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**PSYCHOSOMATIC IMPLICATION
IN THE AMETROPY**

BACHELOR THESIS

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ANOTĀCIJA

Bakalaura darbs ir uzrakstīts angļu valodā, satur 51 drukātas lapas, 30 zīmējumus, 21 grafiku un 4 tabulas. Galvenais darba mērķis ir parādīt sakaru starp individuāla cilvēka psiho-enerģētiskajiem apstākļiem, viņa fiziskajām īpašībām un ametropijas tipu. Eksperimentālie pētījumi ir veikti Itālijā 227 pacientiem vecumā no 14 līdz 84 gadiem, no kuriem 113 bija vīrieši un 114 sievietes. Tika meklēts sakars starp redzes defektiem un iespējamiem indivīda psiholoģiskajiem konfliktiem un somatiskajiem raksturlielumiem. Eksperimenta rezultāti parāda, ka indivīdiem ar ametropijām ir noteikta veida konflikti kopā ar specifisku somatisko uzbūvi, kas noved pie redzes problēmām.

Atslēgas vārdi: ametropijas, redzes defekti, somatiskā uzbūve.

ABSTRACT

This Bachelor work is written in English, it consist in 51 printed pages, 30 figures, 21 graphics and 4 tables. The main objective of this Thesis is to demonstrate the relationship between the psycho-energetic condition of the individual human beings, their physical features and the onset of a type of Ametropy. The experimental research was conducted on 227 Italian patients, 113 males and 114 females, aged between 14 and 84, by linking visual defects with possible psychological conflicts and somatic characteristics. The results of the Experimental Research show that there are Conflicts frequently present in certain Ametropic individuals together with specific Somatic Constitutions that are more prone to vision problems.

Key words: ametropy, visual defects, somatic constitution.

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INTRODUCTION

The main objective of this Thesis is to demonstrate the relationship between the psycho-energetic condition of individuals and the resulting influence on the soma, that is, the eye structure that brings as a final result the onset of the different types of Ametropy.

Often we wonder why Myopia appears, and many times we can observe that this may depend on various factors related to posture, food, the environment... but few have so far considered the psychological aspect of the individual.

Particularly, taking into account the different psycho-somatic implications resulting from conflicting conditions not yet resolved by the patient, could better be identified through studies of holistic and universal psychosomatic medicine. It would make possible a new approach to the Science of Vision.

Considering the psychosomatic aspects of Ametropy, would give a more holistic impression to the optometric profession, thus contributing to the achievement of the overall health status, which can be translated into the concept expressed by the World Health Organization: *"Health is a state of complete well-being: physical, mental and social, and not merely the absence of disease or illness."*

As well as the O.D. Armand R. Bastien already said: "By strengthening the psychomotor efficiency and addressing to the active intelligence, the optometrist plays a distinct role in the context of the professions oriented to the maintenance of human well-being, to be found, in its own right, between the sciences of Health. Although it seems apparently clear, the meaning of the term "health" actually requires a clarification. In fact, it not only shows a gray state of absence of disease, but rather - in a more holistic goal and understandably current context - a state of complete well-being of the body, characterized by fulfilment and efficiency." (1)

Here's a new approach to Optometry: in this sense would enable, to different individuals with visual problems, to find a Professional eager to take into account not only the origins of a disfunction in functional, behavioural and environmental causes, but also in the deeper aspects of the psyche, which would often be found as the cause of a disturbing state of the visual system.

Like many scientists, psychoanalysts have in the past considered the link between visual defects and their relationship with the psychological and conflict aspects of the patients, so the optometrist should have at least the sensitivity to bear in mind this possibility, as a source of discomfort.

Georg Groddeck, which is referred to in an anecdote of his friend Ernst, from "*The symbolic language of Groddeck*" says:

Ernst Simmel came to cure myopia, who, as Simmel himself reports, resorted to a play on words in English, a language that he knew very well: 'The Eye is I, and anyone who is short-sighted does not want to see far ahead ...' (2)

« Myopia expresses the conflict between feelings and thoughts of the short-sighted, his personal vision, and social beliefs, morals and ideas of its environment. ». (3)

Peter Gay in "Freud: A life for our time" write: «Organic diseases, Groddeck maintained, even myopia, are simply physical expressions of unconscious emotional conflicts and hence are susceptible to psychoanalytic treatment». (4)

Taking cues especially from past studies carried out by recognized psychoanalysts and most of all from the theories of Dr. Nader Butto, a cardiologist with Israelite origins, we can find a scientific approach from a new energy-structural theory, which allows a certain development to reach a logical conclusion, demonstrating the link between psychic conflicts, energy state and visual deficiency, all to develop as the objective of this Thesis.

In support of the theory is then exposed an experimental study carried out directly by me, with a dual objective:

1. Highlight the possible relationship between psychological conflict and Ametropy.
2. Determine any relationship between the morphological constitution of the patient and Ametropy.

1. THE “COSMIC” ENERGY

1.1. Historical

The existence of the vital cosmic energy and its influence on the health of the human body is known in the East, since ancient times.

In the ancient Indian spiritual tradition that dates back more than 5000 years ago, it is called a universal energy, the ‘prana’, which is considered the basic constitutional element and the source of all life.

The prana or "breath of life", permeates and gives life to all forms.

The Chinese refer to the knowledge of the existence of the ‘Chi’, the life force, as from the third millennium BC. (5)

According to their view, all matter, animated and inanimated, is made and wrapped by this energy.

The ‘Chi’ contains two polar forces, the Yin and the Yang, the balance of which gives the total physical and mental health to the entire vital system of the human life. For imbalance of polar forces would result in a disease state. The ancient practice of acupuncture is to restore the optimal balance between Yin and Yang.

In Japan, the term Ki, named the dynamic energy present in all creation, in humans, minerals, plants and animals.

In the Kabbalah, the Jewish mystical theosophy, which originated around 540 BC, the same cosmic energy was referred to as the Astral Light, the Christian culture as the aura of light that surrounds Jesus and the saints, as represented in art.

Even in the West throughout history there were scientists and scholars who supported the concept of the universal energy that permeates all in nature. The first findings of writings related to the ‘life energy’ dates back to around 500 BC, where the Pythagoreans argued that this light could have an effect on the human body, such as the treatment of various diseases. (6)

Paracelsus, a renowned physician of the sixteenth century AD, called it ‘vital Arqueo’, defining it as an entity composed of force and vital matter, a radiant essence that could have beneficial effects on health.

In the nineteenth century, Wilhelm von Reichenbach, spent more than twenty years of his life in the experimentation on a "field" that he called ‘Odic Force’. He found that this field had many features in common with the electromagnetic force described some time before by C. Maxwell and M. Faraday, when the two scientists described the force created between two

charges, positive and negative, as a "field". Maxwell described this field as a state of mechanical tension which manifests itself in a very lightweight field called Ether, which fills all space.

Von Reichenbach revealed that the poles of a magnet, in addition to having an own magnetic polarity, also have one connected exclusively with this 'Odic range'; the same characteristics were attributed to several crystals, as well. He discovered that in this field not only the ones that are opposite poles attract each other, but those alike: attracts like, the same characteristic is pointed also to the human body, which produces a polarity similar to that of the crystals, according to experimental tests exposing 'the left side of the human being as the negative pole and the right side as the positive one'. Each object, such as a wire, can be charged with odic energy, flowing at a speed rather slow, about 4 m / s and that seems to depend more on the mass than on the conductivity of the material, the analogy can be traced back by the charge induced in an electric field. (6)

Interesting is the fact that with a lens it is possible to concentrate part of this energy as if it were a beam of light: the effect demonstrated experimentally, however, showed a behaviour of the odic field similar to that of a flame of a candle that envelops an object that crosses it, such as part of the field passing through the lens and another enveloping the flame.

It was also demonstrated that the behaviour of the field that surrounds the lens underwent alterations of movement, similar to those that undergoes a flame exposed to a current of air, in fact, it acted as though its composition was similar to a gaseous fluid.

He showed that the aural field of a human body, produced by the bipolar interaction, has some properties similar to those of the fluid and other similar to those of light.

At the beginning of the twentieth century, Dr. William Kilner, by means of coloured lenses and filters, ascertained the fact that around the human body, there was the presence of layers of light which he called "Aura". Thanks to his research, he showed that these layers of light varied from subject to subject, thickness and colour, in relation to age, sex, mental state and level of health. In addition, stains and irregularities in the Aura showed correspondence with specific diseases.

In the mid-twentieth century, the English engineer George De La Warr and the American chiropractic Ruth Drown, taking up studies of the American physician Dr. Albert Abrams, elaborated innovative tools capable of detecting the radiation emitted by living tissues (*Fig. 1.1.*).



Fig. 1.1. - George de la Warr [1904 - 1969] Radionic diagnostic instrument

Then, De La Warr devised a detection and care system of diagnostics, based on the bio-energetic field of man, which he called Radionics.

The most extraordinary demonstration was represented by the establishment of photographs, taken of a hair or a drop of blood of the analyzed subject, which revealed the same pathological conditions.

It was even possible to photograph of a three months fetus from a drop of blood of a pregnant woman.

(Fig. 1.2.).

Closer studies from a scientific point of view about the universal energy of life, were conducted between the 30s and 40s by Dr. Wilhelm Reich, psychiatrist and colleague of Freud. He studied, first, the emotional energy and later the universal energy which he called "Orgon". He analysed the relationship between disorders of 'the orgon' flow in the human body and mental disease; he developed a method of psychotherapy that linked the Freudian analytical techniques aimed at bringing up the unconscious together with certain physical techniques that were used to lift the closures of natural flow of 'orgone' energy in the body.

Removing energy blockages, he was able to stop certain negative mental and emotional states.

Reich demonstrated the objective presence of orgone energy using instruments specially designed for this purpose, as the orgonoscopia, which could detect the presence of orgon in the air. A suitably modified optical microscope which showed the presence of orgone energy in living cells visible in the form of pulsation of the cells themselves, as well as a gauge of the Orgono-energy field to measure the energy of living organisms.

He also built an energy accumulator that was able to focus the cosmic energy in it, and he used it to load both, objects of various kinds and seriously ill persons. Numerous experiments tested its efficiency thanks to the adjustment and recovery of organic mechanisms.

The German philosopher Wilhelm von Humboldt was right regarding the experiments of Von Reichebach, he said: «*The facts are undeniable, it is the scientists' task to explain*».

In fact, in the eighties came the confirmation from Berlin, where a group of doctors interested in the subject underwent a scrupulous examination of Reich experimental research in the field of cystoscopy and diagnose of cancer. After three years of research, the results,



Fig.1.2. - Ruth Drown [1892 - 1965] Radionic photo of a three months fetus (14)

published through lectures at various Universities in Germany and Scandinavia, proved that Reich had discovered and explained phenomena hitherto unknown, which could be demonstrated and documented with tools such as a video microscope contrast.

The cosmic energy, has little to do with the light energy or solar energy, scientists have coined it with various names: "Energy of a Thousand Names", "Orgon", "Field of Graviton", "Tachion", "Quantum potential field or Field of Neutrino", "Ether". (5)

1.2. "Cosmic" Energy Theories

As regards the nature of this energy, there are two scientific theories:

1) The first believes that it is an extremely short-wave electromagnetic radiation highly energizing .

2) The second, which is also the most widely accepted by scientists, detects that the unit is a very small amount of energy that shows a behaviour that is pulsating and it is the effect of the pulsation to determine, in turn, the energy. This energy unit can move much faster than the speed of light and, according to some scientists, the same speed of light would be determined precisely by the tachyon field. Moreover, there is most likely a small fraction of this energy that travels at a speed exceeding that of light (Tachion), while most of it remains relatively static and is formed by small particles called Bradions, whose oscillatory behaviour determines the content of a large amount of energy. (7)

The cosmic energy can be photographed using a Kirilian device that, with a simple photograph of the fingertips, indicates not only the amount of energy around the finger, which is the one that provides status information about the overall energy, but also the predominance or the balance between the poles (*Fig. 1.3.*).

Cosmic energy follows the law of *enthalpy*, or negative entropy. The law of entropy states that organized systems tend to disorganization with energy increases.

The typical example is the heat, that especially at higher temperatures, leads to disorganization of matter.



Fig. 1.3. - A Kirilian photo of a finger: on the left a good balance between the positive pole (red) and negative (blue), to the right with a predominance of the positive pole.

Enthalpy, on the contrary, thanks to the accumulation of energy leads to greater organization and strengthening of systems, in which high-energy attracts more energy, it is a natural law that may be demonstrated by a simple experiment, using an optical microscope.

Putting red blood cells and bions in solution, it happens that the red blood cells have a living movement and rhythmic contraction-expansion are slowly drawn towards the bion, larger and heavier, until they touch. The moment of contact shows the rise in the vicinity of a bridge of light that widens and narrows, vibrating energetically. In the end, the red blood cells become larger and tense, with a pulse more dynamic and a more intense blue light. What has happened is an energetic process of attraction and excitement evidenced by the strong vibration of the bright bridge and fusion energy between the two systems.

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A Bion is a basic functional unit of living material, the bearer of a quantum of cosmic vital energy life and works in a specifically biological way. It is therefore an energetic unit composed of energy membrane that encloses a liquid content, in which there is an energetic quantum, whose size can vary from two to about ten microns. (8)

The negative entropy of cosmic energy brings to the organization and construction of living matter, its presence in the body is the key factor in the state of organization of its matter.

A narrowing of cosmic energy in the living system it will result in the disorganization and chaos, to achieve finally the total destruction that would terminate the natural path of the cycle of life.

It is probable that the more we are aware of increasing our vital energy, or at least to maintain a good energy state, we will be more healthy and with a better life expectancy.

The increase of this energy is made possible by a proper diet and breathing well, a "free" psychological condition to certain environmental factors and the use of relaxation techniques and meditation.

2. PSYCHONERGETICS AND NEUROPSYCHOENERGETICS

2.1. Aspects of psychological activity

Our conscious psychological activity is determined by two aspects: mental and emotional.

The mental aspect is active and voluntary and usually remains under our conscious control. The emotional aspect, however, is spontaneous, and appears as a reflection of mental activity, in response to various external and internal stimuli.

Emotions, therefore, are subject to mental activity that controls them in a positive or negative way depending on the type it belongs to.

It is believed that positive mental activity is connected to a dynamic positive energy process that allows not only a normal organic functioning of the brain, but also an increasing number of energy that is manifested as mental creativity and emotional wellness.

Negative mental activity creates a negative block of energy flow which limits the person in the natural flow, making it impossible to express freely and naturally, causing the onset of unpleasant sensations that cause a negative emotional reaction.

Even emotions are in turn divided into positive and negative, but there is no way to differentiate them.

That is, to start with, all the emotions involve a dynamic energy that, in the moment in which it is locked, instantly transforms into negative emotion.

For example, when love is blocked, immediately turns into hatred and intermittently between locking and unlocking involves alternation between love and hate.

Negative emotions are caused by two main reasons:

1) From mental inhibition: this type of negative emotions involve a block in the flow of energy, thus causing an increase of tension in the membrane of that corporal area corresponding to that determined emotion, and an increase of the tension in that more vulnerable organ, which with time may manifest as physical illness. For example, inhibition of crying for abandonment causes bronchial asthma, whereas inhibition of emotional expression to the conflict of separation causes high blood pressure, but also affects the psychological state of the person, manifesting as hardness of character and tense behaviour.

2) From exhaustion: this type is the result of an excessive energy consumption for a specific emotion, that if it arrives to total energy exhaustion, consequently leads to the total loss of the energy of the organ directly connected.

Because of the excess or lack of this “mental” energy, we are still in front of states of energy imbalance, to which the human organism seeks to remedy by putting up a defense mechanism and thereby adapting the behaviour in an attempt to restore the balance. This mechanism only partially and temporarily restores the imbalance, but if the conflict causing the problem is not resolved, the body will feel the need to repeat that particular behaviour, with a continuous repetition, eventually turning into the character of the person.

The relationship between psychological conflict and a specific organ of the body, comes from the relationship between the physiological function of the organ and its vital value in the energetic function.

In the case of the eye, the *physiological function* is to pick up the frequency spectrum of the visible, and then be transformed into the vision of the outside world, in other words, it allows us the perception of space and time. It is obvious that the physiological function is especially active at the moment when our eyes are open.

But what happens when our eyes are closed?

With closed eyes come into play several mechanisms, one of which is a partial isolation from the outside world that allows us to reach in this case, the "vision" of our inner world, our thoughts and our imaginations.

It is the relationship between the outside world and the inner, which allows us to understand if what I am and what I do at this moment corresponds to my expectations, and therefore allows us to understand that the *energetic function* of the eye is related to the understanding of who I am right now and if I am really on the way that I imagined to go, to be and feel truly realized.

Each organ is constituted by a set of chemicals and minerals in different concentrations depending on the organs and areas of the body. We also know that each substance has a specific frequency and that the set of substances constituting an organ also has a specific range of frequencies characteristic of the organ.

The organs and parts of the body communicate with the brain through the nerves. Afferent nerves carry the stimulus from the brain to a particular organ, while the efferent do the opposite, they take the stimulus by the body to the brain.

In the brain there is a correlation between functional and anatomical certain areas of the brain and specific organs. Each group of neurons associated with a certain organ responds to a range of wave frequencies that identifies it to that organ connected. In other words, the body and the brain area corresponding to that organ have the same range of wave frequency.

When a certain area of the brain is stimulated, there is a certain kind of emotion, but also stimulating the corresponding organ; it is therefore clear that some emotions have a range of frequencies similar to a certain area of the brain, and the frequency vibration of a certain organ. It is precisely what gives rise to the association between the bodies, the different types of emotions and a particular area of the brain. (6)

To create a particular emotion is necessary to activate a certain area of the brain that consumes a certain amount of energy.

This energy is provided by the organ that contains the same “frequency” of that particular area of the brain, and that will create an electromagnetic wave which is part of the total electromagnetic field of the body.

If this emotion is excessively worn, as in the case of excessive pain for the loss of a child, the corresponding organ emotion, in this case the right ovary, will pay the right price of energy.

