

SOME OBSERVATIONS ON RELIEF
OF PAIN OF OCULAR ORIGIN
BY SYNTONIC TECHNIC

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Pain is the end result of congestion. Inflammation of the tissues, due to irritation from any cause, may exert enough pressure on nerve fibres passing through the tissues to cause the sense of pain. The irritating factors may be mechanical, thermal or chemical, or a combination of any of these.

Mechanical irritation may be due to trauma or bruises, or to often repeated friction to the external tissues of the body, or to presence of foreign bodies within the internal tissues, such as gall-stones, etc.

Thermal causes are such as sunburn, heat burns and light irritation.

Chemical agents may be toxic end-products of metabolism or any of the various substances such as alcohol, nicotine, strong alkalies or acids.

Most headaches are due to pressure on the cranial nerves, by congested blood vessels where they both pass through the same aperture in the skull.

Now to relieve pain, we must first remove the cause, when known, and still present, next follows the decongesting of the tissues, by effecting drainage first, and then increasing complete circulation to the normal.

It is a scientific fact that all matter is in a state of vibration, and all substance is what it is because of the particular vibration it has. A great deal of work has been done upon the theory that the various tissues and organs of the body each have their normal rate of vibration when in health, and when disease occurs, that an abnormal rate of vibrations exists in the affected parts. A number of therapies have been evolved around this theory.

Syntonic technique is a method of applying vibrations in the form of known and measured light frequencies in the visible range for the relief of abnormal conditions in the visual organs and their supportive functions.

Our first pain relieving frequency is ω (Omega), to get drainage. Next ω combinations to normalize circulation. After congestion and pain have been relieved, we look now to the removing of any chronic conditions having caused the pain.

Chronic or acute alteratars, $\mu\delta$ (Mu Delta) and $\mu\nu$ (Mu Upsilon), usually are needed to normalize the functioning organs at fault, and again the glandular chain must be brought into balance to secure a lasting relief.

The following case reports demonstrate the successful application of the foregoing reasoning:

Case No. 1. Mrs. L. K. H. – Married – ae 47
Examined June 8th and 9th 1936

Presenting symptoms was nearly constant basal to frontal headache since age 11 – about the time of puberty. Had scarlet fever at this time, followed by three months blindness. First glasses were fitted one year later, followed by frequent changes. The last fourteen years the optional corrections and orthoptics have been supplied by one of our best optometrists, who now is a syntonist. Glasses were changed usually each year, after a month's orthoptics each time. Only temporary relief of the headaches ensued. Patient also had received very good manipulative work during last several years with only the most temporary relief. Diet had been controlled by her M.D. Four years ago, complete hysterectomy performed which lightened the intensity only of the headaches. Bowel elimination good and regular without laxatives. Drinks lots of fruit juices and water. History of low blood pressure for ten years. Claims urinalysis and blood test reports always normal. Teeth irregular and soft, nearly all filled. No pyorrhea or abscessed teeth. Wisdom teeth were impacted but have all been extracted. Feels low in vitality. Can't tolerate movies or riding or driving. Can't read long.

Is Syntonic Pyknic type. Upper lip grooved and white line along edge. Fatty deposit around abdominal area. Sluggish reactions to all tests.

Uncorrected visual acuity each eye 20/30 but double image with each eye separate.

One degree exophoria with old or new Rx and trace of Hyperphoria. Corrected visual acuity each eye 20/20 and single comfortable vision.

Old Rx O.U. +1.00-.50 x 90 Add +1.50 No. 1 Cruxite Kryptok
Bifocals Rx worn one year.

New Rx O.D. +1.25-1.00 x 120 Add 1.75
O.S. +1.25 - .75 x 45
No.1 Azurlight Kryptok bifocals.

Above Rx given after one month's syntonic and orthoptic care. First Syntonic Rx N/L-3', υωD (Upsilon Omega) – 15' with some roscope rotation orthoptics for one week. Pains and headaches relieved.

Second week Syntonic Rx N/L-3', μυ (Mu Upsilon) -15', with some rotation orthoptics. Headaches returned but much less severe.

Third week returned to first Syntonic Rx and all headaches relieved and tension gone from eyes.

Fourth week Syntonic Rx N/L-3', μν-15' alternated with N/L-3', μδ (Mu Delta)-15', on one to one basis, also base out roscope orthoptics after short diplopia exercises. This procedure used till case discharged at end of two months service with all symptoms relieved orthophoric with new Rx and patient and doctor both happy. Forty-three syntonizations.

One year later patient reported some of old headache after the noise of the Fourth of July made by neighbors, she remaining quietly at home. Emotional disturbances due to family troubles. Examination showed two degrees exophoria with Rx but no trace of hyperphoria as of a year ago.

Started some Syntonic and orthoptic procedure as used a year ago. Headaches relieved in a week, and no return when used second week of the Syntonic alternatives μυ and μδ.

After twelve syntonizations re-examined and made new Rx with only minor change in strength. All symptoms relieved and patient says she has enjoyed life more than past year than any time in her life. Reads normal and enjoys riding, and the movies.

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Case No. 2. Miss L. E. K. Age 80 – single

Presenting symptom rapidly failing of vision in left eye recently. Was operated four months ago for cataract on right eye, which seemed successful. Surgeon said left eye nearly ready for operation also. Patient not pleased with result of the surgery and hearing of Syntonic success by the writer decided to try Syntonics before further surgery. Pain had developed around and sometimes within the operated eye which disturbed patient and caused her doubt as to the benefits of the operation.

Examination showed uncorrected visual acuity, O.D. 0, O.S. 20/50-1 dimly corrected to O.D. 20/30, and O.S. 20/30.

Ophthalmoscope showed total opacity capsular in left. Could not see fundus at all.

