

# William Henning on Ductions and Phototherapy

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Dr. Henning was a contemporary of H Riley Spittler. They were rivals. Like Spittler, Henning was a pioneer in ocular phototherapy. Both of them wrote books, taught courses, had a following and invented and sold phototherapy devices. Both were holistic, they looked at vision as part of systemic physiology. Henning called his approach Chrome-orthoptics. It combined therapeutic lenses and prisms, orthoptics and colored light therapy. Spittler and the College of Syntonic Optometry won the day. Henning's chrome-orthoptics faded away and we lost something, too. Fortunately his writing survives. (See below.) This article covers a tiny part of Henning's approach, an appetizer to make you crave more.

According to Henning: "The combination of color and orthoptic therapy sets in motion a train of psychophysical changes that result in a redistribution of energy. This harmonizes the ocular pattern but it does not stop there. These changes are transmitted to all parts of the body, and unless the condition has progressed beyond certain limits, the body will correct itself. The fact that various physical conditions are associated with definite ocular syndromes does not mean that the physical condition is being treated. The general improvements that often follow the reconditioning of a pair of eyes is attributed the elimination of obstacles that interfere with the compensatory and rebuilding powers of the body."

"We must, however, recognize the limits of the body to readjust itself. Therefore, determine as near as possible whether or not there are any physical disorders with which the body is unable to cope without the aid of a physician. The indications in the analytical routine usually give us sufficient data

for intelligent questioning and when we know the common symptoms associated with various physical disorders, we are in position to draw fairly accurate conclusions."

For some patients the cause and treatment will be clear, but other cases require more subtle or complex analysis. Symptoms can mask the underlying pathology or missing data make definitive diagnosis impossible. The important thing is to be aware that visual signs and symptoms are not necessarily primary and we must learn to think outside of the ball, so to speak, to find the best treatment.

## DUCTION RECOVERIES



Dr. William Henning

Duction recoveries were very important in Henning's approach. He states that whenever all (in, out, near and far) ductions are low, the individual is chronically ill whether they know it or not. These patients could immediately be referred to their physician or given a few treatments of RED-INDIGO ( $\alpha\omega$ ) and ductions re-tested. The assumed cause was emotional if recoveries increased but if not, retention of waste products was considered and the color changed to YELLOW-GREEN ( $\mu\delta$ ). If the patient still shows no improvement, he would be referred.

Low base-out recoveries (near and far) suggest past or present pelvic problems: sex organ malfunction, genitourinary tract, thyroid gland. RED-INDIGO ( $\alpha\omega$ ) was indicated for low base-out recovery. Henning also considered RED-INDIGO ( $\alpha\omega$ ) the emotional stabilizer. The emotions being closely related to the reproductive organs, emotional upset (irritability, hypertension, rapid

heart, hyperthyroidism) often accompany pelvic disorders. Emotional disturbances may be due to financial worries, a disappointment in love, bereavement, mismating, nagging, poor self-image, brain trauma, etc.

This week I was reminded of how much my optometric thinking has been influenced by Henning. I was explaining to my 20 year-old patient, and her mom, the results of her initial vision exam. What stood out in her analytical were very low base-out recoveries (zero) and, according to Henning, this finding indicates sexual or pelvic problems possibly related to emotional disturbance. When I mentioned this, the two women looked at each other in amazement. The medical history had indicated a psychiatric disorder for which she was taking two anti-psychotic medications but I hadn't asked her about menstrual problems. She told me that she thought that hormonal disturbances around her period were causing her psychiatric problems but her psychiatrist always ignored this suggestion. She and her mom were impressed that this was revealed in her vision.

RED-INDIGO ( $\alpha\omega$ ) was used to raise lowered responses in the involuntary system (reduced accommodation and pupil responses) associated with emotional upset. RED-INDIGO ( $\alpha\omega$ ) was also indicated when the minus lens to blur at near is low relative to plus. If the low base-out recovery findings did not immediately come up after a few sessions, the case was not amenable to chromorthoptic training alone. If the weakness were due to a focal infection, the patient might feel temporarily relieved but the low findings would persist.

Low base-in recoveries at both far and near suggested metabolic, nutritional disturbance; gastric, renal, hepatic congestion, caused by stagnation or retention of waste products due to overeating, insufficient rest, or other forms of abuse. YELLOW-GREEN ( $\mu\delta$ ) was prescribed for low base-in recovery. YELLOW-GREEN ( $\mu\delta$ ) was thought to eliminate excess waste by stimulating increased flow of secretions, greater motor activity (convergence) and improved oxidation.

Emotional stress could also cause waste retention because it might also retard abdominal circulation and general metabolic processes. This was ascertained by asking the patient a few pointed

questions. The reproductive and alimentary systems also interact. Emotional problems might also cause loss of appetite, spastic constipation, or other digestive disorder or it could be happening the other way around. If emotions were the primary cause, reducing the emotional upset could relieve the digestive problems.

If the findings indicated YELLOW-GREEN ( $\mu\delta$ ), but there was discomfort at the time of treatment, then BLUE-GREEN ( $\mu\nu$ ) or BLUE-INDIGO ( $\nu\omega$ ) was used until the symptoms subsided. Under such circumstances corrective frequencies were not applied at the same visit.

