

A.B. Norton

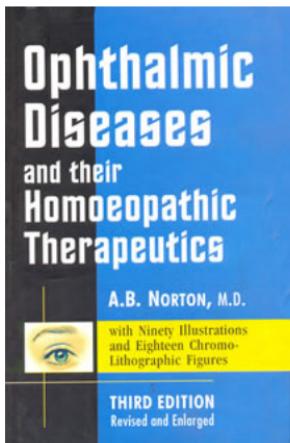
Ophthalmic Diseases and their Homoeopathic Therapeutics

Leseprobe

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von A.B. Norton

Herausgeber: B. Jain



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OPHTHALMIC DISEASES.

CHAPTER I.

Examination of the Eye.

The importance of a thorough and systematic examination, not only of the eye itself, but of co-existent general conditions, in order to determine the underlying states and to make a correct diagnosis, cannot be overestimated. Every patient should be examined systematically for both an accurate understanding of the case and for the preservation of careful records for subsequent use. The necessity of a thorough general examination varies with different cases. There is, of course, not the same necessity for an examination into the family and personal history, occupation, habits, condition of the various organs, such as heart, kidneys, nervous system, etc., etc., in cases of simple conjunctivitis as there is in the more grave ocular diseases. Furthermore, as the method of general examination or "taking the case" varies with different physicians, it will not be entered into here.

In the examination of the eye itself, we cannot emphasize too strongly the value of systematic methods. Many times has the ophthalmoscope revealed a retinitis or an optic neuritis in cases with a normal acuteness of vision, and no symptoms indicative of an intra-ocular disease. The records of a thorough examination to-day may be of the utmost value in the prognosis of some condition that may arise five, ten or twenty years later. Full records of each passing condition will often prove of great service in the treatment of subsequent similar conditions, and much of one's success in diagnosis depends upon careful routine observation and record. Therefore, we would urge, the thorough examination and the full recording of all eye cases. The author's method is in every instance to first determine the visual acuteness and any refractive error that may be present, the range and power of the ac-

may be used. The surgeon then grasps the ciliary border of the upper lid with the index finger of the right hand and with the thumb of the left hand the border of the lower lid. In opening the eye the pressure must be mainly upward toward the supra-orbital ridge and just sufficiently backward to prevent the eversion of the lid. Great care must be used *not* to make too great pressure backward or downward upon the eyeball, because in an ulceration of the cornea (which is so apt to be present in cases where this method has to be resorted to) the pressure is liable to cause a rupture of the cornea with loss of the eye. Many an eye has undoubtedly been lost through careless and severe handling in an effort to examine the same. You will often have to hold the eye open for several minutes before a clear view of the cornea can be had, as it will roll so far upwards that the cornea cannot be seen until the muscles have become tired out and allow it to resume the direct position. In some cases, when one has become especially dexterous in this manipulation, they can open the lids by the use of the thumb and index finger of the same hand, leaving the other hand free to make any necessary applications.

As the examination of the *cornea* is greatly facilitated by the use of the oblique illumination, it should always be employed. This cannot be too strongly emphasized, as we have frequently seen our students by neglect of this method overlook some minute yet important diagnostic sign which was readily discernible by its employment. Make it, therefore, a routine practice in all cases when examining the anterior part of the eye. Its use aids the minute examination of the lids and conjunctiva, as well as the cornea, iris, lens and aqueous. By it we may often determine small superficial ulcers and abrasions, commencing interstitial infiltrations, faint opacities or nebulae, and particles of foreign substances imbedded in the cornea. The discovery of minute tears or abrasions of the corneal epithelium may be aided by the instillation of a drop of a two per cent, solution of the potassium or sodium salt of fluorescin. This should be dropped upon the cornea and followed by a washing with distilled water; any break of the epithelium will be made apparent by a deep greenish stain, which remains for about two hours.

Oblique illumination, or, as it is sometimes called, *focal or lateral illumination*, is used as shown in Fig. 2. The patient is placed two

Spectacle frames are always preferable to eye-glasses, and in fact their use is imperative in high grades of astigmatism. Still the prejudices of many patients, particularly women, against them must be regarded if we wish them to wear their glasses, so under these circumstances eye-glasses must frequently be prescribed. Nowadays, with the many improved guards in use, eye-glasses can be fitted nearly as perfectly as spectacles, and if the patient is taught to take proper care of them and to have them readjusted frequently they answer the purpose quite as well.

When separate glasses for reading and distance are required a "bifocal lens" for constant use may be prescribed to avoid the inconvenience of changing from one to the other. Many people never become accustomed to them, however, and often meet with accidents caused by looking through the lower part of the glass when going down stairs or stepping out of a conveyance.

touch and sparks before the vision. Sharp sticking pains through the ball of the eye into the head on the right side, worse at night; frontal headache and frequent winking. Intolerable pain in the supra-ciliary ridge, worse on any change of weather and in the wind. Severe, pressing, jerking, sticking pains in the left eye, so hard as to cause her to cry out and lose consciousness; every few minutes they would extend to the muscles of the left upper arm.

SPONGIA.

Clinical.—The chief use which has been made of Spongia in ophthalmic therapeutics has been in Basedow's disease, as the following case will illustrate: A woman, about 40. Eyeballs staring and perceptibly protuding; stitches in the balls and burning around the eyes, with lachrymation worse from any sudden light; often the eye feels as if twisted around; there is constant flashing of different colors, mostly deep red, figures of light, etc., even when the eye is closed, especially at night. The thyroid gland is considerably hypertrophied. The palpitation of the heart is very marked, which makes her uneasy, restless and easily frightened, especially at night. Spongia in the higher potencies effected a cure.—T. F. A.

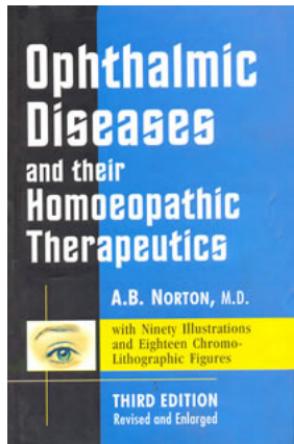
STANNUM.

Pustular swelling of the left inner canthus.

Pressure in the left inner canthus as from a stye, with lachrymation. Itching in the inner canthus. Vertigo when reading, with loss of sight.

Clinical.—Ptosis from sympathetic paralysis, in which the disease returned every Tuesday, was cured by Stannum.—J. A. CAMPBELL.

Stannum, first employed by Drs. Uebold and Hunt in blenorhoea of the lachrymal sac, has now become one of our most common remedies for this affection. It is often used with advantage in controlling the profuse yellowish-white discharge observed in this condition. There may be a tendency to a more active form of inflammation, especially toward night, and accompanied by sharp pain in the internal canthus. .



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Third edition

660 Seiten, geb.



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