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# HIMALAYA INSIGHT

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An annual magazine and report of  
Himalaya Eye Hospital



2077/2078

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Hospital Management Committee

Message from the President, Nepal Netra Jyoti Sangh, Central Office

Message from the President, Nepal Netra Jyoti Sangh, Gandaki Province

## Message from the Chairman, Hospital Management Committee, Himalaya Eye Hospital

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## Message from the Chairman of the Board, Eye Care Foundation

On behalf of the Board of Eye Care Foundation (ECF), we congratulate you all on the occasion of 28<sup>th</sup> anniversary of Himalaya Eye Hospital (HEH). It is an honor to write this message for the 2021 Annual Magazine of HEH.



ECF is very proud that we contributed to Himalaya Eye Hospital, having become this well-established eye hospital in Gandaki Province of Nepal. Now HEH is already heading towards making it the center of excellence with up-to-date eye care services at affordable cost. HEH not only started the subspeciality services in Cornea, Retina, Glaucoma, Oculoplastic and Pediatric but also extended its services to different parts of Gandaki and Karnali province through its primary eye care centers (PECC). With the technical support of HEH, now PECC Gorkha and PECC Baglung are upgraded to surgical eye centre and Dhaulagiri Eye Hospital respectively. This is one of the successful example of reaching the unreached.

From now, an important aspect to be remembered is the integration of primary eye health care within the government general health services at community level health facilities. For this HEH also needs to be involved in the advocacy activities. As the hospital activities are growing, HEH priority should continue to focus on improving quality, increasing transparency and human resource development.

This August 2021, the current project agreement with Social Welfare Council, Nepal Netra Jyoti Sangh and Eye Care Foundation will come up for renewal. The new project agreement will also entail working together under the new federal structure, adopting the policy and guidelines of provincial and local government. We intend to continue this successful cooperation in the future and look forward to keep on working closely together with Himalaya Eye Hospital.

Congratulations,

Arthur Matthijs Van Praag  
Chairman of the Board  
Eye Care Foundation  
The Netherlands

## Message from the Medical Director, Himalaya Eye Hospital

It is our immense pleasure to launch this annual magazine of Himalaya Eye Hospital (HEH) on the auspicious occasion of the 28<sup>th</sup> anniversary of our hospital.



Since the establishment of HEH in 1993 AD, inaugurated by the late King Birendra Bir Bikram Shah Dev, we have been able to produce more than 100 ophthalmic assistants. Ophthalmic assistants' training in those days was based on vocational training. Since 2016 AD with affiliation of the Council for the Technical Education and Vocational Training (CTEVT) we have started the academic training of Proficiency Certificate Level (PCL) in Ophthalmic Science. Since 2018, in joint venture with Pokhara University we have initiated Bachelor of Optometry and Master of Optometry programmes. We had been providing the platform for internships to various national and international students pursuing Bachelor of Optometry, Bachelor of Medicine and Bachelor of surgery, Master of Medicine in Ophthalmology studies from India, Netherlands, Belgium, United Kingdom and others. We are striving forward to start Doctor of Medicine in Ophthalmology in our own institute in near future.

Our mission is to provide high quality eye care to prevent avoidable blindness. Our vision is to lead our eye hospital to "*Centre of Excellence*" in eye care services. Our motto is "no one should be deprived of eye care services for economic or other reasons that may be the barriers to eye care services'.

HEH has been providing preventive, promotive and curative services. Our hospital has lots of potential which can unfold on the basis of the competent, compassionate staff, our ever-growing patients who trust in us and our services and ever ready well-wishers.

Our special thanks go to the Provincial Government, Gandaki Province who had provided financial support so that we were able to extend our outpatient department rooms.

This year had been very challenging because of the Novel Corona Virus disease (COVID-19) pandemic. However, our dedicated and competent staff were always ready to work hard even in challenging circumstances.

We look forward to perform even better in the coming year with enhanced team spirit between the staff, creating pleasant and peaceful working environment.

My special thanks and applause to all hard working employees of HEH, it's district and primary eye care centres, supporters and well-wishers including Nepal Netra Jyoti Sangh, Eye Care Foundation and all stakeholders.

Dr Eliya Shrestha, MD  
Acting Medical Director  
Himalaya Eye Hospital  
Gharipatan 17, Pokhara, Nepal



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## Himalaya Eye Hospital, an introduction

Himalaya Eye Hospital (HEH) was inaugurated on March 1<sup>st</sup> 1993 by the late King Birendra Bir Bikram Shah. The conception of building an eye hospital in Pokhara, Nepal happened sometime after few eye care outreaches were conducted in remote areas of Karnali, Gandaki and Dhaulagiri zones of Nepal. A team of volunteer doctors from the Netherlands would visit remote parts of these 3 zones and provide free eye care services. These outreaches (often called eye camps) were supported through various charitable programmes organized in the name of Oogkamp Himalaya.



The Dutch Ophthalmologist Dr. Gerard Smith with filmmaker Bas Anselms and photographer Hans Donkersgoed first visited Nepal for eye camp expedition in 1984. The success of the very first eye camp provided evidence for repeat missions. Although these camps were blessings to people seeking eye services, the process wasn't sustainable. Meanwhile, Peter de Boer initiated fundraising for these eye camps through Libelle magazine. Later in 1985 the Foundation Oogkamp Himalaya was registered and same year they won the "Libelle Puzzle Marathon", an award worth one million Guilders. With an increased funding, building an infrastructure in name of Himalaya Eye Hospital meant provision of eye care services through development of local leadership was possible.

By 1978 a local Non-Governmental Organization (NGO) Nepal Netra Jyoti Sangh (NNJS) had established with the aim of providing sustainable eye care in country. Following up on the conceptualization of establishing HEH, the Netherlands based organization Eye Care Himalaya Foundation (previously known as Oogkamp Himalaya Foundation) partnered with NNJS and established HEH in Pokhara.

Australian architect and artist Robert Powell was the mastermind to design the HEH building. He was very successful in his intention to align the design of the hospital building with local architecture such that it would not be intimidating for the patients from the mountainous region. In the initial stages of construction of the HEH, one of the challenges was to have local acceptance of the hospital and its social, economic and environmental impact. For that instead of using heavy machinery equipment to clear the rocks from the terrain and to build the hospital, they employed local people and used local skills and manpower which was already

more accepted in the community. Till date the construction and design of HEH complex is unique and has traditional Nepali flavor. In the earlier years HEH was quite far away from the main Pokhara city. Commuting to and from the eye hospital was cumbersome. With the ongoing development and crowding the eye hospital now lies within Pokhara



city and resembles a park of traditional Nepali building with slate roof surrounded by concrete buildings from all sides.

A problem at HEH from the time it was built was the water management. During heavy rainfall, the whole terrain would be flooded having no way to flow out. With urbanization and roadways built all over the water problem has only increased. Dutch landscape architect Pieter Germeraad came to solve this problem with a retention pond, so that there would be water available to irrigate the plants even during the driest months.

In the early years of operation HEH was financially supported by Foundation Eye Care (now called Eye Care Foundation) and its Nepal programme was led by Deepak Lama. HEH first operated with 39 clinical and non-clinical staff led by a Dutch Ophthalmologist Dr. Wouter Japing, the first Medical Director of HEH. For past twenty-eight years HEH has seen many progressive changes and other than the first 5 years it has been led by local Ophthalmologists.

**HEH Vision:** HEH follows the vision of its parent organization, Nepal Netra Jyoti Sangh (NNJS), “Nepal where no one is blind due to avoidable causes and everyone has access to comprehensive and equitable eye care services in the country”. Based on this vision we work in the Gandaki and the Karnali region.

**HEH Mission:**

- To develop and provide high quality, sustainable, comprehensive and affordable eye care services to people residing in Gandaki and Karnali region
- Reduce avoidable and preventable visual impairment and blindness in the region thereby help in elimination of avoidable blindness from the country.
- Network in the country by identifying and mobilizing local, national and international resources,
- To attain multi-sectoral partnership in order to expand access to eye care services

- To conduct and develop basic and clinical research into eye diseases
- Human resource development in eye care
- Product development in order to provide eye care services to all segments of population without any discrimination by maintaining equity, efficiency and excellence

HEH is a tertiary eye hospital in Gandaki Province of Nepal. HEH was established with the vision to provide eye care services to people in Gandaki, Dhaulagiri and Karnali zones (presently Gandaki and Karnali Provinces). HEH is serving nation through various models of eye health services for past three decades. Currently, HEH provides eye care services through the main hospital located at Gharipatan, Pokhara and the other twenty two district and primary eye care centres (DEC / PEC) located in different districts. In its base hospital HEH provides therapeutic eye care and vision care services to the people from different parts of the country. Often HEH conducts screening and surgical camps to various remote locations of the country.

#### HEH Medical Directors

<b>S.N</b>	<b>Name</b>	<b>Service years (AD)</b>
1	Dr. Wouter Japing	1993-1995
2	Dr. Jan Van Der Hoek	1995-1997
3	Dr. Sachet Prabhat Shrestha	1997-2001
4	Dr. Raghunandan Byanju	2001-2002
5	Dr. Sunu Dulal	2002-2010
6	Dr. Indra Man Maharjan	2010- February 2021
7	Dr. Eliya Shrestha	February 2021 onward

List of staff, HEH, District and Primary eye care centres

S.N	Employee Name	Designation	Place of work	S.N	Employee Name	Designation	Place of work
1	Dr. Eliya Shrestha	Acting Medical Director	HEH	28	Jamuna Poudel	Staff Nurse	HEH
2	Dr. Indra Man Maharjan	Ophthalmologist	HEH	29	Mina Rai	OT Assistant	HEH
3	Dr Babita Gurung	Ophthalmologist	HEH	30	Ful Maya Karki	OT Assistant	HEH
4	Dr. Hara Maya Gurung	Ophthalmologist	HEH	31	Geeta Sharma	OPD Assistant	HEH
5	Dr. Hari Bikram Adhikari	Ophthalmologist	HEH	32	Sishu Maya Adhikari	OPD Assistant	HEH
6	Nabin Baral	Optometrist	HEH	33	Uma Sunuwar	OPD Assistant	HEH
7	Gyan Bahadur Basnet	Optometrist	HEH	34	Dipa Malla Thakuri	OPD Assistant	HEH
8	Ravin Kumar Mishra	Optometrist	HEH	35	Ganga Kumari Bhujel	OPD Assistant	HEH
9	Punya Pratap Sah	Lecturer	HEH	36	Sita Thapa	OPD Assistant	HEH
10	Surendra Prasad Sah	Lecturer	HEH	37	Devi Thapa Magar	OPD Assistant	HEH
11	Govinda Nath Yogi	Ophthalmic Officer	HEH	38	Sangita Shrestha	Eye Health Worker	HEH
12	Manju Acharya	Ophthalmic Officer	HEH	39	Gita Naharki	Eye Health Worker	HEH
13	Durga Bahadur Maski	Ophthalmic Officer	HEH	40	Balika Parajuli	Eye Health Worker	HEH
14	Shashi Kamala Lamichhane	Ophthalmic Assistant	HEH	41	Bobita Chhetri Rimal	Eye Health Worker	HEH
15	Govinda Badhu	Ophthalmic Assistant	HEH	42	Kamal Prasad Sharma	Eye Health Worker	HEH
16	Bijaya Poudel	Ophthalmic Assistant	HEH	43	Asmita Poudel	Eye Health Worker	HEH
17	Reena Gurung	Ophthalmic Assistant	HEH	44	Chet Kumari Thapa	Eye Health Worker	HEH
18	Subhas Nepal	Ophthalmic Assistant	HEH	45	Kesh Maya Gurung	Eye Health Worker	HEH
19	Dharmendra Kumar Ghodasaini	Ophthalmic Assistant	HEH	46	Nayendra Shahi	Pharmacy Assistant	HEH
20	Rup Sing Bohara	Ophthalmic Assistant	HEH	47	Srijana Tiwari	CMA	HEH
21	Shanti Chaudhary	Ophthalmic Assistant	HEH	48	Kalpana Acharya	CMA	HEH
22	Dipika Gurung	Ophthalmic Assistant	HEH	49	Gupti Purja	CMA	HEH
23	Dipa Shahi	Ophthalmic Assistant	HEH	50	Kumar Garbuja	Hospital Manager	HEH
24	Sabita Ghimire	Ophthalmic Assistant	HEH	51	Chitra Upreti Joshi	Assistant Administrative Officer	HEH
25	Chhab Bahadur Basnet	Maintenance Officer	HEH	52	Pawan Baral	Research Officer	HEH
26	Dadhi Ram B.K.	Maintenance Assistant	HEH	53	Prem Kumar Nakarmi	Office Assistant	HEH
27	Bishnu Prasad Kafle	Maintenance Assistant	HEH	54	Hari Prasad Aryal	Office Assistant	HEH

