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Better Eyesight

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

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The Colon

While the colon is a valuable punctuation mark, it has a very unusual and better use in helping the memory, imagination, and sight. Medium-sized or small letters at the distance are improved promptly by the proper use of the colon. While the eyes are closed or open, the top period should be imagined best while the lower period is more or less blurred and not seen so well. In a few moments it is well to shift and imagine the lower period best while the upper period is imagined not so well. Common sense makes it evident that one period cannot be imagined best unless there is some other period or other object which is seen worse. The smaller colon that can be imagined is usually the one that is imagined more readily than a larger colon.

When palming, swinging, et cetera, cannot be practiced sufficiently well to obtain improvement in the eyesight, the memory or imagination of the small colon, one part best, can usually be practiced with benefit. To remember or imagine a colon perfectly requires constant shifting. When the colon is remembered or imagined perfectly, and this cannot be done by any effort or strain, the sight is always improved and the memory and imagination are also improved. It is interesting to note that the smaller the colon, the blacker and better can one remember, imagine, or see one period of it, with benefit to the sight. One may feel that the memory of a very small colon should be more difficult than the memory of a large one, but strange to say it can be demonstrated in most cases that the very small colon is remembered best. If the movement of the colon is absent, the sight is always imperfect. In other words, it requires a store, strain, and effort to make the colon stop its apparent motion.

Retinitis Pigmentosa

By W. H. Bates, M.D.

THERE are many cases of imperfect sight which are congenital. That is, people are born with different diseases of the eye. Retinitis pigmentosa is usually congenital. The condition is easily recognized in most cases with the aid of the ophthalmoscope. In all cases, the retina is covered, more or less completely, with black areas. These black areas are about 1/30 of an inch in diameter. They are very irregular in size and shape. In severe cases of retinitis pigmentosa, the retina may be covered so thickly by these black specks that the retina cannot be seen.

Most cases give a history of poor sight from birth. At first, only a small number of black spots are visible, but after the child is twelve years of age or older, the number of these spots increases gradually. At the same time that these spots are increasing, there are serious changes taking place in the back part of the eye. The optic nerve becomes atrophied, but the atrophy does not increase sufficiently to produce complete blindness. The middle coat of the eyeball is inflamed and produces floating spots in the vitreous (one of the fluids in the back part of the eye).

All cases of retinitis pigmentosa acquire cataract before they are thirty years of age. There are exceptions to this rule, however. Some patients acquire retinitis pigmentosa after they are fifty years of age or older. One characteristic of retinitis pigmentosa is that the vision is always changing, sometimes for the better, sometimes for the worse. One very common symptom that is usually present is night blindness. Treatment for the cure of the night blindness helps retinitis pigmentosa. In some cases myopia is present and it is of a kind which is difficult to cure.

It is a prevailing belief that retinitis pigmentosa is incurable and that when it becomes manifest in its early stages, the condition goes on increasing and the blindness becomes more decided. Usually, the blindness does not become permanent. One case of retinitis pigmentosa with myopia was observed. The patient left town and was not seen again for more than six months. She then came into the office to report. Her first words were that her eyes were better.

A physician was calling on me at the same time, and he was asked: "Would you like to see a case of retinitis pigmentosa." He replied that he would.

Before the doctor used the ophthalmoscope, I examined the eye myself. I examined the right eye first and found that the nasal side of the retina was not diseased. There were no black pigment spots anywhere to be seen on the nasal side. Somewhat disturbed, I examined more carefully the temporal side of the retina and again I was disappointed because there were no black spots there. After a long and tedious search for the black spots, I had to confess to my friend that the patient had recovered from the retinitis pigmentosa and accomplished it unconsciously without practicing relaxation methods. The doctor could not resist looking at me incredulously. I am quite sure he thought I was not telling the truth. The atrophy of the optic nerve had also disappeared and with its disappearance circulation of the nerve was restored. The size and appearance of the nerve were normal. The patient became able to read 20/20 without any trouble. It is very interesting to observe in most cases of retinitis pigmentosa how much damage can be done to the retina, while the vision remains good.

