Vardhan
			pm		
8	17-4-19	Investigation	4 to 6 pm	2 hours	Dr. Buvanaratchagan
9	20-4-19	General care	5 to 7 pm	2 hours	Dr. K. Harsha Vardhan
10	21-4-19	Topical therapy	4:30 to 6:30	2 hours	Dr. Buvanaratchagan
			pm		
11	24-4-19	Systemic therapy	4 to 6 pm	2 hours	Dr. K. Harsha Vardhan
12	29-4-19	Newer treatments	5 to 7 pm	2 hours	Dr. Buvanaratchagan
13	29-4-19	Physical modalities	4 to 6 pm	2 hours	Dr. K. Harsha Vardhan
14	4-5-19	Case discussion	4:30 to 6:30	2 hours	Dr. Buvanaratchagan
			pm		
15	13-5-19	Q&A, mcqs	4:30 to 6:30	2 hours	Dr. K. Harsha Vardhan
			pm		
			Total Hours	30	

REFERENCE BOOKS:

Rooks Textbook of dermatology 9th edition

Fitzpatrick 's dermatology in general medicine 8th edition

ABSTRACT-VALUE ADDED COURSE

1. Name of the programme &

Psoriasis and DR10

2. Duration & Period

30 hrs & March 2019 to june 2019

3. Information Brochure and Course Content of Value Added Courses

Enclosed as Annexure- I

4. List of students enrolled

Enclosed as Annexure- II

5. Assessment procedures:

Multiple choice questions- Enclosed as Annexure- III

6. Course Feed Back

Enclosed as Annexure- IV

7. No. of times offered during the same

March 2019 to june 2019

8. Year of discontinuation: 2019

9. Summary report of each program year-wise

	Value Added Course- March 2019 - june 2019								
Sl. No	Course Code	Course Name	Resource Persons	Target Students	Strength & Year				
1	DR10	Psoriasis	Dr. Buvanaratchagan	2nd year MBBS	15 (March 2019 -june 2019)				

10. Certificate model

Enclosed as Annexure- V

Dr. Buvanaratchagan

RESOURCE PERSON

Dr. K. Harsha Vardhan

COORDINATOR

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Dr. Buvanaratchagan 220 **RESOURCE PERSON** Dr. A. BUVANARATCHAGAN, MD., Reg. No: 37150 Asso' Professor, Dermatology Sri Lakshmi Narayana Institute of Medical Sciences Osudu, Kudapakkam, Puducherry-605 502.

DR. K. Harsha Vardenmatology SRI Lakshmi Narayana Institute Ja COORDINATORIENCES OSUDU. PUDUCHERRY.

PSORIASIS OVERVIEW



PARTICIPANT HAND BOOK

COURSE DETAILS

Particulars	Description					
Course Title	Psoriasis overview					
Course Code	DR10					
Objective	 To learn about the clinical features To learn about the diagnosis To learn about the treatment 					
Further learning opportunities	Recent advances in management					
Key Competencies	To make a diagnosis and provide adequate treatment					
Target Student	2 nd year MBBS Students					
Duration	30hrs march 2019 to June 2019					
Theory Session	10hrs					
Practical Session	20hrs					
Assessment Procedure	Multiple choice questions					

INTRODUCTION

Psoriasis is a non-contagious inflammatory disease. The main symptoms are reddish, scaly patches of skin that may itch.

It is a chronic condition that is typically associated with periods of more severe skin problems (flare-ups) followed by periods of milder skin problems or none at all. Various treatments can relieve the symptoms, but there is no cure for psoriasis.

Its severity can vary quite a lot. In some people it is bothersome more than anything else, and they can cope with it quite well. Others feel that it has a major effect on their quality of life, since the treatment and skin care can take a long time. Many people are also unhappy about having visible reddened and scaly skin patches – especially if they are on exposed areas of their body.

Sometimes the inflammation that is causing the psoriasis affects other parts of the body too, such as the joints or nails.

