



From Darkness to light

Volume 3 Issue 1

MAY 2026

NETHRA ನೇತ್ರ ವಾರ್ತೆ VAARTHE

Newsletter of Karnataka Ophthalmic Society



Dear KOS members

On behalf of the editorial team of JVS and the office bearers of KOS, I extend my warm greetings to all of you.

We are delighted to present the 5th edition of our Newsletter. This issue showcases the various activities of KOS, achievements of members and winners at different events, along with several insightful and interesting articles (special appreciation to Dr. Narasimhamurty P M).

I extend my heartfelt gratitude to all the authors and contributors who spared their valuable time and effort in making this issue possible.

At this juncture, I would also like to express my sincere appreciation to the Governing Council members for taking our journal a step further in the journey toward indexation. We are pleased to announce our collaboration with WOLTERS KLUWER MEDKNOW, which will significantly strengthen the publishing process and enhance the prospects for wider indexation and visibility of our journal.

I sincerely request all members to actively contribute their academic work in the form of original articles, review articles, case reports, surgical pearls, and letters to the editor.

The true value of a journal lies in the quality of its published content. We remain committed to continuously improving the standards of our journal through your constant encouragement and support.

We look forward to greater participation and valuable contributions from more members of our society.

Best Regards

Dr Kavitha V

Editor In Chief

Journal of Vision Sciences

Dr Thirumalesh

Associate Editor

Journal of Vision Sciences

EDITOR'S DESK





Table of Content

Content	Page No
President's Desk	01
KOS Office Bearers	02-03
KOS Activities	04
Membership Drive Month	05
Achievements & Awards	06 - 16
Scientific Awards Winners	17 - 23
Literature	24 - 27
PG Forum	28 - 29
Out of the Box	30 - 33
Hobbies	34 - 36
Nature	37 - 40
Crossword Puzzle	41
Life Beyond Ophthalmology	42 - 43
Finance	44 - 48
Health	49
Crossword Puzzle Answer	50

KOS Governing Council Members



Dr Shivaram K V
President



Dr Ananth Bhandary
President Elect



Dr R Krishna Prasad
Vice President



Dr Sunil Ganekal
Hon Secretary



Dr Elankumaran P
Joint Secretary



Dr Shivayogi R Kusagur
Scientific Committee Chair



Dr Sharat Shivaramaiah Hegde
Treasurer



Dr Kavitha V
Editor Journal



Dr Ravindra Banakar
Imm past President



From President's Desk

Dear KOS Members,

Warm greetings from the KOS Team 2025–26. We wish you all a joyful and refreshing monsoon season we are entering shortly.

Monsoon is a beautiful time when nature comes alive with fresh leaves, blooming flowers, and abundant fruits that benefit all living beings. In the same spirit, our colleagues continue their dedicated work, using their skills and knowledge to restore sight to those in need, especially during this busy vacation period.

It is truly wonderful to see the newsletter brought out by our enthusiastic Editorial Board, led by Dr. Kavitha V and her team. Their efforts are highly appreciated.

As we look ahead, let us begin preparing for the much-awaited KOSCON 2026, scheduled for the last week of November in the cultural city of Mysore.

I request all of you to actively participate in the academic activities of KOS and contribute articles to our journal.

With regards
Dr Shivaram K V
President, KOS 2025–26

Zonal Committee Members



Dr Deepti Joshi



Dr Mahesh Babu



Dr Pallavi Prabhu



Dr Poornachandra B



Dr Shamanth Shetty

Scientific Committee Members



Dr Arvind L Tenagi



Dr Dhishitha P Rathod



Dr Ravi B Kulkarni



Dr Shamanth Shetty



Dr Soumya Ganesh Nanaiah



KOS ACTIVITIES

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Title of the CME	CME date	Place of CME
Updates in Ophthalmology	23-11-2025	Mysore Ophthalmic Trust
Holistic Approach to Uveitis	30-11-2025	Nethradhama super speciality eye hospital, Jayanagar Bangalore
Glaucoma Mastercuts	19 th to 21 st Dec 2025	Narayana Nethralaya, Bangalore
CME on Small Incision Cataract Surgery	20-12-2025	DNB Institute, Saundatti
Glaucoma Education program	11-01-2026	Malanad Ophthalmologist Association
Eye Fest 2026	3 rd and 4 th Jan 2026	MM Joshi Eye institute, Hubli
Phaco Festival	16 th to 18 th Jan 2026	Nethradhama super speciality eye hospital, Jayanagar Bangalore
Practice, Prepare, and Publish: Hands-On Research and Publication Workshop AIOS Prayogshala	29-01-2026	Dept of Ophthalmology, Subbaiah Institute of Medical Sciences, Shimoga
Voice of Refractive Surgery	29 th -30 th Jan 2026	Narayana Nethralaya, Bangalore
DEOSS Congress	29 th -30 th Jan 2026	Narayana Nethralaya, Bangalore
Clear & Concise Clinical Concepts In Ophthalmology	20 th to 22 nd Feb 2026	Sankara Eye Hospital, Bengaluru
Arise 26	21 st to 22 nd Feb 2026	Retina Institute of Karnataka
CME on Glaucoma Fought Night	06-03-2026	Adichunchanagiri Institute of Medical Sciences
CME on Practice Management and Patient Counselling	01-03-2026	Jyothi, The Lasic Vision Centre



KARNATAKA OPHTHALMIC SOCIETY

MEMBERSHIP

DRIVE MONTH



VENUE
JSS Medical College,
Mysuru



**12TH MAY TO
12TH JUNE 2026**



CONFERENCE DATE
**27TH - 29TH
NOVEMBER 2026**

MEMBERSHIP FEE

~~₹ 4000~~
↓
₹ 3000

LIMITED TIME OFFER!

BENEFITS OF JOINING KOS

1. Eligibility to participate in all KOS related activities
2. Eligibility to contest for KOS Office Bearer posts, if a resident of Karnataka
3. Eligibility for named awards and honours during the annual conference
4. Discounted registration for the annual conference
5. Voting rights for KOS elections
6. Preferential employment at hospitals in Karnataka
7. Eligibility to present a paper /poster/video/IC in KOS conferences



CLICK HERE

**TO BECOME
A MEMBER**



GOVERNING COUNCIL MEMBERS



Dr. Shivaram K V
President



Dr. Ananth Bhandary
President Elect



Dr. R Krishna prasad
Vice President



Dr. Sunil Ganekal
Hon. Secretary



Dr. Elankumaran P
Hon. Joint Secretary



Dr. Shivayogi R Kusagur
Sci. Comm. Chair



Dr. Sharat S Hegde
Treasurer



Dr. Kavitha V
Editor Journal



Dr. Ravindra Banakar
Imm. Past President

Hearty congratulations to our KOS stars who triumphed in AIOS Election Winners



Dr Krishnaprasad Kudlu
Editor proceedings



Dr Elankumaran
Joint treasurer



Dr Chaitra Jaydev
Member ARC- South



Dr Srinivas Joshi
AIOS Member Scientific Committee



Dr Mahesh Babu
AIOS Member Scientific Committee

ACHIEVEMENTS & AWARDS



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Dr Arya

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Bangalore

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Dr Meenakshi Dogra

Sankara eye hospital,
Bangalore

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Teachers of Tomorrow 2nd Runners up prize to
Dr Meenakshi & Dr Arya Pandey at AIOC -March 2026

Mentor:

Dr. Meena Gopinath Menon, Head, Glaucoma Department,
Sankara Eye Hospital, Bengaluru

ACHIEVEMENTS & AWARDS



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Sagar, Shimoga district
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Has been selected unanimously as **The Chairperson of the Conference** (ಸಮ್ಮೇಳನದ ಸರ್ವಾಧ್ಯಕ್ಷರು) for the forthcoming IMA Kannada Vaidya Barahagarara Sammelana to be held jointly by IMA Vaidya Barahagarara Balaga and IMA Karnataka State Branch at Doddaballapur, Bangalore district.

Medical writer for the last 40 years, published 25 books and more than 2000 medical articles for the common public in Kannada in all leading news papers and magazines. And more than 800 articles in English for the lay public.



Dr Kaushik Murali
Department of Pediatric Ophthalmology,
President Medical Administration,
Quality & Education,
Sankara Eye Foundation, India
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Best Paper of the Session Community / Social Ophthalmology Award AIOC - March 2026
Topic: Vision in Box, Novel Portable Tricolour Chart to Screen Suppression in School Screening



Dr Mahesh Babu

Professor and HOD, SUIMS, Shivamogga
Managing Committee Member - KOS
Member Scientific Committee - AIOS
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The AIOS Prayogshala Connect: First time in Karnataka

The AIOS Prayogshala Connect – Practice, Prepare, and Publish: Practical Hands-on Research and Publication Workshop, first time ever in Karnataka was organized by **Dr. Mahesh Babu, Professor and HOD (Ophthalmology) SUIMS, Shivamogga, Member Scientific Committee-AIOS, Managing Committee Member - KOS**, with resounding success on 30-01-26 at Subbaiah Institute of Medical Sciences, bringing together an enthusiastic gathering of students and faculty members from across Karnataka.

The workshop stood as a remarkable academic initiative aimed at nurturing research aptitude and enhancing publication skills among budding and practicing ophthalmologists. The event witnessed active participation from delegates representing diverse institutions, all united by a shared passion for research and academic excellence. The atmosphere throughout the day was vibrant, engaging, and intellectually stimulating, with participants deeply immersed in every session.

The workshop was graced by the esteemed Chief Guest, **Dr. M. Vanathi**, Professor at AIIMS, New Delhi, and Editor-in-Chief of the Indian Journal of Ophthalmology (IJO), **Dr. Kavitha V**, Sankara Eye Hospital, Shimoga, and Editor of the Journal of Vision Sciences, their insightful address inspired participants and emphasized the importance of quality research and ethical publishing practices in advancing ophthalmology.





