
Call for Editorial Board Members

As you are well aware that we are a medical and health sciences publishers; publishing peer-reviewed journals and books since 2004.

We are always looking for dedicated editorial board members for our journals. If you completed your master's degree and must have at least five years experience in teaching and having good publication records in journals and books.

If you are interested to be an editorial board member of the journal; please provide your complete resume and affiliation through e-mail (i.e. info@rfppl.co.in) or visit our website (i.e. www.rfppl.co.in) to register yourself online.

Call for Publication of Conference Papers/Abstracts

We publish pre-conference or post-conference papers and abstracts in our journals, and deliver hard copy and giving online access in a timely fashion to the authors.

For more information, please contact:

For more information, please contact:

A Lal

Publication-in-charge

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi – 110 091 (India)

Phone: 91-11-79695648

E-mail: info@rfppl.co.in

Free Announcements of your Conferences/Workshops/CMEs

This privilege to all Indian and other countries conferences organizing committee members to publish free announcements of your conferences/workshops. If you are interested, please send your matter in word formats and images or pictures in JPG/JPEG/Tiff formats through e-mail attachments to sales@rfppl.co.in.

Terms & Conditions to publish free announcements:

1. Only conference organizers are eligible up to one full black and white page, but not applicable for the front, inside front, inside back and back cover, however, these pages are paid.
2. Only five pages in every issue are available for free announcements for different conferences.
3. This announcement will come in the next coming issue and no priority will be given.
4. All legal disputes subject to Delhi jurisdiction only.
5. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

For more information, please contact:

A Lal

Publication-in-charge

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091 (India)

Phone: 91-11-79695648

E-mail: info@rfppl.co.in

Win Free Institutional Subscription!

Simply fill out this form and return scanned copy through e-mail or by post to us.

Name of the Institution _____

Name of the Principal/Chairman _____

Management (Trust/Society/Govt./Company) _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____

Country _____

PIN Code _____

Mobile _____

Email _____

We are regular subscriber of Red Flower Publication journals.

Year of first subscription _____

List of ordered journals (if you subscribed more than 5 titles, please attach separate sheet)

Ordered through

Name of the Vendor	Subscription Year	Direct/subs Yr

Name of the journal for which you wish to be free winner

Terms & Conditions to win free institutional subscription

1. Only institutions can participate in this scheme
2. In group institutions only one institution would be winner
3. Only five institutions will be winner for each journal
4. An institution will be winner only for one journal
5. The free subscription will be valid for one year only (i.e. 1 Jan – 31 Dec)
6. This free subscription is not renewable, however, can be renewed with payment
7. Any institution can again participate after five years
8. All legal disputes subject to Delhi jurisdiction only
9. This scheme will be available to participate throughout year, but draw will be held in last week of August every year
10. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

I confirm and certify that the above information is true and correct to the best of my knowledge and belief.

Place:

Signature with Seal

Date:

Revised Rates for 2023 (Institutional) Title of the Journal	Frequency	India(INR) Print Only	India(INR) Online Only	Outside India(USD) Print Only	Outside India(USD) Online Only
Community and Public Health Nursing	Triannual	6500	6000	507.81	468.75
Indian Journal of Agriculture Business	Semiannual	6500	6000	507.81	468.75
Indian Journal of Anatomy	Quarterly	9500	9000	742.19	703.13
Indian Journal of Ancient Medicine and Yoga	Quarterly	9000	8500	703.13	664.06
Indian Journal of Anesthesia and Analgesia	Bi-monthly	8500	8000	664.06	625
Indian Journal of Biology	Semiannual	6500	6000	507.81	468.75
Indian Journal of Cancer Education and Research	Semiannual	10000	9500	781.25	742.19
Indian Journal of Communicable Diseases	Semiannual	9500	9000	742.19	703.13
Indian Journal of Dental Education	Quarterly	6500	6000	507.81	468.75
Indian Journal of Diabetes and Endocrinology	Semiannual	9000	8500	703.13	664.06
Indian Journal of Emergency Medicine	Quarterly	13500	13000	1054.69	1015.63
Indian Journal of Forensic Medicine and Pathology	Quarterly	17000	16500	1328.13	1289.06
Indian Journal of Forensic Odontology	Semiannual	6500	6000	507.81	468.75
Indian Journal of Genetics and Molecular Research	Semiannual	8000	7500	625	585.94
Indian Journal of Law and Human Behavior	Semiannual	7000	6500	546.88	507.81
Indian Journal of Legal Medicine	Semiannual	9500	9000	742.19	703.13
Indian Journal of Library and Information Science	Triannual	10500	10000	820.31	781.25
Indian Journal of Maternal-Fetal & Neonatal Medicine	Semiannual	10500	10000	820.31	781.25
Indian Journal of Medical and Health Sciences	Semiannual	8000	7500	625	585.94
Indian Journal of Obstetrics and Gynecology	Quarterly	10500	10000	820.31	781.25
Indian Journal of Pathology: Research and Practice	Triannual	13000	12500	1015.63	976.56
Indian Journal of Plant and Soil	Semiannual	7500	7000	585.94	546.88
Indian Journal of Preventive Medicine	Semiannual	8000	7500	625	585.94
Indian Journal of Research in Anthropology	Semiannual	13500	13000	1054.69	1015.63
Indian Journal of Surgical Nursing	Triannual	6500	6000	507.81	468.75
Indian Journal of Trauma and Emergency Pediatrics	Quarterly	10500	10000	820.31	781.25
Indian Journal of Waste Management	Semiannual	10500	10000	820.31	781.25
International Journal of Food, Nutrition & Dietetics	Triannual	6500	6000	507.81	468.75
International Journal of Forensic Science	Semiannual	11000	10500	859.38	820.31
International Journal of Neurology and Neurosurgery	Quarterly	11500	11000	898.44	859.68
International Journal of Pediatric Nursing	Triannual	6500	6000	507.81	468.75
International Journal of Political Science	Semiannual	7000	6500	546.88	507.81
International Journal of Practical Nursing	Triannual	6500	6000	507.81	468.75
International Physiology	Triannual	8500	8000	664.06	625
Journal of Aeronautical Dentistry	Quarterly	8000	7500	625	585.94
Journal of Animal Feed Science and Technology	Semiannual	9000	8500	703.13	664.06
Journal of Cardiovascular Medicine and Surgery	Quarterly	11000	10500	859.38	820.31
Journal of Emergency and Trauma Nursing	Semiannual	6500	6000	507.81	468.75
Journal of Food Additives and Contaminants	Semiannual	6500	6000	507.81	468.75
Journal of Food Technology and Engineering	Semiannual	6000	5500	468.75	429.69
Journal of Forensic Chemistry and Toxicology	Semiannual	10500	10000	820.31	781.25
Journal of Global Medical Education and Research	Semiannual	7000	6500	546.88	507.81
Journal of Global Public Health	Semiannual	13000	12500	1015.63	976.56
Journal of Microbiology and Related Research	Semiannual	9500	9000	742.19	703.13
Journal of Nurse Midwifery and Maternal Health	Triannual	6500	6000	507.81	468.75
Journal of Orthopedic Education	Triannual	6500	6000	507.81	468.75
Journal of Pharmaceutical and Medicinal Chemistry	Semiannual	17500	17000	1367.19	1328.13
Journal of Plastic Surgery and Transplantation	Semiannual	27500	27000	2148.44	2109.38
Journal of Psychiatric Nursing	Triannual	6500	6000	507.81	468.75
Journal of Radiology	Semiannual	9000	8500	703.13	664.06
Journal of Social Welfare and Management	Quarterly	8500	8000	664.06	625
New Indian Journal of Surgery	Quarterly	9000	8500	703.13	664.06
Ophthalmology and Allied Sciences	Triannual	7000	6500	546.88	507.81
Pediatrics Education and Research	Quarterly	8500	8000	664.06	625
Physiotherapy and Occupational Therapy Journal	Quarterly	10000	9500	781.25	742.19
RFP Gastroenterology International	Semiannual	7000	6500	546.88	507.81
RFP Indian Journal of Hospital Infection	Semiannual	13500	13000	1054.69	1015.63
RFP Indian Journal of Medical Psychiatry	Semiannual	9000	8500	703.13	664.06
RFP Journal of Biochemistry and Biophysics	Semiannual	8000	7500	625	585.94
RFP Journal of Dermatology	Semiannual	6500	6000	507.81	468.75
RFP Journal of ENT and Allied Sciences	Semiannual	6500	6000	507.81	468.75
RFP Journal of Gerontology and Geriatric Nursing	Semiannual	6500	6000	507.81	468.75
RFP Journal of Hospital Administration	Semiannual	8000	7500	625	585.94
Urology, Nephrology and Andrology International	Semiannual	8500	8000	664.06	625
Terms of Supply: 1. Agency discount 12.5%. Issues will be sent directly to the end user, otherwise foreign rates will be charged. 2. All back volumes of all journals are available at current rates. 3. All journals are available free online with print order within the subscription period. 4. All legal disputes subject to Delhi jurisdiction. 5. Cancellations are not accepted orders once processed. 6. Demand draft/cheque should be issued in favour of "Red Flower Publication Pvt. Ltd." payable at Delhi. 7. Full pre-payment is required. It can be done through online (http://rfppl.co.in/subscribe.php?mid=7). 8. No claims will be entertained if not reported within 6 months of the publishing date. 9. Orders and payments are to be sent to our office address as given below. 10. Postage & Handling is included in the subscription rates. 11. Subscription period is accepted on calendar year basis (i.e. Jan to Dec). However orders may be placed any time throughout the year.					
Order from Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India) Mobile: 8130750089, Phone: 91-11-79695648 E-mail: sales@rfppl.co.in , Website: www.rfppl.co.in					

