Recognizing "medical aesthetics" in dermatology: The need of the hour

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Cosmetic dermatology has over the past few years been recognized as an informal sub-specialty of dermatology. Despite there being a number of conferences and indexed journal articles on this topic, it continues to have a disorganized curricular pattern. The mere mention of cosmetic dermatology in conventional dermatology academia evokes a mixed response, from interest and curiosity to utter disdain. Medical aesthetics is an offshoot of cosmetic dermatology where the experience gained from practicing cosmetic dermatology is applied to the management of various diseases and disorders, manage their side effects, correct deformities and improve the quality of life.

Need for Inclusion Rather than Exclusion

The practice of dermatology has changed over the years with the inclusion of a wider field of practice as compared to earlier days. The dermatology fraternity can proudly boast of some of the most accomplished experts who treat rheumatic diseases and use biologics on one hand, to experts in the field of hair transplantation, nail, and flap surgeries. A number of dermatologists also routinely perform aesthetic procedures.[1]

Basic education in dermatology starts during residency. Knowledge of aesthetic procedures is presently imparted in dermatology, depending upon the interest of the faculty. This is unlike other specialities, like reconstructive surgery, where there is a structured curriculum in aesthetics and which has some statutory bodies recognizing this field as a subspecialty.[2,3] This inclusiveness has resulted in their graduates passing out as experts at the end of their training. Dermatology graduates, on the other hand, need to rely on self-learnt experience or participate in online courses, workshops, and conferences with minimal hands-on experience during their residency. It is this lack of authentic learning that brackets dermatologists who practice aesthetics, as just one among the other aesthetic physicians. Dermatologists, however, have an edge over aesthetic physicians, in being able to put aesthetic treatments to "treat" skin conditions. Medical schools in India are mostly supported by the state. Advocating cosmetic dermatology at the cost of the taxpayer is understandably limited. However, 'medical aesthetics' has a therapeutic implication and hence the authors feel it is justified to be an essential part of the dermatology curriculum.

What Comprises 'Medical Aesthetics'?

Medical aesthetics is all about the extrapolation of cosmetic dermatology procedures as therapeutic modalities for treatment purposes. Treating dermatological conditions with aesthetic procedures, comes under the realm of aesthetic medicine, not just cosmetology, as many of them are treated to relieve symptoms rather than just to improve outward looks.

Some of the cosmetic dermatology tools and procedures which can be applied to therapeutic interventions include botulinum toxin in hyperhidrosis, chemical peels in post-inflammatory hyperpigmentation, laser hair removal for engrafted skin and hairy nevi, laser resurfacing for scar revision, intense pulse light for acne and rosacea, thread lift in facial paralysis, injection lipolysis in lipomas, hair

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transplantation in vitiligo, hyaluronic acid infiltration and autologous fat transplantation in the management of Parry-Romberg syndrome and localized lipodystrophy. This list of applications is not exhaustive and shall only increase with experience.

Expected Effects of Recognizing this Field of Medical Aesthetics

1. Developing a curriculum in medicine is a dynamic exercise.[4] Once the need for therapeutic aesthetics is recognized, formal curriculum in medical aesthetics can be laid down and included as a part of procedural dermatology. This shall not entail exclusion of any existing curriculum as the theoretical part already exists in the syllabus.
2. National advisory boards and statutory bodies such as the National Medical Council and National Board of Education should be sensitized to this need for change, which may make it easier to implement subspecialty training courses at a national level.
3. Medical colleges shall be able to ask for facilities and infrastructure specific to the additional curriculum.
4. This shift from informal non-structured training to a structured program will ensure dermatology residents have an essential knowledge of basic and advanced aesthetic procedures. Extrapolating these into therapeutic implications shall benefit our patients. This will need to be incorporated in the existing MD Dermatology curriculum, as there is no structured superspeciality degree in dermatology as yet and formal curriculum in medical aesthetics during post graduate residency does not exist, compared to post-doctoral fellowships and degrees for cosmetic dermatology.[5,6]
5. Dermatologists shall have a locus standi for expertise in aesthetic procedures, as these are being increasingly sought after by patients.

Limitations of expert faculty in this field at all teaching centers is a failed argument, since no teacher is an expert in all fields of medicine.

Conclusion

Dermatology has evolved into a niche specialty. Enabling dermatologists to learn and practice both conventional and aesthetic dermatology shall reflect the true intent of the fraternity. The pause that the COVID-19 pandemic has given our practice, gives us time to ponder over this thought and possibly apply it, in its aftermath when health systems recover. Coining the term 'Medical Aesthetics' in dermatology and recognizing its implication, is thus an inescapable part of our practice and the need of these changing times.

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Conflicts of interest

There are no conflicts of interest.

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