From Darkness to light

Volume 2
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Nethra Vaarthe

Newsletter of Karnataka Ophthalmic Society

Editor`s Message

Dear KOS members

On behalf of all the office bearers and the editorial team, I wish each one of you a very Happy Maha Shivarathri and it gives me pleasure to release the **3rd newsletter Nethra Vaarthe,** on this auspicious day. This issue contains KOSCON 2024 highlights, KOSCON various award winners, KOS activities and a good number of articles on topics which are thought provoking and informative. At this juncture, I would greatly appreciate the fabulous way KOSCON 2024 was initiated and conducted under the leadership of Dr Krishnaprasad Kudlu. Many thanks to the local organising team(Lead-Dr Shamanth Shetty), scientific team(Lead-Dr Vikram Jain) and office bearers for all their sincere and great effort; it was an event that cannot be forgotten in all aspects.

Dr KP has set very high standards.

I sincerely thank all the contributors of this newsletter for sparing their valuable time.

A special thanks to Dr Uma Kulkarni for her constant contribution(Quiz) towards our newsletters.

I take the opportunity in requesting every member, especially the young clinicians and researchers of our society to contribute towards our scientific journal, due to be released in June-July and also newsletter in September.

Looking forward for your continuous support in the form of suggestions and contributions !

Dr Kavitha V
Editor In Chief
Journal of Vision Sciences

From President's Desk

Friends, colleagues and seniors,

Greetings from your new president!

It is indeed an honor to be leading one of the largest ophthalmic associations in the country. It has been a couple of months since we had a wonderful state conference at Kundapur hosted by Udupi Ophthalmic Association and preparations have begun for this year KOSCON conference to be held at Davangere in the month of November. I take this opportunity to welcome you all in advance and assure you of a memorable experience.

Nethra Vaarthe has been a regular feature of KOS and I would like to congratulate Dr Kavitha and her entire team for the untiring efforts they have put in to make it to a high quality Newsletter. A perfect platform to show case the achievements of our postgraduates and colleagues academically and also otherwise. The newsletter has regularly featured articles, information, activities of our KOS members which will motivate others. I am very happy to inform you that we have a very large talented group of ophthalmologists, who not only have excelled academically and profession wise but also in extracurricular activities. The newsletter provides space for such people to share their passion and thereby is beneficial for the KOS members and their family.

Last year a midterm conference was held in Dubai and it was appreciated by one and all. This year too we are planning to have one such meet in the month of May, abroad or within the country. Your suggestions and ideas regarding place, month, etc. are welcome. Kindly send the same to KOS office email id info@kosonline.org

Long Live KOS
Regards
Dr Ravindra Banakar

Message from Secretary

Dear Members,

As we reflect on the past year, I am delighted to report that our society has made significant strides in various spheres. This annual newsletter is a testament to the hard work and dedication of our editor Dr. Kavitha, and our society members. Over the past 12 months, we have successfully organized numerous meetings, workshops, and seminars that have brought together experts, enthusiasts, and the community at large. Our flagship event, KOSCON 2024, was a resounding success, organized under the leadership of Dr Krishnaprasad Kudlu and UDOS in Koteshwara, Udupi.

I welcome our new president Dr Ravindra Banakar, who am sure will bring fresh ideas, enthusiasm, and expertise to the table. I would like to extend my sincerest gratitude to our outgoing president Dr Krishnaprasad Kudlu, who has worked tirelessly to advance the society's objectives. As we look to the future, we are excited about several new initiatives and projects that will further enhance our society's impact and relevance. Besides constantly updated our member profiles as per the new bye-laws, we are constantly striving to increase our membership database.

Once again, I would like to thank each and every one of you for your continued support and commitment to our society. Your contributions, whether big or small, have made a significant difference, and we look forward to your ongoing involvement in the years to come. **Please do not hesitate to contact us if you have any questions, suggestions, or ideas. We value your feedback and look forward to staying in touch.**

Best regards,
Dr Chaitra Jayadev
Secretary

Past President's Message

My Journey with the Karnataka Ophthalmic Society (KOS)

My journey with the Karnataka Ophthalmic Society **began in 2015** when I was unanimously elected as the **Chairman of the Scientific Committee.** Over my two-year term, I had the privilege of providing more than 400 young, budding ophthalmologists with opportunities to present their work on podiums, fostering a culture of innovation and collaboration.

In **2017**, I took on the role of **Secretary of KOS**. During my tenure, **I introduced named awards** to honor exemplary contributions in the field of ophthalmology and actively worked to improve the society's financial status. Due to the challenges posed by the COVID-19 pandemic, my term was extended for five years, as in-person conferences and elections were not feasible during that period.

From **2021 to 2022,** I was selected as **Vice President,** and then in **2022-2023,** I served as **President-Elect**. In **2023,** I took over as the **president of KOS**. A notable achievement during my presidency was the signing of a **Memorandum of Understanding with the MEOM Society**, which enabled KOS members to participate as international speakers. I actively engaged with district societies, providing support for Continuing Medical Education (CME) events with financial backing of ₹50,000 from the mother society.

Another significant milestone was organizing the **first-ever international KOS meeting in Dubai,** a highly appreciated event that led to enhanced global collaboration.

In the same year, I was appointed as a **trustee of Yashaswini by the Government of Karnataka**, where I focused on improving the financial packages available for ophthalmology practitioners.

One of the highlights of my service was the **KOS Conference (KOSCON) in 2024,** held in association with the IBEACH Film Festival and Manipal University. The conference saw the participation of over **1,800 delegates** and featured more than **200 national and 600 state faculty** delivering insightful talks. I extend my heartfelt gratitude to Dr. Shamanth Shetty, Dr. Yogish Kamath, Dr. Shylaja, Dr. Narendra Shenoy, and Dr. Sharat Hegde for their pivotal roles in making this event a success.

I am also deeply thankful to my predecessors, including past president Dr Sai Giridar Kamat, Dr. Shrinivas Joshi, Dr Umesh Megur, Dr Guruprasad, Dr Santhan Gopal, Dr N.S. Muralidhar, Dr. Y. L. Raja Shekhar and Dr Hemant Murthy, as well as my dedicated colleagues on the Governing Council, particularly our secretary Dr. Chaitra Jaydev, joint secretary Dr. Sachin Mahuli, scientific committee chairman Dr. Vikram Jain, treasurer Dr. Elan Kumaran, and Dr. Kavitha.

Also, I am deeply thankful to Dr. Kavitha for her outstanding work as the editor of the Journal of KOS.

As I conclude this chapter as President, I warmly welcome Dr. Ravindra Banakar into the role of President, and Dr. Shivaram KV as President-Elect. I am immensely grateful to Mrs. Asha and the entire KOS community for providing me the opportunity to serve. I remain committed to KOS and ensuring it continues to reach new heights.

Best regards,
Dr Krishanprasad Kudlu
Past President

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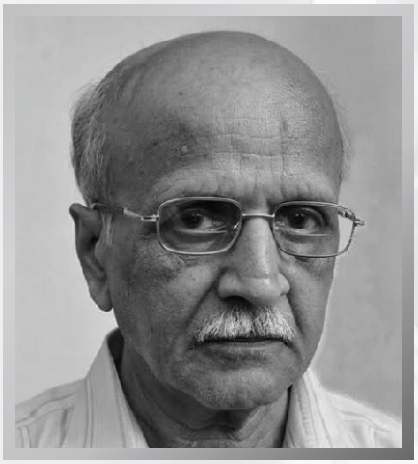
TRIBUTE TO THE SOULS DEPARTED LAST YEAR

Dr C R Kamath



Dr Suresh Isloor

Dr Nilay Reddy

Dr Yogesh

Information has received to KOS Office

Asha
KOS Admin
info@kosonline.org

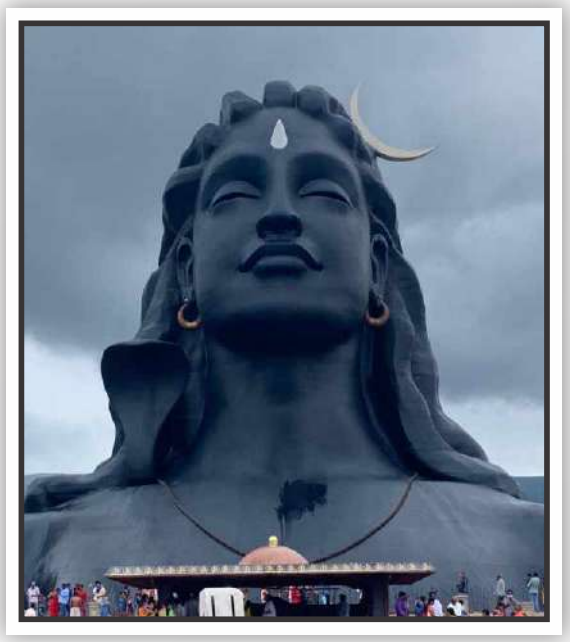
Shivaratri Message From KOS Office

Maha Shivaratri is a night worship of Lord Shiva which is celebrated by Hindu's across the world. It is an annual festival worshiping Lord Shiva. People celebrate this festival by fasting (which purify their body, mind and soul) for the whole day and staying awake whole night chanting devotional songs and bhajans.

It also indicates “overcoming darkness and ignorance” in life. It is celebrated by remembering Shiva and chanting prayers, fasting, and meditating on ethics and virtues such as honesty, non-injury to others, charity, forgiveness, and the discovery of Shiva.

Lord Shiva is one among Thirumathi's and he is the God of destruction who destroys the universe and make a way for new creation.
Maha Shivaratri teaches us Self – Control, the importance of self-discipline and restraint, which leads to inner strength, clarity, and focus.

We are happy to release this new letter on this auspicious day of Shivaratri and pray the Lord shiva to bless all with a lot of happiness, health and prosperity.



KOSCON 2024 HIGHLIGHTS

Message from Local Organizing Committee

Namaskara!

On behalf of the Udupi District Ophthalmic Society (UDOS), it was with immense joy and pride that we welcomed you to the **43rd Annual Karnataka** Ophthalmic State Conference **(KOSCON24)**! It was a true honour to stand before such a gathering of distinguished professionals, as we came together for an event that promised to be both enlightening and enriching-bringing together innovative minds, inspiring ideas, and diverse voices from across our region and beyond.

We were absolutely thrilled to host each one of you. Whether you were here for the first time or returning as a seasoned participant, your presence signified your unwavering commitment to the advancement of our field. It is your energy and passion that transforms this conference from a mere event into a cherished experience, filled with lasting memories to take home.

It was our pleasure to introduce the overarching themes of this year's conference:

Science and Heritage.

Our aim was to ensure that each delegate not only gains valuable insights into the advancements in ophthalmic science but also experiences the rich cultural heritage of Coastal Karnataka.

Now in its third season here in Udupi, this conference stands as a testament to our collective efforts surpassing the success of our last event eight years ago. We were proud to host an exceptional line up of international, national, and state faculty members, each contributing their unique expertise and insights.

At this moment, we would like to express our heartfelt gratitude to especially our KOS Past President and patron Dr. Krishna Prasad Kudlu, who had been our driving force and guiding light behind the conference setup.

We thank Dr Srinath Kamath ,President UDOS, Dr Vikram Jain ,chairman scientific committee ,our patrons, Local Organizing chairmen along with KOS office bearers, our invaluable trade sponsors, UVA meridian, event organizers, audio visual staff, support staff, volunteers, and the entire organizing committee team for their tireless dedication and hard work which has been pivotal in bringing this conference to fruition.

