

POSTER

— *Amalgamation*



POSTER : Poona Ophthalmological Society Towards Education & Research

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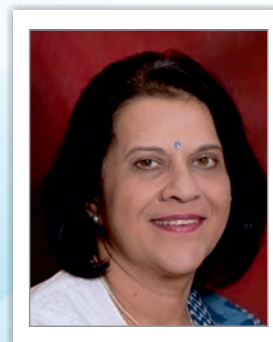
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FROM THE EDITORS DESK

HELLO POS MEMBERS !

Warm greetings from the editor's desk!

Let me bid adieu by the quote by Rene Descartes: "The reading of all good books is like a conversation of the finest minds."

My love for reading and the encouragement of many POS members had motivated me to take up this wonderful post. The love of reading and writing can take you on a journey of self discovery, growth and transformation.

Through the various interviews of the members that I have conducted in my tenure, I have interacted and got to know many dimensions of their persona. This issue too carries my much revered and respected senior and teacher Dr. Salil Gadkari sir's memoir. This has been a learning experience for me and hopefully a beacon of encouragement for all. I hope that this trend continues in the future editions of POSTER too.

I am grateful to both the presidents: Dr. Mandar Paranjpe (2023-24) and Dr. Radhika Paranjpe (2024-25) under whose leadership I have published the SPECTRUM Issues .

I am thankful to all who have contributed to every issue of POSTER and made it such an interesting read!

Last but not the least it's a team effort! Thanks to both the managing committee members for their support.



As I pass on the editorial torch, I have no doubt that the publication will continue to thrive and excel under new leadership. The incoming editor has my wholehearted support.

I leave you with the wise words of a seasoned editor: "Oxford commas are the answer to world peace".

Regards,

DR. MONIKA NAIKNIMBALKAR

EDITOR POSTER

Those who would like to know the references in context to the articles published, please contact the author or the editor.

FROM THE HON. PRESIDENT'S DESK

Ladies and gentlemen & esteemed members of POS.

As I sign off as Hon. President POS (2024-25) today, I am filled with immense pride, gratitude, and a sense of accomplishment as I reflect on the incredible journey of the Poona Ophthalmological Society (POS) in 2024-25.

This year has been a milestone year for us, as we celebrated 75 glorious years of excellence in ophthalmology. Our theme, "Celebrating Ophthalmology," has been a guiding force behind our efforts to promote excellence, innovation, and compassion in our profession.

I would like to express my heartfelt thanks to each and every one of you for your unwavering support, cooperation, and active participation in our various programs and activities throughout the year. Your contributions have been invaluable, and I am grateful for your trust and faith in our organization.

Special gratitude to Dr. Ashwini Misal, Dr. Vrushali Warad, Dr. Monica Naiknimbalkar, Dr. Sandesh Doshi, MC members, Scientific Committee, Advisors, BOT, Heads of Institutes namely HVD, NIO, DYPMC, SGH, BVP, DMH, Aditya Birla & our Conference Coordinator for SPECTRUM 2024 - Dr. Nitin Kolte for their unwavering support for our endeavours.



We began the year with a bang, hosting our flagship event, Vision Panorama, in association with MOS and Maharashtra Optometry Association. This comprehensive update on the latest advancements in ophthalmology was well attended and appreciated by a vast number of ophthalmologists, PG students, and optometrists.

Another highlight of the year was the super successful AIOS ARC PG Refresher Course West Zone, which provided a platform for over 200 postgraduate students to refresh their knowledge and skills. I am proud to say that our efforts have made a significant impact on the lives of many young ophthalmologists.

Throughout the year, we conducted numerous CMEs, workshops, and conferences, covering a wide range of topics in ophthalmology. Some of the notable events include Glaucoma Update, Cataract Update, Retina Update, and POS Spectrum 2024, which showcased the latest techniques and technologies in the field. In addition to our academic pursuits, we also organized several social and cultural events that brought our members together. The highlights of these events include a Grand Garba event, POS MOS Trek to Devkund waterfalls, and the MOS POS Sports Carnival.

One of the most significant events of the year was our Mega Eye Donation Fortnight event, which aimed to raise awareness about the importance of eye donation and promote corneal transplantation. I am proud to say that our efforts have made a significant impact, and we have been able to inspire

many individuals to pledge their eyes for donation coordinated by Dr Sameer Datar.

As I sign off today from the post of Hon. President POS, I welcome and wish all the very best to our incoming President, Dr. Tejaswini Walimbe. I am sure she and her team have some excellent programs lined up, and I have no doubt that POS will continue to soar to new heights under her leadership.

Last but not the least my heartfelt gratitude to Dr. (Col) OK Radhakrishnan, HOD Dr. DYPMC, Pimpri Pune and all staff and students for their unconditional support throughout the year.

Thank you once again, and I wish you all a wonderful year ahead.

Dr. Radhika Paranjpe

Hon. President,

Poona Ophthalmological Society (2024-25)

Poster is published 3 times a year for Pune Ophthalmological Society's objectives to provide opportunities for free exchange of ideas and information. The society or editorial board do not accept responsibility for any statement published in this newsletter. These are solely attributed to the authors. They are not necessarily indicative of policies of the society or editorial board.

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FROM THE HON. SECRETARY'S DESK

Dear esteemed members,

As we bid farewell to yet another dynamic and fulfilling year, it is with immense pride and gratitude that I reflect upon the progress our society has made.

We have collectively worked towards our mission.

The past year has been marked by a series of impactful scientific programs. Some key highlights include Annual conference spectrum 2024.

Our flagship event saw overwhelming participation from national and international experts covering a diverse range of topics.

Throughout the year we conducted various CMEs, clinical meetings and hands on training workshops to ensure our members stay at the forefront of evolving ophthalmic practices. In addition to academic and professional engagements, we also saw an enthusiastic response to our sports day & box cricket.

The society also experienced growth in membership with young ophthalmologist actively joining POS.

I extend my deepest gratitude to all managing committee members & to all POS members for their support in making this year a success.



A special thanks to Editor Dr. Monica Naiknimbalkar for her dedication in curating this edition.

We also welcome the new managing committee, who will carry forward the legacy of excellence and innovation. Wishing the new MC the very best in their endeavours. As we move forward, let us continue to work together, learn together & grow together. Wishing you all a prosperous and fulfilling new year ahead.

Warm regards.

Dr. Ashwini Misal

Hon Secretary POS 2024-25

A NAME NOT TO BE FORGOTTEN – DR. SALIL GADKARI IN CONVERSATION WITH DR. NEETA GADKARI [NG]

DR. MONIKA NAIKNIMBALKAR (MN)

(Editor POSTER)

MN: Hello ma'am! Thank you for giving me this opportunity to walk down memory lane and rekindle the fond memories we all share of Dr. Salil Gadkari sir.

NG: I am touched that you thought of Salil and want to write about him.

MN: Let's go back in timeHow did sir decide to take up Ophthalmology as a profession?

NG: Salil's parents were non medicos. It was his own desire to pursue medicine. In those days when one scored a good rank the choice was between engineering or medicine! Salil chose to be a doctor.

As for becoming an ophthalmologist, again it was his choice. Salil was a myope from a young age for which he used to visit Dr. T. N. Ursekar. I guess that frequent visits to an ophthalmologist could have also influenced him!

MN: Where did sir complete his education from?

NG: Salil did his schooling from an ICSE school – Jamnabai Narsee School, in Mumbai. He finished MBBS [1982 Batch] and MS from Seth G. S. Medical College. When we had taken admission for MBBS, I remember one of the teachers had said that one should develop a healthy disrespect for examiners! This is something which was inborn in Salil. He did not fear examiners at all. Therefore, he loved



*Holding
the Rhett Buckler
award -
A proud moment !*

to take exams and collect degrees. In the under grad days Salil had 5 distinctions and during the post grad period he had garnered two gold medals. He had an opportunity to go to Sheffield (in 1992) from where he did his MRCO. Then later he did his DNB and FRCS, in India.

MN: Who influenced sir to choose VR?

NG: His close association with his mentor Dr. R. P. Jehangir, inspired and kindled a desire in Salil to take up viteroretina as a super specialty.

MN: Where did sir gain his experience in VR?

NG: In 1994 Salil had gone to Cologne in Germany. Here he had worked with Prof. Heimann and Dr. Bernd Kirchoff. In Frankfurt he had worked with Prof. Eckhardt.

Prof. Heimann, later put him in touch with a developer of small pupil fundus camera from Netherlands. Salil was able to get the first of its kind undilated pupil fundus camera in India and try it out in a clinical setting and give the developers valuable feedback. Later on, when the Remedios camera was

being developed, Salil was one of the first ones to use it in clinical settings and for telemedicine.

MN: How was it in the early days of your private practice?

NG: Around 1992 Salil started a small set up in Bandra, Mumbai. At that time Salil was also attached to Ramakrishna Mission Charitable Trust. He got very close to the chief Swamiji there. He was very much influenced by the selfless work done there and it moulded his way of interacting with patients later in private practice. He became more spiritual.

In 1996 we decided to shift our base to Pune. Reason being that we were familiar with Pune, having visited it often in childhood to meet relatives, real estate was affordable as compared to Mumbai, it was less crowded with retina surgeons than Mumbai, the climate was better, a good place to bring up a family etc ...

We had checked out many areas, cantonment also being one of the many sites for our future clinic. Finally we had zeroed on Karve road, which was indeed a good decision. Initially, Salil would shuttle between Mumbai and Pune, until we got a strong foothold in our new set up.

In the early days of practice Salil got a lot of support from Dr. S. B. Kelkar, Dr. Datar, Dr. Ravindra Kolte, Dr. Sudhir Kale, Dr. Jathar etc.

Salil's first attachment was in NIO. Later he got other attachments to hospitals like KK, HV Desai etc.

MN: Sir had a lot of work going on in ROP [Retinopathy of Prematurity]. Could you tell us something about it?

NG: Salil was attached to HV Desai eye hospital right upto the time when he left for the UK. There he had a large case load of premature babies. The anesthetist Dr. Andurkar was his huge support as in he would dare to give anesthesia to these tiny preterm babies and Salil would operate on them. He learnt this all on his own, as in those days there was no one doing much work on ROP and internet and you-tube was still not so much in vogue. He truly felt that he was blessed to be of help to these babies.

MN: Sir was in the UK for sometime ...?

NG: Salil had always wanted to go to the UK and work over there. This had been his desire right from the time when he had gone to get his MRCO. He had wanted to go as a mid level consultant and had even had taken his GMC registration. He had not wanted to start from scratch, i.e do residency again. But there were certain rules and regulations which did not allow entry at that level, so he had returned



back. Then, one of the consultants had invited him to join after seeing the amount of work Salil had done in ROP. Now he got the opportunity to join as a VR Consultant surgeon. Again, because of his extroverted nature he made friends easily and was very popular amongst the patients too. Within 6 months he got the best consultant award in that hospital.

Research was his great love and he was working on a project connected to gene related ARMD work and had even got an NHS grant for it. Unfortunately that remained incomplete. He had also signed up for a leadership program - the Elizabeth Garrett Anderson programme of the NHS, for senior managers leading to master's in Health Care leadership. This was mid way in 2017 ... sort of preparing his future innings in India after he had enough of UK! Salil was planning to come back and start practice again - not maybe in a private set up but be attached to big institutes. Going to UK was temporary and was just ticking of his bucket list.

