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FROM CLINICAL INSIGHT TO GLOBAL INNOVATION

Dr Rinky Kapoor on Regenerative Aesthetics, Translational Medicine & India's Scientific Future

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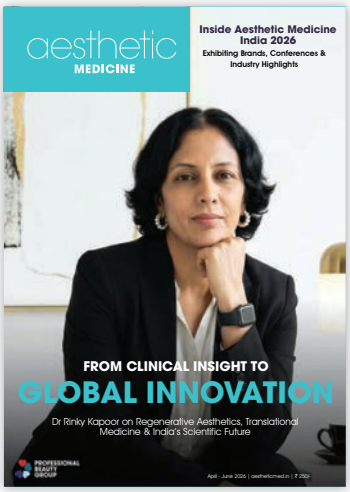

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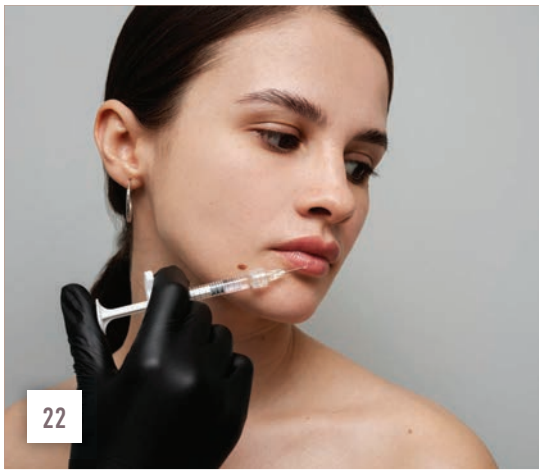

From clinical insight to global innovation

Dr Rinky Kapoor, Co-Founder and Director of The Esthetic Clinics, shares her insights on regenerative aesthetics, translational medicine, and India's scientific future with **Shriyal Sethumadhavan.**

For Dr Rinky Kapoor, the journey to becoming a global authority in regenerative aesthetics began with the discipline of a middle-class upbringing where education was viewed as a responsibility rather than an aspiration. Shaped by a merit-driven path and rigorous training at Lokmanya Tilak Medical College, Mumbai, she moved beyond textbook dermatology to understand the sociology of disease and the psychology of suffering.

From the high-volume clinics of Apollo Hospitals to the cutting-edge research environments of Stanford and Singapore, her career has been guided by an evolving interplay of observation, humility, curiosity, and science. Driven by a belief that the future of skin and hair health lies in molecular biology and regenerative medicine, she has transitioned from procedural practice to pioneering translational innovation.

Her story is one of scientific persistence and a commitment to building indigenous medical innovation despite scepticism and challenges. **Dr Rinky Kapoor** shares her journey, insights, and vision for the future in this conversation with **Shriyal Sethumadhavan.**

What were some of the defining moments that shaped your transition from a practising dermatologist to a globally recognised voice in regenerative aesthetics?

Looking back, I realise that many aspects of this journey were shaped long before dermatology entered my life. Coming from a middle-class family, education was never viewed casually in our household – it was a responsibility. As an open-category student, there were no alternate pathways available to us financially, which instilled discipline, resilience, and a deep appreciation for every opportunity that came my way.

Like many women in medicine, I have navigated multiple parallel roles throughout my career – building a clinical practice, fulfilling family responsibilities, pursuing research, and remaining committed to long-term scientific goals. The journey required not only academic persistence but also emotional endurance and the ability to keep moving forward despite competing demands.

One of the earliest defining influences came during my years at Lokmanya Tilak Medical College and Hospital in Mumbai. Training in a large government institution fundamentally shapes one's understanding of medicine. During my MD Dermatology training, I had the privilege of learning under exceptional mentors such as Dr HR Jerajani and Dr Rachita Dhurat, who instilled the importance of scientific rigour, observation, and evidence-based thinking. Research and publication were deeply embedded in our training, a culture I continue to carry forward today, having authored and co-authored more than 80 peer-reviewed scientific publications.

My international training experiences at Stanford University, the National Skin Centre in Singapore, and centres across Europe, Thailand, and the US further broadened my perspective. I witnessed first-hand how closely clinicians, scientists, and researchers collaborate to drive translational medicine and innovation. From advanced melanocyte culture and transplantation research in Singapore to cutting-edge device trials in the US and molecular-level skin cancer research at Stanford, these experiences reinforced my belief that the future of medicine lies in molecular biology, regenerative science, and evidence-based innovation.

