

CASE HISTORY OF Mrs. A.
Reported by
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The following is a complete history of a case showing the progress before and after applying Syntonix Technique.

On March 29th, 1935 I was called to the office of a Chiropractor to see what could be done about repairing a pair of broken lenses for a patient. The lenses had been broken in a fall when the patient collapsed six weeks before. As the patient could not focus her eyes causing confusion and uncertainty, the Chiropractor thought it was due to patient being without her glasses.

She gave me the following general history of herself. Patient has been a designer for the largest knitting mills in Los Angeles county for four years. Thirty-two years of age, married, and has three children, ages six, eight and thirteen years. She had been driving her automobile forty miles a day for the four years. In January 1935, ten weeks before I met her she took a trip to San Francisco and when getting off the train she lost complete control of one leg. She would have fallen had she not grasped a nearby post. This lasted just a few minutes, and did not occur again until about five weeks later, February 16th. She was working at the factory and was feeling very tired, and decided to take a few days rest. On the day she was to leave the factory she went out with the photographer to take pictures of models when suddenly she felt "all-in", became nauseated and collapsed. She was taken to a clinic hospital of which she is a member, where she stayed nine days. While there numerous tests and examinations were made, including an eye examination, by eight Doctors. She was pronounced anemic and was given liver hypodermically. She was dismissed from the hospital after the nine days and asked to return every other day for observation, which she did. She could not walk as her right leg became numb, losing all feeling causing her to fall if alone. The loss of feeling lasted less than a minute but recurred about every half hour. Has had intensive roaring throughout her entire head. Pain over and back of left eye. Right ear and right leg also pain. The right side of the face to down around the mouth and chin becomes numb.

On this date of March 29th she was taking Chiropractic treatments, also electrical treatments for her ear and face. At the same time she was having liver shots at the medical clinic.

My observations and examinations are as follows, same date:

Right	Left
Right eye apparent nystagmus	Left eye has nystagmus, more pronounced when trying to focus with right.
When viewing fundus.	Left eye artery and vein seen more on nasal side, probably caused by cupping of disc.
Right fundus normal except Disc slightly hazy.	Left disc decidedly cupped
Visual fields restricted.	Left retina has a peculiar light ruffled, anemic appearance.
Green more restricted than red.	
Right ear, pain.	
Right, leg pain	

Right leg becomes numb without any warning about every half hour, lasting a few seconds.

Numbness of right side of face, cheek, around mouth and chin.

Slight hemorrhage near disc.
Ptosis of left lid
Pain over and back of left eye, as though near disc.
Ocular tension less in left.
Color perception good.
Pupillary light reaction good and equal in both eyes.
Visual fields restricted, left, smaller than right.
Green more restricted than red, more so in left than in right

Chiroscope test, left eye being stimulated from right retinal image and viewing the board with left eye, drawing very unsteady and uncertain. Places during the drawing she failed to see the pencil.

When looking at a white card, card appears very white with right eye but creamy with left.

Ocular test. Vision without glasses:

O. U. Could not hold single vision long enough to read a complete line. Patient was quite uncertain, more an overlapping of images rather than two distinct objects.

O. D. 20/30

O. S. 20/30 plus

Old Rx she had been wearing: O. D. +1.00 +.75 x 90
O. S. + .87 +.50 x 90

New Rx: O. D. +1.50 +.75 x 90
O. S. +1.25 +.50 x 90

Esophoria, bordering on tropia, 9 1/2Δ. Does double at time – O. D. Hyperphoria also bordering on a tropia and does double at time 2Δ- O. S.

Abduction 2Δ. Adduction 28Δ.

These tests made on her first visit March 29th. I did not make up prescription as I wished to keep her under observation.

The following will show the variation of muscle findings on the following days:

At times she sees double, also at times seems to suspend one eye.

March 30, 1935, Esophoria 6Δ. Left Hyper. 1 1/2Δ. (gave fit-overs to wear over her own correction of O.D. 1Δup, and O. S. 2Δ out.)

