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FURTHER TRENDS TOWARD THE SYNTONIC PRINCIPLE

Part Two

By

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Syntonics is no longer a vague idea conjuring up in the minds of those who hear it, irrelevant ideas. The basic principles are now fairly understood by a considerable group of Optometrists, who have either had the privilege of personal instruction under Dr. Spittler or contacted other practitioners who are employing the technique. Thus there is an ever-widening field of usefulness being created with reference to the application of the principles involved.

To state that Syntonics is now thoroughly proved and adaptable in routine Optometric practice is, I believe, a fact. Syntonics is a necessity in the armamentarium of any practitioner, who has uppermost in his thoughts a complete Optometric service to humanity. An excellent Syntonic slogan would seem to be "Let's deepen, not broaden, Optometry".

Those of my listeners who have or shall participate in the dedication of the College of Syntonic Optometry can justifiably feel proud of their far-sightedness, for when they accepted and put into practice a technique which only a short time ago seemed far too revolutionary, few realized the far-reaching effects possible through proper application of selected frequencies to ocular departures from normal.

Since presenting my former paper of this same title, much has transpired in relation to Syntonic Optometry. It is my intention to lightly touch on certain phases, some of which will be entirely outside of our professional endeavor to indicate how far-reaching the Syntonic principle really is, and what we can anticipate with reference to further adaptation, enlargement and acceptance of the basic principles involved.

To state that we, as Optometrists, have but two services to offer the public, first, comfort and second, vision may seem confining their practice too severely, but in the final analysis, does not all Optometric service resolve itself into one, or a combination of the two above important realms of service?

Need it again be said, that if for no other reason than the fact that Syntonics furnishes an Optometric method which produces comfort in a short period of time, on a high percentage of optometric departures from normal, such would justify its acceptance and usefulness in daily optometric practice.

One, of course, hesitates to confine Syntonic to the field of ocular comfort alone in view of the many records of improved vision and astounding results, which have accrued from the application of the comparatively simple, yet extremely complex principle involved in Syntonic procedure.

Should any one attempt to compile a list of the departures from normal that have been corrected through the application of Syntonics, I am sure they would be astounded at the range of its possibilities.

It is not easy to decide in what field of optometric endeavor Syntonics has proved of greatest value. I am however, going to repeat something I have said many times, that if the Optometrists will only accept their responsibility for the correction of Opacities through optometric means, Syntonics, and if in the future the percentage of satisfactory results is as high as it is at the present – and it should be greater because of increased experience then Syntonics and its field and possibilities to the Optometric profession is thoroughly and completely justified.

A. Edward Davis in his new book, “Cataract Its Preventive and Medical Treatment” in his forward says in part,

“Many ophthalmologists, like Vogt regard the changes that take place in the lens as those normal to senescence, like graying of the hair, and they urge their patients to accept the inevitable diminution of sight with patience and fortitude until the cataract shall have matured, when it may be safely removed; or if they become distressed and impatient under partial blindness to submit at once to the extraction of the unripe lens in its capsule.

Others like Rechat of Holland, look upon the degeneracy of the lens as a symptom of importance. They consider it an early indication of a disturbed metabolism, an interference with the functioning of some of the ductless glands, the lack of an essential vitamin or of some other possibly discoverable and perhaps controllable cause”.

In chapter one, “Historical”, of this book, there is a number of extracts from the American Encyclopedia of Ophthalmology; two of them are quite interesting.

“1. If a physician opens an abscess – cataract in the eye - of a man with a bronze lancet and save that man’s eyes, he shall receive ten shekels of silver – as his fee-.

2. If a physician opens an abscess – cataract in the eye – of a man with a bronze lancet and destroy the man’s eye they shall cut off his fingers”.

Even at this late date with centuries of surgical experience and improvement, if such a drastic code were in effect, I am fearful that the monetary recompense would not compensate for the loss of the digits.

Authorities are fairly well in agreement that if a surgical operator obtains good vision in six out of ten of his cases after cataract operations, he is obtaining excellent results. The age factor is, of course, important.

Carrel recently reiterated a fact which is of extreme importance in relation to opacity cases, wherein he states

“The number of years during which a man has lived bears no definite relation to his real age. In the study of senescence, we must know the physiological age of the patient, because his chronological age is misleading”.

This is particularly true with reference to Senile Opacity Cases.

Davis devotes considerable space in his book to general, as well as medicinal and dietary treatment, and has one statement pregnant with thought:

“Give the patient a chance, we say, even if it does cost some effort on our part, and do not exploit operation as the only remedy for cataract. Let operation be the last resort”.

This statement must seem like heresy to those who are so positive that surgery is the only possibility for Cataracts.

The list of medicaments Davis included under “Other Methods of Treatment” is exceedingly extensive but he is inclined to believe that lens-antigen, of which I had something to say in my former paper, is preferred. He reiterates, however, that this must be hypodermically administered.