S.N	Employee Name	Designation	Place of work	S.N	Employee Name	Designation	Place of work
55	Ramesh Bahadur Baniya	Office Assistant	HEH	80	Lal Bahadur Chhetri	Security Guard	HEH
56	Shakuntala Shrestha	Office Assistant	HEH	81	Surya Ram Gurung	Security Guard	HEH
57	Shalik Ram Bhandari	Office Assistant	HEH	82	Bal Ram Baral	Security Guard	HEH
58	Buddhi Sagar Tripathee	Office Assistant	HEH	83	Dan Bahadur Karki	Security Guard	HEH
59	Sunita Kumari Sharma	Office Assistant	HEH	84	Dr. Saroj Prasad Nemkul	Ophthalmologist	Dhaulagiri Eye Hospital
60	Sangita Pokhrel	Office Assistant	HEH	85	Binam Lamichhane	Ophthalmic Assistant	Dhaulagiri Eye Hospital
61	Samjhana Adhikari	Office Assistant	HEH	86	Diwakar Poudel	Ophthalmic Assistant	Dhaulagiri Eye Hospital
62	Parbati Gurung	Office Secretary	HEH	87	Bikram Bahadur Shrestha	Helper	Dhaulagiri Eye Hospital
63	Anil Kumar Singh	Lens Edger	HEH	88	Dabal Bahadur Adhikari	Ophthalmic Assistant Supervisor	Kalikot DECC
64	Suraj Chaudhary	Assistant Lens Edger	HEH	89	Agra Bahadur Shahi	Eye Worker	Kalikot DECC
65	Kishor Malla	Assistant Lens Edger	HEH	90	Kali Bahadur Rawat	Ophthalmic Officer	Jumla DECC
67	Deep Bahadur Malla Thakuri	Driver	HEH	91	Dal Bahadur Mahatara	Helper	Jumla DECC
68	Santosh Baral	Driver	HEH	92	Maya Rawal	Helper	Jumla DECC
69	Krishna Rana	Cleaner	HEH	93	Govinda Sharma Pokhrel	Ophthalmic Assistant	Gorkha DECC
70	Sangita Bhujel	Cleaner	HEH	94	Bal Krishna Pokhrel	Helper	Gorkha DECC
71	Pratima Rai	Cleaner	HEH	95	Dinesh Baniya	Ophthalmic Assistant	Myagdi
72	Basanti Bhujel	Cleaner	HEH	96	Bikash Purja	Helper	Myagdi
73	Dil Kumari Pun	Cleaner	HEH	97	Buma Bohora	Ophthalmic Assistant	Humla DECC
74	Rajani Jalari	Cleaner	HEH	98	Gora Rawat	Helper	Humla DECC
75	Bal Kumari Garji	Cleaner	HEH	99	Dhrub Bahadur Budhathapa	Ophthalmic Assistant	Mugu DECC
76	Laxmi B.K	Cleaner	HEH	100	Lok Raj Rawal	Helper	Mugu DECC
77	Tulasi Dhakal	Gardener	HEH	101	Sumitra Adhikari	Ophthalmic Assistant	Parbat PECC
78	Santa Bahadur Gurung	Security Guard	HEH	102	Tasbiran Miya	Ophthalmic Assistant	Tanahun PECC
79	Bal Bahadur Gurung	Security Guard	HEH	103	Tej Bahadur Gurung	Ophthalmic Assistant	Waling PECC



S.N	Employee Name	Designation	Place of work	S.N	Employee Name	Designation	Place of work
104	Deep Gurung	Ophthalmic Assistant	Besisahar PECC	110	Sudarshan Poudel	Ophthalmic Assistant	Chapakot PECC
105	Shree Prasad Dhakal	Ophthalmic Assistant	Bhotewodar PECC	111	Sabina Subedi	Ophthalmic Assistant	Galkot PECC
106	Sarita Gurung	Ophthalmic Assistant	Bhorletar PECC	112	Barsha Kafle	Ophthalmic Assistant	Lekhnath PECC
107	Sharmila Yadav	Ophthalmic Assistant	Bhimad PECC	113	Rudra Khatri	Ophthalmic Assistant	Burtibang PECC
108	Smriti Parajuli	Ophthalmic Assistant	Palungtar PECC	114	Puja Shahi Thakuri	Ophthalmic Assistant	Raskot PECC
109	Asmita Lamichhane	Ophthalmic Assistant	Putalibazaar PECC	115		Ophthalmic Assistant	Sinja PECC



## District and Primary Eye Care Centres

S.N.	Name of District / Primary Eye Care Centre	Established date
1	Khalanga, Jumla District Eye Centre	Shrawan 2050 B.S.
2	Manma, Kalikot District Eye Centre	Baisakh 1 <sup>st</sup> 2053 B.S.
3	Simikot, Humla District Eye Centre	Ashwin 2063 B.S.
4	Gangadi, Mugu District Eye Centre	2068 B.S.
5	Jumla Sinja Primary Eye Centre	Mangsir 17 <sup>th</sup> 2077 B.S.
6	Kalikot, Raskot Primary Eye Centre	2077 B.S.
7	Baglung District Eye Centre (current Dhaulagiri Eye Hospital)	Falgun 8 <sup>th</sup> 2050 B.S.
8	Gorkha District Eye Centre (proposed LIONS Eye Hospital)	Baisakh 2 <sup>nd</sup> 2061 B.S.
9	Lamjung, Besisahar District Eye Centre	Ashwin 2 <sup>nd</sup> 2062 B.S.
10	Waling, Syangja Primary Eye Centre	Ashwin 1 <sup>st</sup> 2063 B.S.
11	Beni, Myagdi Primary Eye Centre	Baisakh 20 <sup>th</sup> 2066 B.S.
12	Damauli, Tanahun Primary Eye Centre	2068 B.S.
13	Kushma, Parbat Primary Eye Centre	Falgun 1 <sup>st</sup> 2068 B.S.
14	Lekhnath, Kaski Primary Eye Centre	Asar 27 <sup>th</sup> 2072 B.S.
15	Putalibazaar Syangja Primary Eye Centre	Jestha 19 <sup>th</sup> 2076 B.S.
16	Bhotewodar Lamjung Primary Eye Centre	Mangsir 6 <sup>th</sup> 2076 B.S.
17	Palungtar Gorkha Primary Eye Centre	Mangsir 8 <sup>th</sup> 2076 B.S.
18	Bhimad Tanhun Primary Eye Centre	Mangsir 6 <sup>th</sup> 2076 B.S.
19	Bhorletar Lamjung Primary Eye Centre	Shrawan 16 <sup>th</sup> 2076 B.S.
20	Chapakot Syangja Primary Eye Centre	Bhadra 1 <sup>st</sup> 2077 B.S.
21	Burtibang Baglung Primary Eye Centre	Asar 27 <sup>th</sup> 2077 B.S.
22	Galkot Baglung Primary Eye Centre	Magh 2 <sup>nd</sup> 2077 B.S.

From the time of inception HEH has been providing eye care services to the public through the base hospital and outreaches programmes organized in various remote areas of the country. Karnali zone used to be the only zone in the country with no road access. Even when there were no roads the staff members of HEH walked for several days to provide screening and surgical services to people in Karnali, Dhaulagiri and Gandaki zones. The main aim to establish these primary eye care centres and district eye centres is to expand the catchment areas of the HEH to provide services to the maximum number of people possible. The other objectives are:

- i. To provide universal access to eye care to all community members.
- ii. To reduce the barriers, especially transport and financial barriers for access to eye care services.
- iii. To provide emergency eye care services close to where people reside
- iv. To reorient eye care services in a way that is easily accessible to people
- v. To identify the patients who need surgical intervention and create a system to prioritize them during surgical outreaches
- vi. To develop a referral system to feed in patients to the base hospital



vii. To assist in networking and outreach activities

### Outreach and experiences-afXo sfo{s|d / cg'ej\_

lxdno cfFvf c:ktfnsf] lahf/f]k0f ;g\ !(\*\$ df h'Dnf lhNnfd ePsf] cfFvf lzlj/ jf6 ePsf] lyof]. Gf]b/Nof08af6 cfPsf 8fS6/x?sf] 6f]nLn] u/]sf] pQm lzlj/df cToflws le8sf sf/Of cf]iflw pkrf/ nufot zNos[ofsf] cefj ePsf] lyof]. pQm lzlj/n] klZrdsf kxf18 lhNnfx?df offtoft, lzlff, cfly{s cefjsf ;fy} cGwf]kgsf] ;d]t eofjxsf] l:ytL /x]sf] b]lvPsf] lyof]. Hf;sf] kmn:j?k To; lf]qsf al;Gbfno{ nllft u/L cfFvf ;jf:Yo pkrf/ sf] ;xh kxF'r tyf cGwf]kg lgjf/0fsf nfuL Pp6f cfFvf c:ktfnsf] cfjZostf dxz'; u/L cfO{ s]o/ kmfp08]zg -tTsfnlG cfO{s]o/ jN8{jfO8\_sf] kxn tyf ;xof]udf ;g\ !((# df lxdno cfFvf c:ktfnsf] :yfkf eof]. o; c:ktfnn] cf'gf] :yfkf sfnb]lv} kf]v/f af6 laif]z1 ;lxtsf] u'0f:t/Lo cfFvf pkrf/ ;jf / afXo sfo{s|d cGtu{t s0f{fln, wf}nfuL/L / u08sL c~rnsf b'u{d kxf8L lhNnfx?df cfFvf pkrf/ s]Gb| tyf laleGg ls;Ldsf lgMz'Ns cfFvf lzlj/ dfkm{t cf'gf] ;jfnfO{ lj:tf/ u/]sf] 5. cGwf]kg lgjf/0f ug{ o; c:ktfnsf] afXo sfo{s|dsf] dxTjk'0f{ e'l dsf /x]sf] 5. o; c:ktfnåf/f cfof]hgf u/Lg] lzlj/x?df cfFvssf la/fdLx?sf] ljZj;sf sf/Of ;jfu|flxx?sf] cf]O/f] nfUg] u/]sf] 5 / sltko hg;d'bfon] o; c:ktfnnfO{ g} cfFvf lzlj/ eg]/ lrGg] ub{5g.



o; c:ktfnsf] afXo sfo{s|d cGtu{t zNos[of lzlj/, Ps lbg] lzlj/, ljBfno cfFvf ;jf:Yo sfo{s|d nufot laif]z1 ;lxtsf] lzlj/ ;+rfng ug]{ u/]sf] 5. lxdno cfFvf c:ktfnsf] kx'r af6 6f9f /x]sf] b'u{d lf]qdf aif]{gL u/Lg] zNos[of lzlj/df cfFvf hfFrsf ;fy} cGwf]kgsf] d'Vo sf/0fsf] ?kdf /x]sf] df]ltlaGb'sf nufot cGo zNos[of u/L b[li6 k|bfg u/LG5. Wf]/} cfFvssf /f]uL o:tf] lzlj/sf] kvf{Odf aiff}{+ s'/] a;]sf x'G5g. sltko lzlj/x?df ;jfu|fxLx? @,# lbg lx8]/ lzlj/ :yn ;Dd k'Ug] ub{5g. ;g



