



# VISIONARY

SUSRUT EYE FOUNDATION & RESEARCH CENTRE

# 27

YEARS OF SUCCESS



**4.5 MILLION+**  
PATIENTS IN OPD



**4 LAKH+**  
SURGERIES COMPLETED

Our Branches : Salt Lake | Berhampore | Kamalgazi | Metiabruz | Salkia | Hatibagan | Belilious Road | Belur | Rajarampur



# Susrut Eye Foundation & Research Centre

Salt lake





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## FOREWORD



From The Desk of

**Dr. R. C. Paul**

Secretary

Susrut Eye Foundation & Research Centre

## 27<sup>TH</sup> YEAR

### OF SUCCESS

Susrut Eye Foundation & Research Centre proudly celebrates its 27th Foundation Day, marking over two decades of unwavering commitment to the cause of sight — a journey that began with a vision and evolved into a beacon of hope for millions.

In the heart of Eastern India's healthcare landscape stands an institution synonymous with hope, healing, and excellence — Susrut Eye Foundation & Research Centre. On eve of 27th Foundation Day we are proud for marking more than two and a half decades of dedicated service in restoring sight, transforming lives, and reimagining the future of ophthalmic care.

Founded in 1998 with the mission to eliminate avoidable blindness and provide world-class eye care, Susrut has grown from a modest clinic into a leading eye hospital and research centre known for innovation, outreach, and excellence. Today, it stands not only as a centre of advanced ophthalmology but also as a symbol of compassionate healthcare, reaching across socio-economic boundaries to serve every individual with dignity and dedication.

Over the years, our journey has been defined by milestones — from setting up state-of-the-art surgical units, expanding into multiple centres, training young ophthalmologists, conducting thousands of community eye camps, to pioneering initiatives in research and public awareness. Each step has been guided by our core values: clinical excellence, ethical practice, community service, and continuous learning.

This 27th year is not just a celebration of what has been achieved, but a renewed commitment to the path ahead. As we look to the future, we reaffirm our pledge to innovate, educate, and serve — ensuring that quality eye care remains accessible to all, regardless of geography or means.

We extend our heartfelt gratitude to our doctors, staff, patients, partners, and well-wishers whose trust and support have been instrumental in shaping the Susrut story. Together, we have illuminated lives — one eye, one smile, one vision at a time.

Let this Foundation Day be a reminder of our shared purpose — “Towards a world where no one is needlessly blind.”

## Unveiling Vision 2030: Smarter, Closer, and Compassionate Healthcare

From its modest beginnings in 1998, Susrut has grown into a regional and national leader in eye care, delivering over 2 million consultations and 200,000+ surgeries, while staying deeply rooted in community service, clinical training, and research.

### The Road Ahead

In a landmark moment Susrut launched its forward-thinking strategic plan — Vision 2030. This ambitious initiative lays out a blueprint for maximizing impact through smart automation, home-based care, and technology-enabled outreach, with the goal of reaching 10 million lives annually within the next five years.

#### 1. Automation: Redefining Precision and Access

Technology lies at the heart of Vision 2030. Susrut is investing in advanced solutions that will not only streamline internal workflows but dramatically improve early detection and patient outcomes. Initiatives include:

AI-powered diagnostic tools for early identification of cataract, diabetic retinopathy, AMD , glaucoma , cornea , pediatric , oculoplasty , Refractive error , Vision enhancement clinic and so on

Robotic-assisted microsurgical platforms for enhanced precision

Digital health records and paperless e-clinics with real-time imaging and analytics Predictive public health dashboards to track blindness trends across geographies

These innovations allow Susrut to scale expertise while ensuring high accuracy, minimal invasiveness, and faster patient turnaround — essential for both urban and remote care models.

#### 2. Home-Based Eye Care: Taking Vision to the Doorstep

Recognizing that accessibility is as critical as affordability, Susrut is pioneering a Home Eye Care Program, without compromising quality one of the first of its kind in India. Tailored for the



elderly, physically challenged, and rural populations, this service model includes:

Mobile diagnostic kits for vision checks and retinal imaging at home Tele-Eye virtual consultations through a dedicated platform

Home delivery of medication, eyeglasses, and low-vision aids

Dedicated support for chronic eye conditions requiring long-term follow-up Blind-free village module through mobile clinics

By decentralizing care and empowering families, Susrut is removing logistical barriers and bringing quality treatment directly to those in need – safely, affordably, and compassionately.

## Reflecting on 27 Years of Milestones

The Foundation Day is a day of celebration and reflection. The event brought together medical staff, alumni, community leaders, and patients – all part of Susrut's ongoing story. Highlights included:

Honoring long-serving eye care leaders and managers, doctors, nurses, ophthalmic associate, optometrist, trainees, students, fellows and support staff

A special screening of "The Susrut Story", a case study highlighting on women empowerment self-employment on the institution's journey

Inspiring testimonials from patients who regained sight through community outreach or home care and all kind of trainees who are trained by Susrut on impact of their lives

A renewed pledge: Eye care for all – no one left behind

"Susrut's strength lies in its ability to evolve with purpose. **Vision 2030** is not just about technology – it's about people. It's about delivering dignity, comfort, and clarity, whether in a surgical suite or a village home."

## The Future Is Clear – and Closer Than Ever

As Susrut steps confidently into its next phase, its guiding light remains unchanged: the belief that no one should suffer from avoidable blindness, no denial of service, multi sectorial, cross sectorial engagement in eye care activities Through the convergence of clinical excellence, automation, education, and community outreach, Vision 2030 signals a bold leap forward.

Expansion and consolidation of Teaching & Training programs

This particular eye care model – Primary Secondary, tertiary, centre of excellence and networking to be replicated in general health

Expansion of physical, eye care program & infrastructure beyond west Bengal in north east and eastern India

Whether it's through a robotic surgery in the OR, an AI scan in a camp, or a compassionate visit to someone's home, Susrut Eye Foundation is changing how – and where – eye care happens.



**Stay Connected**



Website: [www.susrut.org](http://www.susrut.org)



Contact: [contactus@susrut.org](mailto:contactus@susrut.org)



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**Susrut TV – You Tube**



**Join the mission:** Support Vision 2030 through CSR, Collaboration & volunteering

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**Happy 27th Foundation Day to the entire Susrut family** – Eye care leaders and managers , doctors, nurses, ophthalmic associate ,optometrist ,trainees , students , fellows and all kind of support staff like IT Quality , HR , Accounts , House Keeping Security , kitchen , pharmacy ,optical , industry , involved directly & indirectly in this successful journey .







**PATHSHALA**

# Case Report– Bilateral Choroidal Excavation with dry AMD

Dr. M. Roy, Dr. R. Bhatnagar

## Abstract

**Purpose:** To report morphological and clinical features of a rare case of both eyes- Large choroidal excavation with dry AMD ( age related macular degeneration).

**Methods:** Retrospective case report. The patient underwent a complete ophthalmic examination, visual acuity, anterior & posterior segment examination and special investigations, viz. Wide field OCT with EDI (Enhanced Depth Imaging), FAF (Fundus Auto- Fluorescence ) and coloured fundus photographs.

**Results:** 65 year old female patient with blurring of vision. Fundus examination showed yellowish lesion in both eyes with pigmentary changes with numerous drusens. OCT findings consistent with choroidal excavation.

## Case Report

A 65 years old female presented to our OPD for a routine eye checkup with complaints of blurring of vision in both eyes for around 6 months. She has undergone both eyes cataract surgery with no other systemic illness. Although she regularly takes oral bisoprolol 5mg for palpitations.

On examination, unaided visual acuity of the patient was snellen's 6/36 (logMAR 0.78) and 6/18 (logMAR 0.48) in right and left eye respectively. The patient did not have metamorphopsia & colour vision was normal.

The external and anterior segment examination were within normal limits bilaterally.

Fundus Examination of both eyes demonstrated yellowish lesion with pigmentary changes at the posterior pole on center of macula.(Figure 1)



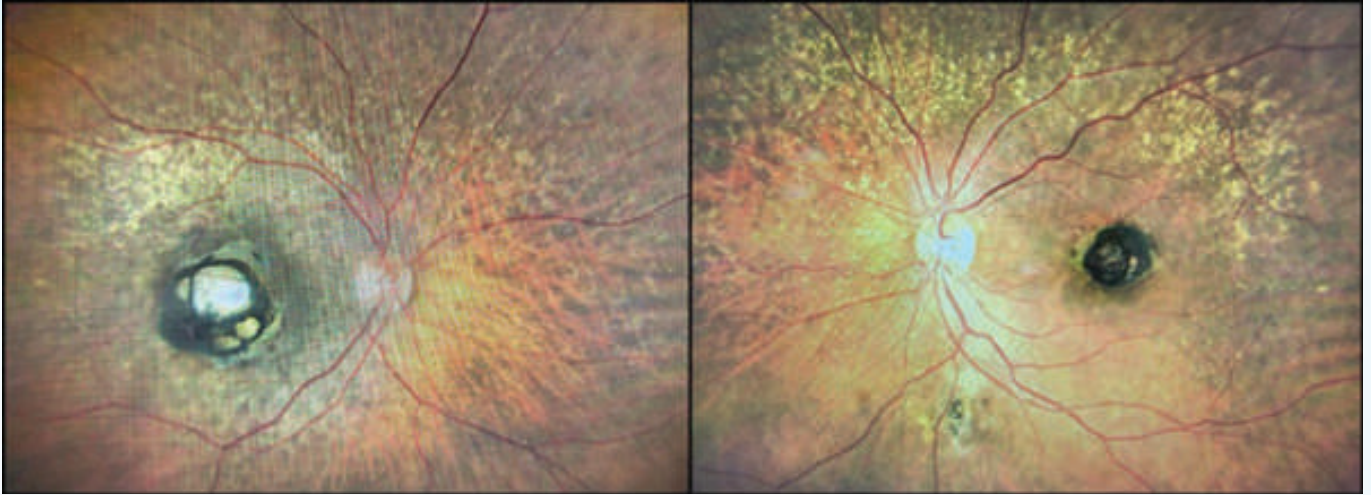


Figure 1

Additionally, left eye had similar early small focal yellowish lesion along infero-temporal arcade (Figure-2)



Figure 2:

Arrow showing early focal lesion just inferior to infero-temporal arcade

Both the eyes had drusen extensively present along the temporal and nasal vascular arcades. A magnified view of the yellowish lesion was also photographed. (Figure-3).

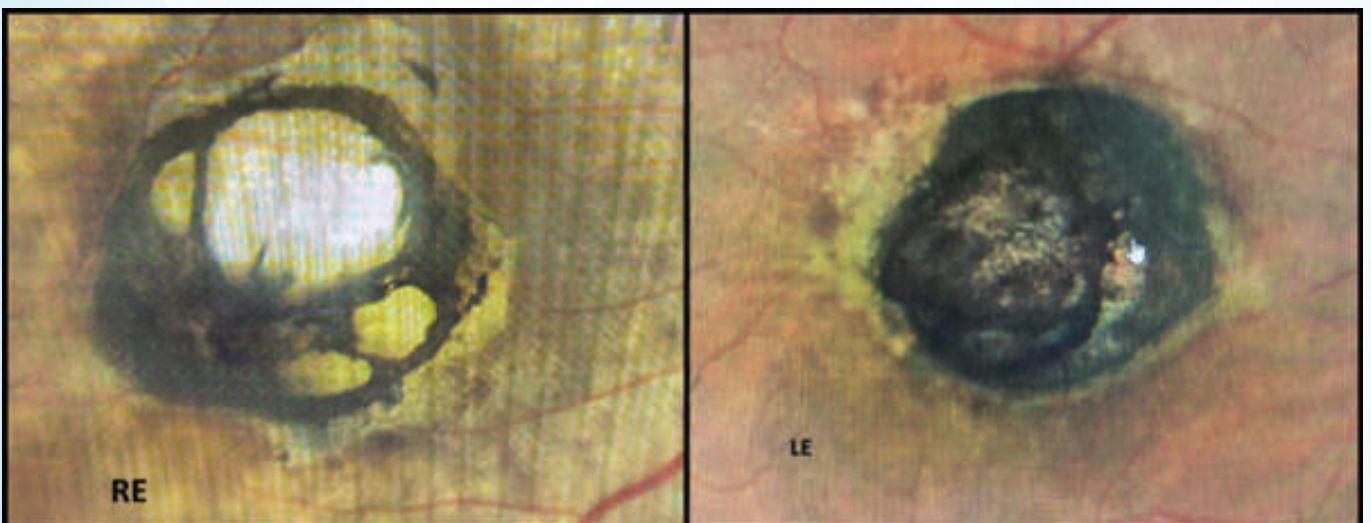


Figure 3

Fundus autofluorescence revealed a hypofluorescent region localising the area of yellowish lesion along with many small hyperfluorescent dots corresponding to drusens.(Figure-4)