As you embark on this journey we had around 300 faculty and 2000 plus delegates who attended this conference – the first of its kind. We planned for two evening banquets, with a show stopping Rock show ,which promised to extend well beyond the formalities of this conference.

Once again, Thank you for KOSCON24. We had made every effort to ensure a smooth experience, but as with any event, some hiccups would have occured. We kindly ask for your understanding and patience. Hope you embraced this time together and created wonderful memories to carry forward.

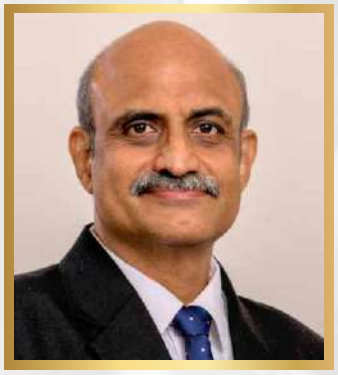
Thank you,

Team Local Organizing Committee

ORATION AND OTHER MAIN AWARDS KOSCON 2024

Dr TP Lahane

Padma Shri
Dr MM Joshi Oration award



Dr Sai Giridhar Kamath

Life time achievement award

Dr Poornachandra

Dr Rohith Shetty Young Researcher Award

Dr Krishna R murthy

Dr Krishna Prasad Kudlu Best Community Service Award

SCIENTIFIC AWARDS KOSCON 2024

Dr Sunil Ganekal

Dr M M Joshi Overall Best Paper Award

Best Surgical Retina Award

Fluorescein-Assisted Subretinal tPA delivery for Submacular Hemorrhage

Synopsis:

Purpose: To assess the efficacy of fluorescein-assisted subretinal tPA during vitrectomy for submacular hemorrhage

Methods: Prospective study of 18 eyes of 18 patients with submacular hemorrhage (10 AMD, 8 PCV). 23 guage PPV performed, 2 mL tPA (25 µg/0.1 mL) poured into silicone oil syringe with attached 41-g cannula. A sterile fluorescein strip placed into tPA creating an orange solution. Silicone oil syringe with 41-gauge cannula was connected to vitrectomy system and injection titrated to allow a slow trickle of tPA into subretinal space until an adequate bleb formed. post op assessed for successful displacement of hemorrhage and change in VA.

Results: Mean age 72 ± 9 yrs. mean Snellen VA improved from 20/690 to 20/234 (P = 0.14).. There were no intraop or postop complications.

Conclusion: Fluorescein-assisted subretinal tPA for submacular hemorrhage allowed improved visualization of subretinal tPA and was not associated with toxicity or intraoperative complication

Dr Anisha R

Dr H Krishnamurthy Prize – I Best Paper

Dr Madhav Honnatti – Best Refractive Surgery Free Paper Award

How Does Collagen Structure Behave Post-Laser-Based Surgeries In Different Platforms?

Synopsis:

Purpose: To examine collagen structure variances at ablation interface post-refractive surgery using Polarization Sensitive Optical Coherence Tomography (PS-OCT)

Methods: 55 eyes underwent refractive surgery across PRK, LASIK, Zeiss SMILE, J&J SILK, & Schwind Smart sight platforms. PS-OCT was done pre- & post-operatively at 6 months. Residual stromal depth differences & phase retardation (PR) maps at custom depths were generated and analyzed.

Results: Post-operative PR response in PRK showed a minimal difference, indicating the most favorable outcome. SILK also showed minimal change in PR response. SMILE had a higher peak, slightly skewed right. Smart sight had a distinctive peak, while LASIK showed a zero-phase retardation difference with a broader distribution.

Conclusion: PS-OCT showed distinct changes in PR differences across different platforms. These findings may aid AI platforms in predicting favorable refractive procedures and wound healing responses for candidates before surgery.

Dr Ashwitha Alva

Dr Basheer Mekhri Prize – II Best Paper

Best Oculoplasty, Orbit, Oncology and Ocular Pathology Free Paper Award

Made-in-India Plaque Brachytherapy - Self - Reliance and Success

Synopsis:

Plaque Brachytherapy is an effective and safe modality for surface and intraocular tumors. It ensures globe salvage in patients where enucleation is considered the only option. Made-in -India Ru106 is cost-efficient, thus increasing patient accessibility. Objective: To assess the safety and efficacy of made-in-India Ru106 plaque. Methodology: A retrospective, noncomparative, interventional case series . Results: A total of 101 patients including 24(23.7%) choroidal melanoma, 25(24.7%) OSSN ,21(20.7%) choroidal hemangioma, 12(11.8%) retinoblastoma were studied. The choroidal lesions measured 4.6+1.6mm in height. Surface lesions received primary and secondary brachytherapy. Tumor apex dose ranged from 4000-10000 cGy, with a mean treatment duration of 31.2+11.8 hours. Life salvage was achieved in all, eye salvage in 99(98%) and vision salvage in 62(62%) cases, at a median follow-up of 18 months. Conclusion: Made-in-India Ru106 Plaque has excellent outcome, and is cost effective.

Dr Nagesha Chokkahalli Krishnappa

Dr Umesh Megur – Best Film Festival Award

Lens – Leave Me Not: Cornea – Touch Me Not

Synopsis:

This video case series presents innovative surgical approaches for addressing posterior lens dislocation in eyes with compromised corneas. The surgeries showcases closed globe refixation methods for rigid lenses, single-piece acrylic lenses, and the IOL-bag complexes without its removal or corneal injuries. The featured video demonstrations highlights acceptable anatomical precision and good visual outcomes in complex cases.

The author provides a comprehensive analysis of the technical nuances and benefits of this technique, including its advantages over conventional IOL explant surgeries, which often require large corneal incisions that can compromise already diseased corneas. This approach prioritizes corneal preservation and optimal visual recovery which comes with low cost simple instrumentations.

Dr Vidya Hegde

Dr T K Ramesh – Best Poster Award

A Case of Aquaporin 4 Antibody Positive Neuromyelitis Optica Treated with Plasmapheresis

Synopsis

A fifteen-year-old girl presented with gross diminution of vision and pain in both eyes of 4 days duration. She had a prior history of acute pain abdomen for which she underwent appendicectomy. Her vision in right eye was HMCF and LE PL+. Her pupils were 5mm in size and very sluggishly reacting. Fundus examination of RE was normal but, LE showed hyperemic disc with blurring of superotemporal margins. MRI imaging showed mild thickening and altered signal intensity of bilateral optic nerves suggestive of bilateral optic neuritis. She was administered intravenous methylprednisolone 1 gm for 3 days followed by oral steroids in the dose of 1 mg/kg body weight for 11 days. Neurology opinion was sought. Serum Aquaporifin 4 was positive suggestive of neuromyelitis optica for which she underwent plasmapheresis. After two months, her vision in RE was 6/60 and LE was 6/36 and fundus examination showed temporal pallor in both eyes. She was advised low vision aids

Dr Mahesh Babu

Dr H K Nagaraj Prize – Best Paper in Community Ophthalmology

Musculoskeletal Disorders Among Indian Ophthalmologists and the Associated Risk Factors

Synopsis:

Purpose: To study the prevalence of Musculoskeletal Disorders (MSD) among Indian ophthalmologists and the associated risk factors.

Methods: This study was conducted using an online questionnaire which was shared with practicing ophthalmologists across India. After an online informed consent, respondents could fill out the questionnaire which obtained information about demographic details, risk factors and musculoskeletal symptoms.

RESULTS: Out of 551 valid responses, 74.77% reported musculoskeletal symptoms. We found a statistically significant association of work-related MSD with greater hours of practice, higher number of hours of surgery and larger patient load. Respondents declared an interference with personal life (39.56%), work(33.74%) as well as having caused psychological stress(43.2%) due to work-related MSD.

Conclusion: Majority of respondents reported work-related MSD. Major risk factors were hours of practice, hours of surgery, sedentary lifestyle and higher patient load.

Dr Panaah Shetty

Best Cornea Free Paper Award

Can Immune Modulators Help in Stabilizing Keratoconus (KC): An Algorithmic Approach

Synopsis:

Aim: KC, an ectatic inflammatory disease has elevated biomarkers. This study explores the impact of biomarkers on KC progression & potential therapies for stabilization.

Methods: Cohort was divided in 2 groups (n=178 eyes). Group 1 placebo therapy & Group 2 targeted biomarker by randomization. Tears of untreated mild-moderate KC eyes collected using Schirmer's strip & analyzed for biomarkers using point-of-care diagnostic kit. Corneal topography, epithelial-stromal mapping & collagen imaging were done at baseline & 8 months post-treatment.

Results: Group 1 showed progression in 78 eyes with collagen weakening, Bowman's layer (BL)thinning & unchanged biomarker profile. Conversely, Group 2 exhibited stabilization of KC in 86 eyes, with a change in maximum keratometry(K max) by 0.99D ± 0.5D, improved collagen orientation, stable BL & 50-60% reduction in biomarker levels.

Conclusion: Biomarker therapy stabilizes early-moderate KC by reducing inflammation, promising new therapeutic avenues.

Dr Deepak Megur

Dr Y L Rajashekar – Best Cataract Free Paper Award

Old Is Gold- Ensuring Predictable Outcomes In Posterior Polar Cataracts

Synopsis:

Aim: To analyse outcomes of using an AC maintainer and an Oval Rhexis during phacoemulsification of Posterior Polar Cataracts (PPC) with respect to occurrence of Posterior capsular tears.

42 consecutive cases of PPC underwent phacoemulsification with these modifications.
1. Oval rhexis was used instead of a circular rhexis,
2. 22 G Ac maintainer was used along with the infusion of the phacoemulsification system.
3. The bottle heights of both the phaco system and the AC maintainer were kept the same at 50 cm.

Results: mean age of the patients in this series was 47.5 yrs. Subtypes of PPC - Type 2 - 37 Type 3 -1 (pre existing PC tear)

41 eyes had an uneventful surgery without any PC tear. 1 eye with pre existing pc tear underwent lens aspiration with ant vitrectomy with IOLPlacement in the sulcus,

Conclusion: In our study using an Ac maintainer, an Oval rhexis and low infusion pressure dramatically reduced the intra operative occurrence of PC tear in eyes with Posterior Polar cataracts.

Dr Prathibha Hande

Dr A S Guruprasad – Best Medical Retina Free Paper Award

Choroidal Vasculature Perfusion Analysis in CSCR Using Widefield ICG Angiography

Synopsis:

Purpose: Identify changes in choroidal vasculature in CSCR using Widefield-ICGA and correlate the findings with Fundus fluorescein angiography (FFA)and Spectral-domain Optical coherence tomography(SD-OCT)

Methods: Widefield ICGA images captured in 30 eyes of CSCR patients(active 18, quiescent 12) and 40 eyes of age-matched controls were analysed by two independent observers.

Results: Dilated vortex veins were noted in one or more quadrants in active CSCR patients (17 out of 18 patients). When compared to similar changes in quiescent CSCR and controls, the difference was found to be statistically significant ($P < 0.001$) among controls. Choroidal vascular hyperpermeability(CVH) in CSCR correlated well with window defects & and leakage on FFA.

Conclusion: Widefield ICGA can identify abnormal features in choroidal circulation in CSCR

Dr Kavitha V

Dr H M Ravindranath – Best Paediatric Ophthalmolgy & Squint Free Paper Award

Analysis of Congenital Nasolacrimal Duct Obstruction as a Risk Factor For Refractive Error.

Synopsis:

Purpose: To evaluate and compare the refractive status in congenital nasolacrimal duct obstruction(CNLDO) and normal children.

Method: cross-sectional, comparative study; 6 months - 6 years; duration:15 months; refractive error(RE) was compared between CNLDO group(unilateral and bilateral) and normal group after cycloplegic refraction.

