

SYNTONIC ADVANCED FILTERS

Compiled and summarized from syntonics literature by Ray Gottlieb, Dean, CSO

The following sytonic filter prescriptions were compiled from the *Syntonogram* and other sytonic writing in order to preserve and present a review of advanced techniques of using syntonics phototherapy for various visual conditions and pathologies beyond the basic course. These prescriptions were suggested by practicing optometrists based on their personal clinical experiences. This explains why there may be several different, possibly contradictory, prescriptions for the same ocular condition. In spite of the very specific and often complex nature of the prescriptions, there is no suggestion here, nor in the original articles, of scientific reasons why these should necessarily work nor any attempt to statistically prove their efficacy.

There is much in the earlier practice of syntonics that has fallen by the wayside. For example, most practicing sytonists today would not think of treating Argyle Robinson pupil, astigmatism or blepharitis with syntonics. In addition, most of today's sytonists don't 'nascentize' before treatments and tend to minimize or ignore morphological analysis (body typing) in prescribing.

In the past, syntonics treatments included three to five minutes of nascentization before each phototherapy session in order to increase the effectiveness of light therapy. The idea was that a static physiology was less easily influenced than one already put into motion by nascentizing. (The official definition was: "The act of employing frequencies through the visual functions to disturb or dissociate old combinations of nervous habits and rendering the patient susceptible to the formation of new combinations of nervous relationships.") Until the early 1960's 'sytonizers' came with two external filter sets called scopes that were the size and shape of the sytonizer's viewing aperture. These were attached to the top of the instrument. The scopes were swiveled down to hang in front of the patient's eyes for nascentation and then moved up to rest on top during treatment. Patients looked through one or both of these filters at steady (non-flashing) white light (no therapeutic filters inserted).

The 'not-local' (N/L) nascentizing scope, deep red glass on one side and violet on the other, filtered out all but the extreme ends of the visible spectrum. The N/L scope could be placed with red over the right eye and violet over the left or turned around the other way. Red was used on the non-dominant eye. The N/L scope was to prepare to treat ocular problems resulting from systemic imbalance ("ocular deviations from normal due to deeper seated trouble"). Newer sytonizers don't have attached nascentizing scopes but come with a reversible welder's goggle with red and violet filters.

The local nascentization (L) scope was of green glass and could be swiveled to cover the N/L scope in order to cut down the extreme spread of the frequency transmitted and the amount of illumination reaching the retina. Patients looked through both scopes at white light for three to five minutes. L was used for conditions related just to the eye such as retinal detachment or contact lens abrasion ("the ocular departure from normal lies

solely within the eye or its appendages”). Notice that both L or N/L were sometimes suggested for the same condition and that several, such as asthenopia were broken down into subtypes like ‘nervous’ asthenopia that called for (N/L) and those presumed due to local, eye-based causes, such as ‘retinal’, ‘muscular’ or ‘accommodative’ asthenopia, where (L) was used. There is no L filter manufactured these days, but the green filter ‘*mu*’ in combination with the N/L glasses might work. Perhaps one of these days we will be able to generate clinical data to determine the usefulness of nascentization.

In the past, patients of definite morphological types, pyknic (P), syntonics, (S) and asthenic (A) were prescribed different filter combinations for the same visual condition. In the early days, patients were syntonized according to their morphological classification plus consideration of the underlying cause of their manifest ocular symptoms. Generally rounded, easygoing pyknic types (parasympathetic predominating) being physically slow and sluggish, required mental and nervous stimulation so low frequency (red end) of the spectrum were used. Slender, nervous asthenic individuals (sympathetic predominating) required depressing or slowing down and so required high frequency light (violet end of the spectrum). *The Syntonic Principle* describes this in depth.

Syntonics as it is practiced today will evolve to incorporate more of its past into its future. The goal of this summary is to encourage an awareness of practices and procedures lost in the current phase of syntonic phototherapy. Perhaps some of you will use the information below and find that it stimulates significant and reliable healing to your patients.

