

NEW SYNTONIC PROCEDURES WITH CHROMOGRAPHY SIGNIFICANCES

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CONTINUATION of Dr. Donald Mayer's paper

All sources of authority checked on this subject agree that, general systemic treatment and care is indicated, and measure taken to build physical resistance about other than the immediate relief given by surgical intervention only a retardation in the progress of the condition is all that can be expected.

Three of these patients have cooperated splendidly in having physical and dental oral attention given them at my suggestion. Syntonic procedure was instituted with the following results: One case experienced complete alleviation of ocular discomfort and was released from my immediate attention some nine months ago and observations made at intervals show the patient in a state of good health with ocular balance.

One case is about to be released as a definitely controlled case, and the third case is responding nicely to syntonic procedure and I feel sure will be controlled.

The fourth patient would not follow instructions in having physical and dental oral care given because my instructions were contrary to religious teaching and beliefs followed by the individual. This case has been of interest in observation but the prognosis of the case is bad.

Under the care of the physician these first three mentioned cases were treated by colonic irrigations and various forms of therapy to stimulate the parasympathetic nervous system, all possible means of removing the sympathetic stimuli were incorporated into the treatment. The services of the dental oral surgeon and the dentist were enlisted and in all three cases foci of infection of an oral nature was completely alleviated.

The chromographs were not normalized, nor near the expected norm in form and shape but in each case a very great improvement was shown by chromography.

The syntonic procedure followed was altering of the prescription during one application, giving parasympathetic stimulation in various degrees.

The prescription used in these cases were N/L – 5', $\alpha\omega$ (Alpha Omega) – 15', $\mu\nu$ (Mu Upsilon) – 15', and adding 5 or 6 minutes of $\alpha\omega$ to the $\alpha\omega$ part of the application without nascentizing was found to be as effective or more effective than to nascentized before the wave frequencies were given. In each of these three cases the standard syntonic prescription as suggested in cases of this kind was tried but gave no relief or beneficial results.

We should all be familiar with the stabilizing effect of $\alpha\omega$ on the supportive functions of vision. The College of Syntonic Optometry in research worked out a chart of syntonic endocrinology further explaining the effects of $\alpha\omega$. The effect of the wave frequencies of $\mu\nu$ can be explained in a

somewhat similar manner. The combining of these two syntonics frequencies in one application gives a resultant effectivity of freedom from discomfort or agitation to a much higher degree than the use of either prescription alone. This is in accordance with the DuBois Reynold's law. This syntonics procedure improved vision from thirty to fifty percent and symptoms of discomfort disappeared.

On September 25th, 1935, Optometric examination was started for Miss Daisy Leeper. During the several office calls required to complete the diagnosis a series of many difficulties were uncovered. A brief of the case is here given: miss D. L., age 25, extreme asthenic, had developed near sightedness of the occipital type, these headaches being much more severe and of thumping nature at time of menses. Over this period of time insomnia had developed to the degree of an average of three hours or less sleep per night.

These conditions had caused Miss D. L. to lose her position, a very good one, because of an inability to work without sleep, and also ocular discomfort had become unbearable, the headaches starting within one half hour after starting the near point work in which she is trained.

The case recordings or innervational reading will not be given, suffice to say the case was a combined B2 and A type. The chromographs revealed an abdominal toxemia of an eliminative nature. This patient was referred to me by a physician who had just completed a round of therapy including a number of colonic irrigations. Therefore, the accompanying chromographs, the one (fig 1) before syntonics procedure and the one (Fig. 2) after syntonics procedure show the effect of syntonics alone in establishing nervous balance.

Beyond question had chromographs been recorded in this case some sixty or ninety days before the patient came in for optometric diagnosis, the abdominal toxemia shown in the first set of graphs (Miss Daisy Leeper, Fig.1) would have been much more severe and might even have bordered foci of infection. Apparently no further immediate attention could be given this patient by her physician and while the elimination difficulty had improved, conditions were far from normal when the patient called at my office.

