हमारी आँखें

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Hamari Aankhen

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DIABETES RETINAL CHECKUP CAMPS, SANTRAMPUR, DATE : 09-11-2014

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Sight for All

Hamari Aankhen
OBJECTIVES

- Work for the cause of prevention of blindness in India
- Publish information to help people understand their role in cause of prevention of blindness.
- Exchange information for India and abroad on the subject of eye health care.
- Publish articles, reports of meetings, conferences, seminars relating to eye health care.

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Editorial

Blindness in India is major public health problem, not easy to solve. In view or its close relationship with the general health and living standard of the nation, it will take sometime before it ceases to be a giant problem. In the meantime steps should be taken for prevention as for as possible notwithstanding our limited resources.

It is reported that globally there are about 45 million people blind and nearly 135 million with low vision as such a total of 180 million people are with some degree of visual disability. Most of them live in developing countries. India is estimated to have more than 120 million blind and about 45 million visually impaired.

According to available resources 30% of the blind lose their sight under the age of 21, in most cases during the first five years of their life.

Causes of blindness are congenital abnormalities, hereditary diseases, inflammatory diseases, trachoma, cataract, glaucoma, venereal diseases, malnutrition, injuries, diabetes, ill effects of faulty postures, glare, poor lighting and badly printed books. Besides, eye couchers and quacks contribute a good deal to the country's blind population by their pernicious activities.

Intensive action against these unqualified persons, who pose themselves as eye specialists is very necessary. Many innocent people have been deprived from their vision because of the irritant acts used by these persons and the crude efforts to operate cataract cases.

Unless a strict law is enacted against the quackery and strictly enforced it may take years before our innocent villagers learn to shun it. It is also necessary to place the scientific system of medicine within easy reach of village people. Development of Primary Health Centres may be a proper step in this direction.

The National Society for the Prevention of Blindness-India has been vigorously working on eye health and eye care since its inception in 1960. Visual Impairment and Blindness are not a public health problem but socio-economic, cultural and various other human factors also play major role in it. They are to be tackled early. NSPB-India has accepted the challenge. The Society undertakes such activities at the national level through the net work of its state and district branches and its hospitals at Moti Nagar, New Delhi and Raison (Kullu) H.P. and a new one at Karkardooma is going to start the work in near future. But it is only the active support of our well wishers, philanthropists and the people devoted to social services and welfare of mankind, the society will be able to meet the challenge of Prevention of Blindness.

Dr. Sanjiv Mohan

DR. M.C. NAHATA

(A JOURNEY TO ERADICATE BLINDNESS)

Dr. M.C. Nahata, 81, former Professor and Head of Department, of Ophthalmology, M.G.M Medical college Indore, Dean G.R. Medical College, Gwalior and Member MP Public Service Commission, a firm believer of Gandhian Philosophy took active part in the 1942 Quit India Movement and thereafter the struggle for Independence.

Dr. M. C. Nahata was born on July 24th, 1931 in a small town of Rampura, Dist. Neemuch, in Madhya Pradesh. His father Shri Rajmalji Nahata and mother Shrimati Badam Bai, belonged to a well reputed and known joint Shwetambar Jain family. He received his primary education in Rampura and completed high school from M. S. High School in the year 1947 from Rajputana Board, Ajmer. Post high school, he got admitted to Holkar College, Indore and there after he completed his Medical studies from M. G. M. Medical College, Indore.

Dr. Nahata was first appointed in MGM Medical College, Indore and subsequently was shifted to Gandhi Medical College, Bhopal where he received a series of promotion, till ultimately he became a Professor. Gandhi Medical College, Bhopal witnessed Dr. Nahata's hard work and sheer determination towards development of eye care services in Bhopal. In recognition of his services and caliber, he was later appointed as an Honorary Secretary, Indian Medical Association in 1963. In furtherance of the same, Dr. Nahata had organized the State Conference of IMA in 1964 at Bhopal which is amongst the many milestones of his professional life and success. He was then, the first Eye surgeon to organize an eye camp in rural area of Begamganj, Dist. Raisen. This gave him the recognition and fame of being popularly known as the eye surgeon and specialist who worked for the rural population. In 1968, he was reposted to his alma mater, MGM, Medical College, Indore, as a Professor.

The first amongst his many International recognitions was when he was selected, for Colombo Yojna, by the Government of India for advanced training in retinal surgery. For research in the same, he worked at the world renowned institute of Moorfield Eye Hospital, London for a period of 1 year.

Post his exhilarating experience in London, Dr. Nahata started the first ever Retinal Clinic in M.Y. Hospital, Indore. It was due to Dr. Nahata's tireless efforts that the first Laser Photocogulator machine was installed in Indore. In 1983, he started the Laser Surgery in M. P. for the betterment of people. He was then first eye surgeon in Ganjbasoda to use the machine namely "Focometer" for spectacle checkup.

At the international front, he was invited at the International Conference on Advanced laser and retinal meeting in Malaysia in 1981. He was invited to read his research paper in Tunis, Tunisia and Nagoya, Japan. He was also a visiting Professor to Institute of Clinical Ophthalmology, Kiryu, Japan and to first eye hosital at Lublin, Poland.

He further delivered guest lectures at Prague, Berlin, Dhaka and was invited by BBC London and Rottarden Eye Hospital Netherlands. He was invited as a guest to the National Conference on Low Vision in Mumbai in 1998 and in 1999 for an International Conference held in New York. He was also on the medical advisory board of two US based Non-profit organizations and an honorary program director in India for voluntary eye surgeons International, New York.

It was due to his hard work and international exposure that in the year 2000 an international Conference was organized in Indore with great success.

Dr. Nahata is the founder President of Indore Divisional Ophthalmic Society. He served twice as the President of M. P. State Ophthalmic Society i.e. in

1975 and 1982. He was the member of the Managing Committee of All India Ophthalmic Society for a continuous period of 6 years (1980-1986). He has been the President of Rashtriya Netra Suraksha Sanstha for the last 30 years and was its National Vice President in 1986.

During the last 55 years of his professional life he has organized more than 700 eye camps in rural areas of M.P. In which more than 2 lakh people have been successfully treated. In 1984, during Bhopal Gas Tragedy also, his work had been remarkable. In 1990 he was promoted as Dean, G.R. Medical College, Gwalior. In the same year he was appointed as a member of M. P. Lokseva Aayogand worked till 1993. He Is an active member of International organizations like Universal Solidarity Movement and Brahmakumari Ishwariya Vishwavidyalaya. He was honoured as best Professional of Rotary International, District.

He was awarded Dr. G. S. Wagle Gold Medal for his remarkable work in Retinal Detachment and Eye Care by the Madhya Pradesh Ophthalmic Society in 1976. Under the presidentship of Dr. Nahata, the NSPB district branch received Sir John Wilson Trophy twice and a national trophy. At 22 different places across India, he was honoured publicly which has by far been a record in medical history. On 3rd December 1998, Prime minister of India Shri Atal Bihari Vajpayee awarded Dr. M. C. Nahata with National Award given by Ministry of Social Justice and Empowerment, Government of India.

Dr. Nahata has received many honours and recognitions in his 55 years of long dedicated-brilliant professional carrier. He was honoured with Rustam Merwanji Alpaiwala Memorial Award, 2006 by National Association for the Blind, Mumbai. Adding to the award list was National Award for outstanding work in the field of community ophthalmology by the National Society for the Prevention of Blindness-India in 2007-08.

