November 1926

Better Eyesight

A MONTHLY MAGAZINE DEVOTED TO THE PREVENTION AND CURE OF IMPERFECT SIGHT WITHOUT GLASSES

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Demonstrate

Thst by practicing you can imagine a letter at ten feet as well as you can see it at one foot. Regard a letter of the Snellen test card at a distance where it cannot be readily distinguished. and appears blurred. Now look at the same letter on a card at the near point, one foot or less, where it can be seen perfectly. Then close your eyes and with your finger draw the same letter in the air as well as you can remember it. Open your eyes and continue to draw the imaginary letter with your finger while looking for only a few seconds at the blurred letter on the card at ten feet. Then close your eyes again and remember the letter well enough to draw the letter perfectly in your imagination with your finger. Alternate drawing the letter at ten feet in your imagination with your eyes open and drawing it with your eyes closed as well as you see it at one foot or nearer. When you can draw the letter as perfectly as you remember it, you see the letter on the distant card in flashes.
By repetition you will become able not only to always imagine the known letter correctly, but to actually see it for a few seconds at a time. You cannot see a letter perfectly unless you see one part best, central fixation. Note that you obtain central fixation while practicing this method, i.e., you see one part best. Drawing the letter with your finger in your imagination enables you to follow the finger in forming the letter, and with the help of your memory, you can imagine each side of the letter best, in turn, as it is formed. By this method the memory and the imagination are improved, and when the imagination becomes perfect, the sight is perfect. You can cure the highest degrees of myopia, hypermetropia, astigmatism, atrophy of the optic nerve, cataract, glaucoma, detachment of the retina and other diseases by this method.

Detachment of the Retina
By W. H. Bates, M.D.

Occurrence

IN DETACHMENT of the retina, the inner coat of the three coats of the eyeball become separated from the other coats. At first only a small part of the retina may become separated, but later the detachment may increase fo extent until the whole retina is separated from the other parts of the eye. In the early stages, the sight may be good and remain good for some months and even for some years. Usually the patient complains of a lose of vision almost from the beginning.
Detachment of the retina occurs frequently in high degrees of myopia. Some statistics report that one-third of all cases of extreme myopia sooner or later develop detachment of the retina, at first in one eye and afterwards in the other eye. However, it may occur in normal eyes without any inflammation of the other coats. The detachment, which is observed covering tumors of the eyeball, usually presents a different appearance from other forms of detachment. Detachment of the retina is a rare disease. "Galezowski found it in 5/10 of 1% of ophthalmic cases. It is supposed to be caused by muscular exertion, coughing, sneezing, vomiting, anger, or fear. Injuries of the eyeball cause a small proportion of cases." (Ball.)
I believe that mental or ocular strain is the principal cause.

Symptoms

"In the beginning, the symptoms of detachment are periodical dimness of vision, flashes of light and the appearance of sparks, dust or soot before the eyes. The field of vision becomes less and there may be the appearance of a cloud or floating specks before the eye. Patients have complained that they can see only a part of an object at a time. So long as the center of eight is not involved, the vision of objects straight ahead is good. Sometimes the detached retina may functioaate for a time, producing vertigo. In uncomplicated cases, there is no pain." (Ball.)

Orthodox Methods of Treatment

Ball in his "Modern Ophthalmology" states—"The treatment of retinal detachment is an unsatisfactory—in fact, almost hopeless—task. While in a few cure instances the retina has become reattached spontaneously, and a few recoveries have followed the administration of saline purgatives, and some cures have followed the internal use of mercury, Iodid of potassium, and salicylic acid, the majority.of successful results than far reported have been attributed to surgical intervention. Surgical intervention, proposed by Sichel in 1869, has assumed numerous forms: simple puncture of the sclera and choroid (Sichel), discission of the retina (Von Graefe), drainage by a fine gold wire passed to the choroid by means of cangu (Galezowski), dislocevation with two needles (Bowman), iridectomy (Galezowski and others), injection of iodin into the subretinal space (Galezowski, Gelpke, Scholze), electrolysis (Gilbe de Grandmont), cutting of vitreous bands and transfiscion of the eyeball (Deutschmann, Jaesche), injection of a 3.5 per cent strength solution of gelatin in a physiologic salt solution between the sclera and capsule of Tenon (de Wecker), puncture of the eyeball with the galvanocautery (Galezowski, Abadie), injection of normal salt solution into the vitreous after evacuation of subretinal fluid (Walther), and injection of air into the vitreous (Jensen). Most of these procedures should be ruled out of the domain of modern ophthalmology. All are dangerous to the integrity of the globe, and one of them—intra-ocular injection of iodin—has been followed by meningitis and death."
Holth (Wien. Med. Woch., Feb. 3, 1912) claimed that in cases of detachment of the retina, a piece of the sclera was excised from the eye without injuring any of the coats of the eye (choroid). The hardness of the eyeball was then diminished for some weeks or months, and in two cases the detachment of the retina disappeared, and the field of vision became enlarged but vision itself did not improve. The most important point was that in one case the myopia decreased from 18 Diopters to 5 Diopters, in another from 16 Diopters to 10 Diopters and in a third case from 12 Diopters to 5.5 Diopters.
The author explains the effect of the operation as follows: "In the first months after the operation subchoroidoal lymph oozes through the opening in Tenon's capsule and on account of this the absorptive capacity of the choroid is increased. By the traction of the outer eye muscles, the walls of the myopic eye become compressed, and the myopic refraction becomes diminished."

