SOUVENIR

NAYANTAAL 2024

47TH MP STATE OPHTHALMIC SOCIETY CONFERENCE, BHOPAL

8-10 NOV 2024

Hosted by-
Bhopal Divisional Ophthalmic Society

RAJAS
EYE & RETINA CENTER

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- 35 वर्षों से अधिक विश्व स्तरीय नेत्र चिकित्सा
- 9 लाख से अधिक संतुष्ट रोगियों का भरोसा
- 2.25 लाख से अधिक सफल सर्जरी
- एक छत के नीचे व्यापक नेत्र चिकित्सा

राजस आई हॉस्पिटल

152, कंचन बाग, एयरटेल के सामने, इंदौर
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हमारी अन्य शाखाएं

चौधरी आई एंड रेटिना रिसर्च सेंटर	रोशनी आई क्लिनिक एंड सर्जरी सेंटर	रोशनी आई क्लिनिक एंड सर्जरी सेंटर	रोशनी आई क्लिनिक एंड सर्जरी सेंटर	रोशनी आई क्लिनिक एंड सर्जरी सेंटर	स्वामी परमानंद नेत्रालय
1, शिव विलास पैलेस, राजबाड़ा, इंदौर फोन: 0731-2539595	2132-डी सुदामा नगर, रिंग रोड, इंदौर फोन: 0731-4237678, 91116-00800	2-एफ.एफ, स्कीम नं. 54, विजय नगर, इंदौर फोन: 0731-2552422, 95894-99111	3- ए. आईकॉन बिल्डिंग, कालानी बाग, ए.बी. रोड, देवास फोन: 07272-254233, 95894-66111	42, समर पार्क कॉलोनी, दिव्यांश स्क्वायर-2, निपानिया, इंदौर	भावना नगर, ग्राम लिम्बोदी, खंडवा नाका, इंदौर फोन: 98262-00795, 98262-00796

सभी कम्पनी के TPA और इंश्योरेंस कम्पनी की मेडीक्लेम सुविधा उपलब्ध है, तथा CGHS द्वारा अनुबंधित एवं आयुष्मान भारत योजना की सुविधा भी उपलब्ध है।

सत्यमेव जयते

राज्यपाल, मध्यप्रदेश
GOVERNOR OF MADHYA PRADESH

राज भवन
भोपाल-462052
RAJ BHAVAN
BHOPAL-462052

क्रमांक ...२१३/राजभवन/2024
भोपाल, दिनांक-...२३... अक्टूबर, 2024

संदेश

हर्ष का विषय है कि एम.पी. स्टेट ऑप्थैल्मिक सोसाइटी का 47वां वार्षिक सम्मेलन भोपाल में आयोजित किया जा रहा है। सम्मेलन के दौरान कार्यशाला का आयोजन सार्थक प्रयास है। सम्मेलन में स्मारिका का प्रकाशन किया जाना सराहनीय पहल है।

चिकित्सकों का सम्मेलन मानवता की सेवा संकल्प का सार्थक आयोजन है। पीड़ित मानवता की सेवा के लिए विशेषज्ञ ज्ञान और अनुभवों को साझा करने का प्रभावी उपक्रम है। मुझे विश्वास है कि 47वां वार्षिक सम्मेलन नेत्र सुरक्षा तथा नेत्र रोग के सरल और सुविधाजनक इलाज के बारे में गंभीर चिंतन का मंच बनेगा। वंचितों और गरीब व्यक्तियों की नेत्र स्वास्थ्य संबंधी चुनौतियों के निदान प्रयासों को नयी दिशा देगा।

आशा है, स्मारिका नेत्र विज्ञान के क्षेत्र में आधुनिकतम उपचार तकनीकों और विशेषज्ञों के अनुभवों को साझा कर प्रकाशन के उद्देश्यों को प्राप्त करने में सफल होगी।

शुभकामनाएं,

मंगुभाई पटेल

(मंगुभाई पटेल)

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शुभाशीष - महामहिम राज्यपाल

डॉ. मोहन यादव
मुख्यमंत्री
मध्यप्रदेश

दिनांक:- 26-10-2024
पत्र क्रमांक - 284/24

संदेश

प्रसन्नता का विषय है कि एमपी स्टेट ऑप्थैल्मिक सोसायटी का 47वां वार्षिक सम्मेलन भोपाल में आयोजित किया जा रहा है।

सम्मेलन में राष्ट्रीय और अंतर्राष्ट्रीय स्तर के नेत्र रोग विशेषज्ञों सहित प्रदेश के सैकड़ों नेत्र रोग विशेषज्ञों के आपसी विचार-विमर्श का यह महत्वपूर्ण अवसर रहेगा। नेत्ररोग संबंधी ऑपरेशन की नवीनतक तकनीक के प्रशिक्षण से प्रदेश में नेत्र स्वास्थ्य सेवाओं में सुधार और ब्लाइंडनेस कम करने के उपायों में वृद्धि होगी, ऐसा विश्वास है।

आशा है नेत्र रोग विशेषज्ञों के सम्मेलन के अवसर पर प्रकाशित की जा रही स्मारिका में नेात्र रोंगों के उपचार की नवीन तकनीकपर केंद्रित शोध पत्रों का समावेश से युवा होगा।

हार्दिक शुभकामनाएँ।

(डॉ. मोहन यादव)

6, श्यामला हिल्स, भोपाल - 462 002

राजेन्द्र शुक्ल
उप मुख्यमंत्री, मध्यप्रदेश

पत्र क्रमांक : 4385
दिनांक : 24-10-24

संदेश

यह जानकर अत्यंत हर्ष हुआ कि एमपी स्टेट ऑप्थैल्मिक सोसाइटी का 47वां वार्षिक सम्मेलन 8-10 नवंबर 2024 को भोपाल में आयोजित किया जा रहा है। सम्मेलन में विभिन्न नवीनतम ऑपरेशन तकनीकों पर प्रशिक्षण देने के लिए कार्यशाला का आयोजन किया जाना भी प्रस्तावित है। इस प्रकार के आयोजन नेत्र चिकित्सा के क्षेत्र में सर्वोत्तम उपचार पद्धतियों के विकास, नए स्वास्थ्य चुनौतियों को पहचानने एवं उनका समाधान ढूंढने, अनुभव साझा करने तथा बेहतर स्वास्थ्य सेवाओं में योगदान देने में अत्यंत महत्वपूर्ण भूमिका निभाते हैं।

यह जानकर प्रसन्नता हुई कि सम्मेलन में राज्य के लगभग 650-700 नेत्र रोग विशेषज्ञों के साथ-साथ राष्ट्रीय और अंतर्राष्ट्रीय स्तर के विशेषज्ञ भी शामिल होंगे। यह सम्मेलन न केवल नवीनतम चिकित्सा जानकारी और तकनीकों को साझा करने का मंच प्रदान करेगा, साथ ही अनुभव साझा करने, नए दृष्टिकोणों को पहचानने और सामूहिक रूप से नई चुनौतियों का सामना करने में भी सहायक सिद्ध होगा।

मैं सम्मेलन के सफल आयोजन की शुभकामनाएं देता हूँ। मुझे पूर्ण विश्वास है कि नेत्र स्वास्थ्य सेवाओं को सशक्त करने में सम्मेलन के अनुभव लाभकारी होंगे। इस आयोजन से प्रदेश के नेत्र रोग विशेषज्ञों को अत्याधुनिक तकनीक का लाभ मिलेगा, जिससे हमारे राज्य की नेत्र स्वास्थ्य सेवाओं में गुणात्मक सुधार आएगा।

शुभकामनाओं सहित

(राजेन्द्र शुक्ल)

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क्रमांक 1788 दिनांक 26-10-24

संदेश

अत्यंत प्रशंसा का विषय है कि **'एमपी स्टेट ऑप्थैल्मिक सोसाइटी'** द्वारा दिनांक 08 से 10 नवम्बर 2024 को 47 वार्षिक सम्मेलन का आयोजन कर स्मारिका का प्रकाशन किया जा रहा है। उक्त सम्मेलन में मध्यप्रदेश के लगभग 650–700 नेत्र रोग विशेषज्ञ और राष्ट्रीय व अंतराराष्ट्रीय स्तर के विशेष वक्ता शामिल होगें एवं इस अवसर पर एक कार्यशाला का आयोजन भी संस्था द्वारा किया जा रहा है।

यह सम्मेलन नेत्र रोग विज्ञान के क्षेत्र में नवीनतम उपचार तकनीक व ऑपरेशन को साझा करने का मंच प्रदान करेगा जिससे मध्यप्रदेश के नेत्र रोग विशेषज्ञ बड़ी संख्या में लाभान्वित होंगे वह हमारे प्रदेश में नेत्र स्वास्थ्य सेवाओ में सुधार होगा निःसन्देह यह एक प्रेरणादायी प्रयास है।

संस्था द्वारा प्रकाशित स्मारिका समाज` में सर्वथा सक्षम सिद्ध हो इसी कामना के साथ संस्था को मेरी ओर से हार्दिक शुभकामनाएं।

(कृष्णा गौर)
राज्यमंत्री (स्वतंत्र प्रभार)
पिछड़ा वर्ग एवं अल्पसंख्यक कल्याण,
विमुक्त घुमन्तु और अर्द्धघुमन्तु
कल्याण विभाग,
मध्यप्रदेश शासन

Message from President, MP State Ophthalmic Society

Dear Esteemed Members of the MP State Ophthalmic Society,

The dedication and hard work that each one of you has demonstrated over the past year has been nothing short of remarkable. Your relentless pursuit of excellence has not only upheld the reputation of our society but also earned us well-deserved recognition, including the prestigious Best Society Award. As we reflect on our successes, it is important to remember that this recognition is a testament to our collective effort and commitment to patient care, education, and community outreach. I encourage all of you to continue with the same enthusiasm and dedication this year, setting higher standards for ourselves and our work. Let us remain united, motivated, and focused on our common goals. Together, I am confident that we will achieve even greater heights and secure the Best Society Award once again next year. Thank you for your unwavering commitment to ophthalmology and the service of humanity.

With Best Wishes

Dr Arvind Bhatnagar
President,
MP State Ophthalmic Society

Message from Vice President MP State Ophthalmic Society

Dear Respected seniors and colleagues

MPSOS is organising its 47th ophthalmic annual conference in the city of lakes, Beautiful capital of Madhya Pradesh 'Bhopal". MPSOS is publishing this souvenir to reflect the shared commitments to advancing the field of ophthalmology. Conference provides the ideal platform to share knowledge, research, innovation and increases the bonding amongst members.

We are improving every year to bring our conference at par with national standard, last year we have won the best society award in own category. We have a social responsibility as well to improve the lives of countless people. Together we can continue to make a significant impact in the world of vision health.

Thanking you for being part of this journey

With Best Wishes

Dr Rajeev Gupta
Vice President MP State Ophthalmic Society

Message from Chairperson, Scientific Committee MP State Ophthalmic Society

Respected Seniors and Dear Friends,

Warm greetings from the Chairperson of the Scientific Committee, MPSOS

I am writing to you all with great passion and energy as the Chairperson of the Scientific Committee. It is with immense pride that I share a significant achievement with you all—our society has been honoured with the **Best State Society Award in the 500-1000 members category** for the year 2023-24 by the AIOS, presented at the 82 nd AIOS Annual Conference in Kolkata on 14 th march 2024.

This remarkable recognition is a testament to the continuous efforts we have made towards medical education, postgraduate teaching, and social awareness campaigns during my tenure. I am thrilled that our hard work has been acknowledged, and this achievement belongs to all of us. I am confident that we will continue to strive for excellence and work even harder in the future to earn such accolades, which inspire us to contribute further to the growth of our society.

This year's conference will feature a wide array of sessions that cover all sub-specialties in ophthalmology. We have intentionally shifted away from traditional lectures to focus on engaging and interactive formats. We are excited to welcome a galaxy of national speakers along with three renowned international faculties who will share their expertise and enrich our knowledge. This conference will provide a fantastic platform for continued medical education, as we aim to deliver a robust academic experience to our delegates.

The Local Organizing Committee has worked diligently to make this conference a grand success, and I am confident it will be a memorable and enriching experience for all attendees.

I wholeheartedly invite you all to the beautiful City of Lakes, Bhopal, for two and a half days of scientific learning, social interaction, and entertainment. Let's come together to celebrate this academic feast!

Looking forward to seeing you all in Bhopal.

With Best Wishes

Dr Vinita Ramnani
Chairperson, Scientific Committee
MP State Ophthalmic Society

Message from President BDOS and Organising President Nayantaal 2024

Dear Colleague,

It is my great pleasure to welcome you to the 47th MP State Ophthalmic Society Annual Conference "NAYANTAAL" taking place in the vibrant city of Bhopal from November 8-10, 2024, at Hotel Radisson.

This conference exemplifies our society's unwavering commitment to advancing ophthalmology and promoting excellence in eye care. Over the next three days, we will convene to share knowledge, ideas, and best practices in ophthalmic research and clinical practice.

Scientific committee is working hard to make this conference useful for everyone by incorporating scientific session in different and new flavours. The conference has impressive lineup of renowned national and international faculty, interactive workshops, and hands-on training sessions. Additionally, we have curated an exhibition showcasing cutting-edge ophthalmic equipment and technology.

Apart from scientific feast, such conferences give us opportunities to reconnect with friends and reinforce the social & emotional bondings with them. It also gives us a chance to visit the places in and around. Bhopal, the cleanest capital of India, famous as city of lakes, is full of greenery and natural scenery~watching it will be a treat to anyone's eyes. Bhopal is also having rich cultural history being surrounded by numerous historical places including world heritage monuments like Saanchi and Bhimbetika.

Don't miss a chance to savour the delicious Bhopali cuisine infused with Nawabi flavours, and the warm hospitality offered by the Organising Committee!

I extend my gratitude to our speakers, delegates and sponsors for their participation and support, without whom it was not possible to organise such a conference.

Thank you, and I wish you a productive and enjoyable conference, and a pleasant & comfortable stay during the conference.

Eagerly waiting to meet you at Bhopal,

With Best Wishes

Dr Gajendra Chawla
President BDOS and
Organising President Nayantaal 2024

Message from Secretary BDOS

Greetings from the office of Secretary BDOS

Welcome to**" NAYANTALL- 24",** upcoming 47th MP state Ophthalmic Conference to be held in Bhopal from 8th Nov to 10th Nov.

Raja Bhoj ki Nagari, popularly known as "City of lakes " has good number of academic institutes for medical undergraduate and postgraduate studies. Also the academic excellence is the need of hour for everyone. I am sure that it will be a good academic feast for specialists as well as comprehensive ophthalmologists and postgraduates too.

Apart from places of historical importance, also spend some leisure moments with nature. Bhopal is full of scenic beauty; lakes and also some wildlife. Being a capital of the state it owns various government offices and also some heritage centres worth visiting.

I extend my best wishes and looking forward to your presence.

With Best Wishes

Dr Vasudha Damle
Secretary BDOS

Message from Organising Chairman Nayantaal 2024

Greetings to all MPSOS members and delegates!!

It gives me immense pleasure to welcome you all for the 47th MPSOS Conference (Nayantaal) 2024, to be held at Bhopal (M.P.).Our organising and scientific committee has put in a lot of efforts to bring the best minds together of national and international repute to take academic level to the highest standards.

The skill transfer course, PG quiz, Posters and paper presentation is being conducted to promote the Post graduates working in various medical colleges across the state. Also, our committee has been working hard to arrange for various cultural events and making this conference a memorable one. We wish to serve you all at the best of our efforts.

With Best Wishes

Dr. P. S.Bindra
Organizing Chairman
Nayantaal 2024

Message from Organizing Secretary Nayantaal 2024

Dear Friends & Colleagues

It gives me immense pleasure to welcome you all to the 47th Annual Conference of MPSOS, Nayan Taal, being held at Bhopal. Over the years, the MPSOS society has grown like a flourishing tree, now having more than 1,500 registered members, and I am confident that this conference will witness the addition of many more members.

This conference is set to be a landmark event, not just in terms of attendance but in meeting the expectations of our members in scientific, social, cultural, networking, and extracurricular activities. We have worked diligently to ensure a smooth and enjoyable experience, including your accommodation and travel arrangements.

I would like to take this opportunity to acknowledge the hard work of the various committees who have put in countless hours to make this event successful. My heartfelt thanks go out to my co-partner, Dr. Prerna Upadhyay, for her unwavering support in executing the tasks at hand. I also extend my gratitude to LOC President Dr. Chawla and Chairman Dr. Bindra for their leadership and support. A special thanks to Dr. Rahul, who has efficiently managed the financial aspects of the event.

I would also like to express my appreciation to Team Staller for being our event partner, and to the pharmaceutical and surgical companies for their enthusiastic participation.

Together, I am confident that we will make this conference a grand success!

With Best Wishes

Dr Vijay Nichlani
Organizing Secretary
Nayantaal 2024

Message from Organising Secretary Nayantaal 2024

Dear colleagues and students,

On behalf of MPSOS, I would like to extend a warm welcome to you as you join us for Nayan Taal. We are honored to have you with us and we appreciate your support in making this event a success.

This year's conference promises to be an enriching experience, featuring expert speakers, insightful discussions and the latest innovations in ophthalmology. We encourage you to make the most of these sessions, make contributions and take the opportunity to build connections that will strengthen the future of ophthalmology in our state.

We hope you have an enriching and enjoyable time.

With Best Wishes

Dr. Prerna Upadhyaya
Organising Secretary
Nayantaal 2024

Message from Chairperson Souvenir Committee Nayantaal 2024

With immense pleasure and pride, I extend a warm welcome to all the delegates and eminent guests to this wonderful scientific gathering at Bhopal – "NAYANTAAL," the 47TH Annual Conference of Madhya Pradesh Ophthalmic Society.

The NAYANTAAL -24 conference will be a great scientific feast where a healthy exchange of views, new ideas, and innovations will materialize to solve the problem of the vast magnitude of ocular diseases in our country. I request all the delegates to participate wholeheartedly and enjoy the conference and the hospitality.

Bhopal is a beautiful city of lakes situated in the heart of India. It is well known for its natural beauty, enchanting lakes, and a rich royal heritage. We have given detailed information about beautiful places to visit in and around Bhopal in the souvenir.

I am grateful to all those who have contributed to the various sections of this souvenir in the form of scientific material, poetry, artwork, advertisement, etc.

I want to thank all the members of the local organizing committee for their constant guidance and support for the souvenir. My special thanks to Dr Varsha Vaishnav for designing the front page of the souvenir with her beautiful artwork.

I am extremely thankful to my team of the souvenir committee – Dr. Aditi Dubey, Dr. Arpita Agarwal, and Dr. Vineet Gaur who have spared valuable time from their busy schedule. My gratitude to the relentless efforts, coordinated teamwork, and untiring diligence put in by them in the conceptualization and compilation of the souvenir.

With Best Wishes

Dr Saroj Gupta
Chairperson Souvenir Committee
Nayantaal 2024

Message from Chairman Reception Committee Nayantaal 2024

It gives me immense pleasure to welcome you all to Nayan Taal 2024, the 47th Annual Conference of MP State Ophthalmic Society, being held at Bhopal from 8th to 10th November 24.

After the season of festivity and joy, the 47th MP State Ophthalmic Society Conference has added one more week of enjoyment with science and fun. On behalf of the reception committee, I extend a warm welcome to all guests, delegates, and their family members to this wonderful scientific gathering -NAYANTAAL 2024.

I want to thank all the members of the local organizing committee for the teamwork, coordination, and dedication that we could hold this scientific event at Bhopal, the city of lakes.

I am extremely thankful to my team of reception committee- Dr. Anusha Ajwani, Dr. Archana Bansal, and Dr. Farooque for their hard work, support, and kind cooperation.

Warm regards,

Dr Rajendra Kumar Gupta
Chairman Reception Committee
Nayan Taal 2024

OFFICE BEARERS OF MADHYA PRADESH STATE OPHTHALMIC SOCIETY

Dr Arvind Bhatnagar
President

Dr Gajendra Chawla
President Elect

Dr Rajeev Gupta
Hon. Secretary

Dr Shakeel Ahmad
Vice President

Dr Vijay Ahuja
Treasurer

Dr Vinita Ramnani
Chairperson Scientific Committee

Dr Shweta Walia
Joint Secretary

Dr Purendra Bhasin
AIOS Representative

Dr Mahesh Somani
AIOS Representative

MEMBERS SCIENTIFIC COMMITTEE MPSOS

Website: mpsos.sc.in Email: chairmanscientificcommitteemp@gmail.com

Dr Manav Setiya,
Gwalior

Dr Amit Porwal,
Indore

Dr Himanshu Shukla,
Jabalpur

Dr Rakesh Shakya,
Rewa

Dr Shubhra Mehta,
Ujjain

Dr Praveen Khare,
Sagar

BHOPAL DIVISIONAL OPHTHALMIC SOCIETY OFFICE BEARERS

Dr Gajendra Chawla
President BDOS

Dr R K Gupta
Vice president BDOS

Dr Rahul Agarwal
Vice president BDOS

Dr Vasudha Damle
Hon Secretary BDOS

Dr Chaveer Bindra
Joint Secretary BDOS

Dr Harpal Singh
Clinical Secretary BDOS

Dr Madhu Chanchalani
Treasurer BDOS

LOCAL ORGANISING COMMITTEE

Dr P S Bindra
Chairman, LOC

Dr Gajendra Chawla
President, LOC

Dr Vijay Nichlani
Secretary, LOC

Dr Prerna Upadhya
Secretary, LOC

Dr Lalit Shrivastava
Vice President, LOC

Dr Vinita Ramnani
Vice President, LOC

Dr Vasudha Damle
Joint Secretary

Dr Rahul Agarwal
Treasurer

Dr RK Gupta
Chairman Representative Committee

PATRONS

Dr Swarna Biseria

Dr H S Patel

Dr S K Govil

Dr M K Ajwani

Dr Hemant Sinha

Dr A C Agarwal

Dr Kavita Kumar

ADVISORS

Dr Ulka Shrivastav

Dr Rachna Gupta

Dr G M Lale

Dr Bhavna Sharma

Dr Archana Pundhir

LOC CHAIRPERSONS

Dr R K Gupta
Reception Committee

Dr Saroj Gupta
Souvenir Committee

Dr Harpal Singh
Registration Committee

Dr Fazil Khurram
Travel & Accommodation

Dr Madhu Chanchalani
Inauguration Committee

Dr Rashmi Apte
Cultural Committee

Dr Ganesh Pillay
Trade Committee

Dr Chahveer Singh
Faculty & VIP Coordination

Dr Presh Nichlani
IT Committee

OUR TEAM OF BDOS

CONVENORS

CULTURAL COMMITTEE

Dr Rashmi Apte

Dr Manbir Singh

Dr Prateek Gujar

Dr Varsha Vaishnav

SOUVENIR COMMITTEE

Dr Saroj Gupta

Dr Aditi Dubey

Dr Arpita Agrawal

Dr Vineet Gaur

INAUGURATION COMMITTEE

Dr Madhu Chanchlani

Dr Neha Singh

Dr Yogita Chaurasiya

Dr Pragya Jain

ACCOMMODATION AND TRAVEL COMMITTEE

Dr Fazil Khurram

Dr Rohan Jain

Dr Saurabh Deshmukh

REGISTRATION COMMITTEE

Dr Harpal Singh

Dr Suraj Singh Kubre

Dr Satendra Singh

Dr Ritu Gupta

Dr Deepti Majumdar

RECEPTION COMMITTEE

Dr R.K Gupta

Dr Farooq Aman

Dr Anusha Ajwani

Dr Archana Bansal

SCIENTIFIC COMMITTEE

Dr. Vinita Ramnani

Dr. Vasudha Damle (local ccordinator)

Dr. Aditi Dubey

Dr. Madhulika

Dr. Chahveer Singh Bindra

Dr. Siddharth Malaiya

IT COMMITTEE

Dr. Kavita Gupta

Dr. Paresh Nichlani

SOUVENIR COMMITTEE NAYANTAAL 2024

Dr Saroj Gupta
Chairperson Souvenir Committee

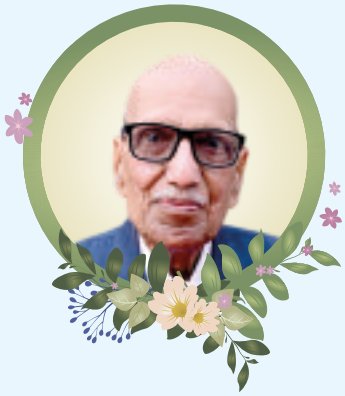
Dr Aditi Dubey
Member

Dr Arpita Agrawal
Member

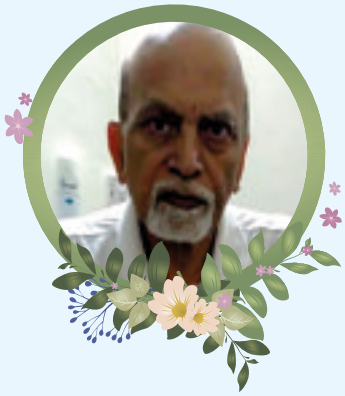
Dr Vineet Gaur
Member

OBITUARY

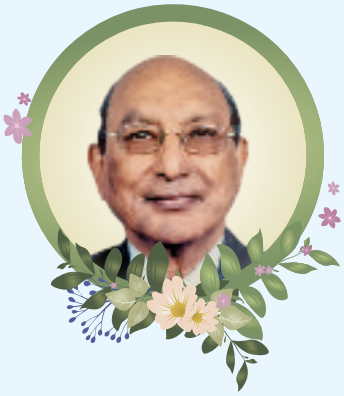
Dr. M C Nahata
Indore



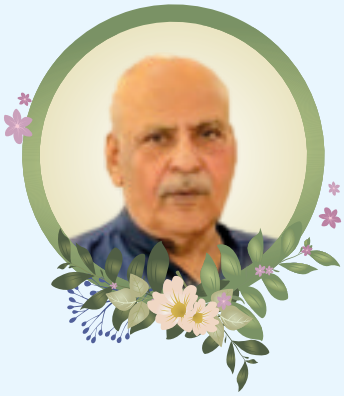
Dr SC Jain
Rewa



Dr JP Tiwari
Bhopal



Dr P K Godrey
Sagar



Dr A K Dubey
Gwalior

Dr Rajeev K. Nayak
Jabalpur

Dr Pradeep Goyal
Indore

Dr Tanuja Kate
Indore

GUEST FACULTY

INVITED GUEST FACULTY


Dr. Rasik Vajpayee


Prof. Mohamed Mahdy


Dr. Saurabh Goyal


Dr Partha Biswas


Dr. Santosh G Honavar


Dr. D Ramamurthy


Dr. Chitra Ramamurthy


Dr. Prashant Bawankule


Dr. Srinivas Joshi


Dr Rajesh Fogla


Dr. Ashish Vaidya


Dr. Dhanshree Ratra


Dr. Vineet Ratra


Dr. Rohit Saxena


Prof. Dr. Mohan Rajan


Dr. Lalit Verma


Dr. Doel Biswas

Dr. Rasik Vajpayee

Dr. Rasik Vajpayee is a Professor at the University of Melbourne and Consultant at the Royal Victorian Eye and Ear Hospital Melbourne. He also works as a consultant at Vision Eye Institute, Melbourne. From 1998 to 2012, he was the Head of Corneal , Cataract and Refractive Surgery Services at the RP Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, New Delhi. He also served as Sub Dean (Academic) and Dean of All India Institute of Medical Sciences, New Delhi. In May 2006 he was appointed to a Chair as Head of Cornea and Cataract Surgery, at the University of Melbourne in 2006 for 5 years.

Prof. Vajpayee is an ophthalmologist clinician-scientist working mainly in the field of Cataract, Cornea, Ocular surface diseases and Refractive Surgery. Along with numerous surgical innovations, Prof Vajpayee has Pioneered use of single donor cornea for multiple patients and Tenon's patch graft for management of corneal perforations. He has published/Edited 13 books, more than 25 book chapters and more than 400 research papers. His book on Corneal Transplantation surgery was declared best seller by the "Highlights of Ophthalmology". Two of his books have been translated into Spanish and Chinese languages. Prof Vajpayee has been recipient of several awards and orations, and his innovations in the field of corneal transplantation surgery have won "Best of Show Award" at the annual meetings of American Academy of Ophthalmology in 2003, 2004, 2006, 2008, and 2009. Some of these surgical techniques also won awards at annual APACRS, ESCRS and RANZCO meetings. The American Academy of Ophthalmology honoured him with an Achievement Award in 2005 and with Senior Achievement award in 2012. Recently, he was bestowed with Life Time Achievement Award by Cornea Society of India. In recognition of his clinical and academic contributions, He was honoured with the Fellowship ad hominem by the Royal College of Surgeons, Edinburgh, UK.

