

DEFICIENCY STATUS

One of the major problems of the aged is the usually great reduction of food intake. Often if there is only one, or at most two people in the home, and the tendency is to cut down in food used because of lessened activity, and also to use those foods characterized by ease of preparation. The result is some dietary deficiency. They eat what they like, not what they need.

The major deficiencies are mineral and vitamin, and for this reason we find certain symptoms of ocular involvement which cannot be helped in the aged unless resort is had to auxiliary supply of the needed foods. This is a matter for advice to the patient of course, and not a prescription in the usual sense of the word.

The most common mineral deficiencies are in the intake of:

1. Calcium – 75 milligrams needed per day.
2. Iron – usually can get enough from red meats, liver, raisins and egg yolk if they are eaten in quantities of six ounces per day.
3. Iodine – found in sea foods, sea kelp. The requirement is 10 to 20 milligrams per year. Sea kelp tablets can be secured at any health food store.
4. Potassium – peeling of baked potatoes – green leaf foods, greens and turnip tops.

SYMPTOMS OF THE DEFICIENCIES OF THESE MINERALS.

Calcium – erratic muscle tonus of eye and other striated muscles, excessive nervous irritability, evidence of bony or teeth trouble, a good source of calcium is powdered egg shells added to other foods. These shells can be dried in the oven and ground in an old coffee mill or even in a small mortar and pestle. One half teaspoonful per day.

Iron – Hypochromic anemia, low hemoglobin, waxy skin, pale conjunctiva, pale retina, sometimes flame shape retinal hemorrhages, occasionally synopsis – blue lips and finger nails, liver egg yolk and red meats on the rare side are good sources, also raisins and “black strap” molasses, also known as “Orleans Molasses”.

Iodine – dilated pupils, hot skin with warm sweaty palms, tremors of lips, also lips and extended fingers, high BMR. Have patient take three or four sea kelp tablets per day, get at any health food store. Potassium – flaccid, sluggish muscle action, low tonicity, catarrhal discharges, mucus strings on conjunctiva and lip edges. Eat the peels with the potatoes, preferably baked potatoes, also green leaf foods, greens and turnip tops.

VITAMINE DIFICIENCIES.

A – Well known because of nyctalopia, dry cornea. Get at any food store or drug store, use 25,000 units per day for fifteen days, then 10,000 thereafter.

B – Complex – Neuritis, wandering pains, disc higher color than normal, photophobia, edema, irregular pulse, and extreme advanced cases show atrophy of nerve head. Lederle's Elizer B complex is best – three teaspoonful per day.

Riboflavin – Pericorneal injection, vascularization of cornea, red tongue, often feels sore, cracks in corner of mouth. Get at food store – 5 to 10 milligrams per day

Nicotinic Acid – Red watery eyes, redness of skin on surface exposed to light – get at food store and use 50 milligrams per day. Note that this may cause "hot flashes" of skin, but it only lasts a short time and should be ignored.

C – Small hemorrhages of conjunctiva and retina, red watery eyes with burning and smarting, sometimes bleeding gums, loosening of teeth. Lemons good source at least three per day, or can get food store, use 30 milligrams per day.

K – Tendency to free bleeding and large retinal hemorrhages. Alfalfa tea is a good source. Can be gotten as alfalfa mint tea at food stores. Three cups of tea per day.

Since the things mentioned are all foods and should be found in the well balanced diet, there can be no legal or other objection to suggesting them to optometric patients.

-0-

Today, there are several schools of thought in optometry. Some are diametrically opposed in their teaching. Again we find others reaching out into new avenues of thought. All are seeking to find the correct answer to the problem of what is taking place in the various processes of seeing. It occurs to me that we are privileged to be living in an Age when rapid strides are taking place in our optometric thinking.

While we point with pride to the work of Helmholtz, Techerning, Cross, Prentice, Landolt and other, still I think that the research of Spitler, Brock, Renshaw, Skeffington, Sutton and others are equally as great.

A few months ago, it was my privilege to listen to a series of lectures by Dr. Sutton and I was pleased to note that the doctor called attention to the fine work of Dr. Spitler and the others I have named. Dr. Sutton complimented them for doing a fine piece of research work and bringing new ideas to a profession, struggling for higher achievement. In other classes, I find the same cooperation and an inclination to pat the other fellow on the back for accomplishments in his particular field.

I am leading up to the thought that we must continue our policy and follow the line of other successful organizations. In teaching syntonics, we have no desire to stand aloof or fail to recognize the achievement of other recognized organizations in teaching post-graduate optometry. Now we are again actively engaged in College affairs and we should not only continue our policy of encouraging our members to participate in other post-graduate classes, but insist that every syntonist encourage those who have made a definite contribution in any branch of Optometry.

Today we stand alone in our particular field. No longer are we called up to defend our claim for originality. Our imitators have vanished into thin air, our hecklers have been silenced. Let s strive to keep the practice of Syntonics within the limits of Optometric procedure and earnestly seek the continued cooperation of all groups of individuals engaged in post graduate education.

E. C. Scott, O.D., F.C.S.O.
423 North Main Street
Piqua, Ohio