P=pyknic type, **S**=syntonic type, **A**=asthenic type

ACCOMMODATION

Spasm of – **P** - Tonic L-Upsilon or Omega - Clonic - Theta Upsilon. **S** - Tonic L- Omega - Clonic – Omega. **A** - Tonic L-Omega & D or Upsilon or Omega - Clonic - Delta Omega

Lack of Accommodation –

P - Functional – L-Theta. For Paretic - N/L-Alpha Theta, Mu Theta, on alternate days.

S L-Functional - Delta D, N/L-Paretic - Alpha Delta, Mu alone, on alternate days

A L-Functional - Delta, Alternate with Upsilon Delta on 1-1 basis.

N/L-Paretic - Delta, Mu Delta, on alternate days.

Myopes with low accommodation (usually type **P**) - Seem to respond best to Mu Pi.

Low Accommodation (in general) - L-Delta and N/L-Alpha Omega.

Push-up Blur-out Low - Male- N/L-Alpha Delta alternated with N/L-Mu. Female N/L-Alpha Upsilon alternated with N/L-Mu

AMBLYOPIA

Congenital

P N/L-Mu Theta, **S** N/L-Mu, **A** N/L-Mu Delta

If nerve head is very pale, use the above on first appt then alt with below on alt days:

P L Alpha Theta - flashing, **S** L Alpha - flashing, **A** L Alpha Delta-flashing

Toxic (usually affects one eye), effecting indirect and direct vision

P N/L-Mu Theta (flashing may be used), **S** N/L-Mu (flashing may be used), **A** N/L Delta (flashing may be used)

Exanopsia - **P** L Alpha or Alpha Theta- flashing, **S** L Alpha -flashing, **A** L Alpha Delta -flashing
Also listed are: Mu Upsilon and Omega, L-Alpha Delta and L-Mu, N/L-Mu Delta; L/Mu Upsilon on 1-2 basis, Mu Delta & Delta Omega, Low acuity with irritability. Delta - flashing followed by rotary exercise, Amblyopia with low reserves - L-Mu Upsilon

Diminished visual acuity without interference of lenticular opacity and no visible extra ocular or intra ocular pathology: Delta, Mu-Delta, Mu-Theta Correct general health conditions, including vitamin and mineral efficiency. Immediate improvement in vision, which will continue if indicated physical conditions have been corrected.

ANTIMETROPIA - L-N

ARGYLE ROBINSON PUPIL N/L Mu Delta

ASTHENOPIA

- 1). Asthenopia - Delta or Mu Upsilon
 - 2) Accommodative Asthenopia - **P** L-Theta, **S** L-Omega, **A** L-Delta D
 - 3) Muscular asthenopia - **P** L-Theta Omega, **S** L-N, **A** L-N or Delta Omega It is difficult to determine what frequency in Asthenopia, be governed by the clinical results
 - 4) Nervous Asthenopia -**P** - N/L-N or Theta Omega, **S** - N/L-N or Omega N, **A** - N/L-Delta Omega or Omega N
 - 5) PUPILLARY ASTHENOPIA - N/L-Alpha Omega or N/L-Alpha Lambda Delta or N/L-Mu Delta or Omega N or N/L-Alpha Lamda (Alpha Omega Pupil)
 - 6) Retinal asthenopia – L-Mu¹⁰ alternated with –Alpha Theta¹⁰ 1-1 Basis.
- OCULAR DISCOMFORT - 1) Upsilon, Mu Upsilon, Alpha Upsilon. 2) N/L-Delta Omega and N/L-N. 3) Mu Upsilon and N/L-Upsilon, Mu Delta. 4) N/L-Alpha Delta, N/L-Omega N, Alpha Delta. 5) N/L-Omega N, Mu upsilon, Alpha Delta alternated with Mu Upsilon.