Emotions themselves have a positive effect on the organs and body, since they create a dynamic energy that contributes to the normal functions of the organs, that is, they revitalize and balance the functioning of cells, but it is in the occurrence of the block or excess of these emotions, disturbing consequences may arise in the specific organ related to the frequency of that particular emotion.

When a certain emotion is inhibited or blocked, it also blocks the dynamic energy, resulting in a stagnant energy that leads to the increase of voltage in the corresponding area of the brain.

The increase in voltage results in lowering of the threshold potential, which will give rise to the downturn in that particular body, which over time will manifest as physical illness.

3. BIPOLARITY

3.1. A phenomenon of cosmic dynamism

The bipolarity is an inherent feature in our universe and all events that exist are generated by the dynamic interplay of this pole force, which determines the constant change in the existing structure of the universe itself.

The complementary pair of positive and negative invades the entire universe and their opposition causes the dynamic tension required for each movement and change.

The dynamics of change is determined by the amount of energy in the two poles and by the new forces that are created in the change, which in turn combine to create new phases of energy, this is, the combinations of two poles create the forces of energy and the interaction of these forces give rise to the manifested universe. (6)

The polar forces are therefore independent of each other, constantly interactive and potentially interchangeable.

The phenomenon of the polarity of the material structure is found in the most simple to the complex cosmic phenomena, we can perceive this in the atom where we find the core that consists of two poles, one positive (the neutron) and one negative (the proton).

The phenomenon of polarity is a natural constituent of every cell, both vegetable and animal. In fact, the nucleus of the cell has a positive electric charge, while the cytoplasm has a negative electric potential and the outer part of the cell is instead of positive polarity.

Most of the cell forms the nucleus of the sperm, which has a positive electrical charge, then we can define the charging male, while the ovum, composed for the most part from the cytoplasm of the cell that has a negative electrical charge, we can define the feminine charge.

The terrestrial globe behaves exactly like the cell, in fact its nucleus (melted iron) is of positive polarity, around the nucleus is of negative polarity, while the air around the Earth is of negative polarity.

The natural electric current passes through all the cells, organs and the entire nervous system and stimulates the metabolism, as well as all the physiological functions of the living organism.

From biology we know the presence of the pole force that manifests itself clearly during cell division (*Fig. 3.1. and Fig. 3.2.*). (6)



Fig 3.1. - Phenomenon of bipolarity in a cell in metaphase

The quantity and quality of polar energy is variable and subject to a cyclical expansion and contraction. When the positive pole reaches its maximum expansion energy, begins to contract in favour of the negative pole and the negative pole when it reaches its maximum expansion retracts in favour of the positive pole, and so on.

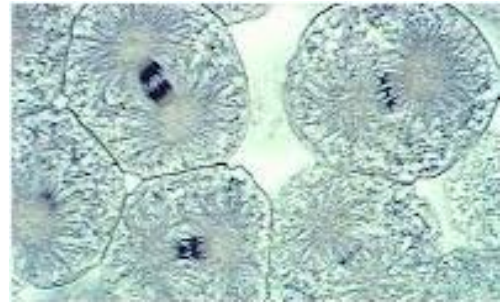


Fig 3.2. - Bipolarity phenomenon in the cells during the metaphase

The pole force of the magnets and the force of the polar globe phenomena are well known (*Fig. 3.3. and Fig. 3.4.*). (6)

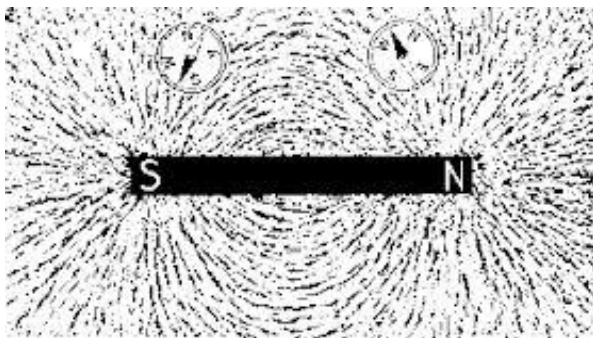


Fig. 3.3. - Lines of interaction between both poles of a magnet (17)

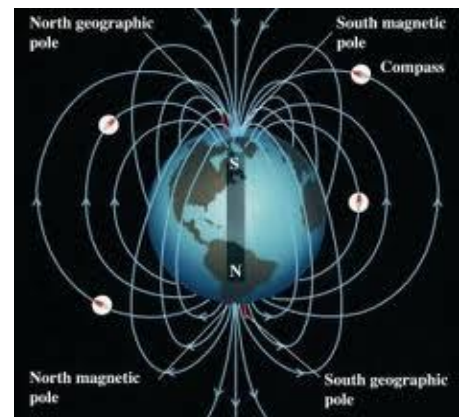


Fig.3.4. - Lines of force interaction between both poles of the globe (16)

The entire universe is a magnetic field of positive and negative charges in constant vibration, which then produces electromagnetic waves. Some of them are visible within certain frequencies, between 400 and 790 *terahertz* (*Fig. 3.5.*), or are perceived by the nervous system and then translated and transformed by the brain into what we call the colour spectrum of the visible.

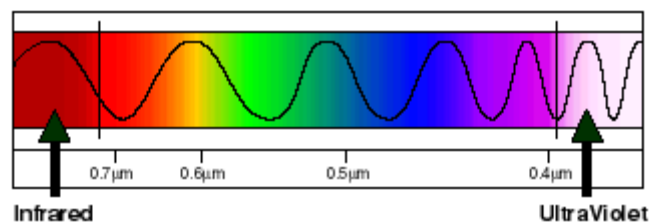


Fig.3.5. – Visible light region of the electromagnetic spectrum of the human eye (15)

Despite that magnetism is well known to science, it is hard to find literature describing the constitutional energy of the magnetic pole and therefore what constitutes the magnetic field.

One possible answer would be to consider a pole as a concentration of energy composed of three structures that have a specific roundabout provision. These structures are similar in their nature, while they are different in their direction of rotation.

The reversed direction of rotation of the two structures that interact in the adjacent cosmic energy field involves the formation of stress lines that join one pole to another.

The whole human body has two major poles: the north pole, which is located in the centre of the chest, and the south pole, which is located deep in the abdomen, about three inches below the navel. (6)

Dr. Butto has preferred to call them north and south pole, instead of negative and positive or male and female, as they have an opposite nature in the male and the female: the north pole in women is positive and the south pole is negative, while on the contrary, in men the north pole is negative and the south pole, positive.

The origin of the two main poles of the body comes from the polarity of the sperm, which is positive and the female ovule, that has negative polarity. The fertilized egg, called a zygote, keeps these two separate poles, the strength generated by their interaction is the basic dynamics of cell proliferation and embryonic development. (6)

4. CONFLICTING EVENTS AND EMOTIONS

4.1. The four stages of life

It has been demonstrated that one of the properties of cosmic energy is the movement of expansion and contraction that occurs in all living organisms and confers on them the live appearance. When this energy is exhausted, the movement disappears and results on death of the body, then physical matter degenerates and becomes another form of energy.

The smallest particle in which we observe this expansive and contractive feature is the bion, which has been described by several scientists, first of all was Reich in 1936, who defined the bion as the elementary functional unit of all living material, which is at the same time carrying a quantum of life cosmic energy and functions in a specific biological way.

The origin of the pulsation is connected to the law of bipolarity, where we have seen how each magnetic pole has a dynamic rotary movement, which on one side is concave and the other convex structured. The transition of energy between the two poles follows their intrinsic movement that causes wave lines of expansion and contraction.

To better understand this phenomenon we take as an example the heart, the pulsatile organ par excellence, which in turn will be associated with other organs and the whole body.

First, we note that the pulse consists of four phases: *Excitement - Expansion - Contraction - Relaxation*, phases that Dr. Nader Butto called "*The four stages of life*".

If we look like at heart as a functional unit, we see that in the first phase takes place the electrical stimulation through the conduction system called "sinus node", which propagates the signal to all parts of the heart muscle.

The way of passage of the stimulus causes in the second phase the ventricles to expand, filling with blood coming from the atria, this is the second part of diastole with active fill. After this expansion phase, there is the systolic contractive phase, then the third phase in which the blood is ejected to the peripheral and pulmonary arteries.

In the fourth phase, the muscle fibres relax and the ventricles dilate. This is the first phase of diastole, known as passive filling; following the excitement will return with electrical stimulation that initiates a new cycle.

If we divide the heart in its various parts, such as the ventricles and atria, we see that the four phases occur in each of the parts, these do not occur simultaneously, but rather are

reversed. For when the atria contracts, the ventricles are expanded when the atria is stimulated, the ventricles are relaxed, etc.

Indeed, we can consider that the atria depend on a pole, while the ventricles on another pole.

In fact, even in the heart are the two poles which energy flows in between causing the manifestation of the four phases: excitement, expansion, contraction and relaxation.

The first node is located in the sino-atrial node, whereas the second pole is located in the atrio-ventricular node.

Let us now take as a reference the electric potential of a cell of the pacemaker (sinoatrial) and we measure it during the four phases: in the resting phase we find that the potential is -70 mV which is defined as "resting potential", in the second phase this potential increases up to -40 mV, which is called "threshold potential"; arrived to this limit the third phase takes place with a rapid increase in electric potential that embosses to +20 mV and in the fourth phase will return again to the diastolic phase, thus rest and then starts a new cycle (*Fig. 4.1.*). (6)

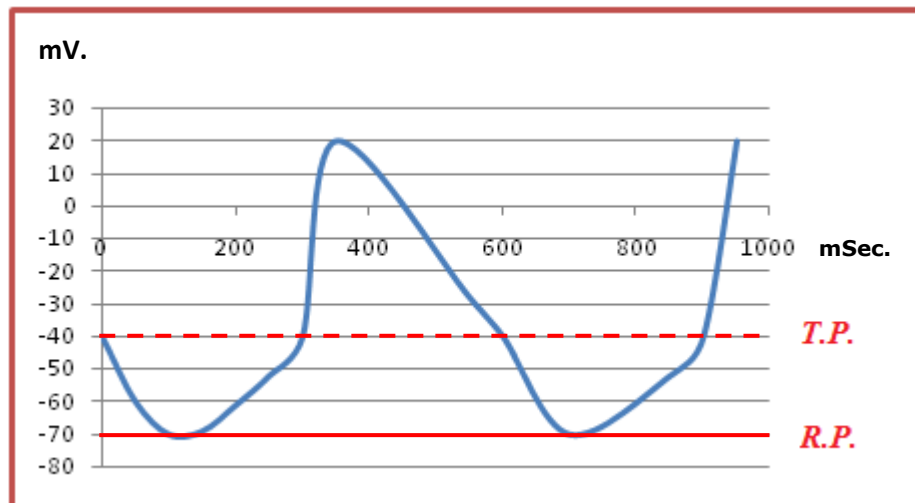


Fig. 4.1. - Potential of action of a normal myocardial cell

T.P. = Threshold Potential

R.P. = Rest Potential

The firing rate of the cell depends on three factors:

1. The time it gets to get from the resting potential to the threshold level, which depends on the degree of increase in the base energy. The slower energy increases, the slower the *rate* (Fig. 4.2.). (6)

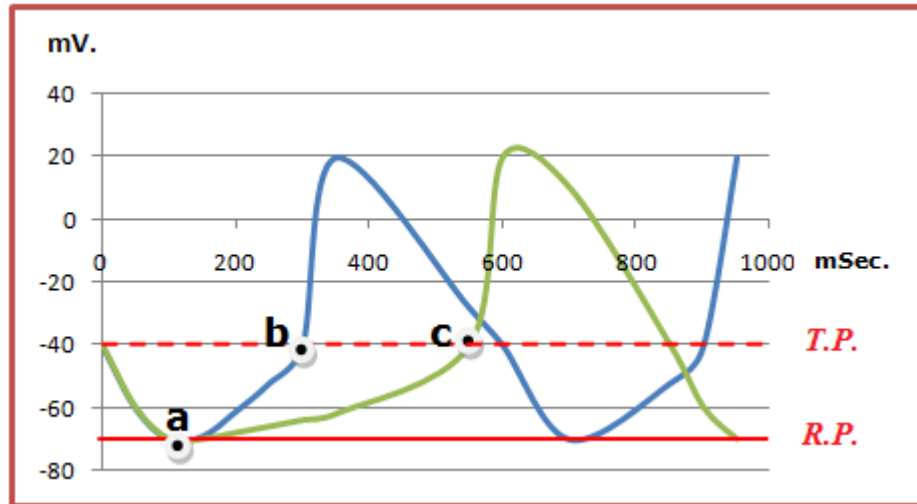


Fig. 4.2. - The slow increase of basic energy delays the onset of the potential action

T.P. = Threshold Potential

R.P. = Rest Potential

2. The state of the base resting potential. The lower the base potential, the longer it will take to reach the threshold potential (Fig. 4.3.). (6)

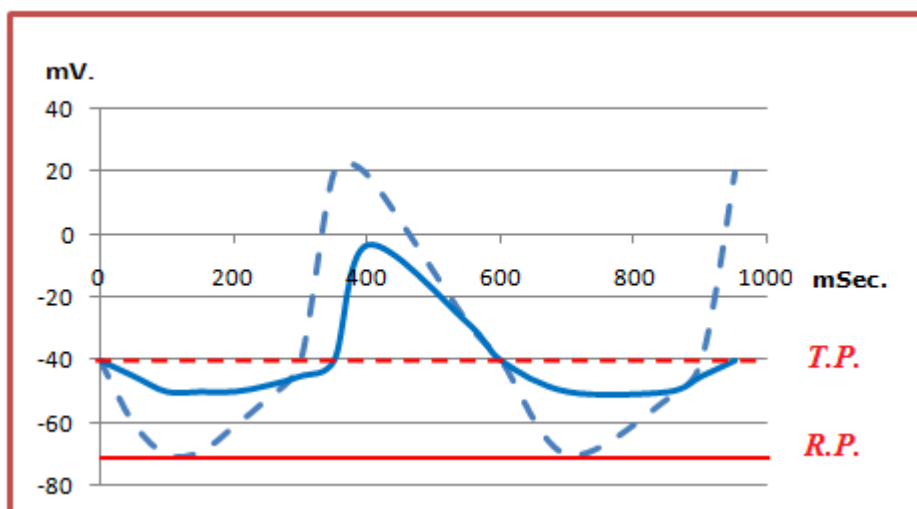


Fig. 4.3. - Potential rest at low voltage to decrease the energy of the base (This happens in a cancer cell)

T.P. = Threshold Potential

R.P. = Rest Potential

- The level of potential threshold. As the potential threshold is lowered, the faster it is reached, thus shortening the cycle and increasing the frequency. This situation reflects the state of tension of the cell membrane. In turn, the voltage of the cell membrane is determined by the state of balance between the sympathetic and parasympathetic nervous system.

The stimulation of the sympathetic system causes the lowering of the line of potential threshold, increasing the tension of the membrane and consequently arrives at the action potential in a shorter time. While the vagal stimulation of the parasympathetic system causes an enhancement of the line of the threshold potential, for which it arrives to stimulation later, thus remaining more time in a state of relaxation. (6)

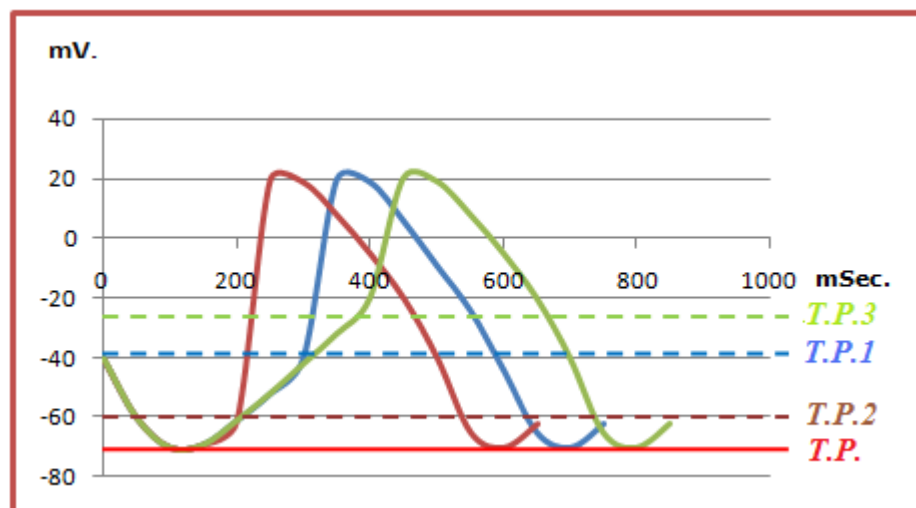


Fig. 4.4. - The mechanism responsible for the change of the discharge frequency

T.P.1 = Normal Threshold Potential

T.P.2 = Low Threshold Potential due to the increase of Sympathetic Tone

T.P.3 = High Potential Threshold for the predominance of Parasympathetic Tone

T.P. = Rest Potential

We will see later how emotional and mental states act on these three factors.

The previous diagrams are valid for any type of cell, organs and for the whole body.

The same four phases are present during the hours of the day, the seasons and throughout our life.

According to this theory, we can also imagine the origin of the universe and the future. The period of the big - bang corresponds to the phase of excitement. We are currently in the

process of universal expansion and in a few hundred billion years will be the contraction phase, then the relaxation phase, another big - bang and so on. It is assumed that during the first phase of the big - bang the universe is in a resting phase in which a few things happen.

The duration of each phase varies from person to person and even in the same person depending on his activity, the mood, the food supply, the geographical location, season, weather conditions, etc.

