

## **AMBLYOPIA**

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Amblyopia can be caused by:

1. Trauma
2. Endocrine imbalance
3. Emotional imbalance
4. Suppression (as in accommodative insufficiency).

We treat these amblyopias completely differently in our syntonics therapy programs. If we have traumatic amblyopia with headaches and we use a high sympathetic stimulant, our percentage of success is zero - we will not only increase headaches, but probably decrease acuity. These were 50% of amblyopic conditions found in my office.

Endocrine imbalances accounted for 20% of my amblyopes. A high stimulant will help in some of these cases because we are stimulating the system, even though it is not the correct frequency to correct these cases.

Emotional imbalance amblyopia will not respond to alpha-delta in 20% of my cases.

Suppression amblyopia (10% of my cases) requires a high sympathetic stimulant, and these will respond well to alpha-delta.

The first thing that has to be done in any amblyopic condition is to expand the visual field and/or reduce any swelling around the optic nerve head. These types of cases can only be determined by campimetry, caeconometry or Goldmann-type field testing equipment. All types of flashing visual field screeners measure only the physiological field and not the *functional* field. We in syntonics optometry doing visual rehabilitation deal in *functional* fields.

If we find a field loss, we do not know until therapy is given whether it is a physiological or functional field loss. Naturally, if we look into an eye and find a pathological condition, we then will know that the individual will have a permanent field loss. The eye will not be able to respond if the retina is damaged, due to pathology in the observed area of involvement. These represent only a small percentage of the cases overall.

Until functional fields are taken, it is difficult for one in the training area to understand the seeing posture of many training cases. It also helps explain why some respond very rapidly and others do not.