Dr M Vanathi



Dr Kavitha V

The workshop featured an exceptional panel of faculty and speakers who delivered highly informative, practical, and engaging sessions:

DR. Mahesh Babu, SUIMS, Shivamogga, **Dr. Gayathri Mahadevan** SUIMS, Shimoga, **Dr. Yogish Kamath** KMC Manipal, **Dr. Sulatha V Bhandary**, KMC Manipal, **Dr. Animesh Jain**, KMC Mangalore, **Dr. Pradeep Sagar**, Sankara Eye Hospital, Shimoga, **Dr. Soujanya Kaup**, Yenepoya Medical College, Mangalore,

Dr. Siddharudha Shivalli, affiliated with the London School of Hygiene and Tropical Medicine, **Dr. Vaibhav Nayak J**, SUIMS, Shimoga, **Mrs. Tintu Matthew** and **Mr. Sudheer**, SUIMS, Shimoga

Each session provided hands-on experience, simplifying research methodology, data analysis, and scientific writing. The speakers were highly appreciated for their clarity, expertise, and engaging teaching style, keeping participants involved throughout the day. Participants found the workshop extremely useful, practical, and relevant, gaining valuable insights into research and publication. Feedback was overwhelmingly positive, with many calling it “exceptional” and expressing interest in more such workshops. Overall, the event was a grand success, effectively empowering attendees with essential research skills. The organizing team sincerely thanks all dignitaries, speakers, and participants for making the workshop impactful and memorable.

ACHIEVEMENTS & AWARDS



Prof. Dr Naren Shetty PhD

(Maastricht University)

Director and Head of the Department
Cataract and Refractive Services
Narayana Nethralaya
Bangalore, India

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Dr. Naren Shetty was honoured with the following awards and recognitions at AIOC 2026 Jaipur :

Sante Vision Award – Overall Best Cataract Paper 2026

Awarded in recognition of outstanding contribution and excellence in cataract research and innovation.

Best of IJO (Original Article) – Cataract

Recognized for exceptional academic contribution published in the Indian Journal of Ophthalmology.

Certificate of Appreciation – IJO

Presented for valuable academic and scientific contributions towards ophthalmic literature and education.

International Heroes Award

For winning multiple best paper of sessions in international conferences. These recognitions reflect Dr. Shetty's continued dedication towards academic excellence, innovation, and advancing ophthalmic care at both national and international levels.



Dr Nishanth

Resident

SDM College of Medical Sciences
and Hospital, Dharwad

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Best Entertainer Award
Member of team - South Zone
Winners AIOC Utsav Cultural event

ACHIEVEMENTS & AWARDS



Dr Padmamalini Mahendradas
Consultant, Narayana Nethralaya
President, Uveitis Society (India)
Vice President, Society of Inflammation
Research
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1. AIOS - Achievement Award 2025
2. International Ophthalmic Heroes of India
All India Ophthalmological society honours Dr. Padmamalini Mahendradas for
1. Picture award at the international ocular Inflammation society 2025
2. Achievement award for making good contributions to the scientific programs
of the APAO Congress 2025

ACHIEVEMENTS & AWARDS



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Dr Payal Shah

Consultant
Department of Vitreoretina and
ocular oncology
Sankara Eye Hospital, Bangalore.
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- **KOSCON 2025:** Won the Best Poster Award in Community Ophthalmology.
- **AIOC 2026:** Won Best Physical Poster in Community Ophthalmology for the poster titled "Understanding awareness of diabetic retinopathy across India's general population."
- **AIOC 2026:** Received the Best of IJO Publications 2025 award for the paper "Survival outcomes and prognosis predictors of uveal melanoma from Indian population."

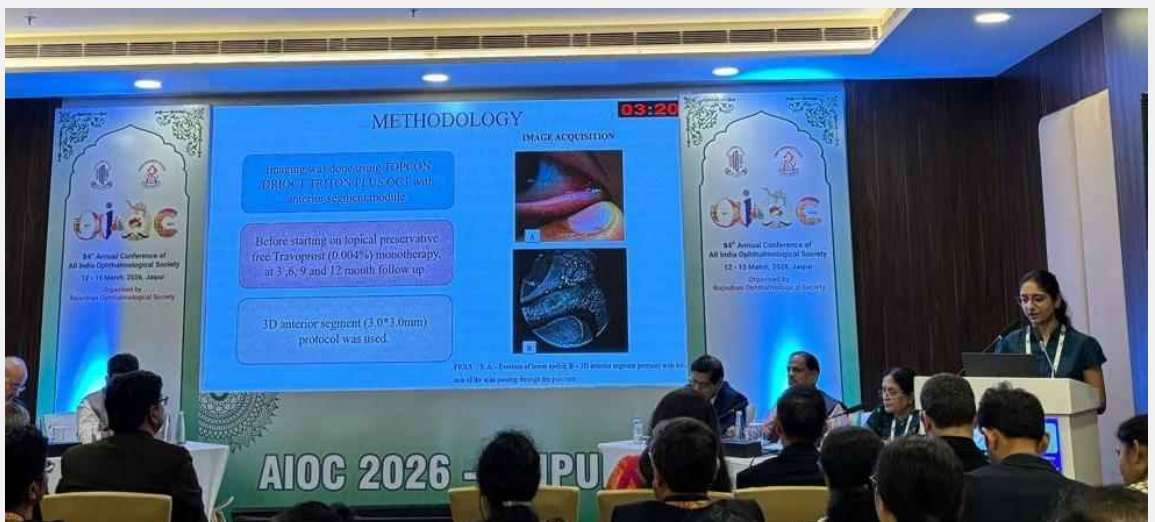


Community & Social Ophthalmology Best Physical Poster award to Dr. Payal Shah
Original Article Oncology - Best of IJO 2025 to Dr. Payal Shah at AIOC - March 2026



Dr Poorva Dige

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Community & Social Ophthalmology
Best Paper Lacrimal award to Dr. Poorva Dige at AIOC-March 2026



Dr Renuka Barki

Professor, Department of ophthalmology
S S Institute of Medical Sciences &
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AIOS

- ✓ Chief author of a podium poster presentation at AIOS- “From Haze to Hope: Reclaiming life with Low vision”.
- ✓ Mentored two postgraduate students Dr Vindhya Prakash and Dr Arpitha V Babu for AIOS “Teachers of Tomorrow” - secured 6th place out of total 70 teams.

ACHIEVEMENTS

- ✓ Cleared FAICO (Fellow of All India Collegium of Ophthalmology) in Pediatric Ophthalmology & Strabismus.
- ✓ Invited speaker at AIOS “Guru Sangam” (national PG teaching program); delivered a talk on Superior Oblique palsy.
- ✓ Invited as discussant for the recently conducted KUPOTA- Karnataka undergraduate and postgraduate ophthalmology Teacher's Academy, online educational series.

KOSCON

- ✓ Winner of Best Poster Award (Glaucoma category) at KOSCON 2025
- ✓ KOSCON 2025: Mentored “Renuka’s Rock Stars” team in Teachers of Tomorrow finale
- ✓ Delivered multiple talks and chaired many scientific sessions at KOSCON 2025
- ✓ chief authored more than 6 papers/posters in KOSCON 2025



ACHIEVEMENTS & AWARDS






Dr Soumya H V

Professor & Head,
Department of Ophthalmology
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AIOC 2026 @ Jaipur
84th Annual Conference of All India Ophthalmological Society
12-15 March, 2026 | Jaipur Exhibition & Convention Centre, Jaipur

Poster Podium Presentation - Diabetic Retinopathy & Medical Retina

[FP577] : GC-IPL and RNFL profile across Diabetic Retinopathy severity and their Correlation with Blood Marker

Chief & Presenting Author : Dr.Soumya H.V.(M.NO:S10736)

Regards
Prof. (Dr). Namrata Sharma
Chairperson Scientific Committee, AIOS



Received best poster podium presentation at the recently held AIOC at Jaipur under the diabetic retinopathy and Medical Retina category



Dr Thirumalesh M B

MD(Ophthalmology). FAICO (Retina)
Consultant Vitreo Retina services
Narayana nethralaya, Bommasandra

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Awarded ASRS Honor Award 2025 in July 2025
Awarded APVRS best Video Award in Dec 2025

ACHIEVEMENTS & AWARDS



Dr Vishwanath Ankad

Cornea refractive surgeon
MM Joshi Gnaesh Netralaya, Sirsi
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Dr Vishwanath Ankad received Best poster award for E-poster on **Bowmans layer inlay- for moderate to advanced keratoconus patients**, presented at KOSCON 2025 Davanagere.



