MAN AND BLINDNESS

by

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What a tragedy when a blind person is not able to appreciate the facial expression of someone, whether smiling or sad? What a tremendous loss when one cannot see his own food, what he is eating? What an irreparable loss when one cannot see the changing weather, spring or autumn? How much we long to see the change in nature, the creation of God.

Today, more than ever before, sight can be restored with the help of modern scientific ophthalmic service. India has the largest number of blind and visually handicapped persons. Contributing factors to blindness are manifold, involving not only ignorance and socio-economic factors but also dearth of trained technical staff. Prevention is better than cure because it is almost inexpensive and less time-consuming. Preventive measures in the form of public education is more effective if imparted properly by understanding the level and background of the people which can also in the long run enhance the patient care.

Blindness can be categorised as curable blindness and incurable blindness. Curable blindness is that where sight restoration is possible completely or partially. Incurable blindness is that where sight cannot be restored. The incurable blindness poses a big psychological or rehabilitation problem because the person loses the sight suddenly as in case of accidents or bullet injuries. Such patients are difficult to manage and do not respond favourably in the beginning to the rehabilitative measures to their new environment.

Glaucoma is incurable but can be arrested if found and treated by an ophthalmologist while some sight remains. Unfortunately, glaucoma is found too late. Refractive errors cause some incapacitating poor vision but are usually correctable. Uncared eye infections and malnutrition play too great a part as a cause of blindness. Many infections start from a slight injury (e.g. people who break stones for road construction without any protection to their eyes and their children also rally around them, grinders, welders etc.) of the cornea. It is more often seen during harvesting time, particularly among farmers when the sharp beards of the grain and grass injure the eyes of the reapers. Such injuries to the cornea may cause little or no pain at the time of injury but with no treatment available many of these go on to serious or complete loss of vision.

The number of blind persons is increasing due to various reasons such as lack of facilities for the eye treatment, ignorance of the people, poor economical factors, social beliefs etc. At the same time the 'eye camps' which are conducted by unauthorised practitioners are of low quality and the treatment given to the villagers is primitive in nature. If a surgeon is not confident enough to operate upon the eyes of his close relatives why should he be too easy with equally precious eyes of the villagers. The villagers also need the best and modern care of high quality. If we lose our teeth, we can have artificial dentures and they will perform the same functions, but if the eye is lost, it can never be replaced though a prothesis can be fitted for cosmetic reasons but such a person will never see with prothesis.

Hats off, recently some States in India have realised the grave consequences of shoddy eye care and have enacted laws to put an end to substandard eye camps. More recently some States have taken the lead to establish well equipped mobile eye units attached to medical college hospitals. They are now giving and hope to give best available eye care to the villagers in their familiar environment without being subject to any major change. It will be a boon if all States in India with Central Government assistance start at least one such unit attached to a Medical College hospital or to a district level hospital where medical college hospital does not exist in the State. It will certainly go a long way in prevention of blindness from our country. It will be a great humanitarian work ever done or recorded in the history of our country, but this needs efforts and cooperation of all sections of people. These facts have inspired many groups and organisations working in the alleviation of blindness inside the country and all over the world to help with this problem. Unfortunately the tendency has been to return to the traditional system of eye camps. A camp can be a scamp but not a mobile eye hospital. The 'operate and run' system is still followed in the eye camps which are organised by some charitable organisations and they even manage to invite the Professors of Ophthalmology to operate upon the patients but the post-operative care is left in such hands which do not have the art and the delicate touch of ophthalmology. Let no one profane the sacred service of ophthalmology.

Where sight is restored the person goes home happily and overcomes his physical, emotional and economical problems and gets busy in the same job before the onset of curable blindness. The effects on patient and family are equally great. One could possibly describe the whole family as having been rehabilitated. Obviously, the emotional effects on the family's happiness, dignity and production are enormous.

The rehabilitation of incurable blind must be accomplished through special training schools and programmes. Very few of these exist in our country and even when referred to them very few patients will go to these institutions which are almost always in the city. But mobility with proper use of cane can be taught to such patients who are unable to attend special training schools or programmes. Thus the incurable too have some measure of independence, they did not have before.