ASTHMA - N/L-Alpha or **P**-Mu Delta – maybe Alpha Omega

ASTIGMATISM, L-Mu Upsilon, Alpha Omega – to slightly reduce the M

BLOOD PRESSURE (low) - 1) N/L-Alpha Upsilon, 2) N/L-Alpha Kelta (kidney involvment. 3) N/L-Alpha Upsilon works best or Alpha Lambda and sometimes N/L-Alpha Omega.

BLOOD PRESSURE (high) - 1) N/L-Delta Omega, 2) Delta Omega or N/L-Theta if high diastolic pressure with N/L-Delta alternately on the 1-1 basis (muscle involvment)

BLEPHRO SPASM, N/L³ – Omega N⁸ – Mu Upsilon⁵ – Upsilon⁵ – Upsilon Omega⁸
N/L³ – Mu Theta or Mu Delta¹⁰ – Theta or Delta¹⁰

BLEPHARITIS Possible causes: some illumination malfunction, infection of mucous membranes, glare, wind dust, smog, chemical fumes, uncorrected ametropia, muscle imbalance, vitamin and mineral deficiency, anemia other metabolic disturbances.

N/L³ – Mu Theta or Mu Delta¹⁰ followed by Theta or Delta¹⁰

BURNS due to lye or lime,

BUZZING - Delta Omega or Upsilon Omega – flashing

CHALAZION - L-Mu Delta or N/L-Mu Upsilon alternated with N/L-Mu Omega on 1-4 basis

CHOROIDITIS AND CHORIORETINITIS - L-Mu⁶ followed by Delta or Theta⁶, also remember L-Upsilon Omega

CORIORETINITIS AND YELLOW EXUDATES IN RETINA - N/L³-Mu Delta¹⁰ or Mu Theta¹⁰
(according to type) Theta or Delta¹⁰ (according to type) for heavier kick, use Delta Theta
If luetic – N/L-Mu Delta⁶, Mu⁶, followed by Delta or Theta⁶ (also remember Upsilon Omega)

COLDS – N/L-Upsilon Deep seated cold Alternate – Upsilon, Upsilon Delta 1-1

COLOR FIELD - L-Mu Upsilon and R/G-Mu Delta, G/F-Mu Delta and Mu Theta, Las few followed by
Alpha Delta⁵, Expanded R/G-Mu Delta and L/Mu Upsilon, 2-1 basis

COLOR FIELD CONSTRICTED BLUE – a blue field constriction indicates an organic condition and is
generally the most difficult to handle. Proceed as follows: **P** N/L-Alpha Upsilon or Alpha Omega or Alpha
Delta, **S** N/L-Alpha Omega, **A** N/L-Alpha Omega or Alpha Lambda.

Blue Field Contraction – Look for bluish or purple lips or for swollen ankles, if either is present,
N/L-Alpha Omega. An occasional pyknic patient will show blue lips and wheeze considerably but will not
exhibit swollen ankles. In such a case eyes can best be normalized by N/L-Alpha Delta. If sclera is
yellowish, N/L-Mu Delta

COLOR FIELD CONSTRICTED GREEN - It is often possible to enlarge a constricted green field through
specific Syntonization. **P** N/L-Mu Theta, **S** N/L-Mu, **A** N/L-Mu Delta. Special nascentizing R/G³ followed
by Mu Delta G/R³.)Get a piece of green that will make ruby glass look yellow.)

COLOR FIELD CONSTRICTED RED - Constriction of the red field, being systemic, will require careful
consideration. **P** N/L-Mu Theta, **S** N/L-Mu, **A** N/L-Mu Delta.

COLOR VISION – Alpha Delta – Mu Delta

CONTACT LENS ABRASION – Mu Upsilon¹³-Delta N⁶-Upsilon Omega N¹⁰

CONJUNCTIVITIS (chronic red) - L-Mu Pi, if painful vision. Also L-Mu Upsilon, if red field contraction
use N/L-Mu Delta. Allergic causes: hair worker, hair dye, face powder containing orris root, mascara, lip
stick colored with aniline, eyelid treatment, dandruff, oranges, tomatoes, chocolate, gasoline fumes, sweet
milk and chicken. MG-Mu Theta, R/G-Mu Delta and L-Mu Upsilon on 2-1 basis.