Knowing these stages a priori we can act to change life according to our interest. For example, we can extend the first stage of the day avoiding to eat lunch early, or we can delay the onset of the contractive phase in the evening, decreasing the degree of expansion avoiding heavy meals, etc. (6)

4.2. Link between emotion and organ

Emotional and mental stress can consume excessive amounts of energy in the brain and, taking into account that each type of mental activity consumes energy of a certain frequency, and that every organ of the body has a well-defined energy, *it is clear that certain emotions have the same frequency of certain organs.*

Excessive consumption of energy due to a specific emotion will cause excessive power consumption in a given organ, this suggests that there is a correlation between a certain type of emotion and the corresponding organ dysfunction, resulting so far in organic alteration.

The brain is the organ that connects every emotion with the corresponding organ, such as anger and the liver, the heart and joy, anguish and lungs, sympathy and spleen, and others. It has been shown that each neuron or group of neurons, captures and responds to a specific frequency wave of a certain organ.

The state of dysfunction before and pathological later on, is established in the individual primarily for two reasons:

- 1) Energetic imbalance due to the change in the amount of basal cellular energy.
- 2) Qualitative energy imbalance due to the change of the voltage of the cell membrane, represented by the level of potential threshold.

The dysfunctions due to a quantitative change can appear in two forms:

- 1) Dysfunctions due to lack of energy, which does not allow to reach up to the level of the line of potential threshold, manifesting itself with flaccidity, malignant tumours, depressions, etc.
- 2) Dysfunction caused by an excess of energy, which can appear as diseases such as hyperthyroidism, hyperinsulinemia, etc. (6)

Two are also the causes of failure due to a qualitative change:

- 1) Failure due to excessive tension, which is presented as a reduction of the line of potential threshold. It may appear as hyperexcitability and hypercontraction, which occurs with an overactive sympathetic nervous system.
- 2) Dysfunctions due to an enhancement of the line potential threshold, which manifests itself as a difficulty to get to the stage of contraction, as occurs in diseases from retention such as cysts, glaucoma, etc. (6)

Among the dysfunctions related to excess of tensions, Myopia is found. (6)

The energy condition in a myopic patient presents itself with a line of low threshold and a hyperactivity of the sympathetic nervous system.

When, during a stressful situation due to a conflict, the dynamic energy of the emotional state does not fall to the level of the line resting potential, thus when the block occurs in one of four phases, results in an imbalance that leads to dysfunction.

4.3. The constitution

Our bodies and our minds are influenced by different factors along the path of life.

Parents are responsible for the level and type of the base energy status of their children, and this depends mainly on two factors:

1. *Base energy status of the parents* is related to the energy charge of the main poles present at the time of conception, more precisely depends on the environmental interactions, such as geographic location and housing, food supply, air quality, stress level, etc.

2. *The predominance of certain frequencies of energy* are mainly related to the constitution of the parents and can be of four different types linked to as many constitutional elements:

1) **Fire:** The influence of this frequency carries in subjects a psychological aspect of precise and logical thinking, they are able to make plans and put them into practice. They have a responsive good memory, are quite convinced and are able to govern their behaviour. They have a way to express themselves and act sharply. Their lifestyle is busy and expect to get much, are ambitious and tend to prefer intellectual work.

They are judicious and critic individuals, and they get angry easily, feel envy, fear of failure, can suffer from frustration, hatred, jealousy, skepticism, pride and lack of discernment.

2) **Air:** People with the presence of this energy frequency have intuitive and superficial thoughts, with many ideas and little action, the so-called "head in the clouds." Their ideas often change according to the mood of the moment, so they are often considered liars. Their long-term memory is poor.

They often work with variable creative lifestyle. Emotionally tend to suffer from nervousness, anxiety, fear, confusion, sadness, insecurity, mood swings, discontinuity in creativity and communication difficulties.

3) **Water:** The energetic frequency of this element brings the person to have a lively and receptive mind, are intuitive, well organized and with a good memory. Easily change their mind and their behaviour is generous with ease for helping others.

Suffer from lack of love and lack of support. In their lives tend to be regular.

4) **Earth:** The characteristics of this frequency gives people calm and slow thought, one can not be rushed. They have a good memory, learn slowly, but what they learn remains for a long time. Their beliefs are deep rooted, and this is why their ideas are very strict.

Emotionally, they are greedy, possessive and boring. They have a regular lifestyle and easily fall into a routine. (9) (10)

The ideal would be to have the presence of all four types of frequency related to the four elements Fire, Air, Water and Earth in each individual constitution, distributed in a balanced way. Often this does not happen and there are therefore people who have the predominance of one or two elements, characterized by the absence of one or more elements.

The diagnosis of the combination of the various elements is mainly based on observation of the person both from a physical and morphological point of view, as well as behavioural information.

In addition, to complete the diagnostic picture will be taken into account the balance or predominance of the energy level of the two main poles, which also give the morphological and behavioural appearance and certain characteristics.

The multiple configurations given by the combinations between the four elements and polarity, give rise to 64 types of constitution, with many types of behaviour and ways of reacting to different stressful situations of conflict with the infinite nuances between one person and another; which would be useful to obtain information regarding each character, the suitable profession, the way to react to a situation of stress, etc. (9)

4.4. Stress as a casual factor in ametropy

Currently it is generally recognized that at the base of the ailments and diseases there are multimedia factors and this view allows us to better interpret the clinical data and the optometric level.

As well as some disorders or diseases can still be considered as generated by a single cause, so many others are often defined idiopathic, this is without the possibility of identifying a root cause.

Each disorder, illness, and therefore visual problem, can be seen as the final result of three factors:

1. Conditions of biological systems of defense (ground): depending on the constitution of the person, especially directly dependent on the parents, and hereditary factors as a source of charging poles.
2. Psychological conflicts, ways of reacting to stress and psychological factors are divided into four types:

- 1) The cause of psychological conflicts (specific conflict)
 - 2) Aggravating psychological factors (chronic stress)
 - 3) Trigger psychological factors (acute stress)
 - 4) Psychological factors resulting from Ametropia.
3. Environmental interactions (radiation, chemicals, food intolerances, etc.).

In general, stress is a physiological adaptation characteristic of life, and it refers to anything that is perceived as an opposing force to our normal equilibrium. But the process of adaptation has an energy cost to be paid, which occurs through activation of the neuroendocrine hypothalamus - pituitary - adrenal glands and from there to fall on the different apparatuses and organs, putting them in a state of stress, which can take a pathogenetic significance when it lasts for long periods of time and the intensity of the stress caused is too high.

The stress response is designed to restore homeostasis, that is, the state of balance that leads to better energy savings.

We can distinguish four phases, as those of "life" exposed above:

1. Threat: At first impact with stress, you have a general mobilization of all the forces of defense by activating the autonomic nervous system, which is the system of first aid and defense. If stress has an excessive intensity or prolonged, it leads to a chronic contraction phase and then to the stage of exhaustion.
2. Organization: In excitation phase the organism is exposed to stress (threat) to which follows the expansion phase. At this stage the person is not prepared to stress and undergoes a state of shock for immediate expansion of the blood vessels in the abdominal cavity, the organism undergoes a passive phase to organize its defenses and cope with the threat status. In the diagram of the four stages of life, the energy curve does not reach the threshold line and we are under the influence of the sympathetic system.
3. Assault - Escape: The third phase is that of contraction, the body specifically organizes all its defenses. At this stage the sympathetic system prevails an prompt and energetic elevation of basal homeostatic functions. In this phase, the sympathetic nervous system, in addition to acting on metabolism and blood circulation, activates

the endocrine constellation, with secretion and the release of adrenaline into the circulation, and the hypothalamic - pituitary - adrenal cortex operates with ' increase in glucose as an energy source ready for use. The mobilization of defenses is general: the heart beats faster, blood flow to the muscles that can be taken more quickly increases, blood becomes more coagulable to deal with any bleeding resulting from injury. At the same time, the bodily functions are not strictly necessary for the defense, they are put in a sort of functional "limbo". In the diagram of the four phases of this life, this phase is located above the line of potential threshold.

4. Resolution: In general, if the defenses activated in the previous phase are sufficient to neutralize or remove the harmful cause, to the contraction phase then follows that of relaxation, with the intervention of the parasympathetic system through energy regeneration and restoration to normal as the excitement of the sympathetic system, decreases.

If a person refuses to accept the conflict caused, for example, verbal aggression, as the evolutionary process of life, the consequence will be to adopt the following attitudes:

- Always on the alert mechanism as a result of the condition of constant threat.
- Organization of the forces to be in a state of permanent defence.
- Constant state of attack.
- Subjugation.

These attitudes correspond to a block in one of the four stages of stress.

The lock phase depends on the constitution and the characteristics of the person.

If in a relatively short time the cause of stress is not completely neutralized by defensive systems of emergency, the adaptation phase in which the body more firmly organized its defenses, is activated.

In this phase, the autonomic defence system leaves the field open to the pituitary axis owns a defensive mode in the longer term, so the breakdown of the harmful cause is to be diluted over time in a more appropriate manner. During this stage the body structures a better adaptation to the stressful agent, elevating the basal homeostatic functions with a considerable expenditure of energy. The capacity of resistance rises so far above normal values, both the specific and nonspecific symptoms persist, such as in a state of chronic alert that involves an

immediate reaction to every minimum stimulus, while the excitation and expansion symptoms disappear, but still the contraction phase of the previous reaction, persists.

In the diagram of the four phases of life occurs a lowering of the line of the potential threshold to negative values.

If the adaptation phase is not able to metabolize the stressful agents, homeostatic mechanisms worn by the accumulation of various stress factors, undergo exhaustion. The stage of exhaustion is the result of a functional overload for mainstream defensive system overload that lasts for too long at levels above the critical point of failure.

In the depletion phase reappear, aggravated, the signs of the reaction of contraction, which can reach levels of irreversible shock due to lack of energy.

The crossing of the four phases of the stress corresponds to the energy flow of the four stages of life (excitement, expansion, contraction and relaxation).

The blockage of the flow is influenced by psychological and emotional conflicts.

The development of the conflict and its liberation are the best way to avoid a blockage of energy flow, but not always so, as the difficulty to accept the problem by the patient, begins to reject the same problem and this leads to emotional block, which leads to the block of energy.

4.5. Conflict resolution

In the Chapter of “Psychoenergetics and Neuropsychenergetic” I mentioned the energy function of the eye, which is actually the perception of being or not in the path of our lives that gives us the feeling of complete satisfaction and accomplishment.

The conflicts interact more with the energy of our eyes, so they are linked to situations that the subject has experienced or is experiencing and somehow are interfering with the natural evolution of the life of the patient. So the person, consciously or unconsciously, is living in a state that does not satisfy him all the way, or feels compelled to make a path that would not have chosen, but is forced by conditions or situations that is not able to manage in an appropriate manner.

The first important step to undertake, in a process of conflict resolution is to bring awareness to the historical moment in which the incident happened. Of course it is not easy, but knowing which the principle areas of conflict may be causing the energy block, is already possible to undertake the task through simple questions.

Bringing awareness to the conflict creates an energetic connection that promotes the release, which actually takes place exclusively through the emotional release repressed during the conflict itself, the outpouring of emotion that is held during the event of conflict.

There are several techniques of emotional release ranging from psychoanalysis, lung circulation, cleansing emotional energy and more.

4.6. Energy balance and stabilization of ametropia

In emotional release lays the foundation for recovery and energy balance of the eyes, which in reality is paying attention to the quality of life and is mostly related to nutrition, sleep and breathing.

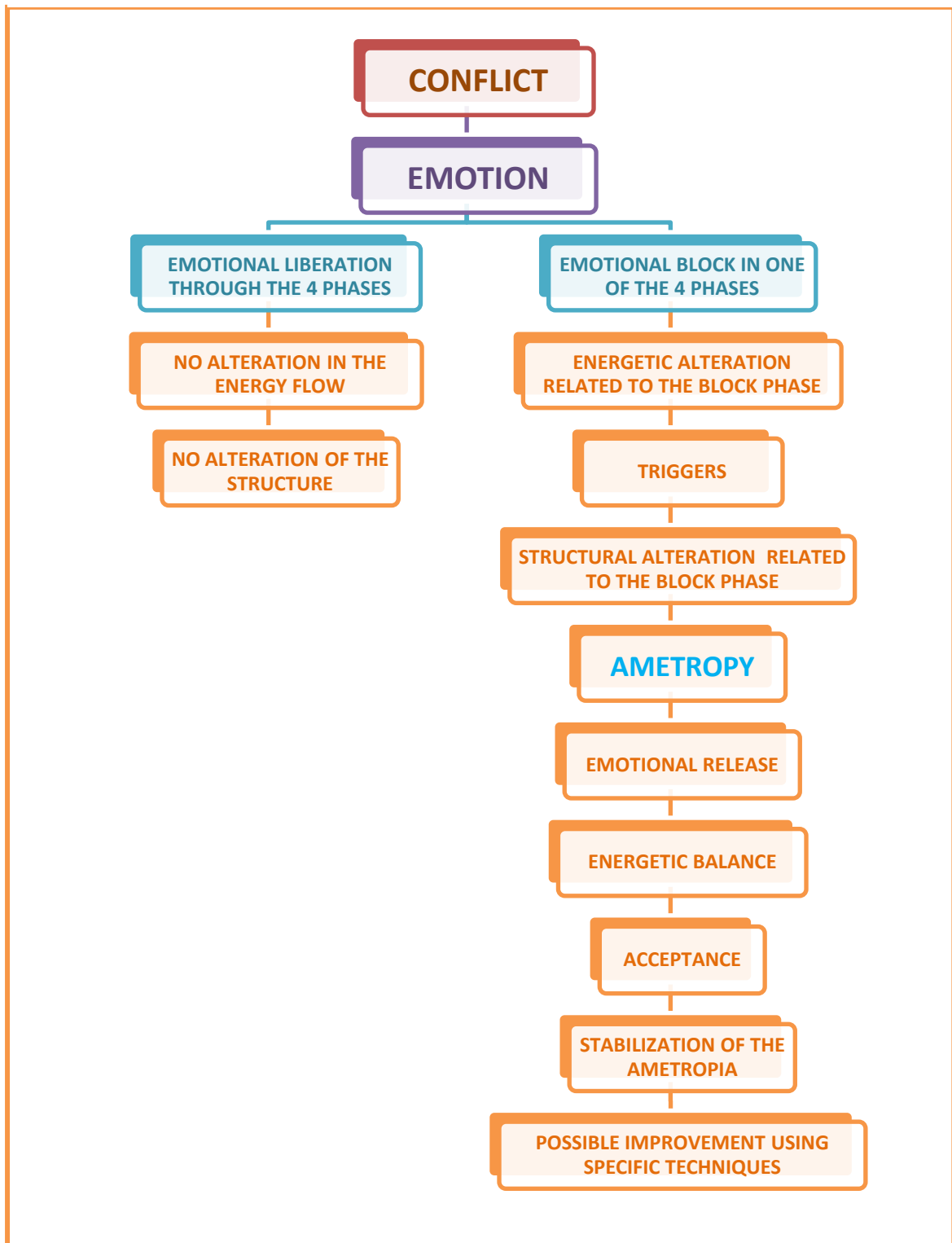
Subsequently the stabilization could be triggered with the implementation of appropriate techniques of visual education, visual training and the use of energetic base lenses, which is nothing but the geometric structural adjustment of the eye.

In other words, to go back or undo the road that led the individual to Ametropy.

4.7. Scheme of the consequences of conflict

In a conflict situation, it may happen that the energy passes through the 4 stages: excitement, expansion, contraction and come to an end with relaxation, or blocks in one of them, giving rise to a different type of Ametropy. (Tab. 4.1).

Tab. 4.1. - From the conflict to the ametropy



5. EXPERIMENTAL RESEARCH

5.1. Project

This experimental research has two aims:

- 1) To find out if there is a relationship between the different types of Ametropy and certain types of conflicts.
- 2) To find out if there is a relationship between the different types of Ametropy and the Human Constitution.

We identified 26 areas of conflict and the selection criteria derived from the considerations in *Chapter 2.1.*, *Chapter 5.4.* and *chapter 5.5* .

At the same time there have been identified the codes of each person, with the Method of Dr. Nader Butto, in order to determine any relationship between the morphological constitution of the individual and the Ametropia.

Nine types of Ametropy, have been considered:

1. Myopia
2. Hyperopia
3. Presbyopia
4. Myopic Astigmatism
5. Hyperopic Astigmatism
6. Myopia and Presbyopia
7. Hyperopia and Presbyopia
8. Myopic, Astigmatism and Presbyopia
9. Hyperopic, Astigmatism and Presbyopia

To each person participating was presented a questionnaire which had to be answered on a scale from zero to ten. Most important and relevant to the subject was every statement and the high value assigned to each.

For the statistical survey only values higher than five, have been taken into consideration.

For the statistical survey, it has been considered that most of the claims submitted by the individuals indicate the negative conditions (eg. claim 1, 2, 3, etc.), for which the conflict is disturbing in the case the given value is higher than 5, while as regards the positive

statements (8, 10, 13, 15, 23, 24, and 25), the conflict is influential if the value given is lower than 5.

5.2. Form/Questionnaire used for Collecting Patients Data

The form to fill in that has been presented, consists of 4 sheets:

- In the first sheet, at the top, data on the person examined was collected: name, age, type of Ametropia, Human Code and Key. While in the part below there are to be found the 26 statements that make up the test relative to conflict situations (*Fig. 5.1.*).
- In the second sheet people have entered the values for the identification of the presence or not of the energetic frequency of the four elements and of the prevalent polar energy: north and south (*Fig.5.2.*).
- In the third and fourth sheets facial features have been identified, which are essential for the proper identification of the Human Code (*Fig. 5.3.*).

Nome: _____ Et : _____

Codice **Chiave**

Polarit  Nord:
Polarit  Sud:
Elemento Fuoco:
Elemento Aria:
Elemento Acqua:
Elemento Terra:

E = Emmetropia
M = Miopia
I = Ipermetropia
P = Presbiopia
AM = Astigmatismo Miopico
AI = Astigmatismo Ipermetropico
MP = Miopia e Presbiopia
IP = Ipermetropia e Presbiopia
MAP = Miopia, Astigmatismo e Presbiopia
IAP = Ipermetropia, Astigmatismo e Presbiopia

Ametropia

Ad ogni affermazione attribuire un valore da 0 a 10.

