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എഡിറ്റോറിയൽ

സുഹൃത്തുക്കളെ,

'ഇൻസൈറ്റി'ന്റെ ഈ ലക്കം നിങ്ങളുടെ കൈവശമെത്തുമ്പോൾ നാമെല്ലാം കേരള ഗവ: ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷന്റെ സംസ്ഥാന സമ്മേളനത്തിന്റെ തിരക്കിലായിരിക്കും അസോസിയേഷൻ ഒരു വയസു കൂടി പിന്നിടുമ്പോൾ നേട്ടങ്ങളുടെ ചാരിതാർത്ഥ്യവും വെല്ലുവിളികൾ നേരിടുന്നതിലെ ചങ്കൂറ്റവും ഇതിന്റെ ഭാരവാഹികളിൽ പ്രകടമാണ്.

സംഘടനയുടെ നിരന്തരമായ ആവശ്യങ്ങൾ സ്വപ്നമായി അവശേഷിക്കുന്നു 'Designation' മാറ്റം, കണ്ണടകടകൾക്ക് ലൈസൻസ് എർപ്പെടുത്തൽ തുടങ്ങിയവ ഈ സമ്മേളനവേദിയിലും ആവശ്യങ്ങളുടെ പട്ടികയിൽ സ്ഥാനം പിടിക്കും. ഐക്യമില്ലായ്മ സ്വപ്ന സാക്ഷാത്കാരത്തിന് തടസമാവുന്നുവോ? ശമ്പള പരിഷ്കരണം കേന്ദ്രജീവനക്കാർക്ക് മാത്രം തുങ്ങുമോ? സാമ്പത്തിക മാന്ദ്യം സർക്കാരിന് പിടിവള്ളിയാകുമോ? ആവശ്യവസ്തുക്കളുടെ വിലകയറ്റം സാധാരണക്കാരന്റെ നട്ടെല്ലൊടിക്കുമ്പോൾ ശമ്പള പരിഷ്കരണം ഒരു ഔദാര്യമല്ല ജീവനക്കാരന്റെ അവകാശമായി മാറുന്നു പുതിയ ശമ്പള കമ്മീഷനെ ഉടൻ നിയമിക്കുമെന്ന ധനമന്ത്രിയുടെ പ്രഖ്യാപനം പ്രതീക്ഷാവഹമാണ്. സംസ്ഥാന അഡ്മിനിസ്ട്രേറ്റീവ് ട്രൈബ്യൂണൽ സ്ഥാപിക്കുന്നതിന് സർക്കാർ എടുത്ത നടപടികൾ അഭിനന്ദനാർഹം തന്നെ ഇൻസൈറ്റ് കൂടുതൽ ജനകീയമാക്കാൻ ഏവരുടേയും സഹായം അഭ്യർത്ഥിച്ചുകൊണ്ട് നിർത്തുന്നു

സ്നേഹാദരങ്ങളോടെ

ബി. രാമചന്ദ്രൻ

(എഡിറ്റർ)

PRESIDENT'S VOICE

വിടവാങ്ങുകയാണ്; ഗവ ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷന്റെ എളിയ പ്രവർത്തകയായി, പിന്നീട് സംസ്ഥാനകമ്മിറ്റി അംഗമായും, ജോ.സെക്രട്ടറിയായും, ട്രഷറായും പ്രസിഡന്റായും പ്രവർത്തിക്കുവാൻ കഴിഞ്ഞതിൽ ചാരിതാർത്ഥ്യമുണ്ട് ഈ സംഘടനയുടെ വളർച്ചയുടെ സുപ്രധാനമായ നാളുകളിൽ നിങ്ങൾ എന്നിൽ അർപ്പിച്ച വിശ്വാസം, നിങ്ങൾ എന്നെ ഏൽപ്പിച്ച ഉത്തരവാദിത്വം മനസാക്ഷിക്കനുസരണമായി ചെയ്തു എന്നതിൽ അഭിമാനമുണ്ട് സംഘടനയുടെ നിലനിൽപ്പിനെ തന്നെ ചോദ്യം ചെയ്യുന്ന ഒരു കാലഘട്ടത്തിൽ വെല്ലുവിളികളെ നേരിടാനും, സത്യസന്ധമായും, നീതിപൂർവ്വകവും നിഷ്പക്ഷവുമായി പ്രവർത്തിക്കുവാൻ കഴിഞ്ഞിട്ടുണ്ട്

ഒരു സ്ത്രീക്ക് കടന്നു ചെല്ലുവാൻ കഴിയുന്ന മേഖലയിൽ ഒക്കെ കടന്നു ചെല്ലുവാനും പ്രശ്നങ്ങളെ സധൈര്യം നേരിടുവാനും സഹപ്രവർത്തകർ നൽകിയ കലവറയില്ലാത്ത പിൻതുണ എനിക്കെന്നും പ്രചോദനമായിരുന്നു

എന്നിരുന്നാലും തസ്തിക പുനർനാമകരണം സാധ്യമാക്കാനുള്ള ശ്രമങ്ങൾ അവസാനനിമിഷം പരാജയപ്പെട്ടതിൽ ഖേദിക്കുന്നു ദീർഘനാളത്തെ നമ്മുടെ ശ്രമമാണ് സർക്കാർ തലത്തിൽ പരാജയപ്പെടുത്തിയിരിക്കുന്നത്

സർക്കാർ തലത്തിലും, മറ്റ് മേഖലകളിലും ഗവ ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷൻ അഭിവാജ്യം തന്നെ നിങ്ങൾ ഓരോരുത്തരും നൽകിയ പിൻതുണയ്ക്ക് നന്ദി രേഖപ്പെടുത്തുന്നു

സംഘടനയെ ശക്തിപ്പെടുത്തുവാൻ നിങ്ങൾ ഓരോരുത്തരും സഹകരിക്കുമെന്ന പ്രതീക്ഷയോടെ,

വിശ്വാസപൂർവ്വം

സുസൻ മലയിൽ
(പ്രസിഡന്റ്)

FROM SECRETARY'S DESK

ഒരു വർഷം കൂടി പിന്നിടുകയാണ് സംഘടനയുടെ അക്കൗണ്ടിൽ ഇക്കൊല്ലം നഷ്ടങ്ങൾ മാത്രം സംസ്ഥാന പ്രസിഡന്റായ ശ്രീമതി സൂസൻ മലയിലിന്റെ വിരമിക്കൽ, തസ്തിക പുനർനാമകരണം ചെയ്യാൻ നടത്തിയ ശ്രമങ്ങൾ പരാജയപ്പെടുത്തിയത് എന്നിവ

കേരളത്തിലെ ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ ശത്രുക്കൾ ഒപ്റ്റോമെട്രിസ്റ്റുകൾ തന്നെയാണ് എന്ന് ഒരിക്കൽ കൂടി Designation Change ൽ തെളിയിച്ചു കാൽക്കാശിന്റെ ബാധ്യതയില്ലാത്ത ഒരു തീരുമാനം ഇപ്പോൾ ആവശ്യമില്ല എന്ന സർക്കാർ നിലപാട് അപഹാസ്യമാണ് തസ്തിക പുനർ നാമകരണം ചെയ്യാനുള്ള ശ്രമങ്ങൾ ഇനിയും ഉണ്ടാകും അത് എങ്ങനെ ആവണം എന്നത് സംസ്ഥാനസമ്മേളനത്തിൽ ചർച്ച ചെയ്ത് തീരുമാനിക്കേണ്ടതാണ്

