

Rambling Suggestions for The Beginner
by
E. C. Scott, O.D., F.C.S.O.

When this is being written, I am assuming that much time will be devoted to the practice of Syntonic Optometry. As a rule, during the Assembly and Basic Lectures, we are long on theory and short on application.

It is indeed important to learn what we can, and what we cannot do with Syntonics. We must learn our limitations. If we expect to serve crow pot pie, we must first catch the crow. If we desire to practice Syntonic Optometry, we must first get the patient. Not just any patient, but a certain type; one void of syntony. Utilizing Syntonics on an individual who is well balanced, will get you nowhere. For instance, if you expect to change a normal phoria with Syntonics, stop before you begin. The "boobs" who have tried to discredit Syntonics have all used normal well-adjusted individuals. They succeeded only in boosting their own ego.

The writer has no way of knowing how our men use Syntonics. If you have a large visual training practice, I suggest that you do not use Syntonics and other methods of training on the same patient. The only exception would be the use of unfused rotations for a few times. I can understand if you have used the standard stimulative type of visual training why you may continue to think of this activity in Syntonics. Now we must think of the patient as being in a state of over stimulation and we must reverse these visual processes. We are seeking Syntony for the patient. Today a patient returned who had been given Syntonics ten years ago. At that time his centering ability was below normal. Both adduction and convergence were quite low. 8-4 and 8-6. With the use of Syntonics only these findings came up to 22-12 and 32-26. Today he is 50 and feels the need for help at near. This neglect should have produced a high Exo., but when fusion is broken he recovers with a bang. So, after 10 years the results of Syntonics is a factor in visual comfort.

Who is a syntonic patient? We know he is an individual out of syntony. How do we determine this? A routine analytical analysis will give us this information in addition to all factors in the case history. If you are a beginner may I suggest that N/L 3", Delta Omega for ten Min. and Mu for 7 Min. will help a lot of folks. Flash all stimulative frequencies. Dr. Mayer has very successfully used a frequency rock. That is a stimulant followed by a depressant and repeat. Dr. Mayer also warns against permitting the patient to stare too long at any frequency.

Your Mediscope will often show lenticular streaks or spots. You need not give this condition any specific name. It is sufficient to say that there is a slight deposit of carbon which retards vision to some extent. If vision is not lower than 20/100 the following syntonic Rx will often prove helpful. N/L 3" Alpha-Omega (flash) 10", Mu upilon 7" Mu theta 7". If a blue sheen is visible, your prognosis should always be guarded.

Possibly one of the most annoying questions is this, at least for me. Doctor what is this for? What will it do for my problem? Of course, you can't hit him on the head, he must have an answer or he will still be in your hair. I usually say we are applying selected light frequencies to balance ocular impulses. If this appears to be inadequate you can continue with an explanation that the eyes are out of balance, out of syntony and must be normalized. You will win if you keep on talking. In nascentizing, one scope, the red and blue is usually sufficient. If both are required you can turn on Mu. Most vision problems originate in the supportive functions calling for one scope. The patient is told to close his eyes until the frequencies are adjusted. If he fails to do so, do it over so he can learn the hard way. If flashing say, "pretend you are looking into a long tube, and when the light comes on see how quickly you can fuse it. Then it is time to say "please try to concentrate on the light frequencies". I failed to say this in the beginning. Always maintain a positive attitude. You are not trying this or that; your

experimenting was done a long time ago. You are applying a certain light frequency to bring about the desired result. Our efforts may not always result in all we expected, but our batting average will be fairly good. We must remember that our allied friends will often suggest that the patient return if they are not benefitted.

Headache, of ocular origin will, as a rule respond to N/L.3. N. ten minutes or the more severe frequencies N/L 3. Delta Omega 10 N S five. During the last ten years much effort and encouragement has resulted toward the goal of establishing the fact that Migraine is an ocular problem. We have records, names and dates to prove that Migraine does respond to the proper use of Syntonics. Of course, we do not have records in sufficient numbers to establish any definite proof from a scientific viewpoint; still we firmly believe that Migraine responds only to the application of selected light frequency.

These cases continue along a specific pattern as regard to the case analysis. Without a complete OEP analysis it would be quite difficult to arrive at the Migraine conclusion. However, the writer has found Migraine which does not follow the usual pattern, but the percentage is limited. In most all Migraines the 10, 16B and 14A will be low. These cases will respond to low frequencies given daily for a period not less than 21 days.

In your practice you find patients with these symptoms. Pain in one eye or both after ruling out the possibility of sinus infection. You may suspect accommodative fatigue or a slight intra ocular pressure. In addition to the lens correction I suggest the following It is an Rx perfected by Dr. Dan Gallagher and approved by several College members. N/L 4, Mu 5, Mu Delta 5, Upsilon-omega-N 10 min. Of course, in your notes you have Rx for Sinus infection. I suggest that this be used only for members of your immediate family.

Every one in this room, in the natural course of events, will reach the time in life when they will find comfort, visual improvement and a source of genuine satisfaction with the aid of Syntonics and their accumulative store of helpful knowledge. When you read of a "syntonizer for sale", you can rest assured that a brave soul is now confessing that he has never been a Syntonist. In his declining years a Syntonizer would be a source of extreme satisfaction. In his active years, he just went along for the ride.

Possibly today or tomorrow, you may be called upon for active duty within our ranks. Whenever the time comes, I trust you will have the courage and the determination to do your full share. To our young men will come the burden of our survival. Upon your shoulders will fall the heavy responsibility to of perpetuating the Syntonic Principle. We know you will not fail.

In conclusion I want to assure you that we have within our grasp the foundation of a new profession. A great number in this room today realize there is no limit to the possibilities which can be achieved with the use of light frequencies. However, we are limited to problems of ocular origin; but some day this will change. When our potential is fully established, no force on earth can long restrain the unlimited use of Syntonics for the benefit of mankind.

Respectfully submitted during the 1960
Assembly. Kansas City, Mo.
E. C. Scott, O.D., F.C.S.O.