April 11th Wore fit-overs constantly. Eso. 5 1/2Δ. Abd. 3Δ. Add.28Δ.

Left Hyper $1\frac{1}{2}\Delta$. Removed the 1Δ up over right eye from fit-overs.

April 16th. Eso 6Δ . Abd. $3\frac{1}{2}\Delta$. Add. 29Δ . No hyper. Eso at near 4Δ . Patient takes Chiropractic treatments. Also taking Electric treatments for numbness of face. When she comes into my office she hangs on the walls and chairs, dragging One foot past the other. She cannot stand alone.

April 29th Patient continues to take liver hypodermically at the medical clinic. Blood count low. Gave her the new correction this date one month after her first visit.

O. D. $+1.50 +.75 \times 90$ 1Δ out Add $+1.25$ in fit-overs.

O. S. $+1.25 +.50 \times 90$ 1Δ out Crooks No. 1. This give Phy. Exo 3Δ

If the plus add was increased so as to give her a Phy. Exo. Of 6Δ her working range was shortened making pattern work in designing impossible.

She could not hold single vision with distant lens correction without prism.

If the prism was removed from her correction and the near muscle test made, she required $+2.00$ sphere to give Phy. Exo of 3Δ . With 2Δ base out in correction an add of $+1.00$ gave her the same Phy. Exo of 3Δ .

Started to give orthotic training, endeavoring to restore better fusion.

May 3rd. Patient went back to work this date. With glasses on the findings were, Eso $3\frac{1}{2}\Delta$, Abd. 5Δ . Add 26Δ . No hyperphoria. Walks a little steadier and can read a very short time. Stopped the orthoptic training.

Without glasses. Eso. 6Δ . Abd, 3Δ . Add. 28Δ .

Did not see her again for four and half weeks.

June 25th. Had a bad spell on June 23rd, was brought into my office same symptoms as on March 29th. Could not stand alone. Could not focus her eyes.

Esophoria, tropia at times, and varied in amount from $6\frac{1}{2}\Delta$ to 10Δ . NOTICE the hyperphoria changed from left to right. It was left hyper up to this last break.

July 3rd Still attempting to work.

Eso 12Δ . Rt. Hyper. 4Δ . Has been having Chiropractic treatments during all this time. I have not attempted to give any more training only checking muscles and keeping her under observation.

Complains of pain in right arm and leg. Right arm and leg become numb, loses control entirely, and has no feeling whatsoever, and lasts only a part of a minute. In addition to the intense roaring in her head she describes a noise resembling a high tension wire in the right ear. Also,

complains of pain between shoulder blades, back of neck. Very often becomes quite dizzy, has to stop to get her bearings before proceeding.

Patient consulted a doctor outside of clinic and after a very thorough examination she was asked to report back in a few days. When she did so she was told she must have an immediate operation for brain tumor. She refused. She then came back to me for assistance and advice. I sent her back to the medical clinic. The same eight doctors again examined her, resumed the liver shots again. One man frankly told her they did not know what the trouble was. A diagnostician from the outside was called in. At first, he was inclined toward brain tumor then decided there was nothing wrong with her excepting nerves. The clinic then called in a nerve specialist, after exhaustive tests over a period of several days she was told there was absolutely nothing wrong physically.

August 2nd Has been unable to do any work since July 3rd. As she did not seem to be improving and very little had been done for her she requested me to try the Orthoptic training, which I did for the past month endeavoring to coordinate fusion and focusing. The Esophoria has been reduced from 10Δ to 6Δ; hyper reduced from 6Δ to 1 ½ Δ. I made these records on this date August 2nd.

In the evening of this same day her brother took her to the Chiropractor for a treatment. The next morning on awakening she had a decided diplopia. She expressed herself by saying that objects were several feet apart. Automobiles were separated by so much space she could not decide which was the real and which false.

