Medical knowledge, especially Ophthalmology, in this part of the globe has a fascinating antiquity. As an 'object' of medical concern, human eye, gained importance at an early stage of civility. The Indian endeavour in the field of ophthalmology interestingly evolved from ancient Indian philosophy. Unlike any other part of body, ‘Eye’ was considered important. So as a field of study, Ophthalmology, where object of vision and object of knowledge coincides with the mode of vision and mode of knowledge, developed under special care. For centuries the mainstream knowledge-system of this sub-continent was being nourished under the concept of ‘Darashana’. The term literally denotes the act of seeing but its connotation goes far deeper and far wider. It is not the mere corporeal seeing rather it is the perception of the truth critical behind the existence. So the act of ‘looking’ at things not only through eyes but also through other sensory organs was taken quite seriously. And likewise, visual inability was very often been metaphorized as the symbol of ignorance. Interestingly, the modern medicine is in tune with the ancient metaphysical concept of ‘Darashana’; the all-pervasive seeing. The ‘clinical eye’ encompasses a wide range of experience; it not only sees a disease but also it understands it, feels it, and even listens to it. With advanced technology it monitors the changes caused by it.

History of Indian ophthalmology is replete with vibrant activities. Voluminous works on Susruta and his ‘Samhita’ unanimously attribute him as the ‘Father of Indian Ophthalmology’. Exercising ECCE in ca. 500 B.C.E is till date thought a rarity. But such cases are not beyond expectation as at the day’s end we expect such ‘magic-healings’ if not expertise from physicians. An ophthalmologist treating patients does not sound unusual but if a king, a prince or even a religious preacher is found indulged in treating ocular diseases, taking care of intricate ocular surgeries, then the implication of it up on the masses becomes manifold. Susruta, Charaka, Jivaka, Cakradatta et al were physicians by profession. They even reared disciples. But Gautama Buddha was not a physician by profession. Yet some literary texts call him ‘master physician’ who is expert in operating cataract. Comparing the Buddha with an ophthalmic surgeon is steeped with allegory. But if it were an actuality then its impact on the masses had been enormous. Equally interesting are these records which tell the story of princely figures who in spite of not being physicians contributed significantly to their contemporary ophthalmic endeavours; both treatment and awareness.

An 11th Century Tale: A reference of ca. 11th century healing house or ‘Atursalai’ of Tamil Nadu can be sited. This hospital with 15 beds was constructed by the Chola rulers within the temple complex of Venkatesa Perumal. Apart from an outstanding team work of supervision under Asvatthama Bhattaraka, it used to keep a stock of medicine required for any given year. This stock included ‘Sunetri’ of which it earned specialization. ‘Sunetri’ was an ophthalmic medicine especially effective for glaucoma. Other ocular problems also found a remedy in this. Sunetri attained specificity along with generality, the combination which is intrinsic feature of modern medicine. Medicines for cataract were also prepared with great distinction. The fact of keeping a good stock of an ophthalmic solution along with other medicines testifies their serious concern. This can be an inspiration for modern healing houses regarding the medicine-stock.

The Sultanate: Historical documents on medicine belonging to sultanate period tell us of another royal figure,
Firuz Shah Tughlaq (1309-1388 C.E) as a physician. His speciality was in bone-setting and ophthalmic treatment. He is credited in preparing an effective collyrium, known as ‘Kuhl-e-Firuz Shahi’ from selected drugs and snake skin. It is pertinent to mention that collyrium had been regarded as a mean to good vision from the time of Susruta. It was employed “to stimulate the growth of eye-lashes, brighten the lusture (lustre) of the eye-balls and clean the pupil.” Specific materials and metals were allotted to specific kinds of collyrium; like - gold pot for sweet collyrium, silver and lapis lazuli for acidic, horn for salty, copper and iron for the astringent, bell-metal for bitter and the lot. Firuz Shah further carried on the legacy. Under his dictation a medical treatise, Tibb-e-Firuz Shahi, was composed but ‘is not so far traceable’. Another ruler, Muhammad Quli Qutub Shah V of Golkonda Qutub Shahi had interests in oculist studies. He ordered famous oculist of his time Shamsuddin Ali Husain al-Jurjani to translate the famous ‘Tazkirat-ul-kahhalin’ or ‘Notebook of oculists’ of Ali bin ‘Isat. The purpose behind these translations and composition of medical treatises was to diffuse the knowledge among the masses. And the initiator wisely chose an ophthalmologist to do the same for the sake of perfection. Such initiations were employed many a times due to its effectiveness. It is pertinent here to refer that the first Bengali ophthalmologist, Rai Bahadur Lal Madhab Mookerjee also did a translation work in 1902. He translated ‘A Manual of the Diseases of the Eye’ of C. Macnamara, into Bengali to help the native students in learning.

Mughal story: Emperor Shah Jahan patronized Persian men of medicine among who was the famous oculist Haikm Ain-ul-Mulk Shiraji. He was appointed as the personal physician to prince Dara. It is thought that the medical work named ‘Tibbe-e-Dara-Shikohi’ was his work though it acknowledged the prince for the purpose. According to it cataract was treated with medicine.

Case-studies of Tanjore: The endeavour put forward by the king Serfoji II (ruled 1798-1832 C.E) of Thanjavur Maratha dynasty is of signal importance in this field. He himself was an expert ophthalmic surgeon. The hospital he founded had British ophthalmologists. The endeavour he put forward has at least two points of interests. First to mention is the ophthalmic records of patients which he ordered to keep for further and future references. Researchers have found case studies of at least 44 patients whose age limit varied from 5 to 60. Along with these 18 paintings of patients were found. These paintings can be accounted as (probably) the first conscious effort, in ophthalmology in India, to maintain a record that can help in practical-study; the research and teaching. The frequent use of complex medical terms like lens capsule, posterior chamber, cornea etc and imaging diseases like spring catarrh, lenticular cataract, proptosis, leukomas etc hint at the depth of study. Treatment was done applying both oriental and occidental medicine. And second; in this eyehospital patients were given cash reward after their recovery. This is probably done to advertise their activities and for mass-awareness.

These references unmistakably present the fact that these authority shouldered with the renowned physicians in uplifting the status of respective medical works. Their initiation might have enriched ophthalmology but their engagement surely aggravated the mass-awareness. But the problem of blindness and impaired vision is still looming large. Today’s India is approaching, in a very systematic way, to meet the target of “Vision 2020: the Right to Sight” through various schemes and programmes by NPCB and leading institutions of Ophthalmology. Following the past, the leaders of India, the emblematic personalities of India must come forward to help NPCB and institutions of Ophthalmology. If such personalities are engaged as ambassadors, as propagators in various awareness programmes, in eye-donation propagations the result would yield better fruit. Manipulating the hero-worshipping, the awareness projects can bring qualitative change to this field. Such engagement worked effectively in the past and promises are there to be worthy in present. History records the endeavours but Present counts them.

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References: