



## Awareness of Indian Penal Codes (226) High Court and (32) Supreme Court to All Global Ophthalmology Journals - Possibility of all Societies Grievance Prone in Teaching

**Katta SV\***

Retina Eye Clinic, Opposite Balaji Temple, Hyderabad, India

\*Corresponding Author: Katta SV, Retina Eye Clinic, Opposite Balaji Temple, Hyderabad, India.

**Received:** August 01, 2023

**Published:** August 11, 2023

© All rights are reserved by **Katta SV**.

### Abstract

**Objective:** All India Ophthalmology Society (AIOS) is the second largest society in the world registered under society act in the constitution of India. Being registered society, AIOS is bound to follow Indian Penal Codes (IPC). AIOS is teaching knowingly evidence based incorrect medical terms to the innocent younger generation without even mentioning misnomers and in turn making them habituated. Hence, AIOS is prone for grievance under article 226 (high court) and article 32 (Supreme Court) in the constitution of India. All global ophthalmology societies having been registered in their respective constitutions are prone for grievance in teaching and publishing incorrect medical terms as per their respective constitutional penal codes too. International Court of justice only deals with land disputes. That's why Global Parliament is needed to arrest further addition of incorrect medical terms to literature and to execute evidence based medical terms to future generation. Historically Ophthalmology is noted for first medical specialty organization in 1864, first board examination in 1917, first antiviral agents, first homo transplants, first time photocoagulation, first time angiography and now trying to remove incorrect terms in literature -visionary to many specialties to follow.

**Methods:** Many incorrect medical terms like Retinoscopy, Retinal detachment, Phaco emulsification, Computer vision syndrome, Syringing etc., have been added over the years for which we are responsible. To resolve long pending issue of global unethical teaching concern, no other options are left for us to request them from whom we have learnt, to review literature. I brought to the notice issue of grievance prone to many global societies, editors of many journals by letters, emails, fax, zoom meeting, text book in different languages and oral live presentations, conversation with anonymous judge and we sent email request together with my mentor, Dr. Nagpal sir to chairman, ethics committee of International council of ophthalmology to discuss in International Federation Ophthalmology Society if possible, as issue is global ethical concern (on the contrary to two representatives from each society).

**Results:** Older generation out of habituation resist and younger generation maintain silence with due respect to elders. Every country will have same laws with different numbers. No attempt was made even with appeal in the past to restore precision. It is unethical to publish incorrect medical terms in journals. Awareness of laws brought more attention to review publications with meta-analysis of meaning of the words. Let ophthalmology be the beginner of removal of incorrect words and visionary to all sciences as laws are applicable to all.

**Conclusion:** Further freezing of evidences is to be stopped before questioned by future generations after going through many acknowledgements from all over world. Papillitis is being changed to Optic neuritis. One side is habituation and other side is precision. Precision is to be Preferred in science.

**Keywords:** Retinoscopy; Retinal Detachment; Phaco Emulsification; Computer Vision Syndrome; Syringing

Are we justified in learning and also teaching knowingly incorrect medical terms to innocent younger generation without even mentioning misnomers and in turn making them habituated? Under article 226 (high court) and 32 (Supreme Court) in the Constitution of India-this can be submitted as Grievance. Our solution is to change the word or to teach misnomer along with the word. All global ophthalmology societies because of being registered are also grievance prone as per their penal codes of their respective constitutions. No society exists without registration in the constitution.

## Introduction

Myself and my teacher, Dr. Nagpal Sir together collected incorrect medical terms in literature with evidences and projected to the world as 'Questionable medical terms in Ophthalmology'. As some of our AIOS governing council (2013-14) defended as lack of law and not authorized to opine on, retired judge was being consulted for the sake of AIOS and the title was changed with law details as 'Grievance in teaching Ophthalmology-Awareness of Indian penal codes'. As many good teachers are in ophthalmic field, Dr. Janardhan Kumar in Spain after my oral presentation suggested me to rename the title as Need for Global Parliament. Historically ophthalmology is unique basis for many sciences. 1. First medical specialty organization in USA 1864. 2. First board examination in 1917. 3. First antiviral agents 4. First time homotransplants 5. First time photocoagulation and end coagulation 6. First time angiography. (Information from beloved Dr. Nagpal sir). Now our aim is removal of publication of incorrect medical terms by requesting all the editors of all journals by bringing awareness of penal codes of respective constitution, in which their societies are being registered. The word Papillitis is being replaced by Optic neuritis as it is inappropriate.

Retrospective study of ophthalmic literature shows for the last hundred years, imprecise medical terms like 'retinoscopy', 'syrringing', 'retinal detachment', 'intracapsular cataract' have been in existence. These less precise terms are being added to the medical literature. No attempt has been made in the past to restore precision and greater accuracy to the terminology in current use.

