

BASIC SYNTONICS (1995)

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Case History and Symptoms

- Toxemia/toxicity
- Trauma (physical, emotional)
- Stress (physical, emotional, mental)
- Illnesses - chronic, acute
- Emotional factors
- Medication
- Stress/lifestyle factors
- High fever/fevers
- Behavioral problems
- Infections (ear, sinuses, teeth)
- Hyperactivity/hypoactivity
- Hormonal imbalances
- Fatigue (visual/non-visual; energy)
- Allergies (food, chemical, environmental)
- SAD (Seasonal Affective Disorder)
- Childhood illnesses
- Sleep patterns/low energy
- Pregnancy/delivery/birth factors
- Gait/posture; coordination (athletic skills)
- Accidents/injuries, clumsiness, bumps into things
- Head trauma/blows to head
- Sensitivity to light; night vision
- Headaches (physical, toxic, emotional)
- Driving; judging distance; depth perception
- Asthenopia/eyestrain, eyes tire, tearing, rubs eyes
- Eye pain
- Blur with correction (still not clear)
- Diplopia (double vision)
- Blur when shifting distances
- Reading ability (comprehension, letters/word reversals, skips words, words run together, loses place)
- Memory (visual, auditory)
- Poor attention span
- Reduced peripheral vision
- Head tilt/turn
- Dizziness/nausea

Pupil Response - Alpha-Omega Pupil

- Readout of autonomic nervous system (balance of sympathetic/parasympathetic)
- Stress response (adrenals) - the stronger the alpha-omega pupil (doesn't hold constriction), the smaller the field

Motilities

- Pursuits, saccades, rotations, monocular, binocular
- Jerky; erratic; incomplete; over/undershoots; fatigue; midline jump; head movement (scan) vs. eye movement

Color Vision

- Reduced color perception/discrimination on screening plates (misses, half-misses, hesitancy)
- Farnsworth D-15

Stereopsis

- Reduced/diminished; difficult/hesitant

Phorias

- Erratic/varying, distance and/or near; high phoria; also cover test

Ductions

- Reduced near and/or far
- Base in and/or base out (divergence/convergence)
- Low breaks, low recoveries or disappearance

Accommodation

- Decreased amplitude; insufficiency, spasm
- Poor plus acceptance

Miscellaneous

- Small refractive errors not correctable to 20/20
- Reduced VA with correction
- Amblyopia
- Streff Syndrome (decreased VA far & near without refractive error; letter acuity improves)
- Developmental/perceptual tests
- Brock string
- Out of line findings--basic syntonics filters amenable to these situations

Visual Fields

Functional field; form and color (green, red, blue)

- Key diagnostic and monitoring system
- All of the above will often be reflected in diminished fields, particularly color fields
- These diminished fields are peripheral - fast response; motion, location in space, lock to central fusion/vision; act like gyroscope to central field, lost in space, person sees hole in space, not whole space; M cells/P cells
- Fields can represent the stability of the visual system
- Enlargement of blind spot – swelling /edema - back up of fluid in nerve sheath
- Field imbalances will move/change (increase in size of field, colors, decrease or normalization of blind spot size) with syntonics treatment

Treatment

- Generally 20 session series; 20 minutes per session; minimum 4 sessions/week
- Series should not be interrupted (series is consecutive weeks of Sessions, do not take a week off)
- kindling effect - sequential consecutive sub-threshold stimuli have greater effect than a lesser number of supra-threshold stimuli
- Arndt's Law: Mild stimuli will excite physiological action, moderate ones will favor, but strong ones will retard the action or abolish it altogether.
- (cinch by the inch, hard by the yard)
- We are moving the person gently- too much stimulus can have can cause a lesser or negative effect (a little salt in the soup is good, but too much . . .)
- In general: the first 8-12 sessions changes are made, the second 8-12 sessions solidify/stabilize, complete series; often changes should occur in first 4-6 sessions
- Monitor fields (white and all colors), key findings, pupil responses and the individual (pay attention to the patient) every 4-8 sessions with one, three and six month follow-up
- Treatment room darkened or dim illumination
- Allow patient a few minutes post-session before returning to normal room illumination, otherwise there will be a "bleaching" effect
- If C&J syntonizer is being used have patient look away when changing filters - if possible wait to change Rx until after syntonics series, in some ways it is a different person (pre- and post-syntonics)
- Approximately 80% of cases will require one series, more complex will need additional half series or full series, wait 6-10 weeks as the system is re-establishing itself anew
- After strabismus surgery: generally 50% chance of success with syntonics, greater chance if fields are down after surgery; post-surgery treat as they were pre-surgery

Nascentization

- Historically used to set person up to receive light more effectively
- Red/blue glasses - red over non-dominant eye, blue over dominant eye, three minutes white light in instrument
- In general, syntonics is gently moving the person (not disruptive)

Balance Board

- Basic filters - middle of balance board, gentle movement
- Red end: stimulates; divergence (exo) reflex; alkalize, sympathetic
- Blue end slowdown, convergence (eso) reflex, acidify; parasympathetic for pain, swelling & spasms
- Important consideration: acute vs. chronic/embedded

- Never Underestimate the Power of the Photon -