CONSTIPATION AND INDIGESTION WITH OCULAR DISTURBANCE - N/L Delta

CONVERGENCE INSUFFICIENCY For low 'Push Up' break (8'+): Try 3 degree base out prism OU
(total 6) = +1.25 OU in trial frame before your syntonizer. Flash - Mu Delta 5, rest 3 minutes, then 5 min.
more, rest 3 and 5 more. In addition to the syntonizing application, convergence is brought in and
accommodation is pushed out. We widen the area of compensation, we create a new situation.
Corneal Scars – L-Mu Upsilon

DARK CIRCLES UNDER EYES – Mu Pi

DEPRESSION WITH LOW BLUR, BREAK AND RECOVERY - Female - N/L-Alpha Pi or N/L-Alpha
Upsilon, Male - N/L-alpha Delta, sometimes N is all that is necessary.

DISK FUZZY – N/L-Delta or L-N or N/L-Mu Delta (with fetid or rank breath) Occasionally N/L-Delta
Omega

DIZZINESS (eyes blurry, HA) – N/L-Alpha Upsilon, or N/L-Alpha Upsilon or N/L-N (if associated with
thumping headache) (caution using N/L-Mu Delta). Ocular Vertigo – N/L-Mu Theta N/L-Alpha Upsilon N
Alpha Upsilon - Alpha Omega

DUCTION RESERVES LOW – 1) N/L-Alpha Upsilon - Female and N/L-Alpha Delta – Male.

- 2) N/L-Alpha Pi or N/L-Delta; N/L-Alpha Lambda; If female under 45 with vertical lines on upper lip.
- 3) N/L-Alpha Upsilon; N/L-Alpha Lambda; If dark circles under eyes, Female, or N/L-Mu Upsilon if lower lid droops.
- 4) N/L-Alpha Omega or N/L-Delta, occasionally N/L-Alpha Delta, most Males respond.
(Avoid Alpha Upsilon and Alpha Lambda in women.)
- 5) N/L-Alpha Omega³
- 6) Also do not forget the value of Mu to balance departure of normal whether hypertonic or hypotonic.
- 7) Low Reserves during menopause – Delta Omega with occasional headache Rx.
Functional – Alpha Theta alternated with Alpha.
- 8) Low Recovery Adduction - L-Delta

GLAUCOMA (for pain in glaucoma) - Upsilon or L/Upsilon Omega or L-Delta Omega (some secondary types may be aided by L-Alpha Delta, also N/L-Mu Upsilon¹⁰ - Upsilon Omega N¹⁰)

HAY FEVER (with red eyes) N/L-Mu Upsilon before attempts at wave optics adaptation, If of piknic type eye can be made comfortable by N/L-Alpha Delta. Also Upsilon Omega D or Alpha Delta, if chronic then Mu Upsilon or Upsilon Omega D

HYPEROPIA - L-Omega (tends to stabilize ciliary activity), N/L-Mu is of value in about 50% of these cases. also N/L-Alpha Upsilon

HYPERTENSION - N/L-Delta Omega N/L-N

INFLAMMATION - Between outer Canthus and Cornea - N/L³ - Mu Upsilon
Between inner Canthus and Cornea - N/L³ - Theta Omega

LACHRYMATION AND SWELLING - Mu Upsilon alternated with Mu Delta on 2-1 basis, L⁵-Mu Upsilon¹⁰ - Upsilon⁵

MYOPIA - L-Mu Upsilon - 2 treatments and alternate L-Mu Omega - 1 treatment.
L-Alpha Omega - try in progressive myopia. Mu Upsilon - Mu Pi alt L-Omega
L-Mu Upsilon - if with Exotropia or Exophoria
L-Mu Upsilon - can sometimes help materially. Of static type - some pink type of filter lenses will enable the prescription of lower minus powers. Try N/L-alpha Omega, if Mu Upsilon fails in progressive myopia.
L-Omega d or Delta Omega with good accommodation, N/L-Mu - Monocular flashing, Exo - Mu Upsilon or Alpha Upsilon alternated with Mu 1-1 basis. If no change use cruxite A1 or AX.

