



LOKESWARANANDA
EYE FOUNDATION



Lokeswarananda Eye Foundation

Address

Barandanga, Para Block
Purulia -723155
West Bengal, India

Year 2018-19

Fighting Against

Blindness

A Nanritam Initiative

Website: www.lefhospital.com / www.nanritam.org
E-mail: lef.nanritam@gmail.com / nanritam@gmail.com



Our Guiding spirit

Lokeswarananda Eye Foundation is named after Swami Lokeswarananda Maharaj, the highly revered monk of the Ramakrishna Order. His life was a living example of the ideology. Swami Vivekananda preached- "Service to man is service to God".

Guided by this philosophy, Lokeswarananda Eye Foundation began its humble journey in 2008 as a 6-bedded Eye unit and gradually grew to be a 100- bedded Tertiary care Eye Hospital as it is to-day. Our sincere effort is to make Lokeswarananda Eye Foundation an instrument of the Divine will. It is in that spirit that we meet our day to day success as well as our hardships and limitations.

*Revered
Swami
Lokeswaranandji
Maharaj*

Message from the Secretary's Desk

Ranjana Sengupta
Secretary, Nanritam



It's difficult for me to pin-point when and where "Nanritam" was born.

I'm not sure if it was the moment when I first met this out-of-the-world monk of Ramakrishna Mission, Revered Swami Lokeswarananda, who changed the way I used to look at the world forever. Was it when he introduced me to some of his other admirers who now comprise the Nanritam family? Was it when we had started providing basic health care, and run modest schools in the slums of North Kolkata and suburban areas about 20 years ago? Was it in 2006 when we started providing basic eye care in the remote rural village of Para about 300 kilometres away from Kolkata?

Nanritam, I guess, has always been in the making during these years. The small health camp at Para grew into a small six bedded hospital in 2008 and then into a 100 bedded super speciality hospital in 2013.

Our modest attempt at growing vegetables for our modest health camp took the shape of a centre for agriculture linked livelihood, the Nanritam Krishi Kendra, in 2010.

The small preschool that we had started with 70 students in 2014 is well on its way to be high school. This year we have 540 students studying in different standards from Nursery to Standard VII.

Thanks to God's grace and your support, we have grown as planned and hope to send up the first batch of examinees for the Secondary level Board Examination organised by the Central Board of Secondary Education of India in 2021.

We are happy that many distinguished personalities including academicians of international stature have admired our humble efforts. But what pleases the Nanritam family even more is the smile that we often see in the faces of persons living in the very margin of the economy in this remote area, when they see their children in Filix School reading, playing, and performing at par in with their counterparts from better to do families; or when, with their sights restored, they are back into a meaningful, productive life.

We are grateful for the support from the Government of West Bengal Department of Health & Family Welfare , Syngenta India Limited, Paschimanchal Unnayan Parshad, Coal India Limited, Ramakrishna Foundation (USA), Rotary Club of Calcutta and also from many other individuals without which we could never have made it to where we are today. Our patrons include many of you who have donated valuable resources, including your time and money, to help us grow.

Let me assure you that all your gifts to Nanritam will be used efficiently, effectively and in the best interest of the poor.

Ranjana Sengupta

Message from the Chairman's Desk

Dr. Asis Chattopadhyay
Chairman
Lokeswarananda Eye Foundation



14 Years ago, we had resolves to convert the compassion we were made to feel for those living at the margin, by our guiding spirit, Swami Lokeswaranandaji Maharaj into action.

The simple mud hut where we had begun to render basic eye care services to people of Purulia has, over the years metamorphosed into a 100 bedded super speciality eye hospital.

We have served more than 12 lakhs Patients since its inception. From the stories they told us we realised that this was not just giving them back their sight, but was also a transformation of their lives and the lives of their loved ones. Statistics from different places in India show that with restored vision, 80% of people, whose visions have been restored engage in productive and income generating activities.

Our efforts have been supported by the Health and Family Welfare Dept, Government of West Bengal, The Indian Railway, Coal India , Helpage India , Rotary Club of Calcutta and we wouldn't have reached where we are today but for these supports.

At the same time we realise that our resources, compared to the magnitude of the problem, is quite meagre. This meagre resource too is drying up, as our instruments and machines wear out with use and become obsolete with advance in technology.

We therefore look upon you as the real "Angels of sight". With your support we can continue to do our bit in building up a productive, happy and confident world.

We are grateful to all of you for your wonderful and generous support to our humble efforts and would continue to use them as efficiently and as effectively as possible.

Dr. Asis Chattopadhyay



About Lokeswarananda Eye Foundation Hospital

Beginning with a small health-care unit offering low cost diagnostic services and free of cost health check-up to the disadvantaged population of Baranagar and Kamarhati Municipality in 2002 Nanritam had moved out into the underserved rural area of the state by setting up the Lokeswarananda Eye Foundation (LEF) in a village called Barandanga, under Para Block of Purulia in 2006 where a small group of doctors and ophthalmologists started running a monthly clinic from a small mud house. Over time a 1200 sqft. single storied building was erected and an ophthalmic microscope was procured and a six bedded small hospital started functioning from that premises.

The hospital started taking its present shape in 2012 when the Honourable Chief Minister of West Bengal extended a generous support through Paschimanchal Unnayan Parishad and Health and Family welfare Department, Govt of West Bengal to build this up into a 100 bedded Referral Tertiary care Eye Hospital. In the year 2012 the Department of Paschimachal Unnayan Affairs and the Paschimanchal Unnayan Parishad of the Government of West Bengal had sanctioned Rs. 3.05 crore for setting up of this 100 bedded referral eye hospital including construction, equipment, 1 bus and one medical mobile van.

The LEF Eye Hospital is now a tertiary level hospital that has been declared to be the referral hospital for eye care for the districts of Purulia, Bankura and Paschim Medinipur by the Department of Health and Family Welfare, Government of West Bengal. The hospital is routinely undertaking complicated eye surgeries like vitreo-retinal surgeries, glaucoma and squint surgeries, treatment of complicated ailments like diabetic and hypertensive retinopathies apart from routine cataract surgeries. The hospital has been declared to be the referral eye hospital for districts of Purulia, Bankura and Paschim Medinipur. The hospital has treated more than 12 lakh eye care cases since April 2012.

The latest equipment procured by LEF is the tele-ophthalmology unit. This equipment via mobile eye unit will be sent to interior villages. The uniqueness of this equipment is that -- a) The eye surgeon can directly look into the eyes of the patients seated at a remote village from the base hospital at LEF itself and also from Kolkata as well and -- b) Secondly, he can even consult with other eye surgeons through direct conferencing.



Journey begins

Nanritam had begun its eye care project with a small 6 bedded eye hospital at Barandanga Para in 2008 where only cataract and basic eye care services were offered to the patients. Subsequently outreach services to remote areas of this district was started in 2010 with support from the national rural health mission. Later the Government of West Bengal supported Nanritam to expand the capacity of the Hospital to a 100 bedded super speciality eye hospital which started functioning since 2012.



Services Offered

Refraction
and clinical
diagnosis

- ▶ Slit-lamps
- ▶ Direct & Indirect Ophthalmoscopes
- ▶ Auto Refractometer
- ▶ All tonometers (ST,NCT,AT, Rebound Tonometer)
- ▶ Gonio & 90D Lens

*Used for Refraction
and clinical diagnosis
of eye diseases.*



Slit-lamps



Direct & Indirect
Ophthalmoscopes



Auto Refractometer



Gonio & 90D Lens



All tonometers (ST,NCT,AT, Rebound Tonometer)

Services Offered

Cataract Clinic

- Biometry and Keratometry (Used for *Corneal curvature measurement*)
- Cataract Surgery with IOL Implantation
- Phaco Surgery with Foldable Lens
- YAG Laser Capsulotomy (Used for *After cataract i.e. PCO removal*)



Biometry and Keratometry



Phaco Surgery with
Foldable Lens



Cataract Surgery with
IOL Implantation



YAG Laser Capsulotomy

Services Offered

Squint & Amblyopia Clinic

- ▶ Synoptophore (Used for Orthoptics exercise)
- ▶ Squint Surgery



Synoptophore



Before Surgery



After Surgery



Squint Surgery



Services Offered (Vitreoretinal)

Medical Retinal Services

- ▶ Ultra Sonography- B-Scan (*Used for studying eye ball & orbit*)
- ▶ Retinal Angiography (DFA) (*Used for studying Retinal vascular disorders*)
- ▶ Optical Coherence Tomography (OCT) (*Used for Glaucoma & retina*)
- ▶ Retinal Green Laser (*Used for diabetic & other retinopathies & retinal breaks*)
- ▶ Non-mydrriatic Fundus Camera (*Used for Fundus Photography*)
- ▶ Diabetic Retinopathy Clinic
- ▶ Hypertensive Retinopathy Clinic
- ▶ ARMD Clinic
- ▶ Anti VEGF Injection (*Used to decrease Retinal/Macular edema*)



Diabetic Retinopathy Clinic



Hypertensive Retinopathy Clinic



Optical Coherence Tomography (OCT)



Retinal Angiography (DFA)



ARMD Clinic

Services Offered (Vitreoretinal)



