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CHOMOGRAPHY AND PYORRHEA

By
Donald J. Mayer, O.D. F.C.S.O.

A continuation of Marie Carr's Optometric care.

III. Chromographic evidence after foci of infection had been taken care of to the point of tolerance shows parasympathetic dominant activity. Wave optic frequencies used in myopia according to standard classic syntonic procedure would tend to be parasympathetic stimulants. Quite definitely our chromographic evidence show the indicated frequencies to be entirely opposite to any standard treatment.

The physical build, fat distribution, facial expression, heavy lips, mental sluggishness, and general laziness as well as mental instability indicate hypopostpituitary and probably hypo thyroid conditions.

IV. The syntonic applications used in the reduction of myopia and to alleviate ocular discomfort are as follows: On a one, one, one combination. NL 3", μθ, 10"; θδ, 5", μθS, 10"; θδ, 2"; used as a post pituitary stimulant, then; NL, 3" α π, 5", α λ, 10"; α πδ, 10", α, 2 as a gonadal stimulant using " δ, 2; to slightly increase the effectiveness of all other frequencies. The gonads reinforce activity of the pituitary and thyroid. Then the third prescription; N'L 3"; αθδ, 10"; μθ, 12" to stimulate the thyroid and also the post-pituitary in the same treatment. During the syntonic applications the patients lenticular prescription was worn and +1.50 control spheres over her lenticular Rx. Other than syntonic treatment, the telebinocular was used in manud-uction work for fifteen minutes following treatment.

V. Results – reduction of myopia as described in two months of care, all symptoms of discomfort gone. The patient is more alert and active in every way. Her disposition has greatly improved, and she is not at all nervous now.

I am in hopes that this patient in the near future will submit to a tonsillectomy. She has moved to a nearby city where she is employed at a sanatorium as a maid, so she is in a fine position to have this throat work done. At present her optometric are will have o be dispensed with because of this new position she has secured.

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College of Syntonic Optometry

CASE V

I. Mrs. J. W. Booth, age 26, first appointment for optometric diagnosis February 3, 1937. Occupation, maintenance of home, has one child six years old. Vision O.U. 1.13 Ives and O.D.1.10, O.S., 1.13, right handed, left eye dominant. Mrs. Booth had worn glasses for a period of five years but had not worn them for eleven years. Former lenticular correction was prescribed for astigmia according to patient.

Two weeks before examination, following an evening of playing cards the right eye had a blind spell and all objects seen appeared to "dance and move back and forth". Trouble now is worse in right eye but left eye also affected. Spots fly up in vision, at times spots light – spots or streaks of light – other times spots and streaks are dark gray, or black. Generally sees one spot in vision but at times whole "bunches of spots are seen". Likes to read and sew but left eye burns under upper lid after doing near work of some time, and eyes become tired. Lately all bright lights bother eyes, and at times sees "a halo with rainbow effect around lights". Has noticed this blind spots – light and dark spots or streaks – years ago while in school.

The patient apparently is in good health and not under the care of a physician, nor taking any form of drug or medicine. She has a history of being very susceptible to colds, "catching cold a number of times each year and colds last most of the winter".

II. Our diagnosis in the case was clearly a CI type with added B2 type fatigue, and the findings 5-15 high tells a story of fatigue in the autonomic and also the voluntary nervous systems. 6-10-14-17 The pupils were large and Alpha Omega in reaction. The blood pressure was 155 to 157 mm systolic with rather normal diastolic pressure. The blood pressure checked the same on several occasions. Triangulation shows a blur at seven inches and break at three inches, noticing immediate break and left eye diverges after break. Extra oral examination shows lower third molars impacted and gingivia around that area inflamed.

III. Chromographic evidence shows a slow collapsing of the fields and the green field undergoing a break, so that resistance to infection has been broken, and evidence plainly points to oral infection. The right eye fields of chroma being fairly normal, but showing constriction of the red field which in this case naturally precedes the constriction of the green field, would indicate that the patient is under parasympathetic dominance under normal conditions. In view of these findings, Mrs. Booth was referred to Dr. Housholder for dental examination and oral care. Dr. Housholder's report follows:

> Report on Mrs. Booth – Deep tissue impactions of lower third molars, showing considerable destruction of bone on the mesial. Both teeth removed and thoroughly curetted
>
> F.L. Householder, D.D.S.
> Dental Oral Surgeon

IV. The chromographs and physical build of Mrs. Booth, her facial characteristics, the fact that she must continuously watch her weight control, and other manifest objective ocular conditions inform us that this patient tends toward a hypopostpituitary and hypo thyroid condition, plus a congested pelvic condition needing gonadal stimulation.