Prof. Mohamed Mahdy

MD, PhD

- Professor of Ophthalmology
- Head of Glaucoma & Cataract Unit
- Post graduate education program director, Ophthalmic Dept, Faculty of Medicine, Al-Azhar University, Cairo-Egypt
- Senior Consultant, Cataract, Glaucoma & Refractive Surgery
- Founder and Co-Chairman of Nile Eye Center for Lasik & Eye Surgeries

A graduate of Al-Azhar university, then got a master degree in ophthalmology from Al-Azhar University, then in 1999 A fellowship in Glaucoma for 2 years in The Academic medical center (AMC), Amsterdam University, the Netherlands. Followed by Doctorate and PhD in Ophthalmology in the year 2002 Was a senior consultant, head of Department at MOH Alrustaq Hospital south batinah, Sultanate of Oman from 2007 till September 2011

A member of ASCRS, ESCRS, AAO and EGS, ESOIRS, ESG, EOS. Master degree and PhD thesis was in early detection of glaucoma in addition to most of research papers as well

Dr. Saurabh Goyal

Consultant Ophthalmologist with special interest in glaucoma

Eye Department, St. Thomas Hospital,
Ground floor, South wing, Westminster Bridge Road,
London SE1 7EH

Saurabh is a Consultant with special interest in glaucoma at the St.Thomas' Hospital in London and an Honorary Lecturer at King's College, London. He did his MBBS from Indore, India(1996) and MS Ophthalmology from Surat (1999) before coming to the UK in 2000. He also completed DNB and ICO examinations in 2000. He was awarded the Fellowship of The Royal College of Physicians and Surgeons of Glasgow (FRCS, 2001); MRCOPhth (2003) and FRCOphth (2009) from The Royal College of Ophthalmologists, London.

After basic and specialist training in London and Birmingham he did two glaucoma clinical fellowships at Moorfields Eye Hospital, St. Thomas' and King's College Hospitals and an anterior segment fellowship at St. George's and Moorfields Eye Hospitals.

His special interests include new treatments and outcomes of laser and surgery for glaucoma.

He is a principal investigator for EAGLE (Effectiveness of Lens extraction in angle closure glaucoma), PTVT (Primary Tube versus Tube study), TAGS (Treatment of Advanced Glaucoma) and co-investigator for PEACE (Tube versus Trabeculectomy with/without MMC in AfroCaribbean) and CONCEPT (Phako versus phako-ECP in POAG) glaucoma treatment trials. He was the first to publish on the outflow of aqueous related to SLT laser treatment and is currently studying Minimally Invasive Glaucoma Surgery (MIGS) devices for the same.

Saurabh passionately believes that not only the vast majority of glaucoma blindness can be prevented by early diagnosis and effective management but cases of advanced glaucoma should also be considered for surgical treatment to help keep the sight for as long as possible.

St Thomas' Hospital has the distinction of being the hospital where the first Intraocular lens was implanted by Sir Harold Ridley in 1950 and is the only hospital with a full Aqueous Dynamics lab in the United Kingdom.

Dr Partha Biswas

MBBS (Hons), MS, Fellow
(Sankara Nethralaya)

PRESIDENT ELECT, All India Ophthalmological Society 2024-25
MEDICAL DIRECTOR -TRENETRALAYA, Kolkata,
DIRECTOR- NETRALAYAM, VIP ROAD-Kolkata

CHAIRMAN, SCIENTIFIC COMMITTEE, AIOS (2020-2023)
CHAIRMAN, ACADEMIC & RESEARCH COMMITTEE, AIOS, 2 Terms (2014-2017, 2017-2020)
Member, Scientific committee, AIOS, 2 Terms (2008-2011, 2011-2014)

REVIEWER: 1. Ophthalmology (Journal of American Academy of Ophthalmology) 2. International Journal of Ophthalmology 3. Seminars in Ophthalmology 4. IOVS 5. Sudan Medical Journal. 6. IJO

PUBLICATIONS: in I) Ophthalmology, 2) Human Molecular Genetics and 3) Indian Journal of Ophthalmology.

LIVE SURGERY WORKSHOPS: 16 International and 257 National INTERNATIONAL PRESENTATIONS and Guest Lectures 158 and Presentations at the National conferences 734.

COURT MARTIAL IN OPHTHALMOLOGY: Innovation in Teaching-IOO+ sessions in India throughout the country and 3 International Sessions.

POST GRADUATE TEACHING and EVALUATER, AIOS, of Instruction course, Free Paper & Videos (2008-2024).

ACADEMICS: Guide for DNB, Guest Faculty in National and International Conferences AAO(20102009, WOC(2010), ASCRS -2011)and AIOS(1995-2019).

Pioneer in Refractive Surgery in Eastern India for the last two decades and the first to introduce SMILE Technology in Eastem India.

1. BOA, Gold Medal for "EXEMPLARY WORK IN THE FIELD OF OPHTHALMOLOGY", 2013
2. THE HUSNAIN GOLD MEDAL, Patna University in Final M.B.B.S. Examination
3. Dr ND Lakhanpal Memorial Lecture- PGI Chandigarh 2024
4. Alim Memorial Lecture, 49th Annual Conference of Bangladesh 2022
5. Dr R G Sharma Memorial Oration, ROSCON 2022
6. Dr G Sundara Ramaraju•s Lecture 2022
7. SAO Excellence Award, 2022
8. ISMSICS Ophthalmic Icon of the Year, 2022
9. Excellence Award for Exemplary contribution to Ophthalmology-Narayana Nethralaya, 2022
10. Prof A N PANDEYA ORATION, 59th BOS 2021
11. ORATION at 48th AGOS 2021 -Diabetic Retinopathy-The Missing Link
12. UKSOS Gold Medal, Uttaraeyecon, 2014, 2022
13. ISCKRS Excellence Award - Refractive, 2024
14. iFocus Icon Award 2024

Dr. Santosh G Honavar

MD, FACS, FRCOphth

- Received residency training in Ophthalmology, followed by a senior residency in Ophthalmic Plastic Surgery and Ocular Oncology at the Dr RP Centre for Ophthalmic Sciences, AIIMS, New Delhi.
- Trained in Ocular Oncology and was mentored by Prof Jerry Shields and Prof Carol Shields at the Wills Eye Hospital, Philadelphia, PA, USA.
- Established the Ocular Oncology Service at LV Prasad Eye Institute, Hyderabad.
- As the Associate Director of LVPEI, he headed Patient Care Services, and established the Residency Program.
- Currently heads the Department of Ophthalmic Plastic Surgery and Ocular Oncology at the Centre for Sight, Hyderabad.
- iFocus PG Education Program run by him is hugely popular with over 2 million views.
- As the Editor of the Indian Journal of Ophthalmology, he was responsible for its soaring impact factor from 0.83 to 3.1.
- He is currently the Honorary General Secretary of the All India Ophthalmological Society.
- With Ocular Oncology as his research focus and over 400 indexed publications, he tops the Stanford list of researchers of the highest impact in India.
- Some of the major awards and honors to his credit include Col Rangachari Gold Medal by the AIOS - the youngest recipient while still a resident; Dr Siva Reddy International Award by the AIOS; Shanti Swarup Bhatnagar Award by the Government of India; Jerry Shields International Award by APAO. He has also received the Lifetime Achievement Award by the American Academy of Ophthalmology, and the highest award of the Royal College of Ophthalmologists, UK, its Honorary Fellowship, both the first time for an Indian ophthalmologist.

Dr. D Ramamurthy

MBBS, MD, MNAMS

Dr. D. Ramamurthy, completed his M.B.B.S from JIPMER, Pondicherry and M.D. Ophthalmology from R.P. Center, AIIMS, New Delhi and Fellowship at Sankara Netralaya, Chennai. At present, he is the chairman of, THE EYE FOUNDATION, a chain of state of the art eye hospitals, situated in South India. His areas of interest are in cutting edge technology in Cataract and Refractive Surgery.

He was the chairman scientific committee of All India Ophthalmological Society (AIOS) for a period of six years and the Past President of the same organization. He has been awarded 26 named orations both in India and abroad. He has been an invited speaker and has performed live surgeries in most parts of India and in several countries abroad. Has 67 publications in peer reviewed journals.

He has been conferred

- Asia Pacific Certified Educator (ACE) award by Asia-Pacific Association of Cataract and Refractive Surgeons (APACRS)
- Distinguished Service Award by Asia-Pacific academy of ophthalmology (APAO)
- Senior Achievement Award by Asia-Pacific academy of ophthalmology (APAO)
- He has been elected as a member of the prestigious IIIC (International Intra Ocular Implant Club)
- Achievement award by American Academy of Ophthalmology (AAO)

Dr. Chitra Ramamurthy

Senior Consultant, Cataract and Refractive Surgeon
at Susrut Eye Foundation and Research Centre , Kolkata

- **PRESIDENT,** Coimbatore Society of Ophthalmic Surgeons
- **MEDICAL DIRECTOR,** The Eye Foundation, A chain of 22 eye hospitals in South India
- Highly Proficient in Cataract, Refractive surgery and Glaucoma
- A pioneer in Refractive Surgery performing refractive procedures since 1997 in large numbers inclusive of all the cutting edge technology
- Had the special distinction of conducting innumerable instruction courses in both India and abroad partaking in ASCRS, APAO, APACRS & ESCRS on a regular basis.
- Has also many papers to her credit, both nationally & internationally and has contributed to chapters in text books on Refractive surgeries.

POSTS HELD IN THE PAST

- **CHAIRPERSON** – Academic Research Committee, AIOS (2020 - 2023)
- Member Scientific Committee of AIOS, 2017 - 2020
- Chairperson, Scientific committee of TNOA in the year 2002 and 2015
- Past Management committee member of TNOA

SHE HAS RECEIVED THE BEST PAPER AWARDS IN THE STATE AND NATIONAL LEVELS:

- **Women Icon of the year award 2022** by ISMSICS
- **Honorary FAICO Award** at AIOC 2022
- **Excellence Award – Refractive** at Annual ISKCRS 2022
- Recipient of the TOS – **Ravi Kumar Reddy Oration** award 2018
- **Dr. Vinod Aurora Oration** Award 2015 by Uttarakand Ophthalmic Society
- **Dr. D. Sundareswaran Endowment Oration** award by IMA Coimbatore chapter 2017
- **Dr. AN Pandeya oration award** by Bihar ophthalmic society 2023
- **DR R P TANDON ORATION** By Jharkhand Ophthalmological Society 2021
- **Dr K Shivaramakrishna's Gold Medal** Lecture 2022 by APOS
- **R. N. Bajpai oration award** at Kannika Hospital, Kanpur 2024
- **Dr. P.R. Mondal Memorial Oration** award 2017 by OSWB
- **Shri T.R. Bhasin IIRSI Gold Medal** Award by IIRSI Gwalior 2023
- **Dr. Om Prakash Gold Medal** 2016
- **Dr. Subodh Agarwal Gold Medal** 2012 at IIRSI conference
- **Shiv Prasad Hardia award** for the best paper in Refractive Surgery, AIOS 2009
- **CP Gupta Best Paper Award** for the overall best paper at Tamil Nadu Ophthalmic society

Dr. Prashant Bawankule

MS (Ophthalmology), F.M.R.F (Sankara Nethralaya, Chennai)
Hon. FAICO (Vitreo Retina, AIOS)
Vitreo Retinal Surgeon, Sarakshi Netralaya, Nagpur

Current Positions :

- Chairman, ARC -All India Ophthalmological Society (AIOS)
- Treasurer, Ocular Trauma Society of India (OTSI)
- Past Treasurer, Vitreo Retinal Society of India (VRSI) (2020-23)
- Past President, Maharashtra Ophthalmological Society (MOS) (2017-2018)

Publications : 50

Orations :

- Late Dr. Bharat Prasad Kashyap Oration , Jharkhand Ophthalmological Society- 2024
- Late Dr. S K Lall Oration Award , Haryana Ophthalmological Society-2023
- B. T. Maskati Oration Award, NIO, Poona Ophthalmological Society & Maharashtra Ophthalmological Society - 2023
- V. K. Chitnis Oration Award, Maharashtra Ophthalmological Society – 2020
- NSS Eye Institute Retina Substratum Oration, All Gujarat Ophthalmological Society– 2019
- Dr. Anjana Saikia Memorial Oration, Assam Ophthalmological Society -2019

Awards:

- Best video Award : World Congress of Ocular Trauma 2019 .
- Best video Award @ Asia Pacific Ocular Trauma Society 2018.
- Image of the Year Award – American Society of Retina Specialist (ASRS) Stockholm 2024
- Image of the Year Award (Monochromatic Photography) - Honorable Mention – ASCRS, Boston 2024
- Image of the Year Award (Intraoperative / Surgical Microscope Image) -Honorable Mention - ASCRS, Boston 2024
- Image of the Year Award (Fundus Photography) - 3rd Place - ASCRS, Boston 2024
- Image of the Year Award (Cross Categories) - 3rd Place - ASCRS, Boston 2024

Dr. Srinivas Joshi

- Completed fellowship in VR from University of Toronto, North America
- Fellow American Society Retina Specialists, FASRS.
- Executive MBA from IIM Calcutta.
- Working as Director for research and VR Consultant at M M Joshi Eye Institute from past 14 years
- Has bagged prestigious Rhett Buckler award by American Retina Society for **7 consecutive times.**
- AIOS HONOR Award by All India ophthalmic Society 2024
- International Hero Award by AIOS 2017 to 2024
- One of the first few Indians to get trained for Argus 2 retinal transplant first US FDA approved artificial retina
- Presently serving as member AIOS-ARS south Zone
- Special interest: Macular surgeries and Pediatric retinal surgeries

Dr Rajesh Fogla

DNB, FRCS, FRCOphth, FACS, Mmed

Director Cornea Clinic, Senior Consultant Apollo Hospitals, Hyderabad, INDIA

Visiting Professor — Universities Moindad, Argentina

Visiting Consultant — Al Bahar Hospital, Kuwait & Lanka Hospitals, Sri Lanka

Founding member and past president — Cornea Society of India

Actively involved in Instruction courses at various international & national meetings, fellowship programs, & training courses in Cornea over past 25 years. Routinely conducting courses at AAO, ASCRS and ESCRS.

Numerous publications in peer reviewed journals & presentations at National & International meetings. Reviewer for International journals - Cornea, Ophthalmology, American Journal of Ophthalmology, Eye, Journal of Cataract & Refractive Surgery, JAMA, IJO

Achievement award at AAO, APAO meetings, Gold Medal from Intraocular

Implant & Refractive Society of India, from SICSSO, SITRAC, Oration awards at numerous meetings in India.

Dr. Ashish Vaidya

MS, DNB, DOMS, FCPS, FVRS,

Director NETRA RETINA AND LASER CENTRE

Consultant, LILAVATI HOSPITAL Hindu sabha hospital

PUBLICATIONS BOA JOURNAL MAY JUNE 2001 ON TRANSPUPILLARY THERMOTHERAPY A NOVEL WAY TO TREAT SUBFOVEAL OCCULT SRNVMS INDIAN JOURNAL OF OPHTHALMOLOGY 'GREEN LASER FOR PREMACULAR HAEMORRHAGE

INTERNATIONAL AMO CONGRESS 2008 held instruction course on amd for European delegates at Florence

He is a guest speaker in various state, national and international forums

Awards received-MOS AWARD FOR BEST PAPER ON ACCIDENTAL SUBRETINAL TRIAMCINALONE IN CRVO' ON 4th NOV 2005

BEST VITREORETINAL PAPER AWARD INBOMBAY OPHTHALMOLOGISTS

CONFERENCE IN JUNE 2000 FOR MACULAR HOLES OUR EXPERIENCE"

BEST FELLOW AWARD AT SANKARA NETHRALAYA CHENNAI 1996

MS OPHTHALMOLOGY GOLD MEDAL UNIVERSITY OF BOMBAY 1994

Dr. Dhanshree Ratra

MS,DNB,FRCSEd, FAICO
Senior Consultant,
Shri Bhagwan Mahavir Vitreo-retinal Services,
Sankara Nethralaya, Chennai, India

Renowned Vitreoretinal surgeon with 28 years of experience and a beloved teacher

Achievements and awards-

Best Lady Fellow award 1997, Best Associate Consultant 2003, J M Pahwa award 2008, D B Chandra Award 2010, Best poster award in AAO 2011, Best poster International Uveitis conference 2016, Best clinical research award IERG 2018, Award for Best Research Women In Ophthalmology 2019, Best of IJO award 2019, Best paper Vitreoretinal diseases AIOC 2020, IJO Peer review Honour award 2021, IJO Gold award 2022, IJO Honour award 2023, Honorary FAICO award for Retina & vitreous 2024

Actively involved in clinical and basic sciences research projects.

Principal investigator for several clinical trials.

Section Editor for Eye (Nature), Retina Section editor in Indian Journal of Ophthalmology, review editor in Frontiers in Ophthalmology

Reviewer of Indian and several International Journals in Ophthalmology.

Over 115 peer reviewed publications, 15 chapters in books, 202 invited lectures including 5 keynote addresses in International conferences.

Dr. Vineet Ratra

DNB,FRCS
Senior Consultant, Sankara Nethralaya,
Chennai, India

- Specializes in Cataract and Glaucoma sub-specialties.
- Postgraduation in Ophthalmology from Sankara Nethralaya, and obtained fellowship from the Royal College of Surgeons, Edinburgh in 2000.
- He is an acclaimed academician and has mentored many postdoctoral fellows.
- He has won the DB Chandra award for the best paper in Glaucoma in the AIOS 2010
- Best poster in the AAO 2011.
- Best video in ASCRS , 2020
- He has been invited as faculty and has given 130 talks at various conferences in India and abroad.
- He has over 32 publications in peer reviewed journals.
- He has served on the editorial board of the Asia Pacific journal of Ophthalmology
- Reviewer for the “Indian Journal of Ophthalmology “, the “Asia pacific journal of Ophthalmology” and the “Eye” journal.

Dr. Rohit Saxena

DR R P CENTRE FOR OPHTHALMIC SCIENCES,
AIIMS, NEW DELHI

Neuro-Ophthalmology, Pediatric Ophthalmology & Strabismus

- MBBS (AIIMS); MD OPHTHALMOLOGY (AIIMS); PHD (AIIMS);
- **HONY FAICO IN NEURO-OPHTHALMOLOGY AND IN PEDIATRIC OPHTHALMOLOGY & STRABISMUS (AIOS)**
- 270 **Pubmed Indexed publications ; Thesis Guide: 42**
- **Editor** of 4 books including a video atlas in Strabismus surgerya
- Authored >50 chapters in national & international books on strabismus and neuro-ophthalmology
- **Invited as faculty** and attended >25 international conferences including conducting Instructional Courses
- Regularly conducting **IC at AIOS** in Strabismus and Neuro-Ophthalmology
- **Invited speaker** at numerous National Conferences and CME meets.
- **Performed live squint surgery** in national and state level conferences.
- **Member Subject Expert Committee** (SEC) DCGI, **Member Secretary,** AIIMS Ethics Committee
- **33 International and National awards** including Achievement Award by AIOS 2024, Outstanding Ophthalmic Teacher of India By FOTI January 2024, AIOS IJO Silver Award 2023, Excellence in strabismology, SPOSI 2020; AAO Best of Show video 2019; AIIMS Excellence Award 2019, 2018; Fan favourite video AAO 2016; Best Research paper Asia ARVO 2013; APAO Achievement Award 2013; AAO Achievement Award 2011

Prof. Dr. Mohan Rajan

M.B.B.S., D.o., FMRF., MNAMS., M.Ch., FACS., DNB, DD, HAMS, FRCS, Ph.D. D.Sc. ,

RAJAN EYE CARE HOSPITAL

A Super Specialty & Graduate Institute of Ophthalmology Affiliated to the National Board of Examinations.

Adj. Prof of Ophfralmdogy, Tamil Nadu MGR Medical University

President -Tamil Nadu Ophthalmic Association (T NOA)

Visiting Professor of ophthalmology: Saveetha Medical College President, Intraocular Implant & Refractive Society of India (IIRSI)

President: Sankara Nethralaya Alumni Association

Counseller : APOTS

Chairman Eye Care: Rotary District 3233

- Specialist in both Anterior & Posterior segment, pioneer in Robotic Cataract Surgeries.
- Performed more than 1.5 lakh Cataract, 4000 Retinal, 5000 Corneal transplant surgeries and made 2000 presentations, national & international.
- Done more than 40 Live Surgeries globally.
- Has several innovations to his credit (Punchorhexis, Mohan Rajan Chopper etc)
- Has delivered 29 Named Orations & Published 48 Publications in various Journals
- Has won several Best Video Awards from AAO, APARS, ASCRS, ESCRS, APAO, WOC, ETC.
- Has received Best Doctor Award Twice from Govt. of Tamil nadu
- Has trained and mentored more than 600 Ophthalmologists across the world
- He is also the winner of 80 (OPL) Ophthalmic Premier League till date (WORLD RECORD)

Dr. Lalit Verma

- Current Affiliation Director of VR services at Centre For Sight, New Delhi with vast 41 + years of experience.
- He is congress president for APAO-AIOS 2025 & Past president of All India Ophthalmological Society, served AIOS-second largest body in the world for 24 years at different honorary positions.
- He has completed his MBBS & MD from AIIMS, served 21 years at RPC, AIIMS in different positions. Completed his VR-Fellowship from LISA.
- He is an avid researcher and has 170+ publications & authored 45 chapters in textbooks of ophthalmology to his credit.
- He has been an invited faculty in 700+ conferences workshops in various national and intemational congresses .

Dr. Doel Biswas

MBBS, MS, FCO
Cataract & Anterior Segment, Refractive Surgery
Salt Lake Branch

Dr Doel Biswas is an expert cataract surgeon doing phaco emulsification surgery at susrut since 2009. She is also a prolific Refractive surgeon having performed thousands of Lasik surgery both in myopia and hypermetropia. She is the only surgeon in Eastern India doing Lasik surgery in Presbyopia. She has also done a large number of ICL and C3R surgeries. She is also experienced in Oculoplasty surgeries specially DCR, DCT , Entropian and Pterygium surgeries.

Dr Doel has done her MBBS and MS in Ophthalmology from Silchar Medical College, Assam and her Fellowship in Comprehensive Ophthalmology from SCEH, Delhi.

SHRI SADGURU SEVA SANGH TRUST

SADGURU
SEVA SANGH

World's Largest Rural Eye Care Provider

The Trust manages a state of the art NABH accredited eye care facility at Chitrakoot, Satna, Madhya Pradesh and another two-tertiary level eye care facilities in Anandpur, Vidisha, Madhya Pradesh and Barielly, Uttar Pradesh. From last 54 years, the organization has been working towards elimination of curable blindness from the rural areas of Central and Northern parts of India. The Trust together with its 3 eye care hospitals and 100+ vision centers serve more than 15 lakhs patients and perform close to 02 lakhs eye surgeries annually.

Training Programmes

One of the top priorities of the current scenario of Indian eye care industry is getting adequate trained manpower, to handle the vast backlog of cataract and other causes of blindness. To contribute to this critical issue, several training programmes have been designed at Sadguru Netra Chikitsalaya. Sadguru Netra Chikitsalaya is affiliated with National Board of Examination and is a recognized training centre for Fellowship programme by International Council of Ophthalmology (ICO) and International Ophthalmological Fellowship Foundation (IOFF).

KEY PROGRAMS

Para Ophthalmic Courses

- Refresher training program for Govt. Para Medical Ophthalmic Assistants
- Short term training in
  - Low vision
  - OT Technician
  - Optical Dispensing
  - Optometry (Pediatric & Adult)
  - Pediatric Nursing
  - Vision Technician

Long Term Fellowship

- DNB (Post Graduation in Ophthalmology)
- Comprehensive Long term Fellowship in
  - Cataract & IOL
  - Vitreo-Retina
  - Glaucoma Services
  - Cornea & Refractive Surgeries
  - Pediatric Ophthalmology and Strabismus
  - Oculoplasty, Ocular Oncology & Prosthetic Services

Management Courses

- Fellowship in Eye Hospital Management
- Training in Community Eye Care
- Outreach Management
- Training in Eye Care Counseling
- Training in Medical Record Management
- Training in Pediatric Eye Care Counseling
- Short term training in Vision Center Management

For further details contact us:

Shri Sadguru Seva Sangh Trust, Jankikund Chitrakoot - 210204, Dist. Satna (M.P.)
E-mail: snc.edu@sadgurutrust.org Tel : (07670) 265 320, +917471116346 Website: www.sadgurutrust.org

ANNUAL REPORT

BHOPAL DIVISIONAL OPHTHALMIC SOCIETY
(ANNUAL REPORT)

1. Conference on Glaucoma conducted on 28/1/24
2. Post Graduate quiz on Glaucoma conducted on 28/1/24
3. Glaucoma Janjagrukta Abhiyan conducted on 10/3/24 to 16/3/24
4. Glaucoma walk conducted on 10/3/24
5. Nukkad Natak by students of RKDF Medical College at Boat club, Lake view & under aegis of BDOS conducted on 10/3/24
6. Talk shows, Reel making & awareness programs on TV by members conducted on 11/3/24 – 13/3/24
7. Glaucoma diagnostics skill transfer workshop conducted on 14/3/24
8. Glaucoma Diagnostic camp at 20 different places conducted on 15/3/24
9. "Nukkad Natak" on glaucoma awareness at 10 No stop by students of RKDF Medical College H & RC & under aegis of BDOS conducted on 16/3/24
10. Conference on Retina" NEW LIGHT IN THE MANAGEMENT OF NAMD & DME" conducted on 14/4/24
11. 3rd executive meeting regarding Annual MPSOS conference to be held in Bhopal conducted on 21/4/24
12. Conference on Myopia, Amblyopia and Strabismus – current practices by BDOS & Chirayu Medical College conducted on 26/5/24
13. Skill transfer session – Hands on workshop newer devices & diagnostic tools conducted on 26/5/24
14. Beyond Ophthalmology " International Yoga day " session by Shailja Trivedi conducted on 16/6/24
15. Conference on Cataract & Glaucoma conducted on 30/6/24
16. 4th executive Meeting conducted on 28/7/24

GWALIOR DIVISIONAL OPHTHALMIC SOCIETY
(ANNUAL REPORT)

CME

1. Advanced IOL in ophthalmology
2. Medico legal aspects in ophthalmology

CONFERENCES AND WORKSHOPS

Second annual meeting ACOIN Madhya Pradesh chapter held in Gwalior

INDORE DIVISIONAL OPHTHALMIC SOCIETY
(ANNUAL REPORT)

1. Scientific activity on Ophthalmic potpourri conducted on 01/04/2023

   Guest speaker-
   1. Dr. Krishna Prasad Kundlu
   2. Dr. Prashant Bawankule
   3. Dr. Tejas Shah

2. Public awareness on Tree plantation on Doctor's day conducted on 02/07/2023

3. Scientific activity on Glaucoma thought leader symposium conducted on 15/07/2023

4. CME on Beyond the books post graduate skill enhancement series on Glaucoma Diagnostics conducted on 27/07/2023

5. CME on Beyond the books post graduate skill enhancement series on Retina Diagnostics conducted on 12/08/2023

6. Scientific activity on Latest updates conducted on 26/08/2023

   Guest speaker-
   1. Dr. Saurabh Goel (UK)
   2. Dr. Sunita Dubey
   3. S.S Pandav
   4. Ganesh Raman

7. Scientific activity on Quiz wheel of fortune conducted on 26/08/2023

8. Competitive papers conducted on 26/08/2023

   Guest speaker-
   1. Dr. Sunita Dubey
   2. Dr. Pandav
   3. Dr. Ganesh Raman

9. Competitive videos conducted on 26/08/2023

10. Eye donation awareness campaign Walkathon conducted on 03/09/2023

11. Eye donation awareness campaign public lecture in Rotary Club with pledge forms conducted on 04/09/2023

12. Eye donation awareness campaign aware and pledge camp at mahila mandal conducted on 04/09/2023

13. Article on Eye donation in magazine conducted on 08/09/2023

14. Eye donation awareness campaign video on social media.

15. Beyond the BOOKS post graduate skill enhancement series cornea diagnostics conducted on 16/09/2023

16. Diabetic awareness REEL competition conducted on 14/11/2023

17. Best Diabetic eye photography competition conducted on 14/11/2023

18. Scientific activity on Cataract and IOL update conducted on 26/11/2023

Guest speaker- DR. Abhijeet Desai

19. Social activity on DIWALI CELEBRATION FOR IDOS MEMBERS conducted on 26/11/2023

20. ADVANCED DRY EYE MANAGEMENT WORKSHOP-MEIBOMOGRAPHY AND THERMAL TREATMENT NEW MACHINES DEMONSTRATION conducted on 24/12/2023

