



From Darkness to light

Volume 1
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ನೇತ್ರ ವಾರ್ತೆ Nethra Vaarthe

Newsletter of Karnataka Ophthalmic Society

Editor's Message

Dear All,

We could successfully manage to release our second Newsletter within the stipulated time, ensuring that all received contents are accurate and aligned to the target audience. I am excited to announce that about 16 members of our KOS family have been announced as WINNERS under various categories, in the recently held National Conference at Calcutta - 2024 and to receive the award in 2025. This issue also has the pictures of our members who received various awards at Calcutta who were announced as Winners last year in the National Conference (AIOC 2023 Cochin). This is indeed a proud moment for each one of us. I take this opportunity to thank all the members who have taken effort in communicating and contributing to this newsletter and also the devoted readers.

If there are any members who were unable to convey to us regarding your achievements/ awards, can do so for the next news letter. Looking forward for each one of your continuous support for the Journal (JVS) as well as Newsletter.



Dr Kavitha V

Editor in Chief

Journal of Vision Sciences

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KOS ACTIVITIES

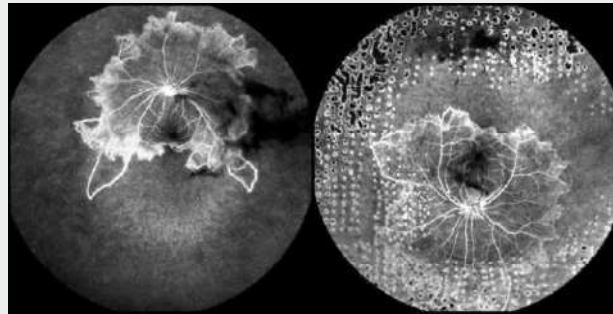
Jan 2024- Mar 2024

TITLE OF THE CME	CME DATE	PLACE OF CME
Phaco Festival	13th and 14th Jan'2024	Nethradhama Super Speciality Eye Hospital
Ophthalmology Update 24	21th Jan 2024	AJ Institute of Medical Sciences and Research Centre Mangalore
Pg Update 2024 - Learning Simplified	2nd to 4th Feb 2024	Sankara Eye Hospital, Bangalore
Glaucoma India Education Programme	04th Feb 2024	Ballari District Ophthalmic Association
CME	25th Feb 2024	Tumakuru Ophthalmic Association
Lenticule Congress	1st to 3rd March 2024	Narayana Nethralaya Eye Institute, Bangalore
Glaucoma Hands On Training Session	10th March 2024	Kasturba Medical College & Hospital, Manipal

WORLD DIABETES DAY

14.11.2023

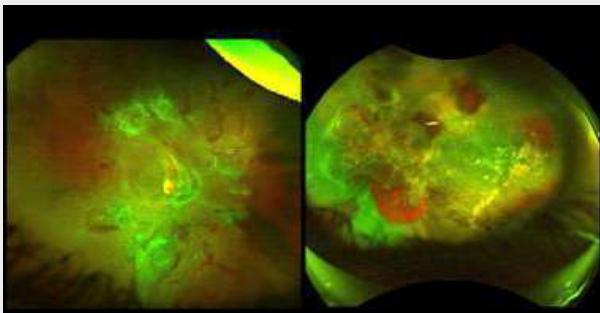
Winners of Photography Competition



First Place

Dr Rajashree Salvi

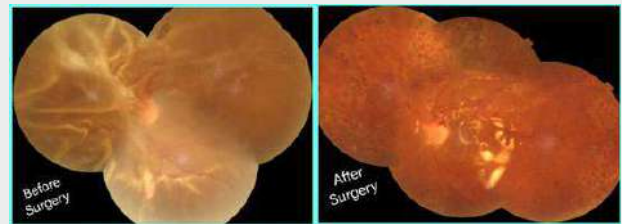
M M Joshi Eye Institute, Hubli



Second Place

Dr Sneha K R

MM Joshi Hospital, Hubli



Third Place

Dr Pradeep B C

Sankara Eye Hospital, Shimoga



ACHIEVEMENTS & AWARDS



Dr Uma Kulkarni

Yenepoya University, Mangalore

Outstanding Ophthalmic Teachers of India Award by Federation of Ophthalmic Teachers of India (FOTI) at New Delhi

Dr Krishna Prasad R

M M Joshi Eye Hospital, Hubli

Best Teacher Award by Federation of Ophthalmic Teachers of India (FOTI) at New Delhi



Dr Rohitha Nayak

Narayan Nethralaya, Bangalore

Won the prestigious Best of the best video in 5th Winter IIRSI (Indian Intra Ocular Implant and Refractive Society of India) Conference Film festival held in Amirtsar Punjab on 27 and 28 Jan 2024.

A "Touchy" story!

A film showcasing cataract surgery challenges in lens touch cases following retinal injections or surgeries.



Dr Ajinkya V Deshmukh

Consultant cataract, strabismus, pediatric and neuro ophthalmologist,

Prabha Eye Clinic and Research Centre

1. Best podium presentation - first prize at Indian Neuro Ophthalmology Society (INOS) conference held at IIIT Hyderabad.
2. Best case presentation - third prize at INOS, IIIT Hyderabad.
3. **FAICO (pediatric and squint) Award** by AIOS





ACHIEVEMENTS & AWARDS

Recipients (KOS members) of various awards at AIOC 2024 - Calcutta

Dr Guruprasad

M M Joshi Eye Institute, Hubli

**First AIOS Dr S S Badrinath Endowment
Lecture Award**



Dr Atul Kamath

Yenepoya University, Mangalore

**AIOS International Ophthalmic Hero of
India Award**

Impact of ocular care

Training of nursing staff on incidence of ocular
Surface disorder among intensive care patients

Dr Bharathi Megur

Megur Eye Care Centre, Bidar

**AIOS International Ophthalmic Hero
of India Award**

ASCRS 2023 Film Festival Winner -
Anterior Vitrectomy Technique - FAQs



Dr Deepak Megur

Megur Eye Care Centre, Bidar

**AIOS International Ophthalmic Hero of
India Award**

ASCRS 2023 Film Festival Winner -
When Less is More ...!



ACHIEVEMENTS & AWARDS



Dr Kelini Saolapurkar
Sankara Eye Hospital, Bangalore
Young Researchers Award -
All India PG Thesis Competition

Dr K S kumar
Kumar Nethralaya, Bangalore
C S Reshmi Award joint winner



Dr Mahesh P Shanmugam
Sankara Eye Hospital, Bangalore
Dr C N Shroff award



Dr Mallikarjun Heralgi
Sankara Eye Hospital, Shimoga
'Excellence of Research'-
An innovation on Cannula for
Hydro Implantation of IOL in
"Think under the Apple tree"





ACHIEVEMENTS & AWARDS



Dr Pradeep Sagar

Sankara Eye Hospital, Shimoga

1. **Dr PN Nagpal Innovation Award** at VRSI meet, Trivandrum, December 2023 for fluid sensor/ alarm system for gravity based infusion in vitrectomy.
2. **IJO Reviewer Honor Award- 2024**

