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Some Non-Local Effects of Alpha Omega

By
Richard G. McChesney, M.C.S.O.
Brooklyn, N. Y.

In attempting to evaluate the effect of this valuable filter combination, we harken back to the "Basic Course" and find that allusion is made to αω (Alpha Omega) as the most valuable combination". Its use tends to "emotionally balance the sympathetic against the parasympathetic". Also, that, in the main, α (alpha) combinations are α effects modified. That ω (Omega) combinations are, in the main, with the exception of αω, ω effects. That α, a sensory stimulant, causes sympathetic dominancy while ω, a motor depressant, causes parasympathetic dominancy. Furthermore, that the "left hand column" dominancy causes, amongst other things, an increase in the pulse rate while the "right hand column" when activated causes, amongst other things, α slowing of the heart beat.

These qualitative statements were tested quantitatively on a "control subject", as follows. The control was tested for his pulse rate over a period of five months, at various times of the day. The aggregate of 25 readings gave a mean average of 79.4. He was then syntonized N/L- α for 2/10. The pulse rate immediately prior to N/L- α was 78, and immediately subsequent to N/L- α was 90. We then proceeded, in the like fashion with N/L- ω, two days later. The pulse rate before syntonization was 79 and after syntonization it was 75. Similar readings were made on another case with similar results.

With this background we then proceeded to the effect of the combined filters. Inasmuch as possible the numerous readings were subjected to the following routine: All plus rate readings were taken over the radial artery in the right wrist. The subject was permitted a rest of at least five minutes before counting the pulse, which was taken when the subject was seated before the syntonizer. The second reading was made immediately after turning the bulb out. All readings were taken for a full minute, instead of doubling a 30 second reading or multiplying a 15 second reading by four.

Four subjects were used with a view to running a controlled series. By this we mean that a number of pulse rate readings were made over a period of time to establish their theoretic normal pulse rate. Another interesting series was made on a child of eight.

A table was constructed for the purpose of analysis, listing case, Date, Time, Type, Before and After Pulse Rate, Age, and Sex of the subject. All cases were syntonized N/L- αω 2/10.

Conclusion:

Obviously, more readings over a greater spread of subjects is to be strongly desired. However, with the limited number herein submitted much information may be gleaned.

The apparent fact throughout the table is the stabilizing phenomenon of αω on the pulse rate. It would appear that where the pulse rate is high αω tends to lower and where the pulse rate is low it tends to increase the rate. This statement is a generalization of all the adult cases observed if we aim at the mythical norm of 72. (See page 394 "The Human Body" by Martin). We have used 72 advisedly, cognizant of the fact that a physiologic norm is individualistic, hence the control cases. An interesting sidelight is to be found in case 12. It is to be noted that the greatest change in readings of the 4 control cases here occurs. We assumed that out of 12 readings over four days that the average would be fairly indicative of the subject's norm, yet αω caused a net change of -5.3. Investigation disclosed that the young lady had received a proposal of marriage two days prior to the series. The filter was then seen to be working consistently – that is tending to strike equilibrium where there was emotional stress.

Attention is called to the other three control cases, Numbers 10, 11, 13, where some attempt to interpret a normal pulse rate reading for the individual was made. The changes here are much less than in cases 1-10. This is probably due to the fact that the average prior readings were more nearly the balanced normal of the three individuals.

It is significant, too, that of the three cases in point, two are syntonic types and the third is a pyknic.

Case 14, the eight year old boy, is an apparent refutation of our conclusion that αω tends to equilibrate the pulse rate towards the physiologic normal of the individual. This case is an underprivileged child. In each instance αω raised his pulse rate, the average of prior readings was 76, the average of after readings was 88.6. We deem it not illogical that is the case when we realize the children have a higher pulse rate than adults. The higher reading is merely an evidence that his physiologic norm should be higher and that the filter is giving impetus to this end.

Omitting case No. 14, of the other 13 submitted we observe that 2 remained constant before and after syntonization, 3 had their pulse rate raised, and 8 were lowered. The mean for the cases show a pulse rate reading of 78.64 before αω and 75.5 after αω. It is of interest to note that the typing of the cases shows a preponderance of asthenic tendencies. The expected, therefore, is for left hand column dominances. The anticipated effect of αω on the pulse rate is then to the right hand column where there is sympathetic over activity. Striking the average in our table substantiates this conclusion.

