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എഡിറ്റോറിയൽ

കേരളാ ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ് അസ്സോസിയേഷന്റെ കർമ്മ പഥത്തിൽ 20 വയസ്സിന്റെ മെഴുകുതിരികൾ കത്തിക്കുന്ന ഈ വേളയിൽ ഓരോ അംഗങ്ങൾക്കും എന്റെ ഹൃദയം നിറഞ്ഞ ആശംസകൾ. ഇൻസൈറ്റിന്റെ പതിപ്പുകൾ വർഷത്തിൽ രണ്ടായി ചുരുക്കിയിട്ടുണ്ടെങ്കിലും കാതലും കാമ്പുമുള്ള പംക്തികളും പ്രധാനപ്പെട്ട ഉത്തരവുകളും ഉൾപ്പെടുത്തി അംഗൾക്ക് പരമാവധി പ്രയോജനപ്പെടുന്ന രീതിയിൽ പ്രസിദ്ധീകരിക്കൽ കഴിയുന്നതിൽ ചാരിതാർത്ഥ്യമുണ്ട്.

എഡിറ്റർക്ക് ലഭിക്കുന്ന മെയിലുകളിൽ നിന്നും നമ്മുടെ ജേർണലിന്റെ ഗുണഫലങ്ങൾ കേരളത്തിലെ യോഗ്യതയുള്ള ഒപ്റ്റോമെട്രിസ്റ്റുകൾക്കും ഇതര സംസ്ഥാനങ്ങളിൽ നിന്നുള്ള ഒപ്റ്റോമെട്രിസ്റ്റുകൾക്കും ലഭിക്കുന്നു എന്ന് മനസ്സിലാക്കാൻ കഴിഞ്ഞതിൽ സന്തോഷിക്കുന്നു.

കേരളാ ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ് അസ്സോസിയേഷന്റെ പോരാട്ട വീഥിയിൽ ജീവനാഡിയായ നിങ്ങളോരുത്തരേയും അഭിനന്ദിച്ചുകൊണ്ട് ഈ ലക്കം ഇൻസൈറ്റ് നിങ്ങൾക്കായി സമർപ്പിക്കട്ടെ.

അരുൺ ആർ ജെ
എഡിറ്റർ

For internal circulation only

PRESIDENT'S VOICE

20ാം സംസ്ഥാന സമ്മേളനത്തിൽ പങ്കെടുക്കാൻ തയ്യാറെടുക്കുന്ന കേരളാ ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ് അസ്സോസിയേഷന്റെ ഓരോ അംഗൾക്കും എന്റെ സ്നേഹാഭിനന്ദനങ്ങൾ. 05-12-2010ൽ എറണാകുളത്ത് വച്ച് നടന്ന് സമ്മേളനത്തിൽ എന്നെ തെരഞ്ഞെടുത്തതു മുതൽ ഇന്ന് വരെ എന്റെ കഴിവിന്റെ പരമാവധി നിങ്ങളോടൊപ്പം സത്യസന്ധമായി സംഘടനയ്ക്ക് വേണ്ടി പ്രവർത്തിക്കാൻ സാധിച്ചിട്ടുണ്ട്. അതിന് വേണ്ടി എന്നോടൊപ്പം നിന്ന സെക്രട്ടറി, എക്സിക്യൂട്ടീവ് കമ്മറ്റി അംഗങ്ങൾ എന്നിവരുടെ സഹായവും സഹകരണവും സംഘടനയുടെ വളർച്ചക്ക് ഏറ്റുത്തു പറയേണ്ട വസ്തുത തന്നെയാണ്.

കേരളാ ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ് അസ്സോസിയേഷന്റെ തുടക്കം മുതൽ ഇതുവരെ അന്തസ്സോടുകൂടിയും മറ്റുള്ളവർക്ക് അസൂയാവഹവുമായ നേട്ടങ്ങൾ കൈവരിക്കാൻ ഈ സംഘടനയ്ക്ക് കഴിഞ്ഞിട്ടുണ്ട്. ഒഫ്ത്താൽമിക്ക് അസിസ്റ്റന്റായി ജോലിയിൽ പ്രവേശിച്ച് വിരമിക്കുന്നതുവരേയും (30 കൊല്ലത്തോളം) പ്രാഥമികാരോഗ്യകേന്ദ്രങ്ങളിൽ മാത്രം ജോലി ചെയ്തിരുന്ന നമ്മൾക്ക് 66 സീനിയർ ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ തസ്തികകൾ മേജർ ആശുപത്രികളിൽ അസ്സൈൻ ചെയ്യിക്കാനും കേരളത്തിലെ ഏറ്റവും സീനിയർ ഒപ്റ്റോമെട്രിസ്റ്റായ തൃശ്ശൂർ ജില്ലാ ഒഫ്ത്താൽമിക്ക് കോർഡിനേറ്റർ ശ്രീമതി അനിതയെ തിരുവനന്തപുരത്ത് ആരോഗ്യ വകുപ്പ് ഡയറക്ട്രേറ്റിലെ ഒഫ്ത്താക്മിക്ക് സെല്ലിൽ നിയമിക്കാൻ കഴിഞ്ഞതും സംഘടനയുടെ വലിയ നേട്ടങ്ങളിലൊന്നു തന്നെയെന്ന് നിസ്സംശയം പറയാവുന്നതാണ്.

താലൂക്ക് ആശുപത്രികളായി ഉയർത്തപ്പെട്ട ആശുപത്രികളിലും ജനറൽ ആശുപത്രികളിലും ഒപ്റ്റോമെട്രിസ്റ്റിന്റെ നിയമിക്കുക, മേജർ ആശുപത്രികളിൽ ഒന്നിൽ കൂടുതൽ സീനിയർ ഒപ്റ്റോമെട്രിസ്റ്റുകളെ നിയമിക്കുക, അവധി - കോമ്പൻസേറ്ററി അവധി വിഷയത്തിലെ അപാകത തുടങ്ങി ആനുകാലികവും അത്യന്താപേക്ഷികവുമായ ആവശ്യങ്ങൾക്ക് വേണ്ടി സംഘടന പ്രവർത്തിച്ചുകൊണ്ടിരിക്കുകയാണ്.

കഴിഞ്ഞ സമ്മേളനത്തിൽ ആദ്യം മുതൽ അവസാനം വരെ ചർച്ച ചെയ്ത ഒരു വിഷയം ഈ കാറ്റഗറിയിലെ എല്ലാവരും ഒരുമിച്ച് ഒരു കുടക്കീഴിൽ അണിനിരക്കേണ്ടതിന്റെ അവശ്യകതയെക്കുറിച്ചായിരുന്നു. എന്നാൽ ഇതുവരേയും ഈ ആവശ്യം സഭലമാക്കാൻ കഴിഞ്ഞില്ല. ഒന്നാക്കൻ ശ്രമിക്കുമ്പോൾ അകലുന്ന 'ഇവരെ' എങ്ങനെ ഒരുമിപ്പിക്കാൻ കഴിയും?

ഭാവിയിൽ നമ്മുടെ കാറ്റഗറിക്ക് നേടിയെടുക്കേണ്ടതായ പല നൂതന ആവശ്യങ്ങൾക്ക് ശക്തിപകരേണ്ടത് ഒറ്റക്കെട്ടായ ഒത്തൊരുമയോടുള്ള പ്രവർത്തനമാണെന്ന് മനസ്സിലാക്കി നമ്മോടൊപ്പം അണിചേർന്നുകൊണ്ടിരിക്കുന്ന എല്ലാവരേയും ഹാർദ്ദവമായി സ്വാഗതം ചെയ്യുന്നു.