Dr. Samina Zamindar

Zamindar Microsurgical Eye Centre, Bangalore

International Hero Award for winning best video at SAO conference in Maldives



Shreesh Kumar Kodavoor

The Eye Research Foundation, Coimbatore

P Sivareddy International Award



FAICO AWARDS

Dr Anjali Koteswar



Phacoemulsification

Dr Harshal Sahare



Vitreo-retina

Dr Pooja Chandan Shetty



Cataract and phaco

Dr Thanushree Gegde



Glaucoma



Dr Surekha P



Paediatric Ophthalmology and Strabismus

Dr Singri Niharika prasad



Glaucoma

Dr Shwetha S



Retina

Winners announced for the year 2024 at AIOC Calcutta

CATEGORY	TITLE	CHIEF / PRESENTING AUTHOR	CO AUTHOR(S)
Best Paper-Cataract – I	Intra operative Hard Eye during Phacoemulsification - An analysis	Dr. Deepak Megur	Dr. Bharathi Megur
Best Paper-Cataract – III	Evaluating contact of IOL with PC with respect to haptic orientation and CTR implantation using IOCT	Dr. Akash Jain	Dr. Naren Shetty
Best Paper-Community / Social Ophthalmology – II	Cataract Bot: ChatGPT powered generative AI chatbot to support patients undergoing cataract surgery	Dr. Kaushik Murali	
Best Paper-Cornea – III	Integrating IPSC derived corneal endothelium on exvivo model – way towards less corneal blindness	Dr. Sharon Dsouza	Dr. Gairik Kundu, Dr. Rohit Shetty
Best Paper-Cornea – Iv	Unlocking New Horizons in Keratoconus Treatment with Gene Therapy	Dr. Pooja Khamar	Dr. Rohit Shetty
Best Paper-Diabetic Retinopathy & Medical Retina–III (col.rangachari Winner)	Relationship of immune factor levels between vitreous, aqueous, serum and tears - the VAST study	Dr. Chaitra Jayadev	Dr. Arkasubhra Ghosh Dr. Santosh Gopi Krishna Gadde, Dr. Swaminathan Sethu
Best Paper-External Eye & Ocular Surface Disease–I	Tear Biomarkers To The Rescue In Non-Responding Dry Eye Disease.	Dr. Pooja Khamar	Dr. Rohit Shetty
Best Paper - Neuro Ophthalmology–IV	Outcomes of optic nerve sheath fenestration in atrophic papilledema: is there a role?	Dr. Jyoti Matalia	Dr. Sheetal Achyut Munde
Best Paper - Refractive Surgery–II	3D Corneal Diameter Profiling and AI-based Sizing for ICL Implants.	Dr. Naren Shetty	Dr. Pooja Khamar Dr. Rohit Shetty
Best Paper-trauma–II	Taming the untamed - globe repositioning to the rescue!	Prof. Dr. Chinmayee J Thrishulamurthy	
Hyde Park-external Eye & Ocular Surface Disease	[Fp2845] : Scleritis: Clinico-etiological profile and response to treatment.	Dr.Rishabh Narula	Dr. Vybhavi Rao, Dr. Reshma Kuruthukulangara Romanas Dr.Suneetha N Lobo
Hyde Park-ocular Pathology / Ocular Oncology And Tumors & Orbit & Oculoplasty	[FP3019] : Magnitude of different lid tumours presenting in tertiary hospital of North Karnataka	Dr.Vaishnavi Patil	Dr. K. Vallabha Dr. Keerti Wali
Physical Poster-cataract	[Fp1842] : Repeatability of a new hybrid ASOCT, topographer and biometer and its agreement with other biometers	Dr. Amulya Punati	Dr. Aishwarya Dr. Naren Shetty
Physical Poster-Comprehensive Ophthalmology	[FP2496] : Correlation of Choroidal thickness with Refractive error and Axial length in Indian eyes.	Dr. Amit Porwal	Dr. Jitendra Nenumal Jethani, Dr. Kavita Porwal, Dr. Monika Jethani
Physical Poster-Cornea	[Fp898] : Porcine collagen implants in Advanced Keratoconus	Dr. Rashmi Deshmukh	Dr. Pravin Krishna V.
Physical Poster -Optics / Refraction / Contact Lens (ET Selvam Award Winner)	[Fp3119] : Peripheral hyperopic defocus (HD) trend in progressing myopic patients in the Indian population	Dr. Jyoti Matalia	Dr. Pratibha Panmand, Dr. Sheetal Achyut Munde, Dr. Sumitha Muthu

Source : AIOS website- <https://www.aios-scientificcommittee.org/aios-2024-kolkata/>

LITERATURE



Dr H S Mohan

Vijaya Eye Clinic, Sagar, Shimoga District.

ಕಣ್ಣಿನ ಚಿಕಿತ್ಸೆ : ಅಂದು ಮತ್ತು ಇಂದು

ಕಣ್ಣಿನ ವೈದ್ಯಶಾಸ್ತ್ರ ಮತ್ತು ಕಣ್ಣಿನ ಚಿಕಿತ್ಸೆ-ಈ ರಂಗದಲ್ಲಿ ಸುಮಾರು 47-48 ವರ್ಷಗಳಿಂದ ನಾನು ತೊಡಗಿಕೊಂಡಿದ್ದೇನೆ. ನಾನು ಎಂ.ಬಿ.ಬಿ.ಎಸ್. ನ 3/4 ನೇ ವರ್ಷದ ವಿದ್ಯಾರ್ಥಿಯಾಗಿ ಮೈಸೂರು (ಸರ್ಕಾರಿ) ಮೆಡಿಕಲ್ ಕಾಲೇಜಿನಲ್ಲಿ 1975-76 ರ ಸಮಯದಲ್ಲಿ ವ್ಯಾಸಂಗ ಮಾಡುತ್ತಿದ್ದೆ. ನನ್ನ ಮೊದಲ

Ophthalmology Posting ಕೇವಲ ಹತ್ತು ದಿನಗಳ ಅವಧಿಯದಾಗಿತ್ತು. ಕಣ್ಣಿನ ವಿಭಾಗದ ಓ.ಪಿ.ಡಿ ಎಲ್ಲಿ ಕೇವಲ ಟಾರ್ಚ್ ಬೆಳಕು ಮತ್ತು ಕೆಲವೊಮ್ಮೆ magnifying ಲೂಪ್ ಉಪಯೋಗಿಸಿ ಕಣ್ಣಿನ ಮುಂಭಾಗದ ಸಣ್ಣ ಸಣ್ಣ ಬದಲಾವಣೆಗಳನ್ನು ಅವಲೋಕಿಸಬೇಕಿತ್ತು. Slit lamp Bio microscope ಕಣ್ಣಿನ ವಿಭಾಗದಲ್ಲಿ ಒಂದೇ ಒಂದು ಇತ್ತು. ಅದನ್ನು ಕೇವಲ ಪ್ರೊಫೆಸರ್ ಮತ್ತು ಅಸಿಸ್ಟೆಂಟ್ ಪ್ರೊಫೆಸರ್ ಗಳು ಮಾತ್ರ ಉಪಯೋಗಿಸಬಹುದಿತ್ತು. ಕಣ್ಣಿನ ಪೊರೆ ಶಸ್ತ್ರಕ್ರಿಯೆಯನ್ನು (Cataract Surgery) cataract knife ಉಪಯೋಗಿಸಿ incision ಮಾಡಿ Intra-capsular cataract extraction ಮಾಡಲಾಗುತ್ತಿತ್ತು.

ನಂತರ 1980 - 81ರ ಹೊತ್ತಿಗೆ ಡಿ.ಓ.ಎಂ.ಎಸ್. ಕೋರ್ಸ್ ಗೆ ಮಣಿಪಾಲದ ಕೆಂಪ್ಲಿ ಗೆ ಬಂದೆ. ಅಲ್ಲಿ ನಾನು ಮೇಲೆ ತಿಳಿಸಿದ್ದಕ್ಕಿಂತ ಹಲವು ಬದಲಾವಣೆಗಳನ್ನು ವೀಕ್ಷಿಸಿದೆ. ಇಲ್ಲಿ ಕಣ್ಣಿನ ವಿಭಾಗದ ಓ ಪಿ ಡಿ ಯಲ್ಲಿ ಸ್ನಾತಕೋತ್ತರ ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಮುಕ್ತವಾಗಿ Slit lamp Bio Microscope ಲಭ್ಯವಿತ್ತು. ಹಾಗಾಗಿ ಕಣ್ಣಿನ ಮುಂಭಾಗದ ಬದಲಾವಣೆಗಳನ್ನು ಸೂಕ್ಷ್ಮವಾಗಿ ಮತ್ತು ಅಮೂಲಾಗ್ರವಾಗಿ ಅಭ್ಯಸಿಸಲು ನಮಗೆ ಸುಲಭವಾಯಿತು. ಹಾಗೆಯೇ ಕಣ್ಣಿನ ಹಿಂಭಾಗದ ಅಕ್ಷಿಪಟಲವನ್ನು ವೀಕ್ಷಿಸಲು Direct Ophthalmoscope ಜೊತೆಗೆ Indirect Ophthalmoscope ಸಹಿತ ಲಭ್ಯವಿತ್ತು. ಈ ಉಪಕರಣ ಉಪಯೋಗಿಸಲು ಸ್ವಲ್ಪ ತರಬೇತಿ ಮತ್ತು ಅನುಭವ ಬೇಕಾಗುತ್ತದೆ. ಅದು ಅಲ್ಲಿ ನಮಗೆ ಲಭ್ಯವಾಯಿತು.