The syntonics procedure used in the case corrected all ocular symptoms of discomfort and seemingly overcame the abdominal toxemia. The visual graph was normalized and systemic balance established.

The syntonics prescriptions were N/L-4', $\delta\omega$ -8', ω N - 8', $\delta\omega$ -7', ω N- 7', and N/L -4', μ -10', $\mu\nu$ -10', $\mu\nu$ -5', μ -10', $\mu\nu$ -5', used on a 3-1 combination. The orthoptics used an occasional training hour spent on the Telebinocular to overcome suspensopia. The patient appeared as a myope and wore minus lenses when she came to the office and after; syntonics procedure left using a plus on plus lenticular prescription for near work only.

In September of 1935, a very prominent minister consulted me regarding a little girl nine years old, who as a member of his congregation was causing him some worry and sadness, because this little girl was losing her vision very rapidly.

A group of five medical physicians, whose reputations seemed to exempt them from fallacy or error in diagnosis, had told the mother before the child that the youngster would be blind within two years. The mother was not to worry for they, the physicians, would see that the little girl would be placed in the California School for the Blind. Of course, this statement made before the little girl had a most detrimental psychological effect upon both child and mother.

The minister having observed some of the cases in which I had brought about complete rehabilitation of vision through syntonics optometry, had suggested to the parents that there might be a chance of the child receiving aid even though the diagnosis was positively closed.

The patient, Ima Wren Flippo, age nine, was examined and the history and findings follow:

History: Can't see well either at distance or near. Eyes pain and light hurts. Sees double sometimes in evening. Vision became less, making patient more nervous all the time.

Medical examination, Optic nerve is diseased but cause is unknown. Other than extreme nervousness no positive specific condition was found. Blood tests normal, Wassermann serum, one positive and five negative. Visual acuity 20 percent. Advised that glasses might make patient more comfortable for time being, and diet should be well balanced, but no further help could be expected.

Optometric diagnosis revealed a B2 type case which in itself indicates a let down of the parasympathetic nervous system. Visual acuity was found to be 75 percent (Ives) and not 20 percent as the medical group had found. Probably the fact that 75 percent vision O.U. was positive for all distances might have caused the physicians to believe that the optic nerve was at fault and resulted in the statement of 20 percent vision. The chromographs reveal the cause of the same degree of vision being found at all distances.

While diagnosis plainly showed the case to be a B2 type, lenses in no way improved vision, which accounted for the physicians saying that glasses would only make the patient more comfortable. There was no ophthalmoscopic evidence of pathosis nor objective evidence of increased tension of the globes. (Chromograph, Fig. I)

The chromographs show positive ring scotoma and because the fields of chroma are quite normal in size we know that the trouble lies in a directly affected parasympathetic nervous arc with the associated action of supportive lands. The first set of graphs show no toxemia although control charts were made on three occasions.

In order to stimulate thought in the outline of syntonics prescriptions prescribed in this case I will quote the following statement by Sir W. Langdon-Brown, of Cambridge: "There is an autonomous activity of the endocrine glands depending on the steady bio-chemical demands of the body, but their activity can be modified and controlled by centers in the diencephalon that are concerned with the emotions. These centers may operate directly through the sympathetic nervous system or indirectly through the anterior lobe of the pituitary".

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Analyzing this statement carefully it becomes significant to syntonists that the resultant effect of the Rx, N/L-5', $\mu\delta$ -10', μ -5', $\mu\delta$ -10', μ -5' should benefit this patient. Further, the prescription used on the following day acting upon possible infectious agents as well as powerfully stimulating the parasympathetic are is easily understood. This second prescription was N/L-5', $\nu\omega$ -10', ν -5', $\nu\omega$ -10', ν -5'. Then followed a day of rest and then a prescription acting as a stimulus to vision was given, N/L-5', δ -5', $\alpha\delta$ -15', δ -5'. This procedure was applied on a 1-1-1 combination.

The chromographs show the improvement at the end of one week of syntonics application. Vision was raised from 76.5 percent O.U. to 95.6 percent at the end of the first week and also because the tonsils upon examination were found to be greatly enlarged and pitted, a tonsillectomy was performed to raise resistance as quickly as possible.