ഈ സംഘടനയുടെ ഓജസ്സും ശക്തിയും ഇതിലെ ഓരോ അംഗങ്ങളിലും നിക്ഷിപ്തമാണ്. നമ്മളൊരിമിച്ച് നമുക്കൊരിമിച്ച് കൈകോർത്ത് പിടിച്ച് മുന്നേറാം. അതിനുള്ള ശക്തിയും സാഹചര്യവും കഴിവും സർവ്വശക്തനായ ജഗദീശ്വരൻ തന്ന് സഹായിക്കട്ടെ എന്ന പ്രാർത്ഥനയോടെ

സി എം ജെസ്സി
പ്രസിഡന്റ്

FROM SECRETARY'S DESK

Dear Colleagues,

We are near our 20th State Annual Conference which will be on 12th and 13 th November 2011 at Ashir Bhavan, Ernakulam. In this year we have witnessed the change of designation as Optometrist and got a promotion post at Directorate of Health service. Senior Optometrists are going to be assigned in major hospitals. There are 66 Senior Optometrists now in service. When they are posted at major hosptitals, the juniors working in that post have to be transferred. There will be some inconvenience for some of the juniors now working in major hospitals. As it is a major change they have to bear with it. Once seniors are assigned they will be transferred among themselves.

As far as India is concerned Optometry as a subject is still in its childhood. Optometry has incorporated knowledge of optics, mathematics, psychology and other sciences. Optometry has developed its own literature in clinical practices and vision sciences. Optometry has been the leader in investigations on clinical lens application, non –strabismic binocular vision problems ,contact lenses ,low vision etc . What is the history of Indian optometry and its contribution in this development?

We, the Optometrists in Kerala Government service is tied up in the narrow interest of transfer and postings. Some vested interested people are trying to utilize this soft corner to increase their influence. Every profession justifies its existence by being better at something than any other profession. We need to maintain our strength in the treatment of refractive problems and eye strain. An optometrist must rely on good refraction techniques though ARM is available.

Optometry has no licensure laws in Kerala. The do's and don'ts of an optometrist should be well

defined and regulated through law. A registration council bill passed in the Assembly is the first step in this regard. Though a paramedical council bill has formulated, Government was not able to move it in the Assembly. Instead Govt. convened the council through an ordinance. Qualified, registered Optometrist only should be allowed to practice in optical shop and work in the eye departments of hospitals. For this an optometry registration council should be formed instead of including us in the present paramedical ordinance.

We need more avenues of higher studies like postgraduation and Phd programmes. I hope Medical University of Kerala will recognize the importance of Optometry as a visioncare science and start courses or colleges in this subject. Let us work together for the betterment of our profession and I welcome all Optometrists to the 20th annual conference at Ernakulam including the new comers in the service.

Binoy R
General Secretary

DIPLOPIA CHARTING

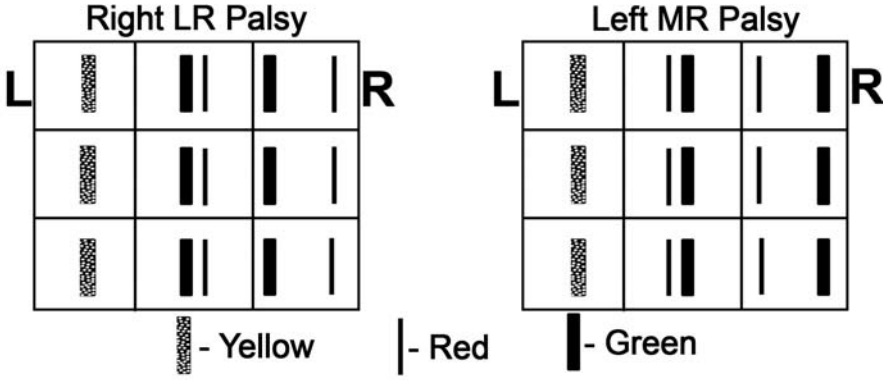
K J Manoj
CHC Kumbalanghi

Diplopia testing is an important test in diagnosing the paralysed muscle in paralytic squint. Diplopia testing is an inexpensive test which requires only a source of light and a red and green goggle. Put a red green goggles on the patient with red in front of the right eye and green in front of the left eye. Hold a torch in your hand and cover it with some tape so that only a slit of light is seen. (The slit of a streak retinoscope can also be used) .Then stand in front of the patient at a distance of 1 meter .Making the patient sit ,keep his head straight so that the light is at the level of the patients eyes and instruct the patient to look directly forward. Then ask the patient whether he sees one light or two lights. If the answer is two lights, the patient is having diplopia.

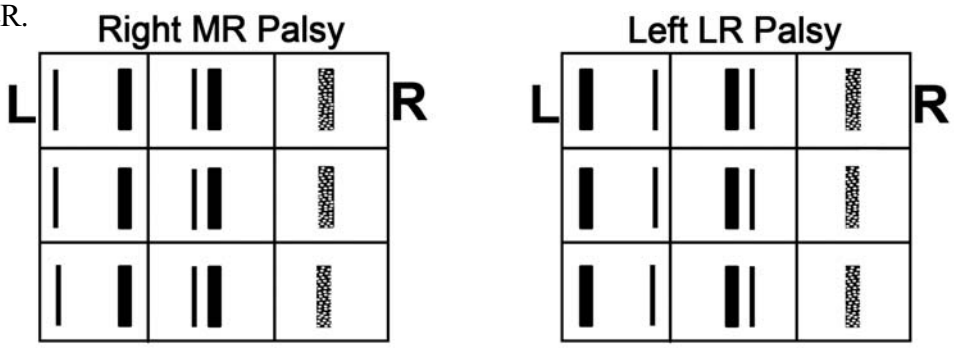
Then ask the patient one image above the other or they are side by side. If the answer is side by side, then it will be horizontal muscle palsy. If they are one above the other then vertical muscle is involved.

If the diplopia is horizontal move the torch slowly to the patients left and is instructed to watch the lights and asked "Do the two lights get further apart or not". The same question is asked by moving the torch to the patient's right .If the two lights become further apart when looking to the right, then there will be paresis of dextrovertors. ie, right LR or left MR. and if it happens when looking to the left there is paresis of levovertors.ie, left LR or right MR. In order to find out which of the muscle is at fault, ask the patient "is the outer image red or green in colour."

If dextroverters are involved and the distal image is red, it means the patient has uncrossed diplopia. So the paralysed muscle will be right LR. If the outer image is green,then the paralysed muscle is left MR.



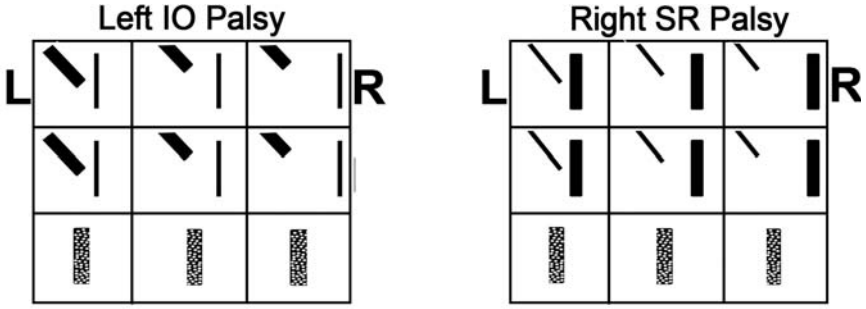
If the levo vertors are involved and if the distal image is red (crossed diplopia) then the paralysed muscle is right MR and if the outer image is green (uncrossed diplopia), the paralysed muscle is left LR.



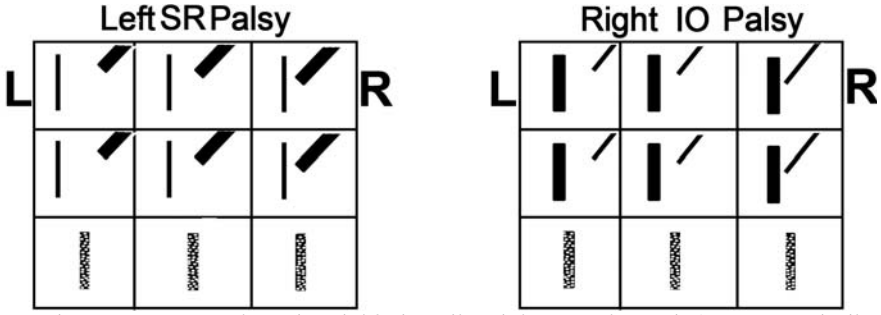
If the diplopia is vertical , then the torch is slowly moved upwards and the patient is asked to follow the lights. Then ask him, do the two lights get further apart or not. The same question is asked when moving the torch downwards. If the two lights are further apart when looking upwards, there is

paralysis of SR or IO. Then the torch is moved up and to the right and then up and to the left and is asked in which of these positions the lights are part more vertically. If the answer is up and to the right, one of the dextro elevators are involved. And if up and to the left levo elevators are involved. Then ask him "Is the outer image is red or green?".