ಅಲ್ಲಿ ಕಣ್ಣಿನ ಪೊರೆ ಶಸ್ತ್ರಕ್ರಿಯೆಯನ್ನು B P knife ಉಪಯೋಗಿಸಿ ab externo ರೀತಿಯಿಂದ ಮಾಡಲಾಗುತ್ತಿತ್ತು. ಹಾಗೆಯೇ ಇಲ್ಲಿ anterior lens capsule ಛಿದ್ರ ಮಾಡಿ extra capsular cataract extraction ಮಾಡಲಾಗುತ್ತಿತ್ತು. ಇದನ್ನು ನಾವು

ಸುಲಭವಾಗಿ ಕಲಿತೆವು. ನಂತರ ನಮಗೆ ಇಲ್ಲಿ ಆಂಟೀರಿಯರ್ ಮತ್ತು ಪೋಸ್ಟೀರಿಯರ್ ವಿಟ್ರೆಕ್ಸಮಿ ಹಾಗೂ ರೆಟಿನಲ್ ಡಿಟ್ಯಾಚ್ ಮೆಂಟ್ ಮಾಡುತ್ತಿದ್ದರಿಂದ ಅವುಗಳನ್ನು ಹತ್ತಿರದಿಂದ ವೀಕ್ಷಿಸಲು ಸಾಧ್ಯವಾಯಿತು. ಕಣ್ಣಿನ ರೆಟಿನಾ ಚಿಕಿತ್ಸೆಗೆ 1982 ರಲ್ಲಿಯೇ ಮೊಟ್ಟಮೊದಲ ಬಾರಿಗೆ ಅಲ್ಲಿ ಆರ್ಗನ್ ಲೇಸರ್ ಉಪಕರಣ ಉಪಯೋಗಿಸಲು ಆರಂಭಿಸಲಾಯಿತು. ಅದು ನಮ್ಮ ರಾಜ್ಯದ ಮೊಟ್ಟ ಮೊದಲ ಲೇಸರ್ ಚಿಕಿತ್ಸಾ ಕೇಂದ್ರವಾಗಿತ್ತು. ಬಹಳ ಸಂಖ್ಯೆಯ ಕಣ್ಣಿನ ಕ್ಯಾಂಪ್ ಗಳು ನಡೆಯುತ್ತಿದ್ದುದರಿಂದ ಪಿ.ಜಿ. ವಿದ್ಯಾರ್ಥಿಗಳಿಗೆ ಹೆಚ್ಚಿನ ಸಂಖ್ಯೆಯ ಶಸ್ತ್ರಕ್ರಿಯೆ ಮಾಡುವ ಅವಕಾಶ ಲಭ್ಯವಾಯಿತು.

ನಂತರ 1986-87 ರ ಹೊತ್ತಿಗೆ Intra Ocular lens ಉಪಯೋಗಿಸಲು ಕಲಿಯಲಾರಂಭಿಸಿದೆವು. 1989 ರಲ್ಲಿ ನಾನು ಮಣಿಪಾಲ ಬಿಟ್ಟು ಸಾಗರಕ್ಕೆ ನನ್ನ ಕ್ಲಿನಿಕ್ ಗೆ ಬದಲಾದಾಗ LN ಎಲ್ ಮತ್ತು ಈ ಸಿ ಸರ್ಜರಿ ಹೆಚ್ಚು ಬಳಕೆಯಲ್ಲಿತ್ತು. ನಂತರ 1992-93 ರ ಹೊತ್ತಿಗೆ Phacoemulsification ತಾಂತ್ರಿಕತೆ ಆರಂಭವಾಗಿ 1995-96 ರ ಹೊತ್ತಿಗೆ ಇದು ಬೇರು ಬಿಟ್ಟಿತು. ನಂತರ ಐ ಓ ಎಲ್ ಗಳಲ್ಲಿ ಹಲವು ಬದಲಾವಣೆಗಳಾದವು. ನಂತರ ಪೋಸ್ಟೀರಿಯರ್ ವಿಟ್ರೆಕ್ಸಮಿ ಮತ್ತು ಆರ್ಡಿ ಶಸ್ತ್ರಕ್ರಿಯೆಗಳು ಇನ್ನೂ ಹೆಚ್ಚಿನ ತಾಂತ್ರಿಕತೆ ಬಳಸಿಕೊಂಡು ಅವುಗಳ ಸಂಖ್ಯೆ ಹೆಚ್ಚಾಯಿತು. ನಂತರದ ಬದಲಾವಣೆ ಎಂದರೆ ಯಾಗ್ ಲೇಸರ್, ಎಕ್ಸಿಮರ್ ಲೇಸರ್ ಮತ್ತು Refractive surgery. ನಂತರದ ಬದಲಾವಣೆಗಳು-Intra vitreal injections ಹಾಗೂ ಫೇಕೋ ಸರ್ಜರಿ ಮತ್ತು IOL ಗಳಲ್ಲಿ ಹಲವು ರೀತಿಯ ಆಧುನಿಕ ಬದಲಾವಣೆಗಳು.

ಹೀಗೆ ಕಳೆದ 48-49 ವರ್ಷಗಳಲ್ಲಿ ಕಣ್ಣಿನ ಚಿಕಿತ್ಸೆ ಮತ್ತು ಕಾಯಿಲೆ ಪತ್ತೆ ಹಚ್ಚುವಿಕೆಯಲ್ಲಿ ಹಲವು ವಿವಿಧ ರೀತಿಯ ಬದಲಾವಣೆಗಳನ್ನು ತುಂಬಾ ಹತ್ತಿರದಿಂದ ನೋಡುವ ಸೌಭಾಗ್ಯ ನನಗೆ ದೊರಕಿತು.



LITERATURE



Dr Soumya Ramani

MS Ramaiah Medical College
and Hospitals Bangalore

TURNING MY EYE INWARDS

COME FORTY AND PRESBYOPIA IS MY FRIEND

But since I am a myope I can't see far or what's
near at hand So the best thing to look at is inward.

Do I see who I am?
Or do I see myself in what others see?
Are there a millions mirrors reflecting my light ?
Showing me blurred images of what could have
been But leaving sight of my real self suppressed.

Do I see who I am ?
Or do I see shadows of images past
Detached long ago but coursing around in the dark
For me to mull over and project on others
Making timelines blur.
But ignore them is what I am told

Do I see who I am ?
Or do I see haloes of colour
Painting my memories
Hues that are not real, Hues that come from within
Again blurring my vision

Do I see who I am ?
Or do I see just what is in front of me projected
inwards
Avoiding the larger picture
Going through a tunnel that has no light in sight
All because I have pressured myself so much!

Do I see who I am
Or do I see just a bidimensional world where there
s only black and white
Everyone has his story, everyone has their
dimensions
Everyone has an aspect that is not revealed
because those are their boundaries

Do I see who I am?
I look inward
And all I see is a beautiful light that illuminates all
That needs no other light to be brighter
That needs no more fuel to shine her best
That is perfect
That is whole
And that is the authentic me .



HOBBIES



PHOTOGRAPHY CORNER

UP UP AND AWAY!