The Writer's Method of Treatment

The results of the preceding methods of treating detachment of the retina as well as of many other methods which are not reported, have been practically of no benefit. It is my desire to call attention to the fact that detachment of the retina is curable because it has been cured. In the course of a lifetime, most ophthalmologists have seen one or more cases of detachment which recov-ered spontaneously, or without any treatment. This fact suggests that if some patients recover without treatment, detachment is curable under certain conditions. It can be demonstrated that the cause of detachment of the retina is a mental strain and is not necessarily due to an injury to the eye by a blow. If it is due to mental strain, relaxation of the mental strain should be followed by a benefit. In all cases of retinal detachment which I have observed, relaxation methods of treatment have always been followed by an improvement or a cure of the detachment. These methods of obtaining relaxation are those which are unconsciously practiced by the normal eye, when the normal eye has normal vision. For example, the state or the effort to see distant or near objects, always causes imperfect sight. Rest or relaxation of the eyes is always a benefit to those with imperfect sight. The normal eye is moving all the time, and an effort to keep the normal eye stationary is always followed by imperfect sight. People with normal eyes and normal sight are always moving their heads and eyes from one point to another, and do not look fixedly at any one point continuously.
One can rest the eyes by blinking without necessarily staring or straining. To keep the eyes wide open continuously always makes the sight worse. Patients with detachment of the retina ase their eyes in the wrong way, just as near-sighted people use their eyes incorrectly. In many cases of detachment, the patieent suffer from the annoyance of bright sunlight. By gradually accustoming the eye to the sun, the symptoms of retinal detachment usually improve.

Cases

A sharpshooter came to me for treatment of detachment of the retina. He said that when he saw the bull's eye at 1000 yards, it appeared to be moving. When he tried to stop the movement, the effort made him very nervous and his sight became so imperfect that he could not see the bull's eye at all. When he allowed the bull's eye to move, the score was better. At that time, he spent so many hours at target practice that he became very nervous and tired. The interesting fact was that the left eye which was not used in aiming, developed detachment of the retina while the right eye, which was used almost constantly, remained normal. If the detachment were caused by eyestrain, we would expect the eye which was used to be affected. On the contrary, the eye that was not used developed detachment of the retina. It was the strain of his mind, and not the strain of his eyes which caused the retinal detachment.
The dark glasses which he was wearing to protect his eyes from the sun, were so strong that they seriously interfered with the vision of his good eye. The left eye had very disagreeable symptoms. He imagined he saw red, blue and other colored lights. All the treatment that he had received in the hospital had not relieved these sensations. These lights disappeared after he had prac-ticed the various swings for many hours daily. Subjective symptoms disappeared first, and when he became able to obtain a considerable amount of relaxation, the objective symptoms or detachment then disappeared. The treatment which brought about this result was much the same treatment that is employed in the cure of myopia, astigmatism, far-sightedness, or squint. Relaxation or rest was very beneficial. Palming was particularly help-ful. Any treatment which promoted relaxation was always followed by an improvement in the detachment of the retina.
A patient suffering from a high degree of myopia, which was progressive was suddenly afflicted with detachment of the retina in one eye. He received the usual orthodox treatment. from a number of ophthalmologists living in Pittsburgh, New York, Chicago, and other places, but without any benefit. When he finally came to me and was treated by relaxation methods for the relief of the high degree of myopia, the detachment became less and the myopia decreased. Considerable relaxation was obtained by the practice of the optical awing, which has been described many times in this magazine. He was first treated on July 90, 1925. The vision of the eight eye was 8/200, while that of the left eye, which had the retinal detachment, was only 1/200. Looking straight ahead with his left eye, his vision was imperfect. At times he had some vision, for a few seconds only, while looking straight ahead.
His vision in the office were irregular. On October 17th, 1925, after three month's treatment, the vision of the right eye had improved to 15/800, while that of the left eye was 5/200 plus. After the long swing, the vision of the right eye immediately improved to 15/100, while that of the left eye improved to 15/100 plus. With the ophthalmoscope,the retina appeared re-attached and was otherwise normal The field of vision was normal.
The patient returned home very much pleased. However, he made a mistake, I believe, in calling on some of the eye-specialists whom he had previously consulted, and who had all pronounced his imperfect vision from the detachment to be incurable. Some told him that they must have made a mistake in diagnosing his case, because if he had had detachment of the retina, the eye would not have recovered. They believed that all the other men who had made the diagnosis of the detachment of the retina, had also made a monumental blunder. This would have been perfectly satisfactory, but unfortunately the patient neglected the treatment I had prescribed and had a relapse. He again visited the same eye-specialists without being encouraged, and when he came back to me, he was very much discouraged. I believe that he would have returned sooner had not the other ophthalmologists influenced him against the relaxation treatment.
After studying these and other cases, I believe that the cause of detachment of the retina is usually some form of mental strain. It is gratifying to have proved that when this strain is relieved, the detachment of the retina disappears and the eye becomes normal.