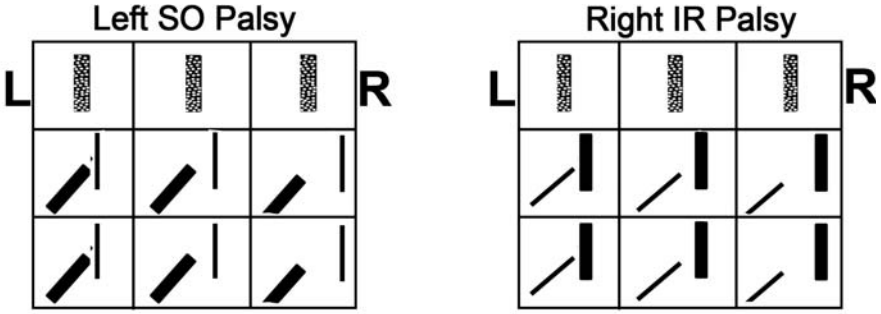
When dextro elevators are involved, if the outer image is red (uncrossed diplopia), the paralysed muscle is left IO. And if the outer image is green (crossed diplopia), it will be right SR palsy.



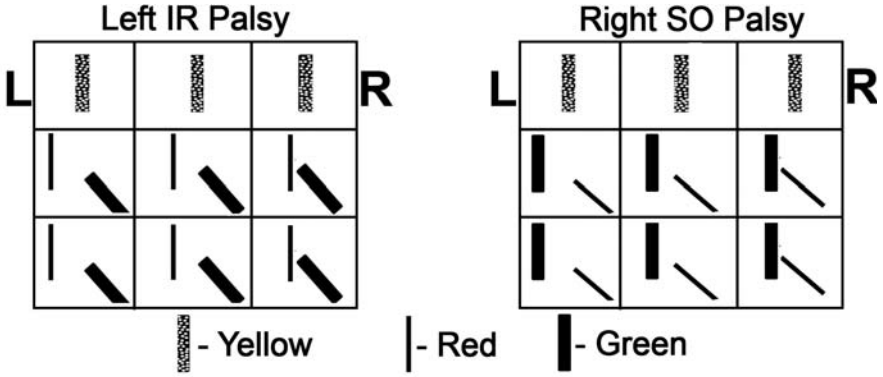
When levo elevators are involved if the outer image is red which means left SR palsy. If the outer image is green , then the paralysed muscle is right IO.



When dextro depressors are involved if the distal image is red (uncrossed diplopia) paralysed muscle is left SO. If the distal image is green (crossed diplopia), there will be right IR palsy.



When levodepressors are involved if the outer image is red (crossed diplopia) then the affected muscle is left IR. And if the outer image is green(uncrossed diplopia) the paralysed muscle is right SO.



Story of Spectacles

Spectacles, also known as glasses, eyeglasses (formal) or simply specs (informal), are frames bearing lenses worn in front of the eyes. They are normally used for vision correction or eye protection. Safety glasses are a kind of eye protection against flying debris or against visible and near visible light or radiation. Sunglasses allow better vision in bright daylight, and may protect against damage from high levels of ultraviolet light. Other types of glasses may be used for viewing visual information (such as stereoscopy) or simply just for aesthetic or fashion purposes.

Historical types of glasses include the pince-nez, monocle, lorgnette, and scissor or scissors-glasses.

Modern glasses are typically supported by pads on the bridge of the nose and by temple arms (sides) placed over the ears. CR-39 lenses are the most common plastic lenses due to their low weight, high scratch resistance, low dispersion, and low transparency to ultraviolet and infrared radiation. Polycarbonate and Trivex lenses are the lightest and most shatter-resistant, making them the best for impact protection.

An unpopular aspect of glasses is their inconvenience. Through modern frames can be both lightweight and flexible, and new lens materials and optical coatings are resistant to breakage or scratching, glasses can still cause problems during rigorous sports. Visibility can be significantly reduced by becoming greasy, trapping vapour when eating hot food, swimming, walking in rain or rapid temperature changes (such as walking into a warm building from cold temperatures outside). Scraping, fracturing, or breakage of the lenses require time-consuming and costly professional repair.

History

The earliest historical reference to magnification dates back to ancient Egyptian hieroglyphs in the 5th century BC, which depict "simple glass meniscal lenses". The earliest written record of magnification dates back to the 1st century AD, when Seneca the Younger, a tutor of Emperor Nero of Rome, wrote: "Letters, however small and indistinct, are seen enlarged and more clearly through a globe or glass filled with water". Nero (reigned 54–68 AD) is also said to have watched the gladiatorial games using an emerald as a corrective lens.

The use of a convex lens to form a magnified image is discussed in Alhazen's Book of Optics (1021). Its translation into Latin from Arabic in the 12th century was instrumental to the invention of eyeglasses in 13th century Italy.

Englishman Robert Grosseteste's treatise De iride ("On the Rainbow"), written between 1220 and 1235, mentions using optics to "read the smallest letters at incredible distances". A few years later, Roger Bacon is also known to have written on the magnifying properties of lenses in 1262.

Sunglasses, in the form of flat panes of smoky quartz, were used in China in the 12th century. Similarly, the Inuit have used snow goggles for eye protection. However, they did not offer any corrective benefits and the use by historians of the term "sunglasses" is anachronistic before the twentieth century.

Invention of eyeglasses

The first eyeglasses were made in Italy at about 1286, according to a sermon delivered on February 23, 1306 by the Dominican friar Giordano da Pisa (ca. 1255 - 1311): "It is not yet twenty years since there was found the art of making eyeglasses, which make for good vision ... And it is so

short a time that this new art, never before extant, was discovered ... I saw the one who first discovered and practiced it, and I talked to him." Giordano's colleague Friar Alessandro della Spina of Pisa (d. 1313) was soon making eyeglasses. The Ancient Chronicle of the Dominican Monastery of St. Catherine in Pisa records: "Eyeglasses, having first been made by someone else, who was unwilling to share them, he [Spina] made them and shared them with everyone with a cheerful and willing heart." By 1301, there were guild regulations in Venice governing the sale of eyeglasses.

(Although there have been claims that Salvino D'Armate of Florence invented eyeglasses, these claims have been exposed as hoaxes. Furthermore, although there have been claims that Marco Polo encountered eyeglasses during his travels in China in the 13th century, no such statement appears in his accounts. Indeed, the earliest mentions of eyeglasses in China occur in the 15th century and those Chinese sources state that eyeglasses were imported.

The earliest pictorial evidence for the use of eyeglasses is Tommaso da Modena's 1352 portrait of the cardinal Hugh de Provence reading in a scriptorium. Another early example would be a depiction of eyeglasses found north of the Alps in an altarpiece of the church of Bad Wildungen, Germany, in 1403.

These early spectacles had convex lenses that could correct both hyperopia (farsightedness), and the presbyopia that commonly develops as a symptom of aging. It was not until 1604 that Johannes Kepler published the first correct explanation as to why convex and concave lenses could correct presbyopia and myopia.

Later developments

The American scientist Benjamin Franklin, who suffered from both myopia and presbyopia, invented bifocals. Serious historians have from time to time produced evidence to suggest that others may have preceded him in the invention; however, a correspondence between George Whatley and John Fenno, editor of The Gazette of the United States, suggested that Franklin had indeed invented bifocals, and perhaps 50 years earlier than had been originally thought.

The first lenses for correcting astigmatism were constructed by the British astronomer George Airy in 1825.

Over time, the construction of spectacle frames also evolved. Early eyepieces were designed to be either held in place by hand or by exerting pressure on the nose (pince-nez). Girolamo Savonarola suggested that eyepieces could be held in place by a ribbon passed over the wearer's head, this in turn secured by the weight of a hat. The modern style of glasses, held by temples passing over the ears, was developed some time before 1727, possibly by the British optician Edward Scarlett. These designs were not immediately successful, however, and various styles with attached handles such as "scissors-glasses" and lorgnettes were also fashionable from the second half of the 18th century and into the early 19th century.