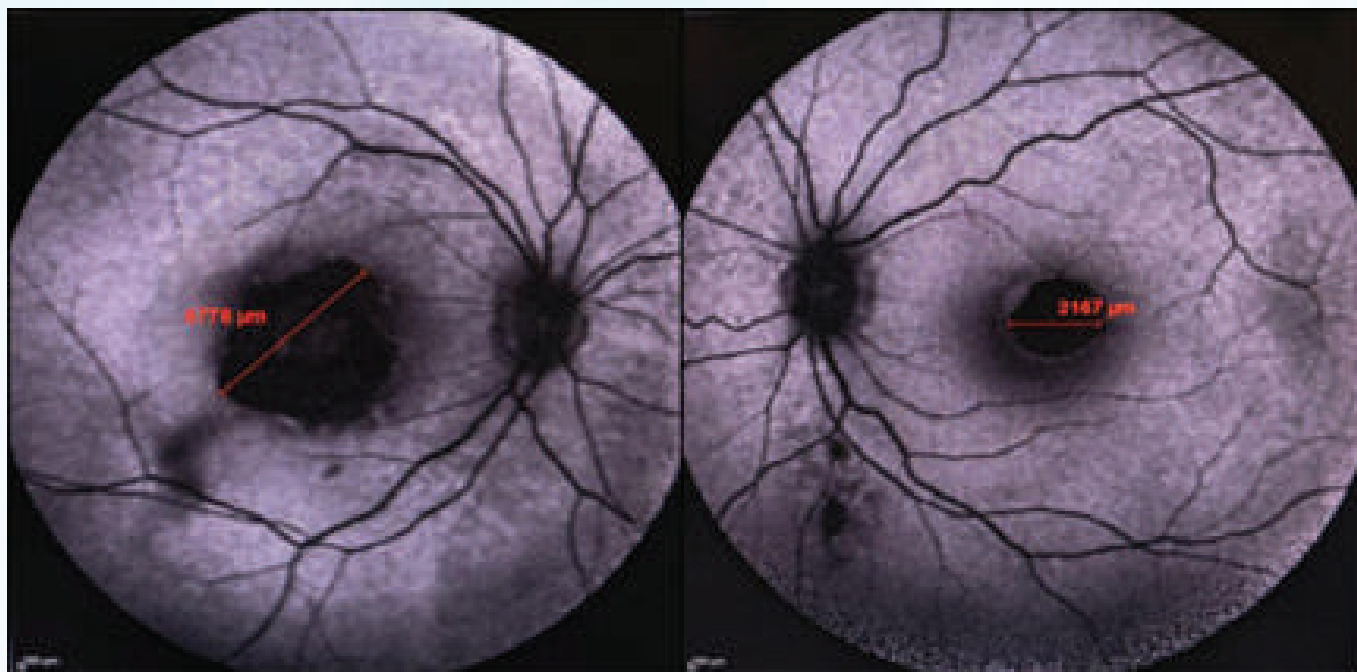


Figure 4

Wide field OCT with EDI technology was performed to confirm the provisional diagnosis of Choroidal excavation. OCT of the right eye demonstrated an areas of choroidal excavation with loss of foveal contour and severe scleral ectasia causing imaging malfunction at the area of lesion. (Figure-5)

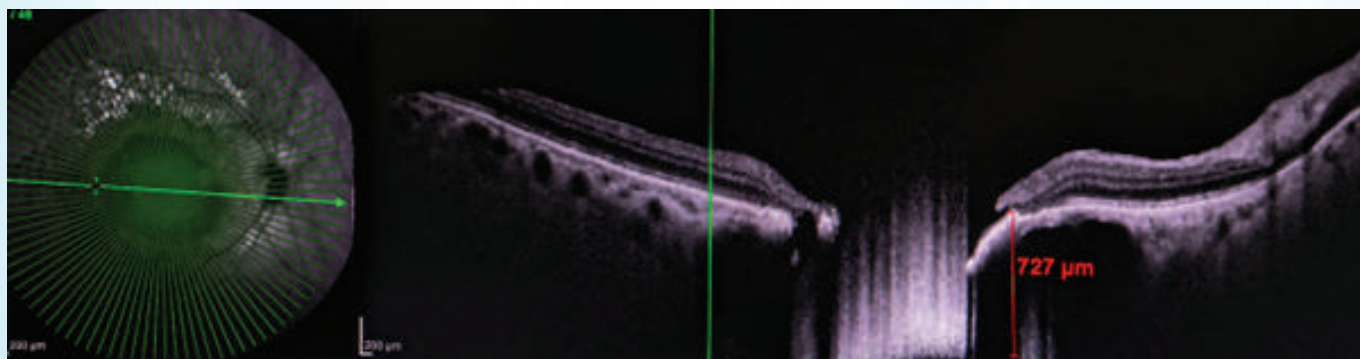


Figure 5



Left eye OCT demonstrated foveal choroidal excavation which was shallower than the right eye and there was total foveal thinning with deepening of the foveal contour. (Figure-6)

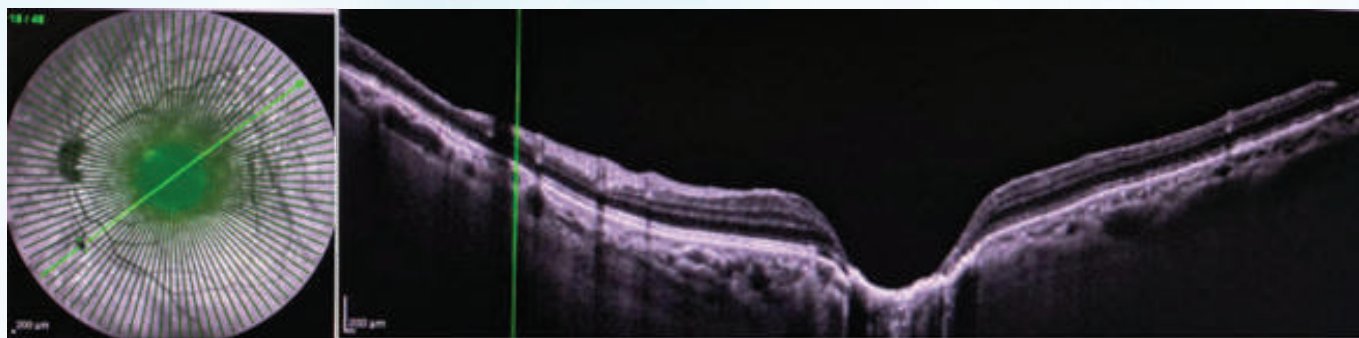


Figure 6

The excavation in the right eye was immeasurable and in the left eye measured around 266μm at its maximum depth.

No intervention is warranted at the moment hence the patient was kept on regular 6 monthly follow up for observation.

### Discussion:

Choroidal excavation is a recently characterised clinical entity which usually affects focal area but bilateral large choroidal excavation has been rarely reported.

The entity is thought to be congenital; however, etiopathology remains a subject of active investigation still and only hypotheses have been described till now.

Congenital FCE are thought to be mostly stationary and not likely to be vision threatening, while secondary FCE may be related to a variety of conditions — including pachychoroid disease, chorioretinal inflammation, retinal dystrophies, and malignancy.

Additionally, case reports have described FCE in patients with a wide variety of pathologies. Age-related macular degeneration (AMD), for example, has been identified as a potential correlate of FCE, and some authors have investigated the potential link between the choroidal neovascularization characteristic of wet AMD, and the choroidal abnormalities seen in FCE.

The functional ophthalmic exam may reveal reduced visual acuity in the affected eye, or may be within normal limits. Posterior segment exam may reveal a focal yellowish lesion that is often either foveal or parafoveal.

High resolution OCT remains the gold standard for diagnosis of FCE. Angiography should be utilized to assess for choroidal neovascular membrane as well as RPE degeneration that might portend a worse visual outcome. Both indocyanine green angiography (ICGA) as well as fluorescein angiography (FA) have been previously utilized.

In cases of asymptomatic FCE without associated choroidal neovascular changes, observation without treatment is recommended. A slow increase in concavity size on OCT may be observed. If there is evidence of lesion expansion or scleral thickening, a full evaluation for secondary causes of FCE should be undertaken to determine if any underlying process can be directly treated. For scleral thinning, surgical reinforcement of the sclera can be considered. Complications may arise that require treatment, including secondary neovascularization and/or serous retinal detachment.

## References:

1. Lee CS, Woo SJ, Kim YK, Hwang DJ, Kang HM, Kim H, et al Clinical and spectral-domain optical coherence tomography findings in patients with focal choroidal excavation Ophthalmology. 2014;121:1029–35
2. Margolis R, Mukkamala SK, Jampol LM, Spaide RF, Ober MD, Sorenson JA, et al The expanded spectrum of focal choroidal excavation Arch Ophthalmol. 2011;129:1320–5
3. Obata R, Takahashi H, Ueta T, Yuda K, Kure K, Yanagi Y. Tomographic and angiographic characteristics of eyes with macular focal choroidal excavation Retina. 2013;33:1201–10
4. Kuroda Y, Tsujikawa A, Ooto S, Yamashiro K, Oishi A, Nakanishi H, et al Association of focal choroidal excavation with age-related macular degeneration Invest Ophthalmol Vis Sci. 2014;55:6046–54
5. Lim, F.P.M. et al. Prevalence and clinical correlates of focal choroidal excavation in eyes with age-related macular degeneration, polypoidal choroidal vasculopathy and central serous chorioretinopathy. Br. J. Ophthalmol. 100, 918–923 (2016).
6. Kuroda, Y. et al. Association of focal choroidal excavation with age-related macular degeneration. Invest. Ophthalmol. Vis. Sci. 55, 6046–6054 (2014).
7. [https://eyewiki.org/Focal\\_Choroidal\\_Excavation\\_\(FCE\)](https://eyewiki.org/Focal_Choroidal_Excavation_(FCE))





# UNILATERAL TOTAL OPHTHALMOPLEGIA IN A CASE OF PITUITARY ADENOMA WITH PITUITARY APOPLEXY AND SIMULTANEOUS SARS-CoV-2 INFECTION-AN UNUSUAL PRESENTATION

Srisa Gangopadhyay

Susrut Eye Foundation and Research Centre Kolkata

## Abstract

**Purpose:** We report a case of pituitary macro adenoma with pituitary apoplexy and SARS-CoV-2 infection .

**Clinical History:** A 67 year old male with k/c/o diabetes mellitus, hypertension post-PTCA (on medications) presented to the ER with fever,altered sensorium,sudden onset unilateral left sided ptosis and respiratory distress (started 3 days prior to the date of admission).He was tested positive for SARS-CoV-2 and his endocrine testing demonstrated decreased values of Prolactin(0.33ng/ml, N=4-15.20ng/ml),TSH (0.26 $\mu$ lU/ml,N=0.4-4),Cortisol 3.88 $\mu$ gm/dl,N=6.2-19.4(AM) and his MRI brain showed pituitary tumour invading left cavernous sinus with lacunar ischemic foci in bi-lateral hemispheric white matter and expansion of sella turcica consistent with pituitary apoplexy. He was treated conservatively with steroids and surgery was delayed because of of his COVID-19 infection.

Key words-Pituitary apoplexy ,COVID-19,Pituitary adenoma,Complete ophthalmoplegia,SARS-CoV-2.

## Introduction

Pituitary apoplexy is defined as sudden hemorrhagic or non-hemorrhagic necrosis of a pre-existing pituitary tumour or rarely in the gland itself. Typical symptoms of pituitary apoplexy include sudden onset headache, ophthalmoplegia, altered sensorium,nausea,fatigue and hormonal deficiencies. The management of pituitary apoplexy is still debated. Patients with rapidly expanding mass lesion may present with altered level of consciousness,progressive visual loss or total ophthalmoplegia. Primary medical management often include the use of corticosteroids to reduce oedema of the affected cranial nerves. Pituitary apoplexy is relatively rare with an incidence of approximately 2-7% of pituitary adenoma. It is associated with a

variety of systemic co-morbidities such as hypertension, diabetes mellitus and anti-coagulant therapy.

We had recently passed through a pandemic of SARS-CoV-2 (COVID-19) viral infection that led to different presentations including respiratory distress, headache, dry cough, cardiac failure, ocular involvement and a large number of other symptoms. In this background we present a unique case of pituitary apoplexy with pituitary macroadenoma and left sided cavernous sinus invasion presenting with unilateral total ophthalmoplegia, in the setting of acute COVID-19 infection.

## Case History

A 67 year old male patient, k/c/o hypertension, Diabetes mellitus, hypothyroidism, post PTCA (on medications for more than 3 years) presented with fever, altered sensorium, sudden onset complete ptosis of the left eye along with its restricted movement and respiratory distress. Neurological examination revealed anisocoria (left pupil=about 5mm in diameter, not reactive to light and the right pupil was about 3mm in diameter and reactive to light). The extra-ocular movements in left eye were restricted.

