

PERSONALITY REACTIONS UNDER SYNTONIC OPTOMETRY

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What is personality? It may be defined as that which constitutes distinction of person; pugnacity, fear, greed, generosity, sex, and the many more attributes that go to make up individuals.

What in our cells is pugnacity? What makes us greedy or generous? Does the lack of the something that causes pugnacity cause us to be fearful? If we can answer these questions and can show some way in which the something which controls these characteristics may be influenced or controlled by the application of the proper frequencies, we may say that we have a Syntonical Control of Personality.

For the past two generations isolated facts have been known and talked about relative to the control of the emotions exercised by the sympathetic nervous system and the glands of internal secretion but the exploration of the biochemist into these two regions has established data which has made obsolete many theories held before.

For centuries the yellowish fatty colored cooked hat shaped affairs, resting astride the kidneys, were not given a separate status as organs, but were merely passed up as a part of the fat ensheathing the kidneys. Now we know them as the adrenal glands.

The Pineal Gland was at one time given credit for being the "Seat of the Soul", this was some two thousand years ago and was reasoned out by the Hindu. Then this idea was replaced by the throng that the gland was once the seat of the third eye, the eye at the top of the head, an addition to the eyes of the face. Generations of anatomists solemnly declared that the pineal body was useless, wastefully space-consuming vestige of a once important structure. I am sure that we are all grateful that its inaccessibility has spared the suffering public its loss along the same channel that the tonsil has drifted.

For years the Para-thyroids were swamped in the nearness of their great neighbor, the thyroid, and were considered merely a variable part of it.

The Pituitary has been given credit with having some definite function since about the time of Aristotle, but it was long neglected by the scientists because of its insignificant appearance.

The two glands which had been more closely guessed about than any others are the Thyroid and the Gonads. Perhaps the first experimental operation was castration. Trepanning of the skull was done even by the cave men but castration, suggested no doubt by a curiosity, holds the primary position in the annals of surgery.

We speak of Adrenal personalities, Pituitary personalities, Thyroid personalities, etc. in a manner which is liable to be confusing. It is more descriptive of the condition and less liable to cause

misunderstanding if we refer to cases as Hyper-adrenal or Hypo-adrenal personalities, but the complications of one gland alone is a rarity and seldom encountered.

Let us consider first the characteristics of the Thyroid type. The Hyper-thyroid personality is the wide awake, rapid action, imaginative dreamer, planner, doer. He is never satisfied, the chronic kicker, peevish – easily upset – irritable. The mental processes are extremely speedy and the perceptions and associations are as rapid as lightning. The degree of emotional instability depends upon the degree of Hyper-thyroidism and it reaches its maximum in the condition known as exophthalmic goiter.

In physical characteristics the Hyper-thyroid is usually lean or at least with a tendency to rapidly loss of weight under stress. They have clean-cut features, thick hair, often wavy or curly, thick, long eyebrows, large, frank, brilliant, keen eyes, regular and well developed teeth and mouth. The nose straight and high bridged. The skin is soft and moist and upon stroking with some blunt object, reacts by flushing, this variation distinguishes the Hyper-thyroid from the Hypo-adrenal type. The Hypo-thyroid personality may be mentally acute and intellectually superior or a dullard far below normal – verging upon the animal type – depending largely upon whether the pituitary or the adrenal glands predominate in compensating for the low thyroid activity. However, in either case the energy will be below par. They need an excess of sleep and sleep heavily, fatigue easily and are usually under sexed.

The physical characteristics are usually less than average height with a tendency to obesity. Sallow complexion, scanty eyebrows either as a whole or the outer half, hair dry and the hair line high, eyeballs deep-set, lusterless, teeth irregular, decaying early; circulation poor with a resultant coldness of extremities. The extreme in this case is the cretin and one can picture a certain amount in most Hypo-thyroids.

The Hyper-adrenal has a great capacity for work, high blood pressure is present. In the female there is usually a tendency toward masculinity. Physical traits are more indicated by the skin, hair and teeth than in stature. The skin is always pigmented from medium to deeply. The hair is thick, coarse, and dry; prominent over the chest, abdomen and back and it has a tendency to kink. Most red haired persons are of this type. Well developed canine teeth are an indication of a Hyper-adrenalin. Square headedness also indicates this type.

The Hypo-adrenal person is subject to fatigue, sensitiveness to cold, cold hands and feet, which are often mottled bluish-red. Their appetite is poor, like the dago's monkey, they "loose de ambich". There is a tendency to worry and weepishness. The blood pressure is low, the temperature below normal. The eyes are worried or starey. The blood pressure being low the circulation is liable to be inadequate and palpitation of the heart is frequently found, and attention is usually centered there and a diagnosis of heart disease is often made deeming he poor sufferer to a life of brooding over the horrible possibilities. That sounds like neurasthenia doesn't it? IT MAY BE.