1) Mi sono spesso sentito/a a disagio nel fare una scelta.

2) Ho sentito una sensazione di smarrimento trovandomi in un ambiente poco familiare.

3) Ho spesso la sensazione che all'improvviso mi accade qualcosa di spiacevole.

4) La paura delle conseguenze ha spesso condizionato le mie scelte.

5) Ho sofferto nell'abbandonare un luogo a me caro.

6) Tendo spesso a rimandare gli impegni poco gradevoli.

7) Mi faccio spesso condizionare nelle scelte.

8) Il percorso della vita fino ad oggi corrisponde alle mie aspettative.

9) Sento spesso la mente confusa.

10) Affronto la vita con entusiasmo.

11) Ho la sensazione che nel tempo la mia creativit  ed ingegnosit  sia diminuita.

12) Mi sento pessimista.

13) Il mio ideale di vita corrisponde alla realt .

14) Sono rimasto deluso da un progetto non andato a buon fine.

15) Sono consapevole delle mie capacit .

16) Mi disturba il fatto che non mi viene riconosciuto il mio valore.

17) Ho fretta di raggiungere gli obiettivi.

18) Mi   capitato di subire una paura frontale (incidente, assalto da un animale, ecc.).

19) Ho sopportato una situazione inaccettabile per troppo tempo.

20) Ho subito uno spavento improvviso arrivato da dietro (es: scappellotto inaspettato sulla nuca).

21) Ho sempre avuto difficolt  ad accettare il mio aspetto esteriore.

22) Ho difficolt  ad accettare i cambiamenti del mio aspetto al passare del tempo?

23) Ricordo facilmente i sogni.

24) Ho una spiccata capacit  d'immaginazione.

25) Ho una buona memoria visiva.

26) Ho sofferto per non aver realizzato un progetto importante.

1

Fig. 5.1. - Sheet used for the collection of information about the conflicts

Questionario per individuare il Codice Umano

Ad ogni affermazione attribuire un punteggio da 0 a10.

Totale:

• Voglio sempre entrare nei dettagli delle cose e compiere azioni in maniera completa e sistematica.

• La mia opinione   simile, quasi sempre, a quella della maggioranza degli altri.

• Seguo almeno due volte al giorno le notizie e mi aggiorno sulle attualit  dei fatti.

Totale:

• Mi piace conoscere persone nuove ed ampliare il cerchio delle mie conoscenze.

• Sono attento a non offendere gli altri o a contrastare le loro idee, anche se non sono completamente d' accordo.

•   importante per me dare amore ed essere amato.

Totale:

• Mi piace programmare in dettaglio le mie mosse prima di agire.

• Lavoro meglio e senza stress quando sono lontano dalle date limite.

• Preferisco dirigere la mia vita usando scopi, date e regole.

Totale:

•   piacevole lavorare in gruppo e condividere le mie avventure con gli altri.

• Mi piace fare tante cose e mischiare il lavoro con il gioco.

• Dirigo la mia vita in maniera libera e flessibile.

Totale:

• Sono competitivo in tutte le mie cose, nello sport, nella conversazione e negli affari.

• Non cambio la mia idea, tranne che mi sia convinto in maniera oggettiva, con la logica e l'evidenza dei fatti.

• Mi piace rischiare negli affari e nei rapporti interpersonali.

Totale:

• Preferisco discutere prima di negare o accettare un'idea dal punto di vista scientifico.

• Ho tante idee e cambio opinione senza difficolt .

• Apprezzo le conoscenze aggiornate, le informazioni precise e i dati approvati.

Totale:

• Mi piacciono le idee originali e creative e mi annoiano i dati freddi e logici.

• Sono attratto dall'estetica pi  che dalle cose pratiche.

• Preferisco la comunicazione emozionale e spontanea a quella mentale e logica.

Totale:

• Mi impegno a realizzare le promesse e apprezzo, in modo particolare le persone oneste.

• Sono legato a poche persone che conosco di cui mi posso fidare, e non ho grande stimolo a conoscere persone nuove.

• So mantenere i segreti e non rivelo le mie emozioni fino a sembrare freddo e duro.

2

Fig. 5.2. - Sheet used for the collection of information related to the identification of the

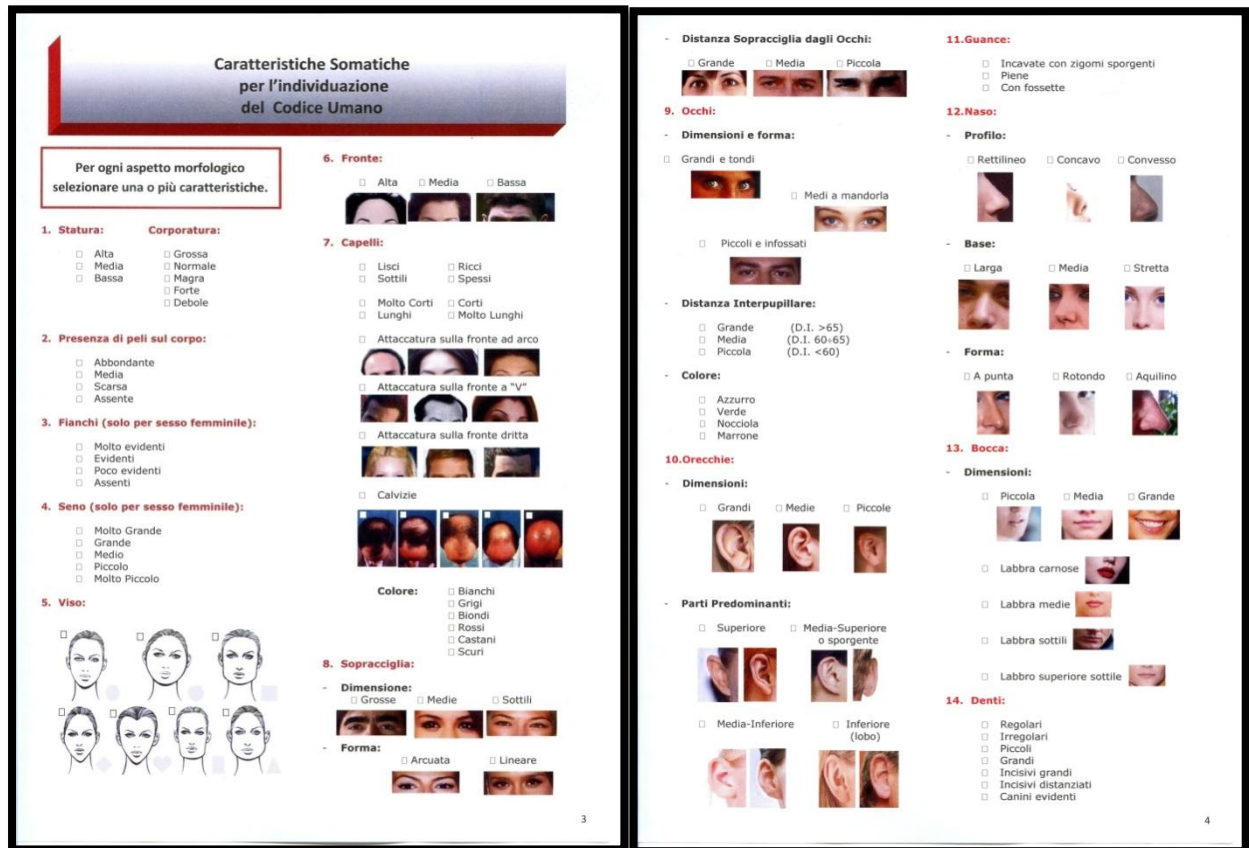


Fig. 5.3. - Sheets used for the collection of information related to the somatic characteristics for the evaluation of the Human Code according to the method of Dr. Nader Butto

5.3. List of statements to which the participants assigned values

- 1) I have often felt uncomfortable in making a choice.
- 2) I felt a sense of dismay at finding myself in an unfamiliar environment.
- 3) I often get the feeling that something unpleasant can happen to me.
- 4) The fear of the consequences has often influenced the choices I made.
- 5) I suffered to abandon a place dear to me.
- 6) I often tend to postpone unpleasant commitments.
- 7) I often let other influence me when I have to make a choice.
- 8) The journey of life up to now, meets my expectations.
- 9) I often feel that my mind is confused.
- 10) I face life with enthusiasm.
- 11) I have a feeling that in time my creativity and ingenuity have decreased.
- 12) I feel pessimistic.
- 13) My ideal of life corresponds to reality.
- 14) I was disappointed by a project that did not evolve successfully.

- 15) I am aware of my capacities.
- 16) It upsets me the fact that my value is not recognized.
- 17) I can not wait to meet the objectives.
- 18) I happen to suffer a fright front (accident, attacked by a dog, etc.).
- 19) I tolerated an unacceptable situation for too long.
- 20) I suffered a sudden fright from behind (eg unexpected slap on the neck).
- 21) I have always had difficulties to accept my appearance.
- 22) I find it difficult to accept my outer changes due to “the passage of time”.
- 23) I easily remember dreams.
- 24) I have a strong ability regarding imagination.
- 25) I have a good visual memory.
- 26) I suffered for not having accomplished an important project.

5.4. List of keys of the Human Constitutions

The Constitution is a partly genetic and partly acquired derivation during the development of the person. It is detectable by the morphological look and more specifically through sexual polarity and the polarity of the four elements (see chapter 4.3.).

It consists of a combination of three symbols: bar (|), Circle (●) and Triangle (▼), resulting from the processing of the 64 human codes. (10)

The first symbol corresponds to the sexual polarity, the second to the constitution and the third is the stimulator.

In the research we will group them according to the different keys and those with equal constitution (Fig. 5.4.), therefore constitution “Bar” (key 1, 2, 3 and 4), constitution “Circle” (key 5 and 6) and constitution “Triangle” (key 7, 8, 9, 10 and 11).

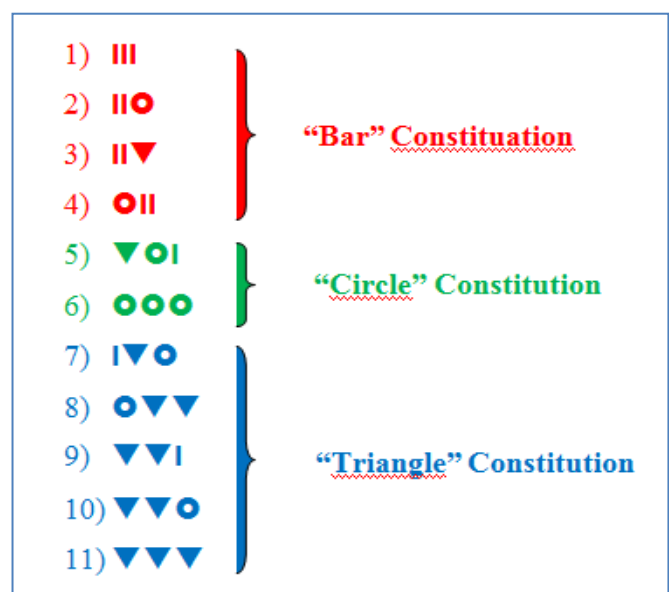
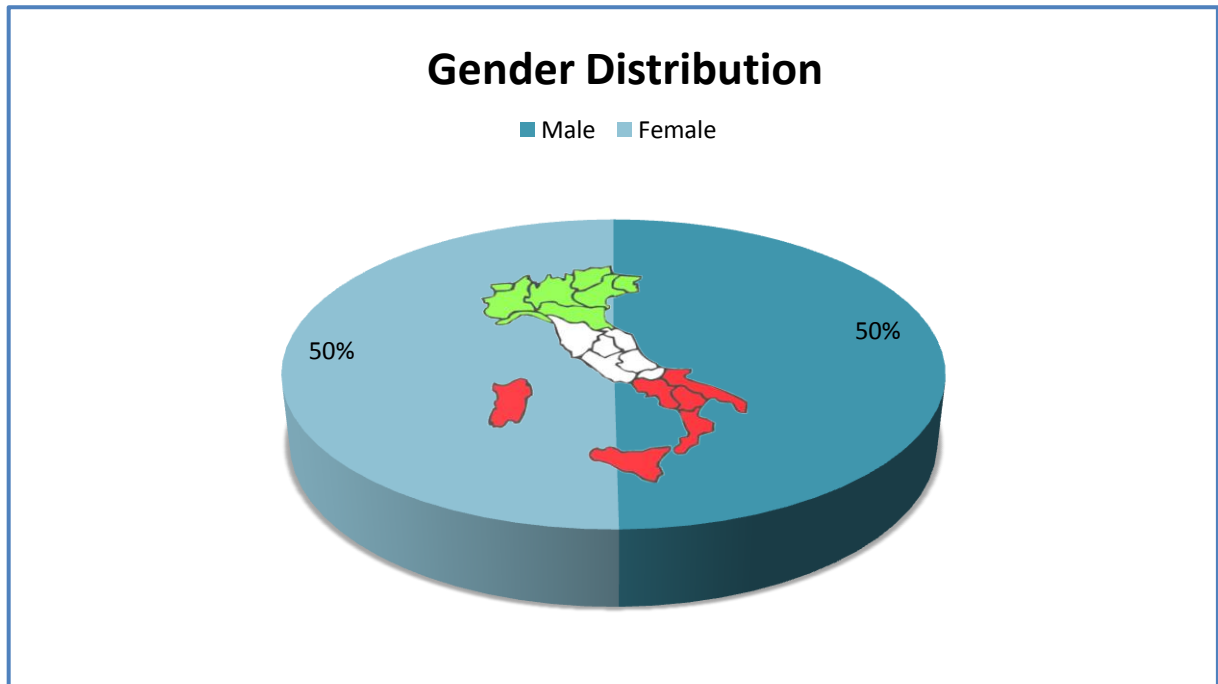


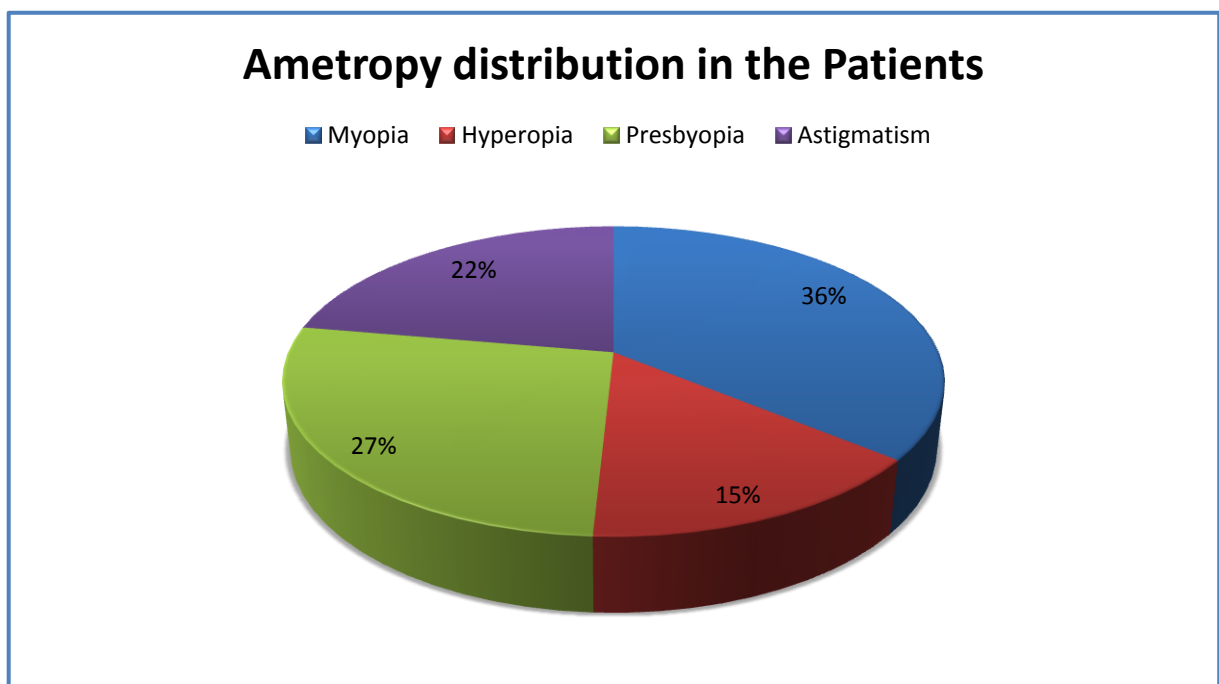
Fig. 5.4 - Keys of the Constitution of the Human Code

5.5. Presentation of the Research

In the research, 227 individuals from different areas of Italy were evaluated, including 113 males and 114 females, between 14 and 84 years of age divided into four categories of Ametropia: Myopia, Hyperopia, Presbyopia and Astigmatism (*Graphics 5.1. and 5.2.*).



Graphic 5.1. - Distribution of the individuals regarding gender (Male and Female)



Graphic 5.2. - Distribution of the ametropies regarding the totality of the individuals analyzed (Myopia 36%, Hyperopia 15%, Presbyopia 27% and Myopic Astigmatism 22%)

5.6. Collection Data Modality

The data collected of the 227 individuals who have collaborated for the study, an excel worksheet was filled as *Fig.5.5.* presents. Each person was assigned a serial number, with name, sex, age, type of ametropia, the Human Code and the key of the Constitution. In addition to this, the 26 points of the questionnaire to answer.

