

# Reading Difficulties and Dyslexia

## **A summary of in-office studies and observations of ChromaGen™ Haploscopic filters as an aid to manage and control dyslexia and ASD**

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To many practitioners, the term dyslexia may remain a field more befitting educational psychologists than optometrists. However, visual dyslexia has for many years excited scientists and researchers, for any discovery to aid this visual disability must be a rewarding achievement which not only delivers satisfaction to the practitioner but another light into the dim world of the sufferers.

Many attempts have been made to fully understand dyslexia. Despite the resources applied to approach the phenomenon several problems remain at large: identification of sufferers at an early age, the best methods available to aid the sufferers, training dedicated staff in specific learning skills, funding extra teaching time, integration into the school curriculum and so on. From my discussions with over 300 parents of dyslexic children, they have found very little help unless the child is “statemented” (i.e. have been officially diagnosed as dyslexic by a qualified state registered educational psychologist). Yet to be “statemented” many requirements are needed before the child is admitted into this unique club making the whole system frustrating and depressing for all concerned.

My experiences with Visual dyslexia date back to 1985, with use of some simple orthoptic exercises to enforce the reference eye. Later on in the early 90s I started using the overlay system, which did show some marked improvement in enhancing speed-reading.

It was not until 1997 that I was first introduced to ChromaGen by its developer David Harris who had pioneered the system initially for the enhancement of colour deficient sufferers. Having worked with the ChromaGen system with colour deficient patients with great success, my interest shifted towards dyslexia when I prescribed the ChromaGen filters to three subjects who were both colour blind and dyslexic. To my astonishment, the three children returned six weeks later to state that they were able to not only discriminate between colours and shades but also to read and write more fluently. I then began an investigation which has taken my career into a new era.

I reviewed my patient records and recalled initially 60 children, all of whom were confirmed by an educational psychologist as dyslexic sufferers. The children were then assessed using the ChromaGen haploscopic filters, first on the (*Non dominant*) eye at distance targets, then at near targets, speed of reading. Then the filters were used on the reference eye (*dominant*) eye using the same tests. What we are looking for are signs of an improvement in speed-reading, handwriting and spelling, by using the correct Chromagen filters that the subject feels is helping them. (This may not appear immediately but I have found there should be a noticeable improvement over a period of 4 to 6 weeks.)

Once the chosen filters have been prescribed a review is made after 6 weeks then every 3 months. Seeing the subject on this basis has enabled me to record the results, and to the astonishment of many critics it has proven in my mind that ChromaGen has shown some remarkable results for patients who have some form of reading disorder or dyslexia.

It is important at this stage to appreciate that the objective of success may be at some stage a reflection on the ways that the subject attempted to improve their educational performance, and it is therefore impossible to identify that the therapy was the sole means to the improvement. It is, however, my opinion that those who benefited most were the subjects who used the filters as a means to accelerate their slow learning disability and as a consequence have now combined them with other educational and learning skills resulting in successful personal achievements.

A significant amount of writing examples were collected and the percentage errors including accuracy and comprehension were measured. In many instances it was noted the style of handwriting significantly improved to a more legible format.

In order to investigate the subjects' reading patterns, sentences were presented to the subjects prior to use of the ChromaGen Filters. The initial responses were confusing. However, a pattern was soon established based on the subjects descriptions of the text. The subjects claimed that the text had a tendency to appear and disappear causing the sufferer to slow down and hesitate. If further pressure was placed on the sufferer to perform faster, it was noted that the subject using their phonic channel then made up the word, i.e. the subjects adopts their own incorrect interpretation of the words and language.

The same tests were performed on the subjects three months after the initial fitting of the filters. This revealed far less confusion by the subjects when asked to read; in fact both a considerable improvement in rate of reading and also the legibility of the written word were noted.

I have over an 18-month period personally pioneered my own form of diagnostic system adapted to my own understanding of dyslexia. I have fitted **434** dyslexic sufferers with the ChromaGen Haplosopic filters, with **91%** claimed success based on comparisons of both rate of reading and writing skills, from before the lenses and then 3 months after continuous wear of the ChromaGen lenses.