Early in my clinical practice, I realised that many dermatological concerns extended far beyond appearance. Conditions such as hair loss, pigmentation disorders, scarring, and skin ageing profoundly affect confidence, emotional wellbeing, and quality of life. At the same time, modern medicine still lacks definitive answers for many underlying biological mechanisms. This prompted me to view aesthetic dermatology not merely as procedural medicine, but as a field where regenerative science, biology, psychology, and translational research could intersect to create meaningful patient outcomes.

A major turning point came during my tenure at Apollo Hospitals, Hyderabad, where I headed 'cosmetic dermatology and lasers'. Working with large patient volumes exposed me to a broad spectrum of hair and skin disorders. One particularly memorable moment was when some of our early regenerative work received front-page coverage in *The Times of India*. The resulting response was extraordinary, with Apollo reportedly receiving nearly 25,000 patient enquiries in a short span. More importantly, it highlighted the enormous unmet demand for scientifically validated regenerative treatments and reinforced my belief that Indian clinicians could contribute original innovations rather than simply adopt technologies developed elsewhere.

That question became a driving force throughout my career. At a time when many believed meaningful innovation in aesthetic medicine could only come from outside India, I became increasingly motivated to challenge that perception. Collaborations with multidisciplinary teams, scientists, and institutions such as IIT Bombay helped bridge clinical observations with deeper scientific exploration and systems thinking.

Over time, these efforts evolved into structured translational research, patents, scientific collaborations, and innovations such as QR678, QR678 NEO, PREO, and ZEO, with further developments currently underway. The patent journey itself was a significant learning experience, requiring scientific persistence, multidisciplinary collaboration, and resilience at a time when clinician-led aesthetic innovations from India were still relatively uncommon.

I have also been fortunate to learn from several global mentors and thought leaders, including Dr Michael Gold, Dr Woraphong Manuskiatti, Dr Hayes Gladstone, and many others whose scientific rigour and generosity have influenced my thinking over the years.

Throughout this journey, education has remained central. Teaching and engaging with younger dermatologists continually pushes me to remain intellectually curious and honest. Today, I do not view this journey as becoming a 'globally recognised voice'. Rather, I see it as being part of a much larger transformation within Indian aesthetic medicine – one where Indian clinicians are increasingly contributing original science, innovation, and intellectual property to the global conversation. Recognition from the Government of Maharashtra in 2024 was deeply meaningful, not as a personal milestone alone, but as an acknowledgment of the growing impact of indigenous innovation and the immense potential of the next generation of Indian medical researchers and practitioners.

Early in your career, what gaps or unmet patient needs pushed you to explore translational medicine within skin, hair, and regenerative therapies more deeply?

Very early in practice, one recurring frustration stayed with me: despite all the advances in dermatology and aesthetics, many patients with chronic hair and skin concerns remained trapped in cycles of temporary improvement, emotional distress, and incomplete long-term solutions. What struck me most was how often patients would discuss confidence, marriage, workplace anxiety, ageing fears, and social withdrawal while ostensibly seeking treatment for hair or skin conditions.

Hair loss, in particular, was one of the most emotionally devastating conditions I encountered. Patients across genders and age groups were deeply affected psychologically, socially, and professionally, yet the therapeutic options available remained relatively limited. Melasma is taught to us in dermatology from day one, and there are numerous treatment protocols, yet many patients remain dissatisfied with outcomes. Alopecia areata keeps recurring, psoriasis continues to significantly impact quality of life, and even acne can remain frustratingly difficult to clear. Lichen planus pigmentosus causes devastating skin discoloration, while despite interventions such as botulinum toxin, fillers, threads, ultrasound, and lasers, skin continues to age biologically. As dermatologists, we could often stabilise progression or create moderate improvement, but I increasingly felt we needed to think beyond symptom management and procedural intervention.

I became deeply interested in whether regenerative biology itself could be harnessed more meaningfully. Regenerative medicine was not simply about appearance; it was deeply connected to identity and psychological well-being. At the time, there was enormous excitement around growth factors, tissue signalling, stem cell pathways, and biologic regeneration, but much of the ecosystem lacked reproducibility, standardisation, and evidence-backed clinical frameworks.