N° Prog.	Nome	Sesso	Età	Ametropia	Codice Umano	Chiave	SITUAZIONI CONFLITTUALI																										
							1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	
1	Mauro	M	42	AM	(++++)	110	9	9	3	10	9	10	3	4	8	8	1	1	2	3	10	10	9	3	7	3	7	1	1	8	7	3	
2	Cesare	M	66	P	(++++)	000	7	8	6	5	2	8	7	7	7	3	8	6	5	5	6	5	7	4	7	2	2	3	8	8	7	6	
3	Stefania	F	37	AM	(++++)	VVV	8	10	3	9	9	5	7	8	3	9	2	2	5	8	5	8	8	9	9	10	2	7	7	5			
4	Lilli	F	32	AM	(++++)	11V	6	7	2	2	5	5	2	2	2	5	5	1	2	5	3	8	6	1	1	1	10	5	2	10	8	8	
5	Nella	F	58	IP	(++++)	OVV	2	10	1	1	1	10	1	10	5	5	7	1	6	10	10	10	1	3	10	1	10	10	5	10	8	10	
6	Michael	M	13	M	(++++)	Q11	9	10	6	10	1	7	6	10	4	6	1	1	10	10	10	6	6	6	10	10	1	1	10	10	1		
7	Erik	M	22	AM	(++++)	000	4	4	5	2	3	2	5	8	5	8	7	3	7	10	8	9	8	5	2	5	1	1	8	7	5	5	
8	Roberta	F	47	MAP	(++++)	VVO	5	3	1	8	9	3	1	6	1	10	1	1	2	8	10	4	10	1	10	1	1	4	8	9	10	7	8
9	Alex	M	27	AM	(++++)	000	3	5	2	5	4	6	6	7	3	8	3	5	7	5	8	7	9	3	1	8	7	5	3	1	5	7	
10	Claudiana	F	30	AM	(++++)	VO1	10	9	7	8	9	8	9	5	9	8	7	7	5	9	7	6	8	8	7	7	8	8	8	7	4	8	
11	Lucia	F	50	MAP	(++++)	Q11	2	4	1	3	7	2	1	9	1	6	1	1	8	4	9	3	2	7	9	2	5	2	1	3	5	2	
12	Cristina	F	22	AM	(++++)	VV1	1	1	4	1	6	1	1	8	1	1	2	10	6	1	2	1	10	1	1	2	7	1	1	6	1	1	
13	Elisa	F	19	AM	(++++)	OVV	4	6	6	7	2	5	5	9	2	9	2	3	7	7	6	3	2	1	1	7	6	6	5	7	7	3	
14	Manuel	M	26	M	(++++)	OVV	4	5	1	3	6	4	6	9	2	6	2	3	6	3	8	5	4	10	2	2	1	3	2	6	5	3	
15	Catia	F	27	AM	(++++)	11V	1	3	1	1	4	4	3	9	1	9	2	1	8	4	8	1	10	2	3	3	2	1	8	7	9	5	
16	Chiara	F	30	M	(++++)	OVV	1	6	3	7	6	9	1	6	3	8	6	3	2	1	8	9	3	9	10	8	10	3	1	5	6	1	
17	Alberta	F	69	MAP	(++++)	000	9	3	8	10	9	8	8	7	10	7	2	9	6	3	9	10	9	1	4	1	2	2	3	1	1	1	
18	Daniilo	M	30	M	(++++)	110	4	2	1	4	5	3	8	8	2	8	5	3	6	3	8	6	7	8	8	8	3	3	1	5	3	4	
19	Diego	M	40	M	(++++)	111	8	7	3	6	8	5	3	7	3	9	3	3	6	6	9	9	5	1	5	3	5	3	5	8	8	5	
20	Greta	F	22	AM	(++++)	VVV	5	7	4	4	8	7	5	6	7	8	4	3	8	6	8	6	7	5	8	6	4	3	5	10	9	4	
21	Mario	M	49	P	(++++)	OVV	0	4	0	3	5	3	8	0	8	0	0	7	0	9	0	5	10	0	0	3	7	9	0				
22	Stefania	F	42	M	(++++)	VV1	7	5	3	3	2	2	5	8	2	8	8	1	8	5	9	8	5	5	1	0	3	5	5	3	6	6	
23	Giuseppe	M	43	P	(++++)	OVV	4	1	2	5	4	3	4	7	3	8	2	1	4	6	8	8	7	4	6	5	3	3	7	8	8	9	
24	Loredana	F	40	M	(++++)	000	4	4	2	0	0	7	0	5	0	9	0	0	6	5	9	10	8	10	7	0	0	5	8	7	4	2	
25	Francesca	F	28	AM	(++++)	OVV	0	2	1	1	5	3	1	8	0	9	0	0	8	5	8	2	8	6	0	0	0	0	8	6	9	2	
26	Samuele	M	35	AM	(++++)	OVV	3	2	0	3	0	1	1	7	1	7	0	1	8	3	8	3	4	10	5	3	1	1	2	8	9	2	
27	Karin	F	31	M	(++++)	Q11	3	2	3	5	3	2	7	2	9	2	3	6	5	5	4	6	10	2	5	10	3	3	10	9	5		
28	Giulia	F	42	E	(++++)	Q11	3	3	1	2	6	9	2	7	3	9	3	1	2	4	9	7	5	10	10	6	3	5	8	9	4		
29	Cristina	F	70	IAP	(++++)	Q11	4	6	3	8	1	9	1	3	10	4	9	10	5	1	5	5	4	10	10	0	1	10	1	10	7	3	
30	Ilaria	F	23	I	(++++)	VV1	7	10	3	5	7	4	9	10	7	10	7	4	8	5	6	6	10	10	8	10	6	3	5	8	9	5	
31	Luca	M	18	M	(++++)	Q11	7	8	10	4	10	8	0	0	6	2	7	8	3	8	7	8	7	7	10	6	4	0	6	6	5	10	
32	Realino	M	66	MAP	(++++)	110	9	8	9	10	3	8	2	7	9	4	10	2	7	10	8	10	10	0	2	9	3	3	8	4	9	10	
33	Davide	M	15	M	(++++)	OVV	5	4	6	5	1	4	6	8	6	7	7	4	5	5	8	7	6	4	7	7	4	3	6	7	5	3	
34	Mauro	M	47	AI	(++++)	110	5	3	2	7	2	8	5	5	5	7	10	5	6	8	8	5	2	10	8	8	3	3	1	7	10	8	
35	Rosanna	F	22	M	(++++)	OVV	8	8	2	7	0	9	4	7	3	8	7	1	2	2	8	6	4	0	5	10	7	0	10	8	10	5	
36	Damiano	M	25	M	(++++)	000	3	7	6	2	7	6	4	7	4	5	2	9	7	8	8	9	6	6	9	3	2	1	7	5	8	6	
37	Gian Paolo	M	46	I	(++++)	000	8	4	2	9	5	10	8	8	6	6	4	8	6	6	8	5	2	1	6	1	4	2	1	10	10	7	
38	Monia	F	26	M	(++++)	OVV	6	8	4	6	8	3	6	9	1	8	7	6	8	7	7	7	10	8	6	8	4	1	6	7	8		
39	Marco	M	49	P	(++++)	OVV	1	2	0	0	3	1	6	0	8	0	0	6	0	8	5	7	8	3	0	0	0	6	6	8	1		
40	Valeria	F	32	M	(++++)	11V	6	7	5	7	8	5	4	6	2	7	4	7	7	7	8	8	7	9	8	5	5	2	10	9	10	7	
41	Paola	F	52	MAP	(++++)	Q11	8	8	1	8	9	1	6	2	7	10	8	1	8	10	10	8	8	10	2	1	9	1	2	10	3	10	
42	Riccardo	M	49	MP	(++++)	OVV	6	7	0	6	7	8	4	6	4	6	7	6	6	6	6	6	7	8	5	2	2	4	0	2	2	2	
43	Espedito	M	43	AM	(++++)	OVV	3	2	0	1	2	2	0	4	2	4	5	8	5	4	5	6	4	0	4	0	1	0	0	6	7	4	
44	Massimo	M	36	M	(++++)	IOV	4	3	4	8	4	7	6	6	3	7	2	3	5	7	7	8	8	4	8	7	5	3	5	8	8	7	
45	Giorgio	M	28	AM	(++++)	VVO	6	8	9	9	3	7	6	7	6	7	6	6	6	6	6	7	8	7	2	3	4	6	3	3	5	9	6
46	Elisa	F	31	AM	(++++)	VVO	6	7	7	7	8	6	6	2	4	6	6	6	2	7	7	2	2	8	8	2	3	3	4	7	9	9	
47	Massimo	M	38	M	(++++)	111	5	7	0	2	6	7	2	9	0	6	0	0	5	7	10	10	2	10	0	0	3	0	10	10	9	10	
48	Donata	F	51	MP	(++++)	OVV	0	0	0	4	0	0	10	0	10	10	0	10	0	10	0	8	10	7	2	0	0	0	0	8	6	8	0
49	Eugenio	M	54	IAP	(++++)	OVV	0	3	1	0	4	1	2	3	0	9	1	2	10	5	8	10	10	3	0	0	4	2	10	0			
50	Enrico	M	52	MAP	(++++)	110	2	2	2	5	5	6	4	8	5	8	3	3	6	4	8	5	8	2	2	2	2	5	6	6	8	2	

Fig. 5.5. - Excel sheet used to collect data and statistical analysis

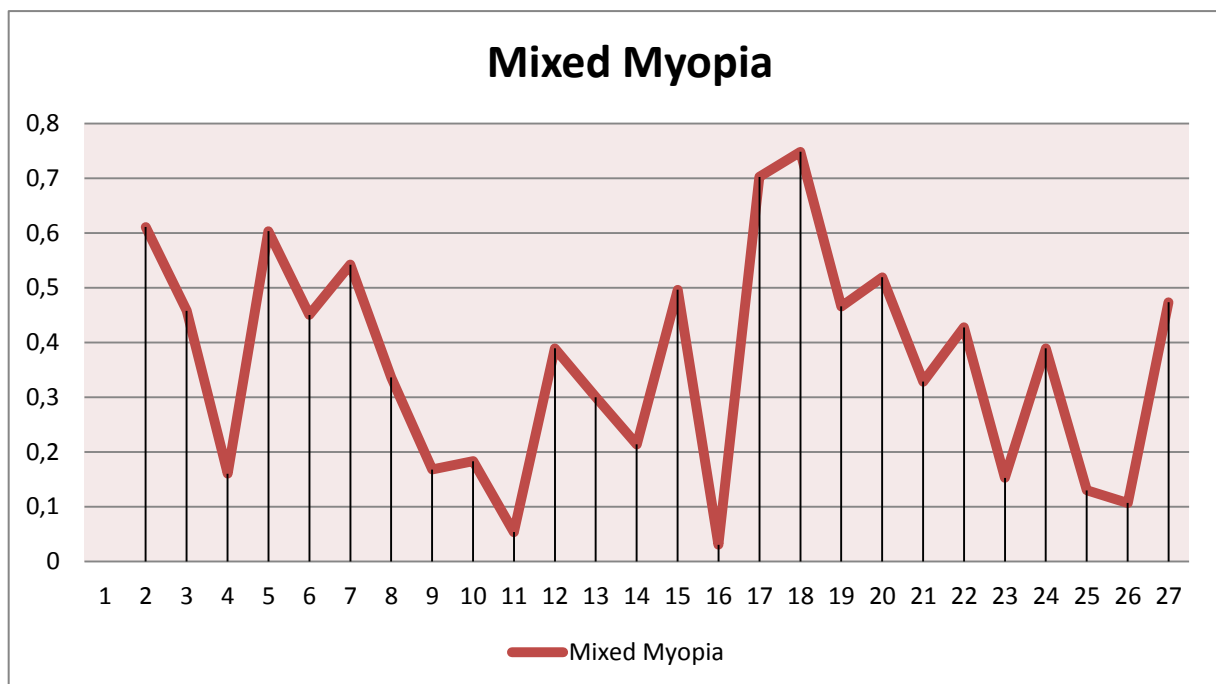
5.7. Statistic development

The graphs of the responses given by the subjects taking into account the following groups of Ametropy, which will apply is evaluated independently, in comparison with other categories:

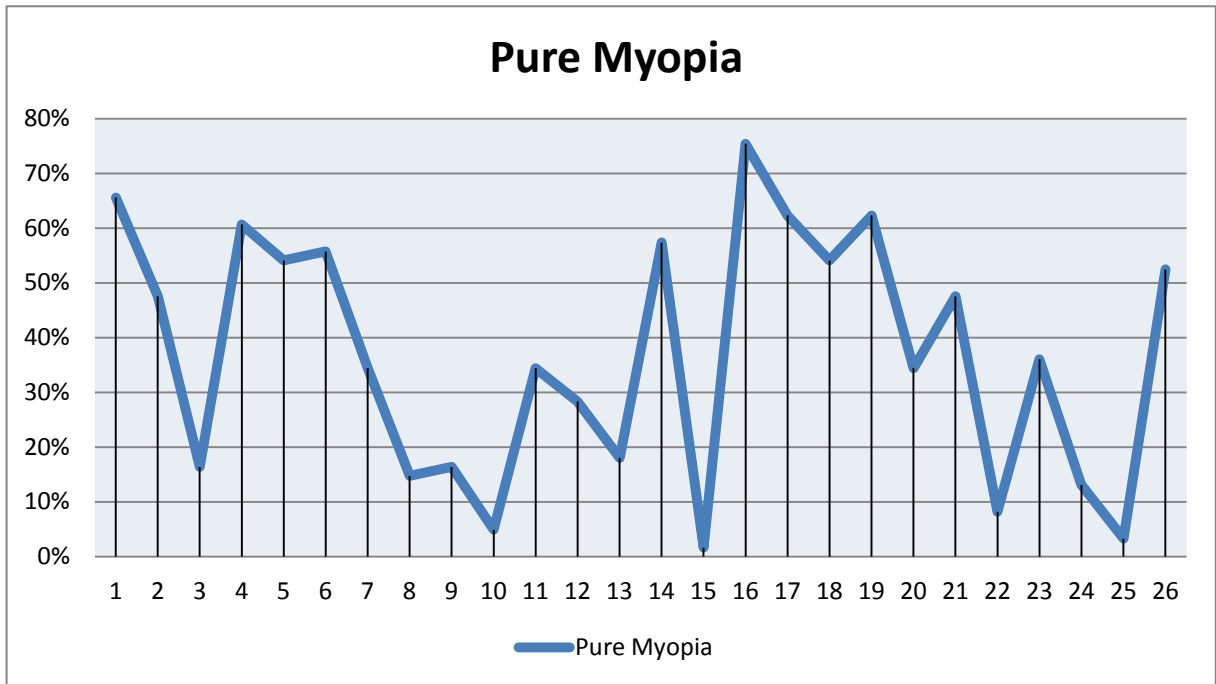
- **Mixed Myopia:** myopia, astigmatism associated with and / or associated with presbyopia.

- **Pure Myopia:** simple myopia.
- **Mixed Hyperopia:** simple hyperopia, astigmatism associated with and / or associated with presbyopia.
- **Pure Hyperopia:** simple hyperopia.
- **Mixed Presbyopia:** simple presbyopia associated with myopia, and / or associated with hyperopia, and / or associated with astigmatism.
- **Pure Presbiopia:** simple presbyopia.
- **Astigmatism:** myopia, hyperopia, presbyopia and astigmatism associated with
- **Myopic Astigmatism:** myopia combined with astigmatism
- **Hyperopic Astigmatism:** hyperopia combined with astigmatism.

The responses selected from the 26 statements with the criteria set out in Chapter 5.1., will be considered only in the case in which the significance is equal to or greater than 60%.



Graphic 5.3. - Percentage of incidence relative to different areas of conflict in patients with Myopia associated or mixed with other types of Ametropia



Graphic 5.4. - Percentage of incidence relative to different areas of conflict in patients with simple Myopia

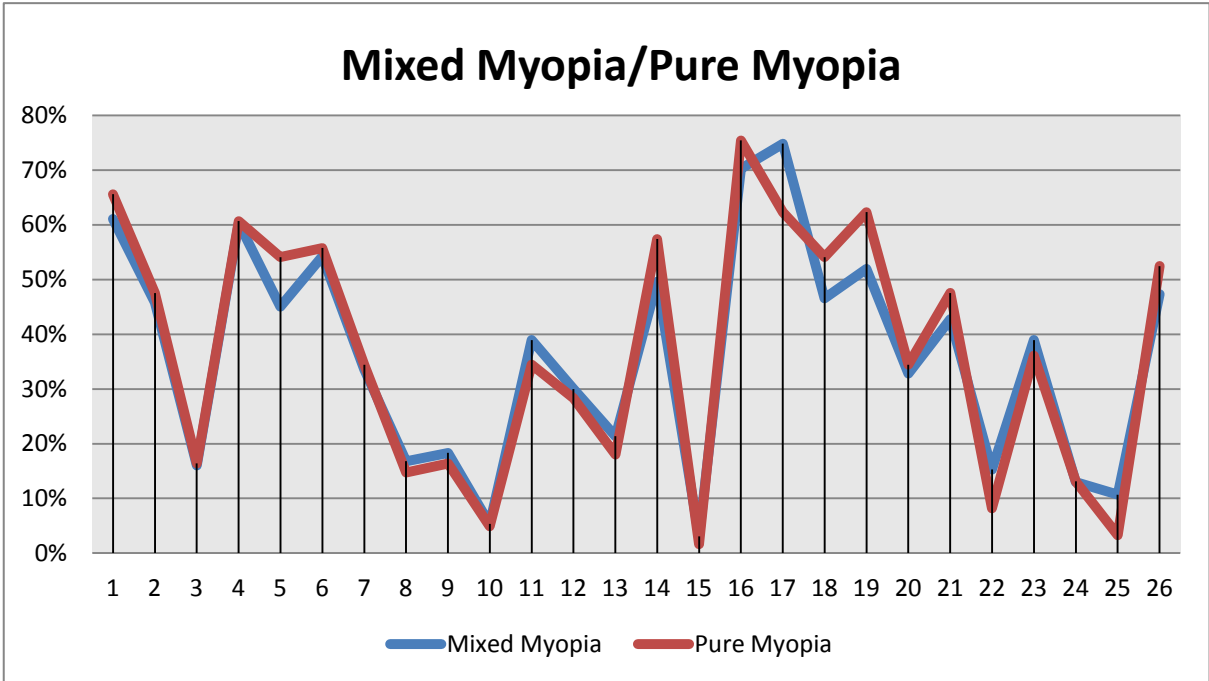
Graphs 5.3. and 5.4. show the most significant points that correspond to situations in which the Myopic person can meet a condition of conflict often, that energetically affects the energy of the eye, predisposing a geometrical structural change.

