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College of Syntonic Optometry


# VISUAL NORMALIZATION IN MATURITY (continued)

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## Case Reports

Case No. 1 (continued)

The feeling of elated pride in being a member of, and actually jointly cooperating toward a common end in a great national society of research in Visual Science – the College of Syntonic Optometry is that; colleagues from other parts of the country are working on the same or similar intricate problems. Thus, for example, Dr. Shurin's clinical research in "Reducing the Blind Spots and Enlarging the Fields of Vision", or Dr. Hagenah's splendid investigations in the field of myopia care and research, truly enhance the value of our service to humanity. We point with pride to the work of our colleagues of the College, and happiness results from the fact that together we are solving problems as related to applied visual science, to the end that every one may have better and more useful vision.

A short time ago our worthy Editor and Director of Education in an editorial comment said, "One case record nullifies a hundred years of science". We know that diagnosis is an art, of altering conditioned reflexes and compensating the autonomically controlled functions. Yet, a great part of Mr. and Mrs. John Public having been taught for years that medical science is all pure science, with tenacity changeable; and in the subsequent care of the individual suffering with visual problems, the prescription of glasses and localized medication becomes doctrine Thus, in many, many cases which are almost routine to us of the College, the dogma of a hundred years of opinion based on the early ideas of science and medical science are nullified; ---whether they be the correction of color blindness, the development of vision in myopia, or the coordinating of vision of the patient who during a life time has had only monocular vision and is given single binocular vision on a high level of performance as in the following case.

Case No. 2

Miss P.S., age 21, Asthenic/Syntonic.
Patient reported for first appointment June 11, 1948. Chief complaint- she has had to give up all reading and study because of "eye strain", for the eyes hurt, burn and tire when reads, ---and the following day she is quite miserable. Several ophthalmologists agreed that "nothing further could be done", so she was forced to give up the struggle of a pre-medical course in college.

Wearing Rx O.U. +4.00 +.75 x 90 for all time wear. Reading Rx, O.U. +6.00+.75 x 90. She can't wear these at all.

#2 R 1.50 x 90
L 1.00 x 85

#4 R +4.25 +.75 x 90
L +4.25 Sph

#5. R +6.00 +.75 x 90
L +6.25 Sph

#7. R +4.25 +.75 x 90 20/25
O.U. 20/25
L +4.25 Sph 20.25

She had monocular vision, so none of the phoria tests could be made, but after a number of attempts by vertical displacement with ruby filter over one eye, it was estimated as 10 or 12 P.D. of esophoria at near.

The left eye suspends more than the right one. Syntonic Rx No. 2 with the last two frequencies Rx No. 3. This syntonic Rx alter with: Rx No. 4, with the last frequency Rx 5. After several syntonic applications all visual discomfort disappeared.

| | | |
|---|---|---|
| *Syntonic Rx No. 2 | N L | 3 minutes |
| | μ δ | 5 minutes |
| | δ θ | 7 minutes |
| | μ θ S | 5 minutes. Flash all frequencies, |
| *Syntonic Rx No. 3 | μ θ S | 5 minutes |
| | θ S | 7 minutes, with the last two frequencies flashed left eye only – right eye covered. This Syntonic Rx alter with: |
| *Syntonic Rx No. 4 | N L | 3 minutes |
| | α ω | 7 minutes |
| | μ δ | 5 minutes |
| | α ω | 5 minutes |
| | μ θ S | 7 minutes. Flash all frequencies. With the last frequency: |
| *Syntonic Rx No. 5 | μ θ S | 7 minutes. Flashed O. S. only |

We know that all visual skills and achievement are learned, therefore they were taught by visual training.

Straight visual training (orthoptics) is dependent upon building conditioned reflexes and for satisfactory results the technician must have the constant attention of the patient. The patient at all times must be aware if that which she (or he) is endeavoring to achieve. The ability of the technician to strictly hold the attention of the patient and actually make them work, is largely dependent upon the use of applied psychology. We never use Orthoptic training for more than 12 to 15 minutes at one training session, and

that is following the syntonic application. My technician, Bette Matta (trained and certified optometric technical) found this patient to be particularly cooperative and her training is nearing completion. Instrumentation used was the Rotoscope, Tel-Eye-Trainer, Tachistascopic Tri-Dimension, Manuduction, Vectorgraph, etc., in coordination of monocular vision into single binocular vision on a level of good performance.