Patients were simultaneously becoming more informed and more confused. Many were exposed to rapidly expanding aesthetic narratives without enough scientific clarity separating evidence from enthusiasm. In the quest to adopt every new treatment entering the international market, solutions were often embraced without adequate scientific validation, resulting in disappointment for both physicians and patients. This gap became one of the strongest motivations for exploring translational medicine more seriously.

India also offered an extraordinary clinical environment for observation. The diversity of genetics, environmental exposure, nutrition, stress biology, inflammatory conditions, hormonal patterns, and lifestyle influences is unmatched. The more patients I saw, the more convinced I became that India was uniquely positioned to contribute original insights into regenerative science. Meaningful innovation rarely begins in a laboratory alone; it often begins in repeated clinical observation. Over time, those observations evolved into larger scientific questions and eventually into collaborative translational pathways involving clinicians, formulation experts, researchers, and scientific institutions.

But none of this happened overnight. There were years of scepticism, uncertainty, operational difficulty, scientific refinement, systems building, and constant iteration. In the early years, almost everything generated was reinvested into research, patents, scientific validation, systems development, and intellectual property creation. Translational science is capital-intensive, time-intensive, emotionally demanding, and often commercially uncertain. There were also moments when people openly questioned whether Indian-origin aesthetic innovation could achieve meaningful scientific credibility internationally. Those moments only strengthened the commitment toward evidence generation and scientific rigour.

We believed that if India wanted to contribute original regenerative science globally, somebody had to be willing to build patiently rather than opportunistically. What ultimately kept the journey moving forward was the patient. Every time patients described improvements in confidence, identity, and quality of life, the scientific effort regained meaning. Meaningful translational efforts begin and end with patient need. When clinicians listen carefully to recurring frustrations, limitations, hopes, and expectations, science begins evolving in response. That, to me, is the essence of translational medicine.

How do you typically identify a clinical observation that has the potential to evolve into a larger research pathway or treatment approach?

Meaningful clinical innovation rarely begins with the intention of 'creating a product' or 'building a brand'. In most cases, it begins with repeated patient patterns that refuse to leave your mind. For me, translational thinking has always emerged from observing recurring clinical realities closely and asking whether there is a deeper biological explanation that remains inadequately explored. Many clinicians observe interesting patient responses occasionally; the real difference lies in whether one is willing to systematically study those observations over years with scientific discipline rather than anecdotal excitement.

Observation without scientific rigour becomes noise, while observation with structure can become innovation. Whenever I encounter a recurring clinical phenomenon, I ask myself a few fundamental questions: Is this pattern reproducible? Is there a biological pathway that could explain it? Is this clinically meaningful? Can it improve patient outcomes? Can it be standardised safely and ethically? Is there enough unmet need to justify deeper exploration? If those questions persist over time, that is usually when the translational journey begins.

I also believe some of the most meaningful innovations in medicine come from clinicians who remain deeply immersed in patient interaction rather than functioning only from research abstraction. Not all patients respond to PRP, minoxidil, or glutathione in the same way; some pigmentary disorders remain resistant despite multiple interventions, some vitiligo patients do not respond to established therapies, and not all side effects are seen in every patient. The explanations for these variations lie in molecular science.

In hair science and regenerative aesthetics, I repeatedly encountered patients who were not simply asking for temporary cosmetic enhancement. They wanted to understand why conditions recur, why results are inconsistent, and why some therapies plateau. These questions often could not be fully answered by existing therapeutic pathways, naturally leading toward deeper exploration into regenerative signalling, tissue biology, growth factor pathways, and larger translational systems.

At the same time, one has to be careful not to become overexcited by novelty alone. Aesthetic medicine can move quickly towards trends, but meaningful scientific contribution requires patience, reproducibility, documentation, and humility. Innovation is rarely linear. The collaborative aspect is equally critical. Clinicians may identify unmet needs, but scientific evolution requires multidisciplinary ecosystems involving researchers, formulation scientists, institutions, engineers, statisticians, manufacturing teams, regulatory experts, and long-term clinical validation.