സ്ഥലംമാറ്റത്തിലെ അഴിമതിക്കെതിരെയും, അനധികൃത പ്രവർത്തന ക്രമീകരണത്തിന് എതിരേയും സംഘടന നടത്തുന്ന ചെറുത്ത് നിൽപ്പ് അതിന്റെ പാരമ്യത്തിലാണ്.കാസർഗോഡ്, വയനാട്, ഇടുക്കി, കണ്ണൂർ, മലപ്പുറം, പാലക്കാട് എന്നീ ജില്ലകളിലെ ഒഴിവുകൾ നികത്തുന്നതിന് നടപടികൾ പുരോഗമിച്ച് വരുന്നു കഴിഞ്ഞ ഡിസംബറിൽ നടത്തുവാൻ തീരുമാനിച്ച എംപ്ലോയ്മെന്റ് വഴിയുള്ള നിയമനം അവസാന ഘട്ടത്തിലാണ്

മെഡിക്കൽ കോളേജ് ബൈഫർക്കേഷന്റെ ഓപ്ഷൻ നൽകുന്നതിനുള്ള നടപടികൾ പുരോഗമിച്ച് വരുന്നു
മെഡിക്കൽ കോളേജ് സർവ്വീസിലേക്ക് പോകാൻ താൽപര്യമുള്ളവർ ഓപ്ഷൻ നൽകേണ്ടതാണ്

കേരളത്തിലെ അംഗീകൃത സ്ഥാപനങ്ങളിലെ പെ്റ്റോമെട്രി വിദ്യാർത്ഥികളെയും, ക്വാളിഫൈഡ് ആയവരേയും സംഘടിപ്പിച്ച് കേരള ഒപ്റ്റോമെട്രി ക്ലബ്ബുമായി സഹകരിച്ച് നവംബർ 2 ന് കോഴിക്കോട് നടത്തിയ ഒപ്റ്റോമീറ്റ് ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ പങ്കാളിത്തം കൊണ്ട് നവ്യാനുഭവമായിരുന്നു

ക്വാമ്പ് കോ-ഓർഡിനേറ്റർ, സീനിയർ ഗ്രേഡ്, ഗ്രേഡ് 1, പ്രൊമോഷനുകൾ നടത്തുന്നതിന് ബന്ധപ്പെട്ടവർക്ക് നിവേദനം നൽകിയിട്ടുണ്ട് നടപടികൾ പുരോഗമിച്ച് വരുന്നു

ഇൻസർവ്വീസ് ട്രെയിനിംഗ് നടക്കാത്ത ജില്ലകളിൽ സംസ്ഥാനകമ്മിറ്റി അംഗങ്ങൾ ഇടപ്പെട്ട് ട്രെയിനിംഗ് നടപടി സ്വീകരിക്കേണ്ടതാണ് അതിന് ആവശ്യമായ സഹായം സംസ്ഥാനകമ്മിറ്റി നൽകുന്നതാണ്.

കേരളത്തിലെ സർക്കാർ മേഖലയിലെ പെ്റ്റോമെട്രിസ്റ്റുകളുടെ ആവശ്യങ്ങൾക്കായി പ്രവർത്തിക്കുന്ന സംഘടനയാണ് ഗവ ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷൻ എന്ന് ചിലരെങ്കിലും അംഗീകരിച്ചതിൽ നന്ദിയുണ്ട് ഗവ ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷന്റെ നയങ്ങളെയും നിലപാടുകളെയും എന്നായാലും അംഗീകരിക്കേണ്ടിവരും കലവറയില്ലാതെ നിങ്ങൾ ഓരോരുത്തരും നൽകിപ്പോരുന്ന പിൻതുണയാണ് ഈ സംഘടനയുടെ ശക്തി എന്ന് ഓർമിപ്പിക്കട്ടെ

വിശ്വാസപൂർവ്വം

ആർ. രാജേഷ്
ജന: സെക്രട്ടറി

For Dry Eye Sufferers, Lots of Tears Bring Major Relief

ARUN RJ

THQH ponnani, (Courtsey - NYT Science)

For many people over 50, dry eyes are just another sign of aging, no more a nuisance than gray hair or crow's feet.The occasional stinging, redness or gritty feeling in the eye, especially on waking, goes away with a few good blinks.

But for millions, dry eyes are a painful, daily problem.Dr. Debra A. Schaumberg, an assistant professor of medicine at Harvard, who has studied the prevalence of dry eye syndrome among subjects in the Women's Health Study and the Physicians' Health Study, estimates that as many as nine million Americans, most of them women, have moderate to severe dry eye.

The discomfort ranges from a mild burning, like having soap in your eye, to a persistent sense of scraping under the lids.Extreme dryness can lead to infection.And it can impair the way the eye refracts light, blurring vision and making it hard to read, work at a computer or drive.

"It's like having sand in your eye all the time," said Charlotte Chapman Cope, a health care administrator at the Methodist Hospital in Houston, whose left eye is very dry because of a damaged cornea. "And then each time your eye closes it's like a windshield wiper going over that sand and grinding it in."

Doctors have no cure, only temporary treatments - mainly with artificial teardrops, But in recent years they have learned more about how dry eye occurs, in particular major role played by inflammation.

In most cases, the disorder has multiple causes - as diverse as menopausal changes and daylong work at computer screens. Knowing which ones are at work, doctors say, is the key to finding the best treatment.

The wet film on the eye's surface is not simple salt water, but a three layered, gel- like concoction of mucous, water, fat and a variety of proteins.

Immune system molecules are in the mix, fighting inflammation and infection.And growth factors help quickly heal any injury the eye might suffer.

"The cornea is one of the fastest healing tissues in the body," said Dr.Stephen C. Pflugfelder, a professor of ophthalmology at Baylor. "If you were to your eye now, it would heal overnight."

Tears naturally evaporate when the eye is open, faster in conditions of wind or low humidity.Nerves on the surface then signal the glands to put out more tears, and blinking spreads the mixture around.

Various things can keep this system from working properly.Surface inflammation - from allergies, contact lenses or injury, for example - interrupts the nerve signal to the tear glands.

"Inflammation renders the surface of the eye numb, so you get decreased tear production," Said Dr. J. Daniel Nelson, a professor of ophthalmology at the University of Minnesota.

Age can bring about a gradual decline in the amount of tears made. "When you get older, you dry up," said Dr. Esen Karamursel Akpek, the director of the dry eye clinic at the Wilmer Eye Institute at Johns Hopkins.

Some medicines - including blood pressure and heart treatments, antihistamines, decongestants, pain relievers and antidepressants - can also dry the eyes.

The balance of male and female sex hormones plays a role, and they help explain why in people over 50, dry eye is twice as prevalent in women as in men.Estrogen appears to promote inflammation of the eye surface, while androgens (the male sex hormones) work against it.

"Research has shown that androgen hormones have anti-inflammatory effects, and they're important in maintaining the lacrimal glands," Dr. Pflugfelder said, refering to the glands that make watery tears.

In middle age, both men and women experience a decline in androgens, but women end up with significantly lower levels than men have.

Over the counter artificial tears typically cost $10 to $30 a month.If drops are needed four or more times a day, doctors recommend that patients use the drops without preservatives.

Some drops are not simple salt water, but more viscous gels and ointments.These last layer but they blur vision and are usually used at night.

Some kinds of artificial tears claim to help build the mucous layer and thus improve the quality of the tear film.Two brands - Refresh Endura and Soothe - contain oils that are supposed to help replenish the top layer of tears.

Restasis, a brand of drops available by prescription only (about $75 to $100 for a month's supply), contains cyclosporine, which treats inflammation.Some patients find that these drops sting.

Another way to treat dry eye is to plug up the ducts that drain tears from the eyes in to the nasal cavity.

In some patients, the oil producing glands behind the eyelashes need to be cleared of debris.Patients are then advised to keep them clean by washing the eyelids and lashes with baby shampoo.

Some physicians recommended that patient consume more foods with beneficial omega-3 and omega-6 fatty acids, cold-water fish and flaxseed oil, for example - or taking supplements to try to improve the quality of oily tears.

Although this nutritional strategy has not been shown to work for all patients, many report that it makes a difference.

Other strategies against dry eye include avoiding cigarette smoke, dust and very dry air and wearing sunglasses outdoors.Dr. Nelson of Minnesota recommends the kind of motorcycle tight fitting glasses to keep out the wind.