21. Scientific activity on CORNEA CASE COLLOQUIUM /VIDEO BOUQUET conducted on 24/12/2023

22. CHRISTMAS AND NEW YEAR CELEBRATION conducted on 24/12/2023

23. Scientific activity on MULTISPECIALITY MEET ON ALLERGY MANAGEMENT conducted on 28/01/2024

24. Scientific activity on DIABETIC SKILL TRANSFER WORKSHOP IN ASSOCIATION WITH VRSI conducted on 11/02/2024

    Guest speaker- Dr. Rajiv Raman

25. Social activity on FAMILY PICNIC AND VISIT TO THE GANDHISAGAR DAM conducted on 17/02/2024 & 18/02/2024

26. GLAUCOMA AWARENESS WALK

27. Scientific activity on DIGITAL GLAUCOMA AWARENESS POSTER COMPETITION.

28. Scientific activity on AIOS ARC DIAGNOSTIC MODULE conducted on 23/04/2024

29. Family picnic

30. AIOS -IDOS PRAYOGSHALA conducted on 18/06/2024 & 19/06/2024

31. Scientific activity on ORATION AWARD conducted on 18/06/2024 & 19/06/2024

    Guest speaker- Dr. J.S. TITIYAL

32. Scientific activity on DIDACTIC LECTURES conducted on 18/06/2024 & 19/06/2024

33. COMPETITIVE PAPER PRESENTATIONS conducted on 18/06/2024 & 19/06/2024

34. INTERCOLLEGIATE QUIZ conducted on 18/06/2024 & 19/06/2024

35. Scientific activity on COMPETITETIVE PAPER PRESENTATION GLAUCOMA

36. Scientific activity on COMPETITETIVE VIDEO PRESENTATION

37. Scientific activity on PENTATHALON conducted on 18/06/2024 & 19/06/2024

    Guest speaker- Dr. DOEL BISWAS

JABALPUR DIVISIONAL OPHTHALMIC SOCIETY
(ANNUAL REPORT)

1. CME on Unleashing the power of comfort and efficacy in Glaucoma management conducted on 10/03/2024,

Guest speaker- Dr. Rahul Shukla

1. & All members
2. Executive Body Meet on Preparation of upcoming Prof. Dr. R.K. Mishra Annual Conference conducted on 08/04/2024 attended by All Executive Members
3. CME on Atropine 0.01% & Control of Progression of Myopia conducted on 12/05/2024

   Guest speaker- Dr. Nishant Tiwari
4. Meeting on Conference Preparation & fund raising & stall & Hall preparation conducted on 16/05/2024 attended by all Executive Members of JDOS
5. Executive Meet on GBM, Conference preparation on conducted 19/05/2024 by all JDOS Members
6. Conference on Glaucoma conducted on 02/06/2024

   Guest speaker-
   1. Dr. Harsh Kumar (Delhi)
   2. Dr. Navjot Ahluwalia (SNC)

REWA DIVISIONAL OPHTHALMIC SOCIETY
(ANNUAL REPORT)

1. 46th Annual MPSOS Conference conducted on 27th-29th October 2023
- Lifetime Achievement Award - Dr. B.K. Jain
- Dr. H.C. Setiya Video Award - Dr. Alok Sen
  Dr. Ramesh Krishna Agarwal Memorial Award - Dr. Rakesh Shakya
- CLASH OF TITANS award - DOS-Rewa

2. Heroes of Indian Ophthalmology' Award conducted on 24th November 2023
- 'Heroes of Indian Ophthalmology' award – Dr. B.K. Jain

3. Glaucoma India Education Program (Central Zone) conducted on 26th November 2023

   Guest speaker-
   1. Dr. Saahebaan Sethi
   2. Dr. Rakesh Shakya
   3. Dr. Vinita Ramnani
   4.Dr. Prof. Shashi Jain

4. U WE YA 2023 International Conference conducted on 16th – 17th December 2023

   Hosted by SNC in Chitrakoot

   Guest speaker-
   1. Dr. Amod Gupta
   2. Dr. Reema Bansal (PGIMER Chandigarh)
   3.Dr. Rupesh Agarwal (TTSH Singapore)

5. CME – Dr. Jayesh Vazirani conducted on 2nd March 2024 conducted at Sadguru Netra Chikitsalaya Chitrakoot by Dr. Jayesh Vazirani

6. 7th National Assembly of FOTI, conducted on 6th-7th January, 2024

   Ophthalmic Teachers of India award - Prof. Pankaj Choudhary

7. NETRONMILAN-2024, Midterm MPSOS Conference conducted on 7th April, 2024 hosted by the Divisional Ophthalmic Society, Rewa
- 1st prize in the PG Quiz competition - SNC Chitrakoot
- 2nd prize in the PG Quiz competition - SS Medical College, Rewa

8. Conference on Retinoblastoma conducted on 8th June 2024

   Organized by Sadguru Netra Chikitsalaya

   Guest speaker
   1. Dr. Amita Mahajan
   2. Dr. Sima Das
   3. Dr. Narendra Patidar
   4.Dr. Alok Sen

9. Annual conference-Indore DOS, conducted on 8th-9th June, 2024

   2nd prize in the PG Quiz competition
   1. Dr Aditi Mishra
   2. Dr Sanskriti Ukey
   3.Dr Tanisha Mittal

10. Advance Eyexcel conference conducted on 10th – 14th June 2024

    Conducted by Sadguru Netra Chikitsalaya, in collaboration with SEVA Foundation and LAICO

    Guest speaker –
    1. Mr. Arun Kumar Acharya
    2. Ms. Neelam Lahoti
    3. Ms. Nidhi Jamwal
    4. Mr. Uday Kumar
    5. Mr. Amod S Gogate
    6. Ms. Sunita Arora

11. Public Health Research Strategic Planning conducted on10th – 11th August, 2024

    Guest speaker -
    Professor G.V.S. Murthy

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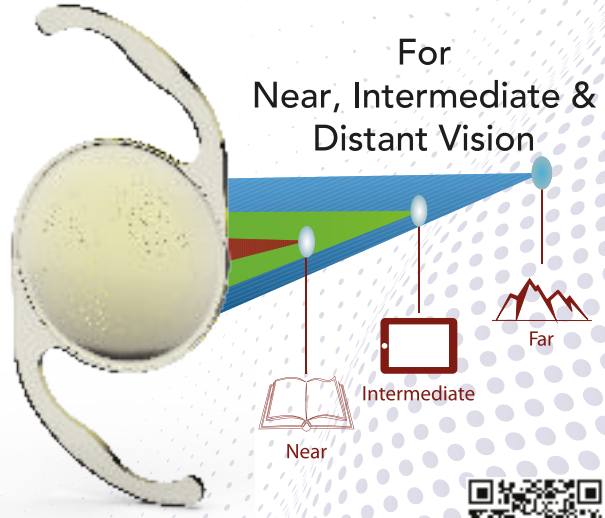

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SAGAR DIVISIONAL OPHTHALMIC SOCIETY
(ANNUAL REPORT)

1. CME on Dry eye diseases conducted on 10/02/2024

   Guest speaker-
   1.Dr. Ashok Singhai
   2.Dr. Rajan Kesarwani
   3.Dr. Amandeep Chawla
   4.Dr. Anjali Virani

2. CME in view of world glaucoma week conducted on 04/05/2024

   Guest speaker-
   Dr. Abhishek Jain

3. CME on recent advances in ROP & Retinal vascular diseases conducted on 27/07/2024

   Guest speaker-
   Dr. Vivek Som

UJJAIN DIVISIONAL OPHTHALMIC SOCIETY
(ANNUAL REPORT)

1. CME on Technology behind Presbyopia correcting IOL: What's New conducted on 15/06/2024

   Guest speaker-
   Dr. Anchal Gupta

2. International YOGA day celebration by UDOS members conducted on 21/06/2024

   Guest instructor-
   Mrs. Preeti Jaiswal

3. General body meeting conducted on 13/07/2024 Attended by all Ujjain divisional ophthalmic society members.

4. CME on Spectrum of Orbit & Occuloplasty diseases on 10/08/2024

   Guest speaker-
   Dr. Bhagyesh Pore

5. CME on Cosmic to Cosmetic conducted on 10/08/2024

   Guest speaker-
   Dr. Saurabh Jain

ASG EYE HOSPITALS

01 Crore +* Treated Patients
*Includes all center's data

600+ Eye specialists out of which 250+ are alumni of premier institutes like All India Institute of Medical Sciences (New Delhi), Sankara Nethralaya, LV Prasad & Arvind Eye Institute.

MP'S FIRST BLADE LESS

CATARACT, BLADELESS LASIK,BLADELESS CLEAR MACHINE

NOW @ ASG EYE HOSPITAL, BHOPAL

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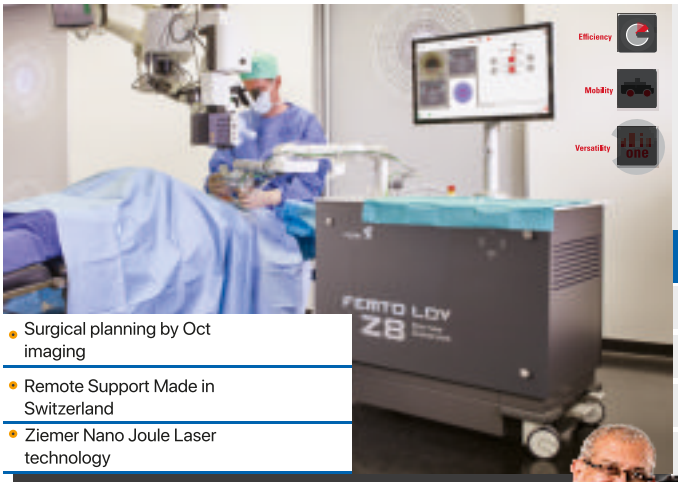

- Surgical planning by Oct imaging
- Remote Support Made in Switzerland
- Ziemer Nano Joule Laser technology

FEMTO LDV Z8 Cornea Cataract

Advantages

- Precision
- No Need To Shift Patient
- Accuracy & Consistency
- Correcting Astigmatism
- Premium IOL For Implantation With Good Coverage
- Complicated Cases Handling

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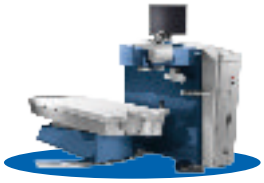
It's a Bladeless procedure to make flap and correct Myopia, Hyperopia and Astigmatism

CLEAR - Cornea Lenticule Extraction for Advanced Refractive correction
Femto Laser is used to correct Myopia & Astigmatism without flap.

CATARACT SURGERY
(BLADE LESS)

Laser is used to Make bladless incisions and breakup the Cataract then with Ultrasound Energy it is Removed and Replaced with Artificial Lens



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For management of bacterial conjunctivitis and Sterilization during the perioperative period of ophthalmic surgery

Vigamox®

(moxifloxacin HCl ophthalmic solution)
0.5% as base

pH 6.8

Reference: Vigamox India pack insert dated 13 Sep 2021 based on Company Core data sheet dated 31 Mar 2013 updated based on Japan PI dated 01 Sep 2020

VIGAMOX®
Presentation: Solution containing Moxifloxacin Hydrochloride IP equivalent to Moxifloxacin 5mg Indications: • Treatment of bacterial conjunctivitis caused by susceptible organisms. • Sterilization during the perioperative period of ophthalmic surgery. Dosage and administration: For conjunctivitis Adults and pediatric patients ≥1 year: • The recommended dose is one drop in the affected eye(s) 3 times a day. For sterilization during the perioperative period of ophthalmic surgery: • Usually, instill one drop in the affected eye 5 times per day before operation, and 3 times per day after operation. • Method of administration: For topical ophthalmic use only. • Patients should be advised not to wear contact lenses if have signs and symptoms of bacterial conjunctivitis. • If more than one topical ophthalmic medicinal product is being used, the products must be administered at least 5 minutes apart. Contraindications: • Hypersensitivity to the active substance, to other quinolones or to any of the excipients. Warnings and precautions: • Not for injection. •Should not inject subconjunctivally or introduce directly into the anterior chamber of the eye. In patients receiving systemically administered quinolones, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. • If patients have allergic reactions, treatment with Vigamox should be discontinued. Serious acute hypersensitivity reactions may require immediate emergency treatment. • Prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, treatment should be discontinued and alternative therapy should be instituted. • Tendon inflammation and rupture may occur with systemic fluoroquinolone therapy including moxifloxacin, particularly in elderly patients and in those treated concurrently with corticosteroids. Treatment with Vigamox should be discontinued at the first sign of tendon inflammation. • Temporary blurred vision or other visual disturbances may affect the ability to drive or use machines. If blurred vision occurs, the patient must wait until the vision clears before driving or using machinery. Pregnancy, lactation, females and males of reproductive potential: • Pregnancy: No effects on pregnancy are anticipated. • Lactation: At therapeutic doses, no effects on the breastfed child are anticipated. Adverse drug reactions: • Common (≥1 to <10%): Eye pain, eye irritation. • Uncommon (≥0.1 to <1%): Headache, punctate keratitis, dry eye, conjunctival haemorrhage, ocular hyperaemia, eye pruritus, eyelid oedema, ocular discomfort, dysgeusia. • Rare (≥0.01 to <0.1%): Haemoglobin decreased, paresthesia, corneal epithelium defect, corneal disorder, conjunctivitis, blepharitis, eye swelling, conjunctival oedema, vision blurred, visual acuity reduced, asthenopia, erythema of eyelid, nasal discomfort, pharyngolaryngeal pain, sensation of foreign body (throat), vomiting, alanine aminotransferase increased, gamma-glutamyltransferase increased. • Unknown: Hypersensitivity, dizziness, ulcerative keratitis, keratitis, lacrimation increased, photophobia, eye discharge, palpitations, dyspnoea, nausea, erythema, pruritus, rash, urticaria. Interactions: Drug interactions are unlikely to occur. Pack size: 5 ml bottle

IN2403073818 I Expiry: 14th Feb 2026

For post-operative steroid responsive inflammatory ocular condition when bacterial ocular infection or risk of bacterial ocular infection exists

Vigadexa®

(Moxifloxacin hydrochloride 0.5% and dexamethasone phosphate 0.1%)
Sterile Ophthalmic Solution

Reference: VIGADEXA®India pack insert dtd 12 Mar 2018 based on CCDS TDOC-0051719 version 02 dtd 21 Jan 2018.

VIGADEXA®
Presentation: 1mL of solution contains 5mg moxifloxacin (equivalent to 5.45mg moxifloxacin hydrochloride) and 1mg dexamethasone (equivalent to 1.1mg dexamethasone sodium phosphate USP). Indications: For postoperative steroid responsive inflammatory ocular condition when bacterial ocular infection or risk of bacterial ocular infection exists. Dosage and administration: Adults: To prevent post-surgical ocular inflammation and infection: • Instill 1 drop 4 times per day in the eye to be operated on, starting 1 day before the surgery and for 15 days after the surgery. • In patients who have undergone cataract surgery, instill the solution immediately after the surgery. • In patients who have undergone refractive surgery by LASIK, instill the solution within 15 minutes after the surgery. In ocular infections caused by susceptible organisms: • Instill 1 drop 4 times per day for 7 days, or as directed. Method of administration: • For ocular use only. • If more than one topical ophthalmic medicinal product is being used, the medicines must be administered at least 5 minutes apart. Eye ointments should be administered last. • Nasolacrimal occlusion or gently closing the eyelid after administration is recommended. Contraindications: Hypersensitivity to the active substance, any of the excipients or other quinolones. • Herpes simplex keratitis • Vaccinia, varicella, and other viral infections of cornea or conjunctiva • Fungal diseases of ocular structures or untreated parasitic eye infections. • Mycobacterial ocular infections. Warnings and precautions: •In patients receiving systemic quinolones, serious and occasionally fatal hypersensitivity reactions, some following the first dose, have been reported. If an allergic reaction to Vigadexa occurs, discontinue use of product. Serious acute hypersensitivity reactions require immediate emergency treatment. • Prolonged use of ophthalmic corticosteroids may result in ocular hypertension and/or glaucoma, with damage to the optic nerve, reduced visual acuity and visual field defects, and posterior subcapsular cataract formation. In patients receiving prolonged ophthalmic corticosteroid therapy, intraocular pressure should be checked routinely and frequently The risk of corticosteroid-induced ocular hypertension may be greater in children and may occur earlier than in adults. • Vigadexa is not approved for use in pediatric patients. • The risk of corticosteroid-induced raised intraocular pressure and/or cataract formation is increased in predisposed patients. • Tendon inflammation and rupture may occur with systemic fluoroquinolone therapy. Therefore, treatment with Vigadexa should be discontinued at the first sign of tendon inflammation. • Cushing's syndrome and/or adrenal suppression associated with systemic absorption of ophthalmic dexamethasone may occur after intensive or long-term continuous therapy in predisposed patients including patients treated with CYP3A4 inhibitors. In these cases, treatment should not be discontinued abruptly, but progressively tapered. • Corticosteroids may reduce resistance to and aid in the establishment of nonsusceptible bacterial, fungal, viral or parasitic infections and mask the clinical signs of infection. • Fungal infection should be suspected in patients with persistent corneal ulceration. Corticosteroids therapy should be discontinued if fungal infection occurs. • Topical ophthalmic corticosteroids may slow corneal wound healing. Topical NSAIDs are also known to slow or delay healing. Concomitant use of topical NSAIDs and topical steroids may increase the potential for healing problems. • In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical corticosteroids. • Prolonged use may result in overgrowth of non-susceptible organisms. If superinfection occurs, treatment should be discontinued and alternative therapy should be instituted. Pregnancy, lactation, females and males of reproductive potential: Pregnancy: Not recommended during pregnancy. Lactation: A risk to the breastfed child cannot be excluded. A decision must be made whether to discontinue breastfeeding or to discontinue/abstain from therapy taking into account the benefit of breastfeeding for the child and the benefit of therapy for the woman. Adverse drug reactions: Common (1 to <10%): Eye pruritus, eye irritation. Uncommon (0.1 to <1%): Dysgeusia, vision blurred, eyelid pain, oropharyngeal pain, Rare (0.01 to <0.1%): Insomnia • Not known: ocular hyperaemia Interactions: • CYP3A4 inhibitors may increase system ic exposure resulting in increased risk of adrenal suppression/Cushing's syndrome. The combination should be avoided unless the benefit outweighs the increased risk of systemic corticosteroid side effects, in which case patients should be monitored for systemic corticosteroid effects. Pack size: 5ml bottle. Before prescribing, please consult. Full prescribing information available from For the use of a registered medical practitioner or a hospital or a laboratory only. India BSS dated 2 Jan 2020 based on International BSS version 1.0 dated 17 Sep 2019 effective from 2 Jan 2020.

FA-11236289 I Expiry- 29th July 2026

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SCIENTIFIC CONTENT

Neuropathy After Refractive Surgery– The Pain Without Stain

Dr Swarna Besaria Gupta, Dr Yogita Chaurasia

LASIK is a commonly performed refractive procedure nowadays. For a majority of LASIK patients, recovery will go as expected, healing fully within three to six months of surgery.(1). While transient symptoms related to dry eye disease following LASIK are common, a group of patients may develop neuropathic corneal pain (NCP), characterized by severe, persistent ocular pain and other symptoms that are out of proportion to clinical signs of dry eye.

Adverse environmental conditions, such as low tear production or incomplete eyelid closure, can activate the corneal nerves and cause nociceptive pain. Nerves can also be activated inappropriately because they're dysfunctional, causing neuropathic pain.

Neuropathic corneal pain can arise in post-LASIK patients due to tissue damage and ocular surface inflammation caused by surgical trauma. The damage first causes changes in the structure and function of peripheral nerves (peripheral sensitization) but over time, central nerves can also become affected (central sensitization), with resultant pain amplification, heightened pain awareness, and expansion of pain beyond the initial site of injury.3 Failure to understand neuropathic corneal pain, combined with minimal or absent clinical signs, has made diagnosis of the condition a challenge for most ophthalmologists.

Corneal neuropathic pain is a rare but potentially devastating complication arising from abnormal healing of corneal nerves after laser refractive surgery.

It is a cause of persistent discomfort after corneal refractive surgery having a significant impact on quality of life and may lead to neuropsychiatric problems.

We intend to discuss the prevalence of neuropathic corneal pain following LASIK, the challenges of diagnosis, risk factors, and the approach to recent management.

DIAGNOSIS AND INCIDENCE OF NEUROPATHIC CORNEAL PAIN FOLLOWING LASIK.

According to the literature, neuropathy following LASIK is rare, occurring in about 1 in 900 cases.(2). Studies suggest the mean age of patients to be around 40 years, the mean time to onset of symptoms around 9.6 months, median time to onset of symptoms around 6.0 months, with symptomatic onset ranging between 2 to 24 months following surgery.(3).

Diagnosis of corneal neuropathic is difficult due to the variation of symptoms and signs. Pain may be severe, chronic, or persistent associated with photophobia, grittiness, or foreign body sensation and increased sensitivity to air. It is due to alteration to the neuropathway. Peripheral or central sensitization or both may lead to pain and even in the absence of a stimulus, the cell body and nerve terminal of first or second-order neurons display spontaneous activity.

We should consider the diagnosis of NCP in a post-LASIK patient when :

- Symptoms are out of proportion to clinical examination findings
- Pain persists after the application of a topical anesthetic; and/or
- Symptoms persist despite the optimization of the ocular surface with traditional "dry eye" therapies

The patient should be examined under topical anesthesia (proparacaine challenge test) to see if the pain persists after anesthesia. Pain due to peripheral sensitization will be relieved while central sensitization persists. This differentiation helps in planning management(4).

Corneal nerve anatomy can be assessed by in vivo confocal microscopy. Although the density of corneal nerves is found to be low in post-LASIK patients even without neuropathy, the presence of micro neuromas (abrupt nerve ending with a terminal bulb) is considered indicative of corneal neuropathic pain.(5).

Corneal esthesiometry should be done to qualitatively assess corneal sensitivity either by cotton tip applicator, tissue, dental floss, or Cochet–Bonnet method. Individuals with neuropathic pain often demonstrate abnormally high or low corneal sensitivity.(6).

RISK FACTORS

Some risk factors for developing neuropathy after LASIK surgery include(7)-

- Neuropsychiatric disorders like history of anxiety, depression, ADHD, panic disorder, bipolar disorder.
- Autoimmune conditions like Hashimoto's disease, diabetes, psoriasis, rheumatoid arthritis, or alopecia.
- Functional pain syndromes including fibromyalgia, chronic fatigue syndrome, or chronic backache
- Hypothyroidism
- Pre-existing ocular surface disorders.
- Post-operative medications containing preservatives
- Ocular hypoesthesia

CORNEAL NEUROANATOMY AND PAIN TRANSMISSION

The cornea is richly innervated by branches of the nasociliary nerve, which enter the periphery radially and lose their myelin sheath near the limbus. The subbasal nerve plexus is located in the anterior third of the stroma. The first synapse is in the trigeminal subnucleus, second-order axons originate from the trigeminal nucleus, decussate & join the contralateral spinothalamic pathway, and synapse in the thalamus. The third-order neuron then relays the information to supra-spinal centers. A descending modulatory pathway exists, modulating the signals of incoming pain. Corneal nerve injury may damage these ascending and descending pathways representing the substrate of chronic pain. (Figure 1)

NEURAL BASIS OF PHYSIOLOGICAL OCULAR SURFACE PAIN

The human cornea is richly innervated tissue in the body, it provides a sensation of touch, pain, and temperature signals to the brain and induces reflex tear production, which maintains the structural and functional integrity of the ocular surface. Any disturbance in the integrity reflects various problems including persistent pain as nerve damage occurs in LASIK.

Nerve damage due to LASIK can disrupt the corneal immune homeostasis by reducing the number of resident immune cells by changing the morphology which can lead to chronic neurogenic inflammation & result in pain.(8).

The neuropathy after LASIK is a consequence of neuroplastic changes, which involve peripheral and central pathways along with descending modulation.

EFFECT OF LASIK ON CORNEAL SENSITIVITY

Corneal sensitivity measures corneal nerve function and indicates the integrity of the ocular surface's protective mechanisms. Central corneal sensitivity decreases by about 50% of the Cochet–Bonnet filament length after LASIK and recovers gradually to almost the preoperative level between 6 months and a year.

PREOPERATIVE EVALUATION FOR PREVENTION OF NEUROPATHY

The preoperative evaluation is an extremely important tool to know if a patient is a good candidate for LASIK. Comprehensive workup includes-

- HISTORY– It is important to know his expectations as a patient with unrealistic expectations is a poor candidate for refractive surgery.

- PAST HISTORY—Some systemic and ocular diseases affect the outcome of LASIK surgery. Hence if surgery is considered in these patients, risk may be explained in detail and more information and investigations should be done before surgery.
- MEDICATIONS- Certain drugs cause adverse effects after LASIK eg antihistamines produce dry eye, and need to be discontinued.
- SOCIAL HISTORY- Use of alcohol & smoking may alter healing. High-impact activities and sports may be stopped for some time.
- PHYSICAL EXAMINATION- it Includes visual acuity, refraction, and complete eye examination with slit lamp, posterior segment examination in detail.
- Pre-LASIK Workup- Proper screening for fitness for LASIK surgery includes-Dry eye tests
- Contrast sensitivity by Hamilton – veale contrast sensitivity test for better understanding of functional vision of patient
- Pupil exam- to examine size by pupillometer as patient with large pupil may be at risk for glare and halo after surgery
- TOPOGRAPHY, TOMOGRAPHY, AND CORNEAL BIOMECHANICS- To examine the front and back surfaces of the cornea, along with thickness mapping and assessment of corneal biomechanics to assess the risk of ectasia
- WAVEFRONT ANALYSIS It is used to detect higher aberrations that may degrade vision. Standard LASIK procedures can not treat higher-order aberration and may leave unwanted visual symptoms after surgery.

Management of Neuropathic Corneal Pain:

Managing a case of NCP requires multimodal therapy focusing on both ocular surface and nociceptor modulation. It is imperative to document whether a central sensitization is present or not. Multi-specialty approach should be used including pain specialists, neurologists and psychiatrists as ocular neuropathic pain has a systemic component.(9)

- **Treatment of ocular surface disorders-** This includes preservative-free artificial tears, treatment of meibomian gland disorders, omega and fish oil supplements, oral doxycycline and scleral contact lenses especially prosthetic replacement of the ocular surface ecosystem (PROSE)(10) Wherever needed.
- **Anti-inflammatory therapies-** These include a short tapering course of topical steroids to decrease ocular surface inflammation. Alternatively, T-cell modulators like cyclosporine eyedrops can be used for a longer period.(11).
- **Therapies targeting nerve regeneration-** The autologous serum contains various neurotrophic factors like nerve growth factor (NGF), insulin-like growth factor-1, transforming growth factor β, fibronectin, substance P, and epidermal growth factor. Serum tears are made from a patient's blood and diluted in sterile saline or hyaluronic acid. These help restore epithelial health and improve the function of abnormal peripheral nerves in neuro-regeneration(12).
- **Systemic analgesics-** Either NSAIDS or opioid analgesics can be prescribed depending on the pain intensity.
- **Anti-depressants and anti convulsant therapies-** As NCP comes in the category of complex systemic neuropathic pain syndromes, tricyclic antidepressants (e.g., amitriptyline, nortriptyline), anti-convulsants (e.g. carbamazepine) and GABA-pentanoids like gabapentin/pregabalin can prove to be useful.(13).
- **Electrical neurostimulation for central pain modulation –** These treatments are based on the principle of pain gating. Monopolar electrodes are placed subcutaneously to stimulate the corneal pain pathway specifically, the area of the trigeminocervical complex. This inhibits the small-diameter nociceptor terminals.(14).

- **Vitamin supplementation-** The role of vitamin B6 B12 and vitamin D has been postulated for corneal neuropathy.(15).

The management strategies are summarized in Table 1

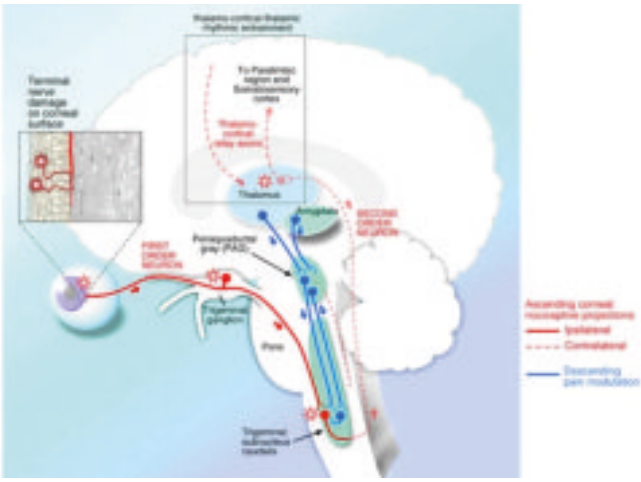
Table 1: Summary of treatment strategies for neuropathic corneal pain
Preservative-free artificial tears
Topical ocular steroids
Topical immunomodulators
Autologous serum tears
Systemic pain medications
Antidepressants
Anticonvulsants
Contact lenses
Vitamin supplements
Electric stimulation of trigeminal ganglion.