Symptoms

Plaque psoriasis (psoriasis vulgaris)

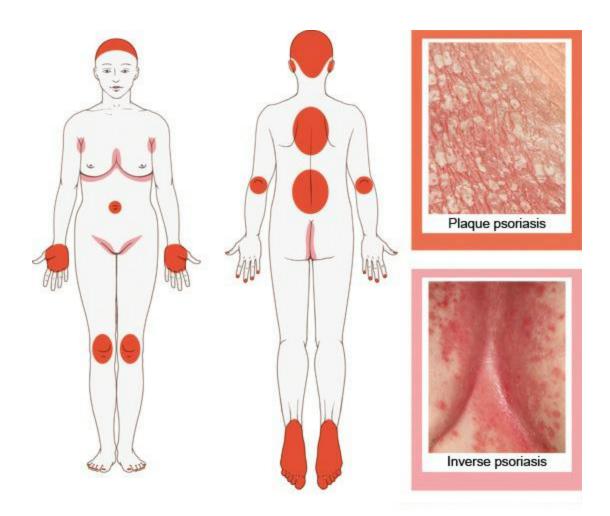
There are different kinds of psoriasis. The most common is plaque psoriasis. This condition is associated with clearly defined areas of slightly raised red patches with silvery, flaky skin. The patches of skin are referred to as "plaques," which is why it is called "plaque psoriasis." The plaques often develop symmetrically on both sides of the body, for example on both the left and right knee. They usually itch as well. The skin is often irritated from scratching, and it may be damaged.

The size of the plaques varies greatly, ranging from anywhere between one and more than ten centimeters in diameter. Some people have only a few plaques on certain parts of their body, for example only on their scalp. Others may have more, either on one part of their body or in several places.

The skin on the hands and feet can become very dry and crack. This can be very painful – especially if the cracked skin stretches when you move, comes into contact with irritants like citric acid, or bumps into something.

Plaque psoriasis can basically develop anywhere on the body. The head, elbows, knees and back are commonly affected. Plaques also often occur behind the ears and on the hands, feet and belly button.

Less commonly, they can also occur in skin folds such as the creases of skin in the groin or between the buttocks, under the armpits, in the genital area or under and between the breasts in women. That kind of psoriasis is called inverse (flexural) psoriasis. It is often less scaly because the skin in these areas generally isn't as dry and there is constant friction so not many plaques develop.



Growth and shedding of keratinocytes in psoriasis

Other forms of psoriasis

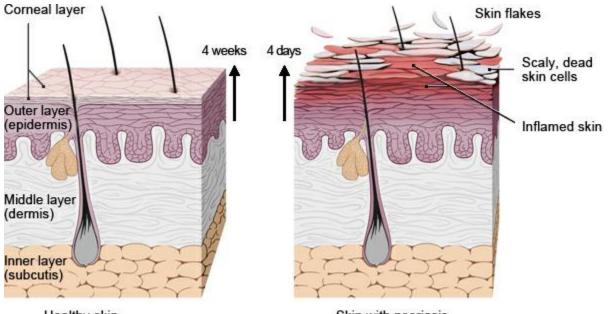
Sometimes the nails of people with plaque psoriasis are also affected. In *nail psoriasis* small holes develop in the nails (pitted nails), the nails grow thicker, or they turn yellowish-brown ("oil drop" discoloration). The nails might also become loose.

Another type of psoriasis is known as *pustular psoriasis*. Here the symptoms also include pusfilled blisters (pustules). These pustules aren't contagious, though. Pustular psoriasis can occur on its own or together with plaque psoriasis.

One quite rare form of psoriasis is *guttate psoriasis*, which is characterized by a large-scale acute rash with small, drop-like bumps. It is most common in children and teenagers, and usually occurs one to two weeks after a certain type of bacterial infection (Streptococcal infection). Guttate psoriasis may heal completely within a few weeks or months, but it can also come back or turn into plaque psoriasis.

Causes

In plaque psoriasis, the skin becomes scaly because the skin cells that harden the skin (keratinocytes) multiply too fast. These cells are found in the outermost layer of the skin and form the protective epidermis. In healthy skin they multiply, pass through several phases of development, and are then usually shed within four weeks as dead skin cells. In psoriasis, the keratinocytes go through this cycle much more quickly, sometimes in as little as four days. This results in dead skin cells not being shed quickly enough to keep up with the new skin cells being produced. The skin then becomes thicker and flakes off much more on the affected areas.



Healthy skin

Skin with psoriasis

Growth and shedding of keratinocytes in psoriasis

The rapid growth of skin cells in people with psoriasis is caused by an autoimmune response. Various inflammatory processes play a key role here. The skin is often red due to inflammation and increased blood flow.

A whole series of genes have now been linked to psoriasis, but the causes of this condition are not yet absolutely clear.