MN: How was sir? His personality?

NG: Salil was an extrovert. He was very talkative. I remember that one of his school teachers had said that "Gadkari you talk so much, you are definitely going to be a lawyer!" He had a very legal brain and could think of various sides of the coin. He would make friends very easily. His easy going and fun loving charismatic nature was what set him apart from the others. He was very passionate about ophthalmology. He wanted the best of equipments right from the beginning. Imagine buying a Wild microscope right at the beginning of your private practice. Then Haag-Striet slit lamp, Humphrey field analyzer etc! These were bold

decisions for a small private practice but, these equipments were bought just for the sheer love of ophthalmology and the desire to have the best gadgets for treating his patients. He was not business oriented. One would think that he must have charged on the higher side, but that was not the case. In fact, if the patient did not have money he would not charge them or give a large discount! He was very enthusiastic about learning newer techniques and would master them to document and to teach.

He was also a very restless soul! Like, he would put his heart into something and get into it so deeply, complete it and move on to the next venture. That's how the UK stint happened.

MN: What other innovative ventures did sir start?

NG: Salil had started Vision India Foundation Trust when he was the Mos secretary or maybe during his tenure as chairman scientific committee. He had made many educational CDs. They were so popular then and had sold like hot cakes! In those days there was no you-tube or any other source to get easy access to educational videos.

Another such activity which Salil had started was with Sakal group. 'Taniskha' group supported by Sakal was involved in the remote diabetic retinopathy diagnosis camps.

MN: Whom did sir look up to?

NG: As I said earlier it was Dr. RPJ in Mumbai who was his mentor. Then in Pune during the early years of his practice Salil was guided by Dr. S. B. Kelkar and then by Dr. [Col] Deshpande. During our initial sojourn in Pune, many seniors supported Salil. Here I am saying specifically his name because I was

not at all in contact with any of them and wouldn't have known them if not for Salil speaking always so highly of his seniors. Drs Kolte sir, SBK sir, Jathar sir, Kale sir were amongst the seniors.

Outside Pune, Salil had got a lot of support from Dr. A. N. Kulkarni and Dr. Dilip Patwardhan from Sangli . Dr. Uma Pradhan from Solapur.

MN: What were sir's hobbies?

NG: There were so many!! But most fondly I remember his love for all types of cuisine. Salil was a true foodie. He would also love to listen to all genre of music. He used snippets of such music as background scores for his surgical videos. Salil was a party person and would enjoy them to the core. As for reading books as a hobby, it was only ophthalmology. Before his undergrad days he would watch all types of movies ... even the Jeetendra types ... but later on this hobby fizzled out.



Salil had a creative streak in writing too! He used to write stories and plays in college days. During his HV Desai days he had written a play which was based on the personalities of people working there. It was a fun filled play. More like a comedy. Maybe it was a bit too honest and must have resonated with familiarity, as it was not brought to stage! He could pen poems or quote appropriate

Shakespeare verse, or some Mahabharat event or personality, at the drop of a hat.

MN: Where did both of you meet?

NG: We were in the same medical college. After a lovely courtship we had decided to tie the knot.

MN: How was the phase of being parents?

NG: It was indeed memorable, fun, sometimes chaotic etc..! Gauri, our first born, was the apple of Salil's eyes. She is now in USA. I remember that during one of his emergency days at NIO, Salil was taking care of Gauri and had to attend a call. Hastily he had plaited her long hair and taken her along with. In those days I would do evening OPD, while Salil did the morning one. So any ways, while he was checking on the patient, Gauri was kept engaged by the lady consultants. They happened to ask who had braided her long tresses. Pat had come Gauri's reply that it was daddy! From that day onwards Salil got a new found admiration from all! And here I was, doing the arduous task of her grooming everyday. This was just a routine for me with no such fanfare! [Both of us have a laugh over it.

He loved telling stories to the children. Aditya, our son, was especially mesmerised by his animated story telling.

MN: Sir was very much research and academically oriented. What were his contributions?

NG: Salil had presented at innumerable conferences. He gave talks, presented original research papers, displayed posters..both at national and international level. His application to become a member of the Gonin Club was under process. He had

received many awards... In UK he had got the 'Glimpse of Brilliance' award just after 7 months of joining.

Salil was very proud of his Rhett Buckler award! He was the first Indian to receive it. My son still remembers how Salil had put a score from the Makadi movie in his video presented for the Rhett Buckler award!

He encouraged everyone to publish papers and collaborated with Dr. B. K. Nayak on the Research Methodology workshops. He also pushed the consultants at H. V. Desai to analyze their work and come up with more publications. In Dr. B. K. Nayaks words: "... In all the chaos I saw light just once and that was a helping hand extended to me by our dear friend Dr. Salil Gadkari, who unfortunately is not amongst us today. It was only Gadkari who saw my plight and came to my rescue and helped out the Journal from coming to a grinding halt. I am making a mention of his name because I am totally indebted to him to acknowledge the problem and get it solved for the benefit and pride of the society."

MN: What were the various official posts sir had and his awards?

NG: Salil was very active in POS and MOS. He was the president of MOS and the Chairman of Scientific Committee. Salil had received the Video Award at the American Society of Retina specialist in New York in 2003. He was the recipient of the Dr. V. K. Chitnis Oration award in 2001. Also, had received the International Master Award of BOA in the same year. In the year 1998 he had received the Bell Pharma Award at MOSCON. In 1999 and in 1998 he had received the YKC Pandit Award for his papers presented at the MOS Conference.



Discussing his poster with Mike Trese, God of ROP surgery. Conference in Hungary 2014

MN: Was Sir politically inclined? His religious beliefs?

NG: He was not a supporter of any political party. He believed in egalitarianism and often supported the underdog. Salil was spiritual. He enjoyed bringing Ganpati bappa home and doing the decorations and singing the artis. This was not done as a ritual but, for the positivity that Bappa brought alongwith.

MN: The legacy left by sir...

NG: Dr. Col Desphande named the ROP centre in HV in Salils name. I was very touched by this. I hope the next generation is more enthusiastic about original research and publication thanks partly to his encouragement. As for the Rhett Buckler award, Aditya Kelkar has brought home many! I would like to think that he was at least partly inspired by Salil.

MN: I am sure that he is and so are many young ophthalmologists! Thank you again for your candid and 'dil se' conversation about sir. The readers of POS are fortunate and indebted.

NG: Thank you.

PREVENTION OF MYOPIA PROGRESSION IN CHILDREN

DR. KAUSHIK SHAH

Introduction

Myopia is an error in refraction that has emerged as one of the significant public health challenges facing the world. Myopia prevalence has risen dramatically over the last few decades worldwide and especially in East Asia, where it may reach 80% in some urban populations. In such a scenario, the progression of myopia during childhood and particularly during the school years is more likely to lead to high myopia in adulthood. High myopia also poses a bigger risk of serious ocular complications including macular degeneration, retinal detachment, and glaucoma. All these risks lead to impaired vision and appreciable quality of life loss.

The purpose of this article is to provide an evidence-based overview of the pathophysiology of myopia progression in children and to outline current strategies for its prevention and management. These strategies are important in clinical practice for the ophthalmologist seeking to minimize the effects of myopia progression in paediatric populations.

Pathophysiology of Myopia Progression

Axial elongation of the eye is basically the primary force behind the progression of myopia, an imbalance of growth signals in the eye. The imaging of light happens to be in front of the retina, and hence objects viewed



at a distance are blurred. Axial length increases during childhood, and worsening tends to occur during periods of active growth of the eye, usually before pubescence, that is, 6 to 12 years of age.

It is a complex matter. However, the key factors identified in such diseases include genetic factors; myopia has strong evidence of a hereditary component. Twin studies and family history analyses reveal a highly concordant rate of myopia among first-degree relatives. Specific genetic loci of myopia have been identified, mainly those involved in the regulation of eye growth and remodelling of the sclera.

1) Environmental Factors

The rapid increase in prevalence of myopia in the urban areas highlighted the role of environmental factors. Intensive near work,



such as reading and computer use, and reduced time outdoors, have been established as two primary risk factors for developing and progressing myopia. It has also been shown that decreased light exposure, especially reduced time outdoors, affects retinal dopamine levels, which plays a significant role in controlling eye growth.

2) Optical Factors

Peripheral defocus has been linked to myopia progression. There is evidence that uncorrected peripheral blur enhances myopic progression, especially by the periphery of the retina, which could lead to continued axial lengthening. Therefore, both central and peripheral refractive errors are critical to the pathogenesis of myopia.

Clinical Interventions in Myopia Control

1) Changes in Environment

Increased Outdoor Activity

Numerous cohort studies and clinical trials show a dramatic reduction in the onset and progression of myopia in children following increased time outdoors. The multifactorial effect of preventing time outdoors would

include increased retinal dopamine release, which in turn inhibits axial elongation.

Evidence

Rose et al. (2008) presented that children who spent more than 2 hours a day outdoors had a 23% reduced risk of myopia than those with lesser exposure time outside.

Recommendation

Pediatric patients, especially those at risk for myopia, should be encouraged to spend at least 2 hours in outdoor activities per day.

Reduction of Near Work

Prolonged near work has been considered an established risk factor for myopia progression. Much evidence exists that children who spend more time doing near tasks, such as reading or use of digital screens, tend to have a faster rate of myopic progression.

Evidence

In the Singapore Cohort Study of the Risk Factors for Myopia (SCORM), the association of near work and progression in myopia was seen to be highly significant, even with children spending over 3 hours per day on such an activity.

Recommendation

The 20-20-20 rule (for every 20 minutes of near work, look at an object 20 feet away for 20 seconds) can reduce ocular stress and mitigate myopia progression.

2) Pharmacological Interventions

Atropine Eye Drops

Atropine, a muscarinic antagonist, has been

reported to decrease the progression of myopia through an inhibition of ciliary accommodation as well as possible effects on scleral remodeling. The most commonly used concentration is low-dose atropine (0.01%), because it is considered to be very effective while having a significantly lower side-effect profile than higher concentrations.

Evidence

The Atropine for the Treatment of Myopia (ATOM) study found that 0.01% atropine decreased the annual advancement of myopia by approximately 50% in children. Higher concentrations of atropine, including 0.1% and 0.5%, were as effective but caused much more side effects, such as photophobia and near blur.

Recommendation

The use of atropine 0.01% low-dose regimen would be considered as the first-line pharmacological intervention in children for whom the rate of myopia progression is aggressive.

3) Optical Interventions

a) Orthokeratology (Ortho-K)

Orthokeratology is a treatment modality using rigid gas-permeable contact lenses applied overnight to change the shape of the cornea, allowing clear daytime vision and slowing down myopia progression. The supposed mechanism of action is the induction of central corneal flattening and peripheral corneal steepening, factors thought to minimize the stimuli for axial elongation.

Evidence

A meta-analysis by Sun et al. (2015) concluded that ortho-k lenses presented a 30-50% reduction in myopia progression versus single-vision contact lenses.

