

VALUE IN SYNTONIC OPTOMETRY  
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In reviewing the work of Dr. Russell E. Simpson and Dr. Keith M. Walker on Geriatrics, 1947, one realizes the great responsibility we have to our patients and what an opportunity we have to help these patients live out their lives with clear eyes, and healthy bodies able to enjoy their life on this old planet.

We as Syntonists must equip ourselves far beyond the regular Optometric teaching to be able to recognize symptoms underlying the illness involving our patients problems, in order that we may help from a syntonic standpoint and also from any other angle where the other professions ability to properly diagnose the underlying causes are extremely weak.

I am now thinking in terms of Dr. Davidson and his Caecanometer. He has given us the greatest instrument since the Ophthalmoscope. We have in our files many records covering the past eight years of cases that we formerly classified as problem cases that now can be pinpointed as to their positive causes.

The general practitioner in medicine or dentistry depend on X-Ray in oral infection or cystic drainage, and anyone having had any experience along this line, knows that pictures are quite often misleading especially in cystic drainage. In the past thirty or more years, I have seen patients slowly lose their vision in spite of anything we could do Optometrically and with the help of general practice. In each case the Dental profession was brought into the picture. In five cases, (unclear the care of a better than average dentist) the oral condition was pronounced negative time after time until we finally proved his findings wrong and Caecanometry right, however, by this time it was too late to save the patient's vision. We now run our own check, and if indication of infection is severe enough, we either refer the patient to an Oral Surgeon who understand our problems or in a case where the patient refuses to co-operate, we simply refuse to handle the case and dismiss the patient.

We have cases of this nature from the age of 12 years to 84 years. I shall only cite a few cases here.

1. January 17, 1959, the youngest case 12, Asthenic male, a peppy and friendly fellow, both the Mother and Father work. Three months ago, they discovered that he was blind in the right eye. He was examined by an Oculist in a neighboring small city and was given a pair of glasses - - O.D. Plano; O.S. +.50 - .25 X 90 and the family told that he had been blind in his right eye since birth. He was to wear glasses to protect the left eye. Our case history indicated otherwise. He first learned to shoot the rifle right-handed and had changed to the left hand 3 years ago. We found central Scotoma O.D. with only light perception; O.S. showed a large blind area in left temporal area. Four upper and four lower central teeth badly decayed. Also, upper right and left 1<sup>st</sup> molars decayed to the gum line. We referred him to an Oral Surgeon who agreed that most of his teeth were non-vital. He put him in the

hospital, extracted eleven teeth. We re-examined him March 21st, 1959, and find the case arrested with the following improvement: Where we could make no definite Caecanometer chart on even the good eye, we can now outline at least  $\frac{1}{2}$  of the blind spot. His vision is 20/20 OS. The right of course shows no change. If only he had been examined properly three or four years ago, his entire vision could have been saved.

2. March, 1956, we hired a new assistant -- female age 65. The first day I noticed her constantly wiping her glasses. The second day we examined her and found a cloudy condition in the right eye with indications of Glaucoma. Case history gave us some startling information: She has had five operations on the right mastoid over a period of years, all upper teeth were out, but X-rays showed a dark area on upper cuspid area. Caecanometer findings: - 20% and - 35%. She also had floater and a slight opacity. Oral Surgery resorted to and we are able to control the opacity with Syntonics. Her former Optometrist and his medical associates suspected infection but could not find it.

3. Female age 31, mother of 3 was told by her M.D. that she would lose her sight. We saw this patient first February 4, 1954 and reported this in a former paper; Caecanometer findings -28% and - 70%. Alveolectomy was performed and I made the last examination July 8, 1957, and am glad to report she is doing fine with comfortable vision of 20/20 O.D., 20/20 O.S., and 20/15 O.U. At this date retina is completely cleared up and the lady is happy once more.

4. Male age 70. V. A. 20/40 – 20/40 – 20/70. With Rx, 20/30-2 20/30+2, #8. 11 exo # 12, finding 2, R. H. #13B, 15 exo. He was listless, pale, all teeth out. We could not get a good Caecanometer finding. X-ray showed dark cripts in both upper and lower areas. Alveolectomy October 25, 1958. He now feels more alert, has better color, eats better. New Rx give 20/25 O.D. 2025/ O.S. 20 /25 + OU, and he is still improving. I am sure he will live longer because the discovery of the cystic condition was found in time. It is well to follow up with Syntonic training after the infection has been eliminated, using the frequency in your Basic course. In most cases you will find that certain areas of the retina which seemed lost to the patient for good, will be restored to usefulness.

Now, in closing, may I quote Dr. Walker:

“Then if this is our province by knowing these people, by knowing what advice to give, by knowing what technique, in our own and other fields should be employed, we can be prepared to give them the benefit of our own research as well as that of the other professions. We must know Psychology and we must know Physiology; we must know Sociology. When you consider that the average intelligence of the American adult is only that of a 6<sup>th</sup> grade child, we must be patient, we must be sympathetic and because of our knowledge we must be positive.”

Yes, there is much more in Syntonic Optometry than fitting and selling specs.

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