

SYNTONIC HANDLING OF OCULAR MANIFESTATIONS OF NUTRITIONAL DEFICIENCIES

By Maurice M. Dalton, O.B., Opt. D

Alhambra, Cal.

The human race gains knowledge at a pathetically slow and tedious pace. And it applies knowledge already gained at still a slower and pathetic rate

May we mention the fact that it took the French medical societies twenty years to accept the discoveries of Pasteur? Now just why did it take twenty years to get this great work accepted? Very simple, opposition by the ignorant, and by this we do not mean the uneducated.

Ignorance and education are by no means terms of opposite meaning. There are many educated ignoramuses.

Any person is ignorant who ignores facts that he should be concerned with. The person who is naturally ignorant becomes still more so when educated, because he sees less reason than before to use his own weak powers of judgement. He is in the class of the "expert" who "knows all the ways a thing can't be done".

On the other hand the intelligent person when confronted by anything new will, whether he is educated or not, reserve his opinion until he has sufficient evidence available from reliable resources to make a decision.

So then for when we ignore facts that we should be concerned with we become educated ignoramuses, and I am afraid that all of us, including myself, must at times meet this classification.

For instance, for years Dr. Sheard and others have been talking bio-chemistry. I myself, have listened to Dr. Sheard's lectures any times in the last twelve years and yet could see no connection between his subject and my practice until within the last year or two. No doubt, I was ignoring facts with which I should have been concerned.

Bio-chemistry is a study of the chemical substances in the cells of living plants and animals as well as the human body.

Some of these chemicals are created by the energy of life, while others come to us directly from our food. The assimilation of the latter is, of course, dependent upon life, so that it is not what we eat that sustains us but what we assimilate. Two conditions are highly necessary as aids in food assimilation. First there must be sunlight as all biotic energy depends upon sunlight. The second aid in food assimilation is wholesome emotions. Destructive emotions such as fear, grief, anger, worry, etc., disturb the chemical balance in the human laboratory. By learning to control wrong emotions and thoughts we can aid in the assimilation of food and also preserve the normal activity of our endocrine glands.

So it becomes more apparent as we investigate facts concerning us, how opportune and all embracing the work of Dr. Spittler has been in giving us Syntonics or the application of selected frequencies to the ocular mechanism. In the human laboratory the blood serum contains calcium ions, phosphate ions, and potassium ions in a delicate physiological balance, maintained by harmonic and vitamin influences together. The outstanding influences in maintaining the blood serum balance is the hormone secreted by the parathyroid, and its substitute vitamin "D" which by the way, is the only dangerous vitamin. The direct results on the external eye of a deficiency of vitamin "A" have long been a matter of record as also have the direct effect of deficiency of vitamin "E" on the accommodation and the direct effect of deficiency of vitamin "G" on the lens.

It is probable that a physiological saturation of both serum calcium and phosphate exists, and any increase of either must result in excretion of the other or its deposition in the bone reserves, and explains the findings that most cases of rickets is rather due to a phosphate shortage than low calcium intake. In fact, the probability is that if a proper balance of mineral salts is present in the food intake, a low mineral diet only causes delayed growth. This balance existing between calcium and potassium ions is delayed growth. This balance existing between calcium and potassium ions is very important in the maintenance of a balance between the spinal sympathetic and the parasympathetic nervous systems, potassium promoting activity of the parasympathetic and calcium promoting activity of the spinal sympathetics.

By those known facts the Syntonist must realize the immense importance of Syntonics and its relation to diet. We, in Syntonics, also have a method of balancing the spinal sympathetic and parasympathetic nervous systems by the use of selected frequencies and we find that in  $\alpha$  we have a psychological or emotional balancer, and in  $\mu$  we have a physiological balancer. Again the matter of maintaining the proper balance between the spinal and parasympathetic systems is of major importance, for we all know it has been shown that they oppose one another in the control of many functions, and interference with the operations of either by reason of a calcium deficiency on one hand and organic potassium on the other can bring about such conditions as, for example, corneal ulcers and in the writer's opinion the following cases are typical examples - - -

Let it be understood that the patient does not come in complaining of corneal ulcers. The complaint is itching and burning and you see what appears to be a case of pink eye or conjunctivitis. Further the ulcers are not visible to the naked vision and sometimes are not visible to the ophthalmoscope but can be seen with a corneal microscope or their presence can be proven by the fact that they will take a stain with fluorescence.

The Syntonic Rx is used in the following cases are altered in accordance with the Du Bois Raymond Law, that nerve fibers respond to change in stimuli. This alteration being in definite steps as in a stepladder, building up the stimuli in a definite direction for the following reasons.