Many physicians believe that night blindness cannot be cured. The majority of these cases in my practice have usually recovered and obtained not only normal vision, but they have become able to see better than the average. All patients who were suffering from chronic retinitis pigmentosa had changes in the optic nerve which were very characteristic. In the first place the blood vessels were smaller than in the normal eye and the veins just as small if not smaller than the arteries which emerged from the center of the optic nerve. In most cases the middle coat of the eyeball becomes inflamed and usually much black material is found in the vitreous. There are well marked changes which take place in the crystalline lens. The back part of the lens becomes cloudy and this cloudiness moves forward toward the center of the lens and clouds all parts of it so that the vision is lowered by the opacity of the lens as well as by the more serious changes which occur behind the lens.

A patient sixty years of age came to me for treatment. She said that the doctors told her that she had retinitis pigmentosa and that she could not be cured. Within the last few months her doctor had told her that a cataract had formed. Her vision was zero in the right eye, which had cataract. The vision of the left was about one third of the normal and was not improved by glasses. She had a well marked case of retinitis pigmentosa in which the retina of the left eye was apparently covered almost completely by the pigment spots. In some parts of the retina over an area of more than double the diameter of the optic nerve, the retina could not be seen.

The patient was very anxious to have me do what I could for her sight. She said that her husband was a business man and had occasion to travel all over the United State, Canada, and Europe. He frequently took her with him, and whenever they came to a large town where some prominent ophthalmologist had his office, she would consult him about her eyes.

I found that the back part of the crystalline lens was covered by a faint opacity which was sufficient to lessen her vision. The patient was given a Snellen test card to practice with for the good eye. In twenty-four hours the vision of the right eye had improved from no perception of light to the ability to read some of the large letters of the Snellen test card at five feet. Improvement in the vision of the left eye was manifest. The great improvement in so short a time in the vision of the right eye was unusual.

The treatment which improved the vision of this patient was palming, swinging, and reading very fine print. This patient gave evidence that retinitis pigmentosa is caused by a strain or an effort to see. The fact that retinitis pigmentosa in the eyes of this patient was so promptly relieved, benefited, or cured was evidence that the disease was caused by strain.

The clinical reports of other cases of retinitis pigmentosa confirm the fact that a strain or an effort to see produces retinitis pigmentosa. The efforts which are practiced by the patient can be demonstrated in every case. When the patient makes an effort to improve the vision, it can be demonstrated in every case that the cause of the eye trouble is always due to this effort and the cure of the disease is always obtained by relaxation methods.

I have found that among the methods of relaxation which secure the best results are the memory or the imagination of perfect sight. If the memory or the imagination is imperfect, the disease is not completely relieved or benefited. When one letter of the Snellen test card is seen perfectly, it can be remembered or imagined perfectly. There is no procedure which yields better results in the cure of this eye trouble than the memory of part of a letter, which the patient can demonstrate. It is very interesting to observe that in these cases the memory and imagination are capable of bringing about the absorption or the disappearance of organic conditions. This makes it possible for this treatment to accomplish results readily, quickly, when all other treatment is of no avail.

For example, a girl fifteen years of age had suffered from retinitis pigmentosa from birth. The disease was rapidly progressing and it did not seem that any relief would be obtained by any form of treatment; the patient was simultaneously suffering from progressive myopia. Relaxation treatment, the correct use of her memory, and imagination improved the progressive myopia and much to the delight of the patient, the retinitis pigmentosa improved at the same time and continued to improve until all traces of the disease were absent and she was permanently cured.

It seems to be one of the peculiarities of the disease that it is curable. Oftentimes it gets better for a short time when all of a sudden, overnight perhaps, the disease will return with all its accustomed forms of black pigment spots, atrophy of the optic nerves, diminished circulation, and incipient cataract.