@!)sf] d] dlxgf df d'u' lhNnfsf] /ftfdf6fdf u/LPsf] cfFvf lzlj/dfD'fu' vTof8sf ^& aifL{o hut axfb'/ laZjsdf{ hf] @ aif{ b]vL df]ltlaGb'sf sf/Of b[li6 lalxg eP/ a;]sf lyP. ;b/d'sfd udu9Ldf aif{]gL cfFvf lzlj/ a:g] yxf kfPsf lyP t/ oftoft cefasf tyf cK7\of/f] af6]sf sf/Of Ps lbg e/L lx8]/ k'Ug ;lsg] udu9L ;Dd k'u]/ km]/L ;+;f/ b]Vg] sNkgf ;d]t ug{ ;s]sf lyPgg. laleGg ls;Ldsf 3/]n' pkrf/ tyf emf/km'sx? u/] t/ s'g} pkfo nfu]g. s]lx ;do kl5 ltlgn] ufFpdf xNnf ;'g] h'g s'/fn] pgdf lgs} cfzf knfof] t/ cem} k'Of{ ljZjf; nfu]g. ;w} d'u'sf] udu9Ldf a:g] cfFvf lzlj/ o;kfnL s]lx ghLs}sf] ufFp /ftfdf6fdf a:g] va/n] pgdf lemgef] cfzf knfof] t/ cfkm} ToxfF ;Dd k'Ug] pkfo lyPg. To;sf] # lbg k5L 7'n]f rfx glt ho axfb'/ la=s= crfgs 3/ cfOk'Uof]. ho axfb'/ /ftfdf6fs} laBfnodf slf ( df cWoog/t lyP / xh'/a'jfnfO{ lzlj/df nuL pkrf/ ug{ ;s] k'gM b]Vg] agfpg ;lsG5 sL eGg] pgnfO{ cfznu]sf] lyof]. ufFpdf sdfs] Ao:ttf / kz' rf}kfofsf] x]/rxf ug{ kg]{ ePs]f ;fy} cGo ;b:o ef/t tkm{ /f]huf/Lsf nfuL uPsf]n] c?af6 ;xof]u pknAw x'g ;s]g To;}n] pgL cfkm}n] lzla/ ;Dd xh'/a'jfnfO{ af]s]/ n}hfg] lgwf] u/]. Eff]nLkN6 laxfg vfgf vfO{ xh'/a'jfnfO{ af]sL lx8]sf pgL klxn] lbg cToflws ysfgsf sf/Of af6]df a;L kl;{kN6 laxfg !) ah]dfq /ftfdf6f lzlj/ df k'u] . k;L{kN6 b'a} cfFvf Ps} lbgdf ck];g eof]. ck];gsf] Pslbg k5L cfFvf b]Vbf gftLnfO{ c+sdfn ub}{ :ofaf;L lbP, lxdfno cfFvf c:ktfnsf] 6f]nL hf] sfnLsf]6af6 gfgLsf]6df lzlj/ u/L lx8b} Ps xKtfd TofxfF;Dd k'u]sf] lyof]. hut axfb'/ eGb} lyP ;w} udubLdf xjOhxfhdf r9]/ k'Ug'sf] ;\$f b'Mv si6 u/]/ k[flj]lws 6f]nLnfO{ To; 7fFpdf b}an] pg}s} nfuL 8f]yofPsf] elg v';Lsf ;fy ;a}nfO{ ;'gfpb} lyP.

To:t} ;g\ @!)!& cS6f]j/ df x'Dnfsf] ;s]{uf8df lxdfno cfFvf c:ktfnn] u/]sf] Pp6f lzlj/df ufFpn]n] k'Of{ /f]sfof nfO{ :6\]r/df / ;'GtnL /f]sfofnfO{ la:tf/} 8f]yofP/ NofP. cfly{s cefj sf sf/Of x'Dnfsf] ;b/d'sfd l;ldsf]6 ;Dd k'Ug @ lbg nfUg] / ToxfFaf6 g]kfnu+h hfg Kn]g r8\g] ef8f gePsf] sf/Of k'Of{ /f]sfofn] ! aif{ b]vL b[li6 u'dfpg k/]sf] lyof]. u/Lla / b'u{d ufFpsf] a;fO{sf] sf/Ofn] cfFvf pkrf/ u/fpg gkPsfdf plg cfkm'nfO{ lgs} cefuL 7fGby]. ;'GtnLn] >d u/L # 5f]/L / >LdfgnfO{ kfNb}] cfO/x]sL lyOg t/ pgsf] klg b[li6 la:tf/} sd x'b} uof] / lx88'n ug{ klg ufx|f] x'b}uof]. 7'nL 5f]/Ln] !@ jif{s} pd]/df laBfno guO{ b'a}hfgf cleefjs / a]gLsf]x? x]/rfx ug{kyof]. w]/} ;dosf] cGt/fndf ;s]{uf8df lxdfno cfFvf c:ktfnsf] k[flalws ;xof]udf cfFvf lzlj/ a:g] ufFpn]n] yxf kfP / plgx?nfO{ hfgsf/L u/fP. Dfgsf/L / ;xof]uL ufFpn]x?n] plgx?sf] b'Mv b]vL plgx?nfO{ lzlj/ :yn ;Dd





k'¥ofpg ;xof]u u/]. lzlj/df k|flj|lws 6f]nLn] plgx?nfO{ df]ltlaGb' /f]u nfu]sf] kQf nufO{ ck|];gsfnfuL l;kmf/L; u/] / bf];|f] lbg lgMz'Ns zNos[of eof]. ck|]zg u/]sf] ef]nLkN6 b'a} bDklt]n b]Vg ;Sg] ePk5L :yfgLo efsdf b]p8f lut dfkm{t k|flalws 6f]nLnfo{ cflza{fb tyf z'esfdgf lbb} v'l;sf ;fy cfkm} lx8]/ cf`gf] ufFp lt/ nfu].



o:t} lxdfno cfFvf c:ktfnn] u/La tyf lakGg au{nfO{ nllft u/L cfFvf c:ktfn tyf cfFVff pkrf/ s]Gb| glhs Ps lbg] cfFvf lzlj/sf] cfof]hgf ug]{ u5{. o:tf] lsl;dsf] lzlj/df cfly{s cej tyf cfFvf c:ktfnsf] kxF'rdf gcfPsf lj/fdLnfo{ hfFr u/L lgMz'Ns pkrf/sf nfuL cfFvf c:ktfn lzkmf/Lz u/LG5. s'g} klg

AofQmL cflyf{s cej sf sf/Of cGwf] eO{ afRg gk/f]; eGg] p2]Zosf ;fy u/Lg] o:tf] ls;Ldsf] lzlj/df la/fdLnfo{ cfjZostf cg';f/ lgMz'Ns pkrf/ nufot offtoft / vfgfsf] ;d]t Aofj:yf u/LG5.

xfn} efg' g=kf= k~rgu/df u/LPsf] Pslbg] lzlj/df Ps}lbg \$\*) hfgfn] cfFvf hfFr u/fPsf lyP eg] !&hfgfsf] lgMz'Ns df]ltlaGb'sf] zNos[of ePsf] lyof].



afnafnLsdf x'g] cGwf]kgsf] Pp6f sf/Of b[i6Lbf]if xf]. sltko laBfly{x?n} cf`gf] cfFvf sdhf]/ ePsf] cg'ej gu/]sf] sf/Of cfFvf pkrf/df l9nf eO{ Go'g b[li6 ;DalGw ;d:of a9bf]5. o:tf] ;d:ofnfO{ ;Daf]wg ug{ c:ktfnn] laBfno cfFvf :j:Yo sfo{s]d cfof]hgf ug]{ u/]sf] 5. Affn cGwf]kg Go'gLs/Of clg cfFvf sdhf]/ eO{ k9fo{df ;d]t kl5 k/]sf laBfly{nfO{ ;xof]u tyf cfFvf :jf:Yo lzlff kljb{g ug{ laBfno cfFvf :jf:Yo sfo{s]d lgs} k|efasf/L dflgPsf] 5.

o;

cfufld bLgx?df afXo sfo{s]dnfo{ cema9L k|efjsf/L agfpg laif]z1 ;lxtsf] cfFvf lzlj/sf] sfof{Gjogdf hf]8bLg kg]{ b]vLPsf] 5. lhjgz}nLsf] k/Ljt{gsf sf/Of a9\b} uO/x]sf cGwf]kgsf cGosf/Ofx?nfO{ Go'gLs/Of ug{ hnlaGb' lzlj/, 8foa]l6s /]l6gf]KofyL lzlj/, h:tf lzlj/x?sf] ;+Vof a9fpg;s] cGwf]kg Go'gLs/Of cem al9 k|efjsf/L x'g] b]vLG5.

**Table 1: Summary of outreach activities of HEH 1993-2020**

Years	Surgical eye camp	OPD consultations at Surgical eye camp	Surgeries performed at surgical eye camp	Diagnostic, screening and treatment camps	School Screening	Students screened	Glasses distributed
Until							
2013	123	87083	20781	468	1311	218924	6567
2014	13	7679	993	119	87	34093	1068
2015	19	8962	1325	82	48	22388	705
2016	24	7999	1250	116	43	16783	542
2017	20	7590	1195	72	83	23519	425
2018	27	6823	846	119	44	24731	504
2019	44	12991	1302	168	67	26345	500
2020	26	6808	735	80	22	7510	149
<b>Total</b>	<b>296</b>	<b>145935</b>	<b>28427</b>	<b>1224</b>	<b>1705</b>	<b>374293</b>	<b>10460</b>

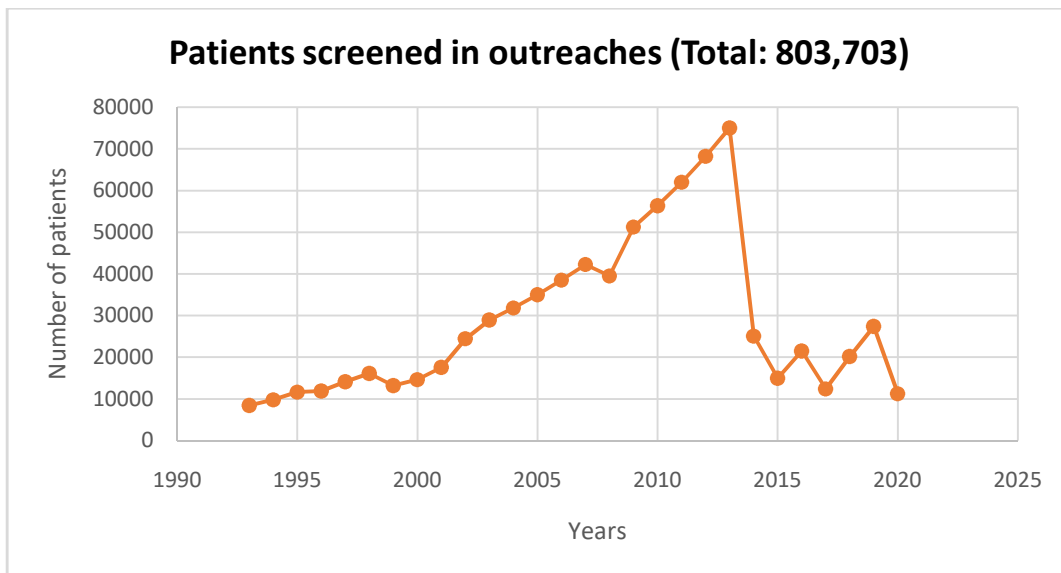


Figure #: Total number of patients screened in outreaches conducted by HEH 1993-2020

### Trainings provided through HEH (cf“vf ;DalGwt tfnLdx?)

of] ;+;f/df x/]s %  
 ;]s]08df Pshgf JolSt  
 b[li6 l]lxg x'g] u5{ . x/]s  
 Ps ldg]6df Pshgf afns  
 cGwf] x'g] cg'dfg  
 ul/Psf] 5 . g]kfndf x/]s  
 lbg !@% hgf JolStx?  
 cGwf x'g] cg'dfg



ul/Psf] 5 . olb ;dodf pkrf/ kfPdf It dWo] \*)Ü n] k'g Mb[li6 kfpg ;S5g .



