Introduction and Guest Background

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Welcome to the IQ Podcast. I'm Dr. Rani Banik, here to help you boost your IQ with powerful insights that connect your eyes, your brain and your whole body wellness.

Hello everyone, and welcome back to the IQ Podcast. I'm your host, Dr. Rani Banik, And in this podcast, you'll gain insights into your vision health, your brain health and your overall wellness to help you raise your IQ.

Today, I am so honored to have as my special guest, a friend and colleague, Doctor Harsha Reddy. Thank you so much for joining us on the IQ Podcast, doctor Reddi.

Absolutely. So for our audience, Dr. Reddy and I have known each other for 14, probably going on 15 years now. We've both worked at New York Eye and Ear Infirmary of Mount Sinai, where Dr Reddi is an associate professor of ophthalmology.

He's also an oculoplastic surgeon. he's the residency program director in opthalmologist, so he has a lot of responsibility with that. And in addition to that, Dr.

Reddy does a lot of humanitarian work. He's the founder of a nonprofit called Locana. And I hope I'm pronouncing that correctly, but we'll be talking a little bit about that as well.

Also, he is a filmmaker, so I am super excited to get into all of that with you, Doctor Reddi. You wear so many hats, teaching, administrative responsibilities, operating, seeing patients, and now you're doing the humanitarian work.

You're a filmmaker. Can you share a little about your journey into how all of these roles came about and how you got interested in all these different aspects of your career?

Yeah, I'm happy to and I do wear many hat. I was not wearing them all at the same time and it's been nice at this stage in the career to see how things have been interested in for a long time or maybe dormant for awhile and then over time opportunities came up and I able to engage with them and so you know one's medical career is long and there's different aspects to it and the things that are important to you often find a way of making themselves a part of your life and That's kind of how I slowly gotten to piece together a career that's really productive and rewarding, but it didn't all happen at one time.

So we can get into how each one of those things kind arose as we talk about each of the topics. I think that would be a natural way to- Sure. Yeah, so first tell us, you trained in ophthalmology and then oculoplastic.

What is it about this field, the subspecialty in Ophthalmlology that really drew you in? Yeah.

Choosing Ophthalmology and Oculoplastics

So initially when I was a medical student we went through all these rotations and I did an ophthalmology rotation and i really liked it and then I took a gap year between my third and fourth year of medical school and during that time I went to Nepal and worked with the Himalayan Cataract Project there and work with Sondar Pruitt and Jeff Taven So that's where I first got a taste of global ophthalmology, and actually seeing opthalmologie in the global stage is what made me convinced that ophtalmalogy was the career for me, because I'd always wanted to do something more.

And opthemology seemed to be a perfect fit for community-based interventions that definitely made an impact right away. So we had really those benefits of having a surgical field where you can have a tangible impact on people's lives, but also have community aspects.

So going overseas and seeing it there kind of made me decide on the field. And once I was in the fields, I didn't really know something like osteoporosis existed as a medical student.

In ophthalmology, going to residency, we get solace to the various subspecialties. Inoculoplastics was nice because there's many wide diversity of procedures within the field.

So everything from cosmetic surgery to reconstructive surgery, to tumors, the trauma, and that's one thing that makes it unique within ophthalmology. Yeah, and I've spoken with some of our oculoplastic colleagues and a lot of them do share that they have this creative artistic side to them and going into oculus plastics allows them to express that.

So can you share a little bit about that? Because I know that you have an artistic site to you as well, Dr. Reddy. Thank you, yeah. Octoplastics is a field that many people don't really know even exists, but it's nice because every single face is different, and people's eyes look quite different and are quite personal to them.

And so the artistic side, I think, is knowing the anatomy but also being able to make things look as good as possible. I can definitely say that The patient who is there for cosmetic surgery cares about their cosmetic outcome, but the patient whose had a trauma or a really bad tumor cares just as much about the cosmetic outcomes as treating the pathology or the disease.

So it's a nice way to have a conversation with people about what makes them unique, what make their patients unique and also to do the best possible surgically to match an artistic or cosmetic result with the functional results we're also aiming for.

