FILTERS

α ALPHA*

To overcome weak reaction to stimuli.
To irritate the cerebral sensories.
To overcome ocular effects of local pusstuals(stye, after it comes to a point, use L- 10 minutes.)
It is a sympathetic stimulant.
A general irritant.
It is seldom used alone.
To increase the ability of the Optic nerve to react to retinual stimuli.
To decrease ionization in the retina.
To build up increased potential on the retina.
To increase sensitivity of periferal field.
To irritate cerebral center and induction paths.
To increase cerebral perception of retinal stimuli.
To reduce pressure in eyeball local pusstual such as styes after pointing.
It is a sympathetic stinuli, left hand column.
To secure general sensory irritation.
Try for amblyopia.
Use to build amplitude of accom. in Myopia.

αδ ALPHA DELTA -Asthenic ALPHA THETA-αθ -Pykmic

To stimulate both motor and sensory activity.
To increase the activity of both sides of reflex arc.
Use for amblyopia.
Try in optic nerve atrophy.
Aid ocular function if impaired by intestinal toxemia or gas.
Caution:may cause vomiting if there is fermenting food in stomach.
Try for cataract in Hypo-thyroid cases.
Aids visual functions if thyroid is under-active.

Cyndrom--under active thyroid.
Mental dullness.
Stuporous expression on face.
Slow response to instructions.
Gain in weight.
Dull,puffy facial expression.
Slow pulse.

Use it for low reserve in male.
May aid erratic ocular impairment if due to kidney involvement, if found ophthalmoscopally.
Try it in sub-oxidation cases to correct ocular departure from normal.

A. Diabetic.
B. Asthmatic.
C. Blue sclera in children.

Rapidly increases blood oxidation.
Neutralize αω effect if it causes asthma in pyknics. If return with pain use αδ. or αω
Try for sub-normal accommodation including myopia.
May aid in removing calcium in ocular media.
Avoid these combinations after 2 P.M. if possible.

$\alpha\upsilon$ ALPHA UPSILON *Asthenics ALPHA PI $\alpha\pi$ -Pyknics.
A cerebral and mental excitement.
Increase mental interpretation of visual stimuli.
Increase tone and tonicity of all muscles.
Increase tone and blood vessel walls (R.B.P.)
Increase ability of sensory nerves to carry impulses by increasing tension perhaps potential.
Aid visual functions in women.
A. Skinny women with cold hands.
B. Widening hips in mid life.
C. With vertical lines in upper lip.
Neutralizes ocular effect of kidney functions under ophthalmoscope.
Caution: avoid during menopaus.
Use in all low tone conditions.
Use for low reserves in women.
Try for sup-normal accommodation in women.

$\alpha\lambda$ ALPHA LAMBDA
The effects of this combination are like those above but it passes more energy therefore produces a stronger effect.

$\alpha\omega$ ALPHA OMEGA
To strike syntony between the sumpathetic and para-sympathetic.
Motionally and emotions.
Improves the functions of ocular structure by improving circulation to the contents of the orbit.
Use it for low reserve in both sex.
Build snappy recovery after adduction breaks.
Increases break points and recovery points in all ductions.
Try it for so-called fatigue exophoria.
Stabilizes faulty ocular functions if due to excessive nervous irrirability in hyper-thyroid cases.
A. Mental alertness.
B. Quick response to instructions.
C. Rapid pulse.
D. Tremors.
E. High metabolic rate.
F. Loss of weight.
G. May be exothalmus.
For contracted blue fields in heart cases.
Alpha Omega Pupil (take patient into refracti g room, measure pupil and turn on light. If contracts and re-dilates in less than 50-70 seconds.)
Try it as an additional method in progressive myopia if $\mu\upsilon$ fails.

DELTA δ Asthenics THETA θ Pyknics
To increase motor tonicity.
To increase sensory reactions.
To moderately stimulate the sympathetic.
Aids the visual function if impaired by lessened secretion -locally or non-locally.
Try for exophoria.
Corrects ocular disturbances if due to indigestion or costiveness.
Use for low adductions.
Try for hyperphoria not in cases over 4 P.D.
Use for low recovery after abduction break.
Use to prevent scotoma when exudates are observed sub-retinually.
End of left hand column--all rest tend to stimulate sympathetic.

μ MU
Equilabrator for both asthenic and pyknic.
Physiologically balances the para sympathetic against the sympathetic.
Prevents septic condition of conjunctiva following foriegn body emergency.
Lessens cerebral irritation if due to ocular reflex.
Build ocular reserves where the secondary sex characteristics are absent or cross sex.
Aids subnormal accomodation if from Pit.
Use it in conjunction with exercises in esotropic children or exo.
Aids ocular function if impaired by weak circular plain muscles.
Builds general vital resistance of all ocular tissue.
Aids in developmental growth of intra and extra ocular muscles.(Pit.)
Aids in removing calcium from ocular media.
Try it for low degrees of phoria.
Aids bone development, whether under or over developed.

