

THE VISUAL PATTERN IN MIGRAINE

For a number of years the writer has maintained and submitted evidence that the visual skills pattern in hyperopic migraines remain very much the same. While I am reluctant to lay before you a case record, since we out grew this sort of thing a long time ago. However, in this instance there are outstanding factors which I hold are of vital interest to every practitioner of Syntonic Optometry.

Let us look at the record.

Mrs. M. age 38. Mother of two aged 9 & 12. I first saw her in 1950. At that time, she was a Migraine with serious visual difficulties. The usual severe headaches. Also, diplopia was experienced quite often. Syntonics was advised but not taken. She returns five years later with the same complaints except the pain and confusion has increased. The naked V.A. was 20/20 O.D., O.S. & O.U. All migraines are mentally alert and ambitious. Mrs. M. was no exception. The push up point was 14 inches and fusion maintained with the greatest of effort.

	<u>1 - 12 - 55</u>	<u>2 - 17 - 55</u>	<u>4 - 26 - 55</u>
#3	2 Exo 13A 5 Eso	3 Exo 7 Exo	2 Exo 2 Exo
#4	0	0 - 25 - x 90	+ .25 - 25 x 90
	0	0 - 25 x 90	+ .25 - 25 x 90
#5	+ 1.00	+ 1.00 25 x 90	+ 1.00 - 25 x 90
	+ 1.00	+ 1.00 25 x 90	+ 1.00 - 25 x 90
#6	+ 1.00	+ .75 25 x 90	+ .75 - 25 x 90
	+ 1.00	+ .75 25 x 90	+ .75 - 25 x 90
#7	+ .25	+ .25 25 x 90	+ .75 - 25 x 90
	+ .25	+ .25 25 x 90	+ .75 - 25 x 90
#8	2 Exo	2 Exo	2 Exo
#9	4	4	8
10	5/1	8/5	16/14
11	8/6	6/5	9/5
12	X	X	X
13	4 Exo	7 Exo	4 Exo
14A	- .50	+ 1.50	+ 1/50
	- .50	+ 1.50	+ 1.50
15A	6 Exo	11 Exo	7 Exo
14 B	- .25	+ 1.25	+ 1.25
	- .25	+ 1.25	+ 1.25
15B	4 Exo	10 Exo	10x0
16A	X	X	X
16B	5 / 1	9 / 7	40 / 30
17A	X	X	X
17B	12 / 8	15 / 12	24 / 16
18	X	X	X
19	6 6 6 1/2	6. 6. 6	6. 6 6
20	- 2.25	- 3.25	- 3.50
21	+ 2.25	+ 2.25	+ 2.50

In recent years I have given you the results of my search in literature on the subject of Migraine. Recently there have been reports on the results of prolonged occlusion, base in prisms and red tinted lenses. This at best is only crutch treatment. Improvement in some cases would be expected. Today I want to reiterate, continue Syntonics until normal convergence ability has been established. This is information which came to me the hard way.

Another reason for presenting this case is the opportunity to emphasize the element of time. We must weigh the task to be accomplished with the time required. For some reason the writer is of the opinion, that as a rule we expect too much in too short a time. In our Basic notes no reference is made to therapy cases. (1) You will note in record # 2 after the applications had been given daily for 21 days that nothing would have been accomplished had Syntonics been discontinued at that point. Note that # 10 & 16 were still quite low, and Migraine case is ever relieved until these two key findings reach the normal expected. (2) When they do the remainder will fall in line which is indicative of complete comfort and that the migraine has vanished into thin air.

I am of the opinion that the majority of Syntonists use the OEP technique in recording their findings. It is an orderly routine giving us a lot of information at a glance. (3) Briefly we will again refer to our case. In #1 you see a complete breakdown in trick skills operating to maintain binocular vision. In #2 you see a move in the right direction. In #3 you see evidence of a completed and beautiful recorded picture. This was accomplished with Syntonics and nothing else. "We have altered, normalized and structured the space lattice of space world thereby normalizing the visuals skills as shown by the case study records." (4) It was not my intention to appear on the program this year. However, when the above problem was completed, I became enthused and finally decided to record the experience. It is a record showing clearly how a warped visual organism will move from the abnormal toward the normal by the exclusive aid of Syntonists. It is information which may be of value to some of our members. While the value of selected light frequencies in optometry has been established, practitioners all too often point to some spectacular achievement, boarding on the fringe area, rather than the demonstration of real Syntonic values. We should rejoice in the knowledge that we can normalize ocular skills and give lasting and comfortable vision. We need not point to any particular improvement, but we can be comforted and sustained in the knowledge of accomplishments as I have shown today.

In conclusion let us analyze the reasons for taking up your time with another migraine record.

1. It is additional information for the College records.
2. To illustrate the tremendous changes taking place in the visual organism from the application of Syntonics.
3. To show the necessity of revising our thinking relative to the element of time in the practice of Syntonic Optometry.

In treating migraine cases I would not be too much concerned with what the patient tells you about the absence of pain - - - watch the case findings. Your work will depend upon the cooperation of the patient. If a migraine cannot come to your office for a minimum of three months, do not accept the case.

During the preparation of this paper the thought would come to me quite often. Possibly I m just whistling in the dark, I have not seen Mrs. M since April 26th. Then I would be confident that she is all right. To my great surprise she walked into the office as the last page was being written. Now an anxious moment. She said "I am all right, no headaches". She just wanted to pay on her account. To say that the writer was happy is indeed an understatement.

Actually we are engaged in a specialized field which is without limitations, and I hope that the day is not far distant when we will forget about the "yearly gross" and be ever mindful of our responsibilities toward the most important person, - - the patient in our chair. As time goes on and the shadows lengthen relative to our useful activity, may we yet see a reawakening in the minds and hearts of men and a desire to create an honored place in the professional world.

Respectfully submitted.

E. C. Scott, O.D., F.C.S.O.

References.

- #1. Basic Course, Dr. H. Riley Spitler
- #2. Optometric Extension Program
- #3. Dr. A. M. Skeffington in Seminar
- #4. Case Report Analysis, Dr. Donald J. Mayer.