Vol. 3 No. 19
November 1936 Issue

HOW SYNTONIC FREQUENCIES ALTER HIGH AND LOW ANALYTICAL FINDS AS TAUGHT BY THE GRADUATE CLINIC FOUNDATION

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Just a few days before the assembly I was given this assignment on "How Syntonic Frequencies Alter High and Low Analytical Findings as Taught by the Graduate Clinic Foundation." I need not dwell upon the fact that such an important subject rates more than the few hours I have had for its consideration.

I was informed that only a preliminary report could be expected under the circumstances. It is to be hoped that no one will expect more. Every syntonist knows that when Riley makes a request we have no choice but to make the effort, even though realizing that the attempt will result in only a feeble approach to the subject.

Analytical Optometry as taught by the Graduate Clinic Foundation gives us a definite procedure. It represents a standard minimum analytical examination and analysis. The case typing, or diagnosis, combines with the corrective association points the pathway quite definitely, toward the source of fatigue interference. There is every evidence that the interest in analytical Optometry is increasing. Men are thinking today, not so much about the problems that concerned them a few years ago, but the problems of how they may become better optometrists. The writer attended the convention of the Ohio State Association held in Columbus last week and it was interesting to note that practically every optometrist present was tremendously interested in education.

Going back to the subject, "How Syntonic Frequencies Alter High and Low Analytical findings as taught by the Graduate Clinic Foundation", we have:

First, the key symptoms:

A Group No. 4 (Static) low
B Group No. 5 (Dynamic) high
C Group No. 5 (Dynamic) low

The different types of ocular fatigue are classified and indicated by means of a series of connected symptoms called case typing. There are six classifications of connected symptoms:

Toxic Eso	A Type	4 – 11 – 13B – 17B	Low
Accommodative Insufficiency	B1. Type	5 / 9 – 11 – 16B	High / Low

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Accommodative Insufficiency	B2. Type	5 - 14	High
		9 – 11 – 17B	Low
Accommodative Insufficiency	B3 Type	5 - 9 - 14	High
		10 – 16B	Low
Adductive Insufficiency	C1 Type	15 / 9 – 11 – 17 B	High
		5 – 10 – 16B	Low

Adductive Insufficiency	with toxic interference	15	4	High
		5 – 10 – 16B	3/8 – 11 – 13 – 17	Low

We, as Syntonists are interested in how Syntonic frequencies will alter the case typing. We have found a wide variation in our findings by subsequence examination of a patient during the same day. This, of course, we know to be the result in a change of stimuli. The writer has found a variation as much as 1 D more of accommodation free to measure in the examination records of a student. These experiments lead me to think well of Dr. Skeffington's logic, "We do to a patient, what we do, not by the result of any dioptric value, but by the case typing".

In an A Type there exists a toxic stimulation to the function of adduction as evidenced by a low 4. No. 11 is low because an over stimulated convergence would result in diplopia unless held in check by an inhibitory reflex resulting in fatigue. The distribution of tonus between accommodation and convergence is shown by the low 13 finding. No. 17 is also low by the inhibitory impulses to maintain binocular vision, resulting in fatigue. The indicated Syntonic B for an A type is N/L- δ – N/L- μδ – G/F— μδ.

The B1 type of Accommodative insufficiency. No. 5 is high on account of excessive amount of energy being expended outside of the linked accommodative adductive relationship. No. 9 is low due to the fact that one function cannot be enervated without a like stimulation being sent the other. No. 11 is low by reason of an inhibitory fatigue and 16 is low on account of the additional stimulation required at near bringing about a dual fatigue of accommodation and positive fusional reserve. The indicated Syntonic Rx is L-αω or L- αδ.

B2 type shows of greater accommodative fatigue at near than at infinity. In addition to 5 high we have No. 14A and 17B low instead of 16B. 14A is high revealing an accommodative fatigue at near and 17 low due to an adductive inhibitory effort. The indicated Syntonic Rx is:

Males - αδ alt. μ 1-1
Females - αυ alt. μ 1-1

B3 type case represents an undeveloped accommodative adduction relationship. 5 and 14 are high as in B2 for the same reason, but 9 is high for the lack of adductive ability. 10 and 14 are low through a lowering of adductive tonicity. The syntonic Rx is N/L-αω and N/L μ.

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C1 type case. No 5 is lower than No. 4 indicating a convergence lag which is also in evidence by a low 10 and 16. 15 is high on account of the convergence fatigue. The Syntonic Rx is

With	plus lens	L-ω	-	L- δω
Without	plus lens	L-S	-	N/L- αυ

C2 type has the same sequence of symptoms as the C1, but additional low findings indicating an adductive insufficiency problem combined with a toxic interference. The Syntonic Rx is N/L—μδ - G/F—μδ.

Among the members of the Graduate Clinic Foundation there exists a wide difference of opinion to the most effective methods to alter high or low findings, and bring about an elimination of the fatigue interference.

Recognized leaders in the art of reconditioning the visual apparatus are evasive on the subject of instrumentation. There seems to be a tendency toward the more simplified procedure in developing a system of eye training based on the laws of binocular vision.

All are agreed that any reconditioning of the visual reflex is brought about by a change in stimuli in the higher visual centers. Any interference in the complete reflex are governing the impulses sent to the radial or annular fibers will, of course, bring about abnormal functioning.

Syntonists recognizing the importance of the associated and supportive functions of vision have a better understanding of the reasons why many methods employed today fail to accomplish the desired results.

It is disappointment to me in being unable to record a number of cases showing how Syntonic frequencies alter high or low findings. In my files I have a large number showing this accomplishment, but in every case some other form of eye training was given with Syntonic applications.

Even though the writer is of the opinion that Syntonic frequencies alone would have been equally effective, a record of these cases would not give us the desired information.

I am of the opinion, however, that a future paper on this subject with sufficient time for research, will result in much valuable information to members of the College of Syntonic Optometry.

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Discussion
By
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The various Syntonic prescriptions for the use of the 21-point technic have not been published so syntonists could have them for a very long time, so we have not had the opportunity to try them at length. However, they have now been published by Cameron in the No. 8 bulletin, and my suggestion is that these syntonists who use the 21-point technic make a special effort to apply these various prescriptions and keep accurate record of them on report blanks during the coming year. In that way at the next assembly we will have some date on which to work, and we will know whether the prescriptions should be changed or modified.