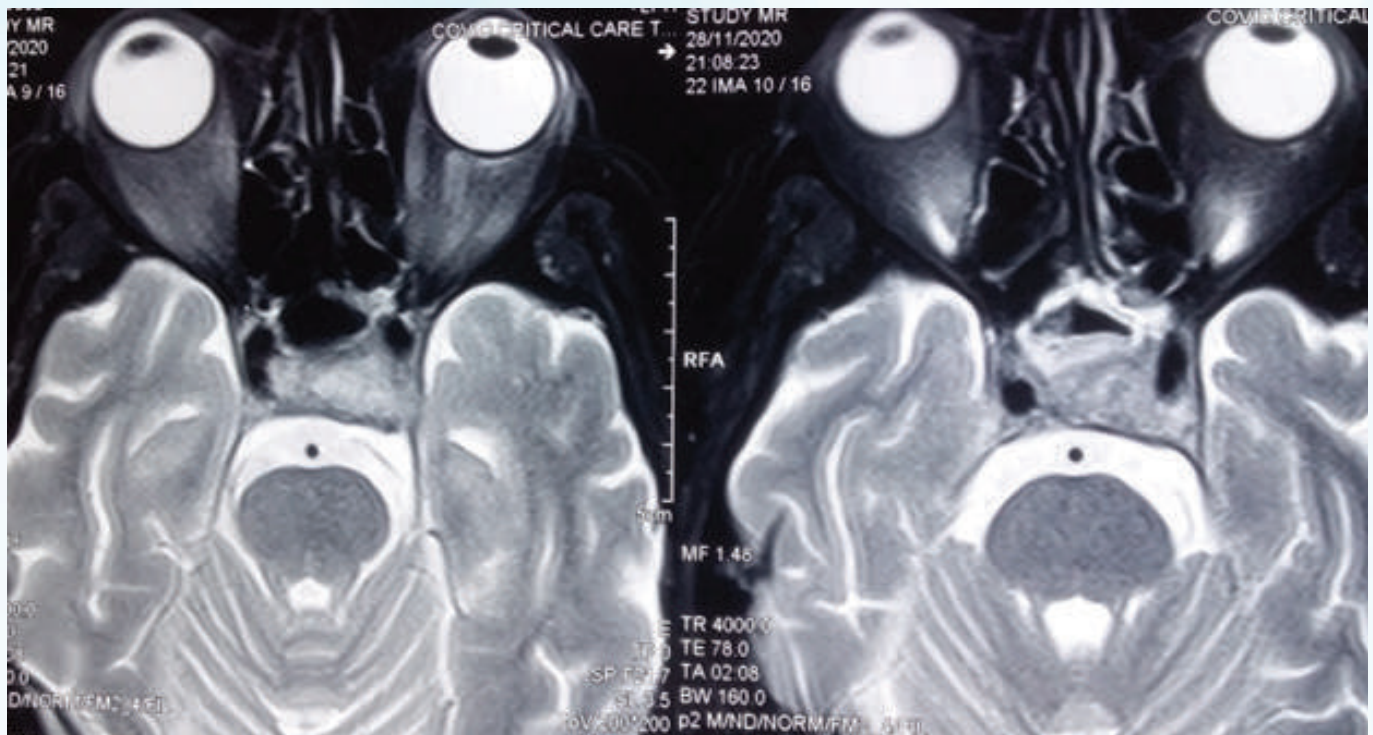
He underwent MRI brain, orbit and also MR Angiography. MRA was normal (that ruled out the possibility of intra cranial aneurysm, one of the causes of pituitary apoplexy in patients with pituitary macroadenoma although rare). However MRI revealed a pituitary tumour with an enlarged sella turcica invading the left sided cavernous sinus, suggesting pituitary apoplexy in a previously undetected tumour. All relevant investigations showed positive COVID RT-PCR test results, hyponatremia (Na=113), CRP=47.3, TC=14400 to mention a few significant values. His endocrine work-up demonstrated low prolactin, cortisol and TSH levels. He also underwent HRCT thorax that revealed features typical of COVID-19 pneumonia (CoRADS=5, CT severity score=32/40 i.e. severe).



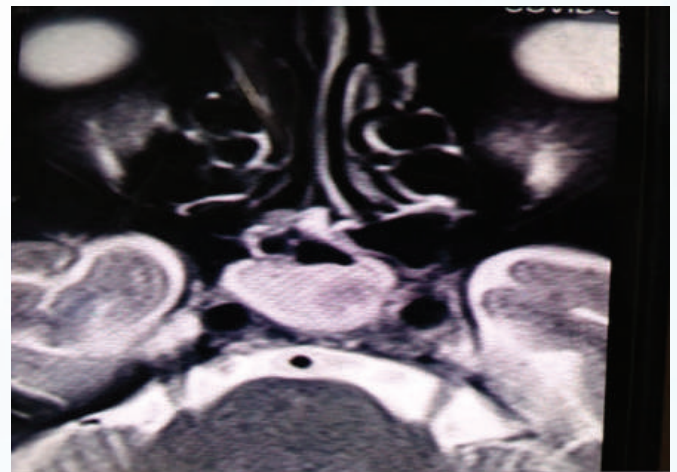
Patient(67/M)  
presented with left sided  
ophthalmoplegia, respiratory  
distress



Fever and altered sensorium (GCS=14/15)



MRI Brain and Orbit showing mildly widened CSF cuff in the left optic nerve sheath (1.5-1.7 mm), Pituitary tumour invading left cavernous sinus.



MRI brain and orbit shows cystic solid lesion with expanded sella turcica, extending into left sided cavernous sinus



Pituitary macroadenoma (11×18×11 mm), Knosp grade II involvement of left cavernous sinus

He was administered intravenous Dexamethasone 8 mg twice/day along with other conservative management. Subsequently he became afebrile but there was no significant improvement in ophthalmoplegia. As the patient had COVID 19 infection along with persistent dyselectrolytemia, surgery was deferred for the time being.

**Discussion** –Pituitary apoplexy is a relatively rare occurrence representing a clinical syndrome due to hemorrhagic infarction and expansion of a pituitary adenoma which often results in acute compression of the pituitary gland and related loss of pituitary regulated hormonal function. The exact definition of pituitary apoplexy remains somewhat debated with some focussing primarily on the radiological findings of hemorrhage and infarction and others pointing towards the need to correlate with clinical symptomatology and lab-derangements. In fact this is based on conjecture.

COVID-19 is a new viral disease and we have just started to learn about its various manifestations. It is unclear whether this COVID-19 infection was contributing factor in the apoplectic event or if these events were coincidental and unrelated. Hemorrhagic complication of COVID-19 infection



have already been reported indicating increased risk of cerebrovascular hemorrhage, cardiac and kidney related infarctions in these patients. It is possible that due to the fragile nature of the vasculature in the pituitary region corona virus related infection may contribute to acute hemorrhagic infarction of the gland and related apoplexy, although at this point it remains absolutely speculative. Besides ACE-2 receptors which are found in pituitary cells in abundance are the targets of the COVID 19 virus and subsequent infection is found to have effects on coagulation cascade and cause pituitary hemorrhage. Also marked inflammatory response associated with COVID 19 leads to vascular dysfunction and pituitary apoplexy.

*From a management perspective the approach taken was to first treat his medical problems. Due to the large size of pituitary adenoma and its mass effect causing complete ophthalmoplegia surgical decompression seemed appropriate. Recent recommendations by Fleseriu et al. suggest categorization of COVID-19 positive patients in need of pituitary surgery as either emergent, urgent or elective w.r.t intervention timing of surgery. In our case this patient fell somewhere in between urgent and elective as he appeared to have pituitary apoplexy but was stable on steroids without further neurological deterioration. In fact conservative management is a preferred option in a stable patient with pituitary apoplexy during this corona virus pandemic given the concern for the spread of this disease via aerosolization of the virus during trans-sphenoidal surgery, however there are many studies and reviews that suggest that operative intervention within a week of pituitary apoplexy may be beneficial over conservative management in the setting of altered sensorium, complete ophthalmoplegia with progressive visual loss or cranial neuropathies as was in this case. Therefore the decision was made to perform elective operative intervention.*

So in any patient presenting with fever headache ptosis or ophthalmoplegia as in this patient we should rule out the possibility of covid infection particularly in the post pandemic era. As more informations will be gained about COVID-19 virus other case reports may be able to shed further light on this aspect; at present this case has a unique presentation and may serve as a useful guideline for future cases.

## References:

1. Wakai S, Fukushima T, Teramoto A, Sano K 1981 Pituitary apoplexy: Its incidence and clinical significance. J Neurosurgery 55:187-193
2. Nawar RN, Abdel Mannan D, Selma WR, Arafah BM 2008 Pituitary tumour apoplexy: A Review. J Intensive care Medicine 23:75-90
3. Bills DC, Meyer FB, Laws ER Jr et al. 1993 A Retrospective analysis of pituitary apoplexy Neurosurgery 33: 602-609
4. Rajasekaran S, Vanderpump M, Baldeweg S et al. 2011 UK guidelines for the management of pituitary apoplexy Clin . Endocrinol 74:9-20



5. Onesti ST, Wisniewski TH, 1990 Clinical versus subclinical pituitary apoplexy: Presentation, surgical management and outcome in 21 patients Neurosurgery 26:980-986
6. Parihar V,Yadav YR,Sharma D 2009 Ann Indian Acad Neurol 12:54-55
7. Kannuki S, Bando K,Shirakawa N et al 1993 MRI findings and Endocrinological Dysfunction in Hemorrhagic Pituitary adenoma No Shinkei Geka 21:1005-1012
8. Sibal L, Ball SG,Connolly V et al. 2004 Pituitary apoplexy: A Review of clinical Presentation, management and outcome in 45 cases. Pituitary7:157-163
9. Ayuk J, McGregor EJ, Mitcell RD,Gittoes NJ 2004 Acute management of pituitary apoplexy –surgery or conservative management, Clin Endocrinol (Oxf) 61:747-752
10. Murad-Kejbou S,Eggenberger E 2009 Pituitary apoplexy:Evolution, management and prognosis. Curr Opin Ophthalmol20:456-461.
11. Cureus2023 Aug 15-15(8)
12. Pituitary apoplexy associated with COVID19 infection—review and a case report Popov D. Hadzhiyanev 2022.36.75--81



# Biopic of Sir Allvar Gullstrand

Dr. Rohan Bhatnagar, DO, 2nd year

A mathematician and an ophthalmologist, a physician and a physicist, the refuser and the recipient, the observer and the illuminist.



## Dr. Allvar Gullstrand

a Swedish Ophthalmologist that every doctor should know about!

**Born:** 5 June 1862, Landskrona, Sweden

**Died:** 28 July 1930, Stockholm, Sweden

Inventor of slit lamp, reflex-free ophthalmoscope and schematic eye.

Dr. Allvar Gullstrand was awarded the Nobel Prize in Physiology or Medicine in 1911 for his groundbreaking work on the dioptrics of the eye.

Dr. Gullstrand is the only ophthalmologist to ever win a Nobel Prize, and the only one to win it for work in ophthalmology.

He was entirely self-taught in the fields covering his most important work (geometric and physiological optics).

## His inventions

He announced the first model of the slit-lamp as an eye illuminator at the Heidelberg Ophthalmology Congress in 1911, which was not realized until 1916. He used the basis of the electric bulb developed by Walter Nernst. The slit lamp was then improved, and versatility increased. The combination of the binocular corneal microscope and slit lamp that was designed for the Zeiss factory in Jena by Siegfried Czapski increased the accessibility of elucidating the ocular diseases' finer changes by every ophthalmologist. His results got slow international acceptance as he published his work in Swedish. He continued working on astigmatism, performing higher orders of equation terms. The required constant number of characteristics to describe a bundle of monochromatic light that emerges from a source of point light was found to be 10. Also, he developed the reflexless ophthalmoscope, which reduced glare from the cornea, making it easier to examine the cornea. Much of his work was founded on mathematical models and equations he created to better understand the function of the eye. He designed a schematic eye that included the lens curvature, the distance between the lens and the cornea, and the refractive indexes of all components.

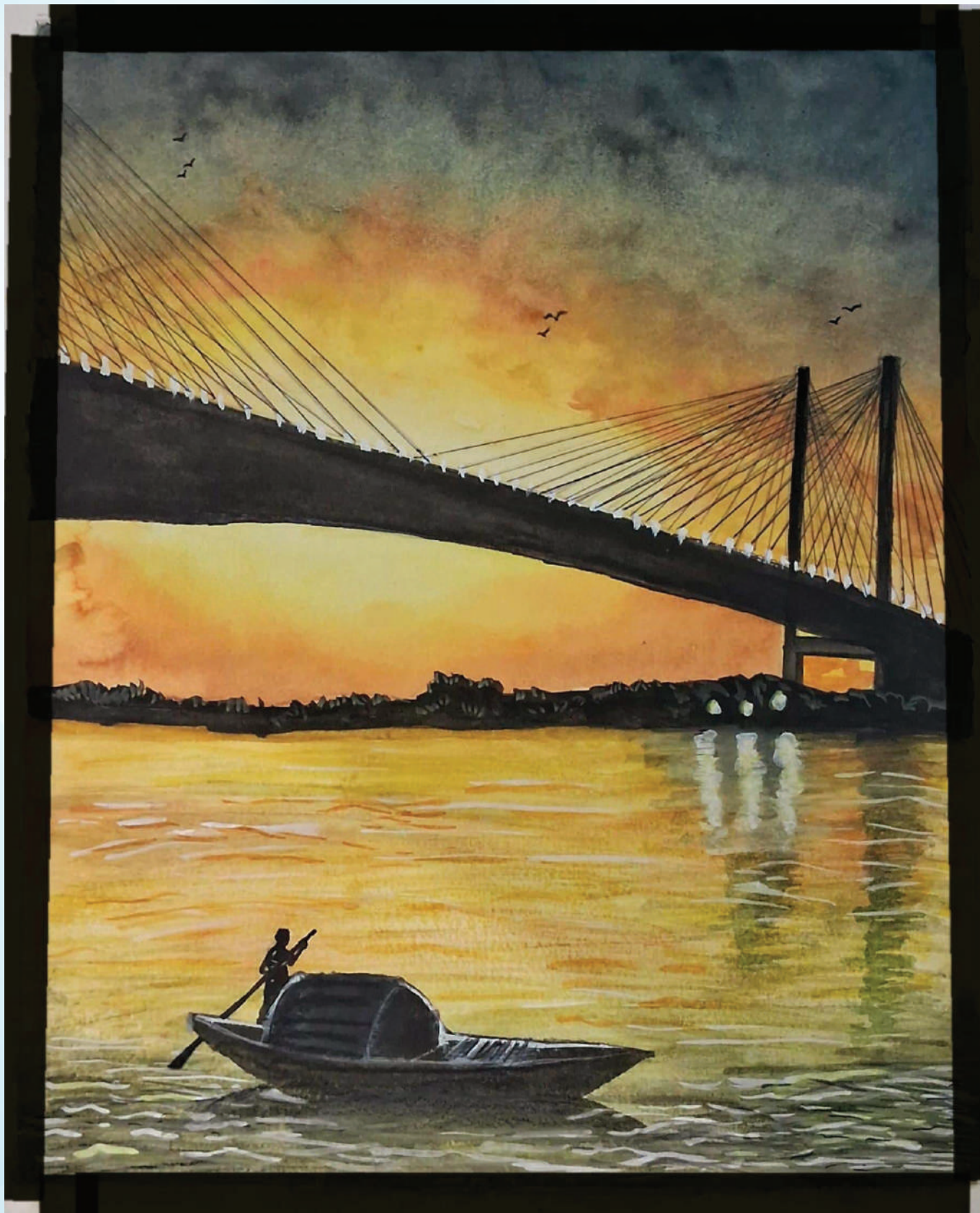
Dr. Allvar Gullstrand's contributions not only shaped the principles of optics but also the way ophthalmology is practised today.