My interactions with multidisciplinary scientific ecosystems, particularly institutions such as IIT Bombay, were especially important because they introduced different ways of thinking about clinical systems, reproducibility, biological modelling, and translational structuring. As clinicians, we often observe patterns intuitively; translational science requires converting intuition into systems.

Over time, one also learns that innovation is not only about discovering something new. Sometimes it is about organising existing biological understanding in a more clinically meaningful, reproducible, scalable, and affordable manner. Equally important is remaining detached enough to challenge one's own assumptions. Science requires the ability to continuously question, refine, validate, and occasionally abandon hypotheses. Ultimately, translational medicine is the disciplined process of converting repeated clinical insight into evidence-backed scientific pathways that can genuinely improve patient outcomes.

What has changed in India's ecosystem to enable doctors to contribute to global scientific advancement rather than simply adopt international trends?

One of the most significant shifts taking place in India today is psychological. For many years, Indian clinicians were extraordinary practitioners but hesitant innovators. There remained an underlying assumption that true scientific innovation would primarily originate elsewhere and eventually be imported into India. That mindset is slowly changing. Increasingly, a generation of Indian doctors is recognising that global contribution does not require abandoning Indian realities. The scale, diversity, and intensity of clinical exposure available in India is one of our greatest strengths. Few countries see the volume and variety of skin, hair, pigmentary, inflammatory, metabolic, and aesthetic concerns that Indian clinicians encounter routinely.

When you combine that clinical exposure with increasing scientific collaboration, better global connectivity, improved access to research ecosystems, and a younger generation of doctors who are intellectually ambitious, the possibility for meaningful innovation naturally expands. The ecosystem itself has matured significantly. Earlier, clinicians often functioned in silos; today there is far greater interaction between doctors, academic institutions, engineers, biotechnology ecosystems, formulation scientists, manufacturing systems, and global scientific networks.

That multidisciplinary integration is essential for translational medicine. Meaningful regenerative innovation may require inputs from molecular biology, formulation chemistry, tissue signalling, clinical dermatology, biomaterials, data systems, and manufacturing science simultaneously. Another major shift has been the confidence to pursue intellectual property and original scientific pathways. There was a time when the idea of Indian-origin patented aesthetic innovations with global relevance was viewed sceptically. Today, Indian clinicians and scientific teams are increasingly participating in patents, publications, global congresses, multicentric collaborations, evidence generation, and translational research frameworks.

I strongly feel that India's future contribution to global aesthetic medicine should not simply imitate Western pathways. Our strength lies in contributing unique insights emerging from Indian patient realities. Indian patients present with distinctive skin biology, hair biology, environmental exposure, inflammatory patterns, pigmentary tendencies, and lifestyle influences. Technology has also democratised knowledge significantly, allowing younger Indian dermatologists direct access to global scientific conversations in real time.

Most importantly, a generation of Indian clinicians has begun believing that innovation can emerge from India without requiring external validation at every stage. Organisations like the IADVL provide mentorship and research support to young dermatologists. At the same time, we must remain careful not to confuse rapid commercialisation with scientific advancement. True credibility internationally still depends on evidence, reproducibility, ethics, peer review, long-term outcomes, and scientific integrity. India has the potential to become a major contributor to global regenerative aesthetics, and I believe, the next decade will see Indian-origin scientific pathways becoming increasingly influential globally.

Your work in regenerative dermatology and hair science has contributed to conversations around evidence-backed aesthetics. Tell us about the scientific shifts redefining regenerative medicine today?

One of the most important scientific shifts taking place today is the movement away from purely structural or procedural aesthetics toward biology-driven aesthetics. For many years, aesthetic medicine was heavily centred around visible correction: volume restoration, resurfacing, tightening, camouflage, and procedural enhancement. Today, regenerative medicine is gradually shifting the conversation toward tissue quality, cellular signalling, inflammatory modulation, biological restoration, and long-term tissue behaviour.

That is a profound evolution. Increasingly, we are no longer asking only, "How do we improve appearance?" We are also asking, "How do we improve tissue health biologically?" Regenerative aesthetics will increasingly evolve toward integrated biological interpretation rather than isolated intervention. The future may involve understanding tissue resilience, inflammatory behaviour, signalling pathways, cellular communication, ageing trajectories, and personalised regenerative ecosystems rather than simply procedural correction. Earlier, many regenerative discussions globally were oversimplified; today, there is increasing scientific appreciation for complexity and reproducibility.