Yeah, absolutely. And I've seen some of your patients and their results and they look wonderful and very natural. So you really have quite a skill and the art of oculoplastics well covered.

You started off doing oculus plastics, but then you became very involved in teaching. And now as a program director for several years, like you are doing, you know, again, juggling a lot.

How did you get so interested in the educational aspect of things and then the administrative aspect things? Yeah. When I came out of my fellowship training, I knew I wanted to be in academic medicine.

I want her to in an environment where I work with trainees. And specifically, all of my training environments had been in environments with underserved populations.

I was at L. A. County Hospital at USC for my residency, which has a huge immigrant population, huge population of underserve medical needs. And then at Seattle, I had Harborview Hospital, another big public hospital with a lot of trauma.

medical necessity.

Teaching, Residency Leadership, and Learning Basics

So coming out of that training, I knew I wanted to work with that population and I really enjoyed working with trainees, with residents and medical students.

Academic medicine was always a good fit and from the day I started, and met you and many other people who are dedicated to teaching and that really felt like the community of I wanted to be at heart of things.

So teaching was always a part of the career from the beginning, but when the opportunity to become a program director came up, that helped me develop that interest in teaching to a kind of systemic level and try to make the system within our department and our residency program as conducive to teaching.

And it's also a different role as an educator. I think the residents enjoy and look up to you when you're the program director. It's a little bit further removed and you have to be a leader in a difference type of way because you can't always be the good cop or the nice guy.

You also have set the structure and the rules and sometimes that's not as, you know, personal relationship with individual residents. You can't always be someone's friend or buddy, but I think the residents do appreciate in the big picture and our faculty as well, that there's a fair system that maximizes teaching and that maximize patient care, which is what we're all here for.

Yeah, and having been a program director myself many years ago, I know it's extremely challenging, that role of being, as you said, not just a mentor, but also kind of keeping everyone in check, both faculty and residents and the trainees.

But it is also so rewarding, like just to see young doctors blossom under your guidance and really find their path and their career is just an incredible journey that you can help them along with.

So thank you for all of your efforts in that. Now I have to share that the program that your responsible for is I think it's the largest ophthalmology residency program in the country, right?

Is that correct? Yes. Yeah, 10 residents a year and just like you said in your own experience, it is quite incredible for someone to come in and in four years, their internal medicine plus three years of ophthalmology, to be qualified to do the really complex intraocular surgery in a very short period of time.

So that's a huge responsibility for all the faculty that you know well as a program director. And in addition, when you have the biggest program in the country, you'll have 10 different personalities in each class, and then three classes.

So there's how people get along with each other, how the classes get on with the each, other how faculty get all with their residents. I would tell the residents, it's a microcosm of working in any group, in in cause, any community, at any clinic.

The people skills you develop, not just with patients, but also with each other, is a really valuable skill that'll serve you well the rest of your life, whatever you want to go into it.

We're actually in the middle of that selection process right now. Every fall and winter is when we interview new medical students or physicians in our residency, and it's always an exciting time for us.

Yes, I know it's a very busy time as well, but it is so important. You know, you were talking earlier about community and ophthalmology and global opthalmologist.

But even within the microcosm of where you work, whether it be an academic institution, weather it'd be a group practice, multi-specialty practice. It is important to fit well with your colleagues.

And sometimes, it may not work out that way. Sometimes later in life, people change their career. That's okay, too. And I think these are some of the skills you start to learn and appreciate during residency that everyone is you're

saying everyone has a different personality, everyone interacts differently with each other, but they also have different learning styles.

I wanted to ask a little bit about that, you know, as being in education for so long, like, How do you help people? Yeah, some of the people who listen to this podcast are trainees.

You know, they are in training or they're medical students. They hope to go into ophthalmology. But what types of maybe, maybe a quick tips you could give them about, you know learning this vast amount of knowledge in such a short period of time?

What would you say? Yeah, you're right. There are so many different learning styles and people come into it with so much background and learned experience themselves.

