  
**DR  ARBIND JAISWAL**

**Presidential Address**

EIZOC ANNUAL CONFERENCE 2017, DHANBAD.

EIZOC ( YEAR  2017-2018 )

By

**Dr Arvind Jaiswal,**

Honourable Chief Guest, Guest of honour, Dignitaries on the Dias, invited guest of Faculty, my respected teachers & seniors, Delegates from my birth state i .e. Jharkhand & other delegates from Eastern India, members of the fourth pillar of the society both print & visual, colleagues and my dear friends.

It gives me enormous pleasure and happiness to be here addressing this august gathering on the occasion of 31st Annual conference of EIZOC. Let me at the outset place on record sincere gratitude to all my colleagues for having elected me President of EIZOC. When I look at this audience, I know how fortunate I am to get this opportunity because amongst you are many people more capable and perhaps more deserving than me.

I owe deep gratitude to number of people who have contributed in my life .Firstly my father, who gave me the biggest treasure of education, to my guru Dr.Arun Kumar Sinha who taught me alphabets of Ophthalmology, Prof.A.N.Pandeya under whom I did my masters and last but not the least Dr.P.N.Nagpal who not only taught me Retina but also encouraged me to take part in scientific and organizational activities.

I owe a lot to Dr.P.C.Gupta who started Retina Clinic at PMCH and allowed me to serve the masses and impart training to PG students. If I have been able to accomplish any thing in my professional life, it is mainly because of their blessings and guidance. I therefore acknowledge my abiding & profound gratitude and in debtness to them for what I am today.

On this platform, I want to share my views on..

DIABETIC RETINOPATHY-

India happens to be the world capital of diabetes since 2011.Epidemiological studies have estimated that every fourth Indian above 40years has diabetes. This accounts for 61milions in 2011 and going to rise more than 100 millions in year 2030. One of the major complications of diabetes is DIABETIC RETINOPATHY.

The estimated incidence of Diabetic Retinopathy is 18% so every fifth Indian is having some form of Retinopathy changes, which may lead to blindness,  if timely intervention is not done .Nearly, 90% of Diabetic Retinopathy features are modifiable and only 10% are having Vision threatening features. This is mind-blowing figure. This is not possible for Retinologist alone to tackle this problem, because there are less than thousand Retinal Specialist in India & most of them are in Tertiary Eye Institutes.  As I have told you earlier that 90% of diabetic retinopathy feature are modifiable which means good control on diabetes, hypertension dyslipidemia and life style modification, which will bring down the incidence of vision threatening complications of DR.

The Role of physician & Diabetologist are of paramount importance in control of diabetes related blindness

This is my earnest request from this podium to the physician to have visual acuity evaluation and Fundus imaging as part & parcel of diabetic management at their clinic.

Secondary , my humble request to the health planners & providers is to have Retina units at medical colleges & to depute young ophthalmologists for  3 to 6 months training in Medical Retina at tertiary eye institute on a regular basis so that an army of trained professional can be created to combat Diabetes related blindness which is looming large over our horizon.

OPHTHALMIC TRANING & YOUNG OPHTHALMOLOGIST

Indian ophthalmology is at an interesting juncture from where it is capable of transforming global ophthalmology and become a world leader in ophthalmic care and innovation; against all odds, it has firmly established it self on the global map. But as we stand at this crossroads we have to understand the growing need to develop quality young ophthalmologists who can carry the legacy on their shoulder.

How I see young ophthalmologists of coming years? Competent & innovative enough to lead India globally. Compassionate enough to address the problem at grass root level.

India is known for its diversity and unfortunately, this diversity exists in the ophthalmic teaching curriculum as well. We have a whole spectrum of institute and colleges across India ranging from the world-class one to the one where there is an alarming scope of improvement.  According to MCI, there are 117 government and 120 Private Medical colleges in India with MD/MS (Ophthalmology) curriculum. Yet, in a sample of ten best eye hospitals in India, only one eye hospital (AIIMS) is in government sector.

For many years I am observing that during M.B.B.S, young graduate are being told that ophthalmology learning is for Post-graduate and then from the beginning of residency they are reinforced with the concept that "Just learn the basic" because any how fellowship has to be done. But in Tertiary Eye Care Institution, they have evolved various sub-specialities and residents are exposed to these sub-specialities.

I am of view that uniform comprehensive pan ophthalmology training should be the mantra of residency-program in our country. Many will raise objection because fellowship is new Fad.

This will reduce mad rush for superior/sub-speciality training. In my opinion sub-specialities, specialisation should be for those who want to pursue their carrier in Medical College or Tertiary Institution or in lighter view for those who want to become "God of small Things".