Also, evidence generation is becoming far more important now than it was even a decade ago. Patients today are highly informed, and clinicians are demanding stronger scientific validation before adopting regenerative protocols widely. This is pushing the field toward better clinical trials, standardised protocols, outcome documentation, biomarker-driven understanding, and long-term evaluation. One area I find especially exciting is the convergence between regenerative science and personalisation. The future of aesthetics will likely become increasingly individualised based on biology, inflammatory profiles, ageing pathways, genetics, hormonal influences, environmental exposure, and tissue behaviour. The 'one protocol fits all' era is gradually declining.

Combination therapies are also redefining the field. Increasingly, regenerative medicine will function as intelligently layered ecosystems combining biologics, devices, injectables, topical pathways, procedural modulation, and data-driven personalisation. Another significant shift is the increasing role of clinician-led innovation. Historically, many aesthetic trends were industry-driven first and clinically validated later; today, more clinicians are actively participating in scientific development itself.

At the same time, regenerative medicine must remain extremely careful ethically. The word 'regeneration' itself can sometimes create unrealistic expectations if not handled responsibly. As the field expands, maintaining scientific honesty becomes critical. Not every emerging concept will ultimately prove durable or reproducible. Some pathways will evolve, some will fail, and some will require refinement over years. The future belongs to regenerative systems that are evidence-backed, reproducible, biologically intelligent, ethically grounded, and clinically meaningful. The next decade will fundamentally redefine how aesthetic medicine understands aging, tissue repair, inflammation, hair biology, and long-term skin health.

In an industry often driven by trends and marketing, what role do evidence generation and scientific validation play in safeguarding the credibility of regenerative aesthetics?

Evidence generation and scientific validation are absolutely central to the future credibility of regenerative aesthetics. As regenerative medicine becomes more commercially visible and socially popular, the responsibility on clinicians and scientific leaders becomes even greater. Aesthetic medicine cannot survive long-term on visibility alone; ultimately, every specialty is judged by scientific integrity and patient trust. Regenerative medicine especially carries enormous ethical responsibility because hope itself becomes part of the treatment conversation.

Aesthetic medicine today sits at the intersection of medicine, psychology, aspiration, technology, social perception, and digital influence. This creates tremendous opportunities, but also risk. One of the challenges with rapidly evolving fields is that enthusiasm sometimes moves faster than evidence. Words such as regenerative, stem cell, growth factor, exosome, biologic, and anti-ageing are often used loosely across the global aesthetic ecosystem.

That is precisely why scientific discipline becomes critical. Regenerative medicine cannot rely only on excitement or anecdotal success. It must stand on reproducibility, documentation, peer discussion, long-term outcomes, safety, and evidence generation; otherwise, the specialty risks losing credibility. Patients today are highly informed and research treatments independently. As clinicians, we have a responsibility to separate possibility from proven reality. One of the reasons I became deeply interested in translational systems was because I felt aesthetic medicine needed stronger bridges between clinical observation and structured scientific validation.

Innovation is important, but validation is equally important. A new idea becomes meaningful only when it can be standardised, reproduced, studied systematically, and responsibly implemented

across different patient populations. In regenerative pathways, there are enormous variables involved, including biological variability, patient selection, inflammatory environments, protocol consistency, procedural technique, and long-term maintenance. Without rigorous systems, results can become inconsistent quickly.

The next phase of aesthetic medicine will increasingly reward clinicians and companies that prioritise scientific integrity over aggressive trend cycles. Doctors are asking harder questions, patients are becoming more discerning, and regulators are becoming more involved. Long-term credibility is beginning to matter more than short-term visibility. At the same time, clinicians must remain open-minded and not become scientifically rigid. The answer is not to suppress innovation, but to create responsible frameworks where innovation and validation evolve together. The clinicians who shape the future will be those who can combine curiosity, innovation, evidence, ethics, and long-term patient trust.

How will biology-driven protocols, biomarkers, AI, and combination therapies shape the next decade of regenerative aesthetics?