Ophthalmology and Allied Sciences

Editor-in-Chief

Kamal Jeet Singh

Professor & HOD of Ophthalmology
Moti Lal Nehru Medical College, Allahabad

International Editorial Advisory Board

Rajan Paul

Hywel Dda University Health Trust, United Kingdom

National Editorial Advisory Board

Poninder Kumar

Army College of Medical Sciences, New Delhi

Sandeep Saxena

King George's Medical University, Lucknow

Sanjiv Kumar Gupta

King George's Medical University, Lucknow

Anupama Takilkar

Navodaya medical College, Raichur

Managing Editor

A. Lal

Publication Editor

Dinesh Kumar Kashyap

© 2023 Red Flower Publication Pvt. Ltd. All rights reserved.

The views and opinions expressed are of the authors and not of the Ophthalmology and Allied Sciences. Ophthalmology and Allied Sciences does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the advertisement in the journal, which are purely commercial.

Corresponding address

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II, Mayur Vihar, Phase-I
Delhi - 110 091 (India).

Tel: 91-11-79695648

E-mail: info@rfppl.co.in

Website: www.rfppl.co.in

Ophthalmology and Allied Sciences (OAS) (pISSN: 2454-7816, eISSN: 2455-8354) is a half yearly peer-reviewed journal for ophthalmologists and visual science specialists, with a broad international scope. The journal publishes original, peer-reviewed reports of research in ophthalmology, including basic science investigations and clinical studies. Topics include new diagnostic and surgical techniques, treatment methods, instrument updates, the latest drug findings, results of clinical trials, and research findings. In addition to original research papers, the journal presents review articles, editorial comments, an international calendar of events and book reviews.

SUBSCRIPTION FORM

I want to renew/subscribe international class journal "**Ophthalmology and Allied Sciences**" of Red Flower Publication Pvt. Ltd.

Subscription Rates:

- Institutional: **INR 7000/USD 546.88**

Name and complete address (in capitals): _____

Payment detail:

Online payment link: <http://rfppl.co.in/payment.php?mid=15>

Cheque/DD: Please send the US dollar check from outside India and INR check from India made payable to 'Red Flower Publication Private Limited'. Drawn on Delhi branch.

Wire transfer/NEFT/RTGS:

Complete Bank Account No. 604320110000467

Beneficiary Name: Red Flower Publication Pvt. Ltd.

Bank & Branch Name: Bank of India; Mayur Vihar

MICR Code: 110013045

Branch Code: 6043

IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)

Swift Code: BKIDINBBDOS

Term and condition for supply of journals

1. Advance payment required by Demand Draft payable to **Red Flower Publication Pvt. Ltd.** payable at **Delhi**.
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 12.5% discount.
4. Claim must be made within six months from issue date.

Mail all orders to

Subscription and Marketing Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-79695648

Cell: +91-9821671871

E-mail: sales@rfppl.co.in

BHIM BOI UPI QR

SCAN HERE TO PAY
WITH ANY BHIM UPI APP



RED FLOWER PUBLICATIONS PRIVATE LIMITED

bhbm: 9716168295@bci

Ophthalmology and Allied Sciences

Volume 9 Number 1-2
January - August 2023

Contents

Original Article

- Awareness and Knowledge of Eye Donation among Nursing Students of a Tertiary Care Hospital** 09
Anupama R. Taklikar, Mohanmmmed Abrar Ahmed, Kedarnath Uday Patil, Pavan M.K.

Review Article

- Heart Attack: An Insight Review in the Indian Context** 13
Sachin C. Narwadiya

Case Report

- Raktamokshana in Utsangini** 19
Syed Rasool Sufiyan, Veerayya R Hiremath, Shashikala K, Gururaj N, Raju S.N
- Guidelines for Authors** 27

<p>Red Flower Publication (P) Ltd. <i>Presents its Book Publications for sale</i></p>		
1. Beyond Medicine: A to E for Medical Professionals) (2020) <i>Kalidas Chavan</i> INR390/USD31		
2. Biostatistical Methods For Medical Research (2019) <i>Sanjeev Sarmukaddam</i>	INR549/USD44	
3. Breast Cancer: Biology, Prevention And Treatment (2015) <i>Dr. A. Ramesh Rao</i>	INR 395/USD31	
4. Chhotanagpur A Hinterland of Tribes (2020) <i>Anbrish Gautam</i>	INR250/ USD20	
5. Child Intelligence (2004) <i>Dr. Rajesh Shukla, Md, Dch.</i>	INR100/ USD50	
6. Clinical Applied Physiology and Solutions (2020) <i>Varun Malhotra</i>	INR263/USD21	
7. Comprehensive Medical Pharmacology (2019) <i>Dr. Ahmad Najmi</i>	INR599/USD47	
8. Critical Care Nursing in Emergency Toxicology (2019) <i>Vivekanshu Verma</i>	INR460/USD34	
9. Digital Payment (Blue Print For Shining India) (2020) <i>Dr. Bishnu Prasad Patro</i>	INR329/USD26	
10. Drugs in Anesthesia (2020) <i>R. Varaprasad</i>	INR449/USD35	
11. Drugs In Anesthesia and Critical Care (2020) <i>Dr. Bhavna Gupta</i>	INR595/USD46	
12. MCQs in Medical Physiology (2019) <i>Dr. Bharati Mehra</i>	INR300/ USD29	
13. MCQs in Microbiology, Biotechnology and Genetics (2020) <i>Biswajit Batthyay</i>	INR285/USD22	
14. MCQs In Minimal Access and Bariatric Surgery (2nd Edition) (2020) <i>Anshuman Kaushal</i>	INR545/USD42	
15. Patient Care Management (2019) <i>A.K. Mohiuddin</i>	INR999/USD78	
16. Pediatrics Companion (2001) <i>Rajesh Shukla</i>	INR 250/USD50	
17. Pharmaceuticals-1 (A Comprehensive Hand Book) (2021) <i>V. Sandhya</i>	INR525/ USD50	
18. Poultry Eggs of India (2020) <i>Prafulla K. Mohanty</i>	INR390/USD30	
19. Practical Emergency Trauma Toxicology Cases Workbook (2019) <i>Dr. Vivekanshu Verma, Dr. Shivo Rathan Kochar, Dr. Devendra Richhariya</i>	INR395/USD31	
20. Practical Record Book of Forensic Medicine & Toxicology (2019) <i>Dr. Akhilesh K. Pathak</i>	INR299/USD23	
21. Recent Advances in Neonatology (2020) <i>Dr. T.M. Ananda Kesavan</i>		INR 845/USD66
22. Shipping Economics (2018) <i>Dr. D. Anutha</i>		INR347/USD45
23. Skeletal and Structural Organizations of Human Body (2019) <i>Dr. D.R. Singh</i>		INR659/USD51
24. Statistics In Genetic Data Analysis (2020) <i>S.Venkatasubramanian</i>		INR299/USD23
25. Synopsis of Anesthesia (2019) <i>Dr. Lalit Gupta</i>		INR1195/USD75
26. A Handbook of Outline of Plastic Surgery Exit Examination (2022) <i>Prof Ravi Kumar Chittoria & Dr. Saurabh Gupta</i>		INR 498/USD 38
27. An Introductory Approach to Human Physiology (2021) <i>Satyajit Tripathy, Barsha Dassarna, Motilalputa Gihert Matsabisa</i>		INR 599/USD 46
28. Biochemical and Pharmacological Variations in Venomous Secretion of Toad (<i>Bufo melanostictus</i>)(2021) <i>Dr. Thirupathi Koila & Dr. Venkatah Yananala</i>		INR 325/USD26
29. Climate, Prey & Predator Insect Poupulation in Bt Cotton and Non-Bt Cotton Agriculture Feilds of Warangal District (2022) <i>Dr. Pesari Laxman, Ch. Sammaiah</i>		INR 325/USD26
30. Community Health Nursing Record Book Volume - I & II (2022) <i>Ritika Roque</i>		INR 999/USD 79
31. Handbook of Forest Terminologies (Volume I & II) (2022) <i>Dr. C.N.Hari Prasath, Dr. A. Balasubramanian, Dr. M. Sivaprakash, V. Manimaran, Dr. G. Swathiga</i>		INR 1325/USD 104
32. MCQs of Biochemistry(2022) <i>Sachin C. Naravadiya, Dr. Irfana Begum</i>		INR 399/USD 49
33. Newborn Care in the State of Uttar Pradesh(2022) <i>Dr. Tridibesh Tripathy</i>		INR 545/USD 42
34. Osteoporosis: Weak Bone Disease(2022) <i>Dr. Dondeti Uday Kumar & Dr. R. B. Uppin</i>		INR 399/USD49
35. Quick Updates in Anesthesia(2022) <i>Dr. Rupinder Kaur Kaiche, Dr. Vidhyadhar Modak, Dr. Shilpa Sarmakki & Dr. Vivek Gupta</i>		INR 599/USD 44
36. Textbook of Practice of Medicine with Homoeopathic Therapeutics(2022) <i>Dr. Pramod Kumar</i>		INR 1325/USD104
37. Trends in Anthropological Research(2022) <i>Dr. Jyoti Ratan Ghosh, Dr. Rangya Gachui</i>		INR 399/USD 49