The sun rises and the sky is filled with thousands of balloons up in the air overlooking the rocky terrain below. This is the land of caves and cones sculpted by nature and affectionately called Fairy chimneys. Located in central Turkey this historic region is designated as UNESCO world heritage site. Yes you guessed it right, none other than Cappadocia! One may ponder, if these cones are man made or a wonder of nature. Sixty-six million years ago volcanoes began continuously erupting in central Turkey depositing a layer of ash, lava and basalt over a large area now known as Cappadocia. It solidified into a soft rock called tuff, covering the earth 150 meters deep. Over the millennia the erosion of the tuff by snow, freezing, wind, and especially by rain and rivers, created one of the most surreal and unique landscapes in the world. The weathering has left only the harder elements behind, forming an enchanted landscape of cones, pillars, pinnacles, mushrooms, and chimneys, which reach up to 40 meters into the sky. The locals utilized this Marvel by carving dwellings in the rocks, cones and chimneys and creating honeycomb tunnels within this rocky terrain. These underground dwellings became homes, stables and



Rocky terrain of Cappadocia
(FAIRY CHIMNEYS)



Sunrise at Cappadocia

Dr Sonali Rao

Pediatric Ophthalmologist And
Cataract Surgeon Garuda Eye Care, Bangalore



hideouts from enemies.

As long ago as 1800 to 1200 BC the Hittites needed a place to hide from the warring Greek and Persian Empires. Later the caves became a refuge during the early days of Christianity when those fleeing Rome established monasteries here. But these dwellings didn't last long enough, the winds and weather caused constant and slow erosions of old cones and formation of new cones with time. Due to constant erosions these dwellings became uninhabitable and were gradually abandoned.

This little town Goreme in Cappadocia is the hub for thousands of hot air balloons which take off to admire this marvel of nature. As the burners fuel the balloons at dawn, they appear as golden globes on the rocky terrain ready to take off. These hot air balloons cannot be steered hence travel in the wind direction. Their heights adjusted by the hot bursts of flame from the burners.

As the balloons rise higher and higher, the first streak of sunlight illuminates the sky and lights up one of the most surreal landscapes in the world!



PHOTOGRAPHY CORNER

BEAUTY OF NATURE



Dr Kavitha V
Sankara Eye Hospital, Shimoga



Dr Aashish Kumar Gangrade
Sankara Eye Hospital, Indore





Dr Uma Kulkarni
Akshara Eye Hospital, Bangalore

Some Photography Poetry Philosophy!!



The lessons from the camera lens!!

A small scratch on the lens...
And the mark is forever!
Take care in life too!

There are many 'deletes',
before the perfect shot!
Keep trying consistently!

Whenever you focus your camera on something,
everything else blurs!
It's the same with life!

Many a moments are lost,
between two clicks!
Life is short! Memories fewer!

However beautiful the face be,
you need to say "cheese"!
You smile! Life smiles!

However an expert you may be,
you need a bit of Photoshop!
That's called "the grace of God"!





FITNESS MARATHON



Dr Ashish Kumar

Akshara Eye Hospital, Bangalore

An Unusual Runner

At school in the 1980s, whenever there was a game to be played or a sporting event to compete in, my games teacher would ask me to step out of the queue of expectant kids, as I had fully flat feet!

Thus, I grew up playing occasional cricket, badminton and swam a little; as any kid would in the 1980s. Thus, I remained an occasional athlete at best.

Sometime in the summer of 2018, some of my Mysore Medical College friends in Bengaluru had taken up running. When we met and they asked me to join, I said I could possibly take a walk but never run because of my foot anatomy.

Nevertheless, I started walking with them and a friend suggested I run short distances like 200 to 300 metres in between walks. I was surprised I didn't find this difficult at all! I had also read somewhere that humans had naturally evolved to run, so I imagined I should have those running genes somewhere within me!

One friend who had taken up running seriously suggested that I could get my stride and gait evaluated and get appropriate running shoes. Back then, I never knew anything like that existed.

I got that done and thanks to the internet learnt some basics of running like how to sync breathing while running, how to manage posture and strides etc.

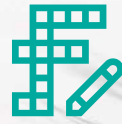
In a couple of months, I started from running 1 km to 5 km in under 40 minutes. In a year's time, I would do a 5k run in under 30 minutes, running 4

to 5 days weekly and a 10k run on Sundays. The first time I did a 10k, I had stopped to feel the ground under my feet after the 8k mark! It was a surreal experience to say the least!

For me, running has been a liberating experience. It has been a journey into self-discovery which would not have otherwise been possible. I am thankful to my friends who coaxed me not to accept any limitation and take it headlong. Once I started; the days I ran, I would feel a calm inside of me that I had not known. There would be no negative thought or emotion on the running days and that is the biggest benefit of running that I can think of. It helped me focus and be positive.

The pandemic did apply brakes to this running routine and at times finding motivation also becomes difficult once we put on some weight especially in our mid 40s. However I still run a 5k twice weekly and experience the same joy.

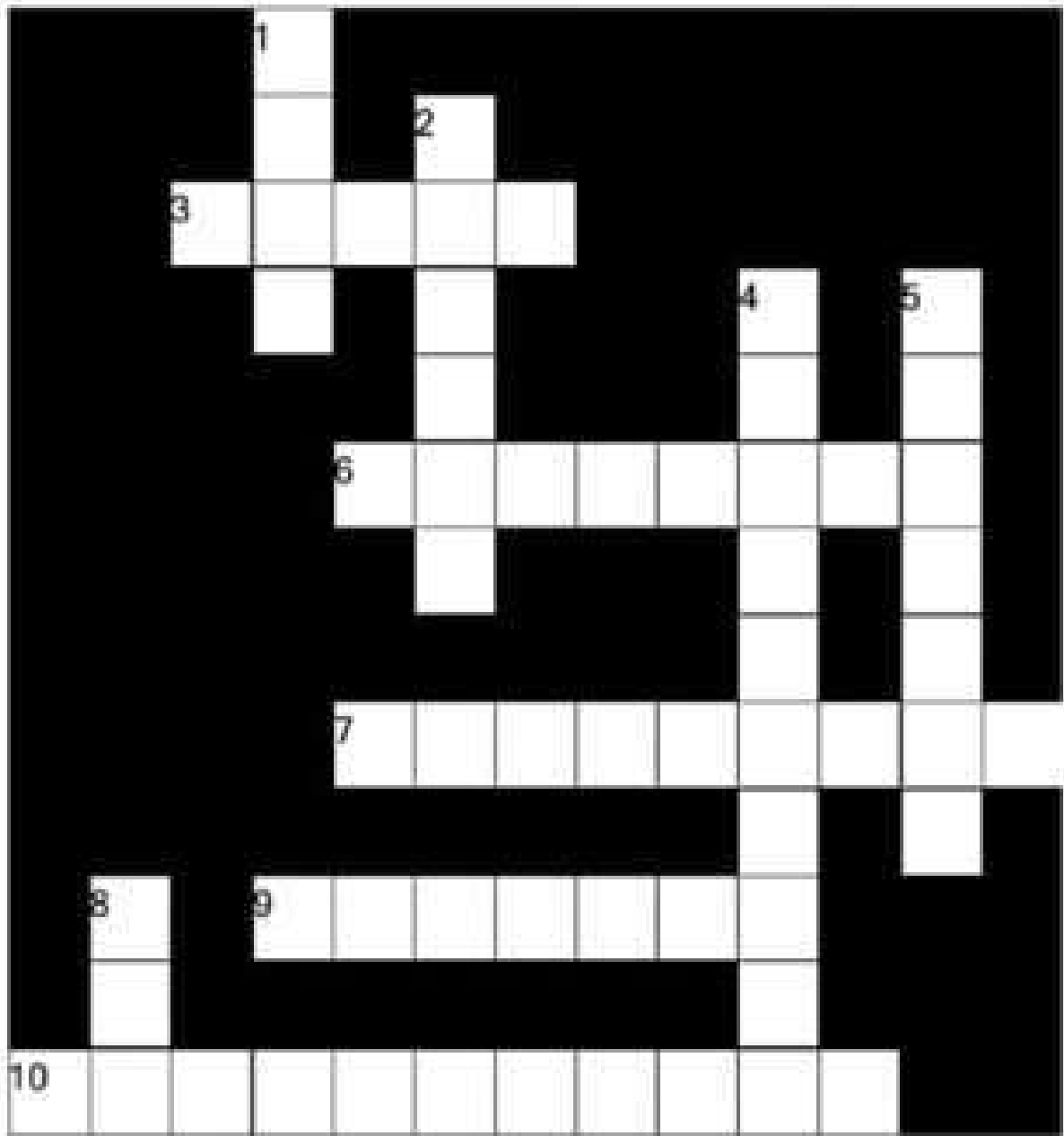
My message to my Ophthalmology friends is to never accept any limitation and always keep learning ways to discovering newer aspects of yourself and of the world around you!