Dr Divyansh K Mishra

Vitreo Retina Consultant
Sankara Eye Hospital, Bengaluru
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AIOS Guru Sangam 2025–26, New Delhi – Appreciation Award



AIOS Editor Proceedings, New Delhi – Appreciation Award

**SCIENTIFIC
AWARD WINNERS
KOSCON 2025**


KOS Dr M M Joshi – Overall Best Free Paper Award	FP293 : “Three muscle Vs Three muscle surgery for large angle XT” Chief & Presenting Author : Dr. Sowmya R
KOS Dr H Krishnamurthy Prize – Overall Best Free Paper - 1st Runner Up	FP224 “Full-field Stimulus Testing: An Evolving Functional Marker In Advanced Retinitis Pigmentosa” Chief & Presenting Author: Dr. Deepika C Parameswarappa
KOS Dr Basheer Mekhri Prize – IOverall Best Free Paper - 2nd Runner Up	FP57 : “Impact Of Bacillary Layer Detachment On Visual Outcomes In Macula-off Rhegmatogenous Rd.” Chief & Presenting Author: Dr. Ramesh Venkatesh
KOS Dr Umesh Megur – Best Film Festival Award	VT29 : “Journey of beginner Phacosurgeon: Hurdles and remedies” Chief & Presenting Author : Dr. Alka Kulkarni Co Author(s): Dr. Deepak Megur, Dr. Megur Bharathi D, Dr. Poonam
Dr. T K Ramesh Best Poster Presentation	PP12 : “Lace on the retina: Vermicelli-like BLIP with CHRPE unveiled” Chief & Presenting Author: Dr. Prathibha S Naik Co Author(s): Dr. Krishna Prasad kudlu, Dr. Sharat Shivaramaiah Hegde"
KOS Dr Y L Rajashekar – Best Free paper in Cataract	FP178 : “Lens striations: Pivotal marker to assess trench depth for lateral separation in phacoemulsification” Chief & Presenting Author : Dr. Alka Kulkarni(M.NO:3120) Co Author(s): Dr. Deepak Megur, Dr. Megur Bharathi D, Dr. Poonam
KOS Dr H K Nagaraj Prize – Best Free Paper in Community Ophthalmology	FP165: “Glaucoma In Rural Southern India: Disease Burden and Awareness” Chief & Presenting Author : Dr. Mahesh Babu Co Author(s) : Dr. Konatham Shruthi
KOS Dr A S Guruprasad – Best Free paper in Surgical Retina	FP57 : “Impact of Bacillary Layer Detachment on Visual Outcomes in Macula-off Rhegmatogenous RD.” Chief & Presenting Author : Dr. Ramesh Venkatesh Co Author(s) : Dr. Prathibha Hande, Dr. Vishma Prabhu Gumbira
KOS Dr Ravi Kulkarni - Best Free paper in Comprehensive Ophthalmology	FP11 : "Pediatric eyecare awareness"- A cross sectional study of pediatricians' knowledge and practices” Chief & Presenting Author : Dr. Deepti Joshi(M.NO:1977) Co Author(s) : Dr. Sheetal Madalagi

<p>KOS Dr Elankumaran- Best Free Paper in Cornea</p>	<p>FP225 : “Tears of Clarity: Lifitegrast and Cyclosporine for Ocular Surface Optimization in Refractive Surgery” Chief & Presenting Author : Dr. Abhishek G U Co Author(s) : Dr. Sowparnika A B, Dr. Umesh G S</p>
<p>KOS Dr Sunil Ganekal - Best Free Paper in Medical Retina</p>	<p>FP224 : “Full-Field Stimulus Testing: An Evolving Functional Marker in Advanced Retinitis Pigmentosa” Chief & Presenting Author : Dr. Deepika C Parameswarappa Co Author(s) : Dr. Poornachandra B</p>
<p>KOS Dr.Shivayogi R Kusagur- Best Free Paper in Oculoplasty, orbit, oncology and ocular pathology</p>	<p>FP228 : “Potpourri of orbital & ocular metastasis as the initial presentation of occult primary malignancies.” Chief & Presenting Author : Dr. Shruthi M K - 8880697071 Co Author(s) : Dr. Anjali Kiran, Dr. Bindu Malini. M, Dr. Padmamalini Mahendradas</p>
<p>KOS Dr H M Ravindranath – Best Free Paper in Paediatric Ophthalmolgy & Squint</p>	<p>FP293 : “Three muscle Vs Three muscle surgery for large angle XT” Chief & Presenting Author : Dr. Sowmya R</p>
<p>KOS Dr Madhav Honnatti – Best Free paper in Refractive Surgery</p>	<p>FP240 : “Centralign software validation: achieving optimal visual axis centration with VISUMAX 800.” Chief & Presenting Author : Dr. Afrin Suha Co Author(s) : Dr. Manasaveena N T, Dr. Sri Ganesh, Dr. Supriya Samak Sriganesh</p>
<p>KOS Best Free Paper in Glaucoma</p>	<p>FP46 : “Prevalence Of Risk Of Obstructive Sleep Apnoea In Glaucoma” Chief & Presenting Author : Dr. Gaargi Shashidhar Co Author(s) : Dr. Asha M S, Dr. Sri Ganesh</p>
<p>KOS Best Free Paper in Neuro Ophthalmology</p>	<p>FP89 : “Case Series on lateral rectus palsy” Chief & Presenting Author : Dr. Ramya K Karjol Co Author(s) : Dr. Biradar Sunil G</p>



**POSTERS
KOSCON 2025**

KOS Best Poster in Cataract	PP245 - "Hidden Menace: Lens Siderosis After a Disintegrated Metallic Intraocular foreign body" Chief author Dr. Hemalatha B C Presenting author Dr. Likitha N
KOS Best Poster in Community Ophthalmology	PP241 - "Understanding the awareness among India's general population about diabetic retinopathy screening" Chief and Presenting author Dr. Payal Naresh Shah
KOS Best Poster in Comprehensive Ophthalmology	PP26 - "A study on exposure keratopathy and conjunctival microbial flora in mechanically ventilated patients" Chief author Dr. Bindu Malini. M Presenting author Dr. Shreya Nataraj
KOS Best Poster in Cornea, Ocular Surface and External Eye deceases	PP249 - "Bowman's Layer Inlay - A Newer Vision Restorative Treatment For Moderate To Advanced Keratoconus" Chief and Presenting Author Dr. Vishwanath Ankad
KOS Best Poster in Glaucoma	PP196 - "Posterior Push, Anterior Trap: A Rare Angle Closure Glaucoma Reversed by Mydriasis" Chief and Presenting author Dr. Renuka Barki
KOS Best Poster in Medical Retina	PP12 - "Lace on the retina :Vermicelli-like BLIP with CHRPE unveiled" Chief and Presenting author Dr. Prathibha S Naik
KOS Best Poster in Ocular Trauma	PP247 - From Entry to Exit: Comprehensive Management of a Posteriorly Perforating IOFB Chief author Dr. Hemalatha B C Presenting author Dr. Abhishek T S
KOS Best Poster in Orbit & Oculoplasty	PP222 - "One Size Does not Fit All- Patient Specific Implants (PSI) for Secondary Orbital Reconstruction". Chief and Presenting author Dr. Priyanka Nirwani
KOS Best Poster in Pediatric Ophthalmology & Squint	PP59 - "Seeing the Unseen: Traboulsi Syndrome in Siblings with Progressive Ocular Changes" Chief and Presenting author Dr. Anusha K L
KOS Best Poster in Surgical Retina	PP300 - "A bloody surprise – When PCV met Glanzmann" Chief and Presenting author Dr. Aishwarya Kulkarni
KOS Best Poster in Neuro Ophthalmology	PP14 - "Tyrosine kinase inhibitors related toxic optic neuropathy: Case Report and review of literature" Presenting author - Dr. Sumit Monga
KOS Best Poster in Uvea	PP196 - "Imposters of posterior uveitis: A case series" Chief and Presenting author Dr. Varsha A



PG PAPERS
KOSCON 2025

KOS Best PG Free Paper in Cataract	PGP95 : "ASOCT: An Adjuvant For Predicting The Posterior Cataract Complications Intra-operatively." Chief Author : Dr. Kirthi Raj Presenting Author : Dr. Zoya Mohsin
KOS Best PG Free Paper in Community Ophthalmology	PGP42 : "Bridging the Gap: Structured Monitoring Enhances Cataract Surgery Learning Curve" Chief Author : Dr. Ramadevi K S Presenting Author : Dr. Ayush Mehra Co Author(s) : Dr. Manoj, Dr. Nithya. R, Dr. Rachel Joseph"
KOS Best PG Free Paper in Comprehensive Ophthalmology	PGP78 : "Linking Ocular Dominance With Central Corneal Thickness, Curvature And Axial Length: A Clinical Investigation" Chief Author : Dr. Mahesh Babu Presenting Author : Dr. Anjana Venugopal
KOS Best PG Free Paper in Cornea, Ocular Surface and External Eye Diseases	PGP120 : "Evaluating The Role Of Artificial Intelligence In Diagnosis of Common Anterior Segment Disease Using Smartphone Images" Chief Author : Dr. Mahesh Babu Presenting Author : Dr. Sowmya M Iyer
KOS Best PG Free Paper in Glaucoma	PGP174 : "Impact of obesity on intraocular pressure" Chief & Presenting Author : Dr. Pragna P Mane Co Author(s) : Prof. Nishat Sultana Khayoom"
KOS Best PG Free Paper in Medical retina and Uvea	PGP113: "Eyes On Kidney - Association Between Renal Function and Diabetic Macular Edema: A Retrospective Study" Chief Author : Dr. Sangeetha T Presenting Author : Dr. Sanjana Mariam Jiji Varghese
KOS Best PG Free Paper in Neuro Ophthalmology	PGP11 : "Optic nerve sheath fenestration for vision loss in cerebral venous thrombosis: Outcomes case series" Chief & Presenting Author : Dr. Merin Anna Raju Co Author(s) : Dr. Shubashree Karat, Dr. Suneetha N Lobo"
KOS Best PG Free Paper in Neuro Ophthalmology	PGP16 : "Unveiling the blurred origins of papilledema: A retrospective case series" Chief Author : Dr. Ajay S Hatti Presenting Author : Dr. Arpitha V Babu

KOS Best PG Free Paper in Pediatric Ophthalmology & Squint	PGP55 : “Retinal Vascular and Structural Alterations in High Myopes: Optical Coherence Tomography Angiography” Chief Author : Dr. Rashmi G Presenting Author : Dr. Archala N
KOS Best PG Free Paper in Refractive Surgery, Surgical retina & Trauma	PGP107 : “Phacoemulsification-Embedded LRIs (LIMBAL RELAXING INCISION): Refining Correction of Moderate Corneal Astigmatism” Chief Author : Dr. Chirag Sudarshan Presenting Author : Dr. Sangameshwarayya Salimath
KOS Best PG Free Paper in Oculoplasty, Orbit, Oncology and Ocular Pathology	PGP10 : “Quality of Life at 18-month Follow-up among patients with COVID-19-associated Rhinorbitocerebral mucormycosis” Chief & Presenting Author : Dr. Sanjana Thomas Co Author(s) : Dr. Anna Philip, Dr. Shubashree Karat, Dr. Suneetha N Lobo