## Methods

From September 2001 till now, myself and Dr. Nagpal sir started collecting incorrect medical terms in literature with evidences. I

corresponded with national and international editors of popular journals and also secretaries of popular global ophthalmology societies, publishers of the dictionaries, international standard organization (ISO) through letters, emails, fax, zoom meeting, text book in various languages and live oral presentation national and international exposing evidences. I corresponded with ministry of education, Loksabha members, Prime Minister Office, Medical Council of India (MCI) through emails exposing evidences.

Our collective study results: After correspondence, we received acknowledgements that Dr.Feren Kuhn, Prof. Norio oba of Japan, Prof. B. Shukla, past president AIOS, Dr.Akira Momose of Japan also studied incorrect words in literature and Dr.Akira Momose advised me to revolutionize to correct them. Dr.Nagpal sir, Dr.Queresh maskati -past president AIOS 2014-2015 appreciated with suggestions. Dr.Ka Narayana UK, Paulo lanzetta, Dr.Santosh, Dr.Sullivan Paul accepted the truth and advised me to go further. Wikipedia accepted to bring awareness. Samuel Boyd and Douglas M.Anderson accepted the circumstances in publishing in dictionaries. Dr.Janardhan kumar added one more word and encouraged me to go ahead further steps. Awareness of laws brought serious attention to think and defreeze evidence based science. ISO (International standard organization) accepted the truth.

Discussion with evidences: Steth + G.algos= Chest; G.Skopeo to view= View through chest devised by Laennec. After many generations, when 'phone' was invented, 'stethophone' = a term proposed as a more accurate name [1] "Stethoscope" is still under common use even after finding a more precise word "Stethophone".

Pre-microscopic era: Retinoscopy: The method of noting refractive condition of the eye by projecting a beam of light into the eye and observation of the movement of illuminated area on the retina surface. Discussion: 1) Retina - scopie: View: Are we viewing the retina? - No -The word is improper since the retina is invisible. More precise terminology was suggested but not in use, because of habituation.

Pupilloscopy', Shadow test: More precise terms [2].

## Syringing

Investigatory procedure by which fluid is injected through the punctum and observed for regurgitation to assess lacrimal canal

patency. Discussion: VL test (Voie lacrimal) = Route lacrimal is used by French people, but in English, Syringing is in common use. Lacrimal patency test is more precise.

### Retinal detachment (RD)

A separation of the sensory retina from retinal pigment epithelium (RPE) by sub retinal fluid (SRF) – [3] Discussion: a) RD shows as if retina is detached from choroid but, as RPE is part of the retina, separation from RPE is not equal to detachment. So, sensory retina separation (SRS) is more proper. b) The word RD is correct when RPE is not part of retina, as per Butterworth's Medical Dictionary II edition, which says retina is having only 9 layers. In such case, eye is covered with 4 layers.

Intra-capsular Cataract extraction: Removal of the whole lens with its capsule [4].

### Discussion

ICCE expresses "within the capsule cataract extraction". Instead, WCCE=with capsule cataract extraction or TCE= Total cataract extraction or the term "cataractomy" is more precise.

### In Microscopic era

Extra-capsular cataract extraction (ECCE) Removal of the lens leaving part of the capsule in place [4].

### Discussion

ECCE shows outside the capsule cataract extraction. RPCCE Retained posterior capsule cataract extraction is proper. Whenever ECCE fails; people are in the habit of calling it ICCE, instead of CEPCB. "Cataract extraction with posterior capsule break" which is more suitable.

Phaco emulsification: GK. Phakos: Crystalline lens: L. emilgere: to mix out.

Phacoemulsification: A method of emulsifying and aspirating cataract with a low frequency.

Ultrasonic needle.

### Discussion

a) Are we doing crystalline lens emulsification) If phaco expresses, Cataract, are we allowed to call it mature phaco or immature phaco?. c) Many doctors express phaco emulsification as phaco for easy communication; but on the stage, it shows something related to crystalline lens. d) Cataract emulsification is more precise and CE is more appropriate than phaco. e) Posterior capsule is intentionally not emulsified. So are we calling it partial phaco emulsification) Depending on the country, some surgeons may classify a lens in different categories of opacification [6].

### (+)\_ Opacification

Still a crystalline lens, (++) Opacification: a formed cataract. In such conditions, cataract emulsification is more precise. g) The person who originally coined the word perhaps preferred to describe the process rather than the result [7].

Small incision cataract surgery (Sics): Sufficiently sized incision is found to remove the nucleus and implant the IOL.