The points of the questionnaire that are most relevant in Myopia:

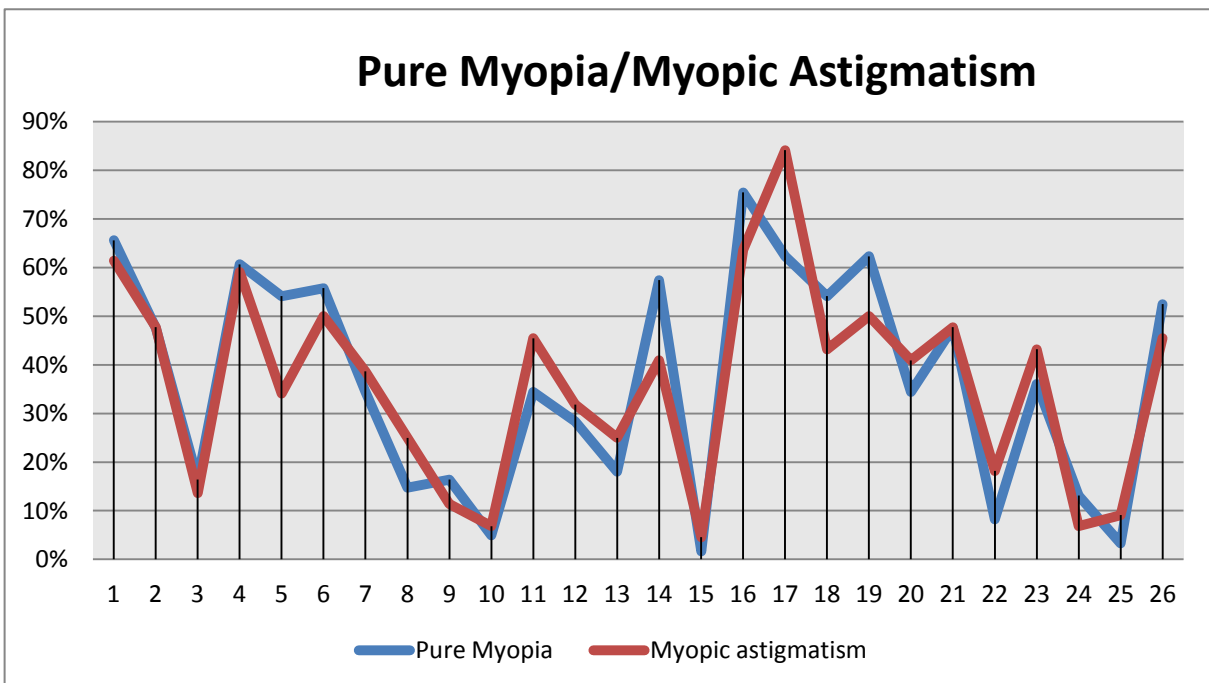
- **Statement 1:** I have often felt uncomfortable while making a choice.
- **Statement 4:** The fear of the consequences has often influenced the choices I made.
- **Statement 16:** It upsets me the fact that my value is not recognized.
- **Statement 17:** I can not wait to meet objectives.

In *Graphic 5.5.* the results are compared with those of the Mixed Myopia and Pure Myopia. Then, taking into consideration the four points previously described, it appears that with respect to the statement 1, 4 and 16 there is a prevalence of Pure Myopia, while at point 17 there is a prevalence of Mixed Myopia.

Point 17 as can be seen on *Graphic 5.6.*, is influenced by the greater importance of conflict for those with Myopia associated to Astigmatism.



Graphic 5.5. - Percentage of incidence relative to different areas of conflict in patients with Myopia associated with other types of Ametropia and those with simple Myopia



Graphic 5.6. - Percentage of incidence relative to different areas of conflict in patients with myopia and those with simple myopic astigmatism

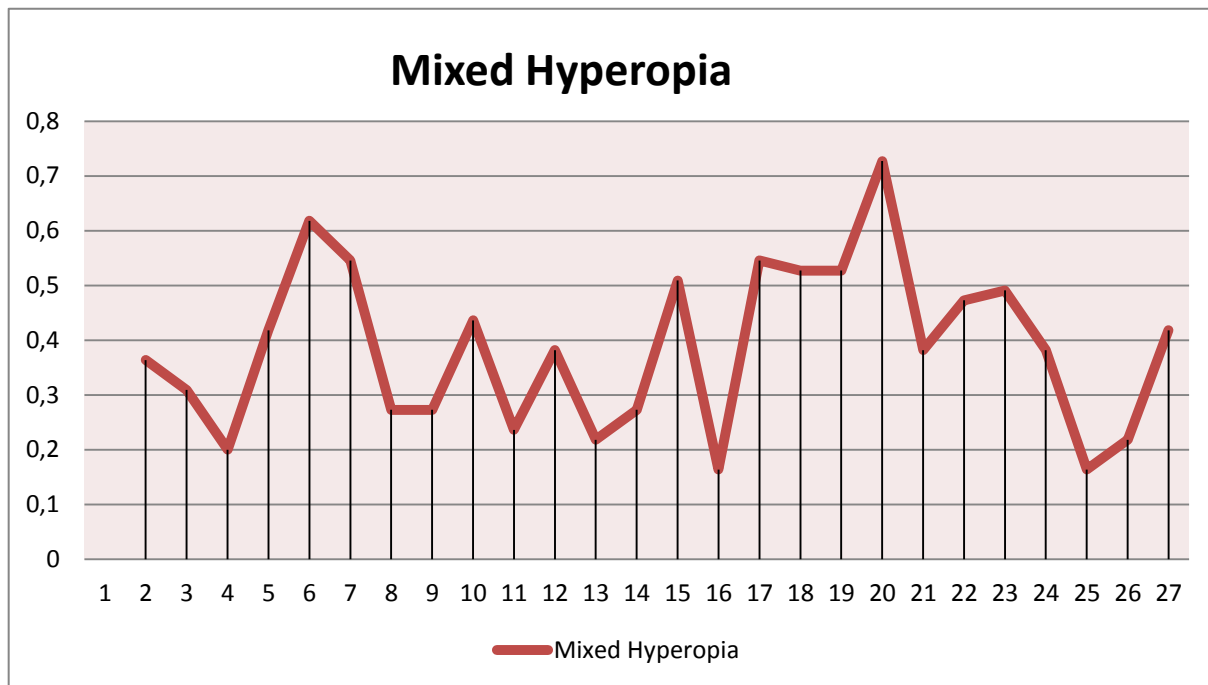
Graphs 5.7. and 5.8. show the most significant points that correspond to situations in which the Hyperopic person can meet a condition of conflict more often, that energetically affects the energy of the eye, predisposing to a geometrical structural change, which could lead to Hyperopia.

The points of the questionnaire that are most relevant in relation to Hyperopia, are the following:

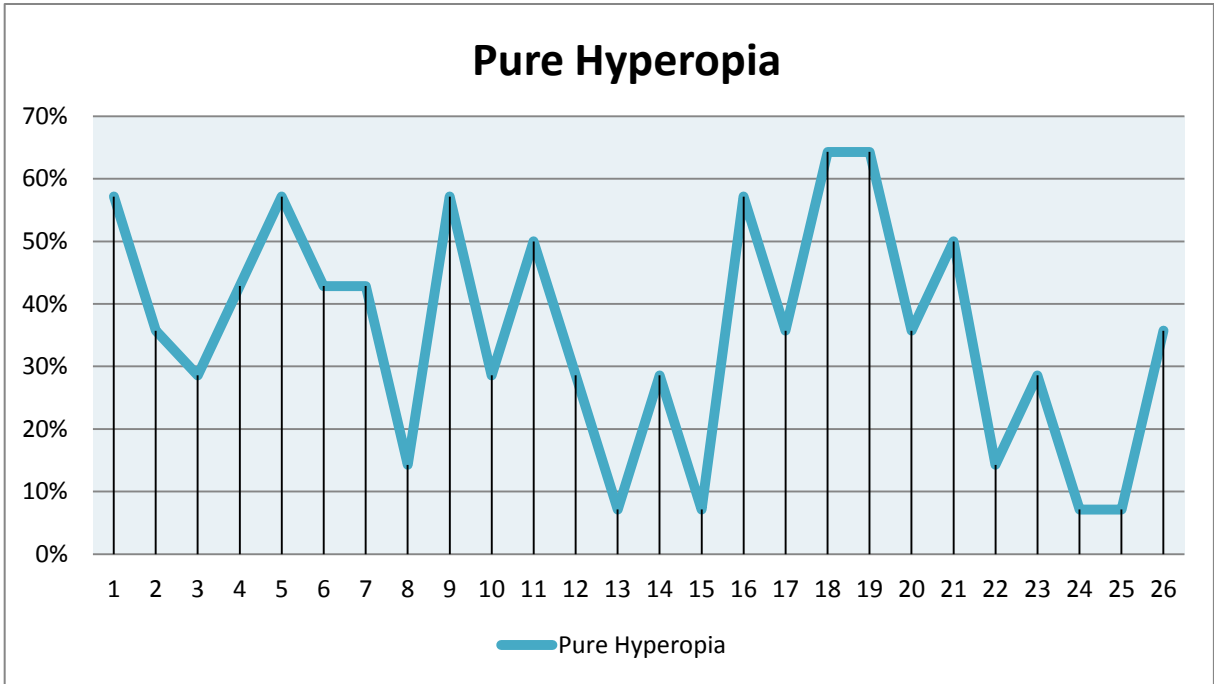
- **Statement 5:** I suffered to abandon a place dear to me.
- **Statement 19:** I tolerated an unacceptable situation for too long.

From the comparison of the conflicts of people with Pure Hyperopia and Mixed Hyperopia (Graph 5.9.), we can see that for the first group there is a slight predominance in statements 5 and 9, meanwhile with regards to the second, there was a considerable increase in statement 18 “I suffered a front fear (accident, dog attack, etc.)”

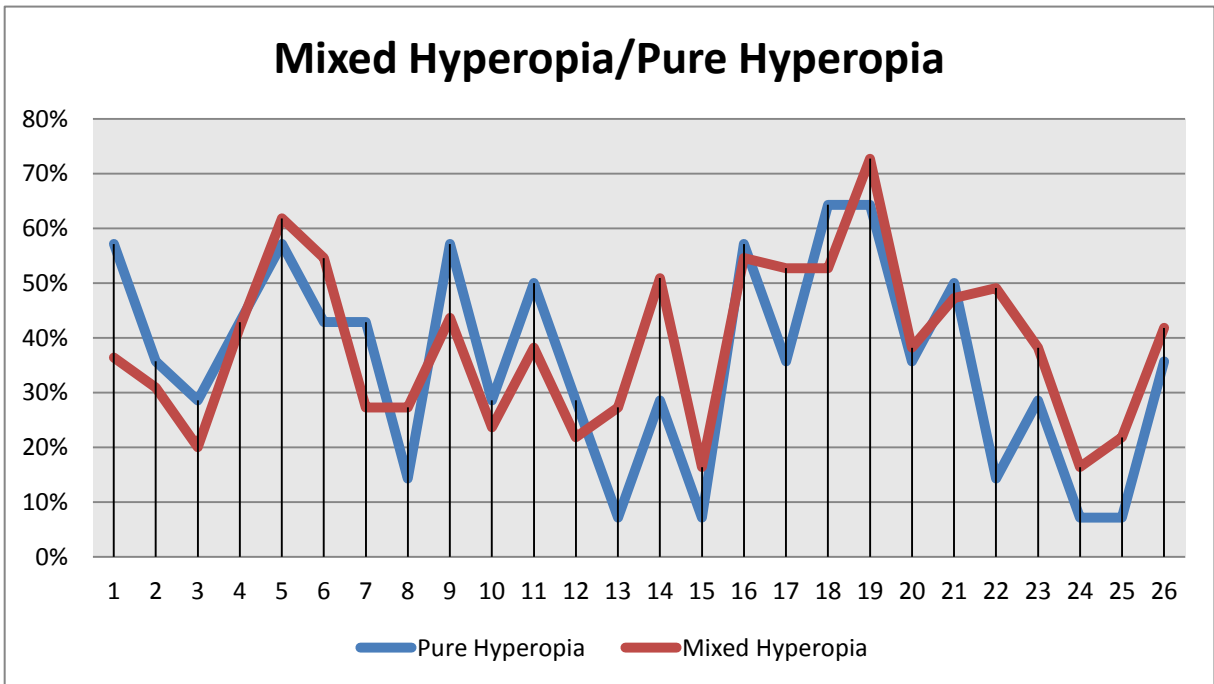
Even in Hyperopic Astigmatism (Graphic 5.10.), as noted in the Myopic Astigmatism compared to Pure Hyperopia, there is a clear predominance of point 17 “I can not wait to meet objectives.”



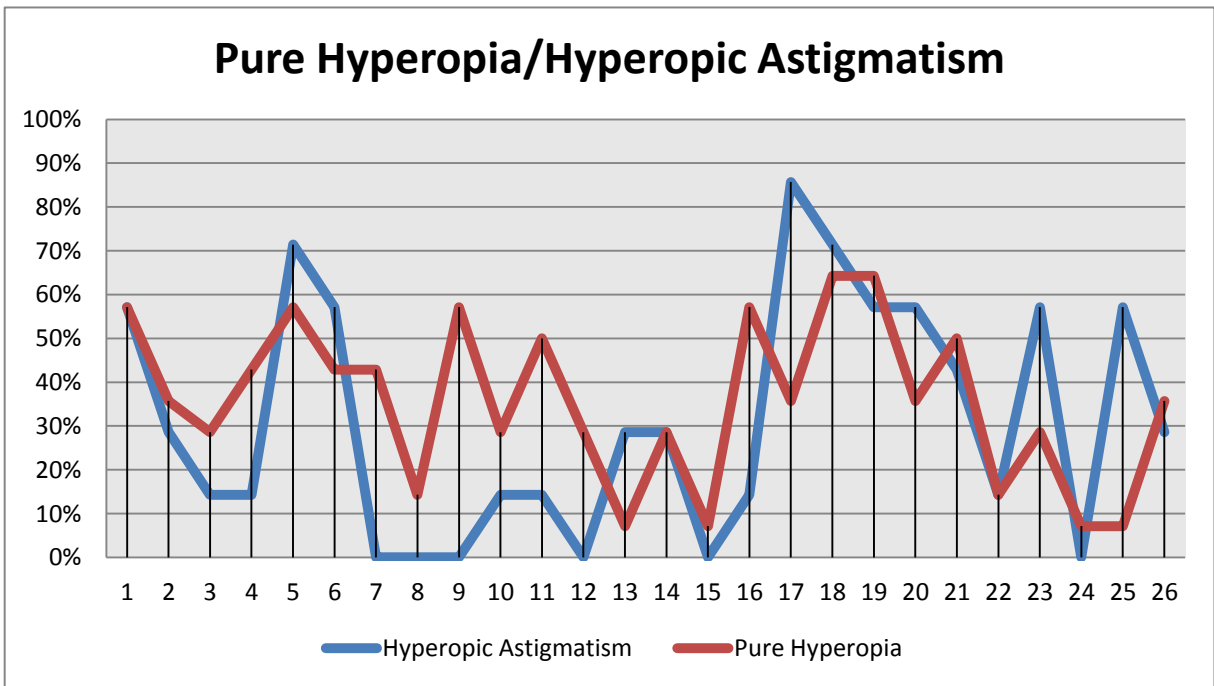
Graphic 5.7. - Percentage of incidence relative to different areas of conflict in patients with Hyperopia also associated with other types of Ametropia



Graphic 5.8. - Percentage of incidence relative to different areas of conflict in patients with Pure Hyperopia



Graphic 5.9. - Comparison of the percentage impact on various areas of conflict in patients with Hyperopia associated with other types of Ametropia (Mixed Hyperopia) and those with



Graphic 5.10. - Comparison of the percentage of impact on various areas of conflict in patients with Pure Hyperopia and those with Astigmatism

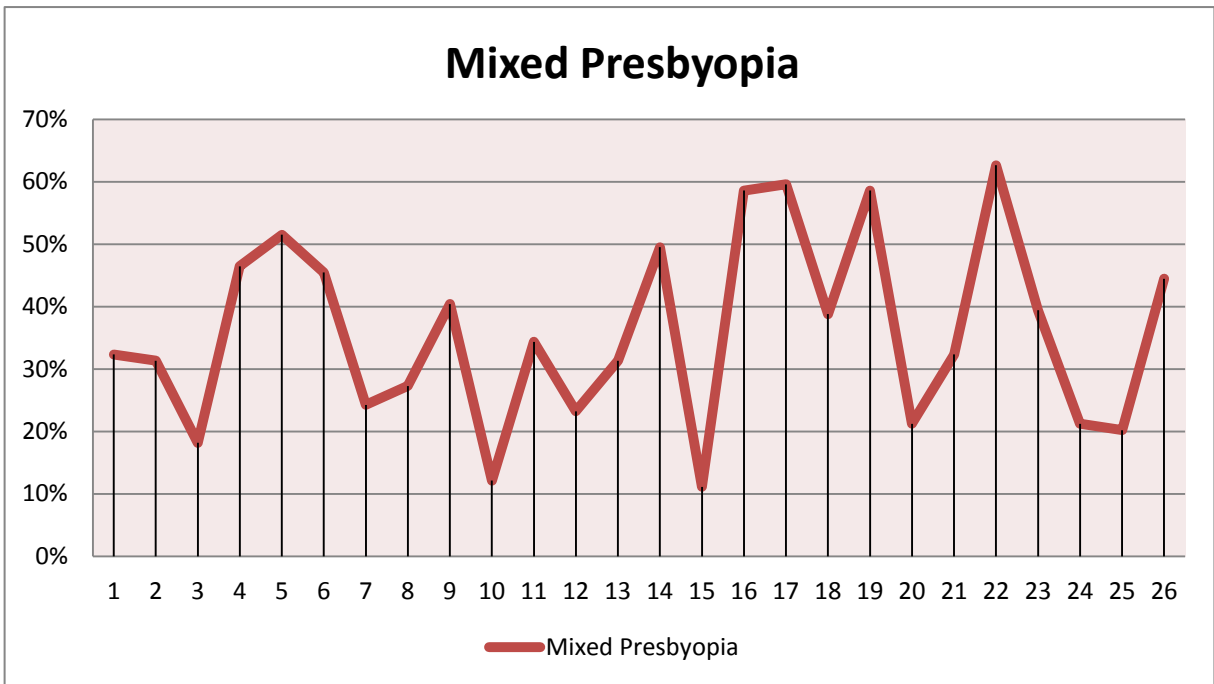
Graphs 5.11. and 5.12. highlight the most significant points that correspond to situations in which the Presbyopic person can meet a condition of conflict more often, that energetically affects the energy of the eye, predisposing to a geometrical structural change, which could lead to Presbyopia.