μδ MU DELTA Asthenic MU THETA μΘ Pyknic
To relieve chroniscity of function.
Cyndrom.
Coldness.
Paleness.
Acidity.
Clamminess.
Flascidity.
Under function.
May be used to harden the orbital walls in tropic children.
Tends to alkaline ocular secretions in patients with acidosis.
Use for blue field contraction if blue greenish sclera.
Slight cerebral stimulant.
Use for toxic esophoria.
Use for contracted red and green fields.
Note: may cause gain in weight in children from 9 to 11.
Opposes acidosis of aquis.
Try for diabetic cataract.
Stabilize function and slightly stimulate at same time.
Try for optic nerve atrophy with toxic history.
It aids calcium deposit in bones of orbit.
It may cause expectoration.
Use it for attack of chalazion.

SD
δπ } Similar action to μδ .
δυ

μυ MU UPSILON Asthenic MU PIμπ Pyknic. (Itis)
To relieve or differentiate acute functional activity.
Cyndrom.
Heat.
Redness.
Pain.
Swelling.
Tension.
Alkalinity or (itis).
To over come itching in canti due to eye strain.
Contracts and hardens ocular tissues.
Try for progressive myopia.
Contracts blood vessels if dilated.
Relieves redness and swelling of eyes if due to over use.
Tends to prevent infection in eyes.
Lessens secretions if too free and which may be impairing ocular function.
Over comes excessive ocular acidity if due to alkalosis.

Lessems heat if due to dilated blood vessels.
Use for spastic ocular function in women with too full lower lip.
Try for cortical opascities to improve vision.
Try it for corneal scars.
Use it to increase index of refraction of ocular media.
Use it to reduce pressure of eye ball in beginning of sties.
Try it for small chalzon. $\alpha\delta$ alternated with $\mu\delta$ may cause break.
Try it for ptregium in eye strain.
Over comes excessive alkalinity in aquis humors.
Use it for senile cortical cataract.
End of equilizers.

υ UPSILON Asthenic PI π Pyknic.
Lessens painful vision.
Aids visual functions if impaired by inactivity of sweat glands.
Aids in preserving competent ocular function in vital systemic losses.
Tends to eradicate redness and swelling if due to eye strain.
It lessens sensory transmission.
Decreases retinal sensitivity due to excessive illumination.
Lowers perception by mental and cerebral depression.
Lessens pain associated with vision.
Tends to make para sympathetic dominant,
Tends to lessen secretions if due to excessive sensory irritability.
Increases ionization of retina.
Builds eye resistance to vital losses or para sympathetic failure.

ω OMEGA
A motor depressant.
Try it for tics of ocular origin.
Try for esophoria, and esotropia.
Try for spasm of accommodation.
Slows the heart if it is irritated by ocular disturbances.
Relaxes the blood vessels making them passive.
Relaxes circular muscles.
Greatly depresses cerebral activity, thereby lowering perception.
Tends to effect extra ocular muscles.
Calms and depresses respiration if over active due to ocular reflexes.
Try for nystagmus.
Try for psuedo muopia.
Tends to stimulate the para sympathetic.
Do not use a flasher when seeking a depression.

$\delta\omega$ DELTA OMEGA Asthenic THETA OMEGA $\theta\omega$ Pyknic.
Relaxes tonic muscular spasms.
Relaxes and stabilizes most colonic spasms.
Try it for nystagmus.
Use it for esophoria(flashing) and esotropia (constant) if ω alone does not suffice.
Lessens contraction, ciliary or iris, which may be causing pains, either local or referred.
Use it for apastic ocular functions in male (contraction and holds).
Relieves ocular pains if due to conjestion or contraction.
Depresses vaso motor center in central gray.
Tends to liquidify viscus secretion which may be disturbing ocular functions or causing pain.
Eases local circulation thus eases nutritution.
If $\delta\omega$ fails to relieve ocular pain change to $\upsilon\omega$.
Do not use a flash when seeking depression.

Caution: avoid in pain accompanied by inflamation. Use .

N-Neurasthenic
Has effect similar to those of preceedind combination.
Especially effective in shopping headaches.
Riding headaches with nausea.
Asthenopia with pain in nervous women.
Ocular exercise headache or nausea.
May be combined with if more depression is required.