V. Dr. Housholder performs the extraction and oral surgery about the middle of April, his report to me is at a latter date. A lenticular prescription was given Mrs. Booth for near work ad on May 11th syntonic treatment was instituted.

It is obvious to syntonists that the syntonic prescription, N'L, 3"; αω, 8"; μδ, 5"; αλ, 7"; μλ, 7 " μθ, 5"; μθδ, 3 "; would take care of the nervous system and endocrine indications. On a 3-1 basis of treatment this second treatment was give, N'L, 3"; υ, 5"; μυ, 5"; υω, 10"; μυ, 10"; the υ and υω acting to help increase the clasmatocytes – giant epithelial wandering cells, monocytes – and the μυ acting as a stabilizer to the pancreas and parasympathetic system. Three applications a week are given to patient with a plus 2.00 sphere O.U. control worn over her glasses.

VI. The blood pressure dropped from 155 to 140 SY., after the oral surgery and the syntonic orthoptics have regulated the blood pressure at from 124 to 123 SY. All ocular symptoms of discomfort were greatly improved after the oral surgery but vision was not stabilized and the patient still had the spells of blind spots and the appearance of objects moving. Now those manifestations of visual difficulty have been alleviated.

CASE VI

On February 8, 1937, Mr. J. F. Prather was examined with the history that follows:

Mr. Prather, age 64, occupation rancher, right eye blind for ten months, left eye failing rapidly. In past three months headache all over right side of head quite frequent but does not last long. When reads gets tired and vision blurs so much that he cannot see print.

Sunlight bothers severely and vision becomes more dim in bright light, so hard to work outside on bright days.

Four years ago eyes started to hurt and felt as something in them. This feeling of something in the eyes was followed by very severe pains in the eyes. A local oculist put drops in eyes to stop pain, relief from pain in several days, but saw less after pain stopped. Vision in right eye became less and less until in May of 1935, right eye became blind. Another medical eye specialist was visited in our city and two doctors in Los Angeles. These doctors advised the patient that due to cataract his right eye was blind and nothing could be done for it.

In 1951 an appendectomy was preformed. For several years starting in 1930 pyorrhea caused a good deal of mouth soreness and trouble, had full mouth extraction and complete dentures made up in 1935.

Physician's report, examination April 30, 1936.

Hemoglobin 85
Pulse regular and 72
All nerve reflexes normal, eye, knee, etc.
Heart normal
Blood pressure, 120 Systole
Abdomen normal
Lungs, liver, prostate normal
Spec., gr., 1.015
Urinalysis – slightly acid. Color light straw, no sugar, no albumen. Solids normal.

W. B. Chilcott, M.D.

My examination showed all extra ocular tests, normal. Prescription worn, right lens, blank; left lens, +1.00+.50 Axis 180 with add of +2.50. Vision with this old Rx O.D. none, O.S. .90 – Ives – near vision B and L near point type can read only 20-40 and that blurs out at eleven inches.
Naked Vision – O.D. no central vision but gray fog to temporal side, O.S., .75 – Ives.
Conjunctiva of both lids badly inflamed – Palpebral – and ocular conjunctiva inflamed.
Iris blue, gray white lacy covering over entire iris, convexity good, some tan streaks and spots and scurf rim.
Pupils average size sluggish, contracts but little, O.S. contracts more than O.D.
Ophthalmoscope O.D. cannot penetrate media of crystal lens but media appears gray with a heavy dark nucleus but no line of demarcation between nucleus and outer dull gray area.

O.S. media but several dark spot bubbles in it located as indicated on graph. Fun. Neg. By the number 2 4, 5, 6, and 7 findings my prescription in lenses would be almost identical with the lenticular prescription he was wearing, and correct vision was 90 per cent Ives.

III. Repeated charging showed the chromograph of the left eye to be a large and normal type of graph. This parasympathetic dominant type of graph indicates syntonic procedure of treatment must be of the wave frequencies to stimulate the sympathetic nervous system.