I would say one thing that I've seen certainly surgically in terms of surgical education, but I think it applies to the fund of knowledge and ophthalmology as well.

is I think of it a little bit like learning a language. There are certain foundations that you need to kind of understand the breadth of knowledge in the field, what you're expected to know.

So you may think about this as knowing broadly the kind grammar or the structure or foundation of language, But you get confidence by actually learning the basics and speaking certain phrases confidently and intelligibly so that you can have a communication and have proper communication with someone else.

So rather than coming in and knowing some obscure fact about some rare disease, and that is a kind of random fact that's unconnected to other things. But if you know the anatomy, for example, that gives you a sense of the underlying structure of a language.

And if you know certain things, the basic 10 conditions in some specialty, if he knows something about each one of those that's definitely true, then you have a foundation to build additional knowledge.

And also when you interact with other medical people, because this is the way medicine works, there's a kind of hierarchy where you're working with people at different levels.

the best thing to know is that the first-year resident is actually to Know what you know know what? You don't know and when you're presenting to an attending they kind of Get that they can trust what your saying because you are not overstating the case and so it's similarly to You know just speaking language if you don' know the basic phrases and you try to say something super complex and then they respond with something Super complex you gonna lose that confidence as the as a speaker and so in surgery I tell people know like the two or three basic surgical knots you know and and don't try to learn that super complex thing that you're going to use a few times a year and just repeat those basic simple things until you are very confident in them.

You will be confident, the person training you will confident and then you'll move on to the next skill after knowing the basic skill. So that's a general philosophy that I think works for most people but of course Are there different learning styles that may work for individual people?

Yeah, no, those are great tips. And I think especially with ophthalmology, you were speaking figuratively, but literally, we do have our own language as opthalmologists.

We use terms that probably no one else in the medical profession uses, aside from optometrists who are our colleagues. But we have own our language, our skillset, and our ways of examination of the eye and the periocular structures.

And it's really important in that first year, year and a half of training to get those foundational skills down. So like, I love what you said about the example of like learning how to do three knocks and do them really, really well.

The same thing, like get comfortable with your examination skills. How do you check a pressure? How do you examine the optic nerve? How you hold the lens?

Get really, really comfortable with it. How to you interpret tests? And then move on to the next thing. And I want to just dive a little bit more into the surgical aspect of things because I know you operate often with the residents, both for trauma call and then also for regular.

not like elective and non-elective procedures, what are some really essential surgical skills that people need to have to be a good surgeon in the eye field and ophthalmology and also in oculoplastics?

That's a great question and it's something that certainly the general public is curious about and even people before they view surgery are curious. About how do you know that someone is going to be a good surgeon or is a surgeon and I would say our medical system places both a lot of investment in making people good surgeons and a If they put in their fair share of effort, they can be good surgeons.

And so from the trainee standpoint, it all starts quite before the day of surgery.

Surgical Preparation and Core Operating Skills

Obviously practicing in the wet lab, practicing on your own, speaking with the attending the week before to go over the case, kind of have a surgical plan in mind.

I always encourage people on the day before the surgery to do a kind of mental walkthrough of the Surgery and visualize each step, visualize what Sutra they're going to be using, what instruments they are going be to using.

Obviously now we have great surgical videos and one of things I worked on actually was a course for Orbis International that is an online video surgical course where it really breaks down step-by-step all the anatomy videos for each step goes through the instruments and those sutures.

So there's a lot that a resident can do before they enter the operating room and they should do and we expect them to do. We also have wet labs where they practice each of the surgeries both for intraocular surgery as well as oculoplastic surgery.

The more confident you are, the more prepared you're going into the live surgery, and the better that you will do. And it's a kind of virtuous cycle. So if you have a good response after all that preparation, you'll feel more content and do even better the second time and third time.

If you aren't prepared and have bad experience, it will be very stressful and set you in this negative space going to the next surgery. Everything built on itself and as you know very well, perfect practice is what ultimately makes perfect.

So an intentional and thoughtful practice. Yes, so true. So important about experience and practice, practice practice before you operate on a patient.