Some sufferers also find it helps to lower their computer screens so their eyes do not stay open so wide, and there is less tear evaporation.

Doctors also tell computer users to deliberately look away from the screen from time to time and remind themselves to do more of what comes naturally:blink.

പാലോട് – പുതിയ തസ്തിക തീരുമാനമായില്ല

പാലോട് പ്രാഥമികാരോഗ്യകേന്ദ്രത്തിൽ ഒഫ്താൽമിക് അസിസ്റ്റന്റിന്റെ പുതിയ തസ്തിക സൃഷ്ടിച്ചു എന്ന പ്രചാരണത്തിൽ അടിസ്ഥാനമില്ല ഇവിടെ പുതിയ തസ്തിക സൃഷ്ടിക്കണമെന്ന് മെഡിക്കൽ ഓഫീസർ നൽകിയ ശുപാർശ ആരോഗ്യ വകുപ്പ് ഡയറക്ടർ സർക്കാരിന് സമർപ്പിച്ചു ധനകാര്യവകുപ്പ് ഈ ഫയലിൻ മേൽ ചില ചോദ്യങ്ങൾ ഉന്നയിച്ച് ഫയൽ ആരോഗ്യവകുപ്പിലേക്ക് മടക്കി ഇത് സംബന്ധിച്ചുള്ള മറുപടി പാലോട് പ്രാഥമികാരോഗ്യകേന്ദ്രം മെഡിക്കൽ ഓഫീസർ വീണ്ടും നൽകിയിട്ടേയുള്ളു ഈ ഫയൽ സർക്കാരിൽ വീണ്ടും പോയി ധനവകുപ്പിന്റെ അംഗീകാരം ലഭിച്ചെങ്കിൽ മാത്രമേ പുതിയ തസ്തിക സൃഷ്ടിക്കപ്പെടുകയുള്ളു തിരുവനന്തപുരം ജില്ലയിലെ പോലും പ്രധാന താലൂക്ക് ആശുപത്രിയിൽ ഒഫ്താൽമിക് അസിസ്റ്റന്റ് തസ്തിക സൃഷ്ടിക്കപ്പെട്ടിട്ടില്ല.പേരൂർക്കട ജില്ലാ ആശുപത്രിയിലും, തിരുവനന്തപുരം ജനറൽ ആശുപത്രിയിലും ഓരോ അധിക തസ്തിക കൂടി അനുവദിക്കേണ്ടതാണ്.ഇതിനൊന്നും നടപടി സ്വീകരിക്കാത്ത അധികാരികളുടെ നടപടി പ്രതിഷേധാർഹമാണ്

INTRAOCULAR LENSES (IOLs): NEW ADVANCES INCLUDING AcryS OF ReStor, REZOOM & CRYSTALENS

ARUN RJ

THQH Ponnani

Intraocular Lenses, or IOLs, are the artificial lenses that replace the eye's natural lens that is removed during cataract surgery.IOLs have been around since the mid 1960s, though the first FDA approval for one occured in 1981.Before that, if you had cataracts removed, you had to wear very thick eyeglasses or special contact lenses in order to see afterward, since the natural lens that had been removed wasn't replaced with anything.

Good vision after cataract surgary was an important consideration, but now that new IOLs have been introduced that solve more vision problems than ever, cataract surgeons have more to consider before choosing IOLs for their patients' visual needs.

Multifocal IOLs and Accommodating IOLs:AcrySof ReeStor, ReZoom and Crystalens

Traditional IOLs are monofocal, meaning they offer vision at one distance only (far, intermediate or near).They are definitely an improvement over the cataractous lens that is replaced during surjery, which provides only cloudy, blurred vision at any distance. But traditional IOLs mean that the patient must weare eyeglasses or contact lenses in order to read, use a computer or view objects in the middle distance, especially if you are already experiencing presbyopia before cataract surgery.

The new multifocal and accommodating IOLs offer the possibility of seeing well at more than one distance without glasses or contacts.Here are a few examples.

AcrySof ReStor (Alcon)

AcrySof ReStor uses apodized diffractive technology - a design that responds to how wide or small the eye's pupile might be - to provide near, intermediate and distance vision.In early 2007, an aspheric version of the AcrySof ReStor received FDA approval.Aspheric lenses, because they are somewhat flat near

the edges, are thought to improve contrast sensitivity and provide better night vision than other types of multifocal IOLs.

Clinical studies used to support the march 2005 FDA approval showed that 80 percent of people who recieved the lens didn't use glasses for any activities after their cataract surgery, 84 percent who recieved the lens in both eyes had distance vision of 6/9 or better, with near vision of 6/12 or better.

ReZoom (Advanced medical Optics)

Rezoom is a multifocal refractive IOL that distributes light over five optical zones to provide near intermediate and distance vision.The first version of this mutifocal IOL was brought to the U.S. market in the late 1990s; the ReZoom is the second -generation version and was FDA - approved in march 2005

In a European study of 215 patients, 93 percent of ReZoom recipients reported never or only occasionally needing glasses.

Crystalens (Bausch & Lomb)

Crystalens gained FDA approval in late 2003, when the IOL was marketed by eyeonics.Bausch & Lomb acquired Crystalens in early 2008, and a newer version of the IOL, known as Crystalens HD, was FDA -approved in late june 2008.Crystalens was designed to restore the eye's accommodation ability, which isgradually reduced as presbyopia progresses.In FDA studies, about 80 pecent of people who recieved the Crystalens HD could see at J2 better (near vision equivalent of 6/6) after four months-superior to standard IOLs, As with multifocal IOLs, distance vision with the Crystalens tends to be very good.

"Accommodation" is the ability of the eyes to change focus from near to far, far to near and all distances in between. With presbyopia, which usually begins at around age 40, the eye muscle that accom plishes this accommodation - the ciliary muscle - has more difficulty in doing its job, because the eye's lens is becoming less flexible. The ciliary muscle contracts in its effort to move the lens forward, bending it slightly for closeup focusing; but the lens resists because it is not as flexible as it was when the eye was younger.

Since Crystalens has hinges on both sides of the IOL, it can be moved more easily by the ciliary muscle, allowing the eye to focus more naturally at a greater range of

distances than traditional IOLs, So far, Crystalens is the only accommodating IOL that has been approved by the FDA, though others are in development.

Synchrony (Visiogen Inc.)

Synchrony is another accommodating IOL that was not FDA-approved as of mid - 2008, although company officials have commented that they expect approval possibly in 2009.The lens has regulatory approval in Europe and other locations.This dual - optic IOLhas shown promising early results.The Journal of Cataract and Refractive Surgery in January 2007 reported results of a small study showing that the IOL demonstrated ability to restore focus at a range of 1.00 to 5.00 diopters, about twice that of a control group.

It's important to not that you can't be 100 percent certain of seeing well without eye glasses or contact lenses after cataract surgery, even if your eyes have recieved multifocal or accommodating IOLs.Some of the facors that can decrease satisfaction with these IOLs include pre-existing astigmatism, incorrect positioning of the IOLs in the eye and nighttime halos that some patients have experienced.

But even with these risks, these new IOLs do provide the probabilty of good vision without total dependence on eyeglasses or contacts.You may even achieve good vision without using these aids at all.

Monovision

If your cataract surgery invoves both eyes, you might consider monovision.This involves implanting an IOL in one eye that provides near vision and an IOL in the other eye that provides distance vision.Usually people can adjust to this, but if you can't, your vision may be blurred at both near and far.Another problem is that depth perception may decrease because there is less binocular vision - your eyes aren't working together as they once did.

The people who do best with this method are those who are already used to monovision with contact lenses, which is a common way of correcting presbyopia.If you can't adjust to monovision after your cataract surgery, you may wish you had tried a multifocal or accommodating IOL instead.Some surgeons will trial-fit a cataract patient in monovision contact lenses prior to inserting monovision IOLs.

Toric IOLs for Astigmatism

Toric IOLs are designed to correct astigmatism. The ***staar Surgical Intraocular Lens*** *was the first toric IOL available in the United States; it was FDA - approved in 1998.The staar toric IOL comes in a full range of distance vision powers, in two versions:one corrects up to 2.00 diopters and the other corrects up to 3.50 diopters of asigmatism.The FDA approved the* ***Acry Toric IOL by Alcon*** *in september 2005.*

Most surgeons who treat astigmatism in their cataract patients tend to use astigmatic keratotomy (AK) or limbal relaxing incisions, which involve making incisions in the cornea. But in addition to or even instead of corneal astigmatism, some people may have lenticular astigmatism, caused by irregularity in the shape of the natural lens capsule.This can be corrected with a toric IOL.Risks include poor vision due to the lens rotating out of position, with the possibility of further surgery to reposition or replace the IOL.

Aspheric IOLs

Traditional IOLs are spherical, meaning the front surface is curved.Aspheric IOLs, first launched by Bausch & Lomb in 2004,are slightly flatter in the perphery and are designed to provide better contrast sensitivity.The Bausch & Lomb offering is called the ***SofPort Advanced Optics IOL.****Aspheric IOLs are available also from Alcon, including the* ***AcrySof SN60WF*** *that includes the blue light blocking feature discussed below and the aspheric version of* ***AcrySof ReStor.****Advanced Medical Optics offers the* ***Tecnis Z9000.***

There is some debate as to how long this contrast sensitivity benefit can last in older patients.After the period of cloudy, blurred vision that most cataract patients must endure before their surgery, improved contrast sensitivity is indeed a blessing.But since the ganglion cells of the retina are a major determinant of contrast sensitivity and we gradually lose these cells as we age, over time the contrast sensitivity will decrease as well.However, younger people are undergoing cataract surgery now, and this group is likely to have more and healthier ganglion cells.So they would be able to enjoy the better contrast sensitivity for a longer time.

In may 2004, the Tecnis Z9000 aspheric IOL received FDA approval for new labeling that says it can reduce postoperative

spherical aberrations and therefore improve the ability to see in varying light conditions such as rain, snow, fog, twilight and nighttime darkness. The approval was based on a clinical study that measured night driving simulator performance in cataract surgery patients. According to manufacturer Advanced Medical Optics, the Tecnis IOL was designed using wavefront analysis of human corneas. Wavefront is the same tool that is used to plan personalized custom LASIK procedures to reduce higher - order aberrations in the visual system.

Blue Light - Filtering IOLs

AcrySof Natural *filters both ultraviolet (UV) and high energy blue light, both of which are present in natural and artificially produced light UV rays have long been suspected to cause cataracts and other vision problems, and many IOLs filter them out just as your natural crystalline lens does before its removal in cataract surgery. Blue light, which ranges from 400 nm to 500 nm in the visible light spectrum, may cause retinal damage and play a role in the onset of age related macular degeneration.*

The AcrySof Natural is colored a transparent yellow in order to filter the blue light; actually, the color is similar to that of the natural crystalline lens, so the idea behind the AcrySof Natural is to re-add the protection against blue light that is lost when the natural lens is removed. According to Alcon, the manucfaturer, the yellow tint doesn't alter the color of your environment or your vision quality.

"Piggyback" IOLs

If a patient has less than optimal result from the orginal intraocular lens used in cataract surgery, there is an option of inserting an additional lens over the top of the one the patient have currentlyy.

This approch, known as a "piggyback lens," likely can improve vision and may be considered safer than removing and replacing the existing lens.

If you require extremely high degrees of vision correction, such as for severe myopia or astigmatism, combining the strengths of two intraocular lenses in one eye by using the "piggyback" approach may be used.

Vision Terms

TERMS	DEFINITION
Aphakia	Absence of lens in the eye
Bullous Keratopathy	Corneal oedema due to endothelial damage
Cataract	An opacity in the crystaline lens of the eye
Corneal Opacity	Nebula, macula, leucoma in optical axis or peripheral
Glaucoma	Rise of intraocular pressure more than 22 mm
Hyphaema	Blood in anterior chamber
Inaccurate Prescription	Check power of glasses on Lensometer
Image Distortion	Mires distorted on Lensometer
Infection	Infective uveities, endophthalmitis, corneal Ulcer, infected suture
Iris Prolapse	Incarceration of iris in the section or prolapse of iris at the limbus
IOL Displacement	Sunset or Sunrise phenomenon, pupillary capture
Macular Disease	Cystoid macular oedema, ARMD, macular scar/hole or any other macular pathology
Optic Atrophy	Primary, glaucomatous, secondary, consecutive atrophy of optic nerve
Poor Optical Resolution	Mires appear hazy on Lensometer
Posterior Capsular Opacification	Posterior Capsular Proliferation of capsular epithe lium leading to thickening of posterior capsule is seen in slit lamb and distant direct.

Rent/Zonular Rupture	Break in the posterior capsule, rupture of zonules
Pseudophakia	Intraocular lens in the eye
Retinal Disease	Retinopathies, Retinal Detachment, Pigment Dystrophies, Retinitis (healed or active), retinal regeneration
Uveitis	Active, healed, anterior, posterior, intermediate macular involvement
Vitreous Disturbance	Rupture of anterior vitreous face; vitreous in anterior chamber, Vitreous incarceration in the section
Vitreous haemorrhage	Blood in vitreous body
Hypermetropia	Hypermetropia is a refractive error where light rays coming from an object falls behind the retina
Myopia	It is an error of refraction in which the parallel rays of light from infinity come to focus in front of retina when accomdation is at rest.
Astigmatism	It is an error of refraction in which the parallel rays of light from infinity cannot converge to a point focus due to unequal refraction in different meridians of the eye.
Presbyopia	This is not an error of refraction but as the age advances after sometime the lens get harder and sets in an unaccomodated form.The loss of accomodation is not considered abnormal but proceeds throught the whole life

THE AGING EYE

The eye is shaped like a ball.The pupil, close to the front, allows light to enter the eye.Just behind the pupil is the lens, which focuses the light on the retina at the back of the eye.The retina converts the light in- to images, and sends them to the brain.The macula is a small area at the centre of the retina that is responsible for what we see straight in front of us, allowing us to see fine detail for activities like reading and writing, and our ability to see colour.

Sometimes the delicate cells of the macula become damaged and stop working due to many different conditions.If it occurs late in life, it called "age related macular degeneration" or AMD.

Broadly speaking, there are two types of AMD Usually referred to as "wet" and "dry".This is not a description of what the eye feels like but what the ophthalmologist can see when looking at the macula. "Dry" AMD, the most common form, develops very slowly causing gradual loss of central vision.There is no medical treatment for this type.However, aids such as magnifiers can be helpful with reading and other small detailed tasks.

"Wet" AMD results in new blood vessels growing behind the retina causing bleeding and scarring, which can lead to sight loss. "Wet" AMD can develop quickly and somtimes responds to treatment in the early stages.

Both kinds usually invove both eyes, although one may be affected long before the other.This may make the condition difficult to notice at first because the sight in the "good" eye compensates for the loss of sight in the affected eye.

The good news is that AMD is not painful, and almost never leads to total blindness because only the central vision is affected.This mean that almost everyone with AMD will have enough side (or peripheral) vision to get around and keep his or her independence.

Blurred vision

In the early stages, central vision may be blurred or distorted.This may happen quickly

or develop over several months.The patient may be very sensitive to light or actually see lights, shapes and colours that are not there.This may cause occasional discomfort.

Because AMD affects the centre of the retina, people with the advanced condition will often, notice a blank patch or dark spot in the centre of their sight.This makes reading, writing and recognising small objects or faces very difficult.

If you suspect that you may have AMD see an eye specialist.First, there will be an assessment of vision in both eyes.Then the eye will be dilated so that the eye specialist can look in to your eye.If you are diagnosed with AMD, you will receive an Amsler grid, which helps you tokeep track of any minor change in your vision on a daily basis, a sign of wet AMD.This quick test works best for people who still have good central vision.

