

AN EVALUATION OF SYNTONICS

Albert K. Burghardt
New York City

An evaluation of Syntonics – that phrase suggests an estimation of worth. In my mind syntonics needs no estimation – its' worth has been shown. All that remains for me to do is to give a statement of its worth with some basic facts as have been made evident in my practice.

I wish to emphasize that this statement of worth was formulated from clinical data, rather than laboratory, gathered in the routine of optometric practice. Those who have a broader outlook on the horizon of syntonic practice must know, as I feel, that expressions are in the minds of all syntonists as they must eventually be in the minds of all optometrists.

Before considering actual work with syntonic light frequencies I would like to point out other pertinent facts. The study of syntonics has led to a more acute technique of analysis of the patient. Before syntonic knowledge was available the patient phoned or personally visited the office and stated that he thought his eyes needed some attention, or that he thought that glasses were needed. That preliminary over, a correction was derived and prescribed with the hope that only a visual or muscular defect was present and that the symptoms would soon disappear. The eyes and they alone were being considered.

To be sure, when studying optometry, we were taught that pat phrase “the eyes are part of the body” – but the true connection was never shown. Now a patient, before the eyes are looked at, is evaluated physically and mentally in terms of endocrinology, neurology, physiognomy, and anatomy. Even with those patients not treated syntonically, does this not enable the optometrist to perform a greater service to those whom he treats?

Another point to be considered is the time element involved. Other allied professions have long had means of relieving the presenting symptoms in short periods of time. The optometrist – and his patients – have had to wait days or even weeks before achieving the desired results. Now, however, syntonic knowledge has enabled us to render an increasing greater service to our patients by the relief of pain and certain other symptoms with ocular manifestations, in our own offices.

In my own practice syntonics has been perhaps of greatest value in the treatment of amblyopia. I say this on the basis of the attitude of the patient when the desired results are achieved. Most amblyopes at one time or another have been told, “the nerves are almost dead, the eye has the best vision possible with the present correction”; or vaguely “wear this occluder over the good eye to exercise the poor one, vision may then improve”. Is it not of the greatest value not to be able to say to the patient that in such cases by the application of specified syntonic frequencies visual improvement is achievable in sixty or seventy percent of these cases?

I do not need to evaluate the effectivity of the syntonic technique in the light of the following case of amblyopia and what the results would mean in later years to the child concerned. The boy was a bright

young fellow of seven and one half years. As to type, he could be classed as an asthenic. His right eye was essentially normal, with a shade less than one hundred percent vision. However, the left eye had only ten per cent. With a corrective lens of $-0.50-63.00 \times 75$ vision could be increased to thirty-three per cent.

Syntonization was carried on for three months during which time he made twenty visits. Using alpha delta flashing the visual acuity jumped to fifty percent after two syntonizations. The correct vision was then gradually brought up to about nine-two percent by the tenth visit. The progress of the uncorrected visual acuity was odd at this stage and worthy of note. Remembering the correction – the uncorrected visual acuity itself reached ninety percent at the thirteenth visit. The boy, being bright, was not permitted to use the same test letters but was checked on several different sets. However, this amount of uncorrected vision was considered abnormal with the visual defect known to be present. Hence, it was not surprising that the uncorrected vision decreased to fifty per cent – although the corrected vision maintained itself at ninety-eight per cent---. One year later the vision was ninety-five per cent.

Ocular pain and its treatment has long engaged the attention of the optometrist. Simple visual defects were in themselves easily accounted for and corrected. However, ocular pain was another matter entirely. Would the correction of this low degree of astigmatism relieve the pain? Would the application of orthoptic principles to that set of muscles which seem to have a slight imbalance relieve the pain? The answer, necessarily vague in our minds, was, “it might – eventually”. That was not enough however in the light of the fact that other professions which treated bodily conditions had methods of relieving pain in short periods of time. Would we, as optometrists, have realized and appreciated the value of a method of relieving ocular pain in our own offices? The answer is obvious, and sytonics has supplied the means.

Who among syntonists could not reach among his records and find the case of Mrs. G. B., asthenic type, age forty-three, who visited the office for ocular treatment reporting that daily frontal headaches had been occurring for the past several weeks. A slight but necessary change was found in the lens prescription. However, there remained the headache, which was present at the time of the examination. Was it necessary to go out on a limb by saying that in the examiners opinion the change of lens might relieve the headaches after wearing it a few days? Not any longer - a suitable sytonic prescription was available. This was given with immediate results, the patient leaving the office with no headache; and when seen a week later reporting that no further headaches had occurred.

Let us now consider photophobia which is often accompanied by blepharitis. Customary optometric practice offered little or no help to the sufferer. To be sure this patient, in your office, mine, or that of any other optometrist, could be given a crutch so to speak. If the case were bad the correction would be prescribed in a very dark tint. If it were a mild case and the patient could meet the expense a weak tint would be prescribed for specific use. Those procedures would as we know reduce the effect but leave the cause of the disturbance untouched. Did we not feel that a method of eliminating the cause of photophobia would be of value to us – above all, value to the patient?