υω UPSILON OMEGA Asthenic PI OMEGA πω Pyknic.
Depresses both motor and sensory activity.
Lessens activity on both sides of reflex arc.
Depresses secretion of ocular gland which may alter visual functions.
Try for pain in incipient glaucoma in excessive tension.
Try for retinal hemorrhage.
Lessens ocular pain associated with redness and swelling.
Builds ocular reserve against possible infective agents (activates white cells)
If υω fails to relieve a pain or makes it worse change to δω .
Do not use flasher when seeking relief for pain or depression.
Do not use υω for pain during menses. Use δω instead.
If υω causes asthma switch to κθ .

υωD	1.
υωN	2. Similar effect as above, passes no low frequency.
πυ δ	3.
ωN	4.

ωN helps in nystagmus.
End of right hand column.

Lowest.				Highest.
κ	μδ μθ	μ	μυ μπ	υ

When in doubt, stay in, near middle.
Use until you are better acquainted.

Autonomic pathway to eyes.
Para sympathetic from pregangalonic neurons from mid-brain neucleous fibers go by way of the third nerve to cyliary gangleon. Post gangleonic from ciliary body and circular fibers in iris.
Function(1) accommodation (2) pupilary contraction.

Sympathetic pregangleonic neurons from cell in cord by way of cervical sympathetic to superior cervical gangleon.

Post gangleonic fibers by way of internal plexes and cyliary to eye balls.
Function(1) dilation of pupil (2) Exothalmus.

Autonomic of blood cell.
Para sympathetic--the pregangleonic cells in the medulla follow the 7th nerve to the ganicular gangleon.
Post gangleonic fibers along the greater superficial petrocal nerve to the Kerotic artery to blood vessels malengius and brain itself.
Function(1) dilation of blood vessels.

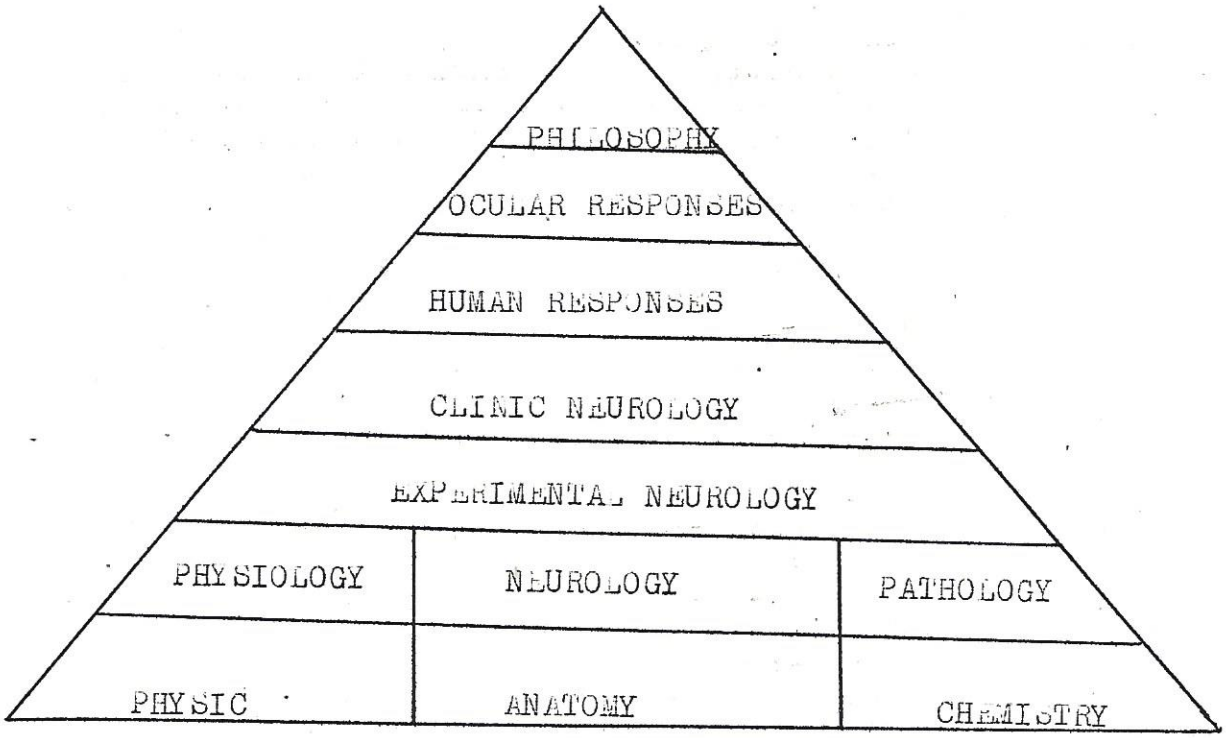
Sympathetic distribution.
Pregangleonic from cells in cord to the stellate and superior cervical gangleon.
Post gangleonic follow the menengial and Korotic to the blood vessel malengius and brain.
Function(1) vasco constriction.