In the early 20th century, Moritz von Rohr at Zeiss (with the assistance of H. Boegehold and A. Sonnefeld), developed the Zeiss Punktal spherical point-focus lenses that dominated the eyeglass lens field for many years.

Despite the increasing popularity of contact lenses and laser corrective eye surgery, glasses remain very common, as their technology has improved. For instance, it is now possible to purchase frames made of special memory metal alloys that return to their correct shape after being bent. Other frames have spring-loaded hinges. Either of these designs offers dramatically better ability to withstand the stresses of daily wear and the occasional accident. Modern frames are also often made from strong, light-weight materials such as titanium alloys, which were not available in the earlier times.

From Wikipedia

കാഴ്ച്ച

ഡോ.ബീന റാണി
കൺസൾറ്റന്റ് ഡെർമറ്റോളജിസ്റ്റ്
ജനറൽ ആശുപത്രി, എർണാകുളം

കാഴ്ച്ച നയിക്കുന്നു.....
നയനങ്ങളാലും അന്തർ നയനങ്ങളാലും
നമ്മെ കാഴ്ച്ച നയിക്കുന്നു.

കാഴ്ച്ച നൽകുന്നത് ദൈവം
ഉൾക്കാഴ്ച്ച വളർത്തുന്നതോ മർത്ത്യനും
അന്യന്റെ കണ്ണുനീരൊപ്പുവാൻ, വേദനയകറ്റാൻ
അന്യനെ തന്നെപ്പോലെ കാണുവാൻ
ഉൾക്കാഴ്ച്ച വളർത്തുന്നു മനുഷ്യരാം നമ്മൾ

ഈ ഭൂമിയെ തന്നെയും.....
ഈ വിചിത്രാത്ഭുത പ്രപഞ്ചത്തേയും കാണുവാൻ
പരിശുദ്ധമാം കണ്ണുകൾ തന്നൊരാ ദൈവത്തെ വാഴ്ത്തിയും
ഈ മനോഹര ദൃശ്യങ്ങളാസ്വദിച്ചും
അതു കാണുവാൻ കഴിയാത്ത ഹതഭാഗ്യരെയോർത്ത് പരിതപിച്ചും
ഇരുളടഞ്ഞിരിക്കുന്നിടത്ത് വെട്ടമേകുവാൻ
യത്നിക്കുന്നു നാം ഓരോരുത്തരും അഹോരാത്രം

വെളിച്ചം പകരുവാൻ.....
കണ്ണിലും..... മനസ്സിലും.....

വെളിച്ചം പകരുവനുള്ളൊരീയജ്ഞത്തിൽ
ഭാഗഭാക്കാകുവാൻ കഴിഞ്ഞൊരീ നമ്മൾ ഭാഗ്യം ചെയ്തവർ
ഒരന്ധനാം സോദരന് കണ്ണിൻ വെളിച്ചം പകരുമ്പോൾ
പൂത്തുല്ലസിക്കുന്നു മാനസങ്ങൾ നൂറുനൂറു വേറെയും

ദീപങ്ങൾ തെളിയട്ടെ.....
ഉള്ളിലും..... പുറത്തും ദീപങ്ങൾ തെളിയട്ടെ.....

തെളിയിക്കട്ടെ നമ്മൾ.....
ഊതിക്കെടുത്തുവാനെളുപ്പമല്ലോ
ജ്വലിപ്പിക്കുവാനല്ലോ പ്രയാസമെപ്പൊഴും
ഒരു തിരി നാളത്തിൽ നിന്നല്ലോ
ഒരായിരം ദീപങ്ങൾ തെളിയിക്കുന്നു നമ്മൾ
അതിനായ് ഉഴിഞ്ഞു വയ്ക്കുന്നു നമ്മളീ ജന്മം
അതിനായി അനുഗ്രഹങ്ങൾ ചൊരിയട്ടെ ഈശ്വരനും

OPTOTOOLS - RETINOSCOPY RACKS

From this issue of INSIGHT, we are starting a new series - 'OPTOTOOLS', which deals with the tools available in optometry, but is not frequently used in our country. There are many instruments, some of them are not even costly, but are not used by Optometrists in our region.

In this issue, we are going to discuss about 'Retinoscopy Racks'. Retinoscopy racks are small racks made of wood or plastic holding small lenses. The lenses are about 22 mm in diameter and comes in powers of 0.50D, 1.00D, 1.50D, 2.00D, 2.50D, 3.00D, 3.50D, 4.00D, 5.00D, 6.00D, 7.00D, 8.00D, 9.00D & 12D (Both + and -, sperical).

This tool is very usefull in retinoscopy, especialy when examining children. Lenses need not be picked up from the trial set and placed in the trial frame, which is particularly difficult in dark room examinations. Instead the rack is held in front of the patient's eye and while watching the reflex, the rack is moved sideways so that appropriate lens comes in front of the patient's eye and a neutral point is reached.

As this is a small tool, it is easy to carry and avoids the inconvenience of carrying the big trial set along with the retinoscope.

Manufacturers / Suppliers of Retinoscope Racks

OPTOLAB ZONE
515, Street No.3, Top Khana Bazar, Ambala Cantt-133001, Haryana (INDIA)
Telefax: +91-171-2631612
e-mail : optolabzone@rediffmail.com

INTERNATIONAL BIOLOGICAL LABORATORIES
369, Industrial Growth Centre,
H.S.I.D.C., Saha. Ambala Cantt. India
+91-171-2641604, 2642604, 2633304, 2600056, 4007890

KASHMIR SURGICAL WORKS
1888 B/10, Baldev Nagar,
Ambala - 134007, Haryana , India
91-171-2540154/6533154

GLOBAL TRADERS
No. 1/341, Opposite Post Office, Kumaranalloor,
Kottayam, Kerala - 686 016 (India)
Phone: 04829 244485, 9447650138

നേത്രദാനം

മണ്ണിൻ മേലെ മരിക്കാതെ ഞങ്ങളും
മണ്ണിലാണെന്ന സങ്കൽപ്പത്തോടിന്ന്
അന്ധനായി ജനിച്ച് പോയെങ്കിലും
ഭൂമി കാണുവാനാഗ്രഹമുണ്ടിന്ന്
അച്ഛനമ്മയെ കാണാതെ ഞങ്ങളും
ജന്മഭൂമിയിൽ മക്കളെ പോറ്റുന്നു
അച്ഛാ എന്നുള്ള സ്നേഹാർദ്ര രോദനം!
കേട്ടു ഞാനെൻ മക്കളെ തഴുകുമ്പോൾ
കുഞ്ഞു വായിലെ കുഞ്ഞരിപ്പല്ലുകൾ
എൻ വിരലിലമർന്നു നുരയുന്നു
കമ്പു കുത്തി തപ്പിത്തടഞ്ഞു ഞാൻ
അന്തിനേരത്തെ കുഞ്ഞു കവലയിൽ
തോണ്ട കീറി ഞാൻ പാടി പതറുമ്പോൾ
നിങ്ങൾ നൽകുമീ നാണയത്തുട്ടുകൾ
തപ്പി ഞാനെൻ മനസ്സിൽ പറയുന്നു
ഒന്ന് രണ്ട് അഞ്ച് പിന്നെട്ടെന്നും
ദൈവമെന്നോട് കാട്ടാത്ത കാരുണ്യം
നിങ്ങളെങ്കിലും കാട്ടുവിൻ മർത്ത്യരേ
ജീവൻ വിട്ടൊഴിയുന്നൊരു കാലത്ത്
നേത്രദാനം നടത്തുവിൻ സോദരേ
ലോകമെന്തെന്ന് കാണാത്ത ഞങ്ങളും
മണ്ണ് കണ്ട് മരിച്ചോട്ടെ മാനുഷാ

സന്തോഷ് കോട്ടുക്കൽ
B/o സുരേഷ് കുമാർ
ജനറൽ ആശുപത്രി, എറണാകുളം

The Paradox Of Our Times

Biju K R
CHC Arunoottimangalam

We have taller buildings, but shorter tempers
Wider freeways, but narrower view points

We spend more, but have less
We buy more. but enjoy it less
We have bigger houses and smaller families
More conveniences, but less time
We have more degrees, but less sense
More knowledge,but less judgement
More experts,fewer solutions
More medicines,but less wellness
We have multiplied our possessions, but reduced our values
We talk too much, love too seldom and hate too often
We have learned how to make a living, but not a life
We have added years to life, not life to years
We have been all the way to the moon and back but have trouble crossing the street to meet a new neighbor
We have conquered outer space, but not inner space
We have cleaned up the air, but polluted the soul
We have split the atom, but not our prejudice
We have higher incomes, but lower morals
We have become long on quantity, but short on quality
These are the times of tall men, and shorter character
Steep profits , and shallow relation ships
These are the times of world peace, but domestic war fare
Of fancier houses, but broken homes.