The patient's main complaint was the discomfort of burning and itching so the first step of the ladder was straight u used as an anodyne; next  $\mu$  added as a physiological balancer; and now we have a  $\mu$  dominant, and a u dominant. Then finally D was added to augment the effect of the  $\mu$  combination. Excellent results were obtained with this stepladder method of altering frequencies in relieving the symptoms with the exception as noted.

## Case No. 1

Sex, male; Age, 27, Married.

Previous disease – measles.

Symptoms: Light has ill effect; use of eyes aggravates, temporal headaches, eye itch,  $\alpha\omega$  pupil, lacrimal fluid viscous. Ophthalmoscope shows black specks in both cornea, like specks of pepper – 3 or 4. Has been having trouble with eyes for about a year, and has gone to three eye specialists with not results. Chromographs negative.

Biotype, S/A; Morph. Class, Spinal sympathetic dominant; Weight 170; Height, 5'-10", complexion, brunette; Iris, gray blue; pupil size, 7 mm.; Lips, color good. Upper not indicating adrenal insufficiency. Facial features, in good proportion, tending to square; expression, bright.

Vision 20/15. Rx: O.U. +.50 = +.25 x 100 gives 20/15.

Syntonizations: Three applications of L-u,  $\mu\upsilon$ ,  $\upsilon\mu D$ , each for five minutes, cleared up the distress but it recurred, so three more applications of L- $\mu\upsilon$  were given and it cleared up again, and then recurred. Sent the patient to an eye physician, who treated the eye for some six weeks with a powerful germicide, and from this the patient receive partial relief. Patient finally went back to his old home in Nova Scotia and took treatments. I saw him a year later, apparently okay, but did not examine.

## Case 2.

Sex, female; Age 26, married;

Symptoms: Recurring case of pink eye in O.S. only. Eyes itch, lacrimal fluid slightly viscous, nothing shows with ophthalmoscope though conjunctiva has an even pink texture.

Chromograph, negative,  $\alpha\omega$  pupil.

Biotype, A/S; Weight, 112 lbs., Height, 5'-4"; Complexion, blonde; Iris, blue; Skin, very fair; Pupil size, 5-6 mm.; Lips, not a normal color, no adrenal symptoms; Facial features, in good proportion tending toward inverted triangle; Expression bright.

Vision: 20/15. Rx O.U. +1.25 Cyl. X 90.

Syntonizations given were L- u,  $\mu\upsilon$ ,  $\mu\upsilon D$ . Two applications cleared up the eye in fine shape, but two days later the trouble recurred, and we gave five syntonization of the same Rx which cleared the trouble for the second time. Four days later the case was back again and three syntonizations given, and it cleared up again. One month later the patient came in to pay her bill and said she had had one attack at 2:00 in the A.M. and had called a doctor who diagnosed it as corneal ulcers due to systemic trouble. He has dosing the eye with atropine when the case was last heard from.

## Case No. 3.

Sex, female, Age 17; single;

Symptoms: Has a large sty on O.D. using the eyes aggravates; photophobia, lacrimal fluid slightly viscous;  $\alpha\omega$  pupil.

Biotype, S/A; Morph. Class, spinal sympathetic dominant; weight, 110 lbs.; height, 5'-4"; complexion brunette; iris, dark blue; pupil size, 6 mm.; lips, red, with no adrenal deficiency; facial features, in good proportion tending toward inverted triangle; expression, bright.

Vision 20/20<sup>-1</sup>. Psychopathic esophore.

Rx: Plano, with 1Δ base in. V.A. 20/20 +1

Syntonizations given was four applications of L-α for 15 minutes. This cleared O.D., but the patient was back in three days with a large sty on O.S. One application of L-α, two of L-υ, μυ, μυD, five minutes each, cleared it up, but we noticed another coming so referred her to Osteopath for a physical check. Report which came back was that patient was anemic. We did not see the patient for 60 days, then she came in with another sty O.S. This was cleared with up three syntonizations of L-υ, υπ, μυD, five minutes each. Also, the patient was advised to take saline cathartic and large dosage of sodium bicarbonate to stimulate parasympathetic by reducing blood serum calcium. Case cleared to the present writing.

In conclusion it will be noted that all cases presented somewhat similar symptoms:

1. αω pupil, but modifying sign was absent.
2. Intolerance of light.
3. Itching and burning.
4. Increased viscosity of lacrimal fluid.
5. Continuous recurrence at irregular intervals.

Further, in light of the above it would appear highly questionable as to whether the best interest of the patient is served by our accepting them for syntonitic treatment. Does our results of a temporary, although gratifying nature justify it when it is obvious we are treating an end result?