

SYNTOGRAM

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FOUR CASE HISTORIES

The first two cases presented are of arrested (Progressive) myopia. These cases are typical of many others in the office files and have been chosen because of their conformity to pattern rather than departure from regular procedure. As stated in Riverside last year before a joint meeting of the College of Syntonic Optometry and the Visual Geriatric Society, that it has been my observation over many years, that all cases of Progressive Myopia go through periods of activity and holding periods where there is no progression. I have found the secret of success is prolonging the stationary periods in these cases of Progressive Myopia. Practically every case of Progressive Myopia can be controlled if the patient will cooperate. If they do not choose to cooperate I do not take the case.

As the progress of Progressive Myopia can be expressed by the ocular prescription, and to condense this paper to the fewest possible words, only the final lens prescription and the date will be given in the next two cases. In both cases, Syntonic therapy was used.

Case 2582 - Date of first examination - Dec. 12, 1936.
Female, Age 13 R OD - 1.25
OS - 1.50

Discussion: The Myopia in this particular case was due to eye-strain at a time when all body tissues were weakened by too rapid growth. From the ages of 12 to 13 in the year prior to the examination this girl gained 11 inches in height and 40 pounds in weight.

Next examination: April 21, 1941 - Age 17½ - R OD -350 /50ax90
OS -350

Discussion: During this 5 year period the Myopia doubled but this was because of lack of cooperation by patient.

Next examination:

May 10, 1950 - Age 26 - R OD -350 /50ax90
OS -350

No increase of R of 1941.

April 23, 1952 - Age 28 - R OD -350 /50ax90
OS -350

Discussion: There has been no increase in Myopia since 1941 and as the condition is now stabilized none is expected.

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Case 6534 - Reiman - Date of first examination - May 12, 1943

Female Age 11 R OD -1.00
OS - .25

July 7, 1944 Age 12 R OD -1.50
OS - .37

September 13, 1946 Age 15 R OD -1.75
OS - .50

April 23, 1952 Age 20 R OD -1.50
OS - .37

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FOUR CASE HISTORIES - page two

Discussion: Patient now 20 years of age and no further increase of Myopia is expected. Note from 1946 to 1952 a $\frac{1}{4}$ of a diopter decrease in the right eye, and $\frac{1}{8}$ of a diopter decrease in the left eye. Also note the present prescription represents only $\frac{1}{2}$ diopter increase in the right eye and $\frac{1}{8}$ diopter increase in the left eye while the patient grew and developed from an 11 year old girl to a lady of 20 years.

The method of procedure used in these two cases is the same as in all Myopia cases. There are four steps.

- (1) Extra Ocular Lenticular Aids.
- (2) Occupational Ocular Prophylaxis.
- (3) Syntonic Therapy.
- (4) Corrective Dietetics.

Remember the secret of success is prolonging the stationary cycle of progression.

Case Bl260 - Stromberg - Female - Age 22

Diagnosis: Keratoconus OU

Old R OD -4.00/300axl70 VA 20/100b

OS -2.50/2.25axl50 VA 20/100b

New R OD -300/300axl75 no improvement

OS -350/250axl75 in vision

Discussion: Syntonic therapy was indicated. Non local nacentization - uv/8 and because of a calcium deficiency Calcium and Phosphorus was suggested orally.

Vision immediately improved after the first few treatments to OD 20/30 and OS 20/30. Patient received 8 treatments in all and was very much pleased with improved visual acuity.

Case #4 - Traumatic Cataract - Oct. 8, 1951 - Female - Age 37.

Left eye injured by blow from child's elbow. Vision immediately blurry. Did not clear up so she consulted her doctor who referred the case to me for ocular diagnosis and treatment. Left eye only effected - VA 20/100bb no improvement by lens therapy. Central lenticular opacity stretching out in Vertical and Horizontal directions. Six NL/4-ud alternated with uv completely cleared central area and vision improved to 20/30 with no blurring. On Dec. 5, two small remaining spots were clearing and this is all that is left of opacity. This condition produced a severe psychic shock to patient and if this is overcome no future return of difficulty is expected. If not, psychic memory of experience could lead to early formation of lenticular opacity. Patient under monthly observation - no glasses were prescribed.

Respectfully submitted

Suite 428 Bartlett Bldg.
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May 11, 1952

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CASE REPORTS
by D.L.G.

The following case reports will tie in with the paper I presented last year at Riverside on the subject of Glaucoma.

Patient: E.K. Age 79 Female -
First examined this patient in 1946. Her chief complaint at that time was a severe headache at times and "always having trouble with the right eye." Couldn't describe the "trouble" any more than that it bothered. Had undergone two serious rectal operations, without success.