CARE FOR OUR EYES

Nived Krishnan S
S/O Sujatha P V
PHC Pizhala.

Used by all,
But do all care?
What could it be?
It's our sight.
How could we save this?
Let's find.
Computers, mobiles,
Videogames, TV-s;
Why can't we avoid a bit?
Well it's time to avoid a bit.
Vegetables, egg yolk, fresh fruits;
Have you eaten?
Once, or twice, or thrice, daily?
Well it's time to eat'em.
Dust, smoke, chemicals and all;
Have you ever cared?
May be no.
So let's start the mission,
To protect our eyes.

ഗ്രാമഹൃദയം

എ പി വിശ്വനാഥൻ
താലൂക്ക് ആശുപത്രി, പൊന്നാനി

എങ്ങനെയാണ് എന്റെ ഗ്രാമത്തിൻ
മുഖം മാറിയത്?
എന്റെ ഗ്രാമത്തിൻ ഹരിതസ്വപ്നങ്ങളെവിടെ
എന്റെ ഗ്രാമത്തിൻ ശവക്കല്ലുക്കു മുകളിൽ
കരാള ഹസ്തവുമായി നിൽക്കുന്ന ഫാക്ടറിപ്പുകയ-
തെന്റെ ശ്വാസകോശങ്ങളിലിരച്ചുകയറുന്നു
നാളെ മരിക്കേണ്ടവർ ഇന്ന് മരിക്കുന്നു.
ഇപ്പോൾ
ചേക്കാറാനിടമില്ലാ കിളികളുടെ
ഗദ്ഗദം കോൺക്രീറ്റ് സൗദങ്ങളിൽ തട്ടി
വീണുടയുന്നു
എന്റെ നിളയുടെ ചങ്കുപ്പൊട്ടിയിരിക്കുന്നു
അതിന്റെ നൂപുരധ്വനി നിലച്ചിരിക്കുന്നു
മൃദുമേനിയിൽ ആരോ വിഷം കലർത്തി
അവൾ അന്ധയായ് സ്വന്തം വഴി പോലും
മറന്നിരിക്കുന്നു.
ഓളങ്ങൾക്കൊപ്പം കിന്നാരം പറഞ്ഞ
തോണിയതാ ചത്തുകിടക്കുന്നു.
തോണിക്കാരൻ ഒരു വേഴാമ്പലായി
മാനത്തേക്ക് കണ്ണും നട്ട് കുത്തിയിരിക്കുന്നു.
കർഷകൻ മൂല്യശോഷണം വന്ന
നാണയമായ് മാറിയിരിക്കുന്നു.
കടിഞ്ഞാണില്ലാത്ത കാലമേ.....
എന്തിനീ ഗ്രാമ സൂനത്തെ ചവിട്ടിമെതിച്ചീ
നഗരത്തെ പുൽകിയത്?

WHAT IS WORLD SIGHT DAY?

Worldwide, 80% of blindness is avoidable
VISION 2020 – working together to eliminate avoidable blindness

World Sight Day (WSD) is an international day of awareness, held annually on the second Thursday of October to focus attention on the global issue of avoidable blindness and visual impairment.

WSD is co-ordinated by the International Agency for the Prevention of Blindness (IAPB) as part of **VISION 2020: The Right to Sight**. VISION 2020 is the global initiative for the elimination of avoidable blindness, coordinated jointly by the World Health Organization (WHO) and the International Agency for the Prevention of Blindness (IAPB), with its international membership of NGOs, professional associations, eye care institutions and corporations. VISION 2020 member organisations are **working together to eliminate avoidable blindness** by 2020, in order to give everyone in the world the Right to Sight.

WSD is the focal Advocacy event for VISION 2020, highlighting the fact that **80% of blindness is avoidable** (i.e. preventable and/or treatable), and providing a platform for organisations worldwide to encourage governments, corporations, institutions and individuals to actively support global blindness prevention efforts.

VISION 2020 received the support of two World Health Assembly resolutions, in 2003 and 2007 respectively, each requesting the World Health Organization to provide support to the efforts of all member states to develop and implement national eye care plans, and encouraging governments to step up their efforts.

WSD became an official VISION 2020: The Right to Sight event in the year 2000, and has been marked in many different ways in countries around the world each year since then.

World Sight Day (WSD) is an international day of awareness, held annually on the second Thursday of October to focus attention on the global issue of avoidable blindness and visual impairment.

WSD is supported by the more than 100 member organisations of VISION 2020, and events are held in association, or independently by eye care agencies, hospitals, charitable and service organisations, united in support of the VISION 2020 aim of **working together to eliminate avoidable blindness.**

WSD activities were reported from more than 50 countries in 2010, and there are events in many more places worldwide. While the global World Sight Day related core materials are generated by IAPB, events are organised independently by VISION 2020 member and supporter organisations, in response to local needs and interests

From IAPB Newletter

PROGRESSIVES

Arun Kumar C
PHC Cherukunnu, Kannur

Progressive spectacle lenses are type of corrective lens design in which the presbiopic addition gradually increases from the distant vision zone to the near vision zone.

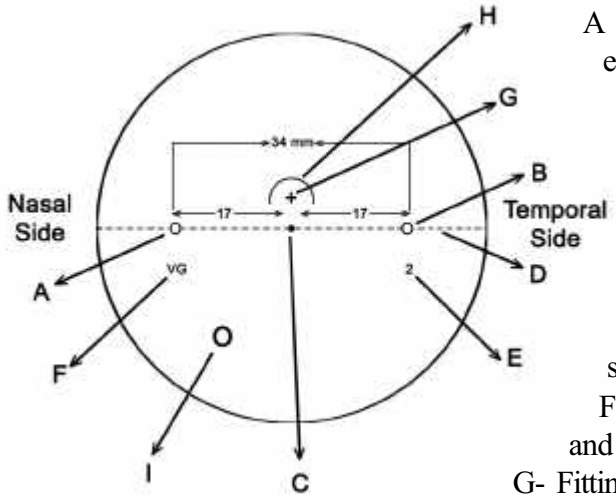
Other Names

* Progressive Addition Lenses (PAL)
* Progressive Power Lenses
* Graduated Prescription Lenses
* Varifocal Lenses
* Multifocal Lenses

History

* First patent for a PAL was British patent15735, granted to Own Aves in 1907, but the design was never commercialised.
* Worlds first commercially available PAL was developed by Duke Elder in 1922 (Technology - Unique arrangement of aspherical surfaces)
* The first PAL of modern design was Varilux - developed by Dernard maitenaz patended in 1953 and introduced by - 'Societe des Lunetires' (Became part of Essilor in 1959).

Usual PAL Design



A and B- Two hidden circles which are permannently etched on the lens 34mm apart (17 mm from the DOC on either side). When the ink marking is removed, they are made visible by fogging.

C- The 'Distance Optical Centre' (DOC of the lens, also known as 'Prism Reference Point'.

D - 0 to 180 degree axis line passing through the DOC

E - Hidden addition power situated at the temporal side of the lens and is made visible by fogging.

F - Hidden logo of the company - situated nasally and is made visible by fogging.

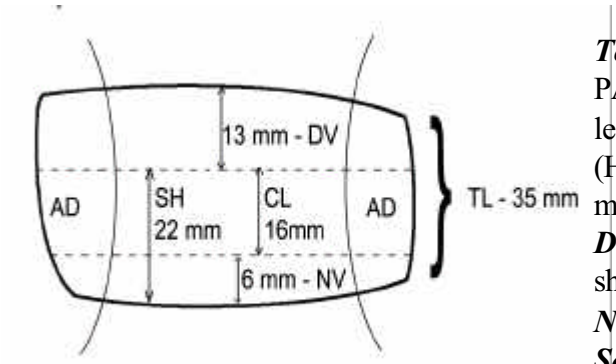
G- Fitting cross - lies 4 mm above the DOC. While fitting the PAL, the centre of the pupil should coincide wtih this cross.

