Grievance in teaching

Article (226) high court & article (32) supreme court of Indian penal code

– Applicable to all specialties.

Unique paper

- first time translational science based
- first time law oriented
- first time General Body decision to the world.

Gentle Appeal

-No criticism
-No financial disclosures please

-Evidence based incorrect
medical terms in practice & in journals even with appeal-- 20 mins

Conversation with judge & law-10 mins

-General body video file -3 mins.

-Interaction with audience- 10 mins

Ophthalmologists visionary to all disciplines- 2

C V S-questioned by my patient (professor in computers) drvenkateshwarrao @hotmail.com

- Unless physiology of light rays emanating from electronic material and path physiology of eye tissues due to exposure of those rays proved
- The word 'Computer' is incorrect & threatens our engineers – better rename in 2001
- OUR PATIENTS ARE TREASURE OF SCIENCE

Questionable Medical Terms in Ophthalmology – Our study(2001-02) Suggested improvement



Dr.Katta S.V. Hyderabad.
Dr. Anand Rao. Warangal.
Dr. Rao . G.R. Jeedimetla.

Concept

Study of ophthalmic grumblings

- Off the dais

Scientific speak-out

- On the dais

Present Need
Warrant of Attention

Pre-microscopic: More than 100 years ago

Retinoscopy, syringing, R.D, ICCE

Post-microscopic: During our own generation

40 years ago : ECCE

28 years ago : Phaco emulsification

10 years ago : Sics

8 years ago : Manual phaco, Nonphaco

5 years ago : CVS

Aim

Free ophthalmic translational science (literature) from incorrect scientific terms throughout the world to prevent answerable to next generation

Materials & Methods
September 01 to July '02

- 394 eye specialists at and around Hyderabad
- Guest speakers from Mumbai, Delhi, Chennai, Bangalore, UK & USA
- Analytical study in conveyance of the meaning in dictionaries, books, journals
- E-mails
- Letters
- Telephonic discussions

Habituated use of literature

- Above 55
- Retired prof-------52
- Senior prof--------25
- Senior practioners-110

- Total-187

- Below 55
- Asst.prof----------50
- Registrars---------10
- Senior residents-28
- Residents---------12
- Post-graduates—32
- Practitioners-------75
- Total--------------207

Stetho-Scope (Laennac)

- Steth: G.algos: Chest
- G. Skopeo: to view

Douglas M. Anderson Donald illustrated medical dictionary - 28th ed. 1994: 1579

Majory spraycon Stedman's medical dictionary - 26th ed. 1995-1677

Stethophone



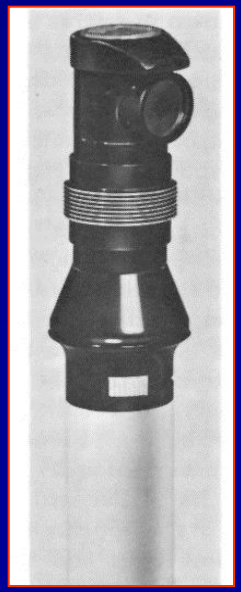
Retinoscopy

- Retina - scopie: view
- Are we viewing the retina ?



Refractometry

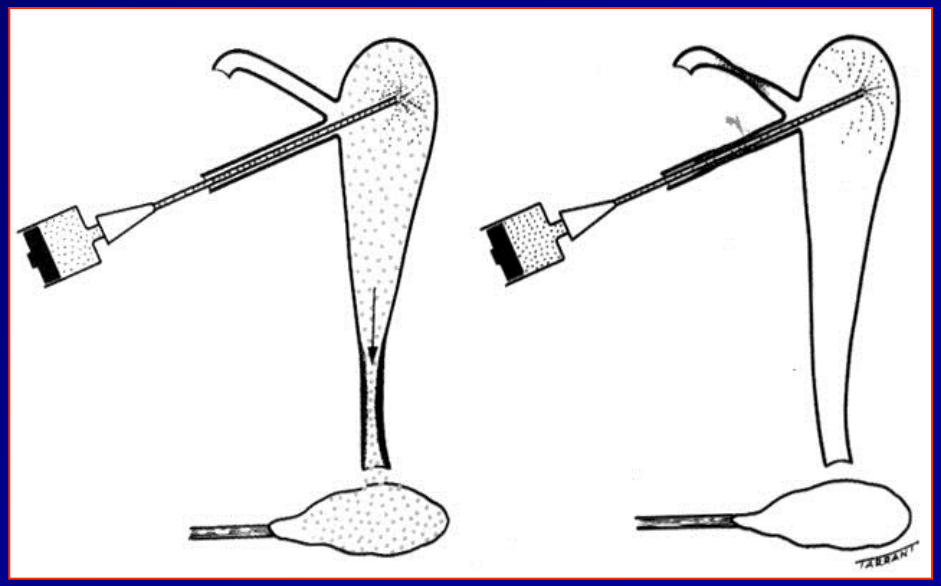
Macdonald critchley, Butterworth Medical dictionary 2nd ed, 1989: 1468



Syringing

- VL test (Voie lacrimal = Route lacrimal) (In French)

Lacrimal patency test



Retinal Detachment (R.D.)

- Is this the era of using 'misnomer' scientific terminology ?

Macdonald critchley, In Butterworth's Medical dictionary 2nd edition 1989:1466

- RPE is not part of retina
- Sensory retina separation (SRS)

Butterworths

Medical Dictionary

Second Edition

Editor-in-Chief
MACDONALD CRITCHLEY

ELBS
English Language Book Society/Butterworths

peculiar structure of its nucleus, usually seen in normal cardiac muscle and cells. [reticulum, Gk *kytos* cell.]

reticulocytogenic (re'tik·ew·lo·si'to·jen'ik). Producing or causing production of reticulocytes. [reticulocyte, Gk *genein* to produce.]

reticulocytoma (re'tik·ew·lo·si'to'mah). A misleading term for a variety of net-cell sarcoma. [reticulum, Gk *kytos* cell, *-oma* tumour.]

reticulocytopenia (re'tik·ew·lo·si·to·pe'ne·ah). Diminution in the number of reticulocytes in the blood. [reticulocytes, Gk *penes* poor.]

reticulocytosis (re'tik·ew·lo·si·to'sis). The presence of an excessive number of reticulocytes in the blood. **Leukaemic reticulocytosis.** Monocytic leukaemia. [reticulocyte, Gk *-osis* condition.]

reticulo-endothelial (re'tik·ew·lo·en·do·the'le·al). Pertaining to reticulo-endothelium.

reticulo-endothelioma (re'tik·ew·lo·en·do·the·le·o'mah). A reticulo-endothelial tumour. [reticulo-endothelium, Gk *-oma* tumour.]