Related frequencies: On the stimulating side was RED-BLUE ( $\alpha\nu$ ) and RED-YELLOW ( $\alpha\delta$ ). The most outstanding property of RED-YELLOW ( $\alpha\delta$ ) as respiratory stimulation, so that if the patient's breathing is very shallow RED-YELLOW ( $\alpha\delta$ ) would have been the most logical frequency to employ. RED-BLUE ( $\alpha\nu$ ) was thought to stimulate vaso-constriction and was not much used with kids. It was used for teen to 50 years to increase low blood pressure and deficient abdominal circulation. The patient's age was very important in how Henning thought about etiology and treatment.

## AGE CONSIDERATIONS

Children age ten and younger with low base-out duction recoveries, especially if underweight, were thought to suffer from retarded glandular development calling for RED-INDIGO ( $\alpha\omega$ ) and related frequencies. Low base-in recoveries in this age group were thought to derive from nutritional disturbance calling for YELLOW-GREEN ( $\mu\delta$ ) and related frequencies. In these children it was important to inquire in depth about diet for unless that was improved, if found deficient, the prognosis was doubtful.

If all four duction recoveries measured low, but all other analytical findings were normal, the child was assumed to be emotionally disturbed. The cause might be malnutrition, over attention, emotional or physical shock, etc. In these cases, Henning gave chrome-orthoptics its best shot before referring for medical help. In the event that several treatments with RED-INDIGO ( $\alpha\omega$ ) failed to increase the recoveries, the color was switched to YELLOW-GREEN ( $\mu\delta$ ). If response was still



minimal, treatments were changed to RED-YELLOW ( $\alpha\delta$ ) for a few more sessions. If still no improvement, lenses and prisms were added to increase stimulation of the "automatic system" (accommodation and pupil). At first -0.50 D lenses were worn while looking at the RED-INDIGO ( $\alpha\omega$ ). If that didn't work, the lens power was gradually increased in -0.25 steps up to -2.00 D. Finally two and then four base-in prism was combined with the -2.00 lenses. If still no response the child had a medical problem and was referred.

Low base-out recoveries in patients between years 10 through 25 indicated emotional upset and suggested RED-INDIGO ( $\alpha\omega$ ) as the primary treatment. Because emotions played the greatest role at this age, RED-BLUE ( $\alpha\nu$ ) was used rather than RED-YELLOW ( $\alpha\delta$ ) if RED-INDIGO ( $\alpha\omega$ ) was not effective. When venereal disease or some type of pelvic obstructive or inflammatory process was suspected, both RED-INDIGO ( $\alpha\omega$ ) and YELLOW-GREEN ( $\mu\delta$ ) were called for. If the underlying problems appeared emotional in such a case, the treatment was predominately RED-INDIGO ( $\alpha\omega$ ) followed by a few minutes of YELLOW-GREEN ( $\mu\delta$ ).

According to Henning, the most common emotional disturbance in optometry had to do with sexual repression or obsession. This was particularly true for teens and young adults with symptoms of ocular discomfort but little refractive error.

From 25 to age 45 years YELLOW-GREEN ( $\mu\delta$ ) and RED-INDIGO ( $\alpha\omega$ ) were regarded as equally important. If the problem was obviously metabolic or toxic, YELLOW-GREEN ( $\mu\delta$ ) was given.

In women past middle age, low base-out recoveries indicated a chronic or acute inflammatory processes of the pelvis, manifesting as ovaritis, endometritis, malignant or benign tumor, or purely a chain of syndromes commonly found during menopause. In middle-aged men, prostate, bladder, or perhaps adrenal disturbances were suspect. In obvious cases medical referral was immediate but in other cases chrome-orthoptic practitioners might have treated a few times with YELLOW-GREEN ( $\mu\delta$ ) or related frequencies,

retested and, if no improvement, changed to RED-INDIGO ( $\alpha\omega$ ) or its related frequencies. If still no improvement, the patient was advised to seek medical evaluation.

Above 45 years general physical disorders were considered more complex and aging individuals become less responsive to treatment. Thus, YELLOW-GREEN ( $\mu\delta$ ) became more important and the need for RED-INDIGO ( $\alpha\omega$ ) and its related frequencies diminished.

What color am I going to use with my patient? Probably I'll try RED-BLUE ( $\alpha\nu$ ). Why? Because in the syntonics literature RED-BLUE ( $\alpha\nu$ ) is suggested for female problems. (I once gave this with a woman who had been trying for years to get pregnant without success. A month after the RED-BLUE ( $\alpha\nu$ ) treatment she did conceive. She was very pleased and joked that my syntonizer got her pregnant.) I might also at some point add or alternate with AMBER ( $\delta$ ) treatments. This is also suggested in the syntonics literature (see my paper "Syntonic Advanced Filters" in the *Blue Book*.) If she doesn't improve with these, I'll look more thoroughly at Henning's suggestions and change treatments accordingly.

I hope this overview will stimulate your interest in Henning. His work goes way beyond what was mentioned here. His books are out-of-print and not readily available. However, if there is sufficient interest, the College of Syntonic Optometry will make copies of his work available. Let us know.

Henning's publications include:

1. William Henning, N.D., O.D., *The Fundamentals of Chrome-Orthoptics* (Actino Laboratories, Chicago, IL 1936)
2. William Henning, N.D., O.D. *The Practice of Modern Optometry* (Actino Laboratories, Inc. Chicago, IL, 1939)
3. William Henning, N.D., O.D., *Procedures in Refractive and Functional Disorders of Vision*, (Buckeye Press Columbus, OH. 1940)