HOMOEOPATHIC TREATMENT OF DISEASES OF THE EYE WITH CASES*

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Let me first of all apologize to you, Mr. President, and to you, my audience, for the 'haphazardry' of this brief paper and for its many imperfections, but I hope it may lead to a profitable discussion, and so help us all to do better work in the future.

I should like to make some general remarks concerning the lines of treatment we have adopted downstairs in the Eye Department of the London Homoeopathic Hospital, where we do our best, in a busy and somewhat exhausting clinic, and where spectacle-prescribing takes up most of our time, to give our patients the great benefit of a homoeopathic remedy. There is a tendency nowadays for medical work to be 'cabined and confined' to the various 'special departments' of our bodies, to the detriment of the general bodily welfare, forgetting often enough that the body consists of *many* members, and that if *one* member suffers the other members must suffer with it; such a therapeutic myopia should not vitiate the work of any here who make the law of similars their guiding principle, and the 'totality of the individual symptoms' their ideal in selecting the best remedy. The following remarks make no claim to show forth the achievement of this ideal by any means, but to show that with our limited time in doing the mechanical part of our work we are able to do considerable good with homoeopathic remedies.

CONJUNCTIVITIS

Let us remember that most of the cases of simple catarrhal conjunctivitis in school children of the so-called poorer classes occur in the dirty and neglected ones; *this also applies to blepharitis. In the Board schools* it has been found necessary to discontinue the provision of soap, water and towels, on account of the increase of those troubles by infection through indiscriminate common use of the towels; so the worst cases of grime are now sent back home for the necessary attention. Our routine treatment is boric acid lotion, 10 gr. to 1 oz., three times daily, adding to each ounce of lotion 2 drops of the tincture of Euphrasia, if there is great irritability and watery discharge with sneezing or Hamamelis where there is much venous congestion. *Where the lids are 'sore-looking', with cracks or fissures, or* where there is local traumatism, Calendula is used and Arnica 6 prescribed internally. Where the cause is traceable to cold winds, Aconite or Rhus tox. is given.

Chronic conjunctivitis, affecting mostly the inner and outer canthi (angular

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conjunctivitis), usually due to the Morax-Axenfeld bacillus, is treated with zinc sulphate internally, and as a weak lotion (1 gr. to 1 oz.), this bacillus being specially vulnerable to zinc salts. Arsenicum alb. 6 where there is profuse watery burning discharge, as in colds, influenza, and similar cases, with Kali iod. 6 where there is in addition pain in the orbital bones.

Mucopurulent and purulent conjunctivitis respond best to Argentum nit., internally and locally, combined in the infantile cases (particularly of the ophthalmia neonatorum type) with one, two, or three-hourly irrigation of the conjunctival sac, using warm, weak boric or saline lotions, instilling afterwards 2 or 3 drops of colloidal silver suspension (1:2,000) three or four times a day; the eyes are kept protected from light, and the lid margins well anointed with sterile Calendula ointment to prevent their sticking together and thus causing retention of the corrosive discharge and erosion of the cornea. The worst cases are admitted to the ward, of course. In over twenty years' work in the out-patient department of this hospital, I have not seen a cornea perforate and blindness follow; either the worst cases do not come to us, or, as I believe, the internal and homoeopathic use of silver nitrate prevents them from going on to worst cases. I shall be glad to hear other opinions on this question.

Merc. cyanide is given to ophthalmia where the tendency is to form membranous deposits (internally and in weak lotion, 1:10,000). Apis mel. and Arsen. alb. are given to oedematous cases with chemosis, Belladonna to the cases with the puffy, red, shining swelling like erysipelas; in these cases I have never had to use any other remedy, though Veratrum viride is said to act well. This reminds me of a case of facial erysipelas I saw about fifteen years ago, in a girl of 18. She 'squeezed out,' with her surgically-dirty fingers, a developing, inflamed 'black-head' on her left temple region. I was called in fourteen days later, when the left eye was almost closed with the skin oedematous—red and shiny, brawny, enlarged glands, and high fever and low delirium. She died inside forty-eight hours—septicaemia. She had Belladonna and Verat. alb. locally as lotion, as well as streptococcal vaccine subcutaneously. Mr. Knox Shaw and Dr. Spencer Cox saw her with me. Another case of chronic kerato-conjunctivitis of the right eye, in a man aged 34, was sent to me by Mr. Eadie. This was a lupus case, much of the lid edges have been eroded, it is impossible for him to close the eye, and there is much thickened, scaly, tuberculous disease of the skin of the neck and face. I am giving this man Apis mel. 6 three times a day, and Tuberculinum 30, with five to ten seconds x-ray irradiation to the conjunctiva and cornea once a fortnight, and he is improving. The eye is kept covered with a light cover of lint, on which is spread Calendula oinment. I am asking Dr. Benjamin to see this case, and should like to hear if any similar cases have been treated by others present.