I always tell trainees that when you're operating on patient, they're trusting their health in your hands. And so don't just go in there not having practiced, you know, not really understanding the steps of surgery.

It's really a disservice to your patient if you are not prepared. So yes, you want to be prepared for yourself, but you owe it to your patient to get prepared as well.

It's just not right to go in without knowing how to do something. And yes you have your attending there, But you should do all the research ahead of time.

There's so much now, as you said, educational materials online, whether it's through a website like Orbis, which has fantastic educational videos, or even on YouTube.

People can learn from watching surgical videos before they're actually in the operating room. This has been such an amazing, wonderful discussion, Dr.

Reddy. We are going to take a very short break and then we're going be coming back and I'm going add be asking you about the other aspects of what you do, which is more your, you know, your global ophthalmology interest, Your nonprofit and the filmmaking.

So stay tuned everyone. we will be right back with more on the IQ test. Hello, I'm Dr. Rani and I am here to talk about something we often take for granted, our vision.

In my book, Beyond Carrots, Best Foods for Eye Health A-Z, i delve into how crucial it is to be proactive about your vision health. Certain eye issues are quite common, such as dry eye and eye strain, while others frequently develop with age like cataracts, macular degeneration, diabetic retinopathy, and glaucoma.

Some of these types of eye conditions can be debilitating and even lead to loss of vision. The good news is that many of the sight-stealing conditions are preventable if you take the right steps.

Your eyes are precious and they deserve the best care possible. To ensure healthy vision for life, you need to provide your eyes with the proper nutrition they need.

Nutrients like lutein, zeaxanthin and bioflavonoids, also omega fatty acids, are like fuel for your eye, keeping them strong and vibrant. But here's the truth, sometimes our diets have gaps.

That's where my Agile Size supplement bundle comes in. It's a result of years of research and my passion for eye health. The Agiles Size bundle contains the three essential supplements I recommend to my patients.

Let's start with Fortify, a blend of powerful ingredients that protect against stressors like blue and UV light, eye strain, free radicals, and oxidative stress.

Next is Nourish, a complete multivitamin. Noursh provides the foundational building blocks your eyes need for cellular function and repair, along with powerful bioflavonoids that support the delicate structures within your eye.

And then there's Soothe, A unique complete blend of omegas, 3, 6, 7 and 9. This blend supports a healthy inflammatory response, nourishes dry eye and helps fight against macular degeneration.

Remember, taking care of your eyes isn't just about today, it's an investment in your future. By being proactive now, you can enjoy healthy vision for years to come so you continue reading, using a device, staying independent, and seeing the faces of loved ones.

So, join me in taking the first step towards a lifetime of clear, vibrant vision. It's time to introduce your eye to the ageless eyes bundle. I invite you to learn more on my website about each of the powerful supplements that make up the trio in the Ageless Eyes Bundle.

Let's embark on this journey together because your eyes deserve nothing but the best. The Agless Eyes bundle. See the world with clarity and confidence.

Well, welcome back to the IQ podcast. Today we have the honor of chatting with Dr. Harsha Reddy, who wears many, many different hats as a clinician, as an educator, and as humanitarian and filmmaker.

So I want to ask you, Dr Redy, you do a lot of work, I know, in India, but as well as other parts of the world. Can you share a little bit about your recent work and this nonprofit that you funded in Yes, happy to thank you.

And yeah, thanks to all your listeners for listening to this. My own work with global ophthalmology actually goes all the way back to when I was a college student at the University of Wisconsin.

So as part of that, there was the study abroad program where I went to India, to South India. I actually stayed for an extra year and worked with the wildlife biology team in South There's a tiger reserve there in Andhra Pradesh called Nagarjuna Sagar Trisailam Tiger Reserve.

It's not full, but it is India's largest tiger resort. And at that time, I was actually working with the team there to track tigers in the reserve. So we would set up cameras and take pictures of the tigers at night and things like that.

Global Ophthalmology and Locana's Community Work

In the process, you got to know the tribal community that lives there. and this group is called the Chenchus. And so this was really a personal connection for me.