Retinal Green Laser



Non-mydriatic
Fundus Camera

Medical
Retinal
Services



Anti VEGF Injection



Ultra Sonography- B-Scan

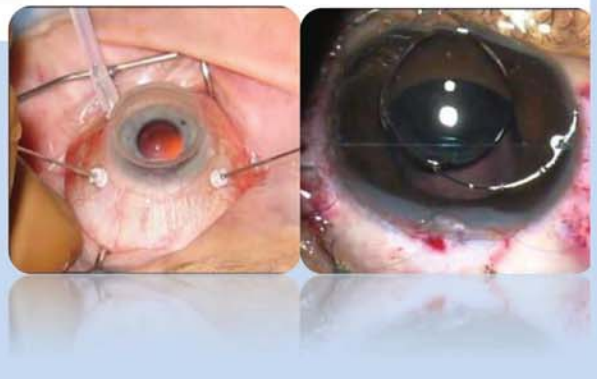
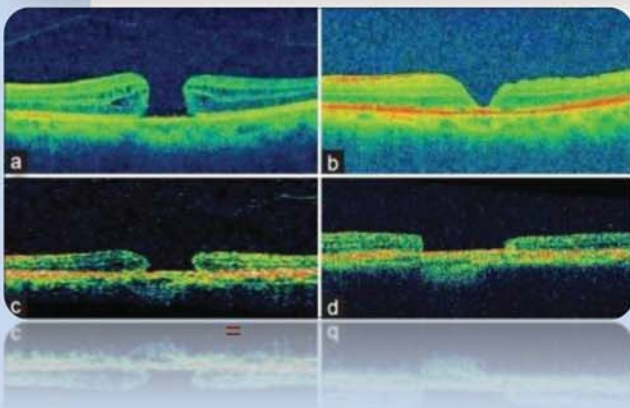
Services Offered (Vitreoretinal)

Surgical Retinal Services

- ▶ Retinal Detachment Surgery (Scleral Buckle/Vitrectomy)
- ▶ Retinal Detachment Surgery (giant retinal tears)
- ▶ Macular hole surgery
- ▶ Vitrectomy for Diabetic & Hypertensive Retinopathy
- ▶ Trauma Related Retinal Surgeries
- ▶ Scleral Fixation IOL



Vitreoretinal Surgeries



Services Offered (Glaucoma)

Glaucoma Clinic & Surgery

- ▶ Glaucoma Screening
- ▶ Tonometry for all (*Intraocular pressure measurement*)
- ▶ Pachymetry (*Central corneal thickness measurement*)
- ▶ Automated Perimetry (AP) (*Used for Glaucoma management*)
- ▶ Frequency Double Tomography (FDT) (*Used for Glaucoma screening*)
- ▶ Optical Coherence Tomography (OCT) (*Used for early Glaucoma detection*)
- ▶ YAG Laser (*Used for Glaucoma prevention*)
- ▶ Glaucoma Surgery



Glaucoma Screening



Tonometry for all



Pachymetry



Frequency Double Tomography (FDT)



Automated Perimetry (AP)



Optical Coherence
Tomography (OCT)



YAG Laser



Glaucoma Surgery

Services Offered



Endoscopic DCR Surgery

Lef Hospital tries to extend its range of eye care related services by arranging to have other Healthcare specialists take care of other disorders which has some bearing on our eyesight.

One of such services is related to diseases of Ears, nose and throats. Reputed ENT Surgeons Dr Tushar Kanti Ghosh Kanti Ghosh and Dr Sanjay Gupta with two of their assistants performed 14 Endo DCR surgeries in LEF Hospital on 30th September 2018. This surgery is related to the treatment of the lacrimal apparatus.

The lacrimal apparatus is the physiological system containing the orbital structures for tear production and drainage. It consists of a) the lacrimal gland, which secretes the tears, and its excretory ducts, which convey the fluid to the surface of the human eye, b) the lacrimal canaliculi, the lacrimal sac, and the nasolacrimal duct, by which the fluid is conveyed into the cavity of the nose, emptying antero-inferiorly to the inferior nasal conchae from the nasolacrimal duct.

Tears normally drain into small holes located in the inside corner of the upper and lower eyelids. The tears then collect in the tear sac. The tear sac lies under the skin between the corner of the eye and the nose. Next, the tears flow through a small tube, called the nasolacrimal duct, into the nose. The tears are pumped through this drainage system by the opening and closing of the eye.

A blockage in any part of this drainage system can prevent tear drainage and lead to excess tears running out of the eye and down the cheek.

When such blockages occur it can be treated through.

A. DCT (Dacryocystectomy), a process that involves a complete surgical extirpation of the lacrimal sac. It was first described by Woolhouse in 1724 and was the standard of care before the advent of Dacryocystorhinostomy for management of dacryocystitis and lacrimal fistulas. Although it is a seldom performed procedure worldwide, it still has its place in the surgical armamentarium for certain specific indications like malignant lacrimal sac tumours; or

B. DCR (External)- (Dacryocystorhinostomy)- which is performed through a skin incision, which is made on the side of the nose. The bone between the tear sac and the nose is removed, and the lining of the tear sac is then attached to the lining of the nose to form a permanent drainage for tears; or

C. Endoscopic DCR- in which a rigid endoscope is inserted into the nasal cavity to the lacrimal sac via the lacrimal duct to explore and confirm the nature of the obstruction. The nasal mucous membrane is incised and removed, to allow for the creation of a window on the lacrimal sac and upper nasolacrimal duct. A portion of the lacrimal and maxilla bone is removed and using a blade, a vertical incision is made in the lacrimal sac and nasolacrimal duct. Silicone tubes can be inserted to assist long-term patency. This is a more sophisticated procedure and involves less bleeding than the other two processes.

Till now more than 200 such surgeries have been successfully conducted in LEF Hospital. Additional instruments required for the process, if any are brought by Dr Ghosh and his team from Kolkata.




Services provided through **OUT-REACH**

1. cataract screening.
2. Pre-operative tests (such as BP/sugar/needle syringing)
3. Refraction and basic eye care management.
4. Patients needing further treatment or surgery are referred to LEF Hospital in Para. They patients from remote area are often brought to the hospital in LEFs own transport. Other examinations such as USG etc are done in the hospital followed by surgery or other procedures depending on the case. Surgery is done next day free of cost. Food and lodging provided. Post-surgery patients are discharged after 1st post-operative check-up. 2nd and 3rd post-operative check-up are done on the 7th day and after 4 weeks respectively in the camps organized in the patient's own villages of that particular Blocks. Spectacles are distributed at the patient's doorstep on a later date by LEF volunteers.



OUR DOCTORS

At Lokeswarananda Eye Foundation, we have a dedicated team of DOCTORS, some of whom are residents in the hospital while others who come down to Purulia on fixed days for surgeries and other pre-scheduled procedures.

CHAIRMAN		
<p>Dr. Asis Chattopadhyay M.B.B.S (CAL), D.O (CAL)</p>	<p>CHAIRMAN LOKESWARANANDA EYE FOUNDATION</p>	

VITREO- RETINA DEPARTMENT		
<p>DR. SOURAV SINHA (M.B.B.S; MS ;)</p>	<p>FORMER DIRECTOR AND VITREO RETINA SURGEON SANKARA NETHRALAYA, CHENNAI AND KOLKATA</p>	
<p>DR. RUPAK KANTI BISWAS (M.B.B.S; DO ; DNB.)</p>	<p>FORMER VITREO RETINA SURGEON SANKARA NETHRALAYA, KOLKATA AND CHENNAI</p>	
<p>DR. S. S.PAL (M.B.B.S; MS .)</p>	<p>FORMER DIRECTOR AND VITREO RETINA SURGEON SANKARA NETHRALAYA, CHENNAI AND KOLKATA</p>	
<p>DR. VAIBHAV SHRIVASTAVA (M.B.B.S ; MS),</p>	<p>FELLOW NARAYAN NETHRALAYA, BANGALORE AND CONSULTANT RAMAKRISHNA MISSION SEVA PRATISTHAN</p>	
<p>DR. BIJOYKRISHNA CHAKRABORTY M.B.B.S.; M.S; F.M.R.F.; F.I.C.O.,</p>	<p>VITREO RETINA FELLOW, SANKARA NETHRALAYA, CHENNAI. RESIDENT CONSULTANT RETINA SURGEON (LEF)</p>	