Order from: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091(India), Mobile: 8130750089, Phone: 91-11-79695648, E-mail: info@rfppl.co.in, Website: www.rfppl.co.in

Awareness and Knowledge of Eye Donation among Nursing Students of a Tertiary Care Hospital

Anupama R. Taklikar¹, Mohanmmmed Abrar Ahmed²,
Kedarnath Uday Patil³, Pavan M.K.⁴

How to cite this article:

Anupama R. Taklikar, Mohanmmmed Abrar Ahmed, Kedarnath Uday Patil *et al.* / Awareness and Knowledge of Eye Donation among Nursing Students of a Tertiary Care Hospital/Ophthalmol Allied Sci. 2023;9(1-2): 09-11.

Abstract

Aim: To assess the awareness and knowledge of eye donation among nursing students of a tertiary care hospital.

Methods: A semi-structured questionnaire consisting of 10 questions was given to a group of 95 students belonging to 1st year B.Sc. Nursing.

Results: In our study, all the students had heard about eye donation. 62.1% students were willing to donate. 67.36% students knew the ideal time of eye donation but only 30.52% students knew the eligibility criteria of donation.

Conclusion: All the students were aware of eye donation and majority of them were willing to donate and also knew the ideal time of donation, but their knowledge on other aspects of eye donation for Corneal Blindness and Corneal Transplantation was lacking.

Keyword: Eye Donation; Corneal Blindness; Corneal Transplantation.

INTRODUCTION

Blindness is defined as a condition where visual acuity is $<3/60$ with available correction. 43 million individuals are blind worldwide (rough frequency of 0.5%), with 1.1 billion people coping with vision loss. 295 million people (or a crude

prevalence of 3.7%) suffer moderate to severe visual impairment. Mild vision impairment affects 258 million people worldwide (crude prevalence: 3.3%). Near sightedness affects 510 million people worldwide (crude prevalence: 6.5%). There were an estimated 270 million blind persons in India by the year 2020. 9.2 million of them were visually impaired.

The following are the main reasons for eyesight loss:

Refractive defects left uncorrected (671 million individuals), (100 million people) Cataract, (8 million in individuals) have glaucoma, Macular degeneration associated with ageing (8 million persons), (4 million people) have diabetic retinopathy. Causes of corneal blindness includes microbial keratitis, trachoma, vitamin A deficiency, ophthalmia neonatorum, harmful traditional

Author Affiliation: ¹Professor and Head of Department, ²House Surgeon, ^{3,4}1st year PG, Department of Ophthalmology, Navodya Medical College Hospital and Research Centre, Raichur 584102, Karnataka, India.

Corresponding Author: Mohanmmmed Abrar Ahmed, House Surgeon, Department of Ophthalmology, Navodya Medical College Hospital and Research Centre, Raichur 584102, Karnataka, India.

Email: abrarahmed2310@gmail.com

Received on: 20.06.2023 **Accepted on:** 03.07.2023

medicines, onchocerciasis, leprosy and ocular trauma. Millions of people have illnesses that require routine eye care procedures to stop or postpone vision loss.¹

Corneal transplantation or corneal grafting is the only effective treatment for corneal blindness. In this procedure, either a portion of the cornea or the complete cornea is replaced with a cornea donated by a deceased patient. According to a recent global analysis on corneal transplantation and eye banking, there is only one cornea available for every 70 patients worldwide, demonstrating a severe imbalance between global demand and supply of donor corneas. It is estimated that 2,70,000 donor eyes, or a four fold increase over the existing donor eye availability, will be required to conduct 1,00,000 corneal transplants annually in India based on the current accessibility of donor eyes and their consumption rates. A three-tier community system, consisting of eye donation sites, eye banks, and eye bank training institutes, has been proposed for India to address the country's lack of eye donors.²

This study focuses on nursing students of a tertiary care hospital as they form the 1st line of patient care and can play a vital role in influencing public opinion and beliefs on eye donation.

Aim

To assess the awareness and knowledge of eye donation among nursing students of a tertiary care hospital.

MATERIALS AND METHODS

No. of subjects: 95

Selection of subjects: Both male and female 1st year B.Sc. Nursing students of a tertiary care hospital belonging to age groups of 17-19 years.

Inclusion criteria: 1st year nursing students who had given informed and written consent.

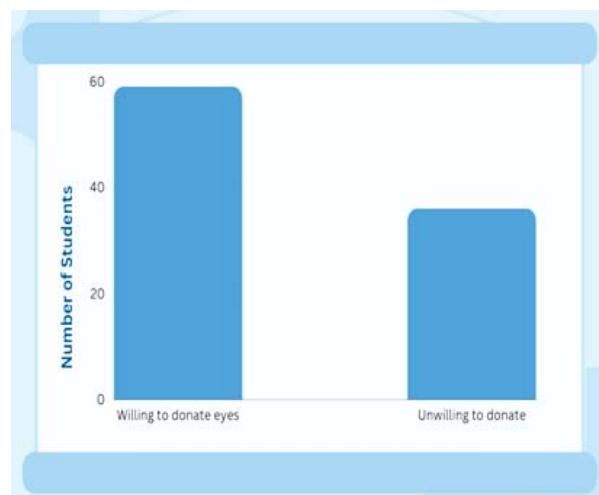
Exclusion criteria: students who were absent on the day of study.

Methods: A semi-structured questionnaire consisting of 10 questions was given to the students and their responses recorded and analyzed.

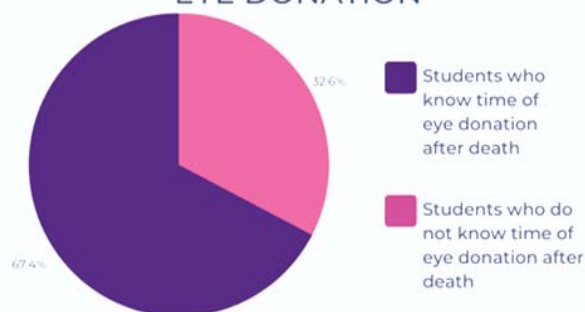
OBSERVATION AND RESULTS

Our study reveals that all the 95 students (100%) who were part of the study have heard about eye donation. The main sources of information for these students were found to be peer groups, educational institutions and electronic media. Out of these, 59

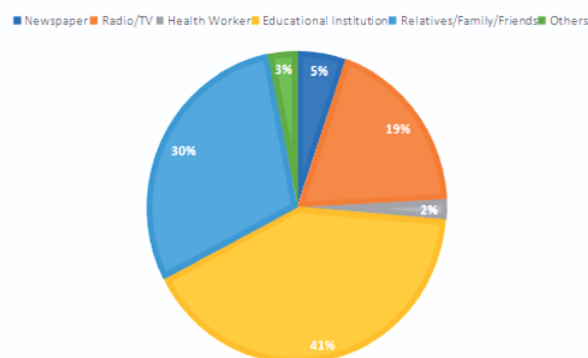
students (62.1%) showed willingness to donate eyes where as 36 students (37.89%) were unwilling to donate eyes, majority of them citing personal reasons. Other reasons being objection by family members and religious beliefs. 64 students (67.36%) knew that eyes can be donated upto 6 hours after death but only 29 students (30.52%) were aware about the eligibility criteria of eye donation; the rest 66 students (69.47%) were unaware on who can donate eyes. These 66 students were lacking knowledge regarding corneal blindness and corneal transplantation.



