

ENLARGING VISUAL FIELD AND REDUCING BLIND SPOTS

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CASE REPORT IX

Mrs. H. G. R., age 55. Headaches. Stereocampimeter charts run 13, Feb. '39. Note the enlarging of the field in the PM and the reduction of the blind spot accompanying this. I felt that this was extraocular in origin, probably accompanied by poor circulation. Nothing was done until she returned in the summer, as she broke her old lenses then. My Rx was substantially the same as her old one, so any change was not due to a change in the lens Rx. As an interesting experiment, charts were made with both 1/28 and 1° colors, completely outside of the blind spot. All deductions came up, and there has been no recurrence of her bad headaches. Her syntonizations were  $\mu$ ,  $\mu\delta$  and  $\mu\nu$ .

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CASE REPORT X

E. S. – No relation to Mrs. E. S., and worker of J. S. and A. R. – waiter, age 56. Wearing O.U. +2.00 for reading. All indications were for R + 0.25 sph., +1.25 ax 60, with +2.00 add. Field charts on the 23 August revealed the tremendous size blind spots for 1/20. Lens therapy was instituted with R E + 0.25 and L E was started off with + 0.25 cyl ax 60, increasing the cyl and the floor stopped curving, until eventually + 1.50 cyl ax 60 was reached. The reading Rx was reduced from +2.25 on the R E to + 2.00 total on the L E from an add of + 3.50 add – given to get the eye working in reading – to +2.00 add. The next field chart in January – it had taken all of that time to achieve the wearing the cylinders – showed the tremendous improvement. Treatment  $\mu$ ,  $\mu\nu$  and  $\mu\delta$  were used, with an occasional  $\alpha\omega$ . The last month squint Korrektor treatment for stimulation was also added, but I cannot see where it was of any particular benefit as proved by charting, altho the patient reported that he felt much better for the treatment. The final charts are so much than the original that there is no comparison. There was absolutely no other treatment used on him. Referring to page 3 of my paper, quoting Evans, wherein he says, "The classical sector defect of fiber damage may not develop until a later date when atrophy of fiber damage may not develop until a later date when atrophy replaces the early functional depression associated with edema," I believe that possibly the same thing has happened here, and when the edema associated with the enlargement of the blind spot was cleared up, as it was because the blind spot in the area between the disc and the macula cleared up, there was found to be degenerated nerve fibers, and therefore, after a certain stage had been reached, in which an optimal result was achieved, there was no more gain to be had, although the patient claims that he felt continuously better.

-cf. Evans Clinical Scotometry, page 88-

## CASE REPORT XI

Mrs. E. S. – no relation to E. S. -, age 30. When first seen, ophthalmometer axes were 90 and 180. Retinoscopic axes were 90 and 180. Subjective were 135 and 445 - - 0.50 and 0.75 cycls. All ductions low. Squint korrektor treatment and chiropractic treatment administered. Slowly all came up. Returned last fall. Tremendous collapse of visual fields in PM., with some enlargement in the AM. After a month of treatment PM fields about as good as the AM fields had been. She is a widow with two children, a seamstress by trade, and inasmuch as she is barely able to eke out a partial living, she is having a hard time to keep her chin up. She is a nervous individual, has had her female organs removed, leaving a part of one ovary for femininity, and with syntonics we have been able to keep her going. Treatment in her case were primarily  $\mu\delta$  and  $\alpha\omega$  and I give her a good deal of straight  $\mu$ . She feels much better when she is able to come up during office hours for the syntonizations of  $\delta\omega$  during menstruation.

## CASE REPORT XIII

Mr. J. S. male, age 22. Wearing -0.50 ax 120 on the right eye, +1.00-1.50 ax 45 on the left eye. Final RX in his case O.U. -2.00 ax 180. Old Rx prescribed by a "survey optometrist"; when he came to see me he informed me that he had not been comfortable with them for any length of time nor had able been able to wear them for any length of time. All ductions low. He also showed right hyperphoria and minus cyclophoria on the Shurin stereocyclophorometric test.<sup>1</sup> After treatment there was neither hyperphoria nor cyclophoria left. After treatment was begun, interlacing of the color fields and an enlargement of the blind spot was caused by coffee. He is now married and going to night school, besides working all day, and is feeling fine. His syntonizations were of  $\mu\nu$ ,  $\mu\delta$  and  $\alpha\omega$  with a little  $u\omega$  at first.

<sup>1</sup> - Shuring, S. H. The Annals of the Distinguished Service Foundation, Vol. 1, No. 2 page, 75, - 1935

## CASE REPORT XIII

Miss I. S. age 76, -she is just 40, she says – cataract. Illness six years ago, of which she would talk and lives with her sister, another old maid. Extremely well to do, with not a worry in the world. Cataract worse in the left eye, more glaucomatous effect in the right eye. Notice the absence of the field for green in the right eye, and the tremendous blind area for the  $1/2^{\circ}$  white. Treatment by  $\mu\nu$  with about five treatments of  $\mu\delta$ . Cataract disappeared. Wheat germ also advised. Never felt better in her life.