Dr. Nahata was also honoured with a Life Time achievement award by IDOS in 2010 and Guru Pranam Puraskar by Association of Community Ophthalmologist of India at Guwahati, Assam in 2011. Recenty Dr M.C. Nahata was honoured with the Life Time Achievement Award by the National Society for the Prevention of Blindness, Madhya Pradesh, at its annual conference held in Indore on July 24,2012, which incidentally coincided with his 82nd birthday. In view of his dedicated service to humanity, the NSPB, Indore initiated an award in the year 2005, "Dr. M.C. Nahata Rashtriya Netra Suraksha Puraskar".

Dr. Nahata has also served as the Chairman, High Power Committee, ADIP Committee appointed by Ministry of Social Justice and Empowerment, Government of India and Member rehabilitation council, Indian as well as Honorary advisor to Ablympic Association of India. He was member of tripartite committee for streamlining E. S. I. Corporation run hospital, under the Ministry of Labour, Govt. of India.

He is also an author of two books dealing with Socio-political issues of the country and a book on his life “Anmol Manik” was written by a disabled person and released by former Vice President of India, 2005. Further, he was the National Vice President of a literary organization namely Indian Society of Authors, New Delhi.

Dr. Nahata got married to Dr. Premkumari Nahata on 22nd January, 1957. The couple is blessed with two children, namely Dr. Mukta Jain, a renowned Gynaecologist and Er. Atul Nahata a renowned businessman.

Dr. Nahata in true sense is a visionary and his work has been path-breaking in the field of ophthalmology and he is an institution by himself. He has natured and transformed carriers of several ophthalmologists to brilliant heights. His selfless dedication, devotion, extreme passion and enthusiasm for this continuous period of more than five decades remains a source of true inspiration for the entire fraternity of ophthalmologists not only in India but across the world.

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KNOW THY SPECTACLES

Dr. B. Shukla

Know thyself – is a well known proverb. It is better and desirable to understand ownself before attempting to know other or the other objects of nature. An individual has three levels of existence, physical, mental and spiritual. As a medical person, we mainly deal at physical level although the impact of mind on the body in being realised more and more. Eyes are an important organ of body as nearly 90% of the information of external world is derived through eyes. They are stuated at a high place in body only next to brain.

There has been a growing consciousness about the care of eyes and prevention of blindness from the past two decades. National Programme for Control of blindness, eye camps and eye donation campaign have greatly contributed to this awareness. Retina or the inner layer of the eye ball is the main organ of vision and when light rays fall properly on it, we perceive various objects. The light rays pass through various transparent tissues of eye to reach the retina. They are called ocular media and include cornea, aqueous, lens and vitreous and all these should be perfectly clear for best vision.

About 30-40 years back, wearing spectacles was a social stigma particularly in girls in whom the prospects of good marriage would be very low if they wear glasses. Today nearly one third of the urban population and one tenth of the rural population wear spectacles. The increase in near work in education and profession, which calls for a more exacting demand on our vision perception, is a very important factor. Increasing awareness and vision check up in schools is another contributory factor.

Spectacles form an integral part of the visual system. This fact is not fully recognised even by doctors and much talk about the particular opacity causing cataract, corneal opacity requiring eye donation, but there is little awareness that spectacles opacity in the form of dirt and scratches is one of the commonest cause of defective vision and eye strain. It is imperative therefore that a few fundamental facts about spectacles be lighted.

Today in the era of specialisation every work is getting fragmented. The specialists in various fields strictly adhere to their speciality and there is a growing dearth of old time family doctor or even a good general practitioner. Many senior eye specialists do not prescribe glasses as it is time absorbing tedious, much less remunerative and some even consider it below dignity. Thus many opticians and paramedical personnel are doing this work.

Doing proper refraction and prescribing correct spectacles is only one part of the story. At the most this prescribing physician checks the number of glasses if the patient happens to return. One of the points usually missed by doctors, opticians and patient is centering of glasses for accurate vision and optical centre of the frame (in which the glasses are fitted) and the centre of pupil (presuming it is central in position) should be coincided. This advice is not commonly given by doctors, rarely followed by opticians and invariably forgotten by the patients. Like the eyes the spectacles have much influence on the personality of an individual. The variety of frames, their colour cost and glitter induces the patient to choose frames more on aesthetic sense than on scientific value. When the number of glass in small (upto 4 dioptic) slight decentring produces a lot of distortion fo image. Even if there is no distortion there is always some eye strain when the glasses are decentred. Similarly the side pieces of the frame should be well fitting and should not press on ears or nose too much. Various types synthetic materials and metals can cause allergy to the skin of the wears - a fact that should be remembered and realised soon.

Our spectacles are virtually a part of our eyes and require almost similar care and attention. The effect of dirty glasses is optically the same as of corneal or lenticular opacity. Various types of cleaning fluids are available with opticians but simple washing with soap and water and wiping dry with a clean fine cloth only for this purpose is adequate. Before wearing and after every 2-3 hours of use the glasses they should be checked for any dirt and if so, clean it properly.

Keeping the spectacles is also important. They should always be kept in the case provided, for within the cleaning cloth. If they have to be kept for a short period they should never be put with the glasses for touching the surface, as it would invariable leads to fine scratches in the centre. Similarly it should not be touched or cleaned by fingers as greasy imprints fingers are formed on glasses. They should be cleaned quietly with cloth after washing.

Every vehicle is provided with a stepany for emergency, we always carry extra clothes and extra money whenever, we go out. How many of us bother to keep an extra (frame) spectacles. It is a must when we go out or if the number is higher than 1-2 D. Money spent on extra air is worth while. Similarly one should not only keep its prescription carefully but get a duplicate copy of the same also for emergency.

Spectacles are virtually a part of our eyes and deserve the same care precaution and attention which we give to our eyes.

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DEVELOPMENTAL GLAUCOMA - CONGENITAL GLAUCOMA - BUPHTHALMOS

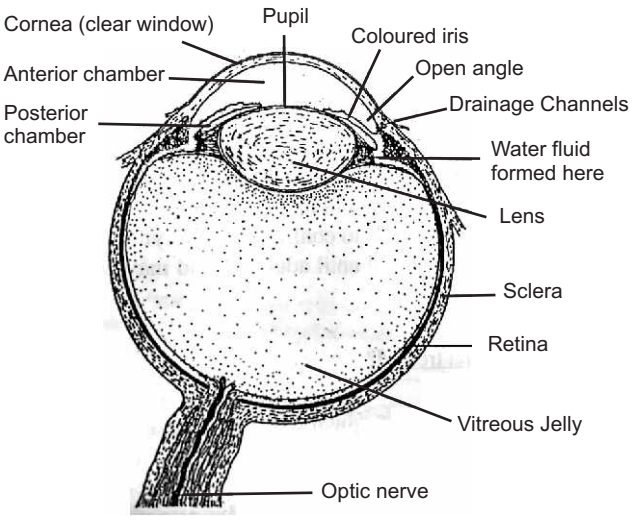
I.G.A.

The term Developmental Glaucoma includes a group of conditions in which the clear fluid which is normally continuously secreted into the eye, fails to drain back into the bloodstream due to obstruction by the drainage tissue which has developed imperfectly. This leads to a rise in pressure in the eye, and consequent damage to the nerve of sight (the optic nerve).

What happens?

For the eye to function as an optical instrument, its flexible walls must be put under tension to make it reasonably rigid, and its media must remain clear to ensure the passage of light to the retina. This is achieved by a complicated mechanism whereby there is a secretion of clear fluid by a specialised tissue just behind the iris (the coloured diaphragm in the eye). The fluid passes through the centre hole in the iris (the pupil) and then drains back into the bloodstream through another band of unique spongelike tissue situated in front of the whole circumference of the periphery of the iris in the angle of the anterior chamber of the eye (see diagram).