KNOWLEDGE ABOUT TIME OF EYE DONATION



SOURCES OF INFORMATION ON EYE DONATION



DISCUSSION

- Kacheri A. *et al.* conducted a study on 'Eye Donation: Awareness, Knowledge, Willingness, and Barriers among Paramedical and Allied Health Science Students at a Tertiary Care Teaching Hospital in South India' on 150 students. The study revealed that 93.3% students were aware about eye donation. 49% students were willing to donate, familial opposition was the main reason for those unwilling to donate.²
- Shadakshari SM *et al.* conducted a study on 'Awareness of Eye Donation Among Nursing Students' on 380 students. 72% of the students were aware about eye donation, 93% of them were willing to donate and 28% knew the ideal time of donation.³
- Chowdhury R.K. *et al.* conducted a study on 'Awareness of eye donation among medical and nursing students: A comparative study' on 112 medical and 115 nursing students. In their study, all medical students and 91% nursing students had heard about eye donation. The ideal time of donation was known to 69% medical students and 60.9% nursing students. 88.4% medical students and 79.1% nursing students were willing to donate eyes. Lack of awareness and familial objection were the reason for unwillingness to donate.⁴
- In our study, all the students had heard about eye donation. 62.1% students were willing to donate. 67.36% students knew the ideal time of eye donation but only 30.52% students knew the eligibility criteria of donation. Those unwilling to donate cited personal reasons, familial objection and religious beliefs.

CONCLUSION

According to our study, all the students were aware of eye donation and majority of them were willing to donate. The knowledge on ideal time of donation was known to many but the knowledge on other technical aspects of eye donation was found to be deficient. As nurses form the 1st line of patient care, they play a vital role in shaping opinions of patients and their relatives. Knowledge on various aspects of ocular diseases and eye donation needs to be imparted as their courses progresses so that

can educate and encourage the common public to donate eyes. This would increase the eye donation rates and ease the burden of blindness. Our eyes are a window connecting us to the outside world and it is necessary to preserve them.

Questionnaire used for the study

Question 1	Have you heard about eye donation? <ul style="list-style-type: none">• Yes• No (If No, go to Q6)
Question 2	When did you hear about eye donation? <ul style="list-style-type: none">• In the last 1 year• In the last 1-5 years• 5 years back• Never
Question 3	How did you hear about it? <ul style="list-style-type: none">• Newspaper• Radio/Television• Health worker• Education institution• Family member/Relative/Friends• Other sources
Question 4	Can eyes only be donated after death? <ul style="list-style-type: none">• Yes• No• Do not know
Question 5	Who can donate eyes? <ul style="list-style-type: none">• Any one irrespective of age after death• Those who have not undergone cataract surgery• Those who don't wear spectacles• Only those below the age of 50 years• Those without history of any chronic illness• Others• Do not know
Question 6	Do you know of anyone who has donated eyes after death? <ul style="list-style-type: none">• Yes• No
Question 7	Will you donate your eyes after death? <ul style="list-style-type: none">• Yes• No (If No, go to Q9)
Question 8	If Yes, will you like to inform your family regarding your wish to donate? <ul style="list-style-type: none">• Yes• No
Question 9	Why don't you want to donate your eyes? <ul style="list-style-type: none">• Don't have time• Religious beliefs• Personal reasons• It disturbs normal appearance of the body• Others
Question 10	Within how much time should the eyes be donated after death to maintain its quality? <ul style="list-style-type: none">• 0-6 hours• 6-24 hours• It is possible to donate even after 24 hours• Do not know

REFERENCES

1. www.iapb.org/learn/vision-atlas.
2. Kacheri Aimanfatima, Mudhol Rekha, Chougule Sanjeev, Reny Rhema, Kamath Sagarika, Kamath Rajesh, Eye Donation: Awareness, Knowledge, Willingness, and Barriers among Paramedical and Allied Health Science Students at a Tertiary Care Teaching Hospital in South India, The Scientific World Journal, 2022 Feb 23, Article ID 5206043.
3. Shadakshari SM, Gagan YM, Awareness of Eye Donation Among Nursing Students, Ophthalmology and Allied Sciences, May-August 2018, volume 4 number 2.
4. Chowdhury Ravindra K., Dora Jayashree, Das Pooja, Awareness of eye donation among medical and nursing students: A comparative study, Indian Journal of Ophthalmology, 2021 Jun; 69(6):1511-1515.

REDKART.NET

(A product of Red Flower Publication (P) Limited)

(Publications available for purchase: Journals, Books, Articles and Single issues)

(Date range: 1967 to till date)

The Red Kart is an e-commerce and is a product of Red Flower Publication (P) Limited. It covers a broad range of journals, Books, Articles, Single issues (print & Online-PDF) in English and Hindi languages. All these publications are in stock for immediate shipping and online access in case of online.

Benefits of shopping online are better than conventional way of buying.

1. Convenience.
2. Better prices.
3. More variety.
4. Fewer expenses.
5. No crowds.
6. Less compulsive shopping.
7. Buying old or unused items at lower prices.
8. Discreet purchases are easier.

URL: www.redkart.net

Heart Attack: An Insight Review in the Indian Context

Sachin C. Narwadiya

How to cite this article:

Sachin C Narwadiya/ Heart Attack: An Insight Review in the Indian Context/Ophthalmol Allied Sci. 2023;9(1-2): 13-15.

Abstract

India is a big nation developing fast in each sector. The development also led to changes in lifestyle and associated diseases among the Indians. There are extensive uses of contaminated food, tobacco uses, increasing tensions in life, consumption of diet having low vitamins, and alcohol abuse, all directly or indirectly resulting in the genesis of heart diseases. The lack of exercise as a daily routine and consumption of junk foods like pizza burger instant noodles increase the prevalence of heart disease among Indians. The review will link the various factors with their association with the genesis of heart disease. As it's rightly said that prevention is better than cure, so everyone needs to look after maintaining good health. The Indians have nice preventive therapeutics in yoga and ayurveda, which is now the need for society to adopt at a fast pace to prevent cardiovascular disease. It is recommended that they do not open their hearts they are in front of surgeons but rather open their hearts to friends and relatives for happy living, reducing tensions. The review assesses factors interrelated to heart disease onset with available preventive options and recommendations for the government for policy changes about heart disease in India.

Keyword: Diabetes; Cardiovascular Diseases; Estrogen; Heart Attack; Homocysteine.

INTRODUCTION

Heart attack is becoming the leading cause of the increase in death rates in India. As per the report published in 2016 total 63% of deaths are due to non-communicable diseases, i.e. NCDs, and 27% are due to cardiovascular diseases, i.e. CVDs.

CVDs are responsible for about 45% of deaths in the age group of 40-69. The risk of CVDs increases with raised blood pressure, high glucose levels and obesity.

Atypical homocysteine levels may indicate a person has a deficiency in specific vitamins. It is also associated with a higher risk of cardiovascular disease.

Homocysteine is an amino acid produced typically by our body. Many peoples have low homocysteine levels. The reason is that the amino acid breakdown is faster than other compounds. The elevated homocysteine levels are known as hyper homocysteinemia. It could indicate a person has a vitamin deficiency, as the body needs certain nutrients to break it down.

Author Affiliation: Research Scholar, School of Public Health, Poornima University, Jaipur 303905, Rajasthan, India.

Corresponding Author: Sachin C. Narwadiya, Research Scholar, School of Public Health, Poornima University, Jaipur 303905, Rajasthan, India.

Email: snarwadiya@gmail.com

Received on: 22.05.2023

Accepted on: 30.06.2023

Hyper homocysteinemia can occur less commonly due to homocystinuria, a genetic disease. Homocystinuria means that the body is notable.

Typical homocysteine levels are usually 5–15 micromoles/litre ($\mu\text{mol/l}$). If the levels are above this, a person has hyper homocysteinemia. High homocysteine levels fall into three categories:

Moderate, if from 16–30 $\mu\text{mol/l}$, intermediate, if from 31–100 $\mu\text{mol/l}$, severe, if over 100 $\mu\text{mol/l}$.

According to a review of previous research in the journal *Nutrition and Metabolism*, high homocysteine can indicate a higher risk of developing a range of conditions but may not directly cause them.

Relevance of Homocysteine, milk and cardiovascular diseases: One of the more common causes of high homocysteine is a B6, B12 or folate deficiency. It has the reason that the body needs these nutrients to break down homocysteine. A lack of them can lead to a build-up of homocysteine in the blood. Some people are more at risk of deficiencies in these vitamins than others. It includes people with: Restricted diets, vegetarian or vegan diets, can make it more challenging to get enough B12, and MTHFR gene mutations impair the body's ability to use folate.

The MTHFR gene encodes an enzyme called methylenetetra hydrofolate reductase. This enzyme plays a role in constructing amino acids, which are the building blocks of proteins. Methylenetetra hydrofolate reductase is essential for reacting to vitamin folic acid or vitamin B9. Specifically, this enzyme converts one type of folate called 5,10-methylenetetra hydrofolate to a different kind of folate called 5-methyltetra hydrofolate. It is the main form of folic acid found in the blood. A multi-step process is required to convert the amino acid homocysteine to another amino acid, methionine.

The body uses methionine to make protein and other essential substances.

Some medications can also cause folate deficiency, including methotrexate, sulfasalazine, and pyrimethamine.

