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INDIA'S FIRST MAGAZINE DEDICATED TO INNOVATION

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HOW INDIA
INNOVATES

1st

NATIONWIDE
SURVEY ON
YOUTH AND
INNOVATION



SCAN THIS TO STAY
CONNECTED

THE BAIT:

INDIA HAS AN OPHTHALMIC SURGEON:POPULATION RATIO OF 1:1,07,000, INDICATING A VAST UNDERSERVED EYE-CARE MARKET.*



PADMA SHRI DR. S NATARAJAN

is Chairman and Managing Director of Aditya Jyot Eye Hospital Pvt. Ltd., and Managing Trustee – Aditya Jyot Foundation for Twinkling Little Eyes.

Innovation in eye care: overcoming the blind spot

There is more to eye care than just cataract surgeries and prescribing glasses. With eye-related problems rising sharply, and 2.4 billion-plus eyes in the country waiting to be examined, there is a dire need and much scope for innovations. THE THINKING HAT tells innovators how not to end up being a 'me too' in the eye care space.

India has the second-highest population in the world; and, every person has two eyes—all have to be examined, right from birth to death. [There are at least 4–5 stages in a person's life where there is work for an eye doctor.] First, at birth, a child must be checked by a paediatrician and referred to an eye doctor in case of

eye-related abnormalities. Next is when the child goes to school. The third stage is before a person takes up a job. Then, above the age of 40, when age-related issues like glaucoma or myopia can develop. Lastly, even after a person's death, there is work for the eye doctor [if the deceased's eyes have to be preserved].

**Ophthalmic manpower in India--need for a serious review, a paper by Kumar R*



Nilesh Juvelekar

To cater to people at each of these stages, there are only about 25,000 eye doctors in our country today. If one billion people have to go for a check-up four times, that translates into four billion check-ups. The [larger goal of] innovation in the eye care sector should be to reach out to the entire population. But everybody wants to approach the same population and [provide the same facilities]. People entering this field should remember the blue ocean strategy—when the ocean is so big, why go only to the one area where everything is already available? What about the rest of the ocean?

So my first advice to innovators wanting to get into eye care profitably is, go to tier II cities and towns, since so many eye doctors and eye hospitals are already concentrated in metro cities. If you target tier II cities and towns, investment will be less and marketing will be easier. For example, in a small place like Sangli, 25 eye doctors together invested in 4 or 5 equipment; they have a common [brand] name, and they see patients slot-wise. This is common in ophthalmology because of the high cost of equipment.

I am a third-generation eye doctor. In my grandfather's and father's times, ophthalmology was simple—it was half a day's work, most of which was only prescribing glasses. They had minimal instruments, and a small room was the eye clinic. Cataract surgery was done in the patient's house, on the patient's bed.

Now ophthalmology is not like that; look at the number of instruments! But I've noticed that the next generation only wants to get trained, do the job like any other job, and earn name, fame, and money. The extra dedication to do something new is missing. [At the beginning of my career, when I was coming to Bombay,] my mentor said, "Bombay is full of whales; how will a small fish like you survive?" I said, "I will dodge and find my way." [Similarly,] every innovator can find his/her niche in the eye care sector today. But most eye doctors want to do cataract surgery and LASIK because they take less time and get more returns. As an innovator, you should want to do something new.



Aditya Jyot

The twinkle in their eyes

In 2004, the then President of India, Dr. APJ Abdul Kalam, referred a child, a victim of black magic, to Dr. Natarajan. Somebody had damaged both the eyes with a stick and abandoned the kid in a field. When Dr. Kalam offered to pay, Dr. Natarajan refused and instead asked him to support the cause of preventing blindness. On the President's suggestion

a foundation was started in 2005, which Dr. Kalam named Aditya Jyot Foundation for Twinkling Little Eyes (AJFTLE).

Today, the Foundation operates from a rented place in Dharavi. A key goal of AJFTLE is to support innovations that can prevent blindness or help the blind see. Its team comprises doctors, optometrists, and social workers who go door to door checking for cases of diabetic retinopathy. AJFTLE is also involved in a lot of R&D and tie-ups. It has recently submitted a proposal to Siddhivinayak Trust for assistance to treat cancer of the eye (or retinoblastoma), and is trying to partner with Dr. Neil Bressler, Chief of Retina Division – Wilmer Eye Institute at Johns Hopkins, for work on age-related macular degeneration. Dr. Natarajan is also spearheading R&D in the fields of retinal stem cell transplantation and artificial retina.

For instance, when I started my own hospital in Dadar [Mumbai], people suggested I start with only one instrument. But I wanted an exclusive retina centre [with all facilities], the best in the country, and we did it. It was expensive; to get a loan was terrible. Nowadays, things are better. There are so many ways in which finance can be arranged. You only need the vision and drive.

Ultimately, every innovation has to be supported by four 'A's: Affability, Affordability, Availability, and Advertising. You should advertise your innovations scientifically; don't advertise medicine or eye care like one advertises soap. Be honest, realistic, and do not make empty promises. If you join others, make sure your fellow stakeholders share a common vision. Closely guard your ideas till they are ready for implementation. And once you are out there with your idea, don't be afraid of competition.

In a service like eye care, innovation has to be 'hi-touch' as well as 'hi-tech'. Remember: Machine is important, but the man behind the machine is the most important—so invest in your people as much as you invest in technology. You should be equally accessible to the richest and the poorest. A patient finally wants four 'C's: Compassion, Care, Cost-effectiveness, and Competence. True innovation [for a doctor] is to deliver on all these fronts and keep thinking every day how you can make your patients happy. And five 'P's may come handy in this journey: Perseverance, Prayer, Persistence, Precision, and Perfection. (As told to R Nalini.) ★

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