OUR DOCTORS

ANTERIOR SEGMENT DEPARTMENT


<p>DR. UJJAL KANTI CHOWDHURY M.B.B.S; M.S; (P.G.I., CHANDIGARH)</p>	<p>FELLOW, SANKARA NETHRALAYA, CHENNAI. RESIDENT CONSULTANT (SENIOR PHACO SURGEON, LEF)</p>	
<p>DR. PRASANTA CHAKRABORTY MBBS, MS,</p>	<p>SENIOR PHACO & SQUINT SPECIALIST</p>	
<p>DR. SAGAR BHARGAVA MS , FRCS , FICO , FMRF FELLOW, SANKARA NETHRALAYA, CHENNAI.</p>	<p>CATARACT ,GLAUCOMA AND REFRACTIVE SURGEON</p>	
<p>DR. PRASHANT SRIVASTAVA M.B.B.S. , MS., FMRF</p>	<p>CATARACT, GLAUCOMA AND REFRACTIVE SURGEON</p>	
<p>DR. LAV KOCHGAWAY MBBS, MS - OPHTHALMOLOGY, FELLOWSHIP IN PEDIATRIC OPHTHALMOLOGY</p>	<p>CATARACT, LASIK / ICL, OCULAR TRAUMA SURGEON FORMER ASSISTANT MEDICAL DIRECTOR AND CONSULTANT AT SANKARA NETHRALAYA, KOLKATA EXECUTIVE DIRECTOR AND CONSULTANT AT B B EYE FOUNDATION VIP</p>	
<p>DR. MANEESH SINGH MBBS, MS – OPHTHALMOLOGY,</p>	<p>CATARACT ,GLAUCOMA AND REFRACTIVE SURGEON</p>	
<p>DR. SUPARNA SINHA MBBS. DO, FMCO, FELLOWSHIP IN CORNEA, CIVIL HOSPITAL, AHAMEDABAD</p>	<p>SENIOR CORNEA SPECIALIST</p>	

OUR DOCTORS


ANTERIOR SEGMENT DEPARTMENT

DR. PASUPATI SAHA MBBS.DO (VIENNA)	SENIOR CATARACT SURGEON	
DR. SUBHASIH MISHRA MBBS, MS, DO (RIO,KOL)	CONSULTANT OPHTHALMOLOGIST	
DR. PRADIP KOLE MBBS, MS - OPHTHALMOLOGY,	RESIDENT CONSULTANT OPHTHALMOLOGIST	

PHYSICIAN

DR. SHYAMAL KANTI DATTA MBBS, DCH	PHYSICIAN –IN-CHARGE	
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NURSING –IN-CHARGE

MILIKA DATTA BA, GNM NURSE	SISTER-IN-CHARGE	
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The Gaps in service delivery

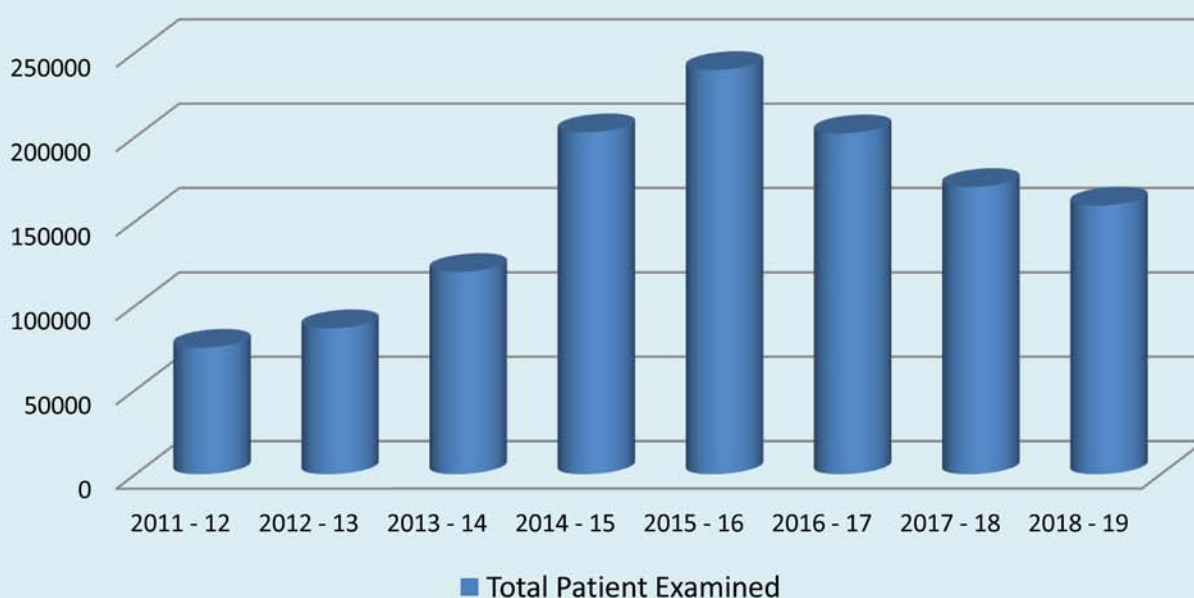
It has indeed been The LEF hospital to function as a referral eye hospitals for all patients in the districts of West Medinipur, Bankura and Purulia. All hospitals including the Medical college Hospitals in these districts have accordingly started sending patients to this hospital. We have made optimum use of the equipment we had procured back in 2012 when we upgraded the hospital to a super speciality one. From January 2012 to March 2019 the Hospital has examined **more than twelve lakhs patients (12,02,635)** and **operated more than seventy thousands surgeries as summarised in the table below.** We are happy to announce that **more than 91 % patients** are getting **absolutely free of cost services**

Statics at a glance

YEAR WISE PERFORMANCE REPORT

YEAR	TOTAL PT EXAMINED	Total No. of Pts With CATARACT	CATARACT SURGERY DONE	GLAUCOMA SURGERY DONE	RETINA SURGERY DONE	OTHERS SURGERY DONE	TOTAL SURGERY DONE	PROCEDURES PERFORMED
APR 11- MAR 12	74927	14085	8320	5	11	79	8415	8
APR 12- MAR 13	86456	17528	9829	17	59	262	10167	318
APR 13 - MAR 14	119840	13084	7442	20	158	272	7892	3500
APR 14- MAR 15	202602	18554	9473	43	398	293	10207	4965
APR 15 MAR 16	239544	19397	11582	40	497	423	12542	6732
APR 16- MAR 17	201990	15197	8601	57	543	581	9782	7831
APR 17- MAR 18	170213	13373	5925	44	436	411	6816	6254
APR 18- MAR 19	159264	12777	5503	38	403	423	6366	7613
TOTAL	1254836	123995	66675	264	2505	2744	72187	37221

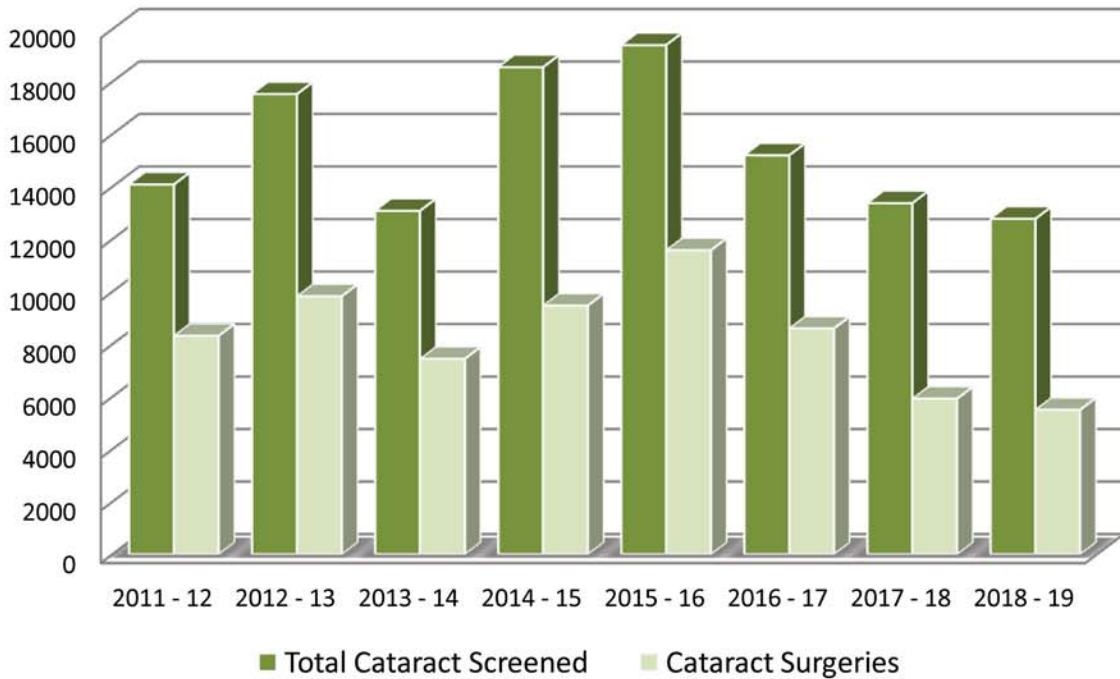
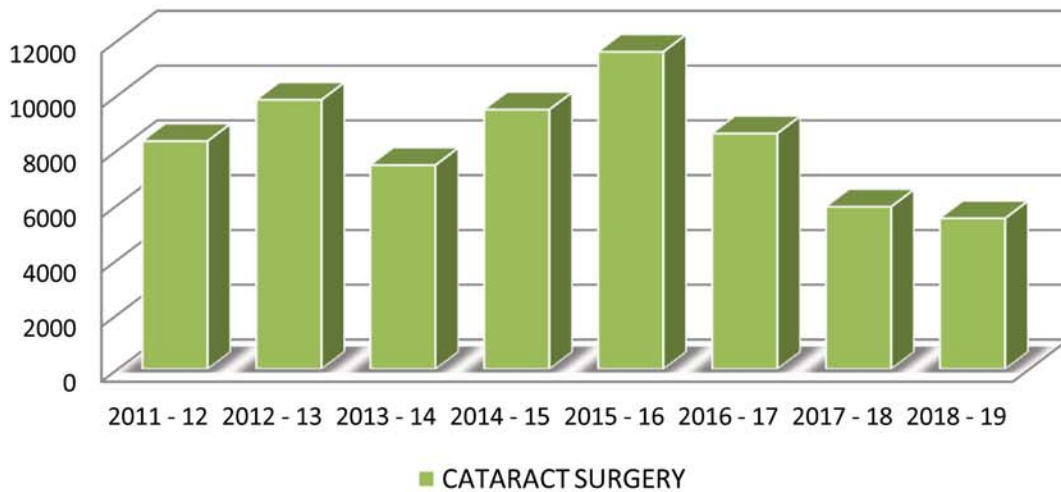
Total Patient Examined





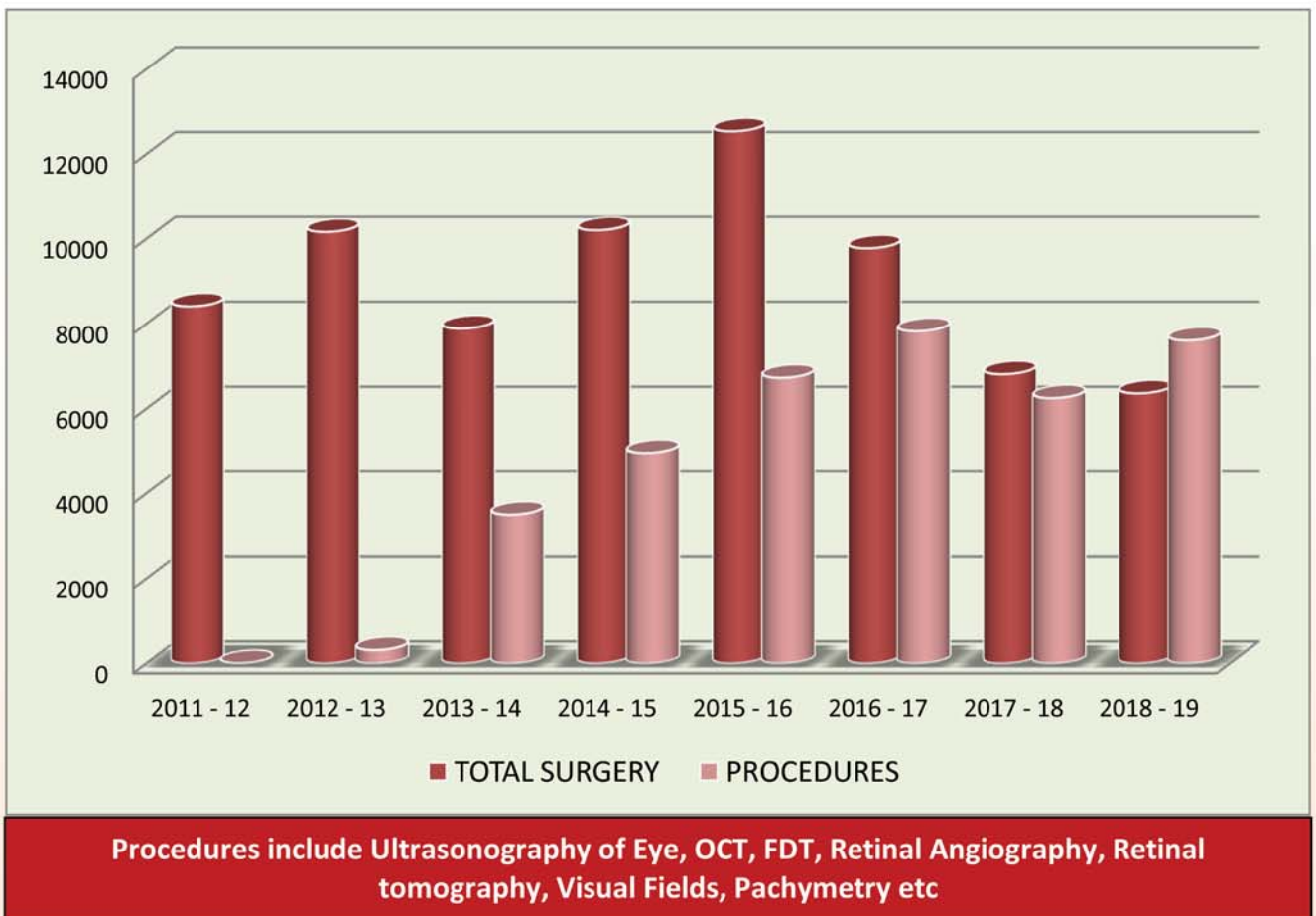
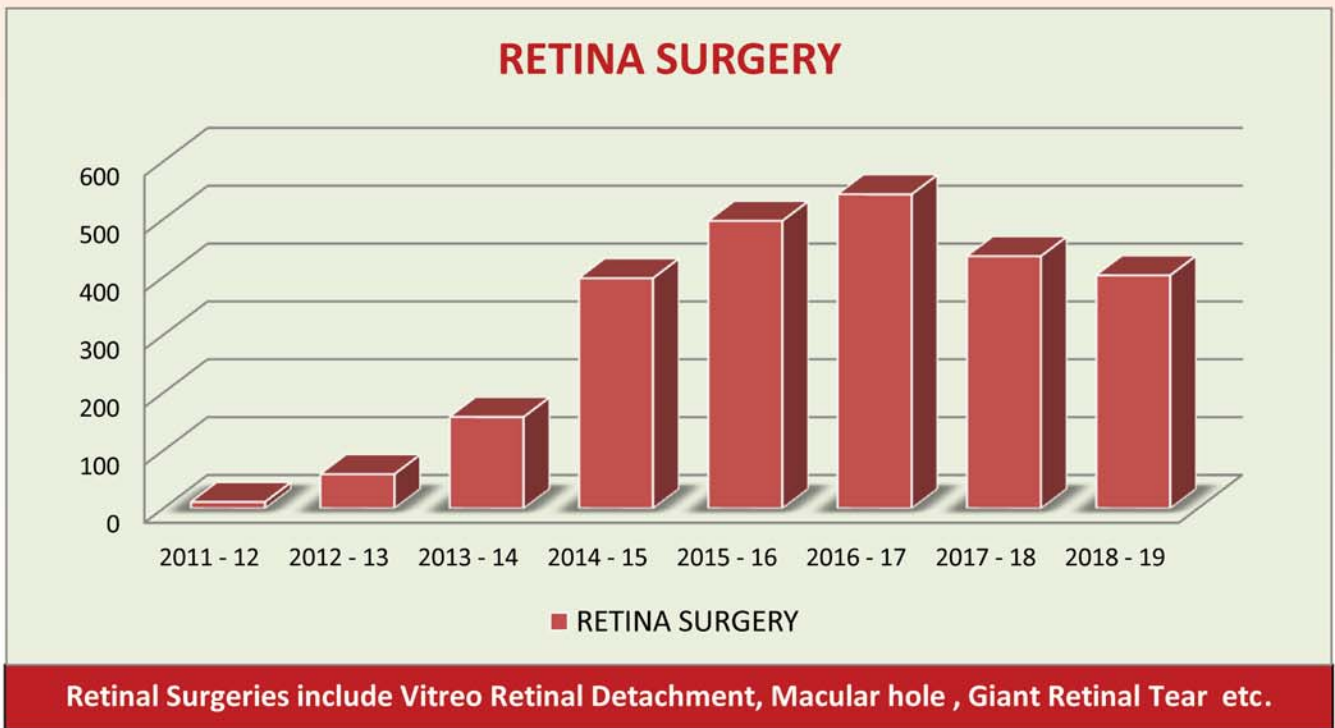
Statics at a glance

CATARACT SURGERY



From the chart it is easily understood that there is a huge backlog for Cataract surgeries. The total number of patients screened for Cataract from 2012 to March 2019 is 123995. The total surgeries done is 66675.

Statics at a glance



These referral services are only available at Lokeswarananda Eye Foundation , at Para , Purulia among the three adjacent districts of Bankura , West Midnapur and Purulia and Jharkhand. Referral order issued by Health Dept,Govt of West Bengal



Govt. of West Bengal
Directorate of Health Services
Ophthalmology Wing
National Programme for Control of Blindness
(Office of State Programme Officer)



Swasthya Bhaban, 'A' - Wing, 2nd Floor, G.N. - 29,
Sector - V, Salt Lake City, Kolkata - 700 091;

No: - HPH/NPCB/5'O'-3 -2013 - 14/6/56

Date: - 25/05/15

Circular

The Lokeswarananda Eye Foundation of Nanritam is a 100 bedded Referral Eye Hospital in the para block of purulia district. Patients requiring treatment for other eye diseases who are referred to RIO Kolkata from the district of purulia, Bankura and west Medinapur may now be referred to Lokeswarananda Eye Foundation for further treatment.

There is also facility for treatment of patients under RSBY and free treatment facilities for BPL patients with assistance of NPCB.