MTHFR gene mutations are also one of the potential causes of homocystinuria, which is a genetic condition that affects how the body processes the building blocks of amino acids, such as folate and B vitamins. The hormones are a direct source of contamination, with evidence of their presence in raw, pasteurized and UHT milk; the data do not suggest specific methods for eliminating these diseases.¹

The use of growth hormones has raised many concerns about their effects on human health. Risk assessment plays an essential role in ensuring food safety.

By following: Hazard Identification, Hazard Characterization, Exposure Assessment and Risk Characterization, we obtain Multiple Safety Decision, Health Protection Options in Decision Making.²

One review study provides an overview of the link between the dairy industry and public health. The search strategy used initially brought together a variety of studies from around the world, including reviews; described epidemiological studies, including ecological, cross-sectional, data management and design methods; and experimental studies. Additional reports and articles to be included were identified by other searches and forward and reverse searches. This review sought to provide a broad body of evidence on the positive and adverse health effects associated with the production and consumption of dairy products and aimed to include a representative sample of text from relevant documents. Previous comments have only examined one aspect of the problem (eg. bovine zoonoses), but the extent of the effects has yet to be studied. To the authors' knowledge, this is the first review of the evidence for overall health benefits associated with the production and consumption of dairy products.³

The main causes of chemical residues in milk and dairy products are improper processing of milk, environmental pollution, improper use of antibiotics, use of pesticides and pesticides more than etc. Chemical residues, milk from food are very toxic to consumers.

Dairy stores and dairy, FAO, WHO, CAC, FSSAI, etc. It must comply with their side limits of different chemicals approved to ensure the safety and quality of milk and dairy products, awareness for consumers, including dairy and dairy producers should be regularly, limiting parts to the maximum allowable limit.⁴

There is an urgent need for intervention strategies to prevent CVD in core youth, as we have also found an association between hyper homocysteinemia and low HDL levels and hyper triglyceridemia, which are always risk factors for CVD.⁵

Low B12 levels result in an increased incidence of cerebrovascular disease and peripheral vascular disease, and low folate levels result in an increased incidence of hyper homocysteinemia in cardiovascular disease and cerebrovascular

disease. In addition, what ever the cause of hyper homocysteinemia, folic acid is known to improve hyper homocysteinemia. Therefore, large scale treatments such as food prevention or dietary folic acid can benefit the Indian population and reduce the incidence and vascular diseases.⁶

Avoiding strict diets, eating regular energy meals, and supplementing with vitamins may help lower homocysteine levels associated with myocardial infarction.⁷

Clinical and epidemiological studies have proven that hyper homocysteinemia is an independent risk factor for heart disease, peripheral artery disease and venous thrombosis.⁸

Homocysteine plays an essential role in thrombus formation by inhibiting the vasodilation and antithrombotic properties of nitric oxide.⁹

Hyper homocysteinemia is an indicator of thrombotic events inpatients with systemic lupus erythematosus.¹⁰

CONCLUSION

The mixed diet pattern having veg and non-veg diet, will help reduce the onset of heart attacks among Indians. The awareness about first-aid for the victims of heart attacks is now essential need to save lives. A recent example of the demise of famous film producer Satish Kaushik is also due to the lack of availability of First-Aid when he felt heart attack symptoms. There are many more cases daily, increasing the death rate due to heart attacks. Recommendations.

REFERENCES

1. Calahorrano-Moreno MB, Ordoñez-Bailon JJ, Baquerizo-Crespo RJ, Dueñas-Rivadeneira AA, B S M Montenegro MC, Rodríguez-Díaz JM. Contaminants in the cow's milk we consume? Pasteurization and other technologies in the elimination of contaminants. *F1000Res*. 2022 Jan 25;11:91. doi: 10.12688/f1000research.108779.1. PMID: 35186276; PMCID: PMC8822143.
2. Hormone residues in milk and meat products and their public health significance Adya Prakash Rath, Sipra Panda, Riddhi Pandey, Abhilash Routray and Kamdev Sethy, *ISSN (E): 2277- 7695 ISSN (P): 2349-8242 NAAS Rating: 5.03 TPI 2018; 7(1): 489-494 © 2018 TPI www.thepharmajournal.com*.
3. Grout L, Baker MG, French N, Hales S. A Review of Potential Public Health Impacts Associated With the Global Dairy Sector. *Geohealth*. 2020 Feb 13;4(2):e2019GH000213. doi: 10.1029/2019GH000213. PMID: 32159049; PMCID: PMC7017588.
4. RAY, P. R., & SEN, C. (2019). Biochemical residues in milk and Milk Products- A Review. *Indian Journal of Animal Health*, 58(2-SPL), 145. <https://doi.org/10.36062/ijah.58.2spl.2019.145-152>.
5. Anand, P., Awasthi, S., Mahdi, A. *et al*. Serum homocysteine in Indian adolescents. *Indian J Pediatr* 76, 705-709 (2009). <https://doi.org/10.1007/s12098-009-0116-z>.
6. Bhargava, S., Ali, A., Bhargava, E. K., Manocha, A., Kankra, M., Das, S., & Mohan Srivastava, L. (2012). Lowering homocysteine and modifying nutritional status with folic acid and vitamin B12 in Indian patients of vascular disease. *Journal of Clinical Biochemistry and Nutrition*, 50(3), 222-226. <https://doi.org/10.3164/jcbrn.11-72>.
7. Bawaskar, H. S., Bawaakar, P. H., & Bawaskar, P. H. (2014). Homocysteine: Often neglected but common culprit of coronary heart diseases. *Journal of Cardiovascular Disease Research*, 5(3), 40-43. <https://doi.org/10.5530/jcdr.2014.3.10>.
8. Ueland PM, Refsum H, Brattstrom I. Plasma homocysteine and cardiovascular disease. In: Francis RB Jr, editor. *Atherosclerotic Cardiovascular Disease, Hemostasis and Endothelial Function*. New York: Marcel Dekker; 1992. p. 183-236.
9. Stamler JS, Slivka A. Biological chemistry of thiols in the vasculature and in vascular-related disease. *Nutr Rev* 1996;54:1-30.
10. Petri M, Roubenoff R, Dallal GE, Nadeau MR, Selhub J, Rosenberg IH. Plasma homocysteine as a risk factor for atherothrombotic events in systemic lupus erythematosus. *Lancet* 1996;348:1120-4.

Instructions to Authors

Submission to the journal must comply with the Guidelines for Authors.
Non-compliant submission will be returned to the author for correction.

To access the online submission system and for the most up-to-date version of the Guide for Authors please visit: <http://www.rfppl.co.in>

Technical problems or general questions on publishing with **OAS** are supported by Red Flower Publication Pvt. Ltd.'s Author Support team
(http://rfppl.co.in/article_submission_system.php?mid=5#)

Alternatively, please contact the Journal's Editorial Office for further assistance.

Editorial Manager

Red Flower Publication Pvt. Ltd.
48/41-42, DSIDC, Pocket-II
Mayur Vihar Phase-I
Delhi - 110 091(India)
Mobile: 9821671871, Phone: 91-11-79695648
E-mail: author@rfppl.co.in

STATEMENT ABOUT OWNERSHIP AND OTHER PARTICULARS

“Ophthalmology and Allied Sciences” (See Rule 8)

1. Place of Publication : Delhi
2. Periodicity of Publication : Triannual
3. Printer's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91
4. Publisher's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91
5. Editor's Name : **Dinesh Kumar Kashyap**
 Nationality : Indian
 Address : 3/259, Trilokpuri, Delhi-91
6. Name & Address of Individuals : **Red Flower Publication Pvt. Ltd.**
 who own the newspaper and particulars of : 41/48, DSIDC, Pocket-II,
 shareholders holding more than one percent Mayur Vihar Phase-1, Delhi-91
 of the total capital

I, **Dinesh Kumar Kashyap**, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-

(Dinesh Kumar Kashyap)

REDKART.NET

(A product of Red Flower Publication (P) Limited)

(Publications available for purchase: Journals, Books, Articles and Single issues)

(Date range: 1967 to till date)

The Red Kart is an e-commerce and is a product of Red Flower Publication (P) Limited. It covers a broad range of journals, Books, Articles, Single issues (print & Online-PDF) in English and Hindi languages. All these publications are in stock for immediate shipping and online access in case of online.

Benefits of shopping online are better than conventional way of buying.

1. Convenience.
2. Better prices.
3. More variety.
4. Fewer expenses.
5. No crowds.
6. Less compulsive shopping.
7. Buying old or unused items at lower prices.
8. Discreet purchases are easier.

URL: www.redkart.net

Raktamokshana in Utsangini

Syed Rasool Sufiyan¹, Veerayya R Hiremath², Shashikala K³,
Gururaj N⁴, Raju S.N⁵

How to cite this article:

Syed Rasool Sufiyan, Veerayya R Hiremath, Shashikala K, et. al./Raktamokshana in Utsangini/Ophthalmol Allied Sci. 2023;9(1): 19-23.