Results: 62 children each in CNLDO(unilateral-41; bilateral -21) and normal groups; mean age:28.93 ± 20.57 months (CNLDO group), 34.23 ± 20.96 months(control group). 35% and 32% in CNLDO and control groups respectively had significant RE (difference not statistically significant). Hyperopia was significantly higher in CNLDO group; astigmatism in control group; No significant difference between unilateral and bilateral CNLDO groups.

Conclusion: CNLDO did not significantly increase the overall development of RE, but had higher association with hyperopia, which affects emmetropization. Therefore, cycloplegic refraction is as crucial as treating CNLDO.

Dr Zia Sultan Pradhan

Best Glaucoma Free Paper Award

Association Between Baseline Corneal Hysteresis and Risk Of Visual Field Progression in Glaucoma.

Synopsis:

The aim was to evaluate the association between ocular response analyzer (ORA) measurements and progressive visual field (VF) loss in open-angle glaucoma (OAG). 68 eyes of 50 OAG patients who had performed a minimum of 5 VFs were included. Progression was determined by the rate of change of visual field index (VFI) over time (VFI slope). Effect of demographic, clinical, and baseline ORA parameters (Corneal hysteresis CH, and Corneal resistance factor) on VFI slope was analyzed using linear mixed models. Mean baseline VFI was 76.5 ±23% and final VFI was 72.7 ±28%. Mean follow-up duration was 6.5 ±1.8 years. VFI slope was -0.97 ±0.2 %/year ($p<0.001$). On multivariate analysis, faster VFI decline was associated with higher pre-treatment IOP (co-efficient -0.09, SE=0.04, p=0.01), higher CH (co-efficient -0.38, SE=0.15, p=0.01) and higher baseline pattern standard deviation (PSD, co-efficient -0.12, SE=0.04, p=0.005). Hence, baseline IOP, CH and PSD are associated with progression in OAG.

Dr Ramesh Venkatesh

Best Comprehensive Ophthalmology Free Paper Award

Random Forest Model for DR detection Based on Systemic Risk Factors in Diabetes Mellitus Patients.

Synopsis:

Aim: To assess systemic risk factors in DM patients for forecasting DR using Random Forest (RF) model. Method: Study included DM patients for initial DR screening. Age, gender, type of DM, treatment history, DM control, family & pregnancy history, co-morbidities were recorded. Clinicians noted DR. Dataset split 80:20 for training & testing. RF model detected DR & STDR. Validation samples used for computing classification rates and testing samples for sensitivity & specificity. 1416 DM patients' risk factors examined. RF trained on 1132 patients, 284 tested. 500/1132 used for cross-validation & 632 for training. Validation showed 0% & ~20% misclassification rates for DR & STDR. RF detected DR 100% accuracy, sensitivity, & specificity: STDR 76% accuracy, 53% sensitivity, & 80% specificity for test samples. Conclusion: RF classifies DM patients for DR & STDR detection based on risk factors.

Dr Satish D Shet

Best Uvea Free Paper Award

X files: Rickettsial retinitis- Enemy on the prowl. Case series from a single tertiary care center

Synopsis:

Aim: To assess the visual outcome following treatment in cases of post fever retinitis (PFR) due to rickettsial infection.

Methods: A case series of 10 eyes of 5 patients who presented to Tertiary eye care centre between November 2023- April 2024, with subacute diminution of vision with a h/o fever 10 days to 1 month prior to the visual complaints, with/without skin rashes, joints pain with posterior segment findings of vitritis, macular edema with macular star and multi focal retinitis. All patients tested positive for Weil-Felix test.

Result: On confirming the diagnosis, treatment with oral Steroids and T Doxycycline 100mg BD for a duration of 6 weeks was given to all patients along with weekly follow-up

Conclusion: Early and prompt treatment with multidisciplinary approach by clinicians is needed in managing such cases.

Dr Shrestha Shah

Best Trauma Free Paper Award

Iop Variation In The Injured Eye Due To Zygomaticomaxillary Complex and Orbital Blow Out Fractures

Synopsis:

Background & Objectives

Blindness is a rare but severe complication following open reduction and internal fixation (ORIF) of zygomaticomaxillary complex (ZMC) and orbital blow-out fractures. This study measured intraocular pressure (IOP) at five time points to assess its role in such complications.

Methods: IOP was measured with a Perkin's tonometer before and after induction, after fracture reduction, 30 minutes post-operatively, and 1 hour post-anesthesia in both injured and non-injured eyes.

Results: Among 75 patients , the injured eye had significantly higher IOP compared to the control side at all time points ($p<0.001$). IOP normalized within one hour post-operatively, with no significant risk of blindness observed.

Interpretation & Conclusion: This study concludes that there is an increase in IOP immediately following open reduction and internal fixation of zygomaticomaxillary complex and orbital blow-out fractures. However the IOP returns to normal within one hour post-operatively.

Dr Jyoti Matalia

Best Neuro-Ophthalmolgy Free Paper Award

Outcomes of Optic Nerve Sheath Fenestration in Atrophic Papilledema: is There a Role?

Synopsis:

Papilledema due to persistently high intracranial hypertension leads to atrophy and visual loss. We are aware that optic nerve sheath fenestration (ONSF) has been shown to stabilize vision in papilledema but will it work in atrophic papilledema (AP)? We report our experience of ONSF on visual loss in AP. Retrospective analysis of 48 eyes of 27 patients who underwent ONSF for AP with minimum 6 weeks follow-up were included with visual acuity ranging from doubtful PL to 6/12. All had either no or resolving disc edema with atrophy and progressive visual loss. In view of the significant subarachnoid fluid around optic nerve head on B-scan, ONSF was performed, and the vision either improved or stabilised in all 100% of the 34 eyes with at least CFCF vision.

Conclusion: ONSF can improve or maintain vision even in AP inspite of profound visual loss unless vision loss is complete (HM or PL), hence it is mandatory in AP to salvage the optic nerve and maintain the vision to prevent blindness.

PG PAPER AWARDS

Dr Stuti Chamola

Best Individual Work Among Pgs

Long term Outcomes of Penetrating Keratoplasty in a Tertiary Care Hospital.

Dr Varsha Wilson

Cataract - 1st

Heparinized irrigation fluid vs Heparinized PCIOL on postop inflammation after cataract surgery

Dr Sanmita Handral

Catarac t- 2nd

A Study on BCVA and IOP Changes After ND-YAG Laser Posterior Capsulotomy In PCO.

Dr Shantala

Cataract - 3rd

There Is (NO) Bag: Glued IOL or IRIS Claw IOL

Dr Nikhita Pandey

Community Ophthalmology - 1st

Knowledge, Attitude and Practice About Financial Literacy Among Indian Ophthalmology Residents

Dr Sonal Goyal

Community Ophthalmology -2nd

Comparision Between Preoperative and Postoperative Astigmatism Following Various Types of Incision in Manual Small Incision Cataract Surgery Patients.

Dr Susmitha K

Community Ophthalmology - 3rd

Comparison of Non-Digital Stereopsis Tests in Different Grades of Myopia Using TNO and Titmus fly Test.

Dr Stuti Chamola

Cornea, Ocular Surface and External Eye Diseases - 1st

Long term Outcomes of Penetrating Keratoplasty in a Tertiary Care Hospital.

Dr Aisha Sarfunissa B

Cornea, Ocular Surface and External Eye Diseases - 2nd

Comparative Study of Intraocular Pressure with Non Contact Tonometer Versus Goldmann Applanation Tonometer in Relation to Central Corneal Thickness

Dr Shivangi Sharma

Cornea, Ocular Surface and External Eye Diseases 3rd

Analysis Of Specular Microscopy Pre And Post Corneal Collagen Crosslinking(CXL) in Patients with Keratoconus(KC) Having Thin Corneas.

Dr Konatham Shruthi

Glaucoma - 1st

Prevalence Of Glaucoma And Associated Factors In Sub Urban Population Of Karnataka

Dr Amritha Madhu

Glaucoma - 2nd

Evaluation Of Intraocular Pressure Lowering Effect of 0.4% Ripasudil as Monotherapy in POAG and OHT

Dr Rishabh Narula

Glaucoma - 3rd

Structure-Function correlation in advanced Primary Open Angle Glaucoma using Optical Coherence Tomography and Humphrey Visual Field parameters.

Dr Alisha Sirsikar

Medical Retina and Uvea - 1st

Primary Intraocular Lymphoma (PIOL) : A Wolf In Sheep Clothing

Dr Arpitha K S

Medical Retina and Uvea - 2nd

Association of Acute Anterior Uveitis with HLA-B27: A Cross-Sectional Study at Tertiary Care Centre

Dr Kshirin Jain

Medical Retina and Uvea - 3rd

Chronic Choroidal Neovascular Membrane Shows Positive Response To Intravitreal Brolucizumab

Dr Darrin Jose Puthenpurackal

Neuro Ophthalmology - 1st

Myelin Oligodendrocyte Glycoprotein (MOG) – Antibody Positive Optic Neuritis: Clinical Features and Visual Outcome.

Dr Ashly Biju

Neuro Ophthalmology - 2nd

Case Series of Isolated Traumatic Oculomotor Nerve Palsy From Minor Head Injury

Dr Sumaiya Farheen

Neuro Ophthalmology -3rd

Demographic pattern & clinical profile of optic neuritis in A tertiary medical centre

Dr Zakara Moh M R Nair

Oculoplasty, Orbit, Oncology and Ocular Pathology -1st

Pediatric COVID-19 Associated Rhino-Orbital -Cerebral Fungal Infections

Dr Shubham Sarang Darade

Oculoplasty, Orbit, Oncology and Ocular Pathology - 2nd

Lacrimal sac or Pandora's Box?
A Case Series of Histopathological Surprises Post Lacrimal sac Surgery

Dr Konatham Shruthi

Oculoplasty, Orbit, Oncology and Ocular Pathology - 3rd

Comparative Doppler Flow Analysis in Orbital Vessels: Impact of Diabetes and Smoking.

Dr Ritu Manwani

Surgical Retina - 1st

Assessment of Postoperative Pain With Dexmedetomidine Used Locally in Patients Undergoing Scleral Buckling Surgery.

Dr Poorva Dige

Surgical Retina - 2nd

Pneumoretinopexy (PNR): A 9-Year Retrospective Study at A Tertiary Care Hospital

Dr Kajal Bansal

Surgical Retina - 3rd

Correlation of Visual acuity (VA) with Optical Coherence Tomography (OCT) Parameters Post Vitrectomy for Rhegmatogenous Retinal Detachment (RRD)

Dr Boggarapu Sumanth

Comprehensive Ophthalmology - 1st

Evaluation of Artificial Intelligence Generated Responses of Commonly Asked Ophthalmic Queries

Dr Susmitha K

Comprehensive Ophthalmology - 2nd

Comparison of Non-digital Stereopsis Tests in Different Grades of Myopia Using TNO and Titmus Fly Test.

Dr Syeda Sana

Comprehensive Ophthalmology - 3rd

"Eye Metrics Uncovered: Investigating Axial Length, Corneal Structure, and Intraocular Pressure Differences in Myopic and Emmetropic Population"

UG CASE REPORT RESULTS

Dr Angelina Sanjana Selvaraj

FIRST

Shattered Vision: Exposing the Hidden Dangers of Axenfeld Anomaly and COL4A1 Mutation

Mr Mohit Singh Chauhan

FIRST

From Supplement to Symptom: L-Arginine as a Novel Trigger for Central Serous Chorioretinopathy?