★ ★ Student of the Year 2025 ★ ★

Dr Vinayak Gadad, Maulana Azad Medical College

★ ★ Best Innovation Award ★ ★

Dr Renuka Habib

★ ★ Teachers of Tomorrow - KOSCON 2025 ★ ★

Best Teacher of Tomorrow	Dr Risheka Prakash, Sri Siddhartha Medical College and Hospital
Best Team	Dr Risheka
	Dr Malavika
	Dr Arpita
Best Mentor	Dr Krishnaprasad R

★ ★ Dr. KR Murthy PG Quiz winners ★ ★

First place:	Dr. Vaisakh K R, Minto Ophthalmic Hospital, Bangalore
	Dr. Bharathi Nimmanapalli, Minto Ophthalmic Hospital, Bangalore
Second place:	Dr. Reshma Praveen, Akash Medical College, Bangalore
	Dr. Battula Bhavyasree, Akash Medical College, Bangalore
Third place:	Dr. Rupali, Minto Ophthalmic Hospital, Bangalore
	Dr. Supriya, Minto Ophthalmic Hospital, Bangalore



1st Place	MSP14 : “Analysis Of Demographic Profile And Causes Of Visual Impairment Among Patients Seeking Visual Diasabilty Certificate” Chief & Presenting Author : Mr. Bhagyashree Savarad Co Author(s) : Dr. Shubhratha Sathish Hegde
2nd Place	MSP16 : “Alcaftadine 0.25% Eye Drops Versus Bepotastatine 1.5% Eye Drops In Allergic Conjunctivitis” Chief & Presenting Author : Mr. Chiranthan M V Co Author(s) : Dr. Ragavendra Ramappa
2nd Place	MSP20 : “Assessing Dry Eye with OSDI in Perimenopausal and Postmenopausal women” Chief Author : Dr. Mahesh Babu Presenting Author : Mr. Smayana S S Co Author(s) : Dr. Chaitra A Patil
3rd Place	MSP13 : “Post Fever Retinits(PFR) To Analyze The Demographic Profile, Clinical Features and Outcome of Pfr At a Tertiary Eye Centre” Chief & Presenting Author : Ms. Gouri Vidyadhar Kannur Co Author(s) : Dr. Sandhya Dharwadkar



1st Place	<p>“A Rusty Surprise - Case of Rust Ring In Cornea Of A Toddler”.</p> <p>Chief Author : Ms. Kripalini S H</p> <p>Presenting Author : Dr. Shruti Thakur</p>
1st Place	<p>“Ocular Surface Squamous Neoplasia In A Seropositive Patient: A Case Report Emphasizing The Role Of Early Recognition And Excision Biopsy”</p> <p>Chief Author : Mr. Kiran Bhat Y S</p> <p>Presenting Author : Dr. Sumanth S Karanth</p>
2nd Place	<p>“Prader-Willi Syndrome with Retinitis Pigmentosa – A Rare” Association</p> <p>Chief Author : Ms. Pratheeksha K C</p> <p>Presenting Author : Ms. Siddhi Sandeep Uchale</p>
3rd Place	<p>“Conjunctival Tick Infestation: A Rare Presentation of Ocular Parasitosis”</p> <p>Chief Author : Dr. Mahesh Babu</p> <p>Presenting Author : Ms. Anusha H N</p>



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Staying positive in ophthalmology

**Oh no it is glaucomatous optic atrophy
Oh no it is hereditary fundus dystrophy**

**Oh no it is central retinal artery occlusion
Sometimes there is neither a cure nor a proper prevention**

**So what can we do as a fraternity in ophthalmology
Just put our heads down and beg an apology?**

**It is a tough situation both for the patient and the doctor
Most of the times we are just an engrieved spectator**

**But the idea is not to be depressed
What can we actually do, we should be obsessed**

**In GOA saving other eye is masterstroke
In CRVO idea is to save the patient from heart attack or stroke**

**If it is irreversible low vision due to any incident
We can focus on rehabilitation and empowerment**

**Our heart melts when we see children with eye defect
Whether it be squint, amblyopia or cataract**

**But we work hard to bring the best outcome
For the child to overcome**

**If not fully, at least partly what they need
For a blind, PL to counting fingers is a great leap indeed**

**Sometimes in OPD, seeing routine things feels boring
Same normal cornea, lens and retina we should be seeing**

**In the world full of disease and debility
Seeing things in normal should feel reassuring for spirituality**

**Enjoy witnessing the nature bit by bit in its originality
Crystal clear cornea-lens, glowing retina and pupil's activity**

**Finally when everyone around is mourning a death, lost at mind
Ophthalmologist is optimistic to retrieve pair of cornea for blind**



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BE THE STAR YOU ARE

BE a star that shine and shimmer, and not fade away.

An intense glow within, to glitter without a break.

Doesn't have a mirror- mirror on the wall to confirm the twinkle.

No poet or an astro sang a sonnet you could hear.

Nor could you see the romantic couple call your name to their beloved.

Some of your kith and kin shine brighter nor did it make you jealous.

You keep your distance and mind your own light - night after night.

A full moon or a shooting stars can make an admirer ecstatic for a while,

But you don't give a glimmer, you are the same- night after night.

Materialistic world compare you to diamonds in the sky.

Least they know you are priceless.

Movie maker's created 'star wars' to instigate a big bang, but you are always at
peace - night after night.

Coffee makers created 'Starbucks' for lesser mortals, you need no caffeine to
stay awake -night after night.

You distract my inner sorrow just by making me count endlessly in a clear night sky.

You do not need air or water to twinkle in the dark

I am star stuck, when I star gaze

FOR

You are my loyal star - night after night.



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White Coat, Thin Wallet

In a land where cut-offs rise like summer heat,
A child with rank one dreams in defeat.
Ten years bent over books and bone,
While others build, he postpones his own.

First comes the altar - NEET,
A battlefield where millions compete.
Sleep is rationed, youth is sold,
For a number printed in ink and bold.

Then once more into the fire he goes,
NEET-PG - where pressure grows.
Friends earn paychecks, buy their cars,
He studies nerves and sutures and scars.

Three years a Post Graduate, sleepless nights,
ICU beeps and emergency fights.
Birth and death in the same long call,
Holding strangers as they fall.

Not done yet - ambition burns,
So to super-speciality he turns.
Three more years of gruelling art,
Learning the science of the failing heart,
Or the retina's delicate gleam,
Or tumors that invade like a dream.

Thirty-five... sometimes forty when
He finally begins again.
A "consultant" - the title grand,
But loans still heavy on his hand.

Across the glass in a polished chair,
A manager sits with a practised stare-
Ranked a thousand places behind in class,
Yet now he signs the final pass.

He draws a salary neat and wide,
While telling the doctor how to decide.
"More procedures."
"Shorter stay."
"Convert that patient today."

Metrics over medicine.
Targets over care.
Healing now comes with a package rate,
And marketing fills the waiting chair.

So the doctor learns a second trade -
Not anatomy, but how ads are made.
Smiles for banners, posts online,
Discount camps from nine to nine.

Years pass - another ten in grind,
He earns an HOD post - refined.
Grey at temples, steady hand,
Master of science, calm and grand.

But management whispers soft and low:
"Replace him soon - costs too much, you know.
There's a younger one, just as bright,
Who'll work longer, cheaper - day and night."

And patients? They walk through shining doors,
Where marble floors outshine the sores.
They trust the brand, the neon sign,
More than the man who toiled a lifetime.

Thus, medicine bends in market's breeze,
A service wrapped in EMIs and fees.
The healer who studied half his life
Now negotiates profit and corporate strife.

Yet somewhere beneath the balance sheet,
Still beats a heart that chose defeat -
Defeat of comfort, youth, and pay,
To stand by strangers night and day.

White coat worn, though threadbare thin,
Not for commerce - but for kin.

In a country that measures worth by scale,
The doctor still answers the midnight wail.

For beyond the rank, beyond the chart,
He remains -
A stubborn, sleepless, healing heart.



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PG FORUM

It's so awesome to be Ophthalmologists!!

Our beautiful eyes are windows of the soul and body. They speak and convey a lot about our mental and physical status. Probably that's why the famous proverb, **Sarvendriyaanaam Nayanam Pradhaanam**. Out of all the five sensory organs of our body, eyes are very unique and have special importance.

As ophthalmologists, we are privileged and proud to be the experts of the structural, functional and pathological aspects of these great organs of our system, which help us to enjoy and appreciate the beauty of the external world around us. We keep examining and seeing eyes of all types, irrespective of the age group, from newborns to the senior most and of any gender. We don't fall into the category of age or gender restricted speciality .

There's a high growing demand for ophthalmologists like us, as the life expectancy and living conditions have drastically improved over a period of time.

As ophthalmologists, we can choose to do only medical or only surgical management or both with out any limitations. We can be happy by just doing refractive corrections giving the best of the best glasses and lenses. We might deal with only simple things like refractive errors, allergies, dry eyes or the complex problems related to retina, neurology or strabismus.

Earning and money should never be an

issue with experience unless we stop ourselves. Most of our colleagues do earn a handsome package of minimum 25 Lakhs per annum, which can double or triple depending on our expertise and output.

We can choose to stop at our basic education of diploma and start practicing or we can decide to continue to do masters, fellowships national or international, in any sub specialities of our choice and be the super specialists in cornea, glaucoma, retina etc. etc., may be just the sky is the limit!

