

Diagnosis and Syntonic Therapy
By Dr. Charles Wells

In a recent Syntonogram, Dr. Scott very wisely called our attention to the fact that we, as Syntonists, do not present enough of the everyday cases we see in our offices. With this in mind, I am presenting the two following cases. These cases are not presented from an OEP standpoint but from the method of handling them syntonically.

Patient, Mrs. N., age 22, occupation - - instructor in sewing at a shirt factory. Complained of headaches, especially after close work. Examination was routine except for 9° Exophoria at distance and 20° Exophoria at close. Questioning brought out the fact that patient had taken treatments for this phoria by the usual methods but after some length of time had given them up as they apparently were not doing any good.

When you all have Caecanometers and have used them for a while you will take a long look at these large exo's at close. Personally, I am convinced that when you have drainage type infection present you will not get lasting results in any sort of training.

A Caecanometer field charting was made of the patient under basal conditions and she had a 17x25 blind spot which is considered normal.

We then advised syntonic treatments for the high exo, using the technique as developed by Dr. Leonard of Lexington, Ky. After nine treatments, the distant phoria was about normal and the close had been cut to 2 exo. With a pair of +.50 spheres for close she was perfectly comfortable. Thirty days later it was still the same - - 3 exo.

The other case we want to consider is that of Mrs. N., age 53, who despite a seemingly well fitted pair of glasses, had considerable trouble at close. She was also an exo, showing 2 exo at distance and 15 exo at close. A caecanometer field charting showed a restricted blind spot of 33%. We thought this would be a good case on which to test our theory - - - "and gentlemen, it is only theory." So, we used exactly the same technique as in the first case with the following results: After 15 syntonizations we had reduced the exo to 9° but, note this - - - in 30 days it was backup to 12° and is back to 15° exo by this time.

We are wondering if these two isolated cases have a meaning. Could it be possible that infection plays a big part in the success of any visual training? Could this be part of the cause where we condemn the method of treatment when it was doomed to failure from the start?

All the preceding part of this paper is to focus your attention on two things: The possible effect of drainage type infections and the technique of handling eso and exo with a new method syntonically, also acquiring a new piece of training equipment for a cost of not over ten cents.

The technique as developed by Leonard is as follows: Take a piece of cardboard about 11 ½ inches long by 3 ½ inches wide and shape it to fit the barrel of the Syntonizer. Cover this with BLACK paper. Then put a 60 m/m round disc of black paper to fit the collimating lens. Locate the exact center of the disc, then cut two 18 m/m apart. This disc is then placed in front of the collimating lens where it is held in place by a snap ring you will find there. Place it so that when the lens is in place the two holes farther apart will be at the top. Insert the cardboard septum in the barrel of the syntonizer, check to see that the holes are aligned. Then turn the collimating lens out of the barrel. We are now ready to put the technique into operation.

P.S.

N/L 3. Mu Delta 10, slow flash for exo.

N/L 3 Upsilon Omega 10, Eso