*"An academic teacher and scientist who is not trembling with exhaustion at the end of a semester has not done his duty"* — Gullstrand.



# MASTER STROKES

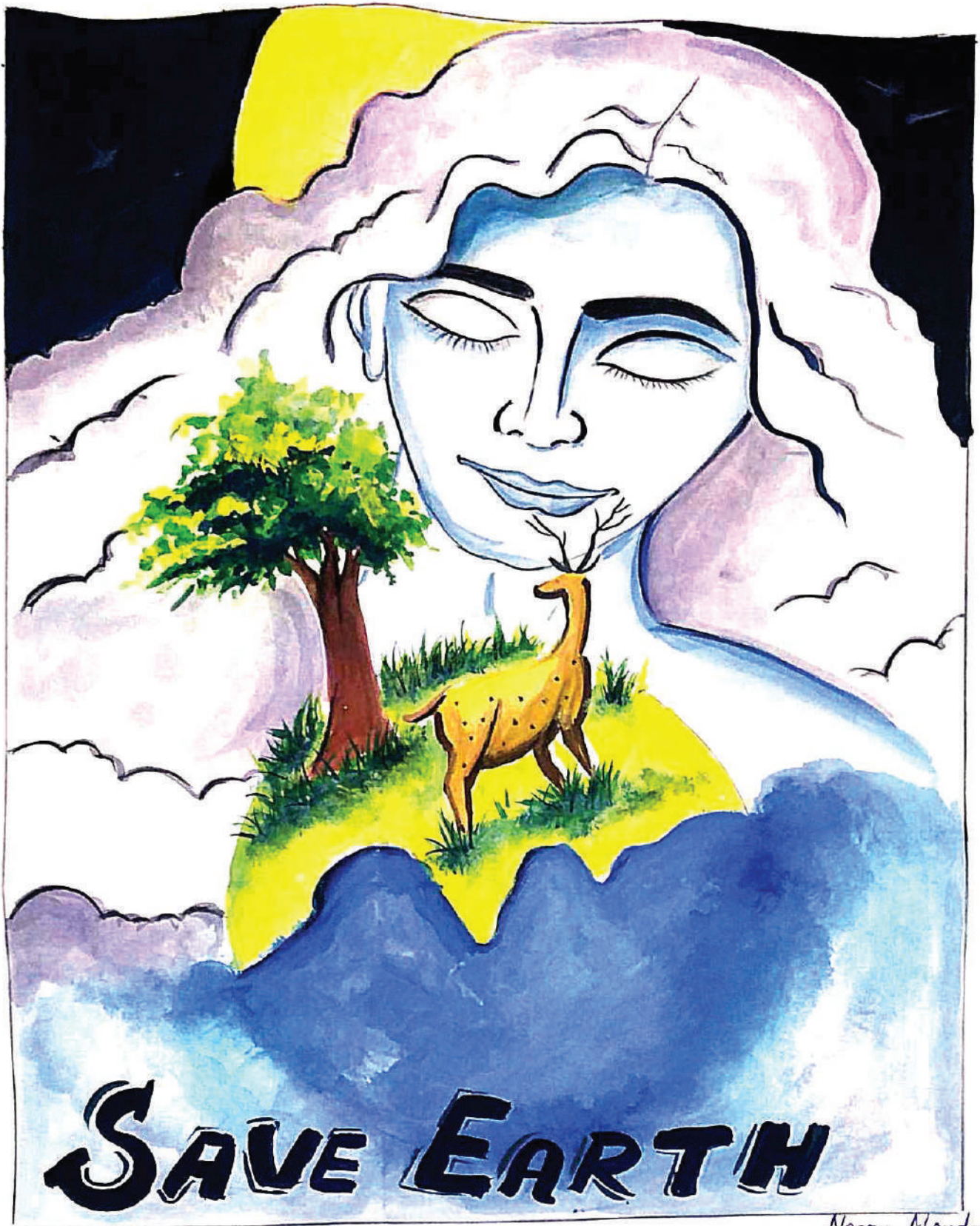




**Debasmita Manna**

B.Opt 1st Year

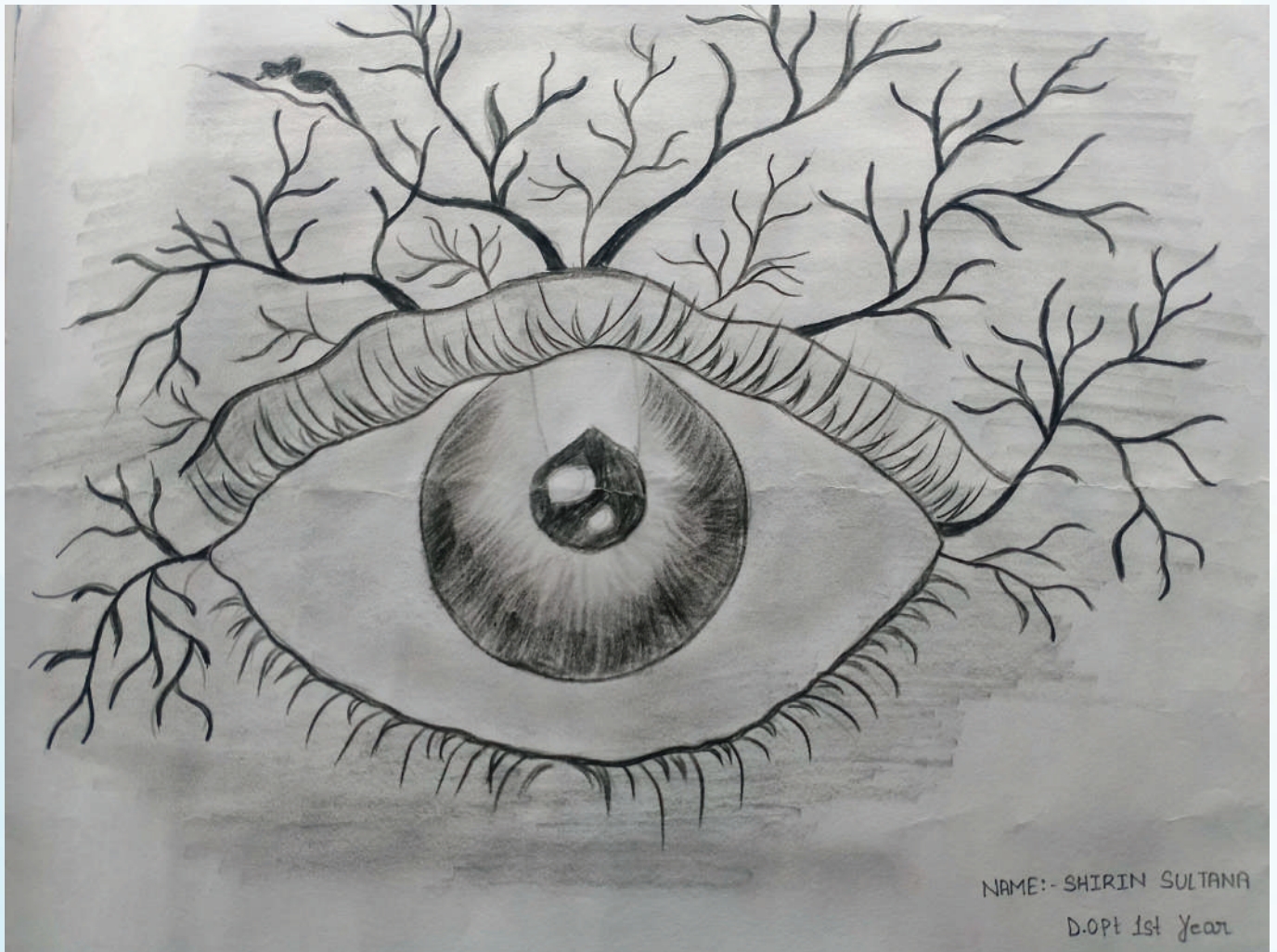




**Neepa Mondal**

B.Opt 1st Year





**Shirin Sultana**

D.Opt 1st Year





**Liza Hazra**

B.opt, 2nd year

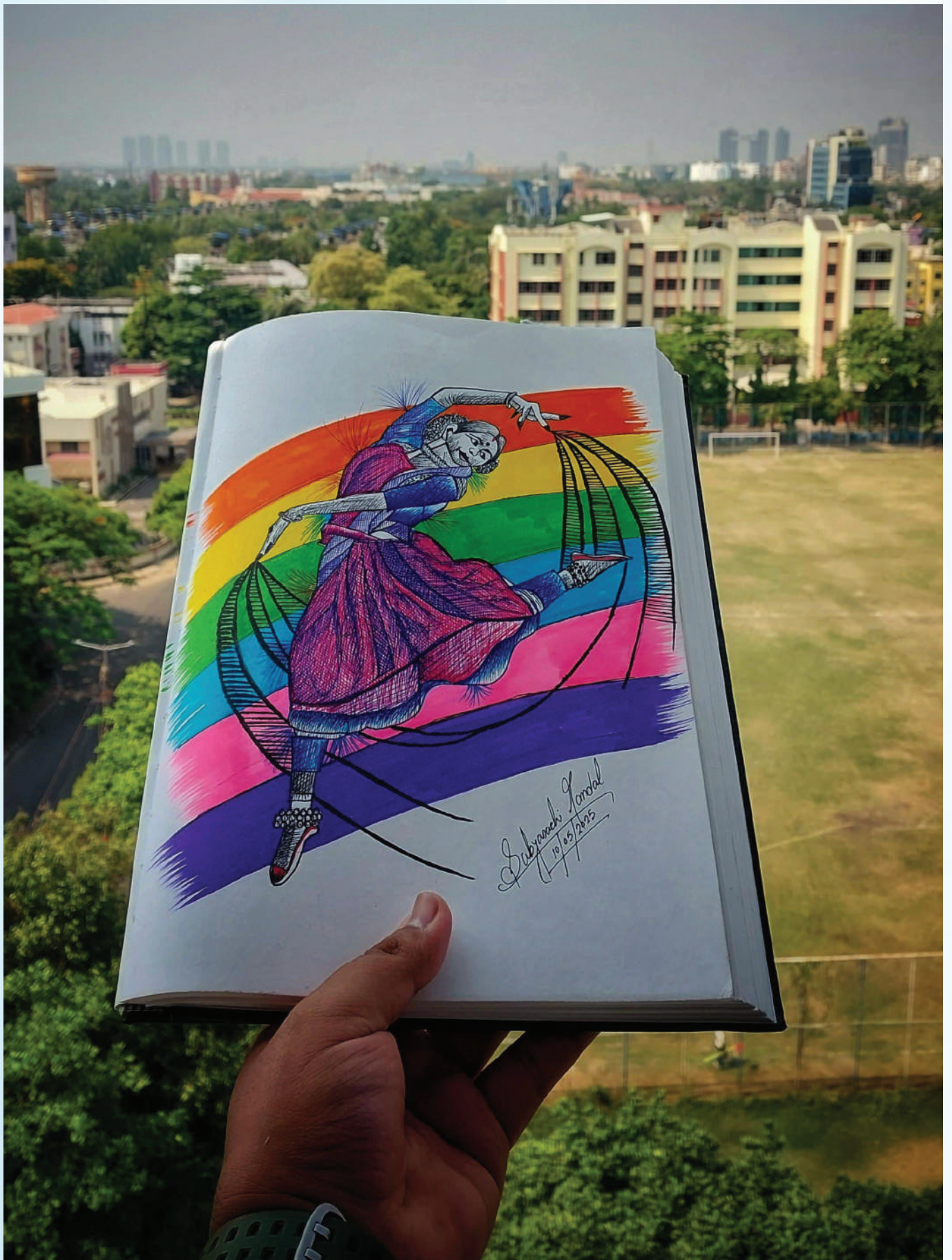






Sabyasachi Mondal, B.Opt 2nd year



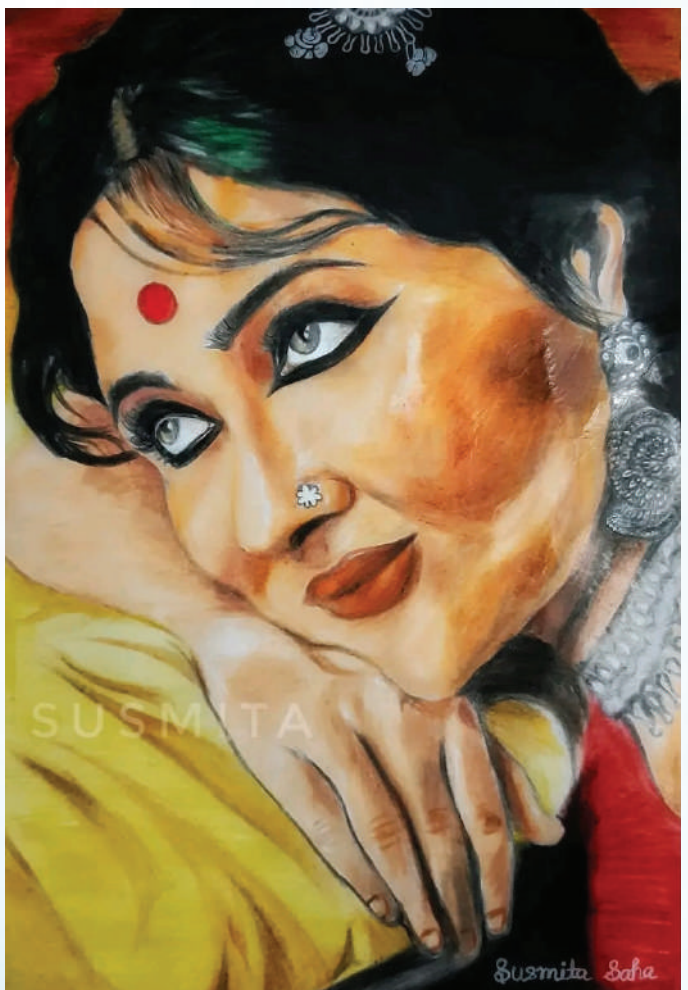


Sabyasachi Mondal, B.Opt 2nd year





Sushmita Saha, Optometrist







SCRATCH ART by  
**Krishnendu Giri**

B opt – Intern

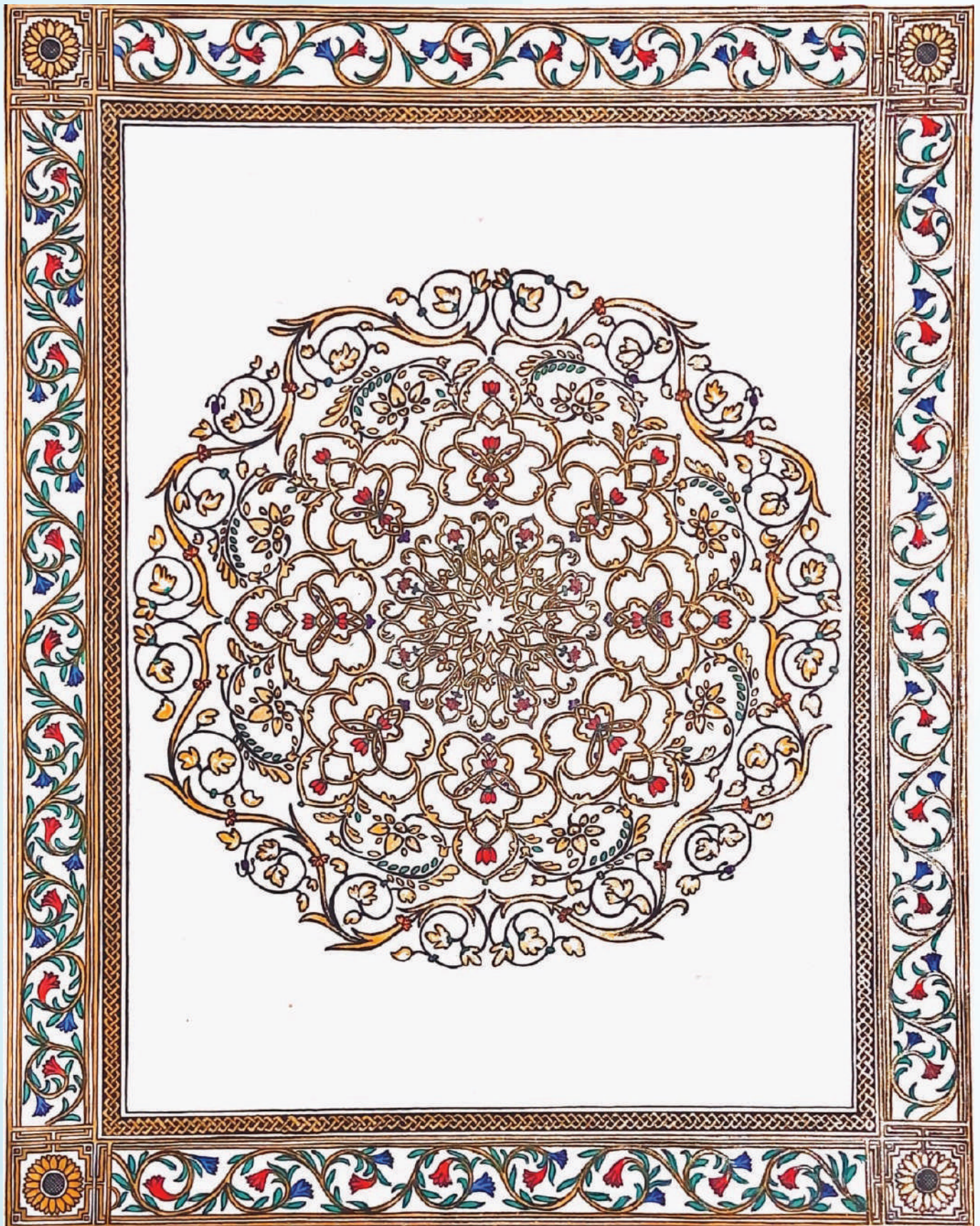




**Dr Subhosree Das**

DNB, 1st year





**Dr Gurleen Kaur**

DNB, 3rd year





**Dr Soma Sarkar**

Fellow

*Soma*



**FOR NO RHYME OR REASON**



## নিজেকে ভালোবেসেছি

অর্পিতা মন্ডল

ব্যাচেলর অপটোমেট্রি, প্রথম বর্ষ

একটা সময় ছিল যখন সব সম্পর্ক গুলোকে আঁকড়ে ধরতে চাইতাম  
কিন্তু এখন, এখন নিজেকে বদলাতে দেখে খুশি হচ্ছি।  
সবার কাছে নিজেকে বারবার প্রমাণ করতে করতে হেরে যাওয়া আমিটা  
এখন আর কাউকে কোনো এক্সপ্লেনেশন দেয় না  
আপন মানুষ হারানোর ভয়ে কাতর হওয়া আমিটা,  
আজ আর ভয় পায় না মিথ্যে বাঁধনগুলো ছিঁড়ে যাওয়ার।  
আঁকড়ে ধরে রাখতে চাই না মিথ্যে স্মৃতি গুলোকে।  
একা হওয়ার ভয়ে নিজস্ব আত্মসম্মান ত্যাগ করা আমিটা,  
আজ সবকিছু ত্যাগ করতে শিখেছে নিজের আত্মসম্মানের খাতারে।  
এখন এই আমিটা একরাশ কালো অন্ধকার পেরিয়ে,  
নতুন ভোরের মিঠে আলোয়, নিজেকে চিনতে শিখেছে।  
ভালোবাসাতে শিখেছে। শিখেছে নিজের কাছে প্রিয় হয়ে উঠতে।।



## ভূস্বর্গ

Debanwita Bhandary

D.OPT 2nd Year

এমন রূপের কী গুণ আছে,

মুখে যার রক্ত লেগে,

আছে অনেক দুঃখ ক্ষত,

চোখের জলে রাত্রি জেগে।

লজ্জা এমন স্বর্গ সাজার -

তোমার চেয়ে নরক ভালো,

প্রতিটা পশুর বিচার হবে

মালিক বলবে কোনটা ভালো।







## এই তো জীবন

Geetam Das (B Opt 2nd year 23-27 Batch)

জীবন মানে বাঁচতে হবে বাঁচার মতন করে  
জীবন মানে চলতে হবে  
তোমায় মনের জোরে  
জীবন মানে তোমার যত ইচ্ছে  
যত আসা  
জীবন মানে পরম সত্য টুকরো ভালোবাসা  
জীবন মানে চাকরি- বাকরি  
অর্থ উপার্জন  
জীবন মানে সবচেয়ে প্রিয় তোমার আপনজন  
জীবন মানে বাবা- মায়ের মস্ত অবদান  
জীবন মানে গাইবো আমি তাদের গুনগান  
জীবন মানে লড়াই করে বাচতে তোমায় হবে  
জীবন মানে চলার পথে অনেক বাধা পাবে  