Retinitis pigmentosa has been observed in cases of glaucoma, chronic cases which progressed with more or less rapidity until almost total blindness was observed. In other cases, different parts of the choroid would be destroyed, and there would be loss of vision in these areas.

The vision of children ten years of age, suffering from this disease, has been remarkably improved by swinging the child in a circular direction several times daily repeated for many weeks. This promotes relaxation. It is a mistake to dispose of cradles, rocking chairs, and other methods of promoting the swing. The long swing, (described several times in this magazine) is a very efficient method of obtaining relaxation. Many people object that children have not sufficient intelligence to practice the swing successfully. On the contrary children ten years of age or under can practice the long swing as successfully as many adults. It is a treatment that the patient enjoys to a decided extent. Games of all kinds should also be encouraged. It is well to protect the child from adults and others who make the child nervous. Nervousness always causes strain. Laughter and good time are relaxing. The kindergarten is a good place for all children at an early age, because relaxation methods of the best kind are taught there.

Before closing, reference should be made to a girl fourteen years of age who cured herself of retinitis pigmentosa by playing games and engaging in sports that she enjoyed. In the summer time she enjoyed swimming and diving from very great heights; in the winter time she practiced skating, devoting long periods of time to this sport. Besides the relaxation methods which I have described, it is worth the trouble to teach children who have so-called incurable diseases how to enjoy themselves for long periods of time both winter and summer. Their eyes as well as their bodies are kept in motion while playing games or engaging in sports which relieve the stare and strain that cause imperfect sight. It is so much more efficient and better than drugs.

Discarding Glasses Not Injurious

By Emily A. Bates

THE most difficult thing for a patient to do is to discard glasses immediately. When a patient comes to us, recommended by his physician or oculist, we have no difficulty in this respect. Even though he has worn glasses for many years. But when a patient comes for treatment at the suggestion of a friend or someone who has been benefited by the Bates method, there is sometimes a doubt in the patient's mind as to whether it is a mistake or injurious for him to stop wearing his glasses immediately, after having worn them for a long time.

Nineteen years ago I came to Dr. Bates as a patient. Headaches, nausea, and continuous pain in the back of my neck made me irritable and nervous, and sometimes I was not a very agreeable person to have about. A neighbor of my little mother first told me about Dr. Bates and how he had cured her five children of imperfect sight and other ailments.

I felt quite comfortable at times with the glasses I wore and because they helped me to see better I wore them almost constantly. As I explained in a previous article, I had worn glasses a little more than thirteen years, and during that time I had then changed three times. The last glasses I wore did not help me when I first put them on. The oculist informed me that I would have to wear them for a few weeks until I became accustomed to them. They were much stronger glasses than those I had worn previously and for that reason the oculist told me my eyes would adjust themselves to the glasses in time.

This must have been the case because after a while I got along nicely with them for a few hours every day but toward the end of almost every day the nausea and discomfort became a regular occurrence. When I visited Dr. Bates for the first time I did not know that the glasses I was wearing were the cause of my pains and discomfort. In fact I did not altogether believe that Dr. Bates was right in the diagnosis he had made of my case. I put my glasses away as he suggested, but the very next day I was ready to complain about my usual headache and other pain. However I did not have anything to complain about. But I neglected some of my daily duties about my home to practice what the doctor told me to do.

I soon found out that blinking often made me feel easier—that things about the house looked clearer to me when I blinked. I liked that, so I kept it up all day. Dr. Bates noticed during my treatment that I did not breathe regularly and advised me to do so. I made it a practice to blink as I inhaled and exhaled so one thing reminded me to do the other. As I looked into a mirror I noticed as I blinked that my eyes moved slightly, which gave me a sense of relaxation I did not have while wearing my glasses. Dr. Bates explained in his book and in other articles that he has written that when eyestrain is relieved, strain in all parts of the body is also relieved. Dr. Bates advised me to close my eyes to rest them, which always improved my vision for the test card.