The Chenchu families in these villages took care of me while I was there, like a family member. I had a 20-year-old kid from Wisconsin who had really not spent much time in India, and I learned the language when I A long story of getting to know this community over the year that I was there.

And then when I finally got done with my ophthalmology training, I always knew I wanted to go back and work and help in some capacity there, and so I went back in 2017. I actually didn't go right after I finished my training because I want to make sure that proficient and also took some time to build these leadership skills and organizational skills that came with being in academic medicine.

So in 2017, I went back and the first thing I did was work with people I knew there to find out what services already existed for eye care. India compared to other countries is actually has a lot of ophthalmologists and have a of excellent opthalmologist, especially the state where I was working in.

But for the tribal communities, they're quite remote and spread out. And so they don't usually come to, you know, eye camps. They certainly don' t come t o the big cities for eye care.

It's quite an intimidating process for anybody, but especially for someone who lives in the forest. and who's had, frankly, bad experiences with health care historically.

So I knew there was a need from talking to people who lived in those communities. And I know that there were other organizations who had worked with similar communities but who were not involved in eye care.

What we did was mobilize the other NGOs there, and we worked them to incorporate eyecare. We started by having eye camps a couple times a year. And then people came to these camps and we set up a mobile clinic.

And over time these camp became a little bit more advanced. Now what Lokana does in terms of eye care is basically set-up an eye clinic in a small building in any of these communities.

We bring our own power supply if needed. We bring a slip lamp, we bring our indirect, an autorefractor, most of the equipment that you would have in any eye clinic anywhere in the world, and we do a full eye exam.

This is something that is important to think about for anybody who is interested in global ophthalmology. or in any kind of global project actually, is what can you provide that's needed that other people are not providing in that area?

And the model has been generally to screen people for cataracts, and then if they have catarracts tell them they need to go somewhere to do catarat surgery.

What we do is something different. We do a full eye exam, including refraction, and including dilation for everybody who comes in who needs it. And anybody who need glasses will make glasses for them and then come back and deliver it to the communities right then and there.

So if they need reading glasses, we give to them right there, if you need other types of glasses we make them.

back if they do any cataract surgery then we have a separate mechanism for them to do a surgery and over time I helped my partner there establish a small eye hospital with a surgical center so that the surgeries are done there.

So it's a long answer to your question but for me it started with the community that I felt connected to and frankly helped me out while I was there. And this is a way to kind of give back in a that was actually needed there and also build trust in the community to receive maybe other medical services when they had bad experiences would help.

Well, you're doing some really truly incredible work in this type of a setting. I'm sure it's been challenging. Can you give us an idea of like how large an area this is that you, with Locana, like the services that your providing, how larger community is it or how spread out is geographically?

And kind of what you mentioned that these are tribal communities, they may not have access to other medical care, are they getting any care at all or is there infrastructure in place where they can get other types of medical care, but just not eye care?

Kind of how is this community positioned? Yeah, those are great questions and quite relevant. The Tiger Reserve itself is about 4,000 square kilometers and it's the biggest Tiger reserve in India.

And then around that, there's also these communities, some of whom were in the forest, and some were just outside the forests. Some of them were these small towns.

the entire tribal population there of this particular group is about 50,000 people and the communities are as big as maybe a thousand or two thousand people, and as small as 10 people.

There are little smaller like villages or Yes. Within that geographic area, there are some people who live deep in the forest with temporary hut structures that are actually quite ingenious in their design, but certainly they don't have running water and things like that.

Even the bigger communities that might have 500 people or 600 people. Most of those also do not have running water. So we're talking about well water that someone would pump from the well or collect and bring to the…

What about electricity? Do these communities have electricity So yeah, most of the communities do not have electricity. The communities are either on the roadside and the roadside ones, there is some current going through those.

And then the ones that are inside the forest, they do have no electricity, so the tribe is a group that's in transition, which I guess You can say for anybody, anywhere, but especially for a group that starts off with a certain relationship with the forest, that kind of industrialization of India has changed things quite dramatically in ways that are difficult for them, But also important for us to understand.