reticulo-endotheliosis (re'tik·ew·lo·en·do·the·le·o'sis). 1. Reticulosis; an abnormal increase in the reticulo-endothelial cells in certain diseases, but exact classification is difficult as there are close similarities to chronic monocytic leukaemia, Hodgkin's disease, and diseases of the reticulo-endothelial system. 2. Monocytic leukaemia. **Leukaemic reticulo-endotheliosis.** Monocytic leukaemia, a severe leukaemic condition characterized by a disturbance of the monocytic series of white cells, usually causing a rapidly fatal acute monocytic leukaemia. **Non-lipoid reticulo-endotheliosis, Systemic aleukaemic reticulo endotheliosis.** Letterer–Siwe disease; a non-familial condition occurring in young children with hyperplasia of the reticulo-endothelial cells, splenomegaly, hepatomegalia, haemorrhagic manifestations, and anaemia. [reticulo endothelium, Gk *-osis* condition.]

reticulo-endothelium (re'tik·ew·lo·en·do·the'le·um). The basic substance which forms the reticulo-endothelial system. [reticulum, endothelium.]

reticulogranuloma (re'tik·ew·lo·gran·ew·lo'mah). Histiocytosis X (Letterer Christian disease) [reticulum, granule, Gk *-oma* tumour.]

reticulohistiocytary (re'tik·ew·lo·his·te·o·si'tar·e). Relating to or consisting of histiocytes of the reticulo-endothelial system.

reticulohistiocytoma (re'tik·ew·lo·his·te·o·si·to'mah). A giant-cell xanthomatous granulomatosis affecting the skin and mucous membranes and the synovial membranes, particularly of the long bones of the hands and feet in which crippling deformity may result [reticulum, histiocyte, Gk *-oma* tumour.]

reticuloma (re'tik·ew·lo'mah). A tumour made up of reticulo-endothelial cells (monocytes). [reticulum, Gk *-oma* tumour.]

reticulopenia (re'tik·ew·lo·pe'ne·ah). Reticulocytopenia.

reticuloplasmocytoma (re'tik·ew·lo·plaz·mo·si·to'mah). A tumour composed of reticulocytes and plasma cells (plasmocytes). [reticulocyte, plasmocyte, Gk *-oma* tumour.]

reticulosarcoma (re'tik·ew·lo·sar·ko'mah). Clasmatocytic lymphoma; a malignant tumour composed of large monocytic cells derived from the reticulo endothelium of lymph glands and spleen chiefly. **Dictyocytic reticulosarcoma.** A reticulin-forming reticulo-endothelial tumour. **Dictyosyncytial reticulosarcoma.** A highly cellular dictyocytic reticulosarcoma. **Lymphoblastic reticulosarcoma, Lymphocytic reticulosarcoma, Lymphoid reticulosarcoma.** Lymphocytic lymphoma. **Myeloblastic reticulosarcoma, Polymorphic reticulosarcoma.** Syncytial **reticulosarcoma.** Lymph gland tumours of the reticulosarcoma type, a classification not universally recognized [reticulum, Gk *sarx* flesh, *-oma* tumour.]

reticulosis (re'tik·ew·lo'sis). 1. An increase in reticulo endothelial cells in bone marrow and blood; reticulo-endotheliosis. 2. Reticulocytosis. **Giant follicular reticulosis.** A non invasive type of reticulosis characterized by a prolonged and very benign clinical course. Unlike the other reticuloses, the neoplastic process tends to remain localized to a single group of nodes for many months. The organs most commonly involved are the lymph glands and spleen. **Histiocytic reticulosis.** Histiocytosis X. **Histiomonocytic reticulosis.** Net-cell sarcoma. *See* SARCOMA. **Leukaemic reticulosis.** Monocytic leukaemia. **Lipomelanic reticulosis.** Dermatopathic lymphadenitis; the histological changes seen in the rubbery enlarged lymph nodes in non-reticulotic and in pre-reticulotic erythroderma. They include a normal architecture with an increase of reticulum cells containing melanin or fat. In some cases the histological appearances of a true reticulosis may become apparent after months or several years. **Lymphoid medullary reticulosis.** A generalized diffuse proliferation of small lymphocytes, as observed in lymphatic leukaemia. **Lymphoreticular reticulosis.** An increase in lymphoid tissue in the lymph glands, with severe generalized reticular proliferation. **Myeloid reticulosis.** A fatal acute disease of the blood, characterized by splenomegaly and infiltration of the bone marrow with abnormal types of reticular cells. [reticulo-endothelium, Gk *-osis* condition.]

See also: SEZARY.

reticulothelioma (re'tik·ew·lo·the·le·o'mah). Reticulo-endothelioma.

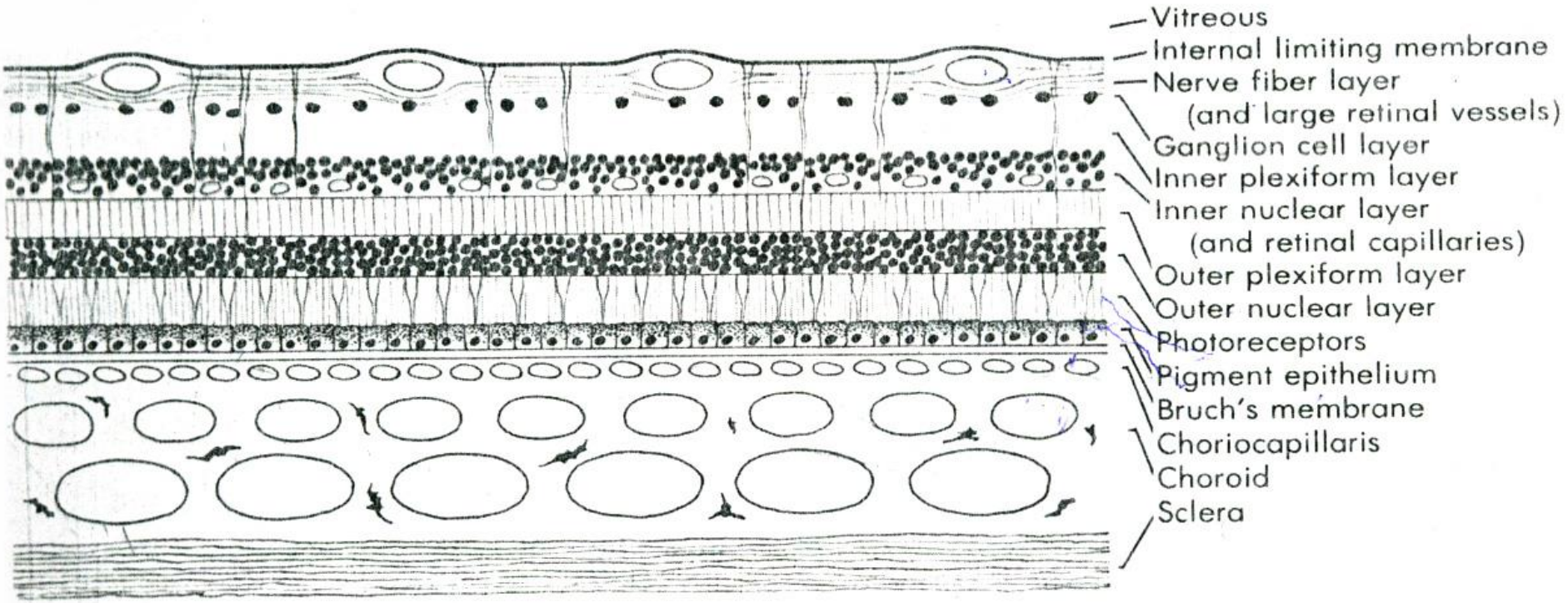
reticulum (re'tik·ew·lum) A mesh, or network. **Endoplasmic reticulum.** A network of membrane-bound flattened vesicles whose inner compartments, called *cisternae*, interconnect to form channels that penetrate the whole of the cytoplasm of eukaryotic cells. It may be *rough* (its outer surface being studded with ribosomes) or *smooth* (having no attached ribosomes). Its main function is to serve as an intracellular transport system to the periphery of the cell. **Nuclear reticulum.** The network of precipitated chromatin within the nucleus of a fixed and stained cell. **Sarcoplasmic reticulum.** The network of fine tubules, resembling smooth endoplasmic reticulum, which is found in the sarcoplasm of muscle fibres. **Stellate reticulum.** The network of stellate cells within the early enamel organ of a developing tooth. [L. little net.]