CROSSWORD PUZZLE

Dr Mudra Anand Puranik
Shri Murli Deora Eye Hospital, Mumbai

TOPIC RETINA



CLUES

ACROSS

3. Syndromic RP with Hearing loss
6. What do you get at both Dominos & in CMV retinitis?
7. Iron foreign body in the eye leads to?
9. Degeneration that increases risk of RD
10. Antimalarial implicated in Bull's Eye Maculopathy

DOWN

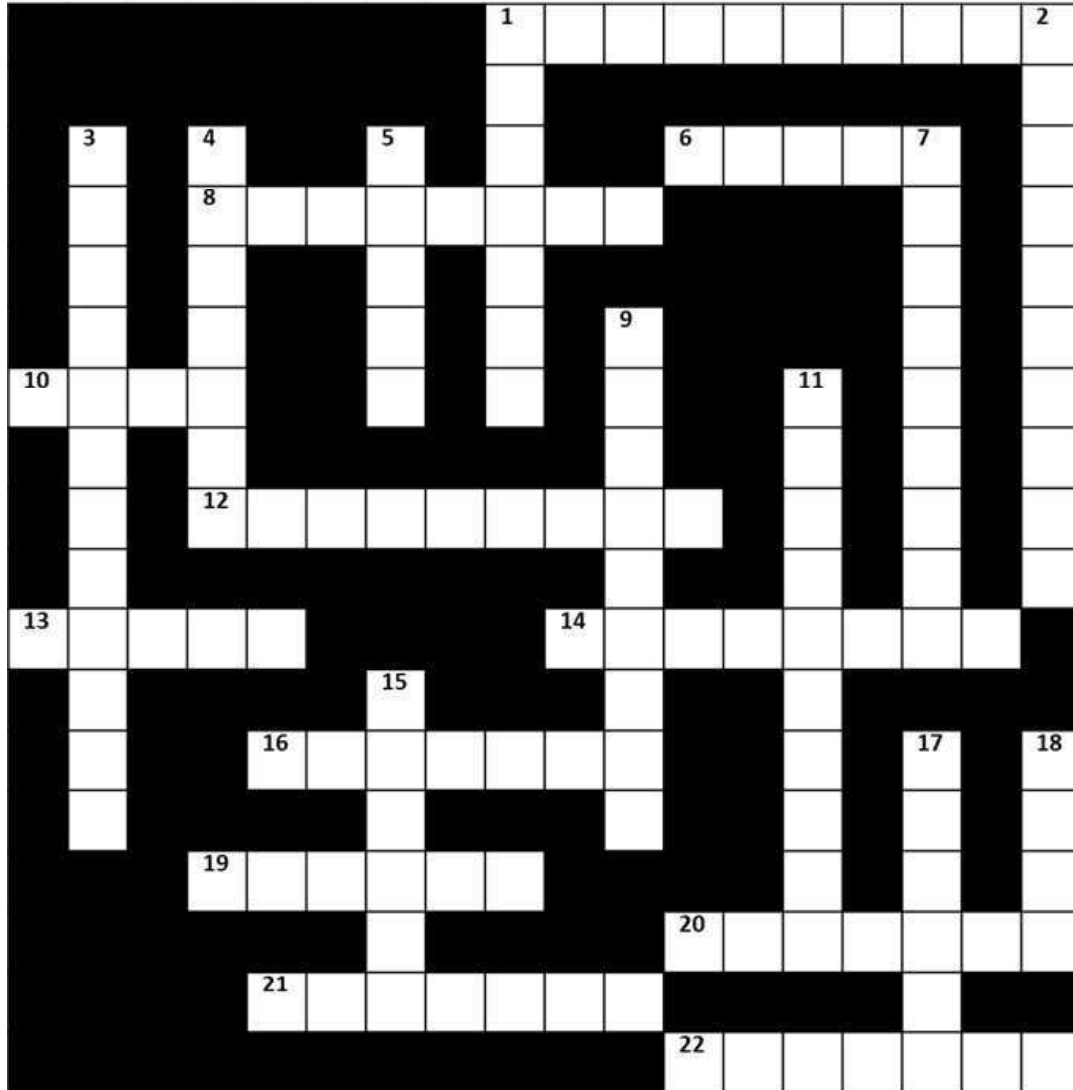
1. Egg yolk for breakfast & at the macula is just the _____
2. Cherry red spot after being punched is _____'s edema
4. Silicone Oil in the AC (oops)
5. Gymbro's favourite, causes CSR
8. Gene involved in ARMD



CROSSWORD PUZZLE

Dr Uma Kulkarni

Akshara Eye Hospital, Bangalore



Ophthalmology Crossword 1: Theme: Ophthalmology and Anatomy

Clues Across

- 1- Tobacco dust (7)
- 4- Lines when too much pigment in the eye (9)
- 7- Iris spots in Trisomy 21 (10)
- 9- Lines that disappear on globe pressure (4)
- 11- Perimetric criteria for glaucoma (8)
- 13- Lid twitch in myasthenia (5)
- 15- Raised dots in vernal- one of the names (6)
- 17- Fine eyelid tremors in thyroid eye disease (9)
- 20- Vessel count on the optic disc (10)
- 22- Name in two popular rings in the cornea (9)
- 23- Where artery crosses the vein (6)
- 24- Dark choroidal sign of hypertension (8))

Clues Down

- 2- Iron at the bleb (5)
- 3- Poor convergence in thyroid eye disease (6)
- 5- Line in trachoma, triangle in uveitis (4)
- 6- Lines of lasting standing edema (5)
- 8- Iron line on the wing (7)
- 10- Common connect in commotio retinae and in sarcoid (9)
- 12- Folds in the iris (8)
- 14- A line of rejection (10)
- 16- Common connect in after-cataract and hypertensive retinopathy (8)
- 18- Lines in a cloudy infant cornea (4)
- 19- Nodule peeping in the pupil (6)
- 21- Ring of detachment (5)
- 22- Spots indicating choroidal neovascularisation (4)

Fill in the answers and send the image by Whatsapp to Dr. Uma Kulkarni @ 9448150032
Solution will be released in the next issue along with the names of 10 first correct responders.
Mega Prize for maximum wins at the end of the year



GUESS THE SYNDROMES IN OPHTHALMOLOGY

1	Alt + 	6	
2	 + RT	7	 
3	 + on	8	 + 
4	 +  + RI	9	 + 
5	 + 	10	 + 



BY
DR. VIDHYA C

CONSULTANT, DEPT OF PEDIATRIC OPHTHALMOLOGY / STRABISMUS
SANKARA EYE HOSPITAL, BANGALORE.

HUMOUR

Humour in Ophthalmology

Of all the medical specialists, I know that Ophthalmologists are the trendsetters in having a true sense of humour. How can we not be?! More than 3/4ths of the eye is humor- Aqueous and vitreous.. Applause please...

Jokes apart, I genuinely think if we look from far enough, without the zoom, we will find loads of Comedy material in our OPDs and OTs. Consider this scenario, a patient with hypermature cataract + lens induced glaucoma + uncontrolled diabetes with PL PR, walks into our OPD. After examination, and speaking for a loooong time about the GVP with the patient and relatives, they ask, 'that's all ok doctor, but there is no problem with the eyes and vision after surgery, right?' The poor ophthalmologist wants to scream 'HE IS BLIND, WHAT ELSE CAN GO WRONG IN HIS EYES!!!' Or shout 'AND I JUST COMPLETED EXPLAINING RAMAYANA, AND YOU ARE ASKING WHO'S RAMA???'... but we keep a quiet smile on our face and say patiently 'nothing will go wrong because of surgery, but anything can happen because of his diseases'. We put this incident in a safe compartment of our brain and share it with other ophthalmologists and laugh... that's true humour developing in an ophthalmologist.