Recommendation

Ortho-K for children with moderate to high myopia, especially when they are not candidates for other treatments or who want to avoid putting glasses on during the day.



b) Multifocal Contact Lenses

Multifocal lenses, which produce both near and far focal points, slowed the increase in myopia by reducing peripheral hyperopic defocus, thought to be a stimulus for axial elongation. Recent studies show that multifocal lenses may control myopia better than single-vision lenses.

Evidence

Children with progressive myopia who used multifocal contact lenses continued to show only 30-40% progression compared to single-vision lenses. MYOP (the Myopia Progression Study) reports this.

Recommendation

Children with progressing myopia need not be deserted for using multifocal contact lenses, especially in contact lens wearers.

c) Myopia Control Spectacles

The other methods include special glasses which induce peripheral defocus, among others, which include the Defocus Incorporated Soft Contact lenses. The special glasses utilize a mechanism that changes peripheral refractive errors to decelerate axial elongation.

Evidence

In clinical trials, these lenses have been proven to decelerate myopia progression up to 40%, especially in children with moderate myopia.

Myopia control spectacles can be an alternative for children who are not compliant with contact lens wear.



4) Regular Monitoring and Follow-Up

Progressive by its very nature, myopia needs to be monitored continuously for refractive error and axial length. Timely intervention before rapid progression takes place can set the treatment strategies on the proper course.

Recommendation

Annual eye examination of pediatric patients with myopia, consisting of measurements of cycloplegic refraction and axial length measurements when possible, by A Scan or Optical Biometer.

Conclusion

Myopia progression prevention needs a multi-interventional approach targeting environmental modification, drug treatments, and optical intervention. The pathophysiology of myopia progression is complex, but there is strong evidence to support the interventions with outdoor activity, reduced near work, atropine eye drops, orthokeratology, multifocal lenses,



and myopia control spectacles slowing myopia progression. This, along with other aspects of health concern globally, makes continued research and clinical vigilance necessary to optimize approaches leading to good outcomes in pediatric patients.



Lion On The Prowl !

- Courtesy Dr. Aditya Kelkar (NIO)

परीघ

डॉ. गीतांजली शर्मा (कसमळकर)

जाणला मी मार्ग माझा,
'त्या' परीघी फिरत असते
वाट ती वहिवाट आता,
मूक वाणी जगत असते.

सोडते ना मार्ग पृथ्वी
दिनकराच्या भोवतीचा,
ऊन वर्षा वादळांचा
सामना ती करत असते.

त्या परीघा सोडण्याची
शक्ति नाही वृत्ति नाही,
बाहुली कमजोर मीही
भोग सारे सहत असते.

मानवाचा जन्म ऐसा,
या परीघी त्या परीघी
केंद्र बिंदू जाण नाही,
भाग्य छद्मी हसत असते.

दोर असतो 'त्या'च हाती
'तो'च बनवी त्या परीघां
अन् परीघी फिरत प्राक्तन
जीवनी मी उरत असते.

('गीतांजलीची काव्यांजली' काव्यसंग्रहातून)

ROLE OF TOPICAL INSULIN IN MANAGEMENT OF PERSISTENT EPITHELIAL DEFECTS (PED)

DR. PRANAV MORE

Introduction

Persistent epithelial defects (PED), defined as corneal epithelial defects that do not improve after two weeks of conventional treatment. Multiple causes may be responsible for the absence of epithelization of the corneal surface by the limbal stem cells, including altered epithelial adhesion, limbal stem cell deficiency, trauma, medications and infections (**Fig. 1**). Some of these are correctable factors resulting in re-epithelization while those which are responsible for a neurotrophic scenario may need the support of epithelial growth promoting measures like lubricants with electrolytes and n-acetylcysteine /autologous serum/ topical insulin drops. Before we discuss the role of insulin in treating persistent epithelial defects, it's important to understand the corneal epithelial anatomy and homeostasis.

Anatomy of the corneal epithelium¹

The human cornea is an avascular and transparent ocular tissue that is responsible for two thirds of the refractive power of the eye. A barrier of constantly regenerating multi-layered corneal epithelium maintains its smooth optical surface and protects it from external factors. The epithelial cells are maintained by a population of stem cells that reside in specialized niches within the corneal limbus known as the palisades of

Vogt (**Fig. 2**). Nerve fibers richly supply the cornea, making it the most densely innervated tissue in the human body. The sensory nerve fibers, originating from the ophthalmic branch of the trigeminal ganglion, enter the corneal stroma at the level of the corneoscleral limbus where they further arborize. Between the Bowman layer and the basal epithelium, the nerve bundles form the subbasal nerve plexus and supply all the layers of the overlying corneal

Fig. 1 Aetiological factors of Corneal Epitheliopathy

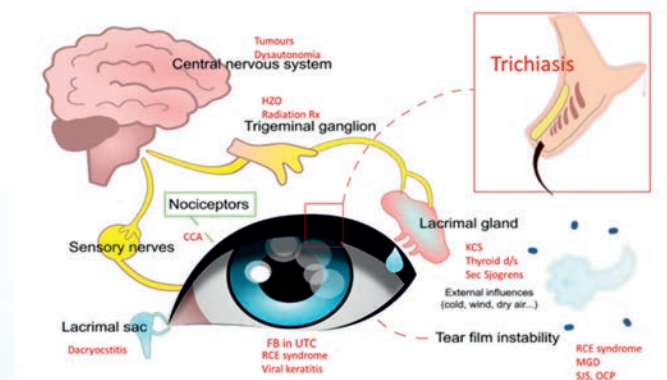
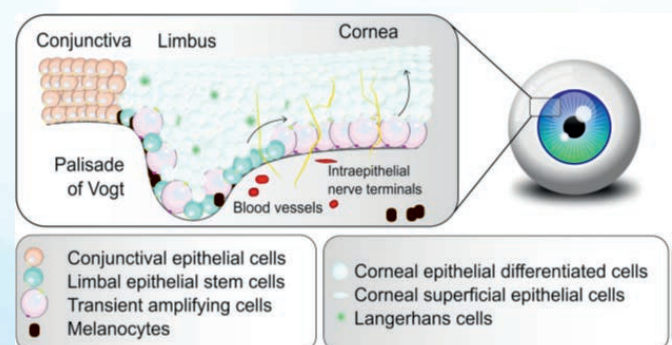


Fig.2 Anatomy and Physiology of Cornea



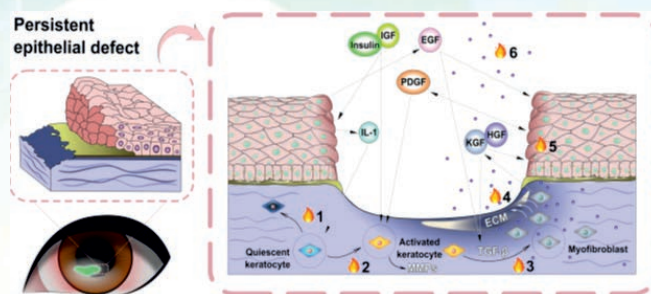
Courtesy : Iva Krolo et al, the role of topical insulin in ocular surface restoration: A review. *Surv Ophthalmol.* 2024 Sep-Oct;69(5):805-817

epithelium. The tear film, a stratified non-keratinizing squamous epithelium (40–50 μm thick), and the dense underlying corneal nerve plexus are all important for maintaining the ocular surface, corneal transparency, and refractive function.

Corneal homeostasis

In a healthy cornea the epithelial cell's average longevity is 7–10 days, with a complete turnover of the epithelium as deeper cells replace the desquamating superficial cells (**Fig. 2**). After injury, corneal epithelium restoration happens over 24–30 hrs by mitosis of the basal cells, transient amplifying cells and limbal stem cells. Cells located at the margin of the epithelial defect will react to the contact disinhibition and begin to display spreading and migration within minutes of the injury. Corneal wound healing is a highly structured process that involves various cellular mechanisms, including epithelial proliferation and migration, recruitment of trophic factors, and interactions between keratocytes and cytokines.¹ Prompt closure of an epithelial defect is crucial to minimize potentially blinding conditions such as corneal melting or perforation. Impaired corneal healing may lead to persistent epithelial defects (PEDs) that are, unlike corneal erosion, accompanied by a partial loss of anterior stroma that disrupts central migration of the epithelial cells, resulting in their growth and accumulation on the wound edges (**Fig. 3**). The penetration of the Bowman layer in PEDs may result in stromal fibrosis and visual impairment. When the corneal surface is injured, the nerve plexus is exposed, and this

Fig.3 Pathophysiology of Persistent Epithelial defect



Courtesy : Iva Krolo et al, the role of topical insulin in ocular surface restoration: A review. *Surv Ophthalmol.* 2024 Sep-Oct;69(5):805–817

results in the release of neurotrophic factors involved in multiple signal transduction cascades, that stimulate wound healing and homeostasis. As a response to their basement membrane destruction, the damaged epithelial cells release the transforming growth factor- β (TGF- β), leading to a series of events known as epithelial-mesenchymal transition that results in keratocytes' activation, keratocyte-to-myofibroblast transformation, as well as migration and proliferation of epithelial cells (**Fig. 3**). Epithelial healing is also impacted by numerous factors that play a role in epithelial homeostasis, or conditions that interfere with the ability to protect the cornea. This includes changes to the eyelids, the tear film, the corneoscleral limbus, the epithelial basement membrane, the corneal endothelium, and the corneal nerve plexus.

Neurotrophic keratopathy (NK)

The cornea relies on neural sensation and neurotrophic factors from the ophthalmic branch of the trigeminal nerve. The loss of corneal innervation causes a decrease in metabolism and epithelial proliferation. Neurotrophic keratopathy is a degenerative

disease of the corneal epithelium, resulting from impaired nerve function that leads to deficient blinking, tear production, and epithelial homeostasis issues, and includes a plethora of pathological corneal changes. Corneal sensitivity reduction or complete absence is the hallmark of NK, leading to PED, ulceration, and perforation. The most frequent causes include herpetic keratitis, chemical or mechanical trauma, ocular surgery or neurosurgery, post irradiation, congenital corneal anesthesia and diabetes mellitus (DM).

Insulin has been identified in tears, and the expression of the insulin receptor has been detected on the ocular surface and in the lacrimal gland.² Early reports on the impact of insulin in diabetic corneal disorders date back to 1945 where corneal healing was seen with the use of topical (1 patient) and systemic (4 patients) administration of insulin.³ While it is likely that the treatment was used sporadically, the next mention of topical insulin is from 2013 when Bastion and coworkers⁴ reported a retrospective review on the effects of topical insulin on epithelial healing after vitreoretinal surgery in DM patients. This renewed interest in topical insulin treatment among ophthalmologists worldwide and the potential benefit of this treatment encouraged many ophthalmologists to try and use topical insulin in treatment of corneal epitheliopathy in various scenarios.^{5,6,7,8}

Indications for topical insulin

The most frequent indication for topical insulin treatment is

- Neurotrophic keratopathy,
- Diabetic Keratopathy,

- Severe dry eye disease
- Infectious keratitis especially viral,
- Recurrent corneal erosion
- Chemical burn,
- Bullous keratopathy,
- Stevens Johnson syndrome, and immune-mediated conditions.