Dr Akhilesh Pramod Phayde

Second

When A Syndrome Has Limitless Tales To Tell - Goldenhar Syndrome

Dr Chirag R

Third

Fractured Focus: A Case Report on Sub-Macular Hemorrhage (SMH) and Choroidal Rupture.

UG FREE PAPER RESULTS

Dr Nikshep Chandrashekhar

First

Knowledge, Attitude, and Practice of Eye Donation Among Asha Workers in India

Dr Rakshitha M S

Second

Can Neutrophil-lymphocyte Ratio and C-reactive Protein Levels Be Predictive Biomarkers For Diabetic Retinopathy?

Ms Deepa K

Third

Effect of LED warm white light and LED cool white light on tear film stability

DR KR MURTHY PG QUIZ WINNERS

First Place

Dr Annu Teres, Sankara Eye Hospital Bangalore

Dr Sajal Jain Thaliath, Sankara Eye Hospital Bangalore

Second Place

Dr Shivangi, Sankara Eye Hospital Shimoga

Dr Ritu Manwani, Sankara Eye Hospital Shimoga

Third Place

Dr Ashrith Kamath, KMC Manipal

Dr Nihith Chandra Kalakuntla, KMC Manipal

STUDENT OF THE YEAR 2024

Dr Annu Teres Thaliath

KOSCON 2024 - TEACHERS OF TOMORROW

Best Teacher

Dr Fatima Nishat

Best Team

Dr Suyesha Nalavadey Dr Vishnupooja T Dr Vaishnavi Bhamidapati

Best Mentor

Dr Krishnaprasad R

KOSCON 2024 - Winners of 60 seconds to Fame Instagram Reels Competition

Title	Name of the Contestant
Highest likes	Dr Gururaj B
Most entertaining	Dr Guruprasad N S
#justlikeawow	Dr A S Guruprasad
#eyeeyeooo	Dr Aparna Nayak
#ohmygod	Dr Shamant Shetty
#lordoftherings	Team – Subbaiah Ophthal : Dr Kinjal H Porwal, Dr Komal Shah, Dr Pooja C M
#beforeduringafter	Dr Jhalakshree

PHOTOGRAPHY WINNERS KOSCON 2024

Artistic photography in ophthalmology

Dr Sara Rizvi

1st

'Illuminating the Iris: Autofluorescence in Fuchs' Uveitis Syndrome.'

Dr Uma Kulkarni

1st

Nevus of Ota- Merging with The Skies

Dr Kajal Bansal

2nd

Butterfly-Eye

Dr Harshita Hiran

3rd

The Ocular Eclipse

Dr Saket Rajesh Gandhi

3rd

Pride Reflected in Every Glance

Clinical Ophthalmology

Dr Sriram Simakurthy

1st

Hanging by a Thread: Vitreous Veils in JXLR

Dr Sara Rizvi

2nd

Vascular Ferns: Angiography Reveals Behcet's Artistry

Dr Harshal Sahare

3rd

The Oil Droplet Evanescent Cataract!

Dr Sharat Shivaramaiah Hegde

3rd

Wriggly Worm in the Eye: Diffuse Unilateral Subacute Neuroretinitis

Dr Ravi Krishna Kanaradi

3rd

An Accidentalsunrise, Perfectly Framed in the Blink of an Eye."(Aborted Femto)

Nature

Dr satish Hallikeri

1st

Jumping spidy eye

Dr Rajagopal Kunnatur

2nd

The perfect landing

Dr Balam Pradeep

3rd

Elements of nature/nature beauty

Dr Kavya Arakal

3rd

History meets the magic : heart of mysuru

Dr Saket Rajesh Gandhi

3rd

In stillness, the world mirrors itself

KOS ACTIVITIES

Sl No	Title of the CME	CME date	Place of CME
1	ABC in treating Glaucoma	16.11.2023	Udupi district Ophthalmic Society
2	AN INTERDISCIPLINARY SESSION on EYE DONATION FORTNIGHT	28.08.2024 or 04.09.2024	Adichunchanagiri Hospital and Research Center
3	Blink Revolution - Its all about Dry Eye	29.09.2024	Nethradhama Super Speciality Eye Hospital
4	BOSSUMMIT	20th and 21st July'2024	Bangalore Ophthalmic Society
5	Bouquet of Innovations	26.05.2024	HDOA @ Hubli
6	CME	02.03.2024	Department of Ophthalmology, Saundatti
7	CME and Hands on workshop in Retina -2024	24.08.2024	Raichur Institute of Medical Sciences, Raichur
8	CME CUM Hands on Workshop on Cornea 2024	08.06.2024	Navodaya Medical college Hospital and Research Centre, Raichur
9	CME- Eye and Beyond	20.12.2023	Dept of Ophthalmology, KVG Medical College, Sullia
10	EYE Fest 2023	16th and 17th Dec'2023	MM Joshi Eye Institute and HDOA, Hubli
11	Fortify Medical and Upskill Surgical Management of Glaucoma	26.11.2023	Vittalla International Institute of Ophthalmology, Bangalore
12	Glaucoma India Education Programme	04.02.2024	Bellari District Ophthalmic Society
13	Glaucome Hands on Training	10.03.2024	Kasturba Medical College, Manipal
14	HMV conference	4th to 6th Oct'2024	Narayana Nethralaya Eye Institute, Bangalore
15	Lenticule Congress	1st to 3rd March 2024	Narayana Nethralaya Eye Institute, Bangalore
16	MediLegal Mastery -CME for Doctors	24.12.2023	Ganesh Nethralaya and UKSOS
17	Nethrakalpa 2024	25.02.2024	Tumkur Ophthalmic Society
18	Occular infections -Rising Peril & The big picture	16.06.2024	AOS, BOS & KOS
19	Ocular Oncology " what we need to know"	01.06.2024	Adichunchanagiri Institute of Medical Sciences
20	Ocular Trauma update 2023	14.12.2023	Vydehi Institute of Medical Sciences and Research Centre
21	OPHTHALMOLOGY UPDATE 24	21.01.2024	AJ Institute of Medical Sciences and Research Centre Mangalore
22	PG Update 2024 - Learning Simplified	2nd to 4th Feb 2024	Sankara Eye Hospital, Bangalore
23	Phaco Festival	13th and 14th Jan 2024	Nethradhama Super Speciality Eye Hospital, Bangalore
24	Retina Plexus	14.07.2024	Nethradhama Super Speciality Eye Hospital, Bangalore
25	Visucon -International Conference	11.05.2024	Dubai

Life beyond ophthalmology

Art of sketching

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Glaucoma and Cataract Specialist,
Sharp Sight Eye Hospital, Asansol
adittisingh@gmail.com

Madhubani Painting: A unique artform of Bihar

Madhubani painting, also known as Mithila painting, is a traditional and intricate style of folk art that originated in the Mithila the birth place of Sita, daughter of king Janaka. Heritage of Madhubani art goes back to a minimum of 2,500 years. It is said that the Mithila paintings were commissioned by the king to commemorate the marriage of his daughter to Lord Rama of Ayodhya. They are typically created by women in the Mithila region and have been passed down through generations.

History and Origin of Madhubani Art

The history of Mahbubani painting can be traced back to the epic Ramayana, when King Janaka commissioned artists to depict his daughter Sita's bridal ceremony.

In the present context, Madhubani painting tradition was discovered by William G. Archer, a British colonial officer of the Madhubani district in 1934, when a massive earthquake hit Bihar. He chanced upon these paintings in the interior walls of the houses.

Originally ephemeral in nature, Madhubani paintings transitioned to more permanent surfaces like canvas and cloth, becoming a source of livelihood during times of drought, particularly for rural women in Bihar.

Features characteristics of Madhubani Painting

What sets Madhubani paintings apart is their distinctive style and the use of natural materials. Artists use natural dyes and pigments sourced from plants, minerals, and flowers. For instance, black is made from burnt cow dung and charcoal, yellow from turmeric, and red from the leaves of the Kusum flower.

The tools used are simple yet effective: twigs, brushes, fingers, and matchsticks. The style is characterized by:

Double Lines: Outlines are made using double lines filled with intricate patterns.
Vibrant Colors: Bold use of vibrant colors without any shading.
No Empty Spaces: The entire surface is filled with intricate patterns, motifs, and figures.
Themes: Common themes include Hindu deities, mythological stories, nature, and daily village life.

Forms and Styles

Madhubani paintings can be categorized into various styles, including:

Bharni: Known for its bold use of colors and intricate patterns, often depicting gods and goddesses.
Katchni: Uses fine lines and minimal colors, creating an elegant and detailed look.
Tantrik: Focuses on religious and esoteric themes, often depicting tantric symbols and deities.
Godna: Mimics tattoo patterns and is characterized by its use of monochromatic color schemes.
Kohbar: Typically created for marriage rituals, featuring fertility symbols like fish, birds, and bamboo groves.

Cultural and Social Significance

Madhubani paintings are more than just art; they are a reflection of the rich cultural heritage and social fabric of the Mithila region. These paintings often depict the artists' personal stories, social events, and communal beliefs. They play a crucial role in various ceremonies, from birth and marriage to festivals and religious rituals.

Contemporary Relevance

In recent years, Madhubani painting has gained international recognition and has evolved beyond its traditional boundaries. Artists now create Madhubani designs on various mediums such as canvas, cloth, and even home decor items. This shift has opened new avenues for artists to showcase their talent and preserve their cultural heritage.

Moreover, efforts to promote and preserve Madhubani painting have led to numerous workshops, exhibitions, and collaborations with fashion designers and other artists. These initiatives have not only provided a platform for traditional artists but have also introduced this exquisite art form to a global audience.

Conclusion

Madhubani painting stands as a testament to the rich artistic heritage of India. Its vibrant colors, intricate patterns, and deep cultural significance continue to mesmerize art lovers and serve as a bridge connecting the past with the present. As we celebrate this timeless art form, we also acknowledge the resilience and creativity of the artists who keep this tradition alive.