B. V. Dasgupta
21/5/15
Director of Health Service
& EX - Office Secretary
Deptt. of Health & Family Welfare
Govt. of West Bengal

K. Banerjee
20/05/15
No: - HPH/NPCB/5'O'-3 -2013 - 14/6/56(11)

Date: - 25/05/15

Copy forwarded for kind information and necessary action to:-

- 1-3. The Chief Medical Officer of Health & Member Secretary, District Health & Family Welfare Samiti, - Bankura/ West Mednapur/ Purulia
- 4-5. Medical Superintendent cum Vice Principal - Midnapur MCH/ Bankura Sammilani MCH
- 6-8. The Dy. Chief Medical Officer of Health - II & District Programme Officer - NPCB, - Bankura/ West Mednapur/ Purulia
9. The secretary ,Nanritam, Flat - 6, 28/1/2 Selimpur Road , Kolkata - 31.
- 10-11. Ref. Sec. / Office Copy

S. Niyogi
25/5/15
(Dr. Siddhartha Niyogi)
Asstt. Director Health Services (Ophth.)
& State Programme Officer (NPCB)
Govt. of West Bengal

**REFERRAL
ORDER**

Telefax: - 2357 - 4074; 2333 - 0319; 9830187870 (M)
E-mail: - adhosphth@gmail.com; adhs_opt@wbhealth.gov.in



**Urgent
Need**

As the numbers indicate, the existing instruments are 7 years old now and have already been used more than optimally to treat more than 12 lakhs patients till March 2019. Most of the machines (specially Retinal and Phaco surgery machine) require frequent maintenance and repair services as the patient load is quite high. The above table shows the statistics of the patients . Number of Patients are increasing substantially from the year 2012. We got the relevant machines on 2012. After the year 2016 the patients number are decreasing continuously. The main reason behind is-

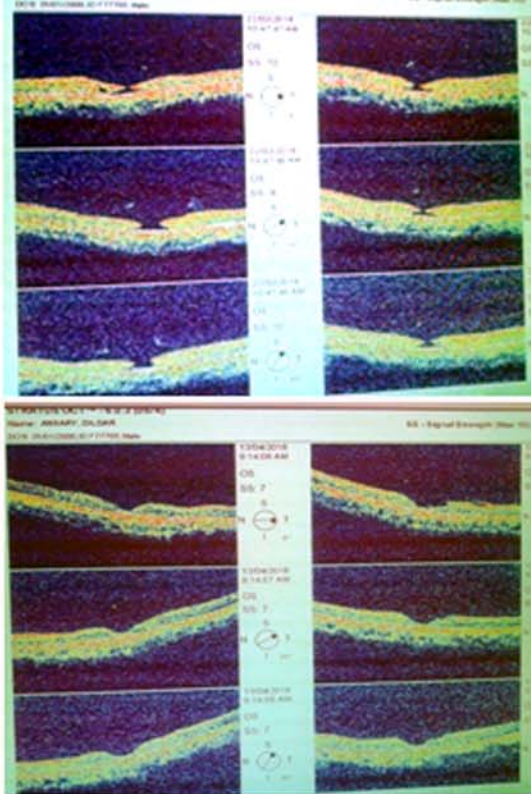
- a. Machines are getting old*
- b. Machine has reached its maximum capacity to do the surgeries and procedures*
- c. Machines require frequent maintenance and repair*
- d. We don't have the spare machines*
- e. Upgraded version of the machines are in the dire need*

LEF has to reduce the patients load due to the old machine from April 2016 onwards. As we don't have any spare machine, we get stuck in the midst of a surgery if the machine somehow goes wrong. (We have faced these problem 3 times in the recent past. Patients got admitted for retina surgery. While operating the machine didn't work. So we had to send them back to their home.)

It is very risky for the patients as these complicated surgeries are very urgent. Failing it will lead them to the blindness. Consequently, our eye care services is being hampered. Maintenance of these machines are becoming increasingly expensive and are proving to be a huge strain on our limited resources. Besides using it would be hazardous from the point of view of safety and security of the patients.. We have been diagnosing their ailments in the OPD , we have not been able to take care of their complete treatment owing to lack of proper instruments and have been compelled to release the patients without addressing the patients when the instruments are not in order .

In view of the above, instruments are badly needed for carrying out the mission ensuring safe operation successfully. As LEF Hospital is a non-profit institution, we have not been able to put together the resources to buy new machines which are technologically advanced and latest version. Therefore, we request to support us financially to procure these instruments.





SUCCESS STORIES

Vitreo-Retinal

Dildar Ansary

MRD P21161

Block Para, Purulia

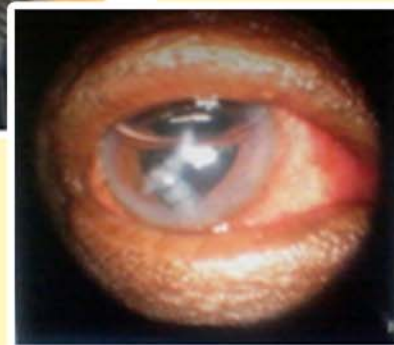
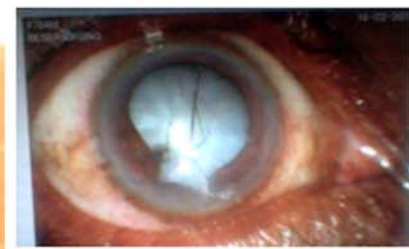
About a year back, 15 years old Dildar Ansari was playing with a bow and arrow in Dubra, a village in Para block of Purulia district, when an arrow struck him in the left eye. His father Altu Ansari works as a daily wage labourer and the boy is under the care of his maternal aunt Nargisa Bibi. She took him somewhere for treatment but with the passage of time, his vision was gradually becoming dimmer. A worried Nargisa brought the boy to LEF Hospital on 23rd February 2018. Dr Abhrajit Dasgupta checked him up and diagnosed this to be a case of post-trauma corneal opacity.

It was suspected that there was some problem with his retina as well. Optical Coherence Tomography (OCT) images of the eye were taken and it was found that that boy had Full Thickness Macular Holes (FTMH) in the left eye.

Dr Rupak Biswas operated on the eye and closed the macular hole. This is a very complicated surgery requiring a high level of expertise, unthinkable in most if not all remote rural areas country. Even a few years back, the nearest place where Dildar's family could have got him treated was Kolkata, at a distance 300 kilometers, and at a cost not affordable by a daily wage labourer.

Dildar's vision has improved to 6/60 after the operation, a huge improvement from his pre-operative vision of 2/60. Once he gets his glasses with proper power, the vision will improve further.

We have asked him to be very careful about the games he plays in future.



Birsing Besra

MRD- F78468

Block -Balarampur

Purulia

SUCCESS STORIES

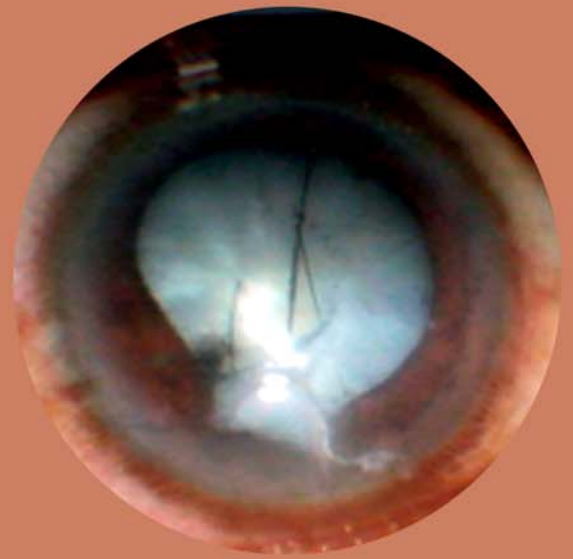
Vitreo-Retinal

Around 2.30 PM on 12th March 2018, when the routine outpatient hours of LEF Hospital was over we suddenly had a visitor to LEF hospital, screaming with pain. His companions told us that his name was Birsing Besra, he was 62 years old and lives with his wife, two sons and daughters-in-law and their children in a village named Kendradih under Dardra GP of Balarampur Block of Purulia district.

Birsing works in a stone quarry, and he had grievously hurt his right eye today while working in the quarry. Dr. Ujjal Kanti Chowdhury checked him up and then referred him to our Retina Surgeon Dr. Bijoy Krishna Chakraborty. Dr. Chakraborty diagnosed this to be a case of Corneal Tear+ Traumatic Cataract+ Eye Lashes in Anterior Chamber. The injury was so bad that it thrust his eyelashes into the anterior chamber of his eyes.

Dr. Chakraborty repaired his Corneal Tear, performed a small incision cataract surgery and removed the eyelashes from his anterior chamber. Besra is much better now. His right eye which only had a perception of light and perception of ray now has a vision of 6/36 with +10.0 D.

We are planning to implant a secondary lens in his right eye in near future. The treatment didn't cost Sri Birsing Besra anything.



Chandmoni Murumu

MRD - F77774

Block- Raghunathpur –II, Purulia

SUCCESS STORIES

Vitreo-Retinal

22nd February 2018 started as a normal day for 39 years old Chandmoni Murumu of Ushir Village of Raghunathpur Block in Purulia, when she went to the field for her daily work as an agricultural labour.