And that's part of some of the other missions of what we're doing. Well, how often do you travel there to do your work? Or do have other people on the ground who are doing, you know, these eye camps who were running the eyecamps?

Yeah, so I'll get to that. But I realized I didn't answer the previous question in terms of what other services they have access to. So the answer is, it's a little bit varied.

There's one big group there called RDT or the Rural Development Trust, which has done incredible work. And what they especially is focused on education and on maternal fetal health.

So they're pretty strong in providing those kinds of services, but in many other services they just don't have the subspecialists to go there. and things are still, you know, quite expensive.

So there's a huge need for example, for orthopedic care, there is a lot of trauma that happens in these places and each orthopaedic surgery is quite extensive and expensive and so, even though this group does incredible work

providing as much care as they can, they're still a huge need and part of what happens in these communities is also there is a need once people realize there's something that can be done about it so before there was eye care there people just kind of lived with you know visual disability right so once you get to a certain age you're just not useful to the household and you just have to be taken care of by the younger members and that's what they accepted, right?

If a child is born with a vision problem, they'll say, well, this kid just was born that vision. There's nothing we can do about it. And as soon as you know that people, there are very, very smart.

As soon they know there's something that can be done about, it they're quite motivated to, and they that there is someone who they can trust and who can deliver the results, the need kind of arises once people know, people will know something can done.

who are anxiously waiting for those camps, right? To get the care that they need. And I think that the trust factor is also very important. Like you've established a relationship with this community.

I'm sure being, you know, coming as a quote-unquote foreigner, I know you grew up in a completely different world. You learned the language, but still there's that element of trust that's so, so important So tell us a little bit about the filmmaking project that you're working on in this community.

I want to hear a bit of that and how people may be able to contribute to that. Yes. This goes back really to when I was a college student at age 20. I had my own experience there and I always struggled with how to communicate that to someone else, someone who hadn't been to this small corner of the world.

And why was so compelling to me, not just as a kind of hyper local story, but as human story that might be relevant for all of us to learn from. And so, medicine is great because we have this direct impact one-on-one with someone and it's a very like intimate and personal connection and a chance to make a difference.

But storytelling is something different. It's way to kind of reach a larger audience. it is a way kind to step out of our role of doctor and patient and step into this role like a human and human.

Filmmaking, Cultural Preservation, and How to Help

And in that case, we're both you know we're both learning when I'm interviewing someone about their life they are learning about my perspective and I am certainly there to learn about.

Their perspective in their background so in that sense it's a different dynamic a, different relationship and it offers me a chance to do something different than in terms of reaching a larger audience.

So after working on our Lokana ICANN projects for about, well, about five years, I also got to know people in even more depth and I knew them when I was a student.

And kind of came more comfortable with the idea of asking people to talk about their lives so that we could make this documentary film and then share in their words as well as my perspective.

What the challenges are to those communities and what we can learn from those community so. I certainly have no experience as a filmmaker, but I did think there was a story to be told and I think the passion of telling that story was what led me to start working on this.

I have a friend who also visited these tribal areas back in the day and he's a historian. And so he brings a totally different perspective to storytelling and to asking questions.

So the two of us, we're also quite good friends, came up with this idea of just interviewing people and using that as a foundation to tell stories about the history of the tribe, the culture of tribe mythology and folk tales within the tribes, and then also story about that region.

This part of India, this Tiger Reserve also has a temple. Just to give you an example, You shouldn't talk about storytelling about actually telling a story.

There's a temple in the middle of this forest, which has been there for over a thousand years. And so pilgrims have gone through the forest by foot in this place that has tigers and all kinds of wild animals to get to this temple and the heart of the Forest from millennia.

And so this group, the Chenchus, this tribe, were the people who were guiding people through this forest, through the temple. So they actually set up a system of tolls where they would collect revenue to safely guide people from one part to the other.

And then when they got to the temple, because the Chanchus were so integral through the religious pilgrim experience, they're actually priests in the Temple, which is unheard of really for most parts of India for someone who is a tribal person to be the highest kind of religious authority in temple.