We are happy that many a times , we are the first to diagnose, some systemic illnesses early, by routine eye examinations and refer it across to our allied colleagues for further management. The wow factor which we create in our patients is instantaneous, just with corrective glasses, refractive or cataract surgeries. Very heartening and promising to see cheerful and thankful patients.

Most of the eye surgeries are done under topical or local anaesthesia and there's little need for us to depend on intensivists, admissions or post operative recoveries as life threatening complications are minimum, except in some risky situations

Our patients need to visit us regularly in their lifetime for consultations,

treatment and reviews. It helps us to develop our pool of patients easily within few years.

Everyday, we have chances to use and experience the best of the best advanced automated and AI based technologies like OCTs, femto lasers, 3D surgeries etc. available in the market.

The learning curve might be steep sometimes but never an issue as long as we are dedicated and passionate about it. All it needs is consistent focused effort, utilising ample opportunities that are available.

Investments on equipment, higher end versions might be more but we do have basic, Indian and refurbished versions which can help us to begin our journey.

As ophthalmologists, we can be totally independent practitioners, join Government service, private

corporate organisations, companies, medical colleges, NGOs or some good charitable institutions and also get involved in blindness control programs, task forces, charitable and community services too.

A good work and life balance can be created after certain time as there are hardly any emergencies and night shifts or calls to disturb our routine. So personal interests, family time, hobbies, friends, parties, outing or any such activities can be given due attention with ease.

Let's all be very proud to be such ophthalmologists, dream big, aim high, keep doing our best, enjoy the beautiful life, serve the mankind and be the reason for someone to see the light and make their life bright, colourful and interesting.



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OUT OF THE BOX

The Brain - The Real Surgeon: understanding neuroscience of Phacoemulsification

While the hands and surgical instruments are the executors, the true orchestrator of complex procedures like phacoemulsification is the surgeon's brain. It operates through sophisticated, parallel processing loops, translating sensory input into precise motor commands and predictive actions. This advanced cognitive function is what truly distinguishes an expert surgeon from a novice.

The Brain's Three Parallel Control Loops

The brain continuously runs three critical loops during surgery, often at a subconscious level, to ensure precision and safety:

1. Visual Feedback Loop (Occipital + Parietal Cortex)

This loop is responsible for dynamic real-time assessment of the surgical field. It processes microscopic images to extract crucial information such as depth, distance, motion, and even danger prediction. The brain constantly calculates parameters like the distance of the phaco tip from the posterior capsule, the vector of nuclear movement, zonular tension, and fluid dynamics. This predictive processing allows experienced surgeons to anticipate complications, such as a posterior capsular rent, 200 to 400 milliseconds before they physically occur, enabling pre-emptive adjustments.

2. Decision Loop (Prefrontal + Basal Ganglia)

Based on the rapid visual feedback, the brain instantaneously selects an appropriate motor program. For instance, encountering a deep trench triggers an increase in phaco power, while a fragment moving forward would lead to releasing the foot pedal when there is an occlusion of the phaco tip by a nuclear

fragment, stabilising the foot pedal. In the presence of capsular flutter, switch to position 1 of the foot pedal to stabilize the anterior chamber. This decision-making becomes a reflex for experienced surgeons, similar to intuitive driving in traffic.

3. Error-Correction Loop

The cerebellum acts as a continuous comparator, evaluating expected movements against actual performance. This feedback loop is crucial for fine-tuning and controlling hand tremors, force, and speed of the hand movements with remarkable precision (approximately 50–100 microns). This explains why beginners might "chase" the nucleus, whereas experts maintain stability and allow the nucleus to be drawn to phaco tip

The Role of Hands and Feet Controls

Surgical instruments are extensions of the surgeon's neural commands, each playing a specialized role:

Right Hand-The Energy Hand:

Controls the destructive physics of the procedure, managing depth, lateral stability, rotational torque, holdability, and chopping impulses. Surgeons receive crucial sensory feedback through the instrument, such as buzzing vibrations indicating effective emulsification, sudden silence suggesting occlusion, or a pulling sensation reflecting high vacuum; reduced resistance of the phaco probe signals shallowing of the anterior chamber, while tip instability indicates the onset of surge.

Left Hand - The Protection Hand:

This hand is pivotal for preventing complications by providing counter-traction, rotation of the nucleus, positioning the nucleus, delivering fragments to the phaco tip. Expert cataract surgery is often considered "left-hand dominant" because of its essential role in maintaining intraocular stability and safeguarding ocular structures.

Right Foot-The Fluidics Brainstem:

The foot pedal is a sophisticated 3D controller, modulating irrigation (Position 1 for IOP and chamber stability), vacuum (Position 2 for hold force), and ultrasound power (Position 3 for trenching). This allows continuous micro-coordination of chamber pressure, followability, surge risk, and endothelial safety, with rapid adjustments (e.g., reducing from Position 3 to 2 when a fragment approaches to mitigate surge risk).

The Real Magic-Sensor Fusion

Phaco surgery involves a remarkable degree of multi-sensory integration. Vision from the microscope, tactile feedback from instrument vibrations, auditory cues from machine pitch, resistance felt through hand muscles, pressure from the foot pedal, and predictive memory from experience are all merged into a single, cohesive perception by the brain. This allows the surgeon to "feel safe" rather than consciously compute every variable.

Understanding Complications: Timing Errors, Not Skill Deficits

Beginners often experience posterior capsular rent because they first see, think, and then act, which takes time. In contrast, experts operate faster; they predict, pre-act, and then confirm. Complications tend to occur when this anticipatory timing is even slightly delayed, sometimes by just milliseconds.

Brain Bandwidth Failure: The Hidden Cause of Complications

Phaco is a continuous real-time control system, and the brain has limited processing capacity. Factors that consume this processing power can lead to "brain bandwidth failure," increasing complication rates:

Single High-Precision Channel:

During phaco, the brain's focused attention

network can track only one dynamic object at high resolution, ideally the posterior capsule safety zone. Any distraction (conversations, thoughts, emotions) competes for these neural resources, delaying prediction and increasing the risk of complications.

Impact of Conversation:

When you engage in conversation, the language cortex, working memory, and social judgment networks become active, drawing from the same mental resources needed for surgical prediction. As a result, the brain shifts into a slower processing mode. In silence, predictive response may occur around 200 ms; while talking, it can slow to 350-500 ms. Since the capsule can move in about 300 ms, this delay creates a critical window where complications can occur.

Low stimulation phases:

Paradoxically, complications often occur during seemingly simple steps like last fragment removal or cortex aspiration, PC polishing, and insertion of IOL. This is because the brain relaxes, vigilance decreases, and the predictive loop quietly switches off, shifting into a reactive mode. Then, when a sudden change occurs, the response comes too late, and that delay can result in a rent.

Fatigue-The Invisible Enemy:

After several surgeries, the cerebellum's fine control can become less accurate, leading to timing errors (30-80 ms late) rather than hand tremors. This can manifest as increased capsule trampolining or zonular snagging.

Emotional Stress:

Under stress (e.g., VIP patient, previous complication, time pressure, unexpected findings), the limbic system activates, shifting the brain from a predictive to a protective mode. This leads to over-gripping, excessive movement, and late pedal release, increasing complications not due to panic but due to altered cognitive algorithms.

The Most Dangerous Moment:

Many posterior capsular rents occur after the surgeon thinks the case is over, during final steps like cortex aspiration. The brain's reward system releases dopamine, reducing attention and motor precision.

Sudden silence:

Experienced surgeons often suddenly stop talking because their brains unconsciously shift into a closed-loop control mode to protect cognitive processing bandwidth during critical moments.

Practical neuro-hacks by TOP surgeons:

Before a risky step, surgeons take a brief 0.5-1 second pause to reset their attention network; during the final fragment, they reduce talking and slow their movements to restore the predictive loop; after a complication in a previous case, they may take a short walk or sit in silence for 30-60 seconds to quiet limbic interference; and when the chamber becomes unstable, they stop their hands first and then think, rather than thinking first and then acting.

Mastering Microsurgery: Priming and Rituals

Mastery in phaco involves not just technical skill but also the unconscious ability to put the brain into the correct neural operating mode.

Motor Priming: The Brain's Readiness State

Motor priming refers to the brain's ability to "load" the correct motor programs (stored in the basal ganglia and cerebellum) before fine work. A "primed state" leads to effortless, predictive control, while an "unprimed state" results in reactive, jerky movements.

Calibration Cases:

The first case of the day often feels slightly uncomfortable as the brain calibrates to microscope magnification, eye rigidity, fluidics behaviour, and machine latency. Experienced surgeons do not operate on VIP patient as first case to unconsciously prime their brains.

De-priming:

A difficult case can switch the brain to a "threat-monitoring" mode, replacing prediction with caution, affecting subsequent normal cases. A "20-second reset," briefly looking away, staying silent, and adjusting posture, can reactivate predictive circuits.

How to intentionally enter a primed state-Before starting phaco, a simple mental protocol, **Step 1:** looking onto the red-reflex for 3 seconds (visual lock); **Step 2:** by gently pressing on the foot pedal positions one to two and releasing for 2 seconds (foot mapping), the brain anticipates the fluidic

response. **Step 3:** By performing tiny controlled tip movements in the anterior chamber for 3 seconds (micro movements), this shifts your brain from observation mode into predictive, primed control for smoother surgery.

Effect of music:

Familiar instrumental music can stabilize internal rhythm and enhance priming.

Surgical Rituals: Neurological Switches

Many personal rituals surgeons adopt (e.g., checking the list of the patients to be operated, adjusting the microscope, arranging instruments in order, specific sitting posture, silence before incision) are not just habits but neurological switches that tell the brain to "enter precision mode." The basal ganglia recognize patterns, suppress background thoughts, activate fine-motor circuits, and stabilize eye-hand timing. Rituals disable conscious thinking and enable sensing.