NERVOUSNESS - N/L-Delta N and N/L-Alpha Omega. Nervous Irritability of Ocular Origin - Upsilon D and N. Hyperexcitability with Exhaustion - N/L-Mu Upsilon - 4 days, then N/L-Alpha Delta - 26 days.

NYSTAGMUS - L-Omega, L-N or L-Mu Upsilon, N/L Delta Omega or Theta Omega, Upsilon Omega, Omega N, Traumatic - N/L-Delta Omega or Theta Omega

OCULOMOTOR PARALYSIS - Treatment #1 - N/L-Delta S Refer, #2 - N/L-Alpha Delta

PAIN - 1) N-Delta if from constriction or congestion. 2) L-Alpha Omega, 3) L-Upsilon Omega if this makes worse switch to L-Delta Omega. 4) L-Mu Upsilon. 5) L-Upsilon Omega or L-Delta Omega. Refer if no relief after two treatments. 6) L-Mu Upsilon - use if pain is relieved to finish up case before final lenses prescribed. 7) Mu Upsilon - Mu Delta 1-1 basis for pain in head. 8) L-Upsilon Omega N until pain stops, then L-Mu Upsilon D. Finish off with 2' L-Alpha Lambda, then Mu Upsilon D.

PHORIA – Proceed as below (not flashing):

Esophoria – P L-Upsilon or Omega, S L-Pi or Upsilon, A L-Omega or Omega N

Exophoria – P L-Theta, S L-Delta, A Mu Delta or Delta

Hyperphoria – Mu Delta – Alpha Omega – Mu Delta in one treatment

Post Climateric exophoria – N/L-Alpha Lambda 5 days, rest, then repeat.

Exophoria with Amblyopia – L-alpha Theta followed by Mu Upsilon.
High Exophoria – Delta, alternated with Mu Delta, occasionally Delta Omega or Mu Upsilon.

PHOTOPHOBIA - Dilated pupils - 1) N/L-alpha Omega. 2) Exophthalmus, with dilated pupils - N/L-Mu8 followed by N/L-Alpha Omega for 6 minutes. 3) Contracted pupils - L-Upsilon. 4) Normal pupils - Pi Upsilon. 5) Mu Pi. 6) L-Mu Upsilon.

PRESBYOPIA – 1) early presbyopia and /or unequal accommodation to retard the need for near lenses - 3 treatments in one day: L-Mu Upsilon, L-Upsilon Omega D, L-Omega D. Add push-up exercises on small print. Correct general health conditions and add B complex and minerals. 2) L-Delta Omega to relieve distress, or Theta Omega.

PTREGIUM – L-Mu Upsilon. Or N/L-Delta Omega^{5 to 10}. Mu Upsilon¹⁵ with pain.

PTOSIS-TRAUMATIC – N/L-Alpha Lambda

PUPIL ARGILE ROBINSON – N/L-Mu Delta

RETINAL HEMORRHAGE - L-Upsilon Omega (use in emergency and refer)

RETINITIS – L-Mu Pi as local aid. A) N/L-Delta Omega; N/L-Alpha Omega; N/L-Alpha N also high blood pressure. B) N/L-Mu Delta or N/L-Mu Theta (Diabetic)

RETINAL DETACHMENT – L – Mu Upsilon (If improvement after ten sessions, alternate with L-Alpha Theta (this should not be used longer than 4 minutes in the beginning to prevent Fatigue.

SCOTOMA – L-Mu Delta – Alternate (gas or menthol alcohol), L-Alpha Delta on 1-1 basis.