See also: CHIARI, EBNER.

reticulum (re'tic·ew·lum). Reticular; like network. [L. *rete* net, form.]

retina [NA] (ret'in·ah). The innermost coat of the eyeball, consisting of a pigmented layer which is adherent to the choroid coat, the optic part [pars optica retinae (NA)], and extends forwards to line the back of the ciliary processes and iris, the ciliary [pars ciliaris retinae (NA)] and iridial [pars iridica retinae (NA)] parts of the retina, and the sensitive nervous layer (the retina proper) continuous posteriorly with the optic nerve and ending in front at an irregular margin, the ora serrata, just behind the ciliary body. The retina proper is a thin membrane, containing visual purple (rhodopsin) which bleaches rapidly when exposed to light. Where the optical axis of the lens meets it the retina shows a yellow pigmentation, the macula lutea, in the centre of which is a depression, the fovea centralis. A circular pale area to the medial side of the macula indicates the site of entry of the optic nerve (the optic disc) and corresponds to the blind spot. The retina proper consists of nine layers, from within out. 1, the membrana limitans interna; 2, the stratum opticum or nerve-fibre layer; 3, the ganglionic layer; 4, the inner plexiform layer; 5, the inner nuclear layer, 6, the outer plexiform layer; 7, the outer nuclear layer; 8, the membrana limitans externa; and 9, the neuro epithelial layer, the true photoreceptors. **Fleck retina.** Retina with multiple small white or yellow spots. **Fundus flavimaculatus, fundus albipunctatus,** multiple drusen of the fundus, and Doyne's honeycomb choroiditis are all conditions which can be called fleck retina. **Leopard retina.** The variegated retina of retinitis pigmentosa. **Shot-silk retina.** One that gives a shimmering effect on examination, caused by moving light reflexes from the ophthalmoscope, most commonly seen in hypermetropes and children. It is a physiological condition. **Tigroid retina.** One often seen in persons with much pigment. The dark choroidal pigment stands out between the choroid vessels as darkish patches all over the fundus. It is not pathological. **Watered-silk retina.** Shot silk retina (see above). [L. *rete* net.]

blind spot. The retina proper consists of nine layers, from within out: 1, the membrana limitans interna; 2, the stratum opticum or nerve-fibre layer; 3, the ganglionic layer; 4, the inner plexiform layer; 5, the inner nuclear layer; 6, the outer plexiform layer; 7, the outer nuclear layer; 8, the membrana limitans externa; and 9, the neuro-epithelial layer, the true photoreceptors. **Fleck retina.** Retina with multiple small white or yellow spots. **Fundus**



Intra-Capsular cataract extraction (ICCE)

Macdonald critchley, Butterworth's Medical Dictionary 2nd ed. 1989:635

expresses: "Within the capsule cataract extraction“

Instead, **WCCE = With capsule cataract extraction**

Or **TCE = Total cataract extraction**

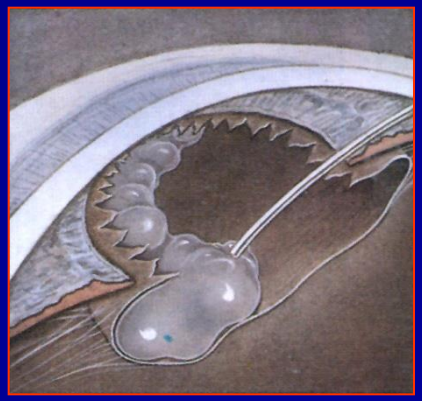
Or **Catarectomy**

Extra-capsular cataract extraction (ECCE)

- Expresses "Outside the capsule cataract extraction"

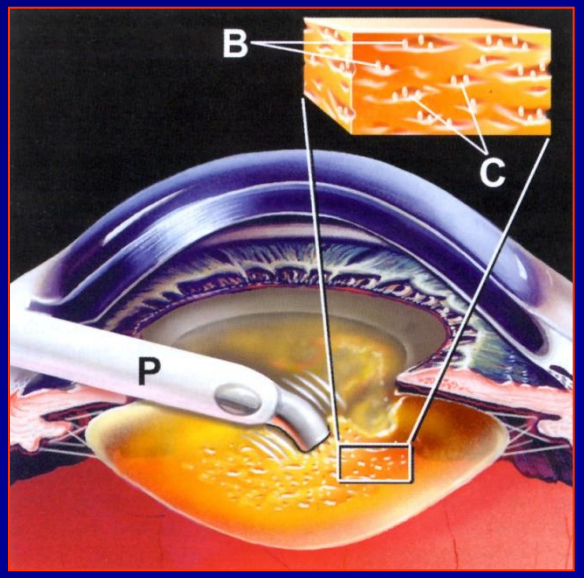
RPCCE : Retained posterior capsule cataract extraction

- Whenever ECCE fails, people are habituated in calling ICCE
- **CEPCB :** Cataract extraction with posterior capsule break



Phaco Emulsification (Kelman)

- Majory spraycon, Stedman's Medical dictionary 26th ed, 1995:1338
- Douglas M Anderson: Donald's illustrated medical dictionary 28th ed, 1994:1270
- Macdonald critchley, Butterworth's Medical dictionary 2nd ed, 1989-1289
- Gr. Phakos: Crystalline lens
- L. Emilgere: to mix out
- Are we doing crystalline lens emulsification ?