Integrate is to unify action by the correlation of reflexes so that a single purpose is served.
Striped muscle is instant to response.
Plain muscle is slow to response.
Neuromuere is modern name for reflex arc.
A nerve from that receptor to a nerve center with a nerve from that center to an affector.

1. Integration is accomplished at the lower levels, is purely automatic relative fixed but modifiable only with a system in itself.
2. Higher levels.---The nerve centers have power to interpret the in-coming nervous impulses.
   A. Individuality of reaction.
   B. Individuality of leaving.
   C. Perhaps intellect itself.

Below the Level of the Brain we still have these neuromueres.

Differences in tension of a muscle.
1. Static.
2. Slow postural difference.
3. Kinetic tensions of motion. The larger the muscle, the better able to take care of Kinetic tension and the smaller the muscle the less able to do so.



BRA IN SEGMENTATION

(Bernard) Nature thought it wise and prudent to remove these important functions from the caprice from an ignorant will.

Autonomic systems are opposite to each other..

Sympathetic is not necessary. (Could not feed nor get mad nor protect self).

Pupillary findings.

A. Where we have loss of contraction of pupil to light but retentention of retraction with convergence usually indicate injury in mid-brain. Mesencephalon. Argyll-Robertson Pupil. (Syphiletic)

B. Contracted pupil with inophthalmus (sinking in of the eye ball) and loss of sweating and vaso constriction onsame side of face indicate damage or interception of the paths from spinal centers by way of cervical sympathetic. (One-sided pupil have checked by chiropractor.)

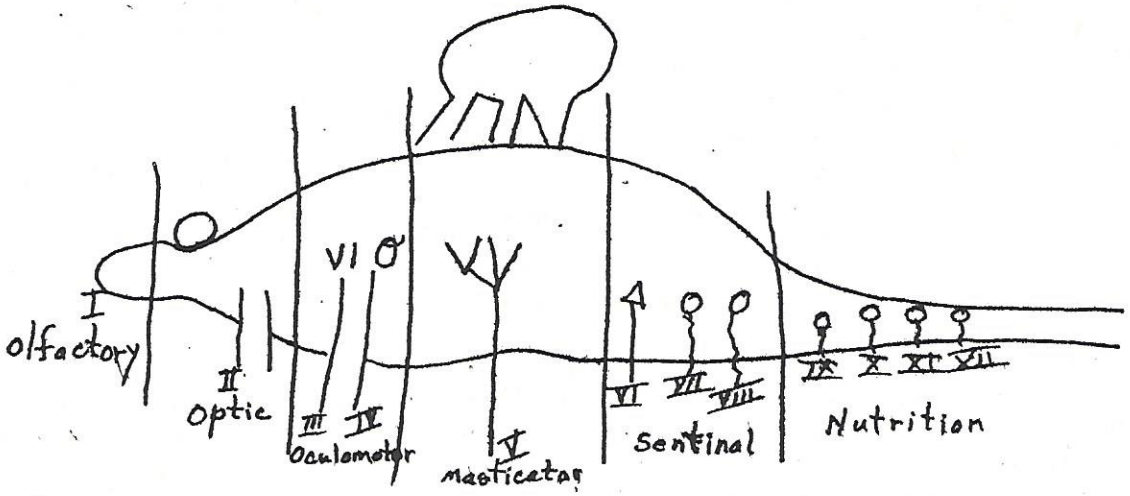
Try pencil idea if pupil dilates. (ours)

C. Wide open pupil on one side with Exppha lmus are found in stimulation of sympathetic or irritative leasons of sympathetic. (Pneumonia on one side and cancer etc.)

D. ∝ω pupil response + cold bluish hands, a blotchy skin with widely dilated pupils before tests indicates dementia preacox. (Schizopherenia)
(Skin may look (white spot and blue spot) of pimply form).

E. ∝ω Similar pupil findings with sweating, excessive skin flushing, shivering, sometimes teeth chattering may mean psychoneurosis. (Not much chance of coming in.)

F. Dilated pupils with cardiac acceleration with dyspepsia sometimes diarrhea with skin. And sometimes dropsie indicates neurosis.



Pathological processes in the brain usually localize in the segments outlined.

Hereditary Biotype.
Structure governs function.
Man's emotions and modes are identical with brutes.
Inner brain controls structure.

