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Address:
Post Box No: 5819
Mancaud P O
Thiruvananthapuram

email : insight@keralaoptometry.org
www.keralaoptometry.org

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EDITORIAL

Dear friends,

Every profession justifies its existence by being better at something than any other profession. We the Optometrists need to maintain our strength in the detection and treatment of refractive errors. As world advances, we have to cope up with it to give effective and efficient service to mankind both professionally and on humanitarian grounds.

'Insight' in its journey with the colleagues is trying to pave way to imbibe and brush up our knowledge and thoughts in the field.

GOAK had a lot of meritorious successes in the months passed by and let us strive hard to have much more achievements with foresighted movements.

Allow our hearts to transform ourselves to keep away all forms of darkness such as jealousy, anger, hatred etc to due respect and co-operation. Today many of us are not able to relate with our co-workers and authorities due to absence of sight in us to see the goodness of others and we become totally blind to the situations and realities. Let us reform ourselves to have a bright and prosperous NEW YEAR 2013.

Arun R J
Editor

PRESIDENT'S VOICE

പ്രിയ സുഹൃത്തേ,

കേരളാ ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ് അസോസിയേഷന്റെ ഓരോ അംഗങ്ങൾക്കും അഭിനന്ദനമേകികോണ്ട് നിങ്ങളോരുത്തരേയും കുടുംബാംഗങ്ങളേയും 21ാം സംസ്ഥാന സമ്മേളന വേദിയിലേക്ക് സ്വാഗതം ചെയ്യുന്നു. ഈ ഇൻസൈറ്റ് നിങ്ങളുടെ കൈകളിൽ എത്തുമ്പോൾ നാമോരുത്തരും സമ്മേളന വേദിയിലായിരിക്കുമെന്നത് സന്തോഷകരമായ വസ്തുത തന്നെയാണ്.

ഈ കഴിഞ്ഞ കാലങ്ങളിൽ നമ്മുടെ സംഘടനയ്ക്ക് അഭിമാനാർഹമായ ഒട്ടേറെ നേട്ടങ്ങൾ നേടാൻ കഴിഞ്ഞെന്നുള്ളത് സന്തോഷകരമായ കാര്യമാണ്. അതിന് പിന്നിൽ ആത്മാർഥമായി പ്രവർത്തിച്ച ജനറൽ സെക്രട്ടിക്കും ഓരോ കമ്മിറ്റി അംഗങ്ങൾക്കുമുള്ള നന്ദി പ്രത്യേകമായി രേഖപ്പെടുത്തട്ടെ. സീനിയർമോസ്റ്റ് ജില്ലാ കോർഡിനേറ്ററെ ആരോഗ്യ വകുപ്പ് ഡയറക്ടറേറ്റിൽ നിയമിക്കാൻ കഴിഞ്ഞത് സംഘടനയുടെ വലിയ നേട്ടങ്ങളിൽ ഒന്ന് തന്നെയാണ്. അങ്ങനെയൊരു പോസ്റ്റ് ഡി എച് എസ്സിൽ ഉള്ളതിന്റെ ഗുണങ്ങൾ നാമെല്ലാവരും അനുഭവിച്ച് വരികയാണ്.

പാമ്പടിയിൽ ഒരു പുതിയ പോസ്റ്റ് സൃഷ്ടിക്കാൻ കഴിഞ്ഞതും ഒരു വലിയ നേട്ടം തന്നെയാണ്.

പുതിയ തസ്തികകൾ സൃഷ്ടിക്കുക, പ്രമോഷൻ റേഷ്യോ പുതുക്കി നിശ്ചയിക്കുക, ശമ്പള കമ്മീഷൻ അപാകതകൽ പരിഹരിക്കുക തുടങ്ങിയ ആവശ്യങ്ങൾ മുൻഗണന അർഹിക്കുന്നത് തന്നെയാണെന്നതിൽ സംശയമില്ല.

കേരളാ ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ് അസോസിയേഷൻ മാത്രമാണ് രജിസ്ട്രേഷനുള്ള സംഘടനയെന്നും നമുക്ക് മാത്രമേ അംഗങ്ങളുടെ ന്യായമായ ആവശ്യങ്ങൾക്കായി പോരാടി അവ നേടിയെടുക്കാൻ സാധിക്കുകയുള്ളു എന്ന് നിങ്ങൾ തിരിച്ചറിയണമെന്നും ഈ സംഘടനയുടെ പ്രസിഡന്റ് എന്ന നിലയിൽ അഭ്യർഥിക്കുന്നു.

അന്ധതാ നിയന്ത്രണം എന്ന മഹത്തായ ലക്ഷ്യമാണ് നാമോരോരുത്തരിലും നിക്ഷിപ്തമായിരിക്കുന്നത്. അതിന് വേണ്ടി പ്രവർത്തിക്കാൻ നാം പ്രതിജ്ഞാബദ്ധരുമാണ്. നമ്മുടെ ന്യായമായ ആവശ്യങ്ങൾക്ക് വേണ്ടി സംഘടന എപ്പോഴും നിങ്ങളോടൊപ്പം ഉണ്ടാകുമെന്ന് ഉറപ്പ് നൽകുന്നതിനോടൊപ്പം പുതിയ ആശയങ്ങൾ പങ്ക് വയ്ക്കാനും അവകാശങ്ങൾ നേടിയെടുക്കുന്നതിനും വേണ്ടി നാം ഒരുമിച്ച് മുന്നേറാൻ ദൈവത്തിന്റെ സഹായം എപ്പോഴും നമ്മോടൊപ്പം ഉണ്ടാകട്ടെ എന്ന പ്രാർഥനയോടെ നിർത്തുന്നു.

സി എം ജെസ്സി
പ്രസിഡന്റ്

FROM SECRETARY'S DESK

മാന്യ സുഹൃത്തേ,

കഴിഞ്ഞ ഒരു വർഷക്കാലം കേരള ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷന്റെ ജനറൽ സെക്രട്ടറി എന്ന നിലയിൽ പ്രവർത്തിക്കാൻ കഴിഞ്ഞതിൽ സന്തോഷമുണ്ട്. എല്ലാ പ്രവർത്തനങ്ങൾക്കും ശക്തമായ പിന്തുണയും സഹായവും നൽകിയ അംഗങ്ങളോടും കമ്മിറ്റി അംഗങ്ങളോടുമുള്ള നന്ദി വാക്കുകൾക്കതീതമാണ്.

നമ്മുടെ അംഗബലം എൺപത് ശതമാനത്തിനപ്പുറം എത്തിയ്ക്കാൻ കഴിഞ്ഞതിൽ അതിയായ ചാരിതാർത്ഥ്യമുണ്ട്. "നെല്ലും പതിരും" പ്രബുദ്ധരായ ഒപ്റ്റോമെട്രിസ്റ്റുകൾ തിരിച്ചറിഞ്ഞു എന്നതിന് തെളിവാണിത്.

വർഷങ്ങളായി ഒപ്റ്റോമെട്രിസ്റ്റുകൾ ആവശ്യപ്പെട്ടുകൊണ്ടിരുന്ന സീനിയർ പോസ്റ്റ് അനൈനിങ്ങും തുടർന്നുള്ള പൊതു സ്ഥലം മാറ്റങ്ങളും നീതിയുക്തമായി നടത്തിക്കുന്നതിന് അസോസിയേഷന് കഴിഞ്ഞിട്ടുണ്ട്. സ്ഥലം മാറ്റങ്ങളിൽ അനർഹരുടെ നുഴഞ്ഞ് കയറ്റം തടയാൻ പരമാവധി ശ്രദ്ധിച്ചിട്ടുണ്ട്.

പ്രമോഷനുകൾക്ക് വേണ്ടി വർഷങ്ങൾ കാത്തിരിക്കുകയും സഹികെട്ട് കോടതിയെ സമീപിക്കേണ്ടി വരികയും ചെയ്തിരുന്ന അവസ്ഥയ്ക്ക് മാറ്റം വരുത്തുവാൻ കഴിഞ്ഞു. ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ പ്രമോഷൻ യഥാസമയം നടത്തിക്കുവാൻ ഇപ്പോൾ കഴിയുന്നുണ്ട്.

ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ എല്ലാ സർവ്വീസ് പ്രശ്നങ്ങളിലും ശക്തമായി ഇടപെട്ട് കാലവിളംബം കൂടാതെ തന്നെ പരിഹരിക്കുവാൻ ശ്രദ്ധിച്ചിട്ടുണ്ട്. അസോസിയേഷനെ തുരങ്കം വയ്ക്കാൻ കൂട്ടുനിൽക്കുന്നവർ കൂടി സർവ്വീസ് പ്രശ്നങ്ങളിൽ നമ്മുടെ സഹായം തേടി വന്നിട്ടുണ്ട്. ഇക്കാര്യം അവർ വിസ്മരിക്കരുത്.

മെഡിക്കൽ വിദ്യാഭ്യാസ വകുപ്പിന് കീഴിലെ ഒപ്റ്റോമെട്രിസ്റ്റുമാരുടെ വിവിധ പ്രശ്നങ്ങൾക്കും ഈ അസോസിയേഷൻ തുല്യ പ്രാധാന്യം നൽകി പരിഹാരത്തിന് ശ്രമിക്കുന്നു.

പോസ്റ്റ് ക്രിയേഷൻ, ഒപ്റ്റോമെട്രിസ്റ്റുമാരുടെ സേവന വേതന വ്യവസ്തകൾ തുടങ്ങി നിരവധി സർവ്വീസ് പ്രശ്നങ്ങളിൽ നമ്മൾ നൽകിയ നിവേദനങ്ങൾ സർക്കാരിന്റെ പരിഗണനയിലാണ്.

എന്നാൽ ഇതിനെയൊക്കെ തുരങ്കം വയ്ക്കുന്ന രീതിയിൽ ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ "രക്ഷകരായി" ചില "യൂണിയനുകൾ" അവതരിച്ചിട്ടുണ്ട്. ചില നേതാക്കളുടെ വ്യക്തി വിദ്വേഷം തീർക്കാൻ സ്വന്തം കാറ്റഗറിയെപ്പോലും തകർക്കാൻ മടിയില്ലാത്ത "യൂണിയനുകളുടെ" ഗൂഢ നീക്കം നാം തിരിച്ചറിയണം.