This also explains why changing operating theaters / operating microscope / phaco machine, etc can feel awkward, as familiar triggers are absent.

These seemingly "unnecessary" actions serve to prepare the brain, ensuring a reproducible brain state that leads to reproducible surgical precision. Interrupting a surgeon at the start, when the brain is entering this closed-loop control, can force it back into a cognitive mode, making the initial steps clumsy.

Surgical "superstitions," like a lucky cap, fixed posture, or the same draping sequence, create a reproducible brain state, and a reproducible brain state produces reproducible surgical precision, which is again a neuroscience.

After priming, the surgeon enters a FLOW STATE. In phaco, the true "flow state" occurs when time seems to slow, movements become minimal, the eye feels steady, and decisions turn automatic by predictive sensory coupling, where the brain runs milliseconds ahead of the eye, and deliberate rituals serve as the doorway into this state.

In essence, great phaco surgeons are not just technically superior; they are unknowingly experts at managing their brain's neural operating modes. **Complications are rarely mechanical errors but rather timing errors within the brain's prediction system, where milliseconds can define anatomy.**

These habits of senior surgeons are rarely explained to trainees because they are unconsciously integrated into their neural processes and have become inseparable from their surgical neuroscience.

References

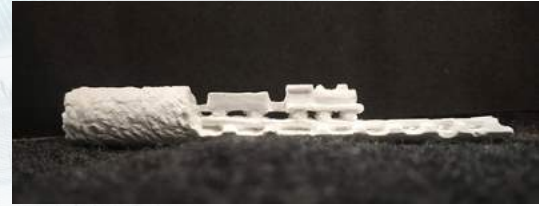
1. Wolpert DM, Ghahramani Z, Jordan MI. An internal model for sensorimotor integration. *Science*. 1995;269:1880-1882.
2. Miall RC, Wolpert DM. Forward models for physiological motor control. *Neural Networks*. 1996;9:1265-1279.
3. Andersen RA, Buneo CA. Intentional maps in posterior parietal cortex. *Annu Rev Neurosci*. 2002;25:189-220.
4. Shadmehr R, Krakauer JW. A computational neuroanatomy for motor control. *Exp Brain Res*. 2008;185:359-381.
5. Datta V et al. The relationship between motion analysis and surgical technical assessments. *Am J Surg*. 2002;184:70-73.
6. Baddeley A. Working memory: theories, models, and controversies. *Annu Rev Psychol*. 2012;63:1-29.
7. Strayer DL, Johnston WA. Driven to distraction: dual-task studies of simulated driving. *Psychol Sci*. 2001;12:462-466.
8. LeBlanc VR. The effects of acute stress on performance. *Teach Learn Med*. 2009;21:114-121.
9. Taffinder N et al. Effect of sleep deprivation on surgeons' dexterity. *Lancet*. 1998;352:1191.
10. Doyon J, Benali H. Reorganization and plasticity in the adult brain during learning of motor skills. *Curr Opin Neurobiol*. 2005;15:161-167.
11. Cotterill ST. Pre-performance routines in sport. *Int Rev Sport Exerc Psychol*. 2010;3:132-153.
12. Dietrich A. Functional neuroanatomy of altered states of consciousness: the transient hypofrontality hypothesis. *Conscious Cogn*. 2003;12:231-256.



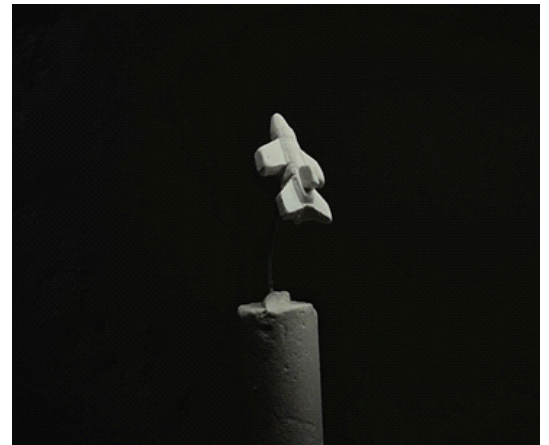
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Sculpting

2 months ago, I joined as a Junior resident in The Department of Ophthalmology in Minto Ophthalmic Hospital, RIO, BMCRI. Chalk sculpturing was my hobby since school days. It was self learnt by experimenting with chinks and different instruments. Along with chinks, I also sculpt pencils. My recent work was Slit lamp model which was done using 3 chinks after joining MOH Below are some of my works.



Rhythm of Rails



Cruising the blue



Slit Lamp:
Heart of Ophthalmology



Tulasi,
A lost wanderer



VK 18: King for a reason



Chalky feline



Bonsai :- Rooted in Patience



The tree house

HOBBIES



Earthy tones, quiet power



Breaking away the shackles



Paris in a frame



Argon the unlikely



The art of balance



Crowned in hematoxylin



Stick to goal to glow

NETHRA ನೇತ್ರ ವಾರ್ತೆ VAARTHE



Swami Vivekananda



Wind mill:- Powered by the invisible



Floating through life in pink



AW, Alan walker



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NATURE

The Red Carpet for the Ordinary: Finding Magic in the Every Day

Growing up, there was a peculiar hierarchy of excitement in our household, whenever a relative from the abroad announced a visit. It was an event that occurred perhaps once every four years. The entire family swung into high-gear “red carpet” mode. We curated the finest gifts, planned elaborate menus, and travelled miles just to catch a glimpse of the travellers. It was a celebration of the rare.

We did the same with the garden. We would wait in hushed anticipation for the midnight bloom of the Brahma Kamala, treating its once-a-year appearance like a divine visitation. Yet, the hibiscus that bloomed nearly everyday often went unnoticed. They were "everyday," and somehow, we had been conditioned to believe that everyday meant ordinary.

But lately, I've been reconsidering the value of the "everyday."

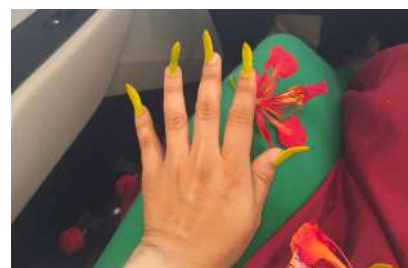
My childhood was actually paved with the very miracles I now find myself overlooking. I remember the simple, sticky joy of the Madhumalti (Rangoon Creeper). We didn't just look at those clusters of pink and white; we interacted with them. We would carefully pluck the flowers and slide them onto our fingers, transforming them into fragrant, living rings. I still remember the thrill of finding a fallen Gulmohar flower. We would carefully peel away the green sepals and press them onto our own nails, creating instant, pretend “green fingernails.” There was the Kashi Tumbe (Leucas aspera), a tiny white flower that many would dismiss as a weed. But to us, it was a secret candy dispenser. We knew exactly how to pluck it and suck the tiny drop of sweet nectar from its backside, our private candy shop! We

were engineers, too, crafting noisy "pat-pat" toys by folding Kanagle (Nerium oleander) leaves just right. We have a world of wonders right at our doorstep, just like the world of wonderful people that make our life charming.

Today, this thought struck me with fresh clarity as I was crossing the road from my home to see my son onto his school bus. In the rush of morning routines, we often keep our eyes fixed on the destination. But today, I decided to stop looking for the "rare" and start seeing the “real.”

In just two minutes, the time it took for the bus to round the corner, I looked around and noticed eleven different types of flowers blooming right under my nose. Not one of them was a Brahma Kamala. They were the "everyday beautiful" ones, the loyal souls of the soil that show up for us every single morning without fail.

Seeing them all together in the collage below, I realized that beauty isn't a special event; it's a daily heartbeat. The moral is simple: take time to appreciate the everyday miracles.



NATURE





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Quotes on ROSES

"What a lovely thing a rose is!"

-Arthur Conan Doyle

"True friendship is like a rose, we don't realize its beauty until it fades."

- Anonymous

"Truths and roses have thorns about them."

- Henry David Thoreau

"There is simply the rose; it is perfect in every moment of its existence."

- Ralph Waldo Emerson

"The world is a rose, smell it, and pass it to your friends."

- Persian Proverb

"If you enjoy the fragrance of a rose, you must accept the thorns which it bears."

- Isaac Hayes

"The sharp thorn often produces delicate roses."

- Ovid

Funny quotes

"The first man to compare the cheeks of a young woman to a rose was obviously a poet; the first to repeat it was possibly an idiot."

- Salvador Dalí

"A rose is a rose is a rose."

- Gertrude Stein

"I'd rather have roses on my table than diamonds on my neck."

- Emma Goldman

"If you really screw up, send roses."

- Letitia Baldrige

"Take time to see, smell and share roses, experience the bliss after that "

Kavitha V

NATURE





NATURE



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Ophthalmology CROSSWORD PUZZLE



NETHRA ನೆತ್ರ ವಾರ್ತೆ
VAARTHE

ACROSS

2. A small, painful red bump that grows from the base of the eyelash or under the eyelid.
6. The light-sensitive inner lining of the back of the eye.
7. Photoreceptor cells in the retina that are responsible for color vision.
9. The clear, dome-shaped surface that covers the front of the eye.

Down

1. An imperfection in the curvature of the eye that causes blurred distance and near vision.
3. A group of eye conditions that damage the optic nerve, often linked to high eye pressure.
4. The colored part of the eye that controls the amount of light entering the pupil.
5. A common name for infectious conjunctivitis.
7. A condition where the eye's natural lens becomes cloudy, causing blurry vision.
8. The clinical term for nearsightedness.



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LIFE BEYOND OPHTHALMOLOGY

The Celestial Scalpel: Why are you/me an Ophthalmologist?

Exploring the **Planetary DNA** of a Surgeon's Career By Dr. Ramamurthy M.G.

As doctors, we often look back and wonder: **How did I end up in Ophthalmology?** For some, it was a hard-earned merit seat; for others, a family legacy, a service quota, or perhaps at wist of fate during a counseling session.