Man deprived of his cerebrum would detain
A. Impulses.
B. Have desires.
C. Show emotion.
D. Still possess his temperament.
E. Would lose all restraint.
F. Could not develop character.
G. Could not be civilized.
H. Could not acquire culture.

INSTINCT is an inborn method of behavior. (Is the way you do it, not the urge).
1st law of nature is propagation.
2nd law is preservation.
Acquired, or not inherent, instincts:
1. Speaking.
2. Writing.
3. Convergence.
4. Grasping with hand, except grasping with hand to prevent falling.
5. So called sense of right and wrong.
6. Ethical belief.
7. Manners, at table etc.

As our experiences increase any new experience becomes less and less, due to preform associatin paths.
(Hogard) Age has its decision of the past.
Reactions of any individual are individual to him because it is perceived through his impulses.
Individuality.
Personality.
His innate intelligance.
His ego.
His temperament.
Each experience is his environment as only he alone can experience it
Shape of body, color of hair, color of eyes, and long bone structure are universally accepted as hereditary and fixed at the instinct of conception, if at any other time it might have been different.

The greater the departure structure from normal the greater care must be exercised to integrate his function within the limitations og his biotype.

As soon as you have established an environment that is unsuited to biotype(you are headed for trouble) the more careful you must be.

Points of approach to anthopometry.

Objective sign--
Imitation--
difference between man and animal.

1. Bodily structure and tensions.
2. Facial expressions. Static. Kinetic.
3. Flushing--skin.
4. Paling of skin.
5. Blood pressure changes.
6. Psycho-galvanic reflex. Also used as lie detector.
7. Blood sugar.
8. Body acidity.
9. Baso-metabolism rate.
10. Pupilar responses. Hard to make.
11. Watch Adam's Apple. (Police use it. Upset it is faster, not standard.)

Gonad effect long bones.
Adrenalin effect flat bones.
Under active thyroid usually a delayed 2nd teeth.
Other methods.

A. Physiology and biochemistry.
B. Psychological reaction.
   1. Testing Scales. Basic test.
   2. Objective methods.
   3. Idetic image reaction.
   4. Psychiatric methods. Kemp, Meyer, Walter Reed.
   5. Psycho-analytic methods.
   6. Genetic psychology.
   7. Sociological method.

Two Basic Groups.

1. Short trunk and long extremities(long neck, body has elongated appearance).
2. Long trunk and short extremities(usually has short neck and stout body).

Short chested introvert.
Measure ulna with body. Determines type even in baby.
Asthenic--carnivorous.
Pyknic--evbeberous--grass eater.

ASTHENIC

A. Whole figure, including skeleton, is light.
B. Slender.
C. Skin is soft and delicate.
D. Hair is usually abundant in usual places and may be in unusual places, as back.
E. Tall and slender.
F. Or small and delicate.
G. The head may be proportionately larger.
H. But face and jaw are narrow.
I. Ears are large and prominent, project out and forward.
J. Torso is longer and narrower than so called normal.
K. Lumbar spine is flexible.
L. Thoracics are small size.
M. Lungs and heart are small under x-ray.

N. Stomach is long and tubular instead of pear shape.
O. Stomach attachments are not firm--usually fallen stomach
P. Important, intestine from 10 to 15 feet in length.
Q. Muscle fibers are long and slender, for quick action.
R. Intestine walls are thin, small bore.
S. Arms and legs are slender.
T. Usually have slender feet with high arches.
U. Hands and fingers are long, slender and tapering.
V. If fat is accumulated it is always soft, lost quickly, and indicates poor state of health.
W. Diet should be highly concentrated foods.--Meats and cheeses, carbohydrates cause fermentation and gas.
X. Inductive thinkers, active, changeable.
Y. Quick and nervous in reaction.

Personality responses.
Tend to schizoid (split personality).
Usually keeps to himself.
Serious minded.
Often humorous.
Three general divisions.
1. High strung with sensitive inner self.
2. Cool decision, given to thinking.
3. Queer, dull, lazy.

Tendencies sociologically.
Literary types are romantic.
Extreme pantosis or horror and suffering.
Extreme formalist.

Scientific.
Extreme logition--everything logical.
Systemates--systematize.
Meto-physician.