ആരോഗ്യ വകുപ്പിലെ ഒപ്റ്റോമെട്രിസ്റ്റുകൾക്ക് ഒറ്റ സംഘടന എന്ന ലക്ഷ്യവുമായി നിരവധി തവണ കേരള ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷൻ ശ്രമിച്ചപ്പോൾ പിന്നാക്കം പോയവർ, ഇപ്പോൾ തങ്ങളുടെ അസ്തിത്വം തന്നെ നഷ്ടപ്പെടും എന്നായപ്പോൾ നിരവധി ഉപാധികളുമായി ലയനത്തിന് ശ്രമിക്കുന്നു. എന്നാൽ ഇക്കാര്യത്തിൽ യാതൊരു മുൻവിധികളുടേയും ആവശ്യമില്ല. സർവ്വീസിലുള്ള എല്ലാ ഒപ്റ്റോമെട്രിസ്റ്റുകൾക്കും കേരള ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷനിൽ നിരുപാധികം അംഗത്വമെടുത്ത് പ്രവർത്തിക്കാം, ലയിക്കാം! ഇതിനെ എല്ലായ്പ്പോഴും ഈ സംഘടന സ്വാഗതം ചെയ്തിട്ടേ ഉള്ളൂ.

ഒപ്റ്റോമെട്രിസ്റ്റുകളെ ഭിന്നിപ്പിക്കാനും അധികാരികളുടെ മുന്നിൽ കാറ്റഗറിയെ ''കൊച്ചാക്കാനും'' കച്ചകെട്ടി ഇറങ്ങിയിരിക്കുന്നവരെ നാം തിരിച്ചറിയണം. ഒപ്റ്റോമെട്രിസ്റ്റുമാരുടെ അന്തസ്സ് കാത്ത് സൂക്ഷിക്കുന്നതിനും ഒപ്റ്റോമെട്രിസ്റ്റുകൾക്ക് ശക്തമായ ഒറ്റ അംഗീകൃത സംഘടന എന്ന ലക്ഷ്യം സാക്ഷാത്കരിക്കാനും എല്ലാ ഒപ്റ്റോമെട്രിസ്റ്റുകളോടും കേരള ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ്സ് അസോസിയേഷൻ അഭ്യർത്ഥിക്കുന്നു

പി ശ്രീകുമാർ
ജനറൽ സെക്രട്ടറി

"ഐക്യമത്യം മഹാബലം"

വിശദീകരണമൊന്നിന്റെ ആവശ്യമില്ല. വെറും മലയാളം പഴഞ്ചൊല്ല്. മലയാളികൾക്കാർക്കും ഇതിന്റെ അർഥം പറഞ്ഞു കൊടുക്കേണ്ട കാര്യമില്ല. പക്ഷെ അത് കേരളത്തിലെ ഒപ്റ്റോമെട്രിസ്റ്റുകൾ അംഗീകരിച്ചു തരില്ല. ഒപ്റ്റോമെട്രിസ്റ്റുകളിൽ ഒരു വിഭാഗം പറയുന്നത് ഈ പഴഞ്ചൊല്ല് കണ്ടുപിടിച്ചവനെ അടിച്ചു ശരിയാക്കി കളയണം എന്നാണ്!

അല്ലെങ്കിൽ തന്നെ ഇവർ തമ്മിൽ കണ്ടാൽ ഇന്ത്യയും പാകിസ്ഥാനും തോറ്റ് പോകും!

ഒപ്റ്റോമെട്രിസ്റ്റുമാരിൽ ഇപ്പോൾ മനുഷ്യരില്ല. യൂണിയനുകളും അസോസിയേഷനുകളും മാത്രമേ ഉള്ളു. യൂണിറ്റിയില്ല.

ദേശീയനും അന്തർദേശീയനും മാത്രമേയുള്ളു. വർഗ്ഗ സ്നേഹികളില്ല.

യൂണിറ്റി ഇല്ലാത്തതിന്റെ തിക്ത ഫലം നമ്മൾ പലവുരു അറിഞ്ഞതാണ്. ഇല്ലെങ്കിൽ പിന്നാലെ അറിയും. "അറിയാത്ത പിള്ള ചൊറിയുമ്പോഴേ അറിയൂ". അടുത്തടുത്ത് ഇരുന്ന് ജോലി ചെയ്താൽ പോലും ഇടയ്ക്കിടയ്ക്ക് അടുത്തിരിക്കുന്നവന്റെ ആസനത്തിനിട്ട് ഓരോ കുത്ത് കൊടുക്കണം. എന്നാലെ മറ്റവന് അന്നത്തെ ഉറക്കം ശരിയാവൂ.

ഒപ്റ്റോമെട്രിസ്റ്റുമരുടെ അംഗീകൃത മാതൃസംഘടന വെറും പിണ്ണാക്കാണ്. വെറും 'തൊഞ്ഞൂലുകൾ' നയിക്കുന്നു. അതേ സമയം മറുവശത്തോ കടുവ, പുലി, മാക്രി തുടങ്ങി ഹോരഹോരം പ്രസംഗിക്കുന്ന 'കിടിലോൽക്കിടിലന്മാർ'. പ്രസംഗിക്കാൻ കഴിവില്ലാത്തവൻ 'ഹുൾടൈം' ഫോണിലൂടെ ഒപ്റ്റോമെട്രിസ്റ്റുമാരെ ഉദ്ധരിച്ചുകൊണ്ടിരിക്കും. പ്രസംഗമേയുള്ളൂ, പ്രവർത്തി വെറും പൂജ്യം. "അണ്ടിയോടടുത്താലേ മാങ്ങയുടെ പുളിപ്പറിയൂ!"

പ്രസംഗിച്ച് എങ്ങനെ മറുവശത്തുള്ളവരെ തുരങ്കം വച്ച് ഇപ്പുറത്താക്കാം എന്ന് മാത്രം നോക്കിയാൽ മതി. അങ്ങനെ ഇപ്പുറത്തായവരൊക്കെ ഇപ്പോൾ വഴിയാധാരമായി. പിന്നെ, എന്തായാലെന്ത്? ഒരു നയാപൈസ കളഞ്ഞുള്ള പരിപാടിക്ക് നമ്മളില്ല. എവിടെ "ഫണ്ടിംഗ്" ഉണ്ടോ അവിടെ നമ്മളും ഉണ്ട്.

ആരോഗ്യവകുപ്പ് ഡയറക്ടറേറ്റും സെക്രട്ടറിയേറ്റുമൊക്കെ അങ്ങ് തെക്ക് തിരുവനന്തപുരത്താണെന്നാണ് പാവം "തൊഞ്ഞൂലുകളായ" ഒപ്റ്റോമെട്രിസ്റ്റുകൾ ധരിച്ചിരുന്നത്. എന്നാൽ അത് ശരിയല്ല. അങ്ങ് വടക്ക് കണ്ണൂരിലാണ് ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ തലസ്ഥാനം. അവിടെ പോയാൽ ഒപ്റ്റോമെട്രിസ്റ്റുകളുടെ ഏത് കാര്യവും വിശദമായി അറിയാൻ കഴിയും. പറഞ്ഞുതരാൻ ആളുണ്ട്. പി എച്ച് സിയിലെ ഡോക്ടർ പണി കഴിഞ്ഞ് ഉച്ചയൂണും കഴിഞ്ഞ് സ്വന്തം കണ്ണാടിക്കടയിൽ കുഷൻ കസേരയിൽ നീണ്ട് നിവർന്ന് കിടന്ന് ഒന്ന് മയങ്ങുമ്പോൾ പലതും തോന്നും.

"കുറച്ച് പോസ്റ്റ് ക്രിയേറ്റ് ചെയ്താലോ?" എന്നാലായിക്കളയാം. മറ്റവനെ ഒന്ന് ചൊറിയുകയും ചെയാം. വടക്കൻ ജില്ലകളിലെ പാവം "തൊഞ്ഞൂലുകൾ" അന്തം വിട്ടിരിക്കും. "കിടിലോൽക്കിടിലൻ" എന്ന് ആത്മഗതം ചെയ്യും.

ഇങ്ങനെ മേശയും, കസേരയും, വാഷ് ബേസിനും, കക്കൂസും കുളിമുറിയും ഒക്കെ സമ്പാദിച്ചവർക്ക് ഒരു നൂറ് പോസ്റ്റ് ക്രിയേറ്റ് ചെയ്യുക എന്നത് അനക്കാര്യമാണോ? പൊരിവെയിലത്ത് നടക്കുന്നതിന്റെ കഴപ്പാട് എ സിയുടെ ശീതളിമയിൽ കുഷൻ കസേരയിൽ നീണ്ട് നിവർന്ന് കിടന്ന് സംഘടന പ്രവർത്തനം നടത്തുന്നവന് അറിയേണ്ടതില്ലല്ലോ?

നാലഞ്ചു കൊല്ലം പയറ്റിനോക്കി. സ്ഥലം മാറ്റ ഭീഷണിയൊക്കെ മുഴക്കി കുറേ എണ്ണത്തിനെ കുറച്ചുകാലം കൂടെ നിർത്തി. രക്ഷ കിട്ടിയില്ല. മറ്റവന്മാരുടെ നേതാക്കളെ പുറത്താക്കാൻ "അഡ്ഹോക്ക് കമ്മറ്റി" എന്ന അടവും നോക്കി. അത് നടന്നില്ല. ഇനി സംഘമായിട്ട് വന്ന് ലയിച്ച് പിടിക്കാനും പറ്റുമെന്ന് തോന്നുന്നില്ല.

എന്നാൽ പിന്നെ നമ്മുടെ "ഈഗോ" നടക്കണമെങ്കിൽ മറ്റവന്മാർ സമ്മേളനം നടത്തുന്ന ദിവസം തന്നെ നമുക്കും സമ്മേളിക്കാം. കാറ്റഗറി തന്നെ തകർന്നാലും നമുക്ക് പുല്ലാണ്. നമ്മുടെ ഈഗോ നടക്കണം. സർക്കാർ ഒപ്റ്റോമെട്രിസ്റ്റുകളെ മാത്രം വച്ച് സമ്മേളനം നടത്താൻ ധൈര്യമില്ല. എങ്കിൽ പിന്നെ 'അയ്യോ'യെ കൂട്ടുപിടിക്കാം. സി എം ഇ എന്ന് കേട്ടാൽ കുറേപ്പേർ 'ശർക്കരയിൽ ഈച്ചപോലെ' വന്ന് പറ്റും.