H - Distance power circle to check the exact distance power

I- 7 to 9mm circle is the centre of the near vision zone and is inset by 2.5mm. The exact near vision add is checked with this circle.

All the PAL contain these markings. They are extremely important to identify the lens and to assist in their fitting and subsequent verification.

Some terms related with PAL



Total length (TL) = 35mm. Inorder to attain a standard PAL fit, the spectacle frame's rim which we have selected should have a minimum total length of 35 mm (However nowadays PAL designs with still shorter dimensions are available)

Distant Vision Zone -usually occupy around 13mm. It should be minimum 10 mm above the fitting cross

Near Vision Zone - usually occupy around 6mm.

Segment Height (SH) - 22mm. It is the distance from the centre of the pupil to the lower most end of the rim.

Corridor Length (CL) - is the length of the transition area of the intermediate power zone. That means this area extends from the end of DV zone to the begining of the Nv zone. In the eg. it is 16mm.In most of the present day short PAL designs, it tis the coridor length which is manipulated to get the desired designs. (eg- In Hoyalux ID, CL is only 11mm)

Area of Distortion (AD) - This is the area of unwanted cylindrical powers. Sometimes reaches a magnitutde of 2 to 10 diopters. All lens manfacturers goal is to push this area away to the sides of the lens as far as possible to avoid peripheral distortions.

In addition to these measurements, anadditional measurement is taken diagonally to find out the distance of the extremities of the rim and an arbitratory value is added to it to make the final diameter of the PAL (eg- For Rodenstock lenses - 13mm).

Pupillary Distance (PD) and Fitting Height

These are of utmost importance in the fitting of a PAL. Inaccuracies will lead to unpredictable results either visual or physical, sometimes both.

Technology

PAL design is made possible by using the modern aspheric design on the front surface of the lens at the expense of blurred vision on either side due to the presence of unwanted astigmatism.

Advantages

No doubt, cosmetic superiority outweighs all scientific benefits, the same is the case with PAL designs. 'No marks' make them the beloved choice. It provides an additional intermediate viewing area apart from the distance and reading areas. This intermediate area is very usefull while working with computers.. PALs create no image jumping from distance to near as created by bifocals or trifocals. IT is more comfortable in negotiating stairs.

Disadvantages

Progressive non-tollerance - As the lens combine a range of powers in a single surface there will be regions of aberration and geometric distortions to the visual field which increases with the addition power. This causes progressive intollerance to the patient.

Peripheral vision distortions due to area of distortion at the sides of the lens.

Cost - PAL are generally dispensed at a higher price than bifocal and single vision reading spectacles

due to the increased manufacture and professional service costs.

For those new to progressive lenses, an accomodation period is often required because the brain needs to learn to adapt to them. This period varies from a few hours for some individuals upto around two weeks. Side effects such as headache and dizziness may occur in this period. During the adaptation period depth perception and distance estimation can be influenced.

Trouble Shooting

If a patient complains of persistent discomfort while wearing his multifocals, please check with the centering of the lens, after verifying the prescription.

Problem 1 - PD more than the actual value. Solution - Change the lens.

Problem 2 - PD less than the actual value. Solution - Change the lens.

Problem 3- Binocular fitting height problem

(a) If the fitting cross is above the pupillary centre - Splay the nosepads

(b) If the fitting cross is below the pupillary centre - Bring the nosepads close.

(c) If there is a monocular fitting height problem - Change the lens.

How can you identify the position of the fitting cross?

Hold the PAL against a light source infront of your eyes. You can see two small hidden circles enraved on the lens. Mark them with a marker pen. The distance between them, as you know, is 34mm. Draw a line joining the two circles. The DOC falls at the exact centre of the lens. Mark it with the marker pen. Now you know that the FC is 4mm straight above the DOC. Mark it. Now you can easily check whether or not it coincides with the pupillary centre of the PAL.

Additives to the PAL

The PAL can be coated for a improved performance like GLC, ARC, transition, polarisation etc.

Some major brands of PAL

Hoya	- Japan
Essilor	- France
Rodenstock	- Germany
Nikon	- Japan
Zeiss	- Germany

Three things which God could not understand after creating human beings

** They spend half of their life earning at the cost of their health and in the remaining half of their life they spend the money to regain the lost health !!!!*

** They don't learn from the past and don't plan for the future but want to be happy in the present !!!!*

** They live as if they will never die and die as if they never lived !!!!*

എസ്സ് എം എസ്സ് മാഹാത്മ്യം

– പാർത്ഥൻ –

ഗ്രൂപ്പ് എസ്സ് എം എസ്സുകളുടെ പിടലിക്ക് പിടിച്ച 'ട്രായ്' യുടെ നടപടി കേരളത്തിലെ ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ പിടലിക്ക് പിടിച്ചതുപോലെയായി! ഭരണ ഘടന വിഭാവനം ചെയ്ത അറിയാനും അറിയിക്കാനുമുള്ള അവകാശം വിനിയോഗിക്കാൻ വേറെ വഴി നോക്കേണ്ട ഗതികേടിലാണ് സംഘടനകൾ.

''സാറന്മാർ സമ്മേളനത്തിന് പോകാൻ ടിക്കറ്റ് ബുക്ക് ചെയാൺ റിസർവ്വേഷൻ കൗണ്ടറിൽ നിൽക്കുന്നു''

''സാറന്മാർ ട്രയിനിൽ ഇരുന്ന് ചായ കുടിച്ച് കൊണ്ടിരിക്കുന്നു''

''സാറന്മാർ സമ്മേളനത്തിൽ പങ്കെടുത്ത് കൊണ്ടിരിക്കുന്നു'' തുടങ്ങിയ എസ്സ് എം എസ്സുകൾ ഇപ്പോൾ പലർക്കും കിട്ടുന്നില്ല പോലും! സഹജീവി മരണപ്പെട്ടാൽ ആ പഞ്ചായത്ത് പ്രദേശത്ത് പോലും പോയില്ലെങ്കിലും എസ്സ് എം എസ്സുകൾ വഴി ''ആഘോഷിക്കാമായിരുന്നു''. തങ്ങൾ മാത്രമേ ദുഃഖത്തിൽ പങ്ക് ചേർന്നുള്ളൂ എന്ന് വരുത്തി തീർക്കാമായിരുന്നു.

എന്തൊരു പണിയാൺ ട്രായ് ചെയ്തു കളഞ്ഞത്!

മറ്റവന്റെ എസ്സ് എം എസ്സ് അടിച്ചുമാറ്റി സ്വന്തം അണികൾക്ക് അയച്ചുകൊടുത്ത് ''അറിയിക്കാനുള്ള അവകാശം'' ശക്തിപ്പെടുത്താമായിരുന്നു. മൂന്നും നാലും അക്ഷരങ്ങൾ തുല്യം ചാർത്തി അയക്കുന്ന ടി എസ്സ് എം എസ്സുകളുടെ പിതൃത്വം ആരന്വേഷിക്കാൻ?

കേരളത്തിലെ നല്ലോരു ശതമാനം ഒപ്റ്റോമെട്രിസ്റ്റുകൾക്കും ഇപ്പോഴും ആകെ കൺഫ്യൂഷനാണ്

'യുകെ', 'ഒകെ', 'അയ്യേ', 'നോ' ..... ആ എസ്സ് എം എസ്സുകൾ മറ്റേവന്റേതു തന്നെ എന്ന് എല്ലാവരും വിശ്വസിച്ചോളും. ''അപ്പം തിന്നാൽ പോരേ! കുഴിയെണ്ണേണ്ട!'' കാര്യം അറിയുന്നില്ലേ? അത്ര തന്നെ!

വാൽക്കഷണം

സമ്മേളനത്തിൽ പങ്കെടുത്തവരേയും പങ്കെടുക്കാത്തവരേയും ഉൾപ്പടെ മൊത്തം അംഗങ്ങളേയും ഭാരവാഹികളാക്കി നമ്മൾ മാതൃക കാട്ടണം. ആരും ചാടിപ്പോകരുതല്ലോ?!