Preparation of drops

Insulin injection is available as 40IU/ml vial. The preferred dosage for eyedrop preparations is 1 IU/ml, therefore diluting 0.4ml or 10U in 10ml of lubricants would provide the required dosage. The prepared drops need to be stored in a cool place / in a refrigerator at 2- 80C.

Safety of Topical Insulin Treatment in Humans

Various studies reported in literature have showed no serious adverse events.⁹ The studies demonstrated a safe ocular administration of insulin in a multi-dose 4-6 times daily regimen, regardless of the applied insulin concentration (0.5, 1 and 2 IU/ml) and of the corneal and ocular surface pathology that was treated.

Potential mechanism of action

In the first publication 2 of insulin eye drops administration is suggested to be 3 possible means of action:

- Insulin may improve the patient's local eye homeostasis,
- Remove a necessary factor for "germ-metabolism", or
- Increase the proliferation of the epithelium.

Today, almost 80 years later, the exact

mechanism of action of topical insulin in improving corneal wound healing is still to be determined, but since the first publication on the ocular use of insulin, several studies became available highlighting potential mechanisms.

Results of topical insulin use

Case:1

28 year old gentleman diagnosed case of Herpes Zoster Ophthalmicus (HZO) in the recovery period developed corneal epitheliopathy resulting in a PED. The patient was initially well supported with lubricants and mild surface acting steroids and later with cyclosporine eyedrops. The resultant PED was treated with Insulin eyedrop preparation (1IU/ml) at a frequency of 4 times a day along with the supportive treatments. The PED showed signs of healing within 1 week and a complete closure of PED by 15 days. (Fig.4)

Case2:

A 71-year-old woman presents with a non-healing, asymptomatic 4 × 4 mm epithelial defect following vitrectomy. She was treated with lubrication, bandage contact lens and amniotic membrane graft with minimal improvement over the course of 4 months. Insulin drops were started twice and after 14 days of treatment, the epithelial defect had resolved. The patient was tapered to insulin drops once daily, then self-discontinued the drops after several months. (Fig.5)

Fig.4 Case of PED in HZO

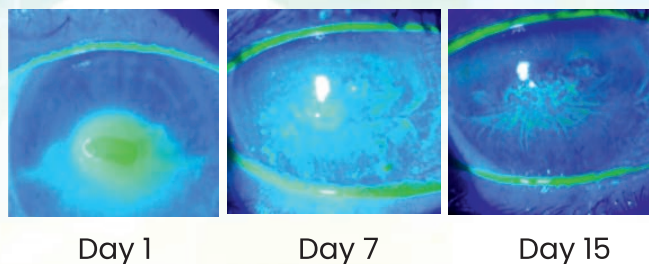
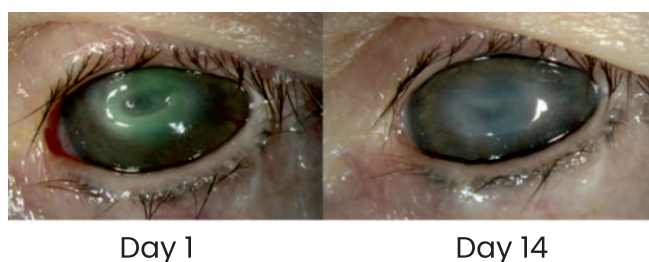


Fig.5 Case of PED in Post Vitrectomy in DM



Discussion

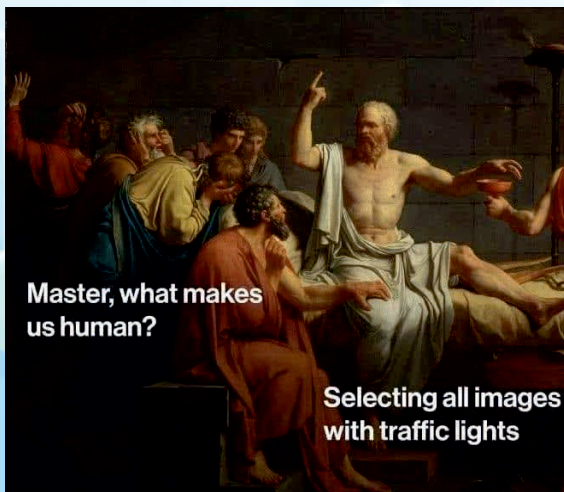
These case reports and literature studies demonstrate a promising potential for topical insulin in treating multiple ocular surface pathologies and suggest that topical insulin may be effective not only in promoting epithelial healing, but also in decreasing the occurrence rate of corneal perforations from neurotrophia. A review from Leong et al¹⁰ demonstrates successful applications of topical insulin for diabetic corneas, including diabetes-related PED, postsurgical epithelial defects after corneal debridement in otherwise healthy corneas, and refractory epithelial defects. Others suggest topical insulin may also benefit in herpetic and refractory NKs, chemical injury related PEDs, and recurrent corneal erosions without a concomitant DM. Our own The favourable outcomes within 2 weeks of starting topical insulin drops in the cases reported by us, fairly suggest that one could consider topical insulin as early modality of treatment in neurotrophic scenarios for a faster re-

epithelialization of corneal defects.

In beginning stages, the medical management of PED should be with intensive lubrication and discontinuing topical preservative-containing ophthalmic medications and on maintaining an adequate corneal tear film by using lubricants, topical anti-inflammatory drugs, bandage contact lenses, and punctal occlusion. As a second line of treatment, the use of topical insulin, prior to autologous serum drops can be definitely consider before planning for any other interventions like amniotic membrane transplantation, tarsorrhaphy, and tarsoconjunctival flaps.

Conclusion

Because of its availability and easy preparation, topical insulin is a cheap and cost-effective treatment option for corneal epithelial defects and neurotrophic corneal disorders. Apart from that, easy administration and excellent tolerance without reported serious adverse events contribute to its promising therapeutic potential.







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POSTER : Poona Ophthalmological Society Towards Education & Research

SPORTS CARNIVAL

DR. RADHIKA PARANJPE

Hon President

The MOS POS Sports Carnival 2025 was a resounding success, held at PYC Hindu Gymkhana, Pune on January 4th and 5th, 2025. A total of 78 ophthalmologists participated in multiple sports activities during the 2-day event, making it a memorable experience for all.

I would like to extend my heartfelt gratitude to Hon. President MOS, Dr. Shirish Thorat, for his esteemed presence, which added to the event's prestige. Thank you to all participants for attending in large numbers & making the event a grand success.

My sincere thanks to Dr. Santosh Bhide sir for his constant guidance and support throughout the event. His expertise and advice were invaluable in making the event a success.

I appreciate the efforts of Dr. Sandesh Doshi, who ensured seamless registrations, making the process smooth and efficient for all participants.

I am grateful to the Overall Incharge, Dr. Ketan Jathar, for his tireless efforts in coordinating the event. Special thanks to all the game coordinators, including:

- Dr. Ameet Wangikar and Dr. Dhiraj Surana (Box Cricket)
- Dr. Wrishalee Patil, Dr. Shekhar Paranjpe Sir, and Dr. Madhav Ambekar (Badminton)
- Dr. Shweta Marathe (Carrom and

Overall PYC Arrangements)

- Dr. Sandesh Doshi and Pranav Radkar (Swimming)
- Dr. Arti Heda (Chess)
- Dr. Vardhaman Kankariya (Table Tennis)
- Dr. Ketan Jathar (Lawn Tennis)

Their dedication and hard work ensured that each game was well-organized and enjoyable for all participants.

I also extend my gratitude to Hon. Treasurer POS, Dr. Vrushali Warad, for her help and support, and to Hon. Secretary POS Dr. Ashwini Misal for her esteemed presence.

I would like to thank the trade companies that supported us in making this event possible. Their contributions were invaluable, and we appreciate their partnership.





MOS POS SPORTS CARNIVAL 2025

CONGRATULATIONS !!!

Table Tennis

A) < 45 yrs
 Winner Dr Vardhaman Kankariya
 Runner Dr Imran Deshmukh

B) > 45 yrs
 Winner Dr Santosh Bhide
 Runner Dr Amit Vishwe

Doubles
 Winner Dr Santosh Bhide and Dr Vardhaman Kankariya
 Runner Dr Amit Vishwe and Dr Imran Deshmukh




MOS POS SPORTS CARNIVAL 2025

CONGRATULATIONS !!!

SWIMMING :

A) 40-50 AGE CATEGORY - FREESTYLE
 - WINNER - DR. IMRAN DESHMUKH.
 - RUNNER UP - DR. SAMEER DATAR.

B) 50-60 AGE CATEGORY -BREASTSTROKE
 - WINNER - DR. SANJAY TEKAWADE.
 - RUNNER UP - DR. SANDESH DOSHI.



MOS POS SPORTS CARNIVAL 2025

CONGRATULATIONS !!!

CHESS

Men's winner: Dr Vardhaman Kankariya
 Runners up: Dr Vijay Jathar
 Dr Jignesh Taswala
 Dr Mahesh Chaware

Women's
 Winner: Dr Arati Heda
 Runner up: Dr Sheetal Solanke



MOS POS SPORTS CARNIVAL 2025

CONGRATULATIONS !!!

Winners-Mumbai Champs (Captain-Harsh Ghorpade)
 Runners Up-Ch.Sambhajinagar (Captain-Ameet Wangikar)
 Man of the Finals-Ravish Vaishnav
 Man of the Series-Amar Kulkarni
 Best Batsman-Chirag Singh Bilwan
 Best Bowler-Partho Bakshi
 Best Fielder-Ajinkya Kulkarni.



MOS POS SPORTS CARNIVAL 2025

CONGRATULATIONS !!!


Badminton

Mens Singles 50 Plus - Dr Shekhar Paranjpe
 Mens Singles 40 Plus- Dr Sameer Chaudhary (Winner)
 Dr Amit Vishwe (Runner Up)

Mixed Doubles Dr Sameer Chaudhary + Dr Wrishalee Patil (Winner)
 Dr Shekhar Paranjpe + Dr Vandana Kabra (Runner Up)

Womens Doubles Dr Anupama Jugal + Dr Wrushalee Patil (Winner)
 Dr Arti Mangulkar +Dr Vandana Kabra (Runner Up)

Mens Doubles Dr Sameer Chaudhary +Dr Shekhar Paranjpe (Winners)
 Dr Amit Vishwe + Dr Tushar Mangulkar (Runner Up)



MOS POS SPORTS CARNIVAL 2025

CONGRATULATIONS !!!

