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Myopia is predicted to become one of the next big epidemics globally. While the scale of the problem is smaller in India compared to East Asian countries, the upward trajectory certainly calls for greater vigilance and intervention. Currently, no programmes exist in India focussed on this problem. We got the opportunity to initiate one such programme when one of our alumni, Pavan Verkicharla, returned to India following his doctoral and postdoctoral education in Brisbane and Singapore. Pavan jumped right into it and started a very vibrant “Myopia programme” at our Institute covering aspects of myopia care, education and cutting edge research. His work received a boost with the prestigious “INSPIRE Faculty Award” for young investigators from the Department of Science and Technology of the Government of India. This recognition is a big source of encouragement for Pavan as he is addressing some critical questions in an area of immense significance for the future. The enabling environment that we have been able to create for young scientists like Pavan, nurtures them and fosters their growth.

An activity that fosters a research environment in our Institute is the Annual Champalimaud Research Symposium. This event brings some of the most eminent leaders in eye and vision research as well as other areas of health and biological research to interact with our team. The symposium held this month was rated as perhaps the best ever we had. Prof. Reza Dana, the Claes Dohlman distinguished Chair of Ophthalmology at Harvard and a world renowned clinician-scientist, delivered the “Champalimaud Lecture”. In his usual manner, Reza delivered a scintillating lecture on the topic “Immunoregulatory Mechanisms of the Cornea and Ocular Surface – The Known and the Unknown”; an area where he and his group are world leaders. This is of particular relevance to us as we have the biggest corneal programme in the world currently. Prof. Srinath Reddy, President of the Public Health Foundation of India and a brilliant orator, captivated the audience with his lucid remarks on “Tracking And Tackling India’s Cardiovascular Disease Epidemic: A Research Led Response”; and Prof. Antonio Parriera from Lisbon’s prestigious Champalimaud Centre for the Unknown, presented a fascinating tale on the current status and future outlook of cancer in the world. These two non-communicable diseases are the biggest and most critical public health challenges in India. This was followed by a review of research progress at our Institute during the past year covering diverse areas of basic, clinical, public health, low vision and outcomes research. Overall, it was a day filled with high voltage science impacting health. We were honored to have Dr. Leonor Beleza, President, and Joao Botelho, member of the Board of Directors, of the Champalimaud Foundation, whose support is of immense value for our research initiatives.

Strengthening this partnership further, the Champalimaud Foundation and our Institute entered into a memorandum of understanding for collaborative research on eye cancer. This will promote research to find innovative solutions for tackling eye cancer in a more effective manner. From our side, the programme will be led by Swathi Kaliki, Head of our Institute for Eye Cancer who is doing commendable work in this area.



The development of an in-house Electronic Medical Records System, a product of the diligence and ingenuity of Antony Vipin Das and Ranganath, has begun to yield valuable new knowledge. A review of a large database of 1.45 million patients by Pragnya Rao, Sayan Basu and Vipin Das unearthed some valuable new information on this new epidemic, dry eye disease. Similar studies are in the pipeline from the large gold mine of our patient data base. This is very timely as we are about to launch a focused “Dry Eye programme” led by Sayan Basu, in collaboration with India’s largest pharmaceutical giant, Sun Pharma.

We are delighted that our state of the art cGMP and cGLP facility got the clearance from Drug Controller General of India. This opens a whole new realm of possibilities for our biology research and product development. The efforts of Vivek Singh, Indumathi Mariappan and the entire team that made this possible deserve our applause.

Several of our colleagues received various forms of accolades for their academic work from both national and international organizations. We congratulate each of them for their well-deserved recognition.

Thanks to the untiring efforts of our Academy for Eye Care Education led by Avinash Pathengay and managed very ably by Snigdha, together with the wholehearted involvement of our faculty in education, we now have a large pool of ophthalmic talent at the faculty level. This has enabled us to add yet another new dimension to eye care in remote rural areas. For the first time perhaps anywhere in such geographic locations, we have begun advanced retinal surgery in our secondary centre (Navabharat Eye Centre) in Paloncha, located in a tribal area of the state; and also pediatric eye surgery in another secondary Centre in Kothur (NATCO Eye Centre). These two centres are the result of the spirit of giving to the local communities shown by these two corporations; and made it possible for us to implement one of our avowed themes “Taking Care closer to the doorstep of the people who need it most”. These two developments breed optimism that high quality care is eminently possible for disadvantaged people with the right combination of will, talent and resources.

Meanwhile, our tally of primary care vision centres climbed to 179 with the inauguration of a new centre in the Ballari district of Karnataka; thanks to a contribution from TOMS - Seva grant. We appreciate the efforts of Niranjana Kumar and his team who did all the groundwork.

The story of a 58 year old woman construction labourer from remote rural Odisha is a heart-breaking one. A victim of extreme exploitation by the contractor, she and her children survived on a small quantity of rice that she got for her hard work all day. When her children wanted more to eat, she had to starve and go to work in a state of nutritional deprivation. Then she lost her job due to poor sight, landing her entire family in extreme distress. She was identified through our screening programme and escorted to our secondary centre (Bijayananda Patnaik Eye Center) in Keonjhar, where timely care with cataract surgery restored her sight, her ability to sustain her family, and gave her back a life of dignity.



At the other end of our Pyramid in Hyderabad, an internal medicine specialist from Emory University in the US had this to say of his experience. “I brought my toddler son for an eye condition. We were very concerned and not happy with the outcome of an evaluation in Atlanta. The interaction with Dr. Ramesh Kekunnaya left us completely reassured. His attention, in-depth knowledge, calm demeanour, complemented by his ever pleasant and courteous team is very commendable. I have been in patient care leadership in various hospitals in the US for a long time, and it is our constant endeavour to reach this experience. I believe your Institute’s example is worthy of emulation by us.”

Indeed, these two examples amply validate how our Pyramidal model is appropriate and impactful at different levels of care, serving both the least privileged and the most privileged in our world, echoing our founding value of “Excellence with Equity”.

- Gullapalli N Rao