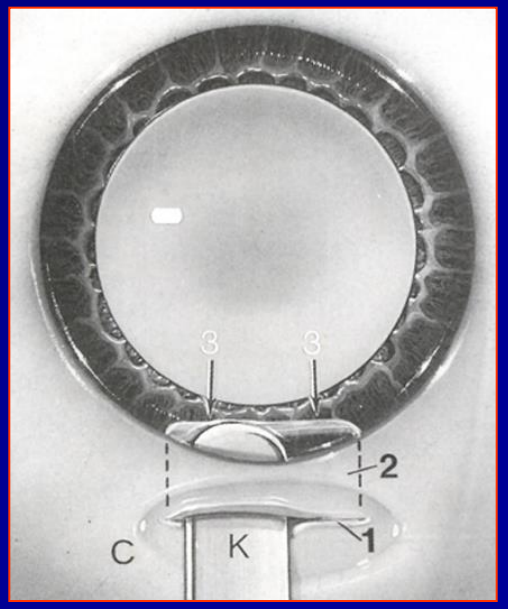


- If phaco expresses cataract, are we allowed to call mature phaco or immature phaco?
- Many doctors express on the stage phaco for communication of emulsification. Is this precise ?
- **CE Cataract emulsification**
- Posterior capsule is intentionally not emulsified, Are we calling partial phaco emulsification ?

Small Incision Cataract Surgery (SICS)

- Sufficient sized incision is bound to undergo to remove the nucleus and implant the IOL
- How can we call "small" when we are bound to do the optimum incision to facilitate the nucleus and the IOL to go out and to go in ?
- Is there any big incision ?
- "Small" the word is a relative

- Tunnel incision cataract surgery (TICS)



Non-phaco Sics

- People mean non-phaco emulsification Sics
- The word 'Non phaco Sics' expresses nonlenticular cataract surgery
- The word 'phaco' is being used sometimes for lens and some other times for emulsification
- For naming, is the word non ICCE non phaco Sics' good ?
- Non emulsification Tics (NETICS)

Manual cataract surgery

- People mean 'Non-phaco cataract surgery'
- Are we not using instrumentation ?
- Off the dais : may be good
- On the dais and pen to paper expression in literature (?)- definitely incorrect

Tunnel incision cataract emulsification (TICE)

- Some experienced : Phaco to Sics after entering into A.C.
- Some others during learning curve : After tunnel incision try phaco

C V S

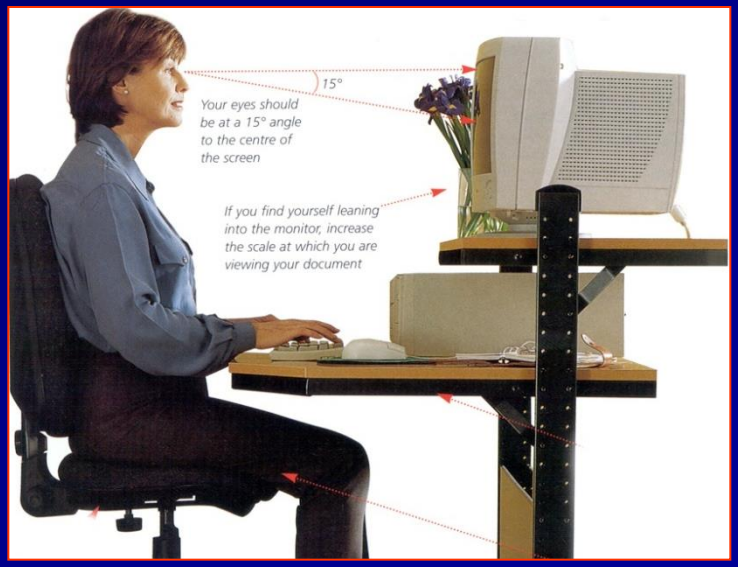
- Fixed distance
- Mind capacity
- Surrounding AC
- Target achieving personality
- Behavioural posture

Responsible for discomfort

In what way, object (Computer) is responsible ?

C V S

- All the symptoms do occur with any fixed distance object view for long time
- Do we call
  - Cinema vision syndrome ?
  - TV vision syndrome ?
  - Book vision syndrome ?
  - Gold smith vision syndrome ?
  - Tailoring syndrome ?



Fixed distance object visual strain (FDOVS)

CVS Intermission

- Total break down of all parallel computers for 5 minutes for every one hour - suggested treatment of choice
- In India, intermission is being adopted in cinema halls for many years. But we never floated cinema vision syndrome

प्रविस्तानि अप्रविस्तानि तथा तेसु न तेसु अहम्

– Lord Krishna instructs Brahma

Long Live

bl nd

In The Service of Blind

RETINA FOUNDATION



With Best Wishes

In The Care of

RETINA VITREOUS

R.F.Family

Our collective study results (2001-02)

Above 55 years(187):76 (40.6%) do not want change

56 (30.2%) silent but grumble

55 (29.2%) want change but how ?

Below 55 years(207):145 (77.3%) want change but how ?

62 (32.7%) nothing can be done at this stage

Nil % : Silent

Now study results are changing.

Our analysis of results

- Psychology plays prominent role than precision, because of habituation
- Is it difficult to change psychology ? (or) shall medical terms play with psychology than science ?

Present Status

- One side is precision & accuracy

  and other side is

  habituation & ease of communication

  -Dr.P.N.Nagpal

Present Need

- How to provide both to future generation ?

  To avoid answerability to the future generations

Conclusion

- Changing of terminology is difficult but not impossible

  (History says) papillitis to optic neuritis

- Habituation is continued as long as communicative precision is not questioned.

  When precision is questioned, habituation is to be altered but how ?

Our answer is

- From where we have learnt, to them we represent
- View in this angle of research workers, editors, teachers, & all ophthalmology societies is expedient
- Need for creation of separate window in journal for airing views
- ISO standards for medical terms in ophthalmology

Red- stop & Green-go

Otherwise some more will be added

Stethoscope(?)- stethophone

Retinoscopy(?)- refractometry

Syringing(?)- lacrimal patency test

RD(?)- sensory retina separation

ICCE(?)- WCCE

ECCE(?)- RPCCE

Phacoemulsification(?)- cataract emulsification

SICS(?)- TICS

Nonphacosics(?)- NETICS

Phaco to sics or sics to phaco- TICE

CVS(?)- FDOVS

VOICE of SAARC 2008

Need of

Global ophthalmic society

representing all ophthalmic societies to provide judgment to such sensitive appeals to avoid answerability to future generation



Prevention of blindness-cataract(major)
Diabetes
Armd
RP & Genetics

Dr.Katta S.V. Hyderabad.
Dr. Anand Rao. Warangal.
Dr. Rao . G.R. Jeedimetla.

