Case #1: AF

Patient: Anne F., 91yo, Female with Complex medical history

Complaints: Rt Eye (good eye) vision loss; Left eye (weak eye) cloudy vision. Anxiety due to vision decline.

Medical History: (1996 to 2021) –Triple Bypass, Irradiated Thyroid, Graves, Gastrectomy, Cataract surgeries, Breast Lumpectomies, Coronary Stents, Stroke, Pacemaker, Appendectomy, Heart Attack, Angioplasty, Radiation Tx, Dry Eyes

Medical Hx, Recent: Oct 2024 = YAG Capsulotomy
May 2025 = Left Eye Corneal Transplant
May 2025 = Dx Glaucoma
2025 = Dx Dry Macular Degeneration

Context: In early Nov 2025, Anne presented at my pharmacy, while I was working as a Pharmacist, in considerable distress. She expressed that the vision in her good right eye was declining rapidly, and she was going to go blind!

Background: Although I have over 25 years working with Auricular Medicine, I had never treated a patient using light therapy. However, I decided to work with this lady and do the best I could with my very limited knowledge and no experience in the field of Photonic Medicine (PM).

With the hopes of using it for my own vision problems, I had purchased a Premio 40 device (with no colour filters) in July of 2025 for the purpose of using it for treating my eye problems!

Shortly after, I started doing some intensive research into colours, light therapy and PM, developing several eye conditions-specific light therapy protocols based on my understanding of the Nogier Phase Principles and with the help of AI. I have attached one of the protocols I used in treating Anne's eye conditions.

In addition, I worked on the problem of sourcing the various colour filters used in PM.

Anne's Treatment Schedule *(All treatments with VAS Control)*:
(Please note that I had no knowledge of PM according to Pascal's teaching at this point)
Initial Visit – 19Nov25 (Pre-Treatment Assessment)
Here the most appropriate Ocular treatment protocol was determined using Auricular Medicine and based on the main issue of rapid vision decline:
"Central Serous Retinopathy / Macular Fluid Regulation"
This protocol may be somewhat contradictory to the medical diagnosis of Dry Macular Degeneration!

Tx #1 – 21Nov25
(Refer to attached protocol for more details of ear treatment zones)
Tx sequence applied to pinna Bilaterally:

🔵 **E44 (P3)** → 🟢 **L58 (P2)** → 🔴 **B25 (P1)** → 🟣 **F98 (P4)**

Same Tx seq applied to Rt eye orbit and upper inside corner of eye with VAS control.

Tx #2 – 27Nov25
Reported: Left eye cornea increased scratching / itching, and discomfort. Not previously mentioned – ongoing corneal tear treated with contact lens replacement ongoing every 3 to 4 weeks since corneal transplant (May 2025). Also, left eye vision always very cloudy, virtually blind!
Tx sequence applied to pinna Bilaterally:

🔵 **E44 (P3)** → 🟢 **L58 (P2)** → 🔴 **B25 (P1)** → 💗 **G30 (P4)**

Both eyes: → 🟣 **F98** to eye orbit and upper inside corner of eye.
Left eye Cornea tear: → 🟠 **A21** to centre area upper eyelid.

Tx #3 – 03Dec25	Tx 4 – 05Dec25
Tx sequence applied to pinna Bilaterally: 🔵 **E44 (P3)** → 🟢 **L58 (P2)** → 🔴 **B25 (P1)** → 💗 **G30 (P4)** Both eyes: → 🟣 **F98** to upper inside corner of eye. Laterality: → 🟣 **F98** to Forehead. Left Ear **(P1)** & Left eye Cornea tear: → 🟠 **A21** to centre area upper eyelid.	Reported: Experiencing improved Left eye visual clarity in the morning with a gradual clouding by evening. Anne felt increasingly confident that the treatments were giving her positive results. Right Ear: Adrenals **(P3)** 🔵 **E44** → 🟡 **C3** Tx sequence applied to pinna Bilaterally: 🔵 **E44 (P3)** → 🟢 **L58 (P2)** → 🔴 **B25 (P1)** → 💗 **G30 (P4)** Both eyes: → 🟣 **F98** to upper inside corner of eye. Laterality: → 🟣 **F98** to Forehead. Left Ear **(P1)** & Left eye Cornea tear: → 🟠 **A21** to centre area upper eyelid