Life beyond ophthalmology

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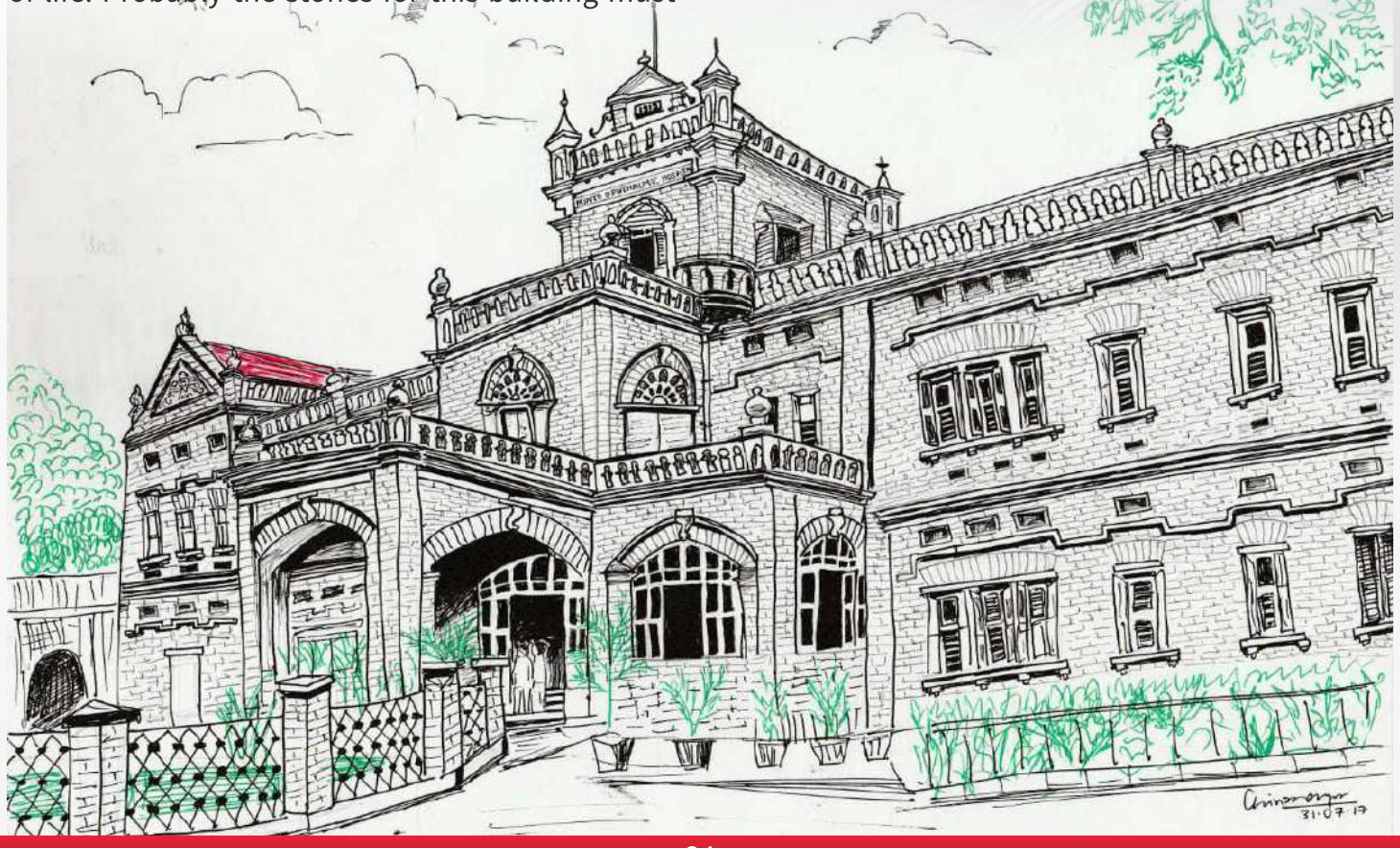
Recreating the architectural marvel of Minto Ophthalmic Hospital using the pen.

I first saw this Victorian building when I was studying for entrance in the IMA library and during the coffee breaks the building always captured my eyes. Even now many tourists after visiting the Tippu Sultan palace think this s also a tourist place and do come here to take pictures. On the duty days when there were no cases I used to sit on the stone bench and gaze at this building and started doing a pencil sketch on the back page of the xerox copy of Shingleton. While sketching the building brick by brick. I used to wonder how back in the 1900s they constructed this. The number of people involved in planning and execution of this great building and how it came to life with all its medical staff and the patients and the plants n animals (including the rats!) and continues to be vibrant to this day.so full of life. Probably the stones for this building must have come from the surrounding rocks of Bangalore. Like Lalbagh rock. Isn't it surprising that this rock. The pensisular gniess is more than 2.5 to 3.5 billion years old and it's the earth's bedrock itself. So like these rocks which are a testimony to the earth's geological evolution the institution stands testimony to the evolution and revolution in Ophthalmology and will continue to stand. Beyond the people who lived here and left as they retired and will lead the fresh ones who enter its premises.
I did this pen art work as a retirement gift to my mentor Dr TK Ramesh who has been one of the great ophthalmologists the institution gave birth to and who continued to support it by continuing to work here and treating scores of patients and guiding countless students!!



Life beyond ophthalmology

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Oil Pastel Painting

Oil pastel painting is a vibrant and expressive medium that combines the richness of oil paints with the immediacy of pastels. This versatile art form allows artists to create bold, textured works that seem to pulse with energy.

One of the key advantages of oil pastels is their blendability. Artists can layer and merge colors to achieve deep, luminous hues that seem to glow from within. This technique is particularly effective in capturing the subtle play of light on skin or the vibrant colors of a sunset.

Oil pastels also lend themselves well to expressive, gestural mark-making. Artists can use bold strokes and sweeping gestures to convey emotion and movement, creating dynamic, kinetic pieces that seem to leap off the page.

Despite their versatility, oil pastels can be challenging to work with. They require a delicate balance of pressure and control, and can be difficult to blend and layer. However, for artists willing to master the medium, oil pastels offer a world of creative possibilities.

Whether used to capture the subtle nuances of landscape or the bold, expressive lines of abstraction, oil pastels are a powerful tool for artists seeking to add depth, texture, and vibrancy to their work.

Recently during corona lockdown I came across oil pastel art and drawing in you tube. Since art and drawing was my childhood hobby, I developed a passion into this form of drawing. I started to draw one painting a week and eventually this lead to series of art work and thus I could create an album from this art form. I have attached few of my art works with this article. Thus I conclude this article by saying oil pastel art is relatively easy form of painting with little mess and anyone who has a passion into art and drawing can easily pick up this form of skill faster. Since art and drawing was my childhood hobby, I developed a passion into this form of drawing.

HEALTH

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PARENTING TIPS FOR A SPECIAL CHILD

"Focus on what the child can do, their abilities, rather than their disability."

Introduction:
Parenting tips to care for their special child is not a "one size fits all method", instead it's tailored to meet every child's requirement and help them to achieve their full potential in all walks of life. A child with special needs demands support depending on the different conditions that might impact their physical, cognitive or emotional disabilities, like Cerebral palsy, Autism spectrum disorders, ADHD, Down's syndrome, Dyslexia, Anxiety and Mood disorders, to name a few. The challenges faced by the parents in dealing with special children is tremendous and can lead to high levels of stress and anxiety, fear for their safety, social acceptance and the ability to lead an independent life. They need to strategize on short term targets and long term goals, identify the positive and negative traits of their child, and most importantly, identify the potential physical, sensory and emotional triggers for their meltdown.

Self-care of the parents is the quintessential step
a. Set aside time for reading, walking, meditation or any activity that creates a calm and mindful state
b.Have realistic expectations, focus on child's strengths
c.Seek professional counselling, online or from offline counsellors
d.Share experience with other parents and form support groups

Home adaptation measures: Learning begins at home, so create a nurturing and inclusive environment
a. Create a safe space: avoid sharp objects, safety gates and protective ramps, quiet zones
b. Adaptive equipment: special seating, mobility aids, communication devices
c. Sensory-friendly modifications: soft lighting and reducing noise levels

Education:
There are different schools for grooming special children and identifying the right child for the right school is of prime importance. For e.g., Autism, being a spectrum disorder, has a very diverse population where every child is different- exhibiting various talents and demanding different forms and levels of attention from the parent which must be identified at the earliest and enrolled in special schools or even home schools to bring out the best of their abilities like music, art, designing, craft, dance, etc.

There are a few options available, such as:
a. Public schools with special education teachers
b. Special schools have specialised curriculum and training aids.
c. Home schooling with parent as the teacher

Integrate therapy into daily life as a Strategy for Independence
Integration at home will inculcate basic and independent decision-making skills and can play a key role in aiding the child to gain a certain level of social, intellectual, emotional and financial independence. Parents need to set simple yet achievable targets to gradually integrate a sense of routine in the child.

a. Encourage self-help to establish independent habits like dressing, grooming, sleeping and progress to a semi-permanent routine that is comfortable for the child.
b. Integrate therapy as a game: Make the idea of living and learning fun for the child, indulge in constructive play, like solving puzzles together, dough-making or clay-modelling for fine hand movements in physical disability, singing during meals, or even watching cartoon together
c. Inclusive education at home: drying clothes, loading washing machines, dusting, washing vegetables, folding clothes, operating electrical appliances, self-serving food and simple cooking using induction cookware, making a simple sandwich, instant noodles, etc.
d. Providing choices in selecting snacks, clothes, tv programs, games etc will bring out the independence.
Vocational training for earning livelihood eg music, arts and craft (for e.g., candle making, paper bags), designing, sculpting, tailoring

Do's and Dont's at every step, every hour and every task is of prime importance for the parent and child.

Do's

a. Maintain a **consistent schedule** for daily tasks like wake up time, bath time, dressing, breakfast, lunch and dinner time, snack- time, work time, fun time, play time, sleep time. Create a flexible planner with the child and encourage the child to follow the same.
b. Create a **visual schedule** in the form of boards, pictures or symbols to outlay daily activities and try to reward the child for every successful activity for positive reinforcement.
c. Simplify tasks into manageable steps and use checklists to guide through each activity.
d. Parents should indulge in a calm, positive reprimand, for controlling irritation, anger and frustration of the child.
e. Prior Mental preparation before a meet or a social gathering is essential

Don'ts

a. Comparing with peers
b. Overtasking
c. Breaking routine
d. Frequent change in environment
e. Over-reprimand and aggression from the parent
f. Forcing to study for a degree which will be of no consequence to the child

Building a Support system will integrate the parents into the society

a. Local support groups in schools, hospitals and community associations
b. Wellness hub, online forums like blog pages
c. Social media platforms like facebook, whatsapp groups, instagram pages and youtube channels etc.

Conclusion:

Parenting a child with disabilities is a big challenge, and needs a lot of patience and perseverance. By educating yourself, fostering a positive environment, setting realistic expectations, building a support network, practicing flexibility, focusing on independence and life skills, advocating for inclusive education and community involvement, and taking care of yourself, you can provide the love and support your child needs to be happy. **Every child is unique, and by embracing their strengths and abilities, one can help them reach their full potential and lead a fulfilling life**

Painting, drawing, music, or creative activities help autistic children feel calm, reduce stress and build confidence.

HEALTH

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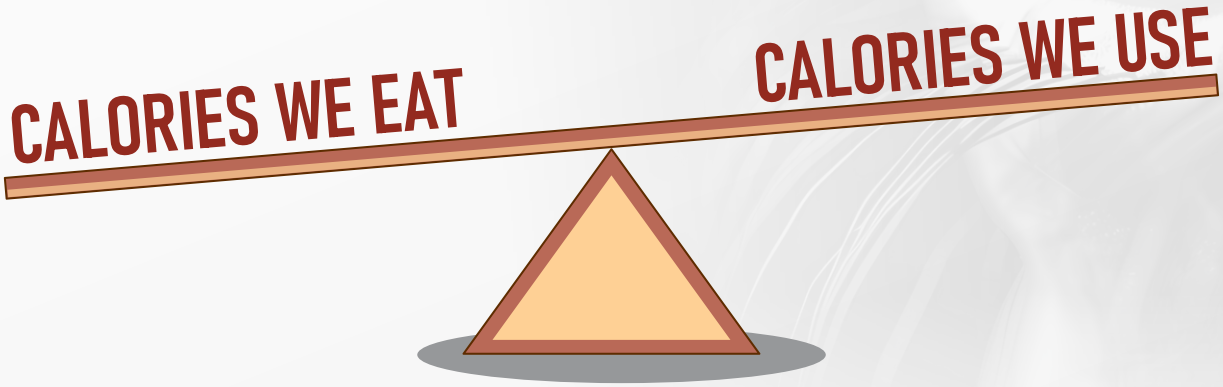
A Comprehensive Holistic Approach to Insulin Resistance

Insulin resistance is when cells in muscles, fat, and liver don't respond to Normal cells of insulin and can't easily take up glucose from blood.

Pathogenesis

Body is designed to smoothly transition between two different and opposing states: 'Fed', and 'Fasted'. In the fed state, insulin is elevated, and this signals your body to store excess calories in your fat cells. In the fasted state, insulin is low. The body starts mobilizing stored body fat from your fat cells and burning this fat for energy (instead of glucose).

