

## HEADACHE – HEADACHE GONE

By Linhard Moore, O.D.

9-15-54 Mr. S. G. is a classic beauty of the sinewy asthenic-type. She has snowy white hair, good carriage and relaxed, easy manner but sharp alert eyes. Her relaxed exterior soon fell aside to expose the very nervous, though agreeable, person inside to even an inexperienced eye. When Mrs. G. came to us, we had the good fortune of having been referred unequivocally, therefore having the patient's confidence from the first.

The essence of our case history quotes thus: "Sometimes my eyes feel like they are swollen and I have awful headaches. I awaken with these headaches occasionally. They are in the back of my head and in the eyes at the same time. It is severe both during the tenseness of an emotional upset and at times will start during the relaxed period following the upset. Often, both, one following the other immediately or with an interval. The eye will ache and spread to the front of my head and both my eyes and head are sore to the touch. No, I have no nausea with the headache as a rule."

Occupational history: "I have been telephone service assistant for thirty years. I had only occasional headaches until two and one half years ago when we started to train or long distance (the company made a switch to dial telephone and she was being retained because of length of service to company). These headaches have been so frequent (almost every working day) that I think that I will quit my job." (Mrs. G. was on vacation at the time she came in).

The eye ache description resembled mild (if this adjective could ever be applied to) chronic Glaucoma. The two occipital headaches, I diagnosed as migraine and as tension-types.

Health History: Age, Forty-eight. "My health is fair". Due to her nervous and rather enervated appearance, I asked about operations and discovered only the fallopian tubes had been removed in 1935. Her subjective dental was: "Teeth in fair condition, some cavities need filling."

She had a three year old prescription of minus without bifocal that she said she'd never been able to wear comfortably. She did have a twelve year old Rx made up in cruxie ax -0.75-0.25x180 o.u. with +1.50 add that was still far more comfortable than the newer Rx but due to the tint being a simulate that she surely did not need and the fact that there was no trace of the astigmatism anymore, we wrote a new Rx for -1.00 o.u. with +1.75 add. Because of Glaucoma suspicion I prescribed therminon, at least for the time being.

Ophthalmoscope: Slight sclerosing of central vessels and some added physiological cupping of the disc.

Caecanometer charting: Right eye: 20m/m x 15m/m or 30% restriction and the left eye, 19m/mx15m or 33% restriction. Due to our past success in correcting the body resistance with syntonics to the point that the natural antibodies would kill out the infection, we decided to continue with our syntonics first and possibly avoid the use of powerful and questionable drugs.

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Mrs. G. was one of those uniquely cooperative patients that listened intently to my advice and reassurance. I explained that with her experience she shouldn't question her ability on the job. She should just do her work and not worry about trivial matters or the work of others that were not her concern. I explained that if she really had cause to worry about her efficiency, rather than worry about it, she should get books and manuals from the company library and study her work and become an ever better informed authority. She actually set about the task of taking this advice and I could sense that each time we discussed it she was more relaxed and cheerful.

The day after her exam, we started on a series of applications. (NL4 Mu Upsilon 10, Upsilon Omega N 15). This is a glaucoma Rx but as you know, even I was in error regarding the Glaucoma it was the type depressant that would be more helpful to an asthenic migraine and tension headache sufferer. Mrs. G. reported that each day her sleep the night before had been more restful. On September 4<sup>th</sup>, she went back to work but continued her syntonics. She took a total of only ten sessions with complete comfort and reported greater efficiency on the job. The new Rx was fabricated and delivered in a pretty and complimentary frame which flattered her vanity. She reports she had no difficulty after the second day with the, and when we saw her last she assured me she was completely free of eye strain and headache and that she was doing all she could to refer certain of her friends to me for care.

Mrs. G. was charted on the Caecanometer again this morning, September 19. (Less than one month from her first visit). We found the right eye to be 24x17 m/m or 4 % restriction and the left eye 25x17 m/m or normal. Our faith in Mrs. G's ability to combat infection or trauma was well founded. After discussing the chart with her she said, "I've been so happy since you tested my eyes. I've just been a different person. I haven't had a speck of headache since you saw me and that's worth a lot."

To those of you skeptics who don't think a "colored light" could have therapeutic value, Mrs. G and I greed that it would be hard to believe that a colored light could cure an almost constant headache of two and one half years duration but she is one of the many witnesses to the fact that it can be done.