അപ്പം ചുട്ടാൽ രണ്ടുണ്ട് കാര്യം. സമ്മേളനത്തിന് ആളെ കിട്ടും. കുറച്ച് "തുട്ട്" കീശയിലും കിടക്കും. "ഇന്ത്യൻ" "അമേരിക്കൻ" എന്നൊക്കെ കേട്ടാൽ മതി കുറേ സ്വകാര്യന്മാരും പുറകേ കൂടും. നമ്മുടെ ജനുവിനിറ്റി ആരും നോക്കില്ല. അത് മഹാ ഭാഗ്യം.

"ഭാരതീയർ" "ഇന്ദിരാഗാന്ധി" തുടങ്ങിയ യൂണിവേഴ്സിറ്റികൾ നടത്തുന്ന കോഴ്സുകൾക്ക് പോലും നമ്മൾ രേഖാമൂലം സ്വകാര്യന്മാർക്ക് അംഗീകാരം നൽകിയില്ലെ? ഏത് സ്റ്റാറ്റ്യൂട്ട് പ്രകാരമാണ് അധികാരം കിട്ടിയത് എന്ന് ഭാഗ്യത്തിന് ആരും ഇതുവരെ ചോദിച്ചിട്ടില്ല. വെറും 100 രൂപ കൊടുത്താൽ രജിസ്റ്റർ ചെയ്യാൻ കഴിയുന്ന സൊസൈറ്റി കൈയ്യിലുണ്ട്. തിരുവിതാംകൂർ ചാരിറ്റബിൾ സൊസൈറ്റീസ് ആക്ട് എടുത്ത് വായിച്ച് നോക്കാൻ ആരും മെനക്കെടില്ലല്ലോ!

ഇങ്ങനെ വാരിക്കോരി ഡിഗ്രി / പി ജി കോഴ്സുകൾക്ക് അംഗീകാരവും സർട്ടിഫിക്കറ്റുകളുമൊക്കെ കൊടുക്കുന്ന സംഘത്തിന്റെ സാധുതയെക്കുറിച്ച് ആര് അന്വേഷിക്കാൻ!

ഇതിനൊക്കെ ആര് അധികാരം നൽകി? ടി സർട്ടിഫിക്കറ്റുകൾ പ്രദർശിപ്പിച്ച് സ്വകാര്യന്മാർക്ക് കോഴ്സിന് ആളെ പിടിക്കാൻ കഴിയുമോ? ഇന്ത്യൻ ഭരണഘടന വിഭാവനം ചെയ്യുന്ന അറിയാനുള്ള അവകാശപ്രകാരം ഒരു ഒപ്റ്റോമെട്രി പൗരന് ഇതൊന്നും അറിയേണ്ടേ?

ഇവിടെ ഇതും നടക്കും

ഇങ്ങനെയൊക്കെ കൊടുക്കുന്ന സർട്ടിഫിക്കറ്റുകളിൽ ഒപ്പിടാൻ സർക്കാർ ഉദ്യോഗസ്ഥന് ആര് അധികാരം നൽകി. സർക്കാർ ഉദ്യോഗസ്ഥന്മാരുടെ പെരുമാറ്റ ചട്ടത്തിലെ ഏത് അധ്യായത്തിലാണ് ഇത് ഉൾപ്പെടുത്തിയിട്ടുള്ളത്?

കേരളത്തിൽ പോലീസിന് വിജിലൻസ് എന്നൊരുവിഭാഗമുണ്ട്. ഇതൊക്കെ അവർ അന്വേഷിക്കേണ്ടതല്ലേ? അന്വേഷിക്കണമെന്ന് 'പാർത്ഥൻ' ആവശ്യപെടുന്നു.

ഹാവൂ!

ജനാധിപത്യമാണ്.

ഇവിടെ ഇതിലും ഇതിലപ്പുറവും നടക്കും. ..... മീതെ പറുന്തുപോലും പറക്കാത്ത കാലമാണ്.

ഈശ്വരോ രക്ഷതു!

നിരീക്ഷണം

1993 മുതൽ തന്നെ സ്വന്തം കാറ്റഗറിയുമായി ബന്ധപ്പെട്ട പ്രവർത്തനങ്ങളിൽ 21ാം വാർഷികം ആഘോഷിക്കുന്ന "സംസ്ഥാന സർക്കാരിന്റെ" അംഗീകാരം മാത്രമുള്ള സ്ഥാപനയുടെ തലപ്പത്തുള്ള "അപ്പോസ്തലന്മാർ" ഉണ്ടായിരിന്നുവെന്ന് സമ്മതിച്ച് സർട്ടിഫിക്കറ്റ് കൊടുത്തതിന് നന്ദി! പക്ഷെ, ചെറിയൊരു തിരുത്തുണ്ട്. 1993 മുതലല്ല. അതൊരു 5 കൊല്ലം കൂടി പിന്നോട്ടാക്കണം. 1989 മുതൽ. ഇക്കാര്യം സ്വന്തം ചെലവിൽ നോട്ടീസിറക്കി നാട്ടുകാരെ അറിയിച്ചതിന് ഒരിക്കൽക്കൂടി നന്ദി! പക്ഷെ, ടി സർട്ടിഫിക്കറ്റിൽ നിന്ന് മറ്റൊരു പേര് ബോധപൂർവ്വം ചുരണ്ടിപോയത് എങ്ങനെ? ആ പേര് സ്വന്തം സംഘടനയുടെ അവിയൽ സമ്മേളനത്തിന് "ഏകാംഗ സംഘടനയുടെ" പ്രസിഡന്റായി ക്ഷണിച്ച് വരുത്തി പ്രസംഗിപ്പിക്കുന്നതുകൊണ്ടായിരിക്കും. "ദേശീയ അംഗീകാരമുള്ള" അവിയൽ സംഘടനയിലെത്തിയാൽ ആരും പുണ്യാളനാകുമല്ലോ! ഈ ഇരട്ടത്താപ്പിന് കാലം മാപ്പേകുമോ?

ഒരാറു കൊല്ലം കൊണ്ട് കേരളാ ഗവൺമന്റ് ഒപ്റ്റോമെട്രിസ്റ്റ് അസ്സോസിയേഷനെ കോഴിക്കോട് വച്ച് മുറിച്ച് 2 കഷണമാക്കി ഒരു പേപ്പറുപോലുമില്ലാതെ ഇറങ്ങിയ പ്രസിഡന്റ് മുതലാളിയും കൂട്ടരും മുങ്ങി ചാകാൻ പോയപ്പോൾ ഈ "അപ്പോസ്തലന്മാരെ" നോക്കിയാണല്ലോ രക്ഷിക്കാൻ കേണത്! കലികാലം. കേരളത്തിലെ ഒപ്റ്റോമെട്രിസ്റ്റുമാരുടെ 'യൂണിറ്റി'യെ തകർത്ത ഏറ്റവും വലിയ 'പൊളിക്കൽ' വീരനെത്തന്നെ "ദേശീയ അംഗീകാരമുള്ള" അവിയൽ സംഘടനയുടെ 'സയന്റിഫിക്ക് സെഷ'ന്റെ ഉദ്ഘാടകനാക്കിയത് നന്നായി. ഒപ്റ്റോമെട്രിസ്റ്റുമാരെ ഭിന്നിപ്പിച്ച് 2 കോണിലാക്കുകയും കാറ്റഗറിയുടെ എക്കാലത്തെയും വലിയ നാണക്കേടിന് തുടക്കമിടുകയും ചെയ്തതിന്റെ പ്രതിഫലമാകും ഇത്. പക്ഷെ, ഈ വൻ തെറ്റിന് നിങ്ങൾക്ക് കാലം മാപ്പേകുമോ?

കമന്റ്

തിരുവനന്തപുരം ജനറൽ ആശുപത്രിയിൽ ഒപ്റ്റോമെട്രിസ്റ്റിന്റെ പോസ്റ്റ് ഇല്ല പോലും! ആരോഗ്യ വകുപ്പ് ഡയറക്ടറേറ്റിൽ ആരോഗ്യ വകുപ്പ് ഡയക്ടറുടെ പോസ്റ്റ് ഉണ്ടോ എന്തോ? കിട്ടാത്ത മുന്തിരി പുളിക്കും!

WHITE CANE DAY

P V Sujatha
PHC Pizhala

While dealing with so many blinds or visually challenged in our day to day practice, do we think for a moment, what their device can tell us, with which they are detecting the obstacles and dangers in their path? It is their primary mobility tool, the white cane, which is an important symbol for people who are blind, which also alert others as to the bearer's visual impairment. Some sort of this long cane is designed so as to offer support and physical stability, to a visually impaired user, at the same time, by virtue of its color, it acts as a means of identification.

There was a time when it was unusual to see a blind person on the street,or to find a blind person operating machinery in a factory. This is still all too uncommon. But it happens more often and the symbol of this independence is the white cane. Now the blind are able to go, to move, and to compete with all others in society. To gain recognition to the growing independence and self sufficiency of blind people in America and to gain recognition of the white cane as the symbol of that independence and that self-reliance, a day recognizing the importance of the white cane was first proclaimed in 1962 by the president Lyndon B Johnson. He designated October 15th as White Cane Safety Day and called upon the community to observe the day with ceremonies and activities. The day is set aside to celebrate the achievements of those people who are blind or visually impaired. This proclamation was the culmination of a long and serious effort on the part of the National Federation of the blind, and the International Federation of the blind declared October 15th as the International White Cane safety day for all countries of the world.

The growing use of the White Cane is an added element- the wish and the will to be free- the unquenchable spirit and the inextinguishable determination to be independent. With these our lives are changed and the prospects for blind people become bright. This is what White Cane Safety Day is all about.