Unfortunately, over time we seem to be spending less and less of our time in the fasted state and more and more time in the fed state. Eventually, insulin is high all the time and the body avoids burning stored body fat, relying mostly on glucose. Over time, this chronic exposure to high levels of insulin, leads to Insulin resistance. Chronic Insulin Resistance leads to Hyperinsulinemia.



FED STATE	FASTED STATE
• Insulin High	• Insulin Low
• Glucose High	• Glucose Low
• Burning Glucose	• Liberating Fat
• Storing Fat	• Burning Fat

Effects of Hyperinsulinemia on Human body.

1. Obesity:
Insulin suppress lipolysis, and causes Obesity

2. Type 2 diabetes:
Hyperinsulinemia causes chronic hyperglycemia, which eventually lead to type 2 diabetes.

3. Cardiovascular disease:
Hyperinsulinemia increase the risk of cardiovascular disease by promoting atherosclerosis.

4. Metabolic syndrome
5. Polycystic ovary syndrome (PCOS)
6. High blood pressure
7. Dyslipidemia
8. Inflammation and Autoimmune disorders
9. Alzheimer's and Dementia.

No Single drug is available to reverse Insulin resistance in the body. Most of the drugs available increase insulin levels directly or indirectly and reduce glucose levels. But all these drugs increase insulin resistance over time and cause more damage to the body.

Effects of reversing Insulin Resistance and **Hyperinsulinemia :**

☞ Decreases blood glucose.
☞ Decreases insulin level.
☞ Increases insulin sensitivity.
☞ Increases lipolysis and free fatty acid mobilization and increases cellular fat oxidation.
☞ Increases glucagon (the opposite of insulin).
☞ Increases growth hormone (the opposite of insulin).

Methods for Reversing Hyperinsulinemia

A.Nutrition

1. Low Carbohydrate diet
Eating a low-carb diet means cutting down on the amount of carbohydrates (carbs) to less than 130g a day. But low-carb eating shouldn't be no-carb eating. Not recommended for long term.

2. Ketogenic diet
Carbohydrates can be as low as 20 grams a day. Generally, popular ketogenic resources suggest an average of 70-80% healthy fat from total daily calories, 5-10% carbohydrate, and 10-20% protein. Even this diet not recommended for long time.

3. Intermittent Fasting
Intermittent fasting plans involve alternating periods of eating and fasting. Some common methods include 16/8, 5:2, and alternate-day fasting.

16/8 intermittent fasting
⇨ Eat within an 8-hour window each day
⇨ Fast for the remaining 16 hours
⇨ Drink calorie-free beverages like water or unsweetened tea and coffee while fasting

Alternate-day fasting
⇨Eat normally one day, then fast the next day
⇨Some people consume no calories while fasting, while others consume a few hundred calories

Eat-Stop-Eat
⇨Fast for a full 24 hours once or twice a week
⇨Drink only zero-calorie beverages while fasting

One Meal a Day (OMAD)
•Fast for 22- 23 hours, then eat your entire daily calories within a one-two hour eating window

•Benefit s of IF
•Weight loss: **IF can help you lose weight by improving insulin sensitivity and making stored fat more accessible**
•Improved heart health: **IF can reduce risk factors for heart disease**
•Improved blood sugar control: **IF can improve glucose homeostasis**
•Improved gut health: **IF can improve your gut health**
•Anti-inflammatory effects: **IF can reduce inflammation**
•Cellular repair: **IF can initiate cellular repair processes, including autophagy, which removes old and dead cells**

dysfunctional proteins
•Gene expression: **IF can change the expression of genes related to longevity and disease prevention**

Side effects of IF

Hunger, Fatigue, Insomnia, Nausea, Headaches, Dehydration, Irritability, Bad breath, Lethargy, and Mood swings. Side effects are usually mild and go away within a month.

Tips for intermittent fasting

✓ Eat whole, nutrient-dense foods
✓ Limit processed and sugary foods
✓ Stay hydrated with water
✓ Don't overeat during eating windows

B. Move your body regularly

Exercise is one of THE most powerful tools for improving insulin sensitivity and reversing insulin resistance!. During aerobic exercise, body burns more glucose and fat for fuel, which helps reduce insulin resistance. Exercise also helps lower inflammation and supports heart health

C. Get good Sleep

Sleep is essential for overall health, and getting a good night's rest can significantly improve insulin sensitivity.

Chronic sleep deprivation is a major risk factor for type 2 diabetes, and even one poor night's sleep can negatively affect blood sugar and insulin levels.

D. Reduce Stress

Engaging in stress-reducing activities, such as meditation, yoga, or deep breathing exercises, can help lower stress and improve insulin sensitivity.

E. Supplements

Here are some supplements that have shown promise in improving insulin sensitivity and blood sugar control:

•**Magnesium:** Some studies suggest that magnesium, at a dose of 300-400 mg/day, can improve fasting blood sugar levels and support cholesterol and blood pressure levels.

•**Alpha Lipoic Acid (ALA)**: A small study showed that taking 300 mg of ALA daily for 8 weeks significantly improved fasting and post-meal blood sugar levels. ALA is an antioxidant naturally produced by the body and found in small amounts in foods.

•**Vitamin D:** Research has consistently shown that vitamin D deficiency is linked to an increased risk of diabetes. Recent studies have shown that higher vitamin D levels can reduce the risk of developing type 2 diabetes by up to 43%. Vitamin D supplementation may also improve blood sugar control, insulin sensitivity, and help regulate blood pressure, cholesterol, and inflammation.

•**Folate:** Folate, a B-vitamin, may help lower blood sugar levels and improve insulin sensitivity. It also reduces homocysteine levels, an inflammatory marker associated with insulin resistance, diabetes, and cardiovascular disease.

•**Fiber:** Dietary fiber helps slow the absorption of glucose, reducing blood sugar levels. A high-fiber diet has been shown to protect against diabetes and improve blood sugar control in those with diabetes.

•**Cinnamon:** Cinnamon may improve insulin sensitivity and lower fasting blood sugar, by helping cells respond better to insulin, allowing glucose to be used more effectively for energy.

Conclusion

Insulin resistance is the main cause for all modern day diseases. It can be completely reversed through multimodal approach by making some dietary changes, regular fasting, exercises, good sleep, destressing the body, and by taking Some Supplements. **Decreasing Insulin Resistance improves overall health and longevity of a person.**

CROSSWORD 3

THEME: OCULOPLASTY

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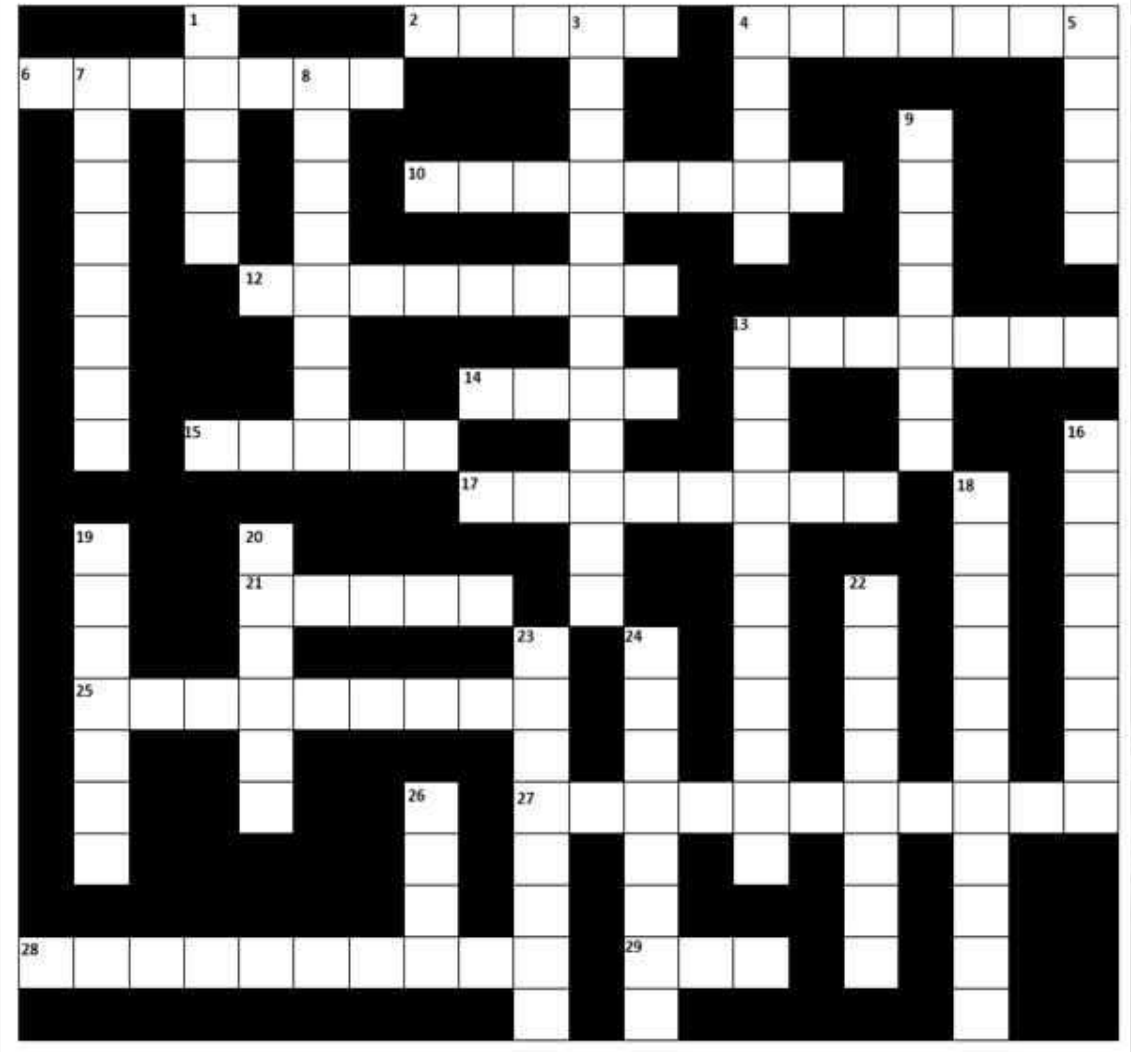

CLUES

ACROSS

2. Tube used in DCR
4. Risk factor for malignancies
6. Type of entropion
10. Temporary suturing for entropion
12. Surgery for ptosis
13. Pigmentary changes in pregnancy
14. Weights for Lagophthalmos
15. Method of skin resurfacing
17. Lower lid defect reconstruction
21. When shallow causes pseudo-proptosis
25. Common association of congenital ptosis
27. Upper lid defect reconstruction
28. Sign of aging in periorbital area
29. Level of lid crease in dermatochalasis

DOWN

1. Race with low lid crease
3. Treatment option for distichiasis
4. Important protein for botulinum
5. Common skin surgery
7. Mimetic muscle of the face
8. Type of epicanthus
9. Test in myasthenia
13. Lipid laden cells in xanthelasma
16. Spread in sebaceous carcinoma
18. Syndrome- upper lid overrides the lower
19. Content of sebaceous cyst
20. Syndrome of basal cell nevus
22. Test for elasticity of lids
23. Tumor associated with Horner's Superior analogue of Lockwood
26. Micrographic surgery

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Nethra Vaarthe
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NEWSLETTER OF KARNATAKA OPHTHALMIC SOCIETY