On checking her condition, I found an Esotropia of 19Δ; Hypertropia of 2 1/2Δ. I did not do anything but asked her to come in again in a few days.

August 9th Esotropia had gone up to 24Δ. Hypertropia stayed at 2 1/2Δ.

August 16th Patient called me asking if there was anything I could do to give her single vision, even if only temporary, so as to gain some relief. She had experienced two bad falls. She had to keep her eyes closed most of the time. The roaring and high tension wire noise were more pronounced and she staggered when trying to stand. She has lost a great deal of weight. Her right arm becomes numb now as well as her leg.

I gave her prisms only, in a shell frame, 12Δ out O.U. making a total of 24Δ out and 2 1/2Δ up in left. She saw single and held single vision until she reported on September 6th.

September 6th patient very comfortable for distance vision while prisms on. Arm, leg, neck and shoulders still giving a great deal of trouble. Also has the high tension wire buzzing in right ear. She can now go on street alone, but never knows when she will lose control of her right leg, so must keep close to buildings. Clinic prescribing liver. Also suggested quinine as a tonic. Has been taking other tonic to build reserve. Cannot do any reading. The clinic doctors did not give her any hope she would ever improve very much. She wore the above correction during all of September.

October 10th Esotropia about the same, varies from 20Δ to 24Δ. Hyper 2Δ. When entering the office she had to support herself by the aid of chairs, tables and walls. She could not think coherently, and had a dazed look on her face. When attempting to speak to someone she would sway and stagger, it seemed such an effort.

Started her on Syntonic applications this date, however only after obtaining her promise she would stop all other treatments and give Syntonics a chance.

From October 10th to Nov. 2nd, application every day except Sunday.

From Nov. 2 to Jan 2, every two days, sometimes three days. From Jan 2 to Feb. 1, 10 syntonizations. During the month of March, 9 syntonizations; April, 4 syntonizations, May, 3 syntonizations.

The following are not all of the patient's visits. They are taken from my records at different intervals to show her progress. I alternated ω , ωD , ωN , and sometimes used $\alpha\omega$ and $\delta\omega$.

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|---------|---|--|
| Oct. 10 | Esotropia 20 Δ ; Hyper 2 Δ . L-10', ω -25' | Reground Δ s to 9 Δ out, O.U |
| Oct. 11 | Esotropia 18 Δ and 16 Δ ; Hyp. 1 Δ , L-10', $\alpha\omega$ -20' | |
| Oct 12. | Esotropia 14 Δ . L-10', ωD -20' | Took off the 18 Δ and gave her fit-overs with a Total of 9 1/2 Δ to wear over her distance lenses which already contained 2 Δ out, making a total Of 11 1/2 Δ out, no base up Δ . |
| Oct 14 | Esotropia 13 Δ and 11 Δ . Hyper 3/4 Δ , L-5', ωN -20'. | |
| Oct 15 | Esotropia 13 Δ , Hyper 1/2 Δ . L-5', $\alpha\omega$ -10', ω -15' | Reduced prism to a total of 8 Δ out |
| Oct 16 | Esotropia 8 Δ , Hyp. O, L-5', $\alpha\omega$ -15', ω -5' | Patient reported that the spells of numbness in her leg reduced to about a dozen times the day before. |
| Oct 17 | Esotropia 6 1/2 Δ and 7 Δ . L-5', $\alpha\omega$ -15' and ω -5' | |
| Oct 19 | Esotropia 8 1/2 Δ . L-10', ω -20' | Reduced prism to a total of 6 Δ out. |
| Oct 21 | Esotropia 5 Δ . L-10', ω -20' | Nystagmus and ptosis practically disappeared. Patient walking much steadier. Numb spells about five or six times during the day. |
| Oct 22 | Esotropia 4 Δ . L-10', ω -25' | |
| Oct 24 | Esotropia 3 1/2 Δ . L-10'. ω -25' | Reduced Δ to 4 Δ out |
| Oct 30 | Esotropia 2 1/2 Δ . L-5' ωD -20', ω -5' | Wearing 3 Δ total base out. |
| Nov 2 | Esotropia 2 1/2 Δ . L-5', ω -10', ωD -15' | Had numbness in leg once today. |
| Nov 5 | Esotropia 4 Δ . L-5', $\alpha\omega$ -10' and ω -15' | Patient has returned to work. Can use eyes for a short time for close work with the aid of the addition. |