PSYCHOSOMATIC DISORDERS RELATED TO EYE AND THEIR TREATMENTS

Kishore Kumar
General Hospital, Mancheri

Psychosomatic disorders(an illness with an identifiable physical basis that is partly caused by a psychological factor like stress) can affect ones vision acuity. Emotions play a varying role in the body and mind. In ophthalmology, there are many eye conditions which have arisen, wholly or partly as a result of emotional factors and labeled as psychosomatic.

Vision is of prime importance in every day's life because most occupations are essentially visual or visuocerebral in nature. Hence it is not surprising that functional disturbances of psychosomatic origin, on account of some mental conflict, are probably more common in the eyes than in any other organ of the body.

One of the commonest functional disorder in ophthalmology is the hysterical reaction in which a subconscious wish is achieved by the production of a symptom. The commonest symptom presented is essentially a total or partial loss of vision.

A malingerer usually has the same complaint as a hysterical patient. It is due to an emotional drive-purposeful in nature i.e. to avoid something unpleasant such as military duty or to make a capital on an injury. For the child, it is a course of fantasy or to imitate their friends. It is therefore important to differentiate between the two because management in each case is diametrically opposite.

Hysterical Blindness

The commonest presentation of of hysterical reaction is defective visual acuity which is often the only symptom. It is usually bilateral and partial and labeled as hysterical *amblyopia* and rarely complete called *amaurosis.* Frequently the visual acuity is 6/60 or 6/36 in each eye. Examination of pupils, media and fundi including refractive errors is normal. The patient's demeanour is typically detached and indifferent and there appears a lack of appreciation of the apparent gravity of the defect. .

Hysterical Amaurosis

The diagnosis of hysterical blindness is more difficult than that of amblyopia. The two important features are (1) suddenness of onset (2) normal ophthalmoscopic findings. Organic bilateral amaurosis is rare with clinically normal eyes but may be due to: (1) bilateral retrobulbar lesions (2) chiasmal lesions (3) bilateral lesions of tracts or radiations (4) bilateral cortical lesions. Since it is rare for organic lesions of a bilateral and severe nature to occur suddenly, the above two features are of great value in the diagnosis.

Treatment

Patients with hysteria are typically amenable to suggestive therapy. Attempt has to be made to gain the confidence of the patient. Changing of plane lenses back and forth, or adding plus and minus lenses of equal power in order to exhort the patient, will make him read lower and lower on the chart. A hysteric patient will read everything in a hesitating manner. Such successful treatment, however, is seen in cases of recent onset. Longer the duration of the disease, more difficult the treatment because in these cases frequent unsuccessful visits to a doctor and growing sympathy of the well wishers of the patient will encourage the state of mind which tends to perpetuate the hysterical reaction. Examination with larger and more mysterious instruments, pretended operations, injections of distilled water, ether anesthesia, carbon dioxide therapy, prescription of glasses and psychotherapy are the various measures which one can undertake. In spite of all these the prognosis may be poor. During school health programs we often come across various cases of these type, if need for psychological counseling please mail to kishoropto@gmail.com

Malingering

Malingering is to mislead willfully in regard to the existence of a disease in order to gain a desired end. Duke Elder describes several types of malingering.

1. Simulation: feigning of a nonexistent disease.

2. Exaggeration: the pretence that a certain condition is worse than it actually is.

3. False attribution: assignment to a disease or injury of an origin other than the real one.(attribution is how we are perceiving the cause of a problem)

4. Dissimulation: the pretence that a disease does not exist or that its effects are less than they actually are. It is thus a form of reverse malingering and is found in candidates for insurance or entry into service.

A malingerer usually complains of defective vision which may be divided into three classes: (1) total blindness in one eye, (2) partial blindness in one eye, *(3)* total or partial blindness in both eyes.

It is far simpler to suspect the malingerer than it is the psychosomatic patient although both have the same complaint. The similarities between hysteria and malingering are due to the fact that the patient with hysteria is malingering on a subconscious level, whereas a malingerer is malingering on a conscious level. There are two basic approaches to the diagnosis of malingering: (1) a psychological assessment of the patient, (2) trapping the patient with various tests.

Psychological approach*:* This is based on a knowledge of the individual and upon his behavior. The reaction of the patient during examination such as disgruntled and aggressive behavior, the desire of uncooperating or overplaying his part should be noted.

Test Approach: A large number of tests are devised but the most important feature in the successful use of these is that the examiner should be well versed and carry them out rapidly and easily.

Tests for Total Blindness in one eye

(1) Binocular alignment : Upon testing the eyes for extra ocular movements, both eyes move equally in all directions and keep their fixation on the target. An eye that is severely limited in vision will fail to follow the parallel movement.

(2) Objective prism test: If a high prism is placed base out in front of an eye, it will normally move inward involuntarily, to fuse the two images. A blind eye will not make any movement.

(3) Prism stairs test: Place a high base up prism before the blind eye and have the patient rapidly ascend and descend a stairway. If the eye is not blind he will be bothered by the diplopia.

(4) Bar reading test*:* When a patient is reading small type, a pencil is held by the examiner in front of the card. If one is blind, he will have to move his head to continue reading when the pencil gets in the way. If both eyes have good vision, he reads uninterruptedly.

(5) Duane's method: When a patient is reading aloud rapidly, place quickly a high prism base down before the allegedly blind eye. If the eye is blind, there will be no effect on reading. If there is vision in the eye, patient will stumble in his reading.

(6) Double prism test: A base to base double prism is properly aligned in front of the good eye and an opaque disc is put before the "blind" eye. A card with a horizontal line is shown to him. He should see two lines but to prove his blindness in one eye he will pretend to see one line.

(7) Pinhole test: *A* pinhole disc is placed in front of the good eye while the "blind" eye is left uncovered. While he is reading, the trial frame is tilted slightly so that the hole gets out of the visual axis. If he continues to read he is doing so with the "blind"' eye.

(8) Plus 10 reading test: A plus 10 D lens is placed in front of the good eye. Such a lens has a focus at 4 inches. A reading card with fine print is held at that distance and gradually moved away while the patient is engrossed in his reading. If he continues to read he is doing so with the "blind" eye.

(9) Friend test: The patient wearing red and green goggles is asked to read the coloured word "Friend". The red and green glasses and the red and green letters should be of complimentary colours. If he reads all the letters of the word, he is using both the eyes.

(10) Synoptophore test: Show the patient a pair of fusion pictures in the synoptophore i.e. rabbits. If he sees both the controls, he clearly has good vision in each eye.

(11) Bishop-Harmn diaphragm test: Show the patient letters on this instrument. He does not know that he sees the left hand letters with the right eye and vice versa, and may well read only the letters seen by the pretended blind eye.

Tests for partial blindness in one eye

1) *Jackson's convex and concave cylinder test:* *A plus 6.00* cylinder and a minus 6.00 cylinder are placed with their axes superimposed in front of the good eye so that one lens neutralizes the other. While the patient is reading the distant chart, the front cylinder is gradually rotated until its axis is perpendicular to that of the other, so that if the patient is still able to read he is doing so with the poor eye.

(2). *Special test cards:* Malingerers frequently read only the first line on the chart i.e. a vision of 6/60. If the top letter is made of the size for 6/24 line, and if he reads this he has a vision *of 6/24* line, and if he reads this he has a vision of 6/24.

(3) *Mirror test:* A mirror is placed on the wall alongside of the test chart and a similar chart, with letters reversed is placed above the head of the patient. The patient first reads the regular chart and then the same line on

the mirror. Since the distance is twice as great in the mirror the vision is twice that of the chart on the wall.

(4) *Amblyoscopic test:* The tubes of the instrument are so arranged that the images are crossed when looking through them. If the patient claims his right eye to be blind, he will see the picture only on the left side thinking that he is seeing with his left eye. The examiner has to be careful that the patient does not wink his eye to know the secret of the test. This test is a proof of deception, either conscious or subconscious and can be demonstrated to any one.

(5) *Cycloplegia test:* Some cycloplegia is used in the normal eye and normal saline in the other eye. The patient is asked to read. Since the normal eye cannot read because of paralysed accommodation, ability to read gives a proof of malingering.

Tests given for complete blindness in one eye above may also be used for partial blindness.

Total or partial blindness in both eyes

It is rare for a malingerer to claim loss of sight in both eyes. Hysterical patients usually come with bilateral defective vision. The following tests are used for feigned total or partial blindness in both eyes:

Menace reflex: A sudden surprise movement of the examiner's hand towards the face of the patient often causes the patient to blink. Even if he learns to suppress a blink, such a patient will have an increase in the pulse rate.

Prism test: A base-in-prism is placed in front of one eye. If the vision is present, the eye will move outward and then inward when the prism is removed.

Opticokinetic nystagmus test: When a patient is asked to look at a rotating drum marked with vertical stripes, he will develop nystagmus with fast and slow components if he has enough vision to see the drum.

The above tests are useful for total blindness in both eyes. Detection of a malingerer with bilateral partial blindness is rather a difficult task. Examination of one eye at a time by various tests given previously will be helpful.