জীবন মানে ভালো মন্দ মানতে তোমায় হবে  
জীবন মানে হাসি কান্না তোমার ছায়া হবে  
হয়তো জীবন সব মানুষের এই রকম ই হয়  
আমার টা তো অন্য রকম সবার মতো নয়।।।।।

## “অন্ধের চোখে আলো নাই”

কলমে - সব্যসাচী মন্ডল

চোখে তার নেই রঙের হাওয়া,  
জানে না সে ভোরের চাওয়া।  
তবু সে ছুঁয়ে বোঝে পথ,  
আলো ছাড়াও হৃদয় সত্।

জ্যোৎস্না রাতে নীরব বায়ু,  
তার কাছে শুধু স্পর্শের আয়ু।  
চোখে না দেখুক, প্রাণে জানে,  
আলো খেলে হৃদয়খানে।

হাসে সে মন থেকে নিঃশব্দে,  
আলো তার-ভালোবাসার কাঁধে।  
অন্ধ নয় সে, যাহার মন,  
ভালোবাসা-তাহার দৃষ্টিকোন।



Canon  
Sabyasachi photography



## The Art of Sight

Dr. Sudebi Roy

Behind the lashes, worlds unfold,  
A window crafted with care, where dreams are revealed.

The iris sings in hues soft and intense,  
Veiling mysteries only eyes can behold.

Through the pupil's gate, a world unfolds,  
Painted on the canvas of the mind.  
Lenses, clear or dimmed by passing years,  
The eye's journey, weaves a world to find.

Like a starry night, the retina captures light,  
Neurons ignite, bridging darkness and brilliance bright.

Each blink, a world, fleeting and fast,  
A canvas painted with hope and shadows cast.

Healers of sight, with practiced art,  
Mend the windows to the soul and heart.  
With skilful hands, they guide the way,  
Through clouded vision, into a brighter day.

The eye, a tender sphere, a lantern to the soul,  
The world shines brighter when the sight is whole.

## THE MAKING OF A DOCTOR

Dr. Doel Biswas

Dead unseeing eyes lying on cold marble slabs  
Unprotesting organs awaiting the touch of the scalpels  
Nauseous stench of formalin welcoming you with open arms  
Forcing all life's noble ambitions to flee while self-doubt creeps in.

Urine samples bubbling like a witch's magical brew  
Amoeba in stool made larger than life, flaying their arms  
The virgin jab into a vein that bleeds both blood and emotions  
The delivery of God's little creations that makes one feel like God,

Stench of death so overpowering that you feel dead within  
Pleading mute eyes begging you for a new lease of life  
Agony of watching life slowly ebb out from the fountain of youth  
Frustration of knowing you gave it all but failed yet again.