The second day I wanted very much to put on my glasses again because I woke up that morning with a terrific headache. I was almost sure that Dr. Bates was wrong about the whole thing. I telephoned to him and argued the matter with him. I was much surprised to have him tell me that I might have strained my eyes during sleep. How absurd this seemed to me, but he was right about this and I will explain how I found it out for myself and how I relieved the strain by doing exactly as he advised me.

I placed my alarm clock on a chair beside my bed and set the alarm to ring two hours after I had fallen asleep. Being a light sleeper I did not wind up the alarm to ring more than a second or two. In this way I did not waken anyone else in my household. If I had a dream during those two hours of sleep, I had a pad and pencil near me to write down what I could remember of my dream. Some of our "Better Eyesight" readers will say that this was a waste of time and sleep and may even laugh at such a procedure during the night. Later on I was glad I did this because I was entirely cured of nightmares, which caused me many times to apologize for waking up members of my family with screams or causing other disturbances which were sometimes a great worry to those near me.

I practiced the long swing for five minutes or longer every night and morning in addition to other things that Dr. Bates advised me to do during the night.

Children are more ready to discard their glasses than are adults and for that reason there are more children cured without glasses than adults, and in a shorter time. Some patients who come to us for treatment have been wearing eye glasses that are very weak in power and yet they say they cannot possibly do without them. Doing without glasses a little longer each day is a good way to begin. If one has been wearing glasses for a long time, it is much easier for the patient to gradually do without them, if he is not under treatment for the removal of glasses.

A man, aged 57, who had astigmatism in both eyes, was afraid to leave off his glasses after the first treatment. He had worn glasses for thirty-six years, having had them changed several times during this period. At the age of 21, he paid his first visit to an oculist who told him that the compound hypermetropic astigmatism which he had would get worse if he did not wear his glasses steadily. He obeyed the oculist and in a year's time he had the glasses changed. The first few years he did not notice much discomfort while wearing the glasses, but later on if he did not remove the glasses occasionally and close his eyes to rest them, he would feel so tired that even at his work he would fall asleep.

He was examined by a good specialist who was recommended by his family physician, thinking that perhaps he might have had an attack of sleeping sickness. After chemical tests were made it was found that all the organs of his body were perfectly normal, and the doctor suggested that perhaps he might be wearing the wrong glasses. Then he become interested in the Bates method and came for treatment. I asked him to read the test card with his glasses on and he read 10/40. Without glasses he could not see anything on the test card clearly at ten feet, so I placed the cards at seven feet. At seven feet he could only read up to the 50 line letters of the test card.

He liked palming very much and kept his eyes closed for a considerable length of time while I was talking to his family physician, who came with the patient to see what could be done for him. I told my patient, while he was palming, that a good memory usually helped, but not to remember anything disagreeable while palming. He liked outdoor sports and was a good golf player, so I told him to imagine the golf ball as he sent it across the field and to imagine that it went into the cup. After he had rested his eyes in this way it was amusing to hear him tell us that he had had a good game of golf while his eyes were closed. Evidently this helped because his vision improved to 7/15, although all the letters on the 15 line were not entirely clear to him. When he strained to see some of the letters they became blurred and distorted and he read them incorrectly. After he had palmed his eyes again for a shorter period, he read all the letters of the 15 line clearly and without any hesitation whatever.

I gave him the Fundamental card to read and told him to hold it at the usual reading distance. He said all the print was blurred and he could not see anything but the word "Fundamentals" at the top of the card after he had closed his eyes for a few seconds. I told him to hold the Fundamental card in his left hand while in his right hand he held the small card with diamond type. I directed him to look first at the white spaces of the small card in his right hand and then turn his head and look at the Fundamental card and not to try to read the letters. While he was doing this I told him to draw the Fundamental card a little further away, about twelve inches from his eyes. By alternately closing his eyes to rest them, imagining the white spaces between the lines of type, and then looking at the beginning of such sentences, he read down to sentence number 6.