In some case fluorescein angiogram will also be needed.This involves taking a rapid series of photographs of your retina with bright flashes of blue light.These photographs give an accurate map of the changes occurring in the macula and help your eye specialist to decide on the best treatment.

If you have "wet" AMD affecting the middle of the macula, in some cases,Photodynamic therapy (PDT) or the Visudyne therapy is possible.This involves infusing a light sensitive drug through your bloodstream to identify the new blood vessels growing in the wrong place behind the retina.A "cold laser" is then shone in to the eye to activate the drug thus destroying the new blood vessels preventing them from causing too muchdamage.This can help stop the "wet" AMD progressing to its worst stages though more than one treatment may be needed.

The second option is Laser Photocoagulation.While this process cannot restore vision, it seals leaky blood vessels and inhibits their growth in selected cases.This prevents further vision deterioration in a small percentage of patients.Laser provides a concentrated beam of high energy light, resulting in scar formation in the area treated.This creates a permanent blind spot in the field of vision.However this loss of vision is usually less severe than the eventual vision loss if the disease is left untreated.

New treatment

Newer treatements for "wet" macular degeneration are being developed.Anti VEGF

(anti-Vascular Endothelial Growth Factor) therapies are the next groups of treatements.They involve an injection in to the eye that stops the development of the new leakly blood vessels.The injections have to be repeated on a monthly or bi-monthly basis.

Like PDT it is limited to people whose "wet AMD" affects the middle of the macula and its main aim is to stop it from getting worse.However, in some cases, it has been shown to restore some of the vision already lost and it can help with a wider range of people than PDT.

At the moment there isn't any medical treatment for "dry" AMD. Some research suggests that vittamin supplements can help slow the progression.Studies have shown that a combination of high - dose beta-carotene, vitamin C,vitamin E, and Zinc can reduce the risk of developing advanced AMD by about 25 percent in those patients who have earlier but significant forms of the disease.This is the only proven intervention to decreasc the risk of advanced AMD at this time.They do not restore sight, but may have a preventative role.

A natural reaction to being diagnosed with AMD is to feel upset or worried about the future.Adjusting to any major change in life can feel difficult, so you may need some support especially at first.If you would like to talk things over with someone outside your circle of friends or family your family doctor may be able to help you find a counsellor.

The Macular Disease Society (http://www.maculardisease.org) has local groups and a telephone counselling service.Talking about and sharing experiences can be a good way of learning to cope with feelings and problems that other people with the same condition may also have come across before.

Don't be discouraged.You can be helped make the best use of your remaining sight.This means learning to use your side (or peripheral)vision.Low vision services can help find the best magnifiers for you and give advice and training on the many ways, often quite simple, in which you can make the most of your remaining sight.Ask your eye specialist, optometrists or GP about a low vision service near by.

(Courtesy The Hindu Sunday Magazine)

PHOTOPHTHALMIA AS A MASS CASUALTY

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We have had an opportunity to deal with a mass causality at THQ Hospital Kodungallur, in the Dept. of Ophthalmology on 9th June 2008 About 100 patients attended the hospital seeking treatment for photophthalmia, following exposure to high intensity light from a broken metal halloid lamp.

The incident occurred during the inaugural function of a library building at Panangad near kodungallur. The function was noteworthy with the presence of speaker, MP's, MLA's and other leaders of the local bodies and the public were gathered in a small limited area

A broken metal halloid lamp of400w and a few halogen lamps of lesser intensity were used in the function Metal halloid lamps are high intensity discharge lamps that produce light by passing an electric arc through a mixture of Argon, Mercury and other halide compounds kept under high pressure in compact are tubes.Powerful Ultra Violet rays of various wavelengths emits through these lamps.

Most of the patients were complaining of extreme burning pain, profuse lacrimation, photophobia, swollen eye lids and hazy vision Since there is a latent period of 4-5 hours between the exposure and the onset of symptoms, Most of them did not know what had happened and they have to sought treatment across the state.

On examination these patients have diminished vision up to 6/24 and there is corneal oedema and desquamation of the epithelial cells.Cornea oedema is due to accumulation of fluid between cells, especially basal cells and between the lamella and around the nerve fibers of the stoma.This produces haziness throughout the entire cornea and alterations in the refractive conditions.

Treatment consists of wearing patches over the eyes closed after applying antibiotic solutions.The vision usually comes back in 18 hours and the cornea regenerates after 24-48 hours.

The DMO (H) Thrissur has managed to sent the District Mobile Ophthalmic team to Kodungallur to help the patients.Two Ophthalmologists from MCH Thrissur also pressed in to service.A special ward was set up at the hospital and a control room opened.Conveyance facility was arranged to pick up the patient from the incident area to the hospital and made them aware of seeking early treatment.A follow up camp also was conducted on the next day at the incident place to review the progress of the patients.

Ultra Violet Light

The name means beyond violet, violet being the colour of shortest wavelength of visible light.It is electromagnetic radiation with a wave length shorter than that of visible light, but longer than X-rays.400-800 nm is the visible light and above 800nm is the Infra Red.

The electromagnetic spectrum of UV light can be divided in to 3 ranges as UVA wavelength ranging from 400nm - 315nm, UVB having wavelength ranging from 315nm - 280nm and UVC with wavelength 280-100nm.UVC is absorbed in the atmosphere.

The effects of UV light on the eye. The UVA radiation has lower energy but penetrates deeps and UBV has higher energy and is more damaging.UVA is absorbed by the lens and UVB by cornea

The UV radiation can cause numerous occular problems, especially in younger people.In adults most of the UVR is absorbed by the anterior structures of the eye, although some of it does reaches the light sensitive retina.Chronic exposure of UVR can contribute to the development of age-related disorders such as cataract, pterygium and macular degenerations.Indeed acute over exposure also can lead to permanent or temporary blindness.But infants and children below 10 years may be at increased risks for retinal injury because the transmissibility of the lens to damaging visible blue and UV light is greatest during this period.Retinal injury, possibly resulting in loss of sight may be caused by UV radiation in people who have the lens of the eye removed.

Photo keratitis is essentially a reversible corneal burn resulting from excessive UV exposure.

Changes of UV exposure

The UV rays is found typically as part of the radiation received by the earth from the sun.The intensity of UV light depends upon the sun's

position, Cloud movements, altitudes, ozone data and other factors.

Sun and snow is an ideal combination for getting snow blindness.Snow is an outstanding UVR reflector, and the combination of direct and reflected sunlight is a double whammy for unprotected eyes.For surfers, reflected light from the water can have the same effect.

Welding arcs give off radiation over a broad range of wavelengths from 200nm to 1400nm.This includes UV radiation (200 to 400 nm), Visible light (400 to 700nm) infrared radiation (700 to 1400nm).There is direct radiation as well as radiation that is reflected from metal surfaces.The visible light from welding process is very bright and can overwhelm the ability of the iris of the eyes to close sufficiently and rapidly enough to limit the brightness of the light reaching the retina.

Malfunctioning high intensity mercury vapour lamps with broken glass envelope have been sources of high doses of UVR.It rarely caused by exposure to enclosed arc lights since the glass globe absorbs the most deleterious rays.While affected by the above instances the amount of time required to cause symptoms depends upon several factors such as intensity. of radiation, the distance from the source, the angle at which the radiation entering the eye and the type of protection the by stander is using.Prophylaxis consists in wearing of dark glasses when such exposure is to be anticipated, which should practically reduce all the infrared and ultra violet radiation to safe levels providing optimal protection.