ljslzn /fi6«x?sf] bf“hf]df  
g]kfnf u'Of:t/Lo cf“vf pkrf/  
;]jfsf] /fd]f] ljsf; / lj:tf/ ePsf]  
eP klg o;nfO{ cf} k|efjsf/L  
?kdf cuf9L a9fpg cf“vf  
:jf:yo lzlff Pj+d pkrf/  
tfnLdsf] lgs} dxTj /xb}  
cfPsf] 5 . g]kfnsf b'u{d  
u|fdLof e]udf /x]sf b[li6]lxg  
vf; u/L c1fgtfsf sf/Of  
cfkm\g} b]zdf pknAw cf“vf  
;]jf lng af6 jl~rt /x]sf 5g



.pgLx?nfO{ cfkm\gf] b[li6  
ljxgtfnfO{ pkrf/af6 l7s kfg{ ;sG5  
eGg] 1fg gx“bf o;nfO{ k'j} hGddf  
/x]sf] sd{sf] kmn jf b]lj b]jtfsf] bf]jf  
cfbL 7fg]/ cgfxsdf b'Mv kfO{ a;]sf  
5g . ;dfhdf /x]sf] cGw ljZjf;  
afnaflnsf] cf“vfsf] hf“r tyf pkrf/  
gu/fpg],pkrf/ u/fPklg ;DalGwt  
:jf:yosdL{af6 gu/fpg], k/Dk/fut  
lff/km's,ghrfOsg hyfef]L cf“vfsf]  
cf}jfwLsf] k|of]usf] sf/Of cGwf]kg  
a9L /x]sf] cj:yf ePsf]n] cGwf]kg

36fpg] x]t'n] ljleGg JolSt jf ;d"xnfo{ tfnLd lbO{ ;d'bfodf cfkm"n] xfl;n u/]sf  
1fg,l;k / lfdtfnfo{ tfnLd kZrft k|of]u u/L c;dfGo cf“vf b]lvPsf afnaflnsf cyjf  
JolStnfO{ ;DalGwt cf“vf pkrf/ s]Gb] jf c:ktfnf /]km/ ug]{ pç]Zo cg'?k cf“vdf  
nfUg] jf cGwf]kg u/fpg] k|d'v /f]ux?sf nlf0fx?/f]syfdsf pkfox?,cf“vf :j:y /fVg]  
pkfox?, cf“vf ;kmf /fVg] pkfox?,cf“vfn] lhnf] agfpg] vfg]s'/fx?,rf]6k6saf6 arfpg]  
pkfox?, cf“vdf x'g] ;+s|d0fx? km}lng glbg / o;af6 arfpg] pkfox? o;sf ;fdfGo  
pkrf/sf ;fy} b[li6 kl/lf0f ug{ l;sfO{ cf“vfsf] gh/ sd ePsf]n] ;dod} pkrf/df k7fpgdf  
;xof]u k'/ofO{ lj3dfg cGwf]kgsf] ;d:ofnfO{ 36fpg' ljleGg 7f“pdf lxdfno cf“vf  
c:ktfnf] sd{ lf]q ;fljs u08sL,wf}nfuLl/ / s0ff{nLsf ljleGg ;d'bfo :t/df /x]sf wfdL  
-lff“qmL, dlxnf :jf:yo :jo+ ;]ljsf, gu/ :jf:yo :jo+ ;]js; ;fd'bflos ljBfno jf lzlfs  
-lzllfsf,/]8s]; ;f;fO]6sf ;s{nx?,u|fdLof :jf:yo sfo{s|tf, :jf:yosdL{, dft{lzz' :jf:yo  
sfo{s|tf,:jf:yosdL{, x]Ny kf]i6 O{Grfh{,cdfd ;d'x, ;d'bfodf /x]sf cGo JolStx?nfO{  
cf“vf ;DalGwt tfnLd lbO{ hgr]tgf km}nfpfg];:jf:yo lzlff lbg], ;dodf ;xL pkrf/, ;xL



cf}ifwLsf] k|of]u,plrt k/fdz{ lbO{ ladf/L /]km/ ug{ dbt k'uf]; / cGwf]kg 36g ;xof]u k'Ug] u/L tfnLd lbb} cfPsf 5f}+ .

o; c:ktfnn] tfnLds} lznl;ndf g]kfnsf cGo cf"vf c:ktfnsf ;h{/L ljefudf sfo{/t sd{/rf/Lx?sf nflu Advanced OT Management Training ;+rfng u/L d]rL cf"vf c:ktfn lffkf,uf}/ cf"vf c:ktfn /f}tx6, uf]N5f cf"vf c:ktfn lj/f6gu/,e/tk'/ cf"vf c:ktfn lrtjg,kmQ]afn cf"vf c:ktfn g]kfnu+h,hfgsL cf"vf c:ktfn bf',u]6f cf"vf c:ktfn wgu9L,s]l8of cf"vf c:ktfn / n'IDagL cfO{ OIG:66\o'6, e}/xjfaf6 ! dlxg] tflnd lng] Joj:yfsf] ;fy} o; c:ktfnsf] !! cf} Aofr;Dd ;+rfngdf cfO{ pSt hgzlSt o; c:ktfn ;+u} g]kfnsf cGo cf"vf c:ktfn / ljb]zdf /xL ;]jfdf tNnLg /x]sf] kfO{G5 ;fy ;fy} cf"vf :Jff:yo sfo{s|tf tfnLd klg ;+rfngdf NofO{ pSt hgzlSt cfvf pkrf/ s]Gb|,cf"vf c:ktfnddf ;]jf/t /x]sf] cj:yf 5 . cf"vf ;]jfdf tfnLd Pp6f dxTjk"Of{ c+u /lx cGwf]kg lgjf/0fdf 7"nf] e"ldsf



v]Ng] x""bf of] lg/Gt/ lbO{ /fVg' kb{5 .

Outpatient and emergency services provided by HEH-**alx/+u/ cfsi:ds ;jif\_**  
 o; lxdfno cf“vf c:ktfndf cf“vf pkrf/sf] nfuL cfpg' x'g] ;j]fu|fxLnFO{ I56f] 5l/tf] /  
 ;xhtfk"}s ;j]f lbg ;lsof]; elg alx/+u (OPD) ljefunFO{ ljleGg efudf ljefhg ul/Psf] 5 .

**! afnafnsf ljefuM**

o; cGt{ut !% jif{ ;Ddsf gfgL afa'x?sf] cf“vf  
 kl/lf0fsf] Joj:yf ul/Psf] 5 . o; ljefunFO{ sf]7f  
 gM !% af6 lrlgG5 . o; ljefudf afnafnsf sf]  
 cf“vf kl/lf0fsf] cnfjf cGo ljz]if  
 Optometrickl/lf0f] klg ul/G5 .



**@ h]i7 gful/s tyf c;xfo ckf+u M**

&) jif{ eGbf dfly pd]/sf h]i7 gful/sx? / c;xfo  
 ckf+ux?nfO{ cGo ;j]fu|fxL ;/x nfd] nfOgdf  
 a;L cfkm\gf] cf“vf hf“Rg] kfnf] kv{g gk/f];  
 elg ljz]if Joj:yf ul/Psf] 5 / To;sf nfuL sf]7f  
 g+M # nfO{ 5'6ofOsf] 5 . o;df ;DalGwt  
 ;j]fu|fxL cfkm\gf] gfd bt{ ul;/s] kl5 l;w] sf]7  
 g+M #df cfO{ ;j]f lng ;Sg' x'g]5 .

**# Paying Clinic**

o; ljefu cGt{ut ;a} OR5's ;j]fu|fxLn] ;j]f lng ;Sg'x'G5 . hf];“u ;dosf] cefj 5,  
 h;nfO{ nfd] nfOgdf a;L cfkm\gf] kfnf] kv{g emGem6 nfU5 To:tf ;j]f u|fxLn]  
 s]xL a9L k};f lt/L I56f] 5l/tf] ;j]f lng ;Sg' x'g]5 .

**\$ Special Clinic**

of] ljz]ift M zlgaf/sf] ;fj{hlgs  
 ljbfsf] lbgdf ;Grfng ul/G5 . of]  
 clinic sf] d'Vo p2]zo c? lbg Jo:t  
 /xg] / ;j]fu|fxLnFO{ km';{b x'g] -  
 h:t} M sd{rf/L,ljBfyL{,Jofkf/L \_  
 ;j]fu|fxLnFO{ dWogh/ ul/ of] ;j]f  
 ;Grfngdf NofOPsf] xf] .



**% Sub-Special Clinic**

o; clinic cGt{ut cf“vdf x'g] ljz]if  
 /f]ux?nfO{ ;DalGwt ljz]if1 4f/f  
 ljz]if lsl;dn] pkrf/ ug{ ;lsof]; elg  
 ljz]if1 / af/ 5'6\ofOPsf] 5 . h;df

A) ;f]daf/ M Cornea Clinicljz]if1M Dr.Babita Gurung

- B) d+unaf/ M Retina Clinic ljz]if1 MDr.Harimaya Gurung
- C) a'waf/ M Glaucoma Clinic ljz]if1M Dr.Indraman Maharjan
- D) Oculoplastic consultancy: Dr. Eliya Shrestha
- E) Paediatric consultancy: Dr. Hari Bikram Adhikari

**^\_Counselling (k/fdz{ ;jif )**

o; ljefudf la/fdLnFO{ cfjZos ;Nnfx / ;'lffj lbg] sfd ul/G5 . h:t}M la/fdLnFO{ p;sf] cf"vfsf] /f]usf] af/]df pkrf/df nfUg] ;do / cfly{s Joef/sf] af/]df hfgsf/L u/fOG5 .

**Emergency Service (cfsI:ds ;jif)**

O{d/h]G;L ;jif #^% lbgsf] @\$ ;} 3G6f v'Nnf x'g] ul/ Joj:yf ldnfOPsf] 5 . olb s;}sf] cf"vfdf rf]6 nfUof], sl;u/, s]ldsn k\of], crfgs cf"vf wldnf] eof],cf"vf vKg g;Sg] ul/ b'v]/ cfof],crfgs cf"vf /ftf] eof] eg] c:ktfnsf] 8\o"6Ldf v6Lg' ePsf s'g} klq sd{rf/L;"u ;Dk{s ul/ ;DalGwt 7fp"af6 ;jif lng ;Sg' x'g]5 . ;fy} ;fwf/Of OPD;dodf klq olb tkfOx?df o:tf] s'g} ;d:of eP/ cfpg' ePsf] 5 eg] klq ;DalGwt l6s6 lnO{ t'/Gt ;jif lng ;Sg' x'g]5 .

**Laser services**Mof] laser service ljleGg lsl;dsf 5g\ . Laser service xfdLn] OPD df la/fdL hfRg] s]ddfg} s'g} la/fdLnFO{ of] ;jif cfjZos k\of] eg] ;DalGwt ljz]if1n] ug'{ x'g]5 .

Available laser services: YAG laser for Posterior capsular opacification, Pan retinal photocoagulation, focal laser, barrage laser

**Investigation Room**

o;df cf"vfsf] /f]u cg';f/ cTofw'lgs k|ljlw4f/f /f]u kQf nufpgsf] nfuL ljz]if kl/lfOf ul/G5 . h:t} cf"vfsf] OCT,Fundus Photo,Optical Biometry, visual field analysis, FFA, ERG, EOG, VEP, etc.



**OPD Service**

Xfd|f] o; lxdfno cf"vf c:ktfnsf]OPD;jif ljxfg \*M\$% ah]af6 ;'? eO{ ;f'em \$M)) ah];Dd ;~rfng x'G5 . h; cGt{ut la/fdLsf] gfd btf{ ;do lgDgfg';f/ ul/G5 .

!\_ gof" gfd btf{ ljxfg \*M\$% b]lv @M)) ah];Dd

@\_ k'/fgf \*M\$% b]lv @M#) ah];Dd

#\_ afnaflnsf] gfd btf{ gof" k'/fgf] \*M\$% b]lv @M#) ah];Dd dfq x'g]5 .