Risk factors

Psoriasis is mostly caused by genetic factors. Having a family history of the disease is the greatest risk factor. The probability that a child will develop psoriasis is about 15% if one parent has the condition, and about 40% if both parents have it. But there is no reliable test for predicting whether someone will get psoriasis. And there is currently no known way to prevent psoriasis either.

Prevalence

Psoriasis is a relatively widespread disease. It is estimated that about 2% of the population is affected – that would be over 1.5 million people in a country the size of Germany. About 80% of people with psoriasis have plaque psoriasis. Men and women are equally likely to get it.

Psoriasis often first arises in the first 40 years of life, and especially commonly in teenagers or young adults. But it can start in earlier childhood as well. If it develops later in life, it usually starts between the ages of 50 and 70.

Psoriasis is sometimes categorized according to when it started: Type 1 psoriasis starts before the age of 40. Type 2 psoriasis starts later on – between the ages of 50 and 70.

Outlook

It is impossible to predict how someone's psoriasis will develop over time. The condition often comes and goes in episodes: Periods of more severe symptoms alternate with periods in which it hardly causes any trouble. Most people with psoriasis will at one point experience symptoms that are especially severe and distressing. But there are usually also phases without skin problems, or hardly any at all. Some people constantly have severe psoriasis, though.

Psoriasis flare-ups may be caused by things like a sunburn, a very hot shower, particular chemicals or minor skin injuries, scratching, tattoos or piercings.

Other triggers include emotional stress, infections and nicotine or too much alcohol. It is also thought that some medicines might act as triggers, including some malaria drugs.

Effects

Psoriasis is an inflammatory autoimmune disease that can affect the skin and other parts of the body too. It is estimated that about 20% of people with psoriasis also have inflamed joints. This is called psoriatic arthritis. It is a good idea to seek medical advice if you think you have psoriatic arthritis. The sooner joint inflammation is discovered, the better it can be treated and the easier it is to avoid joint damage.

In rare cases, psoriasis can result in chronic inflammatory bowel disease.

Many people who have psoriasis also have <u>depression</u> because the condition can be very emotionally trying and make you feel alone.

Studies have shown that people with psoriasis are also more likely to have high blood pressure, diabetes, and cardiovascular disease. There are various possible explanations for this. For example, many people with psoriasis are overweight and have a body mass index (BMI) of over 30. The inflammatory processes in the body can also contribute to the development of metabolic and vascular disease.

Psoriasis is usually not dangerous. Very rarely, though, it can cause life-threatening complications that require hospital treatment. For instance, psoriasis can spread over the entire

body and then cause blood poisoning and heart problems. This is called *erythrodermic psoriasis* ("erythroderm" comes from the Greek for "red skin"). The signs of this complication include fever, exhaustion, chills and swollen lymph nodes.

Diagnosis

Dermatologists (skin doctors) usually diagnose psoriasis on the basis of typical changes in the skin. They may take a small skin sample and examine it if they aren't sure. This can be a good idea when it comes to inverse psoriasis, for example: It only occurs in folds of skin and usually isn't scaly, so it is sometimes mistaken for a fungal infection. Skin samples can help to rule out fungal infections.

Nail psoriasis is sometimes confused with a fungal nail infection. But sometimes both conditions occur at the same time. A nail sample can be tested to determine whether the symptoms are being caused by a fungal infection.

The skin can also be examined to assess how severe the psoriasis is. Psoriasis is commonly considered to be severe if

- more than 10% of the body's surface is affected, or
- it occurs on the head, hands, feet, or sensitive parts of the body such as the genitals, or
- it has a major impact on the person's quality of life.

There is no universally applied scale of severity for psoriasis. The PASI (Psoriasis Area and Severity Index) is commonly used, though. It takes four factors into consideration:

- The degree of skin reddening
- The amount of skin shedding
- The thickness of the plaques
- The size of the affected areas of skin

These are used to calculate a number representing the severity of the psoriasis. A PASI of 0 means no psoriasis, and a PASI of 10 or more means moderate to severe psoriasis. This index is mostly used in scientific studies to determine whether a treatment is effective.

Treatment

There are various treatment options for psoriasis:

- **Basic therapy (skin care)**: Care of the affected areas of skin using lipid-replenishing ointments, creams or lotions. This is done to keep the skin supple, protect it from injury and relieve itching. Some products also contain medications that are supposed to reduce shedding, such as urea or salicylic acid.
- **Topical treatment**: Products containing corticosteroids or vitamin D analogues are typically used in topical treatment (treatment applied to the skin from the outside). These are available in the form of creams, ointments lotions or foams.