CONCLUSION

The exact cause of corneal neuralgia after LASIK surgery is debatable, but the fact is that the cornea is the most powerful pain generator in the human body. Neuropathic corneal pain following LASIK is a rare but debilitating condition. Risk factors need proper attention before undergoing surgery. A preoperative assessment is required before planning a case for the refractive procedure. For an individual who develops neuropathy after LASIK, a multi-specialty, multi-modal, individualized approach to treatment is required to improve the long-term quality of life.

Figure legends:

Figure 1 : A simplified version of the ocular sensory apparatus. Reproduced under creative commons licence from Ocul Surf. 2012 Jan;10(1):2–14.



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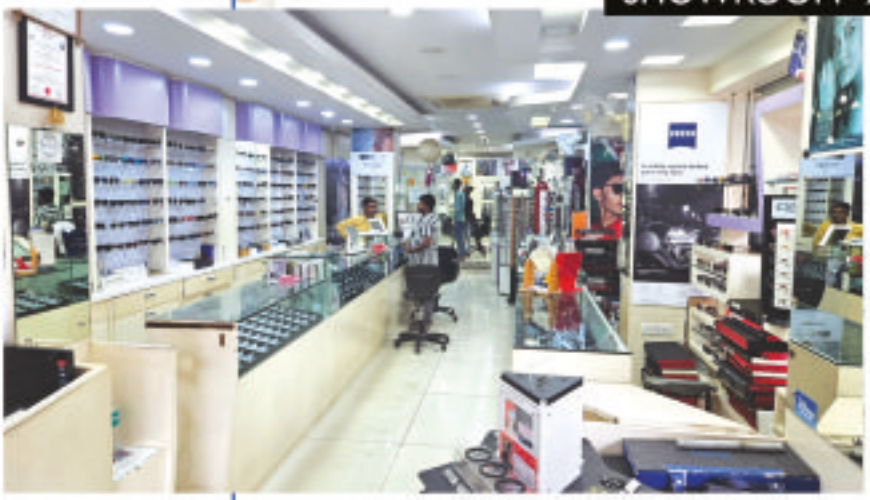

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Diffuse choroidal dystrophy and foveal hypoplasia in Axenfeld–Rieger Syndrome– Unusual presentation

Dr Vineet Gour, Dr. Sonia Gupta, Dr. Pradeep Jain

Abstract

We report a case of Axenfield Reiger anamoly with rare presentation. An 8 years old girl who presented to OPD for routine ocular examination had right eye strabismic amblyopia, telecanthus, bilateral microcornea, with posterior embryotoxon. On fundus examination she had bilateral diffuse choroidal dystrophy with foveal hypoplasia which is a rare association with this syndrome. Axenfield described in 1920, a patient whose ocular abnormality was a white line in the posterior aspect of the cornea near the limbus, with tissue strands extending from the peripheral iris to this prominent line. Rieger in 1930s reported a case with similar anterior segment anomalies, but with additional changes in the iris, including corectopia, atrophy and hole formation. It was also discovered that some of these patients had associated non ocular developmental defects, especially of the teeth and facial bone[1]. This case highlights a unusual association of Axenfeld-Rieger syndrome with diffuse choroidal degeneration and foveal hypoplasia.

Keywords- Posterior embryotoxon, Foveal hypoplasia, Choroidal dystrophy.

Introduction

Axenfeld-Rieger syndrome (ARS) refers to an autosomal dominant genetic condition characterized by anterior segment dysgenesis and systemic abnormalities. Failure of the embryonic mesenchyme to differentiate into corneal endothelium, iris, angle structures, and crystalline lens leads to a spectrum of abnormalities collectively called Axenfeld-Rieger anomaly. Ocular defects are typically bilateral. Many additional ocular abnormalities have been reported although none occurs with sufficient frequency to be included as a typical feature of the Axenfeld-Rieger syndrome. These patients can have wide range of ocular anomalies—including strabismus, limbal dermoids, corneal pannus, cataracts, congenital ectropion uveae, congenital pupillary-iris-lens membrane, peripheral spoke like transillumination defects of the iris, retinal detachment, macular degeneration, chorioretinal colobomas, choroidal hypoplasia, and hypoplasia of the optic nerve head.[7,8,9,10,11] We report a rare occurrence of Axenfeld-Rieger syndrome with diffuse choroidal dystrophy and foveal hypoplasia.

Case

A eight year old Indian girl, who has healthy non-related parents, presented in OPD for routine ocular examination. She had underwent strabismus surgery in 2009 at our Institute. On external examination she was orthophoric with telecanthus, inner canthal distance was 40 mm(Figure-1A), outer canthal distance 70 mm and Interpupillary distance was 65 mm. Patient had refractive error of -2.0 cyl 180° in right eye and -1.50 cyl 165° in left eye with BCVA 20/400 and 20/30 respectively. Intraocular pressure was 15 mmHg in the right and 18 mm in the left eye.

Non ocular abnormalities consist of flat nasal bridge, prominent lower lip, teeth were small, sharp, see saw type edges and disorganized (Figure-1B). No other abnormality detected on complete systemic examination. CT brain was normal.

On examination, corneas of both the eyes were small, horizontal diameter (white to white) measuring 9 mm in the right eye and 8.5 mm in the

left eye. Slit lamp examination right eye show prominent white line anterior to limbus in posterior cornea suggestive of posterior embryotoxon, remainder of cornea was normal and similar finding with partial iris hole and irido-corneal adhesion in the left eye (Figures-1C and D).

Gonioscopically, the features were similar in both the eyes and included a prominent anteriorly shifted Schwalbe's line with peripheral cord like structures structures in all four quadrants (Figure-1E and F).

On fundus examination pigment mottling of RPE is seen with atrophy of choriocapillaries, and foveal hypoplasia with absent foveal reflex, but normal looking optic nerve head and retinal vasculature in the both eyes (Figure -2A and B).

On SD-OCT there was absence of foveal pit with intact IS/OS junction layer with central subfield thickness 286µ in right eye and absent foveal pit, widening of outer nuclear layer with intact IS/OS junction layer and central subfield thickness of 285µ in left eye (Figure-2C and D).

Discussion-

Axenfeld-Rieger syndrome is a rare, autosomal dominant developmental disorder with an incidence of 1:200,000[2]. Impaired neural crest cell migration and differentiation during embryonic development are considered important in the pathogenesis[3] which are involved in craniofacial, dental and ocular development[4]. Glaucoma develops in 50% of patients with ARS and usually occurs in childhood or adulthood[5]. The severity of glaucoma does not correlate with the amount of abnormal tissue found in the angle but does correlate with the level of iris insertion into the angle[6].

Our case presented with anterior segment anomalies with posterior segment anamoly in the form of diffuse choroidal dystrophy and foveal hypoplasia which has not been reported in literature as per our best knowledge.

Shield reported wide range of posterior segment anomalies—including retinal detachment, macular degeneration, chorioretinal colobomas, choroidal hypoplasia, and hypoplasia of the optic nerve head. Spallone A. reported three cases demonstrating association between the Axenfeld-Rieger syndrome and retinal detachment in one family [7].

It is possible that failure in the development of embryonic cells and consequent alteration of their interactions with adjacent tissue may lead to the ocular and non-ocular anomalies of the Axenfeld-Rieger syndrome and may also generate posterior segment disorders. Thus hallmark of this case was the presence of posterior segment association with Axenfeld Reiger anomaly which has been rarely reported in literature.

Financial & competing interest disclosure

The authors do not have any competing interests in any product/procedure mentioned in this study. The authors do not have any financial interests in any product / procedure mentioned in this study.

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FIGURE LEGENDS:

Figure 1

Figure 1: 1A Telecanthus with broad nasal bridge. 1B- Disorganised, small, sharp sea saw type teeth, 1C-right eye posterior embryotoxon (white arrowhead), 1D-left eye posterior embryotoxon (white arrowhead), with partial iris hole (black arrow), 1E and 1F-Gonioscopic images showing cord like tissue strand that extends from peripheral iris to prominent ridge in right and left eye respectively.

Figure 2

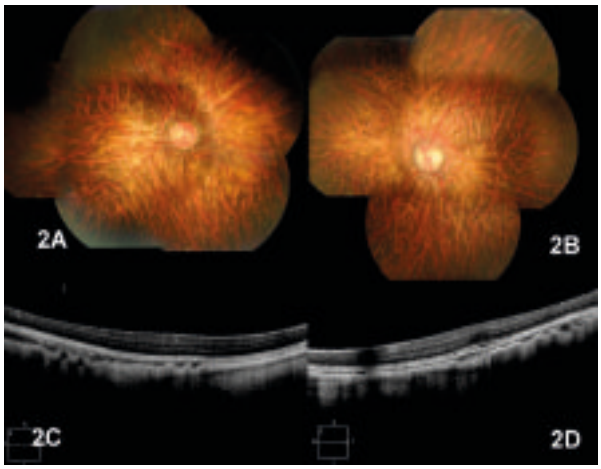

Figure 2: 2A and 2B- Fundus photograph showing diffuse pigment mottling and atrophy of choriocapillares in right and left eye respectively. 2C- OCT scan showing absent of foveal pit with intact IS/OS junction layer in right eye, 2D- OCT Scan showing absent foveal pit, widening of outer nuclear layer with intact IS/OS junction layer in left eye.

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CURVULARIA KERATITIS

Dr. Prerna Upadhya

Curvularia is a dematiaceous fungus found in soil and vegetation. It causes opportunistic infections in immune compromised patients.

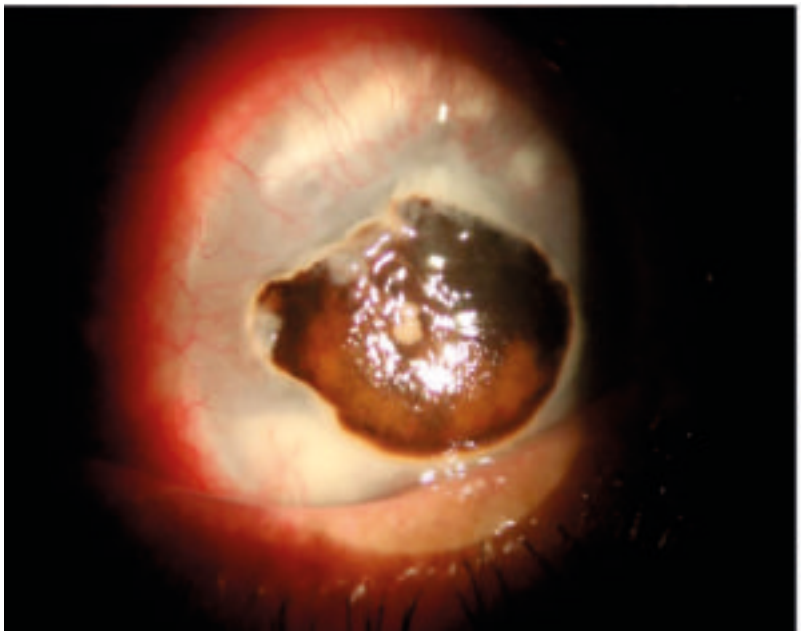
Most common cause of curvularia keratitis is trauma by vegetative matter primarily sugarcane leaf injury. A dry, superficial infiltrate with feathery borders involving central and paracentral cornea is observed. Macroscopic pigmentation is uncommon but distinguishing sign of dematiaceous fungal infection. The pigmentation is related to alteration in melanin metabolism and when present indicates a more superficial infection, low virulence of organism and less inflammatory reaction.

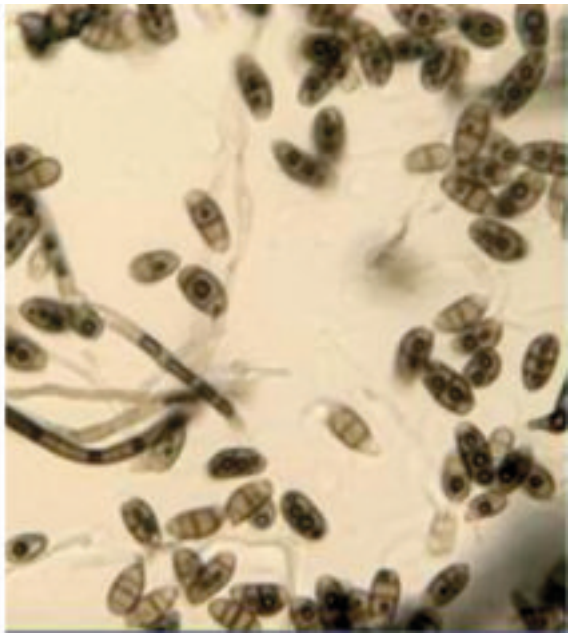
Its key microscopic feature is the presence of true, branched, septate fungal hyphae. On culture, it produces velvety olive- brown / black pigmented colonies.

Topical natamycin 5% suspension is a preferred therapy for the inhibition of keratitis.

Other compounds capable of inhibiting curvularia range includes PHMB, chlorhexidine gluconate and azoles.

Surgical management includes lamellar keratectomy and TPK.





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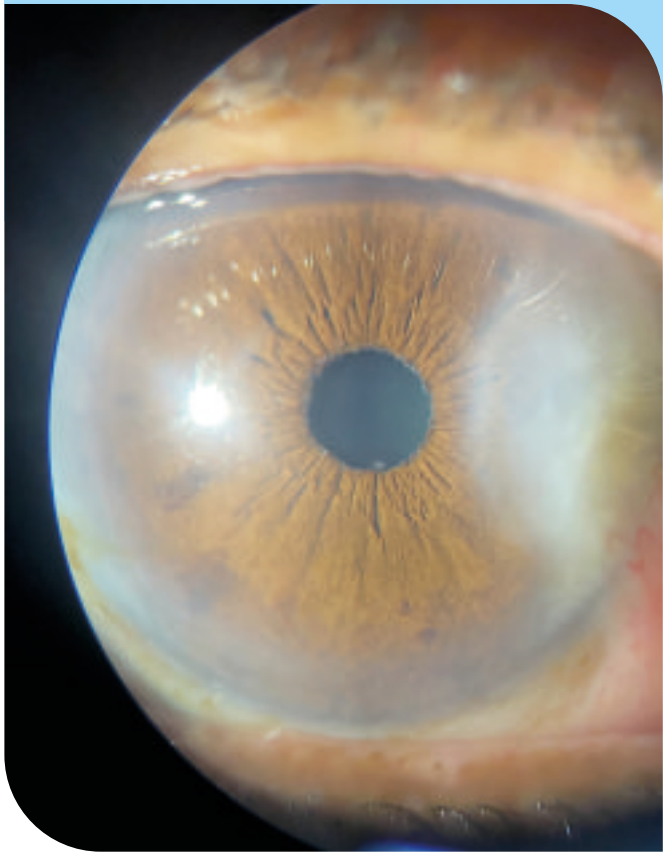
THE EYE CONIC SIGNS

Dr. Shweta Walia, Dr. Priya Singh

Can you guess what is at the pupillary margin ?



- The pseudo exfoliation syndrome (PXF or PEX) is an age-related systemic syndrome that targets mainly ocular tissues through the gradual deposition of fibrillary white flaky material in the anterior segment of the eye.
- These deposits have also been found elsewhere in the body, including in the skin, heart, lungs, liver,kidneys, and elsewhere. (1)
- The deposits are composed of elastic fibers (fibrillin and $^{\alpha}$-elastin) - and non collagenous basement membrane materials (laminin) which form fibrils.

Pathophysiology is unclear, but there is a genetic link to the gene LOXL1.

Deposition of white fluffy material can be present on the anterior lens capsule, pupillary margin, corneal endothelium, Trabecular meshwork, ciliary body and the zonules.

A sampaolesi's line can be found, most often in inferior angle due to patchy pigmentation anterior to trabecular meshwork which can be examined on gonioscopy.

Diagnosis is made using slit lamp biomicroscopy and intraocular pressure measurement.

The signs can be confused with:-

- Pigment dispersion syndrome
- Capsular Delamination (True exfoliation)
- Primary Amyloidosis

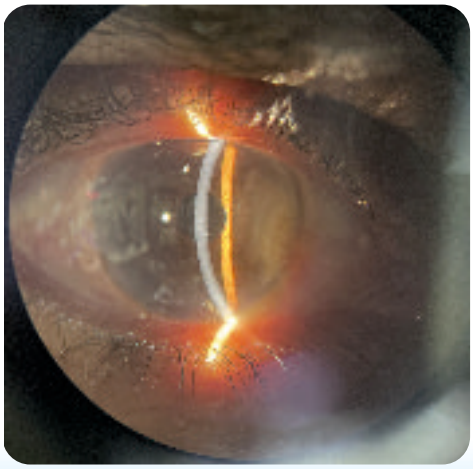
A 70 year old male patient came in our O.P.D. with the complaint of frequent episodes of Redness in R.E since 6 months for which he went to multiple eye care centers and started with loteprednol eye drops, using on and off with no desired effect achieved. L.E. was Post keratoplasty with pseudophakia and no active complaints were present.

On **Slit lamp examination**, the image above was taken, revealing a deposition of flaky white material at the pupillary margin and on the corneal endothelium, as depicted in the image below.

On **Goldmann applanation tonometry** , I.O.P measured for the RE and LE was 24 and 18 mmhg respectively.

On **Gonioscopy** - Angles were open with Shaffer's grading 3 and no abnormal pigmentation seen.

NOTE THE DEPOSITION AT ENDOTHELIUM



Few flakes were deposited anterior to the trabecular meshwork, inferiorly.

Dilatation of R.E, revealed a double concentric ring shaped deposition of material as shown in the image below . (right side)

On **Pachymetry**, central corneal thickness was found to be 518 and 530 micrometrs for R.E. and L.E. respectively.

ON **Fundus examination** (B.E.), no abnormality was detected

For Management patient was started on eye drop Dorzolamide Twice a day for the R.E.

Routine Regular Eye Examination and Glaucoma monitoring was advised on follow ups, as in such patients, more flakes can get deposited at angles in advanced stages thus creating IOP rise with glaucomatous changes in fundus with decreased vision and Sequelae. Special surgical considerations for cataract surgery pre-operatively, intra-operatively and post-operatively

Complications may include nucleus drop due to zonular weakness during cataract surgery with poor pupillary dilatation. Capsular phimosis can be a precursor to impending IOL subluxation or decentration(2).

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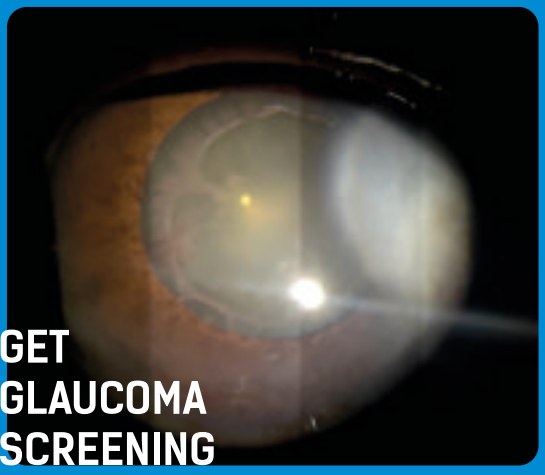
The Pseudoexfoliation Syndrome today



THE CORE DEPOSITION OF MATERIAL ON THE FRONT OF THE LENS, FOLLOWED BY THE CLEAN SPACE AND THEN MORE DEPOSITION AT THE PERIMETER, IS KNOWN AS THE &"HOARFROST RING".

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A rare case of Uveal Melanoma presenting with secondary angle closure crisis : Case report

Dr.Rakesh Shakya

Abstract

Uveal melanoma are malignancy of iris, ciliary body and choroid , out of which melanoma of ciliary body is very rare. Since these tumors have high mortality and poor prognosis, early diagnosis and treatment is essential as treatment options become limited once metastasis occurs. Although the diagnosis is essentially clinical , fine needle aspiration biopsy serves as a major tool for prognosis and determination of metastasis .

Introduction

Uveal melanoma is the intraocular malignancy of uveal tract i.e. pigmented inner layer of the eye comprising iris, ciliary body and choroid. It is the most common intraocular malignancy of the eye , but still a rare presentation in asian country. The incidence of uveal melanoma has remained unchanged from 1973 to 2008 i.e. 5.1 per million1. Most common is the choroidal melanoma and melanoma of ciliary body is rarely seen, this tumor being reported in 1 of 10 cases of all intraocular melanomas 2,3. Owing to its hidden anatomical location and high vascularity with increased circulation due to increased contraction of ciliary muscle, ciliary body tumour is generally diagnosed in its advanced stage and presentation is usually associated with presence of metastasis. Thus in uveal melanoma, iris melanoma has best prognosis whereas ciliary body and anterior choroidal melanoma has worst prognosis.

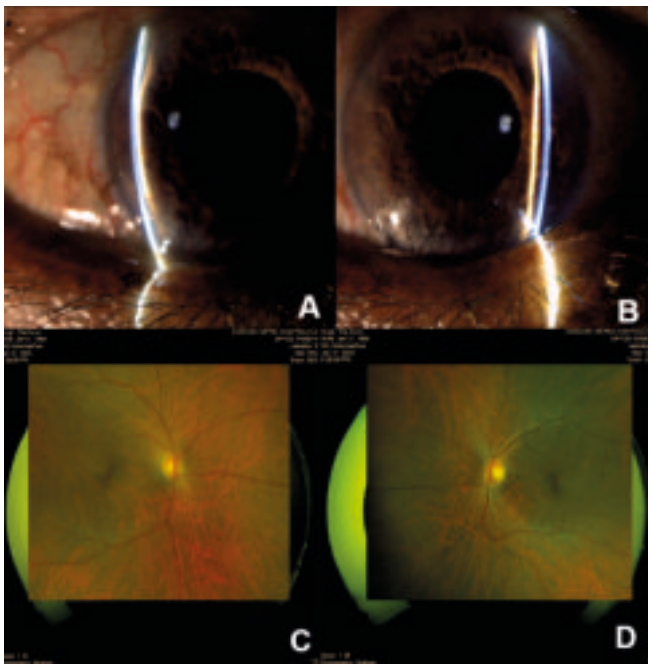
Case

A 59 year old male, farmer by occupation presented to us with chief complaints of Diminution of vision in Right eye for 2 months, insidious in onset and associated with pain and redness. There was a positive antecedent history of trauma to right eye by buffalo's tail 6 months back. The patient was otherwise healthy, well built with no associated systemic illness. The best corrected visual acuity in RE was 6/9, and in LE was 6/6. Intraocular pressure taken by GAT in RE was 25 mm of hg and in LE was 16 mm of hg. Anterior segment examination of eye revealed conjunctival injection, microcystic corneal edema with irregular AC depth and abnormal iris pattern, Irido-Corneal touch was noted at around 9 o'clock rest details and posterior segment findings was not clear due to edematous cornea, the LE examination was within normal limit. (Table 1) Topical Anti Glaucoma medication and Symptomatic treatment was given to patient. a provisional diagnosis of post traumatic glaucoma with lens subluxation was made ,and the patient was reviewed later in the day .

Table- 1:

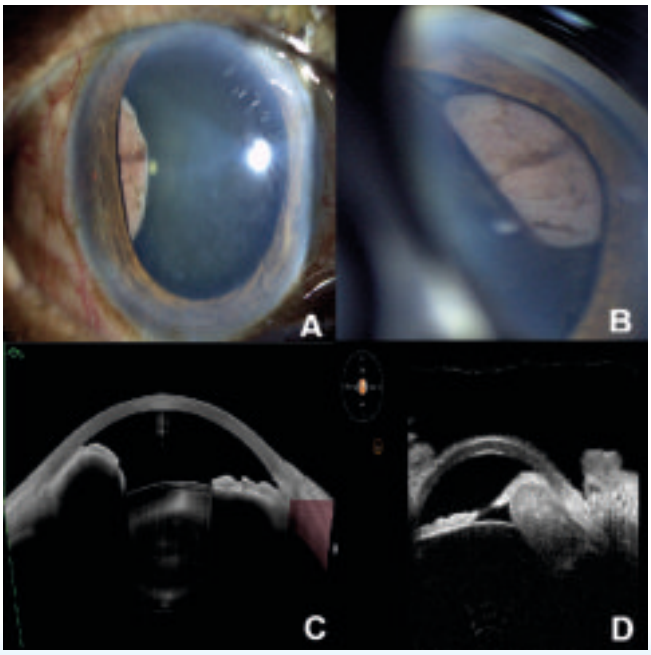
EYE	OD	OS
BCVA	6/9	6/6
CONJUNCTIVA	Mild congestion	clear
CORNEA	Arcus senilis	Arcus senilis
ANTERIOR CHAMBER	Irregular, Shallow temporal side	VH-3
IRIS	Irregular pattern, atrophy at temporal side	Normal pattern
PUPIL	Reacting to light	Reacting to light
LENS	Phakic clear, mild phacodonesis	Phakic clear
FUNDUS	0.5/1 CDR, dull FR	0.5/1 CDR, FR present
GAT	25 mmhg	16 mmhg
GONIOSCOPY	Open till scleral spur in superior, nasal , inferior angles, closed in temporal angle	Open till scleral spur

FIG 1 A: Right eye showing irregular AC depth on temporal side, B: Regular AC depth on nasal side. C&D: fundus photos of right and left eyes were unremarkable



Dilated Ophthalmic evaluation showed a small mass peaking through the pupil in right eye, on temporal gaze.

FIG 2, A: On dilated evaluation, a small hypopigmented mass with irregular pigmentation and vascularization, peaking through pupil, B: Gonioscopic view of the mass ,tenting the iris and is seen to impinge the lens, C: ASOCT OF right eye , showing iridocorneal touch at temporally with a mass behind the iris with intact posterior epithelium of iris , and pushing the lens to other side, D: UBM of right eye , showing a homogenous hyperechoic lesion arising from ciliary body with intact posterior iris epithelium



Discussion:

Primary angle-closure crisis is common in patients of Asian(3) This patient presented with typical features of this entity and might have been misdiagnosed without careful posterior segment examination. Secondary angle-closure crisis can happen with (lens-induced disorders) or without pupillary block , Choroidal nevus, Peripheral exudative hemorrhagic chorioretinopathy, Congenital hypertrophy of the retinal pigment epithelium, Hemorrhagic detachment of the retina or pigment epithelium, Circumscribed choroidal hemangioma, Uveal metastases, Choroidal cyst, Uveal neurofibroma and Uveal schwannoma. the angle-closure mechanism in this patient, it could be the mass effect of the tumor inducing the anterior displacement of the lens-iris diaphragm, subsequently closing the angle. Therefore, a thorough posterior segment examination was important to confirm the diagnosis.Patient was referred to higher centre for further management. Further line of management include 1) fine needle aspiration biopsy to confirm the diagnosis and to see the subtype of melanoma 2)A full systemic workup for metastasis including complete blood counts, liver function tests ,renal function tests 3) chest x-ray 4) ECG, 5) Positron emission tomography study (PET scan).

Conclusion:

Identifying the etiology for angle closure is essential. In this case, careful clinical assessment was done and uveal melanoma etiology as identified as the cause of secondary angle closure. When we see a patient of irregular Shallow Anterior Chamber instead of directly doing a Laser Peripheral Iridotomy the etiology should be identified which is critical for managing patients with a life-threatening ocular malignancy.

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Trans PRK: A Modern Approach to Refractive Surgery

Dr. Palak Agrawal

Photorefractive keratectomy (PRK) is a well-known method to treat refractive errors. The goal of PRK is to remove the corneal epithelium either mechanically, chemically or via excimer laser and then ablate the stroma with the excimer laser. In single-step transepithelial PRK, the excimer laser removes the corneal epithelium and ablates the stroma in a single step. Because the epithelium is removed by the laser, the corneal epithelial defect (CED) has regular, precisely defined edges and a smooth surface, resulting in faster healing time, less haze, and less pain postoperatively than other procedures.(1)

Several studies compared visual, clinical, and refractive outcomes between different single-step transepithelial PRK techniques and other laser-assisted keratorefractive techniques, including alcohol-assisted PRK, mechanical PRK, laser in situ keratomileusis (LASIK), femtosecond-assisted LASIK, and laser epithelial keratomileusis. Most of these studies showed similar efficacy between transepithelial PRK and the other procedure. Few studies showed better visual acuity (VA) and refractive results in the transepithelial PRK patients than patients receiving alcohol-assisted PRK and LASIK with faster visual rehabilitation and less pain and haze for transepithelial PRK patients. Other non-comparative studies showed a promising and acceptable outcome of single-step transepithelial PRK.