Patient has enjoyed good health until vision began to fall. This experience had made her very depressed and unhappy.

Syntonic Rx L-5', μ D-15' for seven syntonizations when corrected vision was 20/25-3. Ophthalmoscope showed lens clearing. After four more syntonizations corrected visual acuity was 20/25 and ophthalmoscope showed lens nearly clear in upper half and fundus now dimly visible.

After four more syntonizations corrected vision 20/20 with +1.00 x 30 which was practically same as lens needed in each examination. This lens supplied in No. 1 Azurlite with plano over operated eye for general wear, as separate reading glasses were supplied.

Now that comfortable vision with glasses was had we syntonized with $\upsilon\omega$ (upsilon omega) until pain was relieved in and around operated eye. In a week pain had ceased so we went back to μ to further clear the small remaining opacity.

A full correction for distance was made and fusion training instituted in addition to syntonizations. At times patient developed a fair fusion of Wells cards in large size, but no comfort resulted in trying to wear a correction so different in each eye. From time to time some pain returns in and around operated eye, and patient returns for a week or two for $\upsilon\omega$ syntonizations as needed. This was the most rapid clearing of opacity observed in all my work, i.e. ten syntonizations cleared a total opacity.

Case No. 3. Mrs. E. P. Age 39 married.

Migraine headaches for last eight years. Eleven years ago in sanitarium six months for T.B. which was arrested. Always subnormal temperature. Has had infected teeth extracted. Has had the usual medical and non-medical care but unsatisfactory results.

Examination showed pseudo-myopia of one diopter with eight degrees esophoria. Optical correction of O.U. -.50 given temporarily for movies, etc. and Syntonics and orthoptics started. Six syntonizations of L-5', μ -15' with stereo orthopter exercises the twenty N/L-5', N-15', then five N/L-5', μ D-15'-5', N-10', at which time case discharged all symptoms relieved. Syntonizations given daily as near as possible.

Case No. 4. Miss C. M. F. Age 56 – single.

Presenting symptoms pain in and around eye balls, eyelids sore and twitch. Difficult to use the eyes. Patient says “was born sick”. History of colitis, liver trouble stone cancers, etc. Can’t digest food now and is on a blonde diet mostly.

Examination revealed two degrees esophoria and practically no fusional reserves. Suitable optical correction was supplied in bifocal form followed by Syntonics and orthoptics. First syntonic prescription N/L-3', $\mu\nu$ -15', for two syntonizations, which gave immediate relief followed by twelve syntonizations of N/L-3', $\mu\nu$ -15' altered with N/L -3', $\mu\delta$ -15', on 3-1 basis. Drainage began immediately from the sinuses and during this period all organs of excretion showed great increase in function, the kidneys passing very foul material. Above procedure followed for another month when case was discharged, all symptoms fully relieved patient claiming best health enjoyed for many years. The above work was given in May and June of 1934. At this time, three years later, have just finished another month of similar procedure, some of the old symptoms having returned mildly. Patient is now again in a good state of health and reports the last three years unusual health for her.

Case No. 5. Miss R. G. – age 34 – single now – was married for a year several years ago.

Presenting symptoms frontal temporal and basal headaches, feels like sand in the eyes – photophobia. Has been told by examining physicians she has arthritic feet, as pains in her hands. History of chronic constipation as long as she can remember, urinalysis revealed high acidity, trace of sugar, heavy indioan, has gained from 108 to 150 in two years. Following X-ray treatment to inhibit menses, physician believing this was the solution of her nervous breakdown and low vitality. Her physician has attempted to catabish menses two years after the x-ray treatment by various glandular formulae but failed.

Teeth condition fair, third molars never developed, second molars abscessed and extracted. Tonsillectomy in 1931. Her former optometrist had prescribed O. U. +1.75, No. 1 Crooks, three years ago. Rechecked and okayed one year ago. Rechecked one month ago and relaxation near point glasses recommended but not accepted by the patient at which time case was examined by the writer. My examination revealed lenses work okay, fusional reserves low – two degrees Exophoria with present Rx also trace of hyperphoria.

Complicated with frequent suspended vision in the right eye.

Syntonic and orthoptic work begun. Three syntonizations of N/L-3', ν – 15' relieved the photophobia. We then started to build reserves with N/L-3', $\alpha\pi$ (Alpha Pi) -15', and rotoscope base out exercises. After eight applications headaches were completely gone, patient began to feel much better and was able to continue her work as a bookkeeper, having very little visual discomfort with the old glasses. Fusional reserves gradually increased – applications continued for twelve more at which time the reserves were normal, visual comfort at her work, no sign of hypophoria, exophoria half diopter with Rx general physical wellbeing and menses re-established. Weight gradually reducing, no change in optical correction needed, case discharged happy. Above work done in May 1936. Case reports every month and no further return of symptoms to date of July 1937.

Case No. 6. Miss L. DeL. Age 9 - single

Frontal headaches for some time, holds reading too close. Examination showed a pseudo myopic astigmatism against the rule with hour diopters of esophoria, low fusional reserves, but with an outstanding ω pupil condition. Edge of discs blurred with upper nasal papilloedema. Syntonic and orthoptic procedure instituted syntonic Rx N/L-3', ω – 15' and rotoscope base in. Case responded nicely – all symptoms relieved at and of two months with pupils holding their reflex. One year later patient returned at the end of the school year with similar complaints only half the esophoria than year previous. Same technique employed for one month when all

symptoms again relieved. At the present writing, one year later, case reports okay at the end of another school year.

CONCLUSIONS:

After two years study and application of the Syntonic technique I am convinced it is the most valuable method of relieving departures from the normal as observed in our work so far presented to our profession, being strictly within the field of optometrically applying light frequencies in the visible range, altered as indicated in the specific case.