While we often view these as clinical choices or administrative chances, the ancient science of **Vedic Astrology** (Jyotish) suggests they are the outward manifestations of internal planetary alignments.

If we view a birth chart as a **Cosmic Blueprint**, we can see why certain individuals are drawn to the delicate, high-precision world of the eye.

The Three Pillars of an Ophthalmic Career

In Vedic Astrology, being a successful ophthalmic surgeon requires a specific **conjunction** of energies:

1. The Visionaries (Sun and Moon)

In the cosmic body, the **Sun** (Surya) represents the right eye and the **Moon** (Chandra) represents the left eye.

A strong connection between these "Luminaries" and the **2nd House** (governing the face and eyes) is often the first indicator. If these planets are in **Exaltation** or Own Signs, the individual is naturally aligned with the science of vision.

2. **Mercury** (Budha):
The **Master of Optics** -

In ophthalmology, we are physicists as much as we are physicians. Mercury governs the intellect, optics, and the nervous system.

The Influence: A strong Mercury is essential for mastering refraction, the complex physics of Lasers, and intricate diagnostics like OCT and Perimetry.

The Skill: If Mercury is well-placed, the doctor possesses an extraordinary "**clinical eye**", turning a complex diagnosis into a simple solution.

3. **Jupiter** (Guru):
The **Drishti** of Grace

Restoring sight is a profound act of compassion. Jupiter is the planet of wisdom and "Aashirwad" (blessings).

The Influence: When Jupiter aspects the **10th house** (Career) or the **2nd house** (Eyes), the doctor isn't just a technician; he's a Healer.

The Skill: Jupiter's grace ensures that the "**Hand-Eye coordination**" is guided by wisdom, often leading to successful outcomes in complex cases where others might hesitate.

The Mechanics of Surgery:

Mars and Ketu

To pick up the forceps or the phaco-probe, one needs specific "**Surgical Combinations**" in their **Bhavas** (Houses):

Mars (Mangala):

Rules the **3rd House** (Valour and Hands)

and the **6th House** (Overcoming disease). For a surgeon, Mars must be "**Dignified**" to ensure a steady, confident hand under the high-pressure environment of the OT.

Ketu(The Micro-Specialist) :

Ketu represents "Micro-precision" and sharp, needle-like focus. In a surgeon's chart, Ketu often influences the **8th House** (Deep/Intrusive surgeries) or the **10th House**, granting the ability to perform stitchless surgeries and work within the microscopic dimensions of the capsular bag.

Choice, Chance, or Chart?

We often think we chose our specialty, but astrology suggests our "**Vasanas**" (latent tendencies) guide us. Whether we entered through merit, a private payment seat, or a government service quota, we only thrive in ophthalmology if our Sat-Karma (right action) aligns with our planetary strengths.

A "bad" placement might explain the initial struggle for a seat, but a planet in **Athi-Mitra** (Great Friend) status

or a strong **Bhava Adhipathi** (House Lord) can turn that "**chance**" admission into a legendary career.

Conclusion

Astrology is not a substitute for the grueling years of MBBS and MS training, but it is a fascinating lens through which we can view our professional journey. It reminds us that our hands and our eyes are part of a larger, cosmic geometry.

Next time when we look through the operating microscope, remember: it might not just be our years of study at work, but the "Celestial Scalpel" of Mars and the diagnostic light of Mercury guiding our hand to restore the "**Drishti**" of our patient.

Compiled from Astrological Resources, sharing just for information, curiosity, discussion and further learning within the ophthalmic fraternity.



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Financial Independence Retire Early (FIRE) for Ophthalmologists Financial Independence without Compromising Purpose

Ophthalmology in India is a uniquely positioned specialty. It offers clinical satisfaction, surgical impact, and the opportunity to practice well into later years of life. Yet many Indian ophthalmologists-despite stable incomes and busy practices-find themselves financially dependent on continuous clinical work far longer than expected.

The FIRE movement is often misunderstood as a Western concept. In reality, FIRE is highly relevant to ophthalmologists-not as a goal to stop working early, but as a way to achieve financial security, flexibility, pursuing non-clinical passions and dignity of choice. The FIRE movement offers a framework for ophthalmologists to regain control of their time, reduce burnout, and create optionality. For ophthalmologists, FIRE isn't about abandoning medicine-it's about practicing on your terms.

Retirement planning can be achieved with meticulous financial planning. Financial planning is a process, not an event. Every retirement plan is unique.

Big questions while considering retirement are

- At what age to retire?
- With what income to retire?

Why one need financial freedom or financial independence

- To fight inflation
- To leave a legacy
- To fulfill retirement goals
- To maintain standard of living
- To be prepared for longer life

- To be ready for an emergency
- To have Peace of mind
- The top income you earned at the peak of Your career, will look very small later

Indian ophthalmologists face a different reality than their Western counterparts

- Earnings grow gradually and peak later
- Many work in a mix of hospital employment and private practice
- Practice ownership is common but often informal
- Family responsibilities extend beyond the nuclear family
- There is limited social security or pension support

In India, working forever is often assumed, not planned. FIRE challenges that assumption by encouraging intentional financial design. FIRE is about Independence, Not Retirement. In the Indian context, FIRE does not mean retiring at 40.

For most Indian ophthalmologists, FIRE means:

- Not depending on daily OPD or surgery income for survival
- Having the freedom to slow down clinically
- Being able to refuse exploitative hospital contracts
- Choosing meaningful work-teaching, charity, mentorship, or selective surgery

Financial independence allows you to practice medicine because you want to, not because you must.

Dilemmas one faces while considering retirement

- How long will you live?
- How long will your spouse need support?
- What will be the inflation?
- What will be the returns from debt investments?
- What will be the returns from equity investments?
- How much will your basic expenses be?
- How much will be your lifestyle-related discretionary expenses?
- Will you need additional health care support?
- Do you want to leave some corpus as a gift for your children / grandchildren?
- How much longer do you plan on working before retiring?
- Your current and future income levels until retirement?
- What are the expected investment returns until the time you retire?
- Your ability, willingness and need to take risks?
- How your perception of risk will change over time?
- Future tax rates?
- Your current and future savings rate?
- Severity and timing of bear markets
- Magnitude and timing of bull markets
- The sequence of returns during retirement years

- Lack of Financial literacy & Lack of Budgeting
- Inclining more towards Liabilities
- Lack of free time
- Procrastination
- Do not understand ROI/EBIDTA/ROCE
- Starting investment quiet late
- Lack of diversification knowledge
- Morally and ethically too much connected to profession

RETIREMENT RISKS

Possible Risk in the Retirement Drawdown Phase



RETIREMENT PLANNING PROCESS



There are different types of FIRE and not all FIRE looks the same:

Lean FIRE: Minimal lifestyle, unlikely for most physicians
Approximate corpus 20x of your annual expenses

Traditional FIRE: Full financial independence before traditional retirement age
Approximate corpus 25x of your annual expenses

Coast FIRE: Front-load investments and then work part-time

Barista FIRE: Maintain some income for benefits or enjoyment

Approximate corpus 50x of your annual expenses
For many ophthalmologists, Coast FIRE or Semi-FIRE is the sweet spot-reducing clinic days, surgical volume, or administrative responsibility.

Why Doctors can't retire early?

- Passion for medicine & Identity crisis post retirement
- Insecurity & Fear of boredom
- Lack of Social Respect and prestige
- Fear of loss of Income
- High cost of living

What is the formula for retirement plan? -

A commonly used Indian FIRE rule:

$$FV = PV (1+r)^n$$

- FV -Future Value of your savings.
- PV Present Value or the amount you currently have saved.
- r is the expected inflation rate, assumed to be 6%.
- n is the number of years until retirement
Below is an example to estimate retirement corpus

ESTIMATE THE RETIREMENT CORPUS		
Present Age	35 years	FV of Monthly Expenses = 35000*(1.065) ¹⁵ = 90000
Retirement Age	50 years	
Lifespan	85 years	Retirement Corpus = 3.2 crores
Monthly Expense	35,000	
Assumed Inflation rate	6.5% p.a.	
Avg. Return (Conservative Portfolio)	8%p.a.	

Many online calculators one can use for calculating the retirement corpus

RETIREMENT PLANNING CALCULATOR IN INDIA

Know how much corpus you need before Retirement in India

Current Age (Years)* <input style="width: 90%;" type="text" value="40"/>	Retirement Age (Years)* <input style="width: 90%;" type="text" value="60"/>
Current Monthly Expenses (Rs.)* <input style="width: 90%;" type="text" value="100000"/>	Inflation %* <input style="width: 90%;" type="text" value="6"/>
Future Monthly Expenses (Rs.) <input style="width: 90%;" type="text" value="320714"/>	Expected Returns %* <input style="width: 90%;" type="text" value="12"/>
Saved Amount (Rs.)* <input style="width: 90%;" type="text" value="5000000"/>	Total Amount Needed (Rs.) <input style="width: 90%;" type="text" value="96214200"/>
Remaining Amount Needed (Rs.) <input style="width: 90%;" type="text" value="91214200"/>	Monthly Savings Needed (Rs.) <input style="width: 90%;" type="text" value="91292"/>

- Depend heavily on self-managed savings
- A FIRE-oriented savings target: 30-40% of take-home income during peak earning years

Priority order:

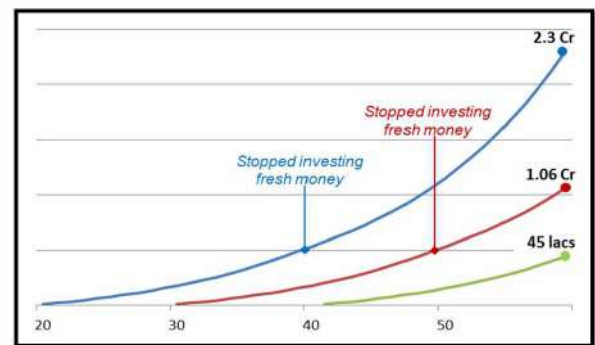
1. Emergency fund (12 months)
2. Term life insurance and health insurance
3. Equity mutual funds (index-focused)
4. EPF / PPF / NPS (where applicable)
5. Real estate (only if cash-flow positive or strategic)

In investment discipline matters more than brilliance. Start Investment early and never forget Inflation and power of compounding. Power of compounding is considered 8th wonder of the world. Inflation is the most potential, but least understood financial risk- The value of 100 rs may be equal to 760 rs after 30 years

Step 1: Understand Your True Annual Expenses

Unlike Western FIRE models, Indian FIRE must account for:

- Parental support and medical expenses
- Children's education (often private and inflation-heavy)
- Marriage expenses
- Home purchase without long-term mortgage dependence
- Plan for a **retirement corpus that is at least 20-30 times your current annual expenses.**
- Other hand, you can also account for at least 6% inflation and evaluate your financial needs.