SINUS – 1) Acute – N/L-Mu Upsilon – until free drainage, then followed by Mu Delta to clear out sinus. 2) Chronic – N/L-Delta Omega – until free drainage, then shift to Mu Delta until clears up. 3) Ocular in origin – N/L³, Upsilon⁶, follow with Mu Upsilon¹⁰. (one application) Repeat for total of 4.; Follow next with N/L³-Mu Delta¹⁰⁻¹², if pain comes back repeat the first part for 4 treatments. The applications are daily. A total of 8 should do the trick.

SORE THROAT – Mu Pi

STYE - 1) L-Alpha (after cone comes to point) 2) L-Mu Upsilon (beginning styes) 3) N/L-Pi Omega D, to relieve headache, then L-Mu Pi. 4) N/L³-Mu Upsilon, when comes to point use Alpha which will bring it to head.

BEGINNING STYE: N/L³-Alpha Omega⁵-Mu Upsilon⁵, N/L³-Delta Omega⁵ – Upsilon⁵-Upsilon Omega D⁵ (Two applications, If pain persists, repeat the Upsilon Omega D) If inflamed eyes or painful vision N/L³-Upsilon or Pi

TICS –Involving eyes – L-Omega or L-Omega N

TOXIC (to lessen) 1) N/L-Mu Delta. 2) L-Mu Upsilon, alternated with L-Mu Delta

TRACOMA L-Upsilon⁸, followed by L-Mu or L-Mu Upsilon⁶

TROPIA – 1) **P** L-Omega, **S** L-Omega N, **A** L-Omega D. 2) Low Adduction L-Delta or Mu Upsilon or may require N/L-Alpha Omega, if pupils dilated. 3) Eso: **P** Omega (N/L-Theta Omega), **S** Omega N, **A** L-Omega D (N/L-Delta Omega. 4) Toxic eso: N/L-Mu Delta Mu Theta. 5) Delta Omega or Theta Omega.

YELLOW SCLERA – Muddy yellow, N/L-Mu Delta, Jaundiced N/L-Delta.

ENDOCRINE

THYROID: Stimulate (Alpha Delta - Male) (Alpha Lambda - Female)

PITUITARY Stimulate (Mu Delta or Mu Theta)

Suppress (Mu or Omega D)

ADRENALS Stimulate (Alpha Omega) Suppress (Mu)

PINEAL Stimulate (Alpha Omega) Suppress (Alpha Delta or Alpha Upsilon)

THYMUS Stimulate (Mu) Suppress (Alpha Omega or Alpha Upsilon)

GONADS Stimulate (Alpha Delta Male, also Alpha Omega) Alpha Upsilon, Alpha Lambda, Alpha Omega
- Female)

Suppress (Upsilon Omega D or Mu to stimulate Thymus in Child)

PARA THYROID Under active (Mu Theta)

$B_p + Pr_{-111} = BMR_{\pm 4\%}$

If falls within + 15 mill - 15 is within physiological limits

OPACITIES

Peripheral

- 1) L-Mu Upsilon and N/L-Alpha Omega – alternate 4-1 basis.
- 2) L-Mu Upsilon and Alpha Delta for 1 minute after treatments and Mu Delta once in a while.
- 3) L-Mu Delta in Diabetic.

Central

- 1) L-Mu Upsilon and N/L-Alpha Omega – alternate 4-1 basis.
- 2) N/L³, Alpha Omega¹⁰, Mu Upsilon⁵, Mu Delta⁵
- 3) N/L³-Delta Omega⁸ (flashing), Mu Upsilon¹⁰, Mu Delta⁸ (flashing)
- 4) N/L³-Alpha Omega¹⁰ (flashing), Mu Upsilon⁵, Mu Delta⁵
- 5) N/L³-Mu Delta⁵, Delta Theta⁵, Mu Theta⁵, Theta Alpha⁵. Use 20-30 mg. Vit. C, 50 mg. Riboflavin daily plus calcium, phosphorus and iodine. (Also used for relieving headaches due to 'hang-over'.
- 6) N/L³-Alpha Omega, Mu Upsilon⁵, Mu Delta⁵ (flash the stimulative or long wave high frequencies)
- 7) N/L³-Mu Delta⁵, Delta Theta⁵, Mu Theta⁵, Theta Alpha⁵, Mu⁵. Alternate with N/L³-Alpha Omega⁵, Mu Upsilon⁵, Alpha Omega⁵, Mu Upsilon⁵. Use 30 mg. Vit. G, 100 Mg. Vit. C, 25,000 Vit A, 100 units Vit. E, increase intake of fluids 8-10 glasses of juice or water.

