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Volume 9 Number 1-2
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Awareness and Knowledge of Eye Donation among Nursing Students of a Tertiary Care Hospital

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

How to cite this article:

Anupama R. Taklikar, Mohanmmed 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 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

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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.

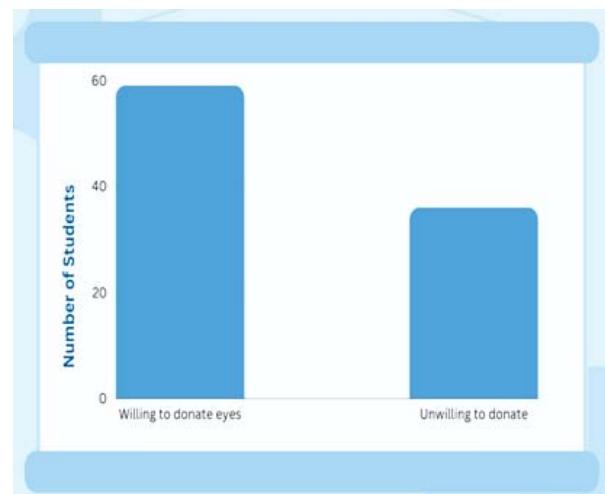
Exclusion criteria: students who were absent on the day of study.

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

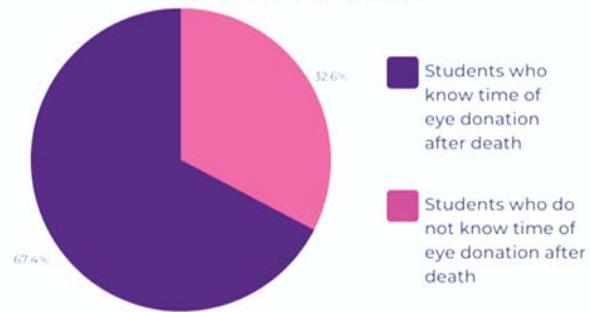
OBSERVATION AND RESULTS

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.

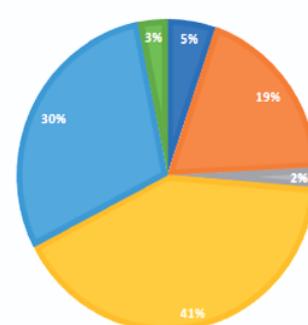


KNOWLEDGE ABOUT TIME OF EYE DONATION



SOURCES OF INFORMATION ON EYE DONATION

■ Newspaper ■ Radio/TV ■ Health Worker ■ Educational Institution ■ Relatives/Family/Friends ■ Others



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? • Yes • No (If No, go to Q6)
Question 2	When did you hear about eye donation? • In the last 1 year • In the last 1-5 years • 5 years back • Never
Question 3	How did you hear about it? • Newspaper • Radio/Television • Health worker • Education institution • Family member/Relative/Friends • Other sources
Question 4	Can eyes only be donated after death? • Yes • No • Do not know
Question 5	Who can donate eyes? • 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? • Yes • No
Question 7	Will you donate your eyes after death? • Yes • No (If No, go to Q9)
Question 8	If Yes, will you like to inform your family regarding your wish to donate? • Yes • No
Question 9	Why don't you want to donate your eyes? • 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? • 0-6 hours • 6-24 hours • It is possible to donate even after 24 hours • Do not know

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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.

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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 methylenetetrahydrofolate reductase. This enzyme plays a role in constructing amino acids, which are the building blocks of proteins. Methylenetetrahydrofolate reductase is essential for reacting to vitamin folic acid or vitamin B9. Specifically, this enzyme converts one type of folate called 5,10-methylenetetrahydrofolate to a different kind of folate called 5-methyltetrahydrofolate. 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 there 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, whatever 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.

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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 who own the newspaper and particulars of shareholders holding more than one percent of the total capital	:	Red Flower Publication Pvt. Ltd. 41/48, DSIDC, Pocket-II, Mayur Vihar Phase-1, Delhi-91

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Raktamokshana in Utsangini

**Syed Rasool Sufiyan¹, Veerayya R Hiremath², Shashikala K³,
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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

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

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Received on: 01.05.2023

Accepted on: 06.06.2023

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

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 Vaghbata.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 shodana, 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 apathyas 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 Ustsangini 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.

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[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

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

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[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.

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

Chapter in book

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

Kidd EAM, editors. *Dental caries: The disease and its clinical management*. Oxford: Blackwell Munksgaard; 2003. p. 7-27.

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[8] World Health Organization. *Oral health surveys - basic methods*, 4th edn. Geneva: World Health Organization; 1997.

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