Stories from the Clinic
Mind Strain
By Emily C. Lierman

THERE are many causes of mind strain and hundreds of people suffer from its effects without realizing it. People who have difficult problems to solve are subject to mind strain. Business and financial worries also cause mind strain, which is usually accompanied by eyestrain. If these people are taught the proper way to relax, mind and eyestrain can soon be relieved. It is not easy to relax. Osteopathy helps some people, but the difficulty lies in being able to continue the relaxation methods after the doctor has completed his treatment. This is true of the Bates Method of relaxation. Most patients who have been treated for eyestrain leave the office after their first treatment, feeling entirely relieved of pain, fatigue, and mind strain, and with decided improvement in their vision, either for the distance, the near point or both. Such patients obtain normal vision permanently by carrying out at home the advice given by the doctor.
Many patients ask why their pain or other discomforts return after treatment. The answer is obvious. It is caused by a patient not continuing the practice or by trying too hard while practicing. We are very apt to forget that which is most essential for obtaining better eyesight:—relaxation, rest of mind and body. Always remember that the eye is at rest only when it is moving. Dr. Bates emphasizes this fact, because patients so often forget. When the mind is under a strain, it is difficult to solve a problem or to think clearly.
A well known business man from the West, called to see Dr. Bates not long ago. He had been warned that Dr. Bates was not sincere nor scientific. The man was too busy to experiment with new ideas in-eye treatment, so he went to Europe hoping to find a doctor there who could cure his eyestrain and the intense pains in his head. Opticians in Europe did their utmost to relieve him. When specialists in England failed to help him, he tried Germany, France, Switzerland and Italy. Had his search only carried him to Spain, he might have found Dr. Ruiz Arnau of Madrid, who is now there introducing Dr. Bates' method into schools, and to those medical doctors who desire to learn a better way of obtaining perfect vision, than the use of eyeglasses. Dr. Arnau became interested in the Bates Method some years ago when he himself was suffering with continual headaches and other discomforts caused by mind and eyestrain. He came from San Juan, Porto Rico, leaving a good practice to seek the only Doctor who could help him. Dr. Arnau has shown his appreciation for what Dr. Bates has done for him by writing a book entitled, "El Uso Natural de la Vision," which he dedicated to Dr. Bates.
Many other doctors, who were seemingly incurable, have come to us and were cured. They in turn help their patients, so that eyeglasses can be discarded, or not become necessary.
The Westerner came back to America feeling very much discouraged, and with no hope of being cured. In a skeptical frame of mind, he came to Dr. Bates, as a last resort. After one treatment, in which he was entirely relieved of pain, he placed himself in Dr. Bates' care and in less than two weeks of daily treatment, was able to read letters, newspapers, and book type without the aid of eyeglasses. Many patients have visited Dr. Bates, through his recommendation, and his letters to Dr. Bates are full of gratitude for the cure of his mind and eyestrain.
When patients learn how to do their work, without effort or strain, regardless of the nature of the work, mind, memory, and, most of all, their imagination is improved.
During the summer months of this year, I cured a woman with a terrific amount of mind strain. She obtained no relief until she realized that making an effort to see, in reading, sewing, or doing other things, prevented a cure. "Take things easily," is only a short sentence of three words, but I repeated that sentence to her, seventy times seven, before she realized its great significance. I gave her a treatment daily for some weeks and when she left for her home, many miles from New York, she said she felt like a new woman, and would always be grateful for the results I had helped her to obtain. She now reads her books without the aid of eyeglasses, which she had worn constantly for more than twenty years. Palming, the long swing of her body, while reading the test card, one letter at a time, helped. Constantly reminding her to blink, was most necessary.
Mind strain causes many things. It destroys the finest nature and many an innocent human being, and often drives people far away from pleasant surroundings, killing quicker than any electric storm.
One can strain so much that the eyeball will become as hard as stone, and the pain unbearable. When this condition becomes more or less permanent, it may be glaucoma. This is an organic disease which sometimes causes blindness overnight. I have described a case of glaucoma in my book, "Stories From The Clinic," in which a dear old lady seventy-nine years of age, had absolute glaucoma in one eye, with no perception of light. When I first began treating her, I did not realize that I could ever bring back any sight at all in that eye. Before she left the clinic, at her first treatment, she was able to distinguish some of the large letters of the test card, as it was held close to her face. Within five months' time, she had normal vision in that eye.
It is not always easy to treat the severe cases. When a patient has been under a strain for a length of time, it is jsometimes difficult to relieve the strain permanently, in a short time. Patients vary in their response to treatment. While some obtain permanent relief in a few visits, others find it necessary to place themselves under treatment for a longer period.