## CASE REPORT XIV

Mr. P. W. male 19, machinist, migraine. Apparently healthy young man. Whenever he masturbated or had intercourse, he had a severe attack of migraine, both aura and headache, two days later. If he masturbated Sunday, he would have to stop work Tuesday because of the difficulty with his visual function; similarly, if he did it Tuesday night, Thursday also he would have to stop work for two hours. If he did not masturbate on Sunday, he had no migraine attack Tuesday, if he did, he would. He showed up as a small myope; field charts indicated the small green field and large blind spot. He was given alpha omega  $\alpha\omega$  for the migraine, and  $\mu\nu$  for the

green field; campimeter charts indicated he improvement, also the fact that there was a cessation of the migraine attacks. He was first asked to cease the act of either autoerotism or heteroerotism for two weeks, then asked to try it as he pleased. There was no further difficulty in the way of migraine attacks, altho he is now able to reach detumescence three, four and five times a week without any after effect. At this time, I received my perimeter. It will be noticed that the fields were all small, altho the Stereocampimeter indicated nice improvement. The perimeter showed no more improvement, nor did the campimeter attachment of the perimeter. Inasmuch as he showed no signs of wisdom teeth, I particularly asked about the mouth. He informed that his dentist had examined his mouth a month before, and had given him a clean bill of health. We tried for two weeks more treatment, even using squint korrektor stimulation, but here was no increase in the size of the field. I then insisted on a full mouth roentgenograph. The results indicated badly malposed third molars on the lower jaw and partially on one upper. He had the lower right removed first, and it was four months before it had healed satisfactorily enough so the dentist felt safe in removing the other badly malposed molar. Later he had the upper right molar also removed. He now feels fine, and has had no migraine attack since . Incidentally, he himself had first tried eliminating various foods from his diet but there was no improvement; he also assured me that as far as he was concerned, he has read enough and studied the enough to know that his act of autoerotism was satisfactory to him. Therefore, in view of such a statement, I could not believe that this act produced a bad psychological setup, and thereby caused the migraine, because after the effect of the  $\alpha\omega$  he continued the same act, and there was no return of trouble.

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#### CASE REPORT XV

Miss G. C., age 19, old prescription O.U. -1.50. Complaint: Headaches from top of eyes to the occipital region with pain going through the head; headache is constant, is worse when reading; occasional nausea; left blepharospasm. Eyes are supposed to have gone bad after scarlet fever at the age of 12. Menses at 13; irregular, constantly 4 or 5 days before they are due. Pneumonia at three months which killed the germ of the upper right canine,

Orthodontia work now to place a false tooth in position and keep the other teeth straight. X-rays of the month disclosed all third molars impacted. Field charts were taken morning and evening and show ocular condition present at that time. Impacted teeth were ordered extracted and she returned in December. Morning and evening charts are enclosed. As can be seen there was still quite an enlargement of the blind spot of both eyes, and interlacing in the visual fields. Syntonic applications were given consisting of  $\mu\delta$ ,  $\mu\nu$ ,  $\alpha\nu$  and  $\mu$ . Note the field charts of the 17<sup>th</sup> of January which are practically abnormal. This improvement resulted in the period between the 2<sup>nd</sup> of January and the 17<sup>th</sup>. Upon the attainment of this normal condition, prism base in with plus was then given by the squint-korrektor and the same syntonic applications were administered. Visual acuity has risen from 20/33 without glasses to 20/40+. At the present time treatments are being retarded; maximum retardation has been two weeks; this last week it had been delayed a week. In this particular case in the period between the 2<sup>nd</sup> of January and the 17<sup>th</sup>, it will be noticed that the only change in the environment of this individual was the syntonic applications and only with this was the great improvement shown.

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## CASE REPORT XVI

Mrs. I. C. L. age 71, complaint: Vision poor; cannot read; cannot see well at distance; cannot see at night, bumps into people at night; for the last two years stars are invisible; sees a black spot in front of right eye occasionally; this black spot is not stationary. Last prescription weak minus lenses with + add for nearly three years ago. Has taken Sal hepatica for years. Near point Vision Jaeger 8 for each eye and Jaeger 6 O.U. Mrs. L. returned for treatment in August. The remarkable improvement in her field charts is readily seen. Syntonizations consist of  $\mu\nu$ ,  $\mu\delta$  and  $\mu$ , and improvement was also noticed when  $\alpha\nu$  was added to these three. When we completed returning the visual field to normal, examination disclosed that her old prescription was substantially correct. Distant vision clear and comfortable, near vision Jaeger 1 O. U.

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CASE REPORT XVII

J. W. O. age 72. Vision with glasses or without glasses 20/40, near vision Jaeger 8 O.U. Complaint: Cannot read. Prescription in September by a fellow syntonist: Small weak plus prescription in Perfalite. When this did not aid vision Mr. O. went to another eye man and had a weak minus spheres prescribed; with these, his visual field is shown in the first field charts.  $\mu\delta$ ,  $\mu\nu$ , and  $\mu$  were given.  $\mu\delta$  was increased a half minute at a time as it proved painful to him to a maximum of 4 min.  $\alpha\omega$  was also given with some very happy results. Jaeger 1 is now read; no change in old Rx.

CONCLUSION: It has been shown that there is possibly a great of improvement in reducing the size of the blind spot, and in enlarging the visual fields. I am fully confident that the majority of men are using some means of checking the progress of the patient by means of some form of field charting. I am unaware of this being done routinely by both perimetric and campimetric means, but feel that many times we check on the validity of the one against the other. Inasmuch as the chief means of treatment of the cases discussed were treated syntonically, then if the improvement has been shown, and if we have eliminated all other forms of therapy, then syn-