FOGGING TESTS CAN BE USEFUL IN SOME OCCASIONS

1. Occlude the left eye using a +10D.
2. Measure the unaided vision (V).
3. If possible, estimate the ametropia. This is particularly helpful in the case of uncorrected myopia. Also in myopia, the position of the true far point can be used to estimate the refractive error , e.g. a person with "8.00 D myopia sees clearly if a target is placed at approximately 12.5 cm from the eye.
4. Add a +1.00 D sphere.
5. Is the vision worse?
6. No: add more plus spherical power until the vision blurs. From the blur point, reduce by +0.25 DS. The BVS should be the maximum plus that the eye can tolerate without causing blur on a letter chart.
7. Yes: add minus spherical power until the best line can be resolved. Make sure that each addition actually increases VA and does not just make the letters smaller.
8. If possible, adjust the final sphere on the letter chart and/or the duo chrome (see later) using a ±0.25 DS twirl.
9. Record the VA.
10. Occlude the right eye and repeat the procedure for the left eye

Case Study

Rahul 13 years old came with severe headache and defective distant vision and near vision. Recently onset, so not going for school past 5 days, less marks in the exams.

a. Data available -Rahul 13 years old boy not going for school

b. Data required - **1**.Family details and comments on Rahul **2**.Teachers comments on Rahul **3**.Visual acuity for DV and NV **4.**Retinoscopy readings **5**.Fundus findings

c. Probable causes - The stress for more marks in exams may be forced Rahul to pretend to act as blind

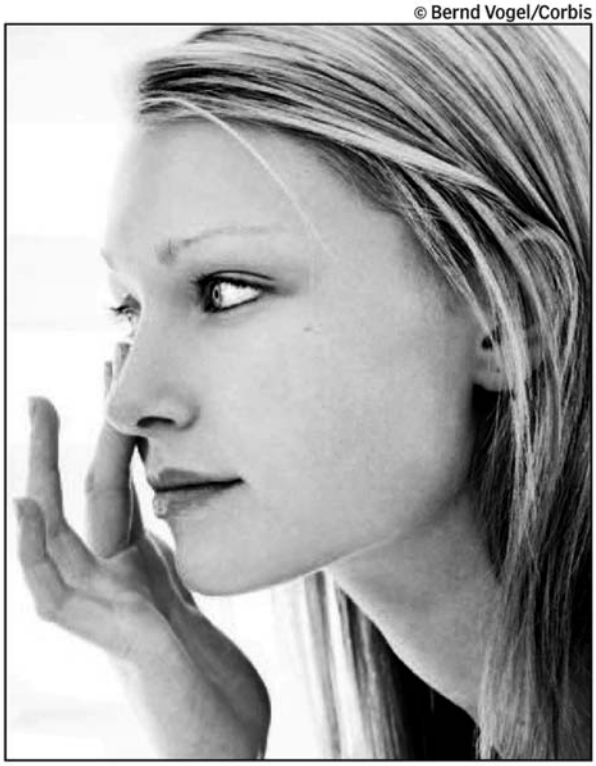
d. Therapeutic strategies suggested; as from the fundus and retinoscopy it is clear that he is not having any significant refractive error. He is simply malingering . Using any of the methods we can identify his correct visual acuity. First we need rapport and trust from the client. By silently listening the client ,or asking simple questions about his interests, hobbies and past school experiences and many sitting we can achieve that. First up all we have to do a family counseling. We have to make sure there will be no more stress from parents. Then we have to go for a supportive therapy. We can engage him to some hobbies. Then we have to restructure his false thinkings leading to malingering. He must understand that he is not having much refractive error. For relaxation therapy we can prescribe him a plano lenses. By all of these we can slowly take him to back to normal

Conclusion

Life is complex and full of stress. Emotional conflicts keep on occurring in the day to day life of an individual but they are successfully faced with a balanced mind. At times the emotional conflicts result into an "anxiety" which in turn may create symptoms. Man will not tolerate anxiety for long and uses various defensive mechanisms to overcome it either subconsciously or at conscious level. If our objective examinations do not explain the cause of the symptoms or the symptoms do not correlate with the clinical findings, we must explore the mind of the patient. Blindness may be not only the inability to see but may be the desire not to see. We Optometrists should realise that a thorough understanding of the human eye is not enough. We must understand the human being of which the eye is but a small part.

How contact lens can actually make you blind

Bug Found On Dirty Lenses Eats Cornea, Damages Vision Within A Week



TIME TO GO BACK TO GLASSES?

London: Millions of contact lens users are at the mercy of a bug that is found in tap water and nibbles through eyeballs causing blindness, scientists have warned.

With the Acanthamoeba parasite also found in dust, sea, showers and swimming pools, millions of people are at risk of going blind worldwide. The actual number of infections is small but treatment is long, painful and not completely effective.

"It is a potential problem for every single contact lens wearer," the Daily Mail quoted Fiona Henriquez, of the University of the West of Scotland, as saying.

Acanthamoeba, a tiny single-celled parasite, feeds on bacteria found on dirty contact lenses and cases. When the lens is put in the eye, it starts to eat its way through the cornea, which is the outer layer of the eyeball and and breeds as it goes.

Symptoms are itchy and watery eyes, blurred vision, sensitivity to light, swelling of the upper eyelid and extreme pain. According to Graeme Stevenson, an optician, vision can be permanently damaged within a week.

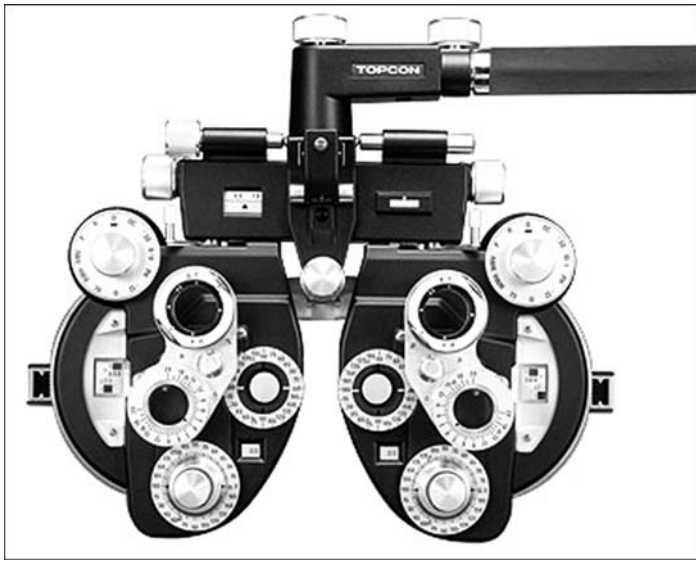
"Generally it leaves you with scarring. Your cornea is your window on life and if the infection penetrates in towards the third layer you are left with scarring, with a kind of frosty windscreen," Stevenson said.Treatment includes Dettol-like eye drops, with patients initially being treated every 20 minutes, day and night and spending up to three weeks in hospital.

The most severe cases are given cornea transplants. Advice for avoiding the bug includes keeping lenses and cases clean and replacing them regularly.

The findings were presented at the British Science Festival in Aberdeen. AGENCIES

Times of India 11-09-2012

OptoTools - Phoropter



Phoropter is a refracting instrument used by Optometrists and Ophthalmologists during an eye examination. The phoropter contains different lenses used for refraction of the eye for measuring an individual's refractive error and eliminates the need for separate trial sets and trial frames.

Typically, the patient sits behind the phoropter, and looks through it at a chart placed at optical infinity (20 feet or 6 metres), then at near (16 inches or 40 centimetres) for individuals needing reading glasses. The Optometrist then changes lenses and other settings, while asking the patient for subjective feedback on which settings gave the best vision. Sometimes a retinoscope or an automated refractor is used to provide initial settings for the phoropter.

Phoropters can also measure phorias , accommodative amplitudes, accommodative leads/lags, accommodative posture, horizontal and vertical vergences, and more.

The major components of the phoropter are the JCC (Jackson Cross-Cylinder), Risley prisms to measure phorias and vergences, and the (+), (-), and cylinder lenses.

The lenses within a phoropter refract light in order to focus images on the patient's retina. The optical power of these lenses is measured in 0.25 diopter increments. By changing these lenses, the examiner is able to determine the spherical power, cylindrical power, and cylindrical axis necessary to correct a person's refractive error.

Phoropters are made with either plus or minus cylinders. Traditionally, Ophthalmologists and Orthoptists use plus cylinder phoropters and Optometrists use minus cylinder phoropters. One can mathematically convert figures obtained from either type of phoropter to the other.

The phoropters also include prismatic lenses which are used to analyze binocular vision and treat orthoptic problems.

DOCS GROW EYE CELLS IN LAB

Experiment By Chennai Scientists Raises Hope Of Curing Blindness Considered Irreversible

TIMES NEWS NETWORK

There is new hope for millions of people suffering from "irreversible" blindness due to retinal degeneration or damage. Scientists at Chennai-based Sankara Nethralaya say retinal cells grown from the remains of eyes donated for corneal transplant can be used to correct blindness and retina degeneration.

The scientists said they drew pigment cells from the iris (circular structure in the eye) and ciliary (circumferential tissue) from the donated eyes after the cornea was removed. When these cells were cultured in a petri dish and mixed with growth factors, it produced more cells. Genetic tests showed that these cells resembled and had characters of retinal cells. The study, accepted for publication in the journal Stem Cell Review and Reports, is funded by the department of bio-technology of the Union ministry of science and technology. "This experiment takes us closer to the hope that these cells may be able to cure blindness," said S Krishnakumar, head of Vision Research Foundation at Sankara Nethralaya.

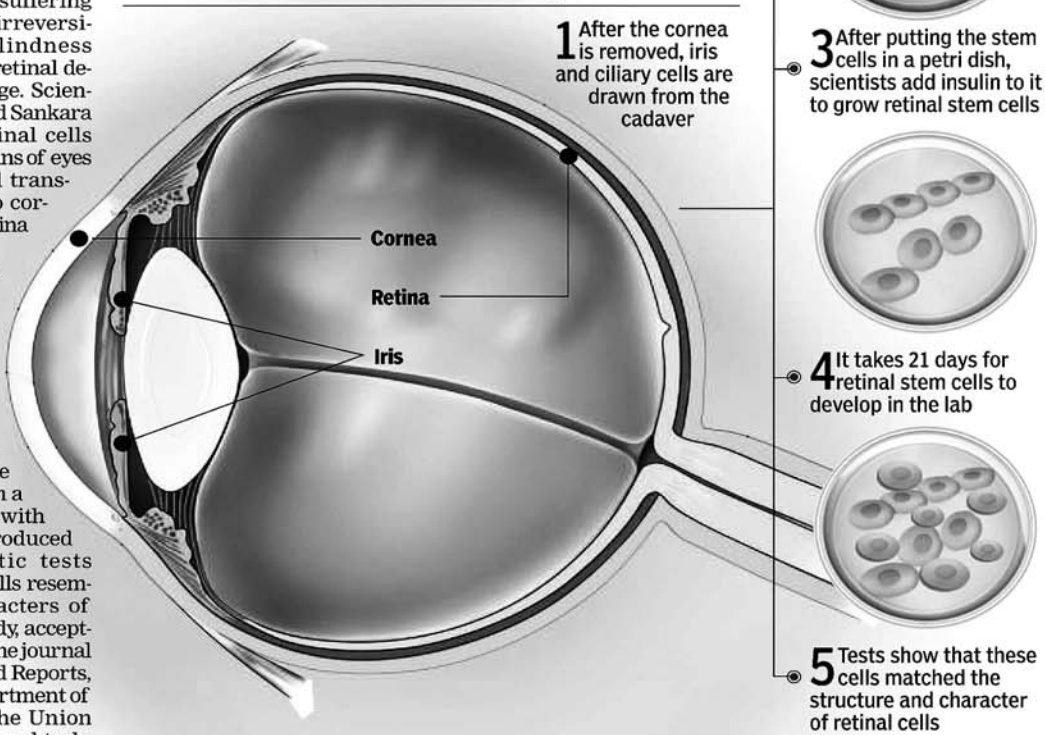
A significant number of the 12 million blind in India suffer from preventable or reversible blindness, but doctors say the prevalence of retinal ailments such as diabetic retinopathy, degeneration and detachment is gradually increasing. Some of these diseases don't have a cure and leave the affected people with permanent blindness. Across the world, scientists have been pinning their hopes on stem cells for treating retinal diseases. In April 2011, Nature published a report on how retina of rats could be created in a Petri dish from its own stem cells. In January 2012, Lancet reported that scientists used embryonic stem cells to improve the sight of two almost-blind women, a breakthrough that they say raises the hope of a cure for age-related vision loss.