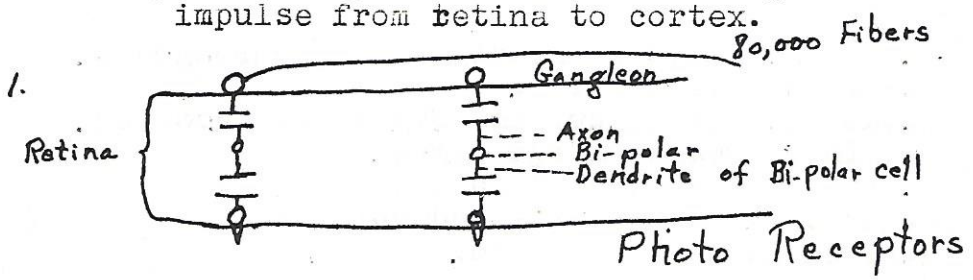
Leadership.
Pure idealist.
Despots and fanatics, dictators.
Cold, calculating.

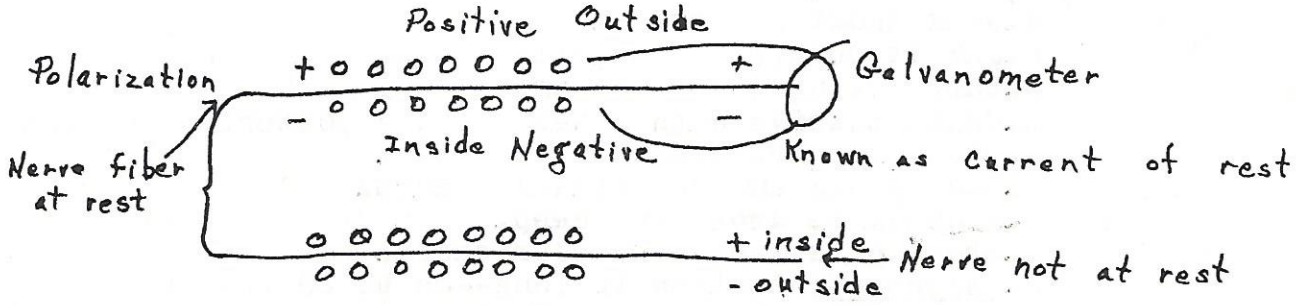
PYKNIC TYPE

A. Body is built on heavier lines throughout.
B. Skeleton is heavier.
C. Muscles are larger and fibers are coarser.
D. Skin is rough, large pores.
E. Skanty hair on body and lost early,
F. Excessive fat inside and outside.
G. Flesh is hard and firm.
H. Head is round and wide.
I. Face is broad.
J. Neck short and thick.
K. Jaw is square and heavily round.
L. Ears are usually flat and small.
M. Chest massive both laterally and posterior and anterior.
N. Shoulders are broad and massive.
O. Body broad and relatively short.
P. Abdomen is broad and deep.
Q. Stomach is large and pear shape.
R. Important Intestine is long--25 to 39 feet.
S. Large omtestine 5 to 8 feet--normal about 4 feet.
T. Joints lack flexibility.
U. Legs are large.
V. Knees are straight and tend to be knock-kneed in women.
W. Feet are broad compared to length.
X. Arms are heavy and attached back on shoulder.

Diet--Carbohydrates, cellulose or vegetable, should go sparingly on protein.
Mental processes.
Deductive, slow and persistent.
Personality responses.
Cyclythyme.
A. Open-hearted.
B. Sociable.
C. Good natured.
D. Interested in external world.
E. Usually hilarious and fun loving.
F. May be given to sorrowful oppression.
G. Three divisions.
1. Cheerful type.
2. Realistic and practical.
3. May be depressed and sad and melancholy.
Sociological.
Realist--may be humorous, usually dry.
Scientific.
Usually impressionist(so it works).
Leadership.
Tough, pushful.
Or happy spirit organizers.
Mediators.

Basic principle of nerve exitation and conductive.
Responses of eye.
1. Stimulation with detail required in focus.
2. Changing the light either increasing or decreasing accommodative activity as identical changes.
3. Ametropia not exceeding 2.2 can be corrected by a filter.
4. Effects of radiation upon
A. Transparency of media.
B. Index.
Responses of photo substance to light and transmission of impulse from retina to cortex.





Current of rest is a flow of plus from outer wall and negative on inner.
State of polarization is when it moves down and inside becomes positive. Depolarization and results from the break down of the permability of the fiber.

The Refractor Lag between Depolarization and Repolarization sigma .001.

In some conditions is from 1σ to as high asσ.

Methods of detecting impulse along nerve.