INSTITUTE OF CLINICAL OPHTHALMOLOGY

October 24 , 2006

Dr S V Katta
Retina Eye Clinic
Op. Balaji Temple
Chikkadpally
Hyderabad-500 020
A P INDIA
FAX: 010-91-40-27679552

Dear Dr Katta,

I received your manuscript sent by post. It is clear at this time.
There are many mistakes in medical terminology.
When I wrote my report on my new technique of cataract surgery in 1957
I used a word " Total Extraction of Cataract" in Japanese. ICCE and ECCE
Is not clear. ICCE sounds to do maneuver inside the capsule and ECCE to do it out side of the capsule.
The word " Retinoscopy" should be refractoscopy.
In the terminology, making a new word is easy, but changing needs a revolutionary effort.
By the way, you use the abbreviation "Ph" in page 3. We use Tel in Japan or Phone in the USA. Do you use Ph in India?
I wish you to do a revolutionary effort.

Akira Momose, MD, FICS

PS : If this FAX is not clear, ask me to send it by post.

FROM: Akira Momose, M.D., F.I.C.S.
INSTITUTE OF CLINICAL OPHTHALMOLOGY
1-100 UMEDA, KIRYU, GUNMA, JAPAN 376-0601
PHONE:81-277-32-1010 FAX:81-277-32-2216

Akira Momose(Japan) - fax

- 1957- retinoscopy should be refractoscopy

- Wishing me to do revolutionary effort needed for change in nonprecisive terminology

Not for insistence but only for awareness PLEASE…..my Lord

- IJO : 3 times (Dr.T.P.Das, Dr.Barun k Naik, Dr.Natarajan) - Appreciation with refusal
- AJO: Appreciation with refusal
- ARCHIVES: Refused
- BJO: Silent
- HOO: Silent
- Ferenckuhn, fkuhn@mindspring.com------silent
- Springer: appreciation with refusal

Om Tat Sat
(Sanskrit-inside your own see)

- This concept is still a

  scientific embryological state.

- Let us see its growth period as

  education is a progressive discovery of our own ignorance (2 mysteries- 1.every body wants to listen and nobody wants to publish 2.every body wants law, but a few follow & many resist because of habituation) and yet to teach us false limitations

-

Conversation with Judge

How questionability for 10 years changed suddenly into grievance two years ago after silence of 5 years?

Judge: **How are you? What made you to come here?**

myself: Fine sir. If it is personal, I would not have come here because of limitation. Because of society , I have come here.

Evidence based science is not being practiced? & rather cheaply looked into.

Our president aios is insisting on law.

Is there any law for this?

Judge: There is nothing in the world, which does not come under law. Law is being seen depending on the presentation. You present -I will tell law.

myself: I presented questionable medical terms in ophthalmology with evidences.(Google search)

Judge: Your presentation does not show law. Questionable shows only yes, no, silence.

Law depends on presentation.
Even now, if you want law, you should present with Grievance, not with questionable

myself: our president is insisting of law.

Judge: Then present with Grievance.

myself: Grievance in teaching incorrect medical words

judge: wait. whether they are teaching incorrect also along with the word?

myself: No

Judge: keep this point also.

myself: knowingly teaching
evidence based incorrect words

judge: whether they found fault with your evidences?

myself: I spoke in 5 places with evidences
-Aioc also. No body objected evidences.

Judge: I have not checked your evidences. If they find fault with your evidences,
you have to pay penalty.

Judge : If you want law even now, change from questionable to grievance. Under article 226(high court) & 32(supreme court) under prohibitory Act, AIOS is eligible for warrant notice, as AIOS is registered society in constitution of India.

myself: what to do our president AIOS(2013) is insisting on law. Suppose, if I go to court, what will happen?

Judge: After listening to counter appeal,
they will be given
warrant notice to change to correct term or to teach misnomer along with the word with in limited time.

myself: After all, AIOS is ours. Out of curiosity, we want to know that what could be the punishment just because of 10 Governing council escape not able to opine on & not having capacity to take action instead of finding solution to our grievance appeal.

Judge: It is not criminal case but it is only civil case. You have got evidences.
They are not finding fault with your evidences.
They are giving more importance to habituation rather than your grievance appeal .
Let us listen to them & judgment will be issued.
Huge economic penalty.

Google search
-Article 226(High Court) constitution of India

Article 226 in The Constitution Of India 1949

226. Power of High Courts to issue certain writs

(1) Notwithstanding anything in Article 32 every High Court shall have powers, throughout the territories in relation to which it exercise jurisdiction, to issue to any person or authority, including in appropriate cases, any Government, within those territories directions, orders or writs, including writs in the nature of habeas corpus, mandamus, prohibitions, quo warranto and certiorari, or any of them, for the enforcement of any of the rights conferred by Part III and for any other purpose

(2) The power conferred by clause (1) to issue directions, orders or writs to any Government, authority or person may also be exercised by any High Court exercising jurisdiction in relation to the territories within which the cause of action, wholly or in part, arises for the exercise of such power, notwithstanding that the seat of such Government or authority or the residence of such person is not within those territories

(3) Where any party against whom an interim order, whether by way of injunction or stay or in any other manner, is made on, or in any proceedings relating to, a petition under clause (1), without

(a) furnishing to such party copies of such petition and all documents in support of the plea for such interim order; and

(b) giving such party an opportunity of being heard, makes an application to the High Court for the vacation of such order and furnishes a copy of such application to the party in whose favour such order has been made or the counsel of such party, the High Court shall dispose of the application within a period of two weeks from the date on which it is received or from the date on which the copy of such application is so furnished, whichever is later, or where the High Court is closed on the last day of that period, before the expiry of the next day afterwards on which the High Court is open; and if the application is not so disposed of, the interim order shall, on the expiry of that period, or, as the case may be, the expiry of the aid next day, stand vacated

(4) The power conferred on a High Court by this article shall not be in derogation of the power conferred on the Supreme court by clause (2) of Article 32

Article 32 (Supreme court) Constitution of India

[Constitution]

Central Government Act

Article 32 in The Constitution Of India 1949

32. Remedies for enforcement of rights conferred by this Part

(1) The right to move the Supreme Court by appropriate proceedings for the enforcement of the rights conferred by this Part is guaranteed