''ബെയിലോസ്'' ഉള്ളവർക്കല്ലേ സർക്കാർ നിയന്ത്രണം ഉള്ളൂ. അതില്ലാത്തവർക്ക് എന്തും ആകാമല്ലോ?

കമന്റ്

സ്ഥാന മോഹമില്ല! കാറ്റഗറിയുടെ രക്ഷ മാത്രം ജീവിതലക്ഷ്യം!

കുട്ടി കുരങ്ങന്മാരെ കൊണ്ട് ചോറ് വാരിച്ച് മടുത്തു

ഇനി കയ്യിടാം!

നിരീക്ഷണം

ആരോടും ശത്രുതയില്ല. ശത്രുദോഷം മാത്രം. 'ഒന്നായ നിന്നെയിഹ, രണ്ടാക്കിയില്ലേ?'

ഇനി സ്വസ്ഥം, ഗൃഹഭരണം.

PROCEEDINGS OF THE ADDITIONAL DIRECTOR OF HEALTH SERVICES (MEDICAL), DIRECTORATE OF HEALTH SERVICES, THIRUVANANTHAPURAM.

Sub: Estt. – HSD - Transfer and Posting of Optometrists – Orders issued.

Read: Order No.EF4/2749/11/DHS.dtd., 17.10.11.

ORDER NO:EF4-330/11/DHS. DATED, 25.10.2011.

Smt.K.Sulochana, Senior Optometrist, C.H.C, Anandpuram, Thrissur is transferred and posted at THQ Hospital, Punalur vice Smt.Lally.A.J, promoted.

Smt.Renju.N, Optometrist, District Hospital, Palakkad is transferred and posted at C.H. Centre, Ezhikkara in Ernakulam District vice Smt.Saina.J, promoted. The Superintendent concerned are directed to relieve the incumbents immediately. The date of relief and joining should be reported promptly.

The working arrangement of Smt.K.Sulochana is cancelled forthwith.

Sd/-
DR.K.V.ROY,
ADDL.DIRECTOR OF HEALTH SERVICES (MEDICAL).

To

The Incumbents.

Copy to:
1. The Accountant General of Kerala.
2. The District Medical Officer of Health, Thrissur/ Palakkad/ Kollam/Ernakulam.
3. The Superintendent, THQH, Punalur/District Hospital, Palakkad.
4. The Medical Officer in Charge, CHC, Anandapuram/Ezhikkara.
5. File/S.F

// Forwarded //

Superintendent.

S.D.25/10

PROCEEDINGS OF THE DIRECTOR OF HEALTH SERVICES, THIRUVANANTHAPURAM

Sub:- HSD - Estt - Redesignation of posts in ophthalmology wing - post of Senior Optometrist - Assignment of institution - orders issued.

Read:- G.O(MS) No. 145/2011/H&FWD dtd: 28.02.2011

ORDER NO EF4 - 58092/2011/DHS Dated: 18.10.2011

Government vide order read above have redesignated the posts such as Senior Grade Ophthalmic Assistant / Optometrist / Refractionist as Senior Optometrist and directed to earmark one post of Optometrist in Taluk / District / General Hospitals exclusively for accomodating Senior Optometrist. There were 66 posts of Senior Optometrist in the State now. The 66 General/District/ Taluk/ Government Hospitals shown in annexure A are identified as major hospitals and these 66 posts of Senior Optometrist will be accomodated in these hospitals.

One post each in these hospitals will be filled up with Senior Optometrist. The employees in the Optometrist Gr. I & Gr. II posts will be interchangable and transferable.

Sd/-
DR. P.K. JAMEELA
DIRECTOR OF HEALTH SERVICES

To

All District Medical Officers (Health)
The Principal Accountant General (Audit), Kerala
The Accountant General (A$E) Kerala

Copy to:-

The Dy. DHS Opth / PA to DHS / File / Stock file

Forwarded By Order

SUPERINTENDENT

ANNEXURE – A

List of Genral Hospital / District Hospital / Taluk Hospitals identified to accomodate Senior Optometrists

Sl No	Name of Institution
1	General Hospital, Thiruvanthapuram
2	General Hospital, Ernakulam,
3	General Hospital, Kozhikkode
4	General Hospital, Pathanamthitta
5	General Hospital, Adoor
6	General Hospital, Alapuzha
7	District Hospital, Peroorkada, Thiruvananthapuram
8	District Hospital, Kollam
9	District Hospital, Kozhancheri
10	District Hospital, Kottayam
11	District Hospital, Idukki
12	District Hospital, Thrissur
13	District Hospital ,Palakkad
14	District Hospital, Manjeri, Malappuram
15	District Hospital, Mananthavadi, Wayanad
16	District Hospital, Kannur
17	District Hospital ,Kanjangadu, Kasargode
18	Taluk Head Quarters Hospital, Chirayinkil
19	Taluk Head Quarters Hospital, Nedumangad
20	Taluk Head Quarters Hospital, Neyyattinkara
21	Government Hospital, Parassala
22	Taluk Head Quarters Hospital Kottarakkara
23	Taluk Head Quarters Hospital Punalur
24	Taluk Head Quarters Hospital, Karunagapally
25	Taluk Head Quarters Hospital, Sasthamcottah
26	Taluk Head Quarters Hospital, Chengannur
27	Taluk Head Quarters Hospital, Mavelikkara
28	Taluk Head Quarters Hospital, Chertala
29	Taluk Head Quarters Hospital, Harippad
30	Taluk Head Quarters Hospital, Pulinkunnu
31	Taluk Head Quarters Hospital, Changanasseri
32	Taluk Head Quarters Hospital, Tiruvalla
33	Taluk Head Quarters Hospital, Ranni
34	Government Hospital, Mallapally
35	Taluk Head Quarters Hospital, Kanjirapally
36	Taluk Head Quarters Hospital, Pala
37	Taluk Head Quarters Hospital, Vaikkom
38	Taluk Head Quarters Hospital, Thodupuzha
39	Taluk Head Quarters Hospital, Nedumkandom
40	Taluk Head Quarters Hospital, Adimaly

41	Taluk Head Quarters Hospital, Tripunithura
42	Taluk Head Quarters Hospital, Aluva
43	Taluk Head Quarters Hospital, Perumbavur
44	Taluk Head Quarters Hospital, North Paravoor
45	Taluk Head Quarters Hospital, Muvattupuzha
46	Govt. Maharajas Hospital, Karuvelipady, Ernakulam
47	Taluk Head Quarters Hospital, Kothamangalam
48	Taluk Head Quarters Hospital, Chalakkudy
49	Taluk Head Quarters Hospital, Kodungallur
50	Taluk Head Quarters Hospital, Irinjalakkuda
51	Government Hospital, Vadakkanchery
52	THQ Chavakkad, Thrissur
53	Taluk Head Quarters Hospital, Chittoor
54	Taluk Head Quarters Hospital, Alathur
55	Taluk Head Quarters Hospital, Ottapalam
56	Government Hospital, Mannarkkadu
57	Government Hospital. Pattambi
58	Taluk Head Quarters Hospital, Ponnani
59	Taluk Head Quarters Hospital, Tirur
60	Taluk Head Quarters Hospital, Perintalmanna
61	Taluk Head Quarters Hospital, Tirurangadi
62	Taluk Head Quarters Hospital, Vadakara
63	Taluk Head Quarters Hospital, Koilandy
64	Taluk Head Quarters Hospital, Taliparamba
65	General Hospital, Talassery
66	Taluk Head Quarters Hospital, Kasaragod

For DIRECTOR OF HEALTH SERVICES

PROCEEDINGS OF THE DIRECTOR OF HEALTH SERVIES, THIRUVANANTHAPURAM

Sub:- Estt – HSD – Shifting of Post and Transfer and Posting - Orders issued – reg:-

Ref :- 1. G.O (MS) No.145/2011/H&FWD dtd 28/02/2011
2. Decisions taken in the meeting of Ophthalmic organizations

Order No.EF4 - 2799/2010/DHS Dated 13/10/2011

Government have accorded sanction to post the senior most District Ophthalmic Co-ordinator in the state in the Ophthalmology division at the Directorate of Health Services vide order read above. It has been decided in the meeting of Ophthalmic organizations to shift the post of District Ophthalmic Co-ordinator attached to District Hospital, Tirur to Directorate of Health Services to accommodate the senior most.

