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DIFFERENTIATING TOXEMIAS OF OPTOMETRIC INTEREST AND END RESULTS UNDER SYNTONICS

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It is my hope in presenting this paper to bring to you, who are here, the fact that we, as Syntonists, do not visualize anywhere near the opportunities this branch of our science has presented us. I shall be brief and hope to be practical.

First I desire to present a few of the uses of δ (Delta) and θ (Theta).

On two different occasions I have presented to the Syntonic College papers on "Auto-intoxication of Optometric Significances". Those papers are probably available to all, if not already in your files. I have definitely proven, to my satisfaction, that some cases of constipation can be corrected by the use of Syntonics. Also, I have definitely proven, that practically every case showing palpebral ocular effects of constipation can have the ocular conditions corrected. I have yet to have one case a failure.

Once a definite diagnosis has been made by your interpretation of ocular fields – abnormal palpebral conjunctival changes; fundus changes; and tonicity findings – followed by questioning of the patient, we can consider procedure.

We must decide, shall we refer the patient to an allied professional man for treatment; shall we refer the case to some person for colonic irrigations, diet, etc. or shall we handle the case ourselves. This must be decided by each syntonist and depends upon his connections in the other professions, the welfare of the patient, the possibility of a return of patients referred, and the possibility of successes should he handle the case himself.

I have had several letters asking how to handle these cases so let us assume we decide to handle the case ourselves. First, let me recommend the book "Nutrition and Clinical Dietetics" published by Len and Febiger, Philadelphia, Pa. There is one cardinal requirement for the correction of constipation – and that is that the patient must drink quantities of water, at least four to six glasses daily. If one will remember the ditch digger never is constipated, that develops a second cardinal point, - exercise. In advising bending exercises from the hips all the organs of the body pummel each other. So visualize the movements of the ditch digger. One should remember, folks who have not been accustomed to hard exercise must begin mildly, otherwise dizziness will occur. After 10 days of mild exercise, it should be increased so that full perspiration occurs. After every period of exercise a warm bath would follow to keep the skin open. Elimination occurs copiously through the skin. Quantities of fruit juices should be prescribed. At least two glasses daily, of orange, grapefruit, tomato, grape, prune, etc. Varying them every few days is advisable. Patients of this type frequently will tell you fruit juices nauseate them, "I can't take them". That is all the proof they need them. These people should be started out with pineapple juice, gradually changing to the other juices. I have never had a case that could not digest pineapple juice.

The diet should be checked over with the patient. We ask each patient to make out a list of the foods eaten the last three meals, or for a longer period if deemed necessary. Even though, as occasionally happens, the diet seems adequate, it is advisable to make some changes. We must realize a patient who is constipated has been living improperly, and excepting the organic causes, one of the reasons is their diet is wrong for them.

Then changes have a psychological reaction. Cases in which the diet seems adequate we advise the eating between meals of dried prunes, apricots and peaches, chewed sparingly. We make it a rule to prescribe cooked cereals for breakfast – cream of barley, wheaten, cracked wheat and oatmeal cooked only a few minutes. Ruffage is needed. Bran should not be a steady diet as it creates irritation of the bowels. Now for the purely ocular measures. The patient should be advised to buy a tube of pure white Vaseline and some eye lotion. After the hands have been thoroughly washed a small amount of Vaseline should be applied to the edge of the lids last thing before going to bed. On rising in the morning warm water should be used to wash the eyes, remove the Vaseline, otherwise it causes photophobia. After washing the lids, the eye washed should be used. This method generally should be used about 3 days, then discontinue the Vaseline, continuing the eye wash twice daily, until the dried pus again appears. Chronic cases will need this treatment continually repeated over quite a period of time. δ (Delta) and θ (Theta) used 3 times a week is the Syntonic prescription.

These patients have the worst looking eyes of any who come to our office. Red and inflamed, watery, sensitive to light, squinting, dried pus among the lashes. They present a perfect picture of mal-function. They are, after a month or so of the treatment advised, walking and talking advertisements of the finest sort any professional man can have. The results are almost miraculous.

Two recent cases may be of interest. A women thirty years of age, when told her trouble was improper elimination, replied: "Certainly I am constipated, but what can I do? I've tried everything and nothing helps". Two months later her eyes appeared normal.

A young attorney, demonstrated a typical case. He was homely and red headed and the inflamed lids seemed to accentuate his homeliness. He never complained of never having a pair of glasses that did not blur for distance. A spasm of accommodation was present. We increased his plus prescription +.25 S., prescribing fruit juices, one tablespoon of agar daily and θ three times a week. Within two weeks he was a militant booster, and reported his vision was now perfect and comfortable.

Dr. Spitler tells us δ and θ may be used to "aid in solutionizing exudates causing scotomas. Degenerative exudates of the fundus are quite common. The type designated "druses", rarely disturb vision but certainly if they encroach on the macular area they should have attention. δ and θ is the prescription.

Of much more concern are the larger exudates in which it is difficult to differentiate whether the cause is inflammatory or degenerative. Whether a physical examination demonstrates a physical cause or not, δ and θ should be used to clear these exudates.