The correction found at that time was, R. plus 1.75 plus .75 X 180
Left. plus 2.75 plus .25 X 90 1 degree B.D. add plus 2.00 o.u. This gave her 20/20 v.a. with each eye. The phoria with this Rx was ortho at dist. and 9 exo. at 16 in. Any attempt at duccion findings brought on suspension of the right eye. The fundus and lens were negative, there was no tension. The patient wore this Rx with comfort until June, '51 when she returned for re-examination. Her only complaint at that time was that she tired easily and thought her eyes might have something to do with it (of course her age, continuous constipation and rectal trouble didn't enter the picture). At that time her Rx had varied a quarter of a diopter, the lenses and fundus were still negative and there was no tension.

She returned in Jan. '52 with discomfort. Pain through the right eye particularly but some in the left also. The right eye was sore to touch and there was a decided tension. Syntonics was recommended and started at once. After the fourth application of NL Mu Upsilon and Upsilon Omega N the patient decided it was too much trouble to come in the office for treatment and that "looking in to the little light" would not help her anyway, and besides, her eyes were not troubling her so much now as they had been.

We called her daughter and asked her to come in to the office and explained the seriousness of the condition and suggested that we would be very happy to drop out of the picture. Then we recommended a very good eye surgeon and suggested that she take her mother to him at once as the sooner the operation was performed the better the chances were for saving her vision.

Well, they didn't want surgery, so Mamma was given very definite instructions, by the daughter, to get back to her Syntonics. She was discharged Feb. 10, 1952 with a perfectly comfortable pair of eyes, no tension manifest. On March, 10, 1952, she appeared for her progress report with glowing reports of her comfort and assurance to us that she now had as much confidence in Syntonics as her daughter had had from the start.

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Patient: E.W.K. - Age 67 - Female -
My first examination of this patient was on No. 7, 1945. At that time she had been under a severe nervous strain, having lost a son in the army ten months before, and the other son in the army hospital with both legs injured and just attempting to use crutches. She had X-Ray treatment for goiter ten years previous to this examination and the eyes had been badly affected at this time. There was no tension at

this examination and as the Rx needed to be increased plus 1.50 O.U. for distant visual acuity of 20/20 with each eye we changed the prescription and found at the progress report in 30 days that the patient was comfortable and that a rather high Esophoria that she had was reduced quite a lot. From 12 Eso to 3 Eso at near point.

On Jan. 17, 1951 she returned with the explanation that she had been having so much rheumatism that she could not get in before but that discomfort of vision finally was more then the rheumatism. This time there was some tension in each eye and two small streaks at about seven and eight o'clock in the left lens. She was highly nervous again because the son was facing an operation in both legs again. He had never fully recovered since 1945.

Because she had such a terrible time reaching the office we made her Rx in therminon lenses to be worn constantly, with fitovers in contraglare to be worn about 30 minutes each day. This gave her quite a little relief but the tension did not return to normal and although there was no advance in the cataract there was no noticeable thinning. On Jan. 22, 1952 we started syntonizations and after 8 applications the tension was normal and after 5 more the patient was discharged.

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CASE REPORT by R.E.S.

Male - Age 57. 1948 vision corrected 20/20 minus one each eye, fundus, small peripheral yellow exudates, both eyes.

Physical examination, negative except syphilis.

1952 - same.

12/20, 1953 - R.E. vision corrected 20 minus one, L.E. vision corrected 20/50 minus. Fundus the same as previously.

No lenticular, or media abnormalities.

Referred for physical examination.

Spinal was again, positive for syphilis, but negative for Wasserman.

After consultation the physician prescribed iodine.

Syntonics were initiated daily. Rx L. Alpha, flashing, using a 1m/m pin hole disc.

Jan. 27, 1954, L.E. 20/20 minus 6.

Treatment then, is, iodine and Syntonic Rx.

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Throughout the year the FORUM editor has an opportunity to observe a difference of opinion relative to the application of selected light frequencies. May we say the orthodox and the unorthodox method. The orthodox is the original accepted theory of one light frequency being applied for the duration of the treatment. The unorthodox method is a shifting, or a rock technique from high to low light frequencies with the emphasis on the desired shift. It does appear that there are acceptable theories for both methods. There is real "meat" in this subject and our members should be interested in a discussion on the floor during the Assembly or through the FORUM.

This brings up a statement by a Syntonist who said, "If I am in doubt, I give Alpha-Upsilon. He will need one or the other." If the above is unusual, try to figure this one. Recently a Syntonist said, "I give credit to Syntonics for my large practice. I have never made a charge for its application, and I have never used anything except Mu-Upsilon." While I think his 'fee' was correct, there are some things I'll never understand.