## **SYNTONOGRAM**

Vol 24 Number 6 November-December 1961 Copyright 1961 by the College of Syntonic Optometry

## THE FORUM

To continue writing about Migraine may not be interesting to many of our members; still feel that I am duty bound to keep the record straight. You will recall that about ten years ago I started to collect information on this subject, confining this to patients who came to my office. You will recall also that I have stated the there is an unmistakable sequence of OEP findings which identifies the true MIGRAINE. However, there are exceptions to this self applied rule. I recall two such cases. One came in during 1953 and the other reported in 1961. In both cases the headache was just as severe, but the case findings did not run true to form. I gave up on the 1953 patient, but hold everything, this has happened. A few weeks ago a lady came in for some repairs. She said this, "I m the one you treated for Migraine without beneficial results. Sometime after treatment was discontinued my headaches became less severe. This continued with the headache less frequent and not so severe. The headaches and pain stopped entirely and I have been very happy, thanks to you. So this is a case I had on the wrong side of the ledger. That reminds me — I think she failed to pay.

The Rx used was N/L 3", A.V. 6", Delta Upsilon 5", Delta Omega 5", S N 8".

The following case is interesting. A lady came in with this complain. There is a hard lump in the middle of the lower lid and there is inflammation on the inside. I sent her out. A short time later her husband came in and had this to say. Why did you send my wife out today when you took care of a similar condition a few years ago? My first concern was the inflammation. Then several inhibitory applications followed by a rocking procedure. The lump, tumor or it can be called the blocking of a mibomian gland, is greatly improved. A sty is easy compared to these cases.

If you are interested in these cases write to

The old Forum Editor