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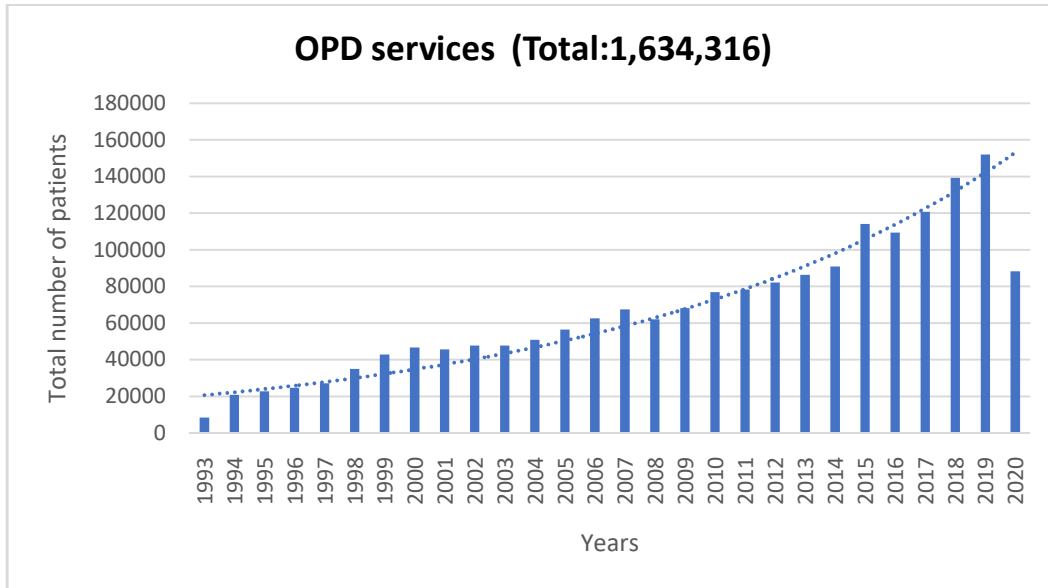


Figure #: Total number of outpatient consultations provided at HEH base hospital 1993-2020

## Low vision and rehabilitation services at HEH

### Understanding Low vision and blindness

The term low vision is often referred to as visual impairment, visual disability, or partial sight, but in general it is any loss of functional vision that persists after the correction of distance refractive error and common eye-related or surgical presbyopia. It is argued that low vision is a disability as opposed to an impairment. Low vision refers to an inability to perform everyday tasks, such as reading or recognizing faces, resulting from a visual impairment. Therefore, it can also be said to be a consequence of visual impairment. Low vision may also be defined objectively by task performance or subjectively by self-reported task difficulty.



The World Health Organization (WHO) defines a person who needs low vision care as “someone who has an impairment of visual functioning even after treatment and/or standard

refractive correction, and has a visual acuity of less than 6/18 to light perception, or a visual field less than 10 degrees from the point of fixation, but who uses, or is potentially able to use, vision for the planning and/or execution of a task.” (World Health Organization,1992).

Blindness is defined as visual acuity less than 3/60 in the better eye after best possible correction and visual field < 10 degree from the point of fixation. It is also defined as no usable vision with the exception of light perception.

### **MAGNITUDE OF BLINDNESS**

As per data provided by WHO, around the world

- Total of nearly 253 million people suffer visual impairments.
- 217 million have low vision.
- 36 million people are blind.
- Each 5 seconds one person in the world goes blind.
- 7 million people become blind each year in the world.
- 89% of visually impaired people live in low and middle income countries.
- 55% of visually impaired people are women.
- 82% of people living with blindness are aged 50 and above.
- 1.1 billion people have near vision impairment - a condition that can be corrected with spectacles.
- Globally uncorrected refractive errors are the main cause of moderate & severe visual impairment. Cataract remain the leading cause of blindness in middle and low income countries.
- The number of people visually impaired from infections, diseases has reduced in the last 20 years according to global estimates work.
- 80% of all visual impairment can be prevented or cured.
- In Nepal about 500,000 people (2.19%) are visually impaired. 25,000 children under 16 years of age are estimated to have low vision.

### **History of Low Vision Service in Nepal:**

Low vision service was started as a pilot project in Nepal in the year 2000 in three eye hospitals of the country (Himalaya Eye Hospital, Mechi Eye Care Center and Sagarmatha Choudhari Eye Hospital). During the pilot project, 23 Ophthalmic Assistants from different eye hospitals were trained for clinical assessment of low vision. Awareness training was imparted to ophthalmologists from four eye hospitals and 43 CBR and 17 special school teachers were trained for the purpose of expanding low vision services in Nepal.

A national level workshop was organized by the apex body for eye health to provide guidelines for the development of national low vision policy during November 2004 and the goal was set to bring the low vision client into the mainstream of the society by helping them to use their



residual vision to the best extent possible. NNJS being the major eye care provider in the country started a National Low Vision Program in the country from July 2005 through the financial support from Dark and Light Blind Care, the Netherlands under the leadership of Mr. Bimal Paudyal as national Focal Person and Dr. Karin van Dijk as an expert. NNJS has built national network of primary, secondary, and tertiary low vision services. The major activities planned and implemented were:

- Infrastructure Development
- Clinical low Vision Care services ( Primary, secondary and tertiary level)
- Human Resource Development
- Awareness raising activities
- Device bank and subsidy policy

NNJS recognized Himalaya Eye Hospital as a national low vision training center. During the five years period of National Low Vision Programme, a total of 42 Ophthalmic Assistants were trained in clinical low vision assessment, 180 CBR workers and 100 special school teachers were trained in functional vision assessment. Low vision clinical service was set up at 14 eye hospitals and 28 primary eye care centres of the country. A total of 6023 low vision clients benefitted during the five years period.

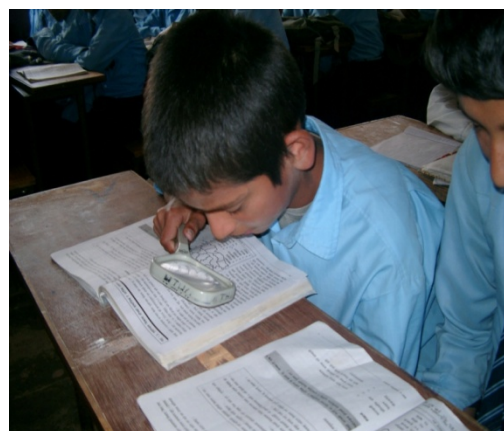
#### **Low Vision Service at HEH:**

A separate low vision unit is established at the department of Optometry under responsibility of an optometrist. Low vision patients referred from the general OPD, paying OPD and special clinic within the hospital are examined daily. Average of 2 low vision patients visit the low vision unit daily from internal and external referrals. Most of the patient's visiting low vision clinic are children.

Detailed low vision evaluation is performed at the low vision unit; evaluation mostly focused at clinical assessment and visual rehabilitation. Many are helped by refractive correction and advices for additional lighting along with some environmental modifications. Commonly prescribed low vision devices are hand held magnifiers, spectacle magnifiers and m/o telescopes based on availability.

Expectations of the patients' visiting low vision unit varies from best possible vision, knowledge regarding present visual status, possible outcomes, possibilities of better technology for treatment in future, prognosis of the present ocular condition and available means to improvise distance or near vision. Few patients visit the clinic with the intention of making visual impairment certificate either of low vision or blindness with a purpose of making disability certificate.

To summarize the following activities are performed at the low vision unit at our hospital:



- Clinical low vision assessment
- Functional vision assessment
- Advice on optical and non-optical low vision devices
- Provision of devices from the device stock in the hospital based on availability
- Make order for the new device based on patient's need and demand
- Recommendation for visual impairment certificate which further leads to making of disability certificate from the government
- Recommendations on selection of learning media for school children based on status of present vision
- Advise parents or teachers on how to deal with the Visual Impairment problem of children
- Share information to parents regarding availability of schools and special training centres for visually impaired children
- Perform routine school screening programmes to trace visually impaired children in school
- Perform eye screening programs at selected integrated schools for visually impaired to rule out present status of vision and performance of children at school
- Provision of low vision devices free of cost to students at integrated schools on specific occasions
- Coordinate with the teachers at integrated schools and resource centre, organizations working for the welfare of visually impaired like NAB,CBR etc. to facilitate service to the visually impaired and reach them.

## Surgical services: general and subspecialties at HEH

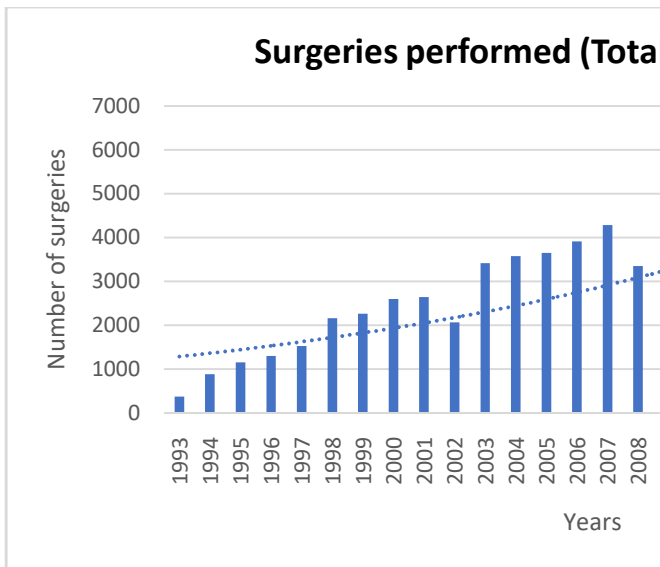
HEH has been providing surgical services at the base hospital and surgical outreach settings from the time it was established. By far, the main surgeries performed by HEH are for cataract. Initially, when the hospital did not have subspecialist ophthalmologists HEH provided general ophthalmological surgical services. As the ophthalmologists were trained in subspecialties and the hospital was equipped with surgical instruments other resources for subspecialties HEH has been providing various subspecialties surgical services.

1. General ophthalmological surgeries
  - Cataract surgery: Small incision cataract surgery, phacoemulsification cataract surgery with Intraocular lens implant
  - Dacryocystorhinostomy
  - Dacryocystectomy
2. Corneal surgeries
  - Corneal collection and Eye banking facility
  - Penetrating keratoplasty
3. Paediatric surgeries
  - Paediatric cataract surgeries, strabismus correction surgery
4. Vitreoretinal surgeries



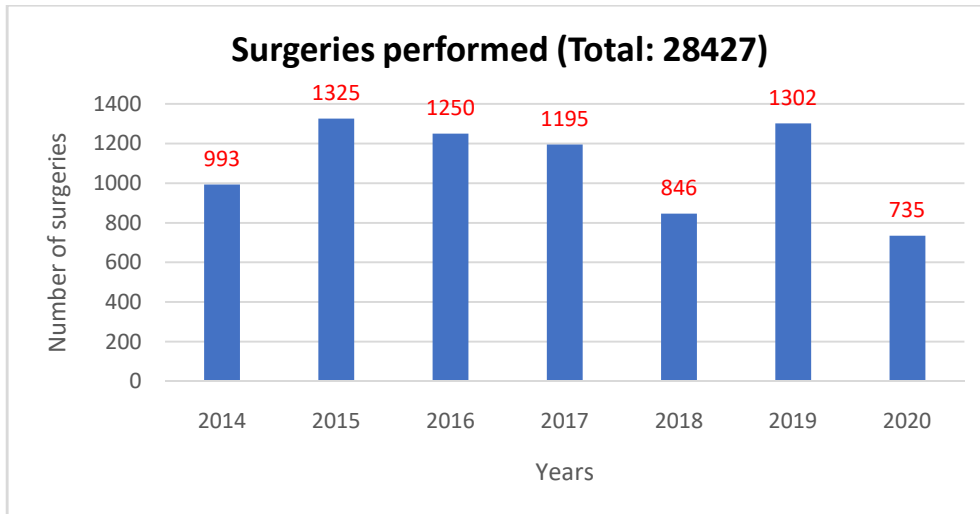


- Injection avastin
- Injection clindamycin
- Pars plana vitrectomy
- Scleral fixation IOL
- Silicone oil removal
- Scleral buckling
- 5. Oculoplastic surgeries
  - Ptosis
  - Blepharoplasty
  - Lid reconstruction
  - Fornix reconstruction
  - Eyelid tumors excision
  - Conjunctival tumor excision
  - Evisceration, enucleation and ball implant surgeries
  - Botulinum toxin injection



**Figure #: Total number of surgeries performed at HEH base hospital 1993-2020**

Number of surgeries performed in surgical eye camps until 2013: 20,781



**Figure #: Total number of surgeries performed by HEH in surgical eye camps 1993-2020**

Before Surgery	After Surgery

## Academics

HEH, over the past three decades has been providing preventive, therapeutic and community services to the people in Gandaki and Karnali region. Besides these clinical and community services, HEH has served the nation by producing human resources for eye and vision care from the early days of establishment. Initially it had conducted a vocational ophthalmic assistant training program in collaboration with the Council for Technical Education and Vocational Training (CTEVT). This program was regarded very effective for it played an important role in producing mid-level Ophthalmic Medical Personnel in the nation, especially during the time when there were only a handful of ophthalmologists in the country with no or negligible number of optometrists. Currently, HEH has an established academic diploma programme in ophthalmic science affiliated to CTEVT and degree awarding programs of Pokhara University. Besides these academic programmes HEH also conducts various short term courses for eye care professionals, general medical practitioners, nurses and non-health professional such as school teachers and family and child health volunteers.