QUESTIONS OF CROSSWORD PUZZLE-2

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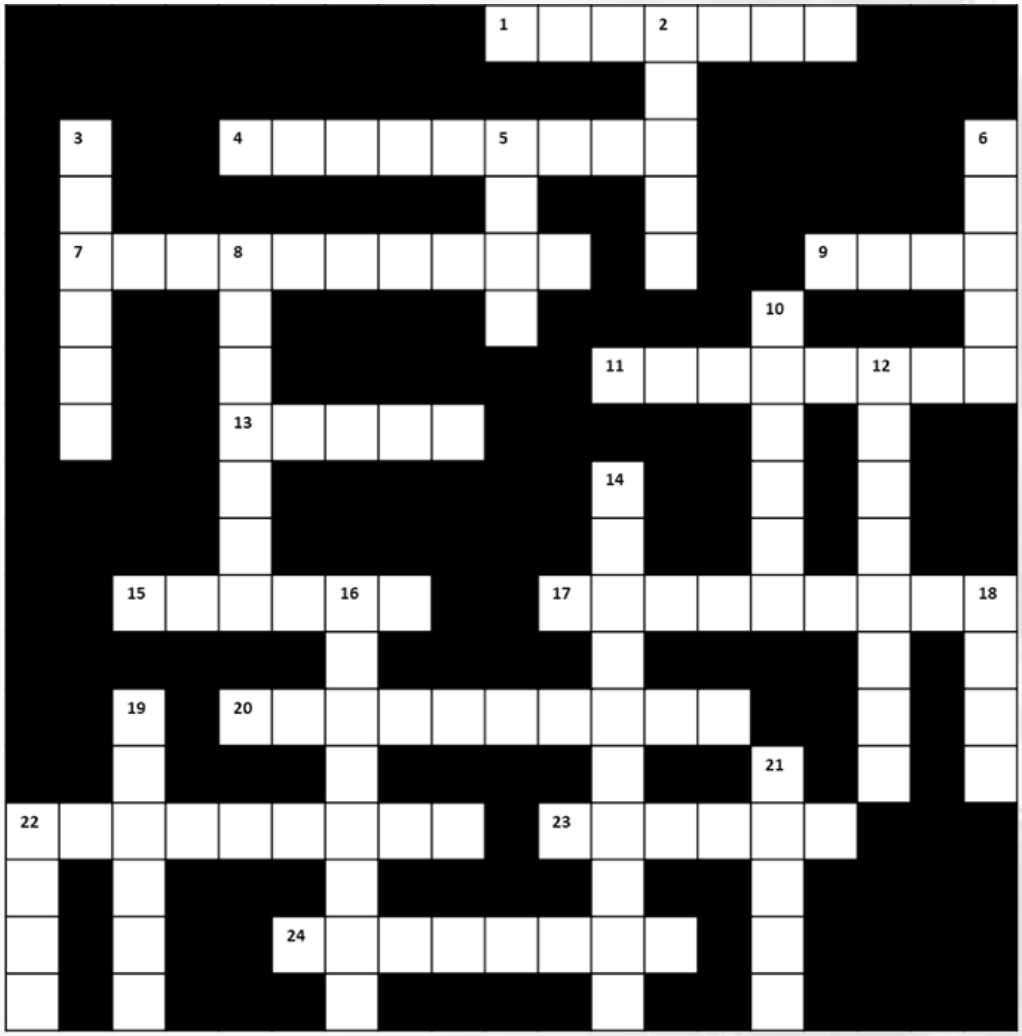

Crossword 2: Theme: Lines, rings and signs in Ophthalmology

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)

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ANSWERS FOR CROSS WORD-2

Theme: Lines, rings and signs in Ophthalmology

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Union Budget 2025-26 -Impact on individual Tax payers (mainly salaried persons)

There is a famous quote in English.
Expect everything, and anything seems nothing. Expect nothing, and anything seems everything. - **Samuel Hazo**
Exactly this is what has happened in the union budget presented for the Financial year 2025-26 (1st April 2025 to 31st March 2026). Salaried persons were expecting big relief right from 2013-14 Budget, but only to be disappointed. In fact, this year the hope was given up. Hence, there were no expectations, but then came this bonanza for middle level individual tax payers.

This is a dream budget for salaried class who earns up to Rs. 1,00,000/- per month or Rs. 1,06,250/- per month to be exact. In simple words any individual who is earning 12.75 Lakhs per annum need not shell out any income tax. Let's take a quick walk on this new road.

The Income tax department has introduced 2-way mechanism of taxing Individuals.

- Old Regime
- New Regime – Introduced from the Financial year 2020-21

In the old taxation regime, various deductions are allowed from the total income of an Individual including standard deduction of Rs. 50,000/- from the salary income. Whereas in the new taxation regime, except standard deduction of Rs. 75,000/- no other deductions are allowed from the total income of an individual.

In old tax regime there are only 3 tax rate slabs, whereas in the new tax regime there are 7 tax rate slabs. Let us compare the slab rates under both old and new regime.

New tax slab under new regime (effective from 1st April 2025)

Tax Income	Tax Rate - New regime	Remarks
0 to 4 Lakhs	NIL	
4 to 8 Lakhs	5%	This slab will be NIL if the taxable income does not exceed 12 Lakhs.
8 to 12 Lakhs	10%	
12 to 16 Lakhs	15%	
16 to 20 Lakhs	20%	
20 to 24 Lakhs	25%	
Above 24 Lakhs	30%	

Note: For salaried employees' standard deduction of Rs.75,000/- will be allowed.

Old Tax slab

Taxable Income	Tax Rate- Old regime
0 to 3 Lakhs	NIL
3 to 5 Lakhs	5% above 3 Lakhs
5 to 10 Lakhs	Rs. 10,000 plus 10% above 5 Lakhs
Above 10 Lakhs	1,12,500 plus 30% above 10 Lakhs

Note: For salaried employees' standard deduction of Rs.50,000/- will be allowed.

If we look at the above table, we get the impression that taxable income above 4 lakhs gets taxed at 5% with an increment of 5% for every subsequent slab. Yes, it is true that the tax is calculated if the taxable income crosses 4 Lakhs. But, no need to worry if our taxable income is 12 Lakhs or below. For individuals who have their taxable income more than 4 Lakhs but does not exceed 12 Lakhs, a tax rebate up to 60,000/- will be given under section 87A so that we don't pay any tax up to 12 Lakhs taxable income. If the taxable income of an Individual crosses 12 Lakhs, such individuals have to pay tax as per the above table. They will not be eligible to claim Rs.60,000/- rebate provided under section 87A.

MARGINAL RELEIF TO THOSE WHOSE TAXABLE INCOME EXCEEDS 12 LAKHS MARGINALLY

Let us say if an Individual taxable income is 12,10,000/-. In this case he has to pay the difference between 12 Lakhs and 12.10 Lakhs as tax. i.e. his tax liability is only Rs.10,000/-. Therefore, an individual whose taxable income up to 12,60,000/- is eligible for marginal relief. I will show few illustrations below.

Taxable Income after standard deduction of Rs. 75000/-	Tax amount	Rebate under section 87 A	Tax after Rebate
12,00,000	60,000	60,000	NIL
12,10,000	61,500	51,500	10,000
12,50,000	67,500	17,500	50,000
12,70,000	70,500	500	70,000
12,75,000	71,250	0	71,250

The intention of the government is very clear. It wants to gradually remove all the deductions available to individuals under chapter VI A of the Income tax Act and also exemptions provided to Individuals under section 10 of the Income tax Act. Government is planning to replace the present income tax Act with a simplified new Direct tax code. Let's see when it will be implemented and how simple and beneficial it will be to the tax payers.

ENVIRONMENTAL: SAVE IT

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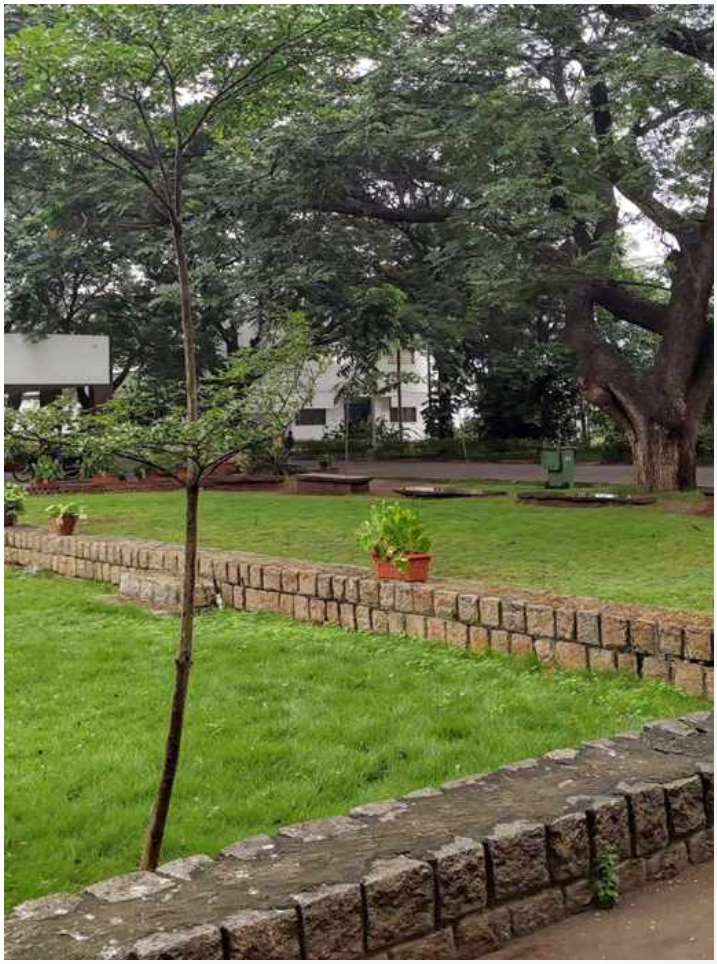
Cultivating a Culture of Sustainability : Sankara eye hospital & Yenepoya University's Success Story

With climate change and its consequences having significant impact on the health of the population, sustainability and curbing global carbon emissions have taken prime importance. Heath sector being one of the major contributors to carbon emissions, many hospitals and universities are playing exemplary roles in tackling global warming and helping curb carbon emissions. I was one of those privileged to have worked in two such premier institutes which are earnestly working on tackling global warming.

I completed my fellowship at Sankara eye hospital, Coimbatore for a period of one and half years from 2018 to 2019. More than an eye hospital in a green campus, it was a green campus with an eye hospital. (Image-1). The hospital area was spread over 1 acre while the green cover covered 4 acres of campus. (Image-2). The vision of the founder was so great that during the stone laying ceremony all the dignitaries and guests planted a sapling which had blossomed into full fledges trees by the time the hospital was built and started functioning. This hospital catered to the eye problems of majority of population of North Tamil Nadu and parts of Kerala, the hospital operates annually 35000 cases. The carbon emission from such a high load of cases will be humongous. We calculated that a single cataract case roughly produces 3.20 kg CO_2 Equivalent and on operating 35000 cases produces 113.12 tonnes of CO_2. The green cover absorps 133.22 tonnes of CO_2 thereby negating the entire CO_2 emission. The Solar Capacity - 125 KW (Saves 1.5 Lakhs worth of Energy Bill every month). Approx 65 Cows = Milk production is 120 to 200 Litres every day is used for Canteen & for Community Patients. The leaves from the tress are collected and made into a compost to make the 2.5 acres fertile, where fodder grass is grown to feed the cows. The cow dung are fed into the Biogas plant (DOME), that in turn convert the cow dung to 2.5 commercial cylinders worth of Gas. This gas is fed to the Boiler that is used for cooking purposes in the canteen. The waste water is fed to the STP Purifier and the treated water is used to nourish the 2.5 acres of land to cultivate fodder grass to the cows and also to water the garden areas in the campus Thus with maximum recycling and reusing of the waste generated with minimal usage of disposables along with the humongous green cover of our campus we are able to arrest this burden with ease thus being a model hospital in the future to arrest the carbon foot printing and mitigating global warming.