(2) The Supreme Court shall have power to issue directions or orders or writs, including writs in the nature of habeas corpus, mandamus, prohibition, quo warranto and certiorari, whichever may be appropriate, for the enforcement of any of the rights conferred by this Part

(3) Without prejudice to the powers conferred on the Supreme Court by clause (1) and (2), Parliament may by law empower any other court to exercise within the local limits of its jurisdiction all or any of the powers exercisable by the Supreme Court under clause (2)

(4) The right guaranteed by this article shall not be suspended except as otherwise provided for by this Constitution

To
President of AIOS
via Secretary of AIOS
Respected Doctors,
with warm greetings.
Please search google questionable medical terms in ophthalmology
when USA said, stop teaching papillitis, all followed -------example
Is it justifiable to the AIOS society to teach knowingly non precise medical terms to younger generation and making them habituated without even mentioning misnomers?------my grievance
To protect our society from PIL(public interest litigation) under section IPC266(high court) and section22(supreme court) at least now hoping to keep the agenda in scientific committee & become historic to the world---my suggestion
Through the aiosweb also this is being sent
I may have to send legal notice to arrest the habituated process of greivance.
I welcome any suggestions
Expecting your reply of any type
with regards
drkattasv

Information of law to president aios(2013) & possible steps to arrest the habituated process of grievance

President aios2013 insisted law to move to further steps.

After viewing law, ignored to answer by mail or phone. So, there is no other go to issue lawyer notice to her.(Hard copy to take action). Immediately, she moved GC 2014 which in turn requested me to meet them at Agra aioc 2014.

I insisted for GB discussion & pass on the opinion to international forum, to which AIOS is member as individually we do not have rights to appeal to international forum-only way out to solve such grievance.

Appreciation by beloved president(2014) for the
-novel concept,
-accepting for not to question in GB(2014) &
- also for withdrawing of legal notice@Agra
with the assurance of active consideration

Subject: Re: same sound of voice & different understanding

From: Quresh Maskati <qureshmaskati@gmail.com> Thu, 27 Feb '14 4:06p

To: You and others

View blocked images

Dear Dr. Katta,
It was a pleasure meeting with you in person at the Agra AIOC meeting and spending some quality time understanding your focussed approach to try and make our ophthalmic nomenclature more precise.
I also thank you for acceding to my request of not taking up the matter in the general body meeting.
I trust my assurance to you that the matter is under active consideration will suffice to have you withdraw your legal notice to the AIOS and needless spending of AIOS money on lawyers.
Warm regards,
Dr. Quresh B. Maskati
President, AIOS

myself: AIOS is counter appealing. After studying PG, members have joined the AIOS. While studying, central & state governments are responsible.
AIOS is not responsible for incorrect medical terms in teaching.

Judge: Let us listen what all they say. You submit your grievance to Medical Council of India. You should remember your eligibility, evidence based, limitations. As you are member of AIOS & APOS, you have got eligibility to submit grievance to only these two societies, but not with any other societies, whether Indian or foreign societies. Limitation: whether AIOS has got facility of grievance cell?

myself: Yes, In AIOS web site, grievance submission facility is there.

Judge: Because of your evidences
& no objection from AIOS & waiting for 10 years to take no action, AIOS is warrant prone.

myself: Even to-day with book-let in hand with law, Governing Cell (2014) is resisting for not having capacity to opine on instead of finding solution to grievance appeal.

I have intimated to all world ophthalmology societies and overseas aios members
about our grievance with book-let soft copy & hard copy (book-post) for their awareness.

Google search world ophthalmology societies.

In our country we are doing as per law like this.
In your country, if you want, you act as per your law.
(diplomatic) addressed to
china,japan,russia,france,german ophthalmic societies
in their languages

Our simple request:
allow to take General Body opinion and inform international forum on behalf of AIOS, as individually we do not have right to represent grievance to international forum.

Under this Article,
talking , teaching, publishing **on Indian land** by any ophthalmologist (Indian or foreigner) is grievance

Request for resolution in GB aios-2015- Appendix page no:64 of agenda book

HYDERABAD,
12-05-2014.

To
Dr.Barun K.Nayak,
Hony.General Secretary, AIOS,
Lalita Girdhar Building, 3rd floor,
P.D.Hinduja national hospital & MRC,
Veer savarkar Marg, Mahim, Mumbai-400 016.

Respected Sir,

Subject: Request for resolution in GB AIOS 2015.

With warm greetings.

I along with Dr.Ramachandra Rao presented in 10 years evidence based questionable medical terms in 6 places with packed halls & thunderous applause. 1) Ahmadabad (Retina founadation-25th anniversary) 2) APOS annual conference at Guntur 3) Mumbai –some thing new & something fresh organized by beloved Dr.Keiki Mehta 4) Calcutta-AIOC 5) Delhi- DOS(presented by Dr.G.ramachandra rao) and 6) Updated poster at Hyderabad – APOS

Are we justified in learning from other societies and also **teaching to younger generation** and in turn making them habituated **knowingly incorrect medical terms without even mentioning misnomers?** Some of them are during **our own generation, being added to the literature un-noticed.** Even with repeated questioning, they are being **neither corrected nor mentioned misnomer.** This is grievance & offence as per Indian penal code Sections226 (high court) and 22(Supreme Court).Hence forth requested to be looked into by all members of AIOS to practice, as GB is much more superior.Questionable medical terms in ophthalmology in Google search and first article content of ejournal of www.eophtha.com are being seen in the internet for the use of ophthalmic fraternity.

We here with request you for resolution in GB AIOS 2015 to arrest further incorrect habituation and also to correct mishap in the past by taking opinions of all age groups of AIOS members and to represent united to all societies of the world the importance of precision of medical terms.

With regards

Sincerely yours (DR. KATTA)

Proposed by DrKatta S V **(AIOS Number K10033)**

Signature

Dr.Katta S.V.
Opp: Balaji temple,
Chikkadpalli,
Hyderabad-500 020

Seconded By Dr.G.Ramachandra Rao **(AIOS Number** R-04456)