Dry Heat and Sun
By A. F. Schultz, M.D.

ON March 25th I was taken with an attack of iridо-keratitis. The onset was very sudden, while diving. All laboratory tests were negative. X-ray examinations and clinical examinations likewise. The tuberculin test was not tried. I consider it worthless, it is positive in too many people, whatever their state of health, and in my case would have been utterly useless as all the symptoms of a positive tuberculin test developed by omitting atophan for one day. After two months treatment, and after many consultations the conditions were worse than before. The diet all along was of the simplest asteciil kind. Atophan alone gave relief, and that only for the time being. The instillation of one half percent of atropin solution was intolerable, diotin impossible. After taking atophan almost continuously for five weeks, I decided to discontinue it. It should not be taken continuously for longer than five or six days. On May 23rd I took instead of it 80 grains of sodium salicylate. Pain, redness, lachrymation, photophobia, increased. On May 24th I took forty grains of sodium salicylate and twenty-five grains of aspirin; the pain decreased a little. All other symptoms were worse. On May 25th all symptoms were much worse. I added sixteen capsules of colchi-nal to the other drugs. The hot fomentations I continued. There was no relief. During the night the pain was terrible. Hot applications were unbearable. I had to go back to atophan, 15 grains gave relief for an hour. I took fifteen grains more of atophan and a little later one half grain of codeine. The pain was better, but all other symptoms were as severe as before. This medication could not go on. I tried hot baths and hot compresses again; they were intolerable. Steaming the eye was unbearable. Tension of the eyeball remained normal.
On May 25th the eye was terribly inflamed, the color of a dark red cherry. Iris and pupil were indistinguishable, the whole being one equal gray. Sight almost gone. I could count fingers if I moved them in a good right and if less than one foot away. To have something crawl over the eye separating the individual from the rest of humankind is one of the most terrible experiences a man can have.
I thought of the electric heater with the copper reflector. The thought proved an inspiraiion, a Godsend. I had the diffused hot light fall on forehead, temple and eyelid for one and one half to two hours, and what relief?! It was phenomenal, truly miraculous!! The thermometer held in front of the eye registered 138 degrees. The heat burned the skin, the eyebrows and the eyelashes, but I could feel the eye improve. In less than two hours the pain was gone. This was about 9 p. m. on May 26th. On May 27th in the morning all the symptoms were better and I decided to give the hot light application a thorough trial as a curative measure. I had that best poor on the parts from 10 a. m. to 12 noon, and from 1 p. m. to 5:30 p. m. The results were truly wonderful, the photophobia was all gone, so was the pain and the lachrymation, and the redness was fifty per cent less. The treatment was an ordeal, and frequently I had to increase the distance from the heater. A man who is in danger of losing an eye can stand much more than he thinks. On May 28th I repeated this hot right radiation treatment from 6:30 to 10 a. m., when I was completely exhausted from heat and perspiration, too weak to stand but the eye wonderfully improved, very little redness left and sight also improved. I used this method for about one hour in the morning and about one hour at night for about a month.
What caused the good result? It was not the heat alone, for hot fomentations had been used for months without effect. For about two months a hot pack had covered the eye day and night without good effect. I wrote to the Bureau of Standards, Washington, and received this information: "The copper reflector emits about 1% of visible radiation and 99% infrared rays. Some of the rays of short wave length will penetrate deep into the interior of the eyeball. Most of the rays penetrate only 0.01 to 0.5 mm. into the eye."
About one month after the end of the inflammatory process a thick scar persisted which prevented vision; everything beyond six feet was a gray wall into which men, automobiles, houses, everything disappeared. How to get rid of the scar was the problem. The instillation of diosin and of theosinamin proved irritating and had to be stopped. The internal use of potassium iodide caused skin eruptions and other symptoms of iodism and also had to be stopped. I used the following:—The very restricted astacid diet was continued, consisting of vegetables (usually raw) and fruits, many lemons (one lemon to a glass of water) oranges, grapefruits, raw sauerkraut. Every now and then a day on fruits and water only. I have reasons for believing that increased alkalinity of the blood helps to dissolve scars. From August 23rd, 1925 to September 6th, 1925 the fast was complete except for water. It did some good Exercise helps to overcome the results of inflammations of joints, why not in the eye? I exercised the eye by rolling it in various directions, rolling it under the closed eyelid added gentle massage of the corneo. I used the alter nating bath. This works well to improve the circulation in people suffering from cold feet. There is no reason why it should not work equally well on the other end of the anatomy. The alternating bath consists in put-ting the part in hot water for a few minutes and then in cold water, alternating six or eight times. I did this two or three times a day. It did some good, the opacity was less but still marked.
In June, 1926, I wanted to play handball and found that I could see the swiftly moving ball intermittently only. I thought that the scar prevented the left pupil from contracting and dilating in harmony with the right pupil and that the mind suppressed the confused image completely. I decided to see the sun. I looked straight into the sun with the left eye, then put the hand over the eye (darkness) and then read the smallest print that the eye could make out, looked into the sun again, etc. This worked wonder, the scar contracted and the opacity became thinner from day to day, today little is left of it. Days on which there was no sunshine, and there were many, I used the electric heater. The sun cured the opacity after every other factor had failed.. Something else happened. My eyes were myopic. Left eye 8½ diopters, Right eye 9.5D diopters. I had worn these eyeglasses since 1921. They began to trouble me some days for two minutes only, on other days for hours. The refraction changed several times on the same day. One examination revealed for the left eye, the treated eye, myopia of 4/50 diopters, for the right eye myopia of 8 diopter. Presbyopia was suggested. But vision at the near point was very good, much improved in fact. I looked up the subject, but found no explanation until I found Dr. Bates' wonderful book. On October 13th Dr. Bates gave me the first treatment, and in a few days I had flashes of normal sight, that is, I recognized the 10 lines of the Snellen test card at ten feet,—the first time in my life that I can remember. These periods are increasing in frequency and in duration, so that I have reason to believe that I shall be free of the myopia in a short time. At the same time the sun treatment, aided by the treatment for the myopia, palming, swaying, swinging and reading of small print, is diminishing the opacity quickly.