- Light therapy: Light therapy, also known as phototherapy, involves exposing the plaques to ultraviolet light (UV light). The UV light reduces inflammation in the skin, and also slows the production of cells. Sometimes medications called psoralens are used in combination with light therapy. Psoralens make the skin more sensitive to light. Light therapy is best suited for people who have moderate or severe psoriasis and in whom topical treatment alone wasn't effective enough.
- Medications that are taken orally or injected: These medicines are a treatment option for moderate or severe psoriasis. They inhibit the body's immune response. Methotrexate (MTX), fumaric acid esters, apremilast and biological drugs (biologics) are commonly used for this purpose.

Basic moisturizing skin care is always recommended for psoriasis – during periods without any skin problems, too.

There are also many herbal medicines for the treatment of psoriasis, including extracts of barberry (Mahonia aquifolium), birch bark or aloe vera. The effectiveness of these herbal medicines hasn't been tested in any good-quality studies, though. So it isn't known whether they can help.

Some studies suggest that people with psoriasis who are overweight can improve the condition of their skin by losing a few pounds.

It is sometimes claimed that a tonsillectomy (removal of the tonsils) can relieve psoriasis symptoms, but there hasn't been much research in this area. Tonsillectomy usually isn't recommended because the operation may cause complications such as infections, bleeding and changes to the person's voice. There are also no studies showing that having your tonsils out can cure or prevent psoriasis.

Annexure 2

Bharath Institute of Higher Education and Research

Sri Lakshmi Narayana Institute of Medical Sciences

Participant list of Value-added course: PSORIASIS-DR10

(March 2019 - June - 2019)

	2nd Year MBBS Stud	ent	
SI. No	Name of the Student	Reg No	Signature
1	THIRUKKUMARAN J.T	U17MB391	Thrukkumaran.
2	TWINKLE JAISWAL	U17MB392	Trinkly
3	UDAY CHANDRA KARUMANCHI	U17MB393	all,
4	VIDHYA.V	U17MB394	John
5	VISHAL.S	U17MB395	Vichal-s.
6	VISHNU .K	U17MB396	Richmed
7	VIVEK AMAN SINGH	U17MB397	Vivek Amap
8	YASHWANT RATHORE	U17MB398	Yach
9	YAZHINI MURUGAN	U17MB399	Yashini.
11	SOURABH DAS	U17MB381	/ Kon
12	SRI KAVYA G	U17MB382	Srekavya.
13	SRISHTI SINGH	U17MB383	Srichti
14	SRITAMA SAHA	U17MB384	
15	SYAMA SAJEEV	U17MB390	Chitamasaha. Syana.

VANARATCHAGAN, MD., Osu Dr. Buvanaratchagan

RESOURCE PERSON

PROFESSOR & HEAD DEPT. OF DERMATOLOGY SRI LAKSHVI NABAJANA IN VILLE OF MEDICAL SCIENCE OSUDU. PUDUCHERRY. Dr. K. Harsha Vardhan

COORDINATOR



SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Annexure – III

PSORIASIS

MULTIPLE CHOICE QUESTIONS

Course code: DR10

ANSWER ALL THE QUESTIONS

1. What happens to skin cells in a person with psoriasis?

A. Skin cells pile up on the surface of the skin before they are mature
 B. Mature skin cells can't make their way to the surface of the skin
 C. Skin cells die before becoming mature
 D. B and C

2. Which body parts are often affected by psoriasis?

A. Elbows^O B. Scalp^O C. Knees^O D. Chest, back, and abdomen^O E. All of the above

3. What is a health problem that also may occur with psoriasis?

[℃] A. Hives[℃] B. Gingivitis[℃] C. Conjunctivitis[℃] D. Arthritis

4. Psoriasis falls into which category of disease?

A. Infectious disease
 B. Genetic disease (passed down through families)
 C. Autoimmune disease
 D. Neoplasm
 E. B and C

5. What can make psoriasis worse? A. Beta blocker medicines B. Stress C. Dry climate D. All of the above

6. Itching is a common symptom of psoriasis (and other skin disorders). Which of these suggestions can help relieve the itching?