### Higher education in optometry and vision science

HEH set milestones in academics with the establishment of university level undergraduate course in optometry in 2018. Same time Himalaya Eye Institute (HEI) was established as the academic wing of HEH, particularly to deliver university level undergraduate and graduate programmes in Optometry. HEI family envision that establishment of HEI will strengthen and reshape the academic activities of HEH and eye care education in the country. HEI is the joint constituent college of Pokhara University delivering Optometry education.

### *Bachelor of Optometry*

Optometry is a healthcare profession that is autonomous, educated and regulated (licensed/ registered), and optometrists are the primary healthcare practitioners of the eye and visual system who provide comprehensive eye and vision care, which includes refraction and dispensing, detection/diagnosis and management of disease in the eye, and rehabilitation of



conditions of the visual system, as defined by the World Council of Optometry (WCO). Optometrists play a major role in an individual's overall health and well-being by detecting systemic diseases, such as diabetes and hypertension. Additionally, doctors of optometry prescribe medications, low vision rehabilitation, vision therapy, spectacle lenses, and contact lenses and perform certain procedures<sup>1</sup>. They also counsel patients for surgical and non-surgical options that meet their visual needs related to their occupations, avocations and lifestyle.

The major goal of the Bachelor of Optometry (B. Optom) program is to produce a competent, compassionate and community oriented professional optometrist who is a competent primary eye care clinician and expert in vision care.

The B. Optom is a four-year program structured in eight semesters. The entry requirement for admissions in B. Optom is Higher Secondary Level (10+2 Science stream) Biology group or equivalent or Diploma in Health Sciences (Ophthalmology) or Certificate in Health Sciences (Ophthalmology) as recognized by Pokhara University with at least 50% marks ( or C+ in letter grading system or 2.4 in point grade system). Besides fulfilling the basic academic requirement, a common entrance examination will be conducted by Nepal Medical Education Commission for all applicants. Passing in the merit list of this common entrance examination is a must to be eligible to enroll in B. Optom programme. Currently, 34 students from two batches are studying B. Optom at HEI.

### *Master of Optometry*

HEI was permitted to start the Masterlevel program in optometry in 2019. It is the first of its kind in Nepal. The major aim of this post graduate course in optometry and award of Master of Optometry (M. Optom) that provides an extended clinical optometry education for both academic and non-academic careers. The vision of HEI to



launch M. Optom programme is to play a leading role in optometry education and training in the country and to establish HEI as the institution of first choice for students and faculty for optometry education in Nepal.

Students having Bachelor of optometry or equivalent degree in optometry from recognized university can apply for the course. The main goal of the M. Optom program is to strive for academic excellence, encourage the development in Eye and Visual system technologies, and incorporate new ideas and leadership quality in the field of eye health. This is a 4 semesters (2 years) programme, which involves course work, clinical and teaching assignments, patient care, and research and dissertation projects. Educative seminars, hands-on training sessions, workshops and special lectures are also conducted on regular basis for the students.

After the completion of M. Optom programme, the graduates would contribute for educating people on Eye Health services and Vision rehabilitation. It is expected that after a few years of delivery of this programme nation will have specialist optometrists in various specialty of optometry such as vision therapy, low vision and rehabilitation, binocular vision, contact lens practice, neuro-optometry, behavioral optometry, occupational optometry and therapeutic optometry.

The following are some of the general strategies HEI follows for optometry education

- Use recent technologies and updated knowledge in optometry education and clinical optometry.
- Create best learning environment to students.
- Engage students in innovative study, critical analysis, research and academic activities that enhance learning.
- Conduct academic activities and research that is relevant to present and likely future eye care situation of Nepal and contemporary international trends.
- Explore the opportunities for innovation and active learning
- Provide knowledge and practice based, community oriented optometry education

Academic infrastructure and human resources

HEH and HEI provide one of the best learning platforms for students in the nation. It has the state of the art diagnostic tools and equipment in all clinical departments for diagnosing visual and ocular disorders. During their bachelor and master studies the students get exposure in these various departments and levels of care within the eye hospital. In general outpatient block, where clinician are involved in examination, diagnosis and treatment of visual and pathological disorders the students get opportunity to learn and apply clinical skills learnt in the classroom. There is separate pediatric outpatient where ophthalmologist and optometrist are available for assessing, diagnosing and treating pediatric eye and vision disorders. From the minor procedure units, students can obtain clinical skills to perform minor surgical procedures and various ophthalmic investigations. Contact lens clinic and binocular vision clinic are other well-functioning special clinics for teaching and learning optometry skills. HEH is launching vision therapy clinic in near future.

Low vision clinic of HEI is regarded as one of the oldest, best equipped and updated Low vision clinic in the nation. Our Optometrist faculty member is regarded as the master trainer in



refraction and low vision within the NNJS run eye hospitals of the country. Ophthalmic imaging department is one of the busy clinic among investigative clinics of the hospital. It is equipped with optical biometers, corneal pachymeter, automated perimeters, Optical coherence tomographer with auto fluorescence, and fundus photographer. Electrophysiology unit is a new investigative clinic in the hospital with facility of electroretinogram (ERG), electrooculogram (EOG) and visual evoked potential (VEP).

Students get excellent clinical practice skills from these various departments. These arrangements in various departments also help students to carry out various research projects. Optical dispensing unit is another strongest and busy unit in the hospital. Students are posted here to learn optical dispensing, spectacles fitting process and procedures, and business aspect of the industry.

HEH is expanding some specialized services in its recently constructed building. Considering the need to upgrade the services, the new building will be utilized for special vision care services. Vision assessment, refractive correction and visual rehabilitation are some specialized services planned in the new facility. The building will be dedicated for quality vision care. This building will serve as Optometry facility of Himalaya Eye Hospital. It will promote Optometry practice in the institute and enable optometry students to utilize optometric approach for treating and managing ocular disorders and diseases.

HEI has experts and experienced team of ophthalmologists, optometrists and ophthalmic medical personnel to deliver effective and efficient eye and vision care. HEI has five experienced ophthalmologists with fellowships in different subspecialties and six optometrists to serve as teachers for the academic programs. Additionally, HEI has part time teachers from reputed university and colleges to teach basic science and other non-medical subjects in the curriculum. Frequently HEI also organizes guest lectures and online classes from various reputed faculties of optometry around the globe.

### **Few challenges**

We need additional support from concerned stakeholders to manage preclinical training labs and optics lab in the institute. HEI also need a conference hall so that we can organize different workshops and CME programmes. We have challenges to make the Optometry programmes of international standard, possibly by updating the B.Optom course to Doctor of Optometry (OD); for most of the developed countries either have and recognize OD course or are now converting bachelor degree to OD. There is also a need to continuously advocate for the recognition of Optometrists within the health sector in the country.

### **Reference**

1. [www.aoa.org/healthy-eyes/whats-a-doctor-of-optometry?sso=y](http://www.aoa.org/healthy-eyes/whats-a-doctor-of-optometry?sso=y)

### **Proficiency certificate level in ophthalmic science**

The Proficiency certificate level (PCL) in ophthalmic science is an intermediate level course of three years that offers its students the knowledge of ophthalmic care, health care management and community ophthalmology. This course provides a broad understanding of eye health, eye surgery and also includes clinical posting in hospital. This course enables the learners to

perform eye examination, diagnose and treat common eye conditions, perform refraction and prescribe glasses. The graduates of PCL in ophthalmic science perform minor ocular procedures, provide eye health education, organize and manage community and school screening programmes.

The graduates would be eligible for registration with the Nepal Health Professional Council (NHPC) in the category as mentioned in the act of NHPC. They are also eligible to enroll in Bachelors of optometry degree or other health related programmes.

HEH has been training candidates in PCL Ophthalmic science as vocational training since the establishment of the hospital. From 2016 HEH established an academic training of PCL in Ophthalmic science in collaboration with the CTEVT. So far 5 batches have been enrolled with a maximum 40 students per batch. The first batch of graduates have successfully completed the course and most of them are holding the position of ophthalmic assistant in different eye care centres and eye hospitals around the country. Some graduates have gone abroad for further studies, especially in Optometry and some are self-employed establishing their eye clinic and optical outlet.

## Optometric Management of patients at HEH

Optometrists employed by HEH provide various optometry specialty services.

**Contact lens** unit of HEH includes fitting of soft and rigid contact lens for various cases such as refractive errors, anisometropia, high astigmatism and keratoconus. We prescribe and fit prosthetic and therapeutic contact lenses. We also examine and fit various specialty lenses such as mini sclerals and sclerals. We plan to add other speciality lenses such as ROSE K lens and Orthokeratology to manage myopia and its progression.

**Paediatric optometry** department services include detailed study, diagnosis and management of various ocular and vision related disorders in young age groups. It also includes the management of different cases considering the psychology of the infants, toddlers and school going children. We work in various programmes in management of eye conditions in children.



### **Binocular vision and Vision therapy**

unit deals with the diagnosis and non-surgical management of ocular disorders related to eye muscles, eye movement, squint, amblyopia and related disorders. We provide vision therapy to some extent. Vision therapy includes different types of exercises and procedures which help in maintaining or enhancing binocular single vision.

**Low Vision and Rehabilitation unit** deals with the examination, study, research and management of the patients with low vision and includes detailed practice in managing, counseling and rehabilitating vision according to the needs of a visually impaired individual with the help of low vision aids and advanced optical devices.

**Neuro- Optometry unit** includes the detailed study of the visual system and nervous system along with optometric science. Neuro optometry department services are provided to an individual who have vision related problems associated with neurological diseases, trauma, metabolic or congenital conditions and also includes comprehensive evaluation, special tests such as electro-diagnostic services, therapies, counselling and rehabilitation.

**Ocular prosthetics unit** and the services include study, manufacturing, making and fitting of various ocular prosthetic, contact lens and artificial eyes. Currently, we supply limited types of ocular prosthetics.

Our optometrists provide expert advises on principles of lighting, eye safety, vision and eye care suitable for wide array of occupations. The principles of this at the workplace ensures safety and good eye health, better vision leading to greater accuracy, work perfection, reduction in accident rate and ultimately to an increase in production.

Patients with difficult refraction and special cases for refraction are assessed and managed by optometrist. Most cases needing cycloplegic refraction and anisometropic errors are evaluated by optometrist. Optometrist also assess, diagnose and counsel for colour vision disorder.

## Some tips to keep your eyes healthy

Your eyes health is an important part of your health. Most people rely on their eyes to see and make sense of the world around them. Just as it is important to keep your body healthy, you also need to keep your eyes healthy. Some eye diseases and conditions can lead to vision loss. So it is important to identify and treat eye diseases as early as possible. You should get your eyes checked as often as your health care provider recommends it, or if you have any new vision problems.