1. Mono-phasic recording. (Done on Galvanomotor).
2. Di-phasic recoraing. (1 sine wave).
3. Tri-phasic recording.

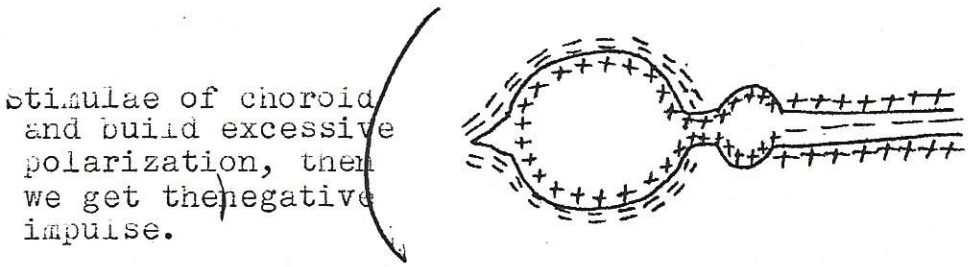
Experimental methods for stimulation of nerve fibers.

1. Galvanic.
2. Pressure.
3. Chemical.

Rio base is the minimum voltage which will produce an impulse when the time is extended indefinitely.

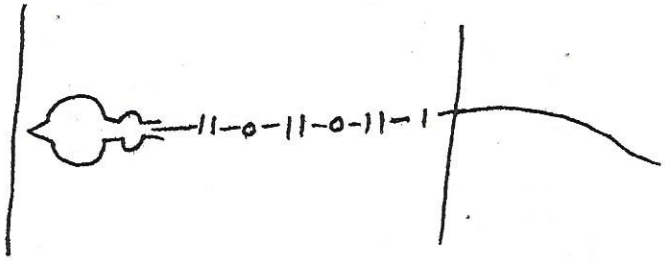
Chronaxy is found by doubling the voltage of the Rio base an. finding the minimum duratin of the stimulation which will produce an impulse.

PHOTO RECEPTOR



Stimulae of choroid and build excessive polarization, then we get the negative impulse.

CROSS SECTION OF RETINA



Peculiarities of the synapse.

1. Delay (not direct polarize across).
2. After discharge.
3. One way conduction.
4. Temparal summation.
5. Spatial summation.
6. Inhibition.

(Delay) Lag between the receipt of impulse of one side of synapse and the
(Soup Theory) continuation on the other side of the synapse.
The chemical mediator).
All or none. Synapse is made up of a large number of fibers and take a longer time to load them up so current can cross.

Temporal summation may be the receptor of several after impulse may stimulate as afferant impulse where one will not.

Spatial summation when two or more paths reach the same synapse, sometimes called a reinforcement of a synapse. That is what we do in nascentization.

Inhibition is the possibility of interference between two patns i there is a greater frequency in one path.

Muscle Physiology.

Striped Muscle--as a function is used just so it develops.

Three kinds of muscle contraction.

1. Concentric--when muscle shortens the belly thickens and the end approximate at the same time.
2. Isotonic--muscle contracts, belly thickens but the ends do not approximate. (Plain muscles always that way).
3. Excentric--muscle thinning of belly and ends separate.

Over contraction of a muscle makes a permanent shortening.

The muscles remain the same length in Isotonic but with an increase of toxic products with use.

Continued an Excentric excess, eventuate in a permanent lengthening of a muscle.

Rest of a striped muscle is far more important than activity.

1. To restore response.
2. To completely eliminate the end product of activity.
3. To give length an opportunity to interchange and exchange waste products.
4. Food and oxygen.

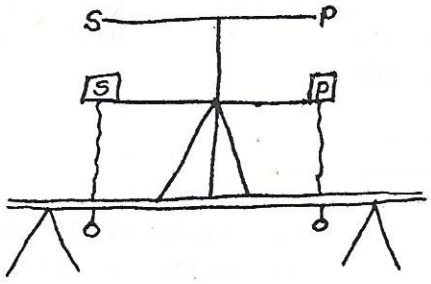
In treatment.

1. Give all muscles that are involved or are going to be involved, not over 30 seconds of movemants in all directions that they are capable.
2. Comtract the muscle which you wish to shorten to its maximum.
3. Hold it there.
4. Slowly relax it to its position, never let it go beyond its isotonic position of rest.
5. Never do it more than 5 or 6 times at a session and then
6. Rest 3 or 4 ~~or~~ 5 days.
7. Begin a slight concentric session of it antagonistic in order to prevent excentric elongation.

The concentric contraction should never pass the exotonic position of rest.

Because a muscle tends to stay in the position in which it was last used.

The more you know the more you can do with what you have.



Brain is most helpless.

Has no power of storing food.

Does not heal.

Dependent on rest og body for food and oxygen.

When food and blood stop, it stops.

Cut off from cerebrum it is unconscious.

Mental troubled are not in brain, but in nervous system as a whole (Except degenerative case, syphilis.)

Social neurotic.

Anti-social neurotic.

Neurosis is low grade of atrophy.

Normal person has symptom of neither column.