The next decade of aesthetic dermatology will look dramatically different from what we see today. Historically, aesthetics evolved largely around visible correction and procedural enhancement. Increasingly, however, the field is shifting toward biology-driven optimisation where the emphasis will move from simply improving appearance toward understanding tissue behaviour, inflammatory pathways, ageing biology, regeneration, and long-term skin and hair health. In many ways, the future of aesthetics will become far more predictive, personalised, and systems-oriented. Future regenerative systems will likely combine diagnostics, molecular understanding, biologics, personalised signalling pathways, AI-assisted interpretation, devices, and longitudinal biological tracking.

One of the biggest changes will likely be personalisation through biology-driven protocols. No two patients age identically, no two inflammatory environments behave identically, and no two regenerative responses are exactly the same. Increasingly, treatments will likely be tailored based on tissue biology, biomarkers, inflammatory signatures, hormonal patterns, ageing pathways, environmental exposure, stress biology, and genetic predisposition. The era of standardised protocols for every patient is gradually giving way to more individualised therapeutic ecosystems.

Also, combination therapies will become increasingly important. The future is unlikely to belong to isolated interventions alone; we will probably see highly integrated regenerative systems combining injectables, topical pathways, devices, biologics, procedural stimulation, nutritional modulation, and data-driven treatment sequencing. Artificial intelligence will also likely transform diagnostics, imaging, predictive modelling, treatment planning, patient monitoring, and longitudinal outcome analysis. However, AI will not replace clinical judgment. Medicine still requires intuition, emotional intelligence, ethical reasoning, and human interaction; AI will simply enhance the clinician's ability to process complexity more effectively.

I am also excited about the growing convergence between regenerative medicine and longevity science. Patients today are asking broader questions around wellness, tissue quality, inflammation, preventive ageing, and long-term biological health. At the same time, the future will demand greater scientific responsibility from all of us. I am particularly optimistic about India's potential role in this future as Indian clinicians participate more actively in global research conversations, intellectual property development, translational science, and evidence generation.

Ultimately, the future of aesthetic dermatology will not simply be about looking younger. It will increasingly be about healthier tissue, better biological ageing, emotional confidence, regenerative resilience, and improving quality of life in a scientifically meaningful way.

What advice would you give the next generation of aesthetic dermatologists seeking to become leaders in global aesthetic medicine?

The first thing I would say is that aesthetic medicine should never be approached only as a business opportunity or a procedural specialty. At its core, it is still medicine. A sound knowledge of clinical medicine is paramount. Patients may come seeking aesthetic improvement, but very often what they are truly seeking is confidence, emotional restoration, dignity, and quality of life.

Secondly, younger clinicians should remain deeply curious. The future of aesthetic medicine will increasingly belong to clinicians who ask deeper biological questions and who are willing to think beyond protocols. Some of the most meaningful innovations emerge from simple observations in everyday practice, so my advice would be: observe carefully, document honestly, question repeatedly, and remain intellectually humble.

Also, young dermatologists should invest in scientific validation rather than chasing trends too quickly. Technology changes rapidly, platforms evolve, and marketing cycles come and go, but strong scientific thinking remains timeless. Learn technology and how to use it rationally for furthering science. Mentorship also played a major role in shaping the way I think, and I would encourage younger doctors to seek environments that challenge them intellectually rather than only validating them.

Another important lesson is that innovation sounds glamorous in retrospect, but the reality is usually much more difficult, involving years of uncertainty, scepticism, and failed hypotheses. Building translational systems from India at a time when clinician-led regenerative innovation was still relatively uncommon required persistence. There were moments when people doubted whether Indian-origin scientific pathways could achieve meaningful global relevance. Even today, products of international origin are often accepted more readily than indigenous ones.

That's why younger clinicians should not become discouraged by scepticism too quickly. Today's digital ecosystem rewards rapid exposure, but long-term credibility in medicine is still built through patient trust, ethics, consistency, scientific rigor, and integrity over time. For many years, India largely adopted international aesthetic trends, but now Indian clinicians are beginning to contribute original science and research pathways.

I hope the next generation of Indian aesthetic dermatologists will not only become excellent clinicians, but also researchers, educators, scientific collaborators, and translational thinkers. Ultimately, medicine is a collective journey. Future medicine is a collaborative exercise involving clinicians, molecular biologists, geneticists, formulation scientists, and many other disciplines. Meaningful impact rarely comes from trying to become important personally; it comes from remaining genuinely committed to patients and continuing to build quietly even when outcomes remain uncertain. Everything else eventually follows. OM