Another personality that means grief to anyone coming in contact with them is the Thymo-centric type or carrying along our terminology – the Hyper-thymus type. It has been taken for granted for some time that upon reaching puberty the Thymus gland ceases to function, but more recent theories hold that

the Thymus persist throughout the life. If there is a hyper activity we find the individual out of step with society's rigid expectations. They are the mixed multi-female or female-male. The problems here encountered are too numerous and lengthy to enter into this paper.

The Hypo-parathyroid individual is affected with nervousness and restlessness, they are sometimes subject to extreme feelings of depression, an inability to sleep or sit still and a tremulous handwriting. This is attributed to the improper regulation of lime in the blood and cells. It is found wanting in parts where it should be and deposited in places where it should be absent. Hair is lost, there is a general wasting, in many cases there is a deposit in the crystalline lens.

Lime distribution is also affected to some extent by the Thymus gland and perhaps more investigation may reveal the connection between senile cataracts and "old age childishness". The Pituitary gland is also credited in aiding the regulation of the elimination of calcium. We know without the Pituitary we would be cold-blooded animals, like fish. Perhaps that is why cataracts may be developed in gold-fish but they do not respond to Syntonical treatment.

Where do we enter into the picture with Syntonics? Let us discuss some cases which show what central ocular functions may have on personality, which, as we have seen, depends largely upon endocrine responsiveness.

No. 337

Female – Age 20 years – first examined in August, 1932, before I had taken lectures in Syntonics. Patient complained of headaches and an inability to read for more than a few minutes at a time. A correction of +.50, axis 180 O.U. was found and prescribed. The refractions were low with a very low reversion to fusion. The Ophthalmoscope showed the media all clear but the fundus tessellated in the lower nasal quadrant O.U. The patient was to return in thirty days for further examination. In thirty days the parents reported that their physician had advised keeping the child out of school until the first of the year on account of her "rundown" condition.

Feb. 1, 1933, she was brought in again, still having headache and reading with difficulty. She been given cod liver oil and several other tonics that the physician had prescribed and had made no gain. She was listless, weepish, nervous, had stomach trouble, was a poor eater, and under weight, and although the family made every attempt to feed her nourishing foods she appeared to be suffering from malnutrition. Fortunately along with these symptoms, I saw and recognized the mottled bluish-red skin which accompanies Hypo-adrenal conditions and started her on non-local $\alpha\omega$. In ten syntonizations I discharged her apparently a normal healthy youngster. Confirming the statement that Dr. Spittler has often made "It works immediately". The fourth time the youngster was brought in for treatment her Uncle told me very confidentially "I don't know what you are doing for that kid, but you have made more of a change in her in a week than the other doctors have been able to do in the past four or five years. She used to be a regular little drone, but I'll tell you she's just raising hell all the time now!"

This case has been in my office five or six times since being discharged and to all appearances is a healthy normal child.

No. 334

Female – age 25 – of the “bass-singing blonde” type. Lateral incisors underdeveloped. Had asthma. prescribed prescription to correct her error of refraction and Syntonics. First two weeks of treatment cleared up tendency to asthma and I followed that by two weeks of $\alpha \lambda$.- non-local. Treatment started in March, 1933. Judge for yourself if the treatment was successful, the patient was married in November 1933.

No. 674

Female – age 45 – complaint: Twitching sensation of eyes, followed by excessive lachrymation. Frequent headaches, frontal followed by aching all through head. Could not do near work. Very nervous. Insomnia.

Had kidney stone removed five years ago – appendectomy twelve years ago. Goiter past twelve years, gradually growing larger.

Correction give +.75 S. add +1.00 O.U. Gave Syntonic treatments “to balance muscular condition of eyes”. After the fifth treatment the patient inquired if it were possible that the treatments were, not only quieting her nerves and making it possible for her to sleep normally, but also reducing the size of her “big neck”. After seventeen treatments the patient was discharged, eyes comfortable, nervous condition the best in years, no insomnia and all appearances of goiter gone. No basal-metabolism had been taken.

No. 660

Female – age 43 – asthenic. Hyper-pituitary of menstrual period causing Hyper-thyroid complaints, headache top of head, some frontal headaches with a drawing feeling in eyes. Has had trouble with kidneys and stomach. Has always looked forward to each menstrual period with dread and praying for the menopause, that this suffering might be relieved. Extremely nervous for a week preceding menstruation. Appearance, pale, thin, colorless, weak individual to use a slang expression that is very descriptive, she was “all washed up”. Fifteen syntonizations of $\delta \omega$ followed by three of $\alpha \omega$ were given and the patient was discharged more nearly a normal female than she has ever been in her life. Her outlook on life is cheerful, she has learned how to smile, she is really an altogether different person.