പ്രൊമോഷനുകളിൽ പ്രതിസന്ധി
അസോസിയേഷൻ നിവേദനം സമർപ്പിച്ചു

ജില്ലാ ക്യാമ്പ് കോ-ഓർഡിനേറ്റർമാരുടെ 2 ഒഴിവുകളിലേക്കും 27.10.2007 മുതൽ ഒഴിഞ്ഞുകിടക്കുന്ന 4 Sr. Gr; 4 GrI തസ്തികകളിലേക്കും നാളിതുവരെ പ്രൊമോഷൻ നടപടിലാക്കിയിട്ടില്ല റാങ്ക് നമ്പർ 134 മുതൽ 137 വരെയുള്ളവർക്ക് Sr. Gr. പ്രൊമോഷനും, 2003 ലെ സീനിയോറിറ്റി ലിസ്റ്റിലെ റാങ്ക് നമ്പർ 60-63 വരെ Gr I പ്രൊമോഷനും ലഭിക്കേണ്ടതാണ്.

നേരത്തെ അവസാനമായി പ്രൊമോഷൻ നടത്തുന്നതിന് ആരോഗ്യ വകുപ്പ് മന്ത്രി നടത്തിയ അദാലത്തിൽ വരെ പോകേണ്ടതായി വന്നു കഴിഞ്ഞ ഒരു വർഷമായി ഒഴിഞ്ഞുകിടക്കുന്ന പ്രൊമോഷൻ നടപ്പിൽ വരുത്തുന്നതിന് ആരോഗ്യവകുപ്പ് ഡയറക്ടർക്ക് നിവേദനം നൽകി ഒരു മാസത്തിനകം നടപടി ഉണ്ടാകുമെന്ന് ഉറപ്പ് നൽകിയിട്ടുണ്ട്.

Age Related Macular Degeneration (ARMD)

Reasearched by **R. BINOY**
CHC - ANCHAL

Are you experiencing blurring or a blue spot at the centre of your field of vision?

The macula is a small area in the centre of the retina that is responsible for sharp, detailed central vision Macular degeneration results in a gradual distortion of central vision and some times leads to a central blind spot called scotoma When central vision is impaired. You may have difficulty recognizing faces and colours, driving a car, reading print, or doing close hand work such as sewing or other handcrafts.

There are two types of macular degeneration the dry or atrophic type and the wet or haemorrhagic type

Dry ARMD: is the more common form and less severe It is caused by the deterioration of the tissue of the macula Yellowish deposits called drusen form under the macula, causing it to thin and dry out. Although there is no treatment for dry macular degeneration, Study shows that multi vitamins and minerals can possibly delay the progress of ARMD

Wet ARMD cause rapid growth of small blood vessels beneath retina Affected blood vessels leak blood and fluid which form scar tissue that causes vision loss It can be treated with laser surgery, photodynamic therapy and injections in the eye which can slow the rate of vision loss.

ARMD is a very serious coudition but does not result in total blindness With the help of a vision loss specialist patient can learn to use his side vision to read, perform other tasks usually performed by the central part of the eye

Signs of ARMD

(1) Blurry areas on a printed page

(2) Straight lines appear wavy

(3) Dark spaces in the centre of vision

Amsler Grid ARMD can be detected by a self test using an Amsler grid. The self test is no substitute for regular eye exams.

The pattern of the Amsler grid resembles a check board Cover one eye and stare at the black dot in the centre of the grid. While staring at the dot you may notice that the straight lines in the pattern appear wavy. You notice that some of the lines are missing. There may be signs of ARMD. Ms Ringgold who wrote a book named 'Out of the Corner of My Eye' had macular degeneration for 10 years Reading this book by anyone who has the condition of macular degeneration would help them to cope with their condition and also for their family to understand how they can help him.

2008 നവം. 23 ന് ആശ്രമം ഇ.എസ്.ഐ ആശുപത്രിയിലെ ഒപ്റ്റോമെട്രിസ്റ്റ് തസ്തികയിലേക്ക് നടത്തിയ എഴുത്ത് പരീക്ഷയുടെ ചോദ്യം

90 Minutes

1. Sudden painful loss of vision occurs in the following except
   A) Acute iridocyclitis
   B) Acute congestive glaucoma
   C) Optic neuritis
   C) Central retinal artery occlusion
2. A 50 years old male complaints of head ache and eye strain on reading The most probable refractive error is
   A) Myopia B) Hypermetropia
   C) Astigmatism D) Presbyopia
3. Epiphora means
   A) Excessive lacrimation B) Allegic Conjunctivitis
   C) Itching of the eyes D) Severe redness of the eyes
4. Thread like discharge is seen in all except
   A) Gono coccal Conjunctivitis B) Allergic Conjunctivitis
   C) Tumors of the Conjunctiva D) Spring Catarrh
5. Micronsia and macropsia are seen in
   A) Acute Congestive glaucoma B) Choroiditis
   C) Optic neuritis D) Papilloedema
6. Retinal diseases cause
   A) Blue blindness B) Pink blindness
   C) Red and green blindness D) Violet and indigo blindness
7. Superficial vessels in the cornea are differentiated from deep vessels by which of the following?
   A) Limbal crossing B) Bright red color
   C) Arborescent branching D) All the above
8. Iris Bombe classically occurs in
   A) Hypermature cataract B) Iridocyclitis
   C) Aphakia D) Lenticular displacement
9. Hyphema refers to
   A) Bloody cornea B) Blood in A.C
   C) Blood in vitreous D) Retinal haemorrhage
10. Which of the following is an earliest indicator of optic nerve disease?
    A) Loss of light reflex B) Marcus gun pupil
    C) Argyll Robert Son pupil D) Hippus
11. An objective measure of visual acuity is made by
    A) Snellen's Chart B) Optokinetic nystagmus
    C) Photo-stress test D) Amsler's chart

12. The field of vision is maximum in which direction?
    A) Superior B) Nasal
    C) Temporal D) Inferior
13. The confrontation test is used to assess
    A) Visual acuity B) Power of accommodation
    C) Field of vision D) Night vision
14. Corneal opacities are best studied by
    A) Keratometer B) Fundoscope
    C) Slit lamb D) Gonioscope
15. Which of the following vital stains is used to demonstrate corneal ulcer best?
    A) Rose bengal B) Alcian blue
    C) Auronaffin D) None of these
16. In which of the following is there a deep anterior chamber?
    A) Hyper mature cataract B) Aphakia
    C) Keratitis D) Retinal detachment
17. The field of vision is largest for which color?
    A) White B) Blue
    C) Green D) Red
18. Thickness of the cornea is measured by
    A) Keratometer B) Tonometer
    C) Pachymeter D) Glucometer
19. In megalo cornea, the diameter of the cornea is greater than
    A) 10mm B) 11mm
    C) 12mm D) 13mm
20. Which is not a cause of circum corneal congestion?
    A) Keratitis B) Uveitis
    C) Glaucoma D) Retrobulbar haemorrhage
21. Sub conjunctival haemorrhage may be seen in
    A) Mumps B) Measles
    C) Pertusis D) Rabies
22. D-shaped pupil is seen in
    A) Iridocyclitis B) Iridodialysis
    C) Glaucoma D) Dislocated lens
23. The color of fluorescein staining in corneal ulcer is
    A) Yellow B) Blue
    C) Royal blue D) Green
24. Drooping of the upper eye lid is called
    A) Ectropion B) Entropion
    C) Ptosis D) Proptosis
25. Hirschberg test is used to detect
    A) Squint B) Field defects
    C) Glaucoma D) Optic atrophy

26. Londolt's broken ring test is used for
A) Knowing the type of squint B) Recording visual acuity
C) Charting field of vision D) Testing power of ocular muscle

27. Fluorescein staining is most useful in
A) Bullous keratopathy B) Stromal dystrophies
C) Corneal vascularisation D) Contact lens fitting

28. Jones test is used to detect
A) Angle closure glaucoma B) Lens dislocation
C) Patency of nasolacrimal duct D) Vitreous opacities