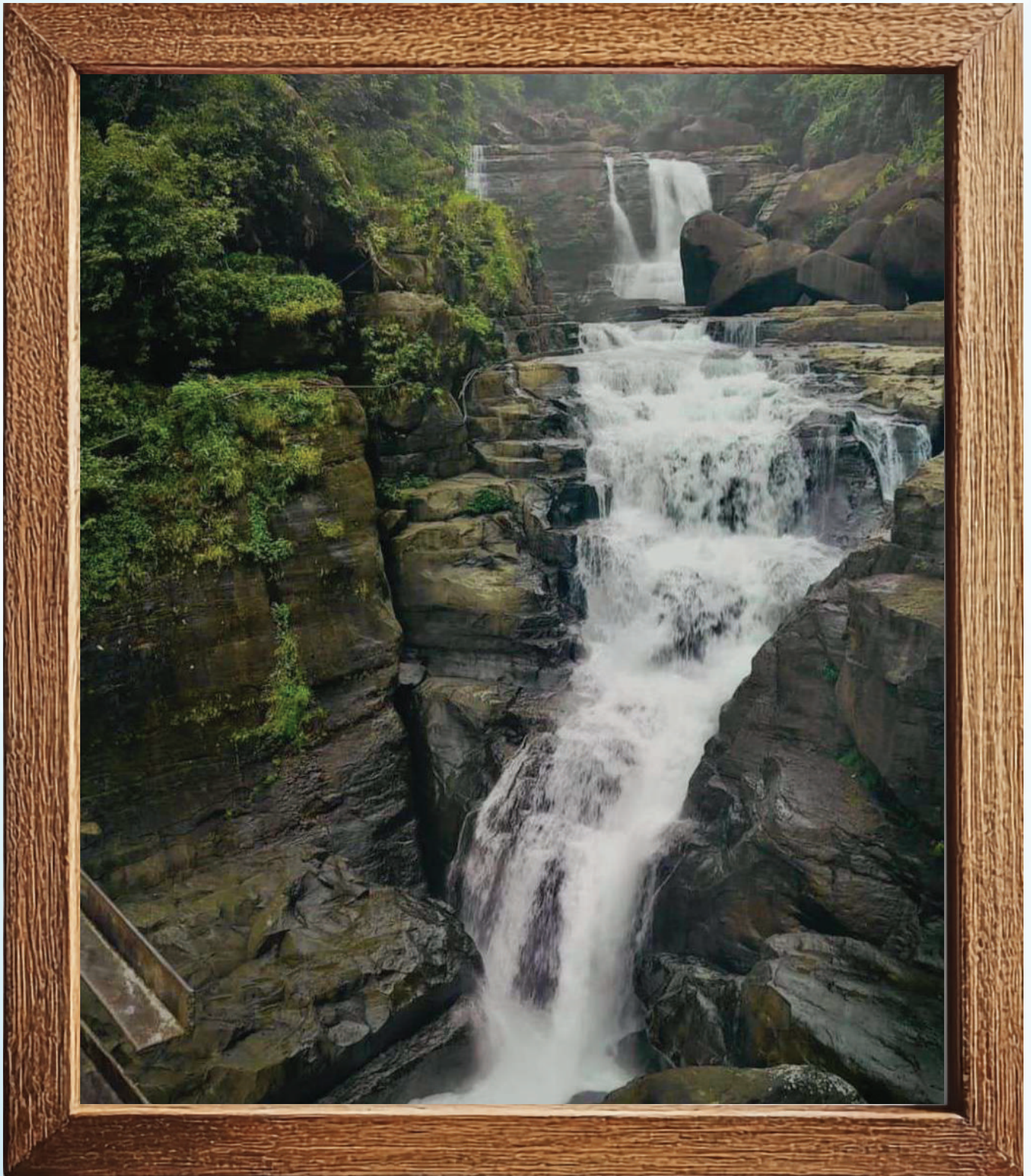
Endless cups of coffee as you plod through voluminous books  
Nights spent rushing from bed to bed, sleep a distant fantasy  
Days spent curled up in foetal posture too tired to even breath  
Life slipping by in a roller coaster of birth and death, hope and despair.

Finally, you step out with the license to kill and the urge to heal  
Thrust into the role of the Saviour when you are but a mere mortal  
Walking the tightrope between known and unknown, morbidity and mortality  
Struggling each day to fulfil one promise, the Hippocrates Oath.





**THROUGH THE LENS**



## Manas Dinda

B.Optometry 2nd Year





**Sabyasachi Mondal**

Bopt 2nd year





**Akash Maiti**  
Optometrist





Dr Piyali Konar





A Beautiful Sunset  
**Dr Asmita Ray**





# LENS-ECTOMY

## আমারকলম একরাশ ইচ্ছেডানা...

স্নেহা গুহঠাকুরতা

চলুন না, আজকের দিনটা একটু অন্যরকম করে কাটানো যাক সবাই মিলে? অন্যরকম বলতে, রোজ ঠিক যেরকম ভাবে কাটাই, অর্থাৎ এই ভালোমন্দ বা লাভক্ষতির হিসাব কষতে কষতে, তার চেয়ে একটু আলাদা, একটু “অন্যরকম”!!!!

ধরুন যেই শিশুটিকে প্রতি রবিবার সকালে আঁকার স্কুল বা নাচের স্কুলে পাঠান, আজ না হয় তাকে পাড়ার মাঠে খেলতে পাঠালেন? (কি বললেন, মাঠ নেই?) বেশ, নাহয় তার হাত থেকে smartphone টি সরিয়ে সেখানে ঘুড়ি-লাটাই তুলে দিন!!

পাড়ার মোড়ের ফুলওয়ালি বা রিক্সাওয়ালার সাথে দুটাকার দরদাম না করে রাতে দামী রেস্টোরায়ে ডিনার সারার পর টিক্সটা ৫০ টাকা কমই নাহয় দিলেন আজ!!

“সেই যে বাবু হওয়ার পরে নাচটা ছাড়লাম.....” জীবন একটাই, আক্ষেপ নিয়ে বাঁচবেন না!! যান না, হারানো ঘুড়ুরজোড়া খুঁজে বের করুন...

পুরোনো হারমোনিয়মটি বাজিয়ে গেয়ে উঠুন - “হারিয়ে যাওয়া মনটি আমার, ফিরিয়ে তুমি আনলে আবার.....”

তুলে রাখা গিটারটি ধুলো ঝেড়ে নামান আজ একটিবারের জন্য!!!!

শিল্পের অনুরাগী মেডিকেল ছাত্রটি আজ রংতুলিটি হাতে তুলে নিক.....

শুধুমাত্র ভবিষ্যতের চিন্তা করে বর্তমানটাকে উপেক্ষা করে কেন বাঁচবেন??? আজ, এখন! বাঁচুন ও বাঁচতে দিন!!!!

মহাভারত বিন্দুমাত্র অশুদ্ধ হইলনা।





## “এসো গো শারদলক্ষী”

-স্নেহা গুঠাকুরতা

এই সময়ে, এই ঠিক পূজো শুরু হওয়ার দিনকুড়ি আগে থেকে, আকাশটা এমনভাবে বদলাতে শুরু করে যেন তাকে কেউ একটা নতুন নীল রঙের শাড়ি পরিয়ে দিয়েছে.....আর তাতে একরাশ সাদা সাদা মেঘ সূর্যের পড়ন্ত আলোয় ঝকঝক করে!!! মাঠে মাঠে কাশের মেলা.... হাওয়ায় হাওয়ায় চামরের মত দোলে। আমার বাড়ির পাশের ছাতিমগাছ থেকে এক অদ্ভুত মনকেমনকরা গন্ধ ভেসে আসতো..... ছোটবেলায় একবার ঐ গন্ধ নাকে গেলে আর পড়ায় মন বসতো না মোটেও! বারবার ঘুরে ঘুরে নতুন জামা উঁকি মেরে দেখতাম আর ঠিক করতাম ষষ্ঠীতে কোনটা পরবো আর সপ্তমীতে কোনটা! সবচাইতে প্রিয় জামাটা অষ্টমীর জন্য তুলে রাখাই ছিল দস্তুর!



আজ বড়(বুড়ো) হওয়ায় পর সেই ছাতিম ফুলের গন্ধটা আর পাইনা, তবু হস্টেলের ছোট জানলার ফাঁক দিয়ে আজো পড়ন্ত বিকেলে কনে-দেখা আলোর মত টুকরো রোদ এসে মুখে পড়ে আর কানে কানে গায় -

“ এসো গো শারদলক্ষী তোমার শুভ মেঘের রথে, এসো নির্মল পথে.....”





# The Allure of Resin Art: A Modern Crafting Revolution

Dr Piyali Konar

In recent years, resin art has surged in popularity, captivating artists and hobbyists alike with its mesmerizing beauty and endless creative possibilities. This innovative medium, which combines epoxy resin with pigments, dyes, and various embellishments, allows creators to produce stunning pieces that range from functional items to breathtaking wall art. As we delve into the world of resin art, we uncover the techniques, inspirations, and the community that has blossomed around this captivating craft.



## What is Resin Art?

At its core, resin art involves the use of epoxy resin, a versatile material that hardens into a glass-like finish. Artists mix the resin with hardeners and can incorporate a variety of additives, such as glitter, metallic powders, and even natural elements like flowers and leaves. The result is a unique piece that captures light and color in ways that traditional mediums cannot.

## Techniques and Styles:

The beauty of resin art lies in its adaptability. Artists employ various techniques to achieve different effects, from the fluid, marbled look of acrylic pouring to the intricate layering of colors that create depth and dimension. Some popular styles include:

### Geode Art:

Mimicking the natural beauty of geodes, artists create stunning pieces that resemble crystals and minerals, often using vibrant colors and metallics to enhance the effect.

### Ocean-Inspired Creations:

With its ability to mimic the movement of water, resin is perfect for creating ocean scenes. Artists often blend blues, greens, and whites to evoke the serene beauty of the sea.



### Functional Art:

Beyond aesthetics, resin art can be functional. Coasters, tabletops, and serving trays are just a few examples of how artists are merging beauty with utility.

### The Creative Process:

Creating resin art is as much about the process as it is about the final product. Artists often describe the experience as meditative, with each pour and layer requiring patience and precision. The unpredictability of resin adds an element of surprise, as colors blend and shift in unexpected ways. This spontaneity is part of what makes resin art so exciting; no two pieces are ever the same.



### Community and Connection:

The rise of social media has played a significant role in the growth of the resin art community. Platforms like Instagram and TikTok are filled with tutorials, tips, and showcases of stunning creations, allowing artists to connect, share their work, and inspire one another. Online marketplaces have also made it easier for artists to sell their pieces, turning a passion into a viable business.

### Safety First:

While resin art is an exciting and rewarding endeavor, it's essential to prioritize safety. Working with epoxy resin requires proper ventilation, gloves, and protective eyewear to avoid skin irritation and inhalation of fumes. Many artists emphasize the importance of following safety guidelines to ensure a positive and enjoyable crafting experience.

### Conclusion:

Resin art is more than just a trend; it's a vibrant and evolving form of expression that invites creativity and innovation. Whether you're a seasoned artist or a curious beginner, the world of resin art offers a canvas for exploration and self-discovery. As you embark on your resin journey, remember that the only limit is your imagination. So gather your materials, unleash your creativity, and let the magic of resin transform your artistic vision into reality.



**SPIN A YARN**

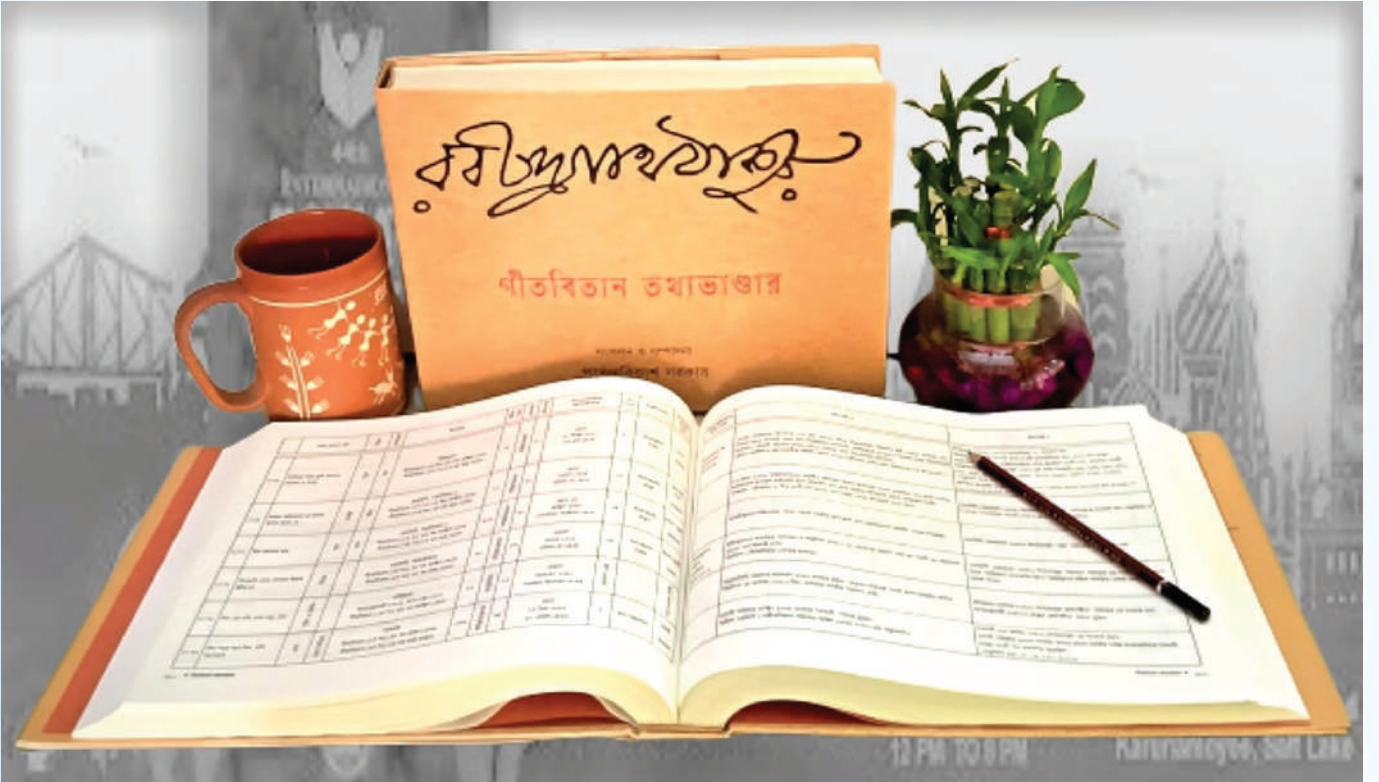


# ফিরে পাওয়া

সৌভিক লাহা

দুপুরে ঘর গোছাতে গিয়ে হঠাৎই পর্ণার চোখটা আটকে গেল ঘরের এককোণায় সেলফের ভিতর রাখা গীতবিতানটায়। কিছুক্ষণ মস্তমুণ্ডের মতোই তাকিয়ে থাকল সেদিকে, গীতবিতানের সাথে তার সখ্যতা সেই ছোটবেলা থেকেই। সংসারের যাঁতাকলে পিষতে পিষতে যা আজ ধূসর অতীত।