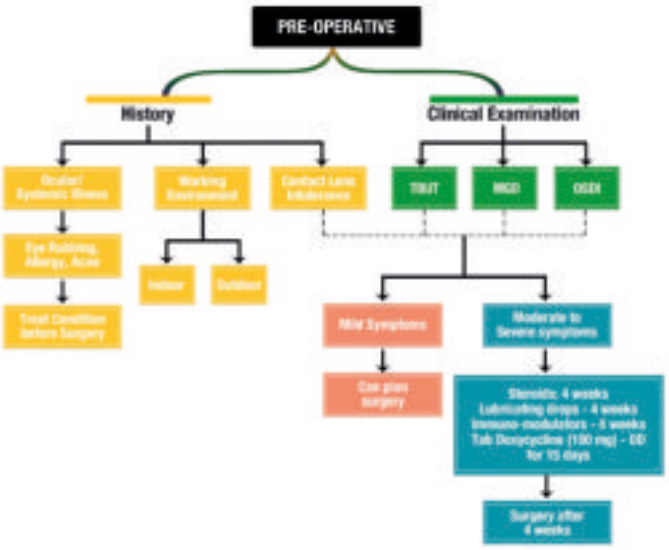
TransPRK (Transepithelial Photorefractive Keratectomy) represents a significant advancement in refractive surgery, offering a safer, bladeless alternative to traditional methods such as LASIK and PRK.

TransPRK is a single-step, all-laser procedure that corrects vision by reshaping the cornea without the need for physical contact. The WaveLight laser system, with its advanced eye-tracking and corneal mapping technology allows for precise ablation of the corneal epithelium and stroma.

Procedure for Trans PRK:

1. Pre-operative Assessment: Comprehensive ocular examination and corneal mapping are conducted to tailor the treatment.

Preop tree chart (2)



2. Epithelial Removal and Corneal Reshaping: The laser removes the epithelial layer and then reshapes the cornea based on the pre-determined treatment plan.

3. Recovery: Recovery is slightly delayed in PRK compared to other refractive procedures but sooner in Trans PRK. All follow up schedules should be strictly adhered to by the patient and detailed assessment carried out at every visit. Role of UV protection glasses should be emphasized to the patient at all visits. (3)

Advantages:

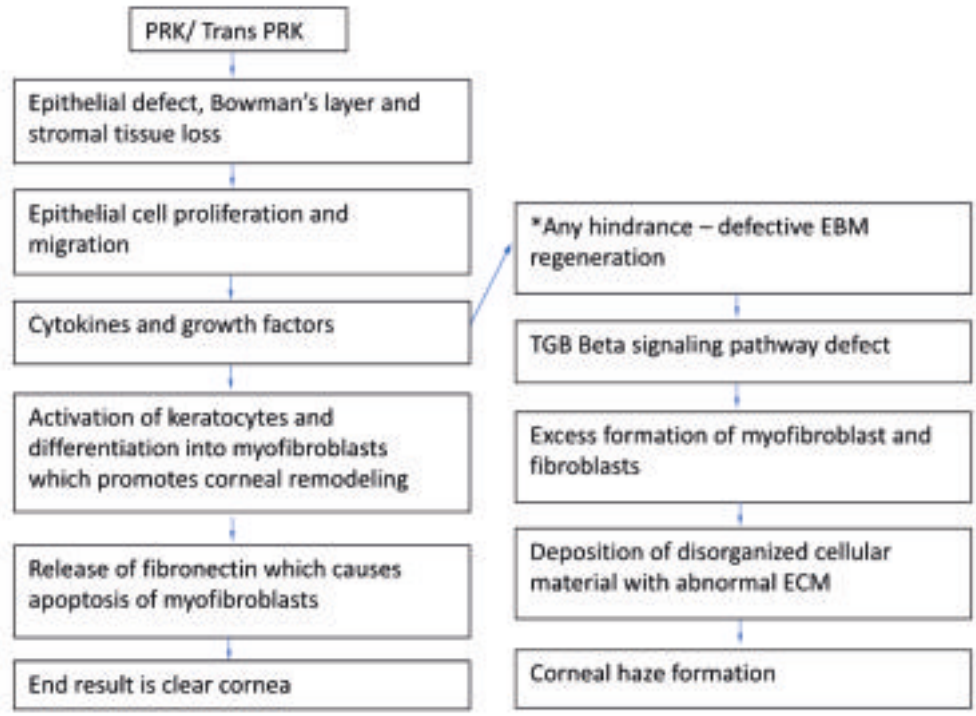
TransPRK offers multiple benefits over traditional refractive surgeries, including reduced risk of complications, enhanced precision, and suitability for a wider range of patients, particularly those with thin corneas, subtle topographic irregularities or other contraindications for LASIK. The advantages of Trans PRK in particular has already been mentioned above.

It has been shown to cause less biomechanical weakening than other corneal refractive procedures. (1,4)

Limitations:

This procedure can also have side effects early or late-onset corneal haze(1) which may cause a significant reduction in the postoperative vision. It is therefore important to find methods to minimize post-PRK haze to optimize outcomes.

Pathophysiology of haze post PRK (1)



*A number of factors have been implicated in post-PRK haze including tissue ablation for high refractive errors, laser energy used, size of ablation zones, methods of epithelium removal, amount of postoperative UV exposure and even autoimmune conditions. A subset of patients develops significant post-PRK haze even without these known risk factors. Mitomycin-C (MMC) is an antimetabolite which is used intraoperatively in the concentration of 0.02% to reduce the incidence of post PRK haze. It acts by modulating wound healing by inhibiting myofibroblast formation and keratocyte activation implicated in formation of subepithelial haze.(5) The duration of its application depends on the amount of refractive error of the patient. We generally apply it for 10 seconds per diopter of SEQ of refractive error.

Topical corticosteroids post-PRK inhibit the activation of fibrocytes and thus, play an important role in controlling corneal haze.(6) Longer use of topical steroids with monitoring for complications like rise in intraocular pressure is advisable.

Preoperative management inflammation is essential to improve postoperative outcomes. Topical immuno-modulators like cyclosporine 0.05% or 0.09% eye drops for 6 months have a lower risk profile, steroid-sparing effect and help in controlling chronic inflammation post-PRK. Nutritional supplements with Vitamin D and vitamin C beneficial.

Pain management:

- Thorough irrigation with cold BSS helps to dampen the the thermal effect of the laser and reduces the release of inflammatory mediators.
- Ketorolac soaked BCL reduces pro-inflammatory mediators and aids in controlling severity.
- Cold BCL dampens the initial pain response and reduces the pain overall
- Topical NSAIDs in the postoperative period
- Oral post-op painkillers

Conclusion:

TransPRK is a safe, effective and advanced option for the correction of refractive errors. Treatment measures at each step of the surgery can lead to improved outcomes post PRK and decrease the incidence of post PRK haze.Pain mitigation is carried out by curbing the cascade of events at various levels. Its non-invasive nature, coupled with the precision offers significant advantages over traditional methods making it a preferred choice for many patients and clinicians alike. It represents a leap forward in refractive surgery, offering patients a safer, more precise, and less invasive option for correcting vision. Its innovative approach to epithelial removal and corneal reshaping not only enhances the accuracy of the procedure but also improves the overall patient experience and recovery process.

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Eye injury at home– Child was Lucky Though !!

Dr Bodhraj Dhawan,

Ocular trauma constitutes for about 7% of all bodily injuries and 10–15% of all eye disease1. An Indian tertiary eye center in eastern India reported 672 cases of paediatric ocular trauma over one year period in a retrospective data analysis with varied presentations. Despite the best possible treatment, Sixty-eight (10.2%) children ended up with monocular blindness of the injured eye2. Paediatric cases aged between 6-15 years and those from lower socioeconomic strata are most vulnerable to ocular trauma3.

In our routine clinical ophthalmology practice, we as ophthalmologists, come across ocular, facial and systemic trauma of varied severity which ranges from as trieval as a subconjunctival haemorrhage or a corneal abrasion or as severe as a globe rupture 4. The clinical outcome in these cases varies depending on structures involved (severity of trauma), times since injury to presentation, presence of associated infection(endophthalmitis) etc 5. Most of the cases of ophthalmic trauma with open globe injury especially involving the posterior segment and associated infection land up with poor visual and or anatomical outcomes.

I recently came across a 5 years old male child who came to causality of a District hospital in rural India with history of a screw driver accidentally inserted inside the eye while playing at home. This child was playing at home with the screw diver facing his eyes and the sibling hit his head from back resulting in the screw driver penetrating the left sided orbital cavity (Figures 1,2,3 and 4). Child being in agony, the visual acuity could not be assessed. On examination the whole length of the diver nail penetrated the orbital cavity. The nail was present along the superior orbital margins just abutting the globe. His eye anterior segment was normal, digital intraocular pressure was normal suggesting no globe penetration or perforation. The baby was therefore taken up under sedation in the emergency room department and the nail was gently removed, underlying conjunctival laceration was repaired. Post operative Computerised Tomography of orbit and brain was unremarkable. This child was lucky because the nail which penetrated along the globe and did not penetrate the globe thus salvaging his vision.

Even though Ocular trauma amounts to preventable cause of blindness, yet it still remains a significant disabling health problem across all age groups. Mechanism of these injuries relate to a work place injury, accidental injury, warfare injury, firecracker injury or in some cases a injury at home with a kid playing. This is important to analyse because most of workplace or homebased injuries are preventable simply by imparting adequate education to the workers (in case of work place injury) or parents (in paediatric trauma) about segregation of households ensuring sharps at home out of reach of the kids. Educational interventions are important preventive strategies. This includes simple information such as leaflets or announcements on the radio or television. At workplaces intensive safety workshops can be useful.

In low and middle.income countries like India, the environmental factors, farming techniques, and lack of safety regulation in industrial settings leads to a high burden of ocular trauma. The behaviour of an individual is influenced by their own awareness as well as the social and legislative norms held in the community. Therefore to bring about a change in behaviour changes are necessary at multiple levels, and an educational intervention is the most applicable pathway 6.

Strategies to reduce the incidence of ocular trauma at home should be directed towards raising the parental education and public awareness. Since the local data on ocular trauma is not adequately available, its of prime importance to plan an ocular trauma registry which will help understand the exact magnitude of the situation. Research collaboration

on ocular trauma across regions will help us better understand the magnitude and associated factors in ocular trauma which will pave a way towards Ocular Trauma coming up as an ophthalmic subspeciality to open up its horizons for inclusive betterment of these cases 7.

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Figure 1 and 2- The photograph of the patient on the lateral view showing the screw driver in situ.

Figure 2 and 3- The photograph of the patient on the anteroposterior view showing the screw driver in situ.

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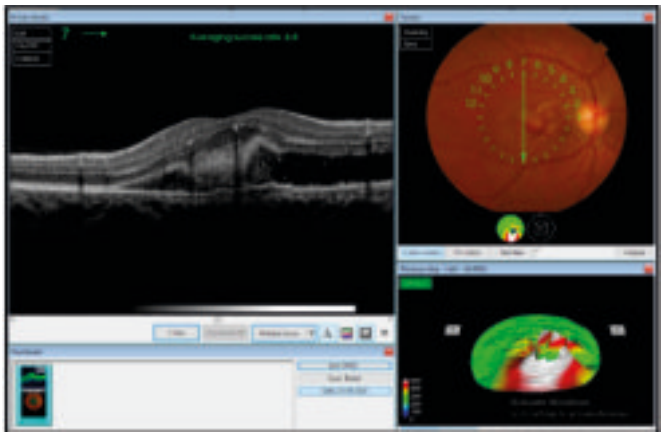
PCV OR CNVM? A Mystery Unfolds !!!

DR ANUSHA AJWANI



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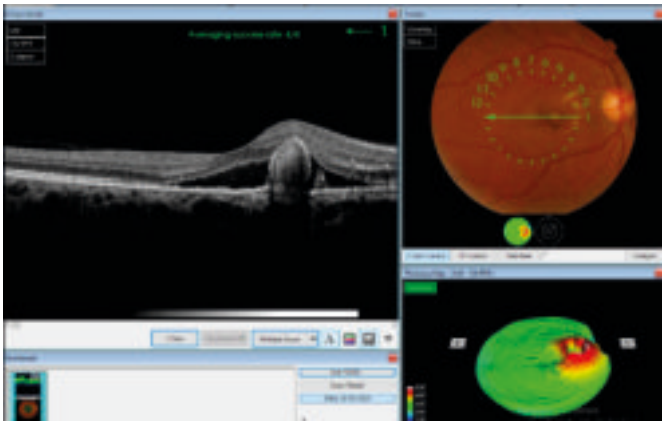

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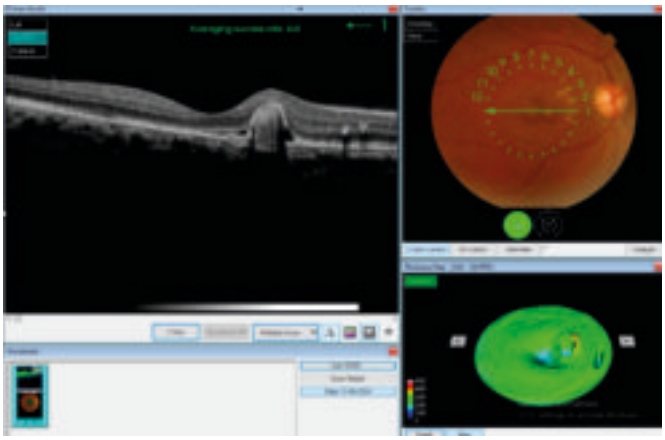

25/4/24

CASE REPORT :

A 56 year old female patient, presented to us on 25/4/24, with complaints of distortion of vision in right eye since 10 days , with no associated pain, redness or watering . She had shown elsewhere & was diagnosed to have hemorrhagic CSR. No past h/o DM / HTN or any other systemic illnesses.

O/E : BCVA in RE was 6/36 , N36 & LE was 6/6, N6

FUNDUS: RE showed presence of orange-yellow lesion at the macula, associated with hemorrhage & exudative reaction, Disc was normal , LE- WNL

OCT MACULA: showed presence of para foveal, sub retinal lesion with SRF

FFA: was deferred as patient was not willing for the same.

DIAGNOSIS: Poly Choroidal Vasculopathy (PCV) or Choroidal Neovascular Membrane (CNVM), however more inclined towards PCV, due to the presence of orange sub retinal polypoidal lesion.

TREATMENT PLAN: The patient was advised to undergo injection EYLEA (Aflibercept) with 3 loading doses & maintainance doses if needed, at 3 months interval.

DISCUSSION: The patient responded well to Aflibercept, as after 1st dose the SRF decreased substantially, however, the large sub retinal lesion persisted, so a trial of Dexamethasone implant (Ozurdex) was done. SRF & lesion height decreased further with a combination therapy & the BCVA became 6/6.

However, with 6/6, N6 vision, the subretinal lesion still persists with minimal SRF, taking into consideration to try other options, i.e FARICIMAB (VABYSMO), trying to unfold the mystery further !!!

Date	INJECTION	DOSE	BCVA AFTER 10 DAYS OF INJECTION	OCT MACULA AFTER INJECTION
29/4/24	EYLEA	FIRST	6/12P, N10	SRF DECREASED, LARGE SUBRET LESION PERSISTED
25/5/24	EYLEA + OZURDEX	SECOND + FIRST	6/6 , N6	MINIMAL SRF, SUBRET LESION HEIGHT DECREASED, BUT PERSISTED
28/6/24	EYLEA	THIRD	6/6 , N6	SRF FURTHER DECREASED, SUBRET LESION +
26/7/24	EYLEA	FOURTH	6/6 , N6	SUBRET LESION PERSISTING

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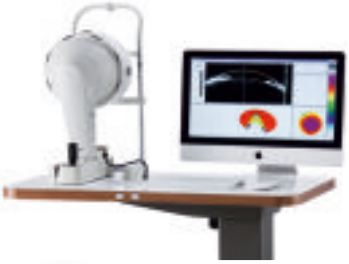

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Tips and Tricks for Managing Hypermature Intumescent Cataracts

Dr Manbir Singh

Hypermature intumescent cataracts present unique challenges due to their increased risk of intraoperative complications. A thorough preoperative assessment, meticulous surgical planning, and careful execution can lead to successful outcomes.

Preoperative Evaluation and Planning:

1. Slit Lamp Examination:
- Assess pupil reaction and dilation.
- Evaluate anterior chamber depth and lens thickness.
- Check zonular status for any laxity or weakness.
2. B-Scan Ultrasonography:
- Rule out posterior segment pathologies, such as retinal detachment.
3. Intraocular Pressure (IOP) Assessment:
- Measure IOP and manage any elevations prior to surgery.
4. Surgical Approach Decision:
- Consider phacoemulsification if you feel comfortable; otherwise, manual small incision cataract surgery (SICS) can be a reliable alternative.

Surgical Steps:

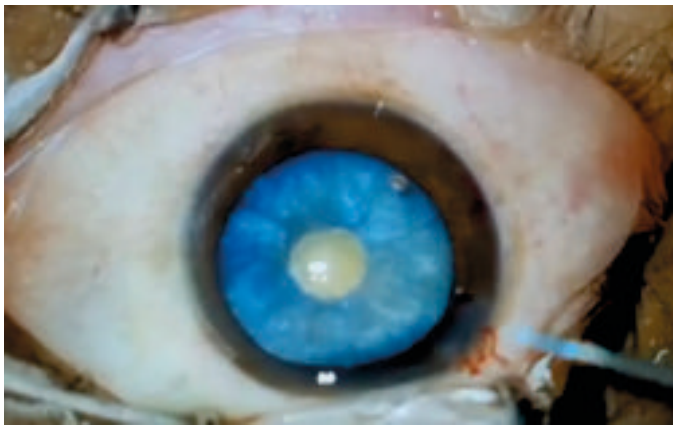
1. Viscoelastic Use:
- Utilize a higher viscosity cohesive viscoelastic, such as sodium hyaluronate, to effectively flatten the anterior capsule and provide better control.
2. Capsulorrhexis Techniques:
- Employ techniques that minimize the risk of the Argentina Flag sign, such as: - Double-Rhexis Technique: Create two overlapping capsulorrhexes to maintain control.
- Needle Aspiration: Use a 26G needle to debulk the lens before attempting capsulorrhexis.
3. Phacoemulsification Settings:
- Adjust phaco settings to accommodate the density of the nucleus, using a chop technique for efficient emulsification.
4. Endothelial Protection:
- Use intermittent coatings of dispersive OVD to protect the corneal endothelium throughout the procedure.

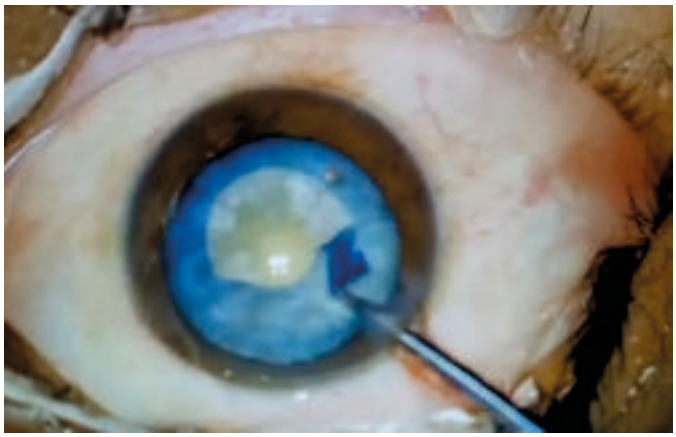
Postoperative Management:

1. Inflammation Control:
- Monitor for increased postoperative inflammation and administer intensive topical steroids as needed.
2. IOP Monitoring:
- Keep a close watch on IOP, particularly in the immediate postoperative period.
3. Retinal Examination:
- Schedule follow-up visits to examine the retina for any potential complications.

Conclusion:

With careful technique and attention to detail, hypermature intumescent cataracts can be managed safely and effectively. Consistent outcomes are achievable through thorough preoperative evaluation, strategic surgical planning, and vigilant postoperative care.





Employ techniques that minimize the risk of the Argentina Flag sign, such as: - Double-Rhexis Technique: Create two overlapping capsulorrhexes to maintain control.

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A late presented case of a pseudophakic bullous keratopathy with Descemet's membrane detachment treated by penetrating keratoplasty

Dr Aditi Dubey

Introduction Pseudophakic bullous keratopathy is characterized by epithelial and subepithelial bullae, stromal edema and endothelial decompensation through trauma secondary to cataract surgery especially phacoemulsification. Initially, there is damage to the corneal endothelium which then progresses to stromal edema. This edema progress further to the subepithelial and epithelial layers of the cornea and results in bullae formation named bullous keratopathy. Trauma to endothelium can occur during any intraocular surgery but bullous keratopathy is reported most commonly with phacoemulsification. Descemet's membrane detachment is most commonly caused by intraoperative trauma from instrument insertion into a corneal wound. The most common cause of surgically induced DMD is cataract surgery. As DMD prolongs, the cornea becomes edematous due to endothelial dysfunction. Most of the cases of DMD are small peripheral detachments at the site of corneal incision and are clinically insignificant but some of the cases are large, involving the central cornea and those requiring a corneal transplant to regain corneal clarity. As advancements in surgical techniques have evolved with newer IOL designs and better training of ophthalmologists, the incidence has reduced drastically. However, it remains an important cause of visual morbidity after a routine and complicated cataract surgery.

Case Report A sixty-six years old female presented with a diminution of vision in the left eye for five years, which was gradual in onset and progressive. She had been operated on for both eye cataract surgery five years back. She had no history of any chronic illness. The best corrected visual acuity in the right eye was 6/6 and in the left eye was 1/60. The right eye anterior segment was normal. Left eye cornea revealed multiple bullae in the epithelium, diffuse stromal edema, descemet's membrane detachment, the pupil was mid-dilated non reacting to light, PCIOL in situ (fig 1). Intraocular pressure was 18 and 20mmHg in right and left eye respectively. Fundus under mydriasis showed a faintly visible disc and blood vessels in the left eye and within the physiological limit in the right eye. Anterior segment OCT of the left eye confirmed descemet's membrane detachment (fig 2). The diagnosis of pseudophakic bullous keratopathy with descemet's membrane detachment was established. Since it was a very late presentation, penetrating keratoplasty was done in the left eye from a suitable healthy donor. The host cornea was removed and the donor cornea was opposed to the host with the help of 16 interrupted 10-0 nylon sutures. Following a penetrating keratoplasty, oral and topical antibiotic, topical steroids, cycloplegic, hyperosmotic eye drops and lubricants were given. Oral acetazolamide was also given in the first week and intraocular pressure was monitored properly. Good postoperative care is extremely important in these cases for graft survival and visual rehabilitation. Her visual outcome started improving. Graft clarity was 1+ with healthy graft host junction (fig 3 and fig 4). The best corrected visual acuity was improved to 6/9 in two weeks.

Discussion Pseudophakic bullous keratopathy is due to endothelial loss after surgical trauma, especially in the elderly. The other causes are endothelial burns due to thermal damage secondary to high energy use during phacoemulsification. High irrigation and aspiration can also damage endothelium during cataract surgery. PBK can also occur after excessive use of ultrasound energy during phacoemulsification, complicated cataract

surgery, anterior vitrectomy close to the endothelium, and during nucleus delivery in manual small incision cataract surgery due to nucleus rub over cornea. The epithelium and endothelium act as a barrier to water and electrolytes owning to their semi-permeable nature of the membrane. Na+-K+-ATPase pump in the endothelium prevents corneal hydration and helps in maintaining transparency. Any damage to endothelial cells hampers corneal transparency. Surgically induced trauma, excessive ultrasound energy use in surgery, persistent inflammation and endothelial dystrophies can promote cell loss. When the cell density reaches a critically low value, it results in the development of pseudophakic bullous keratopathy. The pump fails and manifests as stromal edema, which can change in response to intraocular pressure. The aqueous migrates from stroma to epithelium resulting in epithelial edema, blisters and bullae formation. Descemet's membrane detachment is a serious complication after surgical procedures involving anterior chamber manipulation. Rarely it can occur in the intermediate or late postoperative period after uncomplicated surgery. Of all the procedures involving anterior chamber entry, DMD is reported most commonly after cataract surgery. There are two types of DMD: peripheral and central. Peripheral DMD is small with minimal corneal edema and therefore given conservative management. Central DMD or involving the visual axis requires surgical intervention. Delayed onset DMD should be considered as one of the differentials in cases with late-onset corneal edema post-cataract surgery. Our patient presented late with a gradually progressive diminution of vision after cataract surgery. Penetrating keratoplasty is the gold standard surgery in pseudophakic bullous keratopathy. In this surgery, a full thick host cornea is replaced by a donor cornea which is opposed to the host cornea with interrupted or continuous sutures. Penetrating keratoplasty can salvage vision in late presented or neglected cases of PBK with DMD. Patient education also plays an important role in managing the case. The patient should be educated regarding the pathology and mechanism behind corneal edema and also regarding the management options.

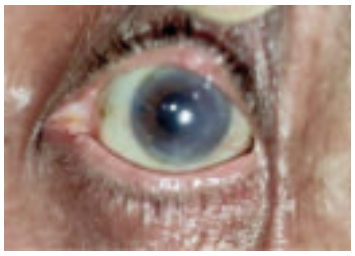

Fig 1: Left eye corea showing pseudophakic bullous keratopathy

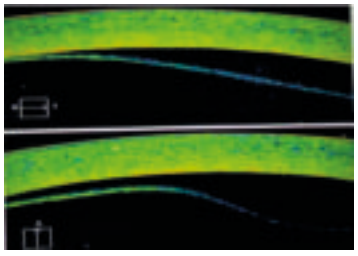

Fig 2: Left eye anterior segment OCT showing Descemet's Membrane detachment

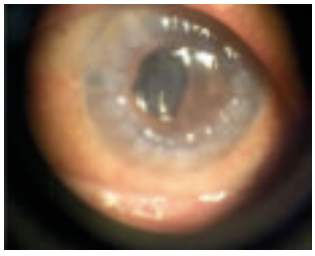

Fig 3: Post-penetrating Keratoplasty after 1 week with healthy graft

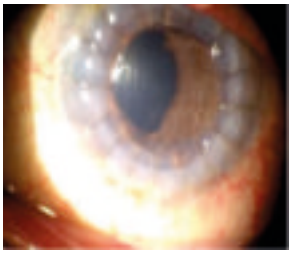

Fig 4: Post-penetrating Keratoplasty after 2 week with healthy graft

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Acute idiopathic maculopathy

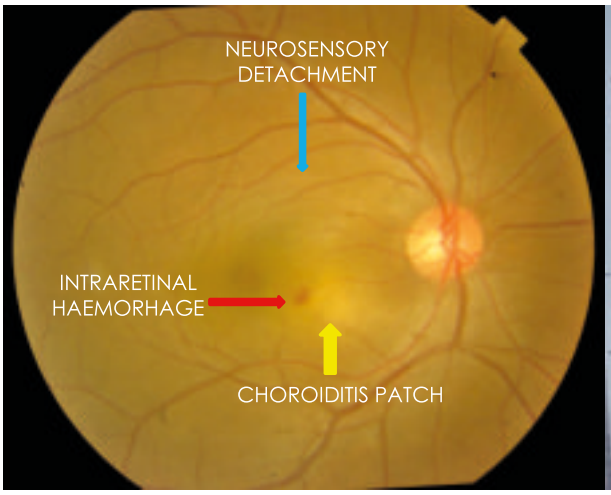
Dr.Bimalesh Ojha

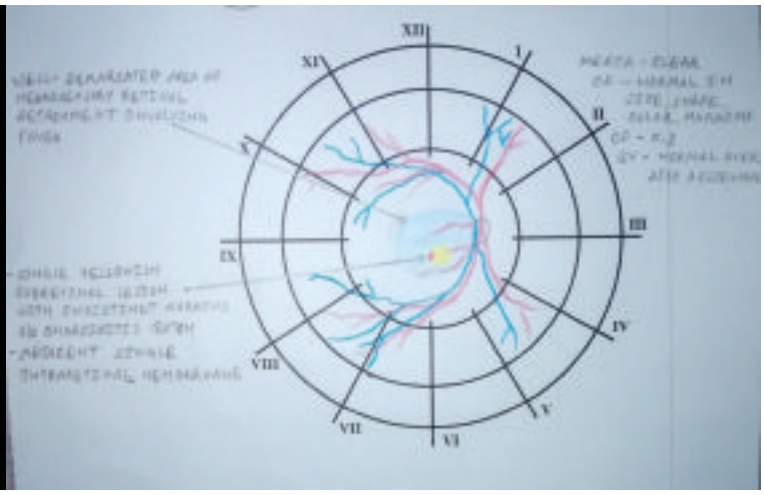
CASE HISTORY

- A 29 year old male presented with chief complaint of:
- **Headache since 7days**which was mild in intensity, dull in nature and persistent throughout the day, not associated with nausea, vomiting and fever
- He also complained of sudden onset, painless, non-progressive **diminution of vision**in his right eye 2 days after the onset of headache.
- No significant past, personal and family history
- No similar episode in past

OCULAR EXAMINATION

	RE	LE
OD	**VA**- 6/24 –NIPH **IOP by GAT @ 10.30AM**– 14.3 mmHg	**VA-** 6/6 **IOP by GAT @ 10.30AM**– 15.1 mmHg