- Nov 12 Esotropia 2 Δ . L-5', $\delta\omega$ -5', ω -15' Does not put in full days work, but is allowed to go home when she feels she must rest.
- Nov 14 Esotropia 1 1/2 Δ . L-5', $\mu\delta$ -20'. N/L-3', ω D-10'
- Nov 18 Held perfect single vision for 1 1/2 minutes at a time, the first time she has been able to do this since her collapse Feb. 16 Took off all prism in fit-overs, wearing 2 Δ out in her Dist. Rx.
- Nov 27. Eso. 1 Δ . L-10 Δ , ω D-20', ω -10' Removed 1 Δ from her dist. Lenses. Now wearing only 1 Δ out.
- Dec 4. Can now hold single vision with out any Prism help. N/L-10', $\mu\delta$ -20'
- Dec 9 Patient has not lost control of leg or had any numbness in arm for one week since Oct 30. Walks very steady.
- Dec 31 Can hold single vision with 3 Δ in, or abd. 3 Δ . N/L-10', $\mu\delta$ -15'. Used rotary Δ exercise, base in 15'.
- Jan. 7 N/L-6', ω N ω N-10', ω N-15' Removed the remaining 1 Δ from Dist. Lenses. Wearing no prism in either Dist. Or near Rx.
- Jan 13 Gave patient a 1 Δ in to use for exercise at home. N/L-, $\mu\delta$ -10', L-5', ω D-10'. Risley Rotary Δ exercise 5'.
- Note: From Nov. 14th on used $\mu\delta$ for toxicity every 4th time.
- Patient does not lose control of either arm or leg any more, nor does she experience any numb feeling. The feeling of numbness around her mouth and chin has all disappeared. The roaring in her head has entirely subsided with the exception of the high tension wire noise in her right ear, although she says it is much fainter.
- For some time she has described a prickly sensation, sometimes quite sharp and stinging in the leg and arm. While at other times a sudden burning feeling, so much so that she jumps and quickly looks at the spot expecting to really find something burning her skin. At first these occurred only once or twice in a day, later increasing to a point when it happened quite frequently. However, at this time they are decreasing in occurrence.
- Patient has been putting in long hours of hard work, with the exception of two hours it takes her to come in for treatment.
- Jan 25. Esophoria 1 3/4 Δ . Abd. 6 Δ . Add. 28 Δ . N/L-8', ω D-15'. Risley Δ exercise -5'.
- Mar 2 Esophoria 2 Δ . Abd. 4 Δ . Add 26 Δ . L-10', ω N-25'. Patient came in complaining of right leg. Has been standing a great deal and has been in full charge of all designing,

Apr. 6 Patient reported all uncomfortable feeling has disappeared. All the old symptoms have gone. If she is very tired or very nervous she has a very slight buzzing in her right ear.

Mar 18. Pos. Rel. Con. 12/29/26
Neg. Rel. Con. 0/12/10
N/L-5', ωN-25'

This varies some according to how much she has been using her eyes.

The buzzing in her ear has all disappeared. She says she feels better than she has for two years. Has no symptoms of any kind. Feels, looks, and acts perfectly normal.

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Sept. 1 Patient has returned occasionally when she felt the need of Syntonics. She has worked very hard, but no return of any of her old troubles. Uses her eyes like any normal person would. Checked her vision and muscles today and found them normal. Vision 20/20.

Patient is very happy and very grateful.