The points of the questionnaire that are most relevant in Presbyopia are the following:

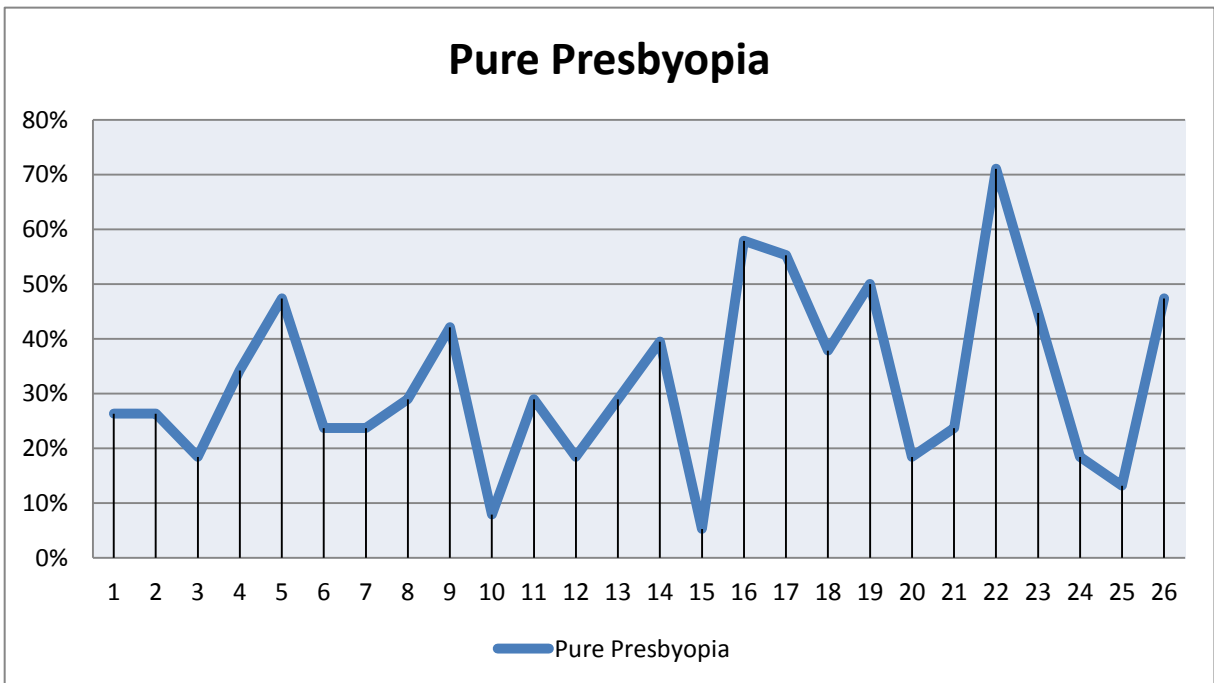
- **Statement 17:** I can not wait to meet objectives.
- **Statement 22:** I find it difficult to accept my outer changes due to “the passage of time”.

In Pure Presbyopia in relation to the Mixed, it is very evident the prevalence of statement 22, which however remains the only significant value.

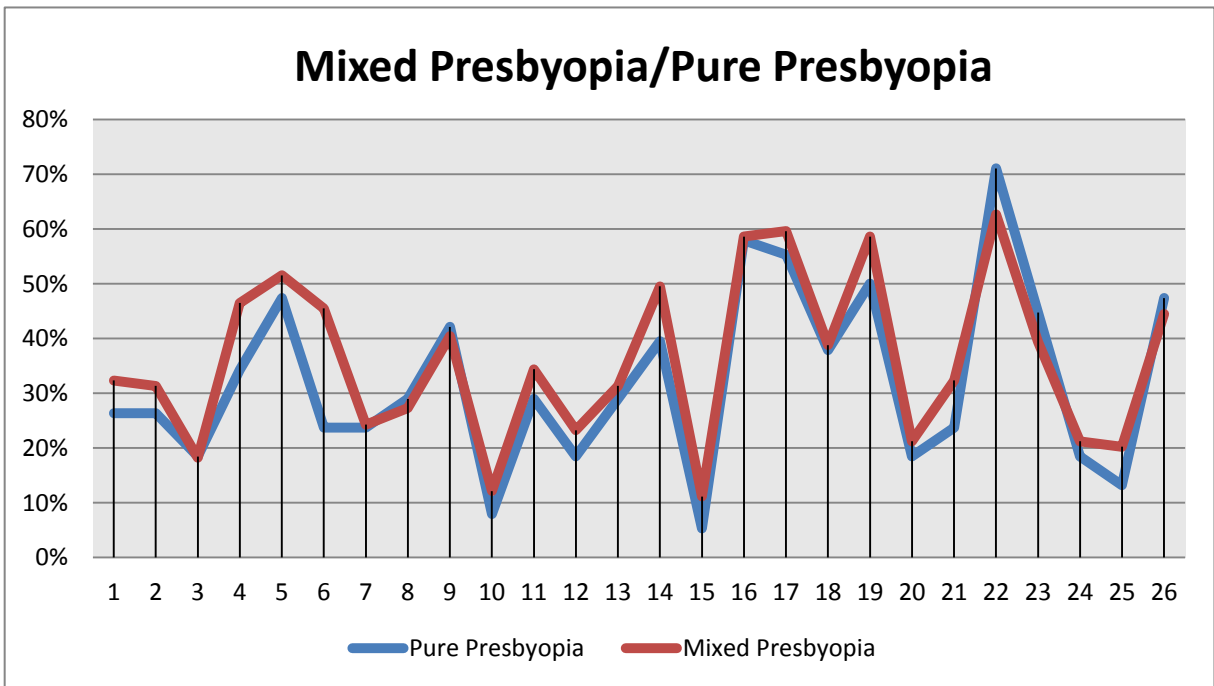
From this comparison, it is considered to be a slight increase in the percentage of conflicts related to statements 17 and 19 in Pure Presbyopia, arriving at the edge of the threshold of consideration (Graphic 5.13.).



Graphic 5.11. - Percentage of incidence relative to different areas of conflict in patients with Presbyopia also associated with other types of Ametropy



Graphic 5.12. - Percentage of incidence related to different areas of conflict in patients with Pure Presbyopia



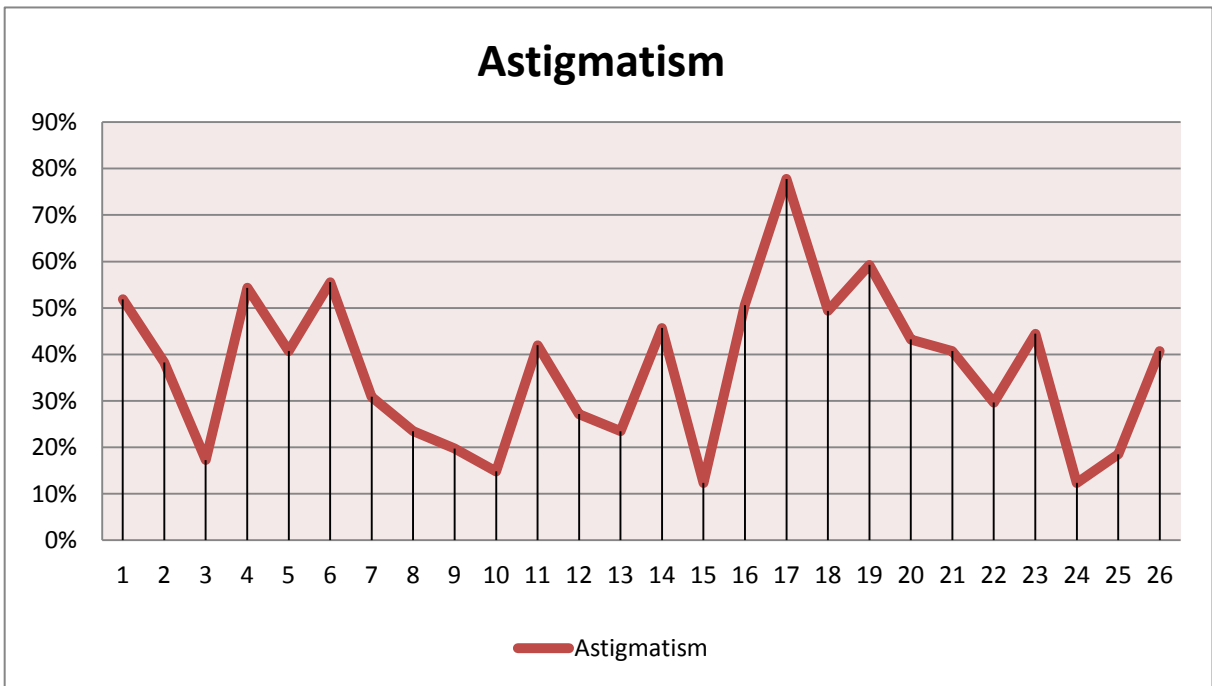
Graphic 5.13. - Comparison of the percentage of impact on various areas of conflict in patients with Pure Hyperopia with Astigmatism

From *Graph 5.14.*, regarding conflicts in people with Astigmatism, who express and confirm as was already noted by comparison of Astigmatism associated with Myopia and Hyperopia, that the conflict concerns mostly statement 17:

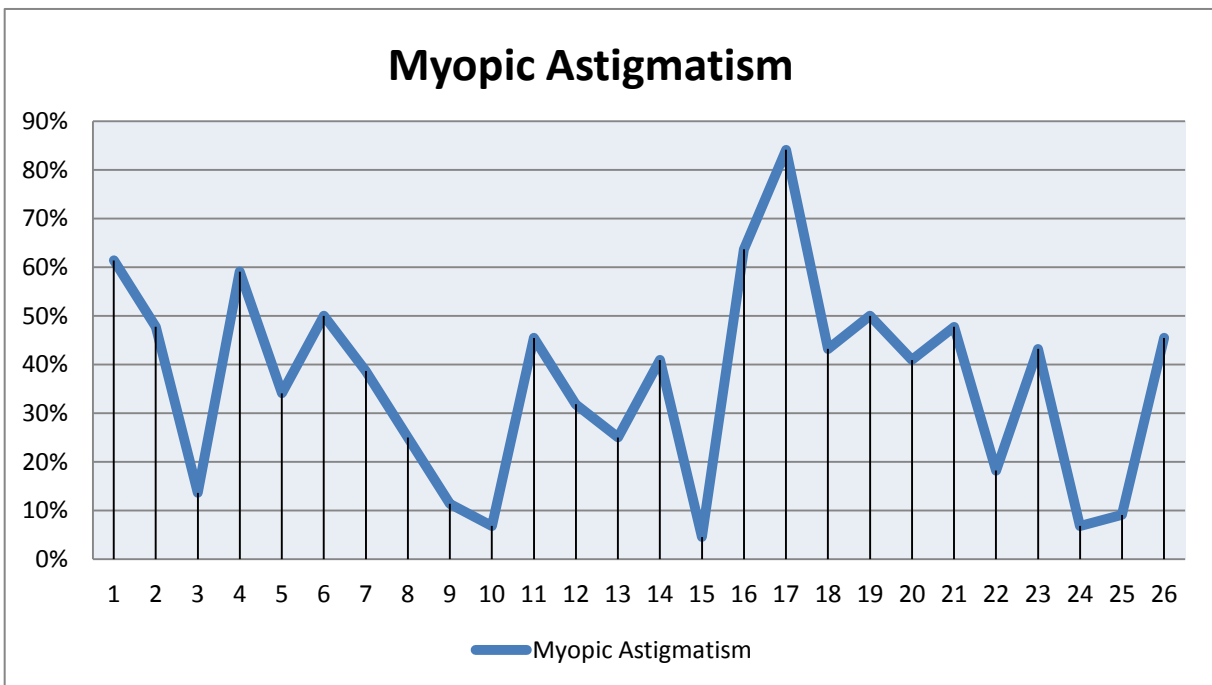
- I can not wait to meet the objectives.

In Myopic Astigmatism, in addition to paragraph 17, statements 1 and 4 are relevant, which are actually common in subjects with Myopia (*Graph 5.15.*).

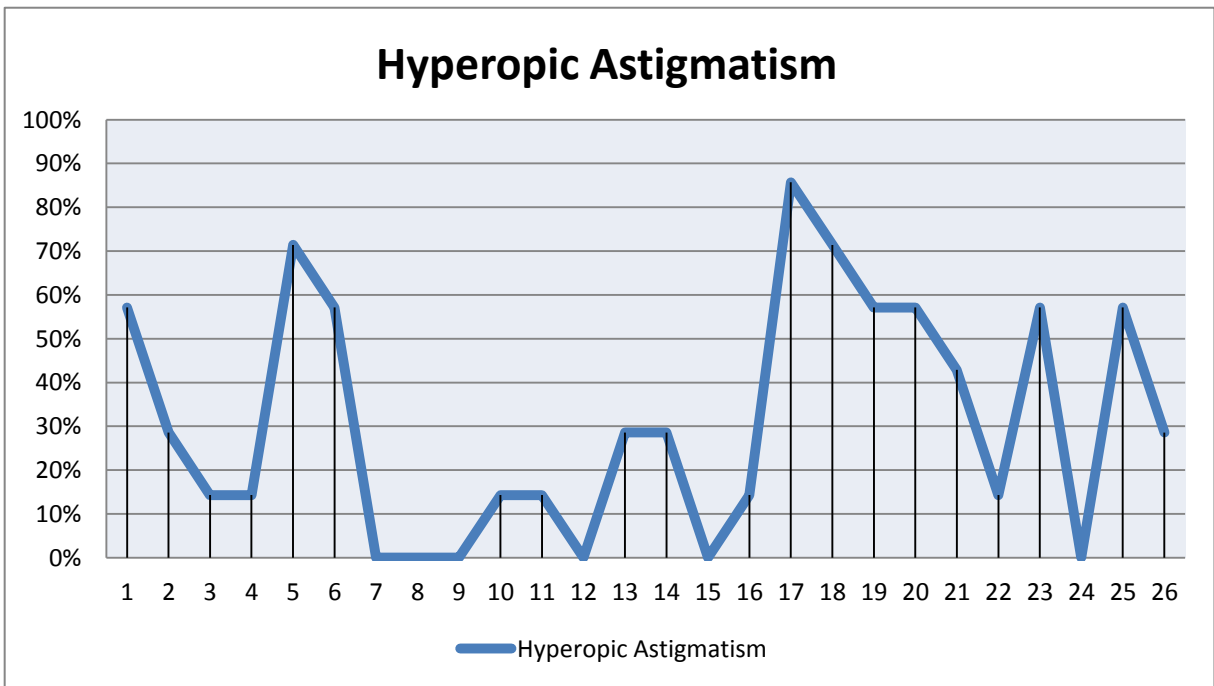
In Hyperopic Astigmatism, always in addition to paragraph 17, statements 5 and 18 are relevant, already highlighted in Hyperopic patients. (*Graph 5.16.*).