**MEN'S SINGLE: WINNER DR MILIND DIXIT
 RUNNER UP: DR MAHESH CHAWARE**

**WOMEN'S DOUBLE:
 WINNER: DR SWATI ZAWAR/ DR ARATI HEDA
 RUNNERS UP DR ARATI MANGULKAR/
 DR SHEETAL SOLANKE**

**MEN'S DOUBLES:
 WINNER: DR MILIND DIXIT/DR RAGHVENDRA BORGAONKAR
 RUNNERS UP: DR VASANT SUVARNKAR/ DR MAHESH CHAWARE**

**WOMEN'S SINGLE
 WINNER: DR SHEETAL SOLANKE
 RUNNERS UP: DR ARATI HEDA**

CARROM

**MIXED DOUBLES:
 WINNERS
 DR MILIND DIXIT/ DR SWATI ZAWAR
 RUNNER UP
 DR ARATI MANGULKAR/ DR MAHESH CHAWARE**

MY MOST FASCINATING MAHAKUMBH TRAVELOGUE

DR. JIGNESH TASWALA

One aspect I know for sure is if one has an intuition and are destined to succeed... *pura kayanaat apko saath deti hai*. The dates of Mahakumbh were declared. On realising that this happens once in 144 years, I had an inner urge to visit Prayagraj. Most of my colleagues and friends were not free to come along. At home, my son Girdhar had no inclination to visit & was apprehensive of the huge crowds, more so after the stampede that took place !! I was more in dilemma now. With no company should I gather strength & go all alone? Then an idea struck me! Our AIOS, had organised NETRA KUMBH at Prayagraj to do 5 lakhs free eye check up of not only the pilgrims but also the old, poor & destitute & Operate 5000 free surgeries in nearby hospitals. I spoke to one of the MC members who shared the info that arrangements are made for the faculty who would like to volunteer to come & do free eye check ups. He put me across to Prof Singh who welcomed my gesture and told me to get in touch with him by 2nd week of February. My eyes glistened after getting such good positive news. Immediately, I logged into to check airfare to Prayagraj during Mahakumbh period & all my dreams of going there got shattered seeing the



airfare, a whopping Rs 64000 (return). Then, I tried various permutations & combinations of going to Varanasi & back from Lucknow or Ayodhya / Lucknow. Varanasi / Ayodhya so as to bypass Prayagraj & reach locale's nearby by airport & from there travel by road. Seeing the airfare at all these destinations was a real non starter as it was hovering around 50k (return). I was losing hope of going, as also I would not be getting leave from the Institute which I had recently got attached to ! But weekends were free. As luck would have it & if you are destined to go ... one of my close local colleague called me up that he & his friends were going to Mahakumbh on 22nd Feb late night on Saturday & coming back to Pune in the morning on 25th Feb. I requested to

accompany them. He immediately agreed but said that they had not booked for the accommodation! I got proactive and spoke with Prof Singh & told him about our plans. He requested me to contact a person for accommodation. I did call him. I will not name him as he dissuaded me from coming as there was an unprecedented crowd not only at Mahakumbh but also at Netrakumbh. I got back to Prof Singh, he said don't worry I will do something if not in a room but in a dormitory & asked me who all are accompanying me. I shared the information & he called me up & confirmed that he made 3 Cots arrangements in Netrakumbh dormitory for 20th Feb. Immediately I booked my tickets not to Prayagraj but to Nagpur & then to travel by Innova. (my friends plan to cut the cost & make it cheaper by 50%). So booking done for departure on 22/2 night Saturday 11.30 pm & arriving in Pune on 25/2 morning 5.50 am. I was exceptionally thrilled that my dream was going to be eventually fulfilled. On the D DAY we met at the Airport & reached Nagpur by 1.30am. We had booked & opted for a grand new INNOVA CRYSTA as the journey's official time was 11 hours from Nagpur to Prayagraj. We started our journey around 2am early morning on 23rd February 25. The driver knew the route very well as he had done this earlier multiple times. On the way we all had a good sleep & around 7.30 am we were at the half way mark when we decided to

have a break & have a sumptuous breakfast of INDORI POHE and hot tea. This had set the tone for further journey which was thru out pleasant till we reached 40kms short of Prayagraj by around 1.30pm. The real thrill began now as traffic was moving at a snails pace. Here our driver was feeling nauseous and asked one of us to drive. This allowed the driver to take a much needed rest as he had driven from 2 am to 1.30pm... almost 12 hour journey with just a single break. Our agony knew no bounds on finding out that they had stopped all vehicles outside the 40 km zone so the traffic had come to a halt. They were allowing few vehicles to pass every 1/2 hour. We started trying alternative routes... courtesy GOOGLE MAPS but to no avail as we kept hitting dead ends where traffic was being stopped & re routed. It took us 8 hours to traverse a distance of 40kms. I had got theplas & dry fruit snacks to eat. My friends also had different snacks and had plenty of bottled water to drink ... so we survived the 8 hour ordeal. Much more was to come. Barricades were all over & we were told to park at allotted parking sites. This was at 7.30pm. We were by now so tired with almost a 22 hour journey from Pune that we had no energy whatsoever. So I got down & spoke to a very Senior Daroga. Informed him that we had come for Netrakumbh all the way Pune and requested him to help us out. Only after getting fully convinced did he allow our Innova to pass through the walking plaza right up till the

Netrakumbh... the internal journey took us 2 hours as we were moving at a slow pace. What I witnessed during these 2 hours was mind boggling. A sea of humanity coming to worship with all reverence & faith to have a holy dip at the Sangam of Ganga, Yamuna , Saraswati. We were passing by the ghats where people in thousands of all age groups & gender were taking Ganga snan as Trevini sangam was almost 8 km from the starting point of Ghats. On inquiring we were told there were 100 ghats on each side of River Ganga. It was a sight to behold .Though there was a mad rush as Mahakumbh was coming to an end on 26th Feb there was no pushing, pulling or dhakka mukki as we call in the colloquial language...very orderly & peaceful. Lights lit up everywhere almost at every 20 Meters .It was mesmerizing & we forgot all our tiredness. On the way seeing all sectors (umpteens) dedicated to Akharas, Govt agency state & national, to ISKON, to hospitals, Adanis for distributing free meals... that DIVINE FEEL had set in. The internal roads were temporary but well carpeted. Kirtana and Bhajans were going everywhere. Even lost n found members names were announced by police on public address systems seen all along our internal route. Cleanliness was absolutely up to date. Sanitary part & Drinking water was well looked after & available every 50 to 100metres. It was A SUPER GIANT MELA I have ever witnessed in my life & may be never again. We



reached Netrakumbh at around 9.30pm. We were welcomed & felicitated, registered & given Netrakumbh ID cards to each one of us so in case of any eventuality, it would be great help. We were escorted to the dining area where hot food was served by ISKCON. Later we were taken to the dormitory where excellent arrangements of clean bed n pillows with side table ,charging points & even mosquito coil, all ready to go to bed and have sound sleep. The accommodation head was a pandit & enquired whether I would like to join for Amrut snan early morning 3am at the TREVENI SANGAM which was 5.5km from here. We all agreed. At 2am after freshening up we walked all the way to Sangam where MODI, AMIT SHAH had taken a holy dip... reaching around 3am .It was overcrowded but in a disciplined manner with pilgrims chanting various religious mantras as they approached the Sangam. Excellent police patrolling along the ghat with frequent announcements about the safety measures each has to follow ..all in

chaste hindi. There were at least about 1 lakh pilgrims on that Sangam ghat & more were coming in. My pandit took me at the very place where all 3 Rivers meet. Showed me change in colour of river stream flowing & meeting at that point where there is the ugam of River Saraswati. With inherent deep faith & piousness I took the holy dip as the Pandit was chanting mantra with each dip invoking blessings of Maa Ganga, Maa Yamuna, Maa Sarswati, Our ancestors, Our parents. The Amrut Snan which I was longing to have was happening. I was celebrating MY 65 th BIRTHDAY at this most auspicious place & it's said that Gods shower infinite blessings on you to get rid of all the sins of life & start your life full of energy & zeal. ITS WAS THE MOMENT I WAS DESTINED TO BE ... AT THIS DIVINE PLACE OF WORSHIP. MAN TRUPT ZALA. what better way to celebrate. We walked back 5.5km. The ever burgeoning crowd had increased 10 fold by now. We reached Netrakumbh by around 6.30am. I was told by the Pandit not to take bath now as I had the holy bath. I was escorted to the OPD where I did check around 100 plus free patients during my 2 hour stint as a small contribution on my birthday. I was well assisted by a team of optometrist. We left Netrakumbh at 11.30am & as we tried to squeeze our way out of Prayagraj it was again a tumultous ride which took 5 hours to cover that 40km circle. Our hearts pounding with anxiety, as again we were not sure whether we will be able

to catch our return flight from Nagpur scheduled at 4.30am on 25/2. We crossed the 40km cordon around 4.30pm. Another 690km of anxious moments before we reached. Full credit to our driver who paid back in time of all help we had rendered earlier. We reached Nagpur at 1.30 am... way ahead of our 2.45 am deadline & that to after a single stop where we had a quick dinner at 9.30 pm. We boarded the Nagpur Pune flight & were back home by 5.40am after a grueling travel of almost three sleepless nights. It was more than worth it ... as it was a LIFE TIME EXPERIENCE TO SEE THIS MAGNUM OPUS-THE FASCINATING MAHAKUMBH. HATS OFF TO YOGI / MODI for seamless overall management of logistics & all aspects never seen before on such a massive scale. I was immensely happy & content to have celebrated MY BIRTHDAY in such a noble way. Big thank you to my friends who accompanied me and of course my stars to make it happen.





नकटी च लग्न आणि OPHTHALMOLOGIST चा CATARACT

DR. ROHINI NAIK

नकटीच्या लग्नाला सतराशे साठ विघ्न, ही म्हण आपल्या सर्वांना माहिती आहे. पण ophthalmologist चे cataract चे ऑपरेशन देखील असेच असते हे मात्र माहीत नव्हते. साधारणपणे सहा महिन्यापूर्वीची गोष्ट. माझा Autorefractometer मध्ये-मध्ये आचके देऊ लागला होता. त्यामुळे तो स्वर्गवासी होण्याच्या आधीच नवीन घेणे जरूरी होते.

खरं पाहता प्रॅक्टिस ची सुरुवातीची अनेक वर्षे आमच्या पिढीने ऑटोरेफ्रॅक्टा काढलेली. पण आता त्याच्याशिवाय ओपीडी करणे किती कठीण हे आपण सर्वजण जाणतोच. थोडक्यात काय नवीन ऑटोरेफ्रॅक्टा घेण्यासाठी मी पैशाची आणि मनाची तयारी करून टाकली. याबद्दल मुलाशी चर्चा करून झाली. कुठलेही नवीन मशीन खरेदी करताना आमच्यात कधीच एकमत होत नाही. मला ज्याचा अनुभव चांगला आहे तेच मशीन परत घ्यावे असे वाटते तर त्याला नवीन कंपनी ट्राय करावी असे वाटत असते. शेवटी त्यानेच कंपनी ठरवली आणि त्यांचा माणूस मशीन घेऊन डेमॉन्स्ट्रेशन साठी आला. माझे रिफ्रॅक्शन अनेक वर्षात बदललेले नसल्यामुळे मशीनची ऍक्युरसी बघणे सोपे पडते. मी स्वतःच मशीन वर बसले आणि आलेल्या माणसाला रीडिंग घ्यायला सांगितले. पण ते वेगळेच आले. मला घेणाऱ्या माणसाचा थोडा संशय आला.