### Discussion

a) How can we call it "Small" when we are bound to do the optimum incision to facilitate the nucleus and the IOL to go out and to go in? b) Is there any big incision? c) The word "Small" is relative. d) Instead, tunnel incision cataract surgery (Tics) is more appropriate.

Non-Phaco Sics: People mean non-phacoemulsification sics.

### Discussion

a) The word "Non Phaco Sics" expresses nonlenticular cataract surgery. b) The word "Phaco" is being sometimes used for lens and at other times for emulsification. c) The coding of the word "Non phaco Sics" shows comparison with phaco. For discussion it may be good, but for naming the word "Non ICCE non phaco Sics" appears to be more suitable. d) Non-emulsification Tics is more appropriate (NETICS) if we want to compare.

### Manual cataract surgery

People commonly use this word with the expression of "Non-phaco cataract surgery". Discussion: Are we not using

instrumentation? In loose and informal communication, such words may be alright, but it is imprecise in formal use, especially in books.

### **Tunnel incision cataract emulsification (TICE)**

Some experienced surgeons want to convert from phaco to Sics because of varied reasons after entering into AC and some others during learning curve try phaco after doing scleral tunnel incision. In this context, TICE is proper.

### **Computer vision syndrome (CVS) signs and symptoms**

a) Headache: due to saving more thoughts and making them fewer in a short time and also thought storage capacity of the mind. b) Eye-strain: due to ciliary spasm caused by continuous maintenance of the shape of the crystalline lens for longer period to facilitate the convergence of the light rays from fixed distance object, i.e. computer. c) Burning: due to reduced blink-rate because of anxiety or apprehension while achieving the target, which in turn is capacity of the mind and also due to continuous exposure to the air-conditioner in the room. d) Stiffness of fingers: due to continuous use of "mouse". e) Back ache: due to continuous sitting for longer periods.

### **Discussion**

Fixed distance, mind capacity, surrounding AC target achieving personality, behavioral posture are responsible for the discomfort. The object (Computer) is not responsible. All these symptoms do occur with any fixed distance object viewed for a long time. We do not call cinema vision syndrome, TV Vision syndrome, book vision syndrome, gold-smith vision syndrome, tailoring syndrome etc. Fixed distance object visual syndrome (FDOVS).

The newly floated disease, under which all these object visual strains, may be chaptered. CVS intermission: Total breakdown of all parallel computers for 5 minutes for every one hour is being suggested as one of the treatments of choice. This system of intermission is being adopted in Cinema halls for many years. But we never floated Cinema Vision syndrome. Unless physiology of light rays emanating from electronic material and path physiology of the eye tissues due to exposure of those rays proved, the word "Computer" is less precise.

Dr. Janardhan Kumar added that TIGR (trabecular meshwork inducible glucocorticoid response) being practiced in the field of

glaucoma research misled us as misnomer and mentioned in his citation of Glitches of Glaucoma research.

Conversation with honorable Judge: Conclusion: Title was changed from questionable medical terms to grievance in teaching incorrect medical terms without mentioning misnomers for the sake of laws, which are in need for AIOS (2013) upon request to take action. After submitting to grievance cell of AIOS (2013), AIOS (2015) resisted to take any action. General body decision of AIOS is invalid legally. Either AIOS has to prove evidences are being wrong or approach higher authority to take proper steps. Keeping quiet also AIOS is grievance prone as per the awareness of laws, basic need for publication in Ethics as mentioned in IJO web. Bringing to the notice of IFOS (International federation of ophthalmic societies) may be the solution to resolve long standing grievance prone issue of all global ophthalmology societies. I along with my mentor approached higher authority to look into, as the issue is global ethical concern. I approached IJO to get credits to AIOS by facilitating the readers the truth of take home message but in vain.

### **Bibliography**

1. Douglas M and Anderson MA. Dornalds Illustrated Medical Dictionary 28<sup>th</sup> ed, 1994): 1579, and Marjory Spraycon, Stedman's Medical Dictionary 26<sup>th</sup> ed, 1995: 1677.
2. Macdonald Critchley. "Butterworth's Medical Dictionary". 2<sup>nd</sup> ed, (1989): 1468.
3. Jack J Kanski, MD, MS, FRCS. "Retinal Detachment Clinical Ophthalmology". 2<sup>nd</sup> ed, (1989): 262.
4. Macdonald Critchley. "Butterworth's Medical Dictionary". 2<sup>nd</sup> ed, (1989): 635.
5. Marjory Spraycon. "Stedman's Medical Dictionary". 26<sup>th</sup> ed, (1995): 1338.
6. Douglas M and Anderson MA. "Dornald's Illustrated Medical Dictionary". 28<sup>th</sup> ed, (1994): 1270.
7. Macdonald Critchley. "Butterworth's Medical Dictionary". 2<sup>nd</sup> ed, (1989): 1289.