

VISUAL TRAINING USED TO IMPROVE NYSTAGMUS EYES

By C. H. Michel, O.D.

In Nystagmus eyes, I usually find poor vision- 20/200 to 20/100; and also, most cases have Esotropia to some degree. I have been able to remove Nystagmus and recover vision to near-normal - - plus greatly improve head and body posture.

In 1932, I really obtained outstanding results. The patient was a 22 year-old lady - - an Albino - - and the white cross on the eye grounds v. 20/200-20/100. Her schooling was sub-normal. She had attended a special school at Detroit, Michigan, and could not making out normal print.

Two and a half years later, she was able to read newspapers and books with ease; and became an expert on archery with a Girl Scout Troop and the leader of same - - had 20/30 in each eye.

All those who have been in my office or eye care had several things in common. I learned; that they are unable to see their eyes move when they look into a mirror – before visual training. Also, it is common) parents and adults advise me) that the patient has bad eyes and they doubt if anything can be done. Nearly all cases have been told this by M.D.'s and by some O.D.'s - - the same diagnosis.

The procedure:

1. Proper appointment setting is so important - - to have both parents at the first and second visits. Otherwise I do not start.
2. It is a must to see the Osteopathic physician whom I select: and the physician gives me a full and complete report. In most cases, they find several cervicals need care – and, also, the top 3 vertebrae need care.
3. Make two complete visual analysis and especially examine the eye grounds. Make note of head posture.

It is important now to give the parents the procedure and the time this will involve - - two and half to 3 years - - in order to complete the eye care. When you start, set up 3 calls per week for about 6 weeks. At the end of that time, you will hear favorable comments from them. Now stop for about 2 months and start again for 6 weeks – and so on.

Be sure that a good fee arrangement is properly executed. Usually no lenses are needed for – say 3 to 6 months. Check your progress at the end of each six weeks. Rx N/L³ W 15" and with AW³ three times per week – and skip a week, etc. I use the Kratoculator by Cameron Surgical Co. have the patient face the tube at about 11" in a dark room. Flash into pupil (one eye occluded). Do this slowly and see that Iris responds properly - - when you have it, then speed up your flash to point where the pupil remains contracted for 5 minutes. Now change eyes – 5 minutes and do this twice err sitting. Now about the 3rd day – note to see if the lateral motion of the eye tends to slow up a bit. I use the letters like E, cross, arrow, and etc., and begin to reduce size of the above character in the tube to where it is slightly blurred –in a couple minutes ask if it clears up. One thing so important: That you see a point of light about 1 mm nasally in the pupil. If that is present, then you are sure that you stimulated the Macula, otherwise no success. You help guide the patient's eye to proper position.

Usually, they hold their head turned down and to one side or some hold their head up and also to right or left. You must hold their chin with your hand to proper position for some 6 weeks, as a rule. Then most cases the patient will learn this and be able to control that part.

I plan to be at the National meeting in June, and will be glad to spend a half hour and do the technique for you in detail.