All in all, Davis’ book would indicate that the medical profession is keenly interested in evolving some method other than surgical for the correction or retardation Cataracts.

In late articles with reference to Opacities, there would seem to be a tendency to clarify rather than obscure them with extraneous considerations. Although a recent writer lists almost one hundred different types of Opacities, which to say the least, is not an easy task, it is my studied consideration that he added nothing to the solution of the problems after his work was completed.

Consideration of the etiology of Opacities remains as previously discussed; after all, we as Syntonists are not so much concerned as to what caused the condition, which as a generality we cannot readily control, as we are in the proper adaptation of corrective principles, "Syntonics" so that the patient may obtain better vision and incidentally greater comfort.

May I point out, that it is still excellent precaution to refrain from intimating that opacities will be, or are likely to be absorbed under Syntonics. Far safer, and more stable ground is maintained by frankly telling the patient that your syntonic training will be carried on in the hope and anticipation of producing better vision and greater comfort. Then if through Syntonic training, one is able to produce good responses, and the opacities in six out of ten cases do disappear during the training, one is certainly in a better position to take advantage of the patient's reaction because of having obtained greater results than they were promised or than they anticipated.

In my former paper, I touched on the work of Francis Blackmar, entitled, "The Autonomic Level". You may perhaps recall that as a Rhinologist he and others were studying the clinical picture of pale and red nasal septa for determining whether the patient was sympathetically or para-sympathetically dominant. They then applied their local and general medication to shift the color of the nasal septum, thereby of course, balancing up the antagonistic branches of the vegetative nervous system.

Jarvis of Barre, Vermont has carried this practical research a little deeper and quite upset the mental equilibrium of a large group of dental practitioners in the east when he presented paper entitled, "Mucous Membrane Color Changes As a Guide to the Mineral Needs of the Patient", pointing out the effect of poor diets on teeth.

Adson of the Mayo Clinic in an elaborate treatise entitled "Physiologic Effects Produced by Ablation of the Autonomic Central Influence", a masterful dissertation, says in part:

"As I observe patients with various diseases resulting from dysfunction of the autonomic nervous system, I am impressed with the fact that these individuals must be born with unstable autonomic nervous systems. In other words, their autonomic nervous system is constitutionally inferior".

Is not the base of the biologic triangle, as illustrated so often by Spitler, heredity?

In this same article, Adson touches upon a thought suggested by Reynolds of Covington, Kentucky in his article entitled, "How Do Drugs Really Act?", which you received in Number 8 Syntonic Service, wherein he says:

"Drugs appear to have selected action on the sympathetic and para-sympathetic system".

In these few words there is a world of thought for those who are employing drugs.

W. H. Kemp, M.D. of Vancouver, B. C. in an article, "Endocrine Dysfunction in Relation to Conditions in the Mouth", touches upon the spacing, size, and shape of the teeth in an interesting manner, as well as the pH of the saliva and suggests as follows:

Pyorrhea is the commonest oral disorder and the most difficult of treatment. It must be pointed out here that diabetes mellitus is a frequent accompaniment of pyorrhea, more as a cause than an effect. It has been frequently noted that insulin and dietetic treatment of the underlying defect in carbohydrate metabolism frequently assists in the cure or improvement of the pyorrhea".

It may be possible that Optometrists through Syntonics, may at no distant date render assistance to the Stomatologist in this respect.

Burge, Wickwire and Schamp in November and December of 1936, collaborated on an article entitled "Study of the Effect of Different Anesthetics on the Electric Potential of the Brain Cortex" and arrived at conclusions pertaining to Anesthesia and its effect upon the positive and negative potentials between the brain and liver of animals. Their work paralleled the experiments that a number of you saw conducted on rabbits in Eaton two years ago. Their conclusions are that consciousness, and the various stages of unconsciousness – the analgesic and anesthetic stages – are dependent entirely upon the electrical positive and negative potential between the brain and the organism. Their conclusions undoubtedly are pretty stiff medicine for a large group of professionals to swallow, but when viewed in the light of past experience, syntonically, and the consideration of the theories of the "Nature of Disease" by J. E. R. McDonagh of London, England brings it all acutely close to the Syntonic principles. Even Proctologists are now being taught that buried fissures and other seemingly unimportant anal conditions cause reflexes in areas far removed from the prime source.

Surely all Syntonists appreciate that vision is not a separate entity, but has its effect upon, as it is affected by all of the senses in the living animal.

Nugent's former paper entitled "Consensual Support of Visual Acuity" is interesting in the light of recent experiments on the effect of auditory stimulation on the visual functions as stated in a short article recently published in the American Journal of Ophthalmology entitled "The Effect of Auditory Stimulation on Light and Color Sensitivity", in which it was pointed out that

"Sensitivity for color, through auditory stimulation is increased for short waves and lowered for long waves. Sound stimulates perception for the frequencies approximating μ (Mu) or π (Pi)

and lowers perception for α (alpha) and δ (Delta).
These findings, of course will call for reevaluation
of the effect of bells in conjunction with traffic signals”.