इतक्यात मुलगा आहे आला आणि त्याने तपासल्यावर परत तेच रीडिंग. आमच्या नेहमीच्या ऑटोरेफ्रॅक्टावर परत बघितल्यावर सुद्धा तेच ! 'कुछ तो गडबड है दया'. मला निश्चितच मोतीबिंदू सुरू झाला होता. मुलाने तपासले. संशय खरा ठरला. आणि तीन-चार महिन्यांनी ऑपरेशन करायचे ठरले. तीन ते चार महिन्यांनी चेक केल्यावर आता ऑपरेशन करायला हवे हे लक्षात आले. आणि आम्ही योग्य दिवसाची म्हणजेच पेशंटची गर्दी केव्हा कमी असेल याचा विचार करू लागलो. योग्य दिवस मिळत नव्हता आणि बघता बघता दिवाळी आली.

यावर्षी (म्हणजे २०२४ साली) दिवाळी नरक चतुर्दशी पासून ते भाऊबीजेपर्यंत गुरुवार ते रविवार होती. आमच्या भागात बहुतेक सर्व फॅक्टरीजना एक आठवडा सुट्टी असते त्यामुळे पेशंट आधीच

येऊन दिवाळीच्या दिवसात ऑपरेशन करायचे असे ठरवून जातात. म्हणून यावर्षी सोमवार ते बुधवार या दिवसात पेशंटची ऑपरेशन्स करायची आणि गुरुवारी माझे ऑपरेशन करायचे असे मी आणि मुलाने ठरविले. इतर वेळेला आमचे एकमत होणे महा कर्म कठीण ! पण ऑपरेशनच्या तारखा देणे याबद्दल आमचे इतके वर्षात कधीही दुमत झाले नाही. दिवाळीत गर्दी खूपच कमी असेल आणि मला व्यवस्थित विश्रांती मिळेल या हिशोबाने नरक चतुर्दशीचा गुरुवार ऑपरेशन साठी निश्चित केला.

दिवाळीच्या आधीचा रविवार.

दुपारी घराची बेल वाजली, आश्चर्याने मी दरवाजा उघडला तर समोर मुलगी हजर ! चेहरा चिडचिडलेला. ती रविवारी कधीच येत नाही त्यामुळे मला फारच आश्चर्य वाटले.

तिचा चेहरा बघून , मी जरा सबुरीने घ्यायचे ठरविले.

'काय ग ? रविवारी कशी काय आलीस ? तुझी दिवाळीची किती लाडू ची ऑर्डर आहे ?

शंकरपाळी सुद्धा आमच्याकडे मिळतात बर का '

(दर दिवाळीला काही ठराविक फराळाचे पदार्थ मी करतेच आणि माझ्या एक दोन मैत्रिणी आणि मुलगी यांना देत असते)

मुलीचा चेहरा एकदम कोरा !

मी परत तोच प्रश्न विचारला, आता ती फारच संतापली.

मला वाटले की ही आता,

'माता न तू वैरीणी' हे गाणे गायला लागणार.

'मला नको तुझे लाडू बिडू , मला येतात करायला, मी करेन'

मला काहीच कळेना.

'शुक्रवारी लक्ष्मीपूजन आहे हे तुला माहित आहे ना ?'

'हो माहित आहे '

'मग गुरुवारी ऑपरेशन करायला, हे काही इमर्जन्सी ऑपरेशन आहे का ? बाबांचा वाढदिवस लक्ष्मीपूजनाला असतो हे सुद्धा तू विसरलीस का ?'

अच्छा , म्हणजे मुलाने तिच्यावर बॉम्ब टाकलेला होता.

इतक्यात आमची दुसरी माहेरवाशीण उर्फ नात आल्याला बघून घाई घाईने धावत आली.

तिला काहीतरी सुगावा लागलेला होताच.

महत्त्वाची गोष्ट सांगायची राहिली, ती म्हणजे डॉक्टर नाईक यांचा लक्ष्मीपूजनाच्या दिवशी वाढदिवस असतो आणि त्या दिवशी आमचे सर्व नातेवाईक आणि मित्र घरी जेवायला येतात. छोटेसे गेट-ट्रुगेदर म्हणा ना, आणि यावर्षी ते जमणार नव्हते.

‘अगं हो, मी आधी फराळाचं करून ठेवीन ना.’

‘ते मला कळते, पण त्यादिवशी बाबांच्या आवडीचा स्वयंपाक कोण करणार?’

‘ताई, ह्या दिवाळीला तूच कर.

मी आईचे ऑपरेशन गुरुवारीच करणार. दिवाळी संपल्यावर बऱ्याच जणांना मी अपॉइंटमेंट दिलेल्या आहेत’

बस.....

हे ऐकल्यावर आमच्या दोन्ही माहेरवाशीणी प्रचंड चिडल्या.

प्रसंग गंभीर होता. युती आणि आघाडीचे कार्यकर्ते रस्त्यावर उतरून आता नारेबाजी करायला लागले होते.

‘आपण असं करूया, बाबा आले की त्यांनाच विचारूया, ऑपरेशन केव्हा करायचे याबद्दल’ मी जरा समजूतिच्या सुरात म्हणाले.

‘बाबांना काय विचारायचे? ते तुझं बरोबर म्हणणार!’

किती वर्षांनी हे वाक्य मी परत ऐकलं. सहसा नवीन लग्न झाल्यानंतर बहुतेक मुलींना त्यांच्या सासरच्या माणसांकडून ऐकवलं गेलेलं वाक्य म्हणजे,

‘सुनबाई, तो काय तुझच खरं म्हणणार’

पण आज हे वाक्य माझी मुलगीच मला म्हणत होती. मुलींना आई पेक्षा वडील प्रिय असतात हे मात्र खरे. एवढ्यात आमची दुसरी माहेरवाशीण/नात मध्येच बोलली.

‘आत्या तुझं खरं आहे, आजोबा नेहमी आजी काहीही म्हणाली तरी होच म्हणतो’

आमची नात तिची पार्टी सतत बदलत राहते, कधी आजोबा तर कधी आजी. पण आत्या आल्यावर मात्र ती पूर्णपणे तिच्याच पार्टीत असते.

मग मी परत म्हटलं, ‘ठीक आहे, आपण बाबांना/आजोबांना तुम्हा दोघांचे आणि आम्हा दोघांचे मत सांगू. त्यांचे casting vote कोठे पडते ते बघू, आणि मग ठरवू’

(आता दोन विरुद्ध दोन अशी विभागणी झाली होती. सून चतुर असल्यामुळे, तिने परिस्थितीचे गांभीर्य ओळखून मैत्रिणीचा फोन आला असे सांगून ती पळून गेली होती)

अखेर बाबा/आजोबा आले.

त्यांना गुरुवारी ऑपरेशन करणे योग्य आहे का हे विचारण्यात आले. आता कोणाला नाखूष करायचे हा त्यांच्यापुढे पडलेला यक्षप्रश्न!

इतक्यात माझा फोन वाजला. डॉक्टर नाईक यांच्या मामेभावाचा सौदीहून फोन होता, ‘वहिनी मी दिवाळीच्या वेळेला आठ दिवसाची रजा काढून ऑपरेशन करण्यासाठी येत आहे. दिवाळीत ऑपरेशन करायला काही हरकत नाही असे तू म्हणाली होतीस. म्हणून येत आहे. सर्व रिपोर्ट तुझ्या मोबाईलवर पाठवले आहेत. मी बुधवारी येईन, म्हणजे गुरुवारी ऑपरेशन करता येईल आणि सहा सात दिवस राहून आराम करून, आणि फॉलो अप करून मला परत जाता येईल. चालेल ना?’

त्याचे बरोबर होते. मीच त्याला दिवाळीत करूया असे म्हटले होते. म्हणून त्याने स्वतःच तारीख फिक्स केली होती.

नवऱ्याने मोठे हुश्रू केले.

सर्वांचाच प्रश्न सुटला होता.

मग नेहमीप्रमाणे दिवाळीमध्ये कमी झालेले काम वाढले आणि बघता बघता नोव्हेंबर संपला, डिसेंबर संपायची वेळ आली, आता परत एकदा ऑपरेशनची तारीख ठरवणे आवश्यक होते. मुलगा आठ दिवस सुट्टीवर जाणार होता. तो म्हणाला,

‘मी गावाला जायच्या आदल्या दिवशी आपण ऑपरेशन करू, नंतर तू पण विश्रांती घे, फारच वाटले तर ओपीडी बघ’.

ही कल्पना सर्वांनाच आवडली.

तारीख पक्की ठरवली गेली.

२३ डिसेंबर, तारीख ठरविली खरी, पण आता पुढील सर्व प्रॅक्टिकल प्रॉब्लेम होतेच.

सर्वात महत्त्वाचे म्हणजे हॉस्पिटल स्टाफ आणि घरकाम करणारी नोकर मंडळी, यांना याबद्दल कोणताही सुगावा न लागू देणे!

कारण त्यांना कळू देणे म्हणजे एखाद्या समाचार पत्राला माहिती देण्यासारखेच होते. एकाला जरी ही बातमी कळली तरी, त्यांच्या स्ट्रॉंग नेटवर्किंगमुळे ती तासाभरातच गल्ली भर पसरली असतीच.

मुख्य म्हणजे त्याच्यात कितीतरी बदल होऊन ती फिरत राहणार.

उदा. माझे cataract चे ऑपरेशन होणार आहे याच्या ऐवजी डॉक्टरांना बाईचे कॅन्सरचे ऑपरेशन होणार आहे, त्यासाठी त्या

एडमिट आहेत, पुण्यातल्या कोणत्यातरी मोठ्या हॉस्पिटलमध्ये त्यांना ठेवले आहे, त्या सिरियस आहेत, यापैकी कोणतेही बातमी मला माझ्याच कानाने ऐकावी लागली असती. त्यामुळे फक्त

Anaesthetist सोडून बाकी कोणालाही अगदी थेएटर असिस्टंट किंवा सिस्टर यांना देखील सांगायचे नाही असे ठरले. ऑपरेशन सोमवारी होते आणि रविवारी आमच्या सर्व हॉस्पिटल स्टाफला सुट्टी असते, शनिवारी कोणालाच कसलीच कल्पना न दिल्यामुळे,

रविवारी ड्रम भरणे, ऑटोक्लाव लावणे, स्वतःचे बेड तयार करणे,

थेटर असिस्टंटला सोमवारच्या ऑपरेशन साठी (माझे आहे याची कल्पना न देता), फोन करणे, ही सर्व कामे अर्थातच मलाच करावी लागली.

सोमवार सकाळ उजाडली., आणि थिएटर असिस्टंट आल्यावर मी थिएटर मध्ये जाऊन कामाला सुरुवात केली.

बाहेर सिस्टर नसल्यामुळे त्याला प्रश्न पडला होता.

‘मॅडम अजून पेशंट का आले नाहीत? बाहेर सिस्टर का नाही? आज एकच पेशंट आहे का? सिस्टर अजुनी आली नाही, मग पेशंटच्या सहा कोण घेणार?’ अशा अनेक प्रश्नांनी त्याने मला भंडावून सोडले होते आणि मी त्याच्याकडे थोडे दुर्लक्ष करत असल्यामुळे तो गोंधळला होता. मी शांतपणे वॉश होऊन ट्रॉली लावणे, Phaco Machine जोडणे ही सर्व कामे केली. इतक्यात मुलगा आला. मी काहीच बोलत नसल्यामुळे मुलगा आल्यावर त्याने घाईने मुलाला विचारले ,

‘सर , बाहेर सिस्टर नाही, एकच पेशंट आहे पण तोही आला नाही, पेशंट केव्हा येणार आहे ? ट्रॉलीवर सर्व घेऊ ना ?’

