

Further Considerations of Migraine

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In continuing my search for information in the study of migraine, I find there are complications and variations not previously encountered. Last May, I reported a similarity on the optometric findings of all migraines who had come under my observation. In fact, I had almost come to the conclusion that the distressing discomfort was only associated with hyperopia showing low convergence or adduction. At that time, I was of the opinion that inefficient centering was a contributing factor, but experience during the last year leads me to believe that it is the effect rather than the cause. I consider migraine to be an extremely interesting subject and within the field of Syntonic Optometry. In fact, my limited investigations lead me to believe that it is a subject which should be given to a committee for serious research.

Since our last assembly, it has been my misfortune to work with only three migraine patients and I shall endeavor to convey to you my experience.

#5. Mr. H., a banker, aged 44, Reported on July 25, 1952, with the usual symptoms of migraine; re-occurring headaches, scintillating scotomas and vomiting during these attacks. Headaches would begin on either temporal side, move to the top of the head and then extend to the occipital regions, a combination of typical migraine symptoms. Contrary to previous experience, the patient was a myope and Eso. An extended period of Syntonic applications proved ineffective. While no charge was made for syntonics., optometric service was supplied, including three members of his family. It was my first failure but a satisfied patient.

#6. P., a housewife aged 51, reported September 2, 1952. She has endured migraine for 37 years. The attacks occur every three or four weeks. Optometric findings were hyperopic with low adduction and convergence. Both break and recovery. High Exo. At near, while a long series of Syntonic applications have given much relief, the migraine attacks still persist. Dr. Spitler saw the patient and, in his opinion, there is a pituitary disfunction combined with a digestive disturbance. The latter, we hope, will respond to his prescription. We are also adding base-in prisms, one half of the abduction recovery as an aid to the sympathetic. The vagus, or tenth cranial nerve may also be involved and a likely contributing factor.

The optometric findings have responded with the exception of the recovery of the convergence at near. This condition has persisted despite our maximum efforts with every known technique proving that the physiological and the supportive functions of vision must be taken into consideration. In this case, if pituitary disfunction is a factor, the age of the patient must be considered. In the opinion of Dr. Spitler, after the age of 30 little can be done in this direction.

While the migraine still persists, the patient has been benefited in so many ways that she is reluctant to discontinue Syntonic applications. Contrary to the wishes of the patient, no charge has been made other than our fee for optometric service and materials.

#7. Mrs. C., aged 58, housewife, reported January 9, 1953. She had all the classical symptoms of migraine in addition to headache which was constant in recent months. The migraine had existed for a great many years. The medical profession had dismissed her with the statement that they could do nothing for her. She was discouraged, dejected, and without hope. She was showing every evidence that life was no longer worthwhile. Her family and friends were much concerned. The usual optometric findings in this case were present. The proper lenses were prescribed and Syntonic applications were started. No encouragement was given; we simply offered to do what we could with a promise of co-operation. The patient stated that she could endure the migraine attacks if we could give her relief from the constant headache. After fifty Syntonic applications, we are glad to report that the patient is comfortable and quite happy.

In Migraine cases, I am inclined to believe that we can suspect endocrine dysfunction if low breaks and recoveries do not normalize quickly. This is a clue which has persisted in the seven cases which have come under my observation.

ECONOMICS IN MIGRAINE CASES

In accepting a migraine patient, our presentation and our attitude is of utmost importance. We must explain that all through the years, migraine has occupied the attention of the worlds' greatest scientists. Volumes have been written on the subject. Every known drug has been administered without beneficial results. However, within recent years a number of research workers in the field of Syntonics have had very satisfactory results in a high percentage of migraine cases. However, we cannot predict, with any degree of accuracy, the results in any particular case. Results will depend upon several factors including complications and your co-operation. Our fee will be commensurate with the results obtained. Our chief concern is in what can be accomplished for you.

No doubt, many colleagues will not agree with my convictions concerning the remuneration in these cases. There are several reasons for my seemingly unprofessional attitude. In the first place, we must see more migraine patients. We must compile a great number of records before we can arrive at a conclusion relative to the effectiveness of Syntonics in the alleviation of the distressing symptoms of migraine. Self-preservation is the first law of nature, and this truth is all important in the practice of Syntonics. While we must maintain a high regard for the effectiveness of selected light frequencies in our practice, we must keep in mind its limitations. In these cases, we are accumulating knowledge and experience prior to research on the subject. At present we are moving along an uncharted course without sufficient evidence to warrant a prognosis with any degree of certainty. I make a charge if the migraine is eliminated; otherwise, I simply have a satisfied patient with a headache.

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