in this study population, such as origin from tropical regions, younger age (18–30 years), and lighter skin types (Types II and III) highlight the vulnerability of specific demographic groups. Furthermore, modifiable risk factors in the post-relocation setting, including reduced sweating frequency, incomplete post-shower drying practices, and limited awareness of the link between climate and fungal skin conditions which demonstrates the significant relationship between environmental and behavioral factors and disease activity in students. Addressing these factors by promoting adequate drying after bathing, maintaining good hygiene practices, and educating students from tropical regions about the potential impact of climate on fungal skin conditions can significantly improve disease outcomes and enhance overall skin health in this population.

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TRANSITIONING DERMATOLOGICAL HEALTH: CHANGES IN SKIN AND HAIR CONDITIONS AMONG ASIANS ADAPTING TO THE EUROPEAN CLIMATE

Introduction

The global mobility of populations has made the dermatological sequelae of climatic migration a subject of increasing clinical relevance. For individuals of Asian descent transitioning to European environments, this shift represents more than a cultural change; it is a profound physiological stressor on the integumentary system. The Fitzpatrick skin type changes across Asia and Europe, primarily due to genetic variations and differing levels of historical sun exposure, with Europeans generally having lighter skin types (I–III) and Asians exhibiting a range from Type III to Type V [4].

Table 1 – The Fitzpatrick skin type scale [4]

Skin type	Skin Range
1	Pale white skin, blue/green eyes, blond/red hair
2	Fair skin, blue eyes
3	Darker white skin
4	Light brown skin
5	Brown skin
6	Dark brown or black skin

The transition from often humid, warm Asian climates to the characteristically colder, drier, and seasonally variable European climate can precipitate a spectrum of specific dermatoses and exacerbate pre-existing conditions. Human skin, as the primary interface with the external environment, possesses remarkable adaptive capacities, yet these can be severely challenged by rapid translocation across stark climatic gradients.

Goal

The primary goal of this article is to systematically delineate the common dermatological and trophological challenges encountered by individuals of Asian descent following their transition to European climates. It aims to study the pathophysiological mechanisms including barrier dysfunction, altered sebum production, and response to hard water

Material and methods of research

An online survey was conducted focusing on students from mainly South Asian countries who moved to European countries. Data were collected via a structured self-administered questionnaire. The instrument was designed to capture participants' retrospective self-assessment of their dermatological and trichological status before migration, and their current status post-migration. Key domains of inquiry included skin and hair type, incident or exacerbated conditions, and potential exogenous and lifestyle covariates such as water quality, dietary changes, stress, sun exposure, and adapted care routines. Participants were asked, to describe their facial skin type pre- and post-migration, report any new or worsening skin conditions, and rate the overall impact of the move on a Likert-type scale from 1 to 5. Further questions probed environmental and behavioral factors, including changes in water quality, diet, stress levels, sun exposure, and skincare routines. Many other well-known sources like WHO Foundation, ScienceDirect and ResearchGate articles were also utilized.

The results of the research and their discussion

The participants of the study were 28.6% (17) Male and 61.4% (27) Female. Results were obtained from Asian citizens from an age range of 17 years to 29 years from countries like Sri Lanka –32 (72.7%), India – 10 (22.7%), Pakistan – 1 (2.3%) and Kuwait – 1 (2.3%) who moved to Belarus – 35 (79.5%), Ukraine – 2 (4.5%), Italy (4.5%), Russia – 2 (4.5%), Canada – 1 (2.3%), Australia – 1 (2.3%) and the United Kingdom – 1 (2.3%). Ethnicity-wise comparisons highlighted distinct biological features specific to each population [1].

The data in Table 2 demonstrates a clear epidemiological shift from a pre-migration profile dominated by "Normal" skin to a post-migration profile characterized by "Combination" and "Dry" skin. This underscores the profound impact of environmental change on dermatological health, primarily driving skin barrier impairment and compensatory mechanisms.

Table – 1 Comparative analysis of self-reported facial skin types before and after relocation

Skin Type	Percentage (Before Move)	Percentage (After Move)	Percentage Point Change
Normal	38.6% (17)	20.5% (9)	–18.1
Combination	29.5% (13)	29.5% (13)	0
Dry	9.8% (4)	43.2% (19)	+33.4
Oily	38.6% (17)	9.1% (4)	–29.5
Not Aware	2.3% (1)	4.5% (2)	+2.2

The data in Table 02 illustrates a stark transformation in reported hair and scalp conditions following a move to a new location. Initially, the majority of individuals (52.3%) described their hair as "normal," a figure that plummeted by 34.1 percentage points to just 18.2% after the move.

This decline was accompanied by a dramatic surge in nearly all other conditions. Most notably, there were substantial increases in reports of "thin/weak hair" and "typical hair loss and shedding," which were not reported prior to the move but affected 47.7% and 45.5% of individuals afterward, respectively. Similarly, instances of "dry scalp/hair" and "dandruff" saw sharp rises of over 29 percentage points. This collective shift suggests that the new environment had a significant, predominantly negative impact, leading to a widespread emergence of scalp issues and hair damage where few existed before.