There are things you can do to help keep your eyes healthy and make sure you are seeing your best. Below are some eye care tips you could follow to keep your eyes healthy.

**Maintain proper eye hygiene.** Eye hygiene becomes more crucial for those who wear contact lenses and eye makeup. If you wear contact lenses, take steps to prevent eye infections. Wash your hands well before you put in or take out your contact lenses. Also follow the instructions on how to properly clean them with appropriate solution, and replace them when needed. You should never sleep with your contact lens or eye makeup on. If you wear make-up, choose the brands that work well for you. Also never use expired cosmetics.

**Avoid rubbing your eyes.** The hands are exposed to a lot of dirt, dust and bacteria, and all of these can be easily transferred to your eyes each time you touch or rub them. So avoid putting your hands to your eyes to prevent infection and irritation. If the habits are so ingrained on you, make an effort to get rid of it as soon as possible.

**Practice frequent hand washing.** Wash your hand regularly to keep bacteria at bay and prevent them from getting in contact with your eyes, eye glasses, and contact lenses.

**Eat a healthy, balanced diet.** Your diet should include plenty of fruits and vegetables, especially deep yellow and green leafy vegetables. Eating fish protein high in omega-3 fatty acids can also help your eyes.

**Stay hydrated.** Sufficient fluid intake is essential to your body's overall wellbeing, including the eyes. If you are hydrated enough, you prevent your eyes from getting dry and irritated.

**Maintain a healthy weight.** Being overweight or having obesity increases your risk of developing diabetes and other health issues. Having diabetes puts you at higher risk of getting blinding eye conditions such as diabetic retinopathy or glaucoma.

**Exercise regularly.** Exercise may help to prevent or control diabetes, high blood pressure, and high cholesterol. These diseases can lead to some eye or vision problems. If you exercise regularly, you can lower your risk of getting these eye and vision problems.

**Wear sunglasses.** Sun exposure can damage your eyes and raise your risk of cataracts and age-related macular degeneration. Protect your eyes by using sunglasses that block out 99 to 100 percent of both UV-A and UV-B radiation.

**Wear protective eye wear.** To prevent eye injuries, you need eye protection when playing certain sports, working in jobs such as factory work and construction, and doing repairs or projects in your home.

**Avoid smoking.** Smoking increases the risk of developing age-related eye diseases such as macular degeneration and cataracts and can damage the optic nerve.

**Know your family medical history.** Some eye diseases are inherited, so it is important to find out whether anyone in your family has had them. This can help you determine if you are at higher risk of developing an eye disease. Knowing the family history and early diagnosis of the eye conditions may help in timely intervention and prevention of vision loss.

**Know your other risk factors.** As you get older, you are at higher risk of developing age-related eye diseases and conditions. It is important to know your risk factors because you may be able to lower your risk by changing some health behaviors.

**Give your eyes sufficient rest.** If you spend a lot of time using computer and visual display units, you can forget to blink your eyes and your eyes can get tired. To reduce eyestrain, try the 20-20-20 rule: Every 20 minutes, look away about 20 feet in front of you for 20 seconds.

**Get adequate sleep.** A good night's sleep can do a world of good to your eye health. Those who stay up late, often complain of eye pain the next day. This is because the muscles of your eyes also need adequate relaxation. Adequate sleep helps release the stress of your eye muscles. So, ensure that you get at least 7 to 8 hours of sleep.

### **Eye Tests and Exams**

Everyone needs to have their eyes tested to check for vision and eye problems. Children usually have vision screening in school. Adults may also get vision screenings. But many adults need

more than a vision screening. They need a comprehensive dilated eye exam. Getting comprehensive dilated eye exams is especially important because some eye diseases may not have warning signs. The exams are the only way to detect these diseases in their early stages, when they are easier to treat. The eye exam may include several tests that are not limited to some mentioned below.

A visual acuity test, where you read an eye chart about 6 metre away, to check on how well you see at various distances

A visual field test to measure your side (peripheral) vision. A loss of peripheral vision may be a sign of glaucoma.

Tonometry, which measures your eye's interior pressure. It helps to detect glaucoma.

Dilation, which involves getting eye drops that dilate (widen) your pupils. This allows more light to enter the eye. Your eye care provider examines your eyes using a special magnifying lens. This provides a clear view of important tissues at the back of your eye, including the retina, macula, and optic nerve.

If you have a refractive error and are going to need glasses or contact lenses, then you will also have a refraction test. When you have this test, the eye care practitioner may show you different lenses of different strengths to figure out the lenses that will give you the clearest vision.

At what age you should start getting these exams and how often you need them depends on many factors. They include your age, race, gender, family history and overall health. For example, if you have diabetes, you may need an exam every year; if your parents wear glasses to see clear you may also need an eye examination. Check with your eye care provider if and when you need these exams.

## गर्मीसमयमा आँखामा हुने एलर्जी (Spring Catarrh) र यसको रोकथाम तथा उपचार

तपाईं हामी मध्य धेरैले विशेष गरि गर्मी समयमा आँखा चिलाउने समस्याको बारेमा देखे, सुनेका वा भोगेका हुन सक्छौ । विशेष गरि बच्चाहरुमा बढी देखा पर्ने यस्तो समस्या के कारणले गर्दा हुन्छ र यसको रोकथाम तथा उपचार के हुन सक्छ भन्ने कुरा तपाईं हामी कमैलाइ मात्र थाहा हुन सक्छ । त्यसैले प्रस्तुत छ, गर्मी समयमा आँखामा हुने एलर्जी र यसको रोकथाम र उपचार बारेमा केही जानाकारी ।

१ ) परिचय :- सामान्यतया विविध बातावरणीय तत्व (धुलो, हावा, धुवाँ र विशेषगरी घाम वा सूर्यको किरण आदि)को प्रभावले आँखामा उत्पन्न हुने प्रतिक्रिया (Reaction) लाई नै एलर्जी भनिन्छ । हुनत यि बाहेक अरु कारण जस्तै आँखामा गलत औषधीको प्रयोग, रासायनिक पदार्थ सँगको संसर्ग, विषालु किरा आदीको टोकाइ (यस्ता कारणहरु धेरै हुन सक्छन्) आदी को कारण बाट पनि आँखामा एलर्जी हुन्छ । तर यहाँ गर्मी समयमा हुने एलर्जीको बारेमा मात्र जानाकारी दिइएको छ । गर्मी समयमा हुने एलर्जीको मुख्य कारक तत्व भनेको प्रचण्ड

गर्मी,धुलो,सुख्खापन,घाँस वा फुलबाट निस्कने कणहरु आदी नै हुन । यस्तो एलर्जी दुबै आँखामा एकैसाथ हुन्छ ।

२ ) कारक तत्वहरु:-

I)उमेररलिङ्ग:- सामान्यतया४बर्षदेखि२०बर्षसम्मरकेटिलाइभन्दाकेटालाइबढीहुने।

II)मौसम:- सामान्यतया गर्मी मौसममा बढी हुन्छ ।

III)हावापानी:- गर्मी हावापानी हुने ठाउँमा एकदमै बढी हुने र जाडो हावापानी हुने ठाउँमा हुदैनहुने वा अत्यन्तै न्यून हुने ।

३ ) लक्षणहरु :- ज्यादै आँखा चिलाउने,आँखा रातो हुने,आँखा बिझाउने,आँखाबाट आँशु आउने,आँखाबाट धागो जस्तो चिप्रा आउने,आँखा सुख्खा हुने,सामान्यभन्दा घाममा हेर्न गाह्रो हुने,आँखाको ढकनी गह्रौं हुने आदी ।

४ ) प्रमुख चिन्हहरु :-

I)आँखाको ढकनीको भित्र पट्टी टम्म मिलेका र केहि माथीSpring Catarrh उठेका मसिना दानाहरु (Papillae)देखिन्छन जुन सामान्य अवस्थामा माइक्रोस्कोपको प्रयोगबाट र जटिल अवस्थामा माइक्रोस्कोपको प्रयोगबिना नै नाङ्गो आँखाले पनि देख्न सकिन्छ । समयमै उपचार भएन भने यस्ता दानाले आँखाको पारदर्शक कर्निया (बोलीचालीको भाषामा कालो नानी) (Cornea)मा रगडेर घाउहरु पनि बनाउन सक्छन र उक्त घाउहरु पछि निको हुँदा पारदर्शक कर्नियामा दाग पनि बन्न सक्ने र उक्त दागहरुको कारण आँखाको दृष्टि क्षमतामा न्हास आउन सक्छ ।

II)आँखाको सेतो भाग र कालो नानी (Cornea)जोडिएको भाग (प्रायSpring Catarrh जसो माथिल्लो) मा सेतो पत्र जमे जस्तो (Gelatinous limbal membrane) र त्यसमा मसिना बिविराहरु (Tranta's spot ) देखिन सक्छन ।

III)आँखाको देखिने सेतो भाग (कालो नानी देखि दाँया र बाँया) मा प्रायजसो त्रिकोणात्मक आकारमा खैरो खालको रातोपन (Duski red triangular congestion) देखिन्छ । यसले गर्दा आँखाको प्राकृतिक सेतोपनामा न्हास आएको हुन्छ ।

५ ) उपचार :-

I)यसबाटउत्पन्नहुनसक्नेजटिलताबाटबच्नजुनसुकैअवस्थाकोएलर्जीमापनिनेत्ररोगविशेषज्ञवानेत्रचिकित्सक(सहायक) सँगजाँचगराइउपयुक्तऔषधोपचारतथापरामर्शलिइसोअनुसारगर्न,गराउनजरुरीहुन्छ।

II)आँखाको ढकनीको पछाडी पट्टी देखापर्ने दानाहरु धेरै ठूला भएमा शल्यक्रिया वा सुइको प्रयोगबाट हटाउन पर्ने हुन सक्छ ।

६ ) रोकथामका उपायहरु :-

I)कालो चस्माको प्रयोग गर्ने,गराउने ।

II)चिसो पानी वा बरफमा सफा रुमाल भिजाइ बाहिरबाटै आँखा सेक्ने ।

III)बच्चाहरुलाई धेरै गर्मी वा धुलोमा खेल्न नदिने ।

IV)बच्चाहरुलाई छाते टोपी वा ह्याट (Hat)लगाइदिने ।

V)आवश्यकता अनुसार गर्मी क्षेत्रबाट चिसो क्षेत्रमा स्थानान्तरण गर्ने गराउने आदी ।

पून्शचः यो समस्या विशेष गरि बच्चाहरुमा करिव २०-२५ बर्षको उमेरसम्म प्रत्येक बर्ष गर्मी मौसम लागेपछि दुबै आँखामा देखिन्छ । तसर्थ यसको जटिलताहरु बाट बच्न रोकथामका उपर्युक्त उपायहरु अपनाउनुका साथै समयमै नेत्ररोग बिशेषज्ञसँग जचाइ उपयुक्त औषधोपचार तथा परामर्श लिइ सो अनुसार गरौं गराऔं ।

## जानीराखौं

Shree Prasad Dhakal

In-charge, Bhotewodar eye care centre

आँखा जीवन हो भनेर सबैले भन्ने गरे ता पनि  
यसको राम्रो हेरचाह नगरे रोग लग्छ जे पनि।

आँखाको महिमा कसोगरी भन्नु छ अपरम्पार  
स्वस्थ सफा राख्नु सदा आँखालाई बारम्बार।

हल्का पोल्ने बिजाउने भए चिसो पानीले धुनु पर्दछ  
कि थोपा कि मलमले समस्या सदाका लागी टर्दछ।

टाढा नजिक नदेख्ने छ भने चस्मा पो चाहिन्छ कि?  
आँखा उपचार केन्द्र / अस्पतालमा जँचाउन पाइन्छ नि।

मोतियाबिन्दु र जलबिन्दु रोग लागे त्यसको  
गर्नु पर्दछ आखिर अस्पतालमा अप्रेसन यसको।

धारिलो हतियार र औजार सँधै टाढै राख्नु पर्दछ  
आफू होसियार नभए कहिले चोट लाग्ने गर्दछ।



हामीले घरमा घाँसपात र गोडमेल गर्दाखेरि बारीमा  
घोच्छ पातले नजानी हाम्रै यै आँखाको नानीमा।