1st CR TAKES 9 YRS, 10th CR ONLY 1.5 YRS!
SIP of 50K @ 15% CAGR for 23yrs

Power of Compounding

10th Cr in JUST 1.5 Years!

1st Cr takes 9 yrs

2nd Cr takes 4 yrs

3rd Cr takes 3 yrs

4th Cr takes 2 yrs

5th Cr takes 1.5 yrs

6th Cr takes 1.2 yrs

7th Cr takes 1.1 yrs

8th Cr takes 1.0 yrs

9th Cr takes 0.9 yrs

10th Cr takes 0.8 yrs

11th Cr takes 0.7 yrs

12th Cr takes 0.6 yrs

13th Cr takes 0.5 yrs

14th Cr takes 0.4 yrs

15th Cr takes 0.3 yrs

16th Cr takes 0.2 yrs

17th Cr takes 0.15 yrs

18th Cr takes 0.1 yrs

19th Cr takes 0.08 yrs

20th Cr takes 0.06 yrs

21st Cr takes 0.04 yrs

22nd Cr takes 0.03 yrs

23rd Cr takes 0.02 yrs

24th Cr takes 0.01 yrs

25th Cr takes 0.005 yrs

26th Cr takes 0.003 yrs

27th Cr takes 0.002 yrs

28th Cr takes 0.001 yrs

29th Cr takes 0.0005 yrs

30th Cr takes 0.0003 yrs

Magic Of Compounding

Compounding is the secret weapon to create your wealth. It allows your investments to grow exponentially rather than linearly over time and achieve significant financial growth.

What are the 2 important components in compounding?
• Time (t)
• Rate of Return (r)

Higher the rate of return, faster your money will compound and vice versa.

Grow Your Money 2X 3X 4X

Here are three handy rules to quickly estimate how long it takes for your money to grow:

Rule Of 72

Number of years to double your investment (t) = $\frac{72}{r}$

Rule Of 114

Number of years to triple your investment (t) = $\frac{114}{r}$

Rule Of 144

Number of years to quadruple your investment (t) = $\frac{144}{r}$

Step 2: Avoid the “Doctor Lifestyle Trap”

Indian ophthalmologists often fall into delayed lifestyle inflation:

- Large home after years of training
- Multiple cars
- Expensive children's education without planning
- Overinvestment in clinic aesthetics with poor ROI

FIRE-oriented ophthalmologists:

- Keep personal and professional expenses separate
- Scale lifestyle gradually, not emotionally
- Spend intentionally, not aspirational Living modestly during early practice years has an outsized impact on long-term independence.

Step 3: Save Aggressively During Your Peak Years

Unlike salaried professionals, many Indian ophthalmologists:

- Do not have employer-sponsored retirement plans

Step 4: Invest Simply and Tax-Efficiently

Your clinic is already a high-risk, high-reward asset.

Rule of 100; The 100-minus-your-age long-term savings rule is designed to guard against investment risk in retirement. If you're 60, you should only have 40% of your retirement portfolio in stocks, with the rest in bonds, money market accounts and cash.

Indian ophthalmologists are often overexposed to: Real estate, Gold and illiquid clinic-related assets
A balanced FIRE portfolio typically includes:

- Equity mutual funds (Indian + international exposure)
- Debt funds or fixed-income instruments for stability

- Limited real estate (not emotional purchases)
- Avoid:** High-commission insurance-linked products, Overtrading, Mixing speculation with retirement money
- Diversification of your Portfolio is important for FIRE**



One should balance risk and returns in Investments and risk appetite is highly subjective



Step 5- Always try to create a source of passive income

If you don't find a way to make money while you sleep, you will work until you die

PASSIVE INCOME
Why You Need Passive Income Sources?

- Freedom**
Live your life without fear of losing your job every day.
- Flexibility**
Involve your creativity & Flexibility
- Recurring Income**
Generate Recurring Income Source
- No Time-Bound**
Do your work whenever you want
- More Time for Family & Friends**
Spend more time with your friends and family
- Boss of Your Own Life**
You will be the boss of your own life.

Sources of passive income could be from rental income, Dividends from stocks, automated business, Advertisement revenue, royalty from books and social media platforms

Step 6: Use Ophthalmology-Specific Levers in India

- Private Clinic Ownership gives an advantage
- Small, efficient clinics often outperform large, debt-heavy hospitals financially over time.
- Surgical Specialization-Cataract, refractive, retina, and glaucoma specialists with strong referral networks can scale income efficiently.
- Group Practice and Partnerships -Shared infrastructure reduces overhead and burnout.
- Tier-2 and Tier-3 Cities-Lower competition, lower costs, and loyal patient bases significantly improve FIRE timelines.

The Indian Reality: Family and Cultural Expectations

FIRE planning in India must respect:

- Supporting parents financially
 - Children staying at home longer
 - Cultural expectations around work and identity
- Financial independence provides emotional stability - not isolation from responsibility.

Burnout: The Silent FIRE Killer. Burnout delays FIRE more than market downturns

Burnout reduces earning ability and increases medical costs-both FIRE enemies.

Indian ophthalmologists often:

- Work 6-7 days a week
- Delay vacations indefinitely
- Under invest in personal health

Burn out mitigation strategies:

- Reduce clinic days before you “need” to
- Hire help earlier (scribes, administrators)
- Build identity beyond medicine
- Maintain physical health-your greatest asset

Common FIRE Mistakes Ophthalmologists Make

- Waiting too long to invest
- Overspending to “reward” themselves post-training
- Chasing yield or speculative investments
- Ignoring disability and asset protection
- Equating net worth with happiness

For Indian ophthalmologists, FIRE is not about abandoning medicine. It is about Dignity, Not Escape

- Practicing ethically without financial fear
- Teaching and mentoring without income pressure
- Serving patients with autonomy and calm

Indian ophthalmologists, FIRE is not about abandoning medicine. It is about Dignity, Not Escape

- Practicing ethically without financial fear
- Teaching and mentoring without income pressure
- Serving patients with autonomy and calm

Financial independence restores the original joy of medicine. Financial independence gives you leverage-and leverage gives you peace. You may love ophthalmology-but loving your work should not require lifelong financial dependence. FIRE is the quiet confidence that comes from knowing:“I can stop if I want-but I choose to continue.”That is true freedom.



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Importance of Laugh In Day-to-day Life



Medically they say the laughter is the good medicine as it has its own benefits in improving the health. It draws people together in ways that trigger healthy, physical and emotional changes in the body. Laughter strengthens the immune system, boosts mood, diminishes pain, and protects from the damaging effects of stress. Humour lightens your burdens, inspires hope, connects you to others, and keeps you grounded, focused, and alert. It also helps you release anger and forgive sooner.

As children, we used to laugh hundreds of times a day, but as adults, life tends to be more serious and laughter more infrequent. But by seeking out more opportunities for humour and laughter, you can improve your emotional health, strengthen your relationships, find greater happiness-and even add years to your life.

Laughter makes you feel good. And this positive feeling remains with you even after the laughter subsides. Humour helps you keep a positive, optimistic outlook through difficult situations, disappointments, and loss.

Even in the most difficult of times, a laugh-or even simply a smile-can go a long way toward making you feel better. And laughter really is contagious-just hearing laughter primes

your brain and readies you to smile and join in the fun.

The core philosophy is that one doesn't need a reason to be happy or to laugh. It only encourages a shift in the mindset towards consistent positivity.

Sharing humour is half the fun-in fact, most laughter doesn't come from hearing jokes, but rather simply from spending time with friends and family. And it's this social aspect that plays such an important role in the health benefits of laughter. You can't enjoy a laugh with other people unless you take the time to really engage with them.

When we laugh with one another, a positive bond is created. This bond acts as a strong buffer against stress, disagreements, and disappointment. Laughter takes you to a higher place where you can view the world from a more relaxed, positive, and joyful perspective.

What are you waiting for?

Laugh, Laugh....





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CROSSWORD PUZZLE ANSWERS



NETHRA ನೆತ್ತಿ ವಾತೆ
VAARTHE

ACROSS

2. A small, painful red bump that grows from the base of the eyelash or under the eyelid.
6. The light-sensitive inner lining of the back of the eye.
7. Photoreceptor cells in the retina that are responsible for color vision.
9. The clear, dome-shaped surface that covers the front of the eye.

Down

1. An imperfection in the curvature of the eye that causes blurred distance and near vision.
3. A group of eye conditions that damage the optic nerve, often linked to high eye pressure.
4. The colored part of the eye that controls the amount of light entering the pupil.
5. A common name for infectious conjunctivitis.
7. A condition where the eye's natural lens becomes cloudy, causing blurry vision.
8. The clinical term for nearsightedness.



From Darkness to light

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