View of the campus from the hospital entrance

Image from the entrance gate of the hospital campus

Working in a medical school or college helps in promoting overall growth in research, experience, teaching and skill enhancement. I am Currently working in the ophthalmology department in Yenepoya university located in Mangalore in South India. It is a model university in tackling global warming and keeping environment sustenance as its goal. Here are few measures taken up by our institute in tackling global warming. The campus is spread over 31 acres having a green cover of 33%.

The campus has been made strictly plastic free. The administration provide cloth bags as alternative to people who get plastic covers inside the campus. Another great initiative.

To commute inside the campus, from staff to students, from patients to parents the campus has electric buggy which is eco-friendly and zero carbon emission neutralizing global warming. The campus also has electric cycles for students.

Electric buggies used to commute staff and students inside the campus

The entire campus has been installed with solar panelled roofs to harness solar energy. This not only meets the energy requirement of the hospital but also reduces usage on electricity from non-renewable sources of energy but also helps in tackling global warming and reducing carbon emissions. To top it all the campus has a large man-made rain water harvesting pond in an educational institution. Spread over an area of 2.25 acres of land. It easily collects 3.5 crore litres of water. This not only helps in meeting the need of water in the campus but has been successful in replenishing the ground water table. Climate change is a major threat to global health in this century. Climate change is happening and carbon foot printing techniques are used outside of the healthcare sector 4–5% of global greenhouse gas emissions come from the healthcare sector. All Health care facilities must take steps and initiatives to tackle this growing epidemic.

SPIRITUALITY

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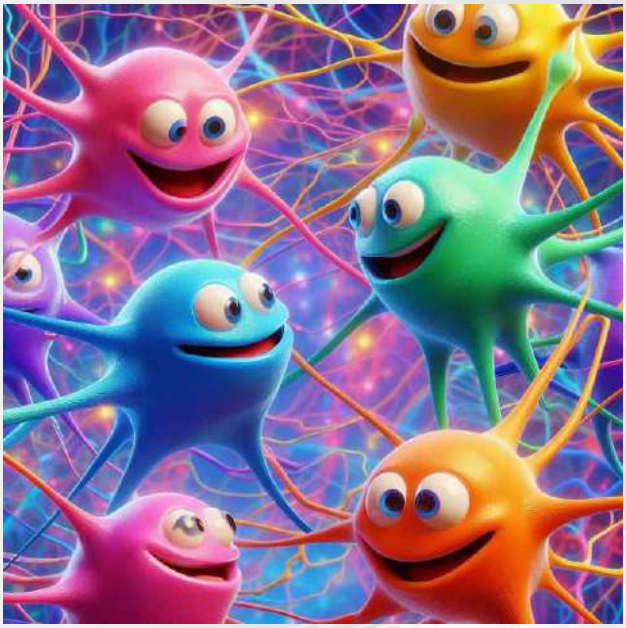
WHERE IS YOUR PRECIOUS GOD?

It was a typical morning for Medha the neuron cell in grey matter who stayed in the cerebral cortex of the brain. She was feeling highly energetic today with the fresh breakfast of glucose, with a dash of exciting spices of norepinephrine, serotonin. There was a lot of work for her to do today.

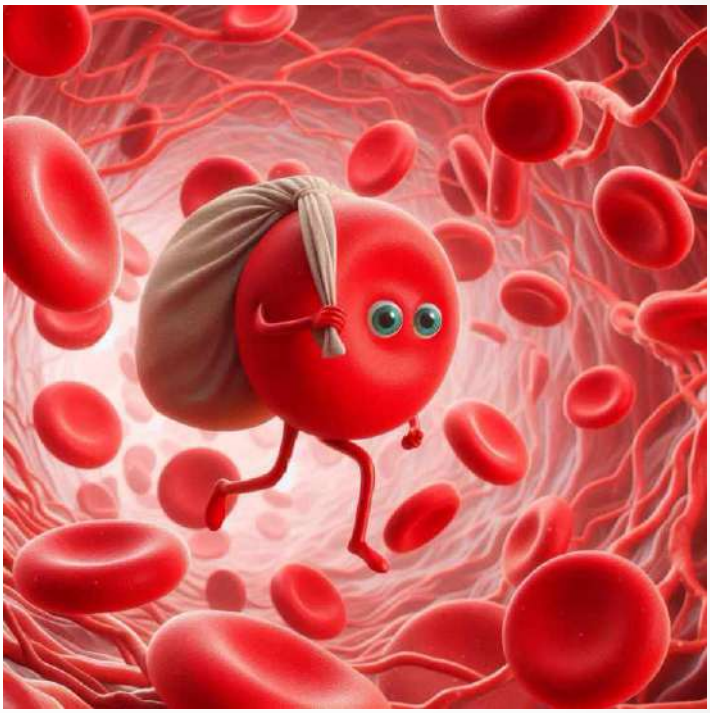
Transmissions were going on at great speed and she did not have a moment to spare. She just had enough time to notice how perfect the tissue fluid around her was. With just the right amount of ions allowing her to work in perfect balance. She felt happy. She could sense perfect health and well being while she churned away in her work – happily interacting with her co workers, the neighbouring cells, especially intimate were the ones attached to her by her dendrites and the ones attached to her axons. It was as if they were her soul mates existing and working with her in perfect unison.

As day passed on and turned to evening, her activities reduced a little and she started chatting with her friends. “Have you heard of this absurd idea of existence of a 'human'? Greater than us, actually controlling our actions, our master!! Bah!! What humbug! Has anyone ever seen such a being in the entire universe?” Her friend Pragya answered: “I don't know, why don't we ask the blood cells about this. They travel the entire length and breadth of our universe.”



All the blood cells were busily passing by dropping packages of food, oxygen and hormones and picking up waste material and carbon dioxide on their return journey. The two ladies asked a passerby blood cell to stop for a moment to describe his wonderful journey and to tell them if they ever came across this human they had heard so much about.

Sanchari, the blood cell began his story of adventure. “Ladies, you have no idea what this universe is all about. There is so much to it. There is the eye where there are cells which receive light from even outside of this universe and then send signals like you all do, to other cells similar to you. There is heart where many muscle cells work together to pump us on during our travel. There is a place called lungs where we get all the oxygen we bring to you, there is another place called stomach and intestines from where I get all the food for you. Many many such strange and wonderful places I visit daily.



Each day I go to a different place and I see a different sight. You people have not seen much of what they call death, destruction and repair. it happens so very often in places like intestines and skin. It is sometimes sad to see all the death around, but their is a freshness of new life that I see every time which makes me cheerful again.

"There are also these horrible places like the rectum and the bladder where the worst of the cells live. That is where we leave all the filth and come. I dread my duty days when I have to visit those places of terrifying glom."

Medha blurted: "What ugly monsters! what sinners they must be to get such dirty work to do. I am sure they have done much wrong in previous lives to deserve this drudgery! I have been told I have done really good work in my previous lives!That is why I do the best of work, and am blessed with a long and fruitful life. How wonderful it is here, is it not?"

Pragya asked Sanchaari: "But what of human? Have you anywhere come across such a thing like human? Someone who is our Lord and master? On whose bidding this universe functions?"
Sanchaari shrugged. "Yes, I have heard of him but never come across such a being. Some say he is beyond understanding. Knowledge of him is beyond this realm of universe for us to grasp."

The trio were plunged deep into thought of this mysterious entity. Was it possible that there could be a reality different from the one we know of? Something greater than us all?

Sanchaari suddenly exclaimed: "Look, there goes Karmayogananda – the Karma yogi! He is an old blood cell who does his work silently and hardly speaks. But whenever he does, we feel he is from another universe. So different, so serene, so wonderful is his personality. Let us ask him, he is sure to know something more than us about the human."

Karmayogananda stopped when he heard his reference. The trio bowed in obeisance to the yogi. "Oh Yogi, we wish to know the mystery about human. We have heard of his existence but don't understand how there could be anyone outside of our own perception." Pragya asked humbly.

The serene red blood cell spoke up: "Listen friend. There is a reality beyond what you see around you. That reality is too vast for you to be able to grasp without inner awakening. I can tell you a million things about human, someone else who knows him, will tell you a million other things, and all of it could be true." The three friends listened to him in awe.

"If I say, whatever you see around you is nothing but him, you may not understand it. Only one who has purified his mind enough and approaches this question with sincerity, yearning and reverence can understand the truth as it is."

Medha looked confused: "I can see clearly what is around me. Tissue fluid, grey matter white matter, CSF, all the cells around me busy in their work, blood vessels with all the blood cells and materials they collect floating in blood. I understand what's going on so clearly! And yet you say there is a reality beyond all this? That all of this itself is human? Why doesn't he show himself to us? Why doesn't he speak to us? How do we know he cares about us?"

Karmayogananda patiently replied: "Not only is he there in every bit of what you see around, but he is you yourself. How can he not care about your

welfare? The self within you – not the one who calls herself Medha, not the one who is looking around herself with a mixture of wonder and surety, not the one who works from morning to late night exchanging signals, but the one who witnesses all of this happening around her, the one who is aware of the feeling of 'I' that you feel, that one is the same reality which enlivens the human too. And in that sense, you are nothing but him and he is nothing but you! Even the tissue matrix that you see around you and feel is lifeless is in principle, nothing but him."

Pragya asked humbly: "Why is it, O learned one, that some are happier here than others? Why does human allow the skin cells to die so early in life and the kidney, ureter, bladder cells and cells of the rectum to be covered in filth all the time? Why is there so much gloom in this universe?"

Karmayogananda was smiling: "Each one is an essential piece of the whole jigsaw puzzle. Each lives, works and dies based on his own nature. What we see externally is just that, nature at work. Internally there is no difference between what you really are and what they really are. They exist in you either loved or hated or sympathised by you. But beyond love, hatred or sympathy, they are one with your very existence."

Sanchaari asked next: "Respected sire, you and I know about our other blood cell friends, who help fight invaders from outer universe, sometimes turn rogue and destroy our own brother cells. Also, some of our other brother cells turn evil and selfish, and in an attempt to establish their own kind they outgrow other cells, to the extent that all can get killed and our universe itself may get extinguished. "Why do these cells act evil? If human is real, why doesn't he stop these things from happening? Why does he allow such brutality to prevail?"

Karmayogananda answered: "Here again, dear friend, nature takes its course. There are invisible trigger factors which make these cells behave wrongly. When matters start going out of hand, human does intervene to bring back stability. But there is a limit to this. Stability may not be established every time. Ultimately, who suffers how much is determined by the law of karma."

Pragya asked with folded hands: "What is the way for us, O Yogi?! How can we come to see the truth?" Karmayogananda replied with a faint smile: "**One has to purify one's thoughts to see the truth. Practice selflessness.** Remember and contemplate on what I just told you with a little bit of faith and a little bit of yearning. You will see the truth. It will become as obvious as the colour of blood."

He said this much and was off again with his lips moving in prayer, carrying the loads of carbon dioxide and waste on his way back without a slightest trace of exhaustion after the whole day's work.

The three friends were each lost deep in their own thoughts. Not just about what he said, but utterly in awe of the state of permanent bliss in which he seemed to be. They had a lot to think over.

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Nethra Vaarthe

From Darkness to light

Schedule for next release of Newsletters / Scientific journal

3rd News letter - January 2025
3rd scientific Journal - May / June
4th News letter - August / September
4th Scientific Journal - October / November

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