Take as an example a given case: Mr. H. C. a boat builder, had been a patient of ours for more than six years. His complaint was always the same – that of light intolerance. All of his ocular corrections of low

compound hyperopic astigmatism were made up in a dark tint. Even though, this vision was painful in daylight. Early in 1938, the opportunity was presented to acquaint the patient with the Syntonic technique. It was necessary to set about correcting the alpha-omega pupil and the condition of photophobia. The syntonic prescription was N/L alpha omega, later followed by epsilon. Upon completion of the first six visits the patient was told to try leaving his glasses off while in the sunlight to note the results. He reported that this could be done with comfort on all but the brightest days. The pupil after several more visits held seventy to eighty seconds. A total of seventeen visits were made by the patient before the case was dismissed with very satisfactory results.

The specific cases cited above and the compilation of results in the table of about one hundred cases handled syntonically that follows forms the basis of my own evaluation of syntonics. Those cases are listed as they presented themselves for treatment, with no selective attempt being made, and would be a cross-section of a similar group of cases treated by any other syntonist.

<u>Case No.</u>	<u>No. Visits</u>	<u>Type of Case</u>	<u>Results</u>	<u>Complete</u>	<u>or</u>	<u>incomplete</u>
101	20	Amblyopia	good	x		
102	13	"	"	x		
103	23	'	none	x		
104	2	conj. Amb.	-----			x
105	3	Lens opacity	partial			x
106	92	" "	"	x		x
107	29	Amblyopia	good	x		
108	9	" toxic	partial			x
109	39	" conj.	"	x		
110	7	Corneal Opac.	none			x
111	13	Lens Opac.	none			x
112	21	Asthenopia	good	x		
113	33	Amblyopia conj.	"	x		
114	26	" "	partial	x		
115	13	"	none			x
116	7	Hyperthyroidism	good	x		
117	6	Amblyopia conj.	none			x
118	5	"	"	x		
119	9	"	partial			x
120	5	Asthenopia	good	x		
121	66	Amblyopia	good	x		
122	50	"	partial	x		
123	4	" conj.	"			x
124	6	High myopia	none			x
125	2	Inflammation	good	x		
126	1	Headache frontal	"	x		
127	1	" "	"	x		
128	1	" supra-orb	"	x		

<u>Case No.</u>	<u>No. Visits</u>	<u>Type of Case</u>	<u>Results</u>	<u>Complete</u>	<u>or</u>	<u>incomplete</u>
129	4	Sinusitis	partial	x		
130	1	Headache fr.	good	x		
131	1	“ supra-orb.	“	x		
132	1	“ fr.	“	x		
133	2	“ “	“	x		
134	2	Stye	partial	x		
135	2	Headache fr.	good	x		
136	3	Cataract	_____			
137	31	“ and aphakia	good	x		
138	44	Amblyopia	“	x		
139	3	Stye	“	x		
140	5	Inflammation, local	“	x		
141	-	- -				
142	34	Amblyopia	partial	x		
143	1	Inflammation	good	x		
144	29	Amblyopia, opacity	none	x		
145	15	Prog. Myopia control	pending	x		
146	--	-----				
147	1	Headache frontal	good	x		
148	1	“ “	“			
149	32	Amblyopia	“	x		
150	25	“ and opac.	partial	x		
151	4	Asthen., Hypertens.	“			x
152	21	Hyperphoria	good	x		
153	4	Headache over L. ear		x		
154	2	Asthenopia	“	x		
155	3	Asthenopia		x		
156	6	“	“	x		
157	4	“	“	x		
158	8	Chalazion	“	x		
159	1	Headache frontal	“	x		
160	5	Amblyopia	partial			x
161	1	Pain in OD	good	x		
162	2	Asthenopia	partial	x		
163	4	Easily tired eyes	good	x		
164	1	“ “ “	partial	x		
165	1	Headache-frontal	good	x		
166	11	Hypertension	partial	x		
167	14	Prog. Myopia Control	good			x
168	15	“ “ “	good			x
169	2	Headache vertical	“	x		
170	11	Conjunctivitis	good	x		
171	17	Photophobia	“	x		

<u>Case No.</u>	<u>No. Visits</u>	<u>Type of Case</u>	<u>Results</u>	<u>Complete</u>	<u>or</u>	<u>incomplete</u>
172	14	Amblyopia	partial	x		
173	4	Lens opac.	neg.			
174	7	Conjunctivitis	improved	x		
175	--	----				
176	9	Photophobia	good	x		
177	3	Headache over ear	none	x		
178	29	Lens, opac.	good	x		
179	4	Headache	"	x		
180	10	Prog. Myopia Control	pending			
181	2	Headache-hypotension	good	x		
182	15	Prog. Myopia control	-----			
183	2	Asthenopia	good	x		
184	3	Prog. Myopia control	----			
185	5	Photophobia	good	x		
186	44	Lens opac.	partial	x		
187	17	" "	"	x		
188	1	Pain in OD	good	x		
189	37	Lens in opac.	partial	x		
190	10	Amblyopia	"			x
191	25	"	good	x		
192	13	"	partial	x		
193	23	"	good	x		
194	--	"	----			
195	19	"	partial	x		
196						