A. Apply hot packs
 B. Spend brief periods of time in the sun
 C. Use a skin moisturizer
 D. B and C

7. Psoriasis can interfere with quality of life. In what way?

A. Itching can interfere with sleep
 B. Plaques that appear on the hands can make it difficult to work
 C. Plaques and itching may make people self-conscious about their appearance
 D. All of the above

8. How is psoriasis treated?

[○] A. Topical medicines[○] B. Phototherapy[○] C. Immune system treatment[○] D. All of the above



SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Annexure – III

PSORIASIS

CHOICE QUESTIONS MULTIPLE

Course code: DR10

VISHAL.S



ANSWER ALL THE QUESTIONS

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SRI LAKSHMI NARAYANA INSTITUTE OF MEDICAL SCIENCES

Annexure – III

PSORIASIS

MULTIPLE CHOICE QUESTIONS

TWINKLE JAISWAL

Course code: DR10

0 0

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• A. Skin cells pile up on the surface of the skin before they are mature B. Mature skin cells can't make their way to the surface of the skin C. Skin cells die before becoming mature becoming mature D. B. Mature

ANSWER ALL THE QUESTIONS

2. Which body parts are often affected by psoriasis?

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3. What is a health problem that also may occur with psoriasis?

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Student Feedback Form

Course Name: PSORIASIS

Subject Code: DR10

Name of Student: ______ Roll No.: ______

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and

suggestions will help us to improve our performance

SI. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear					
2	Course contents met with your expectations					
3	Lecturer sequence was well planned					
4	Lectures were clear and easy to understand					
5	Teaching aids were effective					
6	Instructors encourage interaction and were helpful					
7	The level of the course					
8	Overall rating of the course	1	2	3	4	5

* Rating: 5 – Outstanding; 4 - Excellent; 3 – Good; 2– Satisfactory; 1 - Not-Satisfactory

Suggestions if any:

Date:13-05-2019

Signature

Student Feedback Form

Course Name: PSORIASIS

Subject Code: DR10

Name of Student: Vienze's Roll No .: UTM B395:

We are constantly looking to improve our classes and deliver the best training to you. Your evaluations, comments and

suggestions will help us to improve our performance

SI. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear	V	-			
2	Course contents met with your expectations		1			
3	Lecturer sequence was well planned			/		
4	Lectures were clear and easy to understand		/			
5	Teaching aids were effective			/		
6	Instructors encourage interaction and were helpful		/			
7	The level of the course					
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Suggestions if any:

Vishal.S. Signature

Date:13-05-2019

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Course Name: PSORIASIS

Subject Code: DR10

Name of Student: Twinkle Trawe Roll No .: UITMB392

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I. NO	Particulars	1	2	3	4	5
1	Objective of the course is clear	V				
2	Course contents met with your expectations		~			
3	Lecturer sequence was well planned			/		
4	Lectures were clear and easy to understand				/	
5	Teaching aids were effective			/		
6	Instructors encourage interaction and were helpful				\checkmark	-
7	The level of the course					~
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Suggestions if any:



Date:13-05-2019



te of Medical Sciences	* MERIT	has actively participated in the Value 9 - Jun 2019 Organized by Sri Lakshmi	y- 605 502, India.	A Considerand of Hand The server and the server of the server The server and server an	Scanned by TapScanner
Sri Lakshmi Narayana Institute of Medical Sciences Affiliated to Bharath Institute of Higher Education & Research (Deemed to be University under section 3 of the UGC Act 1956)	CERTIFICATE OF MERIT	This is to certify that <u>VLSHAL · S</u> has actively participated in the Value Added Course on <i>Psoriasis</i> held during Mar 2019 - Jun 2019 Organized by Sri Lakshmi	Narayana Institute of Medical Sciences, Pondicherry- 605 502, India.	Dr. A. Bhuvanaratchagan	

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COURSE COMPLETION LETTER

Date-17-05-2019

From Dr. K. Harsha Vardhan Department of Dermatology Sri Lakshmi Narayana Institute of Medical Sciences Bharath Institute of Higher Education and Research, Chennai.

Through Proper Channel

To The Dean Sri Lakshmi Narayana Institute of Medical Sciences Bharath Institute of Higher Education and Research, Chennai.

Sub: Completion of value-added course psoriasis

Dear Sir,

With reference to the subject mentioned above, the department has conducted thevalue-added course titled: **psoriasis** on 20-03-19. We solicit your kind action to send certificates for the participants, that is attached with this letter. Also, I am attaching the photographs captured during the conduct of the course.

Kind Regards

Dr. K. Harsha Vardhan

<HOD Sign and Seal>

Encl: Certificates

Photographs

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