The retinal cells will now have to be tested on animals before they can be adapted to humans. This may take years but it could offer an unlimited well of tissue to replace damaged retinas, said Srilatha Jasty, first author of the study. "If this is proven safe and effective in humans, an equal number of people are likely to be benefitted," she said.

Ophthalmologists say this success gives them hope that stem cells can help them grow organs. "Science can throw surprises. We may soon be able to grow organs in petri dishes, though it is still a long way," said Dr Amar Agarwal, ophthalmic surgeon of Agarwal Eye Hospital.

REMEDY IN A PETRI DISH

Scientists say retinal cells grown from the remains of eyes donated can be used to correct blindness and retina degeneration



WHAT IS RETINA?

It is a light-sensitive tissue at the back of the inner eye. The retina converts light rays into electrical impulses that are sent to parts of the brain concerned with sight through the optic nerve.

WHAT CAN THESE CELLS DO?

Scientists hope the stem cells developed in the lab will be able to repair the damaged cornea. But animal and human studies will have to be conducted to see if these are effective.

DIFFERENT TYPES OF RETINAL DISEASES

- Diabetic retinopathy
- Macula degeneration
- Retinitis Pigmentosa
- Retinal Detachment
- Retinopathy of prematurity
- Leber congenital amaurosis

THOUGH MOST BLINDNESS IN INDIA IS PREVENTABLE OR REVERSABLE, THE NUMBER OF PEOPLE WITH IRREVERSABLE BLINDNESS IS ON THE RISE.

Times Of India - 04-07-2012

Do You Know?

Dynamic light scattering (DLS) is a new technique by which cataract can be detected using LASER, even before physically appearing on the lens

Orthokeratology is a method of correcting myopia by wearing a very flat contact lens with the intention of flattening the cornea.

Lutein is a potent antioxidant, found in fruits and green vegetables and one of the dominant pigments in the macula of the healthy retina

Snakes have a built in yellow filter in their eyes which protect them from ultraviolet rays.

Owls have large eyes for optimum night vision. They have 3 eyelids, upper for blinking, lower for sleeping & a nictating membrane.

The Bates Method is a controversial system of practices that are claimed to improve sight and reverse ocular disorders to normal.

There are 2 types of age related macular degeneration - Wet(less frequent, most MD related Vn loss) & Dry(frequent,loss of central Vision)

Qigong eye exercises are claimed to be effective against eye strain and tired eyes, astigmatism, double vision, even glaucoma.

Orthoculogy is a method of correcting myopia by wearing a slightly flat plain contactlens(developed by Canadian optometrist John William Yee

There are about 200000 cones in fovea, 6400000 cones & 125000000 rods in retina.

Jose Ignacio (Spain) is the father of refractive surgery & the inventor of microkeratome & corneal microlathe.

Keratometer was invented by the French Ophthalmologist Samuel Hankins in 1880.

Sir Harold Ridley is the first to successfully implant an artificial intraocular lens in 1949.

The signals of photosensitive ganglion cells in retina are not sent to the visual center, but to the suprachiasmatic nuclei retinohypothalmic tract & is used to resize the pupil.

Jules Gonin of Switzerland is considered the father of retinal detachment surgery.

Hermann Snellen (Netherlands) introduced the Snellen's chart in 1862.

Allvar Gullstard(Sweden) won the Nobel prize in 1911 for his research on the eye as a light-refracting apparatus. He calculated the optical constants of the eye

Marine mammals are monochromats, mammals except primates are dichromats, humans trichomatic, butterflies tetrachromatic & pigeons pentachromatic

Hjalmar August Schiotz (Norway) invented the Schiotz Tonometer in 1905. He is credited as being Norway's first professor of ophthalmology.

Diaton tonometer measures intraocular pressure through the eyelid(transpalpebral tonometry)& it requires no contact with the cornea.

Hermann von Helmholtz, invented the ophthalmoscope in 1851 & published works on physiological optics, including colour vision.

Frans Cornelis (Dutch) found the way of prescribing combinations of spherical & cylindrical lenses to treat astigmatism.

The term Orthoptics is derived from the Greek words 'ortho' meaning 'straight' and 'optikas' meaning 'vision'.

Jacques Daviel (France) is claimed to the father of cataract surgery in that he performed extracapsular extraction instead of needling.

A structural defect in the eye or a lesion in the anterior visual cortex can cause uniocular diplopia or uniocular polyopia.

Men and Women Really Do See Things Differently
Differences may be rooted in hunting, gathering.

Men and women really don't see eye to eye, according to a new study.

Females are better at discriminating among colors, researchers say, while males excel at tracking fast-moving objects and discerning detail from a distance—evolutionary adaptations possibly linked to our hunter-gatherer past.

The study, led by Brooklyn College psychology professor Israel Abramov, put young adults with normal vision through a battery of tests.In color experiments the men and women tended to ascribe different shades to the same objects. The researchers think they know why.

"Across most of the visible spectrum males require a slightly longer wavelength than do females in order to experience the same hue," the team concludes in the latest issue of the journal *Biology of Sex Differences*.Since longer wavelengths are associated with "warmer" colors, an orange, for example, may appear redder to a man than to a woman. Likewise, the grass is almost always greener to women than to men, to whom verdant objects appear a bit yellower.The study also found that men are less adept at distinguishing among shades in the center of the color spectrum: blues, greens, and yellows.

Where the men shone was in detecting quick-changing details from afar, particularly by better tracking the thinner, faster-flashing bars within a bank of blinking lights.The team puts this advantage down to neuron development in the visual cortex, which is boosted by masculine hormones. Since males are flush with testosterone, in particular, they're born with 25 percent more neurons in this brain region than females, the team noted.

Evolution at Work?

The vision findings support the so-called hunter-gatherer hypothesis, which argues that the sexes evolved distinct psychological abilities to fit their prehistoric roles, the team says

Noting that men in the study showed "significantly greater sensitivity for fine detail and for rapidly moving stimuli," the researchers write that their hunter forebears "would have to detect possible predators or prey from afar and also identify and categorize these objects more easily."

Meanwhile, the vision of female "gatherers" may have become better adapted recognizing close-at-hand, static objects such as wild berries.John Barbur, professor of optics and visual science at City University London, noted that females are often "worse off in terms of absolute chromatic [color] sensitivity than males."

But when it comes to noticing subtle differences among shades of a color, women do tend to come out on top, as they did in Abramov's experiments, said Barbur, who wasn't part of the new study.

"If you're not dealing with the absolute sensitivity for color detection but the way in which colors are judged—such as the ability to describe a color, or what that color means, and so on," he said, "I'd say that females are definitely much better than males."

James Owen
From National Geographic News
Posted on September 7, 2012

World's first bionic eye helps woman gain sight

'All Of A Sudden I Could See A Little Flash, It Was Amazing'

Melbourne: A blind Australian woman can now see spots of light after being implanted with an early prototype of the world's first bionic eye.

Dianne Ashworth, 54, was the first patient fitted with the device in surgery at the Royal Victorian Eye and Ear Hospital in May, the Sydney Morning Herald reported.

It was switched on last month at the Bionics Institute in East Melbourne after her eye had recovered fully from surgery.

"All of a sudden I could see a little flash ... it was amazing. Every time there was stimulation there was a different shape that appeared in front of my eye," Ashworth was quoted as saying by the Sydney Morning Herald.

In the bionic eye, electrodes are inserted into the retina of vision-impaired patients. The electrodes send electrical impulses to nerve cells in the eye, which occur naturally in people with normal vision.

The device restores mild vision, where patients are able to pick up major contrasts and edges such as light and dark objects. Researchers hope to develop it so blind patients can achieve independent mobility.

In the early prototype bionic eye, the electrodes are connected to a receptor fitted to the back of Ashworth's ear, which is then plugged in through an external wire to a unit in the laboratory.

RAY OF HOPE: A surgeon performs an eye examination on Ashworth (L)

Australian researchers in the laboratory use the unit to control the information sent to Ashworth's eye, allowing them to study how the brain reacts.

Feedback from Ashworth will allow researchers to develop a vision processor so they can build images using flashes of light.

Bionics Institute director Rob Shepherd said the next step was to test various levels of electrical stimulation. "We are working with Ashworth to determine exactly what she sees each time the retina is stimulated using a purpose-built laboratory at the Bionics Institute," Shepherd said.