Table – 3 Comparative Analysis of Self-Reported Scalp and Hair Types Before and After Relocation

Scalp and hair type	Percentage (Before Move)	Percentage (After Move)	Percentage Point Change
Oily scalp/hair	20.5% (9)	9.1% (4)	−11.4
Dry scalp/hair	18.2% (8)	52.3% (23)	+34.1
Dandruff	4.5% (2)	34.1% (15)	+29.6
Sensitive/Itchy Scalp	4.5% (2)	13.6% (6)	+9.1
Normal hair	52.3% (23)	18.2% (8)	−34.1
Not aware	6.8% (3)	0	−6.8
Typical hair loss and shedding	0	45.5% (20)	+45.5
Thin/weak hair	0	47.7% (21)	+47.7
Frizzy/unmanageable hair	0	18.2 % (8)	+18.2

As for the Primary Causative Factors, the data points to clear external and internal triggers: Hard Water: with 36.4% of respondents reported having "Hard Mineral Rich" or "Heavily Chlorinated" water, a major factor in dryness, irritation, and hair damage. The fact that the new water is different in type and make from the old water is sufficient to trigger hair loss. In most cases the hair adapts to the new water and environment over a period of about 2–3 months subsequent to which the hair fall reduces spontaneously and comes back to normal levels [2]. Stress: 38.6% reported their stress levels are "Slightly higher," a key trigger for hair loss and skin flare-ups. Diet: 56.8% reported a "Moderate change" in diet, which can also affect skin and hair health.

With regard to Adaptive Behaviors & Product Changes, the respondents are actively trying to adapt their routines to cope with Product Overhaul where A vast majority (72.7%) have changed their core products, with 27.3% making "significant" changes. They also Focus on Hydration: The most adopted products are Hydrating Serums (43.6%) and Gentle/Cream Cleansers (38.5%), showing a conscious shift away from oil-control and towards barrier repair and moisture. Sunscreen Use: Habits are split, but a concerning 31.8% reported that they did not use sunscreen regularly as a result of climate change and atmosphere which does not require constant usage.

Conclusion

Relocation from Asia to Europe appears to induce a predictable suite of adverse skin and hair conditions in a significant portion of the migrant population. The main observation was that the skin shifts from Normal to Dry, while hair and scalp type shifts from Normal to increased dryness, hair thinning, weakening, frizzy hair and shedding.

This phenomenon, which can be termed as the "European Transition Effect," follows a sequential pattern [3]:

1. Stage 1 (Pre-Migration): A baseline of resilient skin and scalp health, often managed with products designed for humidity and sebum control.

2. Stage 2 (Onset): Initiation of a compromised skin barrier, evidenced by intense dryness, tightness, and scalp flakiness, likely triggered by environmental stressors such as lower humidity, cooler temperatures, and differing water quality.

3. Stage 3 (Progression): Emergence of telogen effluvium (increased hair shedding) and deterioration of hair quality, including heightened frizz and porosity.

4. Stage 4 (Adaptation): A necessary and comprehensive shift in cosmetic and therapeutic strategies toward a core focus on hydration, lipid replenishment, and barrier repair to mitigate the ongoing environmental assault.

This consistent adaptive response underscores the profound impact of environmental factors on cutaneous and follicular physiology and highlights the need for targeted dermatological guidance for this demographic [1, 2, 3].

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EFFECTIVENESS OF SALICYLIC ACID FOR WARTS AND THE EFFECTS OF OTHER MEDICATIONS AND THERAPIES

Introduction

Viral warts, or verrucae, are benign skin growths caused by the human papilloma virus (HPV). They manifest as thickened, hardened patches on the skin, resulting from an overproduction of keratinocytes, the primary cells in the epidermis. These warts typically appear as elevated bumps with a rough, irregular surface, often likened to cauliflower. They can occur on various body parts, including the hands, feet, and face.

Epidemiological studies indicate that viral warts are especially common among younger individuals. Research suggests that between 3% and 13% of the general population is affected, with prevalence rates potentially reaching up to 10% among school-aged children. The transmission of HPV occurs through direct contact with infected skin or contaminated surfaces, making schools and communal areas hotspots for spreading the virus.

While viral warts are generally harmless and often resolve spontaneously over time, they can be bothersome or painful, particularly when located on weight-bearing areas like the soles of the feet. Treatment options include topical therapies, cryotherapy, and laser treatments, depending on the wart's size, location, and persistence. Awareness and preventive measures can help reduce transmission and incidence among susceptible populations.

Goal

The main aim of the thesis is to analyze the patients' responses to topical creams/solutions or other ways of the treatment to remove warts permanently from the skin layer.