We all see cases of arterio-sclerosis of the retinal arteries. Possibly it is only part of the picture. It may be present in other parts of the body. Possibly we may think best to refer the patient for general treatment, but the patient's eyes are our concern. We know many of these cases develop retinal hemorrhages.

δ and θ produce heat, and heat dissolves fat, and deposits of fat are supposed to be part of the process of sclerosis. We owe it to our patients to prevent blindness, consequently they should have the benefit of Syntonics. What other means is there available to offer? If nothing else had come from Riley's work, then those facing blindness owe him a debt of gratitude for this.

One case will be reviewed. A lady, 55 years of age, chronic high blood pressure, under our care 15 years. Developed definite arterio-sclerosis of all the vessels, adjacent to the disc of both eyes. After twenty syntonizations of θ, the right eye was normal, the left still showing some remnants of the condition. Thirty-five syntonizations have not entirely cleared the left eye. Blurring which had been complained of with apparent perfect refraction has disappeared.

Of still greater concern are the cases of degenerative macula-retino-choroditis found so frequently in elderly people; and showing pre-senile macular degeneration. Many of these cases can be saved from blindness by using Syntonics.

These are the cases which demonstrate corrected visual acuity below normal; in which we find the pinhole does not develop on improvement, and the examiner may or may not be able to see the degeneration with the ophthalmoscope. Their vision drops rapidly as illumination is decreased.

Advanced degeneration will always be visible.

The procedure in these cases is to eliminate any toxic conditions, give as acute vision as possible, prescribe syntonically for any condition found other then that under discussion, and give α flashing, using a 1 mm. pinhole disc, 5 to 8 minutes for each eye at each treatment.

To illustrate, a lady 48, showed 20/30 vision corrected, both eyes, with no improvements with the pinhole disc. She had been under observation 8 years, previously developing 20/20 vision both eyes. No fundus changes were visible. Treatment as indicated every other day for six months were given after which was 20/20 mins one, both eyes. These cases are fairly numerous, reading vision gradually failing and offer the practitioner the opportunity to be of real service.

Now I have one suggestion to be followed in cases of cataract. Before starting every case have a urinalysis made. For those unfamiliar with the procedure let me outline it. A twenty-four sample should be procured in the following way: The bladder should be emptied at a definite hour – say seven o'clock a.m., this urine to be thrown away as usual. From this hour on for 24 hours all urine voided is kept, preferably in a cool place in a clean container. The quantity is measured. This is normally about 1 ½ quarts. A four or six ounce bottle as a sample is filled from the total mixed amount. This is the laboratory sample.

Normally the specific gravity of urine is 1.015 to 1.025. The specific gravity should be low in dilute amounts, that is where the daily quantity is high, and it should be high in the opposite. Specific gravity is the measurement of the ability of the kidneys to excrete the waste products. I find very frequently in cataract cases the kidneys are not excreting enough, the specific gravity is low. A diet more easily digested is in order, such as gruels, etc. in all cases of this type I prescribe the drinking of milk. It has proven efficacious. Reference to the book "Nutrition and Clinical Dietetics" before referred to will help in deciding the recommended diet in these cases, but do not forget the milk.

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Discussion – Dr. A. R. Reinke

DISCUSSION

By
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It was with considerable interest that I read Dr. Simpson's paper. I have known of his work for a long time, even before I became an optometrist and a syntonist.

In discussing this paper, the one thought that must be kept in mind is this: Should we, as syntonist, delve into the matter of diets, et cetera, or should we have that type of examination made by someone else?

I can see both sides of the questions, and it resolves itself into a problem of local conditions. For example, I have two offices. In the smaller community I can refer the patients to their physician and expect one hundred percent cooperation, while in the larger city I find it easier to work out my own problems and refer to laboratories if necessary.

The syntonist is in a position to broaden the scope of his diagnosis. To give syntonics and give it properly, he must know the "Why". Therefore, if he has taken the basic and the advanced course and is keeping up in his studies, then he should know the "why".

The question of diets, as propounded by Dr. Simpson, is indeed a problem that is overlooked in most offices. I cannot see anything wrong in the manner in which he is handling these situations relative to constipation. I should like to see every syntonist get a definite course on diets through the College of Syntonic Optometry.

A paper of the type written by Dr. Simpson is indeed enlightening. The only criticism I have of Dr. Simpson's paper is in the citing of the various cases mentioned. He knows in his own mind, and he no doubt has it written on his own case record, just the things that were done to accomplish the results he obtained, but he failed to give it to us. A case report to the profession should include a short report concerning every treatment given in the office. In this way, the syntonist can visualize the patient and the reactions. This is a definite criticism that I have concerning the case reports that are printed in the Syntonogram each month. They are not complete.

However, Dr. Simpson's paper is still excellent. It so happens that I have followed somewhat the same procedure in many cases and can appreciate the problem he is trying to work out.

Relative to exudates, et cetera, I do not feel that I am sufficiently familiar with Syntonics to know that it will do the things Dr. Simpson has written about. Evidently there is a great deal we can do, and his paper has certainly given us much food for thought and research.