A response to the research paper “C**hanges in the Brain Activity and Visual Performance of Patients with Strabismus and Amblyopia after a Compete Cycle of Light Therapy”**

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Kudos to the investigators! I would love to see more discussion about this research, as well as further studies, of course.

For the SA subjects, there appears to be a definite increase in Alpha for those with the lowest starting levels, but a lesser and mixed change in Alpha for those with the higher starting levels already. There may be a relationship between the Alpha rhythm measured in the CNS and the resting rhythm of the extraocular muscles, since that rhythm is 10 Hz as well. Some think that the EOM signal is broadcast through the brain via the ventricles to help entrain and synchronize neural activity cycles... This could mean that syntonics restores biocommunication between the EOM (oscillating the retinal dipole, which is the strongest tissue dipole in the body) and the cortex via the ventricles when this is blocked in the SA population...

What is the definition and interpretation of "low voltage" and "high voltage"? There appears to be a qualitatively different relationship between low and high voltage before syntonic treatment for subjects with the lower levels of low voltage (below 2) versus those with the higher starting levels (above 4). This qualitative difference seems to normalize after Syntonics... I wonder if there was any relationship between the degree and direction of tropia vs any of the parameters measured.

I would love to understand more about these voltage measurements, as Spitler measured the strongest organ to organ electrical dipole voltage in his frog experiments between the brain and the liver. The liver meridian, which is a direct current channel, travels up the optic nerves to the eyes. The eyes function as the photovoltaic panels that charge the brain with free electrons to sustain its normal negative charge relative to the electropositive charge of the liver. When the liver is stressed by excess toxicity/acidity/electropositivity that affects the CNS and vision through its electrical polarity with the brain. When the liver's filtering function fails to prevent the toxins from entering the systemic vasculature, it falls to the kidneys to filter out the toxins and excess protons. In oriental medicine, the kidneys (Water Element) govern the nervous system (Brain = Sea of Marrow), as failure of the kidneys to maintain clean blood exposes the brain to toxic blood (electropositive/acidic). This is likely a main trigger for esotropia. The medial rectus has the largest cross sectional area of the extraocular muscles. When striated muscles become acidic, they tighten. The eso-exo swing into exotropia can be a later decompensation, when toxins penetrate into the intracellular space, blocking metabolism. Cellular respiration produces acidity, so if the cellular energy utilization decreases, pH can then swing into the excess alkaline range, and muscle tone can become lax. The same continuum is seen after death, when rigor mortis (excess muscle tone) develops initially with local acid production and accumulation, which then degenerates into muscle laxity as metabolism stops completely. In therapy, the reverse is sometimes observed as an exo moves through a phase of eso in the process of resolution.