Abstract

Introduction: Chalazia (plural of chalazion), are the most common inflammatory lesions of the eyelid. They are typically slowly enlarging; non-tender eyelid nodules present in the sub tarsal conjunctiva of the eye lids. Chalazia are typically benign and self-limiting, caused by inflammation and obstruction of sebaceous glands of the eyelids, also called as meibomian cyst. It can be correlated with Utsangini which is the nodular growth like swelling outside eyelids and with its opening present inside due to the vitiation of the tridoshas. The treatment for Utsangini described by the Acharya is Chedana, Bhedana, Lekhana and Shodhana. Raktamokshana with Jalouka is one of the types of Shodhana described by Acharya's has been inculcated in this study.

Case Report: A 60 year female presented with the complaints of itching, swelling in the right upper eyelid along with redness since 1 month, was treated with Jaloukavacharana. Marked improvement with reduced itching, redness and decreased swelling was noted.

Conclusion: Raktamoshana with Jaloukavacharana is easy, economical, effective in the management of Utsangini.

Keywords: Utsangini; Chalazion; Raktamoshana; Jaloukavacharana.

INTRODUCTION

Chalazion is a common disorder of the eyelids and may present at any age. The disorder is

chronic inflammation of the Meibomian glands in the eyelids, often resulting in granulation caused by the blockage of the channels of the meibomian gland.¹ Typically, it is slow growing, non-tender and nodular. Chalazia are considered to be the most common inflammatory eyelid lesion in the general population today.² The overall prevalence of chalazion was 0.95% (2656/280,034) in children and 0.51% (8614/1,702,024) in adults.³ Chalazia tend to be self-limiting with conservative treatment measures includes the maintaining hygiene of eyelid, hot compresses and antibiotics. If they continue to enlarge or fail to settle within a few months, then smaller lesion may be injected with a corticosteroid or larger ones may be surgically removed using local anesthesia.⁴ This is usually

Author Affiliation: ¹Final year PG Scholar, ²Professor & HOD, ^{3,4}Associate Professor, ⁵Assistant Professor, Department of Shalakya Tantra, Shri Jagadguru Gavisiddheshwara Ayurvedic Medical College, Koppal 583231, Karnataka, India.

Corresponding Author: Syed Rasool Sufiyan, Final year PG Scholar, Department of Shalakya Tantra, Shri Jagadguru Gavisiddheshwara Ayurvedic Medical College, Koppal 583231, Karnataka, India.

Email: syedrasoolsufiyan7@gmail.com

Received on: 01.05.2023

Accepted on: 06.06.2023

done from underneath the eye lid to avoid a scar on the skin. If the Chalazion is located directly under eyelids outer tissue, an excision from above may be more advisable to avoid any unnecessary damage on the lid itself. If large chalazion is not treated then it causes the complication like astigmatism due to pressure over cornea.

Utsangini is one of the vartmagata vyadhi described by Sushruta Acharya.⁵ Presented with the symptoms of Abyantara mukhi i.e., with opening in the inner surface of eyelid, Bahya utsanga i.e., swelling in outer side of the lid with tadrupa pidakachita i.e., resembling with multiple nodules caused by vitiation of all the tridosha has called as Utsangini. Acharya Madhavakara has added the Tamra Varna i.e., blisters look like coppery red in colour and kandu i.e., itching is present due to dominance of Kapha Dosha.⁶ Utsangini is due to vitiation of the rakta and swelling is red in colour as described by Acharya Vagbhata.⁷ Acharya Videha defines Utsangini as pidaka which is Kathina i.e., hard to palpate, Manda vedana i.e., having dull aching pain. Kukkutanda rasopama srava i.e., on incision there is thick pus discharge resembling egg yolk.⁸ Based on the all the features of Utsangini it can be correlated with the chalazion of modern science.

In Ayurveda, Acharya describes the first line of treatment as Swedana (Hot compress), Nishpidana (Pressing and rubbing), Pratisarana (Application of medicated paste of various medicines). Intervention as Chedana, Bhedana and Shodhana which is depending upon the size and the chronicity of the Pidika, are described by Acharya Sushruta.⁹ Shodhana is the best treatment indicated for the Utsangini.¹⁰

CASE REPORT

A 60-year-old female patient presented with complaints of swelling, redness and itching over the right eyelid since 1 month.

Table 1: Local examination of Eye

Structures	Right eye	Left eye
Eye balls	Normal	
Eye lids	Hard, red non tender swelling	
Eye lashes	Normal	
Lacrimal gland	Regurgitation test negative	
Conjunctiva	Upper palpebral congestion	

Cornea	Normal
Sclera	
Anterior chamber	Normal
Iris	
Pupil	
Lens	

Table 2: General Examination

Findings	Results
Built	Moderate
Nourishment	Good
Temperature	98.6°F
Height	170 cm
Weight	72 kg
Pulse	72/min
Respiratory rate	17/min
Heart rate	72/min
BP	130/90 mmHg

Systemic examination:

Cardiovascular system: Known case of HTN on regular medication, S1 and S2 sounds heard, no abnormal sound detected.

Respiratory system: Size and shape of chest found normal; chest clear.

Nervous system: Higher mental functions normal.

Gastrointestinal system: No abnormalities found.

Locomotor system: No abnormalities found.

Diagnosis

The diagnosis was done on the basis of symptoms and local eye examination, as Utsangini (chalazion).

Observation

The patient was photographed before, during and after the Jaloukavacharana (Fig. 1).

Treatment

The line of treatment given in this case is Raktamokshana as Jaloukavacharana with single Jalouka of 2 sitting with the gap of 7 days for the Rakta dushita tridosha shodhana, since the Utsangini is Rakta dushita tridosha vyadhi. Total duration of the study was 21 days.

Methods

The process of Jaloukavacharana was done as per mentioned in Sushruta Samhita.¹¹



Fig. 1: Before treatment

Process of Jaloukavacharana

Poorvakarma (Pre-operative procedure)

- Nirvisha Jalouka was collected from the SJGAMC Pharmacy.
- The size of the Jalouka was approximately 2 inch in length.



Fig. 2: Activation of Jalouka

- The Jalouka was kept in water mixed with turmeric for a while to make it active. (Fig. 2)
- Consent was taken from the patient before the procedure.
- Proper procedure counselling was done to the patient.
- The place of application of Jalouka was cleaned with sterile water.

Pradhana Karma (Operative procedure)

- The Jalouka was applied on the affected part i.e., On the right upper eyelid as shown in (Fig. 3).
- The Jalouka was removed after it leaves the bite site on its own.



Fig. 3: Jaloukavacharana

Paschat karma (Post-operative procedure)

- The bite site was pasted with turmeric powder for arrest of bleeding.
- The Jalouka was made to vomit the sucked blood by using turmeric powder (Fig. 4).



Fig. 4: Vomits of impure Blood

RESULTS

In this case study, only one Jalouka was applied to the affected side on two sitting, there was 7 days of gap between two sittings. On removal of the Jalouka, after one hour itching sensation and redness gradually got reduced and reduction in size chalazion of was noted. After the second sitting, all the symptoms got reduced along with the reduction in the swelling (Fig. 5). The patient was made understand to avoid the apathya and follow the pathyas of netra rogas.



Fig. 5: After Treatment

DISCUSSION

Chalazion is a small, usually painless lump or swelling that appears on eyelid. A blocked meibomian or oil gland causes this condition. It can develop on the upper or lower eyelid. Also called as meibomian cyst. External and internal hordeolum is confused with chalazion many a times. Chalazia are inflammatory lesions that form when lipid breakdown products leak into surrounding tissue and incite a granulomatous inflammatory response. The histologic examination reveals a chronic granulomatous reaction with numerous lipid filled, Touton type giant cells.¹² Typically, the nuclei of these cells are located around a central foamy cytoplasmic area that contains the ingested lipid material.

Mode of Action

The probable mode of action of leech is the Extra cellular matrix degradation following the bite, leeches immediately release hyaluronidase (27.5 kDa) and collagenase (100 kDa) enzymes to facilitate tissue penetration and spread of their bioactive molecules.¹³ These enzymes also support antimicrobial activity with two main molecules, destabilase and chloromycetin, which have been shown to have antimicrobial activity. According to ayurveda the vitiated dosha accumulated in the Vartma will cause the blockage of the Srotas, the Jalouka will suck the impure blood, leading to Shodhana of the srotas, pacifying of the dosha and decrease in the vyadhi. A single Jalouka treatment in this case was found very effective in not only reducing pidika size but also subsided the redness and itching sensation in the eye. Jaloukavacharana is found to be easy, economical and effective comparing to all other alternative options recommended for treating the Utsangini (Chalazion).

CONCLUSION

Chalazion is one of the most common cystic lesions affecting the eyelids. Although many cases are tiny or small in size, some are large enough to cause significant pressure over the eye ball and visual obscuration. On the basis of symptoms, the Utsangini described in Samhita can be correlated with the modern day chalazion. Jaloukavacharana is one of the type of Raktamokshana which can be easily applied to treat the chalazion successfully.