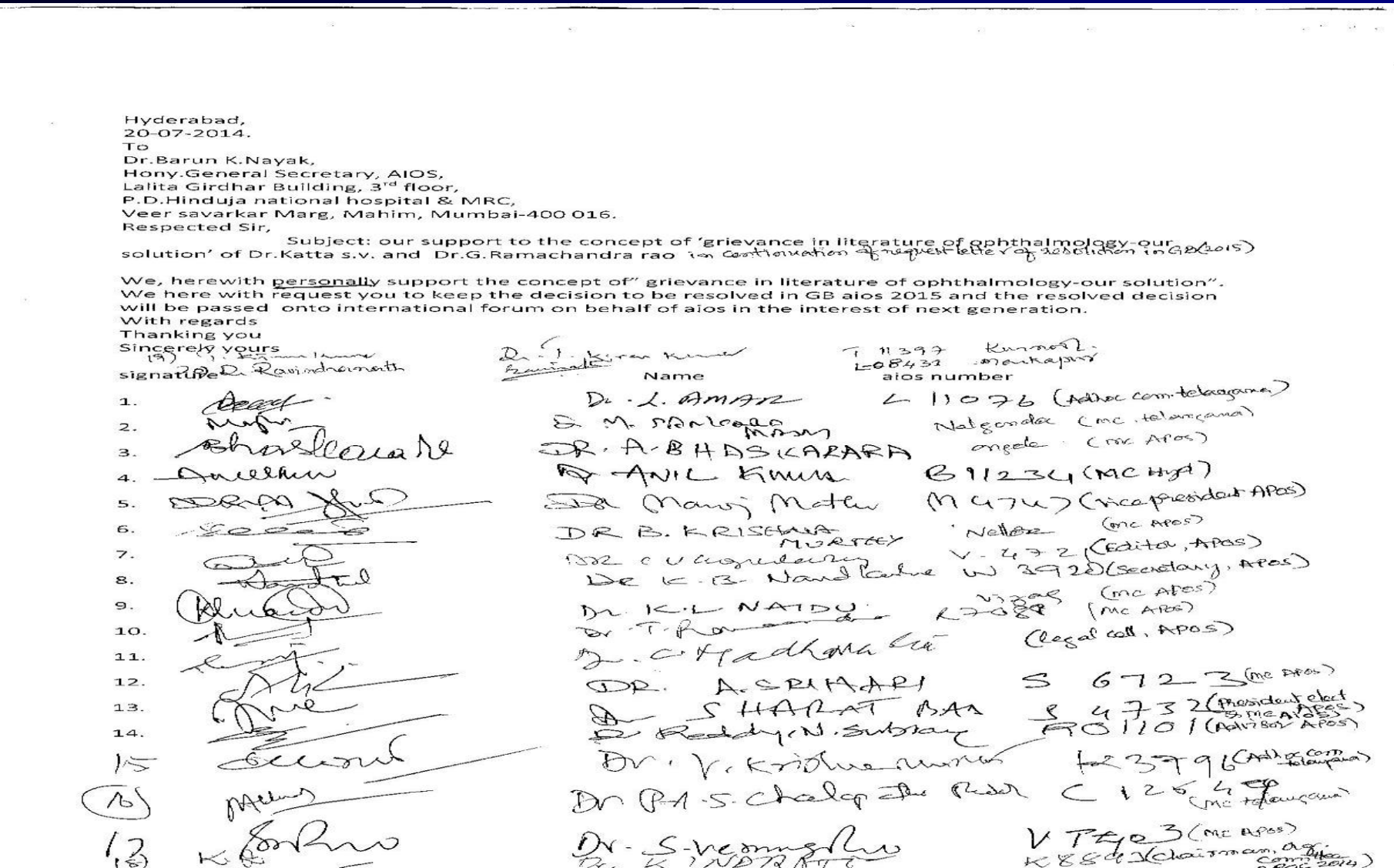
Signature

Dr.G.Ramachandra Rao,
Ramachandra Eye Hospital,
Opp: Bus-stop, Shapurnagar,
Jeedimetla,
Hyderabad -500 055

Enclosures: 1) Evidence based incorrect medical terms ——— Pages 1 to 5
2) 7 emails , Fax and proposal ——— Pages 6 to 14
↳ AKIRA MOMOSE (JAPAN)

4 international
1) SAMUEL BOYD (Highlights of ophthalmology)
2) ANDERSON Coldest Medical Dictionary)
3) Paolo Lanzotte
4) Sullivan Paul
and
3 national
1) Dr. Nagpal
2) Dr. Babu Rajendran)
3) Dr. Santosh Honavar.

Supporting letter with our request letter to keep in GB-Thanks-our token of gratitude



Hyderabad,
20-07-2014.
To
Dr.Barun K.Nayak,
Hony.General Secretary, AIOS,
Lalita Girdhar Building, 3rd floor,
P.D.Hinduja national hospital & MRC,
Veer savarkar Marg, Mahim, Mumbai-400 016.
Respected Sir,

Subject: our support to the concept of 'grievance in literature of ophthalmology-our solution' of Dr.Katta s.v. and Dr.G.Ramachandra rao in continuation of request letter of resolution in GB(2015)

We, herewith personally support the concept of" grievance in literature of ophthalmology-our solution".
We here with request you to keep the decision to be resolved in GB aios 2015 and the resolved decision will be passed onto international forum on behalf of aios in the interest of next generation.
With regards
Thanking you
Sincerely yours

	signature	Name	aios number
1.		Dr. L. AMAR	L 11076 (Adhoc com. telangana)
2.			Nalgonda (mc. telangana)
3.		DR. A. BHASKARARA	angole (mc APOS)
4.		ANIL KUMAR	B 11234 (MC Hyd)
5.			M 4714 (vice president APOS)
6.		DR B. KRISHNA MURTHY	Nellore (mc APOS)
7.			V-4722 (Editor, APOS)
8.		Dr K. B. Nandkishore	W 3920 (Secretary, APOS)
9.		Dr. K.L NAIDU	(mc APOS)
10.			(MC APOS)
11.			(legal cell, APOS)
12.		DR. A. SRIHARI	S 6723 (MC APOS)
13.		SHARAT BAB	S 4732 (President elect & MC APOS)
14.		Reddy. N. Subbaraya	R01101 (Advisory Bod APOS)
15		Dr. V. Krishnamurthy	L 3796 (Addl. Gen. Secy Telangana)
16		Dr P.V.S. Chalapathi Rao	C 1254 (MC telangana)
17		Dr. S. Veerraju	V T 7923 (MC APOS)
18			K 8811 (Chairman, Acad. Committee 2014)

From:
Dr. M.V. SADA SIVA Rao
Eye Specialist,
Adarsha Nursing Home,
MEMBER :
"Grievance cell" A.P. OPTHAMLOGICAL SOCOIETY
R.R. Peta, Eluru-543002
A.P. India.

To
Dr.Barun K.Nayak
Hony.General Secretary, AIOS,
Lalita Girdhar Building, 3rd floor,
P.D.Hinduja national hospital &
MRC.Veer savarkar Marg, Mahim,
Mumbai-400 016.
Etter Dr

01.09.2014

Respected Sir,

Subject: My concept about "**grievance in literature of ophthalmology-our solution**" of Dr. Katta S.V. and Dr.G.Ramachandra rao-Request to incorpotate in the agenda of GB AIOS 2015

I am a Eye Specialist ,(Practitioner) Adarsha Nursing Home ,R.R.Peta, Eluru , A.P. India and MEMBER : **"Grievance cell"** A.P. OPTHAMLOGICAL SOCOIETY. I am a member of AP Ophthalmological Society from 1980 and AIOS from 1980 with registration numbers 112 and S/02471 repetitively.