Senile

- 1) L-Mu Pi or L-Mu Upsilon
- 2) L-Omega or N. Sometimes can be stopped by using Mu Delta.
- 3) **P** – L-Mu Pi (Mu Upsilon, if advanced)
S – L-Mu Upsilon
A – L-Mu Upsilon or Omega or Alpha Delta 1 min., Mu Upsilon for 4 treatments, Mu Upsilon D if advanced.

Note: if after 8 syntonizations no improvement in vision is apparent, try L-Alpha Delta for 1 minute and then Mu Upsilon for 4 more syntonizations. If after this there is no improvement, the case will likely not respond to syntonics.

Diabetic

- 1) L-Mu Delta in Diabetic. Prognosis not good. Should be guarded. May try N/L-SD.
- 2) **P** – N/L-Mu Theta S or N/L-SD
S – N/L-Mu Delta
A – N/L-Mu Delta

Occupational

- 1) L-Mu Delta S Heat – Prognosis not good.
- 2) **P** – L-Mu Theta
S – L-Mu or Mu Delta
A – L-Mu Delta (Omega or N)

Accommodative

- P** – L-Upsilon for 8', finish with Delta for 2'
S – L-Omega for 8', finish with Delta for 2'
A – L-Omega D for 8', finish with Delta for 2' and Alpha Delta

Note: Longer time of treatment may be used but maintain proportion.

HEADACHE

SUPRA-ORBITAL OR FRONTAL, - not flashing - **P** L-Pi or Pi-N, **S** L-N, **A** L-Upsilon or Upsilon N
 OCCIPITAL (usually thumping) - flashing - **P** N/L-Mu Theta, **S** N/L-Mu, **A** N/L-Mu Delta (Note, This usually makes the headache worse for a short time.)

VERTICAL (usually woman) - Not Flashing: **P** N/L-Mu - Mu Pi, **S** N/L-Mu, **A** N/L-Mu Upsilon.

PERIODIC - the migraine type - Not Flashing: **P** N/L-N or Omega or N Delta, **S** N/L-N or Omega or N Upsilon Omega, **A** N/L-Delta N. Syntonize daily for twenty days as a minimum.

MIGRAINE OF OCULAR ORIGIN - Regularly recurring sick headaches with ocular disturbances, use N/L-Omega or N/L-Delta N. (Treat for not less than 21 days and treat daily. Very difficult cases. Can use prism technique using 'Infinity Abduction' -1.5 prism base-in in each eye.

ALLERGY (causes: Calf brains, sweet breads, sweet mile, eggs, beef, wheat products and fresh pork. Syndrome: Twitching extra ocular muscles, scintillating scotoma, a moving scotoma usually up and toward the temple, photophobia, headache nausea, vomiting, sleep when headache gone: N/L-Mu Upsilon

Special with heart complications - N/L-Omega N

NERVOUS HEADACHE - N/L-Omega, N/L-Alpha Omega, N/L-N.