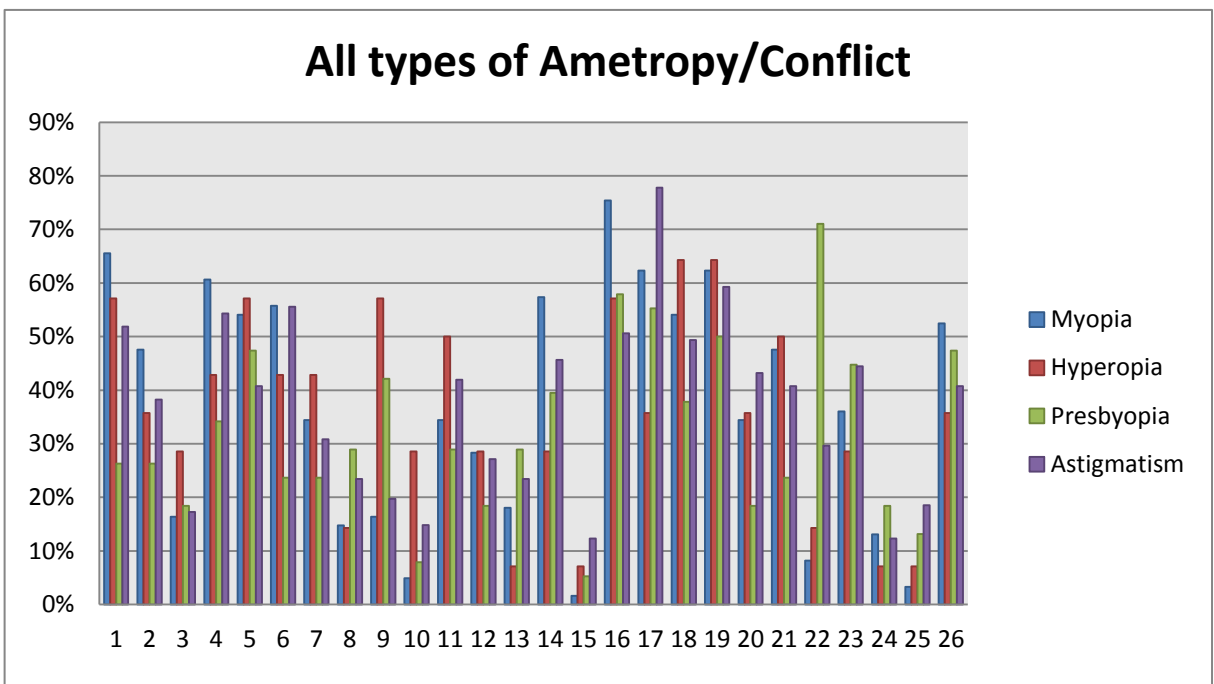
Graphic 5.14. - Percentage of incidence relative to different areas of conflict in patients with Astigmatism



Graphic 5.15. - Percentage of incidence relative to different areas of conflict in patients with Myopic Astigmatism



Graphic 5.16. - Percentage of incidence relative to different areas of conflict in patients with Hyperopic Astigmatism



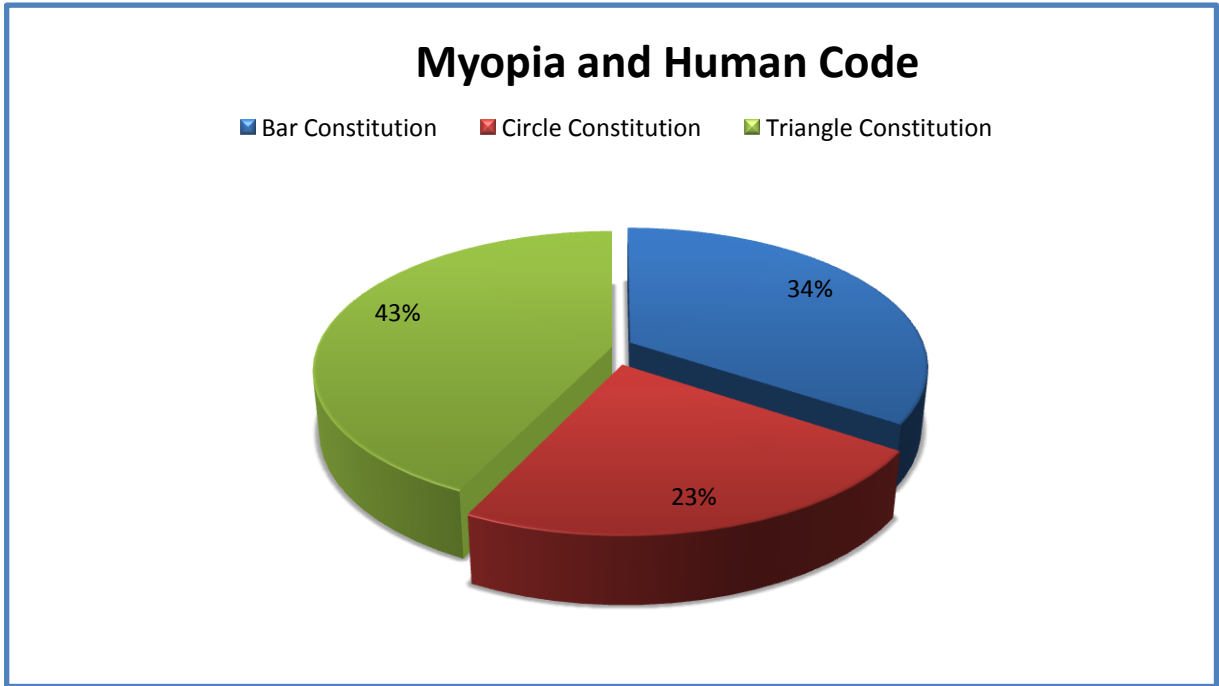
Graphic 5.17. - Comparison of the rates of incidence relative to the 26 conflict situations for all 227 patients responses analyzed in all considered types of Ametropy (Pure Myopia, Pure Hyperopia, Pure Presbyopia and Astigmatism)

Table 5.1. summarizes the values for the percentage of incidence relative to the different areas of conflict shown in Graph 5.17..

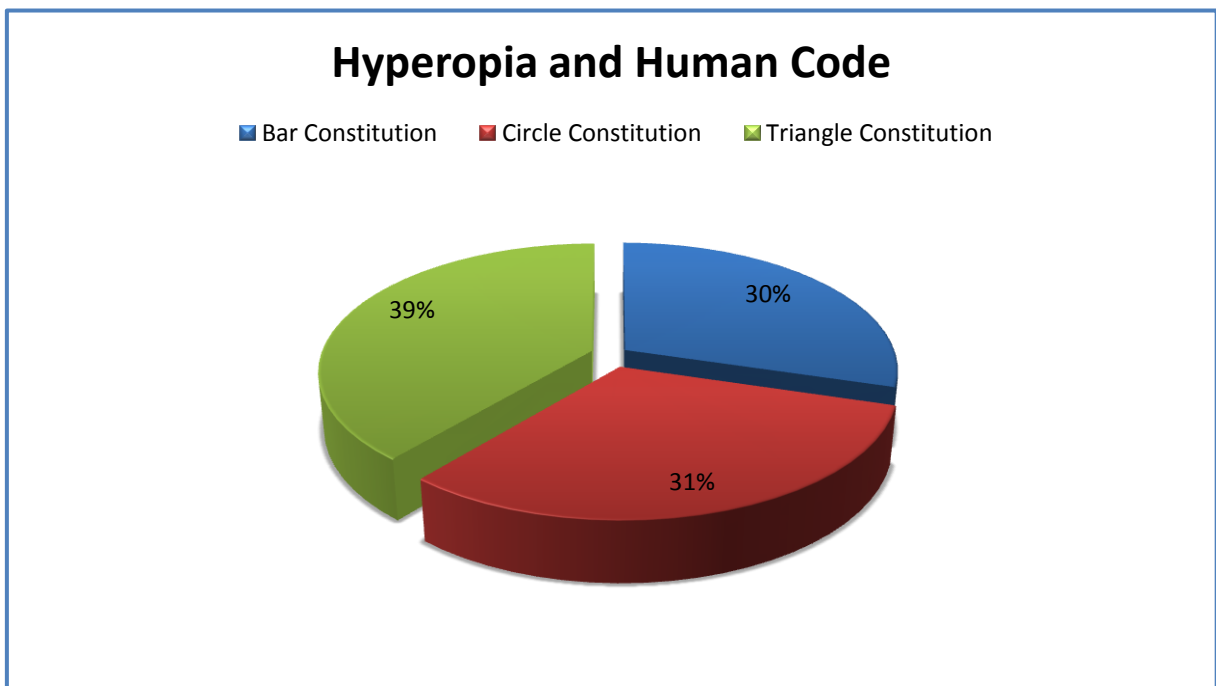
Table 5.1.- Summary list of graphic 17

Reference statement number	Conflict area	Most relevant Type of Ametropia evidenced	Percentage of incidence
1	I have often felt uncomfortable while making a choice.	Myopia	66%
2	I felt a sense of dismay at finding myself in an unfamiliar environment.	Myopia	52%
3	I often get the feeling that something unpleasant can happen to me.	Hyperopia	29%
4	Fear of the consequences has often influenced the choices I made.	Myopia	61%
5	I suffered to abandon a place dear to me.	Hyperopia	56%
6	I often tend to postpone unpleasant commitments.	Myopia Astigmatism	57%
7	I often let others influence me when I have to make a choice.	Hyperopia	43%
8	The journey of life up to now, meets my expectations.	Presbyopia	29%
9	I often feel that my mind is confused.	Hyperopia	57%
10	I face life with enthusiasm.	Hyperopia	29%
11	I have a feeling that in time my creativity and ingenuity have decreased.	Hyperopia	50%
12	I feel pessimistic.	Myopia, Hyperopia Astigmatism	29%
13	My ideal of life corresponds to reality.	Presbyopia	29%
14	I was disappointed by a project that did not evolve successfully.	Myopia	57%
15	I am aware of my capacities.	Astigmatism	12%
16	It upsets me the fact that my value is not recognized.	Myopia	75%
17	I can not wait to meet objectives.	Astigmatism	78%
18	I suffered a front fright (accident, attacked by a dog, etc.)	Hyperopia	64%
19	I tolerated an unacceptable situation for too long.	Hyperopia	64%
20	I suffered a sudden fright from behind (eg. unexpected slap on the neck).	Astigmatism	43%
21	I have always had difficulties to accept my appearance.	Hyperopia	50%
22	I find it difficult to accept my outer changes due to “the passage of time”.	Astigmatism	71%
23	I easily remember dreams.	Presbyopia	44%
24	I have a strong ability regarding imagination.	Presbyopia	18%
25	I have a good visual memory.	Astigmatism	19%
26	I suffered for not having accomplished an important project	Myopia	52%

In graphs 5.18., 5.19. and 5.20. the divisions compared to the total number of individuals analyzing the connection between, Myopia, Hyperopia and Astigmatism are highlighted, compared to the Human Key Code and more precisely by taking into account the Constitution, which allows to have an indication of the psychological profile, that is to say, the way in which the patient tends to deal with certain situations of conflict.



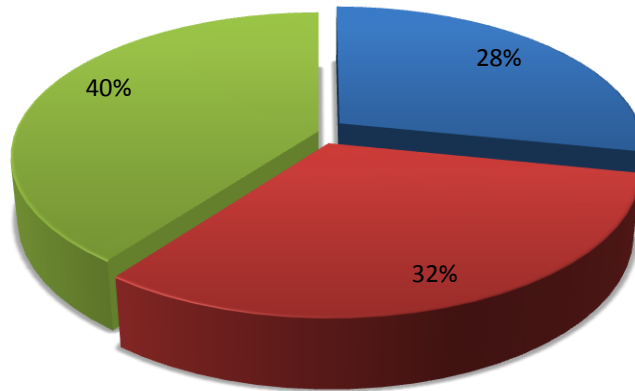
Graphic 5.18. - Percentage of incidence of Myopia in the three Human Codes: "Bar" (blu), "Circle" (red) and "Triangle" (green)



Graphic 5.19. - Percentage of incidence of Hyperopia in the three Human Codes "Bar" (blu), "Circle"(red) and "Triangle" (green)

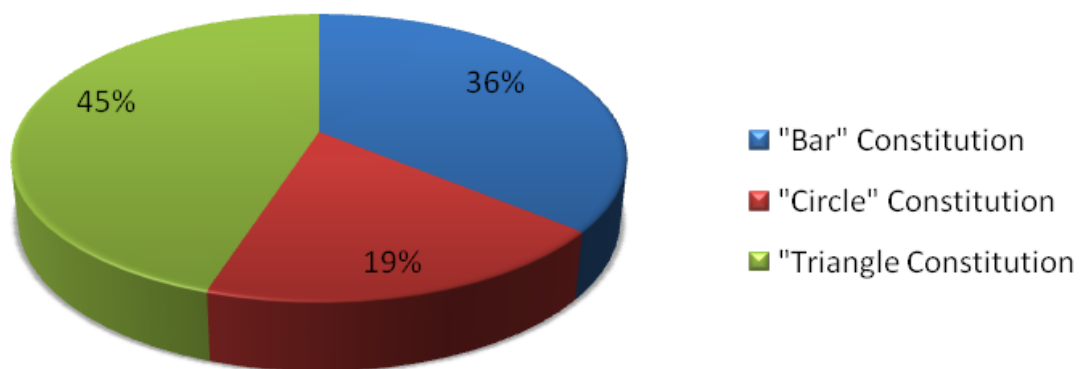
Astigmatism and Human Code

■ Bar Constitution ■ Circle Constitution ■ Triangle Constitution



Graphic 5.20. - Percentage of incidence of Astigmatism in the three Human Codes "Bar"(blu), "Circle" (red) and "Triangle" (green)

Distribution of the constitutions in the population



Graphic 5.21. - Percentage of incidence of the three constitutions "Bar" (blu), "Circle" (red) and "Triangle" (green) in 11 Keys to the Human Code

5.8. Results and analysis

Before drawing any conclusion it is adequate to bring forth some clarifications concerning the reliability of the data collected:

1. Not all cards have been filled in directly by myself, which is why some data may not be completely reliable due to the lack of the possibility to set in each case; some participants were not able to interpret the meaning of the various points to be evaluated.
2. I have personally followed the method of Dr. Nader Butto for more than 6 years, but colleagues who have kindly helped in the collection of data, did not have experience in this context. They have found particularly difficult to detect the facial features of patients, essential for the evaluation of the Constitution of the Human Code.
3. In this research, it has not been considered if the conflict that has been given a value is actually an unresolved conflict, so relevant fact for the assessment or if it is actually a resolved conflict, that does not disturb any longer at an energetic level.
4. A more detailed analysis could be performed by evaluating whether the period in which the conflict takes place, coincides with the period in which the Ametropia has suffered the greatest variation.

Despite these considerations, this work contains very important information and certainly very relevant, which in my opinion should not be neglected, especially considering this Thesis as a starting point for further studies and not a point of arrival or means to an end.

The results that have been highlighted by the experimental research show that indeed there are conflicts that are frequently present in certain types of Ametropia. This shows that it could be useful, for the optometrists who have at heart the desire to give his patients an additional service, to deepen the topic of psychosomatic research with more refined methods of assessment, in order to:

1. Have one more tools for the prevention and treatment of Ametropia.
2. Improve not only the visual well-being, but the condition of the patient.
3. Rise and stand out from the crowd in the socio-professional field.
4. Have a higher moral satisfaction.
5. Improve the effectiveness of traditional methods of visual analysis.

Table 5.2. shows, the conflict most frequent statement is "I can not wait to meet the goals." This suggests that our society struggles against time in many areas: to achieve a goal, at school , at work, in sports, etc.

Table 5.2.- Typical and frequent conflicts of all types of Ametropy

Ametropia	Main Conflicts
Myopia	<ul style="list-style-type: none"> • I have often felt uncomfortable while making a choice. • The fear of the consequences has often influenced the choices I made. • It upsets me the fact that my value is not recognized. • I can not wait to meet objectives.
Hyperopia	<ul style="list-style-type: none"> • I suffered to abandon a place dear to me. • I tolerated an unacceptable situation for too long.
Presbyopia	<ul style="list-style-type: none"> • I can not wait to meet objectives. • I find it difficult to accept my outer changes due to “the passage of time”.
Astigmatism	<ul style="list-style-type: none"> • I can not wait to meet objectives.

It is clear that when a person is unable to complete his project on the time fixed by the same person, or in the terms that have been imposed, this could create an internal struggle or ‘haste’ with consequences of different types.

This leads naturally to the question:

Is perhaps the Ametropia a consequence of our social-psychological condition, nowadays?

If we do a little thinking about the general analysis of social situations in the world, I have a feeling that the people at school level and highly qualified at work, may also be the most affected by vision problems.

Less obvious are the results from research on the physical features of the person, especially for the reasons described beginning of this Chapter, however we can still find some useful information to be developed.

Considering that the distribution of the three Human Constitution Codes: Bar, Circle and Triangle, in the 64 human codes, correspond to the proportion of 40%, 20% and 40% respectively we can, keeping in mind these percentages, make a comparison with our data (Table 6.3.) regarding the Constitution. There are more possibilities for the "Circle" ones to have some visual problems and the "Bar" people, are less vulnerable.

Table 5.3. - Influence of the constitution to the onset of Ametropy

Constitution	Myopia	Hyperopia	Astigmatism
Bar	34%	30%	28%
Circle	23%	31%	32%
Triangle	43%	39%	40%

Surely a more refined and conducted research by a team of Optometrists with a homogeneous preparation in relation to the matters covered in this Thesis, can lead to much more accurate results. However, as already mentioned in the introduction in addition to the objectives described, my intention is still to sensitize professionals to a more holistic view of Optometry.

CONCLUSIONS

The main objective of this Thesis is to demonstrate the relationship between the psycho-energetic condition of the patient and the consequent influence on the eye function and the onset of different types of Ametropy.

The most important points of the research show that there is a correlation between psychological conflicts and visual defects. Below we can see the conflictive areas that are more significant in relation to the different types of Ametropy:

- The conflictive area related to the statement “I have often felt uncomfortable in making a choice” is associated in **66% of cases with Myopia**, 57% with Hyperopia, 26% with Presbyopia and 52% with Astigmatism.
- The conflictive area related to the statement “The fear of consequences has often influences the choices I made” is associated in **61% of cases with Myopia**, 43% with Hyperopia, 34% with Presbyopia and 54% with Astigmatism.
- The conflictive area related to the statement “It upsets me the fact that my value is not recognized” is associated in **75% of cases with Myopia**, 57% with Hyperopia, 58% with Presbyopia and 51% with Astigmatism.
- The conflictive area related to the statement “I tolerated an unacceptable situation for too long” is associated in 62% of cases with Myopia, **64% with Hyperopia**, 50% with Presbyopia and 59% with astigmatism.
- The conflictive area related to the statement “I can not wait to meet the objectives” is associated in 62% of cases with Myopia, 36% with Hyperopia, 55% with Presbyopia and **78% with Astigmatism**.
- The conflictive area related to the statement “I find it difficult to accept outer changes due to *the passage of time*” is associated in 8% of cases with Myopia, 16% with Hyperopia, **71% with Presbyopia** and 30% with Astigmatism.

The data of this work leads us to conclude that an analysis of the psycho-conflictive situations, especially in people with visual problems in an evolutionary phase, associated with the treatment for the removal of the conflict, would become an excellent starting point for an effective compensation of the Ametropy, with the goal of obtaining a stabilization, or even an improvement of the visual condition.

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Bakalaura darbs “Psihosomātiskā ietekme uz ametropijām” ir izstrādāts Itālijā.

Ar savu parakstu apliecinu, ka pētījums veikts patstāvīgi, izmantoti tikai tajā norādītie informācijas avoti un iesniegtā darba elektroniskā kopija atbilst izdrukai.

Autors: Mauro De March

Paraksts:

Rekomendēju darbu aizstāvēšanai

Vadītājs: Profesors, Dr. Habil. Phys. Ivars LĀCIS

Recenzents:

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