IV. The patient surely would come under the heading of the syntonic type but these diagnostic points are of importance, sluggish pupils, inflamed conjunctiva , the blind eye tends to swing up, stomach and intestinal gas, a very slowly moving body, a tendency to stagger when makes quick turns, extreme sleepiness and a "dopey" feeling. The patient had gained in weight considerably in the past two years.

All of these points of data and the Ophthalmoscopic examination would indicate an apparent post-pituitary let down with the associated hypo thyroid condition.

These two syntonics prescriptions varied the monotony of the treatment and aided in keeping the patient awake during the applications. μδ, 6”; αδ, 6”; μθ, 6”; αθδ, 8”; μθS fl, 12”; αδ, 6”; μδ, 6”; αθ, 6”; μθ, 6”; αθS flash, 12” – O.D. Only, O. S. covered.

VI. Results: At end of six applications the observation examination revealed an increased in naked vision of the left eye of 11.4 per cent, improving from 76 per cent to 87.6 per cent. Vision with lenticular prescription showed some improvement.

On March 10, 1937, after one month of treatment, right eye could see the Ives screen as a lighted circle with moving lines on it. The vision of the left eye was steady at 88 percent and with lenticular Rx was a good 100 per cent, - 20/20+. There was a marked improvement in the indirect vision of the right eye and patient could see people sitting near him by indirect vision for the first time since the early part of 1935. All headaches had disappeared, and no longer noticed the tiredness of eyes in reading.

Treatment was continued and at the end of the second month of work, seeing patient three times weekly, the left eye appeared the same but the right eye further improved so patient could see the pattern in a window curtain and read the 20-50 letters at seven feet. Sunlight no longer bothers so work is much easier, sense of balance is better, and he does not become sleepy as before.

Optometric care at the end of two months was discontinued, with the understanding a course of treatment will again be given this fall. The prognosis of the case is indeed good.
When the patient learned that I desired to present his case to the College he wanted a newspaper man to write it up for me. I discouraged him regarding the newspaper report so he brought in a signed and witnessed report of all the above statements.

CASE VII

Mrs. Katherine G. McKe, age 25, extreme Asthenic, first appointment in diagnosis on April 7, 1937. Occupation, maintenance of home, no children. Vision 1.13 O.U., 98 O.D., 1.10 O.S. Ives, right handed, blind streak in horizontal position of right eye. Has worn glasses since twelve years old, has had glasses changed several times over a period of years. Present lenticular prescription is +.50 +25 Axis 180 O.U.

About six months before coming to my office for optometric attention had a blind spell, noticed first by a bright spot in front of right eye, this bright spot lasted all the afternoon. Instead of clearing up it became a permanent large horizontal streak, extending from about four and a half feet above the ground to the ground, so that the most useful vision of the right eye was blanked

out. The oculists who had always taken care of the patient's eyes treated the eyes with drops and changed her glasses, eyes seemed to improve for about one month.

Eyes now are becoming weaker, and more run down. Now has nervous spells when in sunlight and sees wavy vertical streaks – spiral effect – in front of left eye. These wavy spiral streaks are silver color to a very dark gray, and last from ten minutes to a half hour, and sometimes these spells reoccur one right after the other for some time.

Following near work, or distant vision use of eyes such as shows or football games, has a severe frontal headache, resulting in a dull but quite severe headache in the back of the head and neck. Is very nervous for a day following these headaches. Headaches have lasted from a few hours to two days.

When twelve years old had scarlet fever, which left patient with acute arthritis of ankles, and a bad heart, was in bed eight months. Then health was quite good for about eight or nine years. When twenty-two years old back bothered and thought female trouble might be causing it, Condition developed to more arthritis and heart trouble, developed a leakage of heart.

Three years ago had sinuses and chest X-rayed, three impacted third molars were removed, and had every type of examination to uncover possible existing foci of infection. Medical treatment did not help at all, but osteopathic treatment aided so that now is in better health than any time since eleven years old.

Medical examination just three weeks before appearing for optometric diagnosis revealed the heart to be in best condition for years, leakage of plus one. Sinuses had bothered three months previously and had been washed out several times. Appendectomy in 1931, three months following marriage.