"The team is looking for consistency of shapes, brightness, size and location of flashes to determine how the brain interprets this information. Having this unique information will allow us to maximise our technology as it evolves through 2013 and 2014," Shepherd added. AGENCIES

Times Of India 02-09-2012

Abbreviations Used In Medical Prescriptions

Abbreviation	Latin	Meaning
aa	ana	of each
ad	ad	up to
a.c.	ante cibum	before meals
a.d.	auris dextra	right ear
ad lib.	ad libitum	use as much as one desires; freely
admov.	admove	apply
agit	agita	stir/shake
alt. h.	alternis horis	every other hour
a.m.m.	ad manu medicae	at doctors hand
a.m.	ante meridiem	morning, before noon
amp		ampule
amt		amount
aq	aqua	water
a.l., a.s.	auris laeva, auris sinistra	left ear
A.T.C.		around the clock
a.u.	auris utraque	both ears
bis	bis	twice
b.d./b.i.d.	bis in die	twice daily
B.M.		bowel movement
BNF		British National Formulary
bol.	bolus	as a large single dose (usually intravenously)
B.S.		blood sugar
B.S.A		body surface areas
b.t.		bedtime
BUCC	bucca	inside cheek
cap., caps.	capsula	capsule
c, c.	cum	with (usually written with a bar on top of the "c")
cib.	cibus	food
cc	cum cibo	with food, (but also cubic centimetre)
cf		with food
comp.		compound
cr., crm		cream
CST		Continue same treatment
D5W		dextrose 5% solution (sometimes written as D_5W)
D5NS		dextrose 5% in normal saline (0.9%)
D.A.W.		dispense as written (i.e., no generic substitution)
dc, D/C, disc		discontinue or discharge
dieb. alt.	diebus alternis	every other day
dil.		dilute
disp.		dispersible or dispense

FIRST SUCH CASE WAS IDENTIFIED 149 YEARS AGO: REPORT

Chennai doctors remove teeth from eye tumour

Arun Janardhanan | TNN

When doctors at Government Eye Hospital looked into the eye of a woman with an eye tumor, they found something they had previously only read about in medical literature — two fully grown teeth in the tumour.

Nagabhushanam, 23, from Nellore in Andhra Pradesh, was born with a rare condition, orbital teratoma, causing a huge tumour to grow in her left eye. The tumour had blinded the eye. Doctors removed the teeth in a rare surgery but said she may not regain vision as the optic nerve was damaged.

Nagabhushanam came to the hospital on July 16 and asked the doctors to remove the large tumour. The tumor, which was small at birth, grew large over a period of time. Her left eye was pushed inside and skin protruded, blocking her vision and damaging the optic nerve.

23-YEAR-OLD NAGABHUSHANAM FROM NELLORE IN ANDHRA PRADESH, WAS BORN WITH A RARE CONDITION, ORBITAL TERATOMA, CAUSING A HUGE TUMOUR TO GROW IN HER LEFT EYE. DOCTORS REMOVED THE TEETH IN A RARE SURGERY

During tests, doctors found two teeth inside the tumour. Ophthalmologists identified it as orbital teratoma. Nagabhushanam used to work as a domestic help. Not many case histories are available for this condition, said hospital director Dr K Vasantha.

Research journals suggest that the first case was identified 149 years ago. Since then less than 100 cases have been reported from across the world. Medical journals in India quote two cases. "In some cases, hair, eye, foetal, feet or limbs develop in the tumour when adult cells that form these parts enter the growth. We know two cases where teeth were embedded in the tumour," she said.

Nagabhushanam was wheeled in for surgery last Thursday and doctors removed the tumour. During the operation, doctors found another growth under the eye, close to the cheekbone.

"We did not remove that. It does not matter because there is no possibility of it growing further and it does not cause her pain," said Dr Yogeswari Alagappan, one of the surgeons. Such tumours, she said, are non-cancerous.

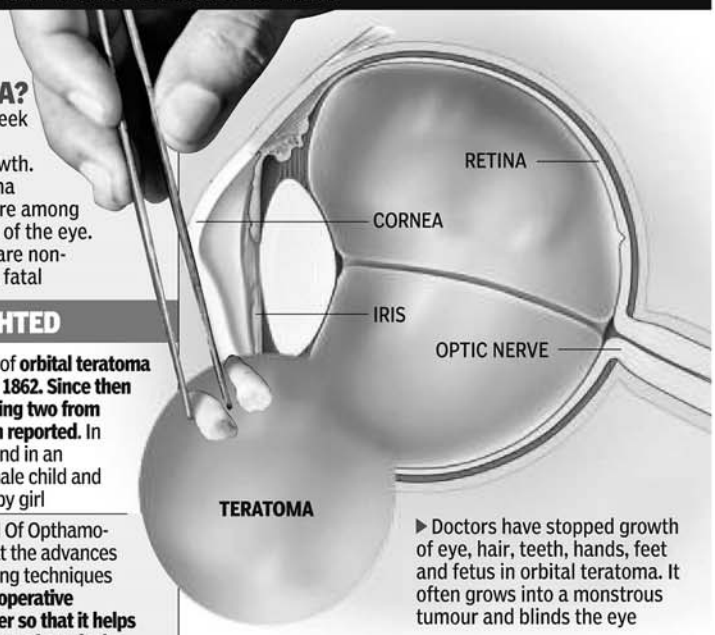
"But restoration of vision may not be possible," she said.

But the surgery has taken a weight off Nagabhushanam. "I used to feel shy about my looks. I often felt bad about the protruding tumour and I thought it was a curse on me. I am relieved now. My burden is gone," she said.

THE TEETH THAT BLINDED HER

WHAT IS ORBITAL TERATOMA?

Teratoma, a Greek word, means monstrous growth. Orbital teratoma tumours are rare among birth disorders of the eye. Such tumours are non-cancerous, but fatal



FIRST SIGHTED

- The first case of **orbital teratoma was reported in 1862. Since then 70 cases, including two from India, have been reported.** In India, it was found in an 18-month-old male child and 6-month-old baby girl
- Indian Journal Of Opthamology reports that the advances in neuron-imaging techniques have made **pre-operative diagnosis simpler so that it helps in proper planning of surgical approach to obtain good results**
- Pathologically, **Orbital Teratomas have been associated with a 30% mortality rate,** secondary to either the growth of the tumour or to spontaneous rupture, leading to infection).
- Unlike most ophthalmic surgeries, **removal of orbital teratoma is being done under general anaesthesia and with one unit of blood transfusion.** The surgery, which was freely done to the patient under the chief minister's comprehensive health insurance scheme, costs Rs 20,000- 30,000

- Doctors have stopped growth of eye, hair, teeth, hands, feet and fetus in orbital teratoma. It often grows into a monstrous tumour and blinds the eye

PRESENT AND PAST: Nagabhushanam recovering after the surgery at Government Eye Hospital in Chennai

> IN SOME CASES, HAIR, EYE, FOETAL, FEET OR LIMBS DEVELOP IN THE TUMOUR WHEN ADULT CELLS THAT FORM THESE PARTS ENTER THE GROWTH **Dr K Vasantha** | Director of Government Eye Hospital

Times Of India - 04-08-2012

PROCEEDINGS OF THE DIRECTOR OF HEALTH SERVICES, DIRECTORATE OF HEALTH SERVICES, THIRUVANANTHAPURAM.

Sub: Estt. – H.S.D. – Earmarking Taluk Headquarters Hospital, Pampady for posting Senior Optometrist – modified – Orders – issued.

Read: 1. G.O.(Ms)No.145/11/H&FWD dt.28.2.11.
2. Order No.EF4/58092/11/DHS DT.18/10/11.
3. G.O.(Ms) No.344/12/H&FWD dt.19/10/12.

ORDER NO.EF4-58092/11/DHS DATED.22/11/2012.

Vide G.O. read 1st above, Government have directed to earmark one post of Senior Optometrist in Taluk/District and General Hospitals exclusively for posting Senior Optometrists and orders issued. One post in the earmarked hospitals will be filled up with Senior Optometrist only. Accordingly vide this office order read above, 66 Hospitals in the State were identified for posting Senior Optometrists, since the number of posts of Senior Optometrist in the State is only 66.

As per G.O. 3rd above, the Government Hospital, Pampady, Kottayam is upgraded to the status of Taluk Headquarters Hospital. One post of Optometrist Gr.II is also created. One Ophthalmologist is available in Taluk Headquarters Hospital, Pampady and the number of IP/OP are very large compared to other major hospitals. The services of a Senior Optometrist is essential at THQ Hospital, Pampady to assist the Ophthalmologist.

In these circumstances, the post of Optometrist in Taluk Headquarters Hospital, Pampady, Kottayam is earmarked for posting Senior Optometrist, in place of Taluk Headquarters Hospital, Alathur. THQ Hospital, Alathur is deleted from the list of 66 major hospitals identified earlier and in that place THQ Hospital, Pampady is included, considering the number of patients. The post of Optometrist at THQ Hospital, Alathur, Palakkad will be either Optometrist Gr.I or Gr.II.

This office order read 2nd above is modified to this extent.

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

To

1. The Dist. Medical Officer of Health, Kottayam/Palakkad.
2. The Superintlendent, THQ Hospital, Pampady/Alathur.
3. S.F/File/Spare.

//Forwarded//

SUPERINTENDENT.

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

Sub:- Estt: HSD: Transfer and posting of Optometrist - orders issued -

Read:- 1. This office order no. EF4/58092/11/DHS dated 22.11.12.
2. GO (MS) No. 344/12/H&FWD dated 19.10.12.
3. GO (MS) No. 145/11/H&FWD dated 28.02.11.

ORDER NO. EF4/18354/11/DHS DATED 23.11.12

The following Optometrists are transferred and posted at the station noted against their names.

1. Sri. Thresiamma K. M Senior Optometrist T.H.Q.H. Alathur, Palakkad	THQH, Pampady Kottayam (Newly created post)
2. Smt. Vidya. S.N Optometrist Grade II CHC, Oduvallithattu Kannur	THQH, Alathur Palakkad (Vice Smt. Thresiamma K.M transferred)

The Superintendent, THQH, Alathur, CHC, Oduvallithattu is directed to relieve the incumbents immediately. The date of relief and joining duty should be reported promptly.

