

TRAINING FOR LOSS OF COLOR PERCEPTION

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So called color blindness can be classified into two types. The completely color blind person who sees everything in gray densities; and color deficient person, a person not truly color blind since he sees color, but not in its true classification.

Science has yet found no help for the completely color blind person, although many techniques have been tried. But for the color deficient person, although usually classified as color blind, we have found in our office that they are amendable to training. We have found that most of them can be appreciably helped through color therapy, or as we term it, visual training in color perception.

For this discussion, we will consider only the color deficient case.

Many of the color deficient patients are not disturbed about their lack of color perception. It does not seem to interfere with the normal mode of existence. They do not sense the loss in color perception of a beautiful sunset, etc. They are apparently satisfied to miss many of the beauties of the discriminate color sense. Color deficient people are more prevalent than is thought by casual observation. In our office in making our skills charts, which we do on every patient every time we check their eyes, we check them on the Telebinocular DB 11, for red-green and on the DB 12, blue-yellow, for a screening test in color perception.

The patients that are vitally interested in color perception include all persons engaged in occupations where the commonly employed red and green signal lights are used, for example the Army, Navy, Coast Guard, air and highway transportation, also clerks working with color dress materials, paper salesmen, paint salesmen, and the railroad man probably comes at the head of this list. He must pass a regular test of color discrimination, if he falls below the standard, he is immediately demoted. The lack of proper discrimination of green, the first color to be affected, is so prevalent that many cities are using a blue-green traffic light, since blue is the last color to be affected. The procedure that we use with the color visual training is done by stressing the color that is deficient. We use the Syntonizer with a rhythmical dark and light application. It would be of absolutely no value to expose the patient to a continuous application of the color desired. The value comes from the stimulus of a dark and light application. The response to this is similar to that obtained in ordinary visual training under a saccadic technique or jump movement.

In the flash technique, if the patient is down about equally in red and green, then we expose him about equally in red and the green. If one color comes out more quickly than another, we then increase the exposure of the lagging color and decrease the time on the other. When the lagging color again equals the other, we would again equalize the exposure. Earlier in the training, checks are made to watch the improvement. Our training follows these checks with precision. The best training setup is three times a week. It is highly important that the patient remain in a semi-dark room some ten to fifteen minutes before he again is sent out in normal light. In using the Syntonizer, remove the moon, use a medium flasher, use Alpha/Delta for the red, and MU/Upsilon for the green. Expose to color for fifteen minutes and then rest, etc., for an hour total. It is no question that color training is an optometric technique field because it uses only the visible spectrum, which is definitely in the optometric field. It does not go into the ultraviolet or the infrared. Body conditions react apparently in the color perception making it fluctuate with extreme fatigue or weakness. We have found in our office that this training produces worthwhile results.