Once humour is developed in us, we can't help it but see it in everyday practice.

While doing slit lamp examination, we are taught traditionally to say 'look at my ear' (who taught us that??!) but it seems like a fairly simple directive, right? Well, wrong....

I said 'look at my ear' to a 5 year old child in her SLE, she still kept moving her eyes. So I come out of my slit lamp eyepiece, and see her pulling her ears in an attempt to bring them in her field of vision!

Dr Lakshmi
Maax Superspecialty Hospital,
Shimoga



But that's a child, any adult can follow this simple directive right? wrong..

I said the same to a 65 year old female, and she's moving her eyes like a wind mill, I say it again and she replies in an irritated tone 'I'm trying, but I still can't see my ears' So these are extreme age groups, a middle aged person can surely follow it right?.. well wrong again..

The same sentence "look at my ear" repeated to a 35 year old lady, and I see a deep dark hole AKA external auditory meatus! The patient has turned to show me her ear instead of looking at mine... Well, that's in OPD, it's a different ball game in our OT. We deal with patients who are scared, fully conscious and able to hear every pin drop. Once, in our OT the recording system broke down in the middle of a cataract surgery and was mentioned by the technicians to the operating surgeon. The eye surgeon nodded and completed the surgery uneventfully. When it came to paying the bills, the patient said they will pay only 50% as the operation was performed with a malfunctioning machine! What can the surgeon do maintain his cool now? Say 'E-Y-E am OK' and move on.. In the world of ophthalmology, humour is more than just diversion. It's a beautiful lens through which we can enjoy the intricacies of human nature. Whether it is through a joke or clever word play, it reminds us that even in the most serious situations, there's always room for laughter.



WORK LIFE BALANCE FOR DOCTORS



Dr Kavitha V
Sankara Eye Hospital,
Shimoga

Work life balance is very necessary for all especially so to doctors. This is because, this service sector deals with human health and well-being. An appropriate balance leads to personal well being and enhanced job performance as well. Achieving this balance in such a situation is indeed difficult but definitely possible.

So, let us discuss how this tricky issue can be handled to the best of our abilities to do justice to both life and profession.

Let us start with the family first – right from the beginning of our career we should learn to teach the family members to share the household responsibilities. Even at our work place one can collaborate and delegate tasks to others and avoid the stress of being overburdened. For this we must develop the necessary skills in communications and build proper relationship. Patience and consistency are the keys to success here.

The next aspect is “self-care. This is very important lest one fall sick. One can give only if their vessel is full, so scheduling our personal time for both physical and mental health is of prime importance. Stick to a routine of physical exercise, yoga, meditation etc. By talking to some time out off our busy schedule. For this one must develop time management skills and follow it to the best of our abilities, without stressing too much of course. Seek help from foster support groups or networks.

This will surely assist us to have some time for ourself, for our family and friends. Having quality time with them is time well invested. Taking regular vacations will help in rejuvenating one's body and mind. Spend some “ME” time to pursue a hobby to relax and refresh.

One cannot always please everyone. Hence, set boundaries and learn the art of saying “NO” to certain situations for our own good. This will enable us to focus on quality rather than quantity in our work. This is indeed a way to work smarter than working harder.

If we want to give quality service, then choose the right specialty which gives us personal satisfaction. In case this is not possible and one has problems, then do not hesitate to seek a professional help. A good therapist or a mentor could help us.

Technology is a boon in modern times, so make use of it as much as possible in improving our skills, knowledge etc. Whichever field we are in, value and respect the work. This pulls one out of boredom and depression. Maintain a positive attitude always. Our profession is one of the noble ones and our service is of immense value to society. Be proud of it and be grateful to the great opportunity bestowed upon us. Say a big 'Thank you' to everyone who helped us to be who we are today.

To conclude striking a balance between life and profession is a day-to-day ongoing process. Improving our abilities for the same is of 'Top Priority. Attaining this goal is a bit difficult but I repeat it is definitely possible. A balanced doctor's life is a life well-lived, an honorable and a blessed one and a boon to mankind.



LIFE BEYOND OPHTHOMOLOGY



Dr. R. Krishnaprasad
MM Joshi Eye Hospital, Hubli

TIME HAS COME

(To teach the community that values hairstyle more than lifestyle)

“Your health is your personal responsibility”, I always tell my patients. It is not about their eye ailments, but rather about their overall sickness status. Two things always trouble me. One, despite all the medical breakthroughs in understanding and treatment of illnesses that trouble mankind, the total ill health burden has not come down and is, in fact, paradoxically, on the rise. Second, the 'personal responsibility' clause that applies to us doctors as well, since we see occasional doctors too behaving irresponsibly when it comes to their own wellbeing.

'Lifestyle' is the buzzword and we can conveniently sweep all the present maladies under this carpet. The food that we eat every day, the physical exercise that we perform, the quality of sleep we have and the overall stress levels we experience every day, encompass this lifestyle term. But are we doctors taking these four pillars of health of ourselves and of our patients seriously? We are too cozy with our patients having a host of lifestyle diseases and we never ask them those inconvenient yet essential questions. When was the last time we asked our newly diagnosed diabetic patient, 'Why did you get diabetes?' We know that this conversion from pre-diabetes to overt diabetes was a matter of poor lifestyle and the physician was more than happy to merely prescribe medications and give some cursory advice on lifestyle changes. Our reluctance, as a physician, to get into the advocacy job can make our whole community sicker. It is our moral responsibility as doctors to take cognizance of this.

Our evolution holds key to the understanding of our present-day menace of lifestyle diseases. For millions of years, primitive man ate differently than what we are eating today and the physiology that was adapted to the hunter gatherer way of living cannot transform in such a short time interval. Primitive man ate, predominantly, fats and proteins and rarely some carbohydrates. Even these carbohydrates were sourced from tubers & wild fruits which had low glycemic index. Non availability of food often made fasting a compulsory phenomenon and the tendency to store calories as adipose tissue

during excess of food was a protective boon. With time and evolution in agriculture, domestication of selective plants, cooking methods and refining foods stuff, taste became the primary concern and it took an upper hand over nutrition, making all of us unhealthy. We still cannot fathom what has struck upon us.

Physical exercise and hunting, which was mandatory for the cavemen for sourcing food, have become extinct with modern day lifestyle. In fact, sarcopenia or loss of muscle tissue with ageing has been the major reason for all joint related disabilities and fragilities of the elderly. Our body which can adapt to any situation has been abused or underused. Brain or muscle tissue follow the simple rule of 'use it or lose it' and we see scores of our clueless patients losing their two vital tissues with time.

Sleep, needless to say, is rejuvenating and is needed for repair of body tissues. Our social and professional commitments have put this vital ingredient of health at the backburner and most sleep problems of today are self-created.

Stress is a quintessential part of human evolution. Stress, for a short period, as in a 'fight and flight response' was lifesaving for primitive humankind. However, today, stressors are everywhere and we have chronic stress upsetting the immunological milieu and adding fuel to the fire of lifestyle diseases. Adrenaline keeps the heart function high, raises blood sugars and keeps us agitated with sympathetic overdrive. Cortisol, apart from its adverse metabolic effects, lowers immunity, due to which we have an all time high incidence of autoimmune diseases and cancers now.

We have two responsibilities now, indoctrination of the principle of healthier living by adapting these four pillars of health ourselves and to initiate activism of health advocacy to our unsuspecting, gullible patients. The word 'Doctor' comes from a Latin word meaning 'Teacher'. It is now time for us to teach our patients how to live longer and healthier.



LIFE BEYOND OPHTHOMOGY



Dr Vidya Mooss

Prabha Eye Clinic and
Research Centre, Bangalore

Preserved Through time: My 400-Year-Old-Home

As I walk through the corridors of my ancestral home, "Vayaskara Illom," nestled in the heart of Kottayam district in Kerala, I am reminded of the countless stories of miraculous healings and mythical spirits deeply woven into its history. "Illom," also known as "Mana," is the Malayalam word for the house of a Namboothiri Brahmin. In Kerala's traditional lineage system, an Illom served as the Tharavad (ancestral house) of Namboothiri Brahmin families. For over four centuries, this cherished Illom has stood as a quiet witness to the rhythms of time, preserving the essence of our heritage for generations to come.