PILSE RATE TABLE – EFFECT OF N/L- αω

CASE	DATE	TIME	TYPE	P. R. before		P. R. after		AGE	SEX
1.	4/13	9:45 A.M.	A/S	82		72		21	Female
2.	4/28	9:00 P.M.	S/A	58		63		35	Male
3.	5/2	11:45 A.M.	A/S	72		68		54	Male
3.	5/4	12:05 Noon	A/S	72		72		54	Male
4.	5/5	11:16 A.M.	A/S	80		76		27	Female
5.	5/14	2:45 P.M.	A	94		84		61	Male
6.	5/25	1:45 P.M.	A	82		80		31	Female
7.	8/13	11:00 A.M	S/A	80		76		54	Female
8.	9/2	2:30 P.M.	A	85		76		61	Male
9.	9/9	10:00 A.M	S	68		72		22	Male
10. Control	4/11 to 9/14 5 mon	A.M. and P.M.	S	Average of 2 5 equals 79.6		Average of 2 equals 80		32	Male
11. Control	8/27 to 8/13 3 days	A.M. and P.M	S	Average of 10 equals 80		Average of 2 equals 80		53	Female
12. Control	9/9 to 9/12 4 days	A.M and P.M	P	Average of 12 equals 85.9		Average of 3 equals 80.6		30	Female
13. Control	9/9 to 9/12 4 days	A.M. and P.M	P	Average of 12 equals 78.8		Average of 3 equals 77		42	Male
14.	4/23	9:15 A.M	P	78	Average	94	Average	8	Male
	4/27	9:00 A.M		82	Equals	90	Equals		
	5/7	9:20 A.M.		72		92			
	5/11	9:15 A.M.		64	76	84	88.6		
	5/14	9:20 A.M.		84		88			

Note: The two No. 3 cases were left in copying in order that the body of the thesis might correspond to the numbers. Evidently it is an error in copying from their notes.

Discussion
By
Dr. Dwight Hook
Des Moines, Iowa

When I was assigned this discussion on pulse rate it seemed to hit pretty close home. Last fall I was asked to give a discussion before our Iowa groups and that is the thing which I placed a great deal of emphasis. I had just had two lady patients, a few days prior to that meeting, that had pulse rates of over 123, and both reported having been told they were physically O.K. after having been examined in a clinic of high repute in or city.

Feeling that a pulse rate that high was not an Optometric problem I placed them in the care of an Osteopath, who reported and proved through the Metabolism rating a hyper thyroid existing with both. They have since regained health and comfort without my having to change their lenses formula as the medical clinic had told them was all that was necessary.

This is a little departure from Syntonics as I did not use it for either of the ladies mentioned, but shows that it is vitally important to take pulse and I am not so sure that it should not be incorporated in our routine eye examination.

We find in the last edition of the medical dictionary well toward a hundred different kinds of pulse, and each gives some information to us in trying to help our patients in revealing their discomforts.

The heart action is increased in frequency after exertion, excitement or other emotional causes as shown in Dr. McChesney's case number 12, and following the ingestion of a meal. Shock and collapse are accompanied by rapid, feeble heart action.

The commonly used drugs, such as alcohol, nicotine, tea, and coffee, when taken in excess, also produce rapid heart action.

Feverish affections, except yellow fever and those accompanied by intracranial hypertension, are usually accompanied by frequent pulse, with an increase of eight to ten beats to each one degree rise in temperature.

In typhoid fever, influenza, and pneumonia, however, the pulse is relatively slow, while in sepsis, tuberculous, scarlet fever, and acute lesioned tuberculosis the pulse rate disproportionately is high. Violent coughing quickens the pulse.

A slow pulse rate is normal with some individuals. Any rate below 50 or 60 should be regarded as pathological and the cause looked for.

Slow heart may be considered as due to one of two causes, namely, disease within the heart involving the bundle of nerves connecting the auricles and the ventricles of the heart, and the pathologic or functional defect of the vagus nerve.

When the vagus is a fault, there is a marked acceleration of the heart after the injection of 1/60 grain of atropine, and also following exertion, change of posture and fever. The organs are correlated by the organic fluids, and the ne3rovous system. Each element of the body adjusts itself to the others, and the others to it. This mode of adaptation is essentially teleological. If we attribute to tissues an intelligence of the same kind as ours, as mechanists and vitalists do, the physiological processes appear to associate together in view of the end to b attained. The existence of finality within the organism is undeniable. Each part seems to know the present and future needs of the whole, and acts accordingly. The significance of time and space is not the same for our tissues as for our mind. The body perceives the remote as well as the near, the future as well as the present. We can readily see why the pulse rate can be changed with αω with the heart being controlled from the superior, middle, and inferior cervical ganglion of the sympathetic nervous system. And the brakes put on through the vagus nerve, or parasympathetic nervous system.