The pressure within the eye results from a balance between the production and drainage of the clear fluid. There is



normally some variation in eye pressure during the 24 hours but if it rises abnormally for any reason, the disorder is called glaucoma. The abnormal drainage tissue in the angle of the anterior chamber can only be seen by the specialist using a special contact lens called a gonioscope.

Developmental Glaucoma is relatively rare to the degree that the average busy eye specialist will probably only see about 10 new cases during a long professional lifetime.

How is Developmental Glaucoma detected?

The raised pressure is present at birth in 40% of cases, this is then called Congenital Glaucoma. The great majority (90%) show signs of the trouble by the end of the first year of life. Both eyes are involved in three quarters of the patients but often not to the same extent. Developmental Glaucoma is usually an hereditary condition which is inherited as a recessive trait which is only, but not invariably, manifested if both parents carry the recessive gene. If the raised pressure is present before the age of about 3, the baby's eye will stretch, hence the term Buphthalmos (ox eye). The enlarged cornea (the clear front window of the eye) may develop splits in its lining layer, absorb fluid which men causes haziness and roughness of its surface layer. This in turn makes the eye watery and uncomfortable so that the child becomes sensitive to light. Unfortunately, in the early stages, as both eyes are often equally affected, the baby may be thought to have 'lovely large eyes' so it may be some time before the parents realise that something is amiss. The tissue of the optic nerve head (optic disc) where the nerve fibres from the retina converge to leave the eye, tends to give way to the pressure in the eye, and its centre becomes depressed. Most of this 'cupping' of the optic disc may recover when the pressure is reduced by treatment. The disc improvement does not occur in adult glaucoma.

Variations of Developmental Glaucoma.

Developmental Glaucoma may sometimes be associated with other more general developmental abnormalities including port wine stains on the head or face, as part of the Sturge Weber syndrome, or Marfan's syndrome in which there is a widespread impairment of some connective tissues. Any person who has a port wine stain affecting the head, particularly if the upper lid is involved, should have an assessment of the eye pressure, optic nerve and visual fields at regular intervals to confirm that everything is normal, because this form of chronic glaucoma can be delayed until adult life and may not be suspected because the adult eye does not stretch.

How is Developmental Glaucoma treated?

Treatment is given immediately by drops which reduce the amount of fluid secreted into the eye, but surgery will be necessary and is required without delay in some cases. the operation of choice, which may have to be repeated, consists of dividing the abnormal drainage tissue with a very fine needle-knife. It will be effective in about 85% of cases

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AGEING AND THE EYE

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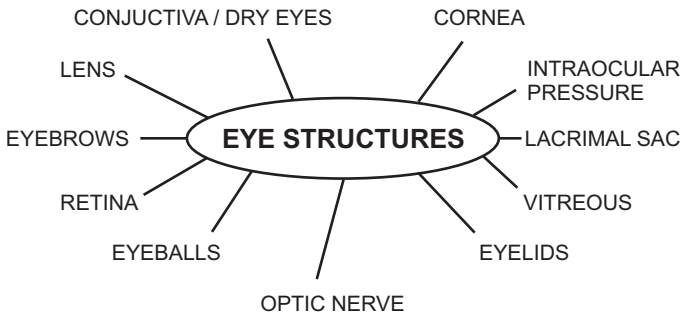
Changes in the body tissues with ageing are noticeable in and around the eyes, in various forms. The impact of these changes is either :-

a. Cosmetic

b. Visual

A common man understands ageing of the eyes as soon as extra wrinkles start appearing on the eyelids and sagging of the lids becomes obvious. Manifestations of ageing of eye are encountered in the various parts of the eyes namely.



EYEBROWS

Sagging of the brow occurs through lowering or being pulled down from the normal position. Also the eyebrow hairs show whitening / graying.

EYEBALLS

Sunken look of the eyes due to decrease in the orbital fat is a common appearance of ageing

EYELIDS

Ageing changes in the eyelids and the face are related to loss of tone in various layers of the skin due to :

a. Passive stretching

b. Loss of tissue support

c. Redundancy of the skin

There occurs loss of elasticity and hyperpigmentation of the skin around the eyes. The level of the lower lid margin sags leading to a condition known as senile ectropion. It can also in roll and cause senile entropion with trichiasis. There appears stagnation of tears and overflowing of tears (watering constantly). The sagging of the upper lid leads to dropping with partial closure of the eyes and sleepy look. This occurs in both eyes and is termed as senile ptosis. From the cosmetic problems of ageing of the eyes arise certain symptoms, which are of chronic nature and annoying to the person. These are due to laxity of the eyelids causing stagnation of tears, constant watering from the eyes and surrounding skin lesions due to frequent rubbing and wiping of the lids.

Cosmetic manifestations of ageing are slow and progressive. Some of these can be rectified through surgical intervention namely blepharoplasty, browplasty and esthetic laser surgery. However, the cosmetic eyelid / brow surgery is only for improvement of appearance of self-image of the person, but results are not satisfactory due to loss and shrinkage of anatomical structures due to ageing process.

SKIN AND AGEING

- With aging skin produces less collagen, elastin and glucosaminoglycans.
- Skin becomes sensitive to ultraviolet radiation which damages dermat collagen and elastin
- Epithelium of skin losses normal polarity atypia also develops and pigment abnormalities appear.
- End result is that the skin is thin, dry, sallow, fragile, wrinkled with poor elasticity, uneven pigmentation and irregular surface.

LACRIMAL SAC ATONY

Decrease in tone of the orbicularis oculi muscle of the lids, there is stagnation of tears in the sac leading to excessive watering. This can get infected.

AGEING AND DRY EYES

The moistening of surface of cornea and conjunctiva of surface of cornea and conjunctiva is less with ageing. Age related tear deficiency leads to dry eyes. In old age there is involution of lacrimal gland and it reduces the tear secretion. Also reduced blink rate and reduced ocular surface epithelial cells cause 50-60% reduced tear flow. This leads to burning, itching, stinging and foreign body sensation.

AGEING AND CONJUNCTIVA

Degeneration of conjunctiva is common conditions prevalent with increasing age and ageing itself. Amongst the common aging degenerations of he conjunctiva are piguecula and pterygium. Pingueculae are seen in most eyes by 70 years of age and in almost all by 80 years of age. Pterygium are common in outdoor workers and associated with ultra-violet light exposure.

AGEING AND CORNEA - Arcus senilis

Corneal arcus or arcus senilis is associated with ageing. It is a degeneration of the cornea occurring with ageing. It is almost bilateral with asymmetrical presentation. It has an increasing frequency in men, for ages 60 - 80 years. 90% of normal men between 70-80 years of age show arcus senilis and all men over 80 years of age have arcus senilis. In women there is a delay of 10 years in the onset of arcus senilis.

Arcus senilis can bring about change in the corneal curvature and astigmatism affecting distant vision. Occurrence of arcus below the age of 50 years is likely to be related with high cholesterol and relative risk of cardiovascular disease.

CONTACT LENS USE AND AGEING

Contact lens wear places a demand on the ocular surface. The ageing eye with its many changes of anatomy and physiology is even less likely to accept this demand. With ageing, typically a reduction of the quantity and quality of the precorneal fluid occurs because of decreased aqueous production by the lacrimal glands and lipid production by the meibomian gland. Eyelid tonus decreases, which decreases spreading of precorneal fluid and may cause various degrees of ectropion. High degree of adaptability is required in old persons with respect to use of contact lenses

AGEING AND ITS EFFECT ON VISION

Normal variation in contrast sensitivity function decreases with age for which two factors appear to be responsible :-

a. Normal crystalline lens scatters more light with increasing age, which thus blues the edges of the targets and degrades the contrast.

b. The retina - brain - processing system itself looses its ability to enhance the contrast with increasing age.