Dr. Bates recommends to his patients, Ruth Loebrich, who has received instruction from him for two year in the Cure of Imperfect Sight by Treatment Without Glasses, and assists in the Clinic, conducted by Emily C. Lierman.

Miss Loebrich treats patients at the following addresses: 457 East 9th Street, Brooklyn, N. Y. Tel. Windsor 5655, and No. 60 West 49th Street, Apt. 4, N. Y. C.

Questions and Answers

Question—Should one practice with fine print by holding it where it can be seen best or at the normal distance.
Answer—Hold the print at the distance from your eyes at which you see best. Remember not to look directly at the letters.
Question—Is age a factor in the cure of imperfect eight without glasses?
Answer—Age is not a factor. I have cured hundreds of patients past sixty.
Question—What method is best to relieve the tension in the back of the neck?
Answer—The variable swing. This is described in the September, 1926, number of the Better Eyesight Magazine. See Demonstrate article Paragraph 2.
Question—Is the swing apt to cause nystagmus?
Answer—No, the swing relieves strain, whereas nystagmus is caused by eyestrain.
Question—When taking Dr. Bates' treatment, could one wear glasses for a few hours each day for close work?
Answer—No, each time you put on your glasses, your progress is retarded.
Question—What causes the lids of the eyes to itch and sometimes become scaly?
Answer—This is due to strain. Practice relaxation methods all day long,—shifting, blinking and central fixation. Get as much sun treatment as possible.
Question—What causes my vision to improve for a day or two, and then relapse?
Answer—This is caused by lack of practice and by straining your eyes. When the vision is good, you are relaxed.
Question—In palming, should one close the eyes tightly?
Answer—No, easily, lastly and naturally at all times.
Question—Why is my vision worse on a rainy or cloudy day than in broad daylight?
Answer—Because you strain to see on a dark day.

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