29. Color vision is by
A) Rods B) Cones
C) Occipital cortex D) Bipolar cells

30. Trichromatic theory of color vision was propounded by
A) Swan B) Yong-Helmholtz
C) Muller D) None of the above

31. Antero posterior diameter of the eye ball is
A) 7mm B) 12mm
C) 22mm D) 25mm

32. Posterior chamber contains
A) Acquous humor B) Vitreous humor
C) Lens D) Iris

33. Eye at birth is having
A) Myopia B) Hypermetropia
C) Astigmatism D) Pressbyopia

34. The deep mucous layer of tear film is secreted by
A) Meibomian glands B) Lacrimal gland
C) Conjunctival goblet cells D) All the above

35. Refractive power of the cornea is
A) 18D B) 10D
C) 40D D) 30D

36. Refractive power of the human lens is
A) 10D B) 20D
C) 30D D) 40D

37. Chalazion is a chronic inflammation of
A) Lacrimal gland B) Sebacious gland
C) Mebomian gland D) Conjunctival gland

38. Levator palpebrae Superioris is supplied by
A) III Nerve B) IV Nerve
C) V Nerve D) VI Nerve

39. Lateral rectus muscle is supplied by
A) Occulomotor Nerve B) Trochlear Nerve
C) Abducent Nerve D) Trigelminal Nerve

40. Superior oblique muscle is supplied by
A) Trigelminal Nerve B) Occulomotor Nerve
C) Trochlear Nerve D) Sympathetic Nerve

41. Medial Rectus muscle is supplied by
A) III Nerve B) V Nerve
C) VI Nerve D) VII Nerve

42. Superior Rectus muscle is supplied by which cranial nerve
A) Trochlear B) Trigerminal
C) Occulomotor D) Abducent

43. Inferior oblique muscle is supplied by which cranial nerve
A) IV cranial nerve B) III cranial nerve
C) VI cranial nerve D) VII cranial nerve

44. Ptosis is due to weakness of which muscle
A) Levator Palpebrae Superioris B) Lateral rectus
C) Superior rectus D) Inferior rectus

45. Lagophthalmos is
A) Incomplete closure of palpebral fissure B)Absence of eye ball
C) Protrusion of eye ball D) None of the above

46. Aniridia is
A) Absence of lens B) Absence of iris
C) Absence of eye ball D) Absence of eye lashes

47. Loss of eyebrows is seen in
A) Atopic dermatitis B) Leprosy
C) Thyroid disease D) Tuberculosis

48. Increased number of eye lashes is referred to as
A) Trichiasis B) Tylosis
C) Hyper trichosis D) Madarosis

49. Entropion is
A) Inturned lids B) Absence of lids
C) Out turned lids D) Scarring of lids

50. Nasolacrimal duct drains into
A) Superior meatus of the nose B) Inferior meatus of the nose
C) Middle meatus of the nose D) Nasal septum

51. Epiphora occurs in
A) Chronic iritis B) Acute congestive glaucoma
C) Chronic dacryocystitis D) Trachoma

52. Most common tumor of the lacrimal gland is
A) Squamous cell carcinoma B) Basal cell carcinoma
C) Mixed tumor D) Adenoma

53. In DCR, lacrimal sac is communicated with
A) Superior meatus B) Inferior meatus
C) Nasal septum D) Middle meatus

54. Small shiny triangular white patch present in exposed part of conjunctiva is usually
A) Pterygium B) Bitot's spot
C) Rhyeten D) None of the above

55. Sub conjunctival haemorrhage is due to all except
A) Injury to the eye B) Head injury
C) Mechanical straining D) Glaucoma

56. Ophthalmia neonatorum ocuring within 24 hrs of birth is usually
A) Chemical B) Gonococcal
C) Vernal catarrh D) None of the above

57. Membraneous conjunctivities is usually due to
A) Staphylococcus B) Corynebacterium diphtheriae
C) Virus D) Allergies

58. Drug of choice in acute iridocyclitis is
A) Antibiotics B) Acetazolamide
C) Altropine D) NSAIDS

59. Congenital cataract is associated with all except
A) Toxoplasmosis B) Rubella
C) Malaria D) CMU

60. Most common type of congenital cataract is
A) Blue dot cataract B) Sutural cataract
C) Zonular cataract D) Cortical cataract

61. Shallow anterior chamber is seen in
A) incipient cataract B) Mature cataract
C) Hypermature cataract D) Intumescent cataract

62. Cataracta brunescence is type of
A) Traumatic cataract B) Cortical cataract
C) Nuclear cataract D) None of the above

63. Second sight is associated with
A) Contact lens B) Aphakia
C) Nuclear sclerosis D) Refractive surgeries

64. Bread crumb appearance and polychromatic lustre are seen in
A) Traumatic cataract B) Incipient cataract
C) Complicated cataract D) Developmental cataract

65. Snow flake cataract is seen in
A) Hypertension B) Hyper thyroidism
C) Galactosemia D) Diabetes

66. Modern technique of cataract surgery is
A) ICCE B) Lensectomy
C) ECCE D) Phacoemulsification

67. IOL power calculation requires
A) A-scan B) Keratometer
C) Both A and B D) None of the above

68. YAG laser is used in the treatment of
A) Developmental cataract B) After cataract
C) Open angle glaucoma D) Retinal detachment

69. The aetiology of complicated cataract is all except
A) Uveitis B) Conjunctivitis
C) Retinitis pigmentosa D) Retinal detachment

70. After cataract operation, spectacles are prescribed after
A) 2 weeks B) 4 weeks
C) 6 weeks D) 12 weeks

71. Diagnostic criteria for mature cataract include
A) Pearly white color B) Absent fundal glow
C) Absent iris shadow D) All the above

72. Night blindness is seen in all the following except
A) Vit. A deficiency B) Retinitis Pigmentosa
C) High myopia D) Uveitis

73. Inequality in the size of the pupil is referred to as
A) Anisocoria B) Acoria
C) Polycoria D) Corectopia

74. In a patient with III N paralysis, all the muscles will be affected except
A) Medial rectus B) Superior rectus
C) Lateral rectus D) Inferior rectus

75. Method of visualisation of the angle of anterior chamber is
A) Gonioscopy B) Ophthalmoscopy
C) Keratometry D) Tonometry

76. Identation tonometer is
A) Schiotz tonometer B) Goldmann tonometer
C) Perkin's tonometer D) Mackaymarg tonometer

77. A technique for assessing field of vision
A) Pachymetry B) Perimetry
C) Tonometry D) Tonography

78. Features of lacrimal sac malignancy include
A) Mass below medial palpebral ligament B) Bloody epiphora
C) Filling defect on dacryocystography D) All the above

79. Blind spot is located
A) Nasally between 10^0 & 20^0 B) Temporally between 20^0 & 40^0
C) Temporally between 10^0 & 20^0 D) Nasally between 2^0 & 40^0

80. Nodal point of the eye lies at
A) Pupil B) Anterior lens capsule
C) Mid vitreous D) Posterior part of the lens

81. In astigmatism, when the vertical meridian is more curved it is called
A) With the rule B) Against the rule
C) Toric astigmatism D) Irregular astigmatism

82. When the refractive powers of the two eyes are different, it is
A) Emmetropia B) Anisometropia
C) Ametropia D) Anisocaria

83. The distance between the patient and technician doing retinoscopy should be
A) 6 meters B) 25 meters
C) 1 meters D) 12 meters

84. Keratometer is used to measure
A) Lenticular B) Corneal opacity
C) Corneal curvature D) Depth of Anterior chamber

85. Telescopic spectacles are used when the visual failure is due to disease of
A) Cornea B) Retina
C) Vitreous D) Lens

86. Ophthalmia nodosa is due to
A) Vegetable matter B) Radiation exposure
C) Caterpillar hair D) None of the above

87. 'Jack in the box' effect of aphakic eye corrected by spectacles is due to
A) Spherical aberration B) Ring scotoma
C) Astigmatism D) Inaccurate correction