The measurement of success for these subjects is indicated on a scale of 0-10 (0 being no change to 10 being dramatic change, improvement in percentage was used accordingly with 1=10%).

The results from 434 subjects were considered with almost 99% reporting some degree of success. Over 91% reported more than 45% improvement with the therapy over a 6-month period. The results were as follows:

**112 showed over 90% improvement**

**131 showed over 75% improvement**

**97 showed over 60% improvement**

**51 showed over 45% improvement**

**18 showed over 30% improvement**

**11 showed over 25% improvement**

**9 showed over 15% improvement**

**5 showed no improvement**

In my observations all the 434 subjects exhibited some form of the “stereotype” characteristics of a dyslexic: -

**Negativism, temper tantrums, whining, sibling rivalry, poor eating habits, shyness and over sensitivity, sleeping problems, lack of co-ordination, lack of sense of direction, integration problems.**

Yet almost all of the subjects seen have shown above average IQ levels. We have only to glance at history to be reminded of exceptional people who were known dyslexics: Leonardo da Vinci, Auguste Rodin the sculptor, Thomas Edison, Napoleon, Sir Winston Churchill and the father of physics, Albert Einstein, to name a few.

All the subjects involved with my work confirmed that recognition, diagnosis and “treatment” were often related to a specific discipline, be it neurological, medical, psychological or educational. We are also aware that a genetic sex link component may be the main cause: in most cases dyslexia affects around 10-14% of the population and 4 times as many boys as girls.

Almost 98% of the subjects involved in the study were discovered because of some academic failure or an inability to keep up with their peers. Their conduct was often unpredictable, immature and impulsive. In some cases, when over-stimulated, they became aggressive and destructive. In attempting to satisfy demands in their academic work, the dyslexic sufferers often made up the story or words from the picture in the text or through pure imagination basing their intuition on the phonic ability.

In my estimation, over 86% of the subjects had already tried at least one method or avenue to help remedy their poor learning skills and co-ordination skills. Some of the techniques used received very little support from schools and teachers, which in turn made some parents question the validity and value of the methods. It is therefore vital to understand that every method used to resolve dyslexia will have its advantages and disadvantages, and the implementation and success depend greatly on its convenience and ease of use by both clinician and sufferer. The success I have achieved with my approach and using the ChromaGen filters is basically down to two main factors:

- **The test is easy and quick to perform**
- **The response is rapidly achieved (and in most cases positive)**

It is, however, important to realise that whilst ChromaGen filters may resolve a great deal of the disability, it is not a cure, purely a management system. There remains a fundamental role of the special needs teacher to help with the on-going learning skills of the sufferer. The fact that there is no one clinical and psychological test currently available to confirm that the child is a dyslexic sufferer before the age of six makes it very difficult for any parent to accept their child is *atypical*.

The pattern of personality that emerges in later years builds up a stereotype image of a dyslexic child, yet how can any parent be convinced that their child maybe a sufferer when they can excel in art, mathematics, etc, even worse when the child has an above average IQ.

Dyslexia is indeed a disability and every effort should be made to help the sufferer overcome their short falls, however small the successes are; every step does count. To understand dyslexia we must therefore accept it does exist and that it does adversely affect the sufferer's life socially, academically and psychologically.

Many acknowledgements to the success of ChromaGen have been made since December 98 when I first started using ChromaGen in my practice from various bodies, The Dyslexia Institute, educational psychologists, schools, parents and more importantly the patients. For example, Faye Austin an 11-yr-old girl once regarded by her teachers as "difficult and a failure" was Winner of the Young Writer of the Year 98. A 13 yr old boy who spent every lunch break over 3 years trying to catch up with schoolwork only to gain the Crick County Award for Literacy. The 15 yr old boy who was unable to plan his higher education because of his reliance on the special literacy skills and then to be informed that his capabilities are now above average, he is no longer classed as dyslexic. These are just a few of the patients over an 18- month period who, by finding out about ChromaGen, I have been able to help give back their self-esteem and hopefully a chance for their future.