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Tx 5 – 10Dec25	Tx 6 – 12Dec25
Right Ear: Adrenals **(P1)** → 🔴 **B25** Tx sequence applied to pinna Bilaterally: 🔵 **E44 (P3)** → 🟢 **L58 (P2)** → 🔴 **B25 (P1)** → 💗 **G30 (P4)** Both eyes: → 🟣 **F98** to upper inside corner of eye. Laterality: → 🟣 **F98** to Forehead. Left Ear **(P1)** & Left eye Cornea tear: → 🟠 **A21** to centre area upper eyelid	Tx sequence applied to pinna Bilaterally: 🔵 **E44 (P3)** → 🟢 **L58 (P2)** → 🔴 **B25 (P1)** → 💗 **G30 (P4)** Both eyes: → 🟣 **F98** to upper inside corner of eye. Laterality: → 🟣 **F98** to Forehead. Left Ear **(P1)** & Left eye Cornea tear: → 🟠 **A21** to centre area left upper eyelid **PLUS Bilaterally ONLY on Pinna:** *Infra-Red + G frequency to all Phases*

Tx 7 – 12Dec25

Tx sequence applied to pinna Bilaterally:

🔵 **E44 (P3)** → 🟢 **L58 (P2)** → 🔴 **B25 (P1)** → 💗 **G30 (P4)**

Both eyes: → 🟣 **F98** to upper inside corner of eye.

Laterality: → 🟣 **F98** to Forehead.

Left Ear **(P1)** & Left eye Cornea tear: → 🟠 **A21** to centre area left upper eyelid

Both Ear **(P1)** → 🔴 **D24** to centre area left upper eyelid

Left eye Cornea tear: → 🔴 **D24** to centre area left upper eyelid

PLUS Both Ears Only :

Infra-Red + G frequency to all Phases

FAST FORWARD – Treatments continued ~ 2/week until end of Dec 2025, then decreased to ~ 1/week until end of May 2026.

JAN 2026 – Ophthalmologist recommending Corneal transplant replacement in the left eye due to the poor quality of the 1st transplant. Although the itching /scratchy feeling has minimized the cloudiness builds up by the evening.

FEB /MAR - Added I98 to Occipital area on back of head and Daily Eye Exercises.

APRIL – Slowly started working with colours recommended by Pascal, Eg:

G53 → R24 → I98 → G53

Entry & Exit Points + G53 → G58 → R25 → R24 → O22 → I98 → G53.

Right eye vision is stable and remains improved, subjectively. Left eye vision has not changed since after the early improvement.

Decision made to go ahead with Corneal Transplant replacement at end of May.

Tx 24June2026 – 4 weeks after transplant:

G53 VR=43 VL=59

Tx Seq: 53→58→35→24→58

Tx 03July2026 – Healing well with contact lens in left eye:

G53 VR=16 VL=15

Tx Seq: 53→58→38→24→25→21

Tx 15July – Healing well with contact lens in left eye.

G53: VR=20 VL= 23

Tx Seq: 53→15→25→35→58→21 (→ 3 – Occipital)

VR: 20 → 18→ 11 → 15→ 15 → 5

VL: 23 → 22→ 15 → 20 →15 → 5

Tx 05Aug2026–Continues to do well.

G53 : VR=40 VL= 46

Tx Seq: 53→25→3→58→21

VR: 17→ 40 → 31→32 → 28

VL: 46 →46 → 35 →30 →33

AT THIS POINT ANNE WILL REVIEW AS NEEDED!!