A cow, which was standing little too near her suddenly shook its head, maybe to ward off a fly, and one of its horns hit her left eye badly. She was in considerable pain when she walked into the Out Patient Department of LEF Hospital on the next day, 23rd February 2018.

Dr. Abhrajit Dasgupta checked her up. And diagnosed this to be a case of a Traumatic Scleral rupture with Hyphema.

Hyphema is defined as the presence of blood within the aqueous fluid of the anterior chamber. The most common cause of hyphema is trauma.

Post-injury accumulation of blood in the anterior chamber is one of the most challenging clinical problems encountered by the ophthalmologist. Even a small hyphema due to ocular injury can be a sign of major intraocular trauma with associated damage to vascular and other intraocular tissues.

Considering the seriousness of Chandmoni's injury, Dr. Dasgupta, referred the case to Vitreo Retinal Surgeon Dr. Bijoy Krishna Chakraborty. Dr Chakraborty advised immediate surgery as delay would reduce the chances of recovery. Chandmoni was operated upon that very day. She had to remain for full two days in the hospital after the operation. She was released after being provided with all the medicine she would be required to use during convalescence.

We at LEF checked up Chandmoni again on 30th March 2018, when we found that her vision has improved a lot to 6/24. This recovery was made possible by the immediate surgery that LEF could arrange for her.

Chandmoni is covered under the government insurance for the economically weaker section called Swasthyasathi, and the entire treatment she underwent did not entail any out of pocket treatment at all.

SUCCESS STORIES

Vitreo-Retinal

Sibananda Mahato

F63398

Block- Barabazar

Purulia



Sibananda Mahato (14) of Barabazar, Purulia started going to school around the age of 6. He found out that his eyesight was getting less and less. Shibnada's father was a poor daily labourer and did not have the means to take him further than the Local PHC. The doctors in the PHC told that very little could be done for him in that limited facility, and realising that they did not have the means to go to any bigger hospital, advised them to apply for a "Handicapped" certificate. The boy did not undergo any treatment whatsoever for his ailment for a long time but his parents kept on visiting the PHC looking for a specialist who could issue this certificate. This quest for the handicap certificate brought his parents to an outreach camp conducted by the Lokeswarananda Eye Foundation in Barabazar BPHC on 1st September, 2016. Sibananda was by then a boy of 14. The Outreach team, after examining him diagnosed it as a case of retinal detachment and referred him to LEF Hospital at Para. He came here on 3rd September 2016 and was detected to have retinal detachment in both eyes. The operation for correcting the retinal detachment was undertaken on 22th September 2016. Subsequently the left eye too was operated upon on 13 th November 2016. His vision was restored to 6/36. The boy is back to school now and has started leading a normal life.



SUCCESS STORIES

Cataract



Rupesh Mahato

MRD- F65973

Block – Purulia - II

If you travel about 7 KM west from the crossroads at Golkunda in Purulia, you would come to a village called Khairibahal. In this village, lives Subodh Kumar Mahato, as a member of a large joint family of farmers. Subodh babu's youngest son Rupesh had problems with his vision since he was just two years old.

A farming family in a remote village had no clue how to go about this child's treatment. They spent seven years trying all the different hospitals, doctors, methods of treatment which they could come to know, access and afford.

It was an extremely trying time for Rupesh who couldn't join any of the outdoor games the children of his age were playing, who had to return home long before sundown, that too groping his way back by catching hold of a familiar wall, or with the help of a kind friend or adult with normal vision.

Her mother couldn't hold her tears as other children of Rupesh's age rode the bicycle or ran with a football. Good hearted friends would occasionally allow Rupesh to stand in the Goalpost when they played football, more as an act of charity rather than participation proper. Most of his playtime was spent as a bystander, loitering sadly around the field.

Reading too was a big challenge for Rupesh. He had to hold the book very close to the eyes to see the letters. The eyes would start aching after a short while. Everyone in this large joint household felt sad about Rupesh's eyes.

Rupesh finally came to LEF hospital's OPD on 12th December 2016. We found that he could see only about half a meter. The case was diagnosed as "Developmental cataract" of both eyes. Phaco surgery was done on his left eye on 13th January 2017 and the same surgery was done on his Right eye on 18th March 2017 by Dr. Prasanta Chakrabarty.

Rupesh's postoperative Vision is 6/18P in both eyes.

Rupesh lives a normal life now, playing, studying, jumping around.



SUCCESS STORIES

Cataract

Supriya Majhi

Papiya Majhi

Block- Medinipur Sadar

West Medinipur



They are four siblings from a village named Nandagiri within Kishoredoloi Gram Panchayat of Medinipur Sadar Block in the district of West Medinipur.

12 years old Papiya is the oldest, reading in class VII. Next is Supriya, around 10 years now and reading in class V. Younger to her is another girl in class III and the youngest is a brother who is now in class.

Their father Dipak Majhi works as a helper to Masons and mother manages the home. Not an affluent family by any count, Dipak tries very hard to ensure that his children are educated.

All of sudden, around two years back, both Papiya and Supriya started to lose their vision simultaneously. Dipak took both the sister to a doctor in Midnapore who detected that both the girls had developed a cataract in both the eyes, and suggested that Dipak should get them operated. It would cost him something between Rs.70000 to 80000 said the doctor.

Dipak was in deep despair. He didn't have the means to collect that big an amount immediately. Both the girls started losing their vision very fast. They had to stop going to school. Hoping against hope Dipak thought of trying his luck with another doctor in Medinipur town and took both the girls to Dr Indranil Deb.

Dr Deb advised Dipak to visit Lef Hospital at Para Purulia. Dipak travelled about 190 KM with his girls to come to LEF at Para and met us on 8th March 2016.

It was found that Papiya could barely see up to 2 meters with her right eye, and the left eye only had a don perception of light.

Supriya's condition was even worse. She could only perceive light with both her eyes. Considering the age of the children Lef Hospital's Chairman Dr Asis Chattopadhyay decided that both he sisters should undergo phaco operation totally free of any cost.

Dr. Prasanta Chakrabarty conducted phaco operation on the left eye of both sisters on 20th March 2016 and on the right eyes on 6th May 2016 in the presence of Dr Shyamal Kanti Dutta. Papiya now has a vision of BE 6/9 in both the eyes and Supriya has a vision of - 6/6. Both are back in School, leading a normal life.

SUCCESS STORIES

Cataract



Susanta Roy is a 14 years old boy who has not been able to pursue his studies at all as his eyes have been troubling him ever since his childhood. Susanta's father Dipak Roy works as a daily wage labour, and his mother works too as a domestic help. They live in a village called Shyamnagar in Loudhurka Gram Panchayat of Purulia. He also has a younger brother.

Susanta came to LEF Hospital on 31st May 2018 where Dr. Asis Chattopadhyay diagnosed that he has a developmental cataract in the right eye, and his vision is confined only to detection of hand motion, and some perception of light.

His left eye was operated upon for cataract somewhere in Kolkata about a year and a half back. An Intraocular lens was implanted in that eye and it has a vision of 6/9.

Dr. Chattopadhyay advised immediate cataract surgery. Susanta also has some cardiac problem. When Dr. Ujjal Kanti Chowdhury performed a phaco surgery on him on 6th June 2018, Dr. Shyamal Kanti Dutta had to personally monitor his condition in the OT. Thankfully, everything went well.

He now has a vision of 6/9 in his right eye too. Susanta wants to start studying again. We wish him all success

Susanta Roy
F80423
Block- Kashipur
Purulia

SUCCESS STORIES

Cataract



Chandmoni Gorai

MRD- C12149
Block- Arsha
Purulia



Chandmoni Gorai is a single woman and has been single all along. Somehow she never got married, and now at 70, she ekes out a poverty-stricken existence at her brother's house in village Heradih, under Chatuhasa Gram Panchayat of Arsha Block in Purulia district, roughly about 55 KM away from the Lef Hospital.

Some 20 years back there was an eye operation camp in the local primary school. Chandmoni had attended that camp to get her Right eye operated. The operation was performed but there was some kind of infection following the operation, and she became totally blind in that eye. Ever since then she had survived with the help of her functioning left eye only, which had also started losing its vision about 5 years back. Her past experience with free local eye camps, coupled with acute poverty had kept her away from making any attempts to get her eye treated. Over the years the cataract in this eye too had matured and she had turned totally blind. Blindness confined her to her home. There wasn't anybody who could take her to a hospital.

That was her condition when she heard that the Lef Hospital would be holding a free eye care camp at the local Gram Panchayat office at Chatuhansa. She sent a message to her sister Bharati at her in-laws' place to come and take her to this camp at the Panchayat office. Bharati brought Chandmoni to our camp at Chatuhansa on 9th March 2018.

We checked her up and found that she had no vision in her right eye. Not even perception of the light. Her left eye, however, was capable of perceiving light and rays and it was clinically possible to restore vision in that eye.

We didn't waste any time and brought her back with us to the hospital along with her sister on the very next day, 10th March 2018. On 11th March Dr. Suparna Sinha had operated upon her.