AGEING AND ITS EFFECT ON NEAR VISION

Ageing affects near vision in two ways :-

- Physiological effects
- Pathological effects

Physiological near vision effects with ageing is called as presbyopia. The onset of presbyopia at age of 40 years is recognized by a layman as the spectacle-wearing period. It also has a psychological bearing to the ageing process. Although presbyopia is age related, the age of onset varies globally. Studies suggest that it develops earlier in people who live closer to the equator. The age of onset of presbyopia is noted to be 37 years in India, 39 years in Puerto Rico, 41 years in Israel, 42 years in Japan, 45 years in England and 46 years in Norway. Also studies show that ambient temperature has effect on the onset of presbyopia. The higher the ambient temperature, earlier the onset of presbyopia.

The disorders of accommodation failure topically present with blurred vision for near. These disorders are bilateral in nature when it is due to aging. The near vision difficulty can be rectified with the use of optical aids (glasses) depending on the age of the person as shown in the table below :

Age	Approx. Near Point (cms)	Approx Near Correction In Diopter Spheres
20	9.1	No Correction
35	12.5	+0.5D
40	16.7	+1D
45	25	+1.5D
50	33.3	+2D
55	50	+2.5D
60	100	+3D

AGEING AND ITS EFFECT ON DISTANT VISION

Crystalline Lens And Ageing

Age is most important risk factor in development of opacification of lens i.e. “Contact”. Other factors like environmental, nutritional, toxic and systemic factors have cummulative effect in enhancing the progress of the cataract. Hence cataract should be termed as Age-related.

Cataract is a curable blindness. There is painless decrease in the distant vision along with frequent change in glasses, glare on exposure to bright light, appearance of white opacity (reflex) in the affected eyes. In some persons colour identification is faded.

Modern surgical procedures are very useful in restoring normal vision after the removal of the cataract. The intraocular lens placed within the eye serves as a substitute for the crystalline lens. This helps in early rehabilitation of the operated person. Timely removal of cataract is of vital importance in preventing complications in the eye that may occur due to maturity and hypermaturity of the cataract.

INTRAOCULAR PRESSURE AND AGEING

Age has major effect on glaucoma prevalence - those of older age, a higher prevalence of glaucoma, Glaucoma is the disease in the eye due to variation of the intraocular pressure of the eye from the normal range. The normal range of intraocular pressure when measured by a standard method (Schiotz tonometer) is 18-21 mmHg.

Studies show prevalence of glaucoma 0.2% between 40-50 years of age and 2.25% between 70-80 years if age. It is ten times more as age advances. Various studies have also established gender prevalence of glaucoma - men 8.3% and women 5.7% (POAG).

Main risk factors for glaucoma are :-

Demographic	Ocular	Systemic	Genetic	Others
Age Gender Race	Intraocular Pressure Optic Nerve Head / Myopia / Hypermetropia	Diabetes Hypertension	Family History	Cigarette Smoking Alcohol Intake Socio-economical Factors

Glaucoma causes irreversible blindness throughout the world. It is totally controllable if detected in early stages and optic nerve damage prevented. Vision loss can thus be prevented. It is a lurking thief in the eye and a silent disease of which the person affected is not aware of. It causes gradual loss of vision unnoticeable due to the age of its occurrence, which coincides, with the onset of cataract. Some people affected by glaucoma have constant headache, coloured haloes, frequent change in glasses and peripheral visual toll. Mass screening helps early detection. Treatment with eye drops and tablets help to control intraocular pressure. Surgery is advised when medical treatment fails. Laser is one modality to treat glaucoma.

VITREOUS AND AGEING

Vitreous is the largest structure within the eye, constituting 80% of the ocular volume. The vitreous is a gel and formed when it is normal. After 45-50 years of age a significant decrease occurs in the gel volume and an increase in the liquid volume. Vitreous liquefaction actually begins much earlier than the ages at which clinical examination or ultrasonography detects changes. Liquefaction of vitreous is manifested in the person as observing floaters and black spots looking like small mosquitoes. There is no treatment for these symptoms, most of the persons tend to ignore these symptoms and live with them.

RETINA AND AGEING

Seen as :-

a. Retinal degeneration

b. Age - related macular degeneration

c. Choriodal neovascularisation

Retinal Degeneration

Lattice degeneration of the retina is a risk factor for the development of retinal break. This peripheral retinal thinning is associated with liquefaction and separation of overlying vitreous. It occurs equally in men and women and increases in incidence with increasing age.

Age-Related Macular Degeneration (ARMD)

As its name implies, ARMD is a disease of older individuals average age of onset of visual loss is about 75 years. After age of 50 years the incidence steadily increases, over 1/3rd of individuals in their 9th decade of life are affected.

Its incidence in American aged is 2% between 52-64 years, 11% between 64-74 years and 28% after 75 years. No significant difference in the incidence of ARMD between sexes is apparent.

Definition : A common chronic degenerative disorder of unknown pathogenesis that affects older individuals featuring central visual loss as a result of geographical atrophy, serous detachment of retinal pigment epithelium and or choroidal neovascularisation.

Features :

- Age over 50 years
- Bilateral
- Presence of drusen which are hyaline deposits in the layer below the retina
- The number of confluent drusen increase with age
- Exact pathogenesis is not known. Arteriosclerosis, oxidative damage, photic damage, inflammation, diet vitamin and rare element deficiencies and genetics have been implicated.
- Patient may initially not have any complaints or may present with blurred vision or distorted vision (metamorphopsia), decreased reading ability especially

in dim light and difficulty in dark adaptation

- Clinical examination and slit lamp biomicroscopic examination using a contact lens is essential for the diagnosis
- Fundus florescein angiography is helpful to see the lesion and to detect any growth of new vessels below the retina. Vitamin supplementation especially antioxidants and zinc supplementation have been tried. Low visual aids help in patients with bilateral loss of central vision. Amslers Grid evaluation done on a dialy basis helps in monitoring the progress of macular degeneration.

Choriodal Neovascularisation

It is growth of new acquired blood vessels (that originate in the choriod penetrate the bruchs membrane) that spread beneath the retina. It occurs commonly in the macular area. The exact pathogenic mechanisms that predispose to the ingrowth of choroidal vessels are not known fully.

Ocular manifestations are reduced visual acuity, blurred vision, visual distortion (metamorphopsia) discrete scotomas and reading difficulty.

Fundus Examination shows :-

Subretinal fluid, macular edema, retinal subretinal or subretinal pigment epithelium blood, retinal or subretinal lipid, subretinal pigmentary or plaquelike membrance or yellowish greenish discolouration or fibrous tissue, disciform scar and radial chorioretinal folds.

Diagnosis is confirmed by angiography using flourescein or indocyanine green dye Treatment is by laser photocoagulation, which is most successful; best studied and widely used therapy for choroidal neovascularisation. Pars plana vitrectomy with subretinal removal of choroidal neovascular membrane is an alternative treatment in some cases. Latest treatment is Photodynamic therapy (PDT).

Since there is no means at present for prevention of this disorder, early detection and early treatment can limit the visual handicap in the elderly.

SYSTEMIC DISEASES AND AGEING

Systemic diseases commonly seen with ageing are diabetes mellitus and hypertension. The effect of these systemic diseases in the eyes are manifested in various ways. Amongst them the most important are the diabetic retinopathy and hypertensive retinopathy both of which cause visual disability.