BRAIN TUMOR THROBBING HEADACHE - Mu Delta

HYPEROPIC MIGRAINE HEADACHE - N/L³-Delta N⁸-Delta Omega⁸ for 21 days

HEADACHE CHART

HEAD AREA (from figure 1)	USUAL Rx	AUXILLARY SYNTONIC Rx
1 Center of forehead high up -	N/L-Delta N/L-N	N/L-Delta Omega
2 Top of head -	N/L-N	N/L-Alpha Upsilon or N/L-Delta Omega or Mu Pi
3 Mid-ear bet eyes and tip of ear -	If esophoria - L -Upsilon if exophoria - L-Theta	L-Omega, L-Delta, N/L-N or N/L-Alpha Delta Pain may increase for a short time better eventually.
4 Directly above ear or ears	N/L-Delta N	N/L-N or N/L-delta Omega D
5 Band-like above eyes	N/L-N	N/L-Pi D.
6 Back of head level of ears	N/L-Delta Omega	N/L-Mu Upsilon.
7 Base of brain	N/L-Delta Omega	Theta Omega D or N/L-N makes pain worse for a short time.
8 Mastoid Area - Not generally amenable to Syntonics - refer.		

FIGURE 2

a. Center of forehead	N/L-Delta or Theta	N/L-Mu Delta, May increase pain for a time
b. About 1' above supraorbital ridge	N/L-Mu	N/L-Alpha Omega.
c. Directly over eyes	N/L-Mu Upsilon	Upsilon Omega D
d. Both sides above root of nose	N/L-Mu Pi or Mu Upsilon until free from pain, then use N/L-Mu Delta	

Vertical and occipital - N/L-alpha Omega; N/L-Alpha Omega⁸

Frontal - L-Upsilon

Near Point - N/L-Omega

With high exophoria N/L-Delta Omega

Throbbing headache - Mu Delta.

O.E.P.

The following Syntonic prescriptions have been determined by experience as being the best one to be used in conjunction with other orthoptic measures in the six case types below. (Syntonists will not overlook the value of Mu.)

A - N/L-Delta; N/L-Mu Delta; G/F-Mu Delta

B1 - Alpha Omega; L-Alpha Delta

B2 - Alpha Delta alternated with Mu on a 1-1 basis for Male, Alpha Upsilon alternated with Mu on a 1-1 basis for female.

B3 - N/L-alpha Omega; N/L-Mu

C1 - With + lens, L-Omega; L-Delta Omega. Without + lens, L-Delta; N/L-Alpha Upsilon.

C2 - N/L-Mu Delta; G/F-Mu Delta

Syntonic prescriptions to stabilize or Neutralize High or Low Analytic Findings of the O.E.P. As a result of several years experience with Syntonics and the work of the graduate clinic foundation, members of the College have adduced the following Syntonic prescriptions for the purpose of lowering high findings or raising low findings of the several analytic findings required for case typing.

Syntonists who are students of both techniques have found that cases heretofore hard to type due to difficulty in interpretation or placement of some one or more of the findings, are so stabilized that the typing is easily done.

Prescriptions shown above the line are to lower high findings and those below the line are to raise low findings.

3. Delta or Alpha Upsilon / Omega or Delta Omega

4. Omega or Delta Omega

5-6. Omega or Delta Omega / Alpha Delta alternated with Mu on a 1-1 basis for the male and Alpha Upsilon alternated with Mu on a 1-1 basis for the female.

8. Delta / Omega or Delta Omega.

9. /Alpha Delta alternated with Mu on a 1-1 basis for Male and Alpha Upsilon alternated with Mu on a 1-1 basis for female.

10. /Break - Alpha Delta alternated with Mu on a 1-1 basis for Male and Alpha Upsilon alternated with Mu on a 1-1 basis for female or try Delta, Alpha Upsilon, Alpha Omega.

11. /Delta or Theta S or Alpha Omega or Mu Delta or Delta Theta.

13B. Omega or Delta Omega / Mu Delta or Mu Theta or Alpha Delta alternated with Mu on a 1-1 basis for Male. Alpha alternated with Mu on a 1-1 basis for Female.

14A/14B - Alpha Delta alternated with Mu on a 1-1 basis for the Male

15A. Alpha Upsilon alternated with Mu on a 1-1 basis for the Female / Omega or Delta Omega - Omega N

16B/17B. Omega or Omega N or N / Delta or Mu Delta or Alpha Upsilon (Note N/L-Alpha Omega is often all that is needed.

4 - 11 - 13 - 17 - Delta or Mu Delta or Mu S