The Illom has two central courtyards (the 'Nadumuttam'), each surrounded by four halls designed as per the principles of Vasthu Shastra, which offer not just spatial design but a canvas for cultural expression. The intricate woodwork, ornate

carvings, and timeless design elements bear testimony to the craftsmanship of our forefathers, showcasing their mastery in blending functionality with artistic flair.

Adjacent to our ancestral Illom stands "Malika," a three-storied building steeped in history since its construction in 1919. This venerable structure serves as a reminder of our family's enduring legacy, further enriching our heritage. An Ayyappa temple (family deity) and a Naga temple are located in the tranquil sanctuary of Vayaskara Illom, along with three lovely ponds. The calming sounds of water flowing and the soft rustling of leaves combine to form a peaceful symphony that surrounds the Illom in tranquility. Vayaskara Illom is a sanctuary for the soul, providing a peaceful escape from the busyness of contemporary life within the abundant beauty of the natural world.

Ayurvedic Pioneers and Literary Contributions

To me, Vayaskara Illom is more than just a physical structure; it is a sacred place that the divine Ashwini Devas (God of Ayurvedic Medicine) has blessed. As part of Kerala's esteemed Ashtavaidya lineage, our family has been entrusted with the ancient teachings of Ayurveda, which have been passed down through the ages from father to son, guiding us in the path of healing and holistic wellness. The ground-breaking contributions of my great-grandfather, Aryan Narayanan Mooss, and his successors, have carved a distinguished legacy in the realm of Ayurveda, including the development of the seminal text "Flora Indica," which has not only enriched the field of traditional medicine but also paved the way for the well-being of countless individuals across generations. Their journey paved the way for ground-breaking works like the "Medica Indica" and the "All India Ayurvedic Directory," which have been pivotal in advancing traditional medicine.

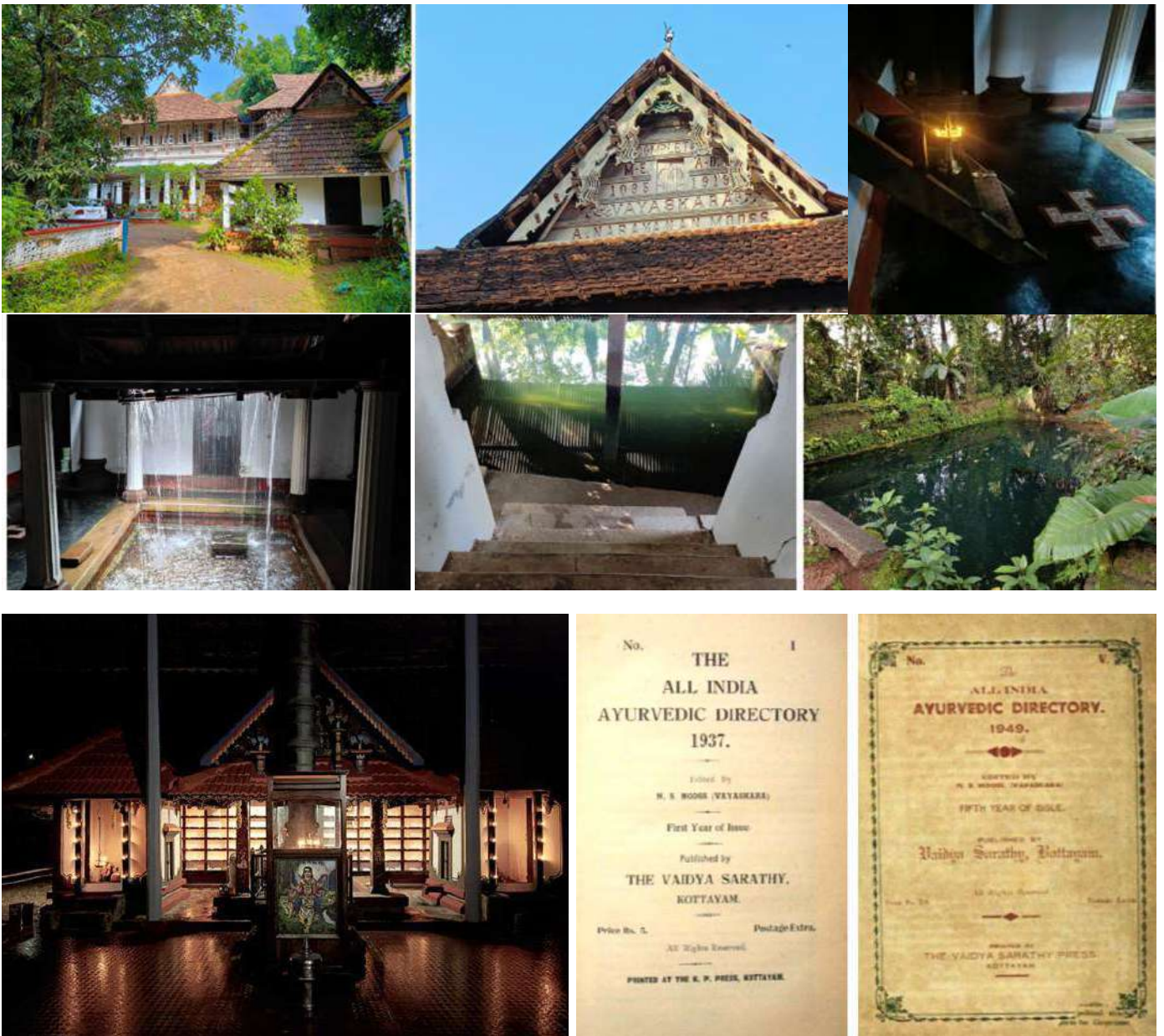
Devine spirits protecting Vayaskara Illom

Tales of Yakshis (divine spirits) and divine interventions have been passed down through generations, becoming an integral part of the Illom's identity. These stories, chronicled in the mythological scriptures of the "Aithiyamala," authored by Kottarathil Sankunni, transcend the boundaries of time, infusing the Illom with an aura of mystique and wonder.

Legacy Beyond

The legacy extends beyond family stories, leaving an enduring imprint on Kottayam's development and serving as a testament to the Illom's lasting impact on the community. It played a pivotal role in the region's progress as an integral part of the first electricity distribution unit, the "Kottayam Electricity Distribution Agency," distributing electricity to the entire Kottayam district for more than 40 years.

As I look back over the years, my heart swells with gratitude for the profound legacy it embodies. The spirit of Vayaskara Illom lives on eternally in my heart.





FINANCIAL PLANNING



Dr Arun Samprathi
Samprathi Eye Hospital,
Bangalore

Doctors are one of the most intelligent & the cream of the society. During our training, we are infused with the concept that our profession means charity & talking about money is a sin. Unfortunately due to this mindset, Doctors end up with huge debts & financially much behind than other professionals. There is a famous quote from Mr. Warren Buffet, which says "IF YOU DON'T FIND A WAY TO MAKE MONEY WHILE YOU SLEEP, YOU WILL WORK UNTIL YOU DIE". This is absolutely true for medical professionals, who work till they are incapacitated. So you should have a source of passive income, which is that income which comes without you working actively on it.

Problems With Doctors

- ◆ Start earning too late, usually after 30-35.
- ◆ No time. Always busy with clinical work.
- ◆ Too many loans – education loan, loan for hospital & equipments, home loan, car loan etc etc.
- ◆ If at all anything is left, they keep in FDs or invest in real estate.
- ◆ Doctors always have inadequate life & health insurance.
- ◆ They are loaded with ULIP policies SOLD to them by agents, who may be friends or patients.

So how to plan?

First step is budgeting.

Follow the 50/30/20 rule.

- ◆ 50% of the income for daily expenses or the NEEDS, which are absolutely essential for living.
- ◆ 30% for WANTS – like shopping, vacations etc.
- ◆ 20 %, minimum, SHOULD go for INVESTING.