After long five years, Chandmoni can see properly again. What next, we asked? She said she would now look for somebody to help her in getting a government old age pension. She is a deserving case and we shall be grateful if some kind-hearted reader of this post helps her out.

SUCCESS STORIES

Retinopathy of prematurity (ROP)

Sibananda Mahato

F63398

Block- Barabazar
Purulia



Sarita Parween happens to be one of a twin, born to her parents on 17th January 2018 at Purulia District hospital.

They were born prematurely and Sarita's sister didn't survive beyond the second month. Sarita's life was saved in the Neonatal Intensive Care Unit of Purulia District Hospital but the doctors suspected that the child had Retinopathy of Prematurity (RoP).

Retinopathy of prematurity (ROP) is a potentially blinding disease caused by abnormal development of retinal blood vessels in premature infants. The retina is the inner layer of the eye that receives light and turns it into visual messages that are sent to the brain. When a baby is born prematurely, the retinal blood vessels can grow abnormally. When ROP is severe, it can cause the retina to pull away or detach from the wall of the eye and possibly cause blindness. Babies 1250 grams or less and born before 31 weeks gestation are at highest risk.

LEF Hospital is the only eye hospital in these areas with facilities for detection of ROP.

Dr. Vaibhab Srivastava checked up Sarita and detected RoP of stage 3 Zone 2 in the right eye and Stage 2 Zone 2 in the left eye respectively.

[ROP is described by its location in the eye (the zone), by the severity of the disease (the stage) and by the appearance of the retinal vessels (plus disease). The first stage of ROP is a demarcation line that separates normal from the premature retina. Stage 2 is a ridge which had height and width. Stage 3 is the growth of fragile new abnormal blood vessels. As ROP progresses the blood vessels may engorge and become tortuous. When ROP reaches a certain level of severity, called type 1, the potential for retinal detachment (and possible permanent vision loss) becomes great enough to warrant consideration of laser treatment.]

Given Sarita's condition, Dr. Srivastava decided that Sarita's eyes needed to be treated immediately. Since our Senior Retina Specialist, Dr. Rupak Kanti Biswas was not scheduled to be at the hospital on the next day, he ensured that Sarita is checked up by Dr. Biswas on the very next day at BB Eye Foundation at Kolkata. Dr. Biswas treated Sarita's eyes with LASER the very next day.

Sarita's eyes are now checked up regularly at LEF Hospital, We are hopeful that she has finally escaped from the clutches of ROP.

স্বাভী ভট্টাচার্য
২০ এপ্রিল, ২০১৭, ০০:০০:১৮
শেষ আপডেট: ১৯ এপ্রিল, ২০১৭, ২৩:২৯:৫৯



Thank you, The
Anandabazar
Patrika, for
letting the
world
know about our
humble
efforts....

তাঁর অভিবৃদ্ধা মা যে দিন চলে গেলেন, আমার বৃদ্ধ মামাম্বরশুর সে দিন শিশুর মতো কেঁদেছিলেন। বলেছিলেন, ‘ওরে, সবাই হাতের দিকে দেখে। যে লোকটা মুখের দিকে দেখত সে চলে গেল।’

সে বিলাপ বুকে নিয়ে কে না ঘুরছে। নুড়ির পাহাড়ে পরশপাথর খোঁজার মতো, নিরেট দুনিয়াদারির মধ্যেও খুঁজে ফিরতে হয় এমন চাহনি যা হিসেব চায় না, যার ঋভঙ্গিতে লেখা নেই, ‘দেখি কী এলেছ?’ সংসারে কাছের মানুষ যত কমে যায়, ততই যেন বাইরে খোঁজ চলে অভয়-অভ্যর্থনার।

থাদে-নামা দুটো গাল, শীর্ণ মুখে অসংখ্য বলিরেখা, হাসিটি হাজার ওয়াট। চাচা বললেন, ‘আদাব।’ হাসপাতাল দেখতে এসেছি জেনে ভারী খুশি। পুরুলিয়ার পাড়া ব্লকের প্রত্যন্ত হাসপাতালটি যে দেখার জিনিস, চাচার সন্দেহ নেই। একশো বেডের হাসপাতাল যখন ছিল একখানা মাটির ঘর, তখন থেকে স্বনিযুক্ত সেবক চাচা। রোজ ভোরে হাসপাতালের সামনেটা ঝাঁট দেন। তার পরে শুরু হয় আসল ডিউটি। যে আসে, তাকেই হাসিমুখে বলেন ‘আদাব।’ তাঁর দস্তবিরল অভ্যর্থনা ফাঁকি দিয়ে প্রবেশের উপায় নেই কারও। ‘চাচার ছুটি নেই,’ বলছিলেন এক ডাক্তারবাবু। ‘রমজান মাসেও রোজ আসেন।’ চাচার একটাই দাবি। ছানি কাটার পর রোগীদের কালো চশমা নিজের হাতে পরিষে দেবেন তিনি। ওই কাজটি তাঁকে দিতেই হবে।

একটুকু জমা জলে যেমন আকাশ ধরা পড়ে, তেমনই এক হাসপাতাল আর তার বৃদ্ধো ভলান্টিয়ার ইশারা দেয়, রোগী-মুখী চিকিৎসা কেমন হয়। প্রত্যন্ত এলাকায় সরকারও খুলছে সুপার স্পেশালিটি হাসপাতাল। সেখানে আগে এসেছে বরাদ্দ টাকা, তার পর তৈরি হয়েছে বিল্ডিং, তার পর খোঁজ পড়েছে চিকিৎসকের। এখানে উল্টো — গোড়ায় এসেছেন ডাক্তারেরা। গ্রামে গ্রামে শিবির থেকে শুরু করে মাটির ঘরে ছানি কাটার ক্লিনিক। তার পর পাকা একতলা, ছ’টি বেড। শেষে মিলেছে রেফারাল হাসপাতাল হিসেবে সরকারি স্বীকৃতি। গত বছর পাঁচেক কোনও সার্জারির জন্য এলাকা থেকে আর যেতে হয় না কলকাতায়। পুরুলিয়া শহর থেকে সাতাশ কিলোমিটার দূরে লোকেস্বরানন্দ আই ফাউন্ডেশনে বছরে প্রায় পাঁচশো রেটিনা, ফ্লকোমা সার্জারি হয়। মোট অস্ত্রোপচার সাড়ে বারো হাজার, আউটডোরে রোগী দু’লক্ষেরও বেশি। আসছেন পুরুলিয়া, বাঁকুড়া, পশ্চিম মেদিনীপুর, আর ঝাড়খণ্ডের লাগোয়া জেলাগুলির মানুষ। নিখরচায় বা সামান্য খরচে। কলকাতায় ‘রেফার’ করা হলে এদের অধিকাংশেরই চিকিৎসা সম্পূর্ণ হত না, সে কথা সরকারি কর্তারাও স্বীকার করেন।

কাজটা সহজে হয়নি। বছর দশেক আগেও গাড়ির মাথায় খাবার জল বয়ে আনতে হত কলকাতা থেকে। আলোর উপায় জেনারেটর। সার্জনদের ‘রানিং ওয়াটার’ চাই, তাই ছাতের ট্যাঙ্কে বয়ে বয়ে তুলতে হত জল। এলাকায় মাওবাদীদের রমরমা। দু’বার ডাকাতি হয়েছে হাসপাতালে। শেষবার ‘সোনার প্লেট’ বসেছিল হাসপাতালে, ডাকাতরা এসে সোনার প্লেট দাবি করে। দু’বারই খাঁর মাথায় বন্দুক ধরা হয়েছিল, তিনি অপটোমেট্রিস্ট। চোখ জরিপ করার সব যন্ত্রের দায়প্রাপ্ত মানুষটি ভয়ে সরবেন বলে মনে হয় না। ভাল কেয়োরারের ডাকে? অল্প হসে মাথা নাড়লেন। ‘আমি শুরু থেকেই আছি।’

গরিবের চোখের চিকিৎসার একটা বড় অংশই দাতব্য। নানা ক্লাব, ধর্মীয় প্রতিষ্ঠান, জনস্বাস্থ্য আন্দোলনের কর্মীরা তার ব্যবস্থা করেন। এ বিষয়ে সাধারণ মত হল, ‘যেটুকু হচ্ছে ওই ঢের।’ পেশাদারিত্ব বা উৎকর্ষের নিরিখে দাতব্য পরিষেবাকে তেমন আমল কেউ দেন না। পাড়ার হাসপাতালে মালুম হয়, রোগীর মুখের দিকে চেয়ে শুরু করলে খামা মুশকিল। সেখানে এ বার চিকিৎসকেরা শুরু করবেন গবেষণা। কারণ, এক বিষ্ময়কর সমস্যা ধরা পড়ছে তাঁদের পরীক্ষায়।

দুটি গোলাধর্ষ জোড়া লেগে গর্তস্থ শিশুর অক্ষিগোলক তৈরি হয়। জোড়ায় ফাঁক থেকে গেলে ক্ষীণদৃষ্টি থেকে অন্ধত্ব, সবই হতে পারে। এই সমস্যার (‘কোলোবোমা’) হার ওই অঞ্চলে প্রচলিত হারের ৪০-৫০ গুণ বেশি। হয়তো জ্ঞাতি-গোষ্ঠীর মধ্যে বিয়ের ফলে জিনের ক্রটিতে। কারণ বুঝতে একটা পঞ্চায়েতের প্রতিটি মানুষের ‘ফ্যামিলি ট্রি’ তৈরি করতে হবে। তার পর বাড়াতে হবে এলাকা।