Sd/-
Dr. Kumari. G. Prema
Additional DHS (Medical)

To

The incumbent (Through the Head of the institution)

Copy to:-

1. The District Medical Officer of Health, Kannur, Palakkad, Kottayam
2. The Superintendent, Taluk Head Quarters Hospital, Alathur, Palakkad / Pampady, Kottayam.
3. The Medical Officer i/c, Community Health Centre, Oduvallithattu, Kannur
4. File/Stock file/ Spare

//Forwarded//

Superintendent

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

Sub:- Estt.- H.S.Dept.-Permission to rejoin duty after availing LWA – Sri. Prakas. T.C.,Optometrist – sanctioned -Orders issued.

Read:- 1. Lr. No. A5-11942/12/DMOH. Thrissur dated 08.10.12.
2. G.O.(Rt) No. 4147/2008/H&FWD. dated 12.12.08.

ORDER NO.EF4-18354/2011/DHS. DATED 23.11.2012.

Sri. Prakas. T.C., Optometrist, C.H.Centre, Ollur, Thrissur was on Leave Without Allowances for 5 years to take up employment abroad with effect from 16.12.2008 sanctioned vide G.O.(~~Rt~~) read above.

Now Sri. Prakas. T.C., Optometrist has requested to permit him to rejoin duty ~~after~~ cancelling the unavailed portion of Leave Without Allowances. The LWA availed by him will expire on 15.12.2013.

In this circumstances Sri. Prakas. T.C. is posted at C.H.Centre, Oduvellithattu, Kannur vide Smt. Vidya. S.N., transferred.. Necessary proposal for cancelling the unavailed portion of LWA will be forwarded after rejoining duty.

The date of joining duty should be reported promptly.

Sd/
Dr. Kumary G. Prema,
Addl. Director of Health Services (Mdl.)

To

Sri. Prakas. T.C.,
Threkkoottu (House), Nenmini. P.O.,
Guruvayoor (via) Thrissur – 680 104.

Copy to:.

1. The District Medical Officer of Health, Thrissur/Kannur.
2. The Medical Officer in charge, CHC. Oduvallithattu, Kannur/ Ollur Thrissur.
3. File/Stock file.

// Forwarded//

Superintendent

GOVERNMENT OF KERALA

Abstract

HEALTH & FAMILY WELFARE DEPARTMENT - CREATION OF POSTS IN TALUK HEAD QUARTERS HOSPITAL, PAMBADY - SANCTIONED - ORDERS ISSUED

HEALTH & FAMILY WELFARE (M) DEPARTMENT

G.O.(Ms).No.344/2012/H&FWD Dated, Thiruvananthapuram, 19.10.2012

Read: 1) G.O.(Ms).No. 125/2005/H&FWD dated 12.05.2005
2) Letted No. PLA3-92531/11/DHS dated 26.7.2012 from Director of Health Services, Thiruvananthapuram,

ORDER

Government Hospital Pampady was upgraded to the Status of Taluk Head Quarters Hospital as per the Government Order reas as 1st paper above. Subsequently, Director of Health Services has forwarded the proposal for the creation of 55 new posts in addition to the existing posts with total annual financial commitment of ₹ 1,28,80,218/-

Government have examined the proposal in detail and are pleased to accord sanction for the creation of 55 posts as detailed below.

Sl.No	Name of post	Scale of Pay	Additional post to sanctioned
1	Physician Jr. Consultant	24040-37940	1
2	Paediatrician Jr. Consultant	24040-37940	1
3	Gynaecologist Jr. Consultant	24040-37940	1
4	Orthopaedics Jr. Consultant	24040-37940	1
5	Anaesthesiologist Jr. Consultant	24040-37940	1
6	General Surgeon Jr. Consultant	24040-37940	1
7	Ophthalmologist Jr. Consultant	24040-37940	1
8	Lay secretary& Treasurer	18740-33680	1
9	Pharmacist Store Keeper	16180-29180	1
10	Head Nurse	16180-29180	2
11	LHI	14620-25280	1
12	Staff Nurse	13900-24040	8
13	Head Clerk	14620-25280	1
14	JPHN Gr.I	13900-24040	1
15	Optometrist Gr II	11620-20240	1
16	LAb Technician	11620-20240	1
17	Pharmacist	11620-20240	1
18	Medical Record Librarian	11620-20240	1

19	Radiographer	11620-20240	1
20	UD/LD Clerk	9940-16580	2
21	L D Typist	9940-16580	1
22	ECG Technician	9940-16580	1
23	Nursing Assistant	9190-15780	7
24	Driver	9190-15780	1
25	Hospital Attender Gr.I	8730-13540	3
26	Hospital Attender Gr.II	8500-13210	8
27	X-Ray Attender	8500-13210	1
28	Office Attendant (peon)	8500-13210	1
29	PTS	4850-7500	3
	TOTAL		**55**

(By Order of the Governor)

RAJEEV SADANANDAN
Principal Secretary to Government

To

Director of Health Services, Thiruvananthapuram.
District Medical Officer, Kottayam.
The Accountant General (A&E/Audit), Kerala, Thiruvananthapuram.
Finance Department (vide U.O F No.72542/HsL-B1/12/Fin dated 17.09.2012)
General Administration (SC) Department.
Director, Information & Public Relations Department.
PA to Principal Secretary, Health & Family Welfare Department.
Stock File /Office Copy

Forwarded / By Order,

Section Officer

"മഹത്തായ ലക്ഷ്യത്തിനായി ആത്മാർത്ഥവും കാര്യക്ഷമവുമായ പ്രവർത്തികൾ ഉടൻ അംഗീകരിക്കപ്പെടില്ലെങ്കിലും അന്തിമമായി ഫലം കാണും."

പണ്ഡിറ്റ് ജവഹർലാൽ നെഹറു

GOVERNMENT OF KERALA

Kerala Service Rules - Grant of Leave Without Allowance under Appendix XII A and XII C before completion of probation – G.O.(P) No.161/2008/Fin. dated 09.04.2008 – Cancelled - Orders issued.

FINANCE (RULES B) DEPARTMENT

G.O.(P) No. 471 /2012/Fin. **Dated, Thiruvananthapuram, 23/08/2012**

Read :- 1) G.O.(P) No. 161/2008/Fin. dated 09.04.2008
2) G.O.(P) No. 448/2008/Fin. dated 06.10.2008

ORDER

1. In the Government Orders read above, order have been issued to grant Leave Without Allowance under Appendix XII A and Appendix XII C, Part I, Kerala Service Rules only after the declaration of satisfactory completion of probation in the entry cadre.

2. Government have reviewed the position and order that the Government Orders read above stand cancelled subject to the following guide lines:-

(i) Non – permanent employees in regular service, who have not completed probation in the entry cadre, shall be granted Leave Without Allowance under Appendix XII A and Appendix XII C Part I, Kerala Service Rules subject to the condition that they will have to start their probation afresh and complete the probation on return from Leave Without Allowance. In other words, the officers will forfeit the service benefits that have accrued to them prior to their proceeding on Leave Without Allowance and they will be deemed as new entrants to Government service on return from Leave Without Allowance. What is protected is only the right to rejoin service in the same cadre as if they are new entrants.

(ii) If on further verification by the Kerala Public Service Commission/ Police verification, it is found that the officer is ineligible for appointment, the appointment will be treated as null & void and Leave Without Allowance will be treated as cancelled from the date of sanction of leave.

(iii) The vacancy arising due to such grant of Leave Without Allowance shall be filled up, and the officers who enter on Leave Without Allowance shall not be permitted to rejoin duty before the expiry of sanctioned term of Leave Without Allowance.

3. Necessary modification to Kerala Service Rules will be issued separately.

BY ORDER OF THE GOVERNOR

Dr. V.P.JOY
PRINCIPAL SECRETARY (FINANCE)

Pranoy.S.P
S/o Preeja Prasad, Optometrist, PHC Mundankunnu

Eye Donation Fortnight 2012

Ernakulam District Level Inauguration At Kothamangalam

World Sight Day 2012

Alappuzha District Celebrations

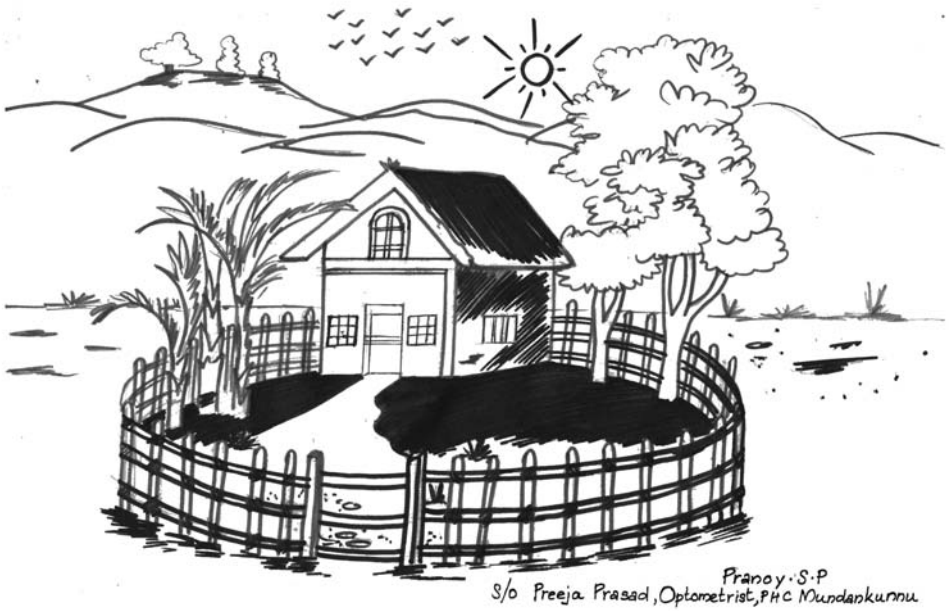
AWARDS TO BEST PERFORMING OPTOMETRISTS
ERNAKUILAM DISTRICT

Prize of excellence to Smt.Deepthi,
C.H.C Pallarimangalam

Best documentation of eye donation fortnight
First prize - Smt.Jeeja P. Sadasivan,P.H.C.Nettor

Best documentation of eye donation fortnight
Second prize - Smt.Renju, C.H.C.Ezhikkara

Best documentation of eye donation fortnight
Third prize - Smt. Jain Shiney, C.H.C.Angamali



Pranoy·S·P
S/o Preeja Prasad, Optometrist, PHC Mundankunnu