Emergency fund

Keep amount equal to 6 months of daily expenses as emergency fund for contingencies like COVID etc.

Debt: Get out of DEBT as soon as possible.

- ◆ Only loans for business, home to live & education
- ◆ Strict NO to consumer loans eg. to buy latest SUV, Foreign vacation
- ◆ Don't spend more than what you can earn. Credit cards as a big trap. Use them judiciously.

Insurance

- ◆ Buy Term insurance only
- ◆ No ULIPs / Endowment policies
- ◆ Sum assured 20 times of annual expense plus loan amount
- ◆ Insurance upto age 70 years of life. Premium payment till the end of policy.
- ◆ Buy policy from top companies ..LIC, HDFC, SBI, ICICI
- ◆

Investing

Saving is not the same as investing. Investing is buying assets, which grow at a pace to beat the inflation. Fixed deposits do not beat the inflation & the buying power of your money reduces every year. also the taxation is quite high.

So where to invest?

Self help is the best help. Start studying about financial markets, You can do it very easily. You need to spend just 2 hours a week to master the subject. No one is interested in your money's growth other than yourself.

You can diversify your investments in GOLD, REAL ESTATE, DEBT Products (like PPF, SSB, SCSS etc) & EQUITY.

Bet way to invest in Gold is through Sovereign Gold Bonds from the Government of India. Your capital appreciates with the price of gold, plus you get 2.5% interest every year & if held till maturity, capital gains is exempt from tax.

The only problem with Equity is the time horizon. If you need funds back in less than 3 years, Equity is not the place to invest. Otherwise, it is the best place to grow your money & beat the inflation.



How to invest in Equity?

For beginners, the best way is through Equity Mutual funds. MFs are managed by professionals, so that your money is invested in equity. The profits earned are transferred to you after deducting their professional charges (expense ratio).

Simplest way to start investing is to invest in Index funds or ETFs (Exchange traded funds). Here the fund manager invests in the stocks in the index, for eg., Nifty 50 ETF will invest in Nifty 50 stocks & you will get the same return as the index, Nifty. Expense ratio or the management charges are very low here.

The most common ETF is the NIFTYBEES. You can buy this from your demat account just like shares. You can do a SIP also, which is the best way to invest without bothering where the market is.

What is a mutual fund?



TYPES OF EQUITY Mfs

- ◆ Large cap – invests in top 100 companies – (12-15%) returns
- ◆ Mid cap – to 100 to 250 - (15- 18% returns)
- ◆ Small cap - companies beyond 250 - (20 % returns)
- ◆ Flexi cap – invests in all 3

There are many other types of MFs like Balanced fund, thematic funds, sectoral funds etc.

HOW TO INVEST?

You have to invest in what is called DIRECT Mutual funds. Most banks & agents make you invest in REGULAR funds, where the agent gets 1-2% of your total portfolio as commission. In the long run it may reduce your profits by 20%. You can invest in Direct funds though MFUONLINE, Zerodha Coin, Kuvera etc.

Information about various mutual funds is available on valuereasearchonline.com. They do have rating system for funds. Economic times Wealth is a weekly paper which gives very good information about investing.

You can invest in

- ◆ 1-2 Large cap funds (50%)
- ◆ 1-2 Mid cap funds (30%)
- ◆ 1-2 small cap funds (20%)
- ◆ 1 flexicap fund if necessary

It is good to make your own research about Mutual funds. Factors which we consider while evaluating a Mutual fund are

- ◆ Total AUM – Higher the asset under management, better it the fund
- ◆ Past performance is important. Never invest in NFO or new fund offer.
- ◆ Expense ratio – lesser the better. Direct funds & Index funds have lower expense ratio.
- ◆ Age of the fund – age should be atleast 5 yrs or more, so that we know the past performance.

Investing in Direct Equity

If you can spare some time & put in more effort, investing in Direct stocks is the best way. The returns are much higher & there is no limit. I know of many ophthalmologists whose income from Stock market is more than their professional income. But it needs more efforts to learn about the fundamentals of the companies, Technical analysis etc.

Taxation on Equity investment profits

If you hold equity investments for more than 1 year, LTCG (Long term capital gains) is applicable, which is taxed at 10%. If you sell them within one year of purchase, STCG (Short term capital gains) is applicable which is taxed at 15%. So it is the most tax efficient vehicle compared to other investments.

Take Home Message

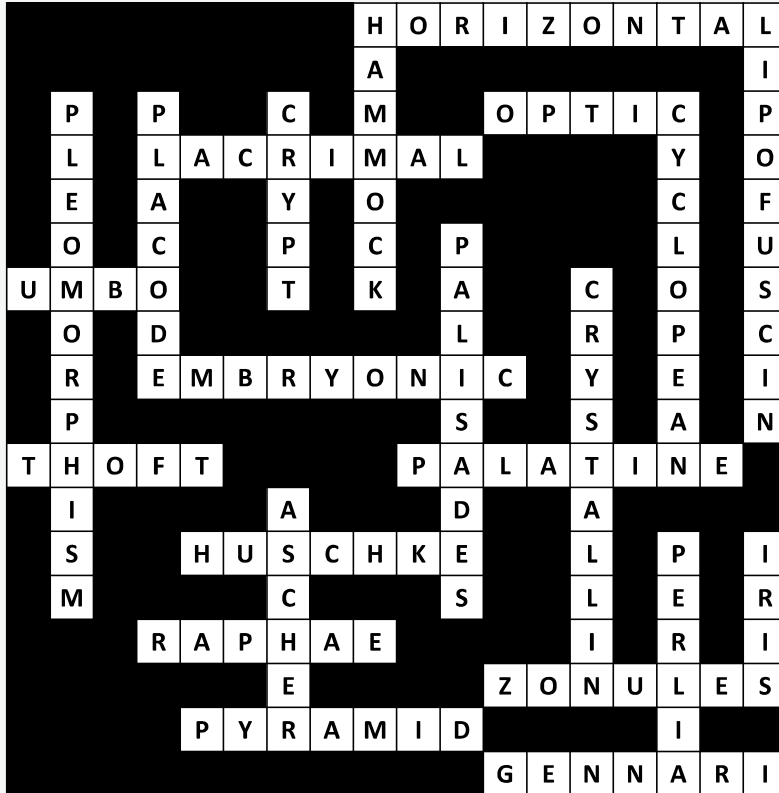
- ◆ Finance is not difficult to learn
- ◆ Make your money work for you
- ◆ Equity is the best method of compounding wealth in long run
- ◆ If you don't have any knowledge about stocks, Mfs are the best way to start
- ◆ Blindly start investing in NIFTYBEES preferably as an SIP
- ◆ No age is too late to start learning about financial markets



CROSSWORD PUZZLE ANSWERS

Answers for Previous Crossword (News Letter-1)

Theme: Ophthalmology and Anatomy



CORRECT RESPONSES

Dr. Srinivasa Moorthy

KC General Hospital, Malleswaram

Dr. Kumar KS

Kumar Nethralaya, Bangalore

CROSSWORD TOPIC RETINA

ACROSS

3. USHER
6. PIZZAPIE
7. SIDEROSIS
9. LATTICE
10. CHLOROQUINE

DOWN

1. BEST
2. BERLIN'S
4. HYPEROLEON
5. STEROID
8. CFH



GUESS THE SYNDROMES IN OPHTHALMOLOGY

1. ALPORT'S SYNDROME
2. APERT SYNDROME
3. ANTON SYNDROME
4. ARNOLD-CHIARI SYNDROME
5. AXENFELD SYNDROME
6. BROWN'S SYNDROME
7. CANINE-TOOTH SYNDROME
8. COCKAYNE SYNDROME
9. FOSTER-KENNEDY SYNDROME
10. GOLDENHAR SYNDROME



ನೇತ್ರ ವಾರ್ತೆ Nethra Vaarthe

Newsletter of Karnataka Ophthalmic Society

Schedule for next release of Newsletters / Scientific journal

Second week of June 2024 - 1st Scientific Journal

Last week of August 2024 - 3rd Newsletter

Last week of October 2024 – 2nd Scientific Journal

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