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College of Syntonic Optometry

RELIEF OF INCREASED INTRAOCULAR PRESSURE

Stieglitz in his book, Geriatric Medicine, (1) says that glaucoma cannot be classified among the physiologic changes of senility but should be given consideration in that age group because it occurs predominantly in them. To quote his entire description (2)

"Glaucoma is a much more serious affair than cataract, for if it is not detected early and treatment instituted promptly, total and irreparable blindness results in the affected eye. Chronic simple glaucoma is a painless condition in its early stages, however, and often difficult to recognize at this time. The patients do not complain of any visual disturbance, and only infrequently do they mention such textbook symptoms as halos around lights or a sense of fullness in the eyes. The early diagnosis is dependent upon careful mapping of the visual field and blind spot. A slow and characteristic contraction of the visual field occurs until it assumes "gun-barrel" shape in advanced cases. The central vision usually remains unimpaired until very late. The condition is essentially an increase of the intraocular pressure, so that a pressure atrophy of the optic nerve slowly takes place, manifesting itself by a gradually enlarged cupping of the disk. This damage to the nerve can be measured in the enlargement of the blind spot and the appearance of scotoma. The pressure within the eye is measured with a tonometer. In the earliest stages there is a fluctuation of pressure, so that repeated measurements should be taken at various times of the day in order to detect an elevation. If the condition is not detected and treated, congestive attacks will cause great pain and later, total blindness.

If glaucoma is recognized early, the use of miotics may control the pressure for many years and prevent progression of the disease. Supportive measures such as rest, emotional stability, diet and other such general therapeutic means should also be applied. If the intraocular pressure cannot be controlled by such medical procedures, surgical measures become necessary. These are successful in checking he disease in a high percentage of cases.

Glaucoma is a condition that can be checked, but whatever vision has been lost can never be restored. It must be stressed therefore, that the sooner it is recognized and proper therapy instituted, the greater the amount of vision that will be saved. Many theories have been propounded as to the cause of this disease, but the true explanation is still elusive. Although it would seem that it is always associated with a disturbance of the capillaries, involving stasis, a definite relation to elevated blood pressure cannot be established. Chronic simple glaucoma is probably not a single disease, but rather it appears to be a variety of entities having the common factor of an increased intraocular pressure."

In Syntonic Optometry our experience has been a little different that the results obtained in medical treatment of the condition. Over a period of the past nineteen years it has been the privilege of the writer to observe and apply Syntonic relief to an average of about eight patients a year who were suffering from some form of increased intraocular pressure. It is with a feeling of deep gratitude that we can report that in none of the more than 100 cases handled in this manner has it been necessary to have the patient given surgical aid nor has loss of vision occurred in any instance.

Fortunately, very few of the patients were suffering an acute attack when Syntonic application was instituted, but the few that were found temporary relief almost within the first ten minutes of the application.

You, as Syntonics are in the key position to detect increased tension in its incipiency and to alleviate the trouble before any harmful results occur. The diagnosis is not as complex as is pictured by some "authorities" nor is the patient fortunate that advances to the stage of the gradually enlarged cupping of the disks", "halos around lights" etc.

About twenty-five or thirty years ago, Roe Fulkerson in writing for the Optometric Weekly made a plea to all optometrists to use their ophthalmoscope on each and every patient that they were attempting to "fit glasses" on or for. He used as an illustration of the value of this to the optometrists a comparison to his reaction when he looked out of his back window into the little back yard connected with his office. He said he could go there a dozen times a day and gaze out at the scattered tin cans and usual disorder of the place and notice practically nothing, but let someone toss a fresh bunch of rubbish in the mess at any location and the next time he looked out of the window he was sure to notice it and become duly enraged.

He reasoned that if you looked at each fundus and become accustomed to viewing normal conditions, that when some abnormality presented itself you would detect it, and could then attempt to diagnose the trouble.

Thinking along the same line, my suggestion is that you make it part of your routine examination to palpate the eyes of each patient immediately following your ophthalmoscopic examination If you do this your fingers will become so educated within a few weeks that you will scorn he use of a tonometer. If you do not map the visual field of each patient, any variation from the normal tonus will be a clue for you to do so in that case.

Since you are all familiar with the symptoms of glaucoma and capable of recognizing the condition, and since so little is known of the real underlying cause, we will not dwell upon the latter phase at any length. Suffice it to remind you that some place in your notes of the Basic course in Syntonics you have the statement that there may be an emotional disturbance back of a number of cases. It has been our observation that in about 90% of the cases we have handled, the emotional upset enters into the case very definitely. It would be very gratifying to the writer if he could throw out the chest and explain to you that "reasoning along this line" the syntonic Rx that has proven so successful was developed and experimentally given to a few patients, but the truth of the matter is that it was purely the result of error. The reasoning came after the success of the application was noted.

It is not my intention to burden you with a multitude of case histories. Needless to say, they are available if you want them. You can have a number of such histories in your files within a short time if you care to keep them for publication.

The Rx is simple: Nacentize NL. Use Mu Upsilon ten minutes followed by Upsilon Omega-N for ten minutes.

The frequency of application depends entirely upon the severity of the attack. Three times a week should be the minimum number of Syntonizations given and in case of severe pain and high tension, two or three times a day may be deemed necessary until under control. No less than six weeks should be consumed in any case to prevent recurrence of the condition.

If this information results in your bringing more relief to suffering humanity, the writer will feel very grateful and that his efforts have been well rewarded.

Respectfully submitted,
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1. Edw. J. Stieglitz, Geriatric Medicine, Second edition.
2. ibid., pp. 298-99