88. Extended wear contact lenses are made of
A) PMMA B) HEMA
C) EDMA D) PVP

89. Mydriatic used for refraction in children is
A) Atropine drops B) Atropine ointment
C) Homatropine D) Eucatropine

90. Treatment of choice for aphakia is
A) Spectacles B) Contact lens
C) Posterior chamber IOL D) Anterior chamber IOL

91. Volume of the orbit is
A) 25cc B) 30cc
C) 10cc D) 7cc

92. The term enophthalmos means
A) Absence of eye ball B) Protrusion of eye ball
C) Retraction of eye ball D) Altrophic bulbi

93. Surgical removal of the eye ball is
A) Enucleation B) Eviceration
C) Exenteration D) None of the above

94. Visual acuity of 6/6 is attained by the age of
A) 1 year B) 2 years
C) 3 years D) 5 years

95. All extra ocular muscles arise from the common tendinous ring at the apex of the orbit except
A) Superior oblique B) Superior rectus
C) Inferior rectus D) Inferior oblique

96. Chin elevation is seen in the case of
A) Superior oblique palsy B) Superior rectus palsy
C) Inferior rectus palsy D) Lateral rectus palsy

97. Number of cardinal positions of gaze are
A) 6 B) 7
C) 8 D) 9

98. H.P. inclusion bodies are seen in
A) Vernal catarrh B) Trachoma
C) Phlycten D) Diabetes

99. All the following conditions produce sub conjunctival haemorrhage except
A) Blunt trauma B) Whooping cough
C) Scurvy D) Acute iridocyclitis

100. NPCB was launched in the year
A) 1997 B) 1976
C) 1974 D) 1979

Answer Key

1	A	21	C	41	A	61	D	81	A
2	D	22	B	42	C	62	C	82	B
3	A	23	D	43	B	63	C	83	C
4	C	24	C	44	A	64	C	84	C
5	C	25	A	45	A	65	D	85	B
6	C	26	B	46	B	66	D	86	C
7	D	27	B	47	B	67	C	87	B
8	B	28	C	48	C	68	B	88	B
9	B	29	B	49	A	69	B	89	B
10	B	30	B	50	B	70	C	90	A
11	B	31	C	51	C	71	D	91	B
12	C	32	A	52	C	72	D	92	C
13	C	33	B	53	D	73	A	93	B
14	C	34	C	54	B	74	C	94	B
15	A	35	C	55	D	75	A	95	D
16	B	36	B	56	B	76	A	96	B
17	B	37	C	57	B	77	B	97	D
18	C	38	A	58	C	78	D	98	B
19	D	39	C	59	C	79	C	99	D
20	D	40	C	60	A	80	D	100	B

നേത്രദാനം മഹാദാനം

(വഞ്ചിപ്പാട്ട് മട്ട്)

(പ്രസന്നകുമാരി, പി.എച്ച്.സി വല്ലന)

നേത്രദാനം മഹാദാനം തെയ്തെയ്തകതെയ്തെയ്തോം
നേത്രദാനം മഹാദാനം തിത്തിത്താതിത്തെയ്തെയ്
നേത്രദാനം ചെയ്യുന്നവർക്ക് ഹാരങ്ങളേവർ
ഓതിത്തിത്താതതിത്തിത്തെയ്
തിത്തെയ്തകതെയ്തെയ്തോം
പുറംകണ്ണ് ദാനം ചെയ്ത് അകക്കണ്ണ് തുറക്കുമ്പോൾ
അനിവാര്യമരണത്തെ തോൽപ്പിച്ചീടുന്നു

(ഓതിത്തി....)

കേട്ടറിഞ്ഞും തൊട്ടറിഞ്ഞും പുറം ലോകം അറിഞ്ഞവർ
മണികെട്ടി വടിയുമായി നടന്നീടുന്നോർ
കണ്ണുനീരിൽ കുതിരുന്ന കൺതുറക്കാൻ കഴിയാത്തോർ
കൺകുളിർക്കെ കൺതുറന്നു കണ്ടുകൊള്ളട്ടെ!

(ഓതിത്തി....)

നേത്രപടലാന്ധതയ്ക്കു മാറ്റിവയ്ക്കൽ ഏകമാർഗ്ഗം
സൻമനസ്സു വിചാരിച്ചാൽ എത്ര സുലഭം
കണ്ണുദാനം ചെയ്തീടുവിൻ അന്ധൻമാർ അതിലൂടെ
ഈ ലോകത്തിൻ വർണ്ണഭംഗി ആസ്വദിക്കട്ടെ!

(ഓതിത്തി....)

കണ്ണട വയ്ക്കുന്നവർക്കും തിമിരം ബാധിച്ചവർക്കും
ശസ്ത്രക്രിയ നടത്തിയോർക്കും
കോർണിയ സുതാര്യമായ ആർക്കും നൽകാം തൻകണ്ണുകൾ
എച്ച്ഐവി യോ ഹെപ്പ ബി യോ ഉണ്ടാകരുത്
കണ്ണിനു ക്യാൻസർ ആണെങ്കിൽ ദാനം ചെയ്യാൻ കഴിയില്ല
പേപ്പട്ടി കടിച്ചുള്ള മരണമാണെങ്കിലും

(ഓതിത്തി....)

അണുബാധ, പരിക്കുകൾ, പോഷകാഹാരക്കുറവ്
ഇവ വന്നാലുടൻ തന്നെ ചികിത്സിക്കണം
വ്യവസായ ശാലകളിൽ ജോലി ചെയ്യും തൊഴിലാളി
സംരക്ഷണ കണ്ണടകൾ നിത്യം വയ്ക്കണം

(ഓതിത്തി....)

കൂർത്തകളിപ്പാട്ടങ്ങളും മൂർച്ചയുള്ള വസ്തുക്കളും
കുട്ടികൾക്ക് കളിക്കുവാൻ കൊടുക്കരുതേ
ആഘോഷ വേളകളിലെ കമ്പിത്തിരി, പടക്കങ്ങൾ
ഇവയൊന്നും നടുക്കുന്നൊരോർമ്മയാവല്ലേ
(ഓതിത്തി...)

പച്ചിലക്കറി, പപ്പായ; മാമ്പഴം മുതലായവ
നിത്യമുള്ള ഭക്ഷണത്തിൽ ഉൾപ്പെടുത്തണം
കണ്ണിലെ ദീപനാളത്തെ അണയാതെ കാത്തിടേണം
നാളെകളെ വെളിച്ചത്തിൽ തെളിയിക്കുവാൻ
(ഓതിത്തി...)

നേത്രദാനം ചെയ്യുന്നയാൾ മരണമടഞ്ഞാലുടൻ
അടുത്തുള്ള നേത്രബാങ്കിൽ അറിയിക്കണം
ആറുമണിക്കൂറിനുള്ളിൽ എടുക്കണം നയനങ്ങൾ
എടുത്താലോ വൈരൂപ്യങ്ങൾ ഒന്നുമേയില്ല
(ഓതിത്തി...)

പിതാവിന്റെ ജീവിതാഭിലാഷം നിറവേറ്റിടുന്ന
പുത്രൻ പുത്രന്മാരിലേറ്റം സത്പുത്രനല്ലോ
ഒരുവൻ തൻ ജീവിതാഭിലാഷം നിറവേറിടുമ്പോൾ
മനുജാ നിൻ നരജന്മം സഫലമാകും
(ഓതിത്തി...)

നേത്രദാനം മഹാദാനം നേത്രദാനം ജീവിത ദാനം
ഈ സന്ദേശം ഏവരിലും എത്തിച്ചിടേണം
അതിനായി ആണ്ടുതോറും ആചരിപ്പൂ ഭാരതത്തിൽ
നേത്രദാനപക്ഷാചരണം ഔദ്യോഗികമായി
ആഗസ്റ്റ് 25 മുതൽ സെപ്തംബറിൻ എട്ടുവരെ
നേത്രദാന പക്ഷമായി ആചരിക്കുന്നു
നമ്മൾ ആചരിക്കുന്നു
(ഓതിത്തി...)