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ANNUAL CONFERENCE OF OCULAR TRAUMA SOCIETY OF INDIA

The 10th Annual Conference of Ocular Trauma Society of India was held at Coimbatore on 3rd and 4th September, 2016. It was inaugurated by Dr. D. Ramamurthi, President AIOS. During inauguration Prof. B. Shukla, Patron & Former President of N.S.P.B. M.P. State was honoured by Padmabhushan Dr. Hari Mohan National Award for his outstanding contribution to Ocular Trauma. This award was started by his worthy sons Dr. Rajiv Mohan, President, N.S.P.B. – India and Dr. Sanjiv Mohan, Jt. Secretary, Ocular Trauma Society of India. Dr. Shukla gave an oration on New Classification of Ocular Trauma and was given a certificate and a medal.

Prof. B. Shukla Receiving Dr. Hari Mohan Award, Coimbatore, 2016
L To R - Dr. Ram Kurthi, Dr. Bhasin, Dr. Khukla, Dr. Natarajan, Dr. Sanjiv Mohan

The conference was organized by Dr. Narendran and Dr. Rodney of Aravind Eye Hospital, Coimbatore in which about 350 delegates participated from all over the country. Besides key note addresses by invited speakers and free papers many competitive sessions were organized for junior doctors to interest them in ocular trauma in which many cases can be prevented from blindness by awareness and early treatment. Dr. S. Natarajan was elected as President, Dr. Purendra Bhasin as Secretary and Dr. P. Dutta, President, NSPB, MP Branch as Treasurer. Dr. Sanjiv Mohan and Dr. Shakeen Singh were elected as Jt. Secretaries.

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MANAGING EYES AFTER 40

Dr. H. S. Sethi

One of the basic human rights is to see. The handicap one might suffer, impairment of vision is the worst disability that can befall a person. It is therefore, imperative and a responsibility cast on all of us, that no one goes blind needlessly or remain blind for lack of medicine or knowledge of eye health care.

Former President of India His Highness R. Venkataraman said, "Blindness makes people lose the joy of living and makes them absolutely dependent on others for everything. It is, therefore, our Primary responsibility to see how best we can reduce the incidence of blindness among the people by educating them on the importance of personal eye care and by providing proper facilities for cure and treatment."

Ageing & Vision

The number of blind in the world over is about 45 million and a further 135 million have severely impaired vision. Most of them are older people, as visual impairment and blindness increases with age. This is mainly due to age-related disorders such as cataract, macular degeneration and glaucoma, which are together responsible for about 60% of the world's blindness.

Young adults and middle-aged individuals can be affected by eye problems; as such preventive measures should be taken to detect eye diseases and to protect eyes from injury. The individuals between the ages of 40 to 65 should have a complete eye examination every 2 to 4 years for cataract, glaucoma, age-related macular degeneration, diabetic retinopathy and other eye problems.

Some chronic diseases as hypertension, diabetic and glaucoma run in families are serious risk factors need to be taken seriously. Protecting eye accidents and early detection and treatment of eye problems are the best ways to keep your vision healthy throughout life.

If you or any member of your family experiences any eye problem, visit your eye doctor promptly.

When to see an Eye Doctor

- Your vision becomes blurry :
- Eyes water consistantly :
- Frequent headaches :
- You have trouble in reading signs or books
- Your see double
- One or both of your eyes hurt
- Your eyes get red and stay that way
- You feel pressure in your eye
- You see spots of floaters
- Your can't see things at the side as you used to
- Examination of eyes once a year
- High risk patient should follow advice of an Ophthalmologist.

Common Eye Diseases after the age of 40 years

During these middle-age usually common problems like conjunctivitis, watering, corneal foreign body and refractive errors are common. If these are risk factors that run in families then one may need preventive checkups. The following problems are frequently encountered and need assessment.

1. **Presbyopia :** Difficulty in reading or doing fine work, more so during reduced light conditions is quite common. The eye loses its power of accommodation to adapt for near work gradually and one needs to take reading glasses. It is normal physiological change and needs to be accepted. Use of reading glasses can reduce lot of strain and heaviness in eyes that is commonly observed in this age group.
2. **Glaucoma :** Also known as the "Sneak Thief of Sight", beyond the age of 40 years this condition is commonly encountered. The optic nerve at the back of the eye gets damaged due to usually a raised pressure inside the eye. However, there may be damage to optic nerve even in normal eye pressure a condition known as "Normal Tension Glaucoma". Usually symptomless it causes loss of side vision though central vision may be good even in advanced cases. It can be controlled by use of medicines, Laser Therapy or surgery or by a combination of these modalities. Diabetes can also cause a type of glaucoma called "Nonvascular Glaucoma" (due to formation of new vessels, that impair outflow of fluid from the eye).
3. **Diabetic Retinopathy:** Diabetes Mellitus causes damage to the blood vessels at the back of the eye that leads to a compromised vision, which ultimately leads

to blindness. The condition cannot be cured and once developed one can try and prevent further damage. There is no known cure for it. If you have a diabetic condition over 5 years plus then you should get your fundus examination done regularly for early detection of any changes. Bleeding and deposits occur on the retina that render the sensitive film to be useless. Your best change of prevention from this disease is a good control over your Diabetic condition. Fluorescein angiography test to assess the damage and treatment with laser are the best options at present.

4. **Hypertensive Retinopathy:** Raised blood pressure can also damage the blood vessels at the back of the eye. Damage caused at the back of the eye is irreversible. The blood vessels at the back of the eye may get blocked and blood may leak into the eye. The condition can give rise to blindness. Proper control of raised blood pressure is very essential to prevent this menace.

Elderly age group may have problems that are seen in the middle ages and there are some that are specifically seen due to the aging process. The common problems encountered are :

1. **Senile Cataract :** The normal transparent human lens get turbid and does not allow light to be transmitted and focussed on the sensitive film at the back of the eye. This leads to different degrees of visual impairment depending upon the extent of cataract. With the newer options of cataract surgery available one does not have to wait for maturity and one can safely go in for surgery when one feels visually handicapped. If the sensitive film (Retina) at the back is healthy and there is no corneal or media opacity one can expect full recovery of vision. Intraocular lens (IOL) are implanted during surgery so one does not require thick glasses but one may needs a small number to see clearly at distance and definitely needs glasses for near work.

2. **Age related Macular Degeneration (AMD) :** The sensitive film (Retina) at the back of the eye undergoes atrophy and degeneration with age. In different individuals it affects to a different extent. It causes gradual and painless diminution of vision. The central vision gets more affected than the peripheral vision. One may notice difficulty in reading, as all parts of the text may not be clear. It may be of either the wet or dry type. The wet type is amenable to treatment with a specialized laser therapy using a special dye. The treatment may prevent further deterioration. Also it is essential to take proper nutrition and supplement it with vitamins and essential minerals.

3. **Retinal Detachment :** The film at the back of the eye gets detached from its position. One may suddenly see a shower of floaters that may actually be bleeding from a torn blood vessel or feeling of a curtain falling in some portion of the vision. The condition is treatable by surgery and it must be undertaken without undue delay.

4. **Senile Ectropion :** With age the muscles of the eyelids get weak and especially those of the lower eyelids. The opposition of the lower eyelids to the eye ball becomes poor and tears are not able to flow into the ducts properly that leads to constant watering from the eyes.