Gonorrhoeal ophthalmia is of course the opbthalmia neonatorum due

to gonococcal infection about time of birth, and to which I have already referred

Other organisms found are generally the Koch-Weeks bacillus or the pneumococcus, and in cases which do not readily yield to treatment the organism is obtained by culture and a potentized vaccine given by mouth in the 12x or 30 potency.

Other causes of conjunctivitis to be kept in mind are chemical irritation, as in workers with Ipecacuanha, tobacco and snuff, or in billiard markers working in public houses, a small foreign body in either conjunctival sac, misdirected eyelashes, &c.

Case—H. C., aged 59. Telephoned on November 6, 1926. Thought he had influenza and his eyes were inflamed, had a bad cough, much nausea, and some diarrhoea. I told him to take Antimonium tart. 6 two-hourly, and I would see him later in the day; he had a simple boric lotion to use and was in bed with slight fever. I saw him in the evening—eyes red and painful and discharging watery fluid, and there was some photophobia. He was rather better, but the *nausea* was still severe and the diarrhoea continuing. I prescribed Ipecac. 6 two-hourly. Next day he was very much better in every way—eyes clearing up, diarrhoea less, cough less, but still some *nausea*.

Ipecacuanha 30 ordered, two- to four-hourly, and after a few doses of this potency his nausea vanished, and he rapidly cleared up in every way to normal health.

Phlyctenular conjunctivitis generally clears up under Mercurius iod. 6, Antimonium crud. 6, Graphites or Hepar sulph. Merc. iod. 6 in the syphilitic cases, Antimonium tartaricum where there are pustules or papules along the conjunctiva or cornea, with gastro-intestinal disorders. Graphites 6 is better, in my opinion, where there is also moist 'gummy' eczematous exudate behind the ears. Hepar sulph. where there is more pustular eruption extending to the cornea, with tendency to pus in the cornea substance.

Meibomian cysts are often treated in the out-patient department, and in many cases entirely disappear under internal homoeopathic medication. I place Staphisagria first in order of usefulness, with Thuja and Hepar sulph. next. Where the cysts are large and painful, it is better to incise and curette the sac under local anaesthesia with cocaine and adrenalin.

Styes, we find, generally clear up under Hepar sulph. and Pulsatilla with necessary refraction correction, which often causes and maintains the tendency.

Case—Mrs. G. W., aged 23. Recurrent styes, right and left eye, for over two years. Much treatment by own doctor and oculists—lotions, ointments, glasses, and the usual procedures. I saw her on August 21, 1927, R.V.A., 6/9 partly, and J1; L.V.A. 6/12 partly, and J4. With her glasses amended she got R. 6/6 and J1, and L. 6/6 and J1. The eyes were red and swollen, with considerable pain and yellow bland discharge. Right eye worst. She was pale and fair in complexion, with fair hair, gentle and yielding in

temperament. Under Pulsatilla ϕ 3 drops t.d.s., with weak, simple lotion, she got rapidly better. I saw her about fourteen days after first visit and she was practically normal in her eyes. I have heard to-day that this patient is keeping practically well, but that she still gets an occasional stye, so I cannot claim this as a cure but as a palliation, and I think if she were to come again one could find a cure either by giving Pulsatilla higher or selecting another remedy. I only saw her twice, and I have today heard the above details from the dentist who recommended the patient to me.

DACRYOCYSTITIS

These troublesome cases we see often, and I must confess to disappointment in my treatment of them as far as internal remedies are concerned; the surgical treatment by extirpation cures, but one would like to get better results by medical treatment, and I hope to get other experiences in the discussion.

Silica is our usual prescription where there is not much pain or swelling, but constant discharge of thin consistency.

Hepar sulph. where there is more pus, pain and swelling, or Calcarea fluor. in old people with glandular troubles. These cases are much relieved by these remedies, together with dilatation of the punctum and duct, and gently syringing through with boric and calendula lotion, and finishing up with a weak silver (suspension) lotion.

