**Case Study by Charles Butts, O.D., Ph.D., Dean Emeritus, C.S.O.**

Patient: Betty M., January 1993

Complaint: Double vision, nausea, can’t walk straight, extreme headaches constantly, blur far and near, constant vertigo.

History: Auto accident 12/20/92. Driving, auto hit ice, slid and turned over three times. There were many cuts and blows to the head. When I saw Betty she was wearing a neck brace and taking heavy medication, which had no effect on her headaches or vertigo. Her facial expression was as if she wanted to cry! Having known Betty and husband for several years I told her I thought I could help her if she would let me have her look at “a stupid light.” Her remark: “It couldn’t make it worse than it is.”

Findings: No pupil response. Fields: form normal, colors less than 10&ordm;, optic nerve head enlarged four times. Visual acuity far was fair; near “couldn’t focus” these were done crudely, as I had no instrumentation available but I knew by complaint and history what was wrong and how to correct.

Treatment: I used upsilon+omega+D (nwD) which reduces the fluid being produced by trauma, and mu+upsilon (mn) which is a drying agent for the retina. This will both:

&shy; Reduce pressure in the skull, and

&shy; Reduce headache and vertigo . . .

as these are being caused by the trauma and swelling produced by excessive fluid in both the retinal tissue and along the visual pathways.

Course & Prognosis: By the eighth treatment she started smiling, taking the frown off of her face. The headaches were starting to decrease and her vertigo was less. Reflexes were still very slow.

By the 15th treatment the headaches were mostly gone, reflexes were coming back, she has more energy, and has stopped most of the medications by this time. We did 20 sessions.

Two weeks after therapy Betty is square dancing and almost back to normal. I still have her wear the neck brace when she is tired.

Discussion: This is a very successful case in head trauma, but in many cases we have to give more than one series of 20 sessions of therapy. I didn’t have to in this case.

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Editor’s note: Dr. Charles Butts is affectionately known as the “Master Syntonist” based on his vast knowledge of the subject acquired during 25 years of practice. Although he has been retired for several years, he is never without his field charter and light instrument. As this informal case study demonstrates, the application of phototherapy (also known as Syntonics) may be an appropriate intervention to relieve both signs and symptoms after traumatic head injury (TBI).