Therefore the post of District Ophthalmic Co-ordinator attached to District Hospital, Tirur is shifted to Directorate of Health Services and orders issued.

Smt.N.S.Anitha, District Ophthalmic Co-ordinator, District Hospital Thrissur is transferred and posted at the Directorate of Health Services with immediate effect. Separate orders will be issued regarding the duties and responsibilities of District Ophthalmic Co-ordinators attached to the Ophthalmology wing at the Directorate of Health Services.

Shri.Shereef.S, District Ophthalmic Co-ordinator, District Hospital, Tirur is transferred and posted at District Hospital, Manjeri.

The date of relief and joining duty will be reported promptly.

Sd/-
Dr.P.K.Jameela
Director of Health Services

To

The incumbents (Through the Head of Office)

Copy to:-

1. The Accountant General, Kerala
2. The Deputy DHS (Ophthalmology)
3. The Superintendent, G.H, Tirur / Manjeri / Thrissur
4. The DMOH, Malappuram / Thrissur
5. AD5 Section / O & M/ Spare/ SP

//forwarded//

Superintendent

kg/18/10

PROCEEDINGS OF THE DIRECTOR OF HEALTH SERVICES, THIRUVANANTHAPURAM

Sub:- Estt.- H.S.Dept.- Promotion to the cadre of Camp Co-ordinator – orders issued.

Read:- 1. DPC Minutes (Lower) dt. 26.07.2011

ORDER NO.EF4-2799/2010/DHS DATED: 17.10.2011

The following Senior Grade Ophthalmic Assistant in the select list of the Departmental Promotion Committee (Lower) is promoted as Camp Co-ordinator in the Scale of pay of Rs.19240-34500 as per rule 28 b (1) KSS & SR and posted at the station noted against their names.

	Name and Institution	Station to which posted
1.	Smt.J.Saina, Community Health Centre, Ezhikkara, North Paravur, Ernakulam District	District Hospital, Thrissur
2.	Smt.Lali.A.J, THQH, Punalur, Kollam	District Hospital, Kanhangad
3.	Smt.C.M.Jessy, General Hospital, Pathanamthitta.	District Hospital, Idukki

The date of relief and joining duty should be reported promptly.

Sd/-
Dr.P.K.Jameela,
Director of Health Services

To

The incumbents **(through the head of office)**

Copy to:

1. The Accountant General, Kerala, Thiruvananthapuram.
2. The District Medical officer of Health, Malappuram/Idukki/Kasaragod/Pathanamthitta/ Ernakulam/Kollam.
3. The Superintendent, General Hospital, Manjeri/Pathanamthitta/ THQH, Punalur/CHC, Ezhikkara/ District Hospital, Idukki/ District Hospital, Kanhangad at Karagagod/Thrissur.
4. File/stock file

//Forwarded/

Superintendent

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"GOVERNMENT OF KERALA - 2009 - 10"

PROCEEDINGS OF THE ADDITIONAL DIRECTOR OF HEALTH SERVICES (MEDICAL),DIRECTORATE OF HEALTH SERVICES, THIRUVANANTHAPURAM

Sub:- Estt-HSD- Recruitment to the post of Ophthalmic Assistant/ Refractionist/ Orthopist – Posting Orders – issued.

Read:- RIA (3) 1045/11/10W/TVPM dated 16.6.2011

ORDER NO EF4-18354/11/DHS/ DATED 01/07/2011

The following candidate who have been advised by Kerala Public Service Commission, Thiruvananthapuram as per letter read above are temporarily appointed under Rule 9 (a) (1) of KSSR in this department as Ophthalmic Assistant/ Refractionist/ Orthoptist in the scale of Pay Rs.11620- 20240 (Revised). They are posted to the institutions noted against their names. They should report for duty within 15 days from the receipt of this order failing which action will be taken to cancel the appointment. The candidate should produce the following documents at time of joining duty.

a. Original documents to prove the date of birth & qualification.
b. Certificate of Physical fitness obtained from a Medical Officer not below the rank of Civil Surgeon in Government Service
c. Prescribed Community Certificate

The appointment of the candidates is subject to Rule 3 © of General Rules of KSS & SSRs 1956 and their service are liable to be terminated without prior notice. The appointment order in the proceedings is purely provisional and the candidates are eligible for appointment in regular service only if the character and antecedents are found satisfactory on verification. The Head of institution will obtain in the enclosed attestation form duly filled up and signed by the candidates before they are allowed to join duty and forward the same to this office for further action. The head of office shall verify the documents mentioned above and see that the particulars given by the candidates shown in the statement are correct before they are admitted to join duty and will also satisfy himself about the identification of the candidate with reference to the photograph and signature affixed in the identification certificates which are enclosed and the facts should be recorded in the identification certificate itself. It there is any discrepancy seen the candidate should not be allowed to join duty and the fact reported to this office forthwith.

(Contd.....)

After the candidates are allowed to join duty the identification certificate verified and found acceptable should be kept posted in the service book of the candidate. The date on which the candidate joined duty should be reported. Application for correction of date of birth if any, should be made by the candidate within 5 years from the date of entry in service as laid down in GO (RT) No.45/91/P&ARD dtd 31.12.1991.

If the candidate failed to join duty within the stipulated time the fact should be reported to this office along with the identification certificates.

Sl. No	Name & Address of Candidate	Name of Guardian	Date of Birth	Qualification & Experience	Station Posted
1	Sheena Paul Areeckal House Maickavu Vappalassery P.O Angamaly Ernakulam-683 572	A.P. Poulose	19.5.1984	BSC (Optometry)	District Hospital Mananthavady Wayanad
2	Susmitha.K Susmitha Nivas Karippalinilam Naduvattom P.C North Beypore Kozhikode PIN- 673 015	Chandran	07.9.1985	1. HSE 2. Diploma in Ophthalmic Assistants	CHC Iruvery Kannur

Sd/-
Dr. Roy K.V
Additional Director of Health Services (Medical)

To

The Incumbents (By registered post)

Copy to:-

1. The District Medical Officer of Health, Wayanad/ Kannur
2. The Superintendent, District Hospital, Mananthavady/ The Medical Officer i/c, CHC, Iruvery, Kannur
3. File/Stock file

//Forwarded//

Superintendent

Ks.2.7.11

PROCEEDINGS OF THE ADDITIONAL DIRECTOR OF HEALTH SEREVICES (MEDICAL) DIRECTORATE OF HEALTH SERVICES, THIRUVANANTHAPURAM.

Sub:- Estt-HSD- Transfer and posting of Optometrists -- Orders issued
Read:-Transfer requests of incumbents

ORDER NO.EF4-330/2011 DHS DATED:28/010/11

Smt.Vincy.N.Varunny, Optometrist, District Hospital, Palakkad is transferred and posted at C.H.Centre, Anandapuram, Thrissur vice Smt.Sulochana transferred and Smt.Saija.P.S, P.H.Centre, Vadakkenchery, Palakkad is transferred and posted at Taluk Head Quarters Hospital, Cherthala in the existing vacancy. Smt.Sheena Paul, Government Hospital, Manathavady is transferred and posted at District Hospital, Palakkad vice Smt.Vincy.N.Varunny transferred. Smt.R.Beena, P.H.Centre, Pampakada is transferred and posted at General Hospital, Pathanamthitta.

Their date of relief and joining duty may be reported promptly.

Sd/-
Dr.ROY.K.V
Additional Director of Health Services (MDL.)

To

The incumbents

Copy to:

1. The Accountant General of Kerala.
2. The District Medical Office of Health, Palakkad/Thrissur/Alapuzha.
3. The Superintendent, District Hospital, Palakkad/Taluk Head Quarters Hospital, Cherthala/Government Hospital, Mananthavady/General Hospital, Pathanamthitta
4. The Medical Officer, C.H.Centre, Anandapuram/C.H.Centre, Pampakada, Ernakulam/Vadakkenchery, Palakkad.
5. File/SF

//Forwarded//

St/29/10

Superintendent