Belladonna also helps in the acute conditions of pain and swelling. Probing the sac, in the constricted or complicated cases, I believe often does harm by making false passages.

Case—Miss A. B., waitress, about 45 years old. Sent to me by Dr. Hall-Smith, and seen in the out-patient department last year. She had a lachrymal fistula on the left side, of several years' duration, which had been erroneously opened in the first place as an ordinary skin abscess. It was painful and periodically swelled up and discharged through the cheek opening. Dr. Hall-Smith had given her some medical homoeopathic treatment, but she wished to get rid of the swelling and discharge quickly. It was impossible to syringe the cavity through the nose, and I ordered one or two septic teeth to be removed, and sent her to Dr. Cunningham for his report on the maxillary antrum, ethmoid, frontal sinuses, &c., and he found no special trouble. After consultation, we decided that he should try and make an opening from the lachrymal sac into the middle meatus of the nose, and this he successfully accomplished, and the fistula has now closed, the swelling disappeared, and I hear from Dr. Hall-Smith that she is keeping in satisfactory condition. I saw her last year, and could then syringe through the lachrymal sac into the nose and there was no pain or swelling.

Tuberculinum should help in the tuberculous cases and ultra-violet rays also, applied locally in small, regulated doses.

CORNEAL ABSCESS

This painful disease is seen here principally in young children living in insanitary and overcrowded conditions. Our routine treatment is: Mercurius corrosivus 3x internally, with the same salt as a lotion two or three times a day, strength 1:10,000. Fresh air with extra milk and butter, and cod-liver oil is recommended. The affected eye is covered with a shade, atropin ointment used in severe cases to rest the iris and ciliary muscles; the worst cases we take into the hospital for a week or two. Usually the cases clear up rapidly.

Conium is sometimes given when there is intense photophobia, and where hot, burning tears gush out between the lids on attempting to open them. In the hospital these cases get the additional benefit of ultra-violet rays. General treatment, which has been found at Moorfields and other eye hospitals to be almost specific in these cases, and in the phlyctenular conjunctivo-corneal cases; local eye ultra-violet radiation needs special apparatus and knowledge for proper and harmless use. Ultra-violet irradiation is in its infancy, more or less. After about twenty years' use it has been found helpful in these corneal and conjunctival cases, iritis and iridocyclitis and choroiditis. There is no doubt of the antiseptic effect of the ultra-violet rays locally, and of the general benefit from properly regulated doses to the body skin generally. In *syphilitic* cases this is, in the experience at Moorfields, of little or no use.

IRITIS

We see a good number of all kinds of cases in the outpatients—infective from septic foci—teeth, maxillary antrum, ethmoid, frontal cells and other more distant foci, as well as those associated with rheumatism, gout, gonorrhoea, syphilis, tubercle, or traumatism.

General measures are taken for resting the iris and ciliary muscles with atropin, at times combining it with cocaine and dionin (½ to 1 per cent.)—(ethyl-morphin-hydrochloroid). In acute cases, bed in a darkened room with hot fomentations, &c. Bathing the eyes with lotions should be avoided in all acute cases and most of the subacute ones, owing to the extra pain caused thereby.

Remedies: Aconite and Bryonia in the acute stages; Spigelia where there is much supra-orbital neuralgia; Ruta in cases after excessive use of the eyes, such as in clerical workers and seamstresses or tailors; Mercury when there is much pupil exudate and the pains are worse at night (cf. Lueticum); Arnica and Rhus in traumatic cases; Sulphur in skin cases, &c.

Let me say a few words about acute iritis and acute glaucoma; it is often difficult to discriminate in ordinary practice. In both cases there is intense pain, redness and swelling of the conjunctiva and eyelids, with fever.

In iritis, the pupil will be small and irregular and cloudy with exudate.

the iris dull and discoloured, the anterior chamber normal or deep and the eye soft to pressure, and there is no vomiting. In glaucoma there is usually vomiting, the iris is not much altered in colour, the pupil is large and often horizontally ovoid, and the edge sharply defined and inactive to light, and the tension when felt (as in fluctuation detecting) is *hard*, often stony-hard, and the cornea insensitive to touch with a shred of cotton-wool.