হঠাৎ-ই ডাক শুনে, পিছন ফিরে দেখে ছোটো তিন্নি গীতবিতান নিয়ে দাঁড়িয়ে, বায়না তাকে একটা গান তুলে দিতে হবে। তিন্নির থেকে গীতবিতানটা নিয়ে দেখতে দেখতে হঠাৎই নিজের অজান্তেই কয়েক ফোটা জল গড়িয়ে পরলো বইটার উপর।



# মহাভারত ও Facebook

Dr Arindam Deb

ধৃতরাষ্ট্রের দুঃখের শেষ নাই। কুরুক্ষেত্র যুদ্ধ লাটে উঠিয়াছে। কারণ সবাই facebook করিতেছে। তাহার একশ পুত্রের মধ্যে কেহ বাজার যাইতে চাহিতেছে না। ঘরে সজ্জিপাতি বাড়ন্ত। গান্ধারী চোখ বাঁধিয়া candy crush খেলিতেছেন। কি করে খেলিতেছেন তাহা ভগবানই জানেন। ওইদিকে শ্রীকৃষ্ণ অর্জুনকে যারপরনাই বিরক্ত করিয়া কানে কুটকচালি ঢালিতেছেন। আজকাল কেহ মাঠে গিয়া যুদ্ধ করেনা, সবাই candy crush এই রণছন্দার ছাড়ে, সেই কথাই বলিতেছেন। বীরপুরুষ ভীম একটি গদার মতো বড় tab লইয়া গাছ তলায় বসিয়া সকল কৌরবদের friend request পাঠাইতেছেন। কর্ণ তাহাতে কর্ণপাত না করিলেও বাকিরা accept করিতেছে। কেবলমাত্র একটি বোতাম টিপিয়া তাহারা বন্ধু হইয়া যাইতেছে। এরপর যে যার status এ যুদ্ধের update লিখিতে লাগিলেন। ধৃতরাষ্ট্র লিখিলেন তাহার ঘরে সজ্জি নাই। তাহাতে ২৩৫ টি like পড়িল। দ্রৌপদী comment লিখিলেন LOL . ইহাতে হাসিবার কি আছে না বুঝিয়া দুর্যোধন রাগিয়া অস্থির হইলেন। এদিকে কৃষ্ণের status এ ভগবত গীতা লেখা হইতে লাগিল। তাহাতে দেশ বিদেশ হইতে হাজার হাজার like পড়িতে লাগিল। সবাই বোঝাইতে চাহিলেন যে তাহারা খুবই সুখে আছেন। তাহা দেখিয়া সবার ঈর্ষা হইলেও সবাই smily দিয়া ঢং করিতে লাগিলেন। দ্রৌপদীর selfie দেখিয়া অর্জুন বিগলিত হইলেন এবং বাড়ি যাইতে চাহিলেন। কারণ দ্রৌপদীর সাথে Facebook ছাড়া দেখাই হয়না। কৃষ্ণ স্বভাব বশত পথ আটকাইলেন ও গীতার বচন আরম্ভ করিলেন। রথের আর কোন প্রয়োজন নাই দেখিয়া কর্ণ তাহার রথটিকে কাদার ভেতর park করিলেন।

এমতাবস্থায় কুরুক্ষেত্র যুদ্ধভূমিতে নেমে এলো প্রচন্ড এক ঘূর্ণিঝড়। চারিদিক ঘন কালো চাদরে ঢাকা পড়িয়া গেল। সমস্ত বিশ্ব চরাচর স্তম্ভিত শিহরিত হইয়া উঠিল। আদিগন্ত যুদ্ধভূমি virtual হইয়া যাইতে লাগিল। Like comment share এর ঘূর্ণির ভেতর প্রাণের বন্ধুদের চিনিতে পারা দুস্কর হইয়া উঠিল। পাশে বসিয়া হাসি গল্প ঝগড়া করিবার কেহ রহিলনা। কৃষ্ণের বাণী গীতা হইতে virtualism এর দরজা টপকাইয়া কুরুক্ষেত্রে আছড়াইয়া পড়িল। শুরু হইল যুদ্ধ। নিরাকারের সাথে আকারের যুদ্ধ। ধৃতরাষ্ট্র মুচকি হাসিলেন। মহাভারত বিন্দুমাত্র অশুদ্ধ হইলনা।





# Mask

Dr. Doel Biswas

It was her eyes that caught his attention. They were large and perfectly almond shaped, framed by long curled lashes that threw shadows on her cheekbones every time she glanced down. The colour of her eyes was a light brown with specks of gold that deepened when she listened intently. But what really captivated him was the expression in her eyes. They reflected every emotion that flitted through her mind. Her eyes lit up with suppressed mirth even before their corners crinkled when she laughed. They sparkled like a star spangled November sky when she was happy. In sadness they clouded over like monsoon thunder clouds before a torrent.

They flashed with unexplored passion when anxious. And when she sat lost in her thoughts which she did often, they appeared like two limpid pools, so inviting that a man could drown in them and not desire to surface again.

Her name was Uma. Her father Shankar Bhadra was a patient of advanced diabetic nephropathy who needed regular dialysis. That was the only reason father and daughter visited the hospital every week despite the menace of the corona pandemic when everybody else stayed away. Uma was diligent about following safety protocols. Her mask was always firmly in place no matter how long she had to wait at the hospital. Unlike other patients and their attendants she never lowered her mask while speaking to the doctors or orderlies or even her father. She covered herself in a full sleeve kurta despite the heat and wore no jewellery, not even a watch.

Vineet was in the last leg of his medicine internship when the pandemic struck and nationwide lockdown was declared. It was his first day of posting in nephrology when he came across Uma. She was waiting patiently for her father in the lounge area designated for attendants. As she heard footsteps she instinctively looked up and her gaze collided with Vineet's. To say that Vineet was thunderstruck was an understatement. He found himself gazing into a pair of lightest brown eyes whose flecks of gold deepened even as they held him spellbound. Their expression was as calm and inviting as a pond without a single ripple on a hot summer afternoon. Then slowly in languid grace mild curiosity skimmed the surface for a barely noticeable second before a bashful veil descended and with the grace of a swan lowering its vast wings, her eyelashes lowered themselves as she gazed down in coyness.

It was a while before Vineet realized that he was still staring at her lowered gaze like a man in a trance. Clearing his throat in embarrassment, he asked her if he could help her. Startled she looked up, her eyes doe-like in confusion. No doctor had ever stopped in his busy schedule to offer to help her. Then her eyes cleared and brightened like the sun peeking out after torrential rain before the edges crinkled and in a voice softened with good humour she replied in the negative. Her voice had a slight lisp to it as if the words were slipping out. But it was really her eyes that spoke, at once amused and grateful.

That evening in his hostel room, Vineet took down his easel and box of paints. It had been more than a year since he had last painted anything. At one time Vineet had been passionate about art. Growing up he had fantasized about relocating to Milan, living in a basement and starving for the glory of art. But with adulthood came reality and he relegated his passion to an occasional hobby.

But today he was a possessed man driven to capture every expression of a pair of breathtakingly beautiful eyes. Sheet after sheet he filled with paintings of her eyes striving to get every nuance of her expression just right. Most of his attempts left him disappointed. In some, her eyes were not luminous enough. In another he was not able to capture the hint of amusement that crept in before they crinkled in frank laughter. The gold flecks that deepened so, were not the accurate shade. But a few paintings were so life like that he stood hypnotized, losing himself in their shades. He wanted to reach out and touch them, he wanted to learn every secret buried in their depth, he wanted to memorize every expression, he wanted to possess. If it was possible to fall in love with a person's eyes, Vineet was deeply in love with Uma.

With a little assistance from his fellow interns Vineet got hold of the dialysis schedule of Uma's father. He made sure to be present in the nephrology department every week when Uma came in with her father, even when his posting in medicine department was over. He was totally besotted with her and Uma appeared to welcome his attention. Vineet often watched from the shadows as Uma entered the out-patient department. Her eager eyes would search for him.

When her gaze alighted on Vineet, her eyes would light up like a million chandeliers blinding him in their unadulterated joy of seeing him. They spoke very little and sometimes not at all. He would ask her if she needed any assistance and enquire after her father's health. She would answer in monosyllables in her slightly lisping voice. Sometimes he would fetch her coffee as she waited for her father. Uma would accept with a perfunctory thank you even as her eyes would swim in gratitude.

In the course of time he learnt a little about her. Her father was a retired railway engineer. Her brother, older to her by five years was an engineer settled in the Silicon Valley. Uma herself worked at a call centre and was working from home during the pandemic. She had lost her mother to cancer a couple of years ago. As she spoke of her mother, Uma's eyes dimmed. Like the moon being overtaken by dark clouds before a tempest, her eyes lost their luster. A cloak of sadness shrouded her expressive eyes. Her pain was so palpable and Vineet wanted to take her in his arms and keep her safe there, promising her eternal happiness. But before he could offer any consolation, Uma's eyes spied a toddler prancing across the out-patient lounge with unsteady clumsy steps, clapping his hands and shrieking with glee. At once the sadness cleared. Like the full moon peeking out from behind dark clouds and bathing the earth below in the soft glow of its luminescence, her eyes came aglow with merriment encompassing Vineet in their warmth.

Every evening Vineet returned to his paints and easel. Slowly he added other features to



accompany her eyes and complete her face. Some features that he could see like her perfectly arched brows and the soft tendrils of hair that blew across her forehead. But some features he added from imagination. A delicately curved nose. Pair of full kissable lips, the lower lips a wee bit more plump than the upper one but together forming a perfect cupid's bow. A dimpled chin.

The days of lockdown passed. After 3 months, though life did not return to normal, many of the lockdown restrictions were lifted. The initial paralyzing fear that had gripped everyone had lessened.

People accepted the idea that they would have to live with the virus and they went about their life with less panic and necessary precautions. Uma's brother Nilesh had returned from the US and sometimes accompanied his father and sister during dialysis.

Vineet's year-long internship was almost at an end. The last fifteen days he was given duty in the COVID Ward where the virus infected patients were kept in isolation. During these days Vineet too would have to stay in isolation in the hospital sleeping in the doctors duty rooms adjacent to the COVID Ward. This was mandatory to protect his hostel mates to exposure incase Vineet got infected while on duty. After fifteen days of duty, he would again have to stay under home quarantine for another 14 days. Thus Vineet would not be seeing Uma for almost a month.

The day before his COVID Ward duty started, Vineet gift wrapped one of his paintings. It was a painting of Uma lost in her own thoughts. Her eyes had a faraway expression to them. They appeared calm and fathomless, mysterious and inviting. A soft smile played on her lips. She looked at once naïve and sexy, an angel and an enchantress. He added a short note where he wrote "to the girl with the bewitching eyes. Waiting to behold the rest of her beauty unmask." Vineet smiled at his own clever use of words. He handed Uma the gift before he rushed off to join his new duty. But before he left Vineet assured her that he would see her after a month.

It was two months since Vineet had last seen Uma. His internship was over. He had rejoined the hospital as a house-staff because in these COVID pandemic times with so many doctors infected the hospital was under staffed. But his real motive to rejoin here was to meet Uma again, to pick up where they had left off. He was totally enamored with her or rather her eyes but now he wanted to get to know the rest of her. Not for a moment did he doubt that the rest of her was as beautiful as her eyes.

Yet Uma did not come. He learnt from his colleagues in nephrology department that she had not accompanied her father since the day he had last met her and had gifted her, his painting. Instead her brother Nilesh took her place. Vineet walked up to her brother one day, enquired after his father's health and then in a casual conversational tone asked after Uma. He learnt that Uma was fine, working online from home. Vineet was at once relieved and confused. Relieved that health concerns had not kept her away.

Confused that she did not feel the desire to meet with him again. He could have sworn that in her expressive eyes he had seen a reflection of what he had felt for her. Her eyes had

always lit up when he had approached. Eagerness and shyness had chased each other like the butterflies in a meadow. Admiration and a flirtatious twinkle had co existed like twin shadows in the hidden depth of her eyes. Yet weeks passed and Uma did not come.

Uma stood in front of the mirror. She was alone in the apartment as her father and brother had gone to the hospital for her father's dialysis. She had donned her mask even though she was alone at home. The painting that Vineet had gifted was propped up against the wall next to the mirror. For the umpteenth time she compared the eyes in the painting with her own in the mirror. The painting was an exact replica. Yes, she had beautiful eyes. Her mother had always told her so but Uma had never believed her. At least not till the pandemic appeared and Uma started wearing a mask. The first day Uma had worn a mask and stood before a mirror, she had been mesmerized by her own eyes. Uma recalled the family lore, that her mother had wanted to name her Sunaina but her paternal grandmother had over ridden her daughter in law's wishes and named her Uma.