5 **Floaters :** Small particles appearing as if there is an insect or swarms of them may appear in front of the eyes. This is usually due to either a posterior vitreous detachment or degeneration of the vitreous. They as such have no impact on the vision. But when they appear in front they have a great nuisance value. It is best to ignore them and there is no specific treatment to cure them.

If we wish to be successful in improving the quality of life of our ageing population (above 40), we must be careful to view thing from their perspective. Elderly people are usually cautious and conservative; they laid distrust to new and unfamiliar things. They are aware of their vulnerability and while they may have been prepared to take risks when they were younger, they do not want to let anyone take advantage of them when they have so little to fall back on. They have survived long and hard life and believe they know much about the world. Usually they will be happier to let another undergo operation and wait and see the outcome before making a decision about their lives.

We must respect and understand their attitude and not be surprised that it takes time and effort to gain acceptance for something we implicitly believe in.

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Characteristics of a good quality eye care programme?

1. **Safe :** avoiding injury to patients.
2. **Effective :** based on evidence of effectiveness and avoiding services that have been shown to be ineffective.
3. **Patient-centred :** offering care which is responsive and respectful to the patient.
4. **Timely :** ensuring that waiting time is minimal, especially for potentially serious disordes.
5. **Efficient :** using resources wisely.
6. **Equitable :** providing care that does not vary due to personal circumstances or characteristics.

दृष्टिहीनता की रोकथाम–प्रयास कीजिये

डॉ. एम. सी. नाहटा

हमारे देश में स्वास्थ्य संबंधी अनेक समस्याएँ हैं जिनमें दृष्टिहीनता सर्वाधिक विकराल है। इसके शारीरिक, पारिवारिक, सामाजिक तथा आर्थिक पहलू हैं। दृष्टिहीनता की समस्या स्थानीय, क्षेत्रीय, राष्ट्रीय नहीं अपितु यह एक अन्तर्राष्ट्रीय समस्या है। आर्थिक रूप से कमजोर देशों में इस समस्या की व्यापकता सर्वाधिक है और भारत उन देशों में से एक देश है। वैसे तो इस समस्या के निवारण हेतु अनेक प्रयास तथा कार्यक्रम चलाये गये किन्तु विभिन्न कारणों से सफलता नहीं मिली। परिणाम स्वरूप देश में दृष्टिहीनता के वर्तमान प्रतिषत 14 प्रति 1000 हो हम अन्तर्राष्ट्रीय स्तर पर 3 प्रति 1000 पर लाने में सफल नहीं हो पाये।

बंगलादेश की प्रधानमंत्री सुश्री शेख हसीना से चर्चा करते हुए डॉ० एम. सी. नाहटा

भारत की वर्तमान जनसंख्या 121 करोड़ है जहां दृष्टिहीनता का भार सर्वाधिक है जो इस तथ्य से स्पष्ट होता है कि देश में दृष्टिहीनों की संख्या 1.5 करोड़ तथा दृष्टि बाधित व्यक्तियों की संख्या 5.2 करोड़ है। इस संख्या में 16 वर्ष से कम आयु वाले बच्चों की संख्या 32 लाख अनुमानित है जो कि विश्व के दृष्टिहीन बालकों की संख्या का 20 प्रतिशत है। उचित उपचार तथा पर्याप्त संख्या में विशेषज्ञों की उपलब्धता होने पर कम से कम 50 प्रतिशत दृष्टिहीन बच्चों को नेत्र ज्योति दी जा सकती है।

इस बिन्दु से जुड़ा एक अन्य और तथ्य भी है। पूरे विश्व में लगभग 200 करोड़ व्यक्तियों को स्वास्थ्य सेवाओं का लाभ उपलब्ध नहीं है जिनमें से 50 करोड़ दृष्टिदोष तथा 16 करोड़ दृष्टि आधारित विकलांग हैं जिन्हें व्यावसायिक, आर्थिक तथा सामाजिक पुनर्वसन की आवष्यकता है। यदि समय पर इस समस्या का निराकरण नहीं हुआ तो अगले 25 वर्षों में यह संख्या दुगुनी होने की संभावना है।

यह सामयिक होगा कि हम दृष्टिहीनता के प्रमुख कारणों पर नजर दौड़ाएं तथा किये जा रहे उपायों को दृष्टिगत रखते हुए मौलिक परिवर्तन के उपायों पर विचार करें। ज्ञात हो कि प्रत्येक आयु वर्ग में दृष्टिहीनता के कारणों में भिन्नता है। मेरा मन्तव्य विशेषकर वरिष्ठ नागरिक तथा बालक वर्ग से है।

इस निराशाजनक वातावरण में कम से कम चिकित्सकों के प्रयासों से देश के नागरिकों की औसत आयु में अच्छी वृद्धि हुई है। अतः वर्तमान में इस वर्ग की जनसंख्या 9 प्रतिशत के मान से बढ़ रही है और भविष्य में यह प्रतिशत 30 होने की संभावना है। यह संख्या 2011 तक 11 करोड़ 30 लाख के लगभग हो जावेगी। यह तथ्य मैंने आपके सामने इस आशय से रखा कि बढ़ती आयु से आयु आधारित रोगों में वृद्धि भी होती है।

नेत्र चिकित्सा का वर्तमान परिदृश्य निराशाजनक है। उपलब्ध आंकड़ों के अनुसार देश में नेत्र विशेषज्ञों की संख्या 11000 है जिसका 75 प्रतिशत शहरी तथा 25 प्रतिशत ग्रामीण क्षेत्र में कार्यरत है। अतः शहरी क्षेत्र में 1 लाख की जनसंख्या पर एक तथा ग्रामीण क्षेत्र में 2.5 लाख की जनसंख्या पर एक विशेषज्ञ की सेवा मिल रही है–इसे मैं दृष्टिहीनता की रोकथाम न होने का एक प्रमुख कारण मानता हूँ।

इस वर्ष बंगला देश की राजधानी में आयोजित 43 वें वार्षिक सम्मेलन में डॉ० एम. सी. नाहटा ने अपना भाषण ''बिना किसी भूगौलिक गतिरोध के सोसायटी के साथ मिलकर साथ में सोचें, साथ में कार्य करें,'' विषय पर दिया। आपने सार्क देशों की दृष्टिविहीनता की समस्या के निराकरण के अनेक सुझाव दिये।

मोटे तौर पर वरिष्ठ नागरिकों में मोतियाबिंद, कांचबिंद, डायबिटीक रेटीनोपैथी तथा मेक्युलर डीजनरेशन प्रमुखता से पाये जाते हैं। उसी प्रकार बच्चों में दृष्टिदोष, कुपोषण, रोहे, चोट, भेंगापन जैसे रोग दृष्टिहीनता के प्रमुख कारण हैं। अतः हमारे सामने लाख टके का सवाल है–हम क्या करें? इस हेतु एक बहुउद्देशीय कार्य योजना पर विचार करना आवश्यक है। मैं इसमें आयु पर आधारित वरिष्ठ नागरिक तथा बालकों की ओर विशेष ध्यान देने की पैरवी करता हूँ।

नेत्र चिकित्सा हेतु तीन क्षेत्र हो सकते हैं :–

- रोकथाम (Prevention)
- उपचार (Treatment)
- पुनर्स्थापन (Rehabilitation)

उसी प्रकार नेत्र चिकित्सा हेतु भारत की आबादी को भी मैं तीन श्रेणी में रखना चाहता हूँ :–

- ग्रामीण (Rural)
- शहरी (Urban)
- ट्रायबल (Tribal)