Photonic Medicine Case Presentation – Case #1: AF *Presenter:* ***Jay Patel*** 12Sept26

🔵 **OCULAR PROTOCOL #27 — CENTRAL SEROUS RETINOPATHY (CSR) SUPPORT / MACULAR FLUID REGULATION**
(Symptoms: central vision blur, metamorphopsia, micropsia, serous macular detachment; stress- or corticosteroid-related; may involve acute inflammatory or trophic component)

French Nogier Principle:
CSR requires **acute fluid/inflammatory clearing first if present**, followed by **trophic retinal support**, **functional central vision restoration**, and **chronic circadian/endocrine stabilization**.
Correct sequence:

P3 → P2 → P1 → P4

(P3 only if active serous detachment or inflammatory flare exists.)

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1) Correct Phase Zones for CSR Support

Phase	Verified French Nogier Zone	Meaning	Correct Filter
P3	Upper concha + cymba beneath antihelix	Acute inflammatory / fluid clearing	🔵 **E44 (LEE 201)**
P2	Scapha + inferior/medial antihelix	Trophic retinal / macular metabolism	🟢 **L58 (LEE 088)**
P1	Lobule (A5 rim)	Functional central vision	🔴 **B25 (LEE 026)**
P4	Posterior auricle + mastoid	Chronic / circadian / endocrine stabilization	🟣 **F98 (LEE 363)** or 💗 **G30 (LEE 128)**

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2) Phase-Based Session Sequence

➡️ **P3 → P2 → P1 → P4**

Why this order:
- **P3 First:** Clears acute fluid accumulation / serous macular inflammation
- **P2 Next:** Supports trophic retinal and macular metabolism
- **P1 Third:** Restores functional central vision and visual clarity
- **P4 Last:** Stabilizes chronic circadian/endocrine factors affecting fluid regulation

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3) Step-by-Step Treatment Protocol (Premio-40 + Evo-32)

STEP 1 — P3: Acute Fluid / Inflammatory Clearing **Zone:** Upper concha + cymba beneath antihelix **Filter:** 🔵 **Blue E44 (LEE 201)** **Device:** Premio-40 **Duration:** 30–45 seconds per ear **Purpose:** • Reduce macular edema and serous detachment • Calm acute microvascular dilation • Remove Phase 3 block for deeper trophic work **VAS reflex:** shallow, sharp, hot	**STEP 2 — P2: Trophic Macular Support** **Zone:** Scapha + inferior/medial antihelix **Filter:** 🟢 **Green L58 (LEE 088)** **Device:** Premio-40 **Duration:** 45–60 seconds per ear **Purpose:** • Enhance central retinal metabolism • Support photoreceptor and RPE function • Stabilize macular structure post-fluid clearance **VAS reflex:** dull + empty → confirms trophic insufficiency

STEP 3 — P1: Functional Central Vision Restoration	**STEP 4 — P4: Chronic / Circadian / Endocrine Modulation**
Zone: Lobule rim (A5 functional visual zone) + micro-points for foveal vision **Filter:** 🔴 **Red B25 (LEE 026)** **Device:** Premio-40 **Duration:** 20–30 seconds **Purpose:** • Improve visual acuity and metamorphopsia reduction • Restore foveal and central field integration **VAS reflex:** sharp + tense → functional strain	**Zone:** Posterior auricle + mastoid **Filter:** 🟣 **Indigo F98 (LEE 363)** or 💗 **Magenta G30 (LEE 128)** **Device:** Premio-40 **Duration:** 20–30 seconds **Purpose:** • Stabilize circadian rhythm affecting macular perfusion • Support endocrine regulation influencing fluid balance **VAS reflex:** deep + fixed → chronic background

4) Evo-32 Usage (Minimal)

Points: P3 upper concha hot, P2 scapha trophic, P1 A5 functional, P4 mastoid chronic
Settings: 3–5 seconds per point, 3–8 total points

5) Treatment Frequency

Condition	Frequency
Acute CSR episode	Daily × 2–3 days
Subacute post-detachment	2–3× weekly × 4–6 weeks
Chronic / recurrent CSR	Weekly × 6–10 weeks
Circadian/endocrine contribution	Include P4 each session

6) Reflex Verification

Reflex	Indicates
P3 shallow + hot	Active serous macular fluid / inflammation
P2 dull + empty	Trophic macular insufficiency
P1 sharp + tense	Functional central vision deficit
P4 deep + fixed	Chronic circadian / endocrine background