But this was true up until the 90s. And then the priests were replaced with priests of a different class. So this is an example of the story that's not widely known, even in India, much less outside.

And so to hear this from two old women who we interviewed to say, this was our temple, This was Our God, and then to illustrate that dramatically with images and with stories and historical footage, I think is a powerful story just on its own.

And it brings out the humanity of people who are kind of seen as lesser than in lots of ways by a kind modern industrial society. Yeah. No, it's just so fascinating to hear about this work that you're doing and not just in the medical sphere with this community, but also helping them preserve aspects of their community by documenting their histories and culture, et cetera, through film.

And I'm sure that they'll be so appreciative when the film is complete. So, we are just about out of time, but I wanted to give you an opportunity, Dr.

Reddy, to share, like, if anyone wanted become a support of Locana or the film that you're making, how could they contribute? How could get in touch with you?

If they wanted learn more, perhaps, I don't know if you accept people as volunteers for your missions when you go there, But if anybody wanted participate, How can they get touch you.

So, the website where there's more information about Lokana is www.lokana.org. So please go there, you can see some of the work that we're doing. For those who are interested in the film, hopefully the movie will be coming out in 2026. The name of this film is called Eternal Trees, Eternal Mountains.

and that we don't have a website for yet, but we will soon. And certainly, Lokana, the organization, could use any donations that people are willing to make.

Money goes quite a long ways in India, especially in eye care. A cataract surgery can be done for $50 to $100. Eyeglasses can done $5 or less. So even small amounts for us would make a huge difference for the eye care.

And then for film, you know, we call whatever we put into the film and help spread the word. We hope to bring that revenue back to our other nonprofit work.

So certainly people can email me directly at my Gmail address. I don't know if there's a way for you to share it separately, but we can do that. And yeah, there's many, many roles that people can play and help us with.

So I'd love to hear from anybody who's listening that this speaks to. Yeah, so we will definitely share those links that Dr. Reddy mentioned in the show notes.

The Locana website and then the upcoming film website, and any donation links as well. Well, I really appreciate the time you've taken to share your stories with us and your journey.

It's so inspirational. You do so many things. Again, I applaud you for all the various types of work you're doing, contributing back to the field, training the younger generation, and also connecting with communities that otherwise wouldn't have gotten this type of care and help.

So I really, really applaud your work, Dr. Reddy. I'm really excited to see what you do next. perhaps in the next phase of your career, because we're always evolving.

It's so important to always, you know, follow your dreams and what resonates with you. And so I really appreciate your time. So thank you so much for sharing your stories with us, Dr.

Reddy. Thank you So much, Rani. I'll just say also that you have inspired me to think outside the box in terms of what all one can do as a physician in your in career.

and so thank You for helping us imagine different ways of being doctors and different interacting with people and spreading that message to promote health and wellness.

Thank you. That means a lot and I'll just share one more thing about that. I feel like as doctors most of the time our impact is one-on-one when we deal with patients one on one or perhaps patients and their families.

But when do activities like this when were sharing information When we're impacting communities, hundreds, thousands, perhaps hundreds of thousands or millions of people, our reach goes so much further.

And that's kind of what drives me to do the work that I do in education and sharing things on my podcast and the summit, et cetera, is to be able to reach more people than I normally would be to able reach through a one-on-one.

interactions. So I think it's for any young, you know, doctors, young trainees listening, really kind of think about how you can have a greater impact beyond your day-to-day clinic or wherever you're working.

Think of the greater good that you could do in the world and also think of what your legacy will be. That's something I thing about a lot is, what will my legacy be as an ophthalmologist, as a neuropathmologists, an educator?

and find new paths and experiment and try new things like what Dr. Reddy's been doing. So again, very inspirational. Thank you so much and thank you all for tuning in to this episode.

And I hope to see you next time on the IQ podcast. Remember if you enjoyed this episodes, please leave us a review and share it with your friends and family.

Until next, take care. Bye bye. Thank you for tuning in to the IQ Podcast. I hope you enjoyed today's episode and learned something new to help you boost your IQ.

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Until next time, keep your vision clear and your iQ sharp.