इनमें दो स्तरीय प्रयास आवश्यक हैं

- रोकथाम
- उपचार

पूरे परिदृश्य पर विचारोंपरान्त मेरे मत में देश में नेत्ररोगों तथा दृष्टिहीनता की रोकथाम के प्रयास लगभग नगण्य हैं। प्रतिवर्ष 25 अगस्त से 8 सितम्बर के पखवाड़े को Prevention of Corneal Blindness

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दृष्टि की हानि एवं दृष्टि विभ्रम

(Vision Loss and Vision Hallucination)

चार्लस बोन्नेट सिण्ड्रोम

पेड्डी रिकार्ड
सलाहकार सम्पादक
इन्टरनेशनल सेन्टर फॉर आई हैल्थ,
लण्डन स्कूल ऑफ हाईजीन एण्ड ट्रापिकल मेडीसन, लण्दन

अर्जित गम्भीर दृष्टिविहीनता वाले लगभग आधे लोगों को एक दिन दृष्टि के ग्रसित (दृष्टि विभ्रम) होने का सामना करना पड़ेगा। इस बात का पता केवल इस विकार से पीड़ित रोगियों को भी नहीं बल्कि बहुत से स्वास्थ्य कर्मचारियों एवं नेत्र परिचर्या करने वालों को कम ही है। इस स्थिति को चार्लस बोन्नेट सिण्ड्रोम (Charles Bonnet Syndrome) कहते हैं। यह नाम उस प्रकृतिवादी के नाम पर है जिसने इस विकार के विषय में सन् 1759 में सर्वप्रथम विस्तार से बताया था।

यद्यपि दृष्टि की भ्रातियां अस्थिर, तात्कालिक अनमिज्ञता तथा उस स्थिति की जानकारी के फलस्वरूप हो सकती है जो रोगियों को और भी बड़ी परेशानी में डाल सकती है। उन्हें कुछ ऐसा विश्वास हो सकता है कि वे पागलपन जैसी मानसिक अवस्था से पीड़ित हैं तथा उनकी दृष्टि को ही हानि नहीं हो रही है बल्कि उनका मानसिक ह्रास भी हो रहा है।

श्रीमती नन्दनी को उनकी 82 वर्ष की आयु में जब डॉक्टरों के निदान के अनुसार उसे आयु सम्बन्धी मैक्यूला ह्रास नेत्र विकार बताया गया था तो उसके तीन वर्ष बाद उसे दृष्टि विभ्रम पहली बार हुआ था। जब अर्ध रात्रि को उसकी नींद खुल गयी तो उसे लगा की उसके शयन कक्ष की दीवारें सफेद ऊन से ढकी हुई हैं। उसने सोचा कि उसका दिमाग खराब हो रहा है और उसने यह सोच अपने तक ही सीमित रखी वैसे वह बहुत अधिक परेशान थी। जब दृष्टि की भ्रन्तियां बहुत खराब हो गयीं तो उसने डॉक्टर की सलाह लेनी चाही। तथापि उसके डॉक्टर ने उसके रोग को गम्भीरता से नहीं लिया तथा उसके स्थानीय अस्पताल के ''दुर्घटना एवं आपात विभाग'' में इस आशंका से कि पागलपन का दौरा पड़ा है, एक मनोचिकित्सक के पास भेज दिया। उसके पश्चात् यद्यपि उसे कुछ दृष्टि की भ्रान्ति का अनुभव तो होता था लेकिन श्रीमती नन्दनी को बहुत सन्तोष हुआ।

चार्लस बोन्नेट सिण्ड्रोम के लक्षण

यह सिण्ड्रोम अधिकांशतः उन व्यक्तियों को होता है जिन्हें दोनों नेत्रों की केन्द्रीय दृष्टि समेत दृष्टि की गम्भीर हानि हो गई हो। विशेष रूप से यह स्थिति उन विकासशील देशों में होने की सम्भावना होती है जहाँ लोगों की दोनों आंखों में मोतियाबिन्द काफी विकसित होने पर भी जब तक उन्हें दिखाई देना बन्द न हो जाये वे नेत्र चिकित्सक की राय नही लेना चाहते।

गम्भीर दृष्टि हानि के कारणों में निम्नलिखित विकार शामिल हैं–

- मोतियाबिन्द
- कालामोतिया
- आघात (Trauma)
- मैक्युला ह्रास
- मैक्यूलोपैथी समेत मधुमेही रैटिनोपैथी
- दृष्टि पटल का अलग होना (Retinal Detachment), कुछ लक्षण और भी हैं–
  1. रोगियों को जटिल दृष्टि विभ्रम का अनुभव होता है अर्थात उन्हें प्रतिबिम्ब पूरे दिखाई नहीं पड़ते हैं।
  2. दृष्टि विभ्रम में ढांचे (दीवारें, लोहे की सलाखें आदि), अक्षर, व्यक्ति (कभी–कभी टुकड़ों में या अधूरे) दिखाई देते हैं। पशु तथा अन्य चीजें और प्राकृतिक दृश्य आदि भी इनमें शामिल है।
  3. इन दृष्टि विभ्रमों के साथ कोई ध्वनि नहीं होती।
  4. ये दृष्टि विभ्रम दृष्टि-स्फुरण न होने पर दृष्टि की परतों में हलचल (Impulses) के कारण होते हैं।
  5. दृष्टि विभ्रम दृष्टि की हानि के शुरू होने के ठीक बाद होने लगते हैं किन्तु कभी कभी दस वर्ष बाद भी प्रकट हो सकते हैं।
- अभी तक इस सिण्ड्रोम कोई इलाज नहीं है तथापि स्वास्थ्य कार्यकर्ता रोगी के माता पिता की परेशानी को दूर करने के लिए महत्वपूर्ण कार्य कर सकते हैं। वे उन्हें रोगी की स्थिति बता सकते हैं तथा उन्हें सान्त्वना भी दे सकते हैं। स्वास्थ्य कर्मचारी उन्हें निम्नलिखित रूप से तसल्ली दे सकते हैं–
- अनुमानतः गम्भीर दृष्टि की हानि वाले 50–60 प्रतिशत लोगों को शायद दृष्टि विभ्रम हो जायेगा।
- इनको होने वाला दृष्टि विभ्रम कुछ समय बाद कम हो जायेगा, प्रायः 60% रोगियों का 18 माह बाद हल्का पड़ जायेगा।
- दृष्टि विभ्रम पूर्णतः दृष्टि सम्बन्धी लक्षण हैं तथा किसी मानसिक समस्या के कारण नहीं है।
- यद्यपि इस विकार का कोई इलाज नहीं है। कुछ रोगी अपने दृष्टि विभ्रम को नियन्त्रित करने का कोई उपाय कर लेते हैं अथवा वास्तविक दृष्टि एवं दृष्टि विभ्रम के विषय में फर्क समझ जाते हैं।

रोगियों के द्वारा बताये गये उपायों में निम्नलिखित शामिल हैं–

1. अधिक प्रकाश वाले पर्यावरण में चले जाना।
2. विकार से ध्यान हटाना, मन को कहीं और लगाना।
3. प्रतिबिम्बों को प्रत्यक्ष देखना।
4. आंखों को किसी न किसी प्रकार घुमाना।

ये सभी बातें सभी रोगियों के लिये उपयोगी नहीं होती।

Cont. on Page 15

दृष्टिहीनता की रोकथाम... *Cont. from Page 13*

and Promotion of Eye Donation के रूप में मनाया जाता है – यह भी महज एक औपचारिक बन कर रह गया है। इससे मिलने वाले संदेशों को रेखांकित करना मैं अपना कर्तव्य मानता हूँ।

1. देश में कार्नियल ब्लाइंडनेस की बहुतायत।
2. सुसज्जित नेत्र कोशों की कमी।
3. प्रशिक्षित कुशल कार्नियल शल्य चिकित्सकों का अभाव।

किन्तु खेद है कि इस कमी को दूर करने के कोई रचनात्मक प्रयास नहीं किये गये।

गम्भीरता से विचार करने के पश्चात् मेरा दृढ़ विश्वास बना है कि दृष्टिहीनता की रोकथाम हेतु रोकथाम के प्रयास पहली पायदान पर हैं जिसके प्रति नेत्र चिकित्सकों सहित समाज का ध्यान आकर्षित नहीं हो पाया है। रोकथाम एक ऐसा मंत्र है जो अवेअरनेस जनरेशन (Awareness Generation) पर आधारित है।

मेरा एक और सुझाव है कि वरिश्ठ नागरिकों की बढ़ती संख्या तथा आयु के कारण एक जटिल रोग Macular Degeneration के प्रतिशत में भी वृद्धि हुई है जिसके लिये वर्तमान में उपचार उपलब्ध नहीं है। इस वर्ग हेतु देश में प्रति 10 लाख की जनसंख्या पर एक अल्पदृष्टि केन्द्र स्थापित किया जाये। इस हेतु योजना बनाई जाना चाहिये जो वर्तमान की महती आवश्यकता है।

इस हेतु प्रयास कार्यक्रम प्रस्तुत किया गया है। इसे कार्यान्वित करने से दृष्टिहीनता का प्रतिशत कम हो सकेगा।

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दृष्टि की हानि... *Cont. from Page 14*

निष्कर्ष

यह बात विशेषतः महत्वपूर्ण है कि सभी स्वास्थ्य कार्यकर्ताओं को चार्लस बोन्नेट सिण्ड्रोम की भली प्रकार जानकारी हो। इनमें स्वागतकर्ता (Receptionist) भी शामिल हैं। इसका लाभ यह होगा कि उनके पास आने वाला रोगी व्यर्थ वापस नहीं जायेगा तथा रोगियों की बात को गलत नहीं समझा जायेगा।

एक सर्वेक्षण से पता चला है कि इस सिण्ड्रोम से पीड़ितों में 60% को यह आशंका होती है कि यदि वे दृष्टि विभ्रम के विषय में बता देते हैं तो उन्हे लोग पागल कहने लगेगें। इनमें केवल 80% ने कभी अपने दृष्टिविभ्रम विकार के विषय में कुछ लोगों को बता दिया होता है तथा 30% सम्भावित पागलपन से भयभीत रहते हैं।

चार्लस बोन्नेट सिण्ड्रोम को अधिकांशतः पहचाना नहीं जा सकता है तथा इस विकार के विषय में और अधिक जानकारी देने से रोगियों को अपना भय प्रकट करने के लिए प्रोत्साहित किया जा सकता है। यह बात भी महत्वपूर्ण है कि रोगियों को पहले से ही सचेत कर दें कि उन्हें दृष्टि विभ्रम का विकार हो सकता है।

जब रोगियों को रोग के विषय में पता चल जाता है तो अपनी मानसिक स्थिति के बारे में वे अधिक परेशान नहीं होते। वे अपने दृष्टिविभ्रम को व्यवस्थित करने के उपाय ढूंढ सकते हैं तथा अपनी बची हुई दृष्टि उपयोग करने में अधिक आश्वस्त हो सकते हैं।

स्रोत – कम्यूनिटी आई हैल्थ

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नयन ज्योति अनमोल संपदा
(स्वास्थ्योक्ति)

न यन प्राणीमात्र के जीवन को सुखद सुचारू बनाने वाली प्रकृति की अनुपम भेंट है।

य क्ष, किन्नर, देव, दानव, मानव कोई भी नयन ज्योति के बिना अपना अस्तित्व सुगम नहीं बना सकते।

न शे की आदत शरीर के सभी अंगो के साथ साथ नयन ज्योति को भी प्रभावित करती है।

ज्यो ति, विशेषकर नेत्र ज्योति जीवन के प्रत्येक पथ को सुगम और सुरक्षित बनाती है।

ति रिया की नयन ज्योति अत्यन्त महत्वपूर्ण है। इसके कारण उसके सुन्दर मुखड़े का आकर्षण बढ़ जाता है।

अ नंत लाभ हैं, नयन ज्योति के। अतः इसकी सुरक्षा और सम्भाल के प्रति विशेष सावधानी रखें।

न ख सिख तक सम्पूर्ण श्रृंगार भी नयन ज्योति के बिना अधूरा और अनाकर्ष बन कर रह जाता है।

मो ती की आभा वाली नयन ज्योति प्राणिमात्र के लिये विधाता का अमूल्य उपहार है।

ल लचोहे अंगों (नयनों) का आकर्षण वास्तव में अत्यन्त मोहक होता है।

सं पदा के अनेक रूप होते हैं लेकिन स्वस्थ, सुन्दर नेत्र ज्योति मानव की अत्यन्त मूल्यवान सम्पदा है।

प न्किल अथार्त् गंदली आँखें किसी नेत्र विकार के कारण होती है। तुरन्त नेत्र चिकित्सक की सलाह लें।

दा नों में दान नेत्रदान अत्यन्त महत्वपूर्ण है। मृत्यु के उपरान्त दिया गया दो नेत्रों का दान दो नेत्रहीनों को दृष्टि दे सकता है। इसलिए नयन ज्योति अनमोल संपदा है।

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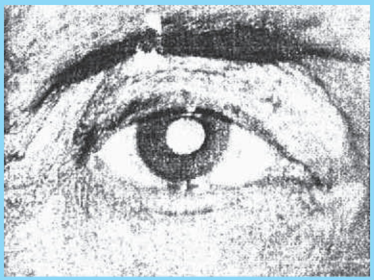
DONATE FOR CATARACT OPERATION



Cataract is a major cause of blindness in India. The condition is caused mainly due to aging. Cataract is the opacity of the transparent lens of the eye. if clouded, it prevents the light to pass through lens and reach retina for image formation. The factors responsible for cataract are old age, eye injuries, inflammation, diabetes , and prolonged use of steroids. Children may also have cataract since birth, due to the infection passed on to them by their mother during pregnancy.

Signs and Symptoms :
- Gradual loss of vision.
- Both eyes are involved at varying stages.
- The pupil of the eye turns grey.
- The patient has hazy or double or multiple vision.
- There is no pain.
- The patient has to change his spectacles frequently.

Prevention :
Cataract formation cannot be prevented, However, blindness due to cataract can and must be avoided through timely surgical intervention.

Treatment :
- Medication of any kind cannot cure or delay cataract formation.
- Surgical removal of the clouded lens and replacement by Intra Ocular Lens (IOL) can restore normal vision.
- Cataract surgery is simple. It is normally done under local anesthesia.
- Cataract surgical services are available free of cost in government hospitals and many Non-Governmental Institutions.

Post Operative Care :
- Protect the operated eye from bright sunlight, dust, smoke and jerks.
- Wear dark glasses.
- Put eye-drops/ointments as advised by operating surgeon.
- Get eyes checked by Eye-Surgeon after one week of the surgery and again after 6-8 weeks for refraction.
- Diet should be taken as advised, taking consideration of any other systemic disease.

Cataract formation cannot be prevented by any means. Blindness due to cataract can and must be avoided through timely surgical intervention.

NATIONAL SOCIETY FOR THE PREVENTION OF BLINDNESS-INDIA
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Yes, I Wish to join hands with NSPB-India for Cataract Programme. Please accept my contribution of :

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