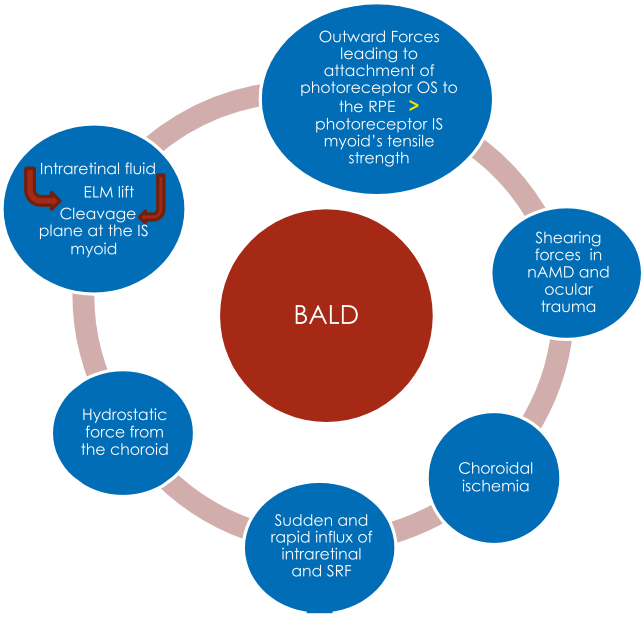


REMEMBER

- **Symptoms**
  - Headache
  - Diminution of vision
- **Signs**
  - Visual acuity- reduced
  - Neurosensory detachment
  - Choroiditis patch
  - Intraretinal Haemorhage

UNDERSTAND

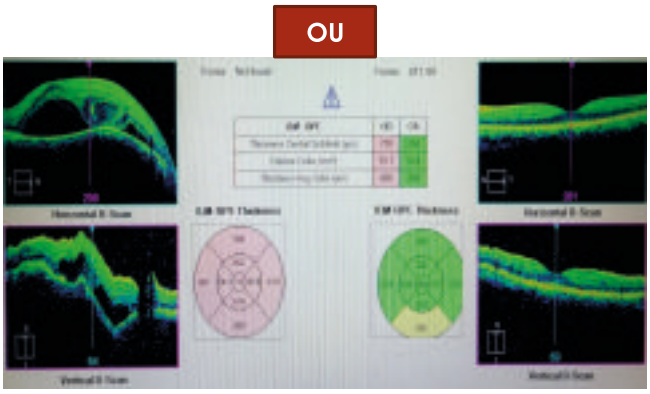
PATHOPHYSIOLOGY OF BACILLARY LAYER DETACHMENT OF RETINA (BALD)

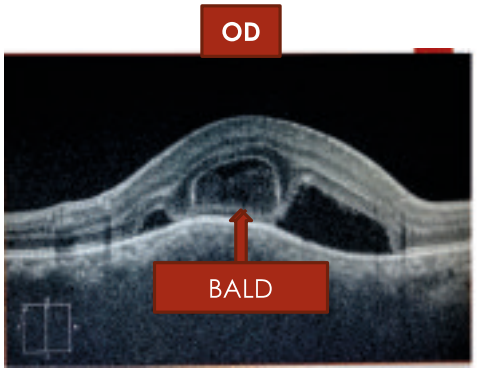


DIFFERENTIAL DIAGNOSIS

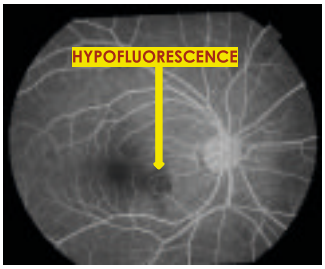
- **Unilateral acute idiopathic maculopathy**
- **Unifocal choroiditis** -Sarcoidosis
  -Tuberculosis
- **Atypical Vogt-Koyanagi-Harada disease**
- **Choroidal neovascular membrane**
- **Idiopathic Central Serous Chorioretinopathy**

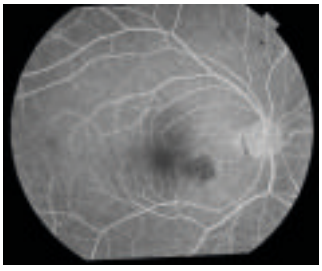
OCT - MACULA

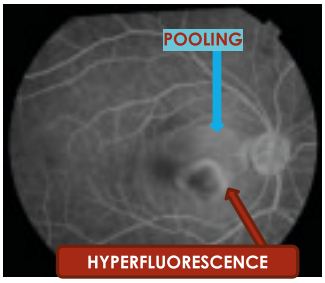




FUNDUS FLUORESCEIN ANGIOGRAPHY (OD)

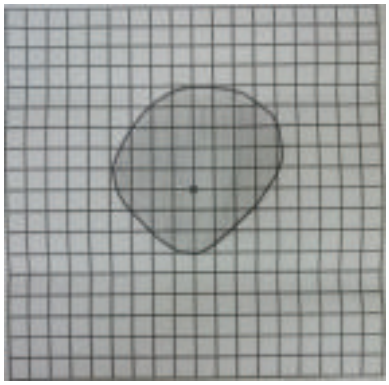






INVESTIGATIONS AND SYSTEMIC ASSOCIATION

- **HEMATOLOGICAL INVESTIGATIONS -WNL**
- **Chest X Ray-**Within normal limit
- **Mantoux test - Negative**
- **AMSLER GRID TEST: OD**



B-SCAN:

BE Choroidal thickness- Within normal limit

- **Neurological examination**
- **Auditory examination**
- **Integumentary finding**
-
- **Pulmonary examination**

APPLY

HOW TO ARRIVE AT A DIAGNOSIS

HISTORY
- Abrupt, severe loss in vision in one or both eyes in young.
- Flulike illness
- Links to Coxsackie virus -Established
- More recently, possible association with SARS-CoV-2 vaccination as well as infection

SYMPTOMS
- Profound painless, central vision loss, acute in nature

SIGNS
- Exudative retinal detachment of the macula
- BALD
- intraretinal hemorrhages

PHYSICAL EXAMINATION
- Slit-lamp biomicroscopy and indirect ophthalmoscopy

APPLY

HOW TO ARRIVE AT A DIAGNOSIS

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ANALYSE

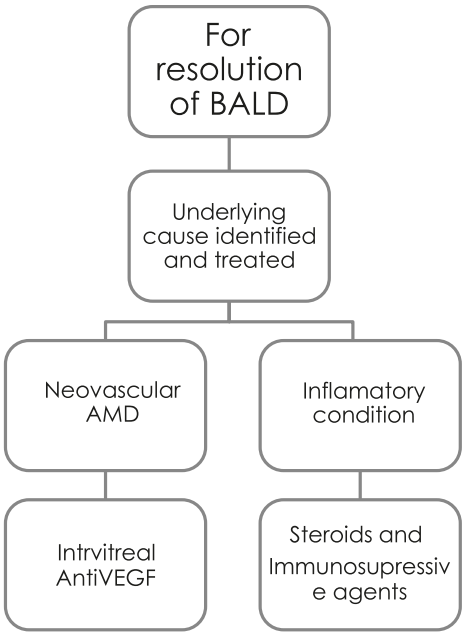
PROGNOSIS

RESOLUTION OF BALAD
- faster initiation of treatment
- more rapid recovery of photoreceptors
- better visual prognosis

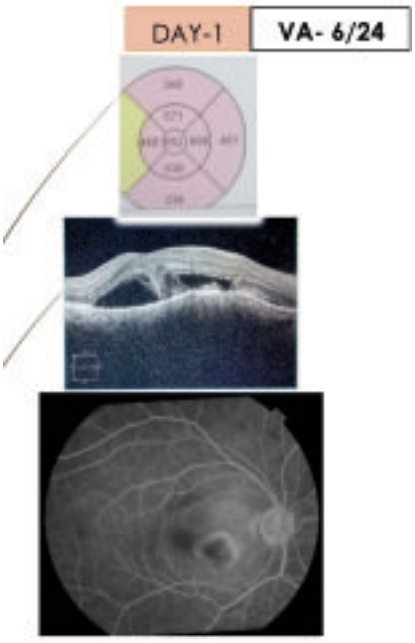
HEMORRHAGIC BALAD
- subretinal fibrosis
- poor visual prognosis

BALAD- Biomarker for poor visual prognosis in VKH

EVALUATE



POST TREATMENT



PROBABLE DIAGNOSIS

- **RE – Unilateral acute idiopathic maculopathy**
- **LE - Within normal limit**

CREATE

TREATMENT GIVEN

- **Inj. Methylprednisolone 1g IV infusion in 100 ml Normal saline for 3 days followed by gradual tapering of oral steroids**
- **Inj. Methylcobalamin 1500µg IM for 3 days**
- **Inj. Pantoprazole 40mg IV for 3 days**

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Metronidazole induced optic neuropathy– A case report and review of literature

Dr Priyanshi Awasthi, Dr Amit Raj

Optic neuropathy secondary to various systemic drugs is not uncommon. We report a case of optic neuropathy caused by metronidazole, rapid in onset which is one of its rare side effects and usually occurs at high doses

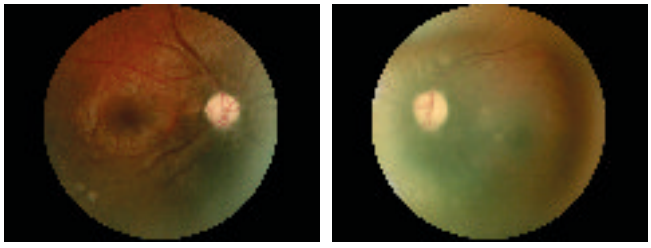
A seventeen year old female presented to our outpatient department with complaints of diminision of vision in left eye more than right eye for three months. She gave a history of appendicitis diagnosed by a general practioner who prescribed her tablet metronidazole 400mg thrice daily for two weeks and injection ceftriaxone sulfabactem (1gm twice daily for 1 week), after which she developed the ocular problems.

On examination her best corrected visual acuity was 6/60 in right eye and finger count close to face in left eye with accurate projection of rays. Pupil was sluggishly reacting in right eye whereas RAPD was present in left eye. Lens was clear and optic disc pallor with gliosis and ill defined margins was present in both eyes. Her colour vision and contrast sensitivity was affected. Humphrey Visual Field 30-2, Visually Evoked Potential, and Contrast Enhanced Magnetic Resource Imaging of brain and orbit were advised. Right eye field showed ring scotoma whereas in left eye the examination of field was not possible. Her contrast sensitivity was 0.3 in right eye and 0.15 in left eye done via Peli Robson chart. In VEP there was decreased amplitude and increased latency in left eye as compared to right eye. The MRI was normal.

After we excluded all the other causes of optic neuropathy, it was considered that metronidazole was responsible for it and the patient was asked to come for regular follow up .The follow up was done at 1month,3months and 6months with visual acuity, colour vision and contrast sensitivity measurement at each visit. Final visual acuity at 6 months was 6/9 in right eye and 6/18 in left eye.

In literature only forty five cases of metronidazole induced neuropathy have been reported out of which very few reports pertaining to optic neuropathy have been published .Since metronidazole is a widely used drug, its side effects should be kept in mind and the patient should also be kept informed as it can be treated.*

*Bradley WG, Karlsson IJ, Rassol CG. Metronidazole neuropathy. Br Med J. 1977 Sep;2(6087):610–1



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A Rare Encounter with Periorbital Leprosy

Dr Priti Singh

A 36-year-old male presented with a strikingly progressive, tender erythematous swelling on the left frontal region and upper eyelid, initially misdiagnosed as pre-septal cellulitis. Despite a vigorous course of broad-spectrum antibiotics, no improvement was observed. Radiological studies revealed localized soft tissue thickening, leading to further investigation. MRI confirmed the concerning swelling, while histopathology unveiled focal granuloma formation with multi-nucleate giant cells—an unmistakable hallmark of Borderline Tuberculoid leprosy.

Following the diagnosis, the patient was promptly initiated on oral corticosteroids and multidrug therapy (MDT), unveiling a dramatic resolution of the lesion within just ten days.

Key Insights for Ophthalmologists:

1. Always include leprosy in the differential diagnosis of unusual peri-orbital lesions, especially in endemic regions.
2. Foster a collaborative approach with dermatologists and pathologists to expedite diagnosis and management.
3. Recognize that leprosy reactions can mimic other inflammatory conditions; hence, thorough clinical assessment and investigatory diligence are paramount. Early intervention is essential to avert complications and curb disease transmission.

Dr Priti Singh
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Pearls for phacoemulsification in post-Radial Keratotomy surgery eyes

Dr. Rajendra Kumar Gupta

Cataract surgery in eyes that have undergone Radial Keratotomy presents unique challenges for cataract surgeons.

Problems faced are-

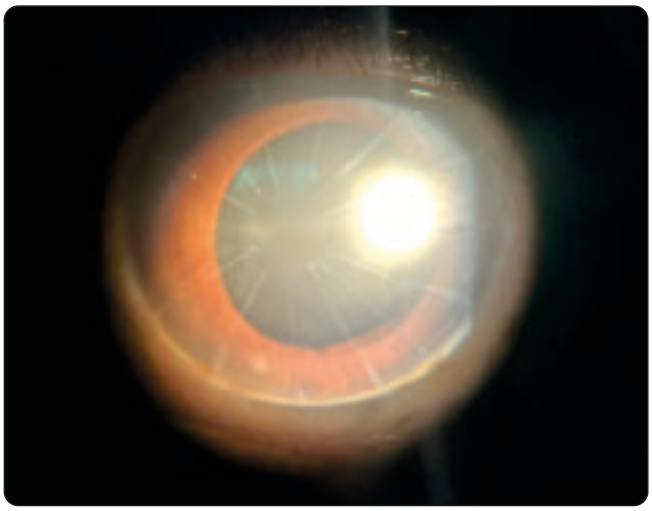
1. IOL power calculations
2. Surgical procedure
3. Post-operative phase

1. IOL power calculation

IOL power calculation after Radial keratotomy is challenging because these patients have irregular and fluctuating corneas. Radial keratotomy changes both anterior and posterior curvature. Radial keratotomy cuts flatten the center of the cornea, and as a result, the typical lens calculation formulas indicate that the IOL power is too low. The key is to adjust the IOL power calculations based on the RK cuts, and there are many different ways of doing this. Probably the easiest is to go to the ASCRS website, where one can just type in all of the data available and use ASCRS calculator. The amount to add to the lens power depends on how many cuts were made with the RK. four-cut RK, add 0.5 to 1 D of IOL power. For eight-cut RK, add 1 to 1.5 D of IOL power. For 12-cut and beyond, add at least 2 D of power.

2. Surgical Procedure-

Multifocal lenses should not be implanted. Monofocal or extended depth of focus lenses can be implanted. The RK incisions are 90 % depth, they can unzip during surgery. In eight-cut RK incisions, a Phaco incision can be placed in between RK incisions. In 12 cuts or more, a scleral tunnel incision is made. Do not use too high infusion pressure intraoperatively because that can put stress on the RK incisions. At the end of cataract surgery, check cataract surgery incisions to



make sure they're sealed and watertight. Also, check all the pre-existing RK incisions; this can be done very easily by using a fluorescein dye strip, painting the whole anterior surface of the eye with the dye, and looking for a leak anywhere.

3. Post-operative period

The RK incisions will temporarily swell in the peripheral part in the postoperative period, giving rise to further flattening of the central cornea. The patient, instead of plano, will be +1.5D. In two to four weeks' time, the swelling will resolve, and the patient will be plano again. There is a greater chance for refractive surprises in post-RK eyes; the patient should be explained about this. The RK incisions may open during surgery and require suturing.

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The Farsighted Young

Dr Neha Mota

Hyperopia affects approximately 10-15% of young adults (1), yet it often goes undetected due to their robust accommodative ability. Accurate diagnosis is challenging, requiring comprehensive eye examinations including cycloplegic refraction. Missed cases can lead to various visual symptoms and reduced quality of life. Improved screening methods and awareness among clinicians are crucial for timely detection and management of hyperopia in this age group.

A 30 year old female presenting to you with difficulty near vision and an unaided N 12 near visual acuity with near vision drum and N6 after +2D near lens as given by young optometrist. Patient is satisfied at first visit in clinic thinking she is able to see clearly for her near task but are you satisfiesd as her doctor?

Hyperopia in young adults is frequently overlooked due to several factors:

1. Strong accommodative ability masking symptoms[2]
2. Lack of cycloplegic refraction in routine exams[3]
3. Subtle or intermittent symptoms often misattributed[4]
4. Focus on myopia screening in clinical practice[5]
5. Limited near vision and accommodative function testing[6]
6. Time constraints in clinical settings leading to abbreviated exams[7]
7. Misconception that significant refractive errors would have been detected earlier[8]

These factors contribute to underdiagnosis, potentially leading to untreated visual issues affecting daily functioning and quality of life.

HOW NOT TO MISS HYPEROPIA IN YOUNG ADULTS

1. Comprehensive Case History
   - Inquire about subtle symptoms like headaches, eye strain, and difficulty with prolonged near work [9].
2. Cycloplegic Refraction

   Essential for uncovering full hyperopic error masked by accommodation [10].
3. Binocular Vision Assessment
   - Evaluate vergence and accommodative function to detect associated issues [11].
4. Near Point of Convergence (NPC) Testing
   - Hyperopes often show receded NPC [12].
5. Dynamic Retinoscopy
   - Assess accommodative response during near tasks [13].
6. Plus Lens Test
   - Improvement in near vision with added plus power suggests uncorrected hyperopia [14].
7. Detailed Fundus Examination
   - Look for signs of hyperopia like small optic discs or crowded appearance [15].
8. Consider Technology
   - Wavefront aberrometry can detect latent hyperopia [16].

9. Education and Follow-up

- Inform patients about the importance of regular eye exams and potential symptom development [17].

Awareness and targeted screening strategies are crucial for effective management.

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With the blessings of Paramhans Sant Hirdaram Sahib ji & Under guidance of Rev. Siddh Bhau Ji

SEWA SADAN EYE HOSPITAL

(EYE CARE & EDUCATIONAL INSTITUTE)

Sant Hirdaram Nagar, Bhopal

We feel privileged to inform that 'Sewa Sadan Eye Hospital' has grown tremendously not only in terms of number of patients served but also in our commitment to advancing eye care in this region. To continue our mission of providing quality eye care treatment & realizing the need, we dreamed to have Super-Specialty Eye Hospital Building on 5 acres of land (construction shortly being completed) which is just one Km. distant from International Airport, Bhopal. Our new eye hospital aims to enhance our capacity to reach more individuals in need and offer advanced Eye Care Services.

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Innovation and Research | 16500 Frontline Workers Trained | 2500+ ROP Screening Performed

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Duration:-
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For More Details

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Amniotic membrane transplantation in ocular surface disorder; A promising approach

Dr Praveen Khare, Dr Itisha Ghiya

ABSTRACT

PURPOSE: This poster aims to review the efficacy and mechanisms of action of AMT in a case of non healing corneal ulcer. Through its anti-inflammatory, anti-fibrotic, anti-microbial, and pro-regenerative properties, AMT promotes epithelialization, reduces inflammation, and prevents scarring, thereby facilitating ocular surface reconstruction and restoration of visual function.

METHOD:

A 77-year-old female came to ophthalmology OPD of Bundelkhand Medical College, Sagar with complaint of Pain in left eye for 5 months, whitish opacity on black part of left eye for 5 months and diminution of vision in left eye for 2 years. After detailed history and ocular examination diagnosis of non-healing corneal ulcer with hypopyon was made and after thorough investigations, the patient was operated for Lateral Tarsorrhaphy with Amniotic Membrane Transplantation. The patient was followed up in corneal and oculoplasty clinic in ophthalmology OPD till 1 month post operative duration.

RESULT:

Patient was treated with systemic and local antibiotics and was discharged on 2nd postoperative day with symptomatic relief in left eye.

Post operative ocular examination after 15 days and 1month revealed that there was resolution of hypopyon and healing of corneal ulcer with residual corneal opacity was noted

CONCLUSION:

This case emphasises on the therapeutic versatility, safety, and potential for improving visual outcomes and quality of life for patients with ocular surface disorders after Amniotic Membrane Transplantation

INTRODUCTION

The amniotic membrane is the innermost layer of the placental sac and can be harvested and used as transplant material. Amniotic membrane transplantation is clinically useful due to its biocompatible composition, regenerative, anti-inflammatory, anti-scarring, anti-fibrotic properties.

First use of amniotic membrane in eye was documented in 1940 when De Rotth obtained the samples for amniotic membrane transplantation by women undergoing cesarean section, he used both chorion and amnion together. But later with advances it was concluded that only amnion layer when transplanted gives better results and chorion is separated from amnion by blunt dissection. Amniotic membrane transplantation in ophthalmology is usually done to support damaged and scarred tissues and shield the defect from further degeneration and promote revascularization and facilitate wound healing.

We report a case of 77-year-old female with non-healing corneal ulcer in left eye presenting with pain and diminution of vision in left eye for 5 months and 2 years respectively and discuss the benefits and healing properties of amniotic membrane transplantation in ocular surface disorder.

CASE SCENARIO

A 77-year-old female presented to ophthalmology OPD with complaint of pain in left eye since 5 months, corneal opacity in left eye since 5 months and diminution of vision in left eye since 2 years. She had a history of road traffic accident 2 years

back after which she developed diminution of vision in left eye. She had history of right and left eye cataract surgery 5-6 years back. Her vision in affected eye was Hand Movement and inaccurate PR in superior and inferior quadrants. Her right eye was pseudophakic and the patient was a known case of lower motor neuron facial nerve palsy and Hypertension, compliant on medications. In left eye there was lagophthalmos along with corneal edema and hypopyon with corneal ulcer of 3mm x 3mm in size in the centre of cornea with corneal thinning and infiltration of size 2mmx2mm surrounding the corneal ulcer.

Her blood investigations were within normal limits. After thorough clinical and ocular examination, it was planned for permanent lateral tarsorrhaphy with amniotic membrane transplantation as the ulcer was resistant to the treatment with local and systemic antibiotics. Amniotic membrane transplantation was done as multilayer inlay and onlay transplantation. Amniotic membrane was first placed in multilayers over the thinned out corneal surface after which it was measured 10x10mm using calipers and then amniotic membrane was placed over cornea using 360 degrees continuous 8-0 silk sutures and lateral half of upper and lower lid margin were suture together with 4-0 vicryl sutures.

Post operative stay of the patient was uneventful and she was treated with systemic and local antibiotics and was discharged on second post operative day.

Patient was then asked to follow up after 15 days and 1 month respectively and corneal surface healing was noted on follow up and no recurrence of microbial infection was noted.

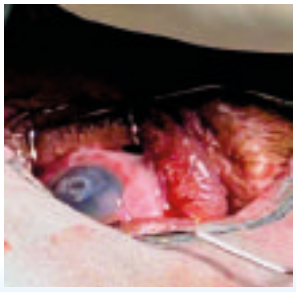

Figure 1: pre operative on table picture of left eye; corneal ulcer in the centre of cornea with corneal thinning and infiltration surrounding the corneal ulcer.

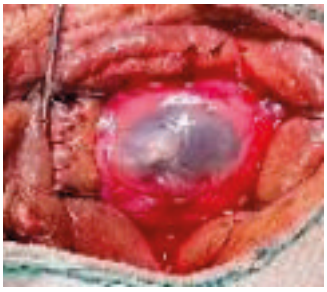

Figure 2: Intraoperative picture of left eye showing multilayer inlay and onlay technique of amniotic membrane transplantation

Figure 3: Fifteenth day post operative picture of patient showing resolution of corneal opacity and restoration of corneal thickness after amniotic membrane transplantation

DISCUSSION

The placenta is usually discarded as waste material followed by child birth. However, amnion, the innermost layer of placental sac can be harvested as transplant material. Amniotic membrane transplantation is clinically useful due to its biocompatible composition and regenerative biological functions[i,ii]. Amniotic membrane is a source of stem cells which is immunologically inert and has regenerative, anti-inflammatory and anti- scarring properties[iii]. The role of amniotic membrane transplantation in ophthalmic setting is usually done to support damaged scarred tissue and shied defects from further degeneration and promote re-cellularisation [iv]. Amniotic membrane also supports and preserves stem cells[v]and inhibits neoplastic [vi,vii], inflammatory [viii,ix], angiogenic and fibroblastic cells[xii]; therefore, facilitates wound healing.

OCULAR APPLICATIONS OF AMNIOTIC MEMBRANE TRANSPLANTATION: Conjunctival surface reconstruction

Chemical and thermal injury

Cicatrizing conjunctivitis

Bullous keratopathy

Conjunctival tumours and OSSNs

Pterygium surgery

Shield ulcers of vernal keratoconjunctivitis

Persistent corneal epithelial defects and nonhealing corneal ulcers

Ulcerative keratitis

Cicatricial entropion correction

Leaking blebs after trabeculectomy

Symblepharon release

Non healing stromal ulcers

Fornix formation

Conjunctivochalasis

Scleral melt

Substrate for ex vivo expansion of limbal stem cells

In this case, the patient presented with a persistent corneal ulcer resistant to conventional treatments, had a history of facial nerve palsy leading to lagophthalmos. This condition prevented proper eyelid closure, resulting in continuous exposure of the cornea and contributing to the ulcer's persistence. After clinical and ocular examination, permanent lateral tarsorrhaphy with amniotic membrane transplantation was planned.

Lateral Tarsorrhaphy involves partially sewing the outer edges of the eyelids together to reduce the palpebral fissure. This helps protect the cornea by minimizing exposure. In this procedure the lateral third of the upper and lower eyelids are sutured together, reducing the size of the opening through which the cornea is exposed. This mechanical protection allows the cornea to heal by limiting evaporation and shielding it from external irritants; thereby providing a stable, protected environment, and facilitates the healing of the corneal surface.

Amniotic Membrane Transplantation serves as a biological bandage that promotes healing and provides anti-inflammatory and anti-scarring effects which are beneficial for ocular surface reconstruction. The amniotic membrane, obtained from the innermost layer of the placenta, is carefully placed over the corneal ulcer with epithelial side up. It adheres naturally or is sutured or glued in place. Amniotic membrane transplantation enhances epithelialization, reduces inflammation, and inhibits fibrosis. This helps in restoring the corneal surface integrity and promotes faster healing of the ulcer.

The combination of permanent lateral tarsorrhaphy and AMT addresses both the mechanical and biological aspects of corneal healing. Lateral tarsorrhaphy reduces the exposure of the cornea to the external environment, crucial for preventing further desiccation and mechanical trauma. AMT provides a conducive environment for cellular regeneration, reducing inflammation and preventing scar formation, which are critical for the long-term recovery of the corneal epithelium.

CONCLUSION

The case underscores the effectiveness of combining lateral tarsorrhaphy and amniotic membrane transplantation for treating non-healing corneal ulcers in patients with lagophthalmos. This dual approach not only provides mechanical protection to the cornea but also harnesses the biological properties of the amniotic membrane to promote healing. Such interventions can be considered a viable option for similar cases where conventional treatments fail, offering a pathway to recovery and preservation of vision.

In this case, the patient showed significant improvement within a few weeks post-surgery. The corneal ulcer started healing, with noticeable reduction in size and inflammation. Follow-up visits confirmed the re epithelialization of the cornea, and visual acuity improved gradually. Regular monitoring ensured that there were no complications such as infection or suture-related issues.

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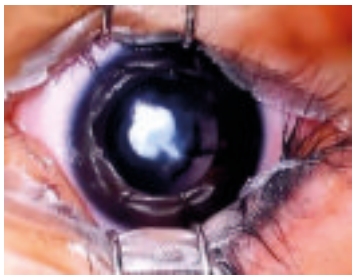
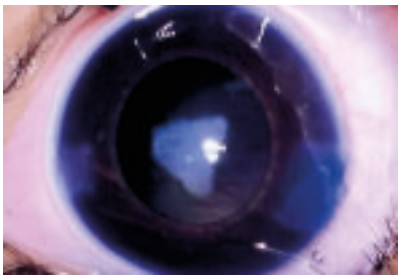
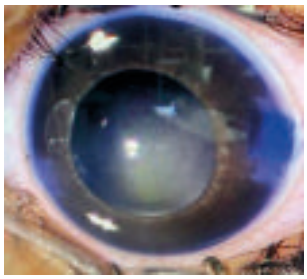
Bilateral Congenital Cataract: Simultaneous Surgery give boon to Neonate and family

Author: Dr D K Shakya, Dr Priyanka Uraiya, Dr Deepti, Dr Rishabh Adwani


A frightened parents presented with their 3 months old baby boy having cat eye in both his eyes in OPD. On examination it seems to be white pupillary reflex. Clinical and ultrasound examination reveal bilateral congenital cataract. Baby birth history was unremarkable. Baby underwent complete ophthalmological and pediatric examination. Baby underwent bilateral and simultaneous lens aspiration and primary posterior capsulotomy with anterior vitrectomy under general anaesthesia. Post operatively he was prescribed topical antibiotic, steroid and cycloplegics eyedrops. For aphakia management, prescribed appropriate special glasses after refraction. Baby was followed weekly, fortnightly and monthly till date. This case underscores the importance of timely and meticulous management for patient and their parents too as it requires surgery under general anaesthesia.