‘हा काय पेशंट, तुझ्यासमोर उभा तर आहे’. मुलाने माझ्याकडे बोट दाखवून सांगितले. तो बिचारा चक्रावला.

मी ग्लोव्हज आणि गाऊन काढून टाकला आणि शांतपणे टेबलवर झोपले. आणि अहो आश्चर्यम्!

आमची Anaesthetist आज चक्र ऑपरेशन सुरु करण्याच्या आधीच आली. ती थोडीशी टेन्स दिसत होती .

‘मी जरा paracaine जास्तच टाकते म्हणजे तुम्हाला अजिबात दुखणार नाही, आणि जरा जरी दुखले तरी मला लगेच सांगा ’

‘अगं, मला अजिबात दुखणार नाही, तू नकोस काळजी करू.’

आज पेशंटच डॉक्टरला समजावून सांगत होता.

ती थोडीफार एक्साईटेड पण होती. अनेक ophthalmologists आणि अनेक पेशंट्स, प्रत्येक वेळेचा तिचा अनुभव निराळा., आज तिला अगदी First Hand Information मिळणार होती.

Topical खाली ऑपरेशन करताना खरंच दुखतंय का ?

कोणत्या स्टेपला दुखते ? याबद्दल तिला आज खरीखुरी माहिती मिळणार होती, त्यामुळे तिची उत्सुकता देखील टेन्शन इतकीच वाढलेली होती.

प्रत्येक स्टेपला मला दुखण्याबद्दल सर्वजण विचारत होते, पण खरोखरच जराही दुखल्याचे सेन्सेशन नव्हते.

दहाव्या मिनिटाला मी रूम मध्ये जाऊन झोपले देखील.

‘दोन वाजता घरी येईन, माझा चहा आणि ब्रेकफास्ट येथेच पाठवा ’ मी डिव्हेलर केले. (थोडक्यात म्हणजे मी टिपिकल सासू होऊन माझी सेवा करून घेणार होते, असे च म्हणाना)

पंधरा-वीस मिनिटे गप्पा मारून घरातले सर्वजण निघून गेले आणि मी दरवाजा बंद करून झोपून टाकले.

पावणे नऊ वाजता आमच्या दोन्ही रिसेप्शनिस्ट आल्या पण खोलीमध्ये कोणी झोपले आहे याचा त्यांना संशयही आला नाही. , आणि पावणेदहा वाजता डॉक्टर नाईक हे स्वतः चहा आणि पोह्याचा ट्रे घेऊन खाली उतरले.

(व्वा, पन्नास वर्षाच्या दीर्घ तपस्येनंतर का होईना, पण नवऱ्याच्या हातात, चहा पोह्याचा ट्रे देण्यात मी यशस्वी झालेली होते. रोल बदललेला बघून मला मनातून असुरी आनंद होत होता. मंने हिसाब चुकाया था)

डॉक्टर ट्रे घेऊन खाली उतरलेत, हे बघताना दोघी रिसेप्शनिस्टना काहीच समजेना. त्या दोघी त्यांच्या हातातील ट्रे घेण्यासाठी धावल्या. डॉक्टर नेमके कोणत्या कारणासाठी आलेत, हे त्यांना कळत नव्हते. खोलीचा बंद दरवाजा आणि आत मध्ये लाईट लावलेला नव्हता, त्यामुळे आत मध्ये कोणी असेल असा त्यांना संशय ही आला नव्हता. घाई घाईने त्यांनी डॉक्टरांच्या हातातील ट्रे घेतला आणि पेशंटच्या जागी मी झोपलेले बघून त्यांना फक्त चक्करच यायची राहिली होती.

ब्रेकफास्ट करून मी शांतपणे झोपून टाकले, आणि बाहेर रिसेप्शनिस्टना त्यांचे सुट्ट्यांचे इमले बांधण्यासाठी वेळ दिला म्हणाना !’ आता मॅडम आठ दिवस तरी सुट्टी घेणार, म्हणजे आपण ड्युटी एकमेकी मध्ये थोडी ऍडजेस्ट कशी करून घ्यावी, एखाद्या दिवशी बरे वाटत नाही असे सांगून दोघींनी दिवस ठरवून पूर्ण सुट्टी कशी घ्यावी,’ या विषयावर त्यांना भरपूर चर्चा करून दिली. त्यांची पोटभर चर्चा झाल्यानंतर मी दोघींनाही आत बोलावून सांगितले,’ हे बघा, मी दीड वाजेपर्यंत, येथेच झोपणार आहे. नंतर घरी जाईन. आज जेवढे पेशंट येतील, त्या सर्वांना उद्याला ओपीडीला बोलवा. मी उद्यापासून कामाला सुरुवात करणार आहे ’ आता त्यांचा प्रवास आनंदाकडून आश्चर्याकडे सुरु झाला होता. बिचाऱ्या दोघींचे सुट्टीचे स्वप्न भंगले होते.

‘मॅडम, निदान आठ दिवस तरी सुट्टी घ्या.’

त्यांनी मला पटवायचा प्रयत्न केला. मी दुसऱ्या दिवशी पासून कामाला सुरुवातही केली.

एक मात्र खरे की ’ नकटीचे लग्न आणि ophthalmologist च्या मोतीबिंदूचे ऑपरेशन ही गोष्ट जरा कठीणच आहे. योग आल्याशिवाय ती होत नाही’.

QUIZ

DR. NISHITA BEKE-BORDE



1. This bedside torchlight test of examination of squint is called as...

- a. Parks test
- b. Marlow test
- c. Hirschberg test
- d. Modified Krismky test

2. By definition "Strabismus" means

- a. Anatomical axes are not parallel
- b. Visual axes are not parallel
- c. Optical axes are not parallel
- d. All of the above

3. The primary, secondary and tertiary actions of superior oblique muscle are:

- a. Intorsion, depression, adduction
- b. Intorsion, depression, abduction
- c. Extorsion, elevation, adduction
- d. Extorsion, elevation, abduction

4. The elevators of eye are

- a. Superior oblique, inferior oblique
- b. Superior rectus, Lateral rectus
- c. Superior oblique, inferior rectus
- d. Superior rectus, inferior oblique.

5. Bruckner test is

- a. Bedside test for diagnosis of squint
- b. Done by using direct ophthalmoscope
- c. Useful for diagnosing high refractive error
- d. All of the above

6. In a Prism cover test to measure exotropia, the prism is oriented as

- a. Base in
- b. Base out
- c. Base up
- d. Base down

7. This child has abnormal head posture. Which amongst the following can be the pathology

- a. Right lateral rectus palsy
- b. Left Superior oblique palsy
- c. Right inferior rectus palsy
- d. Left inferior rectus palsy

8. A patient with recent onset of lateral rectus palsy, after doing red filter test will show

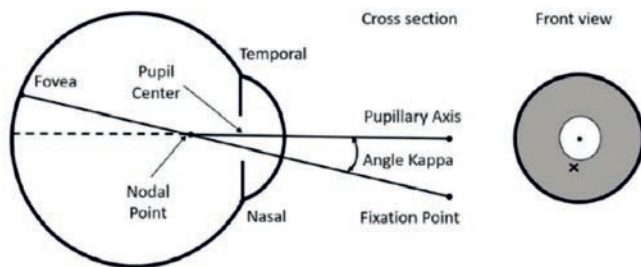
- a. Horizontal uncrossed diplopia
- b. Horizontal crossed diplopia
- c. Vertical crossed diplopia
- d. Vertical uncrossed diplopia

Answers

1. Ans:c - Hirschberg test

This is bedside corneal reflex test for diagnosing squint. It is done with simple torchlight which is shone on glabella from around 50cm and position of reflex of light in squinting eye is noted. If reflex seen is at centre of pupil, it means it is orthophoria, at pupillary margin it is 15 degree, in between pupillary margin and limbus it is 30 degree and at limbus it is 45 degrees of squint. Reflex if seen nasally it is exotropia and if seen temporally it is esotropia. E.g. in this case it is 45 degree exotropia.

2. Ans:b



Strabismus is a condition in which visual axes of both eyes (i.e. line passing through the object of regard, the centre of pupil and fovea of either eye) are not parallel. Optical axis is defined as imaginary line perpendicular to cornea that intersects the centre of the entrance pupil. Anatomical axis passes through centre of rotation of eyeball.

3. Ans:b

Muscle	Primary	Secondary	Tertiary
Medical rectus	Adduction		
Lateral rectus	Abduction		
Inferior rectus	Depression	Excyclotorsion	Adduction
Superior rectus	Elevation	Incyclotorsion	Adduction
Inferior oblique	Excyclotorsion	Elevation	Abduction
Superior oblique	Incyclotorsion	Depression	Abduction

4. Ans: d

Superior rectus helps in elevation in abduction while inferior oblique helps in elevation in adduction.

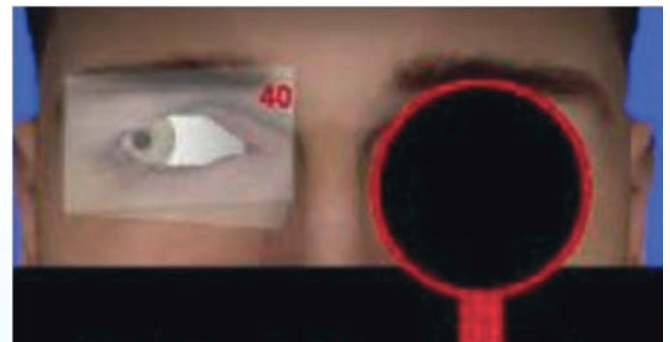
5. Ans:d

Bruckner test is bedside test done with direct ophthalmoscope shone in patient's eyes and the red reflex is compared. The eye having brighter reflex is the squinting eye. The nature of reflex can help in diagnosing refractive error e.g. reflex with bright crescent up is hyperopia, bright crescent down is myopia.



6. Ans:a

While doing prism cover test to measure the deviation, apex of prism is always kept towards deviation. The power of prism is in its base. Hence the deviation is always written as Base in (BI), base out (BO), base up (BU), base down (BD). For example, in the picture shown, prism is oriented as 40 PD BI and PCT is being performed.



7. Ans:c

A patient with superior oblique palsy has head tilt to the opposite side. If congenital, this chronic head tilt gives rise to facial asymmetry.

8. Ans:a

Red filter test is a bedside clinical test done with pen torchlight and red filter. The filter is placed in front of any eye and pen torchlight is shone from in front. Patient is asked how many torch lights he can perceive and their orientation in space. An uncrossed diplopia means he is seeing red torchlight on the same side as that of red filter. This is because direction of image will be exactly opposite to the direction of deviation.