Dreams are exaggerated, magnified, disguised fulfillment of wishes.

Sugar.
Adrenalin.
Blood pressure is up.

Punishment should be immediate and fixed to the crime.
We raise neurotics between the ages of 1 and 6 years.

L,J,H,V,S Male M-or N Female

Most powerful thing is symbol as long as we don't know what they mean.
Male Female Male and female.
Substitutions for a symbol cause trouble.
Things that cause complexes.
1. Suppression of unpleasant things, fear, pain, humiliation, dastasteful, lack of sex teaching, at time of fear laughed at, if you don't pay.
2. Family quarrels (the child becomes vasilator).
3. The ability of humans to imitate.

Neurosis is a morbid expression of a craving, not consciously recognized.
1. Suppression.--Conscious of cause.
2. Repression--unconscious of cause. (Sick head-ache in women, cause is inside).
3. Compensation--heckler, exhibitionist, bluffer.
4. Regression--reverted to some child-like action.
5. Disassociation--hallucination, split personalities, cycopaths.

Diagnosis is not essential, but what he is trying
A. To do. (Neurotic is an inferior, or thinks he is. Caused
B. To have done. by the don'ts and prohibitions of parents. They
C. Why. should be in the positive instead of dont's.)

Let child solve his own problems in his own way.
The neurotic takes shortest cut through. It depends on glandular setup.
Lesser degrees.
1. Amnesia-loss of memory. (Did it trying to get away from something
2. Aphasis-lossof voice.
3. Stammering.-Only on starting can it be cured by getting them to know what they are going to say).
4. Blindness-scared.
5. Globe trotter.
6. Drug addict. (Dipthomaniac).
7. Alcoholic.
8. Heart trouble.
9. Rheumatism. (Average.)
10. Ansomia.
11. Gastric pain.
12. Fainting. (Never hurt themselves).
13. Homo sexuality. (Glandular--can be cured. Hereditary--cannot be cured.)
14. Impotent.
15. Fragility.
16. Memories.

He has it because it is an asset to him.
Advantages he gains by it.
1. Short cut to power.
2. Line of least resistance.
3. He gains sympathy.
4. Protects his ego.
5. Protects him against humiliation of failure.
6. Insures exaggerated credit for accomplishments.
7. Gain scapegoats.
8. Enables them to get even with people. (Spends money beyond her husband's means.)
9. Frigidity.

11. Vaginius. (Pain around vagina.) (Come in, can't focus.)
Neurosis has its roots in dissatisfaction.
Constructive and destructive.
Truth hurts until you get used to it.

Striatial involvement and para sympathetic nerve involvement.
Corpus striatum involvement. (show 5.)
1. Muscular rigidity.
A. Constantly present.
B. Muscle firm, tense and resists passive motion.
C. Extremities are usually flexed.
D. Head is bent forward on chest.
2. Tremors.--May be fine or coarse.
A. First symptom observed.
1. Non-intentional tremor.
2. May be intentional.
B. There are about 6 contractions per second.
C. No tremor during sleep.
D. Tremor, worse under emotional distress.
E. Clonic contraction under facial muscles and lips.
3. Showing upon voluntary motion.
A. Slow, irregular and limited motion.
B. Clumsy hand movements.
C. Weakness of lips, soft palate, sometimes vocal cords and tongues.
D. Lack of desire for voluntary movement.
4. Emotional expressions are lacking.
A. They have a mask-like face.
B. Emotional movements are very slow, if at all.
C. Usually have emobile face and ocularly disorders of of conjugat horizontal and vertical eye movements.
D. Third nerve--ordinarily the only symptom of the diplopia.

ara sympathetic
3,7,9,10,11 nerve.

Failure to move eye usually gives you the nerve involved.
5. Nystagmus.
A. Both eyes move in unison.
B. Movement is lateral , very rarely vertical.
C. May have a vertical component under damaged cerebellum.
D. May have a totary component if vision is poor in one eye.
E. Ordinarily it is not present when eyes are in their position of rest.
F. When eye upon voluntary movement.
1. A quick jerk in the direction of intended movement followed by to a slow phase of turn toward the position of rest.
2. Total blind (Conjenital) eye have rolling nystagmus. (Hypo stimulus here.)

Ptosis (3rd and sympathetic nerve.)
A. Pseudo Ptosis.
1. Narrowing of palpebral fissure.
2. Inophthalmus on that side.
3. Contracted pupil on that side.
4. Absence of sweating on that side of face and neck.
5. Vaso-dilation of blood vessels on face and neck of that side.
6. Pinching skin on neck on that side does not dilate pupil. If it does it is sympathetic..