I told him to look directly at the print and see what happened. He immediately closed his eyes and said that the print blurred and that it made him uncomfortable. For almost an hour he practiced looking from the white spaces between the lines of fine print to the white spaces between the lines of larger print of the Fundamental card and before he left the office that day, he read all of the Fundamental card at six inches as well as at twelve inches. He telephoned a few days later and said that he felt no discomfort although he had discarded his glasses. There were times, however, when he did have a strong desire to put them on again. Advice by mail helped and in a year's time his vision became normal.

Having so little fear about removing his glasses after having worn them so many years was proof enough that it could be done. It requires will power and also confidence in the instructor or doctor who is teaching the patient to see without glasses.

It is a mistake for patients to discuss the treatment until they are cured, because friends have a certain amount of influence in the matter, either for right or wrong. While some patients are cured quickly, there are patients who do not do so well and keep practicing sometimes for a year or longer without obtaining a cure. This is because the method has not been practiced properly at home or the advice given by the doctor has not been carried out completely. Some patients need more supervision than others and for that reason it is best not to discuss the treatment with those who do not understand or who are skeptical about it. I have been assisting Dr. Bates long enough to know that glasses can be discarded permanently no matter how long they have been worn.

Questions and Answers

Question.—Is diabetic cataract curable?

Answer.—Diabetic cataract is curable when the general disease of diabetes can be relieved by treatment.

Question.—After a serious illness several years ago my pupils became very large. Is there anything you can suggest that will help them to contract?

Answer.—Dilated pupils are not usually symptoms of disease of the eye. The sun treatment is beneficial. Sit in the sun with the eyes closed, allowing the sun's rays to shine directly on the closed eyelids, moving the head a short distance from side to side to avoid discomfort from the heat. This should be practiced for a half hour, an hour, or longer.

Question.—What causes my vision to become blurred upon sudden confusion or when I have a number of activities coming at once?

Answer.—The fact that your vision becomes blurred at such times is proof of your eccentric fixation. Do not try to see or do several things at once. Practice central fixation, seeing the part regarded best and other parts not so clearly, all day long.

Question.—My daughter, aged ten, is practicing your method for the cure of cross-eyes. Would it help to cover her good eye with a shield, which is easy for her and keeps the left-eye straight for a certain period of time, besides making it work? It helped her so much when she wore glasses, that I thought it might help her without them in the same way.

Answer.—It is first necessary to improve to normal the vision of both eyes, when used together. Then cover the good eye and practice improving the vision of the poor eye.

Question.—When you suggest new methods do you mean to discontinue with the old?

Answer.—Not necessarily. All the methods I recommend have relaxation for their object. It is for the patient to determine which treatment is most beneficial and to continue its practice faithfully. Some patients tire easily when one thing is done continuously. For this reason several methods are suggested in order to vary the practice.

Question.—I am told that I am losing my "central vision." Is it possible to regain what I have already lost or to forestall the loss of the remainder?

Answer.—Yes, it is possible by faithful practice of my methods.

Question.—What causes my eyes to flash violet sparks and splashes?

Answer.—This is caused by a mental strain. Learn to relax and improve your memory and imagination. Palming should help you a great deal.

Question.—It is very hard for me to think in terms of black and white. Is there some other method which is just as beneficial?

Answer.—Yes, letting your mind drift from one pleasant memory to another will accomplish the same results.

Question.—In case of illness where one is unable to practice with the Snellen test card or stand up, what method is used?

Answer.—Think frequently and shift your eyes constantly from one point to another. Turn your head slightly from side to side on the pillow or close your eyes and think of something pleasant, something that you can remember perfectly, and let your mind drift from one pleasant thought to another.

Question.—What does "Seeing things moving all day long" mean?

Answer.—Your head and eyes are moving all day long. Notice that stationary objects appear to move in the opposite direction to the movement of your head and eyes. When you walk around the room or on the street, observe that the floor or pavement appears to come toward you, while objects on either side of you appear to move in the opposite direction to the movement of your body.

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