The study should be made on the large number sample to acquire/draw the statistical conclusion.

REFERENCES

1. Zia chaudhari, M Vanathi, Post graduate of ophthalmology. 1st ed. Jaypee Brothers publishers; 2012 p.1352.
2. Jordan GA, Beier K. Chalazion. [Updated 2022 Aug 1]. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499889/>.
3. Das AV, Dave TV. Demography and Clinical Features of Chalazion Among Patients Seen at a Multi-Tier Eye Care Network in India: An Electronic Medical Records Driven Big Data Analysis Report. Clin Ophthalmol. 2020 Jul 28; 14:2163-2168. doi: 10.2147/OPHTH.S263146. PMID: 32801626; PMCID: PMC7395707.
4. Zia chaudhari, M Vanathi, Post graduate of ophthalmology. 1st ed. Jaypee Brothers publishers; 2012 p.1352.
5. Sushruta, Sushruta Samhita, Nibandhasangraha Dalhana krit edited by Vaidya jadavji trikamji acharya, Uttara sthana ch. 3, Ver. 9. ed. 2013 Varanasi: Chaukambha Sanskrit sansthan. p., 599.
6. Madhav nidana, Madhavakara Translated by K.R. Srikanta Murthy, Published by chaukamba samskrit samstana , Reprint Edition 2011 chapter no, 59/76, page no, 213.
7. Vagbhata. Astanga Hridayam, with sarvangasundara Sanskrit commentary by acharya Arundatta edited by hari sadashiva shastri paradakara, published by Chaukambha Sanskrit sansthan Varanasi, reprint 2012, uttarasthana 8/12 page no, 505.
8. Sushruta, Sushruta Samhita, Nibandhasangraha Dalhana krit edited by Vaidya jadavji trikamji acharya, Uttara sthana ch. 3, Ver. 9. ed. 2013 Varanasi: Chaukambha Sanskrit sansthan. p., 599. Videha vachana.
9. Sushruta, Sushruta Samhita, Nibandhasangraha Dalhana krit edited by Vaidya jadavji trikamji acharya, Uttara sthana ch. 8, Ver. 7. ed. 2013 Varanasi: Chaukambha Sanskrit sansthan. p., 610.
10. Agnivesha, Charaka samhita of Acharya Charaka, Dridhabala krit, edited by Vaidya Jadavji Trikamji Acharya. Sutra Sthana. Ch.16, Ver. 20-21. 2nd edition, Varanasi: Chaukamba Sanskrit Sansthan; 2014. p. 97.
11. Sushruta, Sushruta Samhita, Nibandhasangraha Dalhana krit edited by Vaidya jadavji trikamji acharya, Uttara sthana ch. 13, Ver. 19. ed. 2013 Varanasi: Chaukambha Sanskrit sansthan. p., 57.
12. Jordan GA, Beier K. Chalazion. [Updated 2022 Aug 1]. In: Stat Pearls [Internet]. Treasure Island (FL): Stat Pearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK499889/>.
13. Sig AK, Guney M, Uskudar Guclu A, Ozmen E. Medicinal leech therapy-an overall perspective. Integr Med Res. 2017 Dec;6(4):337-343. doi: 10.1016/j.imr.2017.08.001. Epub 2017 Aug 10. PMID: 29296560; PMCID: PMC5741396.

Red Flower Publication Pvt. Ltd.

CAPTURE YOUR MARKET

For advertising in this journal

Please contact:

International print and online display advertising sales

Advertisement Manager

Phone: 011-79695648, Moblie: +91-9821671871, 8130750089

E-mail: info@rfppl.co.in

Recruitment and Classified Advertising

Advertisement Manager

Phone: 011-79695648, Moblie: +91-9821671871, 8130750089

E-mail: info@rfppl.co.in

<p style="text-align: center;">Red Flower Publication (P) Ltd. <i>Presents its Book Publications for sale</i></p>		
1. Beyond Medicine: A to E for Medical Professionals) (2020) <i>Kalidas Chaoan</i> INR390/USD31		21. Recent Advances in Neonatology (2020) <i>Dr. T.M. Ananda Kesavan</i> INR 845/USD66
2. Biostatistical Methods For Medical Research (2019) <i>Sarjeto Sarmukaddam</i>	INR549/USD44	22. Shipping Economics (2018) <i>Dr. D. Anutha</i> INR347/USD45
3. Breast Cancer: Biology, Prevention And Treatment (2015) <i>Dr. A. Ramesh Rao</i>	INR 395/USD31	23. Skeletal and Structural Organizations of Human Body (2019) <i>Dr. D.R. Singh</i> INR659/USD51
4. Chhotanagpur A Hinterland of Tribes (2020) <i>Ambrish Gautam</i>	INR250/ USD20	24. Statistics In Genetic Data Analysis (2020) <i>S. Venkatasubramanian</i> INR299/USD23
5. Child Intelligence (2004) <i>Dr. Rajesh Shukla, Md, Dch.</i>	INR100/ USD50	25. Synopsis of Anesthesia (2019) <i>Dr. Lalit Gupta</i> INR1195/USD75
6. Clinical Applied Physiology and Solutions (2020) <i>Varun Malhotra</i>	INR263/USD21	26. A Handbook of Outline of Plastic Surgery Exit Examination (2022) <i>Prof Ravi Kumar Chittoria & Dr. Saurabh Gupta</i> INR 498/USD 38
7. Comprehensive Medical Pharmacology (2019) <i>Dr. Ahmad Najmi</i>	INR599/USD47	27. An Introductory Approach to Human Physiology (2021) <i>Satyajit Tripathy, Barsha Dassarma, Mohalpula Gibert Matsabisa</i> INR 599/USD 46
8. Critical Care Nursing in Emergency Toxicology (2019) <i>Vivekanshu Verma</i>	INR263/USD21	28. Biochemical and Pharmacological Variations in Venomous Secretion of Toad (<i>Bufo melanostictus</i>)(2021) <i>Dr. Thirupathi Koila & Dr. Venkaiah Yanamala</i> INR 325/USD26
9. Digital Payment (Blue Print For Shining India) (2020) <i>Dr. Bishnu Prasad Patro</i>	INR460/USD34	29. Climate, Prey & Predator Insect Poupulation in Bt Cotton and Non-Bt Cotton Agriculture Feilds of Warangal District (2022) <i>Dr. Peesari Laxman,Ch. Sammaiah</i> INR 325/USD26
10. Drugs in Anesthesia (2020) <i>R. Varaprasad</i>	INR329/USD26	30. Community Health Nursing Record Book Volume - I & II (2022) <i>Ritika Roque</i> INR 999/USD 79
11. Drugs In Anesthesia and Critical Care (2020) <i>Dr. Bhavna Gupta</i>	INR449/USD35	31. Handbook of Forest Terminologies (Volume I & II) (2022) <i>Dr. C.N.Hari Prasath, Dr. A. Balasubramanian, Dr. M. Sivaprasath, V. Maninanan, Dr. G. Soathiga</i> INR 1325/USD 104
12. MCQs in Medical Physiology (2019) <i>Dr. Bharati Mehta</i>	INR595/USD46	32. MCQs of Biochemistry(2022) <i>Sachin C. Narwadiya, Dr. Irfana Begum</i> INR 399/USD 49
13. MCQs in Microbiology, Biotechnology and Genetics (2020) <i>Biswajit Batbhyal</i>	INR300/ USD29	33. Newborn Care in the State of Uttar Pradesh(2022) <i>Dr. Tridibesh Tripathy</i> INR 545/USD 42
14. MCQs In Minimal Access and Bariatric Surgery (2nd Edition) (2020) <i>Anshuman Kaushal</i>	INR285/USD22	34. Osteoporosis: Weak Bone Disease(2022) <i>Dr. Dondeti Uday Kumar & Dr. R. B. Uppin</i> INR 399/USD49
15. Patient Care Management (2019) <i>A.K. Mohiuddin</i>	INR545/USD42	35. Quick Updates in Anesthesia(2022) <i>Dr. Rupinder Kaur Kaiche, Dr. Vidhyadhar Modak, Dr. Shilpa Samakki & Dr. Vivek Gupta</i> INR 599/USD 44
16. Pediatrics Companion (2001) <i>Rajesh Shukla</i>	INR999/USD78	36. Textbook of Practice of Medicine with Homoeopathic Therapeutics(2022) <i>Dr. Pramod Kumar</i> INR 1325/USD104
17. Pharmaceuticals-1 (A Comprehensive Hand Book) (2021) <i>V. Sandhiya</i>	INR 250/USD50	37. Trends in Anthropological Research(2022) <i>Dr. Jyoti Ratan Ghosh,Dr. Rangya Gachui</i> INR 399/USD 49
18. Poultry Eggs of India (2020) <i>Prafulla K. Mohanty</i>	INR525/ USD50	
19. Practical Emergency Trauma Toxicology Cases Workbook (2019) <i>Dr. Vivekanshu Verma, Dr. Shit Rattan Kochar, Dr. Devendra Richhariya</i>	INR390/USD30	
20. Practical Record Book of Forensic Medicine & Toxicology (2019) <i>Dr. Akhilesh K. Pathak</i>	INR395/USD31	
	INR299/USD23	

Order from: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India), Mobile: 8130750089, Phone: 91-11-79695648, E-mail: info@rfppl.co.in, Website: www.rfppl.co.in

Ophthalmology and Allied Sciences

Library Recommendation Form

If you would like to recommend this journal to your library, simply complete the form given below and return it to us. Please type or print the information clearly. We will forward a sample copy to your library, along with this recommendation card.