II. Pupils were average size but showed an αω reaction. The cover test at both distance and near showed he right eye to turn out approximately 2mm or en degrees when first uncovered. Triangulation, blur at 5 in. and break at 5 in. right eye turns out following break and is not aware of diplopia. The case typed a B2 near acc. Fatigue, 3- 5- 14 High. The number ten and
13-4-10-15-17 Low
number seventeen were very low, eleven fining high and negative, twenty-one high and twenty low so a B2 type. The immediate lenticular prescription given was O.D. +1.62 sphere, and O.S. +1.37 sphere, for all near and intermediate work, Crookes No. 4 plano lenses were prescribed for outdoor use for the immediate time of treatment.

III. Chromographic evidence plainly shows that the sympathetic nervous system with its system with its supportive functions are at fault, and the normal blue fields show that the parasympathetic arc is dominant and because of the positive blind areas the sympathetic must be stimulated and then stabilized to normal activity. The normal green fields under all conditions of control graphing show that he patient is resisting foci of infection

The chromograph of the left eye shows an area in which color fades but no blind sport this area of fading color appears in a different position in the second graph and then disappeared. This change in position of the fading area is of interest, please note it.

IV. As stated before this patient appears as an extreme asthenic, 5 feet 5 ½ inches in height and now weighting 120 pounds. Teeth are all crowded and poorly set b u health of mouth good, P.D. very narrow, and long slender nose. Blood pressure 131 systolic and heart tends to be fast. One would think of a hyper-thyroid reaction but for the chromographs which show an indication of hypo-thyroid. Endocrinologists agree that some cases of hyper and hypo-thyroid are confusing. Obviously the pituitary is also under-active in this case.

V. Syntonic treatment was instituted with the patient wearing her lenticular prescription and plus 2.75 control spheres – the 21 finding.

Several applications of N'L 2"; αδ, 10"; μδ, 5"; αδ, 6"; μδ, 8"; δS, 4"; were given to start the treatment. Monocular and binocular flashing exercises of light and dark adaptation and vertical diplopia exercises were prescribed. At the end of four weeks this first syntonic prescription was altered with N'L, 2"; υω, 10"; υ, 5"; υω, 5"; υ, 5"; υωD, 8" the first prescription being given twice to the once for the second prescription. It should be apparent to syntonists that the above procedure would in time stabilizing ocular function.

VI. Results – complete restoration of vision. All symptoms of ocular discomfort alleviated. The series of chromographs of this case plainly tell the story of recovery and do not require elaboration. Even with a background of very poor health, recovery resulted after four months of syntonic procedure.

CONCLUSIONS

My contribution to Syntonic Optometry in the field of clinical investigation and research was quite completely covered in my last paper. I do wish to further impress you with three things:

1. Length of syntonic application
2. Chromographic indications
3. Endocrine significance

1. I have purposely selected cases to present to you, the majority of which have required the so-called intent stimulative light wave frequencies. In using these selected frequencies I have given you an approximate length of time of application, if you treat by altering the frequencies. Many syntonists wonder why a short treatment of αδ or αθ of eight minutes does not give the required result, or why fifteen or eighteen minutes of αδ or αθ gives a displeasing reaction. If you alter the frequencies you can lengthen the treatment or modify it in any way you desire.

II. The chromographic indications regardless of morphologic diagnosis definitely indicates your syntonic procedure of treatment.

III. You will note these cases with few exception were treated in an opposite manner from the indicated procedure if you followed true physical typing. The satisfactory results are due to the effect of the nervous stimulants, - selected syntonic frequencies – on the endocrine glands.

In h 1937 Year Book of Optometry, Dr. Spitler closes his paper with this statement: "In conclusion, let me say again, there IS a Syntonic Principle, and it is not unlike a 'silver thread that runs through the whole' of physiological data now being applied by syntonic optometrists".

May our vision be such that we may never lose sight of that "silver thread" once we have found it, and may we earnestly seek to have a better understanding of the use of that syntonic principle in clinical procedure, that we may serve humanity more completely in the practice of Optometry.

Dr. Donald J. Mayer
Bonnett Building
Riverside, California

REFERENCE

Case V., Mrs. Booth.

Complete recovery and release of patient after twenty-eight treatments, given over a period two months.