We have treated the patent (with exception of several short periods of rest) on an average of twice weekly. All of the psychometric readings now are reason able normal and the patient is seriously considering a continuation of study to finish as a Doctor of optometry that she might carry on applied visual science. She is now wearing lenticular

Rx R 5.00 .50 x 90 with 2 prism Diopters base in
L 5.25 Sph with 2 Prism Diopters base in

Optometry needs the neuro-psychiatric or neuro-psychological approach to visual training and complete eye care. Just as we know we cannot practice as specialists in the care of vision without the Syntonic Principle, so we know we are more and more entering into the field of Psychology as counselors, strictly within our optometric practice.

One of the first rules in counseling is: Don't probe (at least never so the patient is aware of it); let the patient do the talking, but we often can guide the conversation. Another rule is: Don't advise, but eventually let the patient make his own decisions.

The successful case management of migraine must have a neuro-psychiatric approach, and in the future, we in syntonics will bring about recovery to an increasing number of these so-called migraine patients. I firmly believe our monthly seminar discussions of the Visual Geriatric Society show as high a proportion of recovery in migraines in any other form of therapy.

Let us consider two cases of migraine requiring opposite syntonic procedures for correction.

Case No. 3.
Mrs. J.C., age 31 Asthenic, August 25th, 1948, chief complaints; Following childbirth (two children, 2 ½ years and 7 yeas age) of deep surgery (kidney suspension Jan. 198), vision of the left eye decreases and blind spots form. In the past she has recovered from blind spots but not this time.

Migraine headaches increasing in frequency and last longer. Onset of migraine twelve years ago – medical treatment of no avail, osteopathy helped some, but now the physician can only narcotize patient.

A lenticular Rx for near was given and blind areas greatly reduced by syntonic Rx No. 6, altered with syntonic Rx No. 7.

| | | |
|---|---|---|
| *Syntonic Rx No. 6 | N L | 3 minutes |
| | α ω | 5 minutes |
| | μ δ | 5 minutes |
| | δ ω | 5 minutes |
| | μ θ S | 7 minutes. Flashed O. S. only |
| Altered with: | | |
| *Syntonic Rx No. 7 | N L | 3 minutes |
| | μ δ | 5 minutes |
| | δ θ | 7 minutes |
| | μ θ S | 5 minutes |
| | θ S | 7 minutes. All frequencies flashed. Last two frequ3ncies flashed O.S. only. |

While this syntonic procedure helped but little with the headache, as the blind area was reduced and became less bothersome, the following syntonic Rx for headache control was instituted: Rx No. 8,. Now we are using this last frequency application altogether and the patient has not suffered from the migraine for over three months.

| | | |
|---|---|---|
| *Syntonic Rx No. 8 | N L | 3 minutes |
| | δ ω | 5 minutes |
| | ω N | 5 minutes |
| | θ ω | 5 minutes |
| | υ ω N | 7 minutes, on about a 1-2 ratio of application. |
| | α ω | 5 minutes |

We have treated the patient twice weekly, with several rest periods of two and three weeks over entire time.

The patient is quite elated that for the first time in many years she is free of the migraine, for the periodicity was at least one spell of migraine every week, and before our procedure of care the spells had become more frequent.

Let us consider another case of migraine, that of Mrs. W.H.T.

Case No. 4.
Mrs. W.H.T.,, age 40, October 22, 1947. Asthenic/Syntonic. Chief complaints, always “sick headaches”, Past four years eyes have hurt most of the time and headaches worse, etc. Many changes of lenses.

After the psychometric finding he following syntonic orthoptic care combined with a lenticular Rx (which

have been changed twice); brought recovery: Syntonic Rx No 9. Rotoscope or Tel-Eye-Trainer or Stereo-screen, base out, acc. Rock, retinal rivalry.

| | | |
|---|---|---|
| *Syntonic Rx No. 9 | N L | 3minutes |
| | μ δ | 5 minutes |
| | δ θ | 7 minutes |
| | μ θ S | 5 minutes |
| | θ S | 7 minutes, flashed all frequencies; altered with: |
| | N L | 3 minutes |
| | α ω | 5 minutes |
| | μ | 5 minutes |
| | α ω | 7 minutes |
| | μ D | 7 minutes |

Patient was given forty-five applications and training periods, twice weekly and since then, after several months of rest, fifteen more treatments on a broken schedule.

Recent examination March 25th, 1949. No headache for over five months, eyes functioning on a high level of performance.

I shall mention several cases which without the neuro-psychiatric approach could not have been aided to even a partial recovery.

The first of these Mr. S., a veteran of the recent world war:

Case No.5
Mr. S., age 39, June 28th 1948. Treated in Navy hospital several months after war for migraine headache, eyes hurt all the time, stomach bad, has had to give up several good positions because of headaches and eye trouble and stomach becomes very bad when doing desk work. He has given up ever getting completely well, but desires help to be able to hold a position in a real estate office.