At the end of the second week of syntonics treatment vision was raised to ten percent better than average perfect and it is interesting to note that the scotoma of the left eye is little more than an enlarged blind spot. The green field of the right eye has enlarged and the ring scotoma has become more narrow.

The fourth set of chromographs made at the end of three weeks of the same syntonics application revealed that all the fields were enlarging and the ring scotoma of the right eye has been broken and is disappearing. Vision appears about the same as the preceding week.

Due to a form of discoloration or stain of the teeth the patient was sent to Dr. Householder, dental oral surgeon, for dental diagnosis. The teeth were found to be perfect in every way and the stain found to be fluorine stain, known as "Colorado stain". X-ray of mouth and wrists might have shown faulty calcium supply indicating parathyroid hyper or hypo activity, and the parasympathetic evidence would have been stronger but these X-rays were normal.

At the end of one month's treatment the chromographs continue to show improvement and visual acuity is quite normal. Five weeks of treatment revealed by chromography that the left eye was normal and free from the original trouble. The graph of the right eye revealed the scotoma to be only as enlarged blind spot.

The seventh set of chromographs made at the end of the six weeks of syntonization finds the eye grounds free from scotoma. All symptoms of ocular discomfort had disappeared with the exception of photophobia.

At the end of seven weeks of syntonization the eyes showed normalcy in every way. At this time a near point lenticular prescription was given to keep the eyes in a corrected B2 pattern.

This patient has been under observation for one year. She is now one of the star pupils of her class in school while at the time of first appearing in my office no hope was given of ever again attending public school.

Without syntonics optometry most of the practicing optometrists in California would have in a short time contributed by taxation to the support of this child in the state blind school.

CONCLUSION

I. The DuBois Reynold law, “continuous stimuli produce no effect upon nerve fibres, which respond only to changes in stimuli”, may seem contradictory to come of the laws of optics, but this we do know, the continuous increase of any stimulus causes cessation of all nerve response. Remembering the DuBois Reynold law it would seem physiologically correct to assume that the changing of the stimuli (wave optic frequencies) in stimulating or depressing either side of the autonomic arc (sympathetic or parasympathetic) would increase the resultant effectivity of stimuli (syntonic application). Thus, we find in clinical practice the altering of the frequencies in or during a syntonic application, stimulating or depressing the sympathetic or parasympathetic arc in various degrees working on either side of the equilibrator as indicated, does aid in reaching complacency or the syntonic level ore quickly and more effectively than in using the standard or classic syntonic prescriptions.

II. Presuming the tentative explanation of the cause of change in the fields of color vision given in the body of this paper to be exact within a few details, and remembering the “all or none law, in nerve under stimulation always reacts to its greatest capacity so that the threshold stimulus produces as much effect as any greater stimulus”. Then, the sudden changes in the fields of color vision, the chromographs showing endogenous or exogenous toxemias, or a quick return to the fields of expected normalcy, are easily understood and we are entitled to believe that chromography has a meaning of real significance to syntonists.

III. Clinical investigation in the field of chromography over a period of seven and one-half years has proven that the alleviation or elimination of existing foci of infection and the raising of body resistance is necessary to carry a patient through to complete ocular recovery. If foci of infection is eliminated and general body resistance raised, as indicated, then chromography definitely shows the progress made in syntonic and other corrective optometric procedures.

IV. The tentative neuro-physiological explanation of Chromography so closely parallels the indicated syntonic procedure in a given case, that this understanding makes possible the establishment of the syntonic level with more ease, and the altering of the wave optic frequencies further facilitates improvement.

V. The autonomic nervous system and the endocrine glands must be thought of as a unit according to all authority in physiology, “as the autonomic nervous system is, so are the respective endocrines.” Endocrinologists recognize the value of, and necessity of ocular diagnosis in their highly specialized field, therefore, chromography with syntonics will take on greater valuation in the field of clinical research and investigation in endocrinology. Syntonic Optometry has much to contribute in the future to the above mentioned field of research.

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