बिग्रन्छ ज्योति राखे जडीबुटी झोलहरू गाउँको  
रोग हेरी चाहिन्छ थोपा र मलम थरी थरी नाउँको।

### List of Ophthalmic Assistant graduates of HEH

S.N	Name	Type of Training	Graduation year	S.N	Name	Type of training	Graduation year
1	Anita Adhikari	Vocational	1996	34	Tulasi Prasad Dahal	Vocational	2000
2	Chandra Prakash Devkota	Vocational	1996	35	Tsewang Dorje	Vocational	2000
3	Chitra Bahadur Kunwar	Vocational	1996	36	Tsewang Dorje	Vocational	2000
4	Durgesh Raj Panta	Vocational	1996	37	Nawang Namgail	Vocational	2000
5	Gyan Bahadur Basnet	Vocational	1996	38	Kalpna Kunwar	Vocational	2001
6	Jeet Bahadur Ale Magar	Vocational	1996	39	Dev Kumari Poudel	Vocational	2001
7	Lab Kumar Rana Magar	Vocational	1996	40	Dipak Bahadur Shahi	Vocational	2001
8	Padam Kumar Shrestha	Vocational	1996	41	Karna Nath Yogi	Vocational	2001
9	Prem Bahadur Devkota	Vocational	1996	42	Krishna Acharya	Vocational	2001
10	Radhika Adhikari	Vocational	1996	43	Magesh Chandra Rai	Vocational	2001
11	Ramji Prasad Poudel	Vocational	1996	44	Thuman Lal Rajbanshi	Vocational	2001
12	Savitri Bhujel	Vocational	1996	45	Parashuram Bhattarai	Vocational	2001
13	Shree Prasad Dhakal	Vocational	1996	46	Hari Lal Acharya	Vocational	2004
14	Dabal Adhikari	Vocational	1999	47	Jaya Ram Regmi	Vocational	2004
15	Govinda Nath Yogi	Vocational	1999	48	Kamal Bahadur Adhikari	Vocational	2004
16	Jun Bahadur Kumai	Vocational	1999	49	Ranjeet Ghimire	Vocational	2004
17	Ram bahadur KC	Vocational	1999	50	Tekendra Bahadur Bohora	Vocational	2004
18	Durga Bahadur Maski	Vocational	1999	51	Bikram Dahal	Vocational	2004
19	Ramesh Pradhan	Vocational	1999	52	Kabindra Prasad Rajbanshi	Vocational	2004
20	Manju Acharya	Vocational	1999	53	Saroj Dhakal	Vocational	2004
21	Shankar Prasad Baral	Vocational	1999	54	Suresh Sapkota	Vocational	2004
22	Daman Adhikari	Vocational	1999	55	Om Narayan Shah	Vocational	2004
23	Pashupati Baral	Vocational	2000	56	Rajendra Pandey	Vocational	2004
24	Ghanashyam Biswokarma	Vocational	2000	57	Dharma Raj Thapaliya	Vocational	2004
25	Shalik Ram Poudel	Vocational	2000	58	Netra Lal Aryal	Vocational	2005
26	Bharat Sapkota	Vocational	2000	59	Devendra Sharma	Vocational	2005
27	Govinda Sharma Pokhrel	Vocational	2000	60	Raju Malla	Vocational	2005
28	Muna Gurung	Vocational	2000	61	Samjhana Adhikari	Vocational	2005
29	Dibya Sharma	Vocational	2000	62	Laxman Timilsina	Vocational	2007
30	Kabita Karki	Vocational	2000	63	Dhaka Ram Sharma	Vocational	2007
31	Dharma Prasad Guragain	Vocational	2000	64	Bhoj Raj Gautam	Vocational	2007
32	Bhawani Prasad Pathak	Vocational	2000	65	Govinda Raj Badhu	Vocational	2007
33	Motilal Baral	Vocational	2000	66	Bijay Poudel	Vocational	2007
S.N	Name	Type of Training	Graduation year	S.N	Name	Type of training	Graduation year
67	Dal Bahadur AC	Vocational	2007	112	Opendra Chand	Vocational	2012
68	Nabinchandra Singh	Vocational	2007	113	Ramesh Chandra Bist	Vocational	2012



	Rajbanshi						
69	Pushpa Adhikari	Vocational	2007	114	Yuv Raj Verma	Vocational	2012
70	Sharad Mainali	Vocational	2007	115	Birkha Bogati	Vocational	2012
71	Devnidhi Dahal	Vocational	2007	116	Rajendra Niraula	Vocational	2013
72	Mahesh Prasad Parajuli	Vocational	2007	117	Pushpa Prasad Adhikari	Vocational	2013
73	Ganesh Subedi	Vocational	2007	118	Bishnu Mahatara	Vocational	2013
74	Hem Raj Verma	Vocational	2007	119	Nisha Sangraula	Vocational	2013
75	Sherp Dolma Gurung	Vocational	2008	120	Ganesh Mahato	Vocational	2013
76	Kishor Rijal	Vocational	2008	121	Hom Prasad Dhital	Vocational	2013
77	Dilli Raj Baral	Vocational	2008	122	Sabita Ghimire	Vocational	2013
78	Shiva Sharan Ganesh	Vocational	2008	123	Salomi Bhandari	Vocational	2013
79	Aarati Puri	Vocational	2008	124	Parbati Sharma	Vocational	2013
80	Raju Ranamagar	Vocational	2008	125	Sajani Kayastha	Vocational	2013
81	Maya Kumari Kandel	Vocational	2008	126	Rupsingh Bohora	Vocational	2013
82	Salik Ran Gautam	Vocational	2008	127	Deep Gurung	Vocational	2013
83	Pushpa Raj Bista	Vocational	2008	128	Deepak Gurung	Vocational	2013
84	Bhoj Raj Pokhrel	Vocational	2008	129	Rumila Nepali	Vocational	2013
85	Dhiraj Kumar Adhikari	Vocational	2008	130	Dharmendra Ghodasaini	Vocational	2013
86	Mohammed Majid Rain	Vocational	2008	131	Aaratee Pahadi	Academic	2020
87	Ram Pragash Mahato	Vocational	2008	132	Arjun KC	Academic	2020
88	Udaya N Mishra	Vocational	2008	133	Ashmi Shrestha	Academic	2020
89	Kiran Maiya Thapa	Vocational	2008	134	Bindu B.K.	Academic	2020
90	Bum Bohora	Vocational	2008	135	Chanda Pandey	Academic	2020
91	Nim Bahadur Dangi	Vocational	2008	136	Devi Gautam	Academic	2020
92	Babita Ojha	Vocational	2009	137	Dipana Thapa Sinjali	Academic	2020
93	Basanta Poudel	Vocational	2009	138	Dipesh Baral	Academic	2020
94	Bhumika Parajuli	Vocational	2009	139	Dipesh Kumar Yadav	Academic	2020
95	Bindu Poudel	Vocational	2009	140	Divya Malla Thakuri	Academic	2020
96	Dinesh Baniya	Vocational	2009	141	Grisma Timilsina	Academic	2020
97	Krishnaraj Dhungana	Vocational	2009	142	Hema Dhungana	Academic	2020
98	Ram Sagar Maharjan	Vocational	2009	143	Kushmita Ranabhat	Academic	2020
99	Romans Chaudhary	Vocational	2009	144	Manish Thapa	Academic	2020
100	Sudhir Kumar Verma	Vocational	2009	145	Manita Poudel	Academic	2020
102	Sushmita Adhikari	Vocational	2009	146	Namrata Timilsina	Academic	2020
103	Reena Gurung	Vocational	2012	147	Nita Gurung	Academic	2020
104	Sumitra Adhikari	Vocational	2012	148	Pallbi Sulpe	Academic	2020
105	Tej Bahadur Gurung	Vocational	2012	149	Prakriti Dhungana	Academic	2020
106	Tasbiran Miya	Vocational	2012	150	Prashamsa Pariyar	Academic	2020
107	Dhurba Bahadur Budhthapa	Vocational	2012	151	Priyanka Khanal	Academic	2020
108	Santosh Kumar Labh Karn	Vocational	2012	152	Puja Thapa	Academic	2020
109	Yubraj Bohora	Vocational	2012	153	Renu Prajapati	Academic	2020
110	Dil Kumari Dhakal	Vocational	2012	154	Sabina Baral	Academic	2020
111	Laxmi Gupta	Vocational	2012	155	Sabina Gautam	Academic	2020
<b>S.N</b>	<b>Name</b>	<b>Type of Training</b>	<b>Graduation year</b>	<b>S.N</b>	<b>Name</b>	<b>Type of training</b>	<b>Graduation year</b>
156	Sabina Subedi	Academic	2020	164	Smriti Parajuli	Academic	2020
157	Sachidanand Singh	Academic	2020	165	Soichhya Gurung	Academic	2020
158	Sajana Acharya	Academic	2020	166	Sudarshan Poudel	Academic	2020
159	Sangita Lamichhane	Academic	2020	167	Sunita Dhakal	Academic	2020

160	Sanjiv Kumar Yadav	Academic	2020	168	Sushmita K C	Academic	2020
161	Santoshi Poudel	Academic	2020	169	Sushmita Karki	Academic	2020
162	Sarita Gurung	Academic	2020	170	Tanuja Bhatta	Academic	2020
163	Saurav Baniya	Academic	2020				



पोखरा विश्वविद्यालय  
**स्वास्थ्य विज्ञान संकाय**  
डीनको कार्यालय  
पोखरा लेखनाथ-३०, कास्की

चलानी नं. १६८२०७५१०७६५




मिति : २०७५/०६/१९

पोखरा विश्वविद्यालय  
डीनको कार्यालय  
स्वास्थ्य विज्ञान संकाय

विषय : संयुक्त आंगिक कार्यक्रम सञ्चालनका लागि अनुमति प्रदान गरिएको सम्बन्धमा ।

पोखरा विश्वविद्यालय कार्यकारी परिषद्को मिति २०७५/०६/१९ को निर्णय अनुसार पोखरा विश्वविद्यालय संयुक्त आंगिक कलेज (महाविद्यालय) / शैक्षिक संस्था तथा संयुक्त आंगिक कार्यक्रम सञ्चालन सम्बन्धी नियमावली, २०७५ को नियम १८ अनुसार संयुक्त आंगिक कार्यक्रमको रूपमा श्री हिमालय आँखा अस्पताल घारीपाटन, पोखरालाई **Bachelor of Science in Optometry** कार्यक्रम सञ्चालनका लागि स्वीकृति दिइएको छ ।

  
डा. खेम राज जोशी  
डीन



पोखरा विश्वविद्यालय  
स्वास्थ्य विज्ञान संकाय

डीनको कार्यालय  
पोखरा लेखनाथ-३०, कास्की

चलानी नं. ४०९/२०७५/०७६९

पोखरा विश्वविद्यालय

डीनको कार्यालय

स्वास्थ्य विज्ञान संकाय

विषय:- संयुक्त आंगिक कार्यक्रम सञ्चालनका लागि स्वीकृति प्रदान गरिएको ।

मिति:- २०७६/०९/०२

पोखरा विश्वविद्यालय, कार्यकारी परिषद्को मिति २०७५/१२/०४ को निर्णय अनुसार पोखरा विश्वविद्यालय संयुक्त आंगिक कलेज (महाविद्यालय)/शैक्षिक संस्था तथा संयुक्त आंगिक कार्यक्रम सञ्चालन सम्बन्धी नियमावली, २०७५ अनुसार संयुक्त आंगिक कार्यक्रमको रूपमा श्री हिमालय आँखा प्रतिष्ठान, घारीपाटन, पोखरा लाई ७ (सात) जनाको कोटामा Masters of Optometry कार्यक्रम सञ्चालनको लागि स्वीकृति दिईएको छ ।

नेपालमै सर्वप्रथम Master of Optometry कार्यक्रम सञ्चालनको लागि स्वीकृति प्राप्त गर्नुभएकोमा बधाई !

*खेम राज जोशी*  
2076/09/02

डा. खेम राज जोशी

डीन