Syntonic orthoptics much the same as case of Mrs. W.R.T., but after each syntonization patient rested a few minutes with eyes closed and then Syntonic Rx No. 10 was given to somewhat relax patient before she left the office.

*Syntonic Rx No. 10, N or ω N 3 minutes.

By counseling (we list these appointments as observation examinations, and always use ophthalmoscope, skiascope, or record blood pressure at beginning of session), we found his inadequacy and fear of competition dated back to junior high school days, although during the first two years of Army service he

didn't have a single attack of migraine headache. The headaches recurred during the last few months of the war, although the same administration work was routine during the two full years without headache or intense eye pain and discomfort.

He was taught by repetition that he could be helped, that the headaches could be alleviated, that he could if he co-operated expect recovery. Positive constructive thinking will reconstruct the entire memory mosaic of "The Will to Fail". A change in lenses and syntonic orthoptics brought about recovery after a change in mental attitude.

Case No. 6
Mrs. M.S., age 50, Asthenic/Syntonic, excellent health, physiological age much younger than chronological age. Chief complaints: Vision becoming dim, and has headaches across eye to ears, and over head. Entering menopause. Fear of cataracts and glaucoma. Frustration as mentioned above.

Lenticular opacities were forming, which caused the diminution of vision.

Duofocal lenses were prescribed and a program of syntonic orthoptics instituted. Syntonic Rx No. 11 altered with Syntonic Rx N. 12 altered with Syntonic Rx No. 13. Thus every third treatment was this last series of stimulants. Orthoptics, base out and base in on 2-1 combination.

| | | |
|---|---|---|
| *Syntonic Rx No. 11 | N L | 3 minutes |
| | α ω | 5 minutes |
| | υ | 5 minutes |
| | α ω | 5 minutes |
| | μ υ D | 7 minutes alternated with: |
| *Syntonic Rx No. 12 | N L | 3 minutes |
| | α ω | 5 minutes |
| | ω | 5 minutes |
| | δ ω | 5 minutes |
| | ω N | 5 minutes |
| | υ ω N | 5 minutes alternated with: |
| *Syntonic Rx No. 13. | N L | 3 minutes |
| | α ω | 5 minutes |
| | μ δ | 5 minutes |
| | α λ | 5 minutes |
| | μ θ S | 5 minutes |
| | α δ | 5 minutes, flash all frequencies. |

Psychotherapy consisted of counseling: Emotional and mental fears and frustrations are converted into actual pain discomfort and bad health conditions. God created us with the capacity to maintain a progressive well conditioned personality, and that personal identity need never be dominated or smothered. In life there is the free agency of individual differences. These and many other things were discussed, to show that her worries were "petty".

## CONCLUSION

The normalization of vision in maturity presents a challenge to those of us working in the field of applied visual science. Much investigation with splendid results is being done for our youth (age level to average completion of education), and young adult, developing good vision on a high level of performance; but little is being done for the truly mature to bring about complete recovery of visual disturbances, normalization of vision on a high level of performance.

The use of the Syntonic Principle in the practice of the specialist in the care of vision, makes possible the proper care of the mature, or the normalization of vision in adult life (visual geriatrics), without the Syntonic Principle of Practice very little could be done for this ever increasingly large group of people, other than the "patch up" work of the past.

In the first painting of Leonardo da Vinci's picture of "The last Supper", he put in painstaking effort and used a wealth of material to paint the two cups standing on the table. When a friend and critic saw the picture for the first time, he starred in open mouthed amazement at the two cups, where upon the artist picked up his brush and with one sweep of his hand painted them out of the picture, crying as he did, "Not that, that isn't what I want you to see. It's the Face; Look at the Face".

It's the Syntonic Principle of Practice that I want you to see. Search for it, use it in practice; for our Dean, Dr. Spitler, a number of years ago wrote, "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". Today in the practice of applied visual science there are so very any factors that might confuse the issue of correct diagnosis and case management, that we must always consciously keep the Syntonic Principle before us.

The word of God is handed down to us in writing. The people of the earth are supposed to <u>see</u>, to <u>read</u>, and to <u>interpret</u> symbolic seeing. Had our Lord willed otherwise, there would be no need of applied visual science and our professional work would be of no avail.

Therefore, let us remember the words of our Master, when he said, "Let you light so shine before men,, that they may see your good works, and glorify your Father which is in Heaven". It is our great privilege of serving our Lord and Master in the care of <u>VISION</u>.

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Read before the Assembly of the College of Syntonic Optometry may 30, 1949, Lexington, Kentucky.

*Erratum, Syntonic Rx in Dr. Mayer's case reports are numbered in continuation instead of each case report beginning with Rx No. 1.