In children, cataract causes more visual disability than any other form of treatable blindness. Children with untreated, visually significant cataracts face a lifetime of blindness at tremendous quality of life and socioeconomic burden to the family and society.

The management of cataracts in childhood is tedious and often difficult, requiring many visits over many years. Success requires a dedicated team effort that often involves parents, primary care pediatricians, surgeons, anesthesiologists, technicians, optometrist, low vision rehabilitation specialists, and community health workers.

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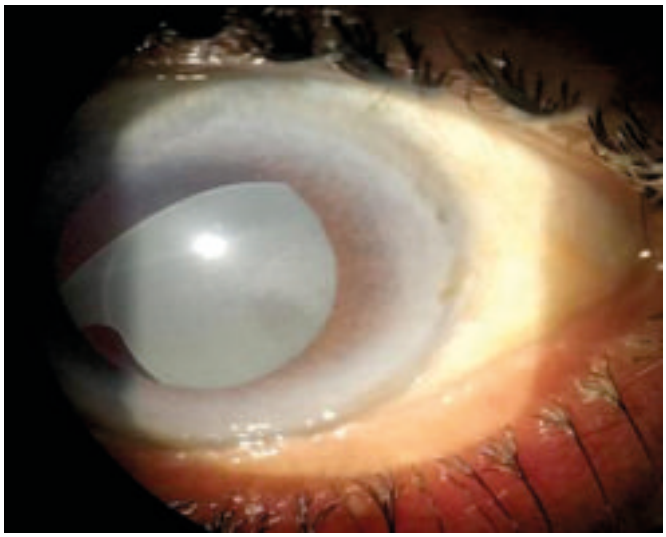
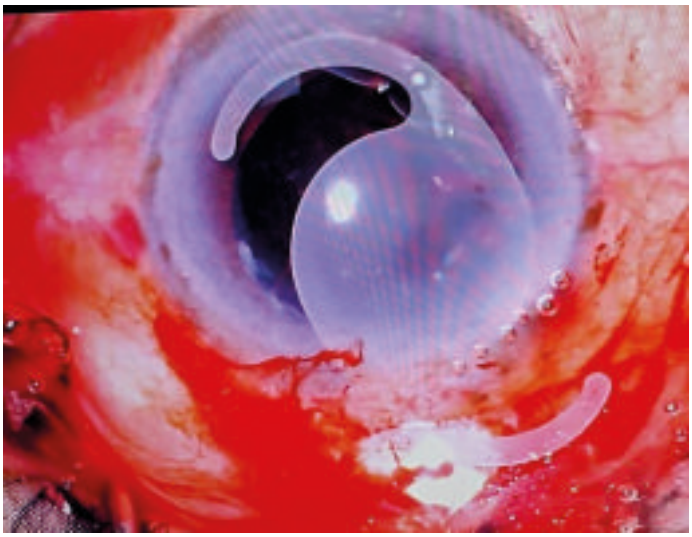
Breaking Through the Haze:– Lens Explantation for IOL opacification

Author: Dr P K Chhawania, Dr Prabha Gupta, Dr Priyanka Uraiya, Dr Rachna Maran



Pre-Operative



Intra -Operative

The opacification of intraocular lens (IOL) is a rare but serious complication of cataract surgery in foldable IOL, causing light to scatter and significant deterioration of visual acuity. Two major complications specifically related to the loss of transparency of IOL have been described1. The first, severe but infrequent, is IOL opacification; while the second, glistening, is more frequent but classically described as less important2,3,4. Glistening of IOL is a potential complication of rigid IOL whereas opacification is more frequent in hydrophobic acrylic IOL. Early detection and surgical intervention optimize visual outcomes.

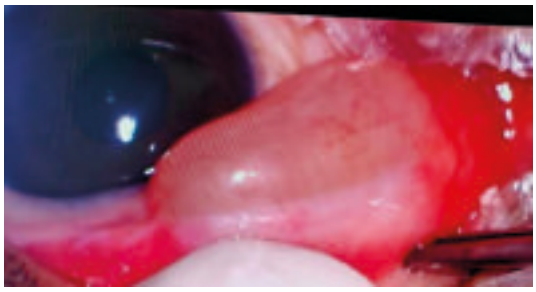
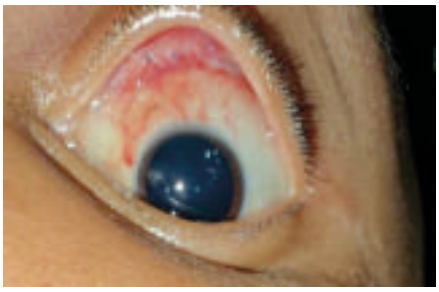
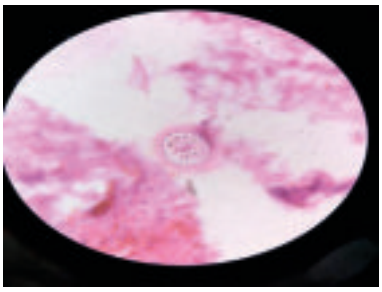
A 71-year-old male presented in OPD with decreased vision in his left eye with history of cataract surgery with IOL implantation 6 years back and Nd:YAG capsulotomy 4 years back elsewhere. Slit-lamp examination revealed white pupillary reflex with no visibility of posterior capsule. B scan showed showed no abnormality in posterior segment. IOL explantation and replacement with a newer, foldable IOL was done for significant visual impairment. Post-operative best-corrected visual acuity (BCVA) improved from hand movement to 6/9.

In this case, opacification in foldable IOL caused significant visual impairment and was mistreated with Nd:YAG capsulotomy. In such cases, IOL explantation and replacement with a newer IOL is an effective management to restore visual acuity.

References.

A RARE PARASITIC CONJUNCTIVAL CYST FILLED WITH H. NANA EGGS

Author: Dr Rashmi Kujur, Dr Vibha Pal, Dr Priyanka Kumawat

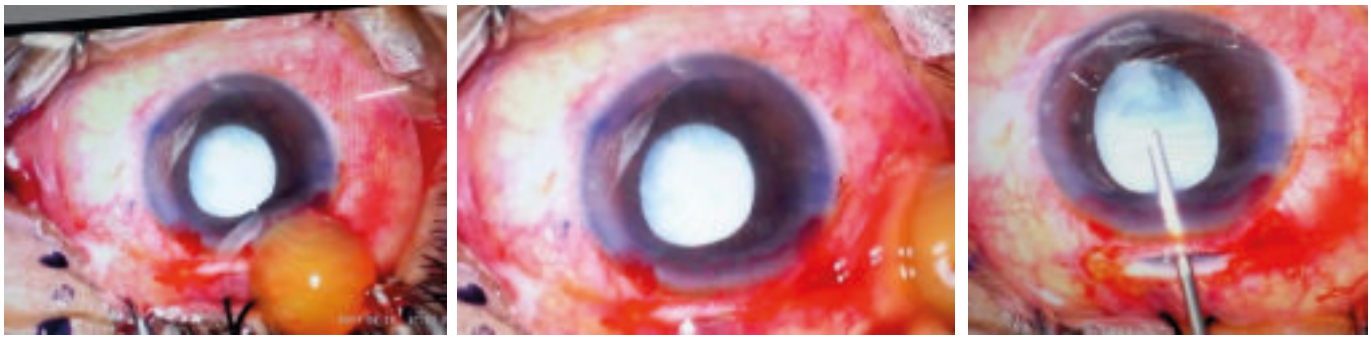




Parasitic conjunctival cysts containing H. Nana eggs are extremely rare and is probably the first case been reported as ocular parasitic infestation. Local surgical excision, followed by appropriate systemic antiparasitic coverage is crucial for effective management of such cases.

A 13-year-old male presented with a swelling of size approx. 1.5x1.5 cm in the left eye upper lid. On further examination, patient was diagnosed with Left Eye upper lid conjunctival cyst at superomedial aspect of upper palpebral conjunctiva. B-scan was done to rule out any intraorbital extension whereas stool examination was done to rule out any parasitic etiology which showed Hymenolepis nana eggs in stool sample. After performing complete ophthalmic examinations, surgical excision of the conjunctival cyst in the left eye was conducted. A tissue biopsy sample was sent for histopathology examination, which confirmed presence of H. nana eggs. Patient was treated with systemic antiparasitic drugs and topical antibiotics postoperatively. Histopathology & biomicroscopy revealed that the conjunctival cyst was filled with H. Nana eggs, leading to the diagnosis of a parasitic conjunctival cyst.

A surgical surprise during cataract surgery in phacolytic glaucoma

Author: Dr Rashmi Kujur, Dr Vibha Pal, Dr Anubha



Surgery in Phacolytic glaucoma is a tricky due to raised IOP, inflammation, fibrotic anterior capsule and weakened zonules.

A 75 yr old man presented with signs of morgagnion cataract mimicking anterior uveitis with raised IOP of 50 mmHg. The patient was treated with topical steroids, cycloplegic and antiglaucoma medications. After controlling IOP, patient underwent cataract surgery. During surgery, the pupil was poorly dilated, and the anterior capsule was fibrotic making it difficult for capsulorhexis. After cutting the anterior capsule with Vannas scissors, very minimum cortical fluid was egress, it was a hard brown large nucleus and delivering the nucleus with visco expression, the pupil appeared white (intraoperative leukocoria). We observed cortical fluid was present in the vitreous cavity. So, we made a tear in the posterior capsule with the help of cystitome, along with anterior vitrectomy with aspiration of cortical fluid and IOL was placed. The patient was put on topical antibiotic steroid drops and followed.

It should be remember that spontaneous rupture of capsule leaking lens protein can occur anteriorly as well as posteriorly. A gentle maneuver is important when tearing the posterior capsule to protect the anterior hyaloid phase to prevent vitreous-related complications. Post - operative inflammation and IOP was well controlled. Corneal edema resolved a little later. The vision was satisfactory.

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- क्या आप संतान सुख से वंचित हैं?
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- ऐसी महिलायें जिनकी ट्यूब बंद हो?
- ऐसी महिलायें जिनको अण्डा बनने संबंधी समस्या हैं?
- ऐसी महिलायें जिनका 3 से 6 बार आई.यू.आई. करने के बाद भी सफलता न मिली हो?
- अन्य जटिल समस्यायें जैये यूरेटस में गठान(Fibroid) एण्डोमेटिरियोसिस (Endometriosis) एवं यूरेटस संबंधी विकृतियां आदि।
- पुरूषों के वीर्य में खराबी जैसे शुक्राणुओं की कमी या न होना एवं संभोग संबंधी समस्यायें।

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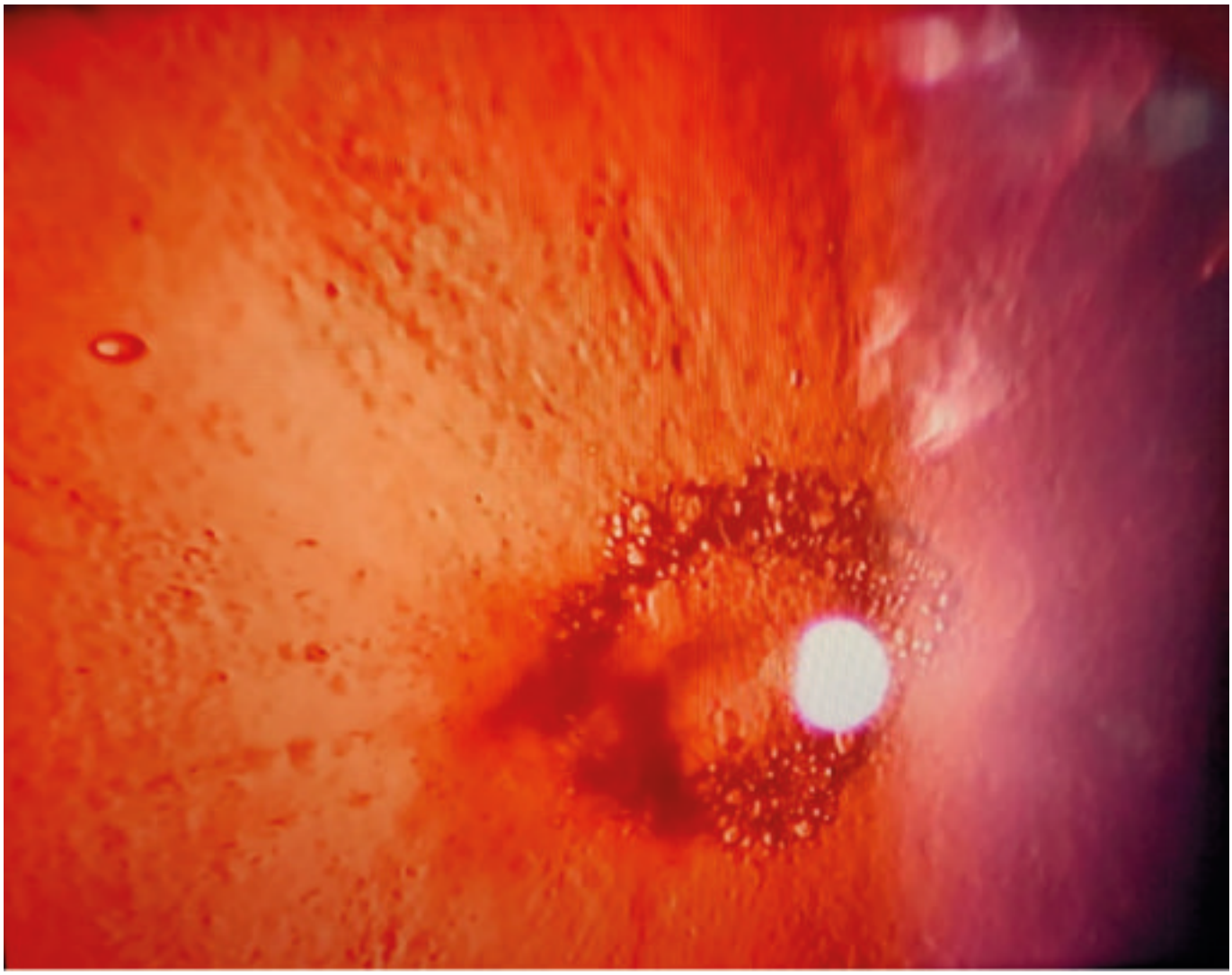
Mangalyaan Landing on Martian Surface!

Author: Dr. Rajat Singh Yadav, Dr Vasudha Damle



Description: A young lady presented with the posterior subcapsular cataract in right eye. On examination with coaxial slit lamp setting, a wonderful picture of PSC resembling the mars surface is seen.

Category: Snapshots

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PG 2nd year,
RKDF Medical College, Bhopal

Mentor
Dr Vasudha Damle
Professor,
Dept. of Ophthalmology
RKDF Medical College,
Bhopal

Innovation– Dr OP's Eyelash–Free Wire Speculum

Dr. O.P. Agrawal

About the innovation:

The field of ophthalmic surgery has witnessed remarkable advancements & this quest for excellence, the design and development of surgical instruments have played a pivotal role. One such instrument, the wire speculum, has been a fundamental tool in ophthalmic surgery.

However, conventional wire specula have been associated with challenges related to eyelash entanglement and suboptimal visibility. This abstract introduces an innovative concept – "Dr OP's Eyelash-Free Wire Speculum" - that addresses these concerns.

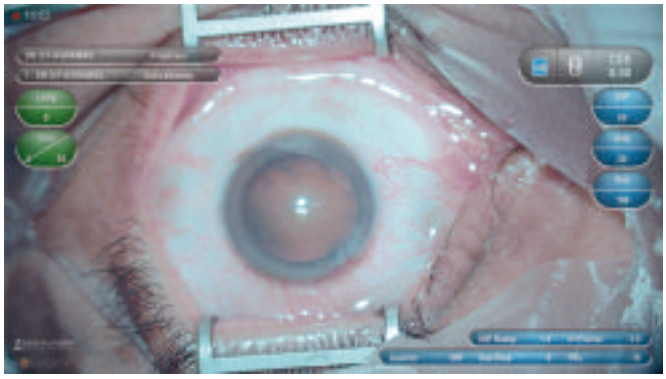
The Eyelash-Free Wire Speculum offers improvements in surgical precision and visibility. The speculum's innovative design includes an additional cross bar to securely keep the eyelashes away from the surgical field.

In conclusion, the Eyelash-Free Wire Speculum represents a significant innovation to addresses the long-standing issues of eyelash entanglement. This simple but effective innovations like "Dr OP's Eyelash-Free Wire Speculum" are critical in advancing the frontiers of precision and safety, ultimately benefitting surgeons worldwide.

- Plagiarism Declaration : I, Dr. O.P. Agrawal, declare that this innovation titled **"Dr OP's Eyelash-Free Wire Speculum"** is the result of my own work. I have acknowledged all sources and no part of this has been copied from any other source without proper attribution.

Annexure:

- Headshot photo of candidate for the article:
- Figures/Images
- Video link (if any)- https://www.youtube.com/watch?v=rfRyrjg8-hs

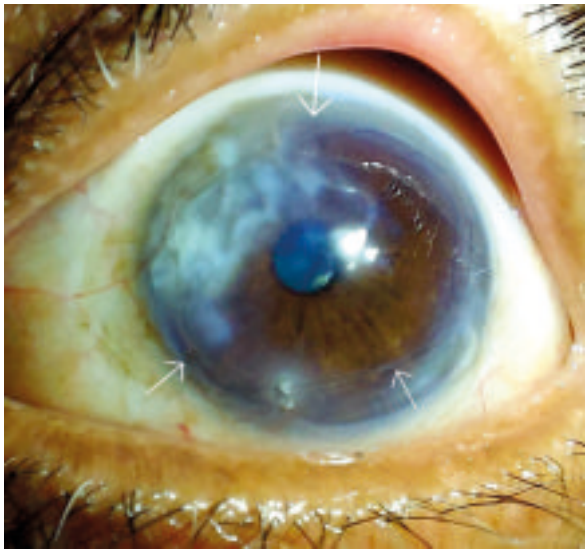


Author:
Dr. O.P. Agrawal
MBBS, DOMS; Medical Director at Rohit Eye Hospital & Child Care Centre, Indore

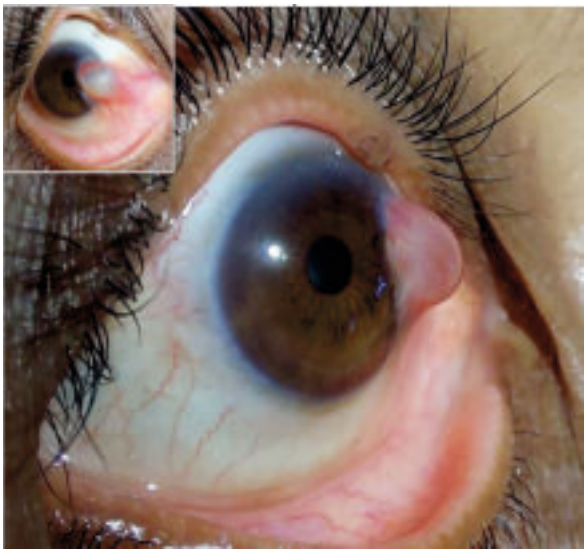
Quiz

Dr Vineet Gour

1. Identify ?

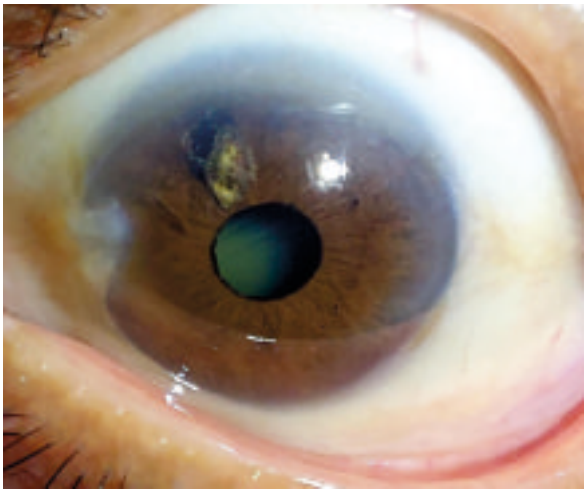


2. Diaganosis?



3. Gold in AC ?

4. Diaganosis?



Ans. 1. Purse string corneal sutures for amniotic membrane with exposed knot.
2. Pterygium with cyst. 3. Prolong retention of emulsify silicone oil. 4. Inert FB in AC with iris injury

Dr Vineet Gour
Director and Vitreo-retina surgeon,
Netrika Netralya, Bhopal

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WORD PUZZLE AND WORD SEARCH

Dr. Saumya Agrawal, Dr. Hema Joshi

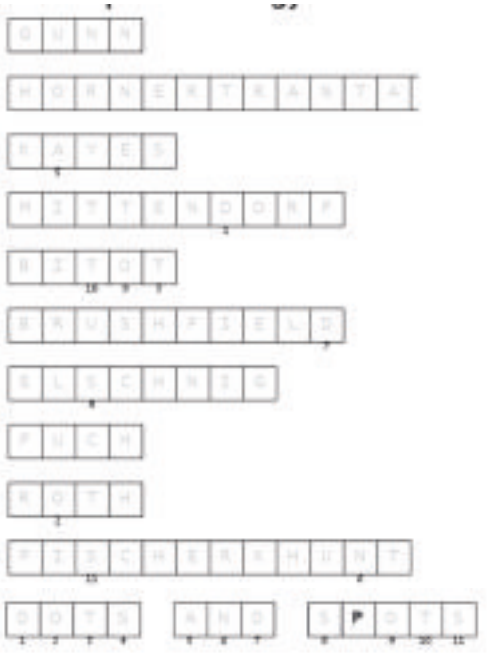
1. Title : Dots and spots in ophthalmology

Solve the anagrams to reveal the letters for the final message.

Solve the anagrams in the top part of the puzzle.

Use the circled letters from the words in the top part to complete the final word or phrase at the bottom.

Each circled letter is used just once.



2. Word search

Key:
ARMD
DMEK
Entropion
Keratoconus
Knapp
Peymann
Sjogrens
Zirm
Betadine
Dua
Esotropia
Keratoplasty
LASIK
Pterygium
Utrata

Please print the answers for 'Dots and spots ' on a separate page or on last page..

Dr. Saumya Agrawal,
M.S.,FRCS (Glasg)(Ophth)
Asstt. Professor,
Kamla Nehru Hospital, Bhopal

Dr. Hema Joshi,
MBBS, DO, DNB
Consultant, Cataract,
Cornea and refractive surgeries,
Centre for sight, Jabalpur

DOTS AND SPOTS IN OPHTHALMOLOGY

Dr. Saumya Agrawal, Dr. Hema Joshi

Dr. Saumya Agrawal,
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Dr. Hema Joshi,
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Centre for sight, Jabalpur

Ophthalmology Jokes

A man going to eye doctor because his eye hurt and the doctor finally discovered his problem.The doctor said,"Your eye hurts when you drink tea,so you can't drink tea".The patients protested,"But,Doc,I love tea". The doctor replied, well okay,as long as you take the the spoon out."

What did the eyeball say when he was arrested?

I've been framed, officer.

What did the right eye say to the left eye?

Between you and me, there's something that smells.

Why did the eye doctor feel lonely?

Because he felt eyes-olated.

What's an optometrist's favorite dessert?

Eyes cream.

1. J.I. Fernández-Vigo, M.T. Serrano González-Peramato, C. Nunila Gómez-de-Liaño.Glistening on intraocular lenses: A review. https://doi.org/10.1016/j.oftale.2023.06.016
2. L. Werner Glistenings and surface light scattering in intraocular lenses.J Cataract Refract Surg (2010)
3. N.Z. Gregori et al.In vitro comparison of glistening formation among hydrophobic acrylic intraocular lenses.Cataract Refract Surg (2002)
4. Dehoog et al.Evaluation of loss in optical quality of multifocal intraocular lenses with glisteningsJ Cataract Refract Surg.(2016)


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INCREDIBLE BHOPAL

Incredible Bhopal

Bhopal, the capital of Madhya Pradesh, is affectionately known as the City of Lakes due to its breathtaking collection of natural and artificial lakes that enhance its picturesque landscape. Founded by the legendary Raja Bhoj in the 11th century, this vibrant city harmoniously intertwines a rich historical heritage with contemporary urban development. Bhopal is also known as the “City of Begums” owing to a long reign of female rulers over the city state in pre-independent India. The various historical monuments, places of worship, cultural museums, natural bio-diversity sites and multiple UNESCO designated world heritage sites ensures that the city offers something for everyone.

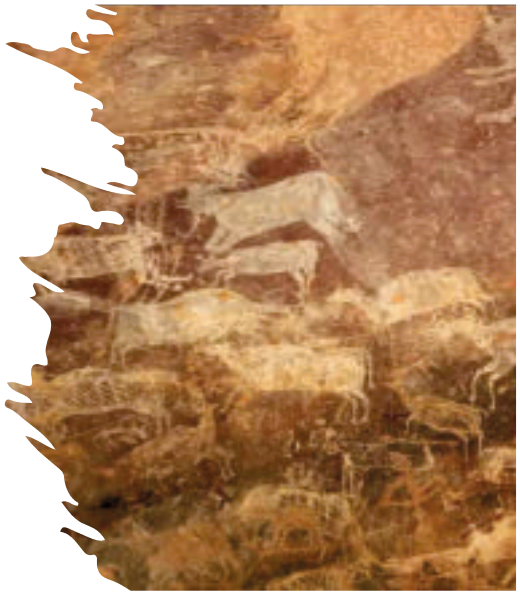
Sanchi

• Sanchi is a renowned Buddhist archaeological site. It is most famous for the Great Stupa, one of the oldest stone structures in India, built by Emperor Ashoka in the 3rd century BCE. The stupa houses the relics of the Buddha and is a symbol of Buddhist architecture.
•Sanchi is located 48 km from Bhopal and is designated by UNESCO as a ‘World Heritage Site’.

Bhojpur

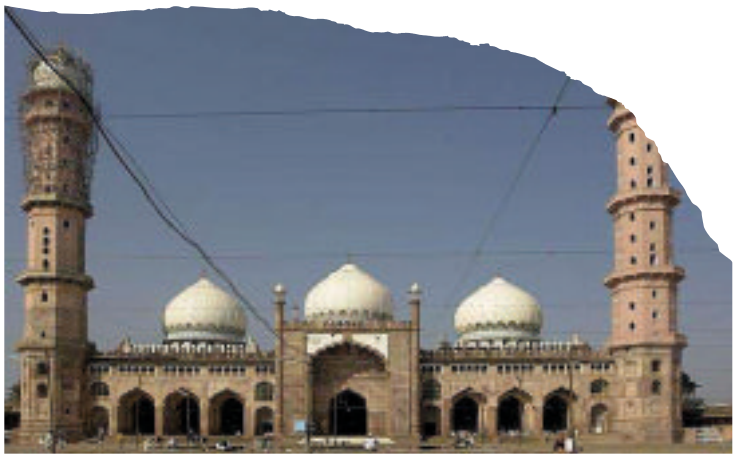
• Set up between 1010 BC and 1055 BC by the famous Raja Bhoj, Bhojeshwar temple is an unfinished building. Had it been a complete construction, it would have been one of the largest temples of Lord Shiva. The Shiva Lingam inside the temple is 18-feet tall and is made of single stone.

Bhimbetka Rock Shelters



- Bhimbetka is designated by UNESCO as a World Heritage Site. It features archaeological sites famous for its pre-historic rock shelters, that have some of the oldest cave paintings in the world.
- Bhimbetka has been inhabited by humans for over 100,000 years, and the rock shelters contain evidence of several distinct cultural phases, including the Acheulian, the Middle Paleolithic, and the Mesolithic. The cave paintings at Bhimbetka date back to the Paleolithic era, with some of the oldest paintings believed to be over 30,000 years old.

Taj-ul-Masjid



- The Taj-ul-Masjid in Bhopal is a prominent mosque located in the old city area. It is one of the largest mosques in India and is known for its impressive architecture. The mosque was constructed in the 19th century by Nawab Sikander Begum, the daughter of Nawab Wazir Muhammad Khan.
- Taj-Ul-Masjid is made of red stone and its charm is further enhanced by a nearby lake called Motia Talab.

Bharat Bhawan

- Founded in February 1982 by the then Prime Minister of India, Indira Gandhi, the building is a junction point for display and encouragement of modern art, contemporary thought, expression, and innovation. Fostering a huge art gallery, an amphitheater, an auditorium, a tribal museum, and libraries of Indian poetry and folk music, the building is flanked by the lovely Upper Lake, and its terrace offers beguiling views. Housing a number of courtyards and offices, Bharat Bhawan is a visual treat for patrons of arts and humanities all around.

Udayagiri Caves

- A magnificent set of twenty sculpted caves that date back to the early 5th century CE, the Udayagiri Caves hold within their walls some of the most ancient icon drawings and carvings. The inscriptions inside the caves indicate their relationship with the reign of the Gupta monarchy. A significant historic monument, the caves are managed under the observation of the Archaeological Survey of India. The drawings carved depict stories of Vishnu, Lakshmi, Shiva, and Parvati.