কতদিন লাগবে, কত খরচ, লাফ খেতে খেতে সেই তর্ক চলল। ডাক্তারেরা কেউ এসেছেন সকালের ট্রেনে, কেউ দু’দিন কাজের পর দুপুরের ট্রেনে ফিরবেন। ‘কী দরকার সমীক্ষার,’ সে প্রশ্নটা কিন্তু উঠল না। আন্দাজ হয়, যে ভাবে চোখের শিবির থেকে ছানি কাটার ক্লিনিক, তা থেকে তিনতলা হাসপাতাল, সে ভাবেই এ বার হবে সমীক্ষা।

এঁরা কি ব্যতিক্রম? পাড়ারগাঁয়ে উন্নত হাসপাতাল, আধুনিক গবেষণার মডেল কম নেই এ দেশে। তা থেকে কি কোনও ক্লিনিক তৈরি হতে পারে? হয়তো পারে, যদি চোখের সামনে থাকে গ্রামবাসীর মুখ। যদি চাহিদাই ঠিক করে দেয় জোগানের পরিমাণ, মান। গোল বাধে যখন জোগানদারের হাত বরাদ্দ মেপে দিতে চায়। দিলে কী পাব, সে প্রশ্ন উঠলেই হাতছাড়া হতে চায় সুচিকিৎসা।

LEF in News



KAUSHIK BASU
Chief Economist and Senior Vice President

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September 27, 2016

Nanritam is one of the most impressive social welfare organizations in India. It began as a health support unit in a North Kolkata slum and has subsequently expanded to diverse areas such as education, computer training, sustainable agriculture, and agricultural extension work.

My visit to Nanritam in Purulia was one of the most moving experiences I have had. It is testimony to how much you can do for the poor and the marginalized if you combine organizational skill with moral commitment. Nanritam's Eye Hospital in Para Block of Purulia is as busy as any Indian city hospital; in addition, it is spotlessly clean and equipped with the latest technology. The new school that has been started by Nanritam is in the same tradition of modernity combined with tradition, and with a genuine effort to bring the best education to rural children.

Kaushik Basu





Revered Swami Subiranandaji Maharaj
General Secretary, Ramkrishna Math & Mission



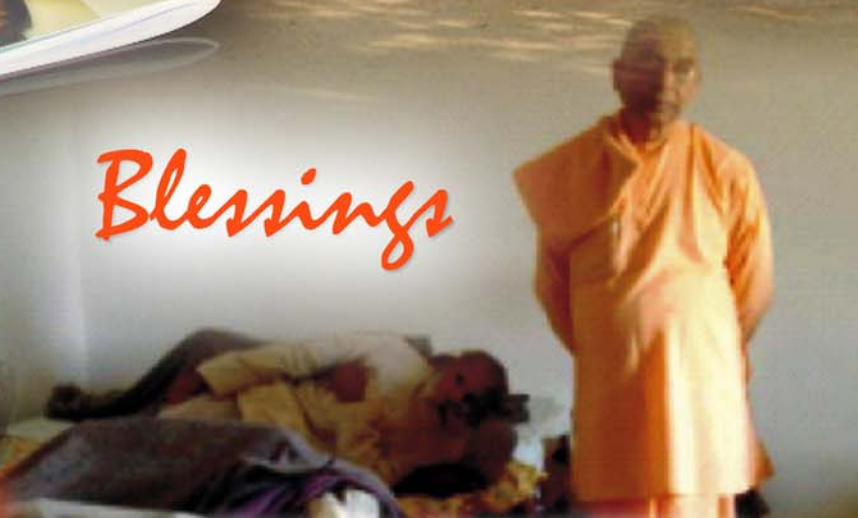
Revered Swami Smarananandaji Maharaj
President, Ramakrishna Math and Mission.



Blessings



Revered Swami Girishanandaji Maharaj
(Manager, Ramakrishna Math and Mission)



Revered Swami Sarvadevanandaji Maharaj
Minister Incharge, Hollywood Vedanta Centre, CA , USA



Revered Swami Suparnananda Maharaj
Secretary, Ramakrishna Mission Institute of Culture.



The Ramakrishna Mission Institute of Culture

Gol Park, Kolkata - 700 029

Presentation of the
VIVEKANANDA MEDAL

to
NANRITAM

by
SRIMAT SWAMI SUVIRANANDAJI MAHARAJ

General Secretary, Ramakrishna Math and Ramakrishna Mission, Belur Math

THE CITATION

The Ramakrishna Mission Institute of Culture presents with great pleasure the Vivekananda Medal 2018 jointly to NANRITAM and VIVEKANANDA SWASTHYA SEVA SANGHA on this Seventeenth day of January of the Year Two Thousand Nineteen in recognition of the Organizations' excellent services to the poor and underprivileged people of Purulia, West Bengal and Jharkhand in the fields of treatment of eyes, education and agriculture.

NANRITAM, dedicated to the ideals of 'Shiva Inane Jiva Seva', is a non-profitable social-welfare organization. Initially, it started working with a small community of slum dwellers in North Kolkata. The organization is focussed on providing health-related services, quality education and enhancing livelihood opportunities in the backward districts of Purulia, Bankura, Paschim Medinipur and in parts of Jharkhand. Among the notable projects of this organization, mention may be made of 'Lokswarananda Eye Foundation', 'Nanritam Krishi Kendra', 'Felix School of Education' and 'Udbhaas'.

In the words of Srimat Swami Suviranandaji Maharaj, General Secretary, Ramakrishna Math and Ramakrishna Mission, as recorded in the 'Visitors' Book': 'Here whatever I saw is excellent. Keep it up and also march ahead. Absolutely splendid — a hall mark of dedication and service imbued with the flavours of the soul! Hats off to organisers of NANRITAM.'

May the blessings of the Holy Trinity shower on NANRITAM and its dedicated members.

Date: January 17, 2019

Place: Kolkata

Swami Suparnananda
Swami Suparnananda
Secretary



**Vivekananda Medal awarded
to Nanritam
on 17th January, 2019**



Blessings



**Revered Swami
Suviranandaji
Maharaj**

General Secretary,
Ramakrishna Math and Mission

Ramakrishna Mission is an idea which one can translate into reality if one has imbibed the spirit of Ramakrishna - Vivekananda. Ranjana Lingappa and Bharati Basani duo have just done it! I salute their dedicated team. They ^{deserve} support from all concerned - Govt. & the public alike. Their work should be acclaimed with a 'big hand' by today's strife torn society. I am sure Swamiji Maharaj will help them, support them, bless them with both the hands. The light that is lit at 'Parva' in the form of NAKRITAM ~~will~~ will never die down.

Glorious unto Swamiji Maharaj!

Suvirananda

Jai Ma

Date	March 20,
Page	2018

I was deeply impressed at the intensity of the dedicated service offered by everyone of Nākritam. The great life and the inspiration of Swami Lokeshwaranandaji is the guiding force behind every activities of this institution. It seems to me that Sri Ramakrishna and Holy Mother is holding the hands of all of you to fulfil their mission.

Let this inspiration ignite inspiration in the heart of other institution and people - is my prayer.

Happy to Visit & Stay are Joyful day with all of you.

My special Thanks to Ranjana, Bharati and every dedicated doctors and teachers, Volunteers.
With deep regards,
Suvirananda

Teacher's Signature
Hollywood, USA



**Revered Swami
Sarvadevanandaji
Maharaj**

The minister and spiritual leader of the Vedanta Society of Southern California.

Page
22 December 2012

There are some places where one has to just visit and see, and one feels hope. Nanritam's workplace in Para, Purnia, is such a place. ~~It~~ This is one place which demonstrates what a few good men and women can achieve. From helping people losing their eyesight, through handicapped children to farmers trying to increase their productivity, Nanritam is involved in all. I am leaving today feeling optimistic for India.

Kaushik Basu
KAUSHIK BASU



Prof. Kaushik Basu

Padmabhusan, Former-
Chief Economist & Sr.
Vice President of the
World Bank.

What they
say about

LEF



PROF SUGATA MARJIT

former Vice Chancellor of the
University of Calcutta

Director of the Centre for
Studies in Social Sciences

It has been a wonderful experience to visit this hospital, farm and the school. I am overwhelmed by the commitment of the people involved. They have set a rare example which, I hope, will inspire many. Such institutions are necessary for us to soul search and involve ourselves in similar endeavour.

Sugata Marjit

28.2.16

Thank you Donors!



Thousands of under privileged people that avail the services of Lokeswarananda Eye Foundation across the districts are able to do so because of the supports, big and small, extended for the cause by the ordinary citizens from all over the country. In addition, Lokeswarananda Eye Foundation gratefully acknowledges the significant contribution of the Government and Corporate donors.



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All donations are eligible for Tax Deduction under section 80G of Income Tax.

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Barandanga, Para Block, Purulia -723155
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