India needs comprehensive Pan-opthalmogists who can practice at divisional, district, or sub-division level to tackle the treatable blindness which constitute 80% of total blindness.

In summary, we need a structured, supervised and scrutinized ophthalmology residency programme.

-ROLE OF EIZOC-

Presently the professional excellence and expertise of EIZOC ophthalmologist are unquestionably of a very high standard and of national level. Many tertiary care Institutions are centre of excellence and national repute.

I propose formation of P.G. skill Development programme under the aegis

Of E.I.Z.O.C. under this programme, P.G. students will go to Tertiary care institution of repute for 10-15 days as observer. This will give immense exposure to students and also give foundation for future academic endeavours.

EIZOC should do what Albert Einstein once said - "I never try to teach my students anything. I only try to create an environment where they can learn".

-EASTERN ZONAL OPHTHALMOLOGICAL CONGRESS-

I am associated with the EIZOC since more than two decade and taken responsibilities assign to me by society. I have tried to accomplish it to my ability.

EIZOC executive committee has taken sight step in right direction to have its mid year & annual conference Independently. This decision will have far-reaching impact in the growth of EIZOC in years to come.

It is quiet heartening to see that executive committee to EIZOC symbolises collective responsibility, mutual respect & regard and above all, a commitment & courage to serve the society in the best possible way. I congratulate them in general and our dynamic secretary Dr.B.N.Gupta in particular.

I wish to convey my appreciation thanks & congratulations to Team L.O.C under the leadership of Dr.P.K.Chatterjee and scientific committee under command of Dr.Satyen Deka for excellent scientific programme & other logistics arrangement of highest order.

Finally, I would like to conclude by saying , EIZOC is well poised to march forward with renewed vigour & vitality and certainly primed to scale new height of glory.

Thanks for your patience hearing.

**LONG LIVE EIZOC**

**LONG LIVE INDIAN OPHTHALMOLOGY**

**JAI HIND.**



PROF DR BIMAL KUMAR SAHAY

**PRESIDENTIAL ADDRESS**

Delivered at Bhubneshwar, Odissa.

13th Nov 2010.

EIZOC ( YEAR  2010-2011 )

Chief Guest Hon. Chief Minister , Govt, of Orrisa, Guest of honour, other dignitaries on the Dias off the Dias, Fellow delegates, spouches including my wife Prof Dr. Priti Bala Sahay , Invited Guests. Local organising committee members and members of Orrisa Ophthalmological Society .Door Darsan people, media people and friends.

First of all I am thankful to all the members of EIZOC for showing faith on me by electing me President of Eastern India Zonal Ophthalmological Congress. It is my proud previlage to become President in the Silver Jublce year of EIZOC.

This year the theme of EIZOC is "SAVING - SIGHT". Dear collegues if I start saying that there are about 30 to 40 millions cataract patients in our country - the backlog is still not being cleared and still cataract remains No. I cause of Blindness - there is no use. The question is how we can help in reducing the Cataract Blindness. I have few suggestions -

1. Let us spare some time for this noble cause.
2. The Government is itself keen for cataract operation - it is our duly to fully co­operate these Government sponsored cataract screening camp and operations. The Civil Surgeon cum CMO's may be requested to depute ophthalmic assistants along with Paramedical staff from September to March for screening & selecting the cataract cases and bringing them to hospitals for operation and of course the Govt, will provide vehicle to the team for screening and bringing cataract cases for operation. We shall also request to the Govt, of EIZOC states for the same from EIZOC platform.

This has happened in the EIZOC state of Jharkhand & the result is that the state has surpased the target fixed by the Govt.

(3) To encourage the NGO's to organize such type of cataract screening cpmps in  
different remote places & for bringing them to hospital for operation.

Fortunately the EIZOC states like Assam . Bihar. Jharkhand. Orrisa . West Bengal & other North Eastern States have nearly achieved the target of cataract operation this year. But to reduce the backlogs more cataract operations should be done. Thus we can help our society, our state & our country. After all even1 body has got " RIGHT TO SEE". - This was launched in our country at Goa in October 2001. on W.H.O. recommendation.

Next emerging cause of Blindness is DIABETIC-RETINO-PATHY. Will you believe that as per recent survey 50 millions (approx) patients are Diabetic in our country, which is going to 60 millions in next 10 years ? Imagine ? According to National Institute of Health 30% to 40% of Diabetic patients may develop - "Diabetic Retinopathy" at some stages. So again it becomes our moral responsibility to do something for our society. We can not reduce Diabetes cases. But certainly we can screen out Diabetic Retinopathy cases and give them proper councilling. Kindly arrange Diabetic Retinopathy Screening Camp in your areas minimum at 3 months interval with the help of NGO's. Physicians and Pathologists & give them proper councilling.