No. 778

Male – age 7 – complained of inability to see either at distance or at close work, eyes ached and lids more or less inflamed all of the time. Restlessness, insomnia, too nervous to feed himself with any degree of satisfaction, much less to write. Very much depressed at times worrying about condition of health and very depressed about business conditions; although upon questioning he admitted that the depression had

really not affected him and that he had a good and sufficient amount of this world's goods to see him through many more years than he expected to live.

His vision was 20/100 O.S. and O.D. with his old correction. The Ophthalmoscope showed cataracts O.U. It is needless for me to bore you with the Syntonic Rx given, but it is interesting to note the results. He was given seven syntonizations the usual every other day periods and his vision had reached 20/40 plus. Then he had some very important business that claimed his attention and he asked if it would be safe to skip about two or three weeks. Upon his return his vision showed 20/30 O.U. and he was given two more syntonizations and as he had to drive eighty four miles each time he took a treatment, and my curiosity was aroused as to whether he would continue to I without further treatment, I suggested that he wait another month and return. Upon his return imagine my surprise and his delight to find that his vision was normal. He also reported that he felt better than he had in years, his insomnia was a thing of the past, has no more blues, no more trouble in feeding himself and I noticed that he could apply a fountain pen to a check book in a delightful manner.

Have we any claim to changing the personality of individuals by the application of syntonics? Does changing a weepish, frail, nervous, little drone into a happy healthy, normal appearing little girl have any connection with a changing personality?

Certainly a "Bass-singing blond" who was contented with her girl friend chums for companions and who seemed not passively interested in the opposite sex, who found her life mate and walked down the old familiar aisle with him a few months later, much have had a change in her personality, or as Andy would say – "er sompin".

Case No. 674 who changed from a nervous, fault-finding shrew to a normal even tempered housewife must have appeared to her family as a "different woman".

About the only resemblance case No. 660 had after fifteen syntonizations to her former self was her general build. Her facial expression was changed, her outlook in life was different, her friends noticed a decided difference in her disposition, she was indeed a changed personality.

We didn't make a boy out of the 74 year old patient who was suffering from Hypo-parathyroid condition – possibly coupled with a Thymus and Pituitary involvement-. In fact we did not even give him any young ideas, but we certainly changed him back to the condition that any man of his years should be glad to maintain.

These cases are not isolated cases. They are not the most outstanding cases that have been handled in my office, but they are typical of the changes that may be brought about by Syntonic influence upon the glands of internal secretion.

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DISCUSSION
to
PERSONALITY REACTIONS UNDER SYNTONIC OPTOMETRY
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Fortunately, and profitably, having been intimately associated with Dr. Gallagher from the very beginning of his studies of the "Glands of Internal Secretion and the Syntonic Control of Personality", and seeing eye to eye with him on this subject, there is only one thing for me to say: IT WORKS.

The following case report will show how well it works: Case No. 312. Female, age 22. Secretary to attorney. Type: Extreme asthenic. Height, five feet three inches. Weight; ninety-nine pounds. Very intelligent. Nose, High bridge, good judgment line. Teeth: Normal. Long upper lip, thin; good low lip. History: Good health, except for appendix operation four years ago. Wearing +.25 C. axis 90 O.U. Symptoms: Nervousness, verging into melancholia. Extreme fatigueability; wanted to sleep all the time, could sleep sixteen hours and still be listless on awakening. When her boy-friend called she wanted to go to sleep before 8 P.M. – boy-friend much disgusted. Poor appetite – been taking yeast and doctors medicine for several months without results. Severe menstrual cramps – very dark circles under eyes, this condition existing since patient could remember. Complexion: Sallow, middy.

Diagnosis: Dysthroid, Hypoadrenal; ovarian insufficiency. Uncorrected Hypermetropia.

Treatment: Suppression lenses for two weeks, during which time she received six applications of L- α OD for 20'. Refraction then revealed +1.50 O.U., with all other ocular functions normal. Rx prescribed. Then the following syntonizations for six weeks, thrice weekly, N/L- α U for 20'; N/L- μ for 8', and L/L- α U for 15' – the first Rx being given once, the latter twice, repeating.

Results: After three syntonizations the dark circles under eyes had entirely disappeared. Within two weeks her complexion was blooming like a rose. At the end of the course of treatments she could work steadily all day without tiring; she was no longer nervous; she gained ten pounds; she could stay up with the boy-friend until 2 a.m. without getting sleepy – and that young man remarked to me: "Doc, she treats me lots better since she got her glasses".

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