Van Vihar

- Sited along the Upper Lake, the Van Vihar National Park is one of the unmissable tourist places in Bhopal. Serving as the lungs of the city, the park is under strict observation and protection. It is also home to a wide array of wildlife like Blackbuck, Cheetal, Sambar, Blue Bull, Porcupine, Wild Boar, and Hyena, besides exotic floral species. Also ideal for short day treks, the place is apt for adventurers and nature lovers alike. Vast expanses of dense greenery and the quiet beauty of the place render it mandatory for tourists to visit it.

Shaurya Smarak

- One of the latest additions to the range of interesting places to visit in Bhopal, Shaurya Smarak is essentially a war memorial inaugurated in the year 2016. Developed as a public park, sprawling across an area of 12 acres in Arera Hills region of the city, Shaurya Smarak houses an underground museum that has galleries dedicated to war heroes. The park features a number of sculptures and installation that evoke a sense of patriotism, remembering the soldiers who laid down their lives in the service of the nation. The most notable feature of the park is a 62-feet tall sculpture depicting Indian Army.

Mahaveer Giri

- Mahaveer Giri, also known as Manua Bhan Ki Tekri is a prominent hill located in Bhopal with a temple dedicated to Lord Mahaveer at the top.
- The temple at the top can be reached by either a road or a ropeway
- The site offers a panoramic view of the city and the Upper lake

Upper Lake

- The Upper Lake, also known as Bhojtal, is a man-made lake located in Bhopal. It is the largest lake in central India and is a popular tourist destination.
- The Upper Lake was created in the 11th century by Raja Bhoj, the ruler of the Malwa region.
- The Upper Lake offers various recreational activities, including boating, fishing, and birdwatching.

Tribal Museum

- The Tribal Museum in Bhopal is a fascinating place to learn about the rich tribal heritage of central India. It showcases the diverse cultures, traditions, and lifestyles of the various tribal communities that inhabit the region.
- The museum houses a vast collection of artifacts, including traditional clothing, jewelry, musical instruments, handicrafts, and tribal art.
- The exhibits are arranged in a way that provides a comprehensive overview of tribal life, from hunting and gathering to rituals and ceremonies.

Manav Sangrahalaya

- Manav Sangrahalaya (literally meaning "Museum of Man") is an open-air museum in Bhopal, Madhya Pradesh, India. It's dedicated to showcasing the diverse cultures and lifestyles of India's tribal and rural communities.
- The museum features replicas of various tribal and rural villages from different parts of India. These replicas provide a glimpse into the traditional way of life of these communities and are one of a kind in India.

Dr. Rekha Jain
BMHRC, Bhopal

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Cataract & Refractive surgeon

Dr.ANUSHA AJWANI
Cataract, Refractive and medical Retina specialist

Dr.AARTI MINJ
Vitreo Retinal and compr-ehensive ophthalmologist

BEST WISHES

BEYOND OPHTHALMOLOGY

The Striking Secretary Bird: **A Hunter of the Grasslands**

The secretary bird (Sagittarius serpentarius) is a captivating raptor known for its long legs, eagle-like head, and fierce hunting prowess. Found predominantly in the open grasslands and savannas of sub-Saharan Africa, including regions like the Serengeti, this bird stands out with its distinctive appearance. Its tall stature, feathered crest resembling quill pens, and graceful, yet deliberate gait make it a unique sight.

One of the most remarkable aspects of the secretary bird is its method of hunting. Unlike other raptors that rely on flight, the secretary bird hunts on foot. It patrols the grasslands, striking its prey—usually snakes, insects, small mammals, and reptiles—with powerful, swift kicks. These strikes are so precise that they can immobilize venomous snakes like cobras. Its diet reflects its adaptability, making it an efficient predator in varied ecosystems.

Secretary birds are also symbols of patience and persistence. They can cover vast distances daily, their long legs designed for walking through tall grasses in search of prey. With a wingspan that exceeds 2 meters, they soar gracefully during flight, although they spend most of their time on the ground.

Dr Rohit Agrawal
MBBS, MS (Gold Medalist), FVRS
Vitreo-Retina, Uvea & ROP specialist
Rohit Eye Hospital and child care centre, Indore

My Artwork

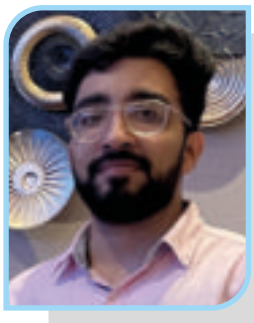
Dr. Varsha Vaishnav
Eye Surgeon, Bhopal

पहचानों अपनी शक्ति को

नारी तुम्हारी अजब कहानी, आंचल में दूध आंखो में पानी
पहचानों अपनी शक्ति को है अबला तुम्हे अब सबला बनना होगा
हे विदुषी अपना स्वरूप स्वयं बदलना होगा सनातन संस्कृति ने तुम्हे देवी, माँ, बहन
के कई पुजनीय रूप रचे है आज सड़को पर राम कम रावण ज्यादा बसे है,
त्रेता में राम, लखन, हनुमान ने सीता को तारा था द्वापर में कृष्ण ने द्रोपदी को उबारा था
पर इस कलयुग में राम, कृष्ण नहीं है बसते यहाँ कर्ण, भीष्म से बंद जमीर मानव है रहते
इस युग में खुद की रक्षा करने का प्रण तुम्हें करना होगा
स्वरक्षा के सारे करतब, हथियार सारे उठाकर चलना होगा
जब तक पीडित खुद नहीं लड़ता है उस पर जुर्म बढता रहता है
जागो पहचानों अपनी शक्ति को दुर्जनों के नाश के लिए देवी अवतारों को जानो
ये हमारा अंश स्वयं तुम्हें महसूस करना होगा उसे जीवन में उतार साबित तुम्हें करना होगा
तब ही सोई आत्मा जागेगी इस युग में एक नई सुबह का आगाज तुम्हें करना होगा

Dr Mahesh Somani

Just Click



Dr. Lokesh Kr Sachdeva
Junior Resident 1st year
Department of Ophthalmology
RKDF Medical College Hospital & Research Centre, Bhopal

महिला दिवस पर शुभकामनाएँ

घर में रौनक होती है,
बेटियों जब घर में होती है
बहन भाई की अच्छी सखा होती है
माँ के रूप में संस्कार मार्गदर्शक वह होती है
पत्नी बन संग पिया सच्ची दोस्त होती है
घर उसके बिन अधूरा सा हो जाता है
वह व्रत रखती बच्चो, पति परिवार के
पर उसके लिए कोई व्रत नहीं होता है
कहने को दो-दो घर है पीहर व ससुराल है
पर दोनो जगह वह पराई होती है
पर उसका घर है ऐसा कोई नहीं कहता
सारे सपने भाव है, परिवार के लिए
उसके सारे सपने रह जाते है परिवार के लिए
क्यों वह हर बार सिसकती, आसू पीती है
बरकत है इसके कदमों में ऐसा कहा जाता है

मशीन नहीं इंसान है वह भी
पर उसका कोई रविवार नहीं होता
जब कभी जीने लगती है अपने लिये कभी
तब वह अपनों को ही खटकता है
कहता है महेश यारो सब कुछ है वह
पर क्यों मानव तू दानव हो जाता है ?
आज भी उसे उपयोग की वस्तु समझाता है
बढ़ते जा रहे जुल्म अब तो बच्चियां भी सुरक्षित नहीं है
महिला दिवस पर देकर बधाई इतिश्री मत करो भाई
हर दिवस महिला का सम्मान करें
तब सार्थक उसका जीवन बने
सोचे आज क्या हम सोच सुधार पायेंगे
सिर्फ हर वर्ष महिला दिवस मानकर इतिश्री करते जायेंगे।

Dr Mahesh Somani

A quiet street in Prague

Dr. Hema Joshi
Consultant, Cataract, Cornea and refractive surgeries
Centre for sight eye hospital, Jabalpur

पगडंडियाँ

कोई शिक़ायत नहीं करता
इनके ऊबड़-खाबड़ होने की
या संकरेपन की
दुर्घटना की संभावना भी
न्यूनतम होती है इस पर
पक्की सड़क से उतरते ही
ये गाँव पहुँचने का
सबसे सीधा और छोटा रास्ता होती हैं
इसके लिए पहाड़ नहीं तोड़ने होते

पेड़ भी नहीं काटने पड़ते
ना देना पड़ती है किसी को घूँस
ना बाँटना पड़ता है कमीशन
ना घटिया सामान इस्तेमाल करने की मजबूरी
ना बारिश में उखड़ जाने का डर
सरकार को भी अब
सड़के छोड़कर
पगडंडियाँ बनानी चाहिए

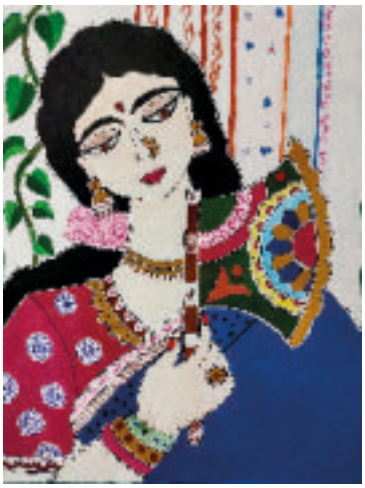
Dr Deepti Patel
Consultant
T N Shukla Eye Hospital
Jabalpur

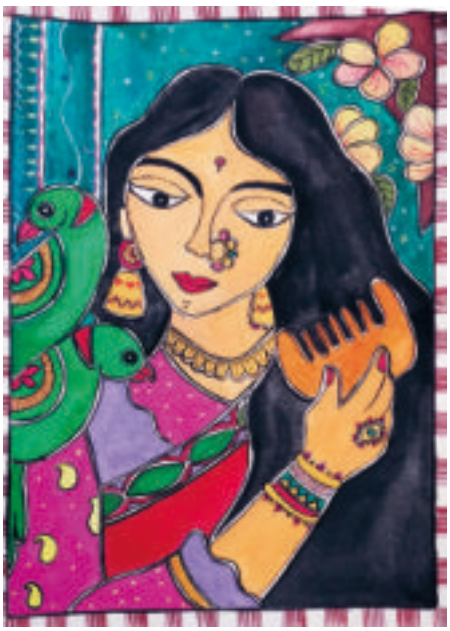
To enjoy the waterfall nature created– get the waterfall that age created replaced.

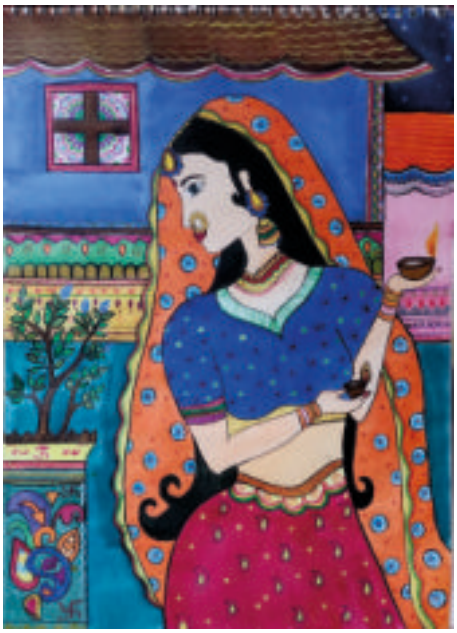
Author:
Dr Neha Mota
DNB Resident , SSEH BHOPAL

Madhubani painting

This Madhubani painting depicts a traditional Indian woman indulged in her own thoughts, holding a hand fan. This also depicts how a woman spends her day entirely dedicating to family, managing household chores and then finding some quality time for herself, enjoying and embracing her solitude.





Dr. Vartika Dube
First year PG resident
RKDF, bhopal

HEY MOMS

Let go of the 'working mom guilt' and do it all

Motherhood is both rewarding and challenging, especially when you are also juggling a career in medicine. Holding the titles " new mom" and "doctor" may feel more than overwhelming at times. Each situation is different and each parent approaches family life in a different way. The key to juggling doctorhood and motherhood is striking a balance: You can do both, but you may need more familial support and flexibility than mothers in other professions.

Dr Shruti shares some expertise on the subject with FREE PRESS.

As a doctor mom, you may have difficulty striking a work-life balance, finding opportunities for professional development, and navigating discrimination in a society steeped in sexism. While the healthcare system may take time to address barriers to career satisfaction and maternal bias, focus on releasing the guilt you may feel as a full-time doctor with kids. You can excel in both roles-even if it means making difficult choices.

Dr Shruti Kochar Maru

onsultant Ophthalmologist & Eye Surgeon

MS,DNB,FICO, FAICO,
FCRS, MRCS (Edinburgh)
CHL Hospital, Indore

BE FLEXIBLE

Working parents often develop routines around work (8am-4pm) and family time (4pm-8pm). Even if you prefer to stick to your routine and keep work to regular work hours, you may need to re-evaluate. The new normal is likely to involve combining greater flexibility with plans and schedules for non-standard working and family time.

FIND CHILDCARE PROVIDERS THAT YOU TRUST

Knowing that your child is cared for is crucial to having peace of mind when you are at work. Find a day-care, nanny, or someone you know that you trust with your child. A quality day-care should have flexible hours, a low teacher-to-child ratio, a clean and spacious environment. If possible, keep constant contact throughout the day or have a CCTV and ask for updates.

CREATE SPECIAL AND MEANINGFUL FAMILY ACTIVITIES

Make the time that you spend with your family really count by planning activities that everyone will look forward to and enjoy.I love to take long walks with my family at nearby parks because it gives us a chance to be active and have great conversations. Organize a weekly family game night and play dates with other kids.Have a picnic in the zooor any play area monthly. Ask for ideas from your older kids and let them get involved in deciding where togo too.

DIVIDE AND CONQUER

Sharing responsibilities with your partner can make all the difference. Make sure you both are on the same page before your first day back at work. Coordinate your schedules and childcare arrangements and divide up household chores.

MAKE TIME FOR ME TIME

Do not forget you also need some time to unwind.This is the time to shed guilt and be generous to yourself. Do not blame yourself for mistakes and missed targets. You are working in a brave new world, and it will take time to adjust.Be patient. Learn from each day by taking note of what worked and what did not. With time you will find a rhythm that works for you, your partner, your colleagues, and the young ones at home.

SAY YES TO LESS

You do not have to say yes to every single party invitation or extracurricular activity if it is causing you more anxiety than enjoyment.Determine how much your schedule can handle and choose the activities that your child will enjoy the most. Do not feel bad about saying no to the rest. Overbooking takes all the fun out of the experience and leaves no time for much needed rest.

BEST OF BOTH WORLDS

Can a working mom have both a successful career and a fulfilling family life?It is possible.It may not look exactly like how you pictured it, but do not let that deceive you. Recognize and appreciate all the great things you do have, and just take it one day at a time.

Hey doctor moms, be kind to yourself and understand that both the work and the parenting are important things. There is always this guilt, 'Am I spending enough time with my family? Am I being a good enough mom?'". "Know that we are all doing the best that we can. When your child gets older, they can be proud of you. You are making a difference in other people's lives.

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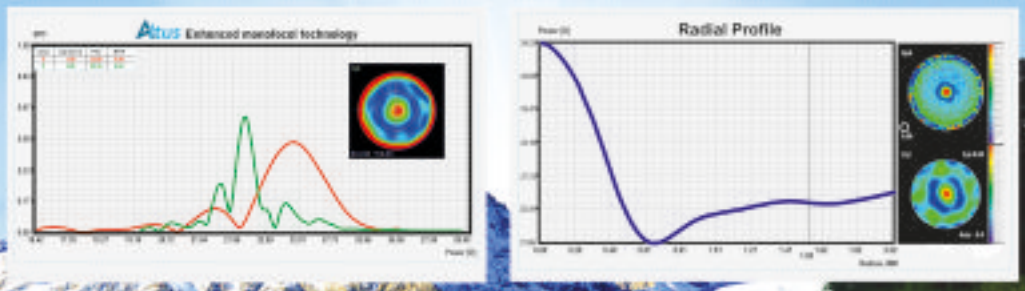

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किताब - तथ्य और मिथक।

वो घर पुराना था, और उस घर में हर ओर मिट्टी थी,
अलमारी को खोला, तो एक किताब कोने से लिपटी थी।
उस किताब को उठाया मैंने, और फूंक मार धूल हटाई,
चमड़े की जिल्द, सुबह का समय, छज्जा और चटाई।

मैंने किताब से बात की, हो गए पन्ने उसके आंसू से गीले,
जो पन्ने कल पंख से सफेद थे, आज हो गए हैं पीले।
क्या वो किताब आज जिंदगी के उसूल बतलाएगी?
या बचपन की तरह जानवरों की कल्पित कहानियां सुनाएगी?

आम तौर पर तो तुम सिर्फ सच बतलाती हो,
लेकिन कभी तो पक्षपाती प्रचार भी कर जाती हो!
सही हो या गलत, कलमकार की सोच लोग पढ़ते समझते,
क्या वाकई तुम्हारे उन पर कोई नियम नहीं चलते?

तो क्यों ना खोल के देख लूं ये किताब आज,
पढ़ लूं सच, जूठ, संगीत के साज, और जिंदगी के राज।
और खुद पढ़ के देखूं हर एक उस अक्षर की वंदना,
और करूं तय, क्या है वास्तविकता, और क्या है कल्पना।

Dr. Yog Agrawal
Ophthalmologist

वो पल

सामने जो पहाड़ है, शाम तक आओ फतेह करें,
तेरी उंगलियों के बीच जगह, मेरी उंगलियों से भरें।
कुछ सौ कदम आगे, फिर सांस लेने रुक जाते हैं,
तुम पानी पी लो, हम तो अपनी प्यास तुम्हे देख बुझाते हैं।

ऊपर जा पहुंचे, क्या खूबसूरत नजारा था,
वो सूरज, वो हवाएं, वो पल बस मेरा तुम्हारा था।
सामने थीं वादियां, और एक सफेद झरना,
क्या मेरे दिल को आता है सिर्फ तेरी मुस्कराहट पर मरना?

ऐसा क्या था मुझ में कि तूने मुझे सौंप अपना दिल दिया?
ठिठुरो मत, लो मैंने तारे तोड़ तुम्हारे लिए कंबल सिल दिया।
इधर देखो मेरी ओर इक दफा, शायद तुमसे बंदगी थी,
हां बोल दो मुझको, शायद तेरे नाम होना,
शायद तेरा मेरा नाम साथ होना, अब यही जिंदगी थी।।..।।

Dr. Yog Agrawal
Ophthalmologist

नरेन्द्र मोदी, प्रधानमंत्री

अब मिलेगी समय पर सहायता...

सड़क, औद्योगिक दुर्घटना और प्राकृतिक आपदा की स्थिति में **नि:शुल्क वायु परिवहन सेवा**

पीएमश्री

एयर एम्बुलेंस सेवा

संचालन प्रारंभ

“हमारी सरकार प्रदेश की जनता को सर्वोत्तम स्वास्थ्य सेवाएं उपलब्ध कराते हुए स्वस्थ मध्यप्रदेश के उद्देश्य को प्राप्त करने के लिए संकल्पित है। अब प्रदेश में गंभीर रोगियों को पीएमश्री एयर एम्बुलेंस सेवा के जरिए उचित समय पर बेहतर इलाज मिल सकेगा”

- डॉ. मोहन यादव, मुख्यमंत्री

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- आयुष्मान कार्ड धारक को प्रदेश व देश में कहीं भी इलाज हेतु शासकीय और आयुष्मान सम्बद्ध अस्पताल में निःशुल्क सुविधा
- आयुष्मान कार्ड धारक न होने पर प्रदेश के शासकीय अस्पतालों में निःशुल्क परिवहन सुविधा जबकि प्रदेश के बाहर निर्धारित शुल्क पर परिवहन सुविधा
- सड़कों पर औद्योगिक स्थलों पर होने वाली दुर्घटना, हृदय रोगी या जहां से प्रभावित व्यक्ति को अब मिल सकेगा अच्छे चिकित्सा संस्थानों में समय पर इलाज
- अस्पताल द्वारा मरीज की स्थिति की गंभीरता की जांच के उपरांत मिल सकेगी एयर एम्बुलेंस की सुविधा

एयर एम्बुलेंस सेवा की अनुमति

- दुर्घटना स्थल से संभाग के अंदर जिले के मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी की अनुशंसा पर जिला कलेक्टर द्वारा
- दुर्घटना अथवा अन्य आपदा की स्थिति में संभाग के बाहर परिवहन हेतु स्वास्थ्य आयुक्त द्वारा
- दुर्घटना के अतिरिक्त अन्य गंभीर प्रकरणों में प्रदेश के अंदर संबंधित चिकित्सा महाविद्यालय के अधिष्ठाता की अनुशंसा पर संभागीय आयुक्त द्वारा
- प्रदेश के बाहर गंभीर रोगी या दुर्घटना पीड़ित आयुष्मान कार्डधारी होने पर संचालक चिकित्सा शिक्षा द्वारा
- सशुल्क परिवहन हेतु एम.एस.एम. कार्यालय स्तर पर अनुमति मिलेगी

- रोगी/पीड़ित को एयर एम्बुलेंस तक पहुंचाने के लिए संजीवनी 108 एम्बुलेंस होगी उपलब्ध
- एयर एम्बुलेंस सेवा में हृदय रोग, श्वास और तंत्रिका संबंधी बीमारियों, नवजात शिशुओं की स्वास्थ्य समस्याएं, ज्ञात जोखिम वाले गर्भावस्था तथा आपदा की स्थिति को संभालने के लिये प्रशिक्षित चिकित्सक और पेरा मेडिकल स्टाफ रहेगा मौजूद
- हवाई परिवहन के दौरान रोगी/पीड़ित के लिए ₹ 50 लाख के दुर्घटना बीमा का प्रावधान

Where the horizon kisses Bhopal's upper lake, every sunset whispers secrets of the day, painting moments that linger long after lights fade.

Dr Priti Singh
Additional professor
Department of Ophthalmology
AIIMS Bhopal

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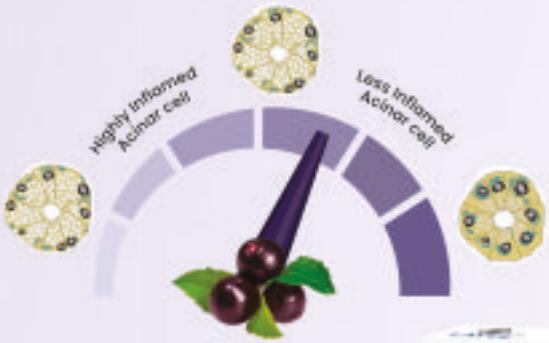

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'नेत्रदान'

माना जान है, तो जहान है
पर बिन आँखों के भी तो सब सून-सान है।
जब मिली है, किसी को किसी नेक की वजह से नजर
उसके लिये तो वह इन्सान ही भगवान है।
माना जान है तो जहान है...

माना सब कुछ मुश्किल है, इस दुनिया में
पर नेत्र दान तो आसान है।
माना जान है तो जहान है...

मैं ले जाउँगा इस सफर (नेत्रदान) को बहुत दूर तक.....
क्या हुआ अगर आज (फस्टईयर रेजीडेंस) की थोड़ी
सी थकान है...
जो सर्वोच्च है, सम्पूर्ण है, सर्वश्रेष्ठ और महान है
वह दानों में भी महादान है, वह सिर्फ अंगदान है, वह
नेत्रदान है।
माना जान है तो जहान है...

मैं खुद भी करूँगा, आपके भी करवाउँगा
क्यूंकि ये कार्य ही इतना पावन-पवित्र एवं महान है।
माना जान है तो जहान है....
अब यही मेरा कर्तव्य, यही मेरी इच्छा, यही मेरी पहचान है।
यह ठान लो तो बहुत आसान है। यह नेत्रदान है...
माना जान है तो जहान है...

Dr. Heerendra Singh jadon
PG-1 department of ophthalmology
RKDF MC H RC bhopal

विज्ञप्ति

एक दिन अख़बार में
छपी एक विज्ञप्ति
"मोहल्ले" ने ज़ाहिर किया
आज से मुझे कॉलोनी के नाम से
बुलाया जाएगा
और कॉलोनी के चलन के मुताबिक़
गलियों में अब बच्चों के
गिल्ली-डंडा और पिट्ठू खेलने पर
पाबंदी लगाई जाती है
ये जगह अब
कारों की पार्किंग के लिए
मुक़र्रर की गई है
अब से पड़ोसी आपस में
दीदी या भाभी की बजाय
नाम लेकर बातें करेंगे,अथवा
"मैडम" संबोधन प्रचलन में रहेगा
नीम और पीपल के चबूतरों पर
बुजुर्गों का जमावड़ा भी
अब प्रतिबंधित रहेगा
मुँह बोले भाई बहन बनाने की प्रथा
अब समाप्त की जाती है
ज़रूरत पड़ने पर कॉफ़ी या शक्कर
पड़ोसी से नहीं माँगे जा सकेंगे
लड़कियों का शाम के बाद
बाहर अकेले निकलना
असुरक्षित घोषित किया जाता है
आपात की स्तिथि में कृपया
१०० या १०८ डायल करें
पड़ोसियों से मदद का आह्वान
अब कम ही संभव हो पाएगा
यहाँ रहने वालों को
उपरोक्त नियमों का
सख़्ती से पालन करना
अनिवार्य क़रार दिया जाता है
मोहल्लों का कॉलोनियों में तब्दील होना
अब वक़्त का तक़ाज़ा है

Dr Deepti Patel
Consultant
T N Shukla Eye Hospital
Jabalpur

VISION CARE & RESEARCH CENTER

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एमआईवीएस विट्रेक्टॉमी के द्वारा
रेटिना की जाँच, उपचार एवं ऑपरेशन।

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शाम 6:00 बजे – रात 8:30 बजे (रविवार को अवकाश)

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A Shift from Eye Corporate EC to Multi-speciality corporate MSC

There, focus on eye by eye..
In contrast, here focus may be anything but eye.
You are miniscule lying in a corner, Not-so-noticed by all.

Back there
Cataract Glaucoma and Refractive Surgeon was fine,
But here
You're an ophthalmologist first
And there's no room to whine.

Never mind..

The IP patient is brought on a wheel chair in OT,
And you mumble..
"Come on, my patient can walk actually" !!!

Anaesthesia charges are 30% for all patients Seriously??
We are topical or self anesthesiologists,
Which is known widely..

You think keeping the patient too long is a calamity..
But for him , that one free hospital meal is a priority!

Their purpose is served
With that hospital Meal..
And they leave
With renewed Zeal !! □

So while he enjoys the love and care,
You tell him
If you liked our services ,
please like and share!

But if you closely notice..

You might be miniscule, But all notice you Medical or non-medical
And you get a wider social circle..

You feel people close,
Of your choice and zest
With no conflict of interest

When your Mom complains of neck pain

It's such an ease,
When you say "I'll discuss,I meet the specialist daily in our canteen."

Your aged patient feels better
Having a single hospital for eye
And other body disorder

As is common in this age group,
It's also a shift from
Complete eye check up under one roof to Complete body checkup under one roof!!

Feels like you're back to medical college
Seeing laboring, trauma, burn patients,
Though no longer as a student,
But as an experienced consultants

It's also a switch from listening to just 2-3 lines of a song in car (As Eye Corporate was close by)
In contrast to listening to 2-3 songs and enjoying due to the distance so far

It might sound vague
If you randomly see
But mind you, it's a huge shift,
For a music lover and car singer like me! □

You get to know so many people
You are known by so many people, too.
And the workplace doesn't become monotonous,
It's like a new realm of connections, too.

Sometimes you rise, sometimes you fall
It's ok if it takes efforts
To build an ideal eye place for all

I'm ready to make good decisions, And
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हे-पथिक

हे पथिक, सोचा कभी, तेरी तलाश क्या है?

क्या सोच, क्या मंजिल तेरी, क्या आस है।

चलते-चलते याद ही नहीं, क्या तेरी तलाश है।

न घर, न दर कोई, माया में परेशान क्यों है?

है तू मुसाफिर इस सराय में, फिर गुमान क्यों है।

न खत्म हुई तलाश, न मंजिल मिली, तू हैरान क्यों है।

भटकते कस्तूरी मृग सा, तू अशांत क्यों है।

मिलेगी शांति अंतःकरण में, तू अंजान क्यों है।

आज तू, कल होगा कोई और, अभिमान क्यों है।

हे पथिक सोचा कभी, तेरी तलाश क्या है।

धैर्य धर, सतकर्म कर, मोक्ष का द्वार यहीं है।

हे पथिक, क्या थका नहीं अभी तलक

मौन-व्रत हो, ध्यान लगा, थमेगी तलाश तेरी।

आत्म चिंतन कर, सोच कर सोच, यह माया का है मोहजाल।

फिर न सोचोगे कभी, क्या तलाश थी मेरी ?

हे पथिक, सोचा कभी तेरी तलाश क्या है ?

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