

OUTSTANDING CASE REPORT

By

Walter B. Lyon, O.D.

Albert Lea, Minn.

Fellow Syntonists, the following case is not one of those "run-of-the-mill" kind that is told about at ALL Optometric gatherings. It is one which worried me greatly and in fact concerns me much to this day, is still under my observation and will be for some time to come.

Miss Y. Z., age 12 years, attending school in the sixth grade, was brought to my office by her mother December 24, 1940 because the right eye had become very hyperemic again and the physician who had been working medically on this case was apparently doing nothing for the eye or functions of the eye. Lens prescription having not been supplied; an oversight which he rarely overlooked. The physician had been treating the eye the winter before but the hyperemia had not disappeared until the following summer, at which time it subsided, only to flare up again in the late fall. So, in disgust, the family thought they would "change doctors."

Miss Y. Z. is an asthenic biotype – moderately deep orbits – slightly arched brows, the right one drooping more than the left; average medium pupils of equal size; reflexes, good in each eye; color blue. Motion fields good as are the versions in all directions.

I was told that "colds in the head" made the ocular injection worse but nevertheless the patient has had no pain, no headaches, nor has she complained of the irritation as scratching and burning, etc. I was informed that the physician had said there was no sinus involvement, but that he had taken specimens of the blood and smears from the eye for microscopic examination. The family was not informed of the results of these examinations, nor did I ask the Oculist for them.

My observation disclosed no discharge other than the normal tears. She did mention that the eye felt dry. Ptosis of the right upper eyelid only, the drooping of the right lid almost covering the pupil, which led me to believe that there was a third and fifth nerve involvement. My suspicions also were that this was a case of chronic Keratitis, possibly marginal, but why monocular?

The left eye appeared normal and continued to be free of any signs that caused the right eye disturbance. Therefore, I felt I had an opportunity to do more through Syntonics for Miss Y. Z. than had been done.

During the ophthalmoscopic and loupe examination there was profuse lachrymation which made it somewhat difficult to see the surfaces or through the cornea, but I succeeded after several attempts. The aqueous and vitreous humors were clear and the fundus appeared normal; the crystalline lens was also clear and normal. I found the corneal surface of the right eye rough with considerable aberration; the continued examination brought on a more severe hyperemia with profuse lachrymation; so, I had to shorten the time of my examination in the early days of her visitations. I made a number of subsequent examinations and all of them revealed these same outstanding fact: hyperemia of the vascular coat of the sclera as well as in the sclera-corneal limbus; without pain or discomfort of any kind although she did say that the eye felt dry. Viewing the cornea at an acute angle I could see minute bodies adjacent to each other, round and bead-like in shape.

These covered the whole lower section of the cornea in grape-like groups, and as time passed it progressed across the pupil toward the upper half, the small end of the group uppermost. January 18, 1941 the encircling capillaries in the sclera-corneal limbus were sending minute branches into the epithelial layer of the cornea. All this time I had been giving Syntonic Rx ν -5" and $\mu\nu$ -7" daily after school, which always helped, only to have her return in the same condition the next day.

Knowing how the family felt, I figured that I should refer this case to another practitioner, so I wrote to Dr. H. Riley Spittler and gave him all my information and asked for advice. This I received in a very short period of time and he advised me to continue with Syntonics, and he also wrote a prescription for a special food for the girl's use. Thus encouraged, I continued with this patient under Dr. Spittler's direction and upon his responsibility. The results – final -, I am herein recording.

From the 24th. Day of December through the 16th day of January; I had been syntonizing Miss Y.Z. with ν for five minutes, waiting five minutes, and then a second period of seven minutes of $\mu\nu$, besides a tentative lenticular prescription was given, O.D. +1.00 + 75 axis 90; O.S. +1.00 with fitovers in Wilsonite No. 3 for bright days, outside or inside. When I received Riley's Letter on the 23rd of January, I proceeded with Syntonics according to his advice – $\mu\nu$ for twenty minutes one day, and the next day NL- $\mu\delta$. I have had a lot of faith in the astringent, febrifuge properties of ν , therefore, I purposefully "stepped up" the power of the light source and gave between two and three minutes of ν daily without using either the local or the non-local nascentizing scopes – waiting for five minutes and then giving $\mu\nu$ for twenty minutes one day, and $\mu\delta$ the alternating day. The third day of February I noticed that not only was the eye clearing more than ever before, but that the lid was remaining open so I changed the syntonization to every other day until the third day of April, 1941 at which time I advised the patient to return on the fifteenth day of April for check-up observation.

Looking backward in this report, I noticed less ptosis of lid and less hyperemia on the 13th day of February, but the examination with magnifying scopes and ophthalmoscope caused some increased hyperemia again, probably due to the light sources. On March 8, the hyperemia was again increased following a minute examination. Visual acuity was improved by use of more plus, bringing the right eye acuity to 20/20 for the first time since I took the case, the prescription being O.D. +1.50 +.75 cylinder axis 90. O.S. + 1.25 sphere made up in Therminon 50% red free lens. Then two weeks later, namely on the 22nd of March, the examination showed that the bead-like bodies were drying up and disappearing; the hyperemia was about gone and that the irritability was definitely lessened. On the 3rd of April I noticed that the epithelium seemed somewhat scarred in the lower fourth of the cornea, more than I had previously noted, but injection of capillaries at the limbus into cornea had about cleared. By April 15 this had all cleared so that the conjunctiva and corneal surface had become bright and smoother with a high reflecting ability, which it had not had since I took the case, and the scar tissue was apparently done. I then dismissed Miss Y.Z. until May 5, 1941. With the ophthalmoscope I found the following: with + 25 magnifier I could see irregular folds in endothelium of cornea proper, but despite this, it was transparent - - no opacity - - bead-like bodies absent with few exceptions showing only a slight mound-like evidence of the remains of the bead-like bodies.

The left eye under this high magnification shows a few of these mound-like spots, but thru them all showed no other opacities prescription the same with acuity 20/15 in each eye. No pain, no sand-like sensation, - no hyperemia from the examination, had none when she came in, - ptosis all gone, - right palpebral fissure about the same as that of the left eye. Patient has not been discharged; but is under monthly observation to watch for any eventually, to return June 2.

This has been a remarkable case which was evidently improved by syntonics and then too, Dr. Spitler's special food will no doubt have an effect to develop resistance against a return of the former condition. The family seems satisfied with results, although I am not and shall continue to study this patient. I think this is just one small link in the evidence required to either prove or disprove the value of syntonics in such cases. Since I am not a scientist who understands all that happens in a case of this kind, I cannot draw scientific conclusions, but must rely on the Syntonic College and others to gather these scientific facts and present them to us.

I should be fearful to undertake another case like it, even upon Dr. Spitler's responsibility. I am most happy to give you these facts for your kindly consideration and of whatever value they may be to the Syntonic College, and to all syntonists. The examination is copied as taken by myself.