ACHIEVEMENTS

(In Alphabetical Order)

Dr. Piyush Bansal

- Elected unopposed to the governing council of Vitreo Retina Society of India.
- Elected Jt. Secretary of Association of Community Ophthalmologists India - Maharashtra.
- Elected Chairman, Scientific Committee, Maharashtra Ophthalmological Society.
- Invited International faculty at the Annual conference of Russian Ophthalmological Society 2024.
- Invited International faculty at the Annual conference of Royal Australian & New Zealand College of Ophthalmology (RANZCO) 2024.
- Presented scientific work at Euretina Barcelona 2024.
- Invited national faculty at 7 state society annual conferences including Karnataka, Delhi, UP, Jharkhand; and 5 metropolitan city societies.
- As Member Scientific Committee, organised the scientific programme of All India Ophthalmological Conference (AIOC) Kolkata 2024 and AIOC Midterm Dehradun 2024.
- As a part of the Governing Council of VRSI organised the VRSI annual conference 2024 at Guwahati.
- Invited faculty at multiple AIOS programmes via AIOS headquarters, AIOS scientific committee, and AIOS ARC through the year.
- Regularly conducted webinars of MOS & AIOS.

- Conducted the Retina session at the prestigious AIOS International Ophthalmology conclave 2025.
- Started the third exclusive Vitreo retina center of BVI eye hospital in Pimple Saudagar, Pune.

Dr. Nishita Beke

- July 2024 - presented two e-posters at World Society of Paediatric Ophthalmology and Strabismus International Conference held at Kuala Lumpur, Malaysia.
- September 2024 - presented video (oral presentation) at National Annual Conference of Paediatric Ophthalmology and Strabismus Network, India held at Bangalore.
- October 2024 - presented instruction course in Paediatric cataract at MOSCON 2024, Solapur.
- December 2024 - faculty talk at POS annual conference Spectrum 2024.

Dr. Sameer Datar and Dr. Bhakti Datar

They were privileged to be invited by Shri Ram Janmabhoomi Kshetra Nyas; to perform Hindi Geet-Ramayan at Ayodhya Rammandir on 25 November 2024. Dr. Bhakti Datar was unanimously elected as the President, Indian Dental Association, Pune branch for the year 2024-25.



Dr. Sameer Datar's film "Drushtikon" on eye donation awareness was awarded the first prize at Arogya Film Festival 2024.

Dr. Baban Dolas



was awarded the Top ten practitioners in PCMC in 2024.

CM Aarush Dolas

Chess Prodigy Aarush Dolas from Pune is officially "Candidate Master" now. Aarush started playing chess when he was just 5yr old. He was district under 7 champion and won Gold for India in world school chess championship in 2019. Very few and consistent chess players attain Candidate Master title. Aarush is one amongst them. Aarush is taking coaching from IM Abhishek Kelkar from Kunte Chess Academy.

Dr. Vaijayanti Gadre

She has completed her M.B.A. (Healthcare Management) from Symbiosis Skills and Professional University.

Dr. Aarti S. Heda

International:

- YO travel grant winner at 37th Singapore Malaysia Joint meeting, Transforming paradigms in Ophthalmology, 19th - 21st Jan 2024, Academia, Singapore.
- Recipient of the American Academy of Ophthalmology Rotary Fellowship for 2024, Chicago, USA, 18th to 21st October 2024.

National:

- Felicitation by Jharkhand Ophthalmological Society as International Hero of India, 22nd Mid Term Conference of JHOS, 20th October 2024.
- International and National Hero of Maharashtra Ophthalmological Society, 44th Annual Conference of Maharashtra Ophthalmological Society, Solapur, 18th - 20th October 2024.
- Presidents Special Appreciation Medal, Maharashtra Ophthalmological Society, 44th Annual Conference of Maharashtra Ophthalmological Society, Solapur, 18th - 20th October 2024.
- Young achievers award by Women Ophthalmologist's Society (WOS) Annual Conference, New Delhi 4th - 6th October.
- Second Prize at photography contest I See Eye Everywhere, YOSI World Photography Day, 14th September 2024.
- Shri. K. G. Gandhi Award of Excellence for

exhibiting brilliant and exemplary high standards of performance in the field of Ophthalmology 2024, 14th June 2024.

- Best case presentation award, Maharashtra Ophthalmological Society YO Turk, 4th – 5th May 2024.
- Young Ophthalmologist Appreciation award by YOSI, YOSICON Delhi, 27th – 28th April 2024.
- Awarded International hero of the India award, 82nd Annual Conference of the All-India Ophthalmological Society, March 14-17, 2024, Biswa Bangla Convention Centre, Kolkata.
- Winner of Science and Fun session, 82nd Annual Conference of the All-India Ophthalmological Society, March 14-17, 2024, Biswa Bangla Convention Centre, Kolkata.
- Runner up Mahesh Idol, event of Maheshwari Professional Forum, Pune, 24th Feb 2024.

Dr. Ketan Jathar

Won runners up trophy in Mens Doubles, Mixed Doubles and Bronze medal in Singles championship at All India Tennis championships for doctors, Ahmedabad Nov 2024.

Dr. Vardhaman Kankriya

- Finished a very successful tenure as Chairman Scientific Committee MOS. Started many innovative ventures including midterm MOSCON and completely streamlined MOSCON.
- Got the MOS the best Scientific society of India Award from AIOS for all year round

Scientific Committee work 2 years in a row.

- Elected to be 'Scientific Committee Member of AIOS'.
- Elected to be 'Scientific Committee Member of International Keratoconus Society'.
- Got selected in the top 50 Keratoconus researchers globally by Expertscape USA
- Published 4 international papers this year - now tallying to 50 in total.
- International invited faculty in Austria, Greece, Russia and Dubai.
- National Faculty in 12 conferences.
- Performed 6 live surgeries in 2024 in state and national conferences.
- Honoured with prestigious fellowship by International refractive surgery Society (only 1 from Maharashtra and 5 in India).

Dr. Shrutika Janugade Kankriya

She had conducted a diabetic eye disease awareness Walk on world diabetes day. She was acknowledged for her work by World Federation of Health Care at Taj Lands end, Bandra, Mumbai.

Dr. Jai Kelkar

- AIOS International hero award 2024.
- Appointed by NBE as DNB examiner.
- Examiner for FRCS (G) exams.
- Young Achievers Award 2024 bestowed by Indian Cornea and Keratorefractive Society.
- Performed Live surgery at Winter BOA.
- Study of Capsulaser for white mature cataracts published in IJO.
- Successfully completed 3rd World Major Marathon at London in April 2024.



POSTER : Poona Ophthalmological Society Towards Education & Research

Dr. Prakash Marathe

BOA Gold Medal is awarded to Dr. Prakash Marathe, Ophthalmologist from Pune for contribution in the field of Medical & Ophthalmology at Bombay Ophthalmologists' Association Conference held at Hotel Westin, Mumbai on 29th, 30th November & 1st December 2024.

Dr. Supreet Prakash Marathe

He awarded FRACS in Australia. His innovation research paper has been awarded the Presidential Abstract Recognition Award in forthcoming International Conference of Cardiac Surgeons at Seattle, USA. He has a number of publications in national and international journals to his credit. He has been trained at Westmead Children's Hospital, Sydney as well as Boston Children's Hospital, America.

Dr. Shilpa Supreet Marathe

She awarded FRACP in Cardiology by the Royal Australasian College of Physicians in Australia. She has a number of publications in national and international journals to her credit. Dr Shilpa has been selected for Fellowship in Fetal Cardiology at University of Alberta, Stollery Children's Hospital, Edmonton, Canada under the guidance of Dr. Lisa Homberger. She has been trained at Westmead Children's Hospital, Sydney as well as Boston Children's Hospital, America.

Dr. Geetanjali Sharma

- Won as Secretary Best IMA Branch in India for IMA Pune. Also was awarded Best Branch in Maharashtra by IMA Maharashtra State.
- Best Cultural Programme award by IMA Maharashtra state for Organising state level Marathi Sahitya sammelan for Doctors.
- Invited Faculty for MOSCON, Solapur.
- Invited Faculty at HOSPICON, IMA State conference.
- Was honored with Award of Dr. Sandeep Wagh Oration 2025.
- President's Gold Medal at MOSCON Solapur for excellent organisation of MOS year long LDP programme.
- Invited faculty at WOS Maharashtra Chapter CME.
- Acted in Sanskrit short film अधुना न मुञ्चामि त्वाम् .
Film was selected among best 5 out of 80 entries and got honour to be screened at International Film Festival, Goa.
- Acted in Marathi Short Film कबुतर .

Husband Dr. Pradeep Sharma - Elected as National President of Association of Colon and Rectal Surgeons of India. He was Invited Speaker at International conferences at USA, China, Turkey, South Korea, Malayasia, Singapore, and at various places in India. Performed live surgeries in more than 20 workshops all over India Appointed as Guest Professor at University of Guangzhou, China. Elected as National President of Association of Colon and Rectal Surgeons of India. He was Invited Speaker at International conferences

at USA, China, Turkey, South Korea, Malayasia, Singapore, and at various places in India. Performed live surgeries in more than 20 workshops all over India Appointed as Guest Professor at University of Guangzhou, China.

Son : Dr. Rutwik Sharma passed with Flying colours American Board Certified MD in Internal Medicine. He got selected and has joined for American Board Certified Gastroenterology superspeciality 3 year fellowship at Univ. Of Michigan.

Daughter : Dr. Pranjali Sharma was awarded Fellowship by American College of Endocrinolgy (FACE). She is appointed as Consultant and Faculty at Scripps Institute, San Diego USA. She is American Board Certified Endocrinologist and Obesity Medicine Specialist.

Dr. Jignesh Taswala

- Recipient of Special Player of the match award in box cricket for overall performance in batting, bowling & fielding at the Annual Sports Day, Yerwada Doctor's Association held on 26th Jan'25.
- Runner up in Chess in MOS ANNUAL Sport's Carnival held on 6th Jan'25.

Dr. Prasad Walimbe

- 3 presentations (2 lectures & 1 scientific research paper) during Strabismus & Pediatric Ophthalmology Society of India annual conference (SPOSIVUE 2024) at Nagpur.
- Recipient of coveted "Dr. Deshpande Award" for research & clinical work on "Amblyopia" during "SPOSIVUE 2024.

- Recipient of prestigious President's Gold Medal for the outstanding contribution in ophthalmic sciences in year 2023-24 during MOSCON 2024 @ Solapur.
- Authored a chapter titled "Approach to visual disability in children" in the recently published "Textbook of Growth, Development & Behavioral Pediatrics" by Jaypee Brothers, New Delhi. The textbook was launched during 61st National Annual Conference of Indian Academy of Paediatrics (Pedicon 2024) at Kochi.
- Published original article titled "Longitudinal follow up & outcome analysis in patching resistant/ patching noncompliant amblyopic subjects treated with dichoptic amblyopia training" in JCOR (Journal of Clinical Ophthalmology & Research) December 2024 issue.
- Published review article titled "Overview of Amblyopia- clinical features & treatment" in DOS times volume 29(7) 2024.
- Successfully completed an arduous, tough - yet one of the most scenic trek in the world named TMB (Tour du Mont Blanc) in Alps traversing through Switzerland, France & Italy in July 2024.

FRONT PAGE PICTURE :

Northern lights as seen in Tromso Norway in March 2025
- Dr. Monika Naiknimbalkar, Editor



POONA OPHTHALMOLOGICAL SOCIETY TOWARDS EDUCATION & RESEARCH

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