As further indication of the trends toward the Syntonic principle prompts me to include the titles of four papers presented to the section on Ophthalmology during the A.M.A. Convention in Atlantic City, June 9, 1937. The first one was by Seals of Washington D.C. and Spiegel of Philadelphia entitled “Ocular Disturbances in Lesions of the Mesencephalic Central Gray Matter”. Another was the Autonomic Nervous System and Accommodation” by David Cogan of Boston. Haessler of Milwaukee wrote upon “The Near Reaction of the Pupil in the Dark: A Quantative Study”, no doubt, paralleling the $\alpha\omega$ pupil reactions. A paper by Duggan of New York on “Treatment of Tobacco Amblyopia with Vasodilators”. These titles should indicate the consideration that is being given by medical eye men to certain phases which you Syntonists have been studying and applying for some time.

There has appeared within the past two or three years, and as late as six months ago, some interesting research papers from a group of scientists in the Northwestern University at Chicago. The names of these men are Ranson, Kobat, Magnon, Intram, Mayer, Hare and others. They have been carrying on extensive research to ascertain the areas of the thalamus controlling the various vital functions, such as blood pressure, respiration body temperature, perspiration, etc. Their research was generally conducted on cats, but other animals such as monkeys were employed.

Roughly, their procedure was to place the animal under a light anesthetic, clamp the head in a vise-like machine, then insert an electrode into the thalamus and central-gray at various positions and levels, stimulating the area with a low faradic current.

Their mechanical device was carefully calibrated, showing the exact position and depth at which the electrode was inserted. After compiling the reactions caused by each stimulation, they killed the animal, stained and sectioned the brain and determined hereby, rather accurately, the areas which control such functions as blood pressure, respirations, heartbeat, body temperature, etc.

It would be burdensome to even attempt to survey all of their research, suffice it to quote two or three passages, which are referred directly to the functions of the thalamus.

“The Thalamus not only contains a Vasomotor Mechanism,
but is concerned in the dilation of the pupils, the secretion

of Epinephrine – the active principle of the Suprarenal Capsule -, the secretion of sweat, the inhibition of gastro-intestinal Peristalsis – worm-like motion -, and the erection of hair and possibly in the acceleration of the heart rate.

All of these functions are medicated by the sympathetic nervous System so that the suggestion has been made that a general Sympathetic center is located in this region.

Stimulation of the Preoptic area never causes constriction of the pupils nor increased motility of the Gastro-Intestinal tract, nor does it result in defecation – evacuation of bowels -, erection of the penis, salivation or lacrimation, all of which are para-sympathetic responses. Furthermore, in contrast to the sympathetic system, which tends to discharge as a whole, the various portions of the para-sympathetic system usually act independently of one another”.

I cannot refrain from one quotation by Walter B. Cannon of Boston in the recent article “The Role of Emotion in Disease”, wherein he states:

“Profound emotional disturbances are expressed in effects on viscera which are innervated by the autonomic nervous system, and especially by the sympathetic division of that system”.

He then proceeds and makes the following statement:

“All these extensive alterations in the organism are displays of the functioning of the sympathetic division of the autonomic nervous system, whose outreaching filaments are distributed to every region of the body from the hairs on top of the head to the glands on the soles of the feet”.

And yet, and to say, there are some in our profession, who still attempt to practice eyeball optometry.

In this article, Cannon has in conclusion stated:

“I have endeavored to show that a highly important change has occurred in the incidence of disease in our country – that serious infections formerly extensive and disastrous, have

markedly decreased or almost disappeared, and that meanwhile conditions involving strain in the nervous system have been greatly augmented”.

He states further:

“I have questioned whether we as members of the medical profession have been sufficiently aware of the altered emphasis of illness. Have we not insisted too strongly that only such pathology as can be heard or felt, or tested, and measured in the laboratory is true pathology”? Have we not specialized our observations so intently that we do not see the organism because of the organs? Have we not institutionalized medical practice to such a degree that we think more of the disease than we do of the man as an individual and as a member of a social group? An affirmative answer, I believe, should be given to each of these questions”.

Marshall in “Psychoallergy in General Practice” follows along in the same trend of thought when he says,

“Emotional disturbances have a tendency to affect the digestive tract. Ulcers may develop as a result of prolonged emotional upset.”.

And so I conclude this short paper with the most earnest and fervent plea, that you Syntonists appreciate to the fullest extent, the field of legitimate Optometric endeavor which you have entered; suggesting that you diligently apply its principles to the end that human suffering may be lessened, and the life span extended, fully cognizant of the fact that Optometry has developed a technique undisputable revolutionizing, not only in relation to eye dysfunctions, but undoubtedly so far reaching that it will someday more fully enter into every phase of corrective work.