Besides her mother, Vineet was the first person who had noted the beauty of her eyes. His painting did total justice to it's sublime beauty. However his imagination had failed him. Slowly Uma lowered her mask. The rest of her face was nothing like his painting.

Uma had been born with left sided cleft lip and cleft palate. She had undergone surgery at a tender age to repair it. Though the defect had been closed, the surgery had lead to facial deformity. Her left nostril was pulled downwards and made her nose appear skewed.

The left half of her upper lip was pulled upwards and a deep ragged scar ran all the way from her upper lip to her left nostril. The two halves of her lower face appeared like two mismatched pieces of a jigsaw puzzle forcefully fitted together. After the surgery her voice had developed a slight nasal intonation and her speech a lisping quality. Once she reached the age of eighteen she underwent plastic surgery to rectify the deformity. The surgeries were done in several sittings but the end result changed little. They only added more scars to the existing ones. Yes, Uma had beautiful eyes but people only noticed her deformed face.

Uma could not return to meet Vineet. There was no more beauty to unmask, just the ugly truth. Let him seek solace in the memory of her bewitching eyes just as she would find solace in his painting of her perfectly beautiful face.



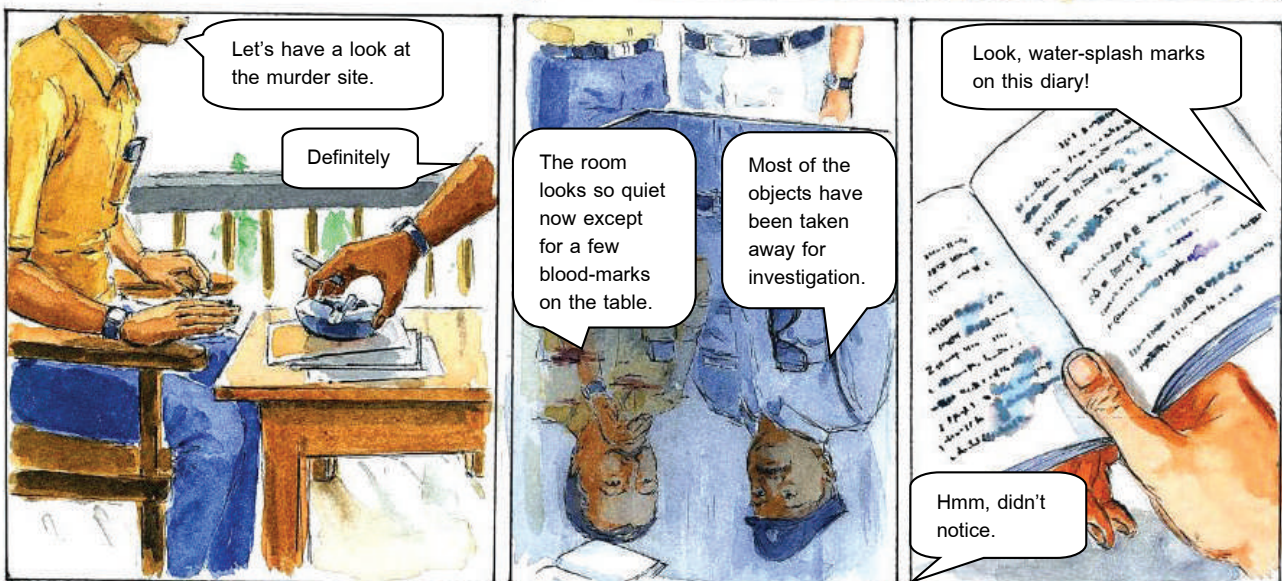
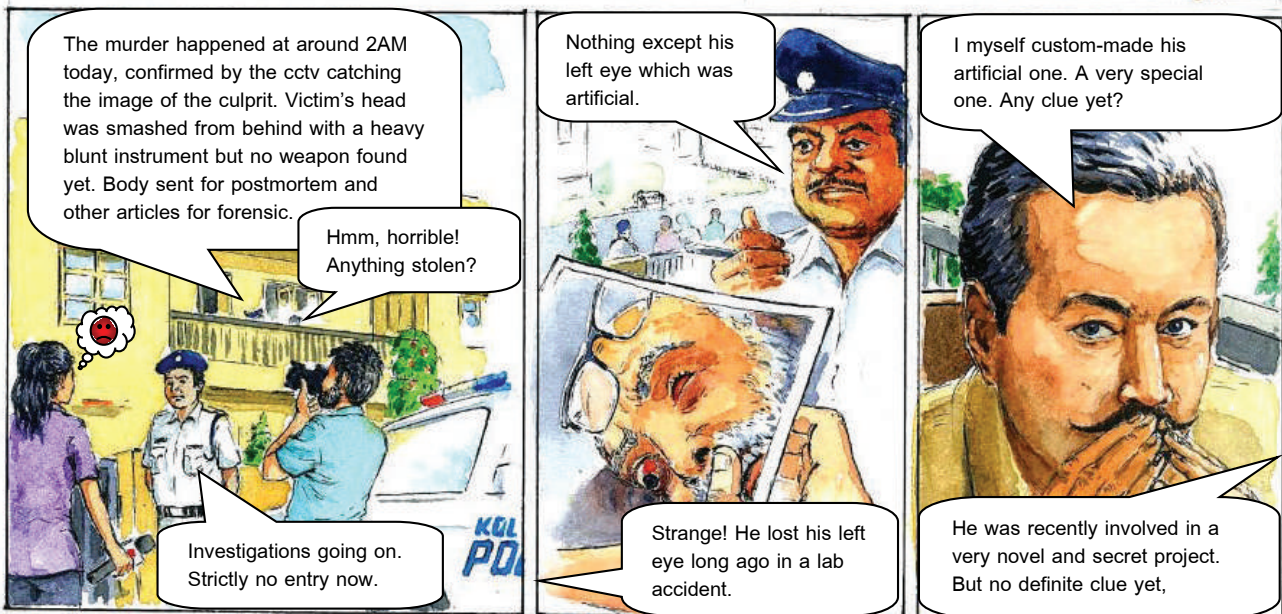
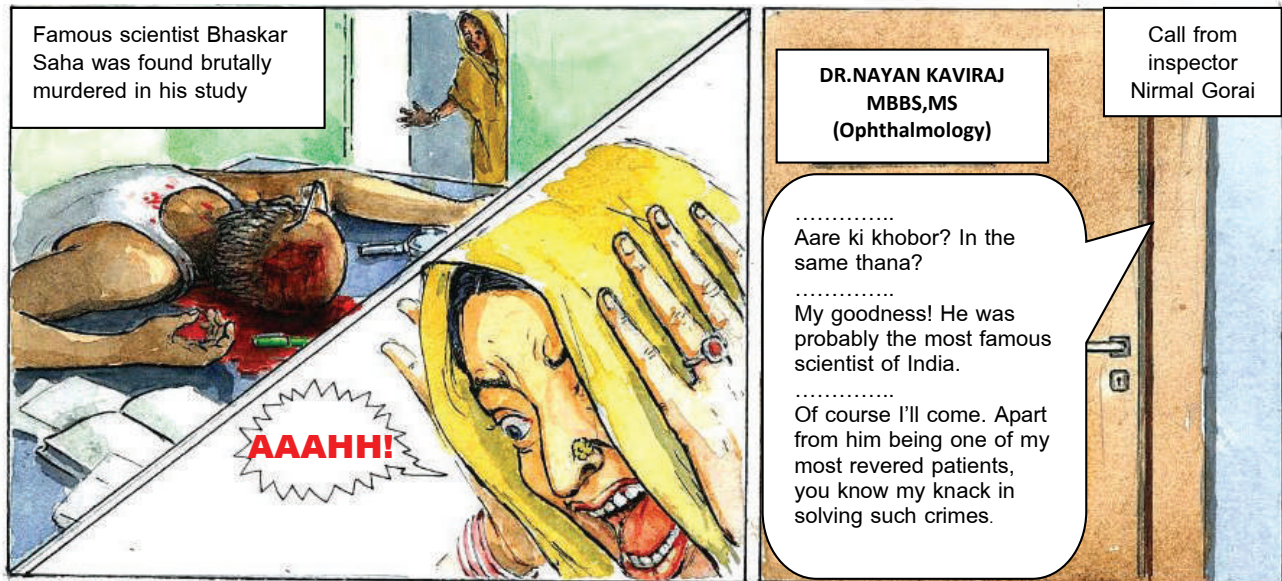




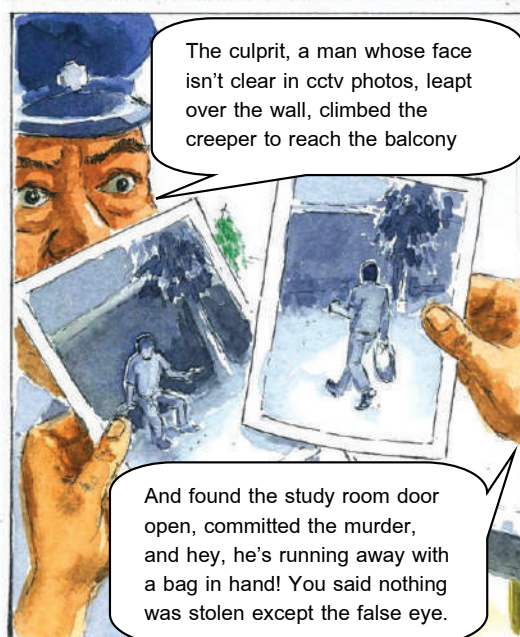
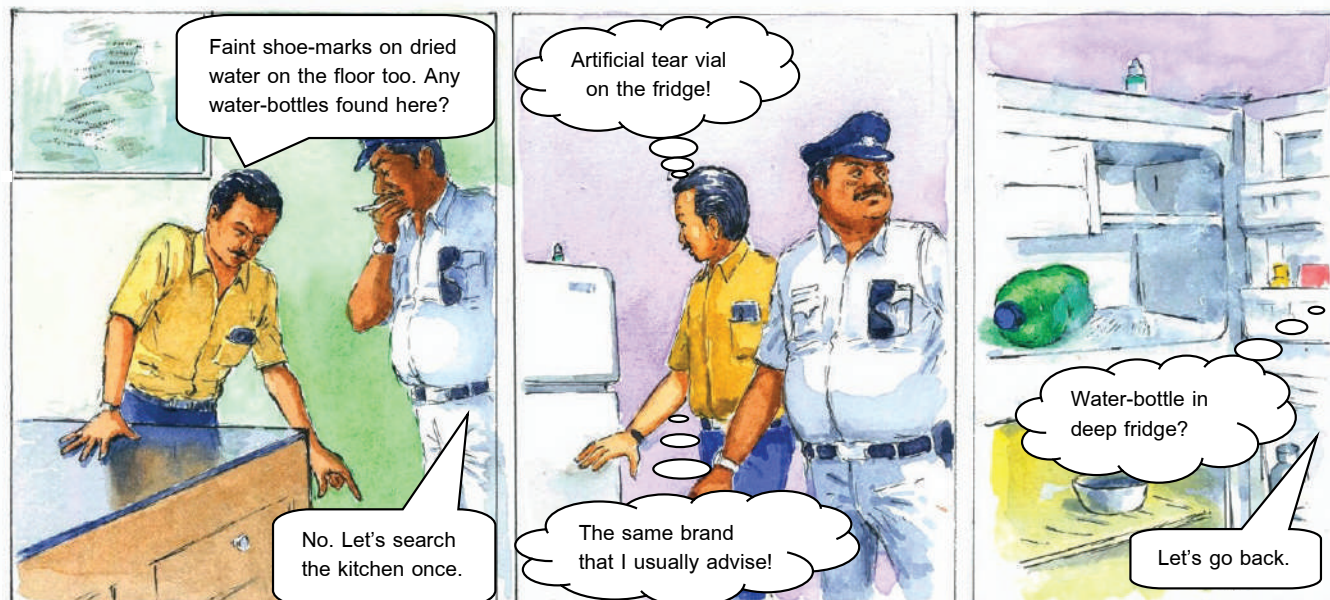
**CHITRA-KATHA**

# THE LOST EYE

Script & drawing – Dr Nilay Kr. Majumdar







Ravi Das, the oldest. More like a guardian than a servant. But his wife is under chemo for cancer, and he himself is a patient of



So he needs more money now.

Ayan Saha, Dr Saha's nephew and lab assistant. Handsome, intelligent,

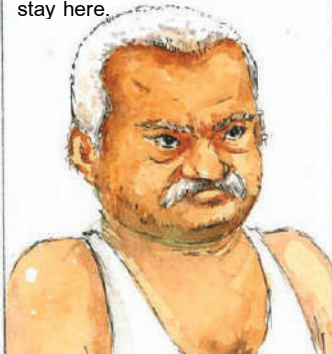


but currently in love with an expensive high-society girl.

So, he also needs a lot of money



Chhottu Singh the caretaker, more brawn than brain, can be an accomplice. These three stay here.



Lachhmi Devi, the maid servant, comes from outside. She can, for now, be kept out of the suspicion list, as ...

... the prime suspect of this murder is a man.



But, what will the murderer gain?

**TO BE CONCLUDED IN THE NEXT ISSUE**

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# Our E-Mag Team



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