Iritis occurs usually *under* the age of 45, glaucoma *over* 45 years. The treatment of course is essentially opposite.

Lueticum 30 is given once a day in the specific cases, Medorrhinum 30 in the gonorrhoeal ones. Tuberculinum or Bacillinum in the tuberculous cases with much benefit, in addition to the other indicated remedy.

INTERSTITIAL KERATITIS

Ninety per cent. of these cases are of course due to acquired or inherited syphilis, the others being due to tubercle or mixed microbial infections from the conjunctiva. More in females than males, and between the years of 5 and 20.

Routine treatment is with Mercurius iod. 3x gr.ii t.d., with a lotion twice a day of Merc. corr. 1:10,000, and Lueticum at bed-time once or twice a week in the specific cases.

Tuberculinum and Pyrogen are given in the other cases, and in doubtful cases, i.e. those not clearing up satisfactorily, 1 or 2 gr. of Kali iod. is substituted for the Merc. iod., using one or the other in alternate weeks.

The Wassermann reaction is taken and used as a verification. The cases usually clear up well and satisfactorily in a few months, sometimes weeks, but the patients are advised to continue a modified treatment for six to twelve months, and until the Wassermann reaction is negative.

I shall be interested to know if any here have treated specific interstitial keratitis with Mercury, Lueticum, or Tuberculinum in *potency only* with good results, and where Mercury, Arsenic, and Kali iod. have *not* been previously administered freely by medical men of the dominant school.

CATARACT

Senile cases are treated in general downstairs with Natrum mur. 30 daily, on alternate weeks. The cases selected we prefer to be shrunken and dried up, with sallow complexion, fond of salt, and constipated.

Calcarea carb. is given to stout, moist, pale patients. Phosphorus to tall, thin, stooping, chesty and nervous patients. Sulphur to people with skin eruptions, or present or past history of them, and not too clean in person. Causticum is given to those with signs of ocular or general paralysis or paresis, especially ptosis. A weak lotion of calcium chloride, sodium iodide, or potassium iodide (4 gr. to 1 oz.) is usually prescribed, to be used in drop form or with eye-bath, night and morning, during alternate weeks, but I think this does good only by stimulating the local circulatory osmotic processes.

Ultra-violet rays cause definite lens opacities, and are to be thought of in the case of and homoeopathic treatment of cataract.

For better selection or for more perfect remedy, I shall be glad to send cases to any of my physician colleagues who would care to treat these cases, and, indeed, I already have a number of such cases which various colleagues are kindly helping me by prescribing for.

I am quite sure that most of our cases are relieved and prevented from going on to operation by these homoeopathic remedies. Patients are advised generally to avoid using table salt, and to greatly reduce their intake of starchy and sugary foods, of which most of us who are over 50 years of age take to excess.

Congenital cases of cataract are treated, as a rule, by needling, as are the cases of high myopia, where remedies have failed and the patients have not enough useful vision.

OPTIC NERVE ATROPHY

I cannot, I fear, give any cases of cure in well-marked cases or of those associated with syphilis, tabes, or multiple sclerosis. Influenza occasionally causes blindness from optic nerve atrophy.

Tobacco, quinine, and alcohol amblyopias are much helped with Strychnine nitrat. (1 in 200), or Nux vomica 1x, 2 or 3 drops t.d.s. Ignatia, Phosphorus or Plumbum also are given in their suitable cases. Of course the causative poison must be given up or materially reduced.

RETINAL HAEMORRHAGE

Traumatic cases clear up rapidly under Arnica and Hamamelis. In older patients, where there is arterio-sclerosis, renal or cardiac disability, we get some good results with: Aconite in early stages, with restlessness and fever; Belladonna in flushed, congested cases; Hamamelis where there is venous congestion of the conjunctiva and retina, with varicose veins in general; Lachesis, Naja, or Crotalus in low septic states; Ledum in rheumatic or gouty subjects; Phosphorus in prostrate wasted, anaemic and debilitated people.

Case—Postal sorter, aged 60. Sent from Dr. Roberts, of Croydon, with retinal haemorrhages (disseminated), both eyes arterio-sclerosis and chronic interstitial nephritis. Dr. Roberts had given him Hamamelis and Phos., and his vision is now gradually clearing under Cantharis 12 thrice daily, and Phos. 30, 3 drops at bedtime, and he is able to resume his work. His fundus shows the vascular changes of arteriosclerosis.

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