I have gone through the booklet supplied by Dr. Katta S.V. and Dr.G.Ramachandra rao with title of "**grievance in literature of ophthalmology-our solution**".

From Grievance cell apos to Hon.Gen.Secretary aios request to incorporate in the agenda of GB aios 2015

AIOC 2015

Participation Certificate

73rd Annual Conference of
All India Ophthalmological Society
5th to 8th February 2015, Hotel Ashok Samrat, New Delhi

Awarded to

Chief & Presenting Author : **Dr.KATTA SREENIVASAIAH VENKATESULU**

For the **FREE PAPER** *Presentation titled*

GRIEVANCE IN LITERATURE OPHTHALMOLOGY-OUR STUDY-OUR SOLUTION-IPC HIGH COURT266 & SUPREME COURT22 (FP1240)

At the **Ophthalmic Education, Epidemiology & Prevention of Blindness**

Session on 05.02.2015
during the above Conference.

Validity unknown
Digitally signed by DEBASISH BHATTACHARYA
Date: 2015.02.08 17:35:25 +05:30
Reason: President, AIOS
Location: Kolkata

Dr. Debasish Bhattacharya
President, AIOS

Validity unknown
Digitally signed by LALIT VERMA
Date: 2015.02.08 17:35:42 +05:30
Reason: Chairman, Scientific Committee - AIOS
Location: New Delhi

Dr.Lalit Verma
Chairman, Scientific Committee - AIOS

Interaction with august audience

Are we justified in
teaching
evidence based
knowingly incorrect medical terms
to innocent younger generation
and making them habituated for generations
without even mentioning misnomer
along with the word?

Do you want to add any more incorrect words to this list?

Do you want to say any solution to such problem?

Don’t you expect some more words will be added if we do not bring to notice to authority?

Are we not answerable to next generation for the words generated during our period?

Audience write….

Do you want change **Yes** **No**

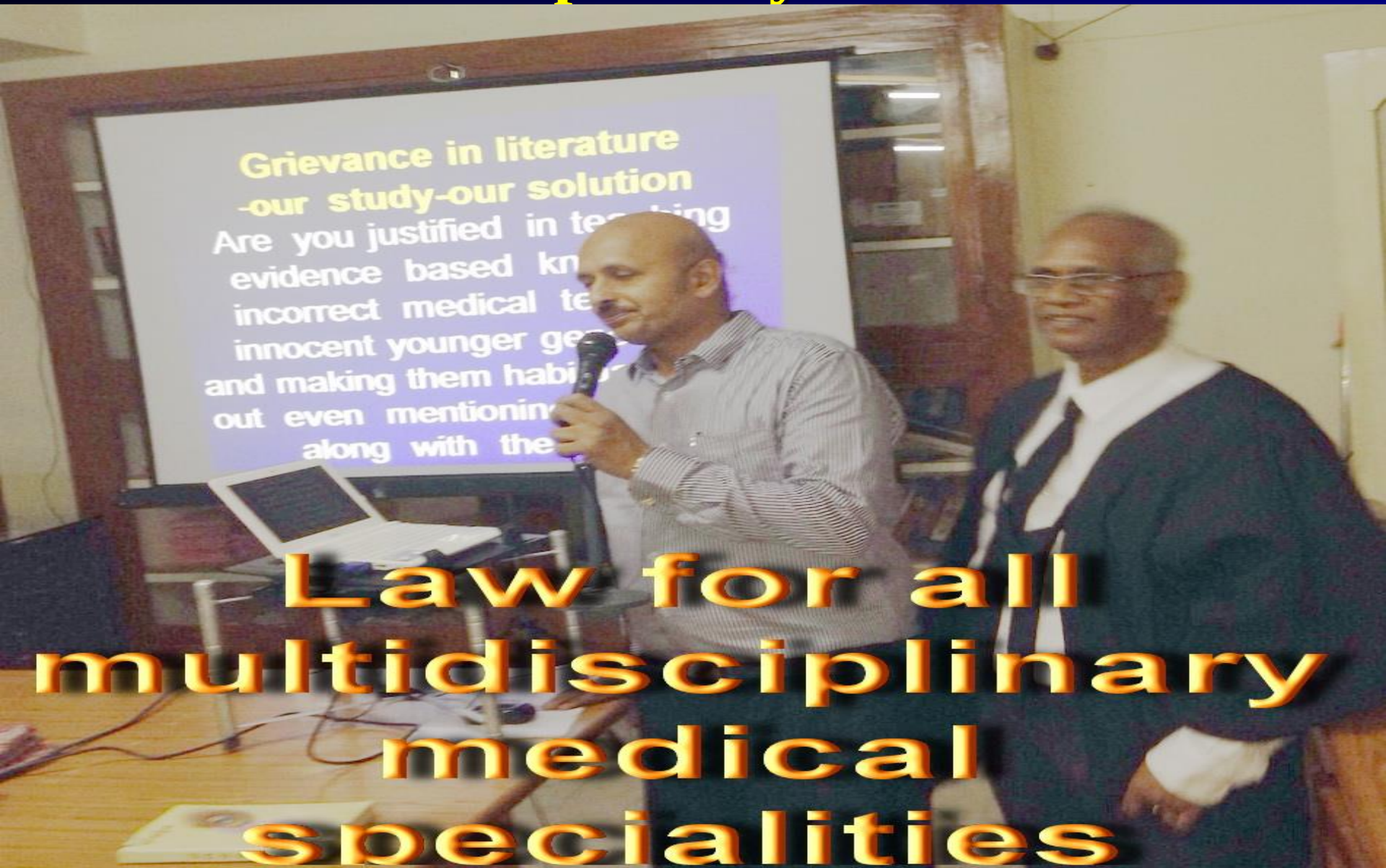
Do you want anonymity **Yes** **No**

Your opinions / suggestions / remarks / comments / up date

Your feedback becomes direct contribution to this concept

E-mail : drkattasv@gmail.com

CME(Continuous medical education) for multi-speciality doctors



Thanks to OMICS group

For allowing me to unfrozen the hidden incorrect medical terms in the present days of nano-pixel view & nano-second analysis

Ophthalmologists Visionary for all the disciplines

History - first medical specialty organization in USA in 1864.
- first board exam in 1917.
- first antiviral agents.
- first time homotransplants
- first time photocoagulation & endocoagulation
- first time angiography

Now - first time misnomers removal from the minds of medical fraternity

Even after 15 years convincing with evidences, not yet answerable to my patient & next generation.