3rd important part is school screening of small children for Vitamin A deficiency and giving them Vitamin A with the help of local medical officers, which is regularly done. But Visual Acquity Test and Colour vision detection for senior class school students is also very important which should be done by our members. Refractive error can be corrected but for students with high refractive error & for colour blind students proper councilling is essential. This will help in choosing their carrier where high refractive error & Colour Blind is NO BAR. Recently I was member of a medical board in which one person had competed & selected for DSP but on medical fitness exam he was found to be Colour Blind and he was DENIED that post of DSP - imagine what a frustration ?

4th is "EYE DONATION" - To encourage "EYE DONATION" please wtite the benifits of Eye Donation on Banners and put it in Eye OPD's & in private eye clinics. The general people are still not aware of it. 1 from the platform of EIZOC will request the Government of all the EIZOC stales to upen full flaged Eye 3anks in all Medical College Hospitals and in each Districts Hospitals with all amenities for proper storage of Enucleated eye's and posting of minimum two Medical Officers in the Eye Bank who will look after the functioning of Eye Banks and will do enucleation after death on information.

5,h is about CME - Please hold one day seminar or workshop along with panel discussion in your region on any current topics. The interaction and exchange of thoughts will update the knowledge. A part from this we will get a chance to meet each other closely & we also get a chance to visit and see important things of that area. It is not difficult. Only your "DESIRE" is required. I know all of you are capable for arranging seminar and workshops in your region under CME programme.

Kindly arrange it and give prior information about seminar or workshop well in advance to us. We shall circulate it amongst our members and personally we will try to join you.

Dear friends please do not think I am over loading you all with these on going programme of EIZOC. But I am requesting >ou with folded hands -

KI **APP APNl** IKCHA SHAKTI JAGAl - YAH SAB KUCH HO JAYEGA, SAMAJ NE HAME BAHUT KUCH DIYA HAI, HAMARA BHl KARTA VYA BANTA HA/ KI SAMAJ KE LI YE KUCH KARE

EIZOC started Mid Term Conferrence. The Is1 one day conference was held at Patna with the initiation of Dr.V.N.Prasad . Past President EIZOC. The 2nd two days conference and workshop was held at "DISHA Eye Hospital" Barrakpore-Kolkata under the able guidance of Dr. Debashis Bhattacharya. Both the Confenences were very successful with good scientific feast and personal touch. The 3,d is going to be at Dhanhad. Dr. B.N.Gupta, Chairman, Scientific Committee EIZOC will pilot it. Please attend in large number.

EIZOC annual journal " The Eastern Eye" has come up Dr. Partho Biswas of B.B. Foundation, kolkata, is the editor, kindly send your articles or interesting case reports with your experience to him for publication. The details you can ask from the Editor. EASTREN EYE Journal.

Lastly 1 request you to be UNITED. Think that we all are member of ONE family EIZOC. and then only we will have our say in All India Ophthalmological Society and every where. If any of our member stands for any post in AIOS then it becomes our moral responsibility to see that our member is elected. We have about 570 strong hands. If by chance 50 of our members are not able to cast their votes even then the data of 520 is enough to win the election. But please inform all the members and the Head quarter about your filing the nomination.

If any of our member faces some major problems or is in crises then please inform the H.Q. We shall extend all help to the needy member. You all know that your society is not very rich . But at the same time not very poor also. Most of our members are financially very rich and so naturally our family EIZOC is also rich. If in case of emergency we ask for some monetary help from am om>\*( our rich members I am sure they will donate to our society,, t)ear Collegucs. My aim is to bring all of you under one EIZOC family.

I personally handing over Rs. 10,000.00 to our society. I request the Secretary to please accept it. Dr. S.C.Das please.

Now I have taken much of your time. Before ending my speech I thank the chief guest Hon. Chief Minister. Government of Orrisa . the guest of honour for sparing their valuable time for us. To respected Delegates - who are the backbones of a conference. To the charming spouses for making the conference colourful , To all invited Guests for coming here in the Inaugural function . To toca! organizing committee members & members of Orrisa State Ophthalmological Society for holding such a nice conference "FUSION" with scientifically rich sessions in the beautiful and temple city of Bhubaneswar- Orrisa. To all media people with the hope that they will give a good coverage of this Conference. To all Pharmaceutical & Instrument companies for taking part in the trade exhibition during the Conference and To all those who directly or indirectly helped for making this Conference successful.

Thank you very much for lending your ears for such a long time.

LONG LIVE EIZOC JAI-HIND