Please send a sample copy to:

Name of Librarian

Name of Library

Address of Library

Recommended by:

Your Name/ Title

Department

Address

Dear Librarian,

I would like to recommend that your library subscribe to the Ophthalmology and Allied Sciences. I believe the major future uses of the journal for your library would provide:

1. Useful information for members of my specialty.
2. An excellent research aid.
3. An invaluable student resource.

I have a personal subscription and understand and appreciate the value an institutional subscription would mean to our staff.

Should the journal you're reading right now be a part of your University or institution's library? To have a free sample sent to your librarian, simply fill out and mail this today!

Stock Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-79695648

Cell: +91-9821671871

E-mail: sales@rfppl.co.in

Guidelines for Authors

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by international committee of medical Journal Editors

Types of Manuscripts and Limits

Original articles: Up to 3000 words excluding references and abstract and up to 10 references.

Review articles: Up to 2500 words excluding references and abstract and up to 10 references.

Case reports: Up to 1000 words excluding references and abstract and up to 10 references.

Online Submission of the Manuscripts

Articles can also be submitted online from http://rfppl.co.in/customer_index.php.

1) First Page File: Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. use text/rtf/doc/PDF files. Do not zip the files.

2) Article file: The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your name in page headers, etc.) in this file. Use text/rtf/doc/PDF files. Do not zip the files. Limit the file size to 400 Kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

3) Images: Submit good quality color images. Each image should be less than 100 Kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches). All image formats (jpeg, tiff, gif, bmp, png, eps etc.) are acceptable; jpeg is most suitable.

Legends: Legends for the Fig.s/images should be included at the end of the article file.

If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. Hard copies of the images (3 sets), for articles submitted online, should be sent to the journal office at the time of submission of a revised manuscript. Editorial office: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, India, Phone: 91-11-79695648, Cell: +91-9821671871. E-mail: author@rfppl.co.in. Submission page: http://rfppl.co.in/article_submission_system.php?mid=5.

Preparation of the Manuscript

The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, Fig.s, Fig. legends, and Acknowledgment. Do not make subheadings in these sections.

Title Page

The title page should carry

- 1) Type of manuscript (e.g. Original article, Review article, Case Report)
- 2) The title of the article, should be concise and informative;
- 3) Running title or short title not more than 50 characters;
- 4) The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;
- 5) The name of the department(s) and institution(s) to which the work should be attributed;
- 6) The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript; should be mentioned.
- 7) The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
- 8) Source(s) of support in the form of grants, equipment, drugs, or all of these;
- 9) Acknowledgement, if any; and
- 10) If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be structured and state the Context (Background), Aims, Settings and Design, Methods and Materials, Statistical analysis used, Results and Conclusions. Below the abstract should provide 3 to 10 keywords.

Introduction

State the background of the study and purpose of the study and summarize the rationale for the study or observation.

Methods

The methods section should include only information that was available at the time the plan or protocol for the study was written such as study approach, design, type of sample, sample size, sampling technique, setting of the study, description of data collection tools and methods; all information obtained during the conduct of the study belongs in the Results section.

Reports of randomized clinical trials should be based on the CONSORT Statement (<http://www.consort-statement.org>). When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html).

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical research). Do not repeat in detail data or other material given in the Introduction or the Results section.

References

List references in alphabetical order. Each listed reference should be cited in text (not in alphabetic order), and each text citation should be listed in the References section. Identify references in text, tables, and legends by Arabic numerals in square bracket (e.g. [10]). Please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_requirements.html) for more examples.

Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. *J Oral Pathol Med* 2006; 35: 540-7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, *et al.* Caries-preventive effect of fluoride toothpaste: A systematic review. *Acta Odontol Scand* 2003; 61: 347-55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone iodine antiseptics. State of the art. *Dermatology* 1997; 195 Suppl 2: 3-9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. *J Periodontol* 2000; 71: 1792-801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. *Dent Mater* 2006.

Personal Author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovou J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Approval of Ethics Committee

We need the Ethics committee approval letter from an Institutional ethical committee (IEC) or an institutional review board (IRB) to publish your Research article or author should submit a statement that the study does not require ethics approval along with evidence. The evidence could either be consent from patients is available and there are no ethics issues in the paper or a letter from an IRB stating that the study in question does not require ethics approval.

Abbreviations

Standard abbreviations should be used and be spelt out when first used in the text. Abbreviations should not be used in the title or abstract.

Checklist

- Manuscript Title
- Covering letter: Signed by all contributors
- Previous publication/ presentations mentioned, Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle name initials provided.
- Author for correspondence, with e-mail address provided.
- Number of contributors restricted as per the instructions.
- Identity not revealed in paper except title page (e.g.name of the institute in Methods, citing previous study as 'our study')

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information. Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided: Structured abstract provided for an original article.
- Key words provided (three or more)
- Introduction of 75-100 words
- Headings in title case (not ALL CAPITALS). References cited in square brackets
- References according to the journal's instructions

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and Fig.s

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- Fig.s necessary and of good quality (color)
- Table and Fig. numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written)
- Fig. legends provided (not more than 40 words)
- Patients' privacy maintained, (if not permission taken)
- Credit note for borrowed Fig.s/ tables provided
- Manuscript provided on a CDROM (with double spacing)

Submitting the Manuscript

- Is the journal editor's contact information current?
- Is the cover letter included with the manuscript? Does the letter:
 1. Include the author's postal address, e-mail address, telephone number, and fax number for future correspondence?
 2. State that the manuscript is original, not previously published, and not under concurrent consideration elsewhere?
 3. Inform the journal editor of the existence of any similar published manuscripts written by the author?
 4. Mention any supplemental material you are submitting for the online version of your article. Contributors' Form (to be modified as applicable and one signed copy attached with the manuscript)

Ophthalmology and Allied Sciences

Library Recommendation Form

If you would like to recommend this journal to your library, simply complete the form given below and return it to us. Please type or print the information clearly. We will forward a sample copy to your library, along with this recommendation card.

Please send a sample copy to:

Name of Librarian

Name of Library

Address of Library

Recommended by:

Your Name/ Title

Department

Address

Dear Librarian,

I would like to recommend that your library subscribe to the Ophthalmology and Allied Sciences. I believe the major future uses of the journal for your library would provide:

1. Useful information for members of my specialty.
2. An excellent research aid.
3. An invaluable student resource.

I have a personal subscription and understand and appreciate the value an institutional subscription would mean to our staff.

Should the journal you're reading right now be a part of your University or institution's library? To have a free sample sent to your librarian, simply fill out and mail this today!

Stock Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-79695648

Cell: +91-9821671871

E-mail: sales@rfppl.co.in

SUBSCRIPTION FORM

I want to renew/subscribe international class journal “**Ophthalmology and Allied Sciences**” of Red Flower Publication Pvt. Ltd.

Subscription Rates:

- Institutional: **INR 7000/USD 546.88**

Name and complete address (in capitals): _____

Payment detail:

Online payment link: <http://rfppl.co.in/payment.php?mid=15>

Cheque/DD: Please send the US dollar check from outside India and INR check from India made payable to ‘Red Flower Publication Private Limited’. Drawn on Delhi branch.

Wire transfer/NEFT/RTGS:

Complete Bank Account No. 604320110000467

Beneficiary Name: Red Flower Publication Pvt. Ltd.

Bank & Branch Name: Bank of India; Mayur Vihar

MICR Code: 110013045

Branch Code: 6043

IFSC Code: BKID0006043 (used for RTGS and NEFT transactions)

Swift Code: BKIDINBBDOS

Term and condition for supply of journals

1. Advance payment required by Demand Draft payable to **Red Flower Publication Pvt. Ltd.** payable at **Delhi**.
2. Cancellation not allowed except for duplicate payment.
3. Agents allowed 12.5% discount.
4. Claim must be made within six months from issue date.

Mail all orders to

Subscription and Marketing Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-79695648

Cell: +91-9821671871

E-mail: sales@rfppl.co.in

BHIM BOI UPI QR

SCAN HERE TO PAY
WITH